

Aboriginal deaths in custody in Western Australian prisons: The importance of implementing cultural safety and human rights



Ee Pin Chang^{a,b,c,*1}, Hannah McGlade^{d,1}, Pat Dudgeon^e, Jocelyn Jones^f

^aIndigenous Health Equity Unit, University of Melbourne, Grattan Street, Parkville, Melbourne, Victoria, Australia

^bSuicide Prevention Australia, Sydney, Australia

^cCentre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, University of Western Australia, 35 Stirling Highway, Perth, Western Australia, Australia

^dCurtin Law School, Curtin University, 57 Murray Street, Perth, Western Australia, Australia

^ePoche Centre for Indigenous Health, University of Western Australia, 35 Stirling Highway, Perth, Western Australia, Australia

^fKurongkurl Katitjin's Maladjiny Research Centre, Edith Cowan University, 2 Bradford Street, Mount Lawley, Perth, Western Australia, Australia

Abstract

Purpose Aboriginal peoples' ways of knowing, being and doing have sustained the longest continuing culture in the world of over 60,000 years. The impacts of colonisation and government policies have contributed to systemic discrimination and marginalisation. Aboriginal peoples continue to experience disadvantages across health, housing, education, employment and in the criminal justice systems. The overrepresentation of Aboriginal adults in the criminal justice system is a serious human rights issue highlighted in numerous important government reports and inquiries. Over 30 years since the Royal Commission into Aboriginal deaths in Custody (RCIADIC), the overrepresentation of Aboriginal peoples in the criminal justice system remains a national concern, and most of the recommendations have not been implemented. Western Australia (WA) records the highest incarceration rate in Australia. The severe overrepresentation of Aboriginal peoples remains a priority in the National Agreement on Closing the Gap.

*Corresponding author.

E-mail address: eepin.chang@unimelb.edu.au (E.P. Chang).

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¹Joint first authors.





Methods The scope of this article is to provide an overview of the nature and adequacy of culturally appropriate health services within WA prisons based on coroner findings on Aboriginal deaths in custody between 2019 to 2023.

Main findings Three of eight coronial inquests into Aboriginal suicide deaths in custody reviewed reported the sub-standard and unacceptable quality of supervision, treatment and care. The lack of access to culturally safe health services in prisons contravenes the recommendations of the RCIADIC.

Principal conclusions We call for implementation of recommendations from Australian government inquiries – RCIADIC, ALRC Pathways to Justice report – and our government to uphold international human rights obligations especially the Optional Protocol to the Convention Against Torture.

Keywords: Aboriginal deaths in custody; Suicide; Cultural safety; Prison healthcare system; Aboriginal overrepresentation in custody; Social and emotional wellbeing

Highlights

- Overrepresentation of Aboriginal peoples in the justice system is a human rights violation.
- Coroner's findings of Aboriginal suicide deaths in custody were reviewed.
- These findings reported substandard quality of supervision, care and treatment.
- The lack of culturally safe health services in prisons contravenes the recommendations of the Royal Commission into Aboriginal Deaths in Custody.
- Call for implementation of recommendations from Australian government inquiries.

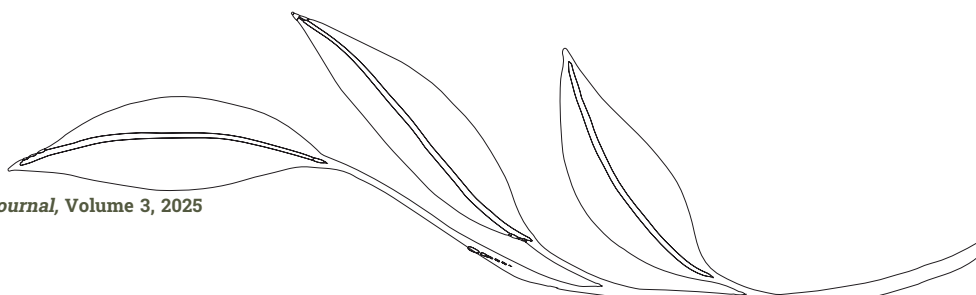
Introduction

This paper provides a brief overview of the policies and current issues of the health services in Western Australian prisons. It then highlights the systemic disadvantages and the nature and adequacy of culturally appropriate care for Aboriginal and Torres Strait Islander (hereafter, respectfully referred to as Aboriginal) peoples – and any other issues raised by the coroners – as highlighted in case studies based on coroner inquests into Aboriginal deaths in custody handed down between 2019 and 2023 in Western Australia (WA).

The authorship team consisted of early career to senior Aboriginal and non-Aboriginal researchers with

expertise in social and emotional wellbeing (SEWB), suicide prevention and healthcare services within the criminal justice system in Western Australia, including a human rights expert member of the United Nations Permanent Forum on Indigenous issues. The team adopted a strengths-based and culturally appropriate research approach that prioritised and respected the voices of Aboriginal peoples.

Aboriginal peoples' ways of knowing, being and doing have sustained the longest continuing culture in the world for more than 60,000 years. However, this culture continuity was disrupted in 1788, and the impacts of colonisation and government policies have contributed to ongoing systemic discrimination,





racism and marginalisation. As a result, Aboriginal peoples continue to experience disadvantages across health, housing, education, employment and in the criminal justice systems today (Milroy et al. 2021).

Aboriginal incarceration was, and remains today, a key feature of Australia's history of colonisation that saw Aboriginal peoples dispossessed without a treaty, subjected to military and settler occupation, and subsequently endure apartheid-like practices of racial segregation, including children being systemically removed from their families based on race. For example, the 'Roundhouse' in Fremantle, WA, is the colony's first public building, specifically built to house Aboriginal men resisting colonial laws that indentured them into servitude to white settlers as a form of slavery-like practices (McGlade 2019).

Today, Aboriginal adults are the most imprisoned people in the world (Anthony 2017), with WA recording the highest incarceration rate in Australia: 4,661 per 100,000 adult Aboriginal population compared with 334 for other Australians for the quarter ending September 2024 (ABS 2024). Despite making up 3% of the WA population (ABS 2022), Aboriginal peoples account for up to 39% of WA's prison population (ABS 2024) and are 14 times more likely to be incarcerated in WA. However, the rate of overrepresentation for Aboriginal women is even higher: Aboriginal women are imprisoned at 23 times the rate of non-Aboriginal women in Australia (Tubex and Gately 2024). Most disconcertingly, the Aboriginal incarceration rate increased by 17% between 2023 and 2024, as compared with non-Aboriginal people, highlighting the need for urgent targeted justice reforms.

The overrepresentation of Aboriginal peoples in the criminal justice system is a serious human rights issue highlighted in numerous important reports and

inquiries, most recently the Australian Law Reform Commission's Inquiry 'Pathways to Justice, Inquiry into the Incarceration Rates of Aboriginal and Torres Strait Islander People' (ALRC Report 33; ALRC 2017). This overrepresentation was highlighted in the landmark Royal Commission into Aboriginal Deaths in Custody (RCIADIC 1991), which led to 339 recommendations.

Over 30 years since the RCIADIC, the overrepresentation of Aboriginal peoples in the criminal justice system remains a national concern, and most of the recommendations have not been implemented (Anthony et al. 2021). This overrepresentation remains a priority in the National Agreement on Closing the Gap (Australian Government 2020), which aims to improve life and health outcomes for Aboriginal peoples, including reducing the rate of Aboriginal adults in incarceration by 15% by 2031. However, Australia is not on track to achieve this target; instead, the annual increase in incarceration rates for Aboriginal adults for the quarter ending September 2024 was 11% (ABS 2024). The Productivity Commission's report on the National Agreement on Closing the Gap found that fundamental changes are required to meet most of the National Agreement on Closing the Gap's goals, with other targets – such as rates of Aboriginal suicide and Aboriginal children in out-of-home care – also worsening (Productivity Commission, n.d.).

A repercussion of the overrepresentation of Aboriginal peoples in the criminal justice system is the unacceptably high rate of Aboriginal deaths in custody by suicide. Suicide is a global health concern and, importantly, is preventable. This review aimed to understand the nature and adequacy of cultural safety of health services and human rights within WA prisons, as reported in coroner findings on Aboriginal





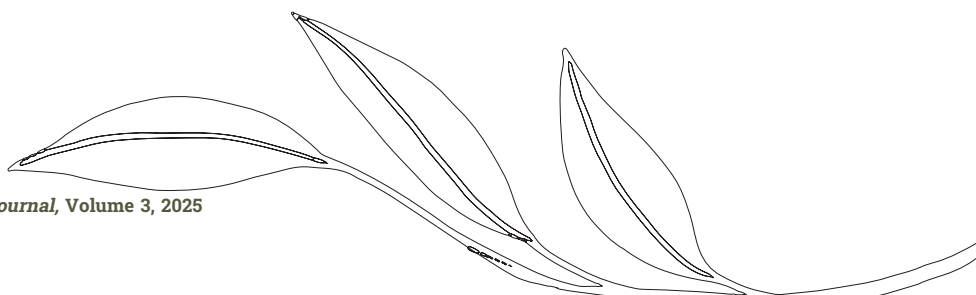
Figure: Social and Emotional Wellbeing Model (adapted from [Gee et al. 2014](#)).

deaths in custody. It reviewed coroner inquest reports into Aboriginal deaths in custody handed down between 2019 to 2023, with the aim of making recommendations to enhance the health and wellbeing of Aboriginal prisoners, which may reduce Aboriginal deaths in custody. The following information provides a background to the issues of concern in this review.

Social and emotional wellbeing framework

Any efforts to understand health and wellbeing of Aboriginal peoples require an understanding of the social and emotional wellbeing (SEWB) framework ([Figure; Gee et al. 2014](#)). The SEWB model and

framework is strengths-based and adopts a holistic health approach where wellbeing for Aboriginal peoples is inextricably linked to the domains of wellbeing, namely: connections to Country, spirit, community, culture, family, body and emotions ([Dudgeon and Walker 2015](#)). This model reflects the dynamic and complex interrelationships between the self, the seven domains of wellbeing, and recognises the impacts of historical, political, cultural and social determinants of health, as experienced by Aboriginal peoples. The SEWB model was developed by Aboriginal psychologists, for Aboriginal peoples, and differs from the more medicalised Western and deficits-based model of wellbeing. Importantly, the





SEWB model is widely accepted by Aboriginal peoples, and is increasingly being recognised and accepted by government, funding bodies and mainstream health service providers.

The SEWB model reflects the principles of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP 2007), which recognises Indigenous peoples' rights to traditional medicines and health practices (Article 24) as well as the right to access health services without any discrimination. Additionally, there has been focused attention on the Indigenous determinants of health (Redvers et al. 2023), which centre the importance of recovery from colonialism and include restoration of traditional healing and traditional medicines. Australian states and territories are responsible for ensuring that Indigenous peoples' rights to the highest attainable standard of physical and mental health are met. To that end, the Australian Government established the SEWB Policy Partnership to unite Aboriginal and senior government representatives, with the aim of improving social and emotional wellbeing and reducing Aboriginal suicide rates, as part of the National Agreement on Closing the Gap (Australian Government 2020).

National Agreement on Closing the Gap

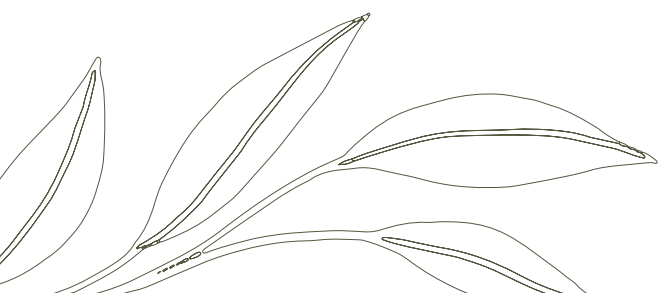
While a direct target of the Closing the Gap (Australian Government 2020) initiative is to ensure that adults are not overrepresented in the criminal justice system, the incarceration of Aboriginal adults indirectly underpins three other targets, namely: that a) young people are not overrepresented in the criminal justice system, b) children are not overrepresented in the child protection system, and c) people enjoy high levels of social and emotional wellbeing. This is especially poignant when Aboriginal women are incarcerated, as Aboriginal women are often the

primary caregivers, not just for their children and family, but often the children of families within their communities (Jones et al. 2018; Sullivan et al. 2019), where (one of) the parents may be absent.

Considering the importance of connections to family and community, to the health and wellbeing of Aboriginal peoples, incarceration of an Aboriginal person has repercussions within the community: it leaves a void within the family, places additional burden on already marginalised families, and the lack of role models may contribute to juvenile detention within the family or community. When Aboriginal women are incarcerated, young children are often at risk of contact with child protection services (Segal et al. 2023). Ensuring access to culturally safe, cross-sectoral services – including healthcare, education and child protection systems – is needed to bring Australia a step closer to improving health outcomes for Aboriginal peoples.

Cultural safety

It is important to highlight that cultural safety is determined by Aboriginal peoples. Culturally safe practice is the ongoing critical reflection of health practitioners' knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism (Ahpra and National Boards, n.d.). Cultural safety for Aboriginal healthcare users is the availability and adequate access to, and quality of, healthcare that respects Aboriginal cultural values, strengths and differences, and that addresses racism and inequity (AIHW 2022). Culturally safe healthcare acknowledges and prioritises Aboriginal peoples' concept of health, as described in the SEWB model (Gee et al. 2014). To enhance the health and wellbeing experience and outcomes for incarcerated Aboriginal peoples, it is crucial to adopt a culturally responsive approach to healthcare. This approach would include providing





culturally sensitive and trauma-informed custodial care that respects Aboriginal peoples' cultural values, beliefs and traditions to create opportunities for Aboriginal peoples 'to rebuild a sense of control and empowerment'¹. Currently, there is a dearth of rehabilitative programs within WA prisons, much less culturally appropriate rehabilitative programs that are developed by, with and for Aboriginal peoples (Dudgeon et al. 2024), which is one of the recommendations in the Pathways to Justice Report (ALRC 2017). For mental health services to be culturally safe, privacy and confidentiality is necessary, as is the involvement of family and communities (Milroy et al. 2024).

Health of Aboriginal peoples in prison **Physical and mental health**

People in prison are a highly vulnerable population who bear a high burden of physical and mental health issues. Aboriginal people who are incarcerated are more likely to be at higher risk of alcohol-related harm (56% vs. 32%) than non-Aboriginal people who are incarcerated. While Aboriginal people who are incarcerated are less likely to have a mental health condition (43% vs. 60%) and report fewer prior diagnoses of chronic conditions (49% vs. 54%), this may reflect significant barriers to healthcare access; one-third of Aboriginal peoples who are incarcerated report difficulty accessing medical professionals, compared with 23% of non-Aboriginal people (AIHW 2023a). Poor mental health and alcohol abuse are risk factors for suicide deaths (Chesney et al. 2014); this risk is compounded for Aboriginal peoples by the ongoing impacts of colonisation and trauma, and the lack of access to culturally appropriate healthcare in prisons (Kendall et al. 2020).

Social determinants of health

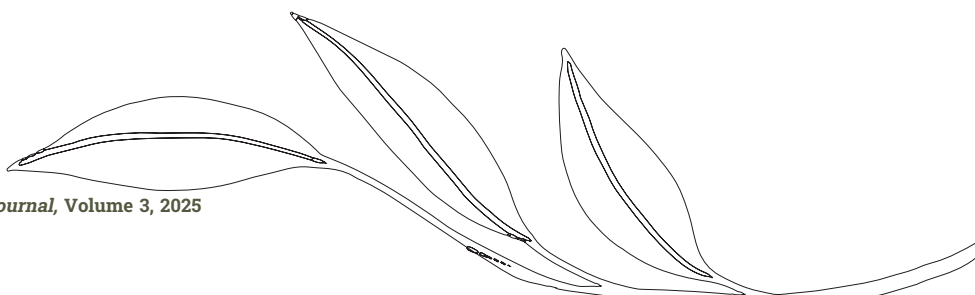
There are notable disparities between Aboriginal and non-Aboriginal peoples in prison across all social determinants of health captured in national surveys (AIHW 2023a). People in prison tend to be marginalised and socioeconomically disadvantaged, which is linked to both criminalisation and poorer health outcomes. Approximately 25% of all prisoners have a family history of incarceration: up to 36% of Aboriginal peoples in prison have reported a parental history of incarceration in childhood and 47% have dependent children in the community, compared with 15% and 34% for non-Aboriginal people, respectively (AIHW 2023a). These disparities reflect the strong link between intergenerational trauma and offending in Aboriginal peoples, as well as the ongoing impacts of systemic discrimination.

There are also significant disparities in educational attainment between these two groups: 52% of Aboriginal peoples in prison have completed year 10 compared with 86% of non-Aboriginal entrants. Aboriginal peoples also experience higher rates of unemployment (57%) and homelessness (54%) prior to incarceration, compared with 35% and 33% for non-Aboriginal entrants, respectively (AIHW 2023a). Addressing the social determinants of health may disrupt the vicious cycle of intergenerational trauma and incarceration (Menzies 2019) and indirectly address Aboriginal deaths in custody by reducing the rates of Aboriginal incarceration.

Exclusion from Medicare and equivalence of healthcare

It is every Australian citizen's right to Medicare-subsidised healthcare services regardless of the setting (Nous Group 2024). However, access to Medicare is suspended in prison, relegating the responsibility to provide healthcare to states and territories, impacting the quality, continuity and

¹Inquest into the five deaths in Casuarina Prison who were Mervyn Kenneth Douglas Bell, Bevan Stanley Cameron, Brian Robert Honeywood, JS (name subject to suppression order) and Aubrey Anthony Shannon Wallam (2019).





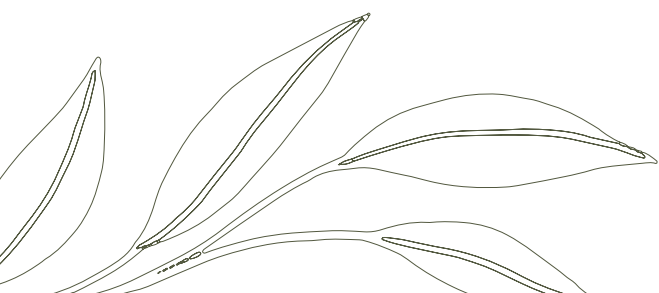
cultural safety of healthcare, especially for Aboriginal peoples. The exclusion of Medicare to prisoners has devastating consequences, particularly for Aboriginal peoples and/or people with disabilities who are dying from curable medical conditions in custody. The 2022 inquest into the death in custody of Mootijah Shillingsworth found that his death was preventable had he been treated for a middle ear infection, renewing calls for the introduction of Medicare for Aboriginal peoples in prison ([State Coroner's Court of New South Wales 2022](#)). With higher rates of mental and physical health issues in prisons ([Heffernan et al. 2012; 2014](#)), the quality of healthcare in prisons must meet or exceed community standards to adequately address the health needs of people in prison.

International guidelines highlight obligations around equivalence of care, for example: the Nelson Mandela Rules specify that prisoners should receive the same standard of healthcare available in the community, with access to necessary services free of charge and without discrimination based on legal status ([United Nations 2015](#)). This is mentioned by the [RCIADIC \(1991\)](#), which recommends that 'health care available to persons in correctional institutions should be of an equivalent standard to that available to the general public', 'such services should be both accessible and appropriate to Aboriginal prisoners' (recommendation 150), and that Aboriginal health services are involved in delivering prison healthcare, especially in regions where these services already operate or where Aboriginal peoples are significantly overrepresented (Recommendation 258; [Johnson 1991](#)). To ensure an equivalence of care, people in prison should have access to selected services covered by Medicare and the Pharmaceutical Benefits Scheme.

Although Aboriginal-led healthcare is best practice, 26% of Aboriginal peoples released from prison reported receiving care from Aboriginal community-controlled health organisations (ACCHOs) or Aboriginal medical services (AMSs). Despite the overrepresentation of Aboriginal peoples in prisons, 76% of custodial facilities reported never receiving ACCHO or AMS visits, creating significant barriers to the provision of culturally appropriate and continuity of care for Aboriginal peoples in prison. Additionally, 89% of people expect Medicare enrolment upon release ([AIHW 2023b](#)), limiting continuity of care and hindering rehabilitation. Winnunga Nimmitjiah Aboriginal Health and Community Services is one of the first ACCHOs to provide prison health services. They provide holistic and culturally safe healthcare to Aboriginal peoples held in the Alexander Maconochie Centre in Australian Capital Territory ([Arumugam et al. 2024](#)). Western Australia prison health services would benefit from this holistic, client-centred and trauma-informed model of care for Aboriginal peoples.

Therapeutic/trauma-informed care

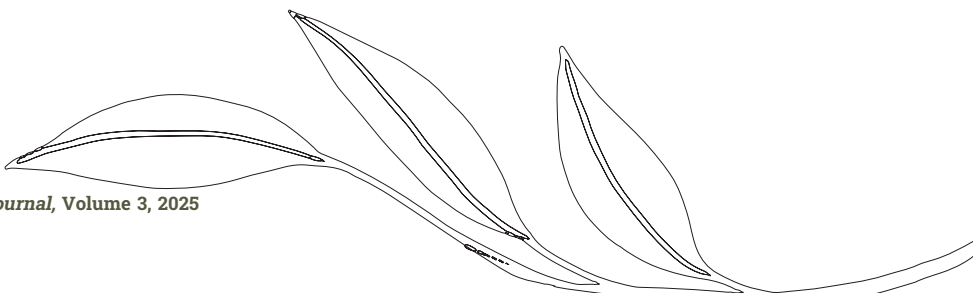
There is a strong need to improve the provision of trauma-informed care to Aboriginal peoples in prison; however, there is limited research on trauma-informed care specific to the prison context. While mainstream trauma-informed care models vary, they generally focus on recognising trauma, ensuring safety, building trust, maximising autonomy and fostering equal relationships between patients and providers ([Lomani and Brooker 2022](#); [Reeves 2015](#); [SAMHSA 2014](#)). These models highlight the importance of relationships in trauma recovery, encouraging healthcare providers to build trust and actively work to prevent re-traumatisation by reducing power imbalances between staff and patients. This approach is particularly





Inquest	Name /community	Age	Gender	Prison/date of death	Recommendations	Catch words
2023	Stanley John Inman, Noongar and Wirloomin man	19	M	Acacia Prison 13.7.20	None	Death in Custody, Assessment of Risk, Monitoring of phone calls made by at-risk prisoners, Suicide
2023	Jomen Blanket, Noongar and Torres Strait Islander man	30	M	Acacia Prison 12.6.19	<p>Recommendation No. 1 In order to provide appropriate care and treatment for prisoners in Acacia, funding be provided as a matter of urgency for a project definition plan regarding the creation of a therapeutic care unit to treat mentally unwell prisoners (including prisoners who are deemed to be at a high risk of self-harm) who do not meet the criteria for an involuntary admission to an authorised hospital under the Mental Health Act 2014 (WA).</p> <p>Recommendation No. 2 To address the previous inequality for access to treatment programs between prisoners who have been assessed for an IMP and those who have not, the Department's pilot Parole-in-reach Program (PIP) involving AOD and FDV criminogenic programs for short-term prisoners who are ineligible for IMPs be fully implemented and made available to the general prison population.</p> <p>Recommendation No. 3 To enhance the care of vulnerable prisoners, a person from the prison's health service that provides psychological and counselling support be on standby should it be suspected that a prisoner may require such support after being informed of a decision from the Prisoner Review Board regarding the prisoner's parole eligibility. Preferably, this person should be one who is known to the prisoner.</p> <p>Recommendation No. 4 So that there is compliance with section 7.5 of the ARMS Manual, Serco is to ensure that the chairperson of PRAG at Acacia is aware that a prisoner on ARMS must be invited to attend their case review, unless it is not in the prisoner's interests to do so. The Department is to also take appropriate measures to ensure that case reviews at PRAG meetings in other prisons are complying with this part of section 7.5 of the ARMS Manual relating to the attendance of prisoners at their case reviews.</p> <p>Recommendation No. 5 To overcome reluctance from a prisoner to attend their PRAG case review, a provision is added to section 7.5 of the ARMS Manual entitling a prisoner who is attending their case review to have a suitable support person accompany them.</p> <p>Recommendation No. 6 To assist with the timely care and treatment of mentally unwell prisoners, a prisoner's after-hours health service providers and chairperson of PRAG have access to the mobile telephone numbers of the prison's mental health service providers if urgent and immediate contact is required regarding the mental welfare of a prisoner.</p> <p>Recommendation No. 7 If the Department's Review of a Death in Custody at Acacia accepts any of the findings and/or recommendations made in Serco's Post Incident Review of the death, then the Department's Review should clearly identify that acceptance.</p>	<p>Mandatory Inquest, Death in Custody, Suicide, Mental Health Care at Acacia, Supervision</p>
2021	Brett Ashley Duturbure	29	M	Wyndham Work Camp 14.11.19	<p>The coroner made one recommendation directed towards the importance of obtaining prisoners' records of incarceration (including medical records) where they have been incarcerated in another state or territory prison. When a prisoner is first received at a prison in Western Australia, the prisoner should be asked whether they have ever been incarcerated in another state or territory prison. Where a prisoner discloses having been incarcerated in another state or territory prison, the Department, as soon as is practicable, should obtain records relating to that interstate incarceration (including medical records) in order to ensure that the prisoner is appropriately managed.</p>	<p>Death in Custody, Quality of Supervision, Treatment and Care, Records from Interstate, Suicide</p>

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Inquest Name /community	Age	Gender	Prison/date of death	Recommendations	Catch words
(Continued from previous page)					
2020 Jordan Robert Anderson	23	M	Hakea Prison 23.3.17	<p>Recommendation 1 As a matter of urgency, the Department should consider increasing the number of ligature minimised cells at Hakea Prison with a view to having all cells at Hakea Prison either fully ligature minimised or three-point ligature minimised as soon as possible.</p> <p>Recommendation 2 In order to better manage prisoners and thereby enhance security at Hakea Prison, the Department should increase the number of safe cells from six to 12.</p> <p>Recommendation 3 A suitably qualified prison mental health staff member should conduct a mental health assessment as soon as it is practicable upon any prisoner who has been involved in a critical incident regarding violent behaviour or who has been the subject of punishment requiring placement in a specialised unit for disciplinary purposes.</p> <p>Recommendation 4 In order to ensure that prison officers are better equipped to deal with situations where prisoners attempt to take their lives by way of hanging, officers should participate in drills involving simulated hanging scenarios during their initial employment training and during refresher training for CPR.</p>	<p>Death in Custody, First Aid Training for Prison Officers, Delay in providing CPR, Ligature minimised cells, Recommendations, Suicide</p>
2020 Tania Marie Hodgkinson	48	F	Bandyup Women's Prison 23.3.17	<p>The coroner endorsed the recommendation of the Inspector of Custodial Services that a new Visits Centre be built at Bandyup Women's Prison to facilitate:</p> <ul style="list-style-type: none"> - Increased capacity and privacy, - Separate spaces for children's play area, search and change rooms facilities, - Appropriate CCTV and staff levels, and - Incorporated official visits. 	<p>Grief Associated with Recent Death, Drug Dependent, Financial Difficulties While Incarcerated, Adequate Facilities in Women's Prisons, Suicide.</p>
2019 Khamrani Victor Jackamarra	36	M	Broome Regional Prison 16.12.15	<p>Recommendation 1 Retain and ensure B(R)P has appropriate services which acknowledge it is a major transition facility with all the known risks that raises.</p> <p>Recommendation 2 Information sharing between medical, PCS and mental health services in prison and appropriate sharing of information between custodial facilities and organisations in the community caring for those with mental health issues.</p> <p>Recommendation 3 Effective CCTV and practical ligature minimisation. I am not suggesting CCTV directly into toilet or shower facilities, but good coverage on adjacent points may avoid issues to do with welfare. It is a sad fact that rarely in inquests are all relevant CCTV monitors operational.</p> <p>Recommendation 4 Prison officer training that those with prior suicide attempts are at elevated risk in custody regardless of their demeanour.</p> <p>Recommendation 5 The promotion of active involvement of prisoners in caring for one another.</p> <p>Recommendation 6 Realisation on behalf of custodial services that welfare and security go hand in hand. I appreciate that prisons are involved in security on behalf of the community, but destabilised prison populations due to successful suicides are distressing for all concerned, staff and other prisoners, and can rapidly become a security issue of itself.</p>	<p>Risk Minimisation in Custody, Mental Health Services, Training, Suicide</p>

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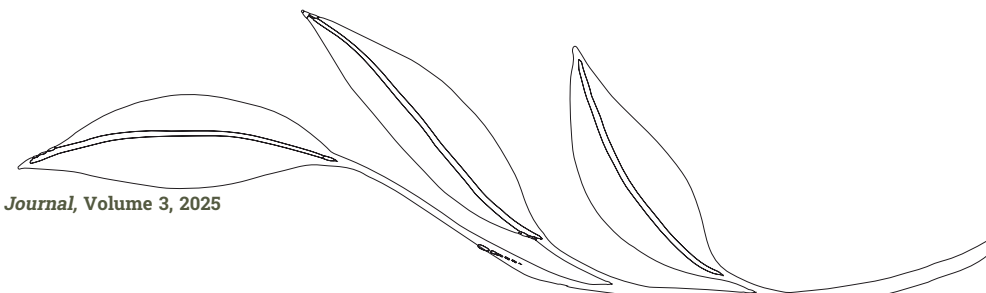




Inquest Name /community	Age	Gender	Prison/date of death	Recommendations	Catch words
2019 (Continued from previous page) *Bevan Stanley Cameron	26	M	Casuarina Prison 28.10.15	Recommendation 1 The Department should take urgent steps to recruit additional Prison Counselling Service (PCS) and mental health staff for Casuarina Prison and, more broadly, should consider the appropriate level of PCS and mental health staff for prisons across the State.	Deaths in Custody, Mental Health Issues, Gatekeeper and Mental Health, Training, Prisoner Risk Assessment, Ligature
2019 *Aubrey Anthony Shannon Wallam	31	M	Casuarina Prison 22.10.14	Recommendation 2 The Department should increase the number of three point and fully ligature minimised cells available at Casuarina Prison without delay. Priority should be given to those cells routinely used to house vulnerable prisoners (e.g. the orientation cells in unit 5). In addition to increasing the number of ligature minimised cells at Casuarina Prison, the Department should review whether the light fitting covers currently used in all cells at Casuarina Prison (and which are regarded as suitable for use in ligature minimised cells) are fit for purpose. Recommendation 3 In order to better manage prisoners and thereby enhance security at Casuarina Prison, the Department should, without delay, take all necessary steps to ensure that PCS and Prison Health Service staff have reciprocal access to prisoner information stored in the Echo computer system and the PCS module of the Total Offender Management Solutions system respectively. Recommendation 4 The Department should consider introducing a “triage” system into prisons where all prisoners who have a known history of self-harm and/or suicide attempts are reviewed by a mental health professional within 24 hours of being received into prison. Consideration should be given to the use of video-conferencing facilities for regional prisons where mental health staff are unavailable. Recommendation 5 The Department should consult with an expert in the field of trauma informed custodial care (TICC) to determine a process for incorporating the principles of TICC into its management of prisoners at Casuarina Prison. Recommendation 6 The Department should consult with an expert in the field of mental health with a view to providing training to all staff on the features of personality disorders and common mental disorders and strategies to more effectively manage prisoners with these conditions. Recommendation 7 The Department should consider further enhancing its Gatekeeper training program to ensure that it is primarily focussed on risk in the custodial setting. Consideration should also be given to including additional guidance for relevant custodial staff (e.g. reception officers) on conducting self-harm and suicide risk assessments. Gatekeeper refresher training should be conducted for all staff on a regular basis. Recommendation 8 The Department should consider amending Policy Directive 36 – Communication so that, where practicable, there is a positive obligation on custodial staff to advise a prisoner when changes are made to that prisoner’s Prison Telephone System account.	Minimisation, Use of Technology, Suicide

Abbreviations: AOD, alcohol and other drugs; BRP, Broome Regional Prison; CCTV, closed-circuit television; CPR, cardiopulmonary resuscitation; ECHO, the Department’s Electronic Health Online; FDV, family domestic violence; IMP, Individual Management Plan; PCS, Prisoner Counselling Service (the previous title for PWS); PRAG, Prisoner Risk Assessment Group; TICC, trauma informed custodial care; WA, Western Australia. *Part of coroner’s inquest into five deaths in Casuarina prison.

Table: List of findings from coroner’s inquests into Aboriginal deaths in custody handed down between 2019–23





challenging in prisons, given the authoritarian environment and limited autonomy (Reeves 2015).

Trauma-informed care relies on understanding the cultural contexts of trauma, including intergenerational trauma, and recognising the healing potential of culture and community (Dudgeon et al. 2017; Lomani and Brooker 2022; SAMHSA 2014). For Aboriginal peoples, this approach is closely tied to cultural safety, especially given the role of government health services in both historical and ongoing child removal practices (Dudgeon et al. 2017). There have been multiple calls to integrate trauma-informed care into cultural safety training for clinicians providing mental healthcare to Aboriginal communities, highlighting the need for research and the development of a comprehensive policy and practice framework to address the unique mental health needs of these communities (Atkinson 2013; Lowitja Institute 2018).

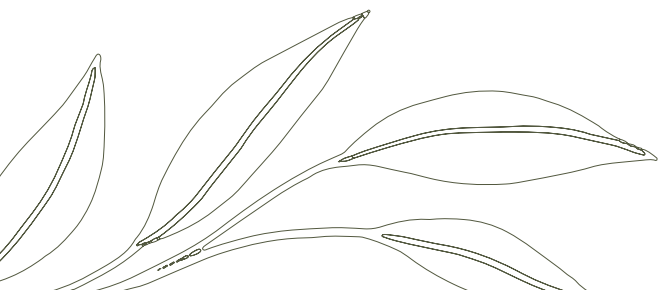
The present review

This review is based on case studies of WA Coroner Inquest findings released between 2019 and 2023 of eight Aboriginal suicide deaths in prison custody: seven male and one female (Coroner's Court of Western Australia, n.d.). The reports of the coroner inquests into the deaths of Stanley John Inman, Jomen Blanket, Brett Ashley Duturbure, Jordan Robert Anderson, Tania Marie Hodgkinson, Khamsani Victor Jackamarra, Bevan Stanley Cameron and Aubrey Anthony Shannon Wallam (Table) were considered. It is the authors' intent to respectfully include this information to highlight shortcomings in the system and bring about change. By reviewing and coding inquest findings, the systemic issues including the lack of culturally appropriate mental health services within the WA prisons are highlighted. This review informs and provides the rationale for the recommendations for overdue critical structural reform within the WA prison system.

The impetus for this review arose out of the involvement of the authors of this review in providing expert witness statements to coroner inquests into Aboriginal deaths in custody in WA. It aimed to illuminate the prison custody themes of these inquests and advocate for critical and overdue reform within the WA justice system to improve the health and wellbeing of Aboriginal peoples in custody. While it must be noted that one of the key findings of the RCIADIC (1991) was that Aboriginal peoples are not dying in prisons at higher rates but are over-incarcerated, issues relating to sentencing are beyond the scope of this review.

Western Australia was chosen as it has the highest incarceration rates of Aboriginal adults, and also because the authors had experience and knowledge of the risk management of mental health issues within the WA prison system. This review was restricted to suicide deaths in adult prisons because there had been no Aboriginal child deaths in the WA youth detention centre prior to 2023. The death of 16-year-old Cleveland Dodd was the first child death in custody, now under review by the state coroner, with a second child's death following in 2024. Both children's deaths were related to the notorious Unit 18 and controversial decision of the WA government to house children at a dedicated wing in the Casuarina men's maximum security prison (ABC News 2024).

An overview of the context of the WA prison system is required before discussing the review findings. There are various models of healthcare delivery in prisons across other jurisdictions in Australia (Simpson et al. 2023). In WA, the Department of Justice's Corrective Services Division Health Services provides primary healthcare services to all facilities except Acacia Prison, where they are delivered by Serco, a multinational company that provides services across





various sectors, including governments and healthcare. These services include interventions for identifying and managing acute and chronic conditions (such as diabetes, cardiovascular disease, kidney disease and asthma), treatment for infectious and sexually transmissible diseases and blood-borne viruses, as well as referrals to specialist and tertiary care. Additionally, population-focused health initiatives are provided, encompassing health protection, disease prevention, infection control, communicable disease outbreak management and immunisation programs.

Departmental policies dictate that a comprehensive mental health screening process is conducted for people entering WA prisons. Prisoners undergo an At-Risk Management System² (ARMS) screening assessment by the reception officer upon entry to identify potential risk factors for self-harm and suicide. The ARMS provides a structured and comprehensive approach to suicide prevention in prison, ensuring that at-risk prisoners are identified, assessed and appropriately managed. A comprehensive assessment determines the prisoner's risk level, leading to an individualised management plan with safety measures and therapeutic interventions. Prisoners are regularly monitored, and their plans are reviewed and adjusted accordingly. Prisoners on ARMS are regularly monitored at Prisoner Risk Assessment Group³ meetings. Prisoner Risk Assessment Group is a multidisciplinary risk-assessment management group that manages the

safety and wellbeing of prisoners identified as at risk of self-harm or suicide.

Coroner inquest findings

Lack of culturally appropriate services Support for mental health

In the period leading up to, and at the time of, Mr Blanket's suicide death, the only psychiatric service available in Acacia Prison was provided by a visiting non-Aboriginal psychiatrist who attended Acacia two days per week. Furthermore, the initial assessment of Mr Blanket conducted at Foxtrot Block on 10 May 2019 was prematurely terminated after 20 minutes due to 'prison operational matters'.⁴ The lack of mental health services was further impaired by the challenging environment in which these services were provided, resulting in barriers to accessing critical mental health services by the most vulnerable people. This may have exacerbated the downward spiral of Mr Blanket, who took his life just over a month later on 12 June 2019.

The need for Aboriginal services

The Aboriginal Services Manager at Acacia at the time of Mr Blanket's death was not an Aboriginal person. The very essence of Aboriginal services would require that it be provided by an Aboriginal and/or Torres Strait Islander person, who has shared experiences of culture and ways of knowing, being and doing. While acknowledging that it may sometimes be difficult to fill Aboriginal positions, every effort must be made to ensure that Aboriginal identified roles are filled by Aboriginal staff.

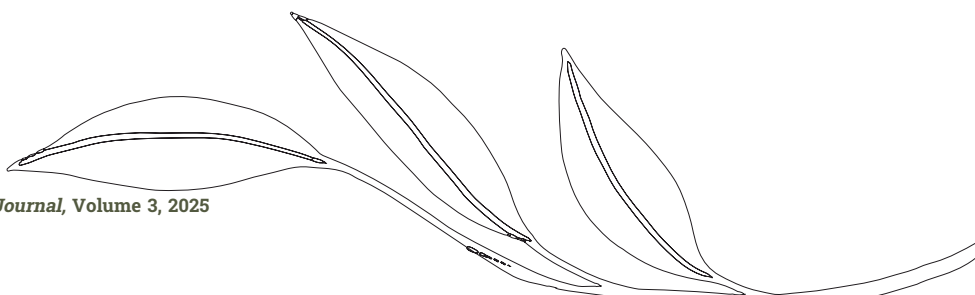
Comprehensive risk assessments

The reception intake assessment for Mr Blanket was not appropriately conducted. He was recorded as non-Aboriginal and this inaccurate classification of his

²Inquest into the five deaths in Casuarina Prison, who were Mervyn Kenneth Douglas Bell, Bevan Stanley Cameron, Brian Robert Honeywood, JS (name subject to suppression order) and Aubrey Anthony Shannon Wallam (2019), Coroner's Report, p. 20.

³Inquest into the five deaths in Casuarina Prison, who were Mervyn Kenneth Douglas Bell, Bevan Stanley Cameron, Brian Robert Honeywood, JS (name subject to suppression order), Aubrey Anthony Shannon Wallam (2019), Coroner's Report, p. 24.

⁴Inquest into the death of Jomen Blanket (2023).





racial identity meant that he was not provided with the services that he should have received, given that he was at higher risk of self-harm and mental health issues. The coroner stated that, ‘the beginning of Mr Blanket’s supervision, treatment and care was anything but “culturally appropriate”¹. The Human Rights Watch, an international non-government organisation, has recommended culturally appropriate risk assessment at reception intake, with an option for Aboriginal prison staff to be present (Human Rights Watch 2020).

Quality of supervision, treatment and care

The findings on the death of Mr Inman revealed that the overall quality of his supervision, treatment and care was of a lower standard due to lack of understanding of the risk factors presenting because he was a 19-year-old Aboriginal man⁵. The suicide rates for Aboriginal peoples are at least twice that of other Australians; for those aged up to 24 years, this rate is over three times that of other Australians (AIHW 2023b). The coroner highlighted the possibility that Mr Inman’s ‘life journey may well have been different’ if the ‘culturally safe care referred to’ in the expert witness statement had been available at Acacia Prison².

Regarding Mr Blanket, the coroner expressed satisfaction with the standard of the supervision, treatment and care of his mental health, with two exceptions. One of those exceptions – the failure to ‘properly monitor Mr Blanket’ when a prison officer noted his ‘distressed appearance’ – contributed to Mr Blanket’s death. However, the coroner commented that ‘what existed in 2019 at Acacia regarding culturally appropriate treatment for Aboriginal prisoners at high risk of self-harm and suicide fell well short of an acceptable standard’⁴.

In the findings for Mr Anderson, the coroner expressed his dissatisfaction towards the delayed unlocking of the cell door and the commencement of cardiopulmonary resuscitation (CPR)⁶. This was in light of that delay in conducting CPR by prison officers, who have annually maintained CPR training, being a ‘very uncommon event’. The coroner referred to the last time that the issue of timely commencement of CPR was commented on in a 2010 coroner inquest regarding the death of a prisoner in June 2008. The referenced inquest in 2010 related to the death of a 40-year-old Aboriginal prisoner who died of natural causes (Coroner’s Court of Western Australia, n.d.). The Aboriginality of the male prisoners in the two incidents of delayed commencement of CPR may be coincidental or could reflect systemic and institutional racism placing Aboriginal prisoners’ lives at risk.

With regards to the WA Department of Justice’s failure to request for Mr Duturbure’s previous incarceration history in Darwin Correctional Centre, the coroner repeatedly referred to it as amounting to the quality of supervision, treatment and care being ‘potentially of a lower standard’ than it should have been⁷. The coroner highlighted that had the Department requested and accessed Mr Duturbure’s Darwin Prison history, the critical information may have influenced the decision to approve his request to transfer to Wyndham Work Camp, which is a minimum security facility with minimal supervision. The coroner concluded by stating the ‘inescapable fact’ that critical information about Mr Duturbure’s mental health history was ‘readily available’ but it ‘simply was not requested’ when ‘it should have been’.

⁵Inquest into the death of Stanley John Inman (2023).

⁶Inquest into the death of Jordan Robert Anderson (2020).

⁷Inquest into the death of Brett Ashley Duturbure (2021).





The inquest into the death of Mr Cameron was one of five suicide deaths in custody in Casuarina Prison in 2015¹. These inquest findings revealed that the quality of care does not meet the standard within the community; medical and custodial staff at Casuarina Prison noted that the lack of capacity of prison counselling services and mental health staff is putting prisoners' lives at risk. Specific to the inquest findings for Mr Cameron, the coroner did not make any explicit comment on the standard or quality of supervision, treatment and care provided while in custody. However, the coroner commented that the prison counselling services were 'unable to offer the sort of therapeutic support that would have been required to address Mr Cameron's ASPD (anti-social personality disorder)'. An interpretation of the coroner's comment may be that the standard of treatment and care for Mr Cameron at Casuarina Prison was lower than the standard he could have been provided if he was in the community.

Furthermore, it is highly inappropriate for prison staff, especially a Prisoner Risk Assessment Group chair, to conclude that Mr Cameron 'appeared to cry wolf and he definitely knew that by playing up he could facilitate a change to his environment'. The ARMS manual specifically warns against using labels such as 'manipulative' and 'attention-seeking' on prisoners threatening self-harm and explains that most cases of self-harm reflect real distress and need for immediate attention, failing which suicide risk may increase⁸. The inappropriateness of labelling a genuine cry for help as manipulation and dismissing suicide risk was criticised in both coroners' inquests into the deaths of Mr Cameron and Mr Blanket⁴.

Mr Cameron's multiple requests to 'see an Elder or Aboriginal Visitors Service worker' between May and September 2014, and May and October 2015, were not granted⁹. His last request was made three days before he died by suicide. This demonstrates a lack of care and concern, of cultural awareness of the distress that Aboriginal peoples experience when incarcerated, especially when it is 'out of Country', and amounts to neglectful quality of supervision, treatment and care.

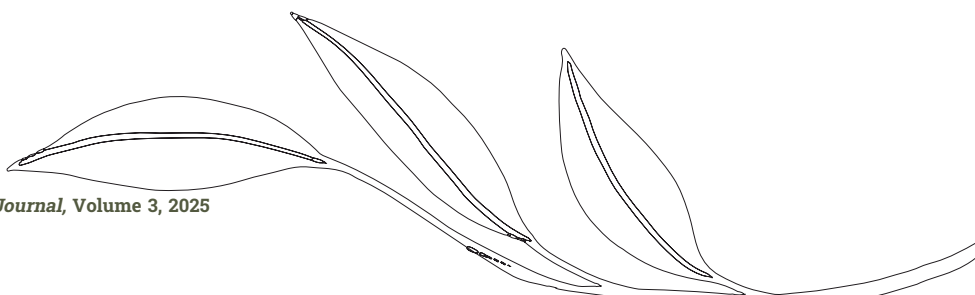
Of the eight coroner inquests into Aboriginal suicide deaths in custody that were reviewed, three inquests found that the quality of supervision, treatment and care were sub-standard and unacceptable.

Lack of ligature minimised cells in Acacia Prison

While not initially directly within the scope of this review, a confronting and disturbing issue that demands urgent attention was revealed: the failure of the state to ensure that prison cells are free from hanging points. More than 30 years ago, the [RCIADIC \(1991\)](#) recommended that measures be taken to eliminate risks in custody through ligature minimised cells (Rec 165). In the 2019 coroner inquest into the death of Mr Cameron, the lack of ligature minimised cells at Casuarina Prison was highlighted by the coroner as an 'urgent need'. At the inquest findings of the death of Mr Blanket, the cost of infrastructure was reported as a major barrier to increasing the availability of ligature minimised cells. The coroner queried whether it was 'just a matter of costs' and the Director of Infrastructure Services at the WA Department of Justice replied, 'yes'. The coroner expressed extreme disappointment at the lack of priority given to a recommendation that he made four

⁸Inquest into the five deaths in Casuarina Prison, who were Mervyn Kenneth Douglas Bell, Bevan Stanley Cameron and Brian Robert Honeywood and JS (Name Subject to Suppression Order) and Aubrey Anthony Shannon Wallam (2019), p. 17.

⁹Inquest into the five deaths in Casuarina Prison, who were Mervyn Kenneth Douglas Bell, Bevan Stanley Cameron, Brian Robert Honeywood, JS (name subject to suppression order), Aubrey Anthony Shannon Wallam (2019), Coroner's Report, p. 64.





years ago, to increase the number of ligature-free prison cells, noting that this significant lack of infrastructure was a 'contributing factor' in Mr Blanket's death (ABC News 2022). This issue is especially poignant given that all Aboriginal suicide deaths in custody are by hanging and the evidence for means restriction as an important suicide prevention strategy is overwhelming (Reisch et al. 2019; Yip et al. 2012).

Recommendations

This review aimed to highlight thematic issues reported in coroner inquests into Aboriginal deaths in custody and propose recommendations for critical and overdue reforms within the WA justice system, to address the overrepresentation of Aboriginal people in deaths in prison custody. This review highlights the numerous unimplemented recommendations from the RCIADIC (1991) and the Pathways to Justice Report (ALRC 2017), despite repeated calls for their implementation (ABC News 2022; ALRC 2017; Anthony et al. 2021; Cunneen 2001; Law Council of Australia 2021).

Based on this review, the authors recommend a) implementing the recommendations of the RCIADIC (1991) and Pathways to Justice Report (ALRC 2017); b) enhancing access to culturally safe health services in prisons in collaboration with Aboriginal community-controlled (health) organisations through the provision of Medicare benefits, while ensuring continuation of the Aboriginal Visitors Scheme (AVS); c) building the capacity and cultural awareness of non-Aboriginal prison workforce in the shorter term, with the longer term view of achieving a visible representation of Aboriginal workforce in prison through improving support for Aboriginal workforce to enhance staff recruitment and retention; d) raising the minimum age of criminal responsibility; e) restricting access to

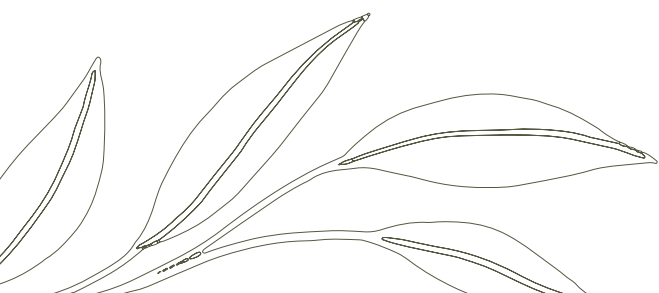
means of suicide by increasing the number of ligature minimised cells in prisons; f) establishing culturally appropriate juvenile justice services as alternatives for Indigenous children; and g) establishing an independent justice reinvestment body to promote community-led placed-based solutions.

Enhancing access to culturally safe health services

More specifically, the RCIADIC (1991; Recommendation 152b) recommends ensuring access to culturally appropriate psychological services by Aboriginal people who enter the prison with pre-existing mental health issues, suicide risks and inter-generational trauma, in recognition of the higher prevalence of mental health issues especially in the justice system (Heffernan et al. 2012; 2014). This requires the involvement of Aboriginal community-controlled health organisations and/or Aboriginal health services¹⁰ (RCIADIC 1991; Recommendation 152c) within prisons, to ensure that health services in prison are culturally appropriate and trauma-informed, and to facilitate adequate throughcare when inmates are released back into the community (Arumugam et al. 2024).

Bower et al. (2018) found that 36% of Aboriginal youth incarcerated during 2015–16 in Banksia Hill Detention Centre (Banksia), WA's only juvenile detention centre, had foetal alcohol spectrum disorder (FASD), 'the highest reported prevalence of FASD in a youth justice setting worldwide', and 90% had significant neurodevelopmental impairment (Office of the Inspector of Custodial Service 2019: iii). Most of the youth were Aboriginal and, in most cases, this was the first time they had been assessed and diagnosed with FASD. Prisons and detention centres are no place

¹⁰Finding into death with inquest of Heather Ida Simone Calgaret, recommendation 6, p. 278.





for so many Aboriginal children and youth affected by significant trauma and FASD. Children are often incarcerated for minor offending in environments that fail to support their cultural, psychological, social and physical needs. This contributes to recidivism and their pathway into the criminal justice system as adults. Ensuring culturally appropriate risk assessment at reception intake, and preventative measures – such as raising the age of criminal responsibility – that reduce contact with the justice system would better address the overrepresentation of Aboriginal peoples in the justice system and deaths in custody.

Raising the minimum age of criminal responsibility

Western Australia has one of the lowest ages of criminal responsibility in the world at 10 years old, with Aboriginal children overwhelmingly impacted. The repeated and ongoing calls, including by Aboriginal human rights defenders and health experts alike, to increase the minimum age of criminal responsibility to 14 years are based on emerging research in child development and neuroscience ([UN Committee on the Rights of the Child 2019](#)).

Australia must urgently heed the advice of the United Nations Expert Mechanism on the Rights of Indigenous Peoples (EMRIP) that:

States should work with Indigenous people to develop alternatives for Indigenous children in conflict with the law, including in the design and implementation of culturally appropriate juvenile justice services... including restorative justice and Indigenous juridical systems ([Amnesty International 2017](#)).

Justice reinvestment

The United Nations' advice is also reflected in the 2017 ALRC's Pathways to Justice Report mentioned above

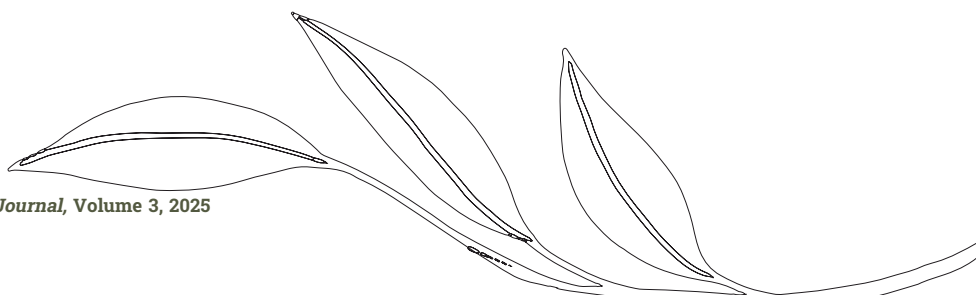
([ALRC 2017](#)). The Inquiry recommended that the Commonwealth and all states and territories support a national independent justice reinvestment body to promote community-led solutions to address the drivers of crime. This includes the child protection system that is increasingly removing Aboriginal children from their families, which was recognised as contributing to the high rate of incarceration of Aboriginal children, youth and adults ([ALRC 2017](#)).

Access to Aboriginal Visitors Scheme

The WA Department of Justice created the AVS in 1988, which was also a key recommendation of the [RCIADIC \(1991\)](#). The AVS staff support Aboriginal prisoners and provide culturally appropriate care and counselling by promoting 'a culture of resilience and healing and assists prisoners in connecting with their culture and community', which the coroner noted is an 'important support mechanism'⁵. However, the AVS ceased at Acacia Prison in April 2022 when the AVS staff resigned; only an after-hours AVS service was available at Acacia from May 2023⁴. At the time of writing this paper, Acacia Prison has an Aboriginal Services Unit.

It is incumbent on the Justice Department to ensure that the AVS provides 24/7 care for Aboriginal prisoners and their families, who can contact them when concerns arise. Coroner inquest findings have revealed discrepancy between what prisoners reveal to family members and prison staff, especially with the lack of cultural safety among prison staff.

The importance of Aboriginal staff in prisons cannot be under-estimated. The resignation of the AVS staff in Acacia Prison in 2022 highlighted issues in retaining Aboriginal peoples in the workforce, which can have serious consequences because Aboriginal prisoners can have little or no culturally appropriate support





whilst incarcerated. Whilst this review recommends the increased representation of Aboriginal staff and including health/support workers within the prisons, it should be acknowledged that more needs to be done to support the Aboriginal workforce, as many experience workplace discrimination and racism. The coroner noted that the number of Aboriginal staff at Acacia (6%) 'remains discouragingly low', especially when Aboriginal peoples accounted for up to 42% of the adult prison population in WA as at June 2023 (ABS 2024).

Upholding Aboriginal peoples' right to self-determination

To be successful, efforts to address issues impacting Aboriginal peoples and communities must be underpinned by Aboriginal peoples' right and desire for self-determination and leadership (Dudgeon et al. 2016; Verbunt et al. 2021). This need for solutions to be community-driven has recently been emphasised by Senator Lidia Thorpe (Brennan 2024). The value and knowledge systems of Aboriginal Elders need to be harnessed to provide leadership for issues that impact Aboriginal peoples. For example, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project report (Dudgeon et al. 2016) highlighted the success of the Yiriman Project, which involves Elders, community and stakeholders. Established in 2000, the Yiriman Project is a 'culturally-based initiative' and 'award-winning', yet underfunded (Kimberley Aboriginal Law and Cultural Centre 2020). The longevity of the Yiriman Project, together with the numerous positive reviews and evaluations justify the multiple calls for funding of this 'highly successful cultural initiative' (Kimberley Aboriginal Law and Cultural Centre 2020). This review reiterates the importance of Elders, community leaders and traditional healers to engage and support Aboriginal people experiencing incarceration and distress in the justice system.

The system of international law and human rights especially relevant to incarceration must be upheld to address Indigenous deaths in custody, which has been the subject of international concern for decades; this reflects systemic violence and racial discrimination by the state. As Australia signed the Optional Protocol to the Convention on Torture (OPCAT) in 2017, it has a clear legal duty concerning prison standards and treatment of prisoners. This includes the requirement to establish National Prevention Mechanisms (NPM) to undertake inspections of prisons and report on prisons and issues of concern. In WA in 2019, the Office of the Inspector of Custodial Service (OICS) was appointed the NPM for WA justice-related facilities. The OICS is considered the most advanced NPM in Australia in respect to OPCAT and has been operating since 2000 (OICS 2024). It is established by legislation, is structurally independent, has broad jurisdiction and is preventative in approach. Reports on prisons by OICS every 4 years are tabled in parliament.

Regardless, as the Australian OPCAT network urge (Australian Human Rights Commission 2017), the WA OICS must still improve on its performance in two key respects. The WA OICS should move to an unannounced inspections model to gain a more accurate assessment of prison standards. It currently has power to do so but rarely exercises it (Australian Human Rights Commission 2017, p.7). The current approach gives prison authorities opportunity to divert attention from potentially serious issues of concern.

Furthermore, the WA OICS should more meaningfully engage with Aboriginal peoples in performing their work and functions. The United Nations Subcommittee on the Prevention of Torture has consistently recommended that NPMs increase engagement with civil society (United Nations 2018) and, with respect to Australia, the inclusion of





Aboriginal peoples is essential (McGlade 2019). Consistent with this, this review recommends that the WA OICS establish an Aboriginal Reference Group, appoint a Deputy Aboriginal Commissioner, as well as increase Aboriginal workforce to ensure that issues affecting Aboriginal peoples are given due attention and regard.

Aboriginal peoples have often expressed concerns regarding the lack of cultural safety in coronial processes (Klippmark and Crawley 2018; McGlade and Tarrant 2021; Newhouse et al. 2020; Perera and McGlade 2021), a concern also highlighted in a review of missing, murdered and incarcerated Aboriginal women (Bevan et al. 2024). In recognition of the contributing role of systemic racism in culturally unsafe coronial processes, the Victorian Government now includes the voices of Aboriginal peoples in these processes¹¹ (Chen and Mackay 2023). Western Australia has much to benefit by adopting these more progressive coronial processes to enhance cultural safety for Aboriginal peoples.

Finally, coroners are not experts in prison standards or human rights related to prisoners and prisons, and some have even been unwilling to incorporate the recommendations of the RCIADIC (1991). In the Australian Capital Territory, in addition to a prisons inspection role, the Inspector of Corrective Services can undertake reviews following ‘critical incidents’, which is stipulated by law to include deaths in prisons. This is also true of the Aotearoa New Zealand and Irish independent monitoring mechanisms, and this review recommends that the WA OICS also has a review role with respect to deaths in custody.

Conclusion

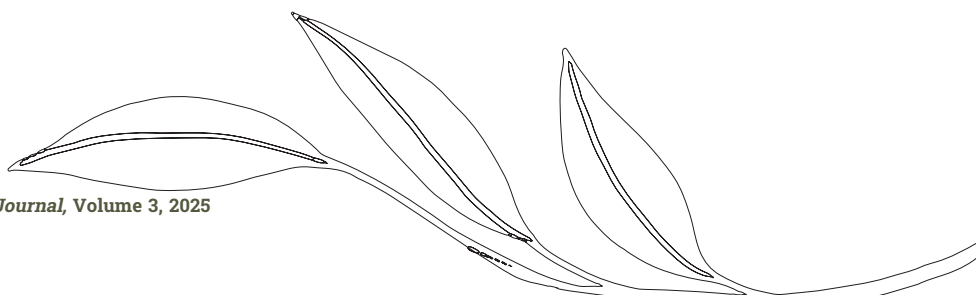
Taken together, this review of coroner inquests into Aboriginal deaths in custody in WA handed down between 2019–23 suggests that systemic reforms that uphold the desire of Aboriginal peoples for self-determination and leadership is urgently needed for Australia to comply with obligations under the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP 2007), to move a step towards Closing the Gap (Australian Government 2020) and uphold the human rights of Aboriginal peoples. Only through adopting a holistic and whole-of-government systems approach to addressing the social determinants of health can the overrepresentation of Aboriginal peoples in custody be addressed, in order to reduce Aboriginal deaths in custody by suicide.

Suicide is a complex issue for the general population; there are additional risk factors for Aboriginal peoples associated with the ongoing impacts of colonisation and history of discriminatory government policies, which result in trauma, grief and loss, and socioeconomic disadvantages. Hence, a systems wide approach to suicide prevention – integrating reforms in health, education, employment and housing systems, in addition to the justice system – has the potential to enhance the social and emotional wellbeing and effectively address Aboriginal suicide deaths in custody.

Author contributions

This project was conceptualised by P. Dudgeon and E. P. Chang. Indigenous leadership and governance were provided by P. Dudgeon and H. McGlade. The review occurred as part of the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention. E.P. Chang conducted the review and analysis of the coroner’s inquest findings. E.P. Chang was responsible for all administrative aspects of this

¹¹Inquest into the passing of Veronica Nelson (2023).





review. E.P. Chang wrote the first draft, with subsequent inputs from J. Jones and H. McGlade. All authors edited and reviewed the manuscript.

Declaration of interests

Professor Hannah McGlade is a Co-Editor of *In Solidarity: Advancing Indigenous Rights and Self-Determination to Improve Health and Wellbeing*, a special section of *First National Health and Wellbeing – The Lowitja Journal*. Professor Pat Dudgeon is a Senior Editor of *First Nations Health and Wellbeing – The Lowitja Journal*. The other authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Author biographies

Dr Ee Pin Chang is a non-Indigenous researcher with Chinese heritage. She moved to Whadjuk Noongar Boodja in 2010 and currently lives on Wurundjeri Country. Her research with the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention at the University of Western Australia focused on enhancing social and emotional wellbeing of Aboriginal peoples in the criminal justice system. Her current research aims to foster a healthy start to life for Aboriginal families.

Associate Professor Hannah McGlade from the Kurin Minang people is an experienced legal academic with special interest in Indigenous human rights. Her career has focused on justice for Aboriginal peoples, race discrimination, land and culture, Aboriginal women

and children, family violence and sexual assault. She was the Senior Indigenous Fellow at the Office of the High Commission on Human Rights in 2016 and was appointed in 2020 to the United Nations Permanent Forum for Indigenous Issues. Associate Professor McGlade is a member of the Noongar Family Safety Wellbeing Council, and has been at the forefront of establishing services for Aboriginal women and children.

Professor Pat Dudgeon AM is a Bardi woman from the Kimberley. She is a psychologist, Fellow of the Australian Psychological Society and Director at the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention at the University of Western Australia's School of Indigenous Studies. She led the ground-breaking work of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), funded by the Australian government. Her areas of research include Indigenous social and emotional wellbeing and suicide prevention.

Associate Professor Jocelyn Jones is a Noongar woman from WA, and an epidemiologist with 20 years' experience in Aboriginal primary healthcare, Aboriginal health research and research to improve the health and wellbeing of Aboriginal peoples in the criminal justice system. Jocelyn is a member of the Australian Institute for Health and Welfare's National Prisoner Health Information Committee and the Palliative Care in Prisons Project. Her current research involvement includes projects with a particular focus on the experiences of Aboriginal women in prison, disability, family and domestic violence, child protection and youth justice.

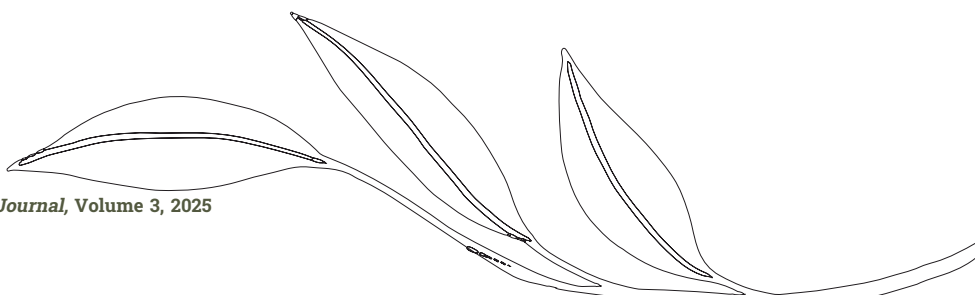
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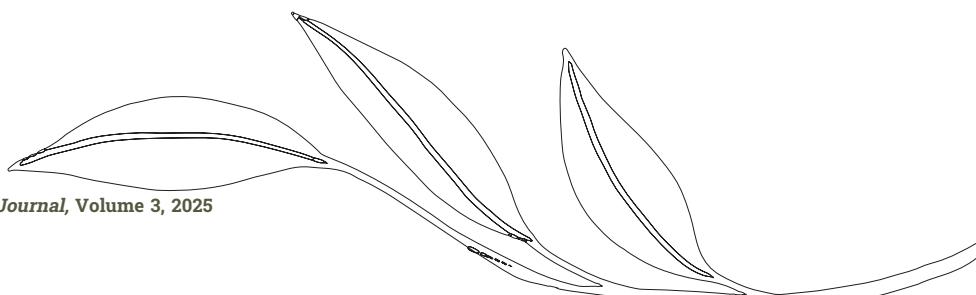


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