

CHAPTER 5

IMPACTS OF DETENTION ON CHILDREN



INTRODUCTION

There is compelling evidence that immigration detention has a detrimental impact on the mental and physical health of those detained, be they children or adults. Much research has been conducted into the psychosocial impacts of immigration detention on adults. For example, a United States study of 70 detained asylum seekers, published in *The Lancet*, found that 77 per cent of the group had 'clinically significant symptoms of anxiety,' 86 per cent had depressive symptoms, and 50 per cent displayed symptoms of Post Traumatic Stress Disorder (PTSD).⁸⁵ The researchers found that 'all symptoms were significantly correlated with the length of detention.'⁸⁶ Further, '[a]t a follow up, participants who had been released had marked reductions in all psychological symptoms, but those still detained were more distressed than at baseline.'⁸⁷ The researchers concluded that 'detention of asylum seekers exacerbates psychological symptoms.'⁸⁸

Other studies demonstrate similar findings.⁸⁹ For example, a Japanese study found that detained Afghan asylum seekers suffered from pronounced rates of PTSD and depression.⁹⁰ A qualitative study from the United Kingdom concluded that detainees are usually able to cope with the first month or two in detention, beyond which a 'number of psychological symptoms emerge, including sleep and appetite disturbance, symptoms of post-traumatic stress, psychosomatic symptoms and so on.'⁹¹ Various Australian studies have

found that not only are asylum seekers in immigration detention more likely to have suffered trauma prior to arriving in Australia,⁹² but the detention experience itself may cause and/or exacerbate mental health problems, including depression, anxiety and, in some instances psychotic symptoms.⁹³

The impact of detention on children is similar to its effect on adults. However, because of children's particular vulnerabilities, detention may cause additional problems for children's developmental and physical health. Much research into the effects of immigration detention comes from Australia because of Australia's long-standing practice of detaining children who arrive there without prior authorisation.

In 2004, Australia's Human Rights and Equal Opportunities Commission (HREOC) released the results of its inquiry into children in immigration detention, *A Last Resort?* It remains a benchmark work, bringing together the scholarly research, and other evidence, primarily in the form of written submissions and appearances before the Commission, from a range of senior health professionals, bureaucrats, detention officials, and detainees themselves. Because of its thoroughness and breadth, this chapter draws heavily on HREOC's work.

Children who are detained for immigration purposes are at risk of a variety psychosocial and developmental problems linked to their detention experiences.

A range of factors contribute to these psychosocial and developmental issues. This chapter will deal first with the factors that contributes to children's psychosocial and developmental problems in detention before detailing the problems themselves.

CONTRIBUTING FACTORS TO THE PSYCHOSOCIAL AND DEVELOPMENTAL PROBLEMS OF CHILDREN IN DETENTION

A variety of factors contributes to or exacerbates the psychosocial and developmental problems experienced by children in immigration detention. These factors include previous trauma experienced in their home country or during migration, the length of time detained, disruption of the family unit and parental roles, poor and unsafe conditions of detention and a lack of basic needs including food.

Particularly vulnerable are young people with extended experiences of trauma, unaccompanied minors or those separated from their families, and those who are asylum seekers. For some children, detention maintains or aggravates existing trauma and other psychological conditions. For others, the detention experience is the worst thing that has happened to them.⁹⁴ For the majority of children the detention experience includes a loss of control, enforced separation from the outside world, detachment from community, culture, religion, and the inability to

experience life as predictable, meaningful and safe. The experience of detention may mimic the experience of human rights abuses, persecution and terror. Detention is highly traumatising for children who are less able to understand explanations as to the reason they have been detained.

There is a clear link between the length of time that

children are detained and the psychosocial and developmental issues they confront. The longer children are detained, the more likely they are to be exposed to traumatic events. Further, children and young people who are detained for extended periods of time are more likely than others to experience feelings of isolation, detachment and loss of confidence.⁹⁵

Detention can have profound and terrible implications for families.⁹⁶ The longer a family spends in detention, the more likely it is to break down. Detention undermines the ability of adults to parent adequately. It creates or exacerbates the parents' mental health problems and can also damage their ability to provide the

emotional and physical support children need for healthy development. Parental mental health issues can also mean that parents are separated from their children when they are accessing appropriate mental health treatment and support. Both of these outcomes mean that parents' mental health problems associated with detention may leave children at risk of exploitation

MAJAK FROM SUDAN, DETAINED IN TURKEY, AGED 16

When he was detained in Istanbul, Majak was reminded of being in jail in Sudan. In Sudan, he had been jailed with other small children. He had been 14 or 15 years of age. He said that he 'suffered too much.' He was tortured and was 'suffering in very bad conditions.' Children were not involved in political activities but were treated like political people. The authorities directed political accusations at the children.

In Turkey, Majak said he thought similar things were going to happen to him in detention. He said it was 'frightening and scary.' He said 'maybe I would run from detention and maybe I would be tortured the same as in Sudan.' Majak did not know why he was in detention in Turkey. He registered with UNHCR as seeking protection, but was transferred to the police. He was 'scared and frightened.'

and abuse within the detention context. Further, the institutional affect of detention disempowers parents from their role as carers, providers and protectors.

The family unit is also undermined by detention when children take on adult roles. This frequently arises in circumstances where parents, perhaps because of their own psychological distress or for other reasons, are unable to function in their capacities as caregivers. In such instances, children carry an emotional burden disproportionate to their age, as they deal with authorities (such as officials and detention guards) and take on the role of parenting and attempting to support and comfort their parents.⁹⁷ According to HREOC, 'the longer that families are in detention, the further the capacity of parents to care for their children is compromised.'⁹⁸

There is also evidence of a detrimental effect on the mental and physical health of children held in immigration detention for short periods. Children detained and assessed in a 2009 British study displayed symptoms of depression and anxiety, sleep problems including nightmares, eating difficulties and somatic complaints. They further displayed emotional and behavioural problems. Parents in this study showed signs of psychological deterioration as a result of their detention. The study concluded that 'the high levels of mental and physical health difficulties detected support the view that detention, even for short periods of time, is detrimental and not appropriate for children.'⁹⁹ According to the study, the children in detention in the United Kingdom, *are also placed at risk of harm due to poor access to specialist care, poor recording and availability of patient information, a failure to deliver routine childhood immunisations, and a failure to provide prophylaxis against malaria for children being returned to areas where malaria is endemic.*¹⁰⁰

The detention environment itself impacts on children's development and psychosocial health. The prison-like environment, the lack of freedom and the constant surveillance and control is confusing and intimidating.¹⁰¹ Detention shatters the child's

assumptions that the country to which they were coming is a place in which they would be safe, welcomed and treated fairly. Witnessing others being released from around them whilst they face prolonged detention, is profoundly disillusioning. Further, the detention environment, with its lack of recreational and educational facilities, can also lead to overwhelming boredom and isolation.

Notwithstanding that detention centres are frequently sites of constant control, they can be places where children do not feel safe. Tensions within the detainee population and between detainees and staff can manifest in violence. Not only is this a reminder of past traumatic experiences but it can be traumatising itself. Violence in detention can affect the behaviour of children and young people who may mimic what they observe. Such behaviour makes parenting difficult, especially if it is impossible to protect children from such violence.¹⁰²

A further factor that can impact children's development and psychosocial wellbeing in detention is how they are treated within the detention context. Disrespectful treatment at the hands of detention officials can exacerbate feelings of humiliation and poor self-image. For those children and young people who have fled their countries due to human rights abuses and/or persecution, detention may serve to continue their experience of being treated unfairly or unjustly, as well as their perception that life is unsafe, uncertain, unstable and unpredictable. Thus detention serves to continue the very experiences that lead children and their families to leave their homeland in the first place. Detention therefore may become a continuation of the child's abuse. It is important that staff working with children in detention facilities have appropriate training to identify and address physical and mental health needs of asylum seekers as well as cultural awareness training. Poor quality food and arbitrary control measures can reinforce a sense that detainees are not treated with due respect.¹⁰³

PSYCHOSOCIAL AND DEVELOPMENTAL PROBLEMS LINKED TO CHILDREN'S DETENTION

While a range of factors may impact on a detained child's psychosocial and developmental wellbeing, detention itself causes or reinforces children's mental and emotional health problems. Some children suffer from diagnosable mental illnesses, such as depression or PTSD. Others can experience more general problems affecting their wellbeing. According to one study,

A wide range of psychological disturbances are commonly observed among children in the detention centre, including separation anxiety, disruptive conduct, nocturnal enuresis, sleep disturbances, nightmare and night terrors, sleepwalking, and impaired cognitive development. At the most severe end of the spectrum, a number of children have displayed profound symptoms of psychological distress, including mutism, stereotypic behaviours, and refusal to eat and drink.¹⁰⁴

KUMAR, MAHELA AND LASITH, FROM SRI LANKA, DETAINED IN MALAYSIA, AGED 11, 10 AND 8

Kumar, Mahela and Lasith fled Sri Lanka with their parents. They were detained in Malaysia. In the detention camp, they were made to strip naked and squat and stand repeatedly while they were checked for unauthorised possessions. If they stopped squatting and standing, they were hit with a stick.

They stayed in a tent. There were two tents joined and together more than a hundred people stayed there. When it rained, water would come inside and it was difficult to sleep. The toilet was in another part of the camp and it was dirty and there were not enough spaces for all the detainees.

'Sometimes I was scared because they [the guards] beat the fathers,' Kumar said. 'They beat our father, one day they beat my father. I am so frightened.'



A Sri Lankan family was forced to leave their country after which they were detained and the children and there father were seperared from the mother in detention. © David Corlett

JP, FROM AFRICA, DETAINED IN THE UK, AGED 10 ¹⁰⁵

JP, then aged four, arrived in the UK with her mother in 2003. JP's mother had been subjected to domestic violence by her partner many times in the presence of JP, stemming from the mother's reluctance to allow her child to be circumcised.

After arrival in the UK, JP flourished. She was a popular child at school who was seen as an able and academically gifted pupil. However, some years after living in the UK she and her mother were subjected to a dawn raid and taken to Yarl's Wood IRC [Immigration Reception Centre]. On route, JP reportedly witnessed her mother being hit over the head by an immigration officer. When she was detained she began to wet her bed, and eat less. In June 2009, JP witnessed the forcible break up of families protesting in Yarl's Wood. In part, these protests were against the impact of detention on their children. JP says she saw blood when the head of one protestor was hit against a wall.

Prior to the break up of this protest, an attempt was made to remove JP and her mother from the UK, but this was cancelled because of the extreme distress the girl was experiencing. At some point after this failed removal attempt, UKBA's [UK Border Agency's] Office of the Children's Champion authorised the use of force against her if she was to resist removal again. A second attempt involved tricking the girl by asking her to run an errand for staff in the IRC, and then locking her in a room with DCOs [Detention Custody Officers] for approximately an hour before her mother arrived. However, this removal was eventually cancelled after being prevented by lawyers. After being transferred to Tinsley House IRC, the family were released.

The mother was again detained after a few months and her daughter lived with a relative for a further few months. In this period, an independent psychotherapist assessed JP and raised concerns that she was suffering from PTSD, and that another period of detention could instigate 'a further deterioration in her functioning, suicidal thoughts and possibly a shift into psychosis'. Nonetheless, in the following month JP was detained and the relative was not allowed to accompany her to Tinsley House. Reportedly, a social worker, who was observing the dawn raid, looked on as the girl was taken away 'screaming and crying inconsolably'. Within a few days of being taken to Tinsley House, JP was found, tying electrical cord around her own neck, stating that she wanted to die.

JP was assessed again a few days later by an expert psychologist who concluded she was suffering from depression, anxiety, and PTSD.

Another expert found the traumatic incidents JP had experienced, created a range of impacts including changes in her self-identity, feelings of helplessness and hopelessness, mood disturbances, overdeveloped avoidance responses, and disassociation as a way to try and push difficult feelings from her mind. This expert observed difficulties in the progress of development, stating that whilst JP 'seems to be on the cusp of childhood and pre-adolescence... she functions psychologically as a much younger child'.

After being subjected to immigration detention,

'She could no longer bear her anxieties and fears. She began to regress in her functioning and in the ways fear and anxiety are expressed. She began not being able to sleep at night, and could not stop thinking about her fear of return. She could no longer hold her fears in her mind, needed to go to the toilet about five times each night, sometimes wet her bed and it was very hard for her to sleep. When she fell asleep she tended to talk in her sleep and have bad dreams and nightmares.'

RAHIM FROM AFGHANISTAN, DETAINED IN AUSTRALIA, AGED 17

Rahim arrived on Christmas Island and was detained for a year. He said that immigration detention had ruined him physically and mentally. 'I had dreams, I had wishes, I had desires for my future. [But] I was seeing only the darkness around me,' he said. 'As a refugee I want to say we are not the criminals.'¹⁰⁶

Children have a range of physical, psychosocial, emotional and cognitive developmental needs. All of these can be compromised by the detention experience. Poor nutrition, sanitation and health care in detention can result in children's physical development being impaired. Similarly, a lack of educational and recreational facilities and dysfunctional family dynamics can hinder and reverse psychosocial and cognitive development, as well as the development of fine and gross motor skills. In the Australian case, HREOC found the 'evidence indicates that the detention environment can have, and has had, a negative impact on children's development.'¹⁰⁷

The impact of detention can also be affected by the age of the child. Older children are affected by their detention differently from infants. Children aged between seven and 17 may experience a sense of hopelessness and futility and can have trouble sleeping and concentrating. As a response to their hopelessness and anger, some young people harm themselves, as did Alamdar and Montezar whose stories are noted below. Witnessing acts of self harm not only encourages other young people to harm themselves as a behavioural strategy for coping with detention,¹⁰⁸ but also helps to reinforce a sense that the detention environment is unstable and unsafe, leading to symptomology such as suicidal ideation, disassociation, depression, restricted affect and anxiety.¹⁰⁹

CHILD IN DETENTION WITNESSING SELF-HARM

'My world has become like upside down, because I have never seen things like this, I see people who bury themselves alive one day. I wake up in the morning, I see people have buried themselves, I see people go on the tree and just jump down just like that and I see people who cut themselves. I see officers hit women and children with batons, or use tear gas. I just, it's too much for me, I don't know why and sometimes I wonder you know, it is very stressful to me.'¹¹⁰

ALAMDAR AND MONTEZAR FROM AFGHANISTAN, DETAINED IN AUSTRALIA, AGED 13 AND 12

After months in Australia's notorious outback detention centre in Woomera, a psychologist wrote about Alamdar Bakhtiyari that he was "a child of good intelligence and of superior artistic talent" but that he was 'suffering deep depressive symptoms' which were inflamed by 'the depression now infecting his family'. She wrote that Alamdar needs 'freedom and security' which were unavailable within the detention system.

On the very day the psychologist wrote her report, Alamdar's younger brother, Montezar, took a razor blade and cut himself across the arm and leg. At 12 years of age, 'Monty' was tired, lonely and without hope.'

In early 2002 a detention centre youth worker wrote that over her year's involvement with the Bahkhtiyari family she had witnessed 'a continual decline in the children's well-being, particularly related to their socialisation and psychological state.' Alamdar, the 13-year-old, was suffering from mood swings, suggesting; he withdrew from others and displayed 'obvious signs of distress and trauma'. During a psychological consultation he had sat 'curled almost into a ball and cried'. At other times he was aggressive. Alamdar had slashed his arms on two occasions, cutting the word 'freedom' into his inner forearm the second time. He had also twice sewn his lips together.

Montezar, too, had slashed himself and sewn his lips together.' ¹¹¹

As well as impeding a child's development, immigration detention is strongly linked to PTSD and to depression, either 'because detention triggered the illness, exacerbated the seriousness of the illness or inhibited the ability to appropriately treat the illness.' ¹¹²

For refugee and asylum seeking children, detention frequently serves to continue or return the child to the state of existential panic that they experienced when subjected to the human rights violations or persecution which lead them to flee their country of origin. Governments must acknowledge that to detain children is to collude with those who perpetrated the human rights violations or persecution that lead the child alone or the child and his or her family to flee in the first place.

In summary, HREOC concluded:

While there are a number of factors that contribute to the mental health problems found in children in detention, all of those factors are either a direct result

of, or exacerbated by, the long-term detention of children and their families. ¹¹³

Australia's Immigration Department, the private company managing Australian detention centres, mental health experts and the children held in detention all 'agree that the longer the period of detention the more likely it is that children will have mental health issues.' ¹¹⁴

CONSEQUENCES FOR RESETTLEMENT AND RETURN

The consequences of detention can be long term, impacting on former detainees' ongoing lives and relationships. While little longitudinal research has been undertaken with refugee, asylum seeker and migrant children who have been detained, there is some evidence from research with adults that may be indicative.

An Australian study of 17 former detainees conducted on average three years and eight months after their release found that 'there is enduring harm rendered to asylum seekers who have been detained for prolonged periods in immigration detention.' The participants had each been in detention for two or more years. The research found that even years after their detention experience, the former detainees 'were struggling to rebuild their lives and for the majority the difficulties experienced were pervasive'.

They 'described changes in their view of themselves and their capacity for agency, their values and their ability to relate to others.' According to the research, the harm done by immigration detention 'compromises the capacity to benefit from the opportunities ultimately afforded by permanent protection.'¹⁵

The following stories reflect some of what children themselves say about the impact of detention.

CARLOS FROM HONDURAS DETAINED IN THE USA, AGED 16

If you did something wrong, then they'd put you over there, for a couple of days...they'd put you in 'the hole', they called it, which is a small room. There's no windows, just a door. I was there for probably three days. The only thing I had there was a bible. I was really confused and stuff. It was really small [and] I was like kind of being the free guy, you know, I did the journey, and being in that space, kind of tripped something in my mind...I felt like an animal. I felt, and I was believing myself, that I was bad, that I had something that other people can see but I couldn't see. And that is why they made me believe that I probably acted, that I had such bad behaviour, that I deserved to be there. I was starting to believe that I deserved to be there. I started thinking that I was a mean guy then, and that I probably deserved it.

DAKARAI FROM ZIMBABWE, DETAINED IN SOUTH AFRICA, AGED 15

'Sometimes I feel very angry or cry when I think about the past experiences, like my brother's dead,' Dakarai said. 'The detention centre pained me because of my health condition. It sometimes comes to my mind or I dream about it. Being in jail, being beating by the police.'

Dakarai was arrested for a second time by the police at the age of 17

RAHIM FROM AFGHANISTAN, DETAINED IN AUSTRALIA, AGED 17

Rahim arrived on Christmas Island and was detained for a year. He said that immigration detention had ruined him physically and mentally. 'I had dreams, I had wishes, I had desires for my future. [But] I was seeing only the darkness around me,' he said. 'As a refugee I want to say we are not the criminals.'

GRACE FROM SOUTH SUDAN, DETAINED IN ISRAEL, AGED 15

Two years after her detention, Grace recalled what it was like for her:

'Some of [the other kids in detention] were really going crazy and I remember twice when I was there, there was two kids who tried to kill themselves. Just to get out of the prison. One of them, she'd drink the stuff that we'd clean the floor with it, she'd drink the whole bottle. And then after she fell on the floor so we couldn't do anything, we'd scream and then the police come and took her to the hospital.

For me, in the first few months that I have been there, it was terrible for me. I used to always cry, just go to my room and cry and don't talk to anybody. Just always crying. Because I can't scream and hit the door and do anything like this, I just always go to my room, myself, just close the door and cry, this is always what I do. And I don't have anything to do. I don't have anyone to talk to. The other people are not like from my country. They are from a different country. And most of them they don't speak the language that I speak. Some of them do. So it was really very hard for me because I had left my mother and my brothers and I felt so lonely. And I feel like I have nowhere to go any more. And one of the things I felt I would never get out of that place.

After a few months, I never think about it because I think that this is the end of my ... this is how my life is going to be, just here in this prison, and that's it. So I never think about it at all again. I just get used to it. I feel like I don't have to think about it any more. I just have to believe this is my life, how it will look like to be living here in the prison with these people, and that's it. Even though there are so many kids coming and going and I'm still there. I never get out. So that's why, especially after I see these things, so I've been

thinking that I'll never get out and I don't have to think about it any more. I just have to live it and that's it.

You know, it's been really so hard for me. Sometimes when I see the light in my room and I remember the outside of the prison, I think a lot about it. I never ever think that I can get out of that place. I think about it and I can feel, imagine that I can[t] get out of that place. Because always what I was thinking, I would never ever get out of there. I would just stay there. Because first of all I don't have anybody who came to visit me, like, some of the other kids, they have their cousins or someone from the city who come out to visit them but I never have anybody, except my lawyer, I have two lawyers. These are the only people when they come, I get out for them, they took me out to see them in the office. But I never see anybody else. Like the other people, they always have people visit them, they can bring for them stuff, clothes and whatever they need, money, but I never have somebody come and visit me. I was always alone.

It was really hard. I mean, until now, I can still imagine how did I get out of there. It was really hard.

After being subjected to immigration detention,

'She could no longer bear her anxieties and fears. She began to regress in her functioning and in the ways fear and anxiety are expressed. She began not being able to sleep at night, and could not stop thinking about her fear of return. She could no longer hold her fears in her mind, needed to go to the toilet about five times each night, sometimes wet her bed and it was very hard for her to sleep. When she fell asleep she tended to talk in her sleep and have bad dreams and nightmares.'

Similarly, research undertaken by Physicians for Human Rights into the effects of indefinite detention found not only that detention had harmful physical and psychological effects (including severe and chronic anxiety and dread; pathological levels of stress that have damaging effects on the core physiologic functions of the immune and cardiovascular systems, as well as on the central nervous system; depression and suicide; post-traumatic stress disorder; and enduring personality changes and permanent estrangement from family and community that compromises any hope of the detainee regaining a normal life following release),¹¹⁶ but that ‘the literature supports the conclusion that the harms that develop during detention do not resolve once the detainee is freed, and that indefinite detention makes detainees vulnerable to new physical, social, and emotional harms after they are released.’¹¹⁷ The experience of indefinite detention causes ‘enduring personality change,’ and ‘shatters familial bonds’.¹¹⁸

The implications of research such as this is that children who are held in detention for extended periods, at least, are likely to experience the implications of their detention beyond the walls and wire of the detention environment. This has consequences not only for the individual children but also for the communities in which they will live their lives. This is the case regardless of whether they are returned to their countries of origin, deported to a third country or are resettled in the country in which they were detained. It is also possible that the harm associated with long term detention could undermine the safety of a child returned to a socially or politically volatile country. For example, while a child may not have had a strong claim to international protection before being detained, returning a child who may come to the attention of a persecutory government as a result of their behaviour post-detention may place the child at greater risk. In this sense, detention may be understood to precipitate the return of refugees to a situation where they may be persecuted. The long term damage caused by the extended detention of children is not in the interests of the children concerned, their families or the communities of which they will

eventually be members.

CONCLUSION

The detention of children for immigration purposes has profound and far-reaching implications for their development and physical and psychological health. Research indicates that detention can precipitate delays or even regression in the development of children. Detention can both exacerbate existing physical and mental health problems in children and create new problems. The longer that children are detained, the more likely they are to suffer the effects of detention, although there is also evidence that even short-term detention can impact detrimentally on children. Research also indicates the consequences of detention can be long-term, impacting on former detainees personalities and senses of self. This has serious implications for children regardless of whether they are allowed to remain in the state in which they are detained or required to return to their homelands.

Because of the impact of detention on children, detention for migration purposes is never in the best interests of the child. States should do everything possible to avoid the detention of child migrants. The following chapter provides a ‘blue print’ for achieving this goal.

RECOMMENDATIONS

Recommendation 5.1:

That children with a history of trauma – whether originating from their countries of origin or their journeys beyond that – ought never to be detained. It is incumbent on States to assess whether children have such histories.

Recommendation 5.2:

That it is never in the best interests of a child to be detained for immigration purposes. States should ensure that a minimum level of protection and support for children is in place in the community.