

Prisoner's Application or Statement

(Report of the Superintendent and other Officers to follow Prisoner's Statement)

A 2031

11-7-98

From Prisoner Bunse 219666

Exp. of N.P.P.: _____

Subject Hunger Strike

Due for Discharge: _____

HUNGER STRIKE STARTED :- YOU KNOW WHEN

HUNGER STRIKE REASON :- YOU KNOW WHY.

I'VE HAD ENOUGH OF THIS SINGLED OUT PERSECUTION

219666

LET'S TEST THE BOO'S LITIT, I'M GOING TO THE DISTANCE

DEPUTY GOVERNOR for Comment.

Noted.

Copy to N.U.M. for necessary action

J. H. Hume 13-7-98
Act/Deputy Governor

Goulburn Correctional Centre,
Mand Street,
Goulburn. 2580.
29 July, 1998

The High Risk Management Committee,
Long Bay Correctional Centre,
Sydney. 2000.

RE: CHRISTOPHER BINSE
DOB: 7.10.68
MIN: 219666

REFERRAL

The above committee has requested a brief progress report on the above inmate, particularly addressing the issue of his psychological state at this time, for the purpose of assisting with the committee's deliberations about his management.

I have been able to see Mr. Binse for approximately forty five minutes today in the Assessment and Security Unit monitored by two custodial staff. I have also consulted briefly with Mr. Max Sharman about Mr. Binse's background, as well as with the other psychologists who have had contact with him in the centre, as to their impressions of him.

PRESENTATION

Mr. Binse presented as a youngish man of very intense manner. He spoke volubly for the duration of the interview, taking the conversation in the direction of his considerable dissatisfactions, making it quite difficult to interrupt him at times. He appeared very frustrated and at one point clearly angry. At another point his eyes appeared weepy. Although he maintained control of himself, the impression he gave was that he is close to the limits of his tolerance. The content of his speech was rational and ordered.

Mr. Binse's dissatisfactions centre on two issues, which he has discussed with psychologists on previous occasions. The first is his placement in the ASU, which has lasted for over a year and a half with no specific reasons given to him for his placement there, no access to programs running in other areas of the centre and no indication of a date when he will be allowed to leave the ASU. The second of his dissatisfactions is the very limited access he says he currently has to solicitors concerning his pending court matters. He sees this as particularly important because he believes he will be found not guilty of the charges against him if he can adequately prepare his case and instruct the legal aid solicitors who will be acting for him.

His reaction to these dissatisfactions is to see them as various Departments of Corrective Services victimising him, punishing him for past behaviour by keeping him in the ASU which he described as a deterrent centre and a punishment centre. He described this treatment as unjust and wrong, designed to "beat him".

A further reaction is that he began a hunger strike nineteen days ago. While he has done this before, he has by self report lost several kilos in this attempt to date, taking water only. Mr. Sharman confirmed a measurable loss of weight. Mr. Binse described hunger striking as a way of bringing attention to the injustice the ASU represents, hoping he can influence its closure or

major changes to its operation. Upon questioning about how far he is prepared to go with this course of action, his reply centred on the following: he no longer cares what happens to him, he feels he cannot take any more, he will not let "them" beat him, and his death would be worthwhile if it had the effect of the ASU being investigated and closed. Questioning him did not reveal any other plans for self harm.

As he has said to other psychologists on previous occasions, he sees himself as having changed since he was younger, when he was too "radical", did not think of the future, lived for the moment etc. He now sees himself as able to think more of the consequences of what he is doing, more prepared to make an effort towards change. He stated that if he has to serve a further prison sentence, he would like to do the treatment course available at the Special Care Centre, Long Bay, and said he wants to learn anger management and violence prevention methods. His credibility on these issues is hard to gauge from limited contact. It is worth noting that despite the death of a fellow inmate in the ASU overnight, Mr. Binse did not refer to the death nor seem affected by it in any apparent way, being totally absorbed in the interview by his own issues.

CONCLUSIONS

This inmate has spent a relatively long time in the harsh conditions of the ASU. He appears to be affected emotionally, noticeably building up feelings of frustration, helplessness, anger and distress. He is attempting strong and potentially self destructive action in protest at his situation by hunger striking. He clearly sees himself as a victim and a rebel with a cause to fight for. Whatever the reasons for keeping him on a long term basis in the ASU, Mr. Binse appears unlikely to learn any constructive or desired lesson from his time there. Rather than developing any sense of the unit as a deterrent he wishes to avoid in the future, he has construed his own reasons for being kept there for so long. These reasons appear to concern his unjust victimisation and nothing more.

In this context, I would query the usefulness of his continuing restriction to the ASU. I realise that the security of his placement is paramount, given his history, nevertheless he does not seem to have learnt much from the ASU except that he must fight against it. I suspect the more he perseveres with hunger striking, the more heroic he will become in his own mind. The possibility exists that he might become heroic or a martyr to others as well.

Further, if he is in the near future to begin a further and lengthy stint of incarceration, his mood can be expected to suffer significantly as he has to come to terms with a fate he does not appear to be expecting. Such a drop in mood would undoubtedly be exacerbated by his current strong feelings about being held in the ASU. A move to a secure setting more conducive to constructive case management seems an direction worth considering at this point. This would be especially so if Mr. Binse incurs a further lengthy sentence and/or continues his hunger strike to the point of endangering his life.


CLARE FELTON
SENIOR PSYCHOLOGIST

18

I WOULD REMAIN IN. GOUBURN HIGH SECURITY UNIT ON ISOLATION FOR ANOTHER (8) MONTHS. TO THEN BE PLACED ON TRANSFER TO. THE LITHGOW A1 PROGRAMME, AND BE NOW MIXING WITH SOME SIX INMATES, IN A SOCIAL MANAGEMENT ATMOSPHERE. NOT ON SOLITARY!

¹⁸ Prison medical reports.

21/02/1999	ADM	INT	GLB - GOULBURN CC	LGW - LITHGOW CC
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Held in various N. S. W. Segregation units. Sub- total = (2 ½ years) Released "Feb 2005."

I WOULD THEN GO ON TO BE RELEASED FROM N.S.W CUSTODY IN FEBRUARY 2005.

I WAS TO THEN BE ARRESTED ON 19 JANUARY 2006. GOING DIRECT INTO MANAGEMENT.

HELD IN ISOLATION IN CHARLOTTE UNIT PORT PHILLIP, FOR NO REAL REASON AT ALL!

COMING STRAIGHT OFF THE STREET INTO MANAGEMENT, I CHALLENGED THIS ABSURD PLACEMENT. ALL TO NO AVAIL. AND HAD BEGUN TO PLAY UP. FIGHTING THIS DECISION.

I COULD NOT ACCEPT THE DECISION OF MY PLACEMENT AT ALL! (US V'S THEM)

I HAD DONE NO WRONG, NOR WAS I AT FAULT FOR ANY MISCONDUCT IN PRISON, FOR WHICH OTHER INMATES NORMALLY ARE, IN THEIR PLACEMENT IN CHARLOTTE. THIS IS A PUNISHMENT/ MANAGEMENT UNIT, THE WORST IN THE STATE AT THE TIME. HOW WOULD THE READER FEEL AND RE-ACT TO THIS PERSECUTION SUBJECTED TO! WOULD THEY RESIST?

WOULD THEY RISE UP TO THE BULLYING AND CHALLENGE THIS ABUSE OF POWER PRACTICED?

WELL I DID! LANDING IN CHARLOTTE'S OBSO ON A NUMBER OF OCCASIONS!

THIS IS JUST WHAT ISOLATION BREEDS AND CREATES, LACK OF CARE, CONCERN AND RESPECT TOWARDS FIGURES OF AUTHORITY, AND IS IT ANY WONDER. I AM WHO I AM!

THE SYSTEM BREED THIS INTO ME, FED ME A DIET OF YEARS OF UNJUST ABUSE IN MY DAILY LIFE AND PLACEMENTS IN THE HARSHTEST OPPRESSIVE AUSTERE CONDITIONS.

THIS IS NOT JUST ISOLATED TO ME NOW EITHER, IT IS RAMPANT AND PRACTICED ON A COMMERCIAL WHOLE SALE SCALE, THE PRISONERS THEN, BECOMES CONDITIONED TO THIS DIET FED. LIVE BREATH AND ARE NOW PRODUCED INTO. "US V'S THEM" PRODUCTS!

19 JAN 06	***RECEPTION	MELB.ASS.PRISON	MELB.ASS.PRISON
19 JAN 06	MELBOURNE MC	THREATEN PERSON [2]	Remand MELBOURNE MC 12 APR 06
	U00136494	POSSESS WEAPON	
		POSSESS DRUG [2]	
19 JAN 06	***GAOL.TRANS	MAP TEMP	PORT PHILLIP
20 JAN 06	***UNIT.TRANS	PPP TEMP	CHARLOTTE Mgmt
20 JAN 06	***CCPP.HLTH	CHARLOTTE Mgmt	CHARLOTTE Mgmt
26 JAN 06	***UNIT.TRANS	CHARLOTTE Mgmt	CHARLOTTE Obs
27 JAN 06	MC.G.ORDER	BAIL APPLICATION	G/Ord MELBOURNE MC 30 JAN 06
30 JAN 06	***MC.G.ORDER	CHARLOTTE Obs	PPP TEMP
31 JAN 06	***UNIT.TRANS	PPP TEMP	CHARLOTTE Obs
03 FEB 06	***UNIT.TRANS	CHARLOTTE Obs	CHARLOTTE Mgmt
17 FEB 06	***GAOL.TRANS	CHARLOTTE Mgmt	BARWON
17 FEB 06	***UNIT.TRANS	BARWON TEMP	BANKSIA LOP's

I THEN MOVED TO BANKSIA MANAGEMENT UNIT. BARWON LOP'S ON 17/02/2006.

THE LOP'S, REFER TO "LOSS OF PRIVILEGES". A PUNISHMENT PLACEMENT!

I WOULD THEN GO ON. TO GO MAD LITERALLY, FROM THE UNJUST ABUSE OF MY PLACEMENT, WHICH I. PERCEIVED TO BE UNJUST AND UNFAIR HELD IN MAGAGMENT!AND. BEGIN TO SWALLOW ITEMS, RAZOR BLADES, PLASTIC CUTLERY. ALL SORTS OF STUFF. HUNGER STRIKES, READ YASELF! TAKEN TO HOSPITAL ON A NUMBER OF OCCASIONS, TO BE X-RAYED AND EXAMINED, PLACED INTO OBSO CELL. TO MONITOR MY BEHAVIOUR. SEE MOVEMENT SHEET, JUST HOW FREQUENT THIS WAS HAPPENING. THIS IS LITERALLY CRAZY SHIT! AND WHO IS THE ROOT CAUSE

¹⁹ N.S.W. Justice Corrections Prisoner Movement/Prison incident report date 13 November 2015

²⁰ Victorian Office of corrections Prisoner History movement print out.

AND RESPONSIBLE FOR THIS ERRACTIC UNSTABLE UNBALANCED, STATE OF BEING AND MIND. MY KEEPERS PRISONER SWALLOWED TWO SPOON HANDLES, THIS WAS A PROTEST HELD IN SLOT!

YES THIS TOOK PLACE WHILST. I WAS IN THE EXERCISE YARD AT THE TIME. CALLING THE OFFICER UP TO THE MESH FENCE, TO THEN SWALLOW THE BENT OVER PLASTIC SPOONS, WHICH WERE SECURED WITH BUTTER WRAPPER, TO MAKE THEM GO DOWN EASIER, OTHERWISE I'D HAVE CHOKED! THEY WOULD THEN ONCE DOWN, THE ENZYMES IN MY GUT, CAUSE THE WRAPPER TO THEN COME UNDONE AND RELEASE THEM. WHICH WOULD SPRING OPEN AND APART!

Prisoner Name: Binse Christopher		Date occurred: 6 / 3 / 06	
Date of Birth: 7/10/68		Time occurred: 13 : 00 AM/PM	
Prisoner Number (CRN): 43517		Incident location: Banksia	
Date received into the Centre: 17/2/06		Medical file reviewed: Y	

INCIDENT TYPE			
Suicide		Assault	
Attempted Suicide		Overdose	
Deliberate Self Harm	Yes	Intoxication	
Death		Other (specify details):	

DESCRIPTION OF INCIDENT	
(please provide a detailed summary of the incident as witnessed by you or described to you)	
Prisoner swallowed 2 plastic spoon handles 10cms long. This was in protest of prisoner management.	

INJURIES SUSTAINED (please provide a detailed summary of all injuries sustained)	
Apparently he spat out a small amount of fresh blood at the time.	

TREATMENT (please provide a detailed summary of the treatment offered and given to prisoner)	
Obs BP 150/100 p80. [redacted] notified and requested prisoner be taken to Geelong A & E.	

Ambulance Attended		Placed in Infirmary	
Medical Evacuation		Placed on "At Risk Watch"	
Taken to Hospital	Y	Referred to Psychologist	
Seen by Prison Doctor		Returned to unit	
Seen by Clinic Doctor		Refused treatment	

108 completed and faxed to head office for AMBULANCE/ A & E / HOSPITAL / OTHER YES ☐ NO ☐

TREATMENT PLAN / FOLLOW UP	
Review on return from hospital.	
Follow up to be conducted by:	

PREVIOUS MEDICAL TREATMENT / REQUEST FOR HEALTH SERVICE	

Person completing report (print name): [redacted]	Designation: RN
Signature: [redacted]	Date: 6/3/06 Time: 1500

Fax this form to Pacific Shores Healthcare at the Melbourne Custody Centre on (03)9628-7882

NB: MEDICAL INCIDENT REPORTS MUST BE TYPED. NO HANDWRITTEN REPORTS WILL BE ACCEPTED. 31/05/05 CF 1.21

MEDICAL REPORT FOR DOCTOR OR HOSPITAL

Residents Name : BINSE CHRIS
Date of Birth : 1.10.68 DEPT. OF JUSTICE & REGULATION
Centre : BARWAN Prison RELEASED UNDER FOI

Nurses Report:

@ 1242 Chris swallowed 2 plastic spoon handles ^{folded in half}
10cm long wrapped in foil from Butler. He spat
up a small amount of fresh blood at the time.
No untoward signs and symptoms since.
BP 150/100 T80.

Other Medical Problems / Other Medication Given :

Past History poly drug use
Medications Brufen BD. only.

Signed

Dated

6.3.06

Report By Doctor Or Hospital (please include medications prescribed)

18

EVEN WITH THE SPOONS FOLDED OVER IN HALF, THEY WERE STILL VERY PLYABLE, ONCE THE WRAPPER HAD DISSOLVED WOULD SPRING OPEN, BACK INTO SHAPE ALBEIT A LITTLE OUT OF SHAPE, **BUT OPEN UP INDEED.** THIS WAS OBSERVED BY BANKSIA STAFF, WHO WOULD ALSO WITNESS ME SPIT UP A SMALL PORTION OF BLOOD, **IT SEEMS THIS SPOON FED DIET DID NOT AGREE WITH ME!**

IT DID CAUSE A LOT OF FUSS, I WAS REMOVED FROM THE EXERCISE YARD,
TO THEN BE EXAMINED AND TAKEN TO LOCAL GEELONG HOSPITAL FOR FURTHER EXAMINATIONS.

¹⁸ Prison medical reports.

RELEASED UNDER FOI

Health

Dear Doctor.....
Re:

UR: 262093
Mr. Binse, Christopher Dean
Male 07/10/1968 37 years, 4 months
Barwon Prison
Geelong VIC 3220 Phone: NO PHONE
MC:
GP: Dr. Unknown Unknown Ph: 0

Medical Services

The Geelong Hospital
PO Box 281
Geelong Victoria 3220
ABN 45 877 249 165

This patient was seen in the Emergency Department of The Geelong Hospital on 6.3.06 (date) at 1520 (time).

Presenting Complaint(s)

Apparently swallowed 2 plastic

Significant Past History Knaf knives bent over
and secured with

Examination findings sticky tape. Small
brought up small amount of
blood after.

Diagnosis 1/2 well. obs state

Management Abdo  spv, no tend
acute BS.

AXR - no spurs seen (816 Radiologist)

D/w Gastroenterologist

We have asked this patient to attend you for:

likely pass naturally, gastroscopy not indicated

Follow up arranged with clinic/specialist on at

Thanks for r/v. R/v ED if any symptoms of
If you are the patients nominated GP you should receive copies of Radiology and Pathology reports, or phone 5225 1100 for Pathology results
and 5226 7559 for Radiology results.

Yours sincerely,

(signature)

(name and title printed)

Relevant Investigations

Haematology

Biochemistry

Microbiology

Radiology

ECG

Other

We would be pleased to receive your comments or feedback regarding this patient. Please direct this to the Director of Emergency Medicine
Referrals: Telephone (03) 5226 7563 Facsimile: (03) 5226 7231 Director: Telephone (03) 5226 7398, Facsimile (03) 5229 9972

DEPT. OF JUSTICE & REGULATION
RELEASED UNDER FOI

Name: BINSE, Christopher Dean
CRN: 43517
DOB: 07/10/1968

LOCATION: BARWEN

CLINICAL RECORD	
DATE	13-3-06
	Pacific Shores - HRAT
	Called to see prisoner at 1730hrs - assessed at 2015
	due to activities within the prison protesting earlier
	accidents
	1) Surveillance issue is a protest against unfair
	injust management - still a free citizen on remand
	not convicted of anything yet.
	Will continue to protest in this way until management
	listens - does something
	Not giving to hard officers - nothing to do with
	them.
	To die protesting is to die with dignity &
	for a cause

Pacific Shores Health Care

DEPT. OF JUSTICE & REGULATION
RELEASED UNDER FOI

Name: BINSE, Christopher Dean
CRN: 43517
DOB: 07/10/1968

CLINICAL RECORD	
DATE	13-3-06
	Nursing Entry - called to Banksia to see
	prisoner who had swallowed two plastic spoon
	handles 10cm long - folded in 1/2. At 12:42
	he spat up a small amount of fresh blood but
	has no outward signs & symptoms at the moment
	AP 150/90 P80. Prisoner told us as a peaceful protest
	about being held in Banksia. [redacted] notified
	prisoner to go to Gosport A&E for Xrays and
	arrangement transfer letter written - prisoner will be
	transported in Prison vehicle. [redacted]

13-3-06	0200 hours	U ()
	CALLED TO BINSE CELL, HE COMPLAINED ABOUT ONE OF THE SPOONS	
	HE SWALLOWED WAS STUCK IN HIS STOMACH - CAUSING HIM	
	SEVERE STOMACH PAIN & CRAMPS. [redacted] WAS CALLED	
	AND ADVISED THAT THERE WILL STILL BE SOME ABDOMINAL	
	PAIN AS THE SPOONS FARED AND TO HAVE BINSE	
	EXAMINED BY NURSES FIRST THING IN THE MORNING	
	TO REASSESS SITUATION [redacted]	
	SIGN, DATE AND GIVE DESIGNATION FOR ALL ENTRIES	

18.

I NOW BEGIN A HUNGER STRIKE, NOT KNOWING WHAT DIRECTION TO GO, THOUGHTS ARE DISORDERED ABSOLUTELY, THEN GOING ONE STEP FURTHER NOW. NOT PLASTIC SPOONS. BUT CALLING THE OFFICER UP TO SHOW HIM (3X) RAZOR BLADES ROLLED UP! WRAPPED UP AS CYLINDERS, IN CLEAR GLAD WRAP, WHICH ONCE HIT MY GUT THE ACIDS WOULD DISSOLVE THE

¹⁸ Prison medical reports.

LIGHT FILM OF GLAD WRAP, CAUSE THEM TO OPEN UP AND SPRING OPEN. **THE OFFICERS EYES WOULD SHOW THE ALARM AT THE SIGHT OF THIS, ONE, TWO THREE, COUNTING THEM ARE YOU, AS I SHOW AND SWALLOW THEM!**

PSH
PACIFIC SHORES HEALTHCARE
MEDICAL INCIDENT REPORT

DEPT. OF JUSTICE & REGULATION
RELEASED UNDER FOI

Prison: <u>BARWON</u>	Incident Number: <u>72-3-06-1</u>
Prisoner Name: <u>BINSE</u>	Date occurred: <u>22/3/06</u>
Date of Birth: <u>Christopher</u>	Time occurred: <u>06:00 AM/PM</u>
Prisoner Number (CRN): <u>43517</u>	Incident location: <u>BANKSIA UNIT</u>
Date received into the Centre: <u>17.2.06</u>	Medical file reviewed: <u>YES</u>

INCIDENT TYPE	
Suicide	Assault
Attempted Suicide	Overdose
Deliberate Self Harm	Intoxication
Death	Other (specify details): <u>Hunger Strike.</u>

DESCRIPTION OF INCIDENT
(please provide a detailed summary of the incident as witnessed by you or described to you)

Notified by Unit Staff that prisoner has commenced hunger strike 48 hrs prior.

PACIFIC SHORES HEALTHCARE
MEDICAL INCIDENT REPORT

DOB: 07/10/1968

Prison: <u>BARWON</u>	Incident Number: <u>23-3-06-1</u>
Prisoner Name: <u>BINSE</u>	Date occurred: <u>23/3/06</u>
Date of Birth: <u>Christopher</u>	Time occurred: <u>11:00 AM/PM</u>
Prisoner Number (CRN): <u>43517</u>	Incident location: <u>BANKSIA UNIT</u>
Date received into the Centre: <u>17.2.06</u>	Medical file reviewed: <u>YES</u>

INCIDENT TYPE	
Suicide	Assault
Attempted Suicide	Overdose
Deliberate Self Harm	Intoxication
Death	Other (specify details): <u>Swallowed x3 razor blades</u>

DESCRIPTION OF INCIDENT
(please provide a detailed summary of the incident as witnessed by you or described to you)

Prisoner claims he has swallowed 3 razor blades.

INJURIES SUSTAINED (please provide a detailed summary of all injuries sustained)

Nil mouth trauma.

DEPT. OF JUSTICE & REGULATION
RELEASED UNDER FOI

TREATMENT (please provide a detailed summary of the treatment offered and given to prisoner)

To Accident & Emergency for follow up - assessment & abdominal X-ray.

CAGED UNTOLD

PACIFIC SHORES HEALTHCARE
BARWON PRISON MEDICAL CENTRE
LOCKED BAG 7
LARA 3212

DEPT. OF JUSTICE & REGULATION
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Patient: BINSE, CHRISTOPHER
Address: Barwon Prison Geelong 3220
Attendance Number: 60323231
Referring Doctor: [REDACTED]

D.O.B: 07/10/1968 UR: 262093

Location: EMD
Exam Date: 23/03/2006

EXAMINATION: X-Ray Abdomen
X-Ray Chest

CLINICAL NOTES:

Swallowed three razor blades at 1040am. Blades are rolled cylindrically. Patient is prisoner in shackles.

REPORT:

ABDOMINAL X-RAY:

There are two radio-opacities which have the appearance of cylindrically rolled razor blades in the left side of the pelvis. No evidence of intestinal obstruction or perforations noted in these films. No evidence of free gas seen in the abdomen.

CHEST X-RAY:

Both lung field are clear with no pleural effusions or pneumothoraces. No collapse or consolidation noted. Mediastinum, hila and heart appear within normal limits with no evidence of free gas under the diaphragm or pneumomediastinum noted. Normal chest x-ray.

MEDICAL IMAGING REPORT

Report status - Validated / Physician - [REDACTED]

Reported By: [REDACTED]

Typist: [REDACTED]

Performed At: The Geelong Hospital
Original to: [REDACTED]

0416-1

Director of Barwon Medical Imaging - [REDACTED]

DEPT. OF JUSTICE & REGULATION
RELEASED UNDER FOI

Acute Health

The Geelong Hospital
PO Box 281
Geelong Victoria 3220
ABN 45 877 249 165

23.03.06

Dear Doctor,

Thanks for reviewing Chris who says he swallowed 3 safety razor blades rolled up in glad-wrap on the morning of 23/3/06. When I assessed him he had not experienced any pain and his abdomen was non-tender. The 3 blades could be seen, still rolled up, low in the pelvis. Following discussion with the consultant in charge it was agreed that they should pass without significant trouble. We would be happy to see him if there are any concerns.

Kind regards,
[REDACTED]

CAGED UNTOLD

DEPT. OF JUSTICE & REGULATION

RELEASED UNDER FOI

Acute Health

The Geelong Hospital
PO Box 281
Geelong Victoria 3220
ABN 45 877 249 165

23.03.06

Dear Doctor,

Thanks for reviewing Chris who says he swallowed 3 safety razor blades rolled up in glad-wrap on the morning of 23/3/06. When I assessed him he had not experienced any pain and his abdomen was non-tender. The 3 blades could be seen, still rolled up, low in the pelvis. Following discussion with the consultant in charge it was agreed that they should pass without significant trouble. We would be happy to see him if there are any concerns.

Kind regards,

18

AT THE TIME THEY TOOK THE X-RAYS, THE RAZORS BLADES WERE STILL REMAINED INTACT ROLLED UP, BUT OVER COURSE OF DAYS, THE GLAD WRAP WOULD UNRAVEL. TO THEN RELEASE THEM!



DEPT. OF JUSTICE & REGULATION

RELEASED UNDER FOI

Name: BINSE, Christopher Dean

CRN: 43517


DOB: 07/10/1968

CLINICAL RECORD

DATE/TIME	
14.3.05	Seen in Unit Referred post Swallowing Hacks
	① Message of justice - Personal vendetta regarding past escape attempts and harassment of MPs etc. Behaviour well this past term. Voices in background saying I'm weak. Stressed as my [REDACTED]
	"Can't control my legs early enough in the day"

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¹⁸ Prison medical reports.



DEPARTMENT OF JUSTICE & REGULATION

RELEASED UNDER FOI

Unit 40, Christopher Dean

CRN: 43517

DOB: 07/10/1968

CLINICAL RECORD

DATE/TIME		C L I N I C A L R E C O R D
26-3-06	Seen in cell this morning as on hunger strike cell is decorated with streamers of toilet paper toilet bowl has vomitus and torn up polystyrene cups in it. Chris was lying abtwd on canvas. Put his cover on and agreed to BP and weighing. P BP 147 Prisoner talked nonstop about issues relating to "rusting razor blades" and wanting to "hold out for 3 weeks so that he could collapse in court in front of the media". Talked about the voices telling him what to do. Seemed to be on the brink of psychotic breakdown. For review by Psychiatrist first thing in the morning 10.	

THIS IS THE MOVEMENT SHEET FOR THE PERIOD IN QUESTION, **OBS**, REFERS TO THE **OBSERVATION CELL**, WHERE THERE IS A CAMERA AND CANVAS GOWN AND CANVAS BLANKET TO SLEEP WITH, **NO PILLOW, NO MATTRESS EITHER, A COLD CONCRETE SLAB!**

05 MAR 06	***CCPP.HLTH	BANKSIA LOP's	BARWON
06 MAR 06	***UNIT.TRANS	BANKSIA LOP's	BANKSIA Obs
07 MAR 06	***UNIT.TRANS	BANKSIA Obs	BANKSIA LOP's
08 MAR 06	***MC.G.ORDER	BANKSIA LOP's	BARWN TEMP
08 MAR 06	***UNIT.TRANS	BARWN TEMP	BANKSIA LOP's
23 MAR 06	***CCPP.HLTH	BANKSIA LOP's	BARWON
23 MAR 06	***UNIT.TRANS	BANKSIA LOP's	BANKSIA Obs
27 MAR 06	***UNIT.TRANS	BANKSIA Obs	BANKSIA LOP's

BACK AND FORWARD TO HOSPITAL ON ESCORT. CCPP. HLTH. IS GEELONG HOSPITAL.

I WOULD EVENTUALLY BE TRANSFERRED TO MARNGONEET PRISON A PROGRAMMES MEDIUM JAIL.

YET BE TIPPED OVER. LAUGHING DURING A DRUG COURSE TO SUPAMAX, MELALEUCA.

PRISON CHARGE DISMISSED. YET STILL TO BE RELEASED FROM SUPAMAX!

FAILURES TO PREPARE ME FOR RELASE, PROTESTS ENGAGED BY ME.

¹⁸ Prison medical reports.

²⁰ Victorian Office of corrections Prisoner History movement print out.

SURNAME: BINSE	GIVEN NAME: CHRISTOPHER	DATE OF BIRTH: 07/10/68
CRN: 043517	PRISON: BARLON	UNIT: MELELEUCA H.S.U.

REFERRED BY: (Please Tick)

- ☒ SELF
☐ OFFICER (Name)
☒ NURSE [REDACTED]
☐ OTHER

DEPT OF JUSTICE VIC.
RELEASED UNDER FOI

TYPE OF REFERRAL:

- ☐ CRISIS
☒ NON-CRISIS

RELEVANT INFORMATION: PRESENTLY ON HUNGER STRIKE RE: ...
 PLACEMENT / ACCESS TO COURSE'S - DENIED, STARVED, DEPRIVED
 OF HUNGER TO PARTICIPATE AND COMPLETE COURSE! HUNGER STRIKE
 REFLECTS CURRENT DRAINING INDICENT TO PROVIDE ME.

Noted by nursing staff (Signature) ..

(Print Name)

OUTCOME SEE - O.N. Date: 7/1/08
 16-01-08 FOR SUPPORTIVE
 1:1

¹⁸ I WOULD THEN BE TRANSFERRED TO THE MELBOURNE ASSESMENT PRISON, "MAP" FOR THE PAROLE REPORTS THEY HAD SOUGHT TO BE DONE. THIS COMPLETE WITHIN TWO WEEKS, THEN TRY TO SEND ME BACK ON ESCORT BACK TO MELELEUCA. F*CK OFF!

I TOLD THEM. IF I VOLUNTARILY STEP ON THE ESCORT VAN TO GO BACK TO SUPA-MAX. MEANS THAT I AGREE AND ACCEPT THERE BULLSHIT PLACEMENT. I DIDN'T, NOR DID I GO ON TRANSPORT VAN. I REFUSED TO COMPLY AND VALIDATE THERE CLASSO OF ME FROM A MEDIUM JAIL. TO SUPAMAX. FOR A TRUMPED UP BULLSHIT PRISON INCIDENT!

WHICH WAS LATER TO THEN BE DISMISSED IN AN INTERNAL GOVERNORS HEARING! YET M.O.U STILL PERSISTED TO RELEASE ME FROM SUPAMAX!

I SHOULD BE REDUCING MY SECURITY RATING. NOT BACK BACKWARDS IN REVERSE! OVER NOTHING! THEY TRIED TO SEND ME BACK TO MELLELEUCA, I HAD REFUSED! ACCEPTING THE MOVE, WOULD MEAN THAT I AGREE TO THIS OBSCENE PLACEMENT! I'D RATHER HAVE A DRIP HANGING FROM MY ARM AND BE CUFFED TO A HOSPITAL BED! I BEGIN TO SWALLOW STUFF. WHY? I DID NOT WANT TO BE RELEASED FROM SUPAMAX!

¹⁸ Prison medical reports.

Present	Possible	Absent		
	✓		1	SOMATIC CONCERNS
		✓	2	ANXIETY
		✓	3	DEPRESSION
		✓	4	SUICIDALITY
		✓	5	GUILT
	✓		6	HOSTILITY
		✓	7	ELEVATED MOOD
	✓		8	GRANDIOSITY
		✓	9	SUSPICIOUSNESS
		✓	10	HALLUCINATIONS
		✓	11	UNUSUAL THOUGHT CONTENT
		✓	12	BIZARRE BEHAVIOUR
		✓	13	SELF NEGLECT
		✓	14	DISORIENTATION
Rate items 15-24 based on observed behaviour or speech during interview				
		✓	15	CONCEPTUAL DISORGANIZATION
		✓	16	BLUNTED AFFECT
		✓	17	EMOTIONAL WITHDRAWAL
		✓	18	MOTOR RETARDATION
		✓	19	TENSION
		✓	20	UNCOOPERATIVENESS
		✓	21	EXCITEMENT
		✓	22	DISTRACTIBILITY
		✓	23	MOTOR HYPERACTIVITY
		✓	24	MANNERISMS / POSTURING

Comments re Mental Health Risk Assessment

Chris Ables - no self harm issues
 → swallowing objects to attract attention
 Guarantees own safety whilst hospitalized

18. WHEN I WAS ISSUED MORNING BREAKFAST, I WAS TOLD I WAS ON ESCORT, **REALLLY!** SO WHEN THEY COME BACK HALF AN HOUR LATER, TO DO MORNING REQUESTS. I CALLED THE SCREW UP TO THE CELL TRAP, TOLD HIM. **TO WATCH THIS TRICK!** AND SWALLOWED A ROLLED UP SARDINE TIN LID. **NOW THAT WAS HARD TO SWALLOW!** HE COULDN'T BELIEVE HIS EYES, **MINE WERE IN TEARS FROM GULPING DOWN THIS TIN!** HE NOW HITS. THE **PANIC ALARM, THE SCREWS COME RUNNING FROM EVERYWHERE.** TO THEN REMOVE ME FROM THE CELL AND TAKE ME TO ST VINCENTS HOSPITAL. **THE NURSE DID NOT BELIEVE ME I HAD DONE IT.** I SAID TO HER, ASK HIM. HE AINT GOING TO LIE FOR ME. HE WITNESSED IT HIMSELF. SHE HAD DISMISSED IT. I WAS TAKEN BACK TO THE JAIL. PUT BACK IN MY CELL, WITH ALL MY CANTEEN GOOD. **I MISSED THE ESCORT BACK TO BARWON, THE NEXT DAY I REPEAT THE SAME STUNT!** THE SAME SCREW! AS HE OPENED MY CELL TRAP, I SAY **WATCH THIS.** HE THEN BLURTS OUT **NO! TOO LATE! GULP. ANOTHER SARDINE TIN ROLLED UP DOWN THE GULLET!** BACK TO HOSPITAL. **TO SEE THE VERY SAME NURSE.** I SAY TO HER. **DO I KNOW YOU AT ALL? HAVEN'T WE MEET BEFORE,** TAKING THE PISS OUT OF HER. THIS TIME SHE ACTS AND

¹⁸ Prison medical reports.

SENDS ME UPSTAIRS TO THE JAIL SECURITY WARD TO BE NOW ADMITTED THERE. FOR SURGICAL REMOVAL OF THE TIN LIDS IN MY GUT. THEN TRANSFERRED ME TO P.P.P. CHARLOTTE TILL I GOT RELEASED. SO MUCH FOR PREPARING ME FOR RELEASE!

Have you ever hurt/harmed yourself deliberately Yes ☒ No ☐ How many times... 2

What methods have you used ... MURDER STRIKE - INGESTION FOREIGN OBJECTS

When	Where	How	Why
JAN 08	PPP	INGESTION FOREIGN OBJECTS	To Prove A Point

Are you thinking of self harm/suicide currently Yes ☐ No ☒

Specify ... DENIES CURRENT SASH ISSUES
BEHIND I REACTIVE MIND.

Reviewed - May 2008

20/2/8 OAC.

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R/V in US of per request of [REDACTED] following deliberate swallowing of metal objects in order to prevent T/F back to Melbourne. Claims he is not a High Security Prisoner and this placement is only jeopardising his 'Parole' potential, wants to stay at MAP or back to Monmouth. Is angry his serious/dangerous offenders course has been ceased as this will also jeopardise early parole. Denies ongoing SH or suicidal plans although is going on a hunger strike & the intention to prevent metal objects swallowed from passing and potentially decomposing in his stomach and resulting in some sort of fatal infection. This man is not considered a serious SH risk however discussed in HROBT and agreed to remain on OBS until MON R/V so he may attempt SH if he is not happy in the absence of that R/V. To remain P3. Discussed in [REDACTED] - OBS R/V 29/2 - [REDACTED]

CONTINUATION SHEET

PP/10R

JAN 2002

I WOULD GO ON TO REPEAT SWALLOWING ITEMS IN PROTEST OF THE UNJUST SITUATION I WAS FORCED AND COMPELLED TO ENDURE. THE BASIC FUNDAMENTAL RIGHT OF ALL PRISONERS. IS TO BE RELEASED FROM THE BEST POSSIBLE LOCATION. TO REDUCE THEIR CLASSIFICATION. NOT INCREASE IT. BURY THEM IN ISOLATION/ MANAGEMENT UNITS. HOW DOES THAT PREPARE THEM FOR THE SHIFT IN DYNAMICS! IT DOESN'T! The Policy of the Sentence management manual

¹⁸ Prison medical reports.

corrections Victoria 8/. Progression through Security Ratings. RELEASED 2ND APRIL 2008.

ARRESTED 18TH DECEMBER 2009.

From: [REDACTED]
Sent: Friday, 19 December 2008 3:05 PM
To: PPP Offender Services
Cc: [REDACTED]
Subject: Re Chris Binse

Hi All

As you are no doubt aware, Chris is back at PPP. Arrived as an S3 from MAP. During interview Chris presented as very flat and stated on numerous occasions that he 'had enough' and was 'filthy' that the Police didn't shoot him yesterday. Claims he doesn't fit in on the outside and says only life he knows now is being locked up in tiny concrete rooms. States he is refusing to eat and wants to fade away and his only interest is in how long it takes(??). Says he is going to remain non compliant with orders and that Senter Management can go and 'f*ck themselves'. Became very teary when [REDACTED] was mentioned [REDACTED] and was frantic that his dog was missing!!? Has a SASH history, most recent self harm in custody was here in Jan '08 when swallowed razor blades.

EVI

From: [REDACTED]
Sent: Monday, 22 December 2008 5:14 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Re Chris Binse

Dear [REDACTED]

I reviewed Chris Binse today and have decided to keep him on S3. As per below, he continues to present as flat and teary with poor future orientation and a loose plan to kill himself. He was not forthcoming about this plan but guaranteed his safety for a week until a determination about his placement is made and he can "assess things" and whether he can "go on feeling as if he is a failure".

Chris denies a suicide history (but has self-harmed before) but his lowness of mood and teariness appeared quite genuine and significantly out of character for Chris, a well known offender. I will not be in tomorrow (23/12/08), but I wondered if you might be able to make an assessment of him please? I have decided to keep him on S3 today, since he has been on S3 all weekend, but during your assessment would you mind please reviewing his risk status to see if his level of watch needs to be altered to ensure his safety during this difficult adjustment phase.

Thank you.

Kind Regards,

[REDACTED]
Senior Psychologist
Therapeutic Services
Port Phillip Prison
P.O. Box 378

DEPT OF JUSTICE VIC
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18. ONCE AGAIN PLACED STRAIGHT INTO MANAGEMENT, SENT TO PORT PHILLIP PRISON, RETURN TO CHARLOTTE UNIT! F*CKING DE- JE VUE! TALK ABOUT BLOODY PERSECUTION, IT WAS UNRELENTLESS I HAD MADE SOME "NICE FRIENDS IN HEAD OFFICE", DECADES BEFORE. "THEY HAD MY CARDS PUNCHED!" AND WOULD GO OUT OF THEIR WAY TO SEE. MY STAY WOULD BE LONG REMEMBERED!

I WOULD ONCE MORE. BEGIN IN SELF-HARM ACTS, SWALLOWING STUFF IN PROTESTING. I TRY A NEW TRICK, F*CK THE SARDINE TIN LIDS, THEY WERE DIFFICULT TO SWALLOW! I NOW SELECT THE WIRE COVER OF THE PRISON ISSUE FAN, TO PULL THEM TO OFF BITS! PLACING ALL THE BITS REMOVED INTO A FOAM CUP, THEN CALL THE OFFICER OVER. "WATCH THIS", AS I POUR THEM

¹⁸ Prison medical reports.

INTO MY HAND, FOR HIM TO SEE, THEN PLACE THEM INTO MY MOUTH, SWALLOWING THEM INFRONT OF HIM, HE WAS SPEACHLESS! BACK TO ST VINCENTS HOSPITAL FOR X-RAYS AND EXAMINATIONS. I HAD MOVED AWAY FROM THE PAST OF BRONZING UP IN MY FIGHT WITH "THEM" AS I HAD COME TO RECOGNISE AND APPRECIATE, IT WAS NOT THE FOOT SOLJAS AROUND ME. WHICH I HAD NO PERSONAL CONFLICT WITH AT ALL. I GOT ALONG WITH MANY.

BUT THOSE IN HEAD OFFICE WHO WERE DIRECTING EVERY CALL AND MOVE ON ME. THIS WAS ALL OVER UNJUST PLACEMENT IN SOLITARY CONFINEMENT/ MANAGEMENT!

BINSE, CHRISTOPHER DEAN (UR 417017) Colo Rectal Discharge Summary

Discharge Summary

Document Recipients

Patient Information

Patient Name	BINSE, CHRISTOPHER DEAN
Patient ID	417017
Address	PORT PHILLIP PRISON LAVERTON SOUTH VIC 3028
Phone Number	92177210
Date of Birth	07 October 1968
Discharge Unit	COLO RECTAL
Discharge Ward	
Consultant	
HMO Name	
Admission Date	7 March 2009
Discharge Date	12 March 2009

Discharge Diagnosis

Foreign Body Ingestion

Associated Medical Problems / Co-Morbidities

Treatment and Progress in Hospital

40 yr old male prisoner protesting against his detention admitted for ingestion of foreign objects.

PC
ingestion of 30-50 pieces of metal wire broken off from the covering of an air conditioning fan, each piece 2-3cm long twisted into U shaped or curved.
ingested at 3 pm 7/3/9 over the course of an hour. Dry retching, nil vomit. No bowel motions since. mild nausea, mild chest discomfort. nil pr bleed, abdo pain, peritonitis.

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StV

Inpatient Services
St. Vincent's Hospital, Melbourne
Princes Street
Fitzroy VIC 3065
Phone : +61 03 9268 2211
Fax : +61 03 9268 3399
<http://www.svhm.org.au>

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CRN: 49517
DOB: 07/10/1968

Date
7/3/09 Nursing Notes 1725 —

Pt presents in St Johns with post surgical
compex 20-30 pieces of metal from a fence
held in last dell. Ambulant to observation
cell. Crisis Call made —? removed by
psych nurse. See previous entry. Observations
1725 pulse 76 Temp 36.5 O₂ sets 97%
on room air. Pt c/o mild discomfort
Not running — spoke with [REDACTED]
[REDACTED] —> To be sent to St Vincent's
hospital. Contacted St Vincent's A&E who
are aware of arrival. Contacted Ambulance
[REDACTED]

DOB: 07/10/1908		CRN
		DATE
ADMITTED FROM:	ST. AUG'S	DATE 12/3/09
CLASSIFICATION		SASH SCORE
NATIONALITY		
METHADONE	YES/NO	
DRUG REACTION	NK	
OTHER ALLERGIES	NK	
PRESENTING PROBLEMS	Ingestion of metal	
ASSOCIATED PROBLEMS / PAST HISTORY		
<div style="border: 1px solid black; padding: 5px; text-align: center;"> DEPT OF JUSTICE VIC. RELEASED UNDER FOI </div>		
OBSERVATION LEVEL & DATE OF CHANGES		
DATE	12-3-09	

I WOULD GO ON TO BE MOVED TO A SEMI-MANAGEMENT UNIT. CALLED BORROWDALE. WHICH WAS STILL TECHNICALLY MANAGEMENT, YET WE WOULD BE ABLE TO ALL MIX. ALL THOSE ON THE BOTTOM LANDING, WOULD ALL RUN OUT TOGETHER, SOME 14 ODD PRISONERS. BORROWDALE WAS MAINSTREAM ISOLATED FROM THE REST OF THE JAIL.

¹⁸ Prison medical reports.

ALL THOSE IN BORROWDALE WOULD ONLY SEE OTHER IMATES FROM THE REST OF THE BACK UNITS, WHEN EITHER GOING TO THE MEDICAL/ HOSPITAL OR ON CONTACT VISITS.

THAT WAS THEIR SOLUTION SOLVED NOW. IN KEEPING ME BURIED IN MANAGEMENT!

SOME YEARS PASS BY, FROM BEING SHUTTLED FROM EITHER BARWON PRISON, BANSKIA MANAGEMENT UNIT, OR PORT PHILLIP PRISON, CHARLOTTE AND BORROWDALE UNITS.

FAILURES TO PREPARE ME FOR RELEASE, PROTESTS ENGAGED BY ME.

AGAIN THIS IS NO FERTILE GROUNDS TO HELP MY NEEDS, IN PREPARING MYSELF FOR MY EVENTUAL RELEASE FROM CUSTODY. I KNEW I HAD EXTREME DIFFICULTYS ON THE LAST OCCASION, ILL PRPARED, IN 2008 WITHIN MONTHS I HAD BECOME COMPLETELY OVERWHELMED BY THE SUDDEN SHIFT AND TRANSITION BACK INTO THE COMMUNITY.

THEN. THE NEWLY APPOINTED PAROLE ASSIGNED PYSCHIATRIST, WAS RAW AND NEW IN THE JOB, ASKING ME PERSONAL STUFF. THAT DREDGED UP A LOT OF BAD MEMORIES.

THIS "CAUSED ME TO ABANDONE HIS APPOINTMENTS, AND HAD MY PAROLE REVOKED."

WANDERING AROUND THE STREETS AIMLESSLY NOW, ALL DRUGGED UP ON POT AND COKE. TO BLURR OUT THE REALITY OF THINGS. THIS I HAD REVEALED TO THE PRISON STAFF AT PORT PHILLIP UPON MY ARREST, THIS WAS WELL DOCUMENTD AND ON FILE!

IT IS NOT LIKE THE SYSTEM DID NOT KNOW. THEY DID!

The Policy of the Sentence management manual corrections Victoria

4/. Offender Management Framework; The reducing the Re-offending Framework (2004) describes how corrections Victoria will achieve its mission through assessing, treating and managing offenders in order to reduce their risk of re-offending. This relies on effective offender management by all staff to maximise opportunities for offenders to change their behaviour.

The aims of the O M F are.-

- # To maintain a safe and secure community
- #To motivate offenders to engage in and continue with programs and service.
- #To identify and monitor offenders needs, and
- # based on these risks and needs, co-ordinate and prioritise offenders and prisoners access to appropriate programs, services and activities.

4.1/. O M F Theories; Three theories' underpin the O M F.

- # The risk-need approach is a psychological theory of anti-social behaviour that focuses on preventing re-offending and protecting the community (i.e., a risk management approach).
 - # The good lives model is a broader psychological theory of anti- social behaviour, its additional focus is on enhancing offender skills to prevent re-offending (i.e. a self-management approach).
- The risk- need approach and good lives model are complementary.
- # Therapeutic jurisprudence is a legal theory with concern for the well-being of individuals within the criminal system. It highlights the importance of correctional staff in engaging offenders in pro-social ways. Developing services based on these three theories provides a correctional system that cannot only protect the community by reducing anti-social behaviour but also addresses individual offender needs by increasing pro-social behaviour and well-being.

5.1/. Guiding Principles of Sentence Management; Addressing Needs. -

Prison providers are required to provide for a broad range of prisoners needs.

These include offence and offending behaviour related needs, health, welfare, psychological,

religious, industry, educational and vocational training needs. The sentence management process must be responsive to these needs and take them into account in assessment and decision making.

Graduated Release. - Effective correctional management through the sentence management process requires that prisoners are held in the lowest level of security appropriate according to their level of risk and need. Prisoners initially classified as a high- security **are expected to work their way from higher to lower security levels to enable release from the least restrictive environment possible. Prison providers are required to implement this into their management of prisoners.**

Impartiality. - The sentence management Branch seeks to implement the sentence management process in an impartial manner that balances the best interests of the prisoner, the needs of the system and the community.

Individual Focus. - Prisoners are individually assessed in an interactive, motivational and engaging process in which the prisoner's views about their needs and appropriate strategies for meeting those needs are actively sought and acknowledged.

The potential for negative and damaging impacts on individuals (including both staff and prisoners) in highly restrictive environments such as high security and management units is significant.

Such risks require a strong policy framework, an awareness of potential unintended consequences, and measures to minimise these risks.¹²

StV

DEPT OF JUSTICE VIC
RELEASED UNDER FO

NAME: Binse
CRN: 417017
DOB: 7 Oct 1968

Acute Mental Health/Psychiatric Assessment Form
To be used for the purpose of those prisoners requiring acute/at risk assessment

DATE 9/3/11 Call Received: 14 30 Time Risk Behaviour Identified: 14:15

At Risk Status on Referral Crisis call	Psychiatric Outpatient <input checked="" type="checkbox"/>
	Admission/Reception <input type="checkbox"/>
	Unit <input type="checkbox"/>
	St. John's/St. Thomas <input type="checkbox"/>
Referral Person [REDACTED]	Other <input type="checkbox"/>

Reason for Referral:
Code Black Borrowdale

Problems Identified by Patient:
Bizarre behaviour

¹² "Corrections Victoria Sentence Management Policy and Practice Manual".

S+V DEPT OF JUSTICE VIC RELEASED UNDER FOI	ST. VINCENT'S HOSPITAL ST. VINCENT'S MELBOURNE	UR No.: 417017 Surname: Binse Given Name: christopher D.O.B.: 7 Oct 1968 Please fill in if no Patient Label available
	OUTPATIENT ATTENDANCES RECORD	
Date	14/30/11 RISK REVIEW 9/3/11 Called to crisis call in Charlotte unit. Christopher was found swinging on balcony at Borrowsdale. Had rubber band around wrist. No neck involvement or attempt hanging self was made. On assessment alert and oriented. Telling out "crazy horse" maxwellly denied to me any attempt to hurt self say he was	

18

THE FOLLOWING MEDICAL REPORTS, ILLUSTRATE CONCERNS/ FEARS ACCUSED HELD IN NEEDING ASSISTANCE IN PREPARATIONS FOR MY IMPENDING RELEASE IN SEPTEMBER 2011. WILLING TO **SELF-HARM PROTEST**, IN ORDER TO **"HIGHLIGHT CRIES FOR HELP/ INTERVENTION" IN.** **"NOT BEING RELEASED AGAIN DIRECT FROM ISOLATION BACK INTO COMMUNITY!"**

INSTITUTIONALISED PAST, DYSFUNCTIONAL HISTORY RECOGNISED BY ME DUE TO THE FACT I HAD. **"FOUND DIFFUCULTYS IN PREVIOUS TRANSITION UPON RELEASE!"**

SVCHSTPPF PSYCHIATRY - PPA CLINIC	8/3/11 Feels frustrated that he could be released without planning. Spent time ventilating past crimes against him and others. No speech-evident mood slightly elevated affect reactive. No formal thought disorder no vision or visual hallucination Plan Therapeutic services
--------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

18

9 MARCH 2011, TRASFER TO CHARLOTTE OBS CELL

My pleas for help to be provided to me, ignored I was placed in an observation cell in Charlotte management unit, where I continued my protest at the lack of preparation and help denied me as a high risk case.

Seriously. What does a highly disturbed institutionalized prisoner have to do to receive the help and desperately needed support which he himself recognises.

To assimilate back into the community. This is what the Major Offender Units role is to manage and provide to all those in the very same situation. **I had found myself back then.**

It is inconceivable to think, that they would ignore this fundamental obligation they have taken the sole responsibility for. This is a gross breach of trust and expectation from not only the inmate.

But the wider community at large!

This has to be properly examined a thoroughly investigated. **To ensure faults are removed!**

Isn't it the cornerstone of a civilised society to reduce recidivism? Not contribute to it!

¹⁸ Prison medical reports.

¹⁸ Prison medical reports.