



**SENATE SELECT COMMITTEE  
ON A CERTAIN  
MARITIME INCIDENT**

**SUBMISSIONS RECEIVED**

**RECEIVED FROM: Service for the Treatment and  
Rehabilitation of Torture and  
Trauma Survivors (STARTTS)**

**SUBMISSION NUMBER: 27**

## SUBMISSION RELATING TO THE MENTAL STATE OF ASYLUM SEEKERS ABOARD BOATS ON THEIR WAY TO AUSTRALIA

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STARTTS is an organisation working with refugees and asylum seekers from many different ethnic, religious and cultural backgrounds. The services are offered by multidisciplinary, multicultural and bilingual staff to adults and children. A range of therapies are used, including individual and group psychotherapy, bodywork and community development. Group programmes include support for unaccompanied minors and people with Temporary Protection Visas.

This submission is based on STARTTS's work with people who arrived on boats and who now have a Temporary Protection Visa and access our service, and from the submission of the people aboard SIEV IV.

### Summary of the Submission:

1. Situation of extreme stress on board Suspected Illegal Entry Vessels intercepted by navy (war-like, asylum seekers in vulnerable position with no means of defense);
2. People's response to extreme stress partly determined by history of trauma;
3. Large proportion of people on board had direct experience of war, torture, community violence, repression or the reasonable fear of any of these things;
4. Traumatic stress responses (eg PTSD, DESNOS, ASD) common amongst such populations, with most people having symptoms but not meeting all criteria;
5. Hyperarousal symptoms a component of these responses – anger and agitation being two behavioural expressions.
6. Such responses can be moderated in the context of supportive psychosocial interventions and, where severe, with medication.

The mental state of people aboard would reflect a combination of the current extreme stress and their past experiences of war related trauma. Given this, it would not be unusual for people to behave in ways that run contrary to "peacetime" conventions for civil behaviour.

## The Submission

1. The situation on board these boats is one of extreme stress, loaded with uncertainty and danger - this is the first context in which we should examine people's behaviour. They are in small and flimsy vessels, on the open sea (which is unfamiliar to many and can be frightening even when familiar). The decks are crowded and there are no safe places. Swells create a sense of instability and the fear of being capsized. The conditions would not have been predicted by people when first embarking on their flights to safety in Australia. The approach of the navy vessels would increase the level of stress. The size and identity of the navy vessel would create the sense of being overpowered, and people would fear being easily knocked down. When this vessel demands a return to Indonesia, people become desperate, fearing a return to a place where there is again no support for them and aware of the expense they went to to secure their places on these boats. They also might not understand the situation fully (language, expectations, experience) and thus feel increasingly out of control. When the navy vessel creates a swell or fires on the smaller boat, people begin to fear for their lives. The presence of uniformed and visibly armed navy personnel would increase the level of fear, and for many be reminiscent of previous traumatic meetings with military personnel in their country of origin.

Acute Stress Disorder is a condition that can develop in situations of extreme stress, and might well have been a feature of people's immediate responses over several days of conflict at sea. Symptoms are similar to those experienced in PTSD (to be discussed in paragraph 5). Anyone would be vulnerable to developing this transient disorder which is limited to a brief period following a trauma, but people who have been previously traumatised might be more vulnerable.

2. A variety of variables influence people's emotional and behavioural response to extreme stress: personality, cultural prescriptions, past experience of trauma, age, gender, the context of current trauma/stressor, perception of control in the situation.
3. According to media releases from DIMIA, a large proportion of the asylum seekers aboard the "children overboard" boat have been registered as refugees according to UNHCR guidelines. While the population of people aboard boats of this sort is mixed, similar proportions are likely on the other vessels. In addition, of those not declared to be refugees many are from Afghanistan who would, at the time of their flight, have been fleeing a recognised war zone with a long history of violent oppression, i.e. they represent a highly traumatised population. Thus, it would be fair to conclude that amongst the people on these boats, a significant proportion of people had experienced war in their lifetimes, and had more recently experienced a situation from which they now seek to flee.
4. Amongst a refugee population, a substantial proportion of people will develop Post Traumatic Stress Disorder, Complex PTSD or Disorders of Extreme Stress Not Otherwise Specified. The figures vary (between 25 and 94% according to a range of epidemiological research) according to country of origin and the nature of the trauma

experienced. Where torture had also been a feature of the trauma, and people were exposed to lengthy periods of uncertainty (e.g. living in unsafe refugee camps or in border regions), the likelihood of developing post-traumatic symptoms is higher.

5. The issue of post-traumatic and other responses (including depression, anxiety, panic attacks) to trauma is central to this issues – the symptoms of such conditions would impact on people's capacity to respond to the situation. In addition, symptoms will often emerge when trauma is repeated or when there are environmental triggers - like being aboard a leaking boat, being approached by armed personnel and fired at by a large navy vessel

Even for people who do not have PTSD, the situation of confrontation is traumatic enough (i.e. A person would have a reasonable fear of threat of injury or death to themselves or those around them) to be a trigger for an Acute Stress Response.

Common features of traumatic stress responses which would impact on their response to a current threat include:

- Hyperarousal – which includes agitation, anger, irritability, increased startle
- Dissociation – Leading a person to have difficulty responding to the realistic demands of the moment, while experiencing feelings of unreality (this symptom is particularly common in people who have previously feared for their lives )
- Intrusive phenomena – flashbacks, which are readily triggered by stress and which serve to re-traumatise a person. During the acute phase of intrusive phenomena, the person is likely to be disoriented, agitated and fearful. Their behaviour might become unpredictable.

Whether or not people develop conditions that can be thus diagnosed, anyone working with refugees and other survivors of extreme stress/trauma would confirm that people are profoundly changed by these experiences and that these changes include a sense of loss of control, fear, unpredictability, and emotional vulnerability and lability.

#### Some points about anger

One of the perceptions is of the adults aboard these vessels being aggressive and confrontational. This kind of response is not uncommon in highly traumatised groups of people from a diversity of cultural backgrounds. In fact, anger is frequently a central feature of response to trauma – given that trauma and extreme stress elicit survival responses in humans. The “flight, fright or fight” trio of options is well known. The body readies itself for action geared at surviving, and anger is frequently a component of this response, helping the mobilization of resources. However, for people who develop PTSD and other traumatic stress responses, these survival responses become habitual forms of responding to the environment. They perceive threat more readily and activate the survival mechanisms as though the threat is real. This constant readiness is experienced as irritability, and can have a serious impact on relationships and physical health. These

symptoms do respond well to medication, and cognitive-behaviour therapies within a supportive therapeutic framework.

There are three components of post-traumatic anger, which impact on responses to current situations:

Arousal: The activation of physiological mechanisms to respond to extreme stress becomes prolonged, and this will increase the emotional and physical experience of anger, resulting in a constant sense of irritability which is easily provoked to anger.

Behavior: To the extent that an anger based response to threat might be the most adaptive and self-protective one, people might continue to display such behaviour in situations of current (real or imagined) threat. Aggressive behaviour would include harming or threatening self or others, the former being a paradoxical response.

Thoughts and Beliefs: following significant experiences of trauma a person's assumptions about the safety of the world and the integrity of their lives are shattered. One consequence of this is that they then begin to see hostility or danger more often than is necessary. For some, this would have been their frame of mind even before the navy vessel advanced on them.

6. The behaviours described above are both responses to current stress and a reflection of the impact of trauma on a human being. Some of the behaviours would be adaptive in certain circumstances but others will significantly interfere with relationships, settlement and individual happiness. There are a variety of therapeutic approaches used to help to reduce or at least control those behaviours which are symptoms of a trauma response and maladaptive. They would include psychological therapies, body work, community development programmes and medication. It is my opinion that the prognosis is good where people have their settlement facilitated as well as having access to psychological and physical treatments that are sensitive to culture.

## A summary of reasonable assumptions about the mental state of people on board

### 1. Without the navy vessel

- A strong sense of unreality emerging from hunger, tiredness, disorientation (being tired and hungry and having poor sense of time disorients anyone) and anxiety;
- Highly traumatised in country of origin and suffering consequences of it (as we would see in refugees coming on planes) several would have recognised traumatic stress responses – dissociation, panic, anxiety, paranoid assumptions.
- probably thought they'd never get out of their country
- History of unpredictability doesn't make you better at it; rather it distorts sense of things. Many might be in constant state of anticipation of danger
- some will have had limited contact with large expanses of water and be disorientated
- For some, response involves numbing for others hyperarousal – would influence response to current threat, whether they became activated/agitated or withdrawn.
- Expectations of being safe and welcome
- Anticipating a final destination in a long journey that included war, a difficult decision to leave family behind, physically difficult journey to Indonesia, a chaotic and uncertain time in Indonesia.
- Seasickness
- People from a variety of backgrounds and not necessarily connected in a way that would foster mutual caring

### 2. With the navy vessel

Some of the behaviour/impact of the navy vessel was determined by the Royal Australian Navy rules of engagement for vessels intercepted at sea and suspected of carrying asylum seekers

- Initial expectations of being safe and saved, and the confusion about these expectations
- Navy vessel far larger than the boat would be frightening. Would understand the desire to escape. In a small boat in the middle of the ocean, nowhere to go
- feel chased, easily retraumatised
- terrified when shots fired, including re-experiencing of previous trauma
- terrified when vessel close to them and creating swell – small vessels easily upset felt like capsizing – increasing distress
- Feeling defenceless and helpless
- anxiety about being turned back to Indonesia
- panic responses – limited reality testing
- desperate when appeals for assistance to reach Australia were denied, would use a variety of methods to communicate this desperation – emphasizing the presence of children (by lifting them up), argument (from rational and controlled to less rational and aggressive), crying, screaming, tearing clothes,
- Almost nothing to lose, having left home, country, community, family and had placed all hope in Australia
- Individuals aboard could take matters into their own hands
- Fear can be “contagious”

