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Dr Sev Ozdowski, OAM
Human Rights Commissioner
National Inquiry into Children in Immigration Detention
Human Rights and Equal Opportunity Commission
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(submitted by email childrendetention@humanrights.gov.au)

2 May 2002

Dear Commissioner

Please find enclosed a submission by the Australian Reproductive Health Alliance to the Human Rights and Equal Opportunity Commission's Inquiry into Children in Immigration Detention.

Yours sincerely

Dianne Proctor
Chief Executive Officer





**Submission on behalf of the Australian Reproductive Health Alliance
to the Human Rights and Equal Opportunity Commission's Inquiry Into
Children in Immigration Detention**

2 May 2002

1. Introduction

The Australian Reproductive Health Alliance has the following mission statement

1 To promote public support, both within Australia and internationally, for the improvement in the well-being and status of women and the development of reproductive health in families and individuals by means including—

- the production of educational materials;*
- the organisation of seminars and workshops;*
- the preparation of briefing materials for members of the press;*
- networking with parliamentarians, government departments and other interested parties as required;*
- the support and promotion of alliances of opinion makers with comparable aims and objectives.*

2 To promote knowledge, education and research relating to the development of family planning and other reproductive health services, paying particular attention to the needs of Indigenous People, both within Australia and internationally.

3 Where appropriate, to identify and support specific development projects which promote reproductive health, and enhance the status of women and girls, either working independently or with partner organisations.

4 To promote, maintain and extend the interest of ARHA members in a broad range of issues concerning reproductive health and its role in development.

This statement was adopted in line with the Cairo Program of Action (POA), which was the outcome of the 1994 UN Conference on Population and Development. ARHA was established as a direct outcome of that conference by a group of Australian citizens, concerned that the Australian Government should meet its obligations under the POA.

ARHA not only conducts a wide range of public education programs on population and development, including youth conferences, but has also been instrumental in establishing and supporting the Australian All Party Parliamentary Group on Population and Development.

Attached as an appendix (appendix 1) to this submission is the latest Annual Report of ARHA, which gives a broad outline of the work of the organisation.

2. Cairo Program of Action Obligations.

The Australian government has agreed under the program of action to increase its commitment to improving reproductive health through education, information and services. The ICPD offered a more comprehensive vision of reproductive health than that which had existed before. The program of action called attention to populations whose reproductive health needs had often been neglected if not ignored – refugees, internally displaced persons, migrants and adolescents. The sections of the program of action relevant to this inquiry are:

7.41. The reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services. The response of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions. In particular, information and services should be made available to adolescents to help them

understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility.

7.47 Governments, in collaboration with non-governmental organizations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs... Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention. Programmes for the prevention and treatment of sexual abuse and incest and other reproductive health services should be provided. Such programmes should provide information to adolescents and make a conscious effort to strengthen positive social and cultural values.

6.9 Countries should take effective steps to address the neglect, as well as all types of exploitation and abuse, of children, adolescents and youth... in particular, countries should take appropriate action to eliminate sexual abuse of children within and outside their borders.

The Australian government is a signatory to the ICPD, and thus has agreed to meet the obligations outlined above.

3. Implementation of the Program of Action and its relevance to children in immigration detention.

The detention of children is a serious concern and violates the Convention on the Rights of the Child, signed and ratified by Australia. ARHA is concerned that the conditions of detention are also in contravention to the program of action of the ICPD.

Detention of children poses long-term risks to their psychological and social development and well being, in particular their ability to successfully resettle in the Australian community.. ARHA's main concerns regarding the detention of children by the Department of Immigration are:

- The impact of detention on these children's mental health and this implications of this for their reproductive health;
- The exposure of children in detention to sexual and other violence, and the risk of becoming the victims of sexual assault themselves; and
- The provision of education, information and services to ensure that the children in immigration detention attain good reproductive health.

The impact of detention on children's health and development has been well documented through internationally published research and backed up by various independent medical professionals who have visited the detention centres (ABC Lateline, 19/03/02).

The medical community is united in its concern for children in Australia's immigration detention centres, in particular their access to health care and the impact of detention on the health and development of children and adolescents (Terms of Reference, Professional Alliance for the Health of Asylum Seekers and their Children). Dr Louise Newman, Chair of the Royal Australian and New Zealand College of Psychiatrists Faculty of Child and Adolescent Psychiatry notes that "like so many other childhood disorders, without timely

detection and appropriate intervention the problems can only magnify in later life".
(RACP/RANZCP media release 17/8/2001)

A report by the Ombudsman published in 2001 found that detention is an unhealthy environment for children. While in Australia's detention centres, children witness acts of violence, hunger strikes, incidents of self-harm and attempted suicide, and sexual assault. Independent medical professionals who have visited the detention centres have reported that the majority of children in detention are distressed, and suffer from panic attacks, nightmares, sleepwalking, disruptive conduct, impaired learning development and in some cases constant weeping, refusing to speak, and threatened self-harm, including suicide. In addition, there have been several reports in recent years of a number of children being subject to alleged assaults by adult male detainees and allegations of sexual assault on children (ABC Lateline, Commonwealth Ombudsman 2001). The lack of separate facilities for children and their families plays a large role in this. Research has shown that asylum seekers in detention show a significantly higher levels of depression, suicidal ideation, post-traumatic stress, anxiety and panic attacks than asylum seekers, refugees and immigrants from the same country living in the community (Kisely et al 2002).

Medical professionals and refugee advocates who have visited the detention centres have expressed concern over the level of health services available. Access to medical services after hours has to be negotiated through correctional centre staff; medical and health professionals employed by the detention's management may not be experienced in dealing with torture and trauma victims; interpreter services are not always available (Sultan and O'Sullivan, 2001).

Adolescents have particular reproductive health needs. This is the time when young people need information and confidential advice and support on the changes that are occurring in them, and new experiences they are having. Research has found that services must be youth-friendly, or young people will not use them (UNFPA). In particular, this means that staff must be sympathetic to the needs and concerns and experiences of young people at a time in their lives when they are rapidly changing. Staff must also be non-judgmental and maintain confidentiality. Given the criticisms of health services in general in Australia's detention centres, ARHA is concerned that appropriate reproductive health services for adolescents may not be provided.

4. Conclusions and Recommendations

There are compelling reasons as human beings to ensure that the reproductive health of children in Australia's detention centres is looked after. However, there are other compelling reasons too. 84 per cent of asylum seekers in Australia are found to be refugees and thus resettled into the community (Edmund Rice Centre for Justice and Community Education, 2001). Thus the vast majority of children who have been held in detention will end up in the Australian community. The Australian community and health systems will then have to deal with the consequences of detention: the long-term sexual and reproductive health problems as a result of psychological trauma and distress or sexual assault. These children will carry the effects of their incarceration with them throughout the rest of their lives, a price that will be paid by the Australian community. There can be no excuse for the current treatment of children (or indeed adults) in detention centres. ARHA urges the Human Rights and Equal Opportunity Commission to advise Government that such incarceration is unnecessary, indefensible and inhumane.

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