

# Aboriginal incarceration: health and social impacts

Anthea S Krieg

Incarceration has major health implications. There is increasing evidence that many people in prison are there as a direct consequence of the shortfall in appropriate community-based health and social services, most notably in the areas of housing, mental health and wellbeing, substance use, disability, and family violence.<sup>1-3</sup> The most comprehensive study of prisoner health in Australia to date, the New South Wales Inmate Health Survey, identified that two-thirds of inmates had substance use concerns and more than 74% had mental health issues in the preceding 12 months.<sup>2,3</sup> Currently, Aboriginal prisoners represent 22% of the total Australian prisoner population, the highest proportion in 10 years.<sup>4</sup>

## Aboriginal incarceration in context

One of the key themes of the Royal Commission into Aboriginal Deaths in Custody was that imprisonment should be a sanction of last resort.<sup>5</sup> Although this principle is enshrined in legislation in most states, it is highly questionable whether it is followed in practice. Aboriginal people continue to be incarcerated at truly alarming rates. On any one day, 6% of Australia's young Aboriginal men (aged 25–30 years) are in prison.<sup>4</sup> It has been estimated that each year up to a quarter of all young Aboriginal men have direct involvement with correctional services.<sup>4,6</sup>

Although Australian incarceration rates overall are similar to rates in other industrialised nations, averaging 163 per 100 000 adult population in 2005, national age-standardised rates for Aboriginal prisoners of 1561 per 100 000 are at an unacceptable level and rising (Box 1).<sup>4,7,8</sup>

For most prisoners, imprisonment involves repeated short-term incarcerations. In South Australia, prison stays are less than 3 months at a time for 80% of remand prisoners and less than 6 months for 90% (Business and Performance Services, Department for Correctional Services, unpublished report, 2004). There is a constant flux through the system, described by Mick Dodson in 1996 in his role as Social Justice Commissioner:

Our young people return from gaol to the very same conditions of daily existence that create the patterns of offending in the first place. The whirl of the revolving door is never far away.<sup>9</sup>

Internationally, there is no evidence that countries with higher rates of incarceration are safer than others.<sup>7</sup>

This compounding of social disadvantage through excessive incarceration is a fundamental injustice against Australia's Aboriginal population.

Although the above comments focus predominantly on Aboriginal men, the situation for Aboriginal women is also grave. Aboriginal women, who currently comprise around 8% of the Aboriginal population in prison, experience higher rates of substance use and mental health issues than their male peers, many having long histories of childhood and adult sexual or physical abuse.<sup>10,11</sup> Their specific needs warrant separate and detailed attention beyond the scope of this article.

## Continuity of care and post-release priorities

Most studies of prisoner health have focused on improving the delivery of health services to people in prison. Unless the effect of the constant churn of prisoners in and out of prison is adequately

## ABSTRACT

- Each year up to a quarter of all young Aboriginal men have direct involvement with correctional services, and Aboriginal prisoners currently represent 22% of the total Australian prisoner population.
- The high rates of repeated short-term incarceration experienced by Aboriginal people in Australia have a multitude of negative health effects for Aboriginal communities and the wider society, while achieving little in terms of increased community safety.
- Well identified health and social priorities for Aboriginal people affected by incarceration include housing and tenancy support; mental health and wellbeing, including family violence, grief and loss support; substance misuse support; general health services, including hepatitis C management; and social inclusion, including the need for family and community integration, skills development and employment.
- The post-release period is a crucial time for the provision of integrated health and social services to address these priorities and to break the cycle of incarceration.
- To achieve significant health gains for Aboriginal people, there is a need to develop a broader collaborative approach to primary health care, incorporating social health and justice perspectives as fundamental components of health care planning.
- Health and human services have a critical role to play in developing community-based solutions to reduce excessive incarceration rates for Aboriginal people.

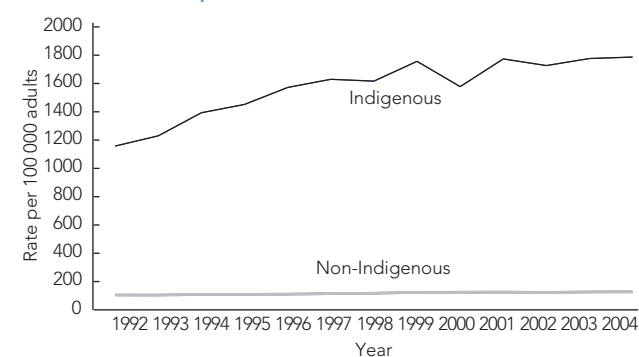
MJA 2006; 184: 534–536

acknowledged, programs will be largely ineffectual at engaging clients and achieving lasting health gains.

The post-release consequences of incarceration are only just beginning to be articulated. Literature in this area is sparse. However, it is becoming evident that the first 6–12 months following release from prison is a high-risk time. Recent studies in Western Australia showed that released Aboriginal prisoners have an almost 10 times greater risk of death than the general WA population and an almost three times greater risk of death compared with their Aboriginal peers in the community. The main causes of death are suicide, drug and alcohol related events, and motor vehicle accidents.<sup>12</sup>

Attempts to offer continuity of health services from prison to the community, where they exist, are frequently thwarted by former prisoners' inability to meet their most basic needs, such as housing, transport and Centrelink welfare payments. Nationally, Centrelink has determined that former prisoners are entitled to receive the equivalent of 1 week's Centrelink payment to carry them through their first 2 weeks after release.<sup>13</sup> Policies of this kind place an additional burden on already disadvantaged Aboriginal families to provide financial support for newly released family members. Additionally, former prisoners frequently lack the identification documents required to access

### 1 Indigenous and non-Indigenous prisoners, rate per 100 000 adults, 1992–2004



Reproduced with permission from *Australian crime facts and figures 2005*, Figure 91.<sup>6</sup>

### 2 Findings from a survey of 41 male Aboriginal prisoners at Adelaide Remand Centre, November 2005

- 30 (73%) expected to have insecure or no accommodation on release
- 15 (36%) reported being homeless before admission
- 37 (90%) were on Centrelink payments before admission, 2 (5%) had some casual employment, and 2 (5%) had no income at all
- 35 (85%) did not have a driver's licence (ie, no photo ID)
- More than half had no birth certificate or Medicare card

Centrelink payments, open bank accounts and complete housing application processes.

Arguably most problematic of all is the lack of access to suitable housing. One of the few studies conducted on housing after release found that former prisoners who are re-incarcerated report that a lack of suitable housing is a key factor in their unsuccessful transition to outside life.<sup>14</sup>

To begin to explore these issues in South Australia, we recently conducted a short survey at Adelaide Remand Centre of all Aboriginal prisoners. Of 45 Aboriginal male inmates, 41 were interviewed. The findings are summarised in Box 2.

The finding that 73% of Aboriginal prisoners expected to have no or insecure housing on release corresponded with our clinical experience. On community follow-up, most had left prison without accommodation in place and with few options available to them. Public housing stocks in SA are diminishing and private rental for Aboriginal men without references is rarely achievable.<sup>15</sup> Consequently, it becomes almost impossible to provide continuity of health care to these clients, many of whom have major health needs, particularly for mental health and substance use support.

When basic needs such as shelter and a secure source of income are out of reach, the incentive and capacity to attend ongoing medical and counselling appointments, maintain medication regimens and adopt healthy lifestyle practices are severely compromised.

The need for better service integration can be further illustrated by considering hepatitis C treatment. In SA, close to 60% of metropolitan Aboriginal prisoners are positive for hepatitis C virus (HCV) antibodies.<sup>16</sup>

As part of the National Hepatitis C Strategy, there is an identified priority to increase HCV treatment rates. Custodial settings are seen as one of the key sites to address HCV management.<sup>17</sup>

However, as treatment programs take 6–12 months to complete and most prison stays are less than 6 months, most prisoners are effectively excluded from access to treatment because of their short prison stays and the inherent difficulties of post-release follow-up.

It would seem reasonable to suspect that this rapidly cycling population comprises the people whose destabilised lives put them at increased exposure to and risk of unsafe practices, such as needle sharing and further transmission of HCV in the community. There is a clear need to better understand the experiences of this population and to establish programs that can provide continuity from within prison through to post-release support. Acknowledgement of the interrelationship between social factors, justice decisions and models of health care is critical here.

### Thinking differently

Solutions for the excessive incarceration of Aboriginal people throughout Australia must be sought and enacted in the community — not in prisons — and must address the underlying determinants of incarceration and recidivism. If we adopt models that integrate social health perspectives as fundamental components of our service delivery, then there is every reason to believe that we have the capacity to make real health gains.

Dedicated services are required. Mainstreaming cannot possibly address the complexity of needs for Aboriginal families. Nor is it the domain of correctional services to be the primary providers of community-based mental health, drug and alcohol or primary care services. In SA, more than 80% of prisoners are discharged without parole conditions (Business and Performance Services, Department for Correctional Services, unpublished report 2004), with the responsibility for care frequently falling back on the health and human services sectors.

Legal solutions such as court diversions, circle-sentencing, and other community-based alternatives to court processing of offenders can only be effective if health and human services take a lead role in developing carefully planned and integrated community-based programs to support them.

A culturally responsive health perspective allows us to hear what Aboriginal people have been telling us for a long time — that patterns of criminal behaviour are often an expression of the deep wells of pain, anger and grief experienced by Aboriginal people on a daily basis as a consequence of their long history of dispossession in this country.<sup>18,19</sup> Forced separation through incarceration intensifies this, creating a further marginalised and destabilised young Aboriginal population and placing added burdens, both financial and social, on the individuals and on Aboriginal women and children.

If we are serious about breaking the cycle of disadvantage and incarceration, we must honestly address the stigmatising and discriminatory practices occurring across all service sectors, from targeted policing and unachievable bail requirements, to the difficulties of access to health services for people with a history of correctional involvement.

Any discussions about Aboriginal men's health must address incarceration. We cannot hope to achieve major improvements in wellbeing, quality of life and arguably in life expectancy, while continuing to pursue manifestly unacceptable incarceration practices.

A recent study in NSW showed that nearly half of all the young people in juvenile justice custody, 42% of whom are Aboriginal, have a history of a parent in prison. Eleven per cent have a parent currently in custody.<sup>20</sup> For the sake of this and future generations, we must break the cycle.

## Competing interests

None identified.

## Author details

Anthea Susan Krieg, BMBS, BSc, MPH, Senior Medical Practitioner

Nunkuwarrin Yunti of South Australia Inc, Adelaide, SA.

Correspondence: antheak@nunku.org.au

## References

- Mental Health Council of Australia. Not for service: experiences of injustice and despair in mental health care in Australia. Canberra: Mental Health Council of Australia, 2005. Available at: <http://www.mhca.org.au/notforservice> (accessed Apr 2006).
- Butler T, Milner L. The 2001 New South Wales inmate health survey. Sydney: NSW Corrections Health Service, 2003. Available at: [http://www.justicehealth.nsw.gov.au/2nd\\_level/pubs.html](http://www.justicehealth.nsw.gov.au/2nd_level/pubs.html) (accessed Apr 2006).
- Butler T, Allnut S. Mental illness among New South Wales' prisoners. Sydney: NSW Corrections Health Service, 2003. Available at: [http://www.justicehealth.nsw.gov.au/2nd\\_level/pubs.html](http://www.justicehealth.nsw.gov.au/2nd_level/pubs.html) (accessed Apr 2006).
- Australian Bureau of Statistics. Prisoners in Australia, 2004. Canberra: ABS, 2004. (ABS Catalogue No. 4517.0.)
- Johnston E (Commissioner). Royal Commission into Aboriginal Deaths in Custody, National report. Volumes 1 to 5. Canberra: AGPS, 1991. Available at: <http://www.austlii.edu.au/au/special/rsjproject/rsjlibrary/rciadic> (accessed Apr 2006).
- Australian Institute of Criminology. Australian crime facts and figures 2005. Canberra: Australian Institute of Criminology, 2006. Available at: <http://www.aic.gov.au/publications/facts> (accessed Apr 2006).
- Stern V. A sin against the future: imprisonment in the world. Lebanon, NH: University Press of New England, 1998.
- International Centre for Prison Studies. Entire world — prison population rates per 100,000 of the national population. Available at: <http://www.prisonstudies.org> (accessed Apr 2006).
- Dodson M. Aboriginal and Torres Strait Islander Social Justice Commissioner, Fourth report 1996. Sydney: Human Rights and Equal Opportunity Commission, 1996. Available at: [http://www.hreoc.gov.au/Social\\_Justice/sj\\_reports.html#96](http://www.hreoc.gov.au/Social_Justice/sj_reports.html#96) (accessed Apr 2006).
- Johnson H. Risk factors for drug use and offending. In: Drugs and crime: a study of incarcerated female offenders. Chapter 6. Canberra: Australian Institute of Criminology, 2004. Available at: <http://www.aic.gov.au/publications/rpp/63> (accessed Apr 2006).
- Lawrie R. Speak out speak strong. Researching the needs of Aboriginal women in custody. Sydney: Aboriginal Justice Advisory Council, 2003. Available at: <http://www.lawlink.nsw.gov.au/ajac.nsf/pages/reports> (accessed Apr 2006).
- Stewart LM, Henderson CJ, Hobbs MS, et al. Risk of death after release from jail. *Aust N Z J Public Health* 2004; 28: 32-36.
- Australian Government Department of Family and Community Services. Guide to social security law. Section 3.1.4 Imprisonment, psychiatric confinement and prison release. Available at: <http://www.facs.gov.au/guide/ssguide/314.htm> (accessed Apr 2006).
- Baldry E, McDonnell D, Maplestone P, Peeters M. Ex-prisoners and accommodation: what bearing do different forms of housing have on social reintegration of ex-prisoners? Presented at Housing, crime and stronger communities conference. Australian Institute of Criminology. Melbourne, 6-7 May 2002. Available at: <http://www.aic.gov.au/conferences/housing> (accessed Apr 2006).
- Haggerty R. Ending homelessness in South Australia. Adelaide: Department of the Premier and Cabinet, 2005. Available at: <http://thinkers.sa.gov.au/reports.html> (accessed Apr 2006).
- Miller ER, Bi P, Ryan P. The prevalence of HCV antibody in South Australian prisoners. *J Infect* 2006. In press.
- Australian Government Department of Health and Ageing. National hepatitis C strategy 2005-2008. Canberra: Department of Health and Ageing, 2005. Available at: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Hepatitis+C-1> (accessed Apr 2006).
- Blair EM, Zubrick RS, Cox AH; WAACHS Steering Committee. The Western Australian Aboriginal Child Health Survey: findings to date on adolescents. *Med J Aust* 2005; 183: 433-435.
- Atkinson J. The transgenerational effects of trauma within Indigenous Australia. PhD thesis. Brisbane: Queensland University of Technology, 2002. (QUT 368/9.)
- New South Wales Department of Juvenile Justice. 2003 NSW young people in custody health survey. Key findings report. Sydney: Department of Juvenile Justice, 2003. Available at: <http://www.djj.nsw.gov.au/publications.htm> (accessed Apr 2006). □

## Editor

Martin Van Der Weyden, MD, FRACP, FRCPA

## Deputy Editors

Bronwyn Gaut, MBBS, DCH, DA  
Ruth Armstrong, BMed

Ann Gregory, MBBS, GradCertPopHealth  
Tanya Grassi, MBBS(Hons), BSc(Vet)(Hons)

## Manager, Communications Development

Craig Bingham, BA(Hons), DipEd

## Senior Assistant Editor

Helen Randall, BSc, DipOT

## Assistant Editors

Elsina Meyer, BSc

Kerrie Lawson, BSc(Hons), PhD, MASM

Tim Badgery-Parker, BSc(Hons), ELS

Josephine Wall, BA, BAppSci, GradDipLib

## Proof Readers

Christine Binskin, BSc; Sara Thomas, BSc;

Rivqa Berger, BSc(Hons); Katherine McLeod, BSc(Hons)

## Editorial Administrator

Kerrie Harding

## Editorial Assistant

Christine Hooper

## Production Manager

Glenn Carter

## Production Coordinator

Peter Humphries

## Web Assistant

Peter Hollo, BSc(Hons), BA, LMusA

## Librarian

Jackie Treadaway, BAComm(Info)

## Consultant Biostatistician

Val Gebksi, BA, MStat

## Content Review Committee

Craig S Anderson, PhD, FRACP;

Leon A Bach, PhD, FRACP;

Flavia M Cicuttini, PhD, FRACP;

Jennifer J Conn, FRACP, MCLinEd;

Marie-Louise B Dick, MPH, FRACGP;

Mark F Harris, MD, FRACGP;

Paul D R Johnson, PhD, FRACP;

Tom Kotsimbos, MD, FRACP;

Jenepher A Martin, MEd, FRACS;

Campbell Thompson, MD, FRACP;

Tim P Usherwood, MD, FRCGP;

E Haydn Walters, DM, FRACP;

Owen D Williamson, FRACS, GradDipClinEpi;

Jane Young, PhD, FAFPHM;

Jeffrey D Zajac, PhD, FRACP

## Australasian Medical Publishing Co Pty Ltd

## Advertising Manager: Peter Butterfield

## Media Coordinators: Kendall Byron; Julie Chappell

The Medical Journal of Australia (MJA) is published on the 1st and 3rd Monday of each month by the Australasian Medical Publishing Company Proprietary Limited, Level 2, 26-32 Pyrmont Bridge Rd, Pyrmont, NSW 2009. ABN 20 000 005 854. Telephone: (02) 9562 6666. Fax: (02) 9562 6699.

E-mail: [medjast@ampco.com.au](mailto:medjast@ampco.com.au). The Journal is printed by Offset Alpine Printing Ltd, 42 Boorea St, Lidcombe, NSW 2141.

MJA on the Internet: <http://www.mja.com.au/>

None of the Australasian Medical Publishing Company Proprietary Limited, ABN 20 000 005 854, the Australasian Medical Association Limited, or any of its servants and agents will have any liability in any way arising from information or advice that is contained in *The Medical Journal of Australia* (MJA). The statements or opinions that are expressed in the Journal reflect the views of the authors and do not represent the official policy of the Australasian Medical Association unless this is so stated. Although all accepted advertising material is expected to conform to ethical and legal standards, such acceptance does not imply endorsement by the Journal. All literary matter in the Journal is covered by copyright, and must not be reproduced, stored in a retrieval system, or transmitted in any form by electronic or mechanical means, photocopying, or recording, without written permission.

Published in 2 volumes per year.

Annual Subscription Rates for 2006 (Payable in Advance) to:

AMPCo, Locked Bag 3030, Strawberry Hills, NSW 2012

Individual Subscriptions (includes 10% GST)

Australia: \$A350.00, Medical students (Australia only): \$A60.00

Overseas: \$A451.00

Indexes are published every 6 months and are available on request as part of the current subscription.

Single or back issues contact: AMPCo (02) 9562 6666.

## Advice to Authors—

<http://www.mja.com.au/public/information/instruc.html>



27,649 circulation as at  
24 April, 2006



ISSN 0025-729X