

SENATE STANDING COMMITTEE ON LEGAL AND CONSTITUTIONAL AFFAIRS
AUSTRALIAN HUMAN RIGHTS COMMISSION

Question No. AE16/009

Senator O'Sullivan asked the following question at the hearing on 9 February 2016:

Senator O'SULLIVAN: I accept all of that, but the burden of my question that I am trying to point out is that you would be able to separate a refugee visitor who was not traumatised at the time that they arrived into the custody of Australian officials. You would be able to go down the list and go, 'No, this individual's trauma started post arrival as opposed to pre-arrival.

Prof. Triggs: I can certainly disaggregate those figures. There may be some who arrived who were never traumatised, were never anxious or were never injured in any way by the conditions that you have so graphically described. That may be the case, but I suspect it is a tiny number. But I will be very happy to find out if that baseline material from the medical officers employed by the government can demonstrate that.

Senator O'SULLIVAN: Then we are in fierce agreement that almost all of these people pre-arrival, pre-engagement with any officials within this country were traumatised.

Prof. Triggs: I would like to get the exact figures from the medical services, but my understanding is that a relatively high number of those arriving had some level of trauma but since arriving that level of trauma has significantly increased.

The answer to the honourable senator's question is as follows:

Medical studies consistently indicate a strong relationship between prolonged indefinite immigration detention and adverse mental health outcomes.ⁱ A 2004 studyⁱⁱ of asylum seeker families in immigration detention, for example, found that this incidence of psychiatric disorders amongst both adults and children in detention increased over time.

The study found that prior to detention, many of the families had experienced significant trauma. All of the adults reported traumatic experiences (including imprisonment and torture) and five families reported traumatic boat journeys (including boats breaking down, being attacked by pirates and a children becoming seriously unwell). Retrospective assessments indicated that half of the adults had Post-Traumatic Stress Disorder (PTSD) resulting from traumatic experiences in their country of origin, and a small number had depression. Low levels of psychiatric disorders were identified in the children.

At the time of the study, however – by which time the families had been detained for at least two years – every adult was diagnosed with a major depressive disorder, a majority were also diagnosed with PTSD and two had evidence of psychotic symptoms. All of the children were diagnosed with at least one psychiatric disorder and most were diagnosed with multiple disorders. All but one of the children was diagnosed with a major depressive disorder and half were diagnosed with PTSD. Overall, there was a threefold increase in psychiatric disorder amongst adults and a tenfold increase amongst children.

The study also found that exposure to trauma within the detention environment was commonplace. All of the families described traumatic experiences in detention, such as witnessing riots, fights between people in detention, fire breakouts, people committing acts of self-harm and suicide attempts. The children described having witnessed people in detention slash their wrists, jump from buildings and attempt to strangle or hang themselves with electric cords, and some at witnessed friends or family members harming themselves (including suicide attempts by their parents).

While retrospective assessments were used to assess the level of psychiatric disorder prior to detention, the researchers specifically selected diagnostic instruments which have been validated for use in the assessment of lifetime prevalence estimates. In addition, the prevalence of psychiatric disorder amongst the adults assessed through retrospective reports was similar to rates identified in other post-conflict populations.

For more recent evidence, medical assessments conducted by International Health and Medical Services (IHMS) may provide comparative data on the mental health of asylum seekers upon entering detention and after a period of time in detention. This information is held by the Department of Immigration and Border Protection.

ⁱ See, for example, Janette P Green and Kathy Eagar, 'The health of people in Australian immigration detention centres' (2010) 192 2 *Medical Journal of Australia* 65; Melissa Bull et al, 'Sickness in the system of long-term immigration detention' (2012) 26 1 *Journal of Refugee Studies* 47.

ⁱⁱ Zachary Steel et al, 'Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia' (2004) 28 (2) *Australian and New Zealand Journal of Public Health* 23.