

HUMAN RIGHTS WATCH

“They Just Locked Me Away”

Solitary Confinement and Abuse of People with Disabilities in Prisons in the State of South Australia

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Summary

> My mental health was bad enough, but [solitary] just made it worse…. They put me in there because of self-harming, not taking medication…. I thought I had to punish myself for the things I'd done, I wanted to punish myself. They never asked [why], they just put me in D-Wing.
>
> – Sonya L. (pseudonym), a woman with a psychosocial disability repeatedly held in solitary confinement in Adelaide Women's Prison, South Australia, March 2026.

While Sonya was incarcerated at South Australia's Adelaide Women's Prison, there were times she wore long sleeves in hot weather to hide her self-harm injuries from prison officers. She feared that if officers saw she had been hurting herself, they would once again hold her in D-Wing, a segregated unit of the prison where women are held in conditions of solitary confinement—isolation for 22 hours or more a day without meaningful human contact. During the more than five years she spent in prison, Sonya was repeatedly held in solitary for two to three weeks at a time.

Sonya described her self-harm as a coping mechanism she used when she experienced auditory hallucinations, which are a symptom of the psychosocial disability (mental health condition) she lives with. "I hated [solitary confinement], it makes your mental health a hundred times worse," she told Human Rights Watch. "You're on your own, there's nobody to help you."

This report examines the conditions in which prisons in Australia's state of South Australia hold people with psychosocial, neurological, and physical disabilities, and the extent to which authorities respect disability-related rights of prisoners as required under the United Nations Convention on the Rights of Persons with Disabilities and other international standards.

Human Rights Watch found that South Australian prisons do not have adequate systems in place to uphold the rights of people with disabilities who are incarcerated. Violations and shortcomings include the use of solitary confinement on people with disabilities and other concerns including seemingly arbitrary restrictions on mobility aids for those with physical disabilities, some lack of access to toilets, and inadequate prison oversight.

South Australian prison authorities have not sufficiently adopted rights-respecting methods to identify possible undiagnosed disabilities. This is important because people with disabilities have the right not to disclose their disability. The state's prison disability identification systems instead rely heavily on incarcerated people disclosing that they have a disability. But some people may choose not to disclose their disability because they fear adverse treatment, including being held in solitary confinement.

The Australian federal government and the South Australian government both acknowledge that people with disabilities are overrepresented in prisons. However, little data exists on the exact number of incarcerated people with disabilities, either nationally or in South Australia. One reason is that incarcerated people are not given the opportunity to individually participate in Australia's national census, which includes questions on health and disability.

Even when the South Australian prison system identifies a person's disability, it does not ensure their disability-related requirements will be met. In particular, people with psychosocial disabilities can face barriers to accessing mental health care.

Under article 14 of the Convention on the Rights of Persons with Disabilities (CRPD), to which Australia is party, states are obligated to ensure that people with disabilities deprived of their liberty are treated "on an equal basis with others, entitled to guarantees in accordance with international human rights law" and are treated in compliance with the convention's "objectives and principles…, including by provision of reasonable accommodation."

The denial or lack of reasonable accommodations for people with disabilities may create detention and living conditions that amount to ill-treatment and, in certain circumstances, torture.

Human Rights Watch documented that South Australian prison authorities have been holding people with psychosocial disabilities in conditions of solitary confinement. Human Rights Watch interviewed 17 people with disabilities who had been incarcerated in South Australia. Of the 14 people with psychosocial disabilities, 12 said that the authorities had held them in conditions of solitary confinement one or more times. Four of those interviewed described being held in solitary confinement for 15 days or longer. All described solitary confinement as distressing and damaging to their mental health.

Under the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), the use of solitary confinement on people with psychosocial or physical disabilities is prohibited where such measures would exacerbate their conditions. The rules also prohibit indefinite prolonged solitary confinement (defined as 15 days or longer). UN human rights experts have concluded that solitary confinement for any duration beyond 15 days constitutes a form of torture.

South Australian law falls short of these international standards by permitting prison authorities to impose regimes of indefinite solitary confinement— referred to as "power to keep prisoner apart from other prisoners." Applicable domestic law also does not include any limitations on the solitary confinement of people with disabilities.

The closed and heavily monitored environment of solitary confinement, absence of meaningful social contact, and lack of activity can exacerbate mental health conditions and have long-term adverse effects on the mental health of people with psychosocial disabilities.

Official South Australian policy nonetheless has allowed prison staff to hold a person in solitary confinement if they suspect the person is at risk of self-harm or suicide. People with disabilities whom Human Rights Watch interviewed felt that isolation during solitary confinement worsened their mental health and led to subsequent stints in solitary confinement.

Gary F. (pseudonym), a man with a schizoaffective condition whom South Australian prison authorities repeatedly held in solitary confinement at Yatala Labour Prison, told Human Rights Watch, "If you go there for suicidal thoughts or whatever, it makes you [even more suicidal] from going there."

Fear of being sent to solitary confinement deters people from disclosing mental health conditions. Sonya tried to hide her self-harm scars from prison officers to discourage them from sending her to solitary confinement in D-Wing. Another woman, who was released from Adelaide Women's Prison in 2026, said: "We lived with a girl that cut herself. And it's one of those things where the other girls are trying to cover it up because you know that [if prison staff see,] she'll get sent to D-Wing and it will be worse for her."

In July 2026, the South Australian Department for Correctional Services released a new Disability Access and Inclusion Plan that acknowledges many of the issues identified in this report, including the need for better screening of disability, increased training for staff, and increased daily living supports for incarcerated people with disabilities. While this acknowledgment is a step toward addressing the mistreatment of people with disabilities in South Australian prisons, the plan's proposed response does not commit to all the changes needed to ensure the human rights of incarcerated people with disabilities are upheld. For instance, the plan does not address the use of solitary confinement on people with disabilities.

South Australia's prison population has grown by more than 20 percent in the past decade. People held on remand—that is, they have been refused bail and are awaiting conviction or sentencing—make up nearly half of South Australia's prison population, the highest proportion of any state or territory in Australia.

To address the restriction and violations of the rights of people with disabilities in South Australian prisons, the South Australian government should look to alternatives to custody. The International Covenant on Civil and Political Rights states that as a general rule, people awaiting trial should not be detained. The UN Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) provide that pretrial detention should be used as a means of last resort.

The state government should enact legislation to ban the use of solitary confinement on people with disabilities and the use of prolonged solitary confinement in all cases. The state government should also ensure prisons are monitored independently and regularly, with particular attention paid to the concerns of incarcerated people with disabilities.

Recommendations

To the South Australian Government:

- Reduce the number of people incarcerated by increasing the availability of community-based disability and mental health resources, ensuring that those services are fully available to people in contact with the criminal justice system.
- Expand access to criminal justice diversion programs and ensure that all these programs are fully accessible for and available to people with all types of disabilities. Such programs should be guided by the principles laid out in the United Nations Standard Minimum Rules for Non-custodial Measures (Tokyo Rules).
- Review sentencing guidelines for low-level offenses, to minimize resort to custodial sentencing in favor of diversion schemes and community-based service orders. Expand access to such measures and ensure Aboriginal and Torres Strait Islander people have equal access to them.
- Do not detain people awaiting trial as a general rule. Ensure pretrial detention is used only as an option of last resort.
- Enact legislation to prohibit the solitary confinement of prisoners with disabilities, and the use of prolonged solitary confinement in all cases.
- Establish an independent inspectorate for prisons, or reconstitute the official visitor program so that it is independent, reports directly to Parliament, and has adequate resources to conduct regular, in-depth monitoring and investigation of all South Australian prisons.
- Systematically offer all prisoners accessible and confidential opportunities upon entry to identify any disability-related support or reasonable accommodation they may require. Any clinical or diagnostic assessment should be conducted only with the person's free and informed consent, in accordance with international human rights law.
- Screen all incarcerated people for a history of sexual and gender-based violence, and other forms of violence that could have contributed to physical or psychosocial disabilities. This should include screening for non-fatal strangulation, which can result in acquired brain injury. Ensure that psychosocial support is available to all victims and survivors of violence.

- Ensure all incarcerated people have access to psychosocial services specifically designed for survivors of trauma. Disclosure of trauma should prompt a referral to such services; however, all incarcerated people should be able to access psychosocial services without disclosing personal information.
- Ensure incarcerated people have adequate access to disability support and mental health services.
- Provide all prison staff with regular training that is gender-sensitive and culturally appropriate on interacting with people with disabilities, in particular psychosocial and intellectual disabilities.
- Ensure people with disabilities receive a standard of health care in custody equivalent to that available in the community.
- Revise the Department for Correctional Services policy on the use of restraints during external medical appointments so that restraints are banned during medical procedures or during labor or birth, consistent with the UN Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules).
- Ensure no person with a physical disability is held in a prison that is not accessible to them.
- Provide resources to organizations led by Aboriginal and Torres Strait Islander people to provide specialized and culturally appropriate support to incarcerated Aboriginal and Torres Strait Islander people with disabilities.
- Permit prisoners to retain their own prescribed mobility aids, glasses, and other prescribed medical and assistive equipment wherever possible; if specific equipment is determined to pose a concrete security risk, ensure that replacement equipment adequately serves their requirements.
- Ensure deaf and hard of hearing prisoners are not denied assistive communication technology, including their own prescribed hearing aids.
- Enact a South Australian Human Rights Act to reinforce commitments that Australia has already made under international law and serve as an enforceable standard to enable individuals to seek redress for rights violations in the state.

To the Federal Government:

- Review the guidelines on incarcerated people's access to the National Disability Insurance Scheme (NDIS) to ensure people with disabilities are not unnecessarily denied access to supports.

- Enact a national Human Rights Act.

To the Corrective Services Administrators' Council:

- Develop and publish nationally consistent guidelines for screening and identifying disability on entry to and during custody, providing for the use of validated screening instruments, the recording of identified requirements, and referral to appropriate supports, and set a clear timeframe for jurisdictions to implement them.

To the Australian Bureau of Statistics:

- Allow incarcerated people to individually participate in the national census so that their data may be captured on their health and disability requirements.

Methodology

Human Rights Watch conducted research for this report between June 2025 and June 2026. Two Human Rights Watch researchers visited Adelaide, South Australia to conduct in-person interviews in October 2025, and a Human Rights Watch researcher made a second visit to South Australia in March 2026. Additional interviews were conducted remotely by telephone and video call.

Human Rights Watch interviewed 42 people. This included 17 people with disabilities (including 14 with psychosocial disabilities) who had previously been incarcerated in South Australia, as well as family members and friends of people with disabilities who had been incarcerated in South Australia. Interviewees also included lawyers, staff of nongovernmental organizations working with incarcerated people, advocates, mental health and medical professionals, and academics.

Names of interviewees who have experienced incarceration have been withheld to protect their privacy and safety. For some interviewees, Human Watch has also avoided stating the dates of their incarceration to avoid identification. Real names have been used for formerly incarcerated people only in cases where the person has an existing public profile.

Human Rights Watch has also withheld the names of, or identifying details about, some other interviewees, including staff of nongovernmental organizations and other professionals, on their request or where identifying them could expose them or people they work with to harm. The community of organizations and professionals working on disability and incarceration in South Australia is small, and naming individuals or their organizations could render them, and in some cases the people they support, readily identifiable, which could negatively impact future support.

Human Rights Watch informed all interviewees of the purpose of the interview and how the information collected would be used and obtained their consent to be interviewed. No remuneration was provided to the interviewees. In some cases, Human Rights Watch reimbursed travel costs interviewees incurred to take part in an interview.

Human Rights Watch also reviewed a range of documents, including South Australian legislation, prison policies, and standard operating procedures; the Department for Correctional Services' published materials and responses to parliamentary questions; reports of the Official Visitor and other oversight and monitoring bodies; coronial inquest findings; court judgments; submissions and evidence to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability; government planning and prison redevelopment documents; and relevant data obtained from government agencies.

Two Human Rights Watch researchers met with officials from South Australian Department for Correctional Services in October 2025. Following this meeting, Human Rights Watch requested in writing access to Adelaide Women's Prison and Yatala Labour Prison. The department denied access to these facilities in a letter sent via email in July 2026. That same month, Human Rights Watch wrote to Serco, which operates the Adelaide Remand Centre under private contract with the South Australian government, and to G4S, which operates the Mount Gambier Prison on the same basis, requesting access to both. Serco did not respond. G4S responded on July 13, stating "All requests for official visits and facility access must be formally directed to and approved by DCS [Department for Correctional Services]."

On September 17, 2026, Human Rights Watch wrote to the Department for Correctional Services and to Serco requesting further information. Serco provided a response on October 6, which is included in the body of this report. Human Rights Watch met with officials from the Department for Correctional Services on September 21, and on October 12 Human Rights Watch received a written response to its letter from Chief Executive David Brown, which is included in the body of this report and provided in full as an annex.

This research builds on Human Rights Watch's 2018 report, *"I Needed Help, Instead I Was Punished": Abuse and Neglect of Prisoners with Disabilities in Australia*,[1] which was based on visits to 14 prisons across Western Australia and Queensland, and Human Rights Watch's 2020 report, "*He's Never Coming Back": People with Disabilities Dying in Western Australia's Prisons.*[2]

[1] Human Rights Watch, "I Needed Help, Instead I Was Punished": Abuse and Neglect of Prisoners with Disabilities in Australia, (New York: Human Rights Watch, 2018), https://www.hrw.org/report/2018/02/06/i-needed-help-instead-i-was-punished/abuse-and-neglect-prisoners-disabilities#_ftn84.

[2] Human Rights Watch, "He's Never Coming Back": People with Disabilities Dying in Western Australia's Prison, September 15, 2020, https://www.hrw.org/news/2020/09/15/australia-deaths-prisoners-disabilities.

I. Background

Overview of Prisons in Australia

Australia has national guidelines for prisons developed by the Corrective Services Administrators' Council, which is a body made up of executives and commissioners from prison authorities across each state and territory jurisdiction.[3] However, these are non-binding, and each state or territory operates its own prisons and develops its own legislation and policies. As a result, prison systems vary significantly from state to state.

State and territory governments are responsible for sentencing prisoners who are convicted under state law. A person can become a federal prisoner if they are sentenced under a Commonwealth statute or extradited from another country, but there are no federal prisons, only state-level facilities.

Overview of Prisons in South Australia

There are nine prisons across South Australia where authorities hold both remanded and sentenced adults.[4] Remand is where a person has not been granted bail and is instead incarcerated while waiting for their trial or to be sentenced. In South Australia, remand prisoners can be held in any prison.

The largest prison in South Australia is Yatala Labour Prison, a medium to high security facility located in the Adelaide suburb of Northfield.[5] The prison was built in 1854 by the South Australian colonial government using the forced labor of prisoners.[6] Some of its original buildings remain in use today. According to the Department for Correctional

[3] The Standard Guidelines for Corrections in Australia are an expression of national intent that set forth guiding principles, but it is the prerogative of individual states to develop legislation and policy. Corrective Services Administrators' Council, "Guiding Principles for Corrections in Australia 2025," October 2025, https://www.corrections.vic.gov.au/about-the-corrections-system/frameworks-policies-and-standards/guiding-principles-for-corrections, (accessed August 25, 2026).

[4] Department for Correctional Services (South Australia), "About Our Prisons," https://www.corrections.sa.gov.au/prison/about-our-prisons (accessed March 15, 2026).

[5] Government of South Australia, State Records of South Australia, "Gaols and Prisons," https://archives.sa.gov.au/finding-information/discover-our-collection/police,-courts-and-gaols/gaols-and-prisons (accessed March 14, 2026).

[6] Ibid.

Services, Yatala has a maximum capacity of 846 incarcerated people.[7] Yatala houses G Division, a segregation unit.

South Australia's only women's prison is Adelaide Women's Prison, also located in Northfield. According to the Department for Correctional Services, its maximum capacity is 232 prisoners, including both women on remand and those serving sentences.[8] It contains D-Wing, a segregation unit.

South Australian Prison Health Service (SAPHS), a division of SA Health, is responsible for the provision of health care to people held in South Australian prisons. The Department for Correctional Services is responsible for the daily operations of South Australia's prisons. However, the South Australian government has contracted out operation of the Adelaide Remand Centre (a metropolitan prison) to the United Kingdom-based company Serco, and of the Mount Gambier Prison (a regional facility) to the United Kingdom-based private security company G4S.[9]

Data on People with Disabilities in Prisons

Australia lacks comprehensive data on the number of people with disabilities who are incarcerated, both nationally and in South Australia. Unlike the rest of the Australian population, incarcerated people are not given the opportunity to individually fill out surveys in Australia's national census, which typically includes questions relating to disability and health. Instead, the Australian Bureau of Statistics (ABS) derives statistics on incarcerated people from administrative records held by prison authorities in each state and territory.[10] An official at the ABS confirmed to Human Rights Watch that this administrative data "does not include detailed health or disability variables."[11] This means there is an absence of data on incarcerated people, including those with disabilities, in Australia's biggest statistical

[7] Department for Correctional Services (South Australia), "Yatala Labour Prison," https://www.corrections.sa.gov.au/prison/prison-locations/yatala-labour-prison (accessed March 14, 2026).

[8] Department for Correctional Services (South Australia), "Adelaide Women's Prison," https://corrections.sa.gov.au/prison/prison-locations/adelaide-womens-prison (accessed March 15, 2026).

[9] Department for Correctional Services (South Australia), "How We Do It," https://www.corrections.sa.gov.au/about/what-we-do/how-we-do-it (accessed March 15, 2026).

[10] Australian Bureau of Statistics, "Using administrative data in the 2026 Census," December 3, 2025, https://www.abs.gov.au/statistics/detailed-methodology-information/information-papers/using-administrative-data-2026-census, (accessed August 25, 2026).

[11] Email from Census & Population Division, Australian Bureau of Statistics, to Human Rights Watch, June 22, 2026.

survey.[12] This is problematic because census data is commonly used to inform government decision making, as well as for advocacy purposes by civil society organizations including those representing people with disabilities.[13] By not allowing people who are incarcerated to fill in their own census survey, the ABS also denies people with disabilities who are incarcerated greater autonomy over what information is shared about them.

Some data on incarcerated people with disabilities is collected by the Australian Institute of Health and Welfare (AIHW) survey on the health of people in prisons, but the number of participants in the survey from each jurisdiction is relatively small. When the survey was most recently conducted in 2025 it questioned 410 prison entrants from Australia nationally, including 75 from South Australia.[14] Of the 410 people entering prison, nearly half reported a long-term health condition or disability affecting their everyday activities.[15] In 2025, the AIHW survey also included administrative data collected on 49,500 people who had been incarcerated in Australia.[16] Of this cohort, 56 percent were recorded as having a mental health condition.[17] However, this data excludes those incarcerated in South Australia, Queensland, and the Northern Territory as their prison authorities did not supply administrative data to the AIHW.

The South Australian Department for Correctional Services has acknowledged in its own policy documents that people with disabilities are "significantly over-represented in the criminal justice system."[18] However, it does not publish any data on the number of people

[12] The Australian Census is conducted every five years by the Australian Bureau of Statistics and is the only data collection activity that provides information for the entire country. Australian Bureau of Statistics, "Value of the Census," https://info.census.abs.gov.au/about/value-census, (accessed August 25, 2026).

[13] Ibid.

[14] Australian Institute of Health and Welfare (AIHW), The Health of People in Australia's Prisons 2025 (Canberra: AIHW, 2026), doi:10.25816/j025-0377.

[15] Ibid.

[16] Ibid.

[17] Ibid.

[18] The Department for Correctional Services Disability Access and Inclusion Plan 2020-2024 acknowledges that, "People with disability are significantly overrepresented at every point in the criminal justice system. While around one in five Australians live with disability, the proportion in custody and under community supervision is much higher, with cognitive, intellectual, psychosocial and mental disabilities particularly common." South Australian Department for Correctional Services, Disability Access and Inclusion Plan 2026-2029, July 2026, https://corrections.sa.gov.au/__data/assets/pdf_file/0007/1439602/Disability,-Access-and-Inclusion-Plan.pdf, p.2. (accessed August 25, 2026). It made a similar statement in it is earlier 2020-2024 plan; https://www.corrections.sa.gov.au/__data/assets/pdf_file/0003/308298/DCS-Disability-Access-and-Inclusion-Plan-2020-2024-Plain-Text-Version.pdf, p. 2-3, (accessed August 25, 2026).

with disabilities who are incarcerated in South Australia.[19] The department has said that is has a goal to enhance systems to "improve its disability data capture and reporting" to "enable more tailored responses." In response to questions from Human Rights Watch, Department for Correctional Services Chief Executive David Brown wrote: "DCS [Department for Correctional Services] and SAPHS [South Australian Prison Health Service] collect a range of admission-specific data, which is retained on a prisoner's file and referenced, updated or amended as required throughout their period of imprisonment."[20]

Sufficient data systems can be important to ensure appropriate sharing of health information between different government agencies. An example of this issue was highlighted in the findings of a 2023 coronial inquest into the death in custody of a man with both physical and psychosocial disabilities at Yatala Labour Prison.[21] The coronial inquest found that the man's hospital discharge summary, which included information about his health conditions and disabilities, was not copied in full into prison health records. The coroner found that the man's death had been "potentially preventable" and the treatment and care provided to him by the prison was "deficient to him regarding the need for accurate medical information to be recorded and easily accessible to those that needed to know it."[22] At the time the department said it was deploying a new data system called "iSAFE" to improve its electronic record keeping, however, as of August 2026 this system has yet to be put in use.[23]

The state's failure to systematically record disability among incarcerated people is a barrier to ensuring their requirements are met. Under the Convention on the Rights of Persons with Disabilities, states are obligated to collect statistical and other data to inform policies that protect the rights of people with disabilities.[24] Any such data collection should also comply

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[19] Human Rights Watch comprehensively reviewed policy documents and annual reports published by the South Australian Department for Correctional Services.

[20] Letter from David Brown, Chief Executive of the Department for Correctional Services, to Human Rights Watch, October 12, 2026.

[21] Coroner's Court of South Australia, TROTTA, Giovanni – Inquest Number 54/2020 (1242/2018) [2023] SACorC 21 (10 November 2023), available at www.austlii.edu.au.

[22] Ibid.

[23] As of August 2026, the South Australia Department for Correctional Services website still describes iSAFE as currently being prepared to "go live";"iSAFE and End to End Case Management," Department for Correctional Services (South Australia), https://www.corrections.sa.gov.au/about/our-projects/isafe_and_end_to_end_case_management (accessed August 31, 2026).

[24] Convention on the Rights of Persons with Disabilities (CRPD), adopted December 13, 2006, G.A. Res. 61/106, annex I, 61 U.N. GAOR Supp. (No. 49) at 65, U.N. Doc. A/61/49 (2006), entered into force May 3, 2008, art. 31.

with legally established safeguards, including those to ensure confidentiality and respect for the privacy of people with disabilities, and internationally accepted norms to protect human rights.[25] In its 2019 review of Australia, the UN Committee on the Rights of Persons with Disabilities specifically called on the Australian governments to collect data disaggregated by disability, age, gender, location, and ethnicity at all stages of the criminal justice system.[26]

Incarceration of First Nations People with Disabilities in Prisons

Aboriginal and Torres Strait Islander people are grossly overrepresented in the prison population both in South Australia and nationwide.[27] Studies suggests there is a high rate of both physical and psychosocial disability among First Nations people who are incarcerated, likely higher than that of the general prison population.[28] Data from the Australian Bureau of Statistics indicates Aboriginal and Torres Strait Islander people have a higher rate of disability than other Australians, including a higher rate of psychosocial disability.[29]

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[25] Convention on the Rights of Persons with Disabilities, art. 31.

[26] UN Committee on the Rights of Persons with Disabilities, Concluding observations on the combined second and third periodic reports of Australia, UN Doc CRPD/C/AUS/CO/2-3 (October 15, 2019).

[27] Australian Institute of Criminology, Trends & Issues in Crime and Criminal Justice no. 536 (Canberra: AIC, 2020), https://www.aic.gov.au/sites/default/files/2020-05/ti536_aboriginal_prisoners_with_cognitive_impairment.pdf. (Accessed March 2026).

[28] Such studies include a 2023 study that linked administrative data of more than 2.3 million people in New South Wales and found higher rates of "custodial contact" (which includes incarceration in youth detention and adult prisons) among First Nations people with disabilities (including cognitive, physical and psychosocial disabilities) than non-Indigenous people with disabilities, Clare Ringland, Stewart Boiteux, and Suzanne Poynton, "People with Disability and Offending in NSW: Results from the National Disability Data Asset Pilot," Bureau Brief, no. 164 (Sydney: NSW Bureau of Crime Statistics and Research, January 2023), https://bocsar.nsw.gov.au/documents/publications/bb/bb151-200/bb164-report-people-with-disability-and-offending-in-nsw.pdf; a 2017 study of 122 First Nations people incarcerated in Victoria found approximately 21 percent had a cognitive disability, compared with an estimated 8–15 percent found across prior Australian offender-cohort studies generally, Stephane Shepherd, James Ogloff, Yin Paradies, and Jeffrey Pfeifer, "Aboriginal Prisoners with Cognitive Impairment: Is This the Highest Risk Group?" Trends & Issues in Crime and Criminal Justice, no. 536 (Canberra: Australian Institute of Criminology, 2017), https://www.aic.gov.au/sites/default/files/2020-05/ti536_aboriginal_prisoners_with_cognitive_impairment.pdf; a 2012 study of a purposively selected cohort of 2,731 people in New South Wales who had been in prison and had known mental health or cognitive disability diagnoses found that 65 percent of Indigenous people in the cohort had a cognitive disability, compared with 54 percent of the cohort as a whole, Eileen Baldry, Leanne Dowse, and Melissa Clarence, People with Intellectual and Other Cognitive Disability in the Criminal Justice System: Report for NSW Family and Community Services, Ageing, Disability and Home Care (Sydney: Department of Family and Community Services NSW, Ageing, Disability and Home Care, 2012), p. 11; and a 2012 study that found significant hearing loss among 94 percent of 134 Aboriginal men tested in Northern Territory prisons, with no hearing loss found among a comparison group of non-Indigenous men tested, Troy Vanderpoll and Damien Howard, "Massive Prevalence of Hearing Loss among Aboriginal Inmates in the Northern Territory," Indigenous Law Bulletin 7, no. 28 (2012), pp. 3–7.

[29] Australian Bureau of Statistics, "4714.0 – National Aboriginal and Torres Strait Islander Social Survey, 2014-2015," April 28, 2016, http://www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0 (accessed March 2026); Aboriginal and Torres Strait Islanders experience higher rates of psychosocial disabilities, especially women in custody

Pat Waria-Read, a Ngadjuri elder who has supported First Nations women both during incarceration and after release, linked the prevalence of mental health conditions in First Nations communities to the ongoing intergenerational trauma caused by colonization:

> Nobody talks about the dispossession and the way in which this country was settled, and the generations of loss and grief and incarceration that has grown throughout Australia's history. That is a missing key in all of this when we talk about mental illness.[30]

Incarceration of Women with Disabilities

While Human Rights Watch was unable to obtain disaggregated data on the number of women with disabilities incarcerated in South Australia, the Department for Correctional Services policy documents state that a "significant number" of women incarcerated have disabilities.[31] The department's 2025 Women's Framework and Action Plan list the types of disabilities present among women incarcerated at Adelaide Women's Prison.[32] The most common was intellectual disability, followed by schizophrenia, schizoaffective disorder, acquired brain injury, borderline personality disorder, autism spectrum disorder, fetal alcohol spectrum disorder, anxiety disorder, bipolar disorder, multiple sclerosis, other psychosocial disability, paraplegia, and stroke.[33]

Both internationally and in Australia, research has well established that the rates of histories of trauma and of psychosocial disability and associated requirements for psychosocial support are very high among imprisoned women.[34] While imprisoned men also experience

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who have experienced previous trauma. Government data also shows that Aboriginal and Torres Strait Islander communities have a higher incidence of intellectual disability, 8 percent versus 2.9 percent in the general population. Eileen Baldry et al., "A Predictable and Preventable Path: Aboriginal People with Mental and Cognitive Disabilities in the Criminal Justice System," http://fpdn.org.au/wp-content/uploads/2016/10/FPDN-Senate-Inquiry-Indefinite-Detention-Submission_Final.pdf,

[30] Human Rights Watch interview with Pat Waria-Read, March 2026, Adelaide.

[31] Department for Correctional Services, South Australia, Women's Framework and Action Plan 2025–2030, https://www.corrections.sa.gov.au/__data/assets/pdf_file/0010/1097893/DCS_2025-30-Womens-FrameworkAction-Plan.pdf, p. 8., (accessed April 10, 2026).

[32] Ibid.

[33] Ibid.

[34] Internationally, see Marie E. Karlsson and Melissa J. Zielinski, "Sexual Victimization and Mental Illness Prevalence Rates Among Incarcerated Women: A Literature Review," Trauma, Violence, & Abuse 21, no. 2 (2020), pp. 326–349, doi:10.1177/1524838018767933; Seena Fazel, Adrian J. Hayes, Katharina Bartellas, Massimo Clerici, and Robert Trestman, "Mental Health of Prisoners: Prevalence, Adverse Outcomes, and Interventions," The Lancet Psychiatry 3, no. 9 (2016), pp. 871–

elevated rates of requirement for psychosocial support, the rates are generally higher for women.[35]

Oversight of South Australia Prison System

In 2017, Australia ratified the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), [36] which requires states party to establish a system of regular, independent inspections of all places of detention, including prisons, to prevent mistreatment and torture.[37] Australia chose to establish a multiple body system under which the Commonwealth and states and territories each establish their own independent inspection bodies (which are known as National Preventative Mechanisms under the OPCAT treaty).[38]

In 2021, South Australia's parliament passed legislation to modify its existing Correctional Services Act to create an official prison visitors scheme.[39] Official prison visitors are appointed by the governor of South Australia to receive complaints from prisoners, act as an advocate for prisoners, conduct inspections of prisons, and provide advice to the corrections minister and Department for Correctional Services chief executive.[40] When the official prison visitor scheme was first created, the government had described it as "part of a commitment

881, doi:10.1016/s2215-0366(16)30142-0; and Nur Oktavia Hidayati, Suryani Suryani, Laili Rahayuwati, and Efri Widianti, "Women Behind Bars: A Scoping Review of Mental Health Needs in Prison," Iranian Journal of Public Health 52, no. 2 (2023): 243–253, doi:10.18502/ijph.v52i2.11878. On Australia, see Daria Korobanova, Sarah-Jane Spencer, and Kimberlie Dean, "Prevalence of Mental Health Problems in Men and Women in an Australian Prison Sample," International Journal of Forensic Mental Health 21, no. 1 (2022), pp. 89–105, doi:10.1080/14999013.2021.1895379; Tony Butler, Basil Donovan, Jill Fleming, Michael Levy, and John Kaldor, "Childhood Sexual Abuse Among Australian Prisoners," Venereology 14, no. 3 (2001), pp. 109–115; and Clare Ringland, Stewart Boiteux, and Suzanne Poynton, "People with Disability and Offending in NSW: Results from the National Disability Data Asset Pilot," Bureau Brief, no. 164 (Sydney: NSW Bureau of Crime Statistics and Research, January 2023).

35 Ibid., Korobanova, Spencer, and Dean; Butler, Donovan, Fleming, Levy, and Kaldor; and Ringland, Boiteux, and Poynton.

36 Australia ratified the Optional Protocol to the Convention on the Rights of Persons with Disabilities in December 2017; Implementing OPCAT in Australia: Australian Human Rights Commission, "Optional Protocol to the Convention against Torture (OPCAT)," https://humanrights.gov.au/resource-hub/by-resource-type/publications/asylum-seekers-and-refugees-resources/guides/opcat-optional-protocol-convention-against-torture, (accessed July 14, 2026).

37 Optional Protocol to the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment, GA Res 57/199, UN Doc A/res/57/199, 2003, entered into force June 22, 2006.

38 Ibid.

39 Correctional Services (Accountability and Other Measures) Amendment Act 2021 (SA) No 12 of 2021, assented to April 8, 2021, https://www.legislation.sa.gov.au/_legislation-documents/lz/v/a/2021/correctional-services-accountability-and-other-measures-amendment-act-2021_12/2021.12.un.pdf (accessed July 15, 2026).

40 Ibid.

made by the South Australian parliament to meet the requirements of OPCAT."[41] However, in 2024 the official visitors were informed by the Department for Correctional Services that their role was no longer to be considered as fulfilling OPCAT, and that they could no longer charge for work done within this mechanism.[42] Official visitor Lauren Messmer described this as an unforeseen revision of the original purpose of the role, and urged the department to continue discussions with the Commonwealth "to allow South Australia to be OPCAT compliant."[43]

The South Australian scheme also has fewer safeguards to ensure the independence of prison inspectors than some other jurisdictions. In Western Australia, the prison inspector is an independent office, which was created through its own legislation rather than by amending the existing prisons legislation, and can report directly to parliament.[44] South Australia's official visitors, by contrast, can report only to the corrections minister or the department's chief executive.[45] While South Australian legislation describes prison visitors as independent, they work within the Department for Correctional Services and use departmental email addresses.[46]

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability highlighted the importance of OPCAT for people with disabilities, describing it as a "means to uphold the rights articulated in the Convention on the Rights of Persons with Disabilities (CRPD) by preventing and addressing the mistreatment of people with disabilities in places of detention."[47]

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[41] South Australia, House of Assembly, Parliamentary Debates (Hansard), May 13, 2020, second reading speech, Correctional Services (Accountability and Other Measures) Amendment Bill 2020, Hon. Corey Wingard, https://hansardsearch.parliament.sa.gov.au/daily/lh/2020-05-13/40?sid=2fbbbaof018945dc86 (accessed July 15, 2026).

[42] Lauren Messmer, Official Visitor Annual Report July 2023-June 2024 (Adelaide: Parliament of South Australia, November 2024), p. 1, https://www.parliament.sa.gov.au/api/sitecore/search/GetTabledPaperFileDownload?id=79d53b8f-c8d7-4c23-a387-df9dda9189ab&serverUrl=/sites/tabledpapers/55/1/Lists/Papers/Attachments/1325/01%20OV%20(Lauren%20Messmer)%20Annual%20Report%202023-24.pdf.

[43] Ibid.

[44] Office of the Inspector of Custodial Services (Western Australia), "Our role," https://www.oics.wa.gov.au/about-us/our-role/(accessed July 15, 2026).

[45] Correctional Services (Accountability and Other Measures) Amendment Act 2021.

[46] Observed in emails sent to Human Rights Watch from prison visitors.

[47] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, Final Report, Volume 11, Independent Oversight and Complaint Handling (Commonwealth of Australia, 2023), p. 93, https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%2011%2C%20Independent%20oversight%20and%20complaint%20handling.pdf (accessed July 15, 2026).

The Royal Commission was established by the federal government in 2019. The independent inquiry into the systemic abuse of people with disabilities in Australia was a four-and-a-half-year national investigation involving over 9,000 accounts and 32 public hearings.[48] It delivered its final report in September 2023, making 222 recommendations, one volume of which was devoted to the criminal justice system. Governments issued their responses in July 2024. Many of these recommendations have yet to be implemented, including recommendations that prison authorities across the states and territories develop national practice guidelines for screening and identifying disability in custody.

[48] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, "Home," https://disability.royalcommission.gov.au/(accessed August 6, 2026).

II. Unfulfilled Requirements of People with Disabilities

Limited Disability-Specific Supports

South Australian prison authorities do not have sufficient systems in place to ensure incarcerated people's disability-related requirements are met.

In its evidence to the Disability Royal Commission, the South Australian Department for Correctional Services said it did not employ any disability support officers in prisons, but instead pointed to its "High Dependency Unit," which it said could "provide carer support as required… including assistance with bathing or standby transfers."[49]

While carer support is crucial to meeting the requirements of some people with disabilities, it is problematic that people with disabilities are segregated from the mainstream prison population. The High Dependency Unit (HDU) has also been described by the department as the "only unit for cognitive or intellectual disabilities," but it holds just 51 beds, within a prison system holding around 3,400 people.[50] By the department's own account, most prisoners with disabilities are not held in the HDU but are accommodated in general prison units across the state.[51]

This means that if no HDU bed is available, authorities may fail to meet the basic rights and disability-related requirements of incarcerated people with disabilities. In one case detailed in part IV, a wheelchair user spent nine days at Adelaide Remand Centre without access to a toilet or shower while waiting for a bed at the HDU to become available.

There is also no equivalent HDU facility for women. As discussed in part III, the official prison visitor for Adelaide Women's Prison has linked the lack of appropriate support, including specialist staff, to women with disabilities being held in conditions of solitary confinement.[52]

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[49] In his written testimony to the Disability Royal Commission, South Australian Department for Correctional Services executive described the HDU and its role in the South Australian prison system, Strachan Royal Commission statement, para. 68 (STAT.0605.0001.0012). https://disability.royalcommission.gov.au/system/files/exhibit/STAT.0605.0001.0001.pdf

[50] Ibid.

[51] Ibid.

[52] Lauren Messmer, Official Visitor, Annual Report 2024-2025 (tabled paper, Parliament of South Australia), https://www.parliament.sa.gov.au/api/sitecore/search/GetTabledPaperFileDownload?id=dd806589-54ee-48c9-9b3a-b4b280dd46e5 (accessed August 6, 2026).

The National Disability Insurance Scheme (NDIS), Australia's main program for funding supports for people with disabilities, does not fund what it calls "day-to-day" supports once a person is incarcerated.[53] What the scheme will fund inside is limited to disability-specific equipment, such as a wheelchair, and support geared toward preparing a person for release, which can be accessed only as that release approaches. The rationale that the body administering the NDIS, the National Disability Insurance Agency, gives is that day-to-day care in custody is the responsibility of the justice system.[54]

In its new Disability Access and Inclusion Plan, the department said it was exploring ways "to increase supports provided by carers to people in custody with disability living in non-specialist population units." However, rather than committing to implementing this increased support it says it is simply developing recommendations that would be considered by the executive. It also said it was planning to "explore the development of additional dedicated complex needs accommodation units and supports for people in custody" including at Adelaide Women's Prison.[55] However, the creation of any more of these units runs the risk of segregating people with disability from the general prison population.

In response to questions from Human Rights Watch, Department for Correctional Services Chief Executive David Brown wrote:

> The Department for Correctional Services (DCS) continues to work towards enhancing access and inclusion for prisoners with disability and is committed to the principles of health equity, which aim to provide people in custody with access to health services comparable to those available to the broader community through the public health system. DCS works in close partnership with the SA Prison Health Service (SAPHS) to support the specialist health and disability-related needs of people in custody. Through this partnership, DCS facilitates access to appropriate assessments, specialist consultations, treatment pathways and assistive appliances. DCS is committed to maintaining a correctional environment that supports the

53 National Disability Insurance Agency, Operational Guideline: Justice System.

54 Ibid.

55 Department for Correctional Services (South Australia), Disability Access and Inclusion Plan 2026-2029 and Autism Action Plan 2026-2029 (2026), https://www.corrections.sa.gov.au/__data/assets/pdf_file/0005/1427207/DCS-Disability-Access-and-Inclusion-Plan-2026-2029-and-Autism-Action-Plan-2026-2029.pdf.

safety, dignity and wellbeing of prisoners with disability, while facilitating access to services and reasonable adjustments that enable effective participation in prison programs, activities and daily life.[56]

Access to Mental Health Care

South Australian prison authorities generally do not provide one-on-one therapy with psychologists or other mental health professionals.[57] Of the 14 people with psychosocial disabilities interviewed by Human Rights Watch, only one of them said they had been able to access one-on-one therapy while they were incarcerated, and this was because they were contacted by a volunteer advocate who helped get them a referral.

In evidence to the Disability Royal Commission, the Department for Correctional Services described its psychological staffing as largely oriented towards group programs aimed at rehabilitation and reduced reoffending, alongside assessment and referral.[58]

An NDIS provider described to Human Rights Watch the recent case of a man with a psychosocial disability who, while incarcerated, sought counselling and psychological support. He had been accepted by the National Disability Insurance Scheme, but when he sought psychological support, the scheme's Justice Liaison team refused to approve funding, stating that the Department for Correctional Services, not the NDIS, was responsible for funding therapeutic support for people in custody. When his support coordinator approached the prison social worker, she was told nothing was available. She told Human Rights Watch: "[T]here's no program he can engage with, there's no supports we can link him up with in terms of counselling. There's nothing. There's nothing."[59]

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[56] Letter from David Brown, Chief Executive of the Department for Correctional Services, to Human Rights Watch, October 12, 2026.

[57] South Australian prisons largely offer group therapy as opposed to one-on-one programs. See Department for Correctional Services (South Australia), Rehabilitation Programs Branch: Model of Service, https://www.corrections.sa.gov.au/__data/assets/pdf_file/0007/888235/Rehabilitation-Programs-Branch-Model-of-Service.pdf; Statement of John Strachan, Disability Royal Commission, STAT.0605.0001, paras 56-60 (rehabilitation programs); this was also referred to in Human Rights Watch's interviews with people who had experienced incarceration, and service providers.

[58] Statement of John Strachan, Disability Royal Commission, STAT.0605.0001, paras 56-60 (rehabilitation programs).

[59] Human Rights Watch interview with NDIS provider (identity withheld at their request), April 2026, Adelaide.

Victoria T. (pseudonym), a woman with a psychosocial disability, said when she was incarcerated at Adelaide Women's Prison the prison doctor prescribed medication to address her mental health condition, but she did not receive a response when she sought further help through the prison's KIOSK/KEX system, a tech system the prison uses where incarcerated people can submit requests through an iPad app:

> There was just medication offered and that's it. So, there was nothing but medication and if you wanted to reach out it was through the KEX system…. If you've got a mental health problem, for example, you put it on there and they just say, yeah, that's fine, you know, we'll get back to you. You couldn't see a psychologist, for example, unless it was, you know, you had you sort of threatened to harm yourself or something like that.[60]

Failures on Screening Disability to Provide Support

The South Australian Department for Correctional Services have not sufficiently adopted rights-respecting methods to identify possible undiagnosed disabilities among the people incarcerated in its prisons. Without knowing which of the people in their custody have disabilities, or what the disabilities are, prison authorities cannot provide appropriate support and accommodations.

Human Rights Watch reviewed forms used by the Department for Correctional Services and South Australian Prison Health Service to screen prisoners for health requirements, and found they focused on asking incarcerated people to self-identify if they had a disability, if they had previously received a disability diagnosis, or had been receiving disability-related supports such as NDIS support prior to incarceration. [61] In response to questions from

[60] Human Rights Watch interview with Victoria T., March 2026, Adelaide.

[61] Forms reviewed by Human Rights Watch include: South Australia, Department for Correctional Services, "Prisoner Interview Form," Exhibit 27-, SAG.0004.0232.0095, https://disability.royalcommission.gov.au/system/files/exhibit/SAG.0004.0232.0095.pdf; Department for Correctional Services, "Specific Needs Assessment," Exhibit 27 SAG.0004.0232.0025, https://disability.royalcommission.gov.au/system/files/exhibit/SAG.0004.0232.0025.pdf; and SA Health, "South Australian Prison Health Service: Admission Nursing Assessments PHS0003," Exhibit 27-290, SAG.0003.0249.0014, https://disability.royalcommission.gov.au/system/files/exhibit/SAG.0003.0249.0014.pdf. All tendered to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, Public Hearing 27 (Conditions in detention in the criminal justice system) (accessed June 11, 2026).

Human Rights Watch, Department for Correctional Services Chief Executive David Brown confirmed these forms remained current and had not been updated since 2022.[62]

Some people with disabilities may choose not to disclose their disability because of fear that doing so could result in adverse treatment including being held in solitary confinement, as discussed in greater detail in part III.

Relying almost exclusively on self-identification or existing diagnoses, rather than instituting accepted measures to identify possible undiagnosed disabilities, also risks leaving many people without the services and accommodations they require. Self-identification is unlikely to capture all people with disabilities, particularly where people fear disclosing a disability or have never had access to diagnosis. People experiencing poverty and First Nations people, groups who are both overrepresented in the prison population, may have had less access to disability support and diagnosis.[63]

While corrections staff cannot be expected to identify undisclosed or undiagnosed disabilities, incarcerated people should have accessible and confidential opportunities to disclose a disability and, where appropriate, seek an assessment by qualified professionals. Any such procedures should respect the will and preferences of people with disabilities, including their right to informed consent and their right not to disclose their disability. They should be directed toward providing the services, supports, and reasonable accommodations required to access health care and other prison services on an equal basis with the rest of the prison population. Opportunities for voluntary self-disclosure should be available not only at prison intake but throughout a person's detention, including through appropriately qualified professionals who are independent from custodial staff.

Prison policy also requires that newly incarcerated people be seen by a nurse within 24 hours of being admitted into prison.[64] However, the nurse assessment focuses primarily on

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[62] Letter from David Brown, Chief Executive of the Department for Correctional Services, to Human Rights Watch, October 12, 2026.

[63] Eileen Baldry et al., A Predictable and Preventable Path: Aboriginal People with Mental and Cognitive Disabilities in the Criminal Justice System (Sydney: University of New South Wales, 2015).

[64] Statement of John Strachan, Principal Advisor, Offender Services, Department for Correctional Services (SA), to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, which details South Australian prison procedures, September 5, 2022, STAT.0605.0001, paras. 76, 82.

physical disabilities and broader health concerns. Mental health screening focuses largely on whether someone is suicidal.[65]

Human Rights Watch interviewed three people with disabilities who said they had only received disability diagnoses after they were released from prison. According to these individuals, learning that they had a disability helped them gain a better understanding of themselves.

Leeroy M., a man in his twenties who was diagnosed with attention deficit hyperactivity disorder (ADHD), spent two years in multiple South Australian prisons, but it was only after he was released that he learned he had a disability and was diagnosed with ADHD.

Leeroy told Human Rights Watch that while he was given a health screening upon entering prison, this did not identify that he was neurodivergent or include any screenings on neurodivergences. Based on his experience, he felt that there was not enough "education, awareness, training, or care" from prison staff about disability.[66]

"My ADHD diagnosis came after [prison]," he said. "It was a bit like, 'how did nobody tell me this before?' I think that's principally a big problem."[67]

Staff from two South Australian nongovernmental organizations that support people with disabilities said there was a particular need for adequate screening for acquired brain injury (ABI). This was acute for incarcerated women, many of whom are victims or survivors of domestic violence. They said screening should be designed with family and domestic violence specialists and should include asking about non-fatal strangulation, which can cause ABI.

Dr. Anthea Krieg, who has worked extensively with people with ABI who have been incarcerated, told Human Rights Watch that she believed many of the people with ABI and other forms of cognitive disability were not being identified due to a lack of screening and

[65] Ibid.
[66] Human Right Watch interview with Leeroy M., Adelaide, June 2026.
[67] Ibid.

specialist assessment. “There are many risks for people with ABI in a prison, including assault and potentially further head injury, and worsening of their ABI,” she said.[68]

The Department for Correctional Services has recently acknowledged inadequacies with disability screening processes. In July 2026, the department published a new Disability Access and Inclusion Plan, which is required for all South Australian authorities under government disability policy.[69] The plan notes that in consultations their staff had stated “they wanted greater knowledge and awareness of disability across the Department, particularly around neurodivergence and psychosocial disability” and that “consultation identified several key gaps, including challenges in identifying and assessing disability, particularly for people from CALD [culturally and linguistically diverse] and Aboriginal backgrounds.”[70]

However, while the plan states the department will offer staff “opportunities to safely self-disclose disability and collect de-identified and aggregated staff disability data and make available to inform relevant initiatives,” it makes no reference to similar steps being taken to offer incarcerated people safe opportunities for disability disclosure.[71] In response to questions from Human Rights Watch, Department for Correctional Services Chief Executive David Brown wrote that since 2022 the department had expanded its disability-awareness training offerings. He added that “most notably a targeted Neurodivergence and Corrections training package was implemented in January 2025.”[72]

National Screening Problems

Failures by prison authorities to effectively identify disabilities among prison populations was identified as a national problem across different states and territories by the Royal

[68] Human Rights Watch interview with Dr. Andrea Krieg, Adelaide, October 2025.

[69] Department for Correctional Services (South Australia), Disability Access and Inclusion Plan 2026-2029 and Autism Action Plan 2026-2029 (2026), https://www.corrections.sa.gov.au/__data/assets/pdf_file/0005/1427207/DCS-Disability-Access-and-Inclusion-Plan-2026-2029-and-Autism-Action-Plan-2026-2029.pdf (accessed August 10, 2026).

[70] Ibid, p. 20.

[71] Ibid.

[72] Letter from David Brown, Chief Executive of the Department for Correctional Services, to Human Rights Watch, October 12, 2026.

Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.[73] It recommended that corrective services across the states and territories develop national practice guidelines for screening and identifying disability in custody. However, three years after the Royal Commission released its final report, these guidelines are yet to be developed by the Corrective Services Administration Council, a body made up of the heads of all corrective services jurisdictions across Australia and New Zealand.[74]

The Royal Commission also recommended that corrective services engage First Nations organizations to provide culturally safe disability screening for First Nations people in custody, who may be particularly unlikely to disclose a disability.[75] Yet in a national review of progress on the recommendations, the only First Nations specific screening tool South Australia named was a cognitive assessment designed to detect dementia in people over 45, which is likely to capture only a small fraction of those with disability, in part because the First Nations prison population is disproportionately young.[76]

Access to Health Care

Access to health care is particularly important for people with disabilities, as it may be needed to prevent exacerbation of individual's conditions or preventing additional conditions developing, as well as managing long-term requirements, and ensuring overall quality of life for people with disabilities.[77] The UN Standard Minimum Rules for the Treatment of Prisoners state that "prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care

[73] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, Final Report, Volume 8: Criminal justice and people with disability (Commonwealth of Australia, 2023), chapter 5 ("Screening, assessing and identifying disability in custody"), pp. 169–190, https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%208,%20Criminal%20justice%20and%20people%20with%20disability.pdf.

[74] Australian Government Department of Health, Disability and Ageing, "Recommendation 8.14 – National practice guidelines for screening in custody," Disability Royal Commission Progress Report 2025, https://www.health.gov.au/resources/publications/disability-royal-commission-progress-report-2025/volume-8-criminal-justice-and-people-with-disability/recommendation-814-national-practice-guidelines-for-screening-in-custody (accessed July 15, 2026).

[75] Ibid.

[76] Australian Bureau of Statistics (ABS), Prisoners in Australia, 2025 (Canberra: ABS, 2025), https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/2025. (Accessed August 20, 2026).

[77] Alison Alborz, Rosalind McNally, and Caroline Glendinning, "Access to health care for people with learning disabilities in the UK: mapping the issues and reviewing the evidence," Journal of Health Services Research & Policy, vol. 10, no. 3 (2005), pp. 173-182.

services free of charge without discrimination on the grounds of their legal status."[78] However, only two of South Australia's nine prisons have 24-hour healthcare available, and Adelaide Women's Prison is the only women's prison in Australia without overnight medical monitoring, which the state's ombudsman recently criticized.[79]

Aaron Cooke, an official prison visitor, has also highlighted in his annual reports that South Australia's correctional services legislation contains no health provisions and sets no minimum standards the department must meet while people are in its custody. He noted that South Australia is "the only state in the nation" without health provisions in its governing legislation.[80]

Shackling of Prisoners with Physical Disabilities

Human Rights Watch documented four cases in which South Australian correctional authorities shackled prisoners with physical disabilities during and after medical treatment, including following major surgery.

Alex, mentioned above, who was diagnosed with breast cancer while incarcerated at Adelaide Women's Prison, described being handcuffed and restrained at the legs during all hospital appointments, including following a mastectomy with surgical drains still in place: "To be shackled to the bed with drains coming out of your side — bags of drains — and shackled at your ankle," Alex said. "It's not a very nice procedure. They really treat you like an animal."[81]

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[78] UN Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), G.A. Res. 70/175, U.N. Doc. A/RES/70/175 (December 17, 2015), Rule 24(1), https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf.

[79] SA Health, "SA Prison Health Service (SAPHS)," under "What health care services are provided in prison?", last updated July 1, 2026, https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/health+services+for/sa+prison+health+service/sa+prison+health+service,(accessed July 15, 2026); Ombudsman SA, "Failure to ensure prisoner's access to a medication termination of pregnancy," Statement on Formal Resolution published under section 26 of the Ombudsman Act 1972, April 7, 2026, https://www.ombudsman.sa.gov.au/__data/assets/pdf_file/0018/1400193/2025-00581-Summary-Statement.pdf (accessed July 8, 2026).

[80] Aaron Cooke, South Australian Official Visitor 2nd Annual Report, 1 July 2023-30 June 2024 (Adelaide: Parliament of South Australia, November 2024), p. 15, https://www.parliament.sa.gov.au/api/sitecore/search/GetTabledPaperFileDownload?id=bf08e626-153e-4f5d-b643-2b915dc6d297&serverUrl=/sites/tabledpapers/55/1/Lists/Papers/Attachments/1322/01%20OV%20(Aaron%20Cooke)%20Annual%20Report%202023-24.pdf.

[81] Human Rights Watch interview with Alex, March 2026, Adelaide.

Rita M., who has a physical disability, had declined to go to post-surgery medical appointments because she did not want to visit a hospital shackled to a wheelchair due to the stigma and attention it would draw from other patients. "I had surgery and I missed all my post care appointments," she said. "It's not really the best thing, going out of the jail. I didn't want to get shackled to a wheelchair."[82]

The shackling of prisoners during medical treatment regardless of individual circumstances is contrary to the UN Standard Minimum Rules for the Treatment of Prisoners, which prohibit the use of restraints during medical treatment except where strictly necessary.[83]

Furthermore, the shackling of people with disabilities implicates a range of international human rights treaties to which Australia is party, including the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and the Convention on the Rights of Persons with Disabilities and its Optional Protocol. The then-UN special rapporteur on torture, Juan Méndez, noted in 2015 that shackling "unequivocally amount[s] to torture even if committed by non-State actors under conditions in which the State knows or ought to know about them."[84] The core human rights treaties prohibit subjecting any person to torture or to cruel, inhuman, or degrading treatment or punishment.[85] Furthermore, the CRPD requires governments to "take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment."[86]

Another UN special rapporteur on torture, Manfred Nowak, stated in 2008 that the prohibition against torture and ill-treatment "relates not only to public officials, such as law enforcement agents in the strictest sense, but may apply to doctors, health professionals,

[82] Human Rights Watch interview with Rita M., March 2026, Adelaide.

[83] UN Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), G.A. Res. 70/175, U.N. Doc. A/RES/70/175 (December 17, 2015), Rule 48, https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf (accessed July 15, 2026).

[84] UN Human Rights Council, Follow-up report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment on his follow-up visit to the Republic of Ghana, A/HRC/31/57/Add.2, February 25, 2015, para. 72, available at https://undocs.org/en/A/HRC/31/57/Add.2.

[85] ICCPR, art. 7; CAT; CRC, art. 37; CRPD, art. 15.

[86] CRPD, art. 15.

and social workers, including those working in private hospitals, other institutions, and detention centers."[87]

In response to questions from Human Rights Watch, Department for Correctional Services Chief Executive David Brown wrote: "The use of restraints is limited to circumstances where they are necessary to manage a prisoner in a non-secure environment, such as a hospital, and is undertaken in accordance with relevant legislation and policy requirements."[88]

[87] UN General Assembly, Interim Report of the Special Rapporteur on torture and cruel, inhuman or degrading treatment or punishment, Manfred Nowak, A/63/175, July 28, 2008, https://undocs.org/A/63/175, para. 51.

[88] Letter from David Brown, Chief Executive of the Department for Correctional Services, to Human Rights Watch, October 12, 2026.

III. Solitary Confinement of People with Disabilities

South Australian prisons can hold people with mental health conditions in solitary confinement. Of the 14 people with psychosocial and neurodevelopmental disabilities interviewed by Human Rights Watch, 12 described correctional authorities holding them in conditions of solitary confinement—confinement for 22 hours or more a day without meaningful human contact—as defined under international standards. All 12 described solitary as distressing and harmful to their mental health and wellbeing. While solitary confinement is damaging for all people, it is particularly dangerous for people with psychosocial and neurodevelopmental disabilities. The stress of a closed and heavily monitored environment, absence of meaningful social contact, and lack of activity can exacerbate mental health conditions and have long-term adverse effects on the mental health of people with psychosocial disabilities.[89]

Mental Health Harms

As noted above, all 12 of the 14 people with psychosocial disabilities interviewed by Human Rights Watch who had been held in conditions of solitary confinement described it as distressing and harmful to their mental health.

Sonya L. (pseudonym), a woman with a psychosocial disability who was repeatedly held in conditions of solitary confinement in D-Wing, the solitary wing of Adelaide Women's Prison, told Human Rights Watch: "My mental health was bad enough, but [solitary] just made it worse. … They just put me in D-Wing. I hated it, it makes your mental health a hundred times worse. You're on your own, there's nobody to help you."[90]

Alison W. (pseudonym), a woman with both psychosocial and physical disabilities, described becoming increasingly depressed while held in solitary confinement in D-Wing: "It puts you in a bad depression … the mental health down there, there's screaming and yelling all night….

[89] Juan E. Méndez, Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, U.N. Doc. A/66/268 (August 5, 2011), "Solitary Confinement and Risk of Self-Harm Among Jail Inmates," American Journal of Public Health 104, no. 3 (2014): 442–447; Stuart Grassian, "Psychiatric Effects of Solitary Confinement," Washington University Journal of Law & Policy 22 (2006): 325–383.

[90] Human Rights Watch interview with Sonya L., Adelaide, March 2026.

They let you out at about seven in the morning to have a shower, then they'd lock you back in that dirty, old crusty cell. Then you'd sit there twiddling your fingers, just waiting."[91]

Reasons prison staff hold people with psychosocial disabilities in conditions of solitary confinement can include as a response to real or perceived risks of self-harm or suicide. Prison staff can place an incarcerated person alone in a bare cell for "observation" where they are deemed to be at risk of suicide or self-harm.[92] This was what happened to Sonya, who said she was held in solitary for "weeks at a time" after self-harming and refusing to take her medication.

Worsening Existing Conditions

Gary F. (pseudonym), a man with a schizoaffective condition, said that being held in G Division, the solitary wing of Yatala Labour Prison, exacerbated his suicidal thoughts: "If you go there for suicidal thoughts or whatever, it makes you [even more suicidal] from going there. I had a really rough time down there. … I felt isolated from the whole world."[93]

Lily M., a woman with a psychosocial disability who had been incarcerated in Adelaide Women's Prison about eight times, said staff often placed her in D-Wing when she first entered prison, causing her mental health to further deteriorate:

> I always went to D-Wing after I was admitted. I was obviously devastated, crying my eyes out, so they put [me] in the high security, it's solitary…. It was very cold and unfeeling…. Obviously, I was beside myself, because it was the worst time in my life.[94]

The South Australian prison administration system has a responsibility to safeguard the personal safety of people in its custody. In doing so, however, it needs to ensure that the measures it adopts do not cause further trauma or harm. The World Health Organization has

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[91] Human Rights Watch interview with Alison W., Adelaide, March 2026/

[92] Government of South Australia, Department for Correctional Services, "SOP 090 - Management of Prisoners at Risk of Suicide or Self-Harm," version 3, approved April 7, 2022, exhibit SAG.0004.0232.0029, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, https://disability.royalcommission.gov.au/system/files/exhibit/SAG.0004.0232.0029.pdf (accessed June 25, 2026).

[93] Human Rights Watch interview with Gary F., Adelaide, March 2026.

[94] Human Rights Watch interview with Lily M., Adelaide, March 2026.

developed specific guidance on de-escalating situations of mental health crisis and recommends moving away from practices of seclusion, restraint, and other coercive interventions. Instead, it recommends person-centered, recovery-oriented approaches, including de-escalation techniques, individualized support, and strategies that address distress without coercion.[95]

Solitary confinement is not only harmful to individuals' mental health, but it has also been found to be an ineffective way of decreasing self-harm and suicide risk. Research has found that solitary confinement can cause acute psychological deterioration and that those held in solitary confinement can have higher rates of self-harm than the general prison population.[96] The World Medical Association has said that solitary confinement is associated "with a high rate of suicidal behaviour," and that people with mental health conditions may find "isolation unbearable and suffer considerable health harms."[97]

The statement also notes that solitary confinement can be "distinguished from other brief interventions when individuals must be separated as an immediate response to violent or disruptive behaviour or where a person must be isolated to protect themselves or others. These interventions should take place in a non-solitary confinement environment."[98]

The ineffectiveness of solitary confinement in preventing self-harm is also reflected in the 2024 annual report from Adelaide Women's Prison official visitor Lauren Messmer. She described witnessing a woman self-harming within a D-Wing cell during her visit. Messmer said prison staff were attempting to calm down the woman, but these officers were "not allied health practitioners or mental health nurses, and considering the complexities of

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[95] World Health Organization, Strategies to End Seclusion and Restraint: WHO QualityRights Specialized Training – Course Guide (Geneva: World Health Organization, 2019); World Health Organization, Guidance on Community Mental Health Services: Promoting Person-Centred and Rights-Based Approaches (Geneva: World Health Organization, 2021).

[96] A 2020 analysis of 35 studies across 20 countries (including data for 663,735 prisoners in total) found solitary confinement was one of the strongest environmental predictors of self-harm in custody, Louis Favril, Rongqin Yu, Keith Hawton, and Seena Fazel, "Risk Factors for Self-Harm in Prison: A Systematic Review and Meta-Analysis," Lancet Psychiatry 7, no. 8 (2020): 682–691, doi:10.1016/S2215-0366(20)30190-5; a US peer-reviewed study found people incarcerated in solitary confinement were 6.9 times more likely to self-harm, Fatos Kaba et al., "Solitary Confinement and Risk of Self-Harm Among Jail Inmates," American Journal of Public Health 104, no. 3 (2014): 442–447, doi:10.2105/AJPH.2013.301742.

[97] "WMA Statement on Solitary Confinement," World Medical Association, policy statement, adopted by the 65th WMA General Assembly, Durban, South Africa, October 2014, and revised by the 70th WMA General Assembly, Tbilisi, Georgia, October 2019, https://www.wma.net/policies-post/wma-statement-on-solitary-confinement/ (accessed August 27, 2026).

[98] Ibid.

these women, trained professionals should be employed, and placed in an appropriate unit setting, to work with these women with a trauma-informed focus."[99]

Solitary confinement's misuse as a method of suicide prevention is reflected in documented cases in which people have died by suicide while being held in solitary confinement in Australia, including in a South Australian prison.[100]

The psychological harm from solitary confinement can continue long after solitary confinement had ended, which was reflected in Human Rights Watch's interviews.[101] Kelly M. (pseudonym), a woman with both psychosocial and physical disabilities who was held in D-Wing by prison authorities more than five years ago, said: "I have nightmares about it [solitary] sometimes, I don't like talking about it too much."[102] Gary F. said: "It changed me and not in a good way."[103]

Deterrent to Disclosure of Mental Health Conditions

The solitary confinement of incarcerated people who have been deemed at risk of self-harm or suicide is also stigmatizing and can act as a deterrent to disclosing thoughts of self-harm and seeking and receiving support and mental health care.

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[99] Lauren Messmer, Official Visitor Annual Report July 2023-June 2024 (Adelaide: Parliament of South Australia, November 2024), p. 4, https://www.parliament.sa.gov.au/api/sitecore/search/GetTabledPaperFileDownload?id=79d53b8f-c8d7-4c23-a387-df9dda9189ab&serverUrl=/sites/tabledpapers/55/1/Lists/Papers/Attachments/1325/01%20OV%20(Lauren%20Messmer)%20Annual%20Report%202023-24.pdf.

[100] Examples of cases where individuals have died by suicide while held in conditions of solitary confinement include a case in which a 28-year-old man died by suicide using a canvas smock at Yatala Labour Prison, after corrections officers had placed him in G Division under camera observation on "suicide watch." In evidence given to the inquest, a corrections officer stated that after the man threatened self-harm, placing him "under observation in a camera cell in G Division" was "the only option that was available to him" (Inquest into the Death of Mark William Payne, Coroners Court of South Australia, 2015, https://www.courts.sa.gov.au/download/2015-findings/?ind=1631586169419&filename=PAYNE%20Mark%20William.pdf&wpdmdl=13833&refresh=6a4c7bc89a73017833973 20).

Cases in other Australian prisons include: an 18-year-old man who died after self-harming having been left alone in a single cell in a New South Wales prison for 18 hours in 2022, as detailed in the 2025 coronial inquest "Inquest into the death of SF" (https://coroners.nsw.gov.au/documents/findings/2025/Inquest_into_the_death_of_SF.pdf, accessed April 1, 2026); and the death of 16-year-old Cleveland Dodd, who self-harmed after being held in solitary confinement in Unit 18 — a wing of the Western Australian adult prison Casuarina being used to detain children — as detailed in a 2025 inquest (https://www.coronerscourt.wa.gov.au/I/inquest_into_the_death_of_cleveland_keith_dodd.aspx?uid=8279-796-6947-8774, accessed April 1, 2026).

[101] Stuart Grassian, "Psychiatric Effects of Solitary Confinement" (2006) 22 Washington University Journal of Law and Policy.

[102] Human Rights Watch interview with Kelly M., March 2026, Adelaide.

[103] Human Rights Watch interview with Gary F., March 2026, Adelaide.

Katie W. (pseudonym), a woman with a psychosocial and physical disability who had been incarcerated several times at Adelaide Women's Prison, said she had "learned" what to say during prison admissions to avoid being flagged as a suicide risk and subsequently held in solitary confinement:

> You learn pretty quick, like if you don't want to go back to D-Wing, there's a questionnaire process with the admissions…and they ask you about your state of mind, and mental health.... So, the first time I went [to prison] I told the truth and got put in there. It's pretty horrible, so you learn what to say so you don't get flagged.[104]

Similarly, Dan Vansetten, a man with autism who previously spent about 12 years in South Australian prisons and is now an activist, said:

> With the men it's a constant thing, the men tell other men, never tell them that you're depressed, never tell them that you're anxious, because you end up in a hard cell [a bare single cell with minimal furnishing intended to prevent self-harm].[105]

He said he started suppressing his emotions to avoid being flagged as a self-harm or suicide risk: "Anytime you're given bad news would just try and keep a straight face... [like when] I was told my grandma had passed away and I wouldn't be able to go to her funeral. I just kept a straight face."[106]

Sonya L. said that during her incarceration she began wearing long sleeves even in hot weather to conceal self-harm and avoid placement in D-Wing.

Other people similarly described concealing their cellmates' self-harm from corrections staff to prevent them from being sent to solitary confinement cells. One woman who was released from Adelaide Women's Prison in 2026 said: "We lived with a girl that cut herself. And it's

[104] Human Rights Watch interview with Katie W., March 2026, Adelaide.
[105] Human Rights Watch interview with Dan Vansetten, March 10, 2026, Adelaide.
[106] Ibid.

one of those things where the other girls are trying to cover it up because you know that [if prison staff see] she'll get sent to D-Wing and it will be worse for her."[107]

Some believed they had not actually been at risk of self-harm or suicide when prison staff flagged them as at risk and transferred them to solitary confinement but were rather displaying emotions appropriate to the situation. Tina K. (pseudonym), a woman with a psychosocial disability, told Human Rights Watch she was placed in D-Wing during her most recent incarceration because she was visibly emotional and crying on admission.

Tina, who had experienced 18 separate incarcerations, said she usually knew what to say during admission procedures to avoid being flagged as a suicide risk and sent to D-Wing. However, during her most recent incarceration, she had been arrested while her daughter was in labor and was heartbroken that she would miss the birth of her first grandchild:

> Everybody that goes into jail is emotional. So when you go in there, they say, "do you have any concerns about your family?" Of course you do. This most recent time I was crying because I didn't know if my daughter was okay, if my grandchild was okay — the last thing I'd heard was her screaming in labor. So of course I'm crying. But they chucked me in D-Wing.[108]

Tabitha Lean, a First Nations woman who was incarcerated at Adelaide Women's Prison for approximately two years and is now an abolition activist working with the National Network of Formerly Incarcerated Women and Girls and Sisters Inside, said everyone knew that solitary confinement was a response to those perceived to be at risk of self-harm or suicide. "It's common knowledge and no one will report [mental health conditions] because of that," she said. "We just go cry in the shower. It's the only safe place to cry."[109]

Lean described how the prison treated natural emotions:

> Those things are natural responses. If we were so disconnected from our emotions, that would be a problem. If they told you, you weren't getting

[107] Human Rights Watch interview with formerly incarcerated woman, March 2026, Adelaide.
[108] Human Rights Watch interview with Tina K., March 2026, Adelaide.
[109] Human Rights Watch interview with Tabitha Lean, March 2026, Adelaide.

> home detention, or you weren't seeing your kids, and you didn't respond with sadness or disappointment — that would mean we were so disconnected from our reality, from our own bodies, our own emotions. They should be worried about that. It would mean we weren't feeling normal human emotions. But instead, they pathologize it as some sort of behavioural thing to be managed.[110]

Stated Reasons for Use of Solitary Confinement

The reasons that prison officials have given for using solitary confinement, as well as in response to self-harm or perceived suicide risks, have included "behavioral management," for the "security and good order" of the prison, or a claim to be for an individual's own protection.

South Australian law provides few limitations on the circumstances under which correctional authorities can impose regimes of solitary confinement upon incarcerated people.[111] This can mean a person may not always know the reason they were held in solitary confinement.

Aboriginal Legal Rights Movement (ALRM) lawyer Liz Bowering said, while under South Australian law, incarcerated people in solitary confinement were meant to be served papers explaining the reason for it, she had recently worked on a few cases in which incarcerated people indicated they were not given all the documentation required via statute or relevant regulations. She said, "Even when a person is given documentation, its usually vague and will say something like 'in the interest of safety and good order of the prison."[112] Among those held in solitary confinement interviewed by Human Rights Watch, none recalled being given documentation.[113]

The South Australian prison system has two dedicated wings within its prison system that authorities use to hold incarcerated people in conditions of solitary confinement: D-Wing at Adelaide Women's Prison and G Division at Yatala Labour Prison. However, solitary

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[110] Ibid.

[111] Solitary confinement is permitted under the Correctional Services Act 1982 (SA), sec. 36. ("Power to keep prisoner apart from other prisoners").

[112] Human Rights Watch phone interview with Liz Browering, April 10, 2026.

[113] Ibid.

confinement is not limited to these units and can also take place in other units across the prison system. Both are formally designated as "segregation" units.

Adelaide Women Prison's Official Visitor Lauren Messmer has repeatedly raised concerns in her annual reports that the prison is holding women with significant and complex mental health conditions in solitary confinement in D-Wing because of lack of appropriate accommodation for them.[114] In her most recent report, published in November 2025, she wrote:

> There remains an urgent and ongoing need for a High Dependency Unit (HDU) at the Adelaide Women's Prison (AWP) to accommodate prisoners with cognitive disabilities and complex mental health needs. At present, solitary confinement continues to be used as the only available housing option for several such prisoners. These individuals are placed in cells without internal showers, with minimal toilet privacy and no access to outdoor areas. Some prisoners have reported being permitted outside for less than 30 minutes per week, depending on staffing availability. Staff working in this area also appear to experience significant burnout and trauma, particularly as they have not received specialised training.[115]

Gary F. told Human Rights Watch he had repeatedly been held in solitary confinement in Yatala Labour Prison's G Division during six separate incarcerations after he had been assaulted by other incarcerated people whom he believed targeted him due to his

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[114] Annual reports in which Adelaide Women's Prison Official Visitor raised concerns on solitary confinement includes: Lauren Messmer, Official Visitor, Annual Report (January 2022 - June 2022) (tabled paper, Parliament of South Australia), https://www.parliament.sa.gov.au/api/sitecore/search/GetTabledPaperFileDownload?id=2c4d0e2c-f76a-43d4-b92a-73e832778bab (accessed August 6, 2026).

Lauren Messmer, Official Visitor, Annual Report 2022-2023 (tabled paper, Parliament of South Australia), https://www.parliament.sa.gov.au/api/sitecore/search/GetTabledPaperFileDownload?id=f3b1c82b-bb63-4d28-a79e-7c270c6ae6a9 (accessed August 6, 2026).

Lauren Messmer, Official Visitor, Annual Report 2023-2024 (tabled paper, Parliament of South Australia), https://www.parliament.sa.gov.au/api/sitecore/search/GetTabledPaperFileDownload?id=79d53b8f-c8d7-4c23-a387-df9dda9189ab (accessed August 6, 2026).

Lauren Messmer, Official Visitor, Annual Report 2024-2025 (tabled paper, Parliament of South Australia), https://www.parliament.sa.gov.au/api/sitecore/search/GetTabledPaperFileDownload?id=dd806589-54ee-48c9-9b3a-b4b280dd46e5 (accessed August 6, 2026).

[115] Ibid.

psychosocial disability. “It was for my own protection,” he said. [S]o I wasn’t being bashed but then I was just stuck in G Division.”

Similar to what Human Rights Watch has found in other Australian jurisdictions,[116] South Australia does not use the term “solitary confinement” in its laws and policies, but instead refers to the “power to keep a prisoner apart from other prisoners.”[117] Under South Australia’s Correctional Services Act, correctional authorities may order that an incarcerated person be kept separately and apart from all other prisoners if they consider it “desirable” for their safety or welfare, to protect other incarcerated people, to maintain the “security and good order” of the prison, or during an investigation into an alleged offense.[118] The act does not include any limitations upon the use of solitary confinement on people with disabilities.[119]

Sleep Deprivation

Five of the 11 women we spoke to who had experienced solitary confinement in Adelaide Women’s Prison specifically described experiencing sleep deprivation because the lights were not turned off at night. Sleep deprivation can worsen pre-existing mental health conditions.[120] Tina K. said:

> “They don’t turn off the lights at night — they turn off the big light, but there’s still a light on, so you can’t sleep. It’s the most horrific thing I’ve ever been through.”[121]

Katie W. said: “The lights are on 24/7…you can’t sleep.”[122]

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[116] Human Rights Watch’s 2018 report on prisons in Queensland and Western Australia found that state authorities used euphemisms like “isolation” to describe what amounts to solitary confinement under international standards.

[117] Correctional Services Act 1982 (SA), s. 36, available at https://www.legislation.sa.gov.au/_legislation-documents/lz/c/a/correctional-services-act-1982/current/1982.48.auth.pdf.

[118] Ibid.

[119] Ibid.

[120] Arambh Sanjay Shah et al., "Effects of Sleep Deprivation on Physical and Mental Health Outcomes: An Umbrella Review," https://pmc.ncbi.nlm.nih.gov/articles/PMC12116485/.

[121] Human Rights Watch interview with Tina K., March 2026, Adelaide.

[122] Human Rights Watch with Katie W., March 2026, Adelaide.

Being held in constantly lit cells is prohibited under the UN Standard Minimum Rules for the Treatment of Prisoners. The rules state: "The following practices, in particular, shall be prohibited: … Placement of a prisoner in a dark or constantly lit cell."[123]

Prolonged Solitary Confinement

Human Rights Watch interviewed four people with disabilities who said they had been held in solitary confinement by South Australian prison authorities for more than 15 days. Under the UN Standard Minimum Rules for the Treatment of Prisoners, solitary confinement over 15 days is classified as *prolonged* solitary confinement.[124]

Liz Bowering, ARLM lawyer, said that ALRM knows that people are being held in solitary confinement in South Australian prisons for more than 15 days. She said ALRM was aware of at least two recent instances in which people were held in solitary for over two months, and that one was known to have mental health needs that could not be properly met in that environment.[125]

She said prolonged time in solitary confinement could also result in people having longer overall periods of incarceration because it could impact their ability to participate in prison education programs, which were often required for a person to be granted parole.[126]

"If you've been in solitary for 90 days then you're not going to be able to show [the parole board] that you can re-engage with community [upon release from prison], because you've been on your own," Bowering said. "It's counterintuitive, especially if someone needs mental health treatment and they're in solitary for 90 days, it makes them worse."[127]

In 2025, there was widespread media reporting on a First Nations man who had been held in conditions of solitary confinement for more than 700 days in G Division at Yatala Labour

[123] UN Standard Minimum Rules for the Treatment of Prisoners, rule 43(1)(c).

[124] Ibid., rule 44.

[125] Human Rights Watch phone interview with Liz Bowering, April 10, 2026.

[126] Ibid.

[127] Ibid.

Prison.[128] Mark T. (pseudonym), a former Aboriginal Liaison Officer at Yatala Labour Prison, told Human Rights Watch the man had a significant mental health history.[129] He said:

> I kept fighting for him to get out of G Division. His mental health is deteriorating because he wasn't getting any support. I'd go there and he'd cry. I'd just sit there and then he'd apologize. I'd say, "That's okay, I'd rather you have a go at me than at the officers — if I were you I'd want to get it all out."

Relevant International Standards

The use of solitary confinement on people with disabilities is contrary to international human rights standards. The UN Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules) prohibit the solitary confinement of people with psychosocial or physical disabilities where such conditions would exacerbate their conditions.[130] The UN Committee against Torture, the international expert body responsible for monitoring states' compliance with the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, has previously called on Australia to ensure people with disabilities are not held in solitary confinement.[131]

In a 2011 report to the UN Human Rights Council, then UN special rapporteur on torture, Juan E. Méndez, wrote that because the imposition of solitary confinement "often results in severe exacerbation of a previously existing mental condition," its use for people with

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[128] Andrew Mathieson, "Aboriginal advocates fight to free prisoner from long-term solitary confinement," National Indigenous Times, July 30, 2025, https://nit.com.au/30-07-2025/19264/aboriginal-advocates-fight-to-free-prisoner-from-a-long-term-solitary-confinement-punishment (accessed August 23, 2026); "Grave concerns for Indigenous man's wellbeing after 'close to 800 days' in solitary confinement," Guardian Australia, July 18, 2025, https://www.theguardian.com/australia-news/2025/jul/18/grave-concerns-for-man-in-solitary-confinement-ntwnfb (accessed August 23, 2026).

[129] Human Rights Watch phone Interview with Liz Bowering, June 2026.

[130] The UN Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules) state that "the imposition of solitary confinement should be prohibited in the case of prisoners with mental or physical disabilities when their conditions would be exacerbated by such measures." UN Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules), adopted by General Assembly resolution 70/175, 17 December 2015, rule 45(2), https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf (accessed July 5, 2026).

[131] In 2022, the UN Committee against Torture said it was concerned about the "continued use of prolonged and indefinite solitary confinement" in Australian prisons, which disproportionately affects people with intellectual or psychosocial disabilities. It said Australia should ensure people with disabilities could not be held in solitary confinement; Committee against Torture, Concluding observations on the sixth periodic report of Australia, UN Doc CAT/C/AUS/CO/6 (December 5, 2022), para 31.

mental health conditions for any duration "is cruel, inhuman or degrading treatment."[132] Méndez said its use for people with mental health conditions also violated article 7 of the Covenant on Civil and Political Rights, which prohibits torture, cruel, inhuman, or degrading treatment or punishment, and article 16 of the Convention against Torture, which requires that states prevent acts of "cruel, inhuman or degrading treatment or punishment" that do not reach the legal threshold of torture.[133]

Méndez also reported that solitary confinement can produce "prison psychoses," with symptoms including anxiety, depression, perceptual distortions, paranoia, psychosis, and self-harm, and can bring about the appearance of a mental illness where none had previously been observed.[134] He said even if applied for short periods of time, solitary confinement often causes "mental and physical suffering or humiliation," and if "resulting pain or sufferings are severe," solitary confinement could even amount to torture.[135]

The UN Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment has said that "prolonged solitary confinement may amount to an act of torture and other cruel, inhuman or degrading treatment or punishment and recommended that solitary confinement should not be used in the case of minors or the mentally disabled."[136]

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[132] Juan E. Méndez, Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, U.N. Doc. A/66/268 (August 5, 2011)

[133] Ibid.

[134] Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, U.N. Doc. A/66/268 (August 5, 2011), para. 62.

[135] Ibid.

[136] UN General Assembly, "Interim report of the Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment," A/66/268, http://solitaryconfinement.org/uploads/SpecRapTortureAug2011.pdf, para. 58.

IV. Inadequate Accessibility for People with Physical Disabilities in South Australian Prisons

People with physical disabilities in South Australian prisons have expressed concerns regarding accessibility, the design of environments, products, services, and systems so that people with physical disabilities can use, navigate, and participate in them as independently and fully as possible without unnecessary barriers.[137]

Human Rights Watch interviewed six people with physical disabilities (including three who had both physical and psychosocial disabilities) who had been incarcerated in South Australia. All of them described prison as having spaces and activities physically inaccessible to them.

In its new Disability Access and Inclusion plan, the South Australian Department for Correctional Services said it was planning to start embedding "inclusive design and accessibility as a standard requirement in all new and refurbished infrastructure" to better respond to the requirements of people with disabilities.[138] While this is a promising step, the plan provides no concrete deadline for when this standard will be embedded and only provides a timeline of "ongoing."[139]

In response to questions from Human Rights Watch on prison accessibility, Department for Correctional Services Chief Executive David Brown wrote:

> All South Australian prisons, with the exception of the Adelaide Pre-Release Centre cottage accommodation, have wheelchair-accessible cells, showers and toilets. Sites with dedicated health centres have significant numbers of wheelchair-accessible cells and bathroom facilities. For safety and security reasons, specific information about prison facilities is not released publicly.

[137] See generally CRPD, art. 9.

[138] Disability Access and Inclusion Plan, https://www.corrections.sa.gov.au/__data/assets/pdf_file/0005/1427207/DCS-Disability-Access-and-Inclusion-Plan-2026-2029-and-Autism-Action-Plan-2026-2029.pdf, p 11.

[139] Ibid.

He added that:

> Prisoners requiring mobility aids or assistive equipment are supported in accordance with approved clinical, security and operational processes. Where a prisoner's existing equipment is not operationally approved but is considered medically necessary, DCS will support arrangements for a suitable replacement.[140]

Lack of Access to Toilets and Adequate Sanitation

Tony M. (pseudonym), a First Nations man with a physical disability who uses a wheelchair, was held at the Adelaide Remand Centre for eight days in 2020. He said he had no access to a wheelchair-accessible toilet or shower for the duration of his incarceration:

> No shower, no toilet…. Eight days. … They had nothing — no toilets which were accessible, no shower. I didn't even get to see the toilet or the shower. … They need to facilitate for people in wheelchairs. They can't just put them in there and say, deal with what you've got.[141]

The conditions in which Tony was held were so dangerous to his health that a District Court judge ordered his release from prison into home detention.[142] Court documents show that South Australian Prison Health Service confirmed in writing to the court that it had not been able to attend to his requirements, including failing to provide the medication he required. Tony's lawyer told the court he was "in absolute agony":

> [Tony] is getting hot sweats, he can barely keep his eyes open and he has not had his bowel released for eight days, close to nine. … It is alarming. It will not be surprising if he ends up in hospital in the next 24 hours. He is not eating because he can't put any more food in his body. There is the risk of infection, there is a risk of his bowel exploding…. It's beyond what prison is

[140] Letter from David Brown, Chief Executive of the Department for Correctional Services, to Human Rights Watch, October 12, 2026.

[141] Human Rights Watch interview with Tony M., Adelaide, March 2026.

[142] Transcript of proceedings, District Court of South Australia, 2020. Full citation on file with Human Rights Watch; case-identifying details have been withheld to protect Tony M.'s anonymity.

> designed to do. Prison, yes, is designed to punish and penalise people. It's not designed to be this cruel.[143]

A disability advocate told Human Rights Watch she had worked on a case relating to another man who used a wheelchair held at Adelaide Remand with no access to an accessible toilet. "All he [could] do is wet himself on the wheelchair," the advocate said.[144]

Human Rights Watch asked Serco, which operates Adelaide Remand Centre under contract, what measures it has in place to ensure wheelchair users have access to accessible toilets and all areas of the prison. Serco responded in a written statement: "Placement and management plans for prisoners with clinically established mobility and ambulation limitations are developed in consultation with health services to maximise access to key services."[145]

In response to Human Rights Watch's questions about whether Adelaide Remand Centre had wheelchair accessible cells and bathrooms, the number of people who use wheelchairs who had been held in the prison, and whether it had reviewed the accessibility of the prison in consultation with local organizations representing people with disabilities, Serco stated: "Serco operates the Adelaide Remand Centre on behalf of the South Australian Government, who own all prison infrastructure and standards. Additionally, all prisoner information is maintained within Government systems."[146]

The UN Committee on the Rights of Persons with Disabilities has found that a prison's failure to provide a wheelchair user with an accessible toilet can violated the CRPD.[147] In *Mr X v. Argentina*, a man who used a wheelchair was held in a prison where the bathroom was too small for him to enter, leaving him unable to reach the toilet or shower independently.[148] The

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[143] Transcript of proceedings, District Court of South Australia, 2020. Full citation on file with Human Rights Watch; case-identifying details have been withheld to protect Tony M.'s anonymity.

[144] Human Rights Watch interview with disability advocate April 2026 (full details withheld at the request of the interviewee).

[145] Email from Serco to Human Rights Watch, October 6, 2026.

[146] Ibid.

[147] Committee on the Rights of Persons with Disabilities, X v. Argentina, Communication No. 8/2012, U.N. Doc. CRPD/C/11/D/8/2012, paragraph 8.5, views adopted April 11, 2014, https://juris.ohchr.org/casedetails/1989/en-US (accessed July 8, 2026)

[148] Ibid.

committee found that the failure to accommodate him left him in substandard conditions that also violated his right to physical and mental integrity.

More broadly, the committee has said that states "must take all relevant measures" to ensure that people with disabilities deprived of their liberty can live independently and participate fully in all aspects of daily life in their place of detention.[149] Article 9 of the CRPD also obligates states to ensure that its prisons are accessible to all people with disabilities.[150]

Access to Physiotherapists

Two people with physical disabilities interviewed by Human Rights Watch said they had not received required physiotherapy while incarcerated, worsening their condition.

Alex T. (pseudonym), a person with a physical disability who was incarcerated in Adelaide Women's Prison said: "My ankles got worse because I was meant to have physio once a month, but I got it every six months. I can't stretch and bend my ankles, it needs to be done by a physio.... So that caused me a lot of pain and aggregation and sleepless nights."[151]

Hollie M.(pseudonym), a woman with a physical disability incarcerated at Adelaide Women's Prison said she had not received physio after an operation on her arm: "I didn't get the right kind of care or physio after the operation....I get a lot of pain, especially when it's cold at night."[152]

Access to Mobility Aids

Human Rights Watch interviewed staff from four different non-government organizations who described complaints they had received from incarcerated people in South Australia that prison authorities had restricted mobility aids, including wheelchairs, walking sticks, and four-wheel walkers, because they were deemed a risk to security and replaced them with equipment that did not meet their requirements.

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[149] Ibid.

[150] CRPD, art. 9.

[151] Human Rights Watch interview with Alex T., March 2026.

[152] Human Rights Watch interview with Hollie M., Adelaide, March 2026.

The prison property policy published on the Department for Correctional Services website states that prohibited items include "anything that could be classed as a weapon or tool."[153] The site does not contain any details on what mobility aids so qualify.[154] Similarly, the South Australian Prison Health Service website states that pieces of "medical equipment" like CPAP machines (to aid with sleep apnea) or walking aids that the Department for Correctional Services will need to "check these medical devices and undertake a security review."[155]

One advocate said that the replacement aids are not suited to people's requirements:

> It's not enough support. Usually the walking stick they use it [has] support at the bottom, and it helps them stand up straight and not fold over. It's not just one stick like [the replacements the prison provides]. It's for protection and stability as well.[156]

This policy is particularly concerning, because the physical environment of prisons can be inaccessible to people with physical disabilities. Three people with physical disabilities formerly incarcerated in South Australia described how the physical layout of prisons created barriers for them. Emily W. (pseudonym), a woman with a physical disability affecting her heart and lungs who was incarcerated at Adelaide Women's Prison, said advocating to staff for accommodations was challenging. "They tend to think you're putting it on," Emily said. "They won't believe you have a disability."

Emily had struggled to walk to the visiting area when her family visited her and advocated to get permission from correctional staff to leave a few minutes early for visits:

> There's a massive hill to get up to visit.... So I asked for permission to get a couple of minutes early to stop halfway to catch my breath. Otherwise, I was at risk of heart failure. And eventually after a lot of fighting, I got that

[153] Department for Correctional Services (South Australia), "Property," https://www.corrections.sa.gov.au/prison/prison-life/property (accessed July 15, 2026).

[154] Ibid.

[155] SA Health, "SA Prison Health Service (SAPHS)," last updated July 1, 2026, https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/health+services+for/sa+prison+health+service/sa+prison+health+service (accessed July 15, 2026).

[156] Human Rights Watch interview with disability advocate, April 2026.

> permission. But because the corrections officers don't put anything in the case notes or don't communicate with each other, every single weekend … it would be someone different and they would go, "No, there's nothing in the notes, so you can't do it." So by the time I would get up to the gate, I would be absolutely buggered and struggling to breathe and going faint.[157]

Mary T. (pseudonym), also held at Adelaide Women's Prison, described struggling to walk between different parts of the facility: "I had a lot of problems … walking from one area to another. There was a slight slope, and my legs would cramp badly walking to the area."[158]

Tony said that during his incarceration around 2018 in Yatala Labour Prison, he was not allowed his own wheelchair.[159] The prison instead provided a substitute wheelchair with small wheels that could not be self-propelled. "It was a wheelchair I couldn't push around — it just had little wheels," he said. "So I had to pull myself from the bed to the basin, into the toilet and out of the toilet, into the shower. Pull myself from rail to rail."[160]

Mia M. (pseudonym), who has a visual and a psychosocial disability, said that prison authorities refused or delayed providing her with glasses on the basis that she was on remand or had only a short time left to serve, and did not replace her glasses when they were damaged.

Adelaide Women's Prison Official Visitor Lauren Messmer reported in 2025 that obtaining provider-recommended medical equipment could take many months, even where the prisoner offered to pay for it herself:

> One example illustrating this…involved assisting a prisoner to obtain medically recommended footwear, which she was willing to purchase herself. Without the shoes, she experienced significant pain, mobility issues, and reliance on pain medication. It required over 12 months of sustained engagement with medical staff, prison management, property officers, and

[157] Human Rights Watch interview with Emily W., March 2026.
[158] Human Rights Watch interview with Mary T., March 2026.
[159] Human Rights interview with Tony W., March 18, 2026.
[160] Ibid. The advocate is not named because they requested anonymity.

social workers to facilitate approval. Although the outcome may seem minor, it has had a profound impact on the prisoner's comfort and wellbeing.[161]

Communication Barriers

South Australian prisons use a touchscreen—known as KIOSK or KEX—as the primary interface through which people in custody can access services and communicate their requirements to prison authorities. This system poses a substantial barrier to people with intellectual disabilities, psychosocial disabilities, or limited literacy. In its evidence to the Disability Royal Commission, the Department for Correctional Services described KEX as the means by which people in custody order canteen items, make medical and mental health appointments, lodge requests, book visits, and seek review of placement decisions, without identifying any assisted or alternative channel.[162]

Five advocates supporting incarcerated people told Human Rights Watch that people who have mental health conditions, or who have limited digital literacy are often unable to navigate the system at all.

One family member of a person with a psychosocial disability who had been repeatedly incarcerated in Yalata Labour Prison said:

> When [my family member] was unwell he couldn't use the touchpad [KEX] system they use, when he is very unwell he can't talk. … It was during this period that he ended up being put in G-Division and I didn't receive phone calls from him. I was really scared not hearing from him per usual.[163]

[161] Lauren Messmer, Official Visitor Annual Report July 2024-June 2025 (Adelaide: Parliament of South Australia, November 2025), p. 1, https://www.parliament.sa.gov.au/api/sitecore/search/GetTabledPaperFileDownload?id=dd806589-54ee-48c9-9b3a-b4b280dd46e5&serverUrl=/sites/tabledpapers/55/1/Lists/Papers/Attachments/1802/Official%20Visitor%20Annual%20Report%202024-2025%20-%20Lauren%20Messmer.pdf.

[162] Statement of John Strachan, Principal Advisor, Offender Services, Department for Correctional Services, to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, September 5, 2022, STAT.0605.0001.0001, para. 52.

[163] Human Rights Watch interview with family member (name withheld), March 10, Adelaide.

Gary F., a man with a psychosocial disability who was incarcerated at Yatala Labour Prison on multiple occasions, said that during periods of psychosis he was unable to use the KIOSK system to make requests or access support:

> A lot of the time I was in prison, I was unwell. I was in psychosis and I just didn't snap out of it. I needed the right medication to snap me out of it. I used to be able to write everything by hand, and when they brought in the KIOSK system it just made it more difficult for people who don't understand that sort of stuff — and I was unwell a lot of the time.[164]

No South Australian prison has a hearing loop — a special sound system that helps people with hearing loss by sending sound directly from a microphone or venue speaker into a hearing aid or cochlear implant.[165] The need for improved communication systems has, however, been acknowledged in the department's new Disability Access and Inclusion Plan.[166]

[164] Human Rights Watch interview with Gary F., March 21, 2026.

[165] Statement of John Strachan, Principal Advisor, Offender Services, Department for Correctional Services (SA), to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, which details South Australian prison procedures, September 5, 2022, STAT.0605.0001, para 67.

[166] Department for Correctional Services (South Australia), Disability Access and Inclusion Plan 2020-2024 (2020), https://www.corrections.sa.gov.au/__data/assets/pdf_file/0003/308298/DCS-Disability-Access-and-Inclusion-Plan-2020-2024-Plain-Text-Version.pdf.

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This report was researched by Annabel Hennessy, former Australia researcher at Human Rights Watch and Kriti Sharma, former associate director of the disability rights division at Human Rights Watch. This report was written by Annabel Hennessy.

This report was edited by Daniela Gavshon, Australia director, and reviewed by James Ross, legal and policy director, and Joseph Saunders, deputy program director. Specialist review was provided by Carlos Ríos-Espinosa, associate director for disability rights, Heather Barr, associate director for women's rights, and two specialists from the economic justice and rights division.

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Appendix: Response from the Department for Correctional Services

OFFICIAL

Government of South Australia
Department for Correctional Services

Office of the Chief Executive
[redacted]
www.corrections.sa.gov.au

12 October 2026

Ms Annabel Hennessy
Human Rights Watch
[redacted]

Dear Ms Hennessy,

Thank you for your letter of 16 September 2026 regarding the support, management and care of people with disabilities within South Australian prisons.

The Department for Correctional Services (DCS) continues to work towards enhancing access and inclusion for prisoners with disability and is committed to the principles of health equity, which aim to provide people in custody with access to health services comparable to those available to the broader community through the public health system.

DCS works in close partnership with the SA Prison Health Service (SAPHS) to support the specialist health and disability-related needs of people in custody. Through this partnership, DCS facilitates access to appropriate assessments, specialist consultations, treatment pathways and assistive appliances. DCS is committed to maintaining a correctional environment that supports the safety, dignity and wellbeing of prisoners with disability, while facilitating access to services and reasonable adjustments that enable effective participation in prison programs, activities and daily life.

DCS and SAPHS collect a range of admission-specific data, which is retained on a prisoner's file and referenced, updated or amended as required throughout their period of imprisonment.

The use of restraints is limited to circumstances where they are necessary to manage a prisoner in a non-secure environment, such as a hospital, and is undertaken in accordance with relevant legislation and policy requirements.

As you are aware, earlier this year DCS finalised and published its Disability Access and Inclusion Plan (DAIP) 2026–2029. The DAIP builds on the achievements of the Department's previous plan and aligns with the State Disability Inclusion Plan 2025–2029. DCS also has commitments under the State Autism Strategy 2024–2029 and the South Australian Autism Strategy Action Plan 2025–2029. To support these commitments, DCS has developed a dedicated agency Autism Action Plan, which is annexed to the DAIP.

Development of the DAIP was informed by targeted engagement across the Department, including internal working groups, senior leadership forums, interviews and lived-experience input. Insights from statewide consultation undertaken for the State Disability Inclusion Plan also informed its structure.

The DCS DAIP 2026–2029 and DCS Autism Action Plan 2026–2029 are published on the DCS website in multiple disability-friendly formats. DCS is required to report annually to the Chief Executive of the Department of Human Services on progress against both plans. Progress is consolidated into the statewide Annual Report for the South Australian Disability Inclusion Plan 2025–2029 and subsequently tabled in Parliament.

1

All South Australian prisons, with the exception of the Adelaide Pre-Release Centre cottage accommodation, have wheelchair-accessible cells, showers and toilets. Sites with dedicated health centres, have significant numbers of wheelchair-accessible cells and bathroom facilities. For safety and security reasons, specific information about prison facilities is not released publicly.

Prisoners requiring mobility aids or assistive equipment are supported in accordance with approved clinical, security and operational processes. Where a prisoner's existing equipment is not operationally approved but is considered medically necessary, DCS will support arrangements for a suitable replacement.

With regard to training, DCS provides custodial staff with a range of training relating to disability identification, awareness and response. All Correctional Officers are required to complete disability-related training as part of the 12-month initial Trainee Correctional Officer (TCO) training program and Certificate III in Correctional Practice. This includes:

- Neurodivergence and Corrections
- Disability and Inclusion
- Working with Prisoners with Disability (cognitive disability and neurodivergence)
- Autism Awareness and Understanding (eLearning).
-

The training focuses on increasing staff understanding and awareness of disability, neurodivergence and inclusion, while equipping staff with practical strategies to communicate effectively with and support prisoners with disability.

Since 2022, DCS has expanded its disability-awareness training offerings. Most notably, a targeted Neurodivergence and Corrections training package was implemented in January 2025 in partnership with the South Australian Office for Autism.

The training program aligns with the South Australian Autism Strategy 2024–2029 and focuses on autism, neurodiversity, communication, sensory needs, emotional regulation and inclusion, as well as practical strategies for supporting neurodivergent prisoners and offenders.

Overall, the Department's approach has continued to evolve since 2022 through the introduction of additional neurodivergence-specific training, increased autism awareness content and a strengthened focus on practical strategies that support inclusive and effective interactions with prisoners and offenders with disability.

In response to your question regarding the DCS forms which are publicly available as a result of being referenced during the 2022 Royal Commission, I confirm these remain current and have not been amended.

Should you wish to clarify any of the matters in the response, please contact Rebecca Barson, Executive Director Offender Development by email: [redacted]

Yours sincerely

[redacted]

DAVID BROWN
CHIEF EXECUTIVE

“They Just Locked Me Away”

Solitary Confinement and Abuse of People with Disabilities in Prisons in the State of South Australia

More than three years after a national inquiry documented widespread abuse and neglect of people with disabilities in Australia, prisons in the state of South Australia are harming people with disabilities by subjecting them to solitary confinement.

“They Just Locked Me Away” details how South Australian prisons hold people with psychosocial disabilities (mental health conditions) in solitary confinement, isolating them for 22 hours a day without meaningful human contact. The report also details broader problems including inadequate access to individualized mental health care and a lack of independent prison oversight. The research builds on Human Rights Watch reports in 2018 and 2020 that documented similar violations against people with disabilities in Queensland and Western Australian prisons.

People with psychosocial disabilities formerly held in South Australian prisons told Human Rights Watch that solitary confinement worsened their mental health. In some cases, prison authorities placed people in solitary confinement because they were, or appeared to be, at risk of self-harm or suicide. However, interviewees said fear of being sent to solitary confinement meant they attempted to hide their mental health conditions or emotional distress.

Human Rights Watch urges the South Australian government and all Australian jurisdictions to enact legislation prohibiting the use of solitary confinement of people with disabilities. It also calls for the government to ensure independent prison oversight and to expand access to criminal justice diversion programs and ensure that all these programs are fully accessible for and available to people with all types of disabilities.



The Adelaide Women’s Prison, South Australia, 2026.

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