

# Chronic ill-health in Australia's Aboriginal prison population

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During the past weeks, since Alice Springs Crown Prosecutor, Nannette Rogers, made allegations on national television about widespread child sexual abuse in Aboriginal communities, Australian politicians and the media have stepped up demands for repressive measures against Aboriginal people.

At the centre of the campaign has been federal Indigenous Affairs Minister Mal Brough. Last week, after claiming rampant lawlessness in many Aboriginal communities, Brough insisted that before the government would consider spending money on Aboriginal health and education, "law and order" would have to be established and violent offenders jailed.

Referring to the 1991 Royal Commission into Black Deaths in Custody, Brough admitted that the jailing of young Aboriginal men would create "difficulties", including the risk of suicide, but insisted that "political correctness" had to be put aside.

To the uninformed it may appear that Brough's heavy-handedness has been a response to newly-discovered outrages against children. In fact, his recent comments amount to nothing but a restatement of longstanding government policy. It is precisely because Aboriginal communities have been starved of the most basic resources, such as decent jobs, education, health and housing, that violence and sexual and substance abuse have become so common. Any funds made available have been largely diverted into law and order.

Buried recently in the midst of calls for tougher measures, was a report from the Australian Medical Association (AMA) titled *Undue Punishment? Aboriginal People and Torres Strait Islanders in prison: An Unacceptable Reality*. Released with little media comment, the report highlights the growing and disproportionate number of Aboriginal people in prison and their appalling overall health. Ongoing poverty, disadvantage and discrimination have led to a vast over-

representation of Aboriginal people, in particular youth, in custody.

Presently Aboriginal Australians make up only 2.4 percent of the national population, but comprise 22 percent of the prison population—5,656 Aboriginal prisoners out of a total of 25,353. Between the year 2000 and 2004, the imprisonment rate for Aboriginal women increased by 25 percent and 11 percent for Aboriginal men. In 2002, there were 14 Aboriginal deaths in custody—8 in prisons and 6 in police custody. In 2005, an Aboriginal or Torres Strait Islander young person was 19 times more likely than a non-Aboriginal young person to be detained in a juvenile facility.

Alongside the escalating number of Aboriginal prisoners has been a major growth in ill-health, with a high percentage of Aboriginal people entering the judicial system with chronic illnesses, substance abuse problems, learning and cognitive disabilities and mental illness.

While any comprehensive data on the health of Aboriginal prisoners are non-existent—an indication, in itself, of the government's attitude—health statistics are available on the general prison population.

A New South Wales (NSW) Health Survey of prison inmates in 2001 found:

- \* Over 33 percent of women and 50 percent of the general prison population drank hazardous or harmful amounts of alcohol.

- \* Illicit drug abuse was rife before they entered prison for 74 percent of women and 64 percent of men using drugs. More than half continued injecting drugs while incarcerated.

- \* Over 30 percent of Aboriginal prisoners were taken from their parents as children, and a third of these were never returned to their families. About 31 percent of Aboriginal women and 21 percent of

men in prison reported that at least one of their parents had been forcibly removed as a child from their family.

\* Infectious diseases such as hepatitis C, hepatitis B and tuberculosis were common. A high percentage of Aboriginal prisoners suffered from hypertension, diabetes and renal disease.

In NSW in 2003, some 46 percent of new inmates and over one third of sentenced inmates had suffered from a mental disorder (psychosis, affective disorder or anxiety disorder) in the previous 12 months.

Presented as a footnote in the AMA report was data provided by the 2004 Productivity Commission Report, which demonstrated that the cost of housing a prisoner was \$159 per day, whereas a mental health bed cost approximately \$550 a day. As the AMA pointed out “it is more economical to admit mentally ill prisoners to jail rather than hospital.” Particularly in the case of Aboriginal people, that is exactly what happens.

Last year the press reported that two Aboriginal men suffering severe brain damage from years of petrol/gasoline sniffing were being held indefinitely in South Australia’s Port Augusta prison. No health or rehabilitation facilities were available for their care, despite ongoing demands for such facilities since 1998. While both men were often prone to violent outbursts, neither had committed a crime.

Last December, the Aboriginal and Torres Strait Islander Human Rights and Equal Opportunity Commission (HREOC) brought down a report entitled *Indigenous young people with cognitive disabilities and Australian juvenile justice systems*. It cited a study conducted in 2003 by the NSW Department of Juvenile Justice showing that, of the 640 juveniles in detention in NSW, 302 were Aboriginal. Other statistics in that report included:

\* 88 percent of young people in prison reported symptoms consistent with a mild, moderate or severe psychiatric disorder.

\* 30 percent reported symptoms consistent with Attention Deficit Hyperactivity Disorder

\* 21 percent reported symptoms consistent with schizophrenia

\* 10-13 percent with an intellectual disability

\* 8 percent of young men and 12 percent of young

women reported having attempted suicide in previous 12 months.

In other words, many of the teenagers entered the juvenile system with a complex range of health and learning problems, largely due to years of extreme social disadvantage.

The HREOC report pointed to how early disengagement with education, often as a result of learning difficulties—themselves a product of undiagnosed and untreated health problems, including lack of nutrition—eventually leads to early involvement with the criminal justice system. Otitis Media (OM), for example, is an infection of the middle ear that can be easily treated with antibiotics. It is chronic in Aboriginal children and, if untreated, the ear infection can lead to deafness. A 2003 study conducted by the National Community Controlled Health Organisation into school attendance and OM discovered that 54 percent of surveyed children had hearing loss warranting hearing aids.

Inability to function effectively at school can lead to anti-social behavior, followed by contact with the juvenile justice system. And a high proportion of Aboriginal youth involved in juvenile detention end up as adult prisoners. The HREOC report cited, for instance, a 2005 NSW survey on youth criminal trajectories. The court appearance rate for indigenous juveniles is about 187 percent higher than that of non-indigenous juveniles. The study also noted that the odds of an indigenous juvenile defendant appearing in an adult court within eight years of his or her first court appearance are more than nine times higher than those for a non-indigenous defendant.

Brough’s “tough stand” on violence in Aboriginal communities is aimed at diverting attention from the real causes. While the statistics indicate a virtual epidemic of social dislocation, ill health, drug abuse and mental illness—all requiring urgent medical and psychological intervention—the government’s only response is even harsher policing.



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