

In my role as the Refugee and Detention Rights Advocate at the Asylum Seeker Resource Centre (ASRC), I have visited many of the camps where children and their families and children without families (UAMs) have been held in locked detention. I visit children and families at the Melbourne Immigration Transit Accommodation (MITA) at Broadmeadows several times per week. As one of 5 designated persons (DPP) I am privileged to take families and children out of the MITA on excursions, without guards. On these trips, the children often share insights into their lives in detention.

As my experience is through my relationships with the children at the MITA and through my observations of the facilities and procedures there, I will address the terms of reference through this lens with details from other centres where relevant.

The appropriateness of facilities in which children are detained; including measures to ensure the safety of children

Under this section I include detention itself with its accompanying loss of freedom, independence and self –agency because many parents and children have told me words to the effect that it is not the physical environment which makes them most sad but the fact that they are not free. Parents say that they cannot give their children what they ask for even as to what they eat. Every decision is made by others. Children watch their parents being told what to do and in some cases shouted at and they say they feel sad. Parents say they feel ashamed that they cannot help their children.

Father “I can do nothing for my child in this place”

Child 11 years, looking out visitor centre room

“Look at that roof- I want to climb up and jump- will I make trouble for my family if I jump? Yes I can’t even do this to get out of this place”



MITA camp was built as a transit facility for fast turnaround of people who arrived and had their visa cancelled on arrival. It was then used for unaccompanied minors (UAM's) then long term single men and now a mix of all with families as well. While the physical facilities of the MITA are of a lesser standard than other camps, the children and families tell me that the staff and attitude at the MITA is the best of all camps. Single men who have been to almost all camps have reinforced this view. Some men who were returned from Darwin following a court case came out of the bus from the airport and fell to their knees in reception and kissed the floor. This is not to deny that some staff who transit through the MITA do not agree with the MITA culture. Some staff have been overheard to complain that MITA is "a bloody holiday camp".

Generally across all detention facilities the per person space requirements are less than those minimum standards for health and safety in other State and Federal institutions. Standards for refugees and asylum seekers in detention facilities would not satisfy the community standards for safety or health.

Currently at the MITA the families are accommodated in donga rooms with one door and small window on one wall. There is space for a single bed double bunk unit, no chair or table and one cupboard. Immigration Staff (DIBP) are aware of the physical deficiencies of the donga rooms and have attempted to ameliorate the crowded conditions by allocating two rooms to each family.

Many families have removed the metal bunks and put the mattresses on the floor for safety. The bunks are dangerous for little ones who climb up if unsupervised. Parents often sleep separately so that all children are safe. Guards check the rooms at around 11pm and 5 am. Some are quiet and some are not. Children are too scared to sleep alone so time for parents to be alone is limited. There is no privacy in detention for families.

A luxury at the MITA is a small toilet/shower unit attached to each room. The children have told me about the camps on Christmas Island where the toilets are stinking, wet and where they have to line up and "hold on".

Detention centres are underpinned by an over-arching policy of RISK AVERSION from both immigration and SERCO. This means children can't ride bikes or do many of the normal activities which would be allowed if their parents had control over their lives. I have asked why the children cannot be taken out to the adventure playgrounds for some fun and relief from detention. The reply has been because of the need to assess risk. When the families arrived there was no playground or facilities in place for children. This situation has now changed but is still very limited.

A recent example of the lack of autonomy for parenting occurred following a DPP outing where a mother bought a carton of eggs for her children. On return to the centre, Serco explained that they were not allowed to have raw eggs. I had to take the carton from a weeping 8 year old boy, clutching the carton and begging for the eggs, as his mother pleaded with the guards. Eggs are one of the few things that parents can cook in the microwave and for some reason are seldom served in the dining room.

Both parents and children complain about the food at the MITA. On excursions mothers always request a visit to the fruit shop. They are amazed at the diversity available in the community because in the MITA they see only small oranges and apples, often not ripe. Bananas, grapes, watermelon and berries are seldom if ever served.

Mothers of babies have no access to boiling water to make formula in the night. They have to dress and walk across to the dining area for water or milk at night. Mothers find the conditions harsh. There are no comfortable communal spaces. The general TV area is in an open covered area with plastic sheet walls. It is too cold for families to sit out at night. Supporters have attempted to give the families with little children and babies, a TV set so the parents have something to do in the little rooms. The dongas have a concrete strip in front but there is little dry space to play on cold wet days which makes parents lives miserable as the children have nowhere to play.

Effect of Detention on New Mothers and Babies

There can be no more damning condemnation of off- shore detention centres than the evidence of pregnant women seeking terminations of their pregnancies rather than bring their babies into a life in detention. Freedom of Information requests as to the numbers of women seeking terminations, woman having miscarriages and neo-natal deaths have been refused on the grounds that such statistical evidence is not kept. However I know of three women who have terminated their pregnancy because they believed that their babies would die in detention, two were in Nauru.

Woman: *"I committed a crime against my baby - I took my baby's life"*

When I asked how, this mother told me that a case manager had told her that she had no right to be pregnant in detention and so she agreed to a termination. Another mother who subsequently had her child described how she did not want the baby to be born on Nauru because she could not keep the baby alive in the terrible camp conditions. Her husband talked her out of having an abortion.

Advocates in Brisbane report that women are flown into Brisbane to have their pregnancies terminated and sent back to Nauru in two days. These are often first babies for the couples and the mothers have told me that the conditions on Nauru are so harsh that they do not believe their babies would survive. These women report hours in queues for meals, medication, showers, toilets and clothing. They are exhausted from these days of standing in queues. Women have also told me of having only one change of underwear because the service providers will not give them a second lot.

In MITA, mothers and new born babies spend too much time in the tiny rooms. This is a matter of grave concern to all as the new mothers are not doing well. They are depressed and lonely. Currently of the nine new mothers and babies at the MITA, five have been or are currently admitted to Mother/Baby hospital units in Melbourne because of severe post natal depression. The mothers anguish over their babies but are unable to lift themselves out of the deep depression. Their husbands express utter helplessness and some are now 24 hour

carers for their wives refusing to leave them alone for fear that they will harm themselves. Older children cling to their weeping mothers, trying to comfort them. Detention is breaking families.

Others have been to hospital and are now back in detention as depressed as ever. Some mothers have been placed on Psychological Support Program aka (PSP) which is newspeak for suicide watch. It involves the women being checked (eyeballed) and asked how they are every 15 minutes or more depending on level. This drives them crazy. Some women have attempted to hang themselves both in detention and in hospital so desperate have they become. The condition of the mothers is a matter of grave concern to all, both their husbands and families, staff, visitors and medical professionals but the decisions for their continued incarceration and treatment, which is causing their grave mental illness, are made in Canberra "at the highest level".

New mother: *"Only reason that stops me killing myself is the innocent face of my baby"*

The impact of the length of detention on children; including measures to ensure the safety of children

Detention health professional: *"They start to hit the wall at three months - before that they have hope. By six months they hit the wall and trouble starts."*

Responsibility for the measures to ensure the safety of children in the context of their mental health are so diffused throughout an enormous bureaucracy that there is no way they can be implemented. Child mental health is not a consideration until a child becomes floridly unwell.

For instance there is a large body of research which shows that the length of time in detention has a long term effect on adults and children alike. Of all the questions which children ask us in visits and during outings the one most constant is 'when can I get out?' It is asked as a rhetorical question accompanied by why. This decision is out of the hands of local staff and made by immigration personnel who never see the children or their families. There are so many people involved and so much paperwork in the release of people from detention that the actual conditions of the children or their parents have little to no effect in influencing release.

Even when it is clear that children are becoming depressed and actually thinking of harming themselves, there is no capacity to influence decision-making by either medical, psychological or immigration staff. We can advocate present evidence but ultimately the decision is made in Canberra at a time of unknown personnel's choosing. This situation has been constant through both Labor and Liberal Governments.

Example

A boy who had spent nearly two years in some of Australia's harshest on and offshore detention camps was so depressed and suicidal that he was prescribed anti-depressant drugs for five months before his family were released. The family's application sat in Canberra for months with strong advice from local staff and advocacy from supporters to no

avail. The boy and his family were distressed and suicidal and literally falling apart. Then without explanation they were released. This pattern of sudden unexplained release from detention is often seen months after a family or child or single person has fallen apart, been to hospital and placed on medication. It is incomprehensible as to why release occurs only after deterioration.

Example

A family whose four year old was constantly taking her clothes off, became increasingly anxious. The child was screaming in her sleep and distressed in detention. This family had escaped from their village with neighbours. Their house had been occupied by militia because it was on top of a hill. As they ran the militia fired on them. The neighbour's child was in her father's arms. Her body was blown apart. The four year old girl had seen her playmate killed in this brutal way. Her parents felt that living in detention was like the week spent in the cellar of their house under occupation by the militia. Because the family arrived after 13 August 2012, they were "No Advantage" arrivals which meant that they had no interview process. This in turn meant that immigration had no background knowledge of the family's trauma which might have accelerated their release on grounds of need.

Post detention

Recently I have visited children in the community who were released from detention after 12/18 months. I am concerned at the level of anger which they expressed and have held about their detention experience. These kids acknowledge that life outside detention is much better and are happy to be free but within minutes they are recalling incidents in detention where they believe that they were unfairly treated. I asked what they hated most- a common reply for the 12 to 16 age group is "the rules". They complain that these were always changing according to different staff on duty and they felt constantly monitored by adults other than their parents.

They express anger at the way their parents, particularly their mothers were treated recalling incidents where they saw their mothers shamed and fathers unable to speak out. One frequent example is when mothers try to take food out of the dining room for children for later when they may be hungry. Mothers are searched and made to hand back bread or fruit. One boy unloaded for over an hour and said that he could not forget incidents in detention where guards told him what to do. They remember the way their parents are constantly searched, "like criminals" and continue to be angry.

The children report broken sleep even after release. Some say they are waiting for the guards to come round at 11pm and 5am to ask "how many in the room". They are disappointed at this disturbed sleep because they thought that "everything would be good when I got out".

Provision of education, recreation, maternal and infant health services

Until the recent visit by the Human Rights Commission, there were many children not attending school despite our constant requests and offers from local Catholic schools to take any children from detention. The children from Christmas Island (CI) who are in Melbourne as Transitory persons were denied access on the grounds that they would return to CIs so there was no point in their attending school. During visits parents and their children were begging to go to school. The children themselves made a list for me to present to immigration with their names and boat numbers.

At present only one boy is not attending school. Last week I was at the MITA at 8am for an appointment, I saw 40 or 50 children pressed up against the gates of the camp waiting for the guards to unlock the gates and then they ran for the buses screaming with joy. This is an indication of how important school is for the children. No camp classes can provide the normality, intellectual stimulation and real educational experience of outside school life.

13 year old girl: *"I don't tell them that I am from the camp- I pretend that I am outside"*

Over the years I have advocated for children to be allowed out to school. It is by no means a given and has required intense lobbying and pressure. There are still many children in detention who are denied the basic right to attend school. Children were transferred to Darwin detention in April 2010. It was not until five months later in October that they were allowed to go to school. It is disappointing that in 2013 it again took 5 months for the children in Melbourne's MITA camp to be allowed to go out to school. The children from Christmas Island, Manus and Nauru do not have access to school. Department and contractor claim that they are given in camp education. This in no way can replace a formal education curriculum with teachers out of the locked detention environment.

The children change when they go out on excursions without guards. They joke and laugh intermittently while talking about their worries about detention. It is a special time when they share their feelings and hopes. It surprises me that the journey over is less discussed than the detention experience.

I am concerned that there are no programs in place for children post-detention. This detention experience makes children angry and distrustful of adults. They harbour resentment from having too many adults overseeing their every moment especially when this oversight is not linked with parental love. I am concerned that these children are so resentful of adults and authority that this may limit their capacity to develop social relationships at school and interfere with their learning.

The separation of families across detention facilities in Australia

This has been the cruellest of policies. Immigration have assured me that it is not a policy to separate families, however I have witnessed myself and heard from families and visitors across Australia's vast detention network, of repeated instances of separation.

Example

A mother arrived with her six children by boat on Christmas Island. On the wharf, the 18 year old boy was separated and sent to the North West point adult male detention camp. The mother and two younger girls and two older sisters were separated within weeks. They had no chance to see or communicate with their brother. Within six weeks the brother was in Darwin, mother and two children in Inverbrackie and two older girls in Melbourne. It was many months before they were released and reunited.

Pregnant women are transferred from CI in the first trimester for tests. Their husbands and children left behind. They are then sent back offshore until 32 weeks when they are returned to Australia for delivery with family. Sick women are sent to Darwin for months leaving husbands and children in the hell that is Christmas Island. This is particularly disturbing for young children to lose their mothers in such an alien environment as the off-shore camps.

There are so many examples of family separation of husbands and wives, parents and children, brothers and sisters that the only conclusion that can be made is that this is a deliberate policy which places pressure on families.

The guardianship of unaccompanied children (UAMs) in detention in Australia

UAMs are at the mercy of the system. Their presence is often not known because they are only allowed visitors whom they have requested and when the visitors have put in an application 24 hours in advance. This confidentiality roundabout means that needy kids may not see anyone for months. Often it is an older single male detainee who will inform visitors about the UAM's who need support. The Visits regulations at the MITA are much more reasonable than other camps but even here, it may be months before UAM's are seen.

Some UAM's are returned to detention from the community. They have no advocates or legal representatives to sort out the justice or otherwise of these visa revocations. Some boys are sent back after unfair accusations which even when the accusation of bad behaviour is withdrawn, the boy remains in detention. There is no justice for these boys and no one is advocating on their behalf. Neither the State Commissioner for children, the Human Rights Commissioners nor the Ombudsman has any jurisdiction over the welfare of these children.

One boy was capsicum sprayed, handcuffed and threatened with a Taser gun when he was crying and distressed following an incident with a carer. He was taken by the police to the detention centre. It is of concern that the boys who are returned have been with a particular agency. It is noteworthy that most agencies do not report the boys to Canberra and have them re-detained. Most agencies care for the boys and use their good relationship to deal with infractions of the rules such as coming home late, without resorting to the punitive processes invoked by a few.

The harsh agencies have also caused concern in the community by the way in which they have isolated the boys, denying access to community activities with local groups. There seems to be little oversight of the agencies duty of care and services to these young people.

Some agencies employ casual agency staff who arrive with no cultural understanding of the boys.

It is time that proper oversight of this system of care was put in place with authority to act in the best interests of the child. This is not the case.

Example

A boy was re-detained following a complaint by a carer. He was distressed and suicidal on return to detention. He took a full pack of cold tablets given to him by the detention medical service. He cut himself and attempted to hang himself from the outdoor light fitting, saved only by a quick thinking guard. This boy had been quiet and compliant in detention before his community release. The change in his mental state was extraordinary.

He disclosed to me that the carer, who had complained about him, had taken him to a gay club with the carer's friends who tried to touch him. He was terrified out of his wits and ashamed to say anything. There was no significant trusted adult to whom he could speak so he used to stay at another community house nearby, as late as allowed each night after school. He only slept in his house and escaped each day to school as early as possible. He did this to avoid the carer. This made trouble for him in the house.

I reported the disclosure to immigration and police with his consent. Police officers came and questioned him at the detention centre and nothing more was ever done or reported back. The agency sacked the worker and refused to discuss the matter. This boy remained in detention for another five months. On release we were able to place him with an Australian older woman and her extended family who remarkably restored his faith, trust and confidence.

Assessments conducted prior to transferring children to be detained in 'regional processing countries'

Some mothers and children transferred to Manus camp reported that they were given up to 17 "vaccinations". There is an inconsistency in the number of injections given on Christmas Island and then again on Manus. In response to inquiries I have been informed that the medical documentation transfer from Christmas to Manus was problematic and in many cases, was lost. A decision was made to repeat the vaccinations in case the people had missed out- in effect double dosing.

Some of the women have told me that they told IHMS that they were pregnant and questioned whether the vaccinations could put their babies at risk. They were injected anyway. I include a vaccination card which shows that some of the medication administered was contraindicated for pregnant women.

Vaccine	Dose 1	Dose 2	Dose 3
At every vaccination encounter please document: Vaccine Batch Number, Brand name, Date and Time, Provider Signature and Designation			
DTPa/IPV/HIB/HepB <i>Infanrix hexa</i>			
Pneumococcal <i>Prevenar 13</i>			
Rotavirus <i>RotaTeq/Rotarix</i>			
MMR (Measles, Mumps, Rubella) <i>Priorix</i>			
Meningococcal C <i>Meningitec/NeisVac-C</i>			
Haemophilus influenzae type b <i>Hiberix</i>			
Varicella (Chickenpox) <i>Varilrix/Varivax</i>			
Diphtheria/Tetanus/Pertussis/Polio <i>Infanrix IPV/Quadracel #1 (see back page)</i>			
Hepatitis B Paediatric/Adult <i>HB Vax II/Engerix B</i>			
Diphtheria/Tetanus/Pertussis <i>Boostrix/Adacel</i>			
Polio <i>IPV</i>			
Human Papillomavirus <i>Gardasil</i>			
Diphtheria/Tetanus <i>ADT Booster #2 (see back page)</i>			
Other	Other	Other	Other

This woman was 23 weeks pregnant. She informed IHMS and was vaccinated anyway.

4.4 Pregnancy

Do not administer VARIVAX to individuals who are pregnant because the effects of the vaccine on fetal development are unknown. Wild-type varicella (natural infection) is known to sometimes cause fetal harm. If vaccination of postpubertal females is undertaken, pregnancy should be avoided for three months following vaccination [see *Use in Specific Populations (8.1)* and *Patient Counseling Information (17)*].

Three of the six pregnant women sent to Manus lost their babies. The cause is not known but the statistic is high enough to warrant investigation. One baby was born dead in Darwin, another couple's baby died at 6 weeks. Women are having miscarriages. These are extraordinary medical occurrences in Australia and deserve investigation. That more than 50% of women giving birth in detention are developing severe Post-natal depression is a worrying statistic.

This evidence of the deleterious effects on these mothers and babies is a strong indication of harm caused to babies born in detention. The stories from the children illustrating their distress, sleeping problems, anger and sadness is undeniable evidence that detention is causing harm and possible life-long health consequences for these babies and children.