

YOUNG PASSPORTERS

A study of the post-release experiences of young people aged 17 -25 years

Kate van Dooren

QADREC, School of Population Health

University of Queensland

Setting the scene...

*‘When someone bumps into you in the heavily overcrowded supermarket you want to hit them with something. That’s where you come from. I just **lived in a different culture** for so long and I got used to that culture. And when **you get put into a different culture** you don’t understand and it’s frightening.
It’s a very very different culture.’*

Setting the scene...

*'These accounts stepped outside the pages. The narratives could not be confined by professional classification or clinical purposes... they jarred me profoundly... They came to reshape the very way I heard patient accounts, the way I thought about my work. **What after all was it for?'***

Arthur Kleinman, 1995

Overview of presentation

Young people in adult prisons: **WHO**

Theoretical underpinnings: **WHY**

First steps towards study design: **WHY**

Methods: **HOW**

Definitions

- Thinking in terms of service access, Australian and QLD Governments: **12 to 25 years**
- 'age of majority'
- juvenile offenders aged under 18 years **EXCEPT QUEENSLAND**
- adult offenders aged over 18 years

'Young' offenders over 18 years?

Where social constructs *in the community*, afford 18 – 25 year-olds the status of young people, *despite* the age of majority, it could be argued that in the correctives services environment young people are not afforded status as young people *because* of the age of majority

Young prisoners, through omission, are rendered invisible by policy and practice, which in turn, does not require consideration of specific health needs

Key research questions

- Do young people who leave prison experience transition in different ways to adults?
- How is their health affected?

Youth health and Prisoner health

Long list of risk factors = insufficient

How to generate evidence?

Theoretical underpinnings

‘I have no data yet. It is a capital mistake to theorize before one has data. Insensibly one begins to twist facts to suit theories, instead of theories to suit facts.’

Sherlock Holmes in *A Scandal in Bohemia*—Arthur Conan Doyle (1891)

Theoretical Underpinnings

‘Depending on which questions we ask, prompted by which conceptual frameworks, we will produce different data relevant to understanding - and providing grounds for changing - population patterns of health, disease, and well being.’

Nancy Krieger, 1999

Stories

Each participant had a rich story to tell and provided insight **NOT ONLY** into the factors impacting upon their journey but also **HOW TO UNDERSTAND** their journey

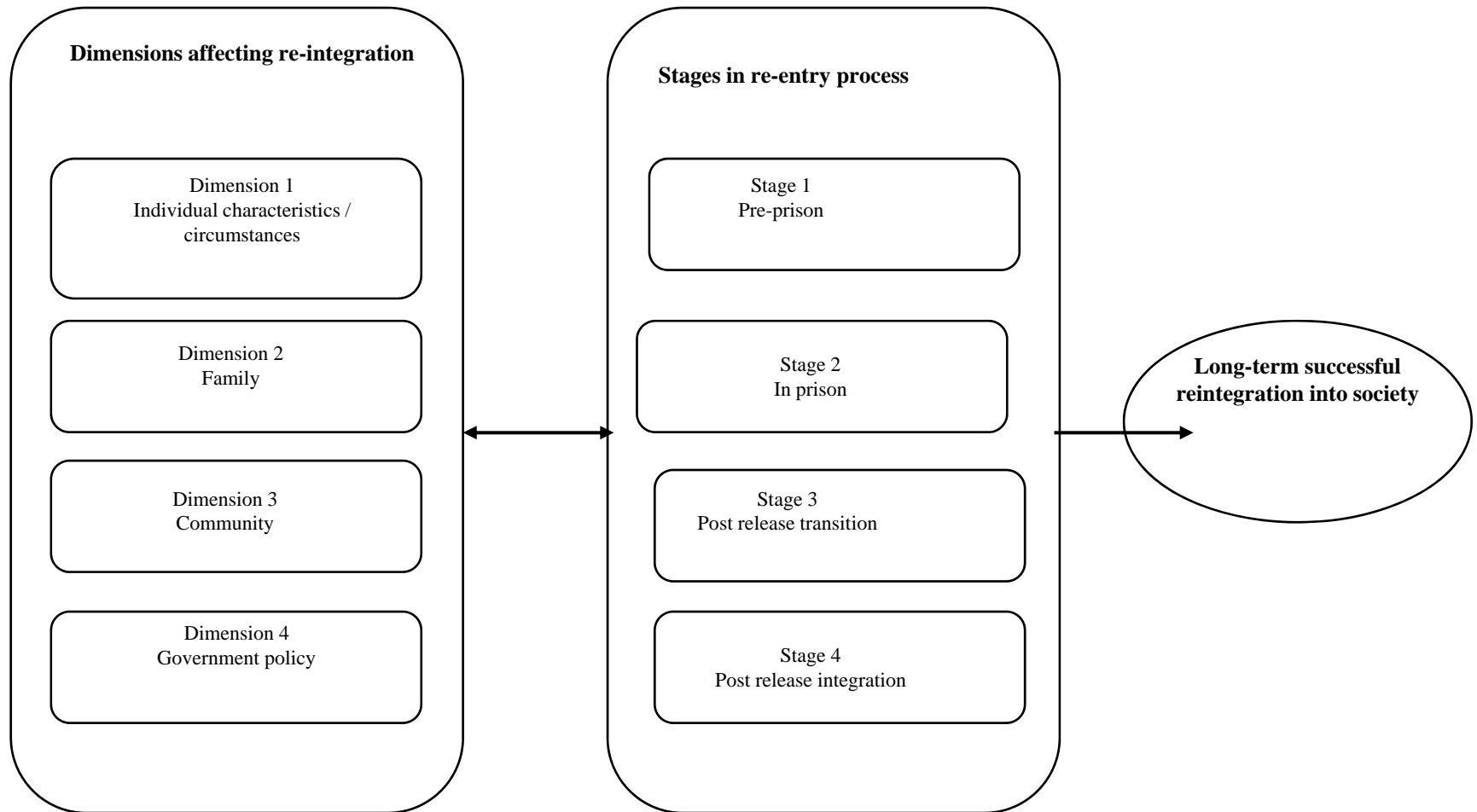
1. Rethinking reintegration
2. Conceptualising a transition pathway
3. Recognising multiple level of interactions

Frameworks matter

‘...articulating frameworks and using them systematically helps to uncover gaps in knowledge and action and to set the grounds for new initiatives both in policy and in research’

Gruskin and Krieger, 2001

Visher and Travis (2003)



1. Reintegration

Is this an adequate framework? Does it prompt useful questions?

Suggests homogeneity of experience

Reintegration

'It doesn't matter who I was or where I was before. When the hammer fell, I was a criminal. And my life changed forever. It sounds negative and harsh, but it is the reality of things.'

Reintegration

*‘E*very step of the way you have to prove your worth. A normal person doesn’t have to do that. They apply for a job, they are squeaky clean... that’s their worker’s history not their life history. Offenders have to give a life history... All of a sudden, your life changes from going from trustworthy, to as soon as you’re sentenced, then you’re worse than an alien – can’t be trusted.’

Integration

*'...**b**efore I went to prison, I wasn't really involved in community, I was only living in my own little world.'*



*'...**b**ut today, I can also be an upstanding member of the community... I present quite well. I have responsibility in the community, and I have a very responsible job, and I live the dream life that I want to dream and that I want to live.'*

Other possibilities?

'I haven't got any money now. I used to own a house and all that sort of stuff but I got rid of all that. All I've got is my clothes now, my clothes and a little car, and I'm happy with that. I can get in my car and just go you know?'

Rethinking reintegration

- Shifting away from 'reintegration' or 'integration' to a 'transition pathway'
- What are the 'steps' in the pathway? Again, some insight from people's stories.

2. A transition pathway

When asked to provide some background about their lives, most participants spoke about their childhood and their lives 'pre-crime':

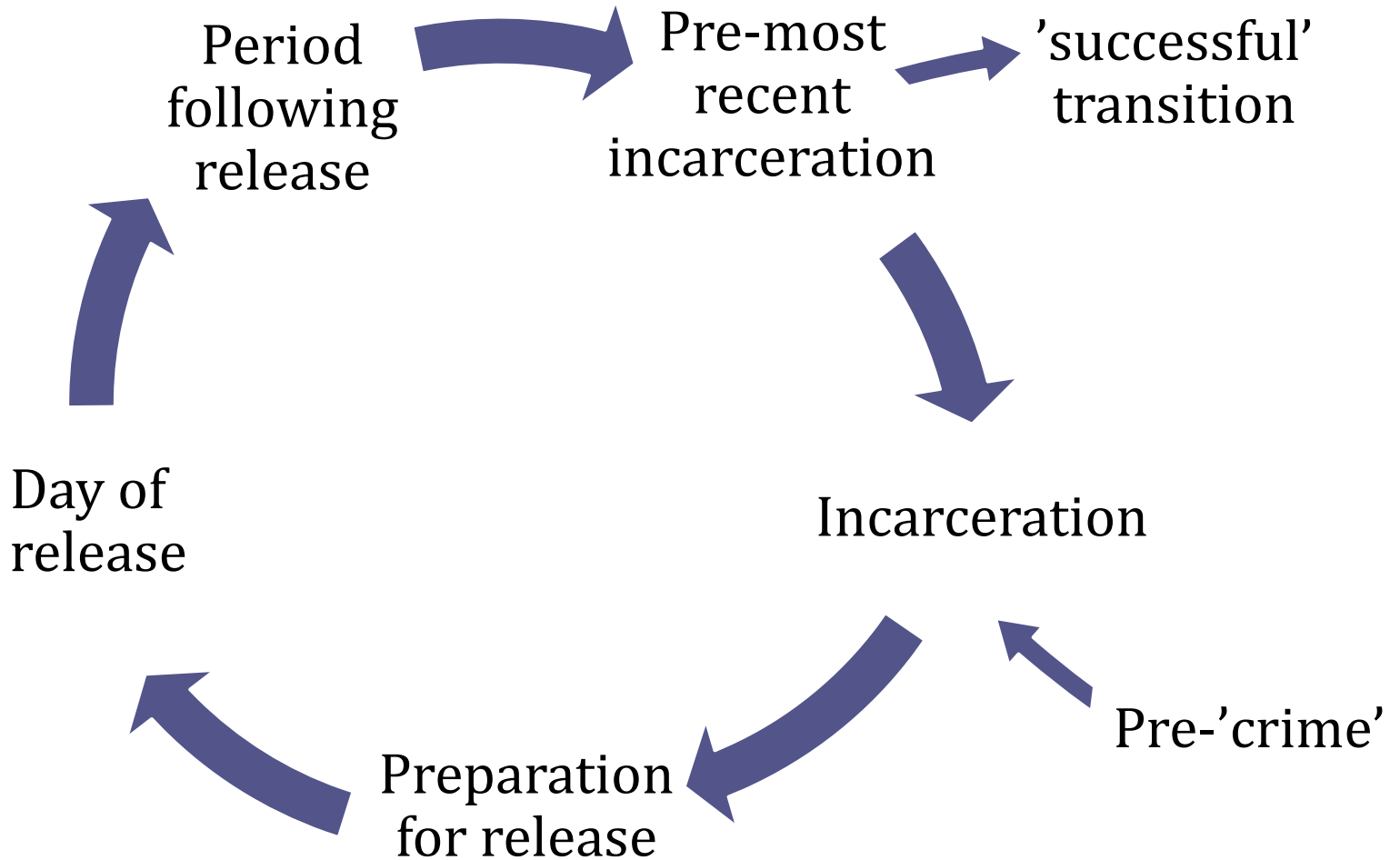
I couldn't talk, so at school I never ever learnt... I grew up resentful of people with anything higher to do like school teachers and stuff like that... I found dope at the age of 11 from an older cousin. Marvelously enough, the dope slowed down my metabolism and I learnt to speak.'

A transition pathway

All participants, when asked, could vividly remember their day of release and many could remember the date.

'It was pretty exhilarating. I'd been clean for a while. And my dream for most of the time I was in prison was to get a friend to pick me up with some of this substance and some of that substance... But the day I was actually released I got a different friend to pick me up who I knew was clean and that was doing the right thing. I went straight from prison to rehab and I didn't go to social security, I didn't go anywhere else, I went straight to rehab.'

A proposed transition pathway



3. Multiple level of interactions

But simply presenting the pathway in this way ignores the multiple interactions that people spoke of when they told their stories. They discussed these events not only in dimensions of 'time' in the pathway but against a backdrop of interactions with kin, professionals, community, services and agencies, structures, and historical context

A transition pathway story?

'I got kicked off the train in Sydney... the guards pulled me off drunk as a skunk. Drugs again. It didn't take me long. I found drugs on the train. I mean that was the person I was.'

Day of release, multiple themes, multiple interactions, reintegration?

3. Multiple level of interactions

I didn't want to leave jail. I got to a stage where I felt more comfortable in jail, because I had more friends in jail, because it was more solid then.'

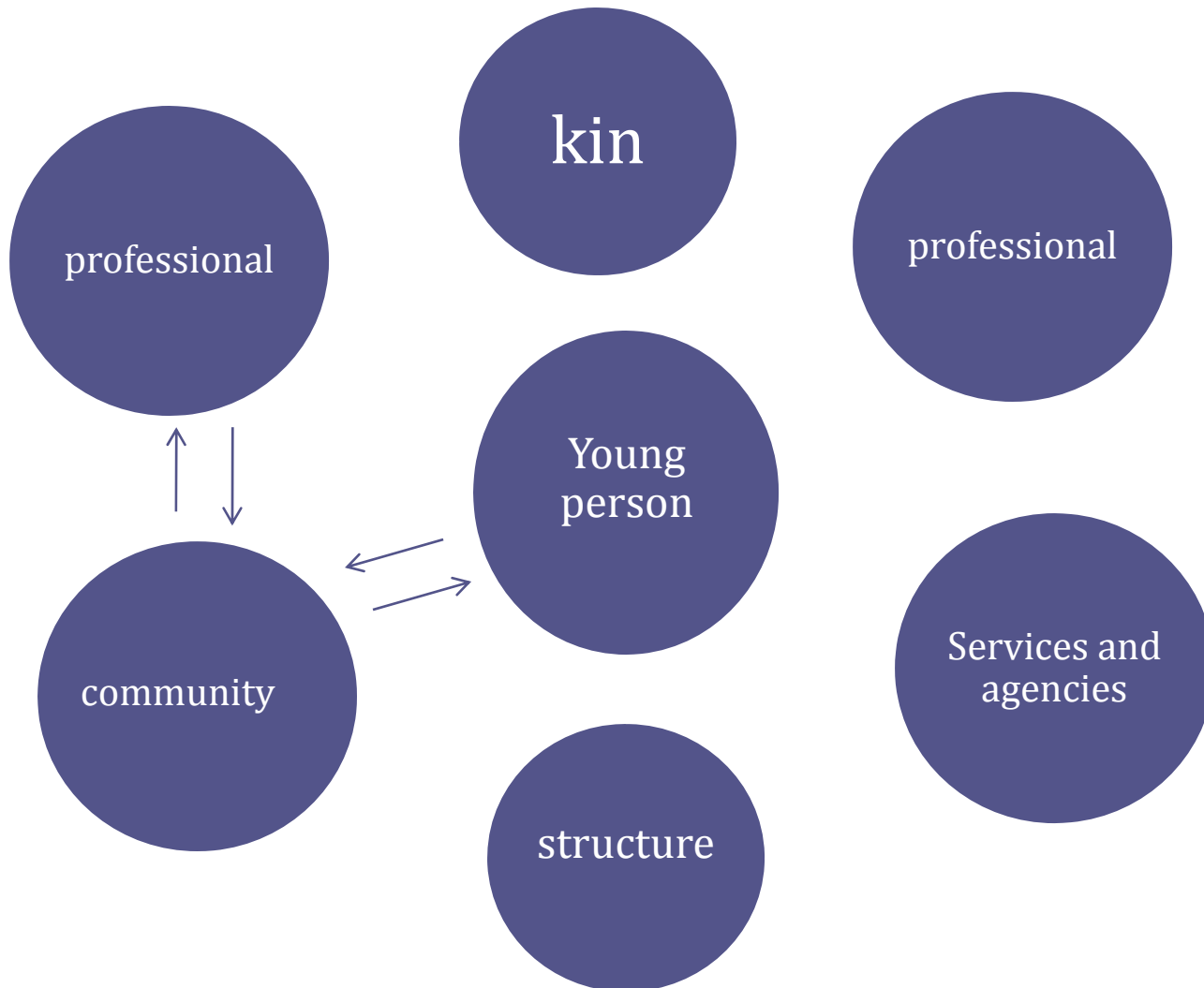
kin, history, structure

Multiple levels of interactions

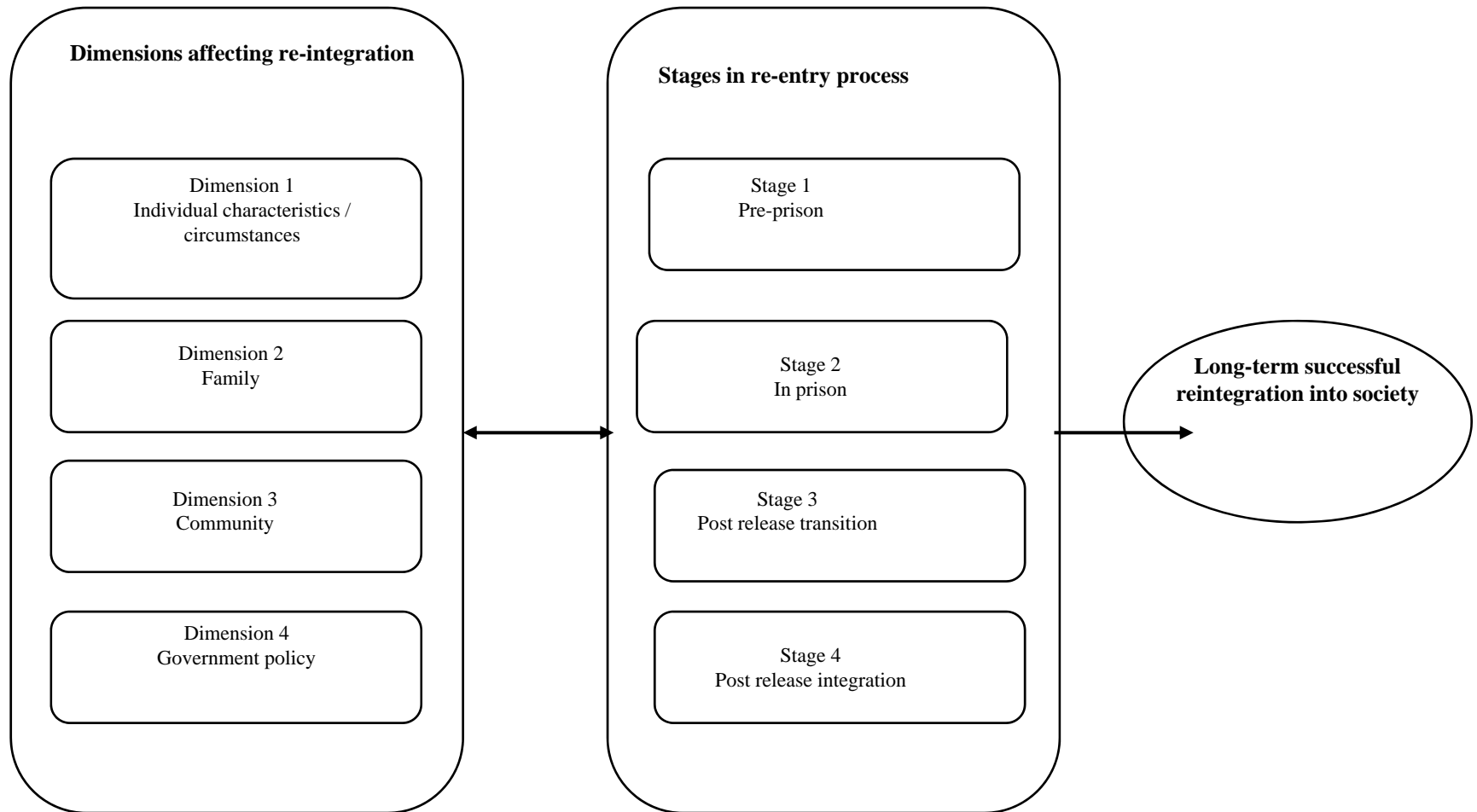
Structure:

'Because of the system, if you get three months you only do five weeks or whatever it is, six weeks. So it was so easy for me that I – I'm sure I started to get a bit institutionalized after four or five times of going backwards and forwards.'

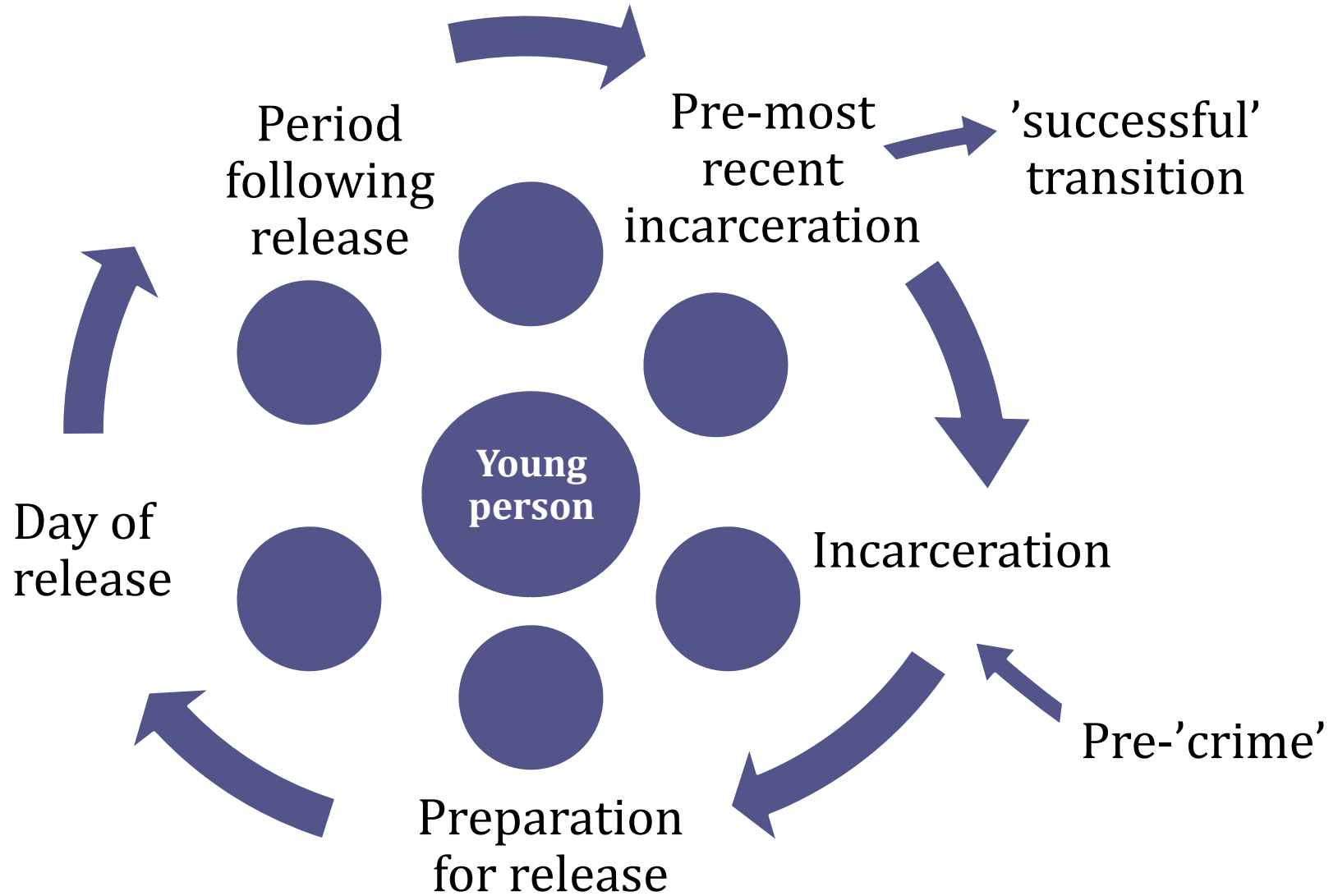
Multiple levels of interactions



Revisiting Visher and Travis



A proposed transition pathway



Next Steps

- Mixed Methods – ethnographic approach
- Quantitative Questions
 - Are young people a distinct group amongst those who have experienced prison?
 - Are their health related experiences post-release different to those of adults?
 - Do differences exist in ways consistent with population norms?
- Qualitative Questions
 - Through open-ended interviews, Focus Groups, Participant Observation???

Concluding Thought...

‘...if you’re an old bloke of 60 and you’re lining up to get the methadone with all the blokes that are 20 or something they think what an idiot. So I think it’s just, as you get older, you just change, you just have to.’

References

Doyle, A. (1891) *A Scandal in Bohemia*

Kleinman, A. (1995) *Writing at the Margin: Discourse Between Anthropology and Medicine*. University of California Press: Berkeley

Krieger, N. (1999) Sticky webs, hungry spiders, buzzing flies, and fractal metaphors: on the misleading juxtaposition of "risk factor" versus "social epidemiology". *Journal of Epidemiology and Community Health*; 53: 678-689.

Krieger N and S. Gruskin (2001) Frameworks matter: ecosocial and health & human rights perspectives on women and health-the case of tuberculosis. *J Am Women's Med Assoc*; 56: 137-142.

Visher, C. A. and J. Travis (2003) Transitions from Prison to Community: Understanding Individual Pathways. *Annu. Rev. Sociol.*; 29: 89-113.