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FROM: [illegible]
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Trends and issues

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Dr Paul Wilson (General Editor)

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Aboriginal deaths in custody

Compiled by Peter Grabosky, Anita Scandia, Kayleen Hazlehurst, Paul Wilson
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At the time of writing, the available evidence suggests that, since 1980, at least 100 Aboriginals have died in the custody of Australian police or prison authorities. This number may well increase during the life of the Muirhead Royal Commission. The Commission, established in August 1987 following the sixteenth Aboriginal death in custody in eight months, is chaired by the Honourable Mr James H. Muirhead, Q.C., former Justice of the Supreme Court of the Northern Territory, Judge of the Federal Court of Australia and Acting Director of the Australian Institute of Criminology.

Early in the life of the Royal Commission, it became apparent that the Commission's inquiries would take well over a year to complete. The Royal Commissioner urged Australian governments to take immediate action to reduce the risk of deaths in custody, and not to postpone reforms until the tabling of his final report. It is hoped that the present document will be of use in the interim.

Readers should bear in mind that the problem of death in custody is by no means limited to Aboriginals. Moreover, the problem of Aboriginal deaths in custody is linked to fundamental issues which go beyond matters of criminal justice. It would be unfortunate if, by focusing on the criminal justice system, we lost sight of the profound social, cultural and economic problems which confront Aboriginal people.

Duncan Chappell
Director

The deaths of individuals in the custody of police or prison authorities is by no means unique to Australian Aboriginals or to Australia generally (Hatty and Walker 1986). The experience of incarceration can be extremely hazardous, whatever the race of the prisoner.

Nevertheless, the toll of Aboriginal death in the custody of the State is cause for great concern. Had a comparable proportion of Australia's non-Aboriginal population died in custody, 7592 non-Aboriginal deaths in custody would have been recorded for the eight year period.¹ Aboriginals are the most disadvantaged racial group in Australian society, and those who have been deprived of their liberty are perhaps at their most vulnerable. A number of deaths have given rise to allegations of serious misconduct on the part of police or corrections officials, and of inadequate coronial procedures.

The legitimacy and moral authority with which officials of the Australian Government address such issues as human rights in the Soviet Union, French colonial policy in the Pacific or apartheid in South Africa, has been called into question by those who, for whatever reason, choose to highlight the circumstances of our own indigenous population.

The issue of Aboriginal deaths in prisons and police holding cells is particularly complex. To suggest that so disturbing a series of events can be explained entirely as a matter of police brutality, official negligence, white racism, cultural disintegration, emotional despondency, accident, or natural causes is to oversimplify. No single explanation nor solution will suffice.

This report will review some of the basic facts surrounding those cases which have been identified, and will summarise a number of options which, if implemented, could significantly lower the risk of death of persons in custody, regardless of their race.

STATISTICAL SUMMARY



There exists no centralised authoritative list of those, whatever their race, who have died in the custody of Australian governments. Under Australia's federal system, responsibilities for criminal justice reside with the states and territories. A list of Aboriginal

deaths in custody is being compiled by the Royal Commission in the course of its inquiry. Comparisons with non-Aboriginal deaths in custody have been precluded because of the lack of information currently available from state and territory governments about this issue.

Depending upon their circumstances, deaths of persons in the

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custody of police or correctional authorities may be categorised as follows:

☐ *Death by natural causes.* Such a death could result from illness, heart attack, alcohol poisoning, or when a person chokes to death in his/her own vomit.

☐ *Suicide.* This occurs when a person intentionally takes his or her own life.

☐ *Misadventure.* This refers to a death which occurs accidentally, without negligence or other unlawful acts amounting to murder or manslaughter.

☐ *Justifiable homicide.* This occurs when an officer of justice or a person legally entitled to detain a prisoner lawfully kills one who resists or is attempting to escape, or when a killing is in self defence or in prevention of a forcible and violent felony. The key element here is that the degree of force applied not exceed that which is reasonably necessary to achieve the lawful purpose in question.

☐ *Involuntary manslaughter.* When a person causes another's death inadvertently, as the result of extreme negligence. Failure to provide medical treatment to a prisoner obviously in need of such treatment could constitute involuntary manslaughter.

☐ *Voluntary manslaughter.* This would entail a killing, otherwise murder, where the accused is able successfully to plead a defence such as diminished responsibility or provocation.

☐ *Murder.* This is an unlawful killing which entails an intention to kill, or to inflict grievous bodily harm, or reckless indifference to the causing of death.

Whether a case falls into any particular category depends on a formal determination. The specific process which this entails varies from state to state within the Australian federal system.

In the first instance this determination may be made by a state coroner, whose responsibility it is to investigate all violent or accidental deaths, and all deaths occurring in state custodial facilities. Coronial decisions are usually based upon evidence presented by the police or correctional agencies in question, supplemented by whatever additional information

coroners may obtain independently.

Charges may also be laid by police or by crown law authorities, either independently or subsequent to a coroner's referral. Private prosecutions may also be initiated by members of the public, at their own expense. In the event that criminal charges are laid, and the accused person chooses to contest them, the determination of guilt or innocence is made by a jury which must find the charges to have been proven beyond reasonable doubt.

Death in custody may also give rise to civil actions by survivors of the deceased against individual officers or agencies responsible. Plaintiffs are required to prove, on the balance of probability, that negligence on the part of officials caused the death in question.

The data on which the following summary is based have been collated by the Australian Institute of Criminology, from those cases identified by the Royal Commission at its public hearings to 15 April 1988. Copies of Institute files are available to the Royal Commission. The list is not necessarily exhaustive. Indeed, precisely how the terms "Aboriginality" and "custody" will be defined by the Royal Commission — whether, for example they extend to persons of Maori background living in Aboriginal communities and to persons detained involuntarily in mental hospitals or children's homes, or to prisoners in hospital — has yet to be determined.

Readers should also be aware that aggregation of data does result in some loss of information. Generalisations which are true for Australia as a whole may not be correct in relation to a particular state. Similarly, generalisations about deaths in custody can obscure the fact that different factors may be operating in the police and correctional custodial settings. More detailed analysis must be the subject of future research.

The tables below indicate that, between January 1980 and April 1988:

☐ About half of the known Aboriginal deaths in custody have occurred since 1985; nearly one in four during 1987 alone.

☐ Ninety per cent of the deceased were male.

☐ Half of the deceased were under the age of twenty-eight when they died.

☐ The greatest number of Aboriginal deaths in custody occurred in Western Australia and Queensland.

☐ The most common cause of death was hanging.

☐ A large proportion of the deceased were in custody for relatively minor matters such as drunkenness and offences against good order.

PROPOSALS FOR REDUCING THE RISKS OF FUTURE ABORIGINAL DEATHS IN CUSTODY

To deprive a citizen of his or her liberty is one of the most awesome powers which an Australian government commands. The exercise of this power entails considerable economic as well as social costs. It should be exercised only as a last resort. Unless the policies and resources are in place to permit its exercise in a responsible fashion, it should not be exercised at all.

1. Non-Institutional Alternatives for Aboriginal Offenders

The gross over-representation of Aboriginal Australians in the nation's prisons has been systematically documented (Walker and Biles 1987; Walker 1987). Recently, it has been estimated that the Aboriginal imprisonment rate is between ten and twenty-three times that of non-Aboriginal Australians (Australian Institute of Criminology 1988; Hazlehurst and Dunn 1988). In the words of one commentator:

Irrespective of how one measures and describes Aboriginal imprisonment, differences between imprisonment rates of Aborigines and others are so profound, so unfathomable, that rates that normally would scandalise mainstream Australian society appear unreal and 'third world' (Broadhurst 1987: 180).

Greater use of alternatives to imprisonment for Aboriginal offenders could serve to reduce the high rate of Aboriginal imprisonment, and thus the vulnerability of Aborigines to death in custody.

See also Wilson, *Black Deaths, White Hands*, 1985.

2. Management of Custodial Facilities

The reduction of Aboriginal deaths in custody is a management responsibility of senior police and correctional officials. If they have not already done so, top management of Australia's police and corrections agencies should personally and publicly state their commitment to reducing the incidence of death in custody. Each agency should reflect this commitment in its corporate plan, which should be available for public scrutiny and comment.

Guidelines

Measures to reduce the risk of death in custody have received

considerable attention overseas (Rowan 1988). Most police and correctional authorities in Australia have already developed detailed guidelines governing the reception and treatment of persons in custody. The purpose of such guidelines is to ensure that the physical and mental health of prisoners is accorded no less priority than their secure custody. The adequacy of these guidelines and the extent to which they were adhered to in the period preceding the deaths in custody under review, could well receive the attention of the Royal Commission. Ideally, guidelines should be strengthened and updated to provide for:

Recruitment and assignment of police and prison officers. The

recruitment and assignment of police and prison officers are crucial functions. Applicants who manifest racial prejudice or abnormally aggressive tendencies should not be accepted for employment. Serving officers who become unsuitable for duties relating to Aboriginal persons or custodial confinement should be assigned other duties. Officers assigned to work with or near Aboriginal communities or with Aboriginal offenders, should be selected based on their sensitivity to and appreciation of Aboriginal culture.

Affirmative action plans should be developed for the recruitment of police and prison officers of Aboriginal origin. This may further assist in bridging the gap between Aboriginal communities, Aboriginal prisoners and the police and prison systems.

Training. The training received by Australian police and prison officers should devote appropriate attention to Aboriginal affairs and to minority groups in general, as well as to more general matters bearing upon the health and safety of persons in custody. Such aspects of the training curriculum should include:

1. Training in how to recognise and monitor distress and the risk of self-destructive behaviour.
2. Training lectures by medical practitioners on the care and management of the unconscious prisoner or detained intoxicated person (Masterman 1987).
3. Training in suicide prevention and crisis intervention, including training in how and when to refer potentially suicidal prisoners or attempted suicides to medical or mental health professionals.
4. Training in the use of effective means of restraining recalcitrant prisoners without inflicting unnecessary injuries upon them.
5. Training in First Aid and resuscitation.

Screening and reception of prisoners on arrival. Statistics show that the initial period of incarceration is the time at which most deaths in custody occur. Procedures at this stage are often critical for preventing deaths. Guidelines should provide for the following:

Table 4 Aboriginal deaths in custody 1980-1988 by age and sex

Age	Male	Female	Total
15 to 19 years	10	0	10
20 to 24 years	10	1	11
25 to 29 years	15	1	16
30 to 34 years	12	1	13
35 to 39 years	8	0	8
40 to 44 years	7	1	8
45 to 49 years	2	0	2
50 to 61 years	9	0	9
Unknown/Data Not Available	21	5	26
Total	94	9	103

Table 5 Aboriginal deaths in custody 1980-1988 by jurisdiction and custodial authority

	NSW	VIC	QLD	WA	SA	TAS	NT	ACT	Total
Police	9	4	16	17	6	1	4	0	58
Prison	5	1	7	13	4	0	3	0	32
Unknown	4	1	3	1	0	1	3	0	13
Total	18	6	26	31	10	2	10	0	103

Table 6 Aboriginal deaths in custody 1980-1988 by year of death

Year	Police	Prison	Unknown	Total
1980	5	5	2	12
1981	2	1	—	3
1982	6	4	2	12
1983	7	5	1	13
1984	3	4	1	8
1985	9	3	2	14
1986	8	2	3	13
1987	17	5	—	22
1988	3	—	—	3
Unknown	—	1	2	3
Total	60	30	13	103

1. Intake screening or assessment of the physical and mental condition of a prisoner when taken into custody. Individuals should be screened on receipt into custody to determine if professional medical attention is required.
2. Documented accountability of individual police or prison officers for the safe custody of prisoners. When a person is received into a facility, the officer in charge should be required to certify that the prisoner appears to be free of injury and not in need of professional treatment.
3. No reception should take place unless the condition of the detainee is fully and formally acknowledged by the person relinquishing custody of the detainee.
4. Immediate referral to a medical practitioner for an injured or ill person.
5. Constant, round-the-clock supervision of prisoners under the influence of drugs or alcohol or those with suspected self-destructive tendencies.³
6. Potentially harmful items (i.e. belt, shoelaces, matches) should be confiscated from persons whose safety is at risk.
7. Custodial staff should take action to reduce the anxiety and disorientation of prisoners.

As an incentive for officers to observe these guidelines, detention facilities should be inspected periodically without notice on a random basis by senior police/prison or human rights authorities.

☐ *Facility design.* Although some commentators might argue that no custodial environment can be made completely "suicide-proof" detention facilities can be designed to reduce significantly the risk of self-destructive behaviour by persons in custody. To the extent that new facilities are constructed, they should be designed with such considerations in mind. To the extent that existing facilities can be refurbished, they should also reflect the following design considerations:

1. No projections, grills, exposed pipes or bars should be accessible. Bars should be covered by fine wire mesh or a stretch-resistant polycarbonate glazing.

2. Cells designated for the accommodation of persons at risk should be constructed to facilitate continuous observation of the occupant.
3. Cells should have windows with a view to the outside, so as not to jeopardise perceptual orientation and normal thought processes.
4. Furniture, bedding, and other materials made available to persons at risk should be made of fire retardant material, which will not emit toxic fumes when ignited. Blankets and sheets should be made of material which tears under body weight, to prevent their use in suicide attempts.
5. Smoke detectors should be installed in each facility, with an audible alarm to a constantly-manned control centre.
6. First Aid and resuscitation equipment and keys to cells should be readily available to custodial officers.
7. Cells should be painted in a light pastel colour with paint which is non-flammable.

3. Internal Investigation

Every death in custody should immediately and automatically trigger an investigation by the internal affairs division of the agency in question. The report of the investigations should identify the individual and/or procedural lapses which may have given rise to the incident in question, and should recommend disciplinary or remedial action, or should exonerate the officers on duty, as appropriate. Results of such investigations should be made public. Internal investigations should be subject to the strict scrutiny of an independent external authority such as the state or territory ombudsman.

The independent external review of departmental investigations serves three functions. First it provides an incentive to thoroughness, objectivity and rigor on the part of internal investigative officers. Second, it serves to reinforce public confidence in the investigative process. The adage that it is not sufficient that justice be done, but also must be seen to be done, is entirely applicable here. Third, in the event that con-

duct of police or correctional authorities has been above reproach, independent exoneration by an external authority can help restore the morale and self confidence of those police or correctional officers whose integrity has been impugned.

4. Coronial Investigation

The role of Australian coroners in investigating deaths in custody of the state has been the subject of considerable criticism.

Professor Richard Harding of the University of Western Australia, a former Director of the Australian Institute of Criminology, has queried the objectivity and impartiality of coroners' inquiries. He maintains that coroners are too deferential to, and dependent upon, police analyses and interpretation of events.

[T]heir normal daily work brings them into such close contact with the police that they are bound to share, more readily than they should, many police standards and to resolve doubts in favour of the police. Except with the most unusual coroner, the mentally tough spirit of inquiry which should be a primary quality for the job inevitably must soften when he is investigating a killing by a policeman (Harding 1970: 221).

Criticisms of current coronial practice in Australia include the limited ability of family and friends of the deceased to participate in inquests, and the disinclination of coroners to make remedial recommendations which, if implemented, would lessen the likelihood of similar deaths in future.

1. The next of kin of deceased prisoners should have the right to participate in coronial inquests, and should be granted legal aid for that purpose.
2. Each coronial report following the death of a prisoner should contain recommendations for steps to be taken to prevent similar deaths in future.
3. All states to establish comprehensive training courses for all persons appointed as coroners.

5. Criminal Liability

Death in police or prison custody may entail criminal conduct on the part of the police or prison authorities.

While certain non-institutional alternatives, like a monetary fine, are less appropriate for such an economically disadvantaged group, other options such as restitution and community service deserve consideration. Hazlehurst (1986b; 1987) has suggested that these alternatives could be combined with community development objectives. Community service labour, for instance, could be employed on land development, housing construction, or community maintenance programs.

Not only would imprisonment alternatives entail a significantly lower financial burden to the taxpayer than incarceration, they would also allow offenders to remain in their communities and

to develop a sense of commitment to those communities rather than face a later problem of re-integration.

Aboriginal Community Courts and Dispute Resolution Programs

Community justice mechanisms and dispute settlement options have been proposed for Aboriginal communities and in some locations implemented with success. Such institutions would ideally resolve interpersonal conflicts within the community before they escalate and come to the attention of state police (Hazlehurst 1986a).

Diversion of Public Drunkenness from the Criminal Justice System

As suggested by Table 2, a signifi-

cant proportion of deaths in police custody involve persons under the influence of alcohol or undergoing withdrawal. The physiological and psychological effects of acute intoxication may be extremely stressful, and are better managed in a public health/welfare setting than in a criminal justice environment.

For the past two centuries, the traditional Australian response to public intoxication, particularly on the part of Aboriginal people, has been arrest and detention. It is now generally accepted that public intoxication and alcohol addiction are best handled by community welfare and medical officers and not by police. This is particularly significant in light of the fact that alcohol withdrawal is associated with high risk of mortality of those in custody (National Commission on Correctional Health Care 1987).

A number of Australian jurisdictions have decriminalised public drunkenness and have established detoxification facilities on a limited scale. Further establishment and expansion of such facilities might divert thousands of cases from the criminal justice system. Alcohol rehabilitation programs will further serve to control alcohol abuse and addiction.

The over-representation of Aboriginal Australians in detention facilities reflects to a considerable extent their economic deprivation. Their position at the bottom of Australian society produces a negative self image which can be fatally aggravated by incarceration.

Hazlehurst has reaffirmed the need to restore the Aboriginal social and economic base in order to overcome the powerlessness and loss of hope that underlies self mutilation, crime, alcoholism and intra-group violence:

The perspective that communities and neighbourhoods not only provide fertile grounds for juvenile delinquency but may actually be an environment of deterrence of such activities has, as yet, little currency. Yet the community remains one of our largest untapped resources. As in other areas such as health, voluntary help networks — linking the administrations of criminal justice, welfare agencies, and Aboriginal social infrastructure — could be activated for the purpose of crime prevention and rehabilitation (Hazlehurst 1987: 253).

Table 1 Aboriginal deaths in custody 1980-1988 by reported cause and custodial authority²

Cause	Police	Prison	Unknown	Total
Hanging	20	8	—	28
Heart Related	6	8	1	15
Brain Damage/Head Injury	8	4	2	14
Lung Related	8	4	—	12
Alcohol Poisoning	1	1	1	3
Self-inflicted Injury	—	3	—	3
Shooting	1	1	1	3
Epilepsy	3	—	—	3
Unknown/Data Not Available	10	4	8	22
Total	57	33	13	103

Table 2 Aboriginal deaths in custody 1980-1988 by nature of alleged offence or circumstances giving rise to detention

Offence	No.	Percentage
Offences Against the Person	17	16.5
Break/Enter; Fraud; Theft	6	5.8
Alcohol Related*	26	25.2
Offences Against Good Order	6	5.8
Protective Custody	4	3.8
Fine Default	3	2.9
Driving/Traffic	2	2.0
Unknown/Data Not Available	39	37.8
Total	103	99.8

*Alcohol related refers to offences for drunkenness or related offences, including drunk and disorderly, disorderly conduct, obscene language, fighting whilst drunk and being taken into protective custody whilst drunk.

Table 3 Aboriginal deaths in custody by state 1980-1988 per 100 000 Aboriginal population 30 June 1986*

	NSW	VIC	QLD	WA	SA	TAS	NT	ACT	Total
Number	18	6	26	31	10	2	10	0	103
Rate	30.5	47.5	42.4	82.0	69.9	29.7	28.7	0	45.0

*1986 Census, Australian Bureau of Statistics.

At present, the doctrine of crown immunity precludes prosecution of a government agency per se. If any criminal charges are to be laid as the result of a death in custody, they must lie against individual officers. There are circumstances, however, when organisational or administrative malfeasance is such that, were it not for the doctrine of crown immunity, charges might properly be laid against the agency.

The question of whether criminal liability should extend to agencies of government is one which merits the attention of Australian law reform bodies. It can be argued that persistent failure to exercise a duty of care to persons in the custody of an agency should lead to criminal charges being laid against the agency in question, in addition to any culpable individual(s) (Fisse, 1987). A pattern of deliberate indifference to the medical needs of prisoners, particularly in the face of repeated deaths in custody, should permit the framing of criminal charges against the department as an organisational defendant.

6. Civil Liability

There is a well established common law duty to exercise reasonable care for the safety of those persons detained in custody. *L. v. Commonwealth* (1976) 10 ALR 269; *Howard v Jarvis* (1958) 98 CLR 177. When a breach of that duty results in injury to a person in custody it gives rise to a cause of action in tort against the individual officer responsible or against the government which employs him or her.

Civil litigation has played a significant role in reducing the risk of death in police or correctional custody in the United States (National Center on Institutions and Alternatives, 1987).

Commonwealth, state and territory governments should widen access to justice by those in custody, and by the survivors of those who die in custody, by broadening

the law of standing and by providing access to legal representation for persons otherwise unable to afford it.

Successful civil litigation may compensate the surviving relative of a victim for their loss, and lead to improved custodial conditions through self-regulatory initiatives by the responsible police or corrections agency. Other legal safeguards are yet unavailable in Australia. The introduction of new forms of injunctive relief, for example, could enable courts themselves to mandate improved operating procedures for criminal justice agencies.⁴

NOTES

1. David Biles, Consultant Criminologist and Head of Research, Royal Commission into Aboriginal Deaths in Custody, personal communication, March 1988. Professor Harding pointed out, however, that the suicide rate when controlled by age and sex among whites within prisons is virtually identical to that of Aboriginal prisoners. (*The Australian*, 14 April 1988, p. 3).
2. As gazetted by the respective jurisdiction.
3. This should not be interpreted as to infringe upon the privacy of prisoners who are not at risk.
4. It should be appreciated that there are deficiencies in the information available on a large number of cases. Further information may make it necessary to modify some of the analysis and conclusions.

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