

Committee Secretary  
Senate Legal and Constitutional Affairs Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Level 11, 257 Collins Street  
Melbourne VIC 3000  
PO Box 38  
Flinders Lane VIC 8009  
T: (03) 8662 3300  
F: (03) 9663 6177  
[www.psychology.org.au](http://www.psychology.org.au)

By email: [legcon.sen@aph.gov.au](mailto:legcon.sen@aph.gov.au)

8 November 2016

To Whom It May Concern,

**Re: Senate and Legal and Constitutional Affairs Committee Inquiry into serious allegations of abuse, self-harm and neglect of asylum seekers in relation to the Nauru Regional Processing Centre, and any like allegations in relation to the Manus Regional Processing Centre**

The Australian Psychological Society (APS) welcomes the opportunity to have input into this Inquiry by the Senate and Legal and Constitutional Affairs Committee. The APS notes that the Terms of Reference for this Inquiry specify that the Committee be granted access to all submissions and documents of the preceding committee relating to its Inquiry into the conditions and treatment of asylum seekers and refugees at the regional processing centres in the Republic of Nauru and Papua New Guinea, and therefore understands that the APS submission to that Inquiry that was accepted in April 2016 is being taken into account in the current Inquiry.

This latest submission incorporates feedback from consultation with APS members working directly with asylum seekers, including those within detention centres offshore. The APS is not in a position to verify every aspect of these members' comments, but one is attached here separately as a first-hand account from a psychologist with direct experience of providing psychological services on both Manus Island and Nauru. *Please note that the attachment is not for publication online, at the request of the member concerned.*

As per our previous submission, the APS is concerned that the detention environment itself constitutes a source of trauma and abuse, with self-harm

and suicidal behaviours commonplace among detainees (Green & Eagar, 2010; Young, 2014). Earlier research found adults and the majority of children in a remote immigration detention setting to be regularly distressed by sudden and upsetting memories about detention, intrusive images of events that had occurred, and feelings of sadness and hopelessness (Steel et al, 2004).

Further to our previous submissions, and escalating the need for a just and lasting resolution to the current situations on Manus and Nauru, there are increasing reports of worsening mental health issues, abuse and self-harm, particularly in Nauru, and these distressing events are often witnessed by others, including children, who are particularly vulnerable in traumatising environments. The APS is also concerned about recent reports of disturbing instances of sexual assault of women in Nauru and physical abuse of people seeking asylum (Amnesty International, 2016). Such reports are echoed in the observations of APS members.

## **Responding to the Terms of Reference**

We are not in a position to respond to all terms of reference, but provide a brief response to those applicable below.

### **1. The factors that have contributed to the abuse and self-harm alleged to have occurred**

The APS has long expressed concern regarding the impact of policies of deterrence such as mandatory detention on the psychological wellbeing and mental health of people seeking asylum in Australia. As highlighted in previous submissions, the APS has particular concerns about asylum seekers being detained and 'processed' offshore (in places such as Nauru and Manus Island, and also Christmas Island), for the following reasons:

- the history of escalating mental health issues resulting from offshore detention, including suicide attempts and serious self-harm incidents such as hunger and water strikes and lip-sewing, and expressed in desperate behaviours such as riots, protests, fires and break-outs
- the remoteness of offshore locations restricts access to mental health and other services, as well as compromising ethical delivery of such services
- links to community resources, networks and legal assistance are severely limited in detention centres in remote locations
- inequity in human and legal rights for those detained offshore

- vulnerable groups such as unaccompanied minors, children and families and those with pre-existing torture and trauma experience are likely to be at particular risk 'parked' in offshore detention without adequate support
- the lack of appropriate access to interpreters and translation services limits basic communication and access to services.

In particular, stressors of indefinite detention, presence of violence and risky self-harming behaviours, overcrowding and lack of access to adequate health treatments in an environment which is essentially punitive in character, the lack of meaningful activities and erosion of personal and social resources for coping exacerbate the negative impacts of any previous trauma or mental health problems.

The APS understands that children and adults living in detention in Nauru and Manus Island have no date for release and are suffering extreme levels of physical, emotional, psychological and developmental distress. Research has clearly demonstrated that prolonged periods of detention, coupled with ongoing uncertainty about the future, lead to poor psychological and health outcomes for asylum seekers, including increased risk of self-harm (APS, 2008; Robjant et al, 2009).

While asylum seekers may be able to move around the island on Nauru, it does not offer freedom or even safety, with allegations of verbal abuse inside and outside of the Refugee Processing Centre, including physical attacks on men, children and women – including sexual assaults – as well as robbery and attempts to break into their homes (Amnesty International, 2016). Further instances of children not being able to attend the local school due to abuse have been documented.

Children who have been displaced and/or who are detained have been exposed to a number of cumulative risk factors, which makes them particularly vulnerable and less resilient. There is also a significant risk of child abuse (including sexual abuse) for children held in offshore immigration detention, where children (including unaccompanied minors) are held with adults in crowded conditions without normal social structures (Proctor et al, 2014).

Family separation (involuntary) between the mainland and offshore detention facilities (Proctor et al, 2013) and in other countries further contributes to poor psychological outcomes in both parents and children, including risk of self-harm (Bull et al, 2012).

#### **4. the provision of support services for asylum seekers who have been alleged or been found to have been subject to abuse, neglect or self-harm in the Centres or within the community while residing in Nauru**

The system of mandatory detention of asylum seekers in a remote high security detention facility outside the migration zone inevitably compromises the ethical and effective delivery of psychological and other support services. While the APS commends the work of health professionals providing services and support in detention centres, we are particularly concerned at the lack of any independent health advisory body to oversee health service provision for asylum seekers. The APS has previously recommended that the Government reconvene an advisory panel such as the previous Immigration Health Advisory Group and work within existing State and Territory mental health frameworks and policies. Without such independent oversight, it is difficult to monitor and ensure genuine accountability for the health care conditions and treatment of asylum seekers and refugees at the regional processing centres.

However reinstating such a body would only address part of the problem. As long as clinicians remain compromised, with punitive measures directed at asylum-seekers who have arrived by boat taking priority as a tool of deterrence in the broader policy framework of 'border protection', the efficacy of any healthcare provision will remain severely constrained.

In examining the question of equivalency between healthcare provided in detention settings with that provided in Australian prisons, Essex (2016) argues that Australian immigration detention goes beyond a loss of liberty, because suffering "has been built into this system... As well as the system acting as a deterrent, healthcare has been limited contractually to meet the immigration department's requirements, often markedly different from what may be found in the wider community". Essex's conclusion, that an environment that facilitates abuse actively works against providing any reasonable standard of care, concurs with the AMA's reports of member feedback regarding circumstances on Nauru and Manus Island. The AMA submission to the current Inquiry expressed concern "that many asylum seekers are not receiving appropriate, timely and quality medical care" and concluded that "the AMA does not believe those detained on Manus and Nauru, either within detention facilities or within the community, are able to access a health care service of the same standard that a person in the Australian mainland would receive".

Immigration detention also constitutes a high risk environment for child abuse to occur. Despite this risk, detention centres do not all have child protection

frameworks (Proctor et al, 2014). Currently there is a lack of experience and/or structure on Nauru to respond to child abuse.

## **5. the role an independent children's advocate could play in ensuring the rights and interests of unaccompanied minors are protected**

Unaccompanied minors have been identified as a particularly at risk group, with separation of young people from their primary caregiver occurring in the pre-migration phase; however, the impact may be felt post migration. Young people could very well view separation from their parents or primary caregiver as a traumatic event, and unavailability of the primary carer may be a missing protective factor (Bronstein & Montgomery, 2011). While it is recommended that unaccompanied minors are accommodated separately from adult asylum seekers, accommodation of unaccompanied minors, particularly female minors in compounds with families poses additional risks of sexual predation.

Rather than supporting children who may (or are likely to) have experienced trauma, the detention environment itself is a traumatic experience which is demonstrably unsafe for children. An independent children's advocate might be best able to monitor the application of best interest of the child principles, and be more independent than the current arrangements, but it is difficult to see how children's safety and best interests could ever be guaranteed in an environment that has been linked to such detrimental mental health outcomes.

## **6. the effect of Part 6 of the Australian Border Force Act 2015**

The APS welcomes the recent changes to the Border Force Act, which until recently prevented psychologists, along with other health professionals, from speaking out about conditions in immigration detention. However severe restrictions continue to apply to other professionals such as social workers and teachers, and some health professionals remain fearful and mistrustful as to the likely repercussions for any 'whistleblowers' commenting publicly about conditions in offshore detention.

APS members have commented that a major issue that concerns and intimidates them has been the secrecy, not only from the provisions of the Border Force Act, but also ensuing from the limits placed on journalists and the willingness of the authorities to criticise those who speak out. This disproportionately affects those working in offshore detention, as locations these are already physically isolated.

## **9. Any other related matters**

The Australian Psychological Society, as a member of the International Union of Psychological Science, fully endorses the United Nations Declaration and Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1987), and in October 2015 joined with Australia's peak health bodies in urging the Australian Government to ratify the UN's optional protocol to the Convention (OPCAT). On the basis of freedom from such treatment, as well as on human rights and equitable healthcare access grounds, the APS is of the firm view that offshore or remote detention of any kind is unacceptable.

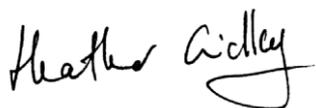
The APS recommends that community-based alternatives to detention are prioritised, especially for children, as part of a system-wide reform of the detention network and refugee policy more generally. We refer to two comprehensive reports - one by the UNHCR (2011) and the other by the LaTrobe Refugee Research Centre (2011), and to the majority of host countries around the world, where mandatory detention is not utilised.

Along with this submission, the APS draws the Committee's attention to our Position Statement on the psychological wellbeing of refugees and asylum seekers, which was based on a comprehensive Literature Review on the psychological wellbeing of refugees resettling in Australia, and to numerous submissions made to Government and Human Rights inquiries into detention and migration policy and reforms over the past 12 years. These resources can be accessed at: <http://www.psychology.org.au/community/public-interest/refugees/>.

The APS has no interests or affiliations relating to the subject of the consultation and the representations submitted, other than our concern that the Australian Government be well-informed and effective in its strategies.

For further information please contact me on 03 8662 3327.

Yours sincerely,



Heather Gridley FAPS  
Manager, Public Interest

## **The Australian Psychological Society**

This submission has been developed by the Public Interest section within the APS National Office, in consultation with the APS Interest Group on Refugee Issues and Psychology. The APS is the premier professional association for psychologists in Australia, representing more than 22,000 members. Psychology is a discipline that systematically addresses the many facets of human experience and functioning at individual, family and societal levels. Psychology covers many highly specialised areas, but all psychologists share foundational training in human development and the constructs of healthy functioning. A key goal of the APS is to actively contribute psychological knowledge for the promotion and enhancement of community wellbeing.

Psychologists have been substantially involved in collaborative, multi-disciplinary work on social issues internationally and nationally for decades. They bring their psychological skills and knowledge to enhance understandings of the individual, family and systemic issues that contribute to social problems, and to find better ways of addressing such problems.

## **References**

- Amnesty International (2016). *Island of Despair: Australia's Processing of Refugees on Nauru*.  
<https://www.amnesty.org/en/documents/asa12/4934/2016/en/>
- Australian Medical Association. (2016).  
<https://ama.com.au/ausmed/seriously-ill-asylum-seekers-denied-adequate-care-ama>
- Australian Psychological Society. (2008). *Psychological Wellbeing of Refugees Resettling in Australia: A Literature Review*. Melbourne, Author.  
<http://www.psychology.org.au/publications/statements/refugee/>
- Bronstein, I. & Montgomery, P. (2011). Psychological distress in refugee children: a systematic review. *Clinical Child & Family Psychological Review*, 14(1): 44-56.
- Essex, R. (2016). A Community Standard: Equivalency of Healthcare in Australian Immigration Detention. *Journal of Immigrant Minority Health*, 18(3). DOI 10.1007/s10903-016-0438-7

- Green J, P. & Eagar, K. (2010). The health of people in Australian immigration detention centres. *Medical Journal of Australia*.192:65–70.
- Proctor, N., Sundram, S., Singleton, G., Paxton, G. & Block, A. (2014). Physical and Mental Health Subcommittee of the Joint Advisory Committee for Nauru Regional Processing Arrangements: Nauru Site Visit Report, 16-19 February 2014.  
<http://www.theguardian.com/world/interactive/2014/may/29/nauru-family-health-risks-report-in-full>
- Robjant, K., Robbins, I., & Senior, V. (2009). Psychological distress amongst immigration detainees: A cross-sectional questionnaire study. *British Journal of Clinical Psychology*, 48: 275-286.
- Sampson, R., Mitchell, G., & Bowring, L. (2011). There are alternatives: A handbook for preventing unnecessary immigration detention. Melbourne: LaTrobe Refugee Research Centre.
- Steel, Z., Momartin, S., Bateman, C., Hafshejani, A., Silove, D. M., Everson, N., et al. (2004). Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia. *Australian and New Zealand Journal of Public Health*, 28(6), 527-536.
- United Nations Human Rights Commission for Refugees (2011). UNHCR report, Back to Basics: The Right to Liberty and Security of Person and 'Alternatives to Detention' of Refugees, Asylum Seekers, Stateless Persons and Other Migrants. Accessed April 2011 at [http://www.unhcr.org.au/unhcr/index.php?option=com\\_content&view=article&id=217&catid=35&Itemid=63](http://www.unhcr.org.au/unhcr/index.php?option=com_content&view=article&id=217&catid=35&Itemid=63)
- Young P. (2014). Mental health screening and outcome measures in immigration detention. Presented at *The Royal Australian and New Zealand College of Psychiatrists' annual congress, 13 May 2014*