

National Inquiry into Children in Immigration Detention 2014

Melbourne Public Hearing
Wednesday, 2 July 2014

<p>President</p>	<p>Thank you for your promptness in coming back to begin this session after lunch, despite the fact it was really only a short break. We do need to keep, broadly speaking, to time partly because of the commitments we've made in terms of timing for the use of the electronic equipment and the use of this rather splendid room. Before we start with our next witnesses, Professor Louise Newman and Dr Choong-Siew Yong, I just wanted to reiterate for those of you that are here is that our purpose is not to debate Government policy. Our purpose is to discuss the consequences of Government policy on children in detention and that is why, that is the direction of my questions. What are the impacts which, to a very high degree, those in the medical profession are able to judge with professional clinical objective accuracy, and that is why the evidence we've had from IHMS, from the medical service providers that we've spoken to is so enormously valuable, but perhaps I could also reiterate the point that the mandate of the Australian Human Rights Commission lies with the International Human Rights Treaties. I haven't belaboured those today, but I think you'll all be aware that there are primary obligations in relation to children, most particularly under the Convention on the Rights of the Child to the effect that no child shall be detained except as a last resort and now, of course, this gets into the lawyers realm of exactly what a last resort is and how legitimate and proportionate it might be to hold them for extended periods of time, but that is really, that is where we're coming from in this inquiry and we are very obviously strongly dependent upon the expert advice of the clinicians and that's partly why we have such a strong emphasis on that evidence today. So perhaps we could proceed then with the swearing in of Dr Yong and Professor Newman.</p>
<p>[Oath]</p>	<p>Swearing in and affirmation of Professor Newman and Dr Yong.</p>
<p>President</p>	<p>Thank you very much Professor Newman. Well perhaps I might start if I may with you, Professor Newman. I think perhaps it would be helpful for the record and for the people who are here listening today to tell us a little a bit about your professional background. You've been treating children in detention for</p>

	15 years and perhaps I can say it and you may not, that you're the leading child psychiatrist in this area. Tell us a little bit about your professional background.
Professor Newman	<p>Yes, I'm a child and adolescent psychiatrist and I also work with young children. I first became involved in these issues around about 1999 and have involvement there with children from the former Yugoslavia who are being at that time I was working in Sydney and developed in an interest in following the needs of those children who suffered very significant trauma and loss and since that time I became actively involved in the issues confronting children in detention on the Australian mainland initially. I contributed to research efforts looking at that mental health outcomes, the impacts, the direct impact of immigration detention and the circumstances of detention on the mental health outcomes of children and contributed with Derek Silove and Zachary Steel and other colleagues to work looking at trying to understand the factors contributing to the very high rates of mental disorder and developmental problems that we saw in children, and in that capacity I was involved in with other professional bodies in the movement to actually advocate for rights of children to appropriate levels of care and protection, highlighting the vulnerability of this particular group of children and young people. We were involved as the very large professional organisation in contributing to the HREOC reports inquiry at that stage into children in detention which really highlighted the very negative outcomes that we were seeing at that time, and in my opinion that contributed to a very significant review and the establishment of independent expert advisors to the Department which at that time included several child and adolescent psychiatrists, paediatrics and very significant professionals who work together since the establishment of the DeHAG committee in 2006 until the dissolution of any independent advisory body last year. So I think my personal contributions have been a combination of clinical work and also research into the complex factors contributing to what really can only be seen as the mental deterioration of children.</p>
President	Well thank you very much. That moves me then to my first question. With that experience both clinically and through research can you describe for us the most prevalent disorders that you've seen amongst children held in detention?
Professor Newman	<p>Yes. There's some variation in the actual range of disorders given the variation in age that we see within the system but most commonly we are seeing particularly vulnerable children and young people who suffered obviously a variety of traumatic experiences both in their country of origin, frequently in their journey to this country, and then also in terms of the conditions of detention that they find themselves within. Many of these children in our initial research were found to have post-traumatic stress disorder. Interestingly not only or not solely related to their experiences in country of origin and flight, but also to the very</p>

traumatic experiences that they then had within the detention environment. So we documented very clearly that children were exposed to witnessing the mental deterioration and distress of others sometimes including their own parents or family members. Children were exposed to breakdown of behaviour in some of the quite well known disturbances that occurred in some of the centres where children were in the middle of behavioural breakdown rioting, behaviour, so very distressing and terrorising things for children. Some children actually saw suicidal behaviour in family members. So there was a range of very negative experiences that impacted directly on children's mental health. So we followed some of the issues for children young people who had longer periods of time in detention. I think there's a clear consensus in the literature that time spent in these environments contributes in a direct way to ongoing mental deterioration. Children also became obviously depressed and have a sense of tremendous isolation and children often feel themselves to be trapped imprisoned, they'll use that sort of language in trying to describe their experiences – they have a great difficulty in thinking about the future with hope, they're not sure where they'll be, they have an ongoing sense of loss and grief. The very young children are more likely, and we have published this as well, have attachment difficulties, we saw young children in detention environments with very poor relationships with their parents who are distressed, depressed unable to interact with the children in the way they normally would. So in that case children develop what we would call an indiscriminate attachment trying to have attachments with anyone. Some children's first word when they were learning English was guard, as opposed mother or father, these are very, I think very significant observations that were made.

Younger children were also found to suffer developmental delays in a global sense and again we looked at the conditions and poor facilities within detention environments at that stage where children were getting minimal activities, minimal stimulation, great difficulty in accessing any educational activities and often in obviously very difficult environments, overcrowded not able to have appropriate areas for play and normal child development, so all those factors contributed to developmental delay. The other group I'd highlight who suffer high rates of mental health problems are going to be adolescents but particularly the unaccompanied minors who I've certainly some clinical experience with, many of whom have the experience of not only of being in a detention environment or even in community detention environment, but suffering from ongoing fear and anxiety about the welfare of their families and communities and in fact some of those young people ask me every time I see them there's are some Hazara young people I see, "will you tell us when it will be safe for us to go home?". So their wish overall even though they might be doing reasonably well is still to contribute to their own countries and to be able to return. And I think

	<p>that sense of exile, sense of alienation, contributes to their vulnerability and depression. So those are the range of child mental health problems that we've seen and noted, have been published in peer reviewed journals and I think did inform the discussions that have gone on about how we could better respond to children. Now the point I made is that that evidence we started collecting around about 2000 and it's been an ongoing process of looking at these populations and what is perhaps most concerning is that currently we are seeing conditions within detention and an approach which can in many ways only be seen as replicating the very high risk situations we've had previously. So on that basis I think it's of great concern that we're likely to see similarly high rates of mental health and developmental problems in children in detention.</p>
<p>President</p>	<p>So you are in a relatively unusual position the sense that you have seen the ... you've done research and interviewed the detainees from the first period in which we ... in 12 years ago with detention of children and adolescence either here or on Nauru so that we got an accumulation of research now on which we can rely and making the judgments that one makes today. I wonder if I could just follow up on a point that was made earlier this morning by one of the medical practitioners with IHMS I believe and that is that the primary course for depression and mental illness amongst children and young people in his view, was in fact the fact of detention not the earlier traumas. So that while they may have been subject in cases to torture but certainly to long term trauma fleeing from conflict that is not, that was not the primary course for their current mental illness, it was in fact the detention circumstances. Would you agree with that?</p>
<p>Professor Newman</p>	<p>Essentially yes. I think clearly trauma in country of origin and trauma during the journey of seeking asylum can contribute unto a child's vulnerability. That being said, the work that we did looking at poor outcomes and finding poor outcomes in children also found precisely that, that when we look at life time prevalence of disorder and we look at the contribution of the fact of detention, we found there to be a direct relationship between the experience of detention and children's poor outcome. So when we look for example at post-traumatic stress disorder in detained children, the vast majority of that related to trauma experienced whilst in detention. And I think that's very significant, that children are not protected in these environments. If they have parents sometimes parents are depressed and unable to protect children adequately. We also have systemic, in my view systemic, lack of focus on the needs for child protection. But children are very traumatised by the things the experience that they have had, witnessing as I said breakdown of mental deterioration of others, witnessing adults high levels of adult distress and being in an environment which in no way offers them a feeling of security or safety. And unfortunately some children in my experience have actually been treated in such a way that they are told that this is their fate not to</p>

	<p>expect to go anywhere else and so they are overwhelmed. Their parents are overwhelmed, if they have parents there, they are overwhelmed, they are not psychologically mature enough to understand the situation they found themselves in and we see repeatedly children describing themselves as prisoners and having no sense of a future.</p>
President	<p>Then I note that you are not at least surprised by these proportionately very high figures, apparently of self-harm.</p>
Professor Newman	<p>No. I think, I reiterate that it's deeply troubling to see the conditions of detention and our treatment of children within this system replicating those factors that we saw before. Various groups and colleagues of ours have looked at rates of self-harming behaviours and are within detention environments and very clearly find that to be persistently high and associated with those feelings of helplessness and mixtures of a desire to maybe protest but communicate distress and the rates I think currently from my understanding are comparable.</p>
President	<p>I'd just like to explore because you have had this long term experience from the first Government policy of detaining children 12 years ago approximately, can you tell us about the long term impact on children in other words the children that you looked at that were ultimately released, partly I think it's true of the report that this Commission did in 2004 called <i>The Last Resort</i>, but the Government at that time did release most of the children within a few weeks or months of that report ...</p>
Professor Newman	<p>Yes.</p>
President	<p>... of which of course the Commission were very pleased to see that outcome. But what I would like to know we now we have the research done in relation to that group of children than our adults in the community Australian citizens but you see some of them, can you tell us a bit about the long term impact of the detention?</p>
Professor Newman	<p>Yes, there are clearly for, some individuals, long term negative impact of their detention experiences. I think there's individual variation there and we certainly see some people who make a remarkable adaptation. They still might be troubled by their experiences but they essentially can function well and build a new life. There are however and this is a subject of research currently, some people who do not appear to recover easily from their experiences who maybe have what we think of as a complex or ongoing traumatic response. I treat several people who I first met during the first round of detention as children, who have ongoing post traumatic symptoms and preoccupations, who are finding it</p>

	<p>difficult to make a positive adjustment to life in the community. So some will very classical symptoms of having nightmares memories and recollections of things that happened to them that still remain troubling. Some have quite marked depression. Now it might be that there are other factors contributing to that but we are not sure of. The group I'm particularly concerned about are the very young. We saw some children who were born in detention, in the first round of detention, who spent the first 3 to 4 years of their lives in these sorts of environments, witnessing major trauma, who developed attachment difficulties, who continue to have problems in their overall level of functioning related to that, Now some of that might well have underlying biological contributors given the extremes of trauma that they were and deprivation that they were subjected to. And my concern given what we saw then and continue to see monitoring those young people is that we currently now of course have babies being born within the detention system whose parents very commonly experience depression, tremendous anxiety, terrible guilt about having had a baby in that situation. I have had some of those cases in a mother-baby unit which I run in my clinical work; despairing parents and babies who are extremely traumatised by already at the age of several months. I think this is absolutely a significant concern, and we know that those sorts of experiences in early childhood and infancy are much more likely to lead to long-term poor outcome and mental health and developmental problems.</p>
<p>President</p>	<p>Thank you very much, and that does confirm our own observations on visits. Particularly troubling have been the families that I've interviewed where the mothers can't connect with the children at all. They almost ignore them, and they know that they're doing it. One in particular said to me, and sat down in front of me. The first thing she said was they keep telling me I must engage with, you know, look after my child better, but I can't because I'm too distraught.</p>
<p>Professor Newman</p>	<p>Yes.</p>
<p>President</p>	<p>And I thought it was interesting that she didn't try to pretend this wasn't happening. She knew it was happening, but she totally ignored the young child that was left in the care of, in fact luckily in some respects with the Children's Commissioner from the Australian Human Rights Commission who looked after that child, but I don't think the mother glanced in the child's direction or took any notice of the child the whole time of the interview, so I imagine that that's the sort of experience that you have at a clinical level.</p>
<p>Professor Newman</p>	<p>Yes, very commonly. I think it's compounded by what these mothers experience as overwhelming fear and anxiety that they will go back to Christmas Island and potentially to Nauru.</p>

President	Good, okay, thank you very much. I'd just like to return, oh one question I would like to ask, in particular, is unaccompanied children. I understand you have treated unaccompanied children and the circumstances for them appear to be more extreme. Can you tell us a little bit about that?
Professor Newman	Yes, I think they're a particularly vulnerable group, and although many, pleasingly, are doing reasonably in community detention or are now in the community under various arrangements, they are likely to have ongoing fear and anxiety about their families, their communities. They're particularly burdened, if you like, by that fear and have a great desire to obviously be able to contribute to their countries and return. So what we see in practice in these young people are high levels of depression and other conditions related to stress. So they tend to have ongoing vulnerability which contributes to the difficulties that they experience on a day to day level. Despite that, many of these young people are highly committed to getting an education, to having some vocational activities and we try and support them in that as much as possible, but underlying that are these experiences of really being, carrying as they see it, the future of their culture, their community and feeling very burdened by that. So an experience where they might be quite young but they're really having to deal with issues that are adult issues and they find well beyond them.
President	Well beyond their life's or their experience, or it should be.
Professor Newman	Yes, yes.
President	Finally, I'd like to return to this issue of self-harm because it is a key aspect of our inquiry, simply because it's an objective fact that reflects the conditions in which the children are being held. Can you comment on this level of self-harm relative to the general community?
Professor Newman	From my understanding, given the data that's available, the rates of self-harm within the detained population overall are going to be comparable to other very high risk groups, such as indigenous people in detention where there are lots of reasons contributing to those people's distress in that situation. Certainly in mental health services we see high risk clinical populations, particularly young people who might have had family difficulties or have experienced ...
President	Sorry, which difficulties?
Professor Newman	In the general population and ...
President	Yes.

Professor Newman	... the clinical population, so young ...
President	They have what kind of difficulties?
Professor Newman	Family difficulties.
President	Family, okay.
Professor Newman	<p>Family difficulties, poor relational functioning and they might have histories of maltreatment or abuse. So we know that those factors contribute to, are associated with high levels of self-harming behaviour. So it's, I think globally, looking at those sorts of figures, I think we're looking at comparable rates. But in this situation in the detention, circumstances very much related to the experience of detention, feelings of entrapment, feelings of powerlessness, not being able to have what would be seen as a validating response to distress. There are some young people within the detention system, in my view, who cannot tolerate the nature of held detention. Now those young people are much more likely to engage in repeated self-harming behaviours. We certainly have referrals for some of those young people within the mental health services and there are probably lots of factors contributing to it, but they're likely to get into patterns of self-harming behaviour.</p>
President	<p>Professor Newman, the figures 128 in relation to children, over the reporting period, and I think about 15 months, that sort of emerged as time went by but the initial figure we got was something in the region of three hundred and something for the community as a whole. Adults, including children. When I first saw those figures I made an assumption myself, an inaccurate one as it turned out, that there might be a few children in that figure but it would be a small percentage, but to my surprise as we worked more closely with the Department it became clear that the highest proportion of those self-harm incidents arose in relation to children, which did surprise me. Does it surprise you?</p>
Professor Newman	Not really in the sense that I think it reflects the intrinsic vulnerability of children in these environments.
President	That they are more vulnerable than ...
Professor Newman	<p>Yes, they are more vulnerable and I would say they're probably more likely to engage in that behaviour. They are also role models within the system for that sort of behaviour and expression of distress, and we've certainly seen before this contagion effect.</p>
President	Yeah.

Professor Newman	<p>Within a system we've got high levels of emotional arousal, highly distressed people, and the young are very vulnerable. They're also more vulnerable in a detention environment, many of them because families are not functioning well. Parents are distressed and depressed, and unable to be buffers if you like to protect children from exposure to trauma. So all those factors. Or children have no family. So I think that's when we see these higher rates amongst the young. Even in the first round of detention we saw self-harming and suicidal behaviour in pre-pubertal children, which is virtually unheard of in the general community, other than in children who have been grossly maltreated and abused, and that's very concerning.</p>
President	<p>So it's only in extreme cases for pre-puberty children.</p>
Professor Newman	<p>Pre-pubertal, yes, young ones.</p>
President	<p>Only in extreme cases in the ordinary community would you see this happening, but we are now starting to see it with these children in closed detention.</p>
Professor Newman	<p>Yes, and I think that's a very clear indicator that children are vulnerable developmentally, unable to tolerate those environments and are very susceptible and obviously if they witness that sort of behaviour and it becomes an entrenched pattern for them.</p>
President	<p>Well thank you Professor Newman. Is there anything that you'd like to say that we haven't brought out through the questions?</p>
Professor Newman	<p>Look the only other point I would like to make, just to be clear, that I am speaking mainly obviously about my individual experience but the position that we hold at the College of Psychiatrists is very clearly one that opposes the detention of children under any circumstances other than administrative detention for very brief periods of time. And this is a position statement that we have held for virtually a decade now.</p>
President	<p>Thank you very much. I think that is a very powerful recognition of the situation from your professional body and an important one.</p>