Submission to National Inquiry into Children in Immigration Detention from

The Australian Psychological Society

Executive Summary

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Detention Raises Unanswered Questions and Concerns

Executive Summary

The Australian Psychological Society categorically condemns the practice of detaining child asylum seekers and their families, on the grounds that it is not commensurate with psychological best practice concerning children’s development and mental health and wellbeing. Detention of children in this fashion is also arguably a violation of the UN Convention on the Rights of the Child.

A thorough review of relevant psychological theory and available research findings from international research has led the Australian Psychological Society to conclude that:

- Detention is a negative socialisation experience.
- Detention is accentuates developmental risks.
- Detention threatens the bonds between children and significant caregivers.
- Detention limits educational opportunities.
- Detention has traumatic impacts on children of asylum seekers.
- Detention reduces children’s potential to recover from trauma.
- Detention exacerbates the impacts of other traumas.
- Detention of children from these families in many respects is worse for them than being imprisoned.
In the absence of any indication from the Australian Government that it intends in the near future to alter the practice of holding children in immigration detention, the Australian Psychological Society’s intermediate position is that the facilitation of short-term and long-term psychological development and wellbeing of children is the basic tenet upon which detention centres should be audited and judged. Based on that position, the Society has identified a series of questions and concerns that arise directly from the various psychological perspectives that have been brought to bear on estimating the effects of detention on child asylum seekers. The Society argues that, because these questions and concerns relate specifically to improvement and maintenance of child detainees’ educational, social and psychological wellbeing, they are legitimate matters for the Inquiry to consider and investigate.

- What steps are currently being taken to monitor the psychological welfare of the children in detention? In particular, what steps are being taken to monitor the psychological wellbeing of children arriving from war-torn countries?
- What qualifications and training do staff who care for children and their families in detention centres have? What knowledge do they have of psychological issues faced by people who have been subjected to traumatic experiences and are suffering high degrees of anxiety, stress and uncertainty?
- What provisions have been made for psycho-educational assessment of children’s specific learning needs prior to their attending formal educational programmes?
- The provisions made for families who have been seriously affected by displacement to participate in family therapy?
- What critical incident debriefing procedures are in place for children who have witnessed acts of self-harm or being harmed while in detention? What psychotherapeutic support is in place for children who themselves have been harmed or have engaged in self-harmful acts while in detention?
- What provisions are in place for parenting programmes that provide support for parents of children under extremely difficult psychological and physical circumstances?
- What efforts are being made to provide parents with the opportunity to model traditional family roles for children, such as working to earn an income, meal preparation, other household duties, etc.?
- What opportunities are in place for the assessment of safety issues such as bullying, and sexual or physical abuse of children or their mothers in detention centres?
- How are resources distributed to children and families in detention centres?
- What socialization opportunities are available either within detention centres or in the wider community for children to develop skills and independence, engage in social activities, participate in cultural traditions, and communicate and interact with same-age peers and adults from similar ethnic and religious backgrounds?
- What access do children and families have to videos, music and entertainment from their cultures of origin?
- What provisions are in place to ensure the maintenance of privacy in a manner commensurate with usual cultural practice?
- What is the Government’s rationale for continuing to implement a policy of mandatory detention of child asylum seekers that on the face of it is likely to have a pernicious impact on these children’s mental health?
- In view of the evidence on the potential long-term impact of mandatory
detention on children, what processes may be followed by Government to avoid such a practice and, more importantly, to develop policies and practices that will have a positive impact on these children’s psychological development and mental health?

Context of Concerns About Children in Immigration Detention

By definition, refugees are people who have fled or been driven from their countries of origin (or habitual residence) and cannot return for fear of persecution, war or oppression (Collier, 1991). There are four principles on which the Australian refugee policies are supposedly based (Committee on Migration Regulations, 1992):

- Australia fully recognizes its humanitarian commitment and responsibility to admit refugees for relocation;
- The decision to accept refugees must always remain with the Government of Australia;
- Special assistance will often need to be provided for the movement of refugees in designated situations or for their relocation in Australia; and
- It may not be in the interest of some refugees to settle in Australia.

The Australian Government makes an annual contribution to the United Nations High Commission for Refugees (UNHCR), which is the main organisation associated with such relocation.

Australia has developed a reputation as the only Western country to enforce a policy of mandatory detention for asylum seekers who arrive in the country without entry documents, irrespective of their age or family situation (Silove, Steel & Watters, 2000). Australia receives relatively few refugees on a per capital basis, being ranked 17 out of 21 industrialised countries receiving refugees.

Figures from Amnesty International indicate that 1103 children were held in immigration detention centres in Australia in 2000/2001, with no legal limit being placed on the length of their detention. The backgrounds of these children in mandatory detention are unique. They often arrive in Australia after fleeing war, violence, economic deprivation, religious persecution and famine. Their experience of flight frequently adds to their hardships and emotional trauma. It is not uncommon for them to experience the death of parents and loved ones, loss of home and destruction of community, separation and even torture and starvation. The implication of detention in relation to a particularly vulnerable group has important psychological and sociocultural ramifications for the Australian community at large, and is of special relevance for the allied health and medical professions.

Detention is ‘Worse than Prison’

In many respects, immigration detention centres in Australia are like prisons. They are run by custodial staff, enclosed by high fences topped with razor wire, and those staying there are not free to leave. Time is structured for the detainees by centre regulations and procedures. Some may argue, despite these conditions, that detention centres are not nearly as bad as prison because detainees have good physical facilities and relative freedom to do what they choose inside their centres. However, notwithstanding the provision of satisfactory physical facilities in some centres, others would argue centres are worse than prison. This view is expressed clearly by a former inmate of Villawood detention centre who said, ‘Detention centres are not prisons. They are worse because prisoners have basic rights - in detention centres people have none and they have committed no offence’ (Fox, 2002). It is wrong to assume, because people’s basic needs for
shelter, warmth, food, etc. are relatively well catered for, that their mental health would not be adversely affected. Drawing the distinction between a detention centre and a prison is important because social psychological research has shown that being a prisoner can have strong negative impacts on an individual’s psychological well-being. Zimbardo’s (Haney, Banks, & Zimbardo, 1973) classic experiment demonstrated this clearly. In that study, students at Stanford University were recruited and randomly assigned to play the role of either a ‘prisoner’ or a ‘guard’ in a simulated prison environment. The study was meant to last two weeks, but it had to be abandoned after six days. In that short period of time ‘guards’ grew more aggressive and abusive towards their ‘prisoners’ but, more importantly in terms of detainees’ experiences, ‘prisoners’ became passive, helpless and depressed and, within that short time period, five of the nine original ‘prisoners’ had been released because of depression and acute anxiety.

Research in Hong Kong and the Philippines indicates that the occurrence of apathy, depression and anxiety are common responses in displaced children of all ages who have been detained in camps (McCallin, 1992, 1993; Comerford, Armour-Hileman, & Walker, 1991). It may be argued that these symptoms result from asylum seekers’ experiences prior to arriving in the camps but, while this is certainly likely to be a factor, it is not the whole explanation. There is evidence to indicate that detainees’ psychological well-being is linked to the length of time they have been in detention (McCallin, 1992) and that where there is an open camp policy, i.e., inmates are able to go out within a prescribed radius, the emotional well-being of children is better than that of similar children in closed camps (McCallin, 1993).

Underlying this finding of depression and apathy in detainees is a number of possible factors, including a perception of lack of control over their lives. As Baumeister (1998) points out, the need for control (or at least a feeling of control) has long been identified by psychologists as an important precondition of psychological wellbeing. One of the most influential theories in this regard is Seligman’s (1975) theory of learned helplessness, which was later reformulated by Abramson, Seligman and Teasdale (1978). Seligman’s theory postulated that if people come to perceive their situation to be one over which they have no control, i.e., they are helpless, they become anxious and subsequently depressed. This apathetic response to the lack of real or perceived control has been demonstrated in both animals (e.g. Seligman & Maier, 1967) and humans (see Mikulincer, 1994 for a review). Such feelings of powerlessness or lack of control over their lives have commonly been reported by both adolescent and adult immigration detainees and have been linked with feelings of depression (Comerford et al., 1991; McCallin, 1992). The perceived lack of control in detention centres arises largely from the fact that the lives of detainees are controlled by centre rules and regulations. For instance, they cannot leave to seek work, or they cannot choose when and what to eat. Not only does such regimentation rob people of a sense of control, but it also changes their roles, in turn, impacting on their personal identity and self-esteem. People’s identity and self-esteem are intimately linked to their work roles, both paid and unpaid, as well as to their parenting and/or caring roles (Watson, 1996). A change of roles can affect psychological wellbeing, particularly if the change is involuntary. Hence, people who become unemployed tend to suffer psychological distress (Watson, 1996). In the detention centres, parents cannot fulfil the traditional roles of breadwinners, homemakers, and caregivers, because many of those duties are performed by centre staff. In the societies from which Australia’s immigration detainees come mainly, such roles are strongly held, and the inability to fulfill them is likely to impact negatively on individuals as well as on family units. The attenuation and/or removal of important social roles may lead to reduced feelings of worth which are likely to be magnified if detainees come to think of themselves as ‘prisoners’, which was the case with some detainees in the Hong Kong camps (Comerford et al., 1991). This, together with a learned sense of helplessness, is likely lead to depression. John Torgimson, who was Director of Community and Family Services International, the organisation
providing mental health care for detention centres in Hong Kong in the early 1990s, put it like this:

The whole concept of provision of basic care is missing and, I think, in a way that changes the role that a parent can have. Men become emasculated, the fact that they are not in a role to provide for their family, to make major decisions in relation to how the children live, how the children grow or what will happen to them afterwards. In a sense the mother who cannot cook, and the father who cannot provide for the family, are forced to relinquish the visible ways in which each literally ‘nourished’ and ‘cared’ for the family. This loss can leave parents feeling useless, incompetent and helpless, leading to a depression. (Comerford et al., 1991, p. 59) Where conditions enable detainees to maintain traditional roles, e.g., fathers going out to work, they do not become as dependent as those in detention, and they suffer less adverse effects (Markowitz, 1996; McCallin, 1993). So far the focus of the research being evaluated here has been on adults, but being in a detention centre also impacts on children. For instance, McCallin (1992) found that the majority of the more than 600 children surveyed in a Hong Kong detention centre exhibited symptoms of depression and anxiety. These negative impacts are particularly severe for unaccompanied children (Comerford et al., 1991; Harding & Looney, 1977; McCallin, 1992). For those who are living with parents, the impact of living in camp is moderated to some extent by their parents. Parents can assist children in coping with stress, but that assistance is dependent on the parents being psychologically healthy. Garbarin, Kostelný, and Dubrow (1991) claimed that, “Children will continue to cope with difficult environments and maintain reservoirs of resilience so long as parents are not pushed beyond their stress absorption capacity. Once that point is exceeded, however, the development of young children deteriorates rapidly and markedly” (p. 380). In immigration detention camps, parents are not likely to be able to provide this buffering effect because of their own poor state of psychological wellbeing (Garbarino, 1996; Garbarino et al., 1991). Many parents have had a traumatic time reaching Australia, are anxious and depressed because of the situation they are in, and are without their own extended family support network. They are often consumed by their own emotional needs, and therefore their capacity to function in a supporting role for their children is diminished and their parenting role suffers. As Torgrimson put it, Children learn that parents really aren’t in control, someone else is in control, and so it changes how they view their parents. It changes how they respond to the parents’ authority…. the family structure itself… starts to break down. (Comerford et al., 1991, p. 59) The above picture of family life in detention centres is consistent with compelling evidence that children of depressed parents are at risk of developing psychological difficulties later in life (Downey & Coyne, 1990) and, in the detention situation, this relationship is particularly strong in relation to the mother’s mental health (Adjukovic & Adjukovic, 1993; Ekblad, 1993; Miller, 1996).

Detention is a Negative Socialisation Experience

Bandura (1977) stressed the importance of modelling processes in children’s development – they observe adults behaving in a particular way and copy that behaviour, especially if it seems that no negative consequences are associated with the behaviour. The inability of parents in detention centres to fulfil traditional parental roles has the potential to disrupt their children’s social development. If parents are seen as ineffective, then other role models become more important and these are likely to be those who are seen to be powerful or ‘successful’, and whose behaviour is rewarded, or at least not punished. These are not necessarily likely to be good role models. In the Hong Kong centres, children were observed to be using guards or ‘criminal’ elements who dominated the camps as models (Comerford et al., 1991). Because these role models frequently achieved their aims through the use of violence or coercion, e.g., through the use of threats, batons, teargas etc., a potential exists for the development at a later stage of
aggressive behaviours in children who have been in detention (Baron & Richardson, 1994). Parents in the Hong Kong detention centres were aware of this problem. For instance, one parent interviewed in the Comerford et al. (1991) study said ‘if parents say no to fighting but next door there is fighting, they learn it easily’ (p. 87), a sentiment echoed by another who said ‘my child just plays, and mimics fighting adults’ (p. 77). Hart, Atkins and Ford (1998) proposed a transactional model of moral development. In their model stable characteristics of individuals and their family in conjunction with social attitudes, self-conceptions and opportunities for the exploration of prosocial action were preconditions for development of positive moral identity. However, when families are in disarray, experience poverty or lose their sense of purpose, children are at greater risk of not being provided with the necessary family milieu or parenting opportunities to sustain strong, positive moral identity development. Developmentally, it is critical that these opportunities to establish vital socialization processes are provided before formal schooling begins. Otherwise, according to Smale (2001), it may be too late. Garbarino et al (1991) also suggested that families provide the emotional context for making positive moral sense of danger or trauma. Intact communities foster moral development at the next social level. If, however, trauma occurs in the context of an antidemocratic social context and in an authoritarian social climate, especially if it is then manifested within the family system, then truncated moral reasoning is likely to occur. Garbarino et al. (1991) asserted that children are at risk of seeing and/or experiencing acts of aggression in detention institutions, which may be interpreted by young children as appropriate behaviour in stressful situations.

Detention Accentuates Developmental Risks

Adoption of a psychosocial and temporal perspective on children’s development is a useful way of drawing attention to the interactivity of the psychological and social effects of their experiences of

- Leaving their place of origin;
- Being detained on foreign shore in an uncertain manner; and
- Adjusting to life following detention.

The psychological realm comprises the developmentally contingent cognitive, emotional and behavioural elements of children’s reactions to their perceived experiences. Their thoughts, memories, dreams, educational performance, stress reactions, attachment, and coping behaviour provide insights into the psychological aspect of their detention experience. The social realm encompasses their interpersonal relationships and the effects these have directly or indirectly on them. People within the child’s proximal asylum-seeking context at various points in time may include siblings, peers, neighbours, community members, people smugglers, government officials, fellow asylum seekers, detention officers, custodial officers and doctors. It should be kept in mind that, in many cultures, the family unit does not comprise the nuclear family, but constitutes a rich extended family whose role it is to aid in the inculcation of the traditions and belief systems specific to that ethnic group. Consistent with a temporal framework of before, during and after detention, the inter-relational experiences of children in immigration detention may revolve around: separation, estrangement, grief, trauma, loss, or death prior to seeking asylum; separation, uncertainty, abuse, violence, anger, conflict, fear, prejudice, cultural and individual disempowerment, trauma and grief when in detention; and then possibly trauma, fear, anxiety, grief, estrangement, loss, separation, reunion, poverty, depowerment and cultural and social displacement following detention. Many families and individuals become destitute through experiences that lead to displacement and asylum seeking. Their social status and place in a familiar cultural, economic and social network are eroded. Impoverishment and destitution can lead to exploitation, and children of families currently in detention may face
this socio-economic risk in future if appropriate interventions at a social and political level are not implemented. The postpersecution environment is considered critical in preventing the intensification of any trauma experienced by children (Lubben, 1996).

From an integrated ecological perspective, the key to determining the effect of acute and chronic trauma and stress on a child suffering the consequences of disaster or conflict is contingent on five interactive factors:

- a child's psychobiological composition and emotional resources;
- the reaction of parents and caregivers to a threatening event and the subsequent disruption this may cause to the family unit;
- the breakdown of a sense of community and community networks;
- the ameliorating effects of cultural, historical and political factors; and
- the occurrence, duration, intensity and level of trauma, disaster or conflict (Elbedour, ten Bensel & Bastien, 1993).

When the world of a child breaks down to the extent that the child experiences a fear of separation from significant others, a diminished sense of a secure base, an unhelpful socio-cultural milieu, broken rules, a fragmented societal structure, and a loss of meaning, then more than likely dysfunctional psychological reactions and regressive developmental behaviour will emerge. Support for this model of understanding children's reactions to traumatic events has been consistently demonstrated by research examining the psychological functioning of children and families around the world who have suffered trauma in the face of conflict and disaster. For example, Hunter (1988) found that if mothers were able to function during stressful periods of family disruption, then the children tended to cope adequately. Prior to this, Kinzie, Sack, Angell, Manson and Rath (1986), in an assessment of Cambodian refugee children, found that children who were able to re-establish family contact did better than those who did not, highlighting the importance of a child's family as a buffer or neutralizing factor for severe trauma. It is important to note that being alone or in a foster family exacerbated the perception of disaster for that particular group of children. In a much earlier study, Silber, Perry and Bloch (1958) concluded that, "a child's response to a situation of acute stress may therefore be determined not only by the intra-psychic phenomena but also by the forces within the family social system of which he (sic) is a part." (p. 167) Freud and Burlingham (1943) maintained that, although children in the short term could survive war experiences reasonably well, provided they were in the care of their mothers or a familiar mother substitute, some years later many of the children experienced a 'sleeper effect' of delayed emotional difficulties.

Other research has shown that alternative management of families seeking asylum can have positive impacts on children's adjustment. For example, Markowitz (1996) described the situation of Bosnian Muslim refugees living in Israel while awaiting placement. Although their future placement was unknown, families seeking asylum were maintained as units and the head of the family worked and provided for the family, thus avoiding dependence on authorities. In that situation, parental roles and practices were sustained and the sense of stability that prevailed while families were in limbo had positive effects on children's adjustment to their changing circumstances. This model provides an exemplar for an alternative approach to the detention of asylum seekers in the Australian context.

Detention Threatens the Bond Between Children and Significant Caregivers

The theory of Bowlby (1969, 1973, 1980) that attachment behaviour serves to regulate proximity between infants and their caregivers with attachment behaviour
operating as a system of regulation of distress associated with perceived threat is widely accepted in psychology and other people professions. From this perspective, the attachment system is activated when any phenomenon is perceived as a threat. According to Sroufe and Waters (1977), caregivers’ responsiveness and sensitivity to children’s affective signals provide a critical framework for children to organize their emotional experiences and regulate their sense of security. Consequently, infants whose early attachment needs have not been adequately met because of a disruption to parents’ ability to regulate the attachment system efficiently, are likely to maintain a view of the world that is comfortless and unpredictable, and subsequently to develop relationships that are characterized by anxiety or detachment (Drury-Hudson, 1994). Supporting this position, a recent study conducted by Almqvist and Broberg (1999) that examined the mental health and social adjustment of young refugee children in Sweden found that the emotional wellbeing of mothers was a predictor of children’s emotional wellbeing of children.

Aidukovic and Ajdukovic (1993), Aidukovic and Ajdukovic (1998), Fox, Cowell and Montgomery (1994), Ekblad (1993), Emmott (1996), Garbanino, Kostelnyn and Dubrow (1991b), Hicks, Lalonde and Pepler (1993), and Miller (1996) all found that mothers’ responses to (a) traumatic conditions prior to leaving their country of origin, (b) their current refugee status, and (c) their future prospects are major determinants of the coping skills of their children. Garbarino et al. (1996) discussed the importance of ‘home’ to a child and what that entails. It incorporates the idea of a parent being in charge of the family, permanence, safety and being surrounded with familiar and personal things. In the detention centre environment, the concept of ‘home’ is significantly diminished. Over extended periods of time, this is likely to have a marked impact on the development of familial and other social bonds that underpin healthy identity, moral, and emotional development. The Australian Psychological Society, therefore, considers that it is paramount for children’s experiences of detention to be considered in light not only of their individual wellbeing but also of the wellbeing of their proximal caregivers in detention. “The extent to which the physical and emotional well-being of the adult upon whom children depend for nurturance and support is affected by their [the adults’] experiences can pose a particular risk for children” (Oxford Refugee Centre, 2001).

Detention Limits Educational Opportunities

Elbedour, ten Bensel and Bastian (1993) emphasized the role of formal schooling has as mitigating influence in precarious situations. Schools can provide children with an alternative security network, and therefore with physical and cognitive developmental opportunities, and consistent and positive care. Structured, routine opportunities for children to participate in a rich learning environment in the company of peers within the confines of detention centres are considered to be one of the minimal requirement of child care, if children are to be detained at all. Opportunities to learn both in the language of origin and in the language of the detention context should be provided in order to facilitate children’s psychological sense of identity and place, and their ability to adjust, cope and grow with adversity.

Detention Has Traumatic Impacts on Child Detainees

There is limited psychological research pertaining directly to the unique impact of mandatory detention on children in Australia. However, it is possible to draw upon two important sources of knowledge to inform this assessment of the impact of current practices on the immigration detention of children: conceptual models of trauma and empirical studies of the impact of trauma. These conceptual models and empirical studies of trauma guide assessment and prediction of the consequences of the current policies and practices pertaining to child asylum
seekers on their future mental health. Linear conceptual models of trauma have been criticised as simplistic and failing to “capture the rich and diverse human experiences associated with extreme events” (Silove, 2000, p. 339). It is argued that culture and belief systems play a significant role in mediating the impact of such events on the individual in the community. The impact on children of adverse events is even more complex. Silove (2000), whose research is highly regarded in Australia, proposed a model for conceptualising trauma and its impact upon individuals and communities. The model is based upon the notion that human reactions to trauma are governed by the drive toward survival and psychosocial development. Silove adopted an adaptive focus that recognises the restorative capacities of trauma-affected individuals and their communities. According to his model, under certain circumstances exposure to adverse situations may result in a process of transformation resulting in exceptional achievements.

Silove’s model is based on five hypothetical constructs for conceptualising trauma and response to trauma: safety; attachment; identity and role; justice; and existential meaning (Silove, 2000). Two dimensions of his model, the safety system and the attachment-bonding system, are particularly salient when considering the impact of detention on the mental health of child asylum seekers.

Judgements about children’s safety needs by necessity occur within a context. The context of mandatory detention of child asylum seekers in Australia is that their experience has generally evolved over several defined phases: the period of threat in their country of origin, the time of flight and seeking asylum in Australia and the period of incarceration in the detention centre. The very nature of their experience of detention undermines their sense of safety and may contribute to a sense of ongoing danger, thus detracting from their recuperative capacities. Bowlby postulated that the attachment-bonding system is the result of a drive to form attachments and that the drive to maintain interpersonal bonds is phylogenetically determined (Bowlby, as cited by Silove, 2000). Silove has suggested that the separations and losses experienced by refugees are multiple in nature, and include both actual and symbolic losses. The very process of detaining an unaccompanied child asylum seeker, in particular, disrupts the child’s interpersonal bonds with potential longterm carers in the community. The experience of incarceration is arguably a very significant ‘breach of trust’ resulting in the loss of a sense of belonging, and undermining future opportunities for social cohesion within the broader community. A number of theorists support the importance of attachment in positive human development and the potential long-term consequences of ruptures to bonds in effecting adult mental health. The situation is exacerbated in asylum seekers in terms of the grief resulting from the losses incurred by the young person, including the loss of culture or “cultural bereavement” (Eisenbruch, 1991).

This brief overview of a model for trauma provides a framework for understanding the impact of mandatory detention upon the psychological wellbeing of children in detention. There is little direct evidence, to date, on the impact of detention centre experiences on adults or children, and some of that evidence is equivocal. There is more evidence pertaining to the impact of conflict upon individuals. A rigorous epidemiological study undertaken by Mollica, Donelan, Tor, Lavelle, Elias, Frankel and Blendon (1993) investigated the prevalence of Post-traumatic Stress Disorder (PTSD) in Cambodian residents living in camps on the Thai border. They reported that 15% of the residents sampled suffered from PTSD, even though the majority of participants in the study had experienced multiple war related traumas. Similarly, displaced persons who had fled persecution in Bhutan and were living in camps in Nepal evidenced low rates of PTSD, i.e., 14% who were tortured versus 4% who we not tortured (Shrestha, et al. 1998). A related study indicated a 9% rate of PTSD for Vietnamese refugees entering Norway (Hauff & Vauglum, 1993). These figures may be compared with the lifetime prevalence rate for PTSD in the general population in the USA, which is 8% (Kessler, Sonnega, Bromet, Hughes,
Figures on PTSD rates for the general community in Australia show its incidence as 3.3% (McLennan, 1997). These findings suggest the need for caution in drawing a direct link between traumatic experiences and the long-term impact of trauma on mental health and psychosocial functioning. The impact of detention on children who have already been exposed to cultural dislocation and trauma may result in a more diverse range of symptoms than those included in the PTSD diagnosis. Potential symptom profiles include evidence of depression, somatisation, anxiety, panic attacks, separation anxiety, pathological anger, and dysthymia including lack of motivation. In contrast to the relatively optimistic outcomes described above, Suurander (1998) undertook a study of 46 unaccompanied refugee minors awaiting placement in an asylum centre in Finland. Utilising a methodology that included a broader definition of ‘emotional and behavioural problems’ he reported that the children experienced a number of losses, separations, persecution and threats, which were not dissimilar to the experience of children who are arriving in Australia. He also reported that approximately 50% of the sample was functioning in the clinical or borderline range while younger children (under 15 years of age) evidenced more severe psychiatric problems. Ajdukovic and Ajdukovic (1993) who studied the psychosocial adaptation of refugee children to displacement reported that children placed in a collective shelter had a higher risk of mental unwellness than children placed with host families. Stress-related reactions, including sleeping and eating disorders, separation fears, and withdrawal and aggression, were evident among the displaced children. Significantly, children exhibited a significantly higher incidence of stress reactions if their mothers had difficulty coping with the stress of displacement.

The impact of detention on parental figures, who are the traditional ‘care givers’ of children, has already been outlined in this paper. Added to the sense of parental absence and/or perceived depowerment, children in detention centres are victims of absent or dislocated social networks. Children are separated from immediate and extended family, which may contribute to the perpetuation of psychiatric symptoms. In an 18-month follow-up study of Vietnamese refugees resettled in the USA, Hinton, et al. (1993) reported that pre-migration trauma variables were less powerful predictors of persisting depression than demographic variables including age and English language proficiency. The practice of mandatory detention can have a particularly pernicious impact on competencies such as English proficiency and related acculturative skills which, in turn, will impact adversely upon the young person’s sense of wellbeing and future capacity to integrate into his or her adopted culture. Detention Reduces Children’s Potential for Recovery from Trauma It is important in any contemporary psychological framework for children's development to consider psychological vulnerability and the associated capacity to recover from developmental setbacks. There are a number of resilience, or recovery, factors that serve to minimize developmental risk and prevent further psychological harm, whilst at the same time providing protective scaffolding for childhood socialization, which have been shown to be important in determining developmental outcomes. Three main models of resilience exist that, together, have contributed to a better understanding of the healthy psychological development of children (Garmezy, Masten & Tellegen, 1984):

- The compensatory model that emphasizes compensatory factors which neutralize exposure to risk, such as an active approach to solving problems or the ability to gain the positive attention of others;
- The challenge model that focuses on the successful engagement of stress and embraces the idea that a moderate risk factor could act as a potential enhancer for successful adaptation; and
- The protective factor model that operates indirectly with a risk factor to reduce the probability of a negative outcome, such as a more highly
developed cognitive ability or a better quality of parenting.

Children who have been displaced and/or who are detained in Australian detention centres have been exposed to a number of cumulative risk factors, which makes them particularly vulnerable and less resilient. Protective factors that may serve to strengthen their capacity to meet the demands of their environment are scarce under such circumstances. Usual and regular social opportunities such as peer socialization, play, sport, interactive leisure activity, regular classroom activity, creative pursuits, and opportunities to develop independence and resourcefulness are important prerequisites for children's normal development, but they are provided in limited and irregular fashion in detention centres. Greater access to these social opportunities, and expansion of the range of opportunities available for children can help to increase the protective mechanisms and build resilience. It is important to recognise that cultural as well as individual differences exist in the operation of protective and risk factors in the detention environment. A study by Rousseau, Drapeau and Corin (1998) of school-age refugee children from Southeast Asia and Central America confirmed the importance of taking cultural differences into consideration. When considering resilience from a psychosocial perspective, it is important also to consider the role of meanings assigned to difficult life events. Genero (1995) maintained that meaning derived through mutual relationships is a critical source of personal validation because the concepts of meaning and validation are socially and culturally defined. "Mutual participation in relationships give meaning to the adaptive processes that arise in response to environmental demands and challenges over time" (O'Leary, 1998, p.436). With this in mind, it is arguable not only that children's needs are severely compromised by displacement and detention, but also that their parents' psychological needs are also compromised, which further reduces children's recuperative capabilities, making them less resilient in the face of hardship (Garbarino, Kostelnly, & Dubrow, 1991a). Garbarino et al. (1996) added a further caution that the concerns of parents in refugee camps at times may lead to stricter disciplinary measures being implemented in an attempt to exert some sort of control over their lives and sense of protection for their children. Strict disciplinary action is not consistent with development of resilience.

Detention Exacerbates the Impacts of Other Traumas

Several studies have investigated the role of mediating variables in the psychosocial adaptation of refugees. In a study on the adjustment of unaccompanied Indochinese refugee minors, Porte and Torney-Purta (1987) reported that the ongoing presence of an adult of similar ethnic background appeared to mitigate against the stress of adapting to a new country. Similarly, Vietnamese children separated from their families and placed in a refugee camp demonstrated increased emotional vulnerability (Harding & Looney, 1977). Studies have consistently emphasised the role that ethnic origin and specific pre- and post-migration contexts play in mediating the impact of protective and risk factors on school-age refugee children (Rousseau, Drapeau, & Corin, 1998). In a sample of South American child refugees, family trauma history was a principal determinant of symptoms whereas, in Southeast Asian children, family variables such as family conflict and parental depression contributed to increased symptomatology. These finding are pertinent to the Australian context in which children are detained in an environment which has been described as promoting parental depression (Sultan & O'Sullivan, 2001). Displacement and detention of children may impact on immediate mental health, but exposure to extremely intense stressors can have delayed effects and cause difficulties in psychosocial functioning in adulthood. Ajdukovic and Ajdukovic (1998) interviewed displaced mothers and children in a refugee centre in Croatia over a period of 3 years. Their findings confirmed that while the incidence of stress-related reactions in children decreases over time, the support provided by the family was highly significant in assisting children to cope with the prolonged stressed associated with
displacement. Beiser, Dion, Gotowiec, Hyman and Vu (1996), in a major review on migrant children’s adaptation and mental health in Canada, acknowledge the equivocal findings in research with asylum seekers and refugees. They criticised the simplistic understanding of the dimensions of adaptation of migrant and displaced children, and pointed out instead the need to focus on both casual risk factors and protective factors for assessing the impact of migration and detention on childhood mental health. They also favoured measures of both mental health deficits and assets. The research reviewed in this submission draws attention to factors associated with the detention of children and mental health deficits. Conventional wisdom suggests that the current practice of detention of unaccompanied children and children in the company of their parent fails, at the very least, to contribute to the assets of children and to their potential for integration into the Australian or any other community, irrespective of their mental health outcome.

Implications for the Wider Australian Community

The potential psychological costs of the policy of mandatory detention on the psychological well-being of children who are already coping with all the other negative experiences which resulted in their decision to flee their country of birth and seek asylum in Australia is arguably exacerbated by the system of mandatory detention. The possible consequences that have been outlined above focus on the negative sequelae of detention for individuals, but there are also possible negative consequences for communities at large. Many of the children may eventually be awarded refugee status and will settle in Australia. The adverse consequences of detention outlined above will continue after release into the community and, in turn, have at least four interrelated and serious long-term consequences for Australia.

First, any mental health problems that develop as a result of experiences in detention centres will place an additional burden on health and other social services once children enter the community. Even if detention itself does not traumatize children, the lack of early treatment of the traumatic experiences of war, displacement and flight is likely to exacerbate the negative consequences of that trauma (Sourander, 1998). Such disturbances can be trans-generational and hence the societal consequences can be very long term. A second likely consequence for society at large is that disruption of psychological development is likely to impact on the child’s education and intellectual development and thus potentially reduce the future value of these children in the workforce and the community in general.

A third consequence of detaining children in detention centres is in the form of potential for an increase in future anti-social behaviour and its associated financial and social costs to Australia’s systems of administrative and criminal justice. Garbarino (1996; Garbarino et al., 1991) suggested that growing up in refugee camps can stunt moral growth. One parent housed in a Hong Kong camp commented, “It is difficult to teach children right from wrong here, because the conditions are so mixed. We cannot control the conditions the children grow up in and what they see” (Comerford et al., 1991, p. 90), while another commented, “They will lose the ability to oppose wrong things in their lives and will only know how to be ordered.” (Comerford et al., p. 81). From a societal perspective it is desirable that future Australian residents have well developed moral belief systems because delayed moral development carries with it the potential for increased antisocial behaviour.

Finally, if people who have been detained in the camps feel that they have been mistreated, they may become resentful and antagonistic towards the source of that treatment, which in this case would be the State. Obviously it is not in the interests of the wider Australian community to have a group of people who are
alienated and disaffected. This, and the other consequences listed above could, either individually or collectively, contribute to the development of a youth subculture with few legitimate outlets or opportunities, and few cultural and social resources to assist with identity formation that is consistent with pro-social values. Such problems are self-perpetuating and are seriously detrimental to Australian society in the longer term In a more immediate timeframe, research has shown that such an accumulation of risks has a negative impact on psychological development (Ajdukovic & Ajdukovic, 1998; Sameroff, Seifer, & Bartko, 1997), and in the detention centres and refugee camps there is the potential for a number of major risk factors for children to be compounded. These include, untreated prior traumatic events, dysfunctional parenting, depression, inadequate educational and developmental opportunities, and lack of appropriate role models, all of which, in isolation and in combination, have a serious impact on children’s future wellbeing.

Detention Raises Unanswered Questions and Concerns

The challenge for those persons and organisations charged with a humanitarian duty of care of child asylum seekers and their families is to understand and facilitate healthy developmental opportunities to which all children are entitled. The Australian Psychological Society’s categorically condemns the practice of detaining child asylum seekers and their families, on the grounds that it does not appear to be commensurate with psychological best practice concerning children’s development and mental health and wellbeing. Detention of children in this fashion is also arguably a violation of the UN Convention on the Rights of the Child. However, in the absence of any indication from the Australian Government that it intends to alter the practice of holding children in immigration detention, the Australian Psychological Society’s intermediate position is that facilitation of both short-term and long-term psychological development and wellbeing of children is the basic tenet upon which detention centres should be audited and judged. Based on that position, the Society has identified a series of questions and concerns that arise directly from the various psychological perspectives that have been brought to bear on estimating the effects of detention on child asylum seekers. The Society argues that, because these questions and concerns relate specifically to improvement and maintenance of child detainees’ educational, social and psychological wellbeing, they are legitimate matters for the Inquiry to consider and investigate.

- What steps are currently being taken to monitor the psychological welfare of the children in detention? In particular, what steps are being taken to monitor the psychological wellbeing of children arriving from war-torn countries?
- What qualifications and training do staff who care for children and their families in detention centres have? What knowledge do they have of psychological issues faced by people who have been subjected to traumatic experiences and are suffering high degrees of anxiety, stress and uncertainty?
- What provisions have been made for psycho-educational assessment of children’s specific learning needs prior to their attending formal educational programmes?
- What provisions have been made for the psychotherapeutic treatment of children who are suffering chronic and/or vicarious trauma as a result of witnessing threatening behaviour whilst in detention?
- What provisions have been made for families who have been seriously affected by the asylum experience to participate in family therapy?
- What critical incident debriefing procedures are in place for children who have witnessed their parents, other family members, or social acquaintances engaging in acts of self-harm or being harmed while in detention? What psychotherapeutic support is in place for children who
themselves have been harmed or have engaged in self-harmful acts while in detention?

- What provisions are in place for parenting programmes that provide support for parents of children under extremely difficult psychological and physical circumstances?
- What efforts are being made to provide parents with the opportunity to model traditional family roles for children, such as working to earn an income, meal preparation, other household duties, etc.?
- What opportunities are in place for the assessment of safety issues such as bullying, and sexual or physical abuse of children or their mothers in detention centres?
- How are resources distributed to children and families in detention centres?
- What socialization opportunities are available either within detention centres or in the wider community for children to develop skills and independence, engage in social activities, participate in cultural traditions, and communicate and interact with same-age peers and adults from similar ethnic and religious backgrounds?
- What access do children and families have to videos, music and entertainment from their cultures of origin?
- What provisions are in place to ensure the maintenance of privacy in a manner commensurate with usual cultural practice?
- What is the Government’s rationale for continuing to implement a policy of mandatory detention of child asylum seekers that on the face of it is likely to have a pernicious impact on these children’s mental health?
- In view of the evidence on the potential long-term impact of mandatory detention on children, what processes may be followed by Government to avoid such a practice and, more importantly, to develop policies and practices that will have a positive impact on child asylum seekers’ psychological development and mental health?

1. Prepared on Behalf of the Australian Psychological Society Ltd. by Amanda Allan MAPS, Graham Davidson FAPS, Graham Tyson MAPS, Robert Schweitzer MAPS, and Rosemary Starr MAPS. Endorsed by the Board of Directors of the Australian Psychological Society Ltd. ABN 23 000 543 788 on 12 April 2002.

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