

# National Inquiry into Children in Immigration Detention 2014

Melbourne Public Hearing

Wednesday, 2 July 2014

<b>Oath</b>	Swearing in and affirmation of Professor Sawyer
<b>President</b>	Thank you very much Professor Sawyer. As a very well respected and recognised scholar in this area you've conducted a lot of research on the impact of juvenile detention and incarceration on adolescent development. I wonder if you could just very briefly give us a little sense of your professional background and the experience you've had in dealing with children from immigration detention although obviously you've looked more broadly at children in detention generally.
<b>Professor Sawyer</b>	I am the Director for the Centre of Adolescent Health, which is Australia's leading academic centre of excellence adolescent and health wellbeing and development and I hold the Chair of Adolescent Health at the University of Melbourne. Internationally, I am Vice-President of the International Association of Adolescent Health and also a Member of the Board of Directors of the US Society for Adolescent Health and Medicine. I am a paediatrician by discipline and as a practising paediatrician, as well as my research role as an academic, have been responsible for working clinically, and in terms of research, around models of care for clinical service delivery for a large number of different groups of vulnerable, socially marginalised, socially excluded young people, whatever the terms we might like to apply to more high risk young people in terms of their physical health and mental health outcomes. This includes young people in juvenile justice facilities, homeless young people, Indigenous young Australians and young people with complex mental and physical disorders. I, myself have had experience, primarily in the previous wave when young people were in detention, in particular, it was children in detention in Woomera and so I've had the experience of following through now into adolescence a number of young people following earlier periods of incarceration with their families. And then more recently I have been very supportive of the development at the Royal Children's Hospital Immigrant Health Service and a number of my staff working within that Service and so I regularly get to hear about some of the issues of challenge to that population.
<b>President</b>	Well thank you. That's a very comprehensive background for adolescent health

	<p>generally and particularly those detained for one reason or another. I have a number of very specific questions I would like to ask you but you have raised your professional experience at Woomera, 10-12 years ago, that of course, is very relevant evidence for the purposes of this inquiry. Could you tell us a little bit about the research that emerged from that experience in terms of the impact of those young children and detention in subsequent years and the years when presumably you saw them as a professional? Because I would then like to make the comparison with what's happening now.</p>
<b>Professor Sawyer</b>	<p>I can certainly provide my personal experience. For example, a 5½ year old boy was referred to the Royal Children's Hospital for respiratory concerns. I happen to be a respiratory specialist in a former life, and he had been in Woomera with his family from the age of 3 for a 9 month period. One of 3 children, he was the youngest, and at the time that I saw him he certainly did have asthma and allergies and a range of other physical health problems that were in effect relatively minor. Even at that time it was very clear that the extent of anxiety that he had, and that his family (through an interpreter at that time) described was very much a result of the period of detention was quite apparent. I continued to see this boy and also then got to see his elder sister who was 3 years older than him and would see both of them at very frequent intervals then for the next decade. I no longer see his sister who is now 19-20, at university and doing very well but she herself suffered as an adolescent with very significant post-traumatic stress disorders, flashback memories to the time in detention when she would have been seven or eight. My primary patient did very well as a sort of 5 to 9 year old child, but then heading into adolescence and the vulnerability of what we see naturally of higher increase in mental disorder during the adolescent years, he then became profoundly affected by anxiety symptoms including obsessive compulsive disorder. Like his sister has benefited from a very intensive period of counselling. What's apparent in this family is that their father, an educated man with a university degree and a Masters from Iraq (the family left Iraq because of being a Christian minority), was extremely traumatised and continues to this day to have major mental disorder and indeed notwithstanding his desire, he has been simply unable to work. And so the experience very much for both of these children is not only their personal experience of detention and the impact that the two of them are very able to describe, particularly the elder sister to use words to describe it but the experience of the mental disorder in their father in particular and also in their mother and it's as much the compounding of parental mental disorder as well as the individual experience but I think it's particularly potent for children.</p>
<b>President</b>	<p>So your experience with providing medical advice to that family fits the research and clinical experience of Professor Newman for example.</p>
<b>Professor Sawyer</b>	<p>Absolutely.</p>

<b>President</b>	And that so.
<b>Professor Sawyer</b>	Absolutely.
<b>President</b>	Exactly the same. They're long-term impacts that are only recognised by the profession in the years and months that follow
<b>Professor Sawyer</b>	Yes, for the elder girl, for example, it was ten years following her experience in detention until she was, she felt able to share in a therapeutic environment, the actual experiences that were resulting in post-traumatic stress disorder. And for the young man himself it was an even longer period although, because of his participation in schooling he had access to a lot of emotional supports through the Australian school environment.
<b>President</b>	I've some questions about screening processes. What I'd like to do is to compare how adolescent health is assessed or screened in the general Australian population by comparison with the opportunities for those who are detainees as adolescents. Can you make that comparison? What would happen in the general community versus what you understand is now happening in relation to those held in detention in Australia?
<b>Professor Sawyer</b>	Certainly the teaching, for those of us who teach medical students and who work with junior doctors, is very much that for adolescents, for example, that routine health assessment in monitoring height, weight, pubertal development, aspects of immunisation status and general health is what we teach, but typically that's done relatively well. The broader aspect of routine assessment that we teach is very much around what we would refer to as psycho-social assessment. This includes mental health and wellbeing, but also importantly engagement with family, family health and wellbeing, including mental health, participation in health-risk behaviour such as drug and alcohol use, understanding of sexual health risks and whether they are safe sexually in terms of protection from sexually transmitted infections and contraception, and importantly engagement with education and an understanding of their learning environment and learning needs, whether they have learning difficulties and how that's being addressed within their school of origin. So it's a very broad assessment that we will be routinely undertaking. You raised earlier the question, I think it was to Dr Yong, in relationship to whether a higher degree of assessment is indicated. Certainly in other vulnerable populations that we've been involved in, whether this is young people within juvenile justice or in homeless young people, whilst in many jurisdictions they do not get the level of healthcare commensurate with their higher health needs, particularly mental disorder needs for mental health assessment, that it is my very strong belief that they deserve a far higher level of assessment in order to be able to truly understand what is happening for them. And the experience that the

	[redacted].
<b>President</b>	So I think you've partly answered it, but I would perhaps like to just focus on it. The failure to provide that higher level of assessment has an impact on their capacity to develop as they grow older.
<b>Professor Sawyer</b>	Well certainly if we're not ... yes, I mean there is emerging evidence that the earlier we can treat mental disorder the better the outcomes obviously, the earlier that we can put in place responses to clinical problems, the better the outcomes. Although arguably, for many of the sorts of issues that we're talking about here, rather than providing treatment services in terms of health facilities, it's actually needing to look at social environments and trying to prevent the issues from happening in the first place. So I think that there is a responsibility absolutely for health services to provide the most timely, and I would add, quality response because many of the health issues that these young people are experiencing are unable to be necessarily addressed without a relatively high level of training and experience. But in addition to that, it's needing very much to look at the social environment that these young people are experiencing, because this has got more impact in terms of their health outcomes, I would argue, than any of the interventions that we might be able to provide through health facilities themselves. But having said that, yes, this group clearly has increased needs and there are some very simple things in terms of treatment of worm infections, such as Strongyloides and the anaemia that results from that treatment of a lot of unrecognised issues like hearing loss, for example, or the recognition of that and appropriate responses. Treatment of very simple conditions like asthma. These are all eminently treatable, but it is the mental health issues that are far more challenging.
<b>President</b>	In an example you gave earlier, you have a young boy with an asthma condition. It happens a lot, but failing to treat it in that entire context led to much longer-term mental difficulties.
<b>Professor Sawyer</b>	Yes, although I would argue that for that young man, the reason that I continued to see him was not in terms of treating his asthma which was readily treatable, but was in order to provide a continuity of a safe adult figure, knowing the earlier attachment issues for this young man. So the reason I continued to see his elder sister and I saw him, I continued to see him for 12 years, is because of the belief that that continuity of someone who knew of his earlier experiences and who certainly, when I first saw him, all I would talk about was talk to him mum and dad rather than him, about those experiences. Health services can have a very important role beyond just immediate treatment, of providing a context whereby children and young people learn about the safety of being able to discuss a very wide range of potentially very traumatic and challenging issues to discuss.

<b>President</b>	And that will only happen when you've developed that kind of a-
<b>Professor Sawyer</b>	With a relationship.
<b>President</b>	<p>Continuing relationship. Thank you very much, that's very helpful. I'd like to move to another question and that concerns education, and just to give you a little example of the kind of evidence that we're being produced, or that's been produced to us, one young person said about their experience on Christmas Island, I believe, for 3 months there was no school. Oh this can't have been Christmas Island, so it was one of our detention centres in mainland Australia. "For three months there was no school. For 2 months they went to school. It was a totally separate time for school, that is from the other students. From 2.30 to 6pm there were two Serco guards in class. We had to ask permission to go to the toilet from the guard. There was a guard in the toilet outside the door. Six officers surrounded us at recess." So that was the level of education somewhere in a detention centre environment in Australia. Can you tell us, from your experience, what is the impact of this, of either no access to school or very limited and constrained access to school on the later development of young children?</p>
<b>Professor Sawyer</b>	<p>School clearly provides two, at least two very important things in children's lives. Firstly it provides education in terms of numeracy and literacy and therefore in terms of achieving those goals, places young people in the capacity to be able to undertake gainful employment. But school is as important, if not more important, in terms of the social benefits and the social skills that are developed and this is particularly important during adolescence which is the time of major learning around social cognitions, which is the ability to detect non-verbal communication, the ability to relate to other people, which matures dramatically during the adolescent years and school is typically an environment in which that happens. And school is for, not in the environment you described there, but school we'd like to hope for students is a very safe environment as well, where it provides a sense of experimentation for young people to try to move beyond family and to learn by their experience of relationship with others about who they are, about what their values are. We learn about that as individuals by our communication with others and beyond the family and adolescence school is the dominant environment in which that takes place. For young people in detention and held detention or indeed in community detention, the experiences of their journeys from their home countries typically mean that they have highly disrupted education. And one of the particular challenges we know is that when children and adolescents have been in multiple schooling environments that typically they become very adept at hiding their literacy and numeracy issues and so these are often not detected until either there is formal assessment which typically doesn't occur or unless they are in a school for a sufficiently reasonable period by which teachers are able to identify those issues. So they are particularly vulnerable from having disrupted education. So it is an incredibly important part I would believe of our</p>

	responsibility in terms of the UN Convention on the Rights of the Child. One of those elements as you know is the right to education. And again it is a higher level of assessment that I would argue as required here, given the knowledge of the vulnerability in terms of their learning histories.
<b>President</b>	So in the case of Christmas Island where there has been no education for 11 months, you would see that as very likely to have a long term impact on the development of those children.
<b>Professor Sawyer</b>	Absolutely. Absolutely. And we know that for when children mature and get to older years without having established the earlier planks of learning, it's not simply a matter of putting them in a classroom and expecting they will naturally pick it up. Right, many bright kids do, but the notion of remedial education is incredibly important again with the necessary teachers who have had appropriate training given these major gaps in education. But yes these gaps in education will have major long term consequences in terms of employment chances in the longer term.
<b>President</b>	Thank you. Another aspect that I wanted to raise with you is the impact on children of the growing evidence that the parents have become unable to parent. Partly that's because of this disempowerment, the fact that the children observed that the power doesn't lie with their parents, it lies with Serco guards or with departmental officials that's so it's a combination both of the system but also of the parents declining mental condition as well particularly the mothers at least in my observation. I am not trained obviously in medical terms. But what I would like to get to is when these parents are disempowered and or when they suffer declining mental health, what is the impact on those children for the future when they are losing that protection, trust, respect for their own parents and identifying with others? Because children are survivors they work out where the power is and where they can achieve what they need to achieve.
<b>Professor Sawyer</b>	I think you have beautifully articulated the challenge in this environment for parents to be appropriately authoritative with their parenting. I think Professor Newman articulated beautifully some of those parenting challenges for infants and young children in the context of maternal depression and anxiety and I think sometimes there is this belief that once you reach adolescence parenting somehow just happens naturally. Young people in adolescence need actively engaged parents just as much as young infants and children need actively engaged parents but they need to be engaging with them in different ways. Those and we all know and those of you who are parents know that you have to engage with them on their own terms rather than on their terms rather than your terms and so it's much more challenging to be a parent of an adolescence. And the risk in detention environments is where parents are disempowered from the authoritative roles that they naturally carry as parents. Young people as you say are very acutely aware of that, it's incredibly damaging I believe to young people's sense of safety and security, which young people need for

	<p>healthy growth and development for their future wellbeing. So even in the absence of parental mental disorder which clearly compounds the situation greatly, even in the absence of that, the disempowerment of the natural authoritative roles of parents because of being in a detention environment is, I'd argue, very damaging to young people and risks the parental authority then around a whole range of other behaviours.</p>
<p><b>President</b></p>	<p>Yes I think that consolidates really what a lay view would be as a matter of common sense but it's very important for us and for this inquiry that we have professional advice on those questions, which is why I am asking what sometimes seem to be quite obvious matters. Is there anything you would like to add that you haven't been able to say in relation to the questions?</p>
<p><b>Professor Sawyer</b></p>	<p>Look I think it is recognising that adolescence is an incredibly powerful opportunity for growth and development; that we know that the early years are a very important time of life, of development, that we need to get right and we have highlighted the particular challenges of infants and young children in detention. And the time around puberty and the adolescent years that follow is another very sensitive period of development and I think one of the risks is that we look at kids who are relatively tall and mature in terms of their body stature and believe that they are just simply younger adults and fail to appreciate that they are not young adults in the sense of far less mature emotional development, far greater emotional vulnerability. I think that notion of social contagion that Professor Newman mentioned means that young people are at much greater risk in terms of being exposed to negative social environments such as looking at self-harming behaviours that older people might be engaged in. There is an equally great level of care that is required. But if there's one further point I would make, it is that increasingly our knowledge of adolescent development says that nothing magically stops at the age of 18. In the last 10 years there have been huge advances in the field of neuroscience which have demonstrated that the timing of onset of puberty is kick-starting a lot of the dramatic maturation that we're starting to see in the adolescent brain and that many of these changes continue through to the mid-20s. And the concern about therefore the young adult population, so unaccompanied minors might be one thing under the age of 18, but it's 19 and 20 year olds as well that I would have the same level of concern about, and therefore the concern that we naturally somehow treat 18 to 19 year olds as fully fledged adults. Just because they might be able to vote in Australia doesn't mean anything in terms of somehow a different experience from adolescents just, you know, six months younger. So the notion of separation of families just because someone might reach a particular age I think is very, very damaging and very unhelpful and as much as possible to try and maintain extended family members together is important, notwithstanding that some of those might be viewed as adult, but if the rest of the family is in one group then it's as a strong protection for young</p>

	people for them to have their families around them, and that includes young adults.
<b>President</b>	Yes well that's a very, very important piece of evidence because we have been very concerned that once a young person reaches the age of 18, particularly young males, they are immediately vulnerable to being separated from the family and sent to Manus Island where, of course, there are no children, but this is where I mean, as a technical matter of law, a child is someone under the age of 18 but you're giving the much broader evidence that in maturation terms in experienced maturity, that can continue for many more years so that it's failing to meet the spirit of the children's convention even if it technically is beyond the 18 years, and I think it's a very, very powerful point. Certainly in the families that we've been talking to, there was a great deal of fear within the families that a 17 year old would find themselves exposed to this practice of identifying them as 18 and sending them away. It's the mother's fear, of course, to say nothing of the concern of the young man concerned, and they were men because it was only men that were being sent to Manus I believe at that time, so ...
<b>Professor Sawyer</b>	And just to say that that's not just my opinion. A few people's opinions, but we certainly published that in a recent series on adolescent health in the Lancet where we talked about the 10 to 24 year period being adolescence and young adulthood, and many of us are increasingly using the term "the developmental years" to refer to 0 to 24.
<b>President</b>	Rather than the ... well I don't know that we already have that article, but I'd be grateful if you could send it to us because it underpins...
<b>Professor Sawyer</b>	No, I'm happy to send it through.
<b>President</b>	It underpins again, at a scholarly level, the research that we need. So thank you Professor Sawyer. We've really enjoyed listening to your evidence. Thank you very much. Well now we move to the last of our witnesses, Ms Sophie Peer and Professor Caroline de Costa. Can I ask you to take the oath please? Do we need to alter these arrangements?