

Youth Justice Reform Select Committee inquiry into youth justice reform in Queensland

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I am a registered psychologist who has worked with young people involved with the criminal justice system since 1991. I was employed by the Queensland Corrective Services Commission from 1991 to 1993. I have been in private practice for 30 years and I am now working in the [REDACTED], doing neuropsychological and mental health assessments for young people appearing in the Children's Court as well as for adults. My 30 years plus experience in this field has taught me that most of the young people involved with youth crime are living with neurodevelopmental disabilities and all reform of the Youth Justice system must take this into account. Young offenders are not typically-developing healthy children. They are very often children who are living with fetal brain injuries due to prenatal exposure to alcohol and other drugs, as well as early childhood trauma due to domestic and family violence and/or neglect. Their parents are not well either, usually suffering from mental illness and/or developmental disorders themselves. Children living with abnormal brains are not able to benefit from mainstream schooling and very often disengage from school by the age of 13 years, if they are not already suspended and/or excluded from school. Out on the streets they engage in stealing and drug use, encouraged by older children who are in the same situation. Tracing this back, we need to change the way our schools deal with behaviour, and we need to support families better. If we wait until the young people are disengaged from school it is very difficult to undo all the damage that has been done by their social and learning difficulties. I saw a Year 2 boy recently who told me that he is called "idiot" and "retard" on the playground. He punches the bullies and then he is suspended. He is 8 years old now but he is heading in the direction of youth crime already. The Australian Early Development Census assesses all children in Australia once every three years, when they start school. This survey could be done every year and the children found to be at risk could be referred to allied health professionals, occupational therapists or speech and language pathologists, for early intervention. At present the AEDC provides statistics but does not facilitate remedial intervention. This is a waste of the data and it will surprise nobody that Aboriginal and Torres Strait Islander children are much more likely to be found at risk than non-Indigenous children. When we understand that children have difficulties with learning and behaviour because their brains are not functioning as they should, we can end the punitive suspensions from school that push them into the school to prison pipeline and start to consider remedial intervention. I have known children to be asked to leave daycare and preschool due to their behaviour and I believe we can identify the at risk children by age 4 or 5 years, at the latest. That gives us 5 years to intervene with evidence based therapy. Indigenous children are vastly overrepresented in the youth justice system, partly because they have a background of disadvantage (parents in prison, intergenerational trauma, substance abuse issues) and partly because their families do not have access to speech and language therapy or psychological assessment or autism diagnoses. Wealthy parents may drink alcohol when pregnant but if the child is born with the learning and behaviour problems associated with fetal alcohol spectrum disorder, they will be able to access appropriate therapy. Locking up the children who offend does not keep the community safe. Even if every offending child could be locked up for 10 years, they will be released one day and probably return to their offending behaviour, as they know nothing else. In addition, every year a new cohort of children reaches their 10th birthday and is out on the streets, shoplifting, stealing cars, and using drugs. We must stop this ever-expanding flow of disadvantaged and disabled children into the criminal justice system by intervening when they are still young enough to benefit from therapy and family support. More education about the dangers of using alcohol and drugs when pregnant would be helpful, but effective rehabilitation centres,

places where women can go for treatment and take their children with them, are desperately needed. Prenatal exposure to alcohol, cocaine, heroin, methamphetamine, and even marijuana, have been implicated in the development of learning and behaviour disorders in children. The development of youth crime as a social problem can be stated this way: women suffering from the mental health issues associated with trauma, using alcohol and other drugs, exposing the fetus to toxins, causing abnormal brain development and brain dysfunction = children being suspended from school, spending time on the streets with other disadvantaged and disabled children, stealing from shops and then stealing cars, driving dangerously and causing injury and death. Trauma produces more trauma, produces more substance abuse. Most of the core repeat offenders fit into this paradigm of intergenerational trauma, substance abuse, and brain dysfunction. Occasional offenders tend to desist from offending and use their healthy brains to find a better way to live. We need to ensure that people in our communities can access support, can be safe, and can recover from mental health problems and substance abuse disorders. If the adults are dysfunctional, the children will be dysfunctional, and youth crime will continue. Unfortunately, the fact that Indigenous people have become more and more overrepresented in the prison system (14% in 1991 32% in 2022) means that their children are more and more likely to follow in their footsteps. If a parent is in prison, the child is 6 times more likely to go to prison themselves. The bottom line is that Youth Justice Reform must be focused on the developmental disabilities and mental health problems of the young offenders. They are not typically-developing healthy young people who just need to change their attitudes. They have fetal alcohol spectrum disorders, severe ADHD, autism spectrum disorders, specific learning disorders, language disorders, anxiety disorders, posttraumatic stress disorders, etc. They will not learn to behave appropriately by being punished. Consequences do not heal abnormal brain development.