

The Impact of Isolation and Incarceration on a Victim of Torture

M██████████'s case is complex both because he was not treated appropriately—firstly, given he was a victim of serious torture; and secondly, because he escaped from Villawood Detention Centre without having the opportunity to appeal his initial decision. The situation is further complicated by his voluntary return to detention eighteen months later. After this time, M██████████ spent almost six months in Villawood when he was deported getting as far as Perth before advocates intercepted the deportation. They are still working to secure his protection on the grounds that his case has not been properly heard. He spent around six months in Perth before being transferred to Baxter for a further six months, of which two and a half months were in isolation. His physical and emotional state deteriorated so much so that advocates made a concerted effort to persuade the Minister to release him on a Bridging Visa E. He is currently in House Detention in Perth whilst the Minister makes a decision on a 48B.

M██████████ arrived in Baxter on 15.1.04 and less than four months later found himself in isolation. Records show that he was moved from Red 1 (Redgum) (26/4/04-27/4/04) to the Management Unit (Spinifex) (27/4/04-3/5/04) then to Redgum (3.5.04-11.6.04) and back to Management Unit on 11.6.04 until his release a month later, 5.7.04 - ten weeks in all. The impact of this on M██████████'s Mental and Physical condition was horrific and exacerbated his past tortures which, whilst documented seven times in his detention records¹, went either unnoticed or were entirely inappropriately treated.

Brief history of my contact

I have known M██████████ since the day after he returned to Villawood on 6.2.03². Whilst there I met with him weekly and spoke on the telephone regularly. During the earlier days in Perth I spoke to him daily, then two to three times a week. In Baxter it was the other way around - a few times a week, then daily. I visited him in Baxter and was there when he was released. He has stayed at my house on two occasions since being released.

In order to understand his treatment in detention I base my conclusions on his regular telephone conversations, my personal experience of being present during a number of panic attacks, and the study of some of the detention records regarding M██████████³. Although not a professional counsellor I have completed several counselling courses.

My experience of three different types of panic attacks

1. In the car from Port Pirie to Adelaide, after his release, M██████████ firstly complained of a severe headache, then electric pain in his right arm. After some time he lost control of his body which was thrashing about in the back seat of the car, his eyes rolling in his head, groaning and his right arm punching into the air. After more than half an hour of trying to hold him down to prevent further damage to himself, of trying to calm him we stopped the car and pulled him out into the fresh air. After a while his body became

¹ Villawood: 10.2.03, 14.2.03, 15.4.03, 12.6.03, 14.6.03; Perth: 9.1.04; Baxter 13.3.04- *Progress Notes*

² From 8.5.01 till 22.7.01 he was in Villawood Detention Centre before escaping. I was alerted by a very concerned colleague who had met him when he was in the community.

³ These ACM/GSL records, though incomplete, were forwarded to me by HREOC for comment after I had submitted complaints about M██████████'s treatment prior to his release- no records were released of the last two weeks in isolation in Baxter IDC.

calmer, he managed to light a cigarette and slowly came back to a resemblance of normalcy. We then went on to a place where we stopped and had a meal and spent some time relaxing. He and his care team at the time visited Dr J██████, a Psychiatrist in Adelaide, the following day. He identified the episode as a severe panic attack and taught M██████ (and us) how to respond. Because of a lack of oxygen to the brain M██████ was encouraged to do deep breathing exercises, particularly when he felt an attack coming on.⁴

2. Some months later at a street Fair in Sydney M██████ had been associating with a group of volunteers who were raising funds for refugees. After being asked to recount detention, his friend noticed he was becoming agitated and suggested they depart and come back to my place. By the time the two arrived at the car M██████ had collapsed on the street. My friend had bundled him into the car where he twitched on her backseat, and brought him straight to my place. Although his speech was slurred and he seemed disoriented, a nurse living with me verified that his pulse and blood pressure were ok so we wrapped him warmly and left him sitting in a chair. He soon found his way to bed. The following morning he awoke very groggy with little memory of the events of the last evening. It took him a couple of days to overcome the heaviness that he was experiencing.⁵

On the seventh recorded occasion a similar collapse had been documented in the *Progress Notes* in Perth IDC, for the entry of 21.10.03 it says:

...M██████ collapsed in Med Centre. On arrival he was lying on Med centre bed. Complaining of headache and feeling weak. Speech slurred, softly spoken... M██████ denies taking other medications. Dr B██████ contacted...

He was diagnosed by the Junior Medical Officer at Royal Perth hospital as being

'on too much medication' and the presenting problem was diagnosed as *'neurological collapse - ?loss of consciousness.... Complaining of muscular neck spasms and headache.....'*

Two days later, 23.10.03 it was recorded that M██████ had collapsed again while waiting for medication.

3. M██████, a friend of his and I went to visit a couple of friends. We were sitting around enjoying ourselves when M██████ received a phone call. His case worker wanted more details of events in Algeria prior to him fleeing. After a long time discussing his torture, M██████ hung up the phone and went outside saying he wanted to be alone. More than five minutes passed by the time I went to check if he was ok. He was squatting on the front door step punching his head violently and complaining of horrific pain in his head. As I held his wrists he said he believed that banging his head was the only way he could get relief. He then proceeded to tell me of the horrific experiences he related to the case worker. As he continued with horrific descriptions of things he witnessed he gradually became calmer and so we decided to take a walk along the street. However not far up the road he began to

⁴ The care team reports a serious attack on the plane between Adelaide and Perth where oxygen was actually administered.

⁵ The first collapse was recorded 8.7.01 in Villawood, two months after being first detained. *Progress Notes*. In these notes there are also numerous recordings of disorientation and slurring of speech.

feel weak and we sat in the gutter for quite some time. Slowly he became stronger and we were able to walk back to the house⁶.

These attacks all lasted over an hour. The many stories indicate that he carries a huge amount of survivor guilt for the deaths of two of his brothers, which occurred after he fled, whilst in detention here. He also carries guilt for an incident of his neighbour who had 'disappeared'. He believes if he had gone to her house, her murder could have been prevented. He said that when he did find her there were scratch marks on the ground indicating that she was still alive when her murderers departed. He believes that if he had left immediately, he may have saved her, but is unable to understand that probably saved his life too.

4. There were other times and other occasions where I was either present or heard about similar versions of such attacks during these months after being released. Attacks were very very frequent immediately after release.

Records of Visible Physical Indications of Torture

In one of his earliest interviews in Villawood⁷ his physical scars were recognised as signs of torture and clearly documented in Medical records. The entry for 10.2.03 is very specific:

...who tells a story of torture in his country of origin perpetrated by 'fundamentalist Muslims' He carries heavy scarring on his body @ temple, both arms, back, legs. One set of scarring is from a rifle butt to the head which rendered him unconscious for a week "I died and was given my life back" Both arms were broken and his teeth smashed, gums injured⁸, back injured and there is other scarring from escaping and razor wire. ...flashes back. He says his arms twitch and he suffers back pain. He says he has never had treatment for his experiences.

Medical Reports regarding indications of torture as recorded in Progress Reports

1. **Villawood IDC** recognises torture, PTSD – nightmares and flashbacks
2. **Perth IDC** associates psycho-physical behaviour with court-decision-anxiety with no recognition of being a victim of torture. Records omit any reference to the relationship between 'the failed decisions' and serious deep anxiety around further possibilities of torture (or death) upon return. The practice of 'self harming' increases, as do the nightmares and flashbacks. Hallucinations begin to be documented. The proximity of the Detention centre to the airport added further stress with the noise of the small planes, not unlike that which transported Mourad from Villawood to Perth to be deported.
3. **Baxter IDC**. The Psychologist, E [redacted], gives a brief history of the development of Mourad's frequency of dreams⁹ and does make the connection between these and PTSD. In this same entry she notes that M [redacted] has become 'fearful of his own shadow'. However the means for dealing with them was to change the medication, and suggest the need to be assessed by a psychiatrist.

⁶ For a period from 20.3.03 to 25.3.03 separate incidences of lying on the ground, dizzy episodes, crying, unable to walk, were recorded.

⁷ As early as 29.6.01 Dr A [redacted] noted multiple old scars... *Progress Notes*. On 10.2.03 a detailed description of the scars on M [redacted]'s body was documented by Mental Health whilst he was in Stage 1 at Villawood, 4 days later Dr R [redacted] mentioned the scars and also mild PTSD. Dr F [redacted], at Baxter refers to M [redacted] having 'been tortured 3 times' and also recognizes PTSD, 13.3.04 *Psychiatry notes*.

⁸ This information may have been significant in explaining why on two different occasions M [redacted] collapsed whilst at the dentist. On 17.2.04 rather than being asked 'if he was taking anything in the compound'; and on 22.3.04 after having been taken to the dentist in handcuffs.

⁹ *Psychological Reports*, 11.3.04 and 13.3.04.

The Psychiatrist, Dr F██████ does recognise the torture and does confirm PTSD along with major depression but there is no mention of the need for torture/trauma counselling.

4. **Category 'High Risk'** becomes related to having escaped, without any consideration for the fact of *voluntary return* and possibly influenced by the notion of *having been in jail*¹⁰. This puts further pressure on a Victim of Torture because of the compulsory practices of numerous daily '*pat searches*' before and after attending the visitors area, and continual *use of restraints* such as hand cuffs for 'High Risk' detainees when visiting dentist, doctor or psychiatrist.

For the whole eighteen months he was incarcerated in three different Detention Centres the pattern of inappropriate responses to M██████'s particular needs on behalf of staff¹¹ continued. However M██████'s uncontrollable physical and psychological reactions intensified. So much so that, in Baxter he was confined to isolation alternately in Red 1 and Management Unit for the last ten weeks of his detention. In the end he refused to move from Management to Red 1 because in Red 1 he was locked down all night. He was labelled a '*trouble maker*'. At least in the Management Unit if the monitors showed he was waking from nightmares, flash-backs or hallucinations, a guard could unlock his door and allow him out for a cigarette¹². Being locked down all night in Red 1 was too much for him to cope with, even though it may have provided a road back to other compounds provided his uncontrollable physical and psychological behaviour could be managed 'appropriately'. Appropriate behaviour was assumed to be behaviour in accordance with that of a non-victim of torture.

Management of symptoms of torture trauma

Psycho-physical behavioural patterns (although twice mentioned in Baxter) were never adequately treated as Post Traumatic Stress Disorder PTSD, once Mr B██████ was transferred out of Villawood. During his six months in Perth IDC and a further six months in Baxter IDC these psycho-physical behavioural patterns were either treated with chemicals, hot packs, behaviour management counselling or isolationist behavioural therapy i.e. isolated until he showed that he was capable of behaving 'appropriately' towards guards and other inmates – which proved impossible as he lingered for more than two months, only being freed from isolation by being released into the community for friends to deal with the damage.

Thus the blindingly obvious connections between:

- a) his deep emotional and sometimes uncontrollable physical reactions,
- b) inappropriate outbursts resulting in property damage,
- c) the number of times he collapsed¹³,
- d) his persistently strong aversion to pat searches and handcuffs,
- e) his continuous nightmares, flash-backs and hallucinations,
- f) his acute sensitivity to his and others' perceived experiences of the misuse of Human Rights,

¹⁰ On a *Security Risk Assessment* of 29.12.03 (dated below as 14.1.04-the day before being transferred from Perth to Baxter) it falsely states: *...was recaptured and served 3 months in prison for escaping Immigration detention. Long history of self-harm and needs to be watched in relation to this.*

¹¹ The Psychiatrist, Dr R██████ at Villawood, who saw him daily towards the end of M██████'s time at Villawood was the one and only exception: *Memorandum* from R██████ to ████████ M██████y 24.7.03

¹² On 11.6.04 Officer F██████ reported that he found M██████ was 'huddled in a corner unable to assess' *Officers Reports.*

¹³ The first recorded collapse was as early as 8.7.01 with twitching neck muscles; The number of crying spells reported also increases in early July 03

- g) the effects of being locked down in a cell on his memories of his location of original torture
- and
- h) that of his actual torture experiences was never made.

Judging by the inappropriate responses made by the psychological and medical practitioners and taunting by staff, the documents indicate a lack of understanding of the effects of torture upon a person's mental and physical well-being. There was not a single mention of the need for M██████ to receive Trauma and Torture specialist counselling.

The impact of inappropriate responses of medical practitioners and other staff:

- *personal behavioural management counselling* was not dealing with his deeper problems, and was having so little effect that M██████ refused to present on many occasions¹⁴;
- questioning as to having *taken too many drugs*¹⁵ resulting in M██████ refusing to take any drugs for short periods of time, and avoiding medical checks
- very regular counselling sessions with Mental health personnel including *psychologists (mostly weekly) and psychiatrists* did not diminish his suffering, but rather the panic attacks continued, he suffered ongoing depression, the aggression around pat searches and handcuffs continued, he continued to collapse from time to time and he continued self-harming;
- *isolation* resulted in a complete inability to act 'appropriately' and did not lesson suicidal threats or threats to self harm and increased the urge to be on hunger strikes.
- The reasons for his panic attacks/behaviour were consistently *misdiagnosed* as being superficially related to 'bad court outcomes' rather than the deeper danger of further torture should he be returned¹⁶.
- *Denial* on the part of ACM/GSL to accept that his depression, self-harming, uncontrollable physical responses, nightmares and hallucinations etc were unmanageable in a detention environment¹⁷.
- *Ignorance/lack of qualifications* on the part of mental health practitioners to recognise the symptoms and provide healing or realistic ways of managing the panic attacks¹⁸.
- Through the continued administration of drugs, ineffective counselling and isolation procedures there was either an *unwillingness or an incapacity on the part of ACM/GSL* to evaluate M██████'s condition in order that he be given an opportunity to heal.

Advocates, Staff and Departmental Responses

1. In the Memorandum of 24.7.03 to ████████ M██████, Dr R██████ pointed out that

¹⁴ The psychologist S██████, 7.11.03 who saw M██████ weekly in Perth in her report describes M██████ as having "pseudo hallucinations" and elsewhere, "feigning a physical condition". Her weekly records that show her consistently giving directions on how to survive detention, clearly indicate a lack of understanding of the seriousness of his condition and, on 28.7.03 notes 'there appears to be a behavioural aspect to his symptoms'.

¹⁵ 21.10.03 (Perth IDC), and after having collapsed at the dentist, 17.2.04 (Baxter IDC);

¹⁶ C██████ writes in M██████'s Management Plan 11.8.03: "M██████ has history of self-harming behaviour. M██████ may react in a negative manner if he receives news/information that affects his stay in Australia"

¹⁷ On 3.3.04 ████████ S██████ in writing to J██████ at DIMIA emphasized M██████'s 'medical' avoiding any reference of his psychological condition.

¹⁸ As Dr J██████ did soon after M██████'s release.

*"the current mental status reveals that he is clinically depressed with intense negative emotions. This at a time has reflected in his behavioural battle also"; and further down says
'his personality will propel him to try and come out with successful self-harm attempts. Due to his current status I would believe that the nature of the self-harm could border on fatal if the opportunity was to present itself"*

The government chose to ignore this warning in so far as they continued with the deportation process despite Mourad's condition. However some action was taken in that suicide bags were placed outside his door at Perth Detention Centre¹⁹.

2. For advocates, alarm bells were ringing and when Mourad did not seem to be getting appropriate care, and indeed declined to a dangerous state, action was taken.

Firstly, Dr ██████████ was consulted and asked to speak by telephone to Mourad 11 days after being in Perth Detention Centre (6.8.03). In an email on 8.8.03 he states:

My impression is a man with possible long standing depression and a sensitive personality, with previous torture in Algeria involving severe physical and psychological trauma, recently re-traumatised by experiences relating to his forced removal from Sydney and feeling isolated in Perth. Also feels traumatised by his experiences with the Department of Immigration. Now also possibly experiencing traumatic flashbacks as well as high levels of depression and anxiety.

Although this report was not submitted to ACM/GSL or DIMIA it shows that Mourad's true condition was not taken seriously by the Health Service personnel in Perth IDC. Five months later and just one week before transferring to Baxter (9.1.04) the word 'torture' is recognised in Perth *Psychological records*, despite the fact that Perth would have had previous Villawood records on file.

Secondly, two months later Mourad documents the experience of his dreams (9.10.03) and shows also how his deteriorating condition was recognised by fellow detainees:

*...I was woken out of a very heavy sleep by this alarm at 9.00am. I was terrified and started to scream...
...After two hours I was woken for a phone call from a friend. Nick touched me and I woke up screaming and threw myself down to the end of my bed...
...Ali came to the table beside my bed to get one of my cigarettes and he made a bit of a noise. I suddenly woke up screaming and threw myself down to the end of the bed, into the corner...
Ali and Nick ..tell me that I am sick, .. They tell me I look like someone who is being chased. They also tell me that I talk in a language they do not understand, when I am asleep (probably Algerian).
...I am trying to be strong and cooperative but at times it becomes just [too] much for me.*

¹⁹ Sr M██████████ reported being confronted by a large box labeled 'suicide bags' outside the visitor's room when she met with Mourad the day after he arrived in Perth IDC.

Thirdly just two months later (10.12.03) during which time records document having collapsed twice, had further 'intrusive' nightmares and hallucinations about an 'angelic like figure', incidents of crying, 'ranting about minor slights', episodes of self-harming and 'voluntary starvation', Re ██████████ from the Uniting Church writes:

Perth Uniting Church and CARAD prepared a Care Plan and submitted it in conjunction with legal documents some time ago. I have been aware of his depression and deteriorating mental condition for some time, including recent self-harm events...

I was very concerned today to receive a phone call from Mr M ██████████. He sounded depressed and suicidal. He told me "I will finish my life, I am very tired. I have tried to be strong but I am heavy in my heart".

I have grave concerns regarding the ability of Perth Immigration and processing Centre to provide adequate supervision and treatment for him.

The only documented response available was a handwritten note on R ██████████'s letter which says:

If so urgent, why not telephone? Mgt Gay 12/12

Mourad was transferred from Perth IDC to Baxter IDC a month later.

Fourthly, on 29.6.04 Frances Milne from Balmain Uniting Church in NSW writes to M ██████████'s supporters:

An independent psychiatrist, Dr J ██████████, has stated that MB suffers from depression and trauma 'exacerbated by experiences in Baxter Detention Centre' and 'his psychiatric condition needs treatment which cannot be provided in a detention environment'.

His lawyer wrote to Immigration "Is it really necessary to point out to you that keeping a human being in such conditions amounts to torture, particularly where the person is already suffering from psychiatric conditions?"

3. Antagonistic and racist taunting by staff was recorded in Perth IDC on 7.10.03 in *Psychologist Notes* it is reported that M ██████████ is

Managing and coping with daily living but still feeling antagonism from officers.

As well as the above incident with S ██████████ W ██████████ in Baxter IDC, in his phone conversations M ██████████ often referred to the taunting behaviour of Officers.

During M ██████████'s period in isolation in Redgum and Management Unit, Dr F ██████████ found it necessary to write in his *Progress Notes* of 19.6.04:

One would need to be very clear in explaining the situation to him and be aware of responses that he may take to be insulting and demeaning. Thus being told he is not depressed was seen an invalidating response and again it is understandable that he would be upset.

4. On the few occasions when the government asked about M ██████████'s well-being the staff response was to deny he had a problem that they (Baxter IDC) could not deal with. However Perth IDC in its report for Baxter (15.1.04) they state:

...requiring specialist attention for his mental state.

the report was then embellished to allege that M█████ had

- o *committed a serious/violent crime* and that he
- o *'served 3 months in prison for escaping Immigration detention'*

at a time when to escape was not a crime, and there is no evidence of previous imprisonment.

Just six weeks after being transferred from Perth to Baxter, on 2.3.04 ██████ W█████ received an email from ██████ C█████:

The department needs to assess if any of the three mentioned below have a medical condition or special need that cannot be properly cared for in a detention environment. Could you ... urgently review their medical files.

M█████ was one of the three listed.

The following day (3.3.04) – just three months after ██████'s letter, ██████ S█████ wrote to ██████ C█████, DIMIA:

Mr ██████ is not suffering from a medical condition or special need that cannot be cared for at Baxter IDF. Mr ██████ has no major medical issues.

On the same day M█████ 'became irate' when pat searched and then he refused to go to the dentist. The following day (4.3.04) he was taken to ██████ W█████'s office and he says W█████ told him

"I have been following your case since the beginning and you will never be without handcuffs. You are never getting out of here and I will personally see you sent home"

This deeply effected M█████ and eight days later the Psychologist and Counsellor begin to record that

"He describes his dreams as vivid, clear and hears noises and voices,

and again on 13.3.04 both the Counsellor and the Psychiatrist record *PTSD* (Post Traumatic Stress Disorder)

and after increasing incidents of 'violent' behaviour – punching windows, banging his head against windows, barricading his room, 'threatening behaviour' and, a mysterious incident with an officer referred to as 'the above incident'²⁰ M█████ begins his lengthy term in isolation (26.4.04).

During this isolation period *Canberra* was consistently notified of the hunger strikes and self harming episodes, however there was no indication that *Canberra* was notified of the

²⁰ 15.4.04 at Baxter IDC ██████ M█████ submitted an *Officer Report Form*. Since the incident was neither named nor described one would have to wonder if M█████ had not been assaulted by an Officer or other staff.

internal body search, in the presence of a female officer, that took place on 28.4.04 which was videoed for the records by another female officer.

Concluding remarks:

As soon as it was verified that marks on his body were a result of torture, Mr [REDACTED] should have been released from detention on a visa that would allow his case to be properly heard. If this had occurred he would not have escaped.

The detention environment clearly did not provide proper duty of care to Mr [REDACTED] who sunk lower and lower into depression and despair and whose behaviour became more and more 'inappropriate'.

The detention staff lacked the ability or willingness to treat Mr [REDACTED] with any degree of sensitivity which would prevent/overcome his panic attacks and his uncontrolled psycho-social reactions to memory triggers of previous trauma.

The Government, who is ultimately responsible for the people they detain has seriously failed Mr [REDACTED] and the long term effects resulting directly from his treatment inside detention centres must be accounted for and actions implemented to stop this happening again, and to assist him in the future so he is able to feel safe and to heal.

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