

Child Wise Submission in Response to the  
Australian Human Rights Commission

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# National Inquiry into Children in Detention

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May 2014



## About Child Wise

Established in 1991, Child Wise is one of Australia's leading not-for-profit child abuse prevention organisations. Our vision is of a society in which children can grow up free from abuse and exploitation.

Child Wise has achieved significant recognition and credibility within the sector and from Government for our award winning and innovative prevention programs, primarily focused on creating child safe organisations.

## Submission to the Human Rights Inquiry into Children in Immigration Detention

At present, any asylum seeker fleeing persecution or threat from their country of origin to Australia is held within detention facilities on or offshore, for an indefinite period whilst their refugee status is determined. Any asylum seeker arriving by boat or intercepted at sea, according to current policy, are placed in detention centres either on Nauru or Manus Island. This includes children, in clear breach of the

Convention on the Rights of the Child (CRC), Article 17. It states that detention of any type should only be used "as a measure of last resort and for the shortest appropriate period of time". As at April 30th, 2014, 1023 children were in Australian immigration detention facilities onshore and offshore, and 1490 were in community detention (Australian Department of Immigration and Border Protection, 2014). This submission is written with a concern for children's safety and wellbeing at its centre. A child's safety relies on more than just freedom from abuse and neglect, but requires a stable, supportive environment that enables their wellbeing. There have been serious incidents of abuse and neglect within detention facilities, and further abuses are at risk of taking place. There is now enough evidence to show that the conditions in immigration detention facilities are not, and cannot ever be, conducive to a safe and healthy environment for children.

The evidence in this submission has been collated from various sources; news reports, public inquiries, leaked reports, academic studies and research. It is of serious concern that the complete lack of transparency brought to this matter by the government means that most information is drawn from leaked reports and media investigations. We have included a number of first hand observations, from people who have spent time visiting detention centres onshore.

I commend this submission to the Human Rights Commission and hope that it may contribute to a more compassionate response to asylum seekers.



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## Recommendations

- i. That all children and their families need to be removed from held immigration detention facilities, both onshore and offshore, at the earliest possible time.
- ii. Alternate, community based detention arrangements should be made, with strict and short time limits to avoid uncertainty and further trauma.
- iii. That all children remaining in detention aged 3-5 should go to preschool because they are vulnerable and socially isolated.
- iv. That children under 5, particularly birth to 3 need multiple community social interactive visits per week, playgroup, excursions and play therapy sessions with parents.
- v. That parents should be provided with parenting support and assistance in all forms of detention, to reduce the transmission of adult trauma to children's development.
- vi. That community visits and schooling should involve choice, and should remain as close to normal life as possible, without the oppressing security currently surrounding such visits.
- vii. That support services, in particular education and health, and mental health, should be increased, with additional choice rather than single 'allocations' to services.
- viii. That all staff and visitors should be required to undergo comprehensive trauma and child abuse prevention training.
- ix. That all contractors and service providers be required to implement a child protection framework with a child rights focus and their safety and wellbeing a priority.
- x. That the Immigration Minister should no longer be the legal guardian of unaccompanied minors, and that this function should sit with another role, such as the National Children's Commissioner.
- xi. That the Australian Human Rights Commission should be granted powers of independent oversight over immigration detention offshore, to ensure accountability and transparency of process.



## Institutional & organisational risk factors

The Royal Commission into Institutional Responses to Child Sexual Abuse is currently investigating the organisational conditions which have allowed child sexual abuse to occur. Both its work, and that of many other groups and academics, have developed substantial research and evidence looking at institutional risk factors. This should be taken into account when considering the risks and environments that can enable child abuse within detention facilities.

It is beyond the scope of this submission to examine in detail the many aspects of an institutional setting that can enable abuse to occur. However, when looking at immigration detention, some of these characteristics are particularly relevant:

### **Denial**

There can be denial that the abuse can occur, and/or that it does occur (NSPCC, 1991). Co-workers may turn a blind eye to abuse, for it is enormously difficult to accept that a support worker, or volunteer is really abusing a child in the organisation's care. A lack of knowledge about grooming behaviour and the true incidence of abuse will allow a culture of denial to take root in an organisation.

### **Fear**

There is fear of discouraging volunteers from joining the program, fear of change, fear of having to deal with the issue of child abuse, fear of being wrong (Child Wise, 2004). A lack of knowledge, and a process for dealing with problems that excludes representatives, will lead to fear within an organisation that creates the space for child abuse to occur.

### **Complacency**

A lack of understanding of the nature and risk of child abuse, a lack of commitment to the organisation or program, and a sense that child abuse occurs elsewhere, and that it is not an internal problem can all lead to complacency (Child Wise, 2004). Attitudes such as 'our systems are robust and safe, so nothing further is needed' are a barrier to openness, accountability, and reflective practice.

### **The role of representatives**

Organisations may be made vulnerable through: a lack of resources, a lack of supervision, poor qualifications and training, poor communication and oversight by management, or by poor pay and conditions (NSPCC, 1991). Representatives in these situations will be ill equipped to address concerns of child abuse.

Institutions that create positive environments and conditions for children's safety and wellbeing share the following characteristics, though this list is not exhaustive:

- Adults and children have confidence that disclosure will be treated seriously and acted upon promptly and appropriately
- Children are treated as individuals with rights
- Inappropriate and high risk offender behaviour (overly touching children, etc.) is not accepted and is stopped immediately





- Management styles are open and egalitarian
- All people connected to the organisation are empowered and feel confident to raise concerns, including children and young people
- There are strong environments to avoid situational risks developing
- Everyone is well trained in child abuse, and in child and adult grooming behaviours, and
- Being child friendly is a focus, not just being child safe.

This list has been adapted from: Irenyi, et al., 2006.

When considering the conditions within immigration detention facilities, the available evidence suggests that denial, fear, complacency, and poorly supported and prepared representatives are present to an alarming degree. Equally, the positive characteristics identified by Irenyi et al. are almost completely absent. It is increasingly clear that the current system of immigration detention is fundamentally flawed, and the very high levels of risk cannot be reduced due to the systematic failings inherent within these institutions.

Of particular concern is that many asylum seekers seem unwilling to speak up or report abuses for fear of compromising or negatively impacting their visa determination process, highlighting the oppressive nature of the immigration system.

## The Role of the Immigration Minister

Child Wise has serious concerns surrounding the dual role of the Immigration Minister, as both legal guardian for unaccompanied minors, and as the Minister responsible for determining asylum seeker status. As their legal guardian, the Immigration Minister is transferring unaccompanied minors to places of known danger, a deeply irresponsible act in contravention of the role of a guardian. This dual role is a conflict of interest that is representative of the flaws in the immigration system - a closed, secretive, and murky process that precludes any real accountability.

## Mental health & wellbeing

The negative impact of immigration detention on the psychological well being of asylum seekers in general, including its long terms consequences, has been supported empirically in a number of studies. For example, Keller and colleagues studied 70 asylum seekers over a median duration of five months in detention, and found a moderate correlation ( $r = .28$ ,  $p < .019$ ) between time in detention and PTSD symptoms, with over half of the total sample reporting symptoms of PTSD (Keller et al., 2003). Furthermore, the study also reported 77% of the total sample presenting with symptoms of anxiety, and 80%, with depression (Keller et al 2003).

A more recent longitudinal study by Coffey, Kaplan, Sampson & Tucci (2010) also suggests that such psychopathologies caused by detention are maintained, with 88% of their sample (15/17) reporting anxiety and/or depressive symptoms 3 years and 8 months after being detained.

An increased risk of mental illness has also been reported in children within immigration detention, including the diagnoses of depression, post-traumatic stress disorder, separation anxiety disorder, and oppositional defiant disorder (Mares & Jureidini, 2012, cited in Dudley, Steel, Mares & Newman, 2012). This study documented the mental health of 40 detained asylum-seeking children and their families and found that preschool children exhibited developmental delay, attachment disorders and emotional and/or behavioural disturbances. All children in their sample had symptoms of mental illness.

In an earlier study, Mares & Juredeini (2004) conducted a comprehensive study based on the assessments conducted on 10 different families (16 adults, 20 children) within a remote Australian immigration detention centre, referred to a Child and Adolescent Mental Health Service (CAMHS). Although constrained by its small sample size and sample bias, the study found that half of the children (aged between 1 months and 7 years) exhibited significant language delays, social development and behavioural dysregulation, with all children reporting to have troubled sleeping, poor concentration, little motivation for reading or study, and a sense of hopelessness. In addition, all fulfilled criteria for major depression and all reported thoughts of suicide and/or self-harm. To further support this, an astounding 26 cases of child self harm was found to have occurred between the period of August 2010 and November 2011 at Darwin Airport Lodge and Botanic Gardens alone (Bardon, 2013). Although conducted within a British immigration detention centre, Lorek and colleagues (2009) produced similar results to Mares and Juredeini (2004), with 8 out of the 11 children reaching a diagnosis of a mental illness, and 10 out of 11 children having somatic complaints, such as headaches and abdominal pain.

This psychological harm has been found to increase with the length of detention (Steel, et al., 2006; Coffey, Kaplan, Sampson & Tucci, 2010).



## Trauma



Whilst the pre-migration experiences of asylum seeking children will differ, it can be expected that all will have experiences of past trauma that cannot be adequately treated within the confinement of detention (Chauvin, 2002). Trauma, referring to “situations where a person is confronted with situations that exceed and overwhelm their coping capacity” (Harms, 2010; p. 119), impacts upon children differently, and is dependent on a number of multi-dimensional factors, including the child’s developmental stage, their sex and gender, and the social, structural and cultural context. Newman & Steel (2008) stated that “the capacity of the children to cope with the asylum seeking experience is complex and dependent on the severity of pre-migration experiences, the child’s developmental stage and the responses of adult care takers” (p. 694).

The experience of trauma, especially exposure to prolonged violence and/or neglect, results in significant changes to physiological and neurobiological functioning (Chauvin, 2002) therefore early intervention is paramount. An environment such as an immigration detention centre, with little to no information about their length of stay, inadequate facilities and inhumane treatment, is likely to exacerbate any pre-existing impacts trauma experiences have had on brain development. According to Herman’s three-stage model of recovery, which includes the establishment of safety, remembrance and mourning, and reconnection of ordinary life (1992, cited in Harms, 2010), recovery from trauma in detention is near impossible.

This may be due to the protective factors that have been found to increase the likelihood of recovery from trauma, including support services, a strong family system, and having a sense of belonging in the community, are all compromised (Chauvin, 2002). Save the Children Australia, the organisation contracted by the Department of Immigration and Border Protection to provide educational, recreational and child protection services on Nauru, have expressed their belief that only within a community detention setting would adequate support services be available for child asylum seekers (2014).

Detention has also been found to impact upon the family unit. Parents have reported feeling less competent in their roles, as Steel and colleagues (2004) have suggested, with only 7% of all parents assessed feeling competent in controlling their children’s behaviour, as opposed to one month prior to detention, when all parents reported feeling competent. This study also found that only 26% of parents felt that the roles within the family were clearly defined after one month of being detained.

This may be due to the higher authority of the detention centre officials, thus threatening the power of the parents over their children (Steel et al., 2004). The significant number of parents suffering a mental illness from their own traumatic experiences (Mares & Juredeini, 2004) may also pose an intergenerational risk for their children, and the overall parental support is ultimately affected (Chauvin, 2002). The ability to develop a sense of community is significantly undermined in the detention environment, as the very act of being incarcerated implies that individuals seeking asylum are not wanted or embraced by Australian society. This social alienation causes deep and lasting psychological harm.

The few opportunities to build a sense of connectivity to society outside the detention facilities are largely wasted, and may well contribute to additional trauma. Anecdotal evidence of community visits suggest a lack of choice, and the inability for asylum seekers to have input into community activities. Many, such as frequent zoo visits, do not vary, and involve heavy security presence. This contributes to asylum seeker's sense of alienation from the community, and children's inability to develop in a social context.

For asylum seekers attending school in the community, the experience can reinforce the feeling of isolation. When returning from school, they are required to pass through metal detectors, and parents attending school events require a heavy security presence. This reinforces the message of detention, and the permanence of their position. It is likely to have heavy impacts on children's ability to integrate and develop socially.

## Child abuse

Cumulative trauma is a significant risk for children who are seeking asylum and are detained, as they may be at increased risk of child abuse. Already a vulnerable group, children with past experiences of maltreatment, pre-existing mental health problems, disability, and are physically and social isolated, to name a few, are at a heightened risk of being victims to abuse (Beyer & Bromfield, 2005; Gallagher, 1999a; Sullivan and Knutson, 1999). Therefore, children with refugee backgrounds are particularly vulnerable. For example, it has been found in a recent systematic review, that between 19-54% of refugee children have diagnoses of post-traumatic stress disorder, and that the rate of depression ranges between 3-30% (Bronstein & Montgomery, 2011). All studies within this review were cross-sectional and may be biased by their use of self-report measures, however, post-migration factors were taken into account, and the prevalence of mental illness were found to be significantly affected by the process of immigration and discrimination.

A number of other, more specific factors that may increase the risk of abuse of asylum seeking children have been identified in a study by Lay and Papdopoulos (2009). Through an in-depth questionnaire and interview, the study assessed 53 unaccompanied asylum-seeking minors from the Horn of Africa who were the victims of sexual assault living in Britain. The study did not address prior victimisation, and as the accounts were retrospective, the results must be interpreted with caution. However, a number of noteworthy findings were made. They found that the children's inability to speak English, and the fact that they were unaware of who to report to and what their rights were, significantly impacted upon disclosure and help-seeking behaviour. The participants described a number of factors that made them particularly vulnerable, including loneliness and isolation caused by being without their family, housing circumstances, being a foreigner, and cultural stigma.

Within Australian detention centres, a number of incidents of child sexual abuse have been reported. These include the horrific case of the 12-year-old Iranian boy who was sold by his father to other detainees for sex at the now defunct Woomera detention centre (Barker, 2000a). Reports were made approximately 8 months after the initial allegations, with suggestions that centre management deliberately attempted to cover up the abuse (Barker, 2000b). In a separate case, two children were reportedly abused at Leonora detention centre by the same perpetrator in 2010 (Massey, 2010).





The risk of sexual abuse has recently been suggested through reports obtained under freedom of information, which found 34 incidences of sexual assault (this did not specify if any had been against children or young people) have been reported since SERCO had begun managing detention centres in Australia in 2009 (Farrell & Laughland, 2013). Evidently, this only accounts for the cases that were formally reported, and must be interpreted as an underestimate. The risk of sexual abuse has recently been suggested through reports obtained under freedom of information, which found 34 incidences of sexual assault (this did not specify if any had been against children or young people) have been reported since SERCO had begun managing detention centres in Australia in 2009 (Farrell & Laughland, 2013). Evidently, this only accounts for the cases that were formally reported, and must be interpreted as an underestimate.

There have been allegations of serious physical abuse of children at the detention centre in Nauru. In one instance, a Wilson security guard was observed chasing a child around the recreation area, and hit her on the head with enough force that she fell to the ground. In another case, on the same day, a Wilson guard was seen to forcibly remove a child from a playground with “excessive force”, and it appears this had occurred a number of times with the same child (Laughland, 24 April, 2014). These cases, coming so close together, suggest a pattern of reckless use of force and violence towards children; again, enabled and tacitly sanctioned by the conditions of the institution of immigration detention. The complete lack of a child protection framework on Nauru means that incidents such as these are highly likely to continue.

The risk posed to asylum-seeking children in immigration detention can be assumed from past literature on organisational abuse. A number of factors have been identified that are suggested to make an organisation particularly risky for the perpetration of abuse (Beyer & Bromfield, 2005). Firstly, high-risk environments are those that resemble homes and when employees have time alone with a child. The opportunities for children within detention to be alone with employees may be common, however, limited insight into this can be gauged from the infrequent site visits that are permitted by external organisations. Beyer & Bromfield (2005) also suggest that organisations with economic independence are risky in that there is less external scrutiny. Whilst the Australian government funds both the onshore and offshore immigrations detention facilities, as stated, access to these facilities is restricted, partly due to being privately contracted.

## Immigration detention facilities

In the most recent report by the United Nations High Commissioner for Refugees (UNHCR) on the conditions of the detention centre on Nauru, insight is given into the harsh and unsuitable conditions faced by children and their families seeking asylum (2013). It was expressed that “the closed RPC is particularly inappropriate for the care and support of child asylum seekers. UNHCR is also concerned that children do not have access to adequate educational and recreational facilities”.

Further descriptions highlight that the facilities were surrounded by phosphate mining and construction work, and that large vinyl marquees were used to house families, with only a vinyl partition used to separate different families.

They observed that there was wooden flooring, no air conditioning or ceiling fans, and that rats were present. The asylum seekers expressed concern about the significant number of family breakdowns due to the discontent at being in Nauru.

This is significant in that a child's recovery from past trauma is mediated by the strength of the family system. The UNHCR also noted that there is insufficient water, insufficient access to telephones and Internet, and significant noise and dust. Asylum seekers also reported that they observed their children's mental health deteriorate, which resulted in them not attending any form of schooling given at the centre.

Amnesty International Australia, in visits to immigration detention facilities across Australia, painted a bleak picture of the conditions, emphasising the damaging effect it has on detainees (2012). They claimed that the detention centre on Christmas Island was "overwhelmingly and unnecessarily prison-like", which is likely to have a significant psychological impact on the children detained. This is exacerbated when individuals attending appointments must be signed out by an officer and then escorted through a locked security cage, as is the case at Christmas Island. Access to phones and Internet was limited across all the detention centres visited (including Northwestern Point IDC, Christmas Island; Curtin IDC, WA; Perth IDC, WA; Phosphate Hill APOD, Christmas Island; Northern IDC, Darwin; Wickham Point IDC, Darwin; Airport Lodge, Darwin). On Phosphate Hill, which is largely comprised of unaccompanied minors, there are only confined spaces in 13 which children can play, and in the minor compound, only one activity room with a pool table was available. Curfews also were enforced which further emphasises the prison-like environment, which is not conducive to a child's development. Darwin Lodge, which is used to detain children and families, was claimed to be overcrowded, and also had limited spaces in which children could play. One noteworthy report was the fact that guards enter each room between 11pm and 1am to carry head checks. Anecdotal evidence suggests this has been undertaken in a highly intrusive manner, with flashlights in detainees (including children's) eyes, which is highly traumatising for children and families. In case studies included within the report, one mother claimed that her children felt lonely and isolated, and grew bored within the small compound.

The instances of violent riots that have occurred within detention centres are another clear indication that children are at a significant risk of psychological harm. The death of Reza Barati and 77 injured asylum seekers that resulted from a violent protest on Manus Island in February of this year is one such example ("Australia's Asylum", 2014a & b)). In 2011, protests at Villawood Detention Centre, a facility that also detained children, led to several buildings being set fire ("Protesting asylum seekers", 2011). Reports also suggest there has been an increase of hunger strikes, and self harm in Curtin IDC and Christmas Island, with 850 incidences of voluntary starvation and 921 incidences of self harm between October 2009 and May 2011 (Evershed & Laughland, 2013).

Most recently, media reports on a visit from the Human Rights Commission to Christmas Island, also highlight the shocking impact detention has on children (Metherall, 2014; "Children call immigration detention centre 'hell'", 2014). The team included paediatrician Karen Swi and child psychiatrist Sarah Mares, who noted that children were developmentally delayed, with instances of bedwetting and mutism. Children also displayed behaviour such as biting and head banging, which may suggest mental ill health. Children expressed distress at living with adults who are recurrently sad, angry and self-harming, which is congruent with past reports by mental health professionals (Mares, et al., 2002).



## Provision of education, recreation, maternal and infant health services

Education, recreation, maternal and infant health services are vital for the healthy development of children. Australia, as a signatory to the CRC, are obliged to fulfil the right for all children to have an education, to play and to engage in recreational activities [Article 28(1)]. However, within immigration detention facilities, such services are limited. Save the Children presently run the educational, recreational and child protection services available to children within detention at the Nauru and Villawood detention centres. It is the child's right under the CRC to have access to health care services, including pre- and post-natal care. According to their immigration detention fact sheet, the Department of Immigration and Border Protection claims that health care services are comparable to that of the broader Australian community. However it has been suggested that such is not the case, especially on Christmas Island. At the end of 2013, media reports released claimed that a lack of an ultrasound resulted in the miscarriage of an asylum seeker from Iran (Marr & Laughland, 2013).



In December 2013, in a 92 page document signed by 15 health professionals working in the immigration detention centre, “numerous unsafe practices and gross departures from generally accepted medical standards which have posed significant risk to patients and caused considerable harm” were identified (Laughland, 2014). Little or nothing has been done to address this issue. In addition, the Royal Australasian College of Physicians have suggested that on Christmas Island there is lack of the scheduled physical and developmental assessments for children typically observed within the broader Australian community. They also claimed that children on Christmas Island are at high risk of depression and yet, there is no effective system for identifying those children at risk. There is also an inadequate screening for nutritional deficiencies as well as inadequate testing of sight and hearing (Marr, 2013). Such reports are concerning and need to be acted upon urgently in the children's best interests. Other, more recent reports coming out of Christmas Island also highlight the lack of educational facilities for children, a clear breach of Australia's obligation under the CRC (Oriti, 2014). Whilst children are not currently held in immigration detention facilities on Christmas Island, similar concerns remain for children in other forms of detention on Christmas Island.

The IHMS provision of services limits asylum seekers in community detention to accessing one GP clinic, and one pharmacy, of serious concern if they are unable to access culturally appropriate services (i.e. a female doctor).

Most recently, a leaked report emerged from Nauru identifying serious health risks to children. It states, among other concerns, that:

- There is barely any screening for communicable diseases, and none for children under 11
- The lack of a child protection framework places children “at significant risk” of sexual abuse
- There are no paediatricians employed at the centre and no paediatric life support systems on Nauru (Laughland, 30 May, 2014).

## Separation of families across immigration detention facilities

The maintenance of a strong family system is imperative for the growth and development of children. It is also of paramount importance in assisting in the recovery of past trauma experienced by children with asylum seeking backgrounds.

Children within immigration detention facilities have already been found to suffer mental health effects including diagnoses of depression, post-traumatic stress disorder, separation anxiety disorder, and oppositional defiant disorder (Mares & Jureidini, 2012, cited in Dudley, Steel, Mares & Newman, 2012). Additionally, children have exhibited developmental delay, attachment disorders and emotional and/or behavioural disturbances as well as troubled sleeping, poor concentration, little motivation for reading or study, and a sense of hopelessness (Mares & Jureidini, 2004).

These negative mental health effects are likely to be compounded by the separation of a child's family of origin, which can occur during the current immigration detention assessment procedure. Whilst family separation is an issue that causes significant stress and anxiety for people with asylum seeking backgrounds (Steel, et al., 2006), a child's separation from a primary caregiver can have devastating effects. This is because a secure attachment with a primary caregiver is essential for the appropriate development of children. Insecure and anxious attachments caused by the separation of family members are likely to have a detrimental impact upon a child's well being and attachment behaviours in future relationships.

In one case, a Sri Lankan woman who had been granted refugee status, was re-detained due to a subsequent adverse security assessment. At the time, she was pregnant, married to an Australian citizen, and her nine and seven-year-old sons were re-detained with her (Fitzsimmons, July 8, 2014). The inability to access the security determination, the nature of the transfer back into detention (often with no warning and in a confrontational manner), is traumatising. Additionally, to be sent back into detention, and separated from family, creates further trauma. The indefinite detention periods can cause serious mental anguish.

### Staff training

Child protection policies relating to the immigration department, and separate reports, show that the level of staff training is poor, the basic understanding on the effects of trauma and abuse is poor, the ability to recognise and respond to trauma is poor, and there is limited understanding of the risks posed by immigration detention. As identified above, one of the key institutional risk factors is the role of representatives.

The lack of adequately trained and educated staff is a serious failing by the Immigration Department, and will only increase the risks of serious abuse and further trauma occurring. It also contributes to the closed nature of the institution, and the lack of staff willingness to speak up about abuses or existing risks.



## The language of alienation

'Illegal immigrant.' 'Boat person.' 'Processing.' 'Detainees.' 'Sent offshore to be processed.'

The language employed when discussing asylum seekers and refugees is deplorable, and is a deliberate attempt to dehumanise and obfuscate the true nature of their plight. For one, it is not illegal to seek asylum, nor is the 'method of entry' by boat illegal; the UN convention allows for such means of arrival in the absence of another.

The labels applied to asylum seekers take away their individuality, their story, and their personhood. It is used to prevent us from imagining the images of the conditions in their homeland, on their journey, in the camps they are sent to. The language used is a euphemistic means of obscuring the reality, it understates the way we are treating vulnerable men, women, and children – the concept of 'processing' another human being as though they were objects, to reduce them to numbers, is abhorrent.

To say that children will be sent offshore to be 'processed', in the bleak heat, the lack of medical support, the lack of adequate education, the separation from their fathers, is deeply insensitive. Add to this the acts of abuse the conditions inflict on them – physical, emotional, neglect, witnessing of domestic and other forms of violence, restriction on freedoms of movement, the real risks of sexual abuse – it is impossible to justify such actions. It has become clichéd to refer to Orwell, the person who furnished us with the words to describe this situation; his descriptions remain true. On this issue, "political speech and writing are largely the defense of the indefensible", and so "political language has to consist largely of euphemism, question-begging and sheer cloudy vagueness". This is as apt a description of the quality of the discourse of asylum seekers as may be found.

All political parties use this language. The Coalition, Labour, the Independents, the Greens. Whether or not they support the policies, they adopt the language of exclusion. Compared to the deliberately terrifying conditions asylum seekers are sent to, the use of inaccurate and harmful language may seem a minor act. Yet it facilitates the abuses to occur. Until we begin to identify in language what we are doing to asylum seekers, until we depict their situation in words that do not seek to reduce them to an abstraction, there will be limited public will for a change in policy.

## Conclusion

The very act of incarcerating children within immigration detention centres is child abuse, due to the psychological and developmental impact that has been overwhelmingly reported. This is due to the indefinite nature of their confinement in a prison-like setting, and the exposure to violence and riots, to name a few. In addition, these children face a heightened risk posed by the very conditions of the detention environment, which render it highly conducive to the perpetration of abuse, including sexual abuse.



## References

- Amnesty International Australia (2012). *What we found behind the fences*. Retrieved from: <http://www.amnesty.org.au/images/uploads/news/Amnesty-International-Australia-DetentionFacilitiesVisit-2012-FINAL.pdf>
- Asylum Seeker Resource Centre. (2013). *Children in Detention*. Retrieved from: [http://www.asrc.org.au/wp-content/uploads/2013/07/Children-in-Detention\\_November-2013.pdf](http://www.asrc.org.au/wp-content/uploads/2013/07/Children-in-Detention_November-2013.pdf)
- Australia Asylum: *One Killed in Violence at PNG Camp*. (2014a, February 18). BBC News, Retrieved from: <http://www.bbc.com/news/world-asia-26236157>
- Australia Asylum: *Inquiries promised on PNG camp violence* (2014b, February 19). BBC News, Retrieved from: <http://www.bbc.com/news/world-asia-26252556>
- Australian Human Rights Commission (1990). *Convention on the Rights of the Child*. Retrieved from: <https://www.humanrights.gov.au/convention-rights-child>
- Australian Human Rights Commission (2014). *Immigration detention statistics*. Retrieved from: <https://www.humanrights.gov.au/immigration-detention-statistics>
- Adjukovic, M. & Adjukovic, D. (1993). *Psychological well-being of refugee children*. Child Abuse & Neglect, 17, 843-854.
- Bardon, J. (2014, February 18). *Immigration documents outline cases of child self harm*, ABC News, Retrieved from: <http://www.abc.net.au/news/2013-02-18/children-harming-themselves-in-asylum-detention/4525758>
- Barker, A. (2000b). *Inquiry to investigate sex abuse at detention centre* [Radio Series Episode]. PM: ABC Radio National.
- Barker, A. (2000b). *New witness to Woomera rape cover up*. [Radio Series Episode]. PM: ABC Radio National.
- Beyer, H. & Bromfield, L. (2005). *Understanding Organizational Risk Factors for Child Maltreatment: A Review of the Literature*, National Child Protection Clearing House: Australian Institute of Family Studies.
- Bronstein, I., & Montgomery, P. (2011). *Psychological distress in refugee children: A systematic review*. Clinical child and family psychology review, 14(1), 44-56.
- Chauvin, A. (2003). *The immediate and long term impact of trauma on children and young people: The implications of placement in detention centres for recovery from trauma and development of resilience*. In: D. Barnes. Asylum Seekers and refugees in Australia: Issues of Mental Health and Wellbeing. Sydney: Transcultural Mental Health Centre.
- Dudley, M., Steel, Z., Mares, s. & Newman, L. (2012). *Children and young people in immigration detention*. Current Opinion Psychiatry, 25, 285-292. 19
- Evershed, N. & Laughland, O. (2013). *Rise in hunger strikes and self-harm in Australian Immigration Centres*. The Guardian, <http://www.theguardian.com/world/2013/jun/10/hunger-strikes-self-harm-australian-immigration-detention>
- Farrell, P. & Laughland, O. (2013, October 24). *Claims of sexual assault rife in immigration detention reports show*, The Guardian. Retrieved from: <http://www.theguardian.com/world/2013/oct/24/claims-sexual-assault-immigration-detention>
- Fitzsimmons, H. (2013, July 8). *Sri Lanka Refugee launches High Court challenge against detention based on ASIO assessment*, ABC. Retrieved from: <http://www.abc.net.au/news/2013-07-05/sri-lanka-refugee-launches-high-court-challenge-against->



Gallagher, B. (1999a). *The abuse of children in public care*, Child Abuse Review, 8(3), 357-365.

G. J., Kaplan, I., Sampson, R. C., & Tucci, M. M. (2010). *The meaning and mental health consequences of long term immigration detention for people seeking asylum*, Social Science Medicine, 70, 2070.

Harms, L. (2010). *Understanding Human Development: A Multi-Dimensional Approach*, Oxford University Press: South Melbourne.

Irenyi, M. Bromfield, L. Beyer, L. & Higgins, D. 2006, 'Child Maltreatment in organisations: Risk factors and strategies for prevention.' Child Abuse Prevention Issues, Australian Institute of Family Studies, 25, Spring.

Juredeini, J. & Burnside, J. (2011). *Children in Immigration Detention: A case of Reckless Mistreatment*. Australian New Zealand Public Health, 35(4), 304-306.

Keller, A. S., Rosenfeld, B., Trinh-Shevrin, C., Meserve, C., Sachs, E., Levis, J. A., et al. (2003). *Mental health of detained asylum seekers*. The Lancet, 362 (9397), 1721-1723.

Lay, M. & Papadopoulos, I. (2009). *Sexual maltreatment of unaccompanied asylum seeking minors from the Horn of Africa: A mixed method study focusing on vulnerability and prevention*, Child Abuse & Neglect, 33, 728-738.

Laughland, O. (2014, April 24). *Nauru guards accused of assaulting children in detention camp*, The Guardian. Retrieved from: <http://www.theguardian.com/world/2014/apr/24/nauru-guards-accused-of-assaulting-children>

Laughland, O. (2014, May 27). *Doctors' litany of medical neglect of asylum seekers still 'largely ignored'*, The Guardian. Retrieved from: <http://www.theguardian.com/world/2014/may/27/doctors-litany-of-medical-neglect-of-asylum-seekers-still-largely-ignored>

Laughland, O. (2014, May 30). *Nauru Detention: serious health risks to children revealed in confidential report*, The Guardian. Retrieved from: <http://www.theguardian.com/world/2014/may/30/nauru-detention-serious-health-risks-to-children-revealed-in-confidential-report>

Loek, A., Ehntholt, K., Nesbitt, A., Wey, E., Githinji, C., Rossor, E., & Wickramasinghe, R. (2009). *The mental and physical health difficulties of children held within a British immigration detention center: A pilot study*, Child Abuse & Neglect, 33 (9), 573-585.

Mares, S., Newman, L., Dudley, M. & Gale, K. (2002). *Seeking refuge, losing hope: parents and children in immigration detention*, Australia's Psychiatry, 10(2), 91-96.

Mares, S. & Juredeini, J. (2004). *Psychiatric assessment of children and families in immigration detention: Clinical administration and ethical issues*, Australia and New Zealand Public Health, 28(6), 16-22.20

Massey, A. (2010). *Sex abuse inquiry at Leonora detention centre*. The West Australian, <http://au.news.yahoo.com/a/7969270/sex-abuse-inquiry-at-leonora-detention-centre/>

Metherell, L. (2014, March 24). *Asylum seeker children describe Christmas Island* ABC News. Retrieved from: <http://www.abc.net.au/news/2014-03-24/human-rights-commissioner-says-christmas-island-centre-shocking/5341524>

Nauru Site Visit Report: *Physical and Mental Health Subcommittee of the Joint Advisory Committee for Nauru Regional Processing Arrangements*. 16-19 Feb, 2014. Retrieved from: <http://www.theguardian.com/world/interactive/2014/may/29/nauru-family-health-risks-report-in-full>



Newman, L. K. & Steel, Z. (2008). *The Child Asylum Seeker: Psychological and Developmental Impact of Immigration Detention*, Child and Adolescent Psychiatric Clinics North America, 7, 665- 683.

*Protesting asylum seekers set fire to Australian detention centre.* (2011). The Guardian, <http://www.theguardian.com/world/2011/apr/21/asylum-seekers-fire-villawood-detention-centre>.

Raman, S. & Goldfeld, S. (2003). *The health and well-being of children and youth in detention: What we know...what we need to know...and what we should do about it.* In. D. Barnes. Asylum Seekers and refugees in Australia: Issues of Mental Health and Wellbeing. Sydney: Transcultural Mental Health Centre.

Save the Children Australia. (2014). *Providing Support Vulnerable Children on Nauru.* Retrieved from: <http://scasites.org.au/noborders/providing-support-to-vulnerable-children-on-nauru/>

Silove, D., Austin, P. & Steel, Z. (2007). *No refuge from terror: The impact of detention on the mental health of trauma-affected refugees seeking asylum in Australia*, TRANSCULTURAL Psychiatry, 44(3), 359-393.

Sourander, A. (1998). *Behaviour problems and traumatic events of unaccompanied refugee minors*, Child Abuse & Neglect, 22, 719-727.

Steel, Z., Silove, D., Brooks, R., Momartin, S., Alzuhair, B. & Susljik, I. (2006). *Impact of immigration detention and temporary protection on the mental health of refugees*, British Journal of Psychiatry, 188, 58-64.

Sullivan, P. M. & Knutson, J. F. (1998). *The association between child maltreatment & disabilities in a hospital-based epidemiological study*, Child Abuse & Neglect, 22(4), 271-288.

Sultan, A. & O'Sullivan, K. (2001). *Psychological disturbances in asylum seekers held in long term detention: A participant-observer account*, Med Journal Australia.

UNHCR. (2013). *UNHCR Mission to the Republic of Nauru 7-9 December 2012*. Report Retrieved from: <http://unhcr.org.au/unhcr/images/2013-11-26%20Report%20of%20UNHCR%20Visit%20to%20Nauru%20of%207-9%20October%202013.pdf>



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