

## Chapter 4

### After-incident support for survivors, residents and Commonwealth officers

#### Background

4.1 This chapter examines the after-incident support provided for survivors, Christmas Island residents and Commonwealth officers.

4.2 Given the traumatic events of 15 December 2010, it is important to establish what support was provided to survivors, volunteers and officers, and whether this support was appropriate to the needs of these three groups.

4.3 First the committee examines the immediate support provided to survivors on the day of the tragedy and the ongoing support provided to the present day. Second the committee considers the support provided to the residents of Christmas Island. Finally the committee outlines the support provided to personnel from the Customs, the AFP, the ADF, and staff and contractors working for the DIAC.

4.4 Having reviewed the evidence, the committee's view is that appropriate care and support has been provided to all three groups.

#### After incident support for survivors

4.5 The committee considered the after-incident support provided to survivors on 15 December 2010 and afterwards. As discussed in Chapter 3, the experiences of the survivors of the tragedy were harrowing.

4.6 Support was provided by a number of different organisations. Government organisations include DIAC (with contractors Serco and International Health and Medical Services (IHMS)), the AFP and the Indian Ocean Territories Health Service (IOTHS). Support was also provided by organisations such as the Australian Red Cross, the Coalition for Asylum Seekers, Refugees and Detainees (CARAD) and Asylum Seekers Christmas Island (ASCI).

4.7 As discussed earlier in the report, there were 42 confirmed survivors from the SIEV 221. DIAC has advised the committee that 27 are from Iran, seven from Iraq, five identified themselves as stateless and three are from Indonesia. The survivor group is comprised of 22 adult males, nine adult females, seven male minors and four female minors. DIAC advised the two men who initially identified themselves as adults subsequently claimed to be minors.<sup>1</sup>

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1 Department of Immigration and Citizenship, *Submission 9*, p. 2; Mr Peter Richards, Assistant Secretary, DIAC, *Proof Committee Hansard*, 27 May 2011, p. 29.

***Support provided to survivors on 15 December 2010***

4.8 Immediate medical support was provided at Rocky Point and Ethel Beach by medical and operational personnel as part of the Christmas Island Emergency Response. Subsequent support was provided at the Christmas Island Hospital, Perth Hospital, and in detention, all of which is described later in this chapter.

4.9 One survivor made his way to the shore at Rocky Point and received medical treatment at that location.<sup>2</sup> The remaining survivors were taken to Ethel Beach, which was the closest location at which survivors could be transferred ashore, where the IOTHS had established a triage process. This involved assessing the immediate health needs of the survivors, before transfer to the Christmas Island Hospital. DIAC, Customs and AFP officers assisted in this process, as well as DIAC's contracted service providers, IHMS and Serco.<sup>3</sup>

4.10 DIAC, through Serco, provided blankets, food, clothing and other supplies at Ethel Beach to meet the immediate needs of survivors. DIAC also ensured that interpreters were placed at Rocky Point, Ethel Beach and the hospital. Vehicles were made available to medical and emergency workers to transport survivors to the hospital.<sup>4</sup> Following medical assessment, two female survivors were flown to Perth on the evening of 15 December 2010.<sup>5</sup>

4.11 As part of the Christmas Island Emergency Response Plan, individuals from many organisations provided assistance. During hearings on Christmas Island, the committee heard first person accounts of the assistance that was provided to survivors.

4.12 Serco Operations Director, Mr Ian Southerton, described to the committee the action that he took that morning, after seeing the wreckage at Rocky Point:

I made my way to Ethel Beach. I had to park my car some way away from where the triage centre was being set up. I walked down, and it was literally an all-hands-on-deck effort to assist the other agencies. We assisted IHMS setting up the tents, we assisted DIAC, I called the centre, we brought food, we brought refreshments—not for just staff but for the survivors. We brought blankets, towels, clothing for all ages. We assisted to get the site set up and we were just very clear as to what we needed to do with all our colleagues from other agencies. I think there were eight colleagues of mine from the sites who came down and then we started to assist the police to bring the survivors and the deceased ashore when they arrived. We would literally receive them from Customs, walk them up the jetty and then they would be handed to IHMS services for them to undertake the triaging.

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2 Department of Immigration and Citizenship, *Submission 9*, p. 3.

3 Department of Immigration and Citizenship, *Submission 9*, p. 3.

4 Department of Immigration and Citizenship, *Submission 9*, p. 3.

5 Department of Immigration and Citizenship, *Submission 9*, p. 3.

Community spirit here was just outstanding. I have never quite experienced anything like it. It really was outstanding.<sup>6</sup>

4.13 Dr Ying Loong, Area Medical Director, IHMS, told the committee what action she took after arriving at Rocky Point that morning:

Customs said they could offload those people picked up from the sea at Ethel Beach. I went back to Phosphate Construction Camp and got our responder bag and what we thought we would need for all the survivors. We fronted up at Ethel Beach. The top of the beach was already in the process of being prepared for receiving the wounded. There were red tents, yellow tents and green tents. I had two doctors with me, two paramedics and about six nurses. Dr Julie [Graham, IOTHS] and I got together and we decided what we were going to do. We were going to send some doctors to the hospital to receive the wounded who were going to be transported there. The Navy also wanted a doctor on their boat to look after those people they had picked up from the sea. So I deployed a doctor, a paramedic and a nurse to go with Dr Gary Mitchell on the RHIB to the Navy boat to look after those people who had already been picked up by the boat but had not yet been brought onshore.

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Throughout the day, we received all the people transported to the beach. Bear in mind that the sea was really rough and that people were putting their lives in danger to pick up those asylum seekers. During the day, dead bodies were being brought out. They were not enough body bags, so they were wrapped in black plastic. After everybody, as well as the dead bodies, had been brought up, we went to the hospital to check on all the people who had been processed. It was not until about seven o'clock that everything was settled.<sup>7</sup>

4.14 The evidence before the committee indicates that people from many different agencies worked together to provide support for survivors. Dr Julie Graham, IOTHS, explained to the committee why the response to the tragedy was so effective:

[T]he team work comes about from the health service having an external emergency plan, which had actually been updated about two months prior to the incident. That incorporated IHMS into our plan to provide increased capacity to deal with any emergency that happened on the island. We are a remote isolated island with limited resources and anyone has the understanding that if there is an emergency on this island we will be overwhelmed fairly quickly. So it was pleasing on that day that the

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6 Mr Ian Southerton, Operations Manager, Serco, *Proof Committee Hansard*, 7 June 2011, p. 16.

7 Dr Ling Yoong, Area Medical Director, International Health and Medical Services, *Proof Committee Hansard*, 7 June 2011, p. 15.

response plan actually came together and the teams worked together to provide the best possible outcome on what was an horrific day.<sup>8</sup>

4.15 DIAC established an information line to receive calls from people who had information or concerns relating to people on board the SIEV 221. This hotline operated initially 24 hours a day, and was scaled back to business hours at a later date. The service ceased on 13 January 2011. DIAC received over 950 calls. Where a caller was matched to a survivor, this information was provided to the survivor.<sup>9</sup>

4.16 The committee now turns to the support provided to the survivors after 15 December 2010.

#### ***Support provided following 15 December 2010***

4.17 The committee also considered the support provided to survivors in the period following the day of the tragedy. The committee examined the accommodation of survivors, professional support provided, communication, special arrangements for orphans and memorial services.

#### ***Counselling and other professional support***

4.18 DIAC regularly sought professional advice in relation to the type of care needed by the survivors. DIAC also made arrangements to ensure that counselling services were available to survivors.

4.19 DIAC engaged Recovre, an external crisis management specialist trauma team to assist IHMS in meeting the immediate needs of survivors.<sup>10</sup> DIAC advised the committee that:

The Recovre crisis management specialist trauma team provided regular updates to departmental staff on Christmas Island regarding the progress of the affected children, as well as case reports for individuals affected by the tragedy and recommendations for management of the group. IHMS also provided the Department with regular advice around the support being provided to the survivors on Christmas Island, and recommendations around the short and long-term care requirements of the group.<sup>11</sup>

4.20 A team of five psychologists was sent to Christmas Island on 16 December 2010. The team provided trauma support to the survivors and assisted in managing their immediate needs.<sup>12</sup>

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8 Dr Julie Graham, Director of Public Health and Medicine, IOTHS, *Proof Committee Hansard*, 7 June 2011, p. 24.

9 Department of Immigration and Citizenship, *Submission 9*, p. 4.

10 DIAC, answer to question on notice, 27 May 2011 (received 20 June 2011).

11 Department of Immigration and Citizenship, *Submission 9*, p. 6.

12 Department of Immigration and Citizenship, *Submission 9*, p. 4.

4.21 The counsellors worked very long hours to ensure that the survivors could access the care that they required, particularly in the days following the tragedy. Dr Ling Yoong described to the committee the counselling services that were provided to survivors the day after the tragedy:

The next day, the mental health team dealt with a lot of the trauma and, on the evening of the 16th, the psychologists arrived—four of them. I debriefed them on what had happened—they were also debriefed in the morning by my mental health team—and they got right into it and looked after all those people who had been traumatised. Throughout the day, we dealt with the medical issues and the psychologists dealt with the psychological trauma. In the evening, the psychologists came and debriefed me on what had happened during the day. What they recognised was that the most vulnerable period was around five o'clock in the morning, so they were out in the compound at 5 am to deal with all those people who were awake and needing someone to talk to. There was a shortage of interpreters, but we managed to get interpreters for the psychologists to enable them to deal with those trauma cases.<sup>13</sup>

4.22 The committee asked whether there were sufficient resources available on Christmas Island to provide appropriate support to the survivors. Dr Yoong advised the committee:

We were really stretched but I think everybody really got into it and provided the care that these people needed. That includes all the volunteers on the island and the people in the hospital. We could not have asked for a better group of people during that crisis, because it was just extraordinary.<sup>14</sup>

4.23 Ms Fiona Andrew acknowledged that interpreters were in high demand, but confirmed that additional interpreters had been brought in to assist the survivors:

I recall there were additional interpreters brought on the island. Interpreters are always a highly sought after commodity throughout Australia, not just by immigration, but there are never enough. We did bring in extra interpreters, but there are always shortfalls.<sup>15</sup>

4.24 DIAC advised that all survivors who were affected by the incident (either directly or indirectly) were reviewed by the IHMS mental health team. Those survivors who required further assistance were seen by visiting psychiatrists.<sup>16</sup>

4.25 Counselling services were also made available to the six survivors on the mainland.<sup>17</sup>

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13 Dr Ling Yoong, Area Medical Director, International Health and Medical Services, *Proof Committee Hansard*, 7 June 2011, p. 15.

14 Dr Ling Yoong, Area Medical Director, International Health and Medical Services, *Proof Committee Hansard*, 7 June 2011, p. 16.

15 Ms Fiona Andrew, Assistant Secretary, DIAC, *Proof Committee Hansard*, 16 June 2011, p. 4.

16 Department of Immigration and Citizenship, *Submission 9*, p. 5.

4.26 DIAC sought specialist advice from psychiatrist Dr Stephen Fenner, who visited Christmas Island a number of times in January 2011. Dr Fenner provided clinical assessment and support for the survivors. As a result of this work, Dr Fenner provided DIAC with recommendations about management of the survivors:

His initial recommendation was for the survivors to be kept together in their natural family and support groupings, and for affected clients to be given the opportunity to visit the wreck site to assist in resolving their grief. His subsequent recommendations were for the survivors to be moved to the mainland as soon as they had been provided with the opportunity to visit the wreck site and funerals for the deceased had taken place.<sup>18</sup>

4.27 DIAC sought formal advice from IHMS in relation to the anticipated medical and health requirements of individual survivors. This information was required to assist DIAC to make long-term placement decisions. The placement report was provided to DIAC on 17 February 2011.<sup>19</sup>

4.28 The committee considers that DIAC sought out regular professional advice as to the best care to be provided to survivors, and provided appropriate counselling support services. In the next section the committee discusses how survivors were accommodated following the tragedy.

#### *Initial accommodation and care of the survivors*

4.29 DIAC advised the committee that its priority was 'to address the immediate health and support needs of the survivors'.<sup>20</sup> DIAC received medical advice that the survivor group should be co-located. This would provide emotional support and allow the development of family and other support networks.<sup>21</sup> The majority of survivors were transferred to Phosphate Hill Alpha compound, a low security facility on Christmas Island.<sup>22</sup> Some close family members who were already in immigration detention on Christmas Island, and others who arrived subsequently, were placed with the survivors. DIAC advised that regular visits were arranged with other extended family members who were also detained on Christmas Island.<sup>23</sup>

4.30 The committee was informed that special arrangements were made to ensure the survivors received highly targeted support. To this end, Serco staff and DIAC case

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17 Dr Ling Yoong, Area Medical Director, International Health and Medical Services, *Proof Committee Hansard*, 7 June 2011, p. 15.

18 Department of Immigration and Citizenship, *Submission 9*, p. 6.

19 Department of Immigration and Citizenship, *Submission 9*, p. 5.

20 Department of Immigration and Citizenship, *Submission 9*, p. 5.

21 Department of Immigration and Citizenship, *Submission 9*, p. 5.

22 Department of Immigration and Citizenship, *Submission 9*, p. 3.

23 Department of Immigration and Citizenship, *Submission 9*, p. 5.

managers were flown in especially to assist the survivors. Mr Southerton described other measures that were taken to support the survivors:

I think what was different was that there was a much higher staff concentration to deal with that particular group of clients, based on their needs. For instance, we provide programs and activities, but that had to be slightly different because it was very difficult for those clients to engage, given how traumatised they were. It would not have been appropriate to have gone in with a full program of scheduled activities. We purchased toys and colouring books and so on for the children to act as a distraction for them, because they were clearly upset. We focused as much as we could on their emotional needs, given how traumatised they were. The children, for instance, were crying and may have needed a cuddle from somebody. It was as basic as that.<sup>24</sup>

4.31 Mr Southerton emphasised that the approach Serco took in caring for the survivors occurred in the context of regular consultation with DIAC.

Everything that we do has to be approved by DIAC. That is a contractual obligation...I have to say that there is a very productive working relationship with DIAC and, certainly, it was very much a joint approach—as it always is with everything that we do here. That is entirely appropriate, because we are accountable to DIAC.<sup>25</sup>

4.32 In addition to the two female survivors who were transferred to Perth on the evening of 15 December 2010:

- three male survivors were transferred on a DIAC charter flight to Perth on 16 December 2010; and
- a male survivor was flown to Perth early on 18 December 2010.<sup>26</sup>

4.33 CARAD contacted DIAC and offered to provide support to survivors at Perth Hospital. DIAC agreed to this request. CARAD described the care that it provided in its submission:

CARAD established a roster of volunteers to visit and provide necessary support and essential items to people in hospital and the IDC. We were assured by a senior DIAC manager that CARAD was welcome to visit these places and that he would convey this to Serco.<sup>27</sup>

4.34 During the first Canberra hearing CARAD elaborated on the care that it provided to survivors in Perth, and the occasions where it raised concerns with DIAC on behalf of the survivors. Ms Rosemary Hudson Miller told the committee that when

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24 Mr Ian Southerton, Operations Manager, Serco, *Proof Committee Hansard*, 7 June 2011, p. 19.

25 Mr Ian Southerton, Operations Manager, Serco, *Proof Committee Hansard*, 7 June 2011, p. 19.

26 Department of Immigration and Citizenship, *Submission 9*, p. 3.

27 CARAD, *Submission 5*, p. 3.

concerns were raised, the issue was generally resolved promptly by DIAC.<sup>28</sup> Following treatment and discharge from hospital, these six survivors were accommodated in alternative places of detention in Perth.<sup>29</sup>

#### *Arrangements for orphaned survivors*

4.35 DIAC advised that the three children who were orphaned by the tragedy were placed with family members who took on a parenting role. Medical professionals assessed the adult family members as suitable. The families of the orphans in their home countries agreed with the arrangements.<sup>30</sup>

4.36 DIAC advised the committee that it received advice from IHMS soon after the tragedy that all the children survivors were recovering well. Despite the tragic circumstances, the children were socialising normally and had adapted well to their new surroundings.<sup>31</sup>

4.37 The committee received evidence during the Canberra hearing that raised concerns about the arrangements put in place for the orphans.<sup>32</sup> Ms Michelle Dimasi, Asylum Seekers Christmas Island, submitted that when she visited survivors in the aftermath of the tragedy, one of the orphaned children believed that his parents were still alive. This issue was also reported in the media. Ms Dimasi inferred that this 'raises questions about what type of counselling and support they are being given' and had twice raised the matter in writing with the Department and received no reply.<sup>33</sup> Given the vulnerability of the orphaned survivors, the committee considered this issue closely.

4.38 During the second Canberra hearing, Ms Fiona Andrew advised the committee that DIAC consulted with psychologists in IHMS about how the death of the parents should be communicated:

The view was that it should be the family members that should tell him. I am aware that there was some delay; that they could not actually bring themselves to tell him that.<sup>34</sup>

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28 Ms Rosemary Hudson Miller, Chairperson, CARAD, *Proof Committee Hansard*, 27 May 2011, p. 13.

29 Department of Immigration and Citizenship, *Submission 9*, p. 3.

30 Department of Immigration and Citizenship, *Submission 9*, p. 5.

31 Department of Immigration and Citizenship, *Submission 9*, p. 5.

32 Ms Michelle Dimasi, Director, Asylum Seekers Christmas Island, *Proof Committee Hansard*, 27 May 2011, pp 6–8.

33 Ms Michelle Dimasi, Director, Asylum Seekers Christmas Island, *Proof Committee Hansard*, 27 May 2011, p. 7.

34 Ms Fiona Andrew, Assistant Secretary, DIAC, *Proof Committee Hansard*, 16 June 2011, p. 3.



4.39 The committee is satisfied that this decision was open to DIAC to make, in consultation with IHMS, and that DIAC acted reasonably and on the best available advice. The committee notes that the aunt of one orphan arrived on Christmas Island on 20 December 2010, which would have contributed to the delay.

4.40 The children were provided with ongoing counselling. As discussed above, a psychiatrist visited Christmas Island in February 2011. The psychiatrist reviewed and provided advice in relation to the long-term care arrangements for the three orphaned children.<sup>35</sup> These recommendations were followed by DIAC.

4.41 Having considered all the evidence, the committee is satisfied that DIAC took particular care to accommodate the special needs of the three orphaned children who survived the tragedy.

#### *AFP and DIAC formal processing of survivors*

4.42 DIAC immigration processing for survivors was conducted concurrent with AFP investigations. The committee received evidence that DIAC and the AFP managed these processes sensitively to accommodate the needs of survivors.

4.43 DIAC advised that survivors were subject to standard identity and security checking, and that asylum claims are being assessed in line with arrangements for all irregular maritime arrivals. DIAC assured the committee that this process has been conducted sensitively, ensuring that appropriate support arrangements were in place.<sup>36</sup> When asked whether survivors were treated any differently to other asylum seekers, Mr John Moorhouse, Deputy Secretary DIAC, explained the approach:

I guess I would answer that in two ways. In terms of the assessment that would be made, the answer to that is no. The assessment we make in relation to a person's refugee status is based on specific criteria and that would be no different to the assessment that would be made for anyone else. In terms of the actual handling of their applications, the answer to that would be, yes. We would, of course, want to take into account the particular circumstances, the vulnerability and the sensitivity and therefore make sure their cases were handled with appropriate sensitivity. But also in cases where people are particularly vulnerable or have been through trauma, we will expedite their applications and ensure that their applications are dealt with promptly and that will be the same in any immigration caseload. We try to process applications in a logical and appropriate way, but if there are particular compassionate or other compelling circumstances that might result in an application being assessed ahead of others. There is a delicate balance that we do in that area. We do not want to disadvantage people but we do want to take account of people's circumstances.

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35 Department of Immigration and Citizenship, *Submission 9*, p. 6.

36 Department of Immigration and Citizenship, *Submission 9*, p. 4.

My answer to the question is, yes, they would have been handled in a slightly different way, in a more sensitive way and, hopefully, given priority. But that would be something that we would do across any type of immigration caseload.<sup>37</sup>

4.44 The AFP advised that it worked closely with DIAC, and provided after incident support to survivors during the witness interviews and the Disaster Victim Identification (DVI) process. The AFP commenced interviewing survivors on 16 December 2010.<sup>38</sup> The AFP told the committee during the Canberra hearing that children were not interviewed:

[I]n consultation with the Western Australia Police, who had the lead in collecting information for the Western Australian coroner, we arrived at the decision that we would not interview anyone under 17 years of age. We felt it was too traumatic.<sup>39</sup>

4.45 The committee heard that when conducting witness interviews the AFP ensured that:

- the statement was obtained in the presence of an interpreter and friend;
- the interview was undertaken in private;
- the witness was given time to reflect and grieve if necessary;
- where appropriate, a DVI form was completed for a deceased relative or friend; and
- access to a DIAC psychologist was available if required.<sup>40</sup>

4.46 The AFP described the process that was followed which involved survivors in visual identification of the deceased as part of the DVI process. The AFP officers ensured that

- the identification process was explained;
- only the deceased's face was visible;
- the survivor was accompanied by a friend, welfare officer or psychologist during the process;
- the survivor was given time to grieve with the deceased as required;
- the survivor was asked for their preference as to where the deceased should be buried; and

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37 Mr John Moorhouse, Deputy Secretary, DIAC, *Proof Committee Hansard*, 27 May 2011, pp 30–31.

38 Mr Andrew Colvin, Deputy Commissioner Operations, AFP, *Proof Committee Hansard*, 27 May 2011, p. 52.

39 Mr Andrew Colvin, Deputy Commissioner Operations, AFP, *Proof Committee Hansard*, 27 May 2011, p. 52.

40 Australian Federal Police, *Submission 7*, p. 6.

- a DNA sample was taken where necessary.<sup>41</sup>

4.47 DIAC advised that IHMS staff were available to survivors 'at all hours' to provide psychological support following the DVI process.<sup>42</sup>

4.48 CARAD raised concerns in its submission and during the Canberra hearing that one AFP witness interview of parents who had lost a child in the tragedy went for 12 hours.<sup>43</sup> The committee raised this directly with the AFP, and was assured by Mr Andrew Colvin that no interview went for 12 hours:

[T]he interviewing of any victim in a circumstance like this is never a straightforward and easy process. After I saw the CARAD submission, I obviously made inquiries into the claim of 12 hours. I assure the committee that we did not interview these people for 12 hours. What I understand occurred with a number of people over a number of days was witnesses who were prepared to talk to us for a start were brought into our police headquarters and over a lengthy period we gave them the opportunity to speak to us, to provide statements. Certainly it was not a 12-hour interrogation, if you like. It was a 12-hour period where they were afforded all sorts of breaks, opportunities to stop talking to us and do something else. Obviously they were given food in terms of their religious tolerances. All of it was done in a very controlled manner in terms of ensuring their medical condition and their mental state. As I said in my introductory comments, at all points they were voluntary. We kept checking the voluntary nature, as we did with all the witnesses, not just the ones referred to in the submission, and we checked they were happy to continue. In any instance where anyone gave us the slightest inclination that it was too traumatic or too stressful we stopped the process. That is why for some people it took two, three or four days to get the information.

As I said, sometimes this is a thankless task from the police because we need to identify bodies and establish as quickly as we can what happened. I assure the committee that we did it in the absolutely most sensitive manner that we could. We are as concerned and distressed to see inferences that we did not do that.<sup>44</sup>

4.49 In relation to the particular survivors referred to in CARAD's submission, Mr Colvin advised that

[A]t no point did that couple who tragically lost one of their children say that they wanted us to stop the process. In fact, someone else spoke to the supervisor who oversighted it. While they were distressed, absolutely, they

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41 Australian Federal Police, *Submission 7*, p. 7.

42 Department of Immigration and Citizenship, *Submission 9*, p. 6.

43 CARAD, *Submission 5*, p. 2; Ms Rosemary Hudson Miller, Chairperson, CARAD, *Proof Committee Hansard*, 27 May 2011, pp 12–13.

44 Mr Andrew Colvin, Deputy Commissioner Operations, AFP, *Proof Committee Hansard*, 27 May 2011, p. 49.

were happy to continue. We gave them as many breaks and opportunities to reflect on the tragedy as they needed. So this concerns me. I am sure that, in making that submission, CARAD were relaying comments that were made to them. I am not disputing that in any way at all. I guess I am just saying to the committee that the AFP are very conscious of this and we did everything as sensitively as we possibly could.<sup>45</sup>

4.50 CARAD also submitted that some of the survivors it assisted in Perth did not understand the DIAC and AFP interviewing process.<sup>46</sup> DIAC acknowledged that many of the survivors were 'interviewed out' and struggled to understand the significance of some of the interviews they participated in. Ms Andrew advised the committee that special efforts were made to communicate the formal processes to survivors:

[O]ur case manager spent a bit of time trying to explain the process through. We were very aware that they had undergone a number of interviews with the police and we were conscious that we were commencing entry interviews, followed shortly thereafter by refugee status assessment interviews. We had to spend some time with them and explain the whole process, which we did, and we also had to clarify, to some extent, the part of the process that they would have undergone had they arrived normally on Christmas Island rather than under the tragic circumstances that they did. We did spend some time going through the processes with them. We were very conscious, as I think I mentioned earlier, that they had been interviewed out.<sup>47</sup>

4.51 The committee notes that Ms Andrew was responsible for detention arrangements on Christmas Island. The committee has not received evidence about DIAC's communication processes with the survivors who were based initially in Perth Hospital.

4.52 The committee inquired about the arrangements for the return of property to the survivors. DIAC explained that all property seized was placed in AFP custody until it was released to DIAC and returned to survivors, once they were in community detention:

The AFP, following the funerals, released that property into DIAC. We made arrangements to have that property sent. They were already in community detention at that stage so we made arrangements for that property to be delivered to those people who were in community detention.<sup>48</sup>

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45 Mr Andrew Colvin, Deputy Commissioner Operations, AFP, *Proof Committee Hansard*, 27 May 2011, p. 49.

46 CARAD, *Submission 5*, pp 1–2; Ms Rosemary Hudson Miller, Chairperson, CARAD, *Proof Committee Hansard*, 27 May 2011, pp 12–13.

47 Ms Fiona Andrew, Assistant Secretary, DIAC, *Proof Committee Hansard*, 16 June 2011, p. 11.

48 Ms Janet Mackin, Branch Head, DIAC, *Proof Committee Hansard*, 16 June 2011, p. 7.

4.53 DIAC acknowledged that the survivors repeatedly asked for access for the property while on Christmas Island, and many struggled to understand the reasons why the property was being retained by the AFP for a period of time. DIAC advised that it did its best to explain to the survivors that the property would be eventually returned. DIAC advised the committee that all property that was collected has now been returned to survivors, and relatives of the deceased.<sup>49</sup>

4.54 In light of the evidence provided to this inquiry, the committee is satisfied that the AFP and DIAC made considerable efforts to ensure that formal interactions with survivors were conducted in an appropriate and sensitive way, and where misunderstandings occurred, they were clarified in a timely way.

#### *Funeral and memorial services*

4.55 DIAC arranged for a memorial service to be held shortly after the tragedy, and for relatives of the deceased to attend a funeral services in Sydney.

4.56 DIAC arranged for a memorial service to be held on 19 December 2010 at Phosphate Hill for the deceased victims from SIEV 221. DIAC estimates that 130 people attended the service, including survivors, other detainees, DIAC and Serco staff and Christmas Island community members. Prayer sessions were also held at the Construction Camp Alternative Place of Detention and North West Point Immigration Detention Centre on 19 and 20 December 2010, respectively.<sup>50</sup>

4.57 DIAC also facilitated the attendance of some survivors at funerals in Sydney, following advice from the AFP that the bodies would be released.<sup>51</sup>

4.58 The AFP appointed a Repatriation Commander to make arrangements to either bury the deceased within Australia or repatriate them.<sup>52</sup> As Christmas Island does not have an undertaker, or available burial plots, the deceased must be transferred to the mainland for burial or cremation. All available identified relatives of the deceased were contacted by the AFP. The AFP received requests in writing for repatriation locations. The families requested that eight bodies be buried in Sydney.

4.59 The AFP covered the costs of the funeral and DIAC was responsible for accommodation and transport costs for the relatives.<sup>53</sup>

4.60 DIAC explained the decision to permit the families of the deceased to have a say about where the bodies should be buried:

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49 Ms Janet Mackin, Assistant Secretary, DIAC, *Proof Committee Hansard*, 16 June 2011, pp. 7–8.

50 Department of Immigration and Citizenship, *Submission 9*, p. 7.

51 Department of Immigration and Citizenship, *Submission 9*, p. 7; AFP, *Submission 7*, p. 5.

52 Australian Federal Police, *Submission 7*, p. 5.

53 Department of Immigration and Citizenship, *Submission 9*, p. 8.

The Department considered it appropriate to facilitate the families' preferences for the burial of their deceased kin and that incorporating their wishes was consistent with the Government's Immigration Detention values of treating clients fairly and reasonably while ensuring the inherent dignity of the human person.<sup>54</sup>

4.61 On 12 February 2011 all 30 deceased were transported from Christmas Island:

- 13 unidentified deceased were flown to Perth, and placed in the custody of the WA Coroner. Once formal identification had occurred, the 13 deceased were repatriated to Iran on 16 and 17 March 2011; and
- 17 identified deceased were flown to Sydney, of which 8 were buried in Sydney, and the remaining flown to Iraq and Iran.<sup>55</sup>

4.62 On 14 February 2011, direct and close relatives of the deceased were transferred to Sydney to attend the funerals. Twenty-two people were transferred from Christmas Island and one person from Perth. DIAC advised that each person was selected because either they had suffered the loss of an immediate family member, or they were a direct and close relative of a survivor who suffered a loss and were considered a key emotional support to that person. The group, which included survivors, was accompanied by interpreters and four psychologists.<sup>56</sup>

4.63 The committee understands that funeral arrangements were made in consultation with the family members of the deceased and Islamic and Christian religious leaders in Sydney.<sup>57</sup>

4.64 Prior to their departure for Sydney, the group had been advised that they would be returning to Christmas Island, as a group. This is because decisions about placement on the mainland were still being made.

4.65 The committee received evidence during the first Canberra hearing that criticised DIAC's decision to return the survivors to Christmas Island.<sup>58</sup> The committee asked DIAC to explain its decision, DIAC advised that community detention arrangements had not yet been finalised:

The arrangements in respect of community detention for the survivors were not in place. They were ultimately in place shortly after their return to Christmas Island, enabling them to be placed shortly afterwards. So within a 10-day period of the funerals community detention was finalised. It was not something that started post the funeral arrangements; it was something

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54 Department of Immigration and Citizenship, *Submission 9*, p. 7.

55 Australian Federal Police, *Submission 7*, p. 5.

56 Department of Immigration and Citizenship, *Submission 9*, p. 7.

57 Department of Immigration and Citizenship, *Submission 9*, p. 7.

58 Ms Michelle Dimasi, Director, Asylum Seekers Christmas Island, *Proof Committee Hansard*, 27 May 2011, p. 4.

that had been in train before the funeral arrangements but could not be finalised prior to the funeral being conducted.<sup>59</sup>

4.66 The committee believes that the arrangements for the funerals in Sydney were made in a sensitive and appropriate manner and that the decision to return the survivors to Christmas Island was based on relevant considerations. In particular, that it was a priority to keep the survivor group together until all accommodation placement arrangements on the mainland had been finalised.

4.67 The Christmas Island community organised a memorial service on 5 March 2011. DIAC was consulted about the participation of survivors in this service but decided that survivors would not attend. The committee questioned DIAC about its decision not to allow the survivors to attend the March memorial service. DIAC explained that its decision was based on the best interests of the survivors, the Christmas Island community and the fact that the survivors were expected to have left Christmas Island by the date of the service.

4.68 DIAC also advised the committee that no survivors had asked to attend the memorial service and that if anyone had asked to attend 'that might have caused us to revise our position'.<sup>60</sup> The survivors were given an opportunity to prepare a message to be read at the memorial, and a few chose to do so.<sup>61</sup>

4.69 At the same time as the memorial service, survivors still remaining on Christmas Island were taken to visit the site of the tragedy. All remaining survivors were flown to the mainland the next day.

4.70 The committee received evidence from the Australian Red Cross and ASCI that queried DIAC's decision not to permit the survivors to attend the memorial, this is discussed in more detail in the next section.<sup>62</sup>

4.71 Ms Fiona Andrew explained how the anger that some survivors expressed towards the Christmas Island community in the aftermath of the tragedy informed her decision that the survivors should not attend the community memorial. The anger was first identified shortly after the tragedy:

I think the idea of a memorial service, or some sort of service for the community, was first mooted sometime in the first week. On 17 December there had been a fairly substantial protest up at Construction Camp and Phosphate Hill, and part of that protest had involved the survivors and their families. There had been a fair amount of anger directed at the community

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59 Ms Fiona Andrew, Assistant Secretary, DIAC, *Proof Committee Hansard*, 16 June 2011, p. 11.

60 Mr John Moorhouse, Deputy Secretary, DIAC, *Proof Committee Hansard*, 27 May 2011, p. 30.

61 Ms Janet Mackin, Assistant Secretary, DIAC, *Proof Committee Hansard*, 27 May 2011, p. 32.

62 Mr Noel Clement, Head of Australian Services, Australian Red Cross, *Proof Committee Hansard*, 27 May 2011, p. 2; Ms Michelle Dimasi, Director, ASCI, *Proof Committee Hansard*, 27 May 2011, p. 5.

at that protest. Comments were made such as 'We watched you standing on the rocks drinking cups of coffee, smoking cigarettes, and you did nothing to help us. Our families died and you just watched.' So initially I was very against any client involvement in the memorial service because I was very aware that the community had suffered substantially. They had seen things that they should never have seen and I was very concerned to protect the community. I did not want the community in any way exposed to that anger. We certainly kept that from the community as much as we could, up until recently really.<sup>63</sup>

4.72 The following week, the Administrator visited the survivors, and witnessed similar sentiments:

During the following week the administrator and his wife, Brian and Joan Lacy, visited the survivors and that same degree of anger was expressed to them. I recall that Brian was quite taken aback by it and my impression was that he was not expecting it either.<sup>64</sup>

4.73 When Ms Andrew returned from leave in mid-January, the mood of the survivors had 'softened' and she became more open to the idea of the survivors participating in the memorial. However, Ms Andrew also became aware that opinion in the community was mixed. Ms Andrew explained to the committee:

But I was also aware that the community was divided. Some felt that it was important that the survivors attend and some felt that they should not attend. I was always very conscious of walking a very fine line between the divided community.<sup>65</sup>

4.74 Further, by 25 February 2011 there was another disturbance at Construction Camp, and the mood of the survivors was 'fractious'. Coupled with the impending departure of the survivors to community detention on the mainland, Ms Andrew decided that the survivors would not attend the community memorial service.

4.75 Ms Andrew advised the committee that the survivors' mood had changed in the months following the tragedy, and that now many were grateful to the community for their support:

Certainly as the mood softened so did the stance towards the community. I think when the survivors themselves realised that there was a positive outcome, that they were moving to the mainland, they actually became quite grateful to the community. But to my way of thinking the service was about the fact that 42 people were saved. I was concerned that the survivors

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63 Ms Fiona Andrew, Assistant Secretary, DIAC, *Proof Committee Hansard*, 16 June 2011, pp 1–2.

64 Ms Fiona Andrew, Assistant Secretary, DIAC, *Proof Committee Hansard*, 16 June 2011, p. 2; see also, Mr Brian Lacy, Administrator Christmas Island, *Proof Committee Hansard*, 7 June 2011, p. 3.

65 Ms Fiona Andrew, Assistant Secretary, DIAC, *Proof Committee Hansard*, 16 June 2011, p. 2.



thought that 50 people had died, so there was a slightly different perspective.<sup>66</sup>

4.76 The committee believes that DIAC's decision about survivor participation was the correct one in the circumstances, and represented the best interests of both the survivors and the community in a situation fraught with difficulty.

#### *Current placement of survivors*

4.77 All survivors have been moved off Christmas Island into community detention in Sydney, Melbourne, Adelaide or Perth, or have been granted a visa.

4.78 DIAC has advised that the orphans and their families were released into community detention on 24 February 2011. This decision was made once the Minister for Immigration and Citizenship was satisfied that suitable accommodation and access to psychological care were in place to support the survivors.<sup>67</sup> DIAC has advised that the other survivors were transferred to the mainland on 6 March 2011.<sup>68</sup> The three Indonesian crew are in AFP custody.<sup>69</sup>

4.79 DIAC advised that as of 15 June 2011:

- Twenty-nine survivors have been placed in community detention arrangements: five in Adelaide, 11 in Melbourne and 13 in Sydney (this includes two orphaned survivors);
- nine survivors (including one orphaned child) have been granted Protection visas;
- one survivor has been granted a Global Special Humanitarian visa; and
- the three Indonesian crew remain in AFP custody.<sup>70</sup>

4.80 During the Canberra hearing on 16 June 2011, the committee asked DIAC about the ongoing care and support provided to survivors who are now on the mainland. DIAC advised the committee:

Placing survivors into community detention was the department's priority. In community detention the survivors continue to be case managed and have continued to receive health and mental health support. Links with English language classes have been facilitated for all survivors. All school-aged children have been enrolled in school and some additional intensive English language lessons have been provided.

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66 Ms Fiona Andrew, Assistant Secretary, DIAC, *Proof Committee Hansard*, 16 June 2011, p. 2.

67 Department of Immigration and Citizenship, *Submission 9*, p. 9.

68 Department of Immigration and Citizenship, *Submission 9*, p. 9.

69 Australian Federal Police, *Submission 7*, p. 5.

70 DIAC, answer to question on notice, 16 June 2011 (provided 21 June 2011).

Some additional activities have been organised to support them, and survivors have been helped to link with their own community members and to stay in touch with their family members. A number of clients have been granted protection visas and continue to be case managed and provided settlement services through the Humanitarian Settlement Services program.<sup>71</sup>

4.81 The committee is satisfied that the current placement arrangements for the survivors are appropriate, and that adequate support continues to be provided.

### *Committee view*

4.82 The committee is mindful of the deep trauma experienced by the survivors of the tragedy. The committee believes that appropriate care and support has been provided to the survivors.

### **Recommendation 1**

**4.83 The committee recommends that DIAC and its relevant contractors continue to monitor the wellbeing of the survivors and that counselling and support services should be provided for as long as is necessary.**

### **After incident support provided to Christmas Island community members**

#### *Post-incident support for the Christmas Island community*

4.84 The committee has already outlined and paid tribute to the efforts of the Christmas Island community on the day of the incident. Unfortunately, well-deserved praise for Christmas Island residents does not tell the whole story. Many residents who volunteered on the day saw horrific images which will likely stay with them forever. Some continue to struggle to accept the fact that there was nothing more they could have done to save lives. Many in this small community, whether they witnessed the tragedy or not, are deeply affected by what happened on their island, and they are affected in a variety of ways. In this regard, the committee recalls a work of art by a Christmas Island resident, depicting the emotional impact of this tragedy and the pain it caused, which was submitted as evidence to the committee.<sup>72</sup>

4.85 Given the harrowing scenes some community members witnessed on the day, the committee took great care to establish whether an appropriate level of care and support was afforded to residents after the tragedy.

4.86 The committee is aware that studies suggest non-professional volunteers involved in rescue efforts are more likely to experience significant mental health issues for prolonged periods following a traumatic event than professional rescuers.

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71 Ms Fiona Andrew, Assistant Secretary, DIAC, *Proof Committee Hansard*, 16 June 2011, p. 9.

72 Ms Allison Millcock, *Submission 21 Attachment*, see Attachment 2.

This can be particularly pronounced for inexperienced rescuers who witness the recovered bodies of children, as was the case on Christmas Island.<sup>73</sup>

4.87 Christmas Island is a small multilingual and multicultural community where people deal with trauma in different ways. The committee was advised that all support services were advertised and provided in a manner appropriate to the different needs of Islamic, Chinese, and Caucasian members of the community. Notices were translated into Chinese and Malay.<sup>74</sup>

4.88 The Shire President, Mr Gordon Thomson, informed the committee that the Administrator's office circulated a notice on the day of the tragedy advising the community that a counsellor from the DIAC would be made available for residents.<sup>75</sup>

4.89 The Christmas Island Administrator also explained that counselling services for the community were requested from the Department of Regional Australia, Regional Development and Local Government and a leaflet advertising the availability of counselling was put out by the IOTHS. The notice outlined ways in which people could reduce some of the emotional pain associated with trauma and assess whether they needed counselling.<sup>76</sup>

4.90 DIAC broadened its Employment Assistance Provider (EAP) service to provide assistance not only to departmental staff affected by the tragedy, but also to Christmas Island residents.<sup>77</sup> The AFP also deployed a Welfare Officer to the island to provide critical mental health support to AFP members and their families in the five week period following the tragedy. The officer was also made available for the Christmas Island community.

4.91 Dr Julie Graham, Director of Public Health and Medicine for the IOTHS, informed the committee that a meeting was held the day after the incident to identify specific people who might have had particular needs, after which the IOTHS expanded the support it provided to the community on a regular basis. The community was provided with the option of calling the local hospital to access counselling

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73 For more information on the topic see Robert J. Ursano, James E. McCarroll and Carol S. Fullerton, 'Traumatic death in terrorism and disasters. The effects on post-traumatic stress and behaviour', in Robert J. Ursano, James E. McCarroll and Carol S. Fullerton, *Terrorism and Disaster*, Cambridge University Press, 2003.

74 See Dr Julie Graham, Director of Public Health and Medicine for the Indian Ocean Territories Health Service, Department of Regional Australia, Regional Development and Local Government, *Proof Committee Hansard*, 7 June 2011, p. 25, and Ms Leslie Heath, Acting Manager, Indian Ocean Territories Health Service, Department of Regional Australia, Regional Development and Local Government, *Proof Committee Hansard*, 7 June 2011, p. 27.

75 Mr Gordon Thomson, Shire President, *Proof Committee Hansard*, 7 June 2011, p. 11.

76 Mr Brian Lacy, Administrator, Indian Ocean Territories, *Proof Committee Hansard*, 7 June 2011, p. 2. The notice in question was tabled at a public hearing; see Department of Regional Australia, *Additional Information*, 7 June 2011.

77 Department of Immigration and Citizenship, *Submission 9*, p. 9.

services, and many people were given the opportunity see the IOTHS's senior counsellor in their own homes or other neutral environments where they felt comfortable.<sup>78</sup>

### *Community use of counselling services*

4.92 The committee was told that only a relatively small number of community members made use of professional counselling services available.<sup>79</sup> Many instead sought solace in their own personal support networks, family and friends. Others left the island over the Christmas period immediately following the tragedy, as large sections of the community routinely do over the holiday period.

4.93 Traditional, healthy coping methods—such as spending time with friends and family, attending community events, talking about the incident with others who shared the experience, finding solace in spirituality—are important healing mechanisms. These can sometimes be as effective as professional counselling. The committee is aware that Christmas Island residents have, by and large, used pre-existing relationships and rituals to cope with their trauma:<sup>80</sup>

Many people go back to their faith during times of great crisis. I think people talked to the imam or cleric at the mosque and would have perhaps sought solace in the holy book. I went to pray at my temple to meditate on what had happened and brought questions of life and death. Support for people who needed support was always there, and we put out flyers and so on in the days after the disaster so people knew that the hospital was the point of reference.

Our island is very small and we know that our hospital is very good, so everybody, if something is wrong with them emotionally or physically, knows where to go. Talking about something like this, of the enormity, the finality and the impossibility of it happening, in a place so familiar took a great toll on people.<sup>81</sup>

4.94 The less than expected uptake by the community of the external counselling services brought onto the island in the wake of the tragedy does not mirror the experiences of the IOTHS, however. The Health Service, which, as explained earlier, provides regular health services to the community, was a known resource the community may have been more comfortable using. The Director explained:

In relation to 15 December, the reactions of the community were the normal reactions to a very abnormal situation. People experienced trauma and

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78 Dr Julie Graham, Director of Public Health and Medicine for the Indian Ocean Territories Health Service, Department of Regional Australia, Regional Development and Local Government, *Proof Committee Hansard*, 7 June 2011, p. 27.

79 Mr Brian Lacy, Administrator, Indian Ocean Territories, *Proof Committee Hansard*, 7 June 2011, p. 2.

80 Mr Gordon Thomson, Shire President, *Proof Committee Hansard*, 7 June 2011, p. 11.

81 Mr Zhong Xiong (Chris) Su, *Proof Committee Hansard*, 7 June 2011, p. 32.

expressed their response to trauma in varying ways. I think we need to be mindful that the services provided at the time were adequate, but we need to continue to provide services because trauma manifests itself in varying time degrees. Some of the situations that we are dealing with are not related to SIEV221. Memories were brought up about other instances that had occurred previously, so the health service has to play an ongoing role in supporting the mental health of the community.<sup>82</sup>

4.95 The Director of the Indian Ocean Territories Administration, Ms Catherine Wildermuth, elaborated on other mechanisms employed by counselling personnel. Many of these were less direct than one-on-one counselling:

...[W]hile there may not have been large absolute numbers for one-on-one counselling, a number of mechanisms were employed by the counselling personnel who were available in addition to providing one-on-one counselling. Those kinds of things included going to community events occurring around the time, having conversations with people in the community to get a sense of how people were travelling, attending a number of meetings that happen reasonably regularly on the island—mothers' groups and so on—and getting in contact with some of the church groups on the island, for example, going along to services in a very low-key way to keep an eye on what was happening. So the point that I would like to make, I guess, is that, while they may not have been involved in one-on-one counselling, they were certainly deployed for the time that they were here doing the kind of work that we had asked them to do. In addition, they were able to provide us with a great deal of advice, as has been referred to earlier, about how we might conduct the memorial service, how we might continue to provide services into the future and so on.<sup>83</sup>

4.96 Dr Graham of the IOTHS concluded:

I think people who needed to use the service at the time used it. Others used other mechanisms on island to provide support, whether it be religious groups, family groups or community groups. As mentioned, people kept an eye out for each other, and that is one of the nice things about a small community: on that day everyone came together. It did not matter what religion or nationality you were; you came together to help. That was seen on the rock face, at Ethel Beach and in the days after, when people were continuing to search for bodies. It was then seen in the recovery of the island in the support that people provided for each other. People knew who was at risk, people knew who might have been suffering and people touched base with them. So I think that, as a community, they pulled

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82 Dr Julie Graham, Director of Public Health and Medicine for the Indian Ocean Territories Health Service, Department of Regional Australia, Regional Development and Local Government, *Proof Committee Hansard*, 7 June 2011, p. 26.

83 Ms Catherine Wildermuth, Director, Indian Ocean Territories Administration, Territories West, Department of Regional Australia, Regional Development and Local Government, *Proof Committee Hansard*, 7 June 2011, p. 26.

together not only for the boat survivors but for the community individuals as well.<sup>84</sup>

*Memorial service for the deceased*

4.97 A community memorial service for the deceased was held on the island on 5 March 2011. In a touching gesture, a young woman from Christmas Island's Chinese community made hundreds of paper flowers which were distributed at the memorial.

4.98 The service was attended by many people. The committee heard that residents, many of whom displayed high levels of emotional distress, had hoped to meet survivors and thought they might have an opportunity to do so on the day of the service:

The conversation we had with DIAC was that we wanted to have asylum seekers come to the memorial service as well because it is not honourable to have a memorial service and not invite the people who lost people that day. DIAC were very indecisive about whether or not I could have asylum seekers come: they said they were not going to be there, then they were going to be there.<sup>85</sup>

4.99 In the end, no survivors of the SIEV 221 tragedy attended. DIAC's reasons for not bringing survivors to the memorial service are outlined earlier in this chapter. One of the considerations DIAC had to weigh up in making its decision was the possibility of a painful outburst motivated by grief from some of the survivors. The committee heard that conversations with survivors in subsequent days and weeks revealed that, at times, their grieving process included stages of anger. Some had misinterpreted rescuers' actions on the day and felt let down:

You would have seen the photos and videos of the event that day. If some of the survivors who were in the water, or if they needed help, and they saw us taking photos and videos, they could not understand why we were doing that. I found this out from some of the survivors later. We were motioning some of them away from the rocks—'go that way'—and I found out later that they thought we were telling them to go away and not come to the island. We were telling them to 'go that way; the water is going to be coming that way—don't come to the cliff'. But they could not swim so they made their way onto the cliff and the water's force was too great when the waves came. You would not have had a chance in hell of holding on to that cliff. So they misunderstood what we were trying to say.

Not everybody was angry, obviously, but when you lose so many people in your own family the grieving process in the first stage is disbelief, then anger, and some were very angry. I think some really understood that we did the best. You will see in the submission that we had letters from the

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84 Dr Julie Graham, Director of Public Health and Medicine for the Indian Ocean Territories Health Service, Department of Regional Australia, Regional Development and Local Government, *Proof Committee Hansard*, 7 June 2011, p. 27.

85 Mr Zhong Xiong (Chris) Su, *Proof Committee Hansard*, 7 June 2011, p. 31.

survivors to be read out to the community, and many of those letters expressed a deep gratitude and thankfulness to the islanders for what we did that day. But not everybody felt the same way, especially in the weeks immediately after, when the survivors were asking, 'Where was the help? Where was a Navy ship?' or 'Why didn't the big Navy ship come in?'

They saw the large Navy ship on the edge but only saw the two RHIBs come in. They do not understand, I guess, that large Navy ships cannot come in that close to the cliff because that is not how Navy ships work—they need a certain level of depth in the water, I guess.<sup>86</sup>

4.100 Exposure to negative emotions from the survivors could have had a very damaging effect on residents who were deeply traumatised by the human tragedy they witnessed and were deemed to be vulnerable to further emotional distress. The committee also heard that not all residents wanted survivors at the memorial, as discussed above.<sup>87</sup>

4.101 For these reasons the committee accepts that the decision that DIAC made was a difficult one, but was based on the best interests of the survivors and residents.

*Decision to keep the bodies of the deceased on the island*

4.102 On 17 December 2010 the WA Coroner advised WAPOL of specific directions and jurisdictional requirements regarding the coronial investigation into the incident. This letter informed WAPOL that post-mortems would not be required, and that as a result the recovered bodies of the deceased would not be sent to mortuary facilities in Perth, in the first instance. Identification of the bodies, following Interpol DVI was an extended process not completed until 3 March 2011. All of the deceased were transported from the island by 12 February 2011, as discussed earlier in this chapter.<sup>88</sup>

4.103 The committee is aware that the Christmas Island community was concerned that the bodies of the deceased remained unburied on the island for a number of weeks. The committee heard that this may have caused particular distress to the large Chinese community on the island, whose spiritual beliefs were offended by the length of time it took to bury the deceased:

There are many layers of impact around the boat tragedy. One that I think is important, but easy to miss, is the spiritual impact on Christmas Island. The Chinese community are a large part of the island, and have significant beliefs about the circumstances in which people die, the state of their spirits, and how this impacts on the living.<sup>89</sup>

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86 Mr Zhong Xiong (Chris) Su, *Proof Committee Hansard*, 7 June 2011, pp 31–32.

87 Ms Fiona Andrew, Assistant Secretary, DIAC, *Proof Committee Hansard*, 16 June 2011, p. 2.

88 See Australian Federal Police, *Submission 7*, pp 4–5.

89 Ms Allison Millcock, *Submission 21*, p. 1.

4.104 The AFP advised the committee that it had tasked a Repatriation Commander to engage with the Christmas Island community through the Administrator and the senior DIAC officer on Christmas Island in an attempt to understand residents' concerns regarding the deceased being held on the island for so long.

4.105 The committee requested further information from the AFP on this matter, and was informed that initial consultations were in respect of 17 of the deceased who had been formally identified. They were scheduled to be relocated just prior to Chinese New Year. Upon consultation with the community, the AFP learned that there was some discomfort around any bodies remaining uninterred on the island during the Chinese New Year period. As a consequence, the AFP requested approval from the WA Coroner for the remaining 13 unidentified deceased to be removed at the same time as the 17 identified. Approval was granted, and all of the deceased were evidently removed from the island to ensure the Chinese New Year customs were observed.<sup>90</sup>

*Committee view*

4.106 The committee notes the particular trauma experienced by residents who helped in the rescue and recovery effort, those who witnessed the tragedy, their friends and families. Given the evidence presented, the committee considers that an appropriate level of professional counselling was made available for the community. This was complemented by tailored services for individuals and groups.

4.107 As a consequence of this tragedy many residents may retain horrific images in their memories and grapple with questions and issues which are immensely difficult to cope with for any individual. The committee has great sympathy for residents who hoped to meet with survivors after the incident, and appreciates that such a meeting may have been beneficial insofar as it could have enabled volunteers to see physical evidence of the good they did. However, the committee also understands that authorities had extremely difficult decisions to make in weighing the benefits of such a meeting against the possibility of inflicting further psychological pain on the community by allowing a situation where negative emotions could spill over.

4.108 The committee believes residents of Christmas Island share a permanent emotional bond with those on board the SIEV 221, and many will carry memories of the tragedy throughout their lives. It is now an indelible part of the history of Christmas Island and its community. For this reason, the committee would support any decision the community might reach to erect a memorial on the island, at a site of the residents' choosing, to serve as a reminder of those who lost their lives, and those who risked theirs to help fellow human beings in need. DIAC has advised the committee that a plaque and memorial board will be placed at the wreck site, and the committee supports this decision. The committee urges that this be done with

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90 Correspondence to Committee Secretary, 20 June 2011.



sensitivity and in consultation with the local community in order for it to help heal emotional wounds.

## **Recommendation 2**

**4.109 The committee recommends that the Department of Regional Australia and DIAC liaise with the Christmas Island community to explore options for a permanent memorial to be erected on the island, at a site of the residents' choosing, for the victims of the tragedy.**

### **After incident support provided to Customs, Defence and other personnel**

4.110 The committee received evidence on the after incident support provided to Commonwealth officers. While each agency established its own counselling and support programs, the agencies shared their counselling resources in the immediate aftermath of the tragedy with each other, and the Christmas Island community.<sup>91</sup>

4.111 After incident support to affected personnel is critical. As discussed in Chapter 3, the personnel involved in the rescue effort, and in the aftermath, witnessed horrific scenes. The Customs and ADF crew were directly involved in the rescue effort: pulling survivors and deceased from extremely rough waters, while risking their own lives. The AFP were responsible for coordinating the response on the island, and this included the recovery of the deceased and placing all deceased in body bags before transfer to the temporary morgue.<sup>92</sup> Staff from the IOTHS and the IHMS provided immediate and longer term medical care to survivors, and support for personnel. Serco and DIAC staff provided day to day care and support to distraught and grieving survivors following the tragedy.

4.112 The circumstances described above are horrific, and it is very important that all affected personnel receive appropriate and timely support. The committee is satisfied that appropriate support – in the form of psychological and counselling services – has been made available to all personnel.

4.113 The next section outlines the support provided to Customs personnel.

### ***After incident support provided to Customs personnel***

4.114 Customs described to the committee the support that was provided to affected personnel in the immediate aftermath of the tragedy.

4.115 On the day of the tragedy:

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91 Dr Ling Yoong, IHMS, *Proof Committee Hansard*, 7 June 2011, p. 19; Dr Julie Graham, Director of Public Health and Medicine, IOTHS, *Proof Committee Hansard*, 7 June 2011, p. 24; and Mr Ian Southerton, Operations Manager, Serco, *Proof Committee Hansard*, 7 June 2011, p. 19

92 Australian Federal Police, *Submission 7*, p. 3.

- regional management teams commenced planning to provide support staff and counsellors to officers at Christmas Island;
- charter flight options were identified;
- available relief staff were identified;
- a critical incident management organisation was established in Canberra;
- Comcare was advised of the tragedy in general terms;
- contact was made with the Customs Employment Assistance Provider (EAP), and a request was made for senior counsellors to wait in Perth, and to be available to travel at short notice to Christmas Island; and
- families of affected ACV Triton crew were contacted in the afternoon, and advised that officers were safe, and that support could be obtained from the EAP.<sup>93</sup>

4.116 On 16 December 2010 the relief team arrived on an AFP chartered flight at 1:50am and the support team conducted group and individual discussions with staff to ascertain emotional and mental states.<sup>94</sup> On 17 December 2010 the counsellor met with Customs crew, as well as contracted staff for group sessions on board the ACV *Triton*. The same counsellor visited the HMAS *Pirie* on 18 December 2010 to provide support until the ADF Critical Incident Support staff could attend. The CEO of Customs commended the actions of the relevant Customs crew, via video conference.<sup>95</sup> While the counsellor's primary focus during this period was the wellbeing of the Customs officers involved in the incident, meetings also took place with other officials on Christmas Island, including members of the AFP.<sup>96</sup>

4.117 In consultation with the counsellor, Customs also developed plans to bring more support staff to Christmas Island and to ensure that staff and families on Christmas Island were monitored and provided with the opportunity for leave and/or recuperation. Counsellors were also provided for support staff based in Canberra.<sup>97</sup>

4.118 During the hearings on Christmas Island, the committee asked about the quality of the support that was being provided to Customs officers. Mr Myles Pickett, District Manager, advised the committee that

Immediately after the incident, within 12 hours of the incident or something like that, we had people on the way. We had a counsellor up here. I have been in constant contact with her ever since. In fact, she rang me this morning to see how I felt about attending here. She has been excellent and I

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93 Customs, *Submission 8*, SIEV 221 Internal Review, p. 27.

94 Customs, *Submission 8*, SIEV 221 Internal Review, p. 26.

95 Customs, *Submission 8*, SIEV 221 Internal Review, p. 26.

96 Customs, *Submission 8*, SIEV 221 Internal Review, p. 26.

97 Customs, *Submission 8*, SIEV 221 Internal Review, p. 26.

know she has also spoken to all the other people on my staff. She rings my wife to see how she is going—probably to ask sneaky questions about how I am going as well. Certainly from a Customs perspective we have been wrapped by the support that we have received.<sup>98</sup>

4.119 When the committee asked if it was expected that this assistance would be ongoing, and was assured that professional assistance would be provided for as long as it is needed. Mr Pickett told the committee

I have no doubt that if I sought further help there would be no hesitation in providing that. Certainly Marjorie, our counsellor, has said to call her at any time.

4.120 The Deputy Chief Executive Officer of Customs, Ms Marion Grant, assured the committee that all necessary assistance would be provided:

On behalf of the executive of the organisation, I can confirm that that professional help is available to our officers for as long as it is needed. Marjorie, the counsellor, has her client case load from our organisation, and she is progressively working through that. Some people are suggesting to her that they are feeling fine and that they probably do not need her to make those follow-up phone calls. As recently as yesterday one of our other officers said he really appreciated her calling him, because she has been ringing around thinking that the hearings may stir up memories for people. He said to her that he appreciated it but he was handling it well and she could cross him off her follow-up list and concentrate her efforts on those who still needed help. She has been reporting back, not by individual name because of privacy protection, that she feels some people are coping very well and other people need more intervention.

Our commitment to our officers is that that service will be provided indefinitely. I am imagining the numbers will tail off as we go through the process. That is for our people who are on island, their families, people on board the vessels, people who are in our Perth office now but had come to provide additional support on island, and some of our people in headquarters who were receiving the phone calls and making the arrangements for response vessels—a lot of officers just felt what more could they do but regretted the tragedy and wished they could have done more. All those issues are being worked through but I can assure you that the support is not time-limited.<sup>99</sup>

4.121 The committee is satisfied that Customs is providing timely and appropriate after incident support to personnel directly and indirectly involved in the tragedy. This

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98 Mr Myles Pickett, District Manager Christmas Island, Customs, *Proof Committee Hansard*, 6 June 2011, p. 17.

99 Ms Marion Grant, Deputy Chief Executive Officer, Customs, *Proof Committee Hansard*, 6 June 2011, p. 17.

support is consistent with Recommendation 8 made in the SIEV 221 Internal Review.<sup>100</sup>

### ***After incident support provided to AFP personnel***

4.122 The AFP outlined the immediate support provided to its personnel in its submission. Support included:

- a Welfare Officer being deployed to Christmas Island;
- provision of critical incident mental health support to AFP personnel involved in the incident and the aftermath;
- provision of psychological support services to all partners and children of Christmas Island Police; and
- provision of extensive trauma support for departing AFP personnel.<sup>101</sup>

4.123 The AFP advised that 3 and 6 month follow up assessments were arranged. Further, all Christmas Island Police Station personnel have received follow-up care and will be monitored for a 12 month period following the incident.<sup>102</sup>

4.124 During hearings on Christmas Island the committee asked AFP officers about the quality of the support provided. Sergeant Peter Swann spoke of his experience:

Certainly AFP has had very good support on island. As was stated before, we had a psychologist here for a month. We have since had two follow-up visits. We have telephone contact regularly. It is probably the most support I have had following any incident I have attended in 29 years of policing.<sup>103</sup>

4.125 Superintendent Gavin Ryan explained the AFP's general approach to providing support to personnel:

The International Deployment Group has full-time psychologists based in Canberra, Brisbane and Perth. As you know, we go everywhere around the world—Afghanistan, Cyprus, Sudan, Timor, the Solomons. They travel the world debriefing officers. For the Solomons, it is a four-month, eight-month, 12-month debriefing process. For Afghanistan, which I just came out of prior to coming here, we were flown back halfway for a one-on-one process. It is a very structured process—you must attend and you must participate before you are given a clearance by a psych and allowed to be deployed again. Everyone is on a first name basis with them, and it is almost like a confessional. It is very relaxed and everyone is comfortable, because they see them so often. They know everyone by their first name

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100 Customs, *Submission 8*, SIEV 221 Internal Review, p. 44.

101 Australian Federal Police, *Submission 7*, p. 7.

102 Australian Federal Police, *Submission 7*, p. 7.

103 Sergeant Peter Swann, AFP, *Proof Committee Hansard*, 6 June 2011, p. 17.

and they know all the problems; they know all the kids, and that type of thing. It is very practised within the AFP because of the deployments.<sup>104</sup>

4.126 The Committee is satisfied that the AFP is providing timely and appropriate after incident support to personnel directly and indirectly involved in the tragedy.

***After incident support provided to ADF personnel***

4.127 The ADF advised in its submission that a Defence Critical Incident Stress Management Team provided counselling and care for all ADF personnel involved in the tragedy.<sup>105</sup> As discussed above, a Customs counsellor visited the HMAS *Pirie* on 18 December 2010 to provide support until appropriate ADF staff arrived.<sup>106</sup>

4.128 During the hearings on Christmas Island, the committee asked for more detail on the support provided. Lieutenant Commander Mitchell Livingstone explained:

[W]e have been very well served. At the initial time of the event we had the Customs counsellor come down. We sailed back to Darwin with two naval psychologists embarked, so there was a five-day session with all of us. There was a monthly screening, and we finished our three-monthly screening some time ago. That ongoing support is there whenever it is individually flagged or when I think they might need a bit of support. That is open to their families as well, and that will be available for the duration.<sup>107</sup>

4.129 The Committee is satisfied that the ADF is providing timely and appropriate after incident support to personnel directly and indirectly involved in the tragedy.

***After incident support provided to DIAC, IHMS and Serco personnel***

4.130 DIAC outlined the support that was provided to DIAC staff, as well as the staff of contracted service providers, in its submission to the inquiry. DIAC provides an independent and confidential counselling service for staff and contractors, through the EAP.<sup>108</sup>

4.131 Dr Ling Yoong, IHMS, described the support that was provided:

We did have an EAP counsellor up to debrief all of us. I think that was really useful, because it is not something you go through every day. It is traumatic...

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104 Superintendent Gavin Ryan, AFP, *Proof Committee Hansard*, 6 June 2011, pp 17–18.

105 Australian Defence Force, *Submission 19*, p. 9.

106 Customs, *Submission 8*, SIEV 221 Internal Review, p. 26.

107 Lieutenant Commander Livingstone, ADF, *Proof Committee Hansard*, 6 June 2011, p. 18.

108 Department of Immigration and Citizenship, *Submission 9*, p. 9.

And we had an extra psychological counsellor come up because we also realised that our staff needed help but Serco staff also needed help. So we had one of our counsellors deal with the Serco staff who were right at the front line.<sup>109</sup>

4.132 Mr Ian Southerton described the support that was provided to Serco staff:

For Serco staff as well, there are some staff still undergoing counselling. At the time we had a two-stringed approach. We had an on-site employee assistance program here, which is a dual service: one is an emergency service for counselling and the other is a general service where you can book a counselling appointment. But we also have a dedicated staff psychologist who is responsible for CI anyway. She was off-site at that particular point, but we arranged for a staff psychologist to fly to the island the following day and we also set up a triage service in Perth so that we could capture all the staff that left CI. We set that up for about a month after, so we captured all staff to make sure that they were okay and whether they needed any counselling.

4.133 The committee is satisfied that DIAC, through IHMS and EAP, is providing timely and appropriate after incident support to personnel directly and indirectly involved in the tragedy.

*Committee view*

4.134 The committee is mindful of the deep trauma experienced by many officers involved in the immediate response to the tragedy and the aftermath. The committee is satisfied that Commonwealth agencies have made all reasonable efforts to provide appropriate support to affected personnel and their families.

**Recommendation 3**

**4.135 The committee recommends that relevant Commonwealth agencies continue to monitor the wellbeing of their personnel and that counselling and support services should be provided for as long as necessary.**

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109 Dr Ling Yoong, Area Medical Director, International Health and Medical Services, *Proof Committee Hansard*, 7 June 2011, p. 17.