# Queensland Criminal Law (Raising the Age of Responsibility) Amendment Bill 2021

Alcohol harm in Queensland is significant. More than 1,000 people in Queensland die each year of alcohol-attributable disease and injury, and more than 30,000 Queensland hospitalisations are attributable to alcohol. Cancers were responsible for the largest proportion of alcohol-attributable deaths, and neuropsychiatric conditions accounted for largest proportion of all alcohol-attributable hospitalisations.

FARE supports raising the Minimum Age of Criminal Responsibility (MACR) to at least 14 years old. FARE’s particular interest in the MACR is due to the high prevalence of people detained in the criminal justice system, (including children), with Fetal Alcohol Spectrum Disorder (FASD).

FASD is a diagnostic term describing a range of neurodevelopmental impairments that impact on the brain and body of individuals prenatally exposed to alcohol. FASD is a lifelong disability. Research at the Banksia Hill Youth Detention Centre in Western Australia identified that more than a third of the young people screened in detention were diagnosed with FASD.

Aboriginal and Torres Strait Islander children are significantly overrepresented in Queensland’s youth justice system. Queensland has the greatest proportion of First Nations children aged 10-14 held in detention of any Australian State or territory, with on average 84% of children aged 10-13 in a Queensland detention centre on any given day in 2019-20 identifying as Aboriginal or Torres Strait Islander.

FARE’s submission covered the following areas:

* FASD and the alternative model;
* Victims’ rights and supports;
* Threshold issues and transitional provisions and
* Electronic monitoring.

## FARE recommended:

**Recommendation 1: Raise the MACR to at least 14.** All Australian State and Territory governments should raise the Minimum Age of Criminal Responsibility in their jurisdictions to at least 14 years old.

**Recommendation 2:** **Educate relevant professionals about children with disabilities and cognitive impairment.** This is essential for a better understanding by police, lawyers and the judiciary of how FASD and other impairments impacts on decision-making.

**Recommendation 3: Include FASD in alternate pathway model design.** Develop and fund appropriate alternative pathways for children suspected of having FASD or other neurological disorders that include adequate screening, diagnosis and ongoing support.

**Recommendation 4: Develop FASD professional capacity.** Invest in professional workforce development to establish adequate capacity in Queensland for FASD screening, diagnosis and support. Allocate resources to educating professionals in recognising FASD.

**Recommendation 5: Include restorative justice processes in the new model.** Consider voluntary restorative justice processes or elements, where appropriate, in designing the new model.

**Recommendation 6: Use trauma-informed care.** Implement an approach to care that is trauma-informed when engaging with children who are also victims of crime and survivors of trauma.

**Recommendation 7: End Doli incapax for 10 to 14-year-olds.** Replace *Doli incapax* by raising the MACR to at least 14 years old, but retain *Doli incapax* for people older than the MACR.

**Recommendation 8: No exceptions.** The MACR must be raised to at least 14 years old, with no exceptions and no exemptions.

**Recommendation 9: Avoid net-widening.** Ensure that any broader cohort accessing the new supports and services are not criminalised by any compliance consequences.

**Recommendation 10: Share essential only information about children.** Limit the sharing of information related to children 10 to 14 years old, to relating to their release, or for child protection, case management, and investigation of suspected adult exploitation of children. **Recommendation 11. Discontinue the use of Electronic Monitoring (EM) with children.** Re-assess the purpose, lived experience impact, human rights implications, costs and effectiveness of any trials and planned implementations of Electronic Monitoring (EM) programs.

[View Submission as pdf](https://fare.org.au/wp-content/uploads/FARE-submission-to-Qld-Raising-MACR-Bill.pdf)

[View the Raising the Minimum Age of Criminal Responsibility Evidence Brief](https://fare.org.au/wp-content/uploads/FARE-Evidence-Brief-on-Raising-MACR-Attachment-1.pdf)

[View the Fetal Alcohol Spectrum Disorder, criminal justice and government responses Evidence Brief](https://fare.org.au/wp-content/uploads/FARE-Evidence-Brief-on-FASD-Criminal-Justice-System-Attachment-2.pdf)

[View the Electronic Monitoring (including for Alcohol-Related Offences Evidence Brief)](https://fare.org.au/wp-content/uploads/FARE-Evidence-Brief-Electronic-Monitoring-Attachment-3.pdf)

[view the committee report](https://documents.parliament.qld.gov.au/tableoffice/tabledpapers/2022/5722T275-5736.pdf)