

## The Fifth Winston S Rickards Memorial Oration

### ***“CRY FREEDOM! CHILD ASYLUM SEEKERS IN AUSTRALIA : THE INTERSECTION OF HUMAN RIGHTS AND MENTAL HEALTH”***

Delivered by Professor Louise Newman AM, Director, Centre for Developmental Psychiatry and Psychology, Monash University, Melbourne, on Tuesday 4<sup>th</sup> March 2014 at the Royal Children’s Hospital, Melbourne.

**Introduction by Professor Suzanne Dean:** Louise Newman AM is Professor of Developmental Psychiatry and Director of the Monash University Centre for Developmental Psychiatry and Psychology. She is a practising psychiatrist studying the impact of early trauma on development and has published in the areas of infant mental health and attachment disorders and trauma. Professor Newman is the Convener of ‘The Alliance of Health Professions for Asylum Seekers’ and Vice President of ‘Doctors for Refugees’. She has been a government adviser on asylum seeker and refugee mental health, including being a Human Rights Commissioner and has contributed to the development of policy for mental health screening and for responses to torture survivors. Professor Newman has also been involved in research into the impact of immigration detention on child asylum seekers. Join me in welcoming Professor Louise Newman.

**Louise Newman:** Thank you very much for the introduction. It’s a great honour to be able to speak to you this evening. As we were hearing about Winston Rickards and his commitment to this issue, it was a reminder for me that when I was giving a talk, sadly a rather similar talk, about the plight of children, child asylum seekers within immigration detention, Winston was listening to my talk. He came up after it and said that this was a really important issue. It was fundamentally one about the rights of children and child protection and importantly he said that we all need to have a view on this. It is not one of those issues that we can remain neutral on. Such was the importance of the issues we were discussing it stayed with me, and that was over a decade ago. That stayed with me, as many people at the time were wondering whether health professionals, psychiatrists, people involved in child protection and other groups should enter into, should dare to enter into the politics of immigration detention. I think Winston’s example gave us great courage to do that which we needed.

We maybe had a rapid learning curve of trying to understand the complexities of these issues and so I am very grateful to him and will always remain grateful for his words.

So tonight I will try to give a sense of where we are now with respect to the detention of children and the human rights of children as they find themselves within the Australian system of seeking asylum. This is in many ways quite a unique system in that we have a focus, firstly, on mandatory detention of all so-called un-authorized arrivals.

We have mandatory detention that can be indefinite detention. We have some people within our system currently who are, for all intents and purposes, detained for the course of their natural lives. We have a unique system in Australia of very remote processing centres and detention facilities. As you know, many of these on the mainland are in remote facilities and we currently have a policy of offshore processing in places like Nauru and Manus Island.

I am not claiming to have all of the answers to these hugely significant ethical and political dilemmas; but I’d like us to think, as we go through some of the issues tonight, about the ‘why’ - why we are here now, why we are talking about the same issues tonight as we’ve been speaking about for over a decade and what that means about us as a nation, our sense of who we are, our sense of what we could be doing differently and what we expect from our political leaders. So in many ways I am going to drift into some of the politics.

These are complex, difficult issues. We are in the midst of one of the most divisive social discussions that we’ve had in this country. And it says something very significant about processes which maybe don’t work as well as they could. Of thinking about the needs of the dispossessed, thinking about the needs of children who are essentially abused and in this case children who are abused by government, by both

political parties in terms of their policy. So that's some of the terrain.

I did want, before I start, to dedicate this talk tonight to Reza Barati who died last week on Manus Island, a 23-year-old man seeking protection, seeking asylum. I've spoken to some of his family members who, as I'm sure you can imagine, have questions about what happened to this man under Australia's duty of care that many of us believe failed him.



He found himself in a remote processing centre where he was brutally killed. Now there's a lot of detail about these events that we need to know, but essentially I think this stands hopefully as a turning point in this discussion. Many Australians are now asking ourselves whether we can tolerate this level of damage, and in this case a death, but obviously damage to many more people and whether we can any longer turn a blind eye, or if you like, be bystanders in the face of such gross violations of people's rights and maltreatment.

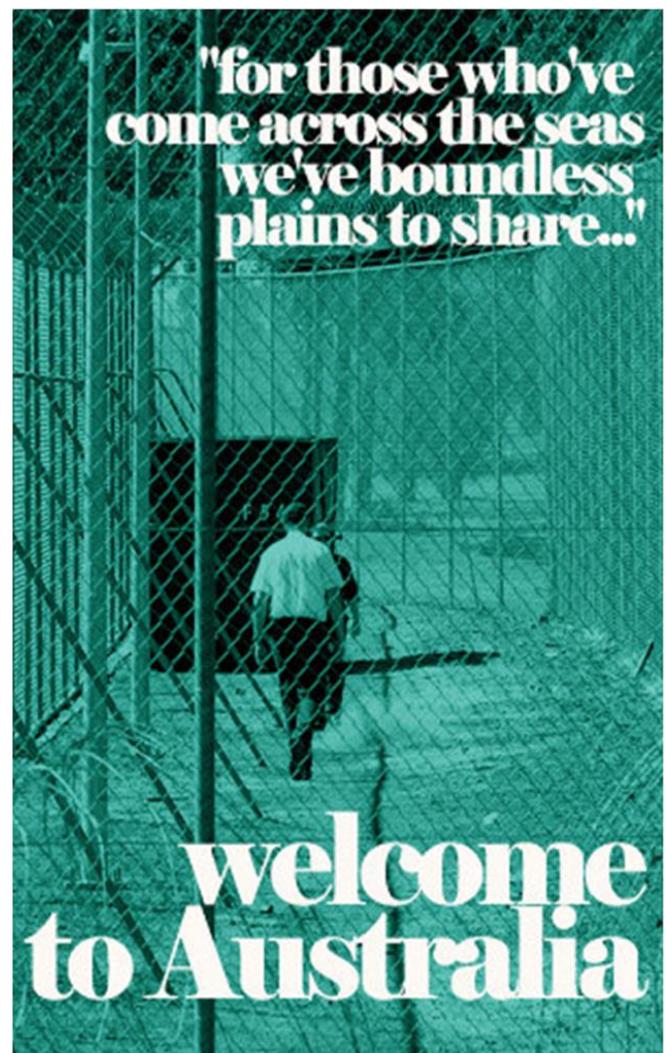
The UN Convention on defining a refugee, of course, is one. The focus is on a fear of being persecuted, for whatever reasons. Australia is a voluntary signatory to multiple conventions on the rights of refugees and asylum seekers. I stress that that's voluntary and

there has been some discussion of maybe withdrawing from some of these if we are not going to live up to the obligations.

## UN CONVENTION 1951

- "A well founded fear of being persecuted for reasons of race, religion, nationality...political opinion, outside the country of his nationality..."

Certainly in the past in Australia we have many examples of the positive response we have mounted to people who came from backgrounds of persecution who needed to flee. My own family fled from Nazi Europe and I think many of us in this room will come from backgrounds of immigration for various reasons from various places and some of us will see ourselves as coming from refugee backgrounds.



Australia has at times had a very appropriate humane response and quite recently if we think back to the response to the former Yugoslavia when I first became involved in these issues. We have very positive programs for helping children who've been traumatised, had witnessed atrocities and had a whole range of losses and separations. We did that well. We had a well-informed clinical response to the needs of these families and children. I think we can be proud of the work that we did. After the Tiananmen Square Massacre in the People's Republic of China, we welcomed people who needed to flee very urgently and we have examples on both sides of politics of very well thought through and appropriate responses, but somehow that's not what we are doing at the moment.

This discussion is not only about our land, it's telling us something about how we are perceived both internally and externally. Australia likes to think of itself as a country with boundless plains to share, but that of course is not the experience of many who find themselves here. Their first experience of Australia may not be on the mainland, it might be on Christmas Island where they find themselves in places of high security and detention. We are in the middle of a very complex debate, whether we like it or not.

Many of us who come from child protection or child mental health, family support and welfare backgrounds have not liked to think of ourselves as budding politicians. In fact, many of our colleagues try to distance themselves from that debate. Yet for many of us this has become an issue that is essentially a moral and ethical one. We do need to think about professional responses and our responses as members of communities, as members of social groups, as those who are concerned with the welfare and development of children. We fundamentally need to focus on core beliefs about the human rights of the child.

All children have a right to life, all children have a right to care and protection and so it is very confronting when we find ourselves with our own major political parties in government seemingly accepting harm to children. It has been put to me this is 'collateral damage' whilst seeking a greater good that we need to focus on. In this case (in the current debate) it is about the consequences of the desired outcome of so-called 'stopping boats'. Even if in my view that's

not actually stopping boats, that's sending boats somewhere else, outsourcing difficulties and taking traumatised people, including children, and sending them somewhere else to suffer.

So we have this debate about what should we do about so-called unauthorised arrivals. Is the issue fundamentally about control - regulation of who comes in? The sort of rhetoric we hear politically discussed. How do we think in terms of our own cultural and historical anxieties about these issues?

Australia is a vast isolated country in many ways. We have very significant issues of protecting borders and in many ways we've had anxieties about these issues that are not new. We've had them for some time. Some of us will remember debates that have gone on politically about threats of invasion, whether that was the so-called domino effect, whether it be the so-called "yellow peril". If we go back in time we've always had some sort of concerns, so it is very interesting to see these have resurfaced now, even around children.

When I first became involved with colleagues in trying to advocate for the protection of children and arguing against detention of children for indefinite periods of time in remote locations with no education, no activities, and very little in the way of health or psychological services, we were told that we were naïve. We were told that children might be very effective political weapons. The people who were seeking to undermine the Australian way of life would probably send children in to plant bombs and other such activities, because they were small and nimble.

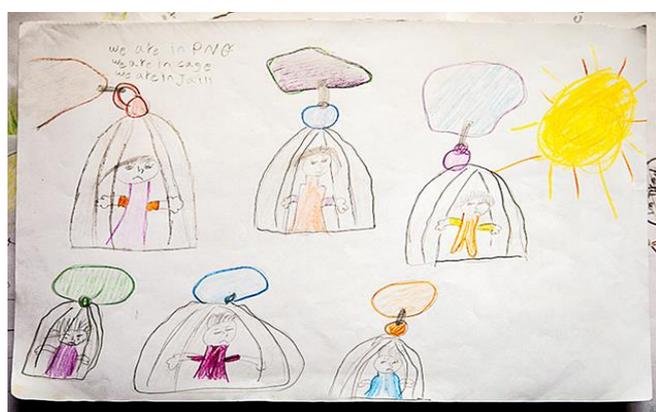
This kind debate, these sorts of issues, were put to me by people who actually should know better. They were somehow being caught up in anxieties that spread even to children. So, in terms of immigration law, it is perfectly acceptable to detain anyone regardless of age; they can be an infant, they can be elderly, regardless of their health status, regardless even of their mental health status. So they are real concerns about people with these sorts of issues.

You'll be familiar with some of the very emotional and very divisive statements that are made, and particularly the issues we have in our region. So there is a discussion about whether Australia should be actually looking in a more regional way of setting up a

protective framework; that would involve discussions with Indonesia, which haven't been going well so well recently for lots of reasons, not just Chappelle Corby. We need to talk to Indonesia, Malaysia as our neighbours and develop a more collaborative approach. But essentially the people, the children, the asylum seekers are the ones who are caught in the middle of this debate that our major political parties are having. They have become, if you like, political weapons in some other battle that is not their battle.

In many ways the majority of people seeking asylum in Australia are doing something very simple, they are seeking asylum. They are seeking protection. There will be varied reasons for which people do that, but interestingly if you look at the last ten years (as long as we've been really analysing this) over 95% of people who have arrived and sought asylum have been found to be genuine refugees. But that's not saying all.

In the middle of all this debate really one of the major issues, of course, is how hard it is to have a discussion about values, about what we want as a country, about our values in terms of human rights and our commitment to the protection of children. That's the work that many of us are involved in in other settings in a day-to-day way. We hold those values very close to ourselves. In terms of media and terms of political discussion it's actually been very difficult to have that discussion.

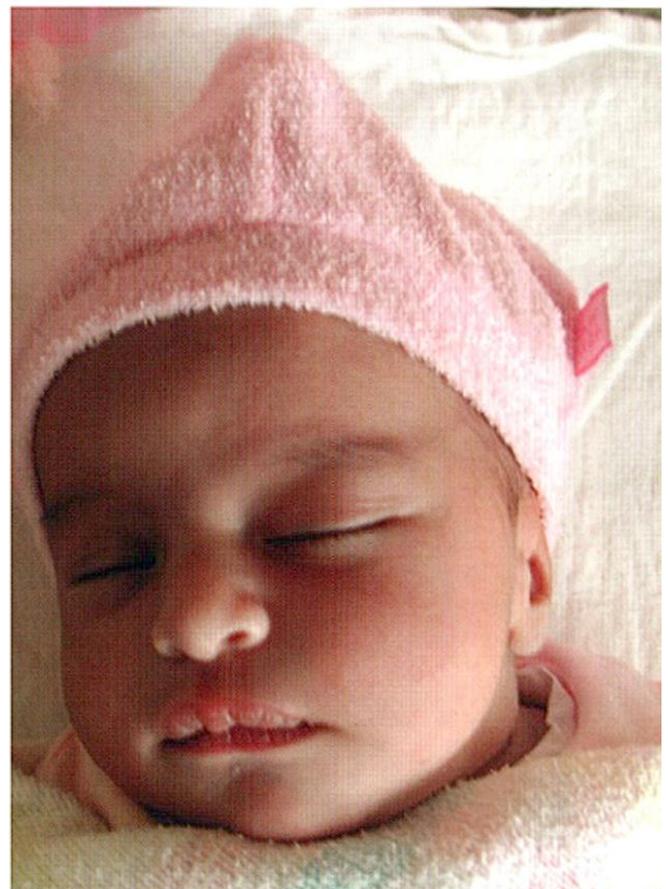


This is a drawing of a child who was on Manus Island, the site of the recent horrific events, which we have been hearing about over the last week. This child was on Manus Island, a ten-year-old, and it was eventually decided that Manus Island was not a safe place or a suitable place for children and these children have been moved. Some of them have moved to Christmas

Island, some of them are moved to Nauru. So it's not as if these children have been freed.

But this child, for a ten-year-old, very movingly did this particular drawing of herself and she said, "This is me." She gives her boat number. Many of the children that I've seen in detention, and we did raise this as a serious issue, identify themselves by a number rather than a name. So I've had that experience over a decade ago of speaking to children and asking them their names and they'd say, "I'm 4 7 1". I said, "No you're not, you're someone". And these are very emotionally charged experiences. So this child gives her number and she said, "This is me and it's hot". The dots and circles she has drawn, she said, "are the days that I've been on Manus", so describing herself as a prisoner and keeping a record such as we might see an adult prisoner doing.

## AUSTRALIA where this baby is a political prisoner



Infants (and that's the age group that I do most of my clinical work with) are detained in the Australian immigration system. This is a baby I actually worked with who is now a child of about eight years of age; who was someone I first met in a detention

environment with a mother who was profoundly depressed. In her words, she had “not a clue of where she was”. She was in the desert, “why am I in the desert?” “I don’t know where it is, I don’t know what’s happening to me”, she says “I look around and all I see is the sand and the sun.” So that terrible sense of isolation and trying to parent the child effectively in an environment where she was surrounded by behavioural breakdown, protest behaviours, self-harming behaviours, people in great distress including other children. This woman stayed indoors. She wouldn’t go out any more. She became more and more withdrawn and depressed. She kept her baby with her, but was pretty much unable to interact with her. By the time I got to assess the baby, she showed a non-organic failure to thrive, not growing, a very withdrawn and sad baby who then had vitamin D deficiency and Ricketts because she hadn’t been outside. Now this is environmental, this was a parent struggling to care for a child in an environment that, in many ways, militated against that. Now cases such as this were repeated time and time again during our time in detention.

The figures here are very difficult to ascertain as the current government has a policy of not releasing information; but according to the figures released at the end of last year, the number is well over 1000 children in secure detention facilities, including Christmas Island and Nauru. We have one and a half thousand in community detention and some of these are unaccompanied minors (children without parents). Some of these children might be related, some of them might know each other, coming from the same geographical area.

But these are young people who carry tremendous responsibility in their minds for survival and doing well in Australia so they can try and help their culture, their community, their families. I work with a group of young Hazara men from Afghanistan living in the Dandenong area, who I visit. These are very hospitable young men who have been through tremendous trauma in their home countries. They have witnessed atrocities and they’ve obviously been separated from family. They are, I think what we would call, very burdened. They want to survive to support Afghanistan.

They’re very polite. I go and visit them, we have a cup of tea, they are very good cooks which is a bonus of

visiting. These young men are working in a local kebab shop - very good kebabs in Dandenong, I highly recommend them- we have a cup of tea and they always call me “esteemed madam”. And it’s really quite interesting, I’ve said you don’t have to call me esteemed madam, but they do. They say “yes esteemed madam”. Every time I see these young men, who are doing exceptionally well, very resilient - and I think we need to also look at the resilience of some of these children and young people. But the young men ask me, “Tell us esteemed madam when we can go home?” That’s what they want to do. They’ve survived but they’re very burdened and obviously have significant issues to do with loss and grief for their families, not knowing the outcome of their families and communities.

We also need to think about people in the community who are on various forms of bridging visas. These are visas where people are able to live in the community but essentially they have no rights to work and very limited access to resettlement services and many families are in that situation.

So, highly stressed circumstances and yet in the current policy setting, no certainty about what the future may hold, and they are great concerns at the moment. Around about 50% of children who arrive are unaccompanied minors, the majority currently from Afghanistan. There is obviously some change and we certainly have young people and young adults particularly at the moment from Sri Lanka, increasingly from Burma, so the situation changes according to what’s going on around the world.

And I think for many of us, if we haven’t had the opportunity to sit and talk with some of these traumatised young people, it’s difficult to understand their experiences. I think as we speak the issues of getting the voice of these young people heard is hugely important. Many are very articulate or creative and maybe express what’s happened to them in different ways, whether that’s musically or by drawing. The Afghan boys are very poetic. They have a great sense of language and they write lovely poems, which are very sad, about their experiences; but that’s a way of expressing that.

I’ll give one example. A young man I am working with at the moment, from Iraq who is someone who suffered a huge amount of trauma in Iraq given the

difficulties there. He witnessed the murder, in a very brutal way, of his brother for political reasons. He himself was very much at risk. They were involved in various political activities. He witnessed atrocities and lived on the streets for some time and eventually, with support of family, sought asylum. He made three boat journeys to get to Australia via Indonesia. He was on a boat that went down (one of the boats that our political leaders are wanting very much to focus on as something that we need to prevent, which of course is quite true). The majority of people drowned. He survived by hanging on to a bit of wood. They were rescued, but as he said to me, "You don't know what it's like to see all the bodies and to see the people eaten by sharks."

Eventually he finds himself in detention. He is a young man, 16 years old with all that trauma and loss, who finds himself in a closed detention facility. Essentially, in a psychological and emotional way he couldn't cope with that and became very depressed. He's had hospitalisations, self-harming behaviours, suicide attempts, so a range of things, but essentially he said to me the issue is not what happens to me the question is, "Where is my mother and will I be able to talk to her and tell her that I'm OK?"

These are very hard things to respond to, on an emotional level, when you are sitting down talking to someone. He is a pretty streetwise and resilient young man but he said to me, "Well alright, I don't know how old you are" (I thought, thank goodness!) "I'll call you mother because my mother's not here but later when she comes" (he has a belief that he would be able to have his mother here, which is not going to happen) he said, "I'll have to tell her that you're only my mother for a short period of time." I said, okay that sounds reasonable and then he looked at me quite cheekily and said, "maybe I'll call you grandmother instead" and that will solve the problem.

I think what he managed to talk about is his need to reconnect, to rebuild the sense of himself as someone with attachment figures, as someone with relationships and connections. And he has, like any young man wanting to find a sense of identity, but he also has to recover from the terrible trauma that he has experienced. When we think about it from an intervention or a psychological point of view, not many of us have had the opportunities to develop all the skills to sit with someone like that. An adolescent

boy who has witnessed things that no one should ever have to see and he's discussed that very clearly with me. He wants me to know what he saw but at the same time is afraid of that. So he's protecting me from the reality of his own traumatic experiences, so we have quite a complex relationship and that's going to be an ongoing need. To have someone who might be safe enough to listen to his to the story and not collapse under it. But I must say, being very frank, that that's very difficult at times to actually listen to refugees, to listen to what's happened.

When we first went into the centres at Woomera and Baxter, remote centres in the desert, we witnessed these sorts of scenes; and this is what children were exposed to in these environments. That's going way back and I think I'll remind you what happened back then, because in many ways we learnt a lot about the damage that such experiences do to children; the long-lasting trauma that children would experience and the impact on families. Yet we are doing it all again. I think from a moral perspective, in my view, we're now in a very perilous situation, where there is no pretending that we don't know about behavioural breakdown and disturbance and what happens in these closed environments in remote locations.



In some ways, very sadly, we shouldn't be surprised that we've had outbreaks of destructive violence and mental breakdown involving young people and in some cases children, in the majority of the immigration detention centres. Yet every time it happens we seem to be terribly surprised by it, as if somehow the people that we have placed in these terrible situations, who don't understand what is happening to them, who have no future and become despairing and desperate over time, who can be held forever; as if we haven't learnt about that in the past.

So we were very focused. The group of colleagues that I was with, and many of us were again involved in these discussions for better or for worse for well over a decade now; we wanted to document that, we wanted to raise public awareness about the issues and, of course, we were very supported by people in the general community. Community groups, those with an interest in children and child welfare; such as Chilout, a very important lobby group who are now reformed. Again, very sadly, some of the people I knew a decade ago I meet again, as we struggle to understand how it is that we find ourselves doing exactly what we did before and in many ways in a worse way; because we have both the research evidence and our own clinical experience of the damage that was done then. I'm still treating children that I met ten years ago who are still suffering. We know there are some people with long-term issues related to their detention experience.

The Australian system of immigration detention has caused suffering on the personal level, but a huge burden to the community, particularly to mental health services and refugee health services in terms of our response to them. So these are the sorts of scenes that we saw then, very significant responses. ASEO was the company involved in providing services within the centres then. Currently we have discussions about groups such as Serco and, in the Manus Island situation, G4S, with serious concerns raised about these companies; not just here but internationally in terms of their human rights record.



If you look at the children at the front of the drawing you see these little unprotected children without faces. The majority of them have no adult there to protect them. That's very much children describing their direct experience of being in the face of these

riots. The children witnessed behavioural disturbance, children witnessed the breakdown in a mental sense of their own parents. Some children witnessed suicidal behaviour and suicide attempts in family members. Some quite young children themselves developed suicidal ideation and self-harming behaviours.

These things are virtually unknown in the general community, other than in situations of gross trauma and abuse. It is not that uncommon in this sort of setting. So the lack of child protection has been a huge issue and continues to be an issue in similar facilities; where currently, as you might be aware, the Minister for Immigration (whoever that person might be) is the guardian 'ad litem' for the children and at the same time (as you can see it's a rather difficult situation) in that he or she is also the prisoner of the children. I'd like us to think about whether that's a sustainable position.

I am sure many of the Ministers don't like it either- I've had that discussion with a couple of them. But that is the current position. So when the current Minister tells us that it is going to be safe for children over the age of four weeks to be transported (and that's what they are called, "transportees")-the language used is very interesting. We potentially transport infants as young as one month of age to Nauru. He makes that decision, having legal and parental responsibility for them, and I think many of us find that very troubling.

In many of the remote centres there is no coherent system of child protection and it's very unclear at the moment as to who actually takes responsibility in a governance sense for the well-being of children. When we transport them away from Australia we place them technically in the hands of other nations' legal systems which, as you may be aware, are virtually non-existent. So these are very complex legal and moral issues. But the children's experience of being unprotected, the parent's experience- you can see the mother her arms folded in upon herself- unable to be a buffer or a protector of children in the face of this sort of behavioural breakdown and terrifying experiences.

We need to reflect on why people seek asylum. Obviously many people have experienced massive trauma. This is very important to think about, as with

the young man I am working with. How do we actually talk to people about their experiences? Many of the volunteer groups, advocacy groups, people who just visit people in detention because they want to offer something, offer a listening ear. They don't have a solution to people's problems, but they fundamentally reach out to someone and say, "I know that you are in this dreadful dilemma and I can listen to that and I can be there as a human being".

I think that's also challenging for professionals and people who work in mental health in particular, because sometimes in this situation we all feel disempowered. We feel that we can't solve the problems of detention at the moment. We find it very difficult to understand why government sees this as a necessity. It's certainly put to us as a necessity. But we can offer something in terms of helping people understand that their trauma can be communicated. There is a story to be told to be listened to. So it's putting trauma into a narrative form, a concept that many of us use anyway.

The other issue I think we need to be able to do is think about the parents who have children in detention. This is an issue at the moment, where pregnant women are waiting most of the pregnancy, on Christmas Island for example, then will be shipped to the mainland and separated from partners (if they have them with them) to deliver their babies. They then face going back to Christmas Island and then potentially to be transportees to even more remote locations.

The issues for some of the women I see having babies in detention are overwhelming. They are concerned about what on earth they have brought their child into. Guilt, shame and tremendous distress, so unsurprisingly in that context, things that we would call postnatal depression and anxiety about the baby, are going to be very common. Having no certainty of the future and no certainty that they can provide their child with a healthy and meaningful existence, they're often overwhelmed by those experiences.

The other issue that people face, of course, in the face of all these stories of trauma, is how to tell children about that. What sort of explanation can you give to a child who asks the questions.

I work with a group of Tamil woman, also out in my part of the world in Dandenong, who have young children. The majority of the women are separated from partners and family members, some of whom are facing indefinite detention for various reasons of security issues, so called, not that it's divulged to us about what they're facing. I've heard about some of the Tamil men who are in detention currently.

These children have a lot of questions about what's happening to them. So I have, through an interpreter, had discussion with a six-year-old boy. He is a very formal boy, a charming boy. I said, "What questions have you got?" "The questions I have," he said, "are why was there war and fighting?" Good question. "Why was my grandfather killed and the village burnt?" Very good question. "Why did we have to run away? Why did no one look after us? Why did we find ourselves on a boat that was scary? Why is my father now in detention and I can never see him again? And why is my mother so sad?"

Six years old. The women in this group have a huge range of concerns about their children. They are absolutely dedicated, at the expense of their own health in many ways, to giving their children a future. And we know from other groups of immigrants arriving in Australia as refugees, such as the Vietnamese who arrived, that that can be a very healing and appropriate healthy focus. We know however that trans-generational trauma, trauma of parents, can also affect children. Sometimes we need very much to intervene in that cycle, but at the same time protecting children's need to know about their own history and story even though some of that is very difficult.

These are interventions and supports that many groups can be involved with in the community. The group of women I see are supported by the Tamil community. It's not set up as a professional engagement but they wanted to talk about the children and asked in that capacity. So I think we have differences in how we can use our skills at the moment to actually help in some of these situations.

And these drawings as you can see are quite monotonous there are many children who were scarred by these events continue to do similar drawings and now that they're adolescent some of these children still ask the hard questions. In many

ways as professionals and those who are involved in the issues, we need to be able to have quite frank discussions.



So the young people ask me, "Why is it that your government is doing this?" And sometimes I don't know myself why they are doing it. Could it be done differently? Yes, I think we need to be able to have that discussion. What happens in other parts of the world? Do other parts of the world do exactly the same thing as Australia? No they don't. And the children and families involved do have a right to know that there are many in the Australian community who will say that this is not being done in our name.

Of course there are some who are probably heartily in agreement, if you listen to polls. People might be deeply worried about the numbers. But I'm yet to have anyone who can give me a coherent argument that justifies the detention of children when we know that children are damaged. We can have different views about how we should respond to adults maybe, and no doubt in this room we might have different opinions about what a government response could be, but hopefully for the children we would have a unanimous opinion.

So these are vulnerable populations. The children that we're seeing are well known to have experienced a range of traumas. For children the issue is also very much complicated by the response of parents. So the children may have parents who are not able to manage the trauma they've experienced, might be depressed or overwhelmed finding themselves in detention or facing being relocated to Papua New Guinea or Nauru. They're not in a psychological position to support children.

Now one thing we do know on the basis of a lot of work is that rates of PTSD and chronic ongoing difficulties in children are very much predicted by rates in parents. Children need, particularly young children, their parents and carers to be in a position to support them, to help them to start processing and understanding the trauma. For example, the little six-year-old who had questions and was very pleased to be able to ask these questions and have some discussion. His mother had been very worried about how to answer those questions. "How do I talk to him?" And maybe that's a useful intervention.

But essentially there's a lot more work to be done and those of you who work in the field would be aware that we need to know a lot more about culturally informed and shaped models of understanding of trauma and recovery. There are many different views in different cultural groups about psychological trauma. In the West we have a particular model of trauma. Most of us know that this is a word probably overused in popular culture. So we feel traumatised if we've run out of coffee in the morning; we're traumatised if the bus is late; and people come into work saying "Oh I'm traumatised the meeting went badly". That is not actually trauma in the sense that we're trying to discuss, but that's a model. We have stress responses and it's in our popular language.

But in some cultural groups that's a very different understanding and sadly for many of the populations we're dealing with trauma is reality, trauma's not something that happens in an isolated way. Some of the children we see, particularly those children coming from parts of Africa who've been in some of the camps, have been born in the camps, very large refugee camps in places like Kenya (where I've been) and these are truly frightening and very overwhelming locations to be. Trauma is what happens to these children every day. Trauma is what happens to a woman who gets water and is sexually assaulted every day; and these are very difficult and confronting issues for us to think about. In many ways this, I think, echoes the general problem that we have in our society, in my view, thinking about the harsh and nasty reality of child abuse. There are still many of us who prefer not to think about it. If you look at the Royal Commission at the moment some of those issues are being raised. How can we turn a blind eye to this that is so dreadful?

But we know from the many other examples in our history that that it is a very easy to do. Being a bystander, not seeing what is in front of us, of course, is a very dangerous thing. Maybe in terms of my own background I was quite sensitised to that, but I can still remember going to the first detention centre which was Villawood in Sydney in a lower middle class suburban area. We drove through the streets, they're quiet little streets and we saw people just in their front yards going about their daily business. Over the road a couple of houses from where we parked was a giant, the fence, the razor wire, children hanging onto the razor wire, people screaming, this is at the stage when it was a very overcrowded, very stressed situation. People shouting, it was a scene of utter chaos in many ways and the people over the road from Villawood detention centre were doing the gardening, there was a lady pruning her rose bushes seemingly oblivious to what was happening in front of her very eyes. And I found that quite a chilling experience. But it shows us what people are capable of not seeing. And when things are horrible and confronting, of course that can sometimes be a response, but a very dangerous response in the same way that some people in Nazi Europe claimed not to know that the chimneys over the road weren't actually chimneys and what was happening. Many people maintained that position rather than have great difficulties acknowledging the horror.

I think this is a national issue for us at the moment when you think about what's happening for some of these children and that the consequences of this are likely to be a very profound and very difficult. And to date we've not had significant commissions of inquiry into detention centres to the extent that people can be compelled to give evidence. And I guess that's a wish I have and maybe it's something that drives those of us who keep going in this issue. We might not be able to change things now but we have a great responsibility in terms of documenting for the future; where we have the royal commission, where we have some of our politicians who are called to account.

Many people who I think would be very appropriate to call on to ask them what they thought they were doing, what they make of the research evidence, ours and others collected, in terms of the damage done to children, why did they seemingly forget that now? I know there's a whole series of issues that we might

be able to grapple with, a more effective way rather than follow the lead of the government at the moment, which ship people away to ship suffering and vulnerable people elsewhere to countries that can least afford to support them and then pretend that everything is alright.

But in some ways that's the issue of the moment. We have these policies of deterrence, remote processing, ongoing detention of families, children, and the current government has removed any permanent options. So we might have temporary protection for some people. We did a significant piece of work in the past looking at the mental health outcomes for people offered temporary protection and really unsurprisingly finding that people found it a terribly difficult situation. Unless people can re-establish a sense of safety and safe base they'll go on having traumatic experiences and symptoms.

The other issue of concern tonight is that in the system currently within detention centres we have people with serious mental illness. We have people who are detained who have developmental disabilities. There is a man I treat in Sydney who has a clear autistic spectrum disorder who is a detainee. He has no capacity to understand why he is a detainee. A young man, without a family. We have people with mental illness such as schizophrenia who are currently detained. We have children with developmental difficulties. We have had people with profound intellectual and physical disability detained as well. So we're told that there should be no exceptions to the current policy and I think that is an issue that we will continue to try and have some input into.

So what are our roles? We hear the stories and they are very disturbing. Fundamentally we need to think about our commitment to the rights of children and human rights and what values we want to have as a society, as groups who've become aware of these sorts of issues. Advocacy is sometimes used as a term of insult by the government at the moment. I was once asked by a Minister, who shall remain nameless, if I was really a psychiatrist or was I an advocate? And this is a minister who always called me "that woman" never by my name and he knew exactly who I was.

Although it's irrelevant in one way, I think it raises very important issues about advocacy and our fundamental role in all healing professions to be

advocates for those who are powerless. We are the voice of some people who cannot speak for themselves. We are the voice of children. In many cases we do that as part of our daily work. We go to court, we work with the legal system, we're children's advocates. The lawyers don't seem to have a problem with it, the politicians have a problem with it. Because what they mean by advocates are people who will speak up, people who will say something that maybe government policy doesn't like or is against a particular political argument, well so be it. I think we've really grappled with these issues over the last decade about what our response should be, what our ethical responsibility is in the face of policy, such as indefinite mandatory detention of children or offshore processing of children. What should our role be?

I've had a lot of difficult conversations over the years around this and I'm not saying that the way I do it is the only way to do it. There are many different ways of engaging the issue and that's reasonable, as long as we maintain our ethical stance. We can give the best advice that we can on the basis of our knowledge, our understanding of children's issues to government. Government may not listen to us and that's certainly the situation at the moment.

The Immigration Health Advisory Group, made up of independent advisers from medical and health groups (of which I was a member representing psychiatry and child psychiatry), was disbanded by the government. So that's a very interesting situation where there's been a dismantling. Around the table we had most of Australia's leading experts in these issues. We still meet. Obviously we're still involved in these issues in many other ways, and that's reasonable, but one of the issues that was raised was that we may be doing too much advocacy. Yes, and we did because that's what we felt we needed to do. So we would meet with government and advise. At the beginning of every meeting we repeated a statement, "We would like to have acknowledged and have it minuted that we oppose the detention of children. We will not accept this in any way."

We would make sure that this was stated, not that it did much good, but we had the satisfaction of saying it. It is very important that we think about collecting evidence. Research has been very important here and thinking in a reflective way about the complexities of these issues, where we find ourselves, how we can

best intervene and at the same time maintain our standards.

Thinking about the implications of this, we have a lot of internal discussion going on. We have a collective experience at the moment of being ashamed of what we're doing and we have to own that. A very senior, highly respected clinician has recently written a marvellous letter to the Prime Minister not particularly focused on the politics in this sense, but including a sentence something along the lines of, "I never thought I'd be writing a letter to the Prime Minister saying that am ashamed to be an Australian." Very moving, very heartfelt permitted response.

A lot of detainees, like this man, are really telling us their views. They faced a death, they ended up in jail. They came to Australia and haven't found help here. So we need to really engage some of the repercussions of this.



Doing research in this context is an issue that for many of us is very difficult. Getting data, actually getting information about what's happening. If we want to follow people who have been in detention, particularly the children and understand their experiences that's quite a complex one. Following the children who are born into detention, who I first met

in detention, who have a range of attachment difficulties hence trying to understand what helps their recovery, what sense they've made of those experiences, how they understand their own histories so we can help them better develop interventions, but these are very difficult, very difficult issues.

The other issues are what we face now in people's negative outcomes which are virtually assured in the current policy. People on Manus Island are virtually being told that their situations were unresolvable, you will be here forever in this closed detention facility. People who have no certainty of protection for the future.

In summary, to highlight some of the priority issues that I see at the moment- we really do need to understand more about how we can better identify mental health issues in children who have these experiences, particularly trauma related issues. We're doing some work at the moment going into schools and English language centres to look at better ways of identifying those young people who are suffering trauma. We need to have more sophisticated ways of understanding the way in which pre-migration and settlement factors all impact on mental health and these are very often layer upon layer of traumatic experience; but particularly important is to understand currently detention itself and how that impacts on mental health and well-being and child development.



These are not environments that we would in any way see as conducive to the well-being of children. This, as I've stressed, is something that we've known for over a decade. Children develop a range of difficulties in these environments; some of them are persistent. It's a very simple and probably for many of us not a surprising finding, but again very interestingly we continue to think about replicating the very situations that has produced already a generation of children

damaged by their time in detention, and we're talking about thousands of children.

From seven years go, and still the current situation, children regardless of age can be detained indefinitely in very deprived environments. This is the psychological context in which children are attempting to have some sort of life. I'm mentioning this because it helps us think about some of the key issues that we might work with if we're talking to children. Children who have survived already their journeys here, might have already witnessed and be experiencing the emotional deprivation of having depressed or absent parents, parents who are traumatised, fundamentally have difficulties in thinking about and maintaining attachment relationships.

For the trauma survivor it's as if there was no one there any more to listen to their story. It's like the young man I described earlier on who calls me grandmother. What he wants is for me to listen to his story of trauma even though he's afraid that it will hurt me. He showed me some pictures of events in Iraq which were some of the most dreadful things I've ever seen and before he showed to me we had a long discussion. He said, "You need to know what happened to me, you're my helper you need to know". He said, "Well, you'll be very upset when you look at these images". "Maybe if you half close your eyes like this and just look at them in a squinty way and you see a bit, you'll be all right."

So we talked about this and about his anxiety that I'll be dead. And I did look with my half closed eyes and, to be frank, the things that he showed me have not left my mind since and they won't. He knows that and he cried at that point. He said, "You're now like me." He needed to have a sense of sharing that. He said "What did you see, was it bad?" He wanted my opinion and what can I say, they are the most dreadful things that I think I'd ever have to see. And he said, "I was there when the things happened."

I won't tell you what they are but he was there when these atrocities were executed on people that he knew. That's an example of his need that someone else should know. We are working together to try to think about what happened, even though that's very hard for him, and help him actually grieve for what happened. In grieving for his own personal losses he

said," I'm not a child any more, when I saw those things I was never a child again".

It's someone's right to be a child again. He has an unfortunate habit of shoplifting things to give to me as presents. He always steals - he has no money, he is in detention. He brings me little stuffed animals and fluffy things and toys. He said, "You hold that and just touch it". Remarkably powerful encounters with someone who can't put much into words. And he cries. He's crying for himself, he's crying for me, he's crying for the loss of his own childhood and innocence. Essentially, he has to come to terms with the fact that he knows things about the human condition that no young person or child should have to know. In fact not many of us can tolerate what he has witnessed and been exposed to.

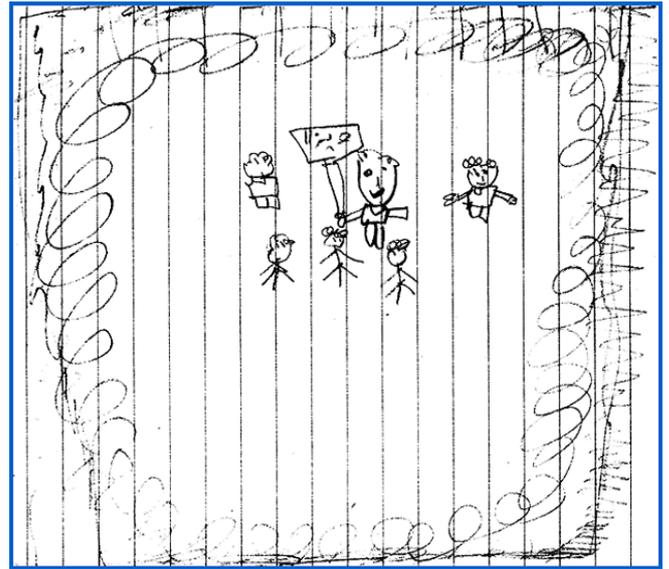
And this is the case for other groups of people. Young people and children who have survived genocide, some of the war zones that children are coming from, the situation for currently for Syrian children- there are many examples, sadly, around the world, where children are suddenly not children anymore. Even for adults these are complex issues.

We see people who have symptoms that we think of as trauma related. Essentially, some of these are about re-experiencing or being stuck with their experiences that have not been integrated and sometimes will not be integrated into the story they tell themselves. Sometimes these are children and young people who are in survival mode, are survivors, have survived tremendous extremes but find that very hard to let go of.

This boy said to me, "My life will always be in a war zone". He doesn't see himself as doing anything different. These are hard psychological issues for us to relate to and sometimes, of course, we all shy away. There is a price to be paid for all of us listening to some of these stories, or going into remote detention centres or remote processing centres where we see grief, where we see high levels of distress.

My most recent excursion into Christmas Island, very crowded, to see the point of view there and the colleague I was with, we walked into an area, it was largely a concrete pen really where children had no toys, where there were no activities especially for children and they were housed all together. Some had

parents there, some were older and children rushed up to us and grabbed onto us, both of us and said, "Help, help".



Look, this was intolerable and I think there are very difficult encounters that we have. So I'm very sympathetic and I do understand the reluctance of people in the general community to fully engage with these issues. But we have many people in the community at the moment who are raising concern about the issues, particularly about the detention of children.

Chilout, you can look at their website, chilout with one "L", one word. Just type that and you'll get that. A very important group in terms of collecting information as they can about the plight of children, speaking to a range of politicians from both parties about the needs of children and doing a very good job. They are calling themselves Chilout Reformed which is in many ways sad. We have a lot of good groups that are and will continue to raise the issues.

On a personal level, do we confront? I think we have to because we have a moral responsibility to not be the bystander who pretends because it's more comfortable to pretend nothing is happening. We can all become more informed about the issues, we can have a view not all the same view, but we would hope that around the detention of children we will have a similar view that we could be doing this a lot better, that we could be avoiding the detention of children for any but very brief periods of time and that certainly strangely enough (we live in a strange world) that is the current government policy.

# “ HERE IS NOT FOR CHILDREN ”

11 year old Thyrgan in Villawood detention centre



Since the enquiry of 2005, children are only meant to be detained as a matter of last resort. You can look up their website and read that report, which details a lot of the issues back then which are relevant now. Instead of last resort we have children detained as first resort, no exceptions. And I think that's unacceptable. Do advocacy and be proud to be advocates on these issues. So thank you, I hope that gives you a sense of some of the ideas that we grappling with.

**Suzie Dean:** thank you very much Louise, I know people will be burning to ask questions and make comments but to get us started I call upon Associate Profesor Suresh Sundaram to respond to the oration.

Professor Sundaram is Director of clinical services for the Northern Area Mental Health Service, Director of the Northern Psychiatry Research Centre, Head of Molecular Psychopharmacology for the Institute of Neuroscience and Mental Health, Associate Professor in the Department of Psychiatry University of Melbourne.

Whilst an active researcher and clinician in neurobiological and clinical aspects of schizophrenia and related disorders, Suresh has for many years worked with asylum seekers through the Asylum Seeker Resource Centre, other NGOs and migration agents and lawyers. He has served as an expert external consultant on mental health issues of asylum seekers for the Australian Human Rights Commission and currently serves on the Binational Interim Joint Advisory Committee on health and mental health subcommittee for the Nauruan regional processing centre.

Publishing extensively, he speaks nationally and internationally on the mental health of asylum seekers and supervises consultants, registrars, postdoctoral researchers in clinical and research work concerning the mental health of asylum seekers.

**Suresh Sundaram:** It's really a great honour for me to be able to respond to Professor Newman's presentation. She has been a leading figure and I think an iconic figure in psychiatry as it relates to asylum seekers in particular, but also refugees. A testament to the voice that speaks in the face of silence.

I was asked by Professor Grimwade just before the lecture today, to try and present the perspective at least somewhat in my response on the voice of the consumer as pertain to this lecture and so I will

[silent pause].

My silence is the silence of the children and of the adults, the families in the detention centres that Louise has spoken about. The silence is the silence of government in the face of questions and the silence is

the silence of the Australian public in the face of what is happening in their name.

I was heartened recently to read in *The Age* and other places of spirited opposition, people who said that this was now a question that they do not want their government to speak in their name. But what I think we are seeing, and what we have seen over the last decade, is the effect of the democratic process.

We started from this position about thirteen years ago, in fact longer than that, and we are now back where we were. That has not been through any deliberate action or inaction but as simply being a process of democracy at work. I want to summarise essentially what has been said, because we really are at an intersection which is as much about law and mental health and rights as it is a moral intersection for us as Australia as a nation.

We've been told that there are reasons that justify indefinite mandatory detention both in remote places in Australia and remote offshore locations. These reasons need to countenance the effects Louise has so well described both in the short term and in the long term, these effects on children, families, adolescents and adults. They must account for the deaths that we have seen and the harms that she has described that ensue. Moreover we, as a nation, need to determine if these reasons will be sufficient to appease future generations as to our moral values. In much the same light as we may view the moral decisions of past generations such as indigenous dispossession, such as the stolen generation, even as such as the Vietnam war.

The reason we've been given is the focus on deaths at sea and the need to stop boats, as if in stopping one calamity justifies the creation of another. I'm also disappointed by the rhetoric of stopping boats as Louise is, because they have not been stopped but simply been turned around in the high seas as if somehow turning them around will stop them from sinking.

I want to finally say that there are solutions. The solutions are complex and difficult but there are solutions that are different to the ones that we have chosen as a country to adopt. They can involve things such as the Bali Process and the regional processing framework that has been briefly mentioned by Louise.

They can understand and address the push factors for the countries where people flee and they can establish regional processing in places where asylum seekers are currently by themselves.

These are not simple cheap solutions but neither are the ones we currently have. I want to finally tell you about a very cheap solution, a cheap solution where we are doing our research. In particular, what my doctoral student Dr Deborah Hocking found was that if you gave asylum seekers the right to live in the community, you gave them access to health care, and you gave them access to work rights, lo and behold the majority of them got better without any intervention from any mental health professional in sight.

We are at an intersection, and Professor Newman's lecture outlines in clear detail the consequences of the path that we've all chosen. It doesn't need to be this way. Thank you