

The effects of detention

- 7.1 During the program of visits to the six IDCs, detainees spoke freely to Committee members at the 15 meetings that were held. No ACM or DIMA staff were present and, although transcripts of the discussions were prepared for each meeting, they were only for the Committee's use.
- 7.2 This chapter seeks to present an overview of the impact and effects of the detention process as described by detainees.

Some specific comments

- 7.3 The first detainee to speak to the Committee in Curtin said that detention was hard on women and children, and added:
- I have been in this camp for 14 months and I have a little son here. Give me a solution. What am I supposed to do? My son has been here for a long time. I think he is very tired mentally, and I do not know what to do.
- 7.4 This detainee said that her application for asylum had been rejected, and that there were 25 other people in her position. She wanted the Australian Government to find a place prepared to accept her because she came from Iraq, would not be able to return there and would not be able to get an Iraqi passport.
- 7.5 The Committee was often told how difficult detention was for children of all ages. Reference was made to the effects of isolation, the shame at having left another country only to end up in a centre, and to the lack of education. Problems for young children in particular were raised, and the Committee was told of their confusion about their surroundings, their

sense of loss when playmates leave, the lack of places where they could feel free or play properly, and the general stress of their situation.

- 7.6 Detainees made statements and asked questions about the isolation of the centres, the lack of access by the media and the extremely hot conditions.
- 7.7 The Committee was often asked how long people had to stay in the centre. Another detainee said:

If they do not want us, please let them tell us and they can take us to other countries.

- 7.8 Many detainees spoke of the prison-like conditions in the centres. Several of the detainees to whom the Committee spoke had been in jails. One said that stress in detention was worse than stress in jail where there was a determined period, so that life could be managed in the knowledge that it could be resumed after a sentence had been served. Another alleged that detainees were not 'refugees in here; we are prisoners in this country, being bashed up and beaten'.

- 7.9 Many references were made to attempted suicides, some quite public, and to illnesses brought on or exacerbated by conditions in the centres.

- 7.10 A detainee who had been in a centre for two years and pointed out that he had sought to enter Australia as a refugee, rather than on economic grounds, said:

... I prefer to go back and be killed... You die and suffer for one day, and it is all over. Every single day here I feel I am dying gradually. I am suffering gradual death now. Please have mercy on me and send me back home. It is three months now that I have signed the documents that I want to be returned. I want to die in my country with dignity. Please send me back home.

- 7.11 A number of people expressed this view.
- 7.12 During its program of visits, the Committee was conscious of differences of outlook and attitude between different groups of detainees. Those who had been at Woomera for three or four weeks, for example, were notably less tense and depressed than those who had been at Curtin, or Port Hedland, for a year or more.

'Immigration detention syndrome'

- 7.13 A detainee with medical qualifications, detained for 20 months, outlined what he called the 'immigration detention syndrome'. He said that

asylum seekers came to Australia with hope and respect: hope for a better future and respect and trust for the system of determining refugee status here.

- 7.14 When they reach a centre, detainees feel frustration at being ‘incarcerated’. A second frustration was the ‘incredibly inefficient’ system of determining refugee status. People started to worry and talk to each other about their cases, adding to stress. This detainee said that, in time and if left in a centre, every person will develop this syndrome.
- 7.15 What was called ‘first reaction depression’ was addressed by visiting the psychologist, who was ‘not a great help’. It was alleged that there are no reports made of visits of this kind.
- 7.16 Symptoms and consequences of the syndrome were said to be aggressive behaviour, conflicts between individuals, substantial character changes, and hunger strikes.
- 7.17 Even after release, this syndrome has its consequences, including psychological and emotional troubles that are often missed or mis-diagnosed by other doctors and psychologists.
- 7.18 It was also suggested that, if this syndrome was not seen to be a genuine medical condition, it should be studied independently within the centres, by following up detainees from their first day in detention until they were released.
- 7.19 Finally, this detainee suggested that the period of detention for an individual should be limited to one year. After that, the person should be released into the community and their case resolved from there.

Recent articles

- 7.20 An article in the **British Medical Journal**, ‘Health needs of asylum seekers and refugees’, is derived from a different, British experience. Nonetheless, it provides interesting material on the effects of detention and ways to deal with them.¹
- 7.21 It pointed out that:
- symptoms of psychological distress are common in asylum seekers and refugees, but they do not necessarily signify mental illness;

1 ‘Health needs of asylum seekers and refugees’, by Angela Burnett and Michael Peel, **British Medical Journal**, Vol 322, 3 March 2001, pp. 544-547.

- people may show symptoms of depression and anxiety, panic attacks or agoraphobia;
- poor sleep patterns are almost universal but may not be described spontaneously;
- counselling may be an unfamiliar, Western concept, but may be helpful if it is culturally sensitive;
- it is important for asylum seekers to develop ongoing links with the host community, as well as those who have come from their own countries;
- hostile media reports have not nurtured good relationships with the community; and
- information about health services needs to be in relevant languages, as many refugees experience difficulties in expressing health needs and accessing health care.

- 7.22 The article mentioned above refers specifically to the great difficulties for women asylum seekers, saying that they may have to take on new roles and increased responsibility for education and cultural cohesion.
- 7.23 The needs of women may not be identified, especially in cultures where men are traditionally the spokesperson. The article suggests that they may be less likely to speak English or to be literate, but it is important to speak to them directly using independent interpreters rather than a family member.
- 7.24 Women are more likely than men to report poor health and depression. They may be lonely and isolated but often welcome the opportunity to belong to a support group.
- 7.25 This article also drew attention to the fact that children may have arrived alone and may be living with unfamiliar carers. They may have developmental difficulties, seeming to be mature beyond their years. While they may show problems such as anxiety and nightmares, few need psychiatric treatment. Support needs to aim to provide as normal a life as possible, imparting a sense of security, promoting education and self esteem.
- 7.26 The article noted that the most therapeutic event for a refugee child can be to become part of the local school community, to learn and to make friends, even though there is always the possibility of bullying.

- 7.27 Following the publication of the article in the **British Medical Journal**, another article was published on a related subject, by Australian and American doctors, in **The Lancet**.²
- 7.28 **The Committee had no opportunity to discuss either article in detail, or to test their implications against other opinions.**

Comments

- 7.29 The British article referred to above sets out many of the things the Committee saw and, by applying the obvious remedies, suggests a range of measures that could be taken to ameliorate the situations in which many people find themselves.
- 7.30 The suggestion that detainees ‘deserve’ their fate because they came here illegally or overstayed a visa or broke the law, begs the question of what is appropriate treatment. It is true that illegal arrivals can be seen as ‘queue jumpers’, and that many other people remain in unhappy, difficult or dangerous situations while they follow the appropriate procedures for legal entry.
- 7.31 Australia has always had a controlled immigration program, but some may question whether lengthy detention is appropriate for those who were so desperate to leave their country of origin and were vulnerable to people smugglers with a profit motive. The Committee is also aware that, since late 1999, DIMA has been confronted by the difficult situation of a large numbers of illegal arrivals in a short time.
- 7.32 This report has pointed out several times that some detainees in the centres appeared to be suffering from forms of depression or psychological illness. While it is not possible to quantify either the amount or the seriousness of this condition, the Committee was made aware in unmistakable terms of this depression. It also heard frequently of the despair felt by many detainees. Some members were concerned about the ability of parents to look after their children.
- 7.33 ACM told the Committee that it has access to a number of psychologists and psychiatrists, in different locations, who can make assessments on the condition of detainees. There does not seem to be any contact between these professionals.

2 See ‘Detention of asylum seekers: assault on health, human rights, and social development’, by Derrick Silove, Zachary Steel and Richard F Mollica, in **The Lancet**, Vol 357, 5 May 2001, pp. 1436-1437. See also a report in *The Sydney Morning Herald*, 4 May 2001, p. 6.

- 7.34 After the program of visits, it was not clear to the Committee what is being done about those detainees who are not coping psychologically with detention. For all the diagnostic and treatment experience individual doctors may be receiving, neither individual detainees nor ACM gain any benefit from this experience.
- 7.35 While not wishing to make a recommendation on this matter, the Committee believes that DIMA and ACM should examine the possibility of the pooling of the clinical material in this area, and which could be of considerable long-term benefit to some detainees.
- 7.36 In the short-term, it seems unlikely that numbers of asylum seekers will decline. It will also take time to implement the Committee's recommendations, during which period the depression and despair of some detainees will increase. In such a situation, the Committee believes that there is a need for DIMA and ACM to review the adequacy of the psychological services that are provided at the centres.

Recommendation 20

- 7.37 **The Committee recommends that a review be carried out by the Department of Immigration and Multicultural Affairs and Australian Correctional Management Pty Ltd into the adequacy of psychological services provided to detainees.**