

PROPOSAL DETAILS

Aims and expected outcomes of the project

Aim: To prevent recidivism by providing education and life skills in prison farm environments for repeat offenders with suspected brain-based disabilities such as Fetal Alcohol Spectrum Disorders (FASD).

Significance:

The proposal is based on accredited best practice models for working with individuals who have developmental disabilities as a result of being exposed in utero to alcohol and/or other environmental teratogens, that is, agents that cause birth abnormalities. As well the project could include offenders with Acquired Brain Injuries (ABI) or similar disabilities.

The advantages of providing a variation of present custodial services would include:

- Recognition that some prisoners are unable to correct their own recidivism because of underlying brain-based abnormalities impacting on their capacity to learn from their mistakes and refrain from offending.
- The facilities, that is, prison farms already exist and are strategically placed across Queensland.
- The project would be run in conjunction with Queensland Health, Education and Justice in a strategy to promote health and wellbeing as a means to reverse criminal offending.
- The prison farm environment would be more conducive to remedial initiatives while creating an awareness of the rights of those with disabilities. Caring for animals, growing garden produce and learning basic skills such as mechanics would better equip prisoners for work opportunities on release.
- Partnerships could be forged with academic institutions to provide specialist diagnostic services, monitoring of individuals and the initiative, as well as generating evidence-based research for national and international dissemination.

Procedures to include:

- Courts could recommend offenders serve their sentences in prison farms determined on nature, regularity and seriousness of crime.
- Prisoners would be assessed individually for brain functioning, general health and wellbeing.
- An education program would be designed and instigated to address their specific literacy and numeracy needs. Based on the internationally acclaimed Neurobehavioural Accommodation Model (NAM), benchmarks for progress would be set and monitored.
- Continuation and monitoring of the strategy could be mandatory after prisoner's release into designated community programs.
- Graduates from the program might have some capacity to act as peer educators assisting in the formulation of strategies to prevent criminal offending. This could be especially relevant within Indigenous communities.
- For Indigenous people, whole-of-community endorsement could result as previously troublesome individuals lessen the burden borne by their principal carers especially grandmothers.
- Individuals with existing FASD will be identified and the prevalence of alcohol related developmental disorders will drive prevention and awareness interventions.
- Family support structures will be strengthened with better behaviours and a lessened police presence.
- Community involvement will then become an important quality for capacity building.
- All of these strategies will be carried out within a no shame no blame framework.

Background

Individuals with FASD are becoming involved with the criminal justice system at an unprecedented rate. Because their primary disability was unrecognized earlier in their lives, people with FASD develop secondary disabilities. The nature of their brain damage often makes it difficult for them to stay out of trouble with the law. According to "A Proposed Model Standard for Forensic Assessment of Fetal Alcohol Spectrum Disorders," penned by a group of researchers in 2010¹², the average age children with an FASD begin having trouble with the law is 12.8 years old.

Offenders with FASD do not know how to deal with police, lawyers, judges, social workers, psychiatrists, corrections and probation officers and they do not intentionally set out to break the law. Rather their lack of impulse control drives them astray without being able to predict the consequences of their actions. For example, impulsive stealing where they are almost certain to be caught is a common problem or, in the case of unlawful use of motor cars, cars are often used on impulse simply to get from one place to another.

There are multiple reasons why individuals with FASD get in trouble with the law:

Poor development of their brain especially the frontal lobes that control executive functioning expressed in lack of learning disabilities. Individuals with FASD are often illiterate and tend to drop out of school early. They lack impulse control, ability to predict consequences of behavior, have difficulty planning, connecting cause and effect, empathising, and taking responsibility. They often repeat the same mistakes without learning from them, cannot make good judgments, are easily side tracked and have high rates of addiction and mental health problems including suicidality³. They may have a tendency toward explosive episodes, be vulnerable to peer pressure and exhibit inappropriate sexual behaviours.

In court processes, sentencing becomes an issue on multiple levels.⁴ Some people with an FASD respond well to the intense structure and rules of prison while others are extremely vulnerable to exploitation and manipulation by fellow inmates. Many do not understand prison rules and continually attract punishment by corrections officers who are not educated about FASD.

Indigenous offenders are particularly prominent in child protection, detention and prisons statistics. The resultant legacy of intergenerational alcohol, tobacco and cannabis use has led to a situation of grave disquiet in communities specially those where there is long-term poor health, feelings of despair and hopelessness, ongoing substance abuse and from it endemic violence. In many there are one to two generations in some families unable to adequately fulfill their parenting roles even to care for themselves adequately, due to alcohol and other substance abuse⁵. These parents may themselves have unrecognised FASD and are locked into a welfare economy. To deal with the multiple problems, various Queensland Government Departments are under significant pressure especially to move vulnerable children into alternative care.

The AIHW identified 37,648 Australian children as of 30 June 2011 living in out-of-home care for young people up to 18 years of age who are unable to live with their families. Of these 33%, that is, 12,358 were A&TSI children. Queensland is experiencing a disturbing spike in the need for out-of-home care for young people as demonstrated in the following table:

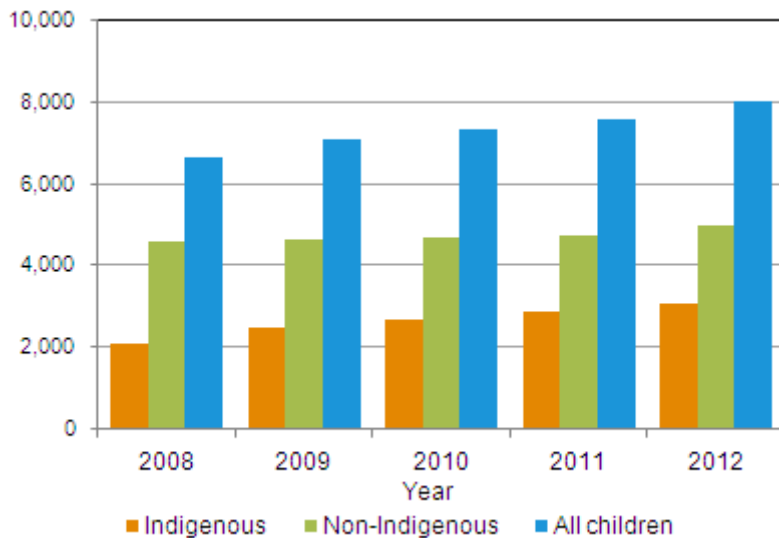
¹ A Proposed Model for Forensic Assessment of Fetal Alcohol Spectrum Disorders, Novick Brown N. et al. *Journal of Psychiatry and Law*.

² Referred papers will be provided in full at later date.

³ O'Malley K, 2007. Email communication to J Hammill.

⁴ Douglas, H, (2010) 'The Sentencing Response to defendats with foetal alcohol spectrum disorder' 34 *Criminal Law Journal* 221.

⁵ Hammill J, 2000. *Culture of chaos: Indigenous women and vulnerability in an Australian rural reserve*, Australian Centre for International and Tropical Health and Nutrition, University of Queensland.



Number of children in out-of-home care by Indigenous status, as at 30 June 2008 to 2012

Source: <http://www.communities.qld.gov.au/childsafety/about-us/our-performance/demographics>

In 2013, the situation in relation to children in out-of-home care continues at approximately 8,000. Too many of these children may even now be entering the juvenile justice system and eventually the correction services.

There are interventions that could be implemented immediately by forming partnerships across Education, Health and Justice Departments to ensure life chances are improved for those exposed to alcohol before their birth.

We respectfully request a group to be formed from within the Queensland Government, the Collaboration for Alcohol Related Developmental Disorders and relevant advocacy representatives.

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