



# Research Publication

## **Aborigines: Treatment in Prison, 1981**

**Angela Gorta  
Roz Hunter  
Geoff Gordon**

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## **ABORIGINES: *Treatment in Prison, 1981***

(Prepared by: Angela Gorta, Roz Hunter, Geoff Gordon)

Department of  
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This Publication presents the responses obtained in the study. Despite the use of some Aboriginal interviewers, it is possible that the structured, time limited interviews prevented some Aboriginal respondents from disclosing all of their complaints. The Aboriginal and Ethnic Affairs Co-ordinator reports that more serious and widespread problems are reported to her by Aboriginal prisoners during discussions than were found in this study. However, no quantitative data on these complaints are available, nor is there any information on whether other prisoners experience similar problems. In any case, resources are being devoted to identification and correction of problems experienced by Aboriginal prisoners.

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## SUMMARY

This study compares the prison experiences reported by Aborigines in New South Wales prisons with those of a group of non-Aboriginal prisoners. Prisoners were questioned about a range of prison experiences including: their enrolment in and completion of educational courses, their recreational activities, visits and telephone privileges, contact with professional staff, medical and dental treatment, further charges whilst in prison, legal and welfare services, general satisfaction with prison services and conditions and any ways in which they considered that they had been treated differently from other prisoners while they had been in gaol. The possible existence of discriminatory treatment was explored in two ways: the first involved comparing the responses of Aborigines to the responses of non-Aborigines and the second involved directly asking Aborigines whether they felt they had been treated differently from other prisoners whilst in gaol, and how they would explain the difference in treatment.

The major evidence suggesting discrimination is the sheer over-representation of Aborigines in New South Wales gaols compared with the proportion in the community. The reported treatment of Aborigines in gaol seems to differ little from that of the non-Aboriginal comparison group. There was no difference in the proportion of Aborigines and non-Aborigines enrolled in educational courses or recreation activities, using the telephone or receiving visits. Fewer had required medical treatment while in gaol, yet of those who had required it, the Aborigines appeared more satisfied with medical treatment than the non-Aborigines. Fewer Aborigines reported contact with various professional personnel in the prison system than did non-Aborigines. Some Aboriginal prisoners reported that they were treated differently from others and attributed this, in part, to being Aboriginal. Any differences did not affect their access to or use of the facilities, privileges and programmes about which they were asked. Although, on the whole, there was little evidence of discrimination in prison treatment, the report ends by outlining some areas in which treatment could be improved.

As part of the 1974 census of all prisoners in N.S.W. prisons information concerning certain aspects of prison experience were recorded. Using this information, comparisons were made of enrolment in and completion of educational courses, recreational activities, employment and contact with professional staff while in prison, by aboriginal and non-Aboriginal prisoners (Department of Corrective Services, 1977). This study seeks to update this information and extend information on experiences in prison to include perceptions of visits and telephone privileges, medical and dental treatment, further charges whilst in prison, legal and welfare services and general satisfaction with prison conditions.

## METHOD

A census of Aborigines in N.S.W. prisons was held on 1st March, 1981. A detailed questionnaire, seeking perceptions of treatment in prison, as well as more general prison experiences, was administered by interviewers as soon as possible after this census. Five interviewers, two Aboriginal and three non-Aboriginal, visited each of the gaols in the state within three weeks of the census.

The information collected in this study included perceptions of experiences in prison concerning:

- education,
- recreation,
- visits and telephone privileges,
- contact with professional staff,
- medical and dental treatment,
- further charges whilst in prison, legal and welfare services,
- general satisfaction with prison services and conditions,
- and discrimination.

Prisoners were considered Aboriginal if they regarded themselves as Aboriginal and were regarded as Aboriginal by the Aboriginal prisoners in the gaol. The informal networks to the Aborigines within each gaol were used to ensure that all Aboriginal prisoners were contacted by one of the interviewing team.

The treatment of Aborigines in gaol must be looked at in the context of the treatment of non-Aboriginal prisoners. For this purpose a comparison group of non-Aborigines was also interviewed. This comparison was comprised of Australian-born prisoners of the same sex, a similar age and who had spent a similar length of time in gaol for their present imprisonment as had the Aboriginal prisoners. The length of time spent in prison was controlled since it might affect, for example, participation in educational or recreational activities, need to use health care facilities and amount of contact with professional staff. Within most gaols, one non-Aboriginal was interviewed to every two Aboriginal prisoners. Both the Aboriginal prisoners and the non-Aboriginal comparison group were asked the same questions, except for those questions concerning the Aboriginal Legal Service which were addressed only to the Aboriginal prisoners.

A total of 192 Aborigines and 96 non-Aborigines were interviewed in this study. Of the 213 Aborigines in N.S.W. gaols at the 1st March, 1981, five did not want to be interviewed and sixteen could not be contacted either because they had been discharged before the interviewers arrived at the gaol or because they were at court during the interviewing period.

## FINDINGS

### 1. Education in prison

The proportion of Aborigines undertaking educational courses in prisons did not differ from the proportion of non-Aborigines undertaking such courses. Approximately one in five (19%) of the prisoners interviewed were presently enrolled in a class in prison. A wide range of subjects was studied. These included basic education courses such as remedial English, School Certificate and Diploma Entrance Certificate courses. Trade training courses such as motor maintenance, dairy farming, typing, and painters' and decorators' courses were also studied. Approximately half of those enrolled in a course (52%) studied by correspondence, four in ten (40%) studied in a class in the gaol and the rest (8%) went out of the prison to attend technical colleges.

When the gaols where prisoners were enrolled in educational courses were examined, Grafton Gaol stood out: fewer prisoners than would be otherwise expected were enrolled in a course. Although almost 9% of the prisoners interviewed were held in Grafton Gaol, only one of these prisoners was enrolled in an education course. This represents 2% of the prisoners interviewed who were enrolled in a course.

While only a small percentage had ever completed a course while in gaol, a larger proportion of non-Aborigines (16%) had completed such courses than had Aborigines (6%). The types of courses completed included English and mathematics, shorthand, typing, signwriting, motor maintenance, boiler attendant, landscaping, gardening, bricklaying and welding courses. These courses, on the whole, did not lead to formal qualifications. Only a very small proportion of either Aborigines (3%) or non-Aborigines (5%) had obtained a certificate or diploma whilst studying in prison.

Information on education in prison was also collected in the 1974 census of all prisoners. The proportion of Aborigines enrolling in courses in prison and the proportion completing courses was the same in 1974 and 1981.

### 2. Recreational activities

Just over half (53%) of both Aboriginal and non-Aboriginal prisoners had, at some stage, been enrolled in recreation activities in prison. These were largely sporting activities such as football or cricket, or craft activities such as leather work, art, copperwork or veneer work.

When asked what type of educational and recreational activities they *would like to see introduced* into prison, over half of both the Aborigines and the non-Aborigines specified sporting activities and facilities. The range of sporting activities requested was wide and included football, touch football, swimming, boxing, basketball, darts, baseball, cricket, volleyball, gym work, and martial arts. There were also requests for more inter-gaol competition and more outside gaol sports. One-sixth of the requests from Aboriginal prisoners were for Aboriginal culture classes or other unspecified types of Aboriginal classes. About one in ten of both the Aboriginal and non-Aboriginal prisoners requested more trade courses and workshop facilities. Other requests were for general education classes, arts and craft courses, music lessons, literacy courses, chess, debating and a Welfare Officer's course.

### 3. Job in prison

The job most commonly held in prison is that of sweeper. The most common jobs (in order of frequency of occurrence) held by Aboriginal prisoners were: sweeper, laundry worker, gardener, bushgang worker and farm worker. For the non-Aboriginal comparison group the most common jobs were: sweeper, cook, tailor shop worker, maintenance, bushgang worker and printshop worker. Other jobs done by both Aboriginal and non-Aboriginal prisoners include: community project worker, leathercraft worker, carpenter, clerk, machinist and worker in the Parramatta Linen Service.

### 4. Visits and telephone contact

Almost all of the prisoners interviewed considered they were entitled to contact visits (95%). Less than three out of five prisoners said that they received as many visits as they were entitled to. There was a slight tendency for a higher proportion of Aborigines (59%) than non-Aborigines (47%) to state that they received as many visits as they were entitled to receive. The most frequent reason given for not receiving as many visits as they were entitled was that the gaol was too far for friends and relatives to travel. Other reasons concerned the lack of transport and general travel difficulties. In a very few cases prisoners said that they simply did not want any visitors. Each of these reasons applied to both Aboriginal and non-Aboriginal prisoners.

Although most prisoners (94%) considered they were entitled to use the telephone to ring friends or relatives, approximately one-third (31%) did not make use of the phone. This was largely because their family and friends did not have a telephone. Instead some of the prisoners kept in contact by writing letters. Other reasons for not using the telephone included having few close contacts and therefore having no one to ring, feeling that they have never had an emergency or never needed to ring anyone, forgetting or not knowing the telephone numbers, not being a good conversationalist or simply not being bothered or wanting to ring anyone. Some prisoners said they were not permitted to use the telephone. This was the case at Glen Innes. Although only 6% of the prisoners interviewed were held at Glen Innes, prisoners at Glen Innes represented over twice this proportion (14%) of those who said they do not use the telephone.

### 5. Contact with professional personnel

Prisoners were asked with which of a range of professional personnel they had any contact. For those with whom they had had some contact, they were asked to decide whether, overall, they found these people to be "helpful" or "not helpful".

Parole officers, doctor or nurse, and activities officer ranked amongst the most contacted types of staff for both groups of prisoners. Overall, a higher proportion of non-Aborigines than Aborigines had had contact with professional personnel in the prison system. Non-Aborigines were more likely to recall having had contact with a psychologist, doctor or nurse, parole officer, departmental welfare officer, activities officer or programmes officer than were Aborigines. On the other hand, Aboriginal prisoners were more likely to recall having had contact with Prisoners' Aid, a member of the Civil Rehabilitation Committee or a St. Vincent de Paul visitor than were non-Aborigines (see Table 1). It

is not known whether these differences in contact rates were initiated by the prisoners or by the professional personnel.

Of those who had had some contact with these staff, approximately seven out of ten of both these Aboriginal and non-Aboriginal prisoners considered that the parole officer, departmental welfare officer, activities officer, programmes officer and chaplain were helpful. The most marked discrepancy between the perceptions of the Aborigines and the non-Aborigines was that all four of the non-Aborigines who had contacted someone from the Civil Rehabilitation Committee (C.R.C.) had found them helpful, compared to only three of the twenty-one Aborigines who had contacted the C.R.C. In fact, it would appear that Aboriginal prisoners considered the C.R.C. the least helpful of all the organisations or staff about whom they were questioned.

Prisoners at both the Central Industrial Prison and Mulawa appeared to be particularly dissatisfied with their doctor and/or nurse. The majority of prisoners who had seen the doctor or nurse at these two gaols said they thought they were unhelpful.

When changes over time were examined, the proportion who had contacted or been contacted by a psychologist or a departmental welfare officer was the same for the 1974 and 1981 censuses. Approximately one-quarter had had some contact with a psychologist and one-third some contact with a welfare officer. Contact with many types of professional personnel seems to have decreased since 1974. Specifically, fewer Aborigines reported having contact with a psychiatrist, doctor or nurse, chaplain or an education officer. More, however, reported having contact with a parole officer.

### 6. Health in prison

In summary, fewer Aborigines than non-Aborigines in prison reported experiencing illness or injuries. Consequently fewer required medical treatment than their non-Aboriginal counterparts. Six in every ten prisoners requiring medical treatment said they were satisfied with the treatment they received. There was a slight tendency for more Aborigines than non-Aborigines to say they were satisfied with the treatment they received. The major differences in sources of dissatisfaction for Aboriginal and non-Aboriginal prisoners are that more Aborigines felt they were not believed when they said that they were sick or that they were refused outside medical treatment. On the other hand, more non-Aborigines reported being given what they considered to be the wrong treatment.

#### (a) Need for medical treatment

Over half (58%) of the sample had required a doctor or nurse during their imprisonment. Fewer Aboriginal prisoners (50%) stated that they required medical treatment than did non-Aboriginal prisoners (76%) ( $X^2 = 15.90$ , d.f. = 1,  $p < .0001$ ). Related to this, fewer Aborigines (26%) than non-Aborigines (42%) reported having an illness or injury whilst in prison ( $X^2 = 6.83$ , d.f. = 1,  $p < .0090$ ).

#### (b) Types of injuries

The prisoners sought treatment for a wide range of injuries and illnesses. Injuries included broken bones (broken arm, broken ribs, broken leg, broken cheekbone, broken hand, broken jaw), a wide range

of football injuries and various cuts and abrasions. The variety of illnesses included heart attacks, hepatitis, bronchitis, asthma, ulcers, boils, growth on kidney, gallstones and eye problems.

**(c) Satisfaction with medical treatment**

Six in every ten prisoners requiring medical treatment said they were satisfied with the treatment they received. There was a slight, but not statistically significant, trend for a higher proportion of the Aboriginal prisoners (63%) to report they were satisfied with their medical treatment than non-Aboriginal prisoners (56%). Those who were not satisfied with their treatment listed reasons such as insufficient treatment, lack of personal concern or interest and lack of medical facilities or staff. These reasons are outlined in Table 3. From this table it can be seen that the major differences in sources of dissatisfaction for Aboriginal and non-Aboriginal pris-

oners are that more Aborigines felt that they weren't believed when they said that they were sick or that they were refused outside medical treatment. On the other hand, more non-Aborigines reported being given the wrong treatment.

A large proportion of those interviewed at Mulawa, the Metropolitan Reception Prison and the Central Industrial Prison, were dissatisfied with their medical treatment. Only six women were interviewed at Mulawa: four Aborigines and two non-Aborigines. Three of the Aborigines and both the non-Aborigines said they were dissatisfied with their medical treatment. While the Central Industrial Prison and the Metropolitan Reception Prison each held approximately five per cent of those interviewed, they were over-represented among those who complained their medical treatment was unsatisfactory, each representing 10% of those who complained.

**Table 1: Percentage of prisoners who had been contacted by various types of professional personnel**

Type of professional personnel	Aborigines 1974 (%)	Aborigines 1981 (%) (n = 187)	Non-Aborigines (%) (n = 93)
psychologist	26	27	39
psychiatrist	32	26	25
doctor or nurse	63	50	60
parole officer	45	54	58
departmental welfare officer	34	31	38
activities officer	39	34	46
programmes officer	32	27	35
chaplain	NI	27	25
Prisoners' Aid	NI	44	10
Civil Rehabilitation Committee	NI	8	4
St. Vincent de Paul	NI	14	9

(N.B. The percentage in Table 1 sum to more than 100% since each prisoner may have contacted a number of different types of professional staff.

NI = No information)

**Table 2: Percentage of contacted prisoners who considered the various types of professional personnel helpful**

Types of professional personnel	Aborigines (%)		Non-Aborigines (%)	
psychologist	(49*)	57	(36)	72
psychiatrist	(47)	47	(23)	39
doctor or nurse	(94)	70	(56)	57
parole officer	(101)	70	(54)	74
departmental welfare officer	(58)	72	(35)	69
activities officer	(65)	75	(43)	70
programmes officer	(49)	69	(33)	73
chaplain	(50)	70	(23)	78
Prisoners' Aid	(83)	88	(9)	67
Civil Rehabilitative Committee	(14)	21	(4)	100
St. Vincent de Paul	(26)	65	(8)	88

(\*Numbers in brackets represent the total number of Aboriginal [or non-Aboriginal] prisoners who had had some contact with that type of staff. It was on these totals that the percentages who found the type of visitor helpful were based.)

**Table 3: Comments on sources of dissatisfaction with medical treatment**

Sources of dissatisfaction	Aborigines (%) (n = 39)	Non-Aborigines (%) (n = 25)
Lack of medical facilities or staff e.g. "don't have enough facilities" "need professional medical team" "long wait for treatment"	10	8
Lack of medical competence e.g. "nurse has no medical knowledge" "unprofessional approach" "only know how to prescribe drugs"	8	8
Lack of personal concern or interest e.g. "staff not interested" "unsympathetic, unwilling to help" "totally unconcerned with prisoners' health"	9	5
Refusal for outside medical help e.g. "not allowed to see specialist" "couldn't get second opinion from outside doctor"	8	0
Don't believe prisoners are sick e.g. "they think you're lying" "don't believe you"	13	0
Brevity of examination e.g. "examination too quick" "short of time when testing patients"	5	5
Insufficient treatment e.g. "needed more treatment" "no follow through after treatment" "wouldn't give pain killers" "didn't clear up illness"	23	28
Inappropriate treatment e.g. "given pills for epilepsy instead of ulcers" "painkillers given rather than rectifying problem" "gave wrong treatment"	10	27

When the prisoners were asked whether it is difficult to get a second opinion from an outside doctor, two-thirds (64%) replied that they had never tried to obtain one. Of those who had tried, fewer Aborigines (58%) than non-Aborigines (82%) reported that it was hard to get a second opinion. This is contrary to the comments reported in Table 3, in which it appeared that a large proportion of Aborigines had been refused medical help from outside the gaol.

When asked about the availability of medication for simple illnesses such as colds or headaches, about one in six prisoners (15%) replied that they had never tried to obtain such medications, over half said they were "always" available (59%), one in five said they were "sometimes" available (22%) and only a minority replied that they were "never" available (4%). Aboriginal and non-Aboriginal prisoners were similar in this.

**(d) Sedatives and tranquillisers**

The Aboriginal Legal Service had expressed some concern that prisoners may be sedated merely to facilitate their control. For this reason questions were asked about the prescription of sedatives or tranquillisers for prisoners.

In fact, slightly fewer Aborigines than non-Aborigines had been prescribed sedatives. One-quarter of the Aboriginal prisoners (24%) and one-third of the comparison group (33%) had been prescribed sedatives or tranquillisers at some time during their imprisonment. At the time of being interviewed 7% of Aboriginal and 11% of non-Aboriginal prisoners were still taking these drugs. All, except one non-Aborigine, had been taking these for less than one month. This non-Aboriginal prisoner had been taking them for just over one month.

Over half the drugs prescribed were minor tranquillisers such as valium, serepax or unspecified sleeping tablets. Other drugs used included barbiturates such as mogadon and seconal, major tranquillisers such as largactil and melleril, narcotics such as codeine and anti-depressants such as amytriptyline. Approximately one in six of those who had been prescribed sedatives or tranquillisers did not know the type of drug prescribed. Reasons given for why they were prescribed included nervous tension, depression, insomnia, for headaches, epilepsy, psychosis and drug withdrawal.



Almost two-thirds of the Aborigines (64%) who had been prescribed sedatives or tranquillisers, compared with less than half of the non-Aborigines (45%), considered that they were helpful. No individual differences among gaols were apparent in either the proportion for whom these drugs were prescribed or in the proportion who found them helpful.

**(e) Special diet**

Very few prisoners had had a special diet recommended because of a health problem. Fewer Aborigines (2%) had had such a diet recommended than had non-Aborigines (5%). Three of the four Aborigines, compared with only one of the four non-Aborigines, for whom a special diet had been recommended, had difficulty in obtaining this diet.

**(f) Dental facilities**

Aboriginal prisoners did not differ from non-Aboriginal prisoners in their perceptions of dental facilities: one in five prisoners (21%) thought the dental facilities were unsatisfactory. Others had either never tried them (39%) or thought they were satisfactory (41%). The most common reasons for dissatisfaction with the dental facilities were the infrequent visits of the dentists and the attitude of some, which was considered unprofessional. The infrequent visits of dentists were thought to make obtaining dental treatment difficult. Prisoners commented:

"if you have really bad toothaches it can take several days to be escorted into town to see the dentist";

"because of length of period between dental visits, if you get a toothache you may have to wait up to four weeks";

and simply, "dentist doesn't come often enough".

Complaints concerning the dentist's competence included four prisoners who complained of fillings falling out and three prisoners who complained of having teeth pulled out when they thought the teeth only needed to be filled. A number of prisoners referred to the dentists at the various gaols as "butchers". A number also complained that their dentist was often drunk. Prisoners in on remand or in for short sentences seem to have special problems as illustrated by the following complaints:

"while on remand will only give temporary fillings which fell out";

"not able to see him because stay at gaol is too short";

"when I went to the dentist for a false tooth, I couldn't get one because I wasn't doing long enough";

and "wouldn't treat two loose false teeth, dentist told prisoner to come and see him when he got out of gaol".

One Aborigine complained that the "dentist states that Aboriginal teeth roots go further into the jaw than white's. The dentist drilled into my jawbone because of this theory".

A disproportionate number of complaints about dental treatment came from both Mulawa and Parramatta Gaols. Although prisoners at Mulawa

comprised only two per cent and prisoners at Parramatta comprised seven per cent of those interviewed in these gaols, they comprised seven and fourteen per cent respectively of those who complained about dental facilities.

**(g) Alcohol problems before coming to prison**

More Aborigines (47%) than non-Aborigines (30%) admitted having a drinking problem before coming to prison ( $X^2 = 6.84$ , d.f. = 1,  $p < .0089$ ). Only one in five Aboriginal and non-Aboriginal prisoners (21%) with a drinking problem had received counselling or medical treatment for it.

This counselling had been provided by a variety of organisations including Namatjira Haven, Mancare (Canberra) Salvation Army and Morisset Hospital, and a variety of individuals including a gaol nurse, a gaol psychologist, an Alcoholics Anonymous member and an outside psychiatrist.

When asked whether they *would like* to receive counselling, almost half of the Aborigines (43%) and almost one-third of the non-Aborigines (30%) with a drinking problem replied that they would.

**(h) Drug problems before coming to prison**

In contrast to drinking problems, more non-Aborigines (24%) than Aborigines (11%) admitted having a drug problem before coming to prison ( $X^2 = 6.55$ , d.f. = 1,  $p < .0105$ ). Counselling for drug problems was rarer than counselling for alcohol problems. More non-Aborigines (14%) with drug problems were given counselling than were Aborigines (5%) with such problems. Approximately half of those who had a drug problem when they came to prison were given no treatment, the other half were given tablets such as seconal or serepax, or tablets of which they did not know the name.

**(i) Overall evaluation of health care facilities**

One way of evaluating the health care available in prisons is to compare it to the health care available in the community. Table 4 illustrates that more Aborigines either considered prison health care "better" or the "same" as that in the community, or were not able to compare the two because they had not tried one or the other. More non-Aboriginals considered prison health care worse than that in the community ( $X^2 = 19.91$ , d.f. = 3,  $p < .0002$ ). Rather than being a comment on treatment in prison, this may reflect the poor standard of health care available to Aborigines in the community.

**Table 4: Comparison of prison health care facilities with those in the community**

	Aborigines (%) (n = 192)	Non-Aborigines (%) (n = 92)
Prison facilities are:		
better	5	2
the same	38	25
worse	35	63
cannot make comparison	21	10

A disproportionately large number of prisoners from Goulburn, Grafton, Metropolitan Reception Prison, Mulawa and Parramatta Gaols rated the health care in gaol as worse than in the community.

Three in ten prisoners (30%) considered that overall, medical treatment is "difficult" to obtain. Others either considered treatment was "easy" to obtain (29%) or "average" (42%). Aborigines did not differ from non-Aborigines in this. The unavailability of doctors, doctors not believing that the prisoners are sick and too much red tape were the three most frequently given reasons why treatment was considered difficult to obtain. Examples of comments made by prisoners include:

"doctors not available when required";

"medical treatment not available 24 hours a day";

"medical officer is always thinking that you are taking him for a ride. Never knows if you are truthful or not . . . difficult to get treatment";

"when in cells, call for a doctor, he comes and tells them they aren't sick";

"doctor won't listen to what you have to say";

"too much red tape before you get treatment";

and "too much red tape—time between prisoner's request and actual examination too long".

#### (j) Suggestions for improving the medical service

Approximately eight out of ten prisoners (79%) thought the medical services should be improved. A wide range of suggestions were made for improving the medical services. Those most frequently made by both Aboriginal and non-Aboriginal prisoners referred to increasing the number of visits by doctors and specialists, extending the medical service to at least include a night service (preferably a 24 hour per day, 7 day per week service) and have doctors change their attitudes. Examples of these suggestions include:

"doctors and medical staff to be available all the time, including night;

"medical staff to be available more often";

"have doctors at gaol 24 hours a day";

"have a doctor come to the gaol every day of the week. All prisoners entering gaol should have a full physical medical check and past medical records should be brought to the gaol to help the doctor in this assessment";

"have a qualified nurse on all time, in emergencies doctor should be able to be called quickly, e.g., if guy has heart attack—this doesn't happen now";

"doctor has a 'don't care' attitude towards prisoner's needs";

"medical staff don't seem to listen to patient's complaints";

"attitudes should change from Aspro treatment".

A number of Aboriginal prisoners requested Aboriginal medical staff, for example:

"Aboriginal medical service should send staff here";

"Aborigines to be seen by Aboriginal medical doctors";

"an Aboriginal person that knows how we are";

"employ an Aboriginal psychologist";

"Aboriginal medical staff should form part of the prison system, especially doctors who can understand Aboriginal health and personal problems".

#### (k) Discrimination in use of health services

One in ten of the prisoners interviewed felt that they had been treated differently from other prisoners in using the health services. This was more common among Aborigines (12%) than non-Aborigines (5%). In some instances this was a positive difference in treatment, for example, one of the Aborigines replied that because he is an asthmatic he gets treatment more quickly than other prisoners.

Only six of the twenty-two Aborigines who felt they had been treated differently attributed this to their Aboriginality. Nine attributed it to sometimes having personality clashes with the staff and the other seven attributed it to having problems explaining what they want. Other examples given of Aboriginal prisoners feeling they have been treated differently from non-Aboriginal include:

"felt discriminated because was in for drug offence, cannot get medical staff to take his problem seriously";

"made to wait for an operation that could have been done four months ago";

"prisoner is hard of hearing and feels he is treated differently because of this".

#### 7. Further charges whilst in prison

Visiting Justices arbitrate cases of prisoners charged with breaches of prison rules and regulations. Just over one in five of the sample (21%) had been before a Visiting Justice at sometime during their imprisonment. This proportion was the same for both the Aboriginal and non-Aboriginal prisoners interviewed.

For those who had been convicted by a Visiting Justice, both Aboriginal and non-Aboriginal prisoners had had an average of between three and four such convictions. The most common charges involved assault on prison officer, disobeying an order, fighting, use of abusive language and consumption of alcohol.

At the hearing before the Visiting Justice most (Aborigines 71%, non-Aborigines 80%) had had no legal representation. Some, however, used Legal Aid (Aborigines 12%, non-Aborigines 20%) while some Aborigines used the Aboriginal Legal Service (18%).

#### 8. Legal and welfare services

Nine out of ten Aborigines (90%) knew about the Aboriginal Legal Service (A.L.S.) before their imprisonment. While most considered it easy to contact the A.L.S., three out of ten Aborigines (31%) who tried thought it was difficult to contact. Some complaints that were made include: "sometimes wait months trying to see them", "they don't follow up", "can contact A.L.S. but can't speak to the people you want to speak to". The prisoners at the Central Industrial Prison and Cessnock Corrective Centre were disproportionately represented

among those who found it difficult to contact the A.L.S.

Most of the Aborigines in custody agreed that the A.L.S. could be made more helpful by increasing visits by A.L.S. solicitors (18%), more visits by A.L.S. field officers (80%) and more literature from the A.L.S. on prisoners' rights (83%). Other suggestions concerned improving the follow-up and simply having more solicitors. More solicitors were thought to be necessary by those who found themselves unrepresented in court. Examples of this include: "after following case from the very start the A.L.S. solicitor was unable to attend for the day of sentencing: this should be rectified" and "has appeared at Magistrates' Court and no A.L.S. solicitor present, no contact, not satisfactory prior to going to court on a charge".

Most of the Aboriginal prisoners (90%) agreed that they would like more educational and welfare services introduced. The most frequently requested educational services were courses on Aboriginal culture, land rights and Aboriginal language. Other courses requested were: general education classes, Aboriginal arts and crafts, literacy courses, trade training (e.g., carpentry) and music and literature courses.

When asked who they would like to run these courses the majority answered "Aborigines" with no specification of which Aborigines or Aboriginal organisation should run them.

#### 9. Prison services and conditions

When asked the general question of whether they had any complaints about prison services and conditions over half the non-Aborigines (55%) and about one-third of the Aborigines in gaol (34%) replied that they did have complaints. This difference in frequency of complaining, more by the non-Aborigines than the Aborigines, was statistically significant ( $X^2 = 10.191$ , d.f. = 1 < .0014).

Prisoners complained about a broad range of issues. The most prominent of these for the Aboriginal prisoners concerned general discrimination (16% of the complaints), poor meals (14%) and the attitude of prison officers (13%). Complaints of discrimination were fairly general, specific areas of discrimination were not mentioned. Examples of complaints by Aboriginal prisoners are listed below:

"Aboriginal prisoners are discriminated against";

"discrimination, lack of understanding";

"Aborigines are not being classified fairly";

"cells too small, food bad, staff lack of understanding, overall everything bad";

"meals slack, need better sports facilities";

"food is bad; screws should treat us better, more like people";

"prison officers have no respect for inmates".

Complaints from the non-Aboriginal prisoners most frequently concerned the food (24% of the complaints), the attitude of prison officers (12%), lack of space and being locked up too frequently (12%) and surveillance with letters, visits and phone calls (12%). Examples of complaints are listed below:

"meals terrible, plaster of paris porridge";

"nothing well cooked, probably one good meal a week";

"if lucky, one piece of fruit per week";

"attitude of officers";

"treated badly due to personality clashes between certain prisoners and certain staff";

"too many old prison officers living in the dark ages";

"locked in cells too long, not much air";

"don't like outgoing mail checked, don't like asking for extended visits with fiancée";

"more private visiting rights, "boxes" not private enough".

Other complaints made by both groups concerned lack of recreation or sporting facilities, lack of education opportunities, too many petty rules, poor hygiene and dirty conditions, unfair classification system, inadequate medical service, low wages, lack of employment, lack of differentiation between remand, minimum and maximum security and poor conditions and services generally.

A number of suggestions were made as to how the prison service and conditions could be improved. It was suggested that meals could be improved by employing professional cooks, having fruit and health foods more often and ensuring that the meat and vegetables were fresh. Five of the Aboriginal prisoners suggested employing Aborigines in the department as liaison officers, prison officers and welfare officers. Other suggestions included having more sporting facilities (e.g., a football field, swimming pool); increase number and length of visits for remand and minimum security prisoners; have less prisoners per cell, have a later lock up and end hut inspections; review conditions of day leave; create more jobs, change work pattern and pay better wages; train prison officers in human relations; educate prison officers about Aboriginal Culture; improve educational opportunities; change classification committees and increase medical staff.

The prisoners were asked whether they had brought these complaints or suggestions to the attention of the prison staff or Superintendent, the Ombudsman's office, or the Problems and Needs committee at the gaol. Aborigines tended to confide in prison officers or the Superintendent or the Ombudsman's office as often as did non-Aborigines. Approximately one-quarter (24%) had told prison officers or the Superintendent of their complaints or suggestions and one in ten (10%) had written to the Ombudsman's office. Fewer Aborigines (16%) used the Problems and Needs committee than did non-Aborigines (39%).

When asked why they had not brought their suggestions or complaints to the attention of any of these people, the most common response is that they believe it is no use, nothing would be done. A number did not know of the existence or the function of the Ombudsman. Some prisoners in open or variable class institutions feared that they would be shanghaied to a secured institution if they complained.

#### 10. Perceived discrimination

Prisoners were asked if they felt that they had been treated differently from other prisoners while they have

been in gaol. Approximately twice the proportion of aborigines (21%) reported being treated differently compared to the proportion of non-Aborigines (11%) who reported this.

In many cases, this differential treatment of Aborigines referred to perceived discrimination, as reflected in comments such as:

- “racist attitudes”;
- “racism in most of the staff”;
- “not allowed into wings before 4 pm—whites can go earlier”;
- “discrimination”;
- “given dirtier jobs than whites, harder work”.

In other cases it may have been discriminatory or the result of personality clashes or other reasons, e.g.:

- “get shanghaied from many gaols for no specific reason”;
- “once I went to see a medical officer but the gate was closed for me”;
- “mistreatment by prison officer”;
- “personality clashes with other prisoners”;
- “smart remarks”;
- “if screws don’t like you they soon let you know (applies to about 3 or 4 screws)”;
- “won’t let pregnant prisoners sleep during day whilst others are allowed”;
- “harder to get things, more difficult to achieve things such as a course”.

In other cases the differential treatment of Aborigines did not seem to reflect discrimination on the basis of Aboriginality. For example:

- “the Governor read personal letter—unlucky that it was my letter that he opened”;
- “holding record against prisoner—should be in prison farm”;
- “because of hearing problems”;
- “being younger and smaller he is hassled more than the bigger guys”;
- “on remand”.

The non-Aboriginal prisoners also felt they had been treated differently in a number of ways, including:

- “total disrespect for me as a person”;
- “strip search because prisoner was an addict”;
- “everyone is treated differently, the longer sentence the more they’ll go the prisoner’s way”.

When asked how they would explain this differential treatment most of the Aborigines thought it was a combination of being Aboriginal, having a problem explaining what they want, and personality clashes.

## CONCLUSIONS

This study has explored the existence of possible discriminatory treatment of Aborigines in two ways. The first involved comparing the responses of Aborigines to the responses of non-Aborigines to determine whether Aborigines received differential treatment. The second involved directly asking Aborigines whether they felt they had been treated differently from other prisoners.

The comparison between Aboriginal and non-Aboriginal prisoners’ responses revealed that the major evidence suggesting discrimination is the sheer over-representation of Aborigines in prison and the larger number of commitments to juvenile institutions and imprisonments experienced by Aborigines (Gorta, Hunter & Gordon, 1982). If such over-representation is discriminatory (rather than reflecting a differential rate of commission of offences) it may reflect problems with apprehension rates or sentencing policies.

However, when looking at the treatment of Aborigines once they are sentenced to gaol, there seems less evidence of discrimination. There was no difference in the proportion of Aborigines and non-Aborigines enrolled in educational courses or recreation activities, using the telephone or receiving visits. On the whole, Aborigines appeared more satisfied with medical treatment than did non-Aborigines.

However, there are other areas where discrimination may be occurring. Aborigines, for example, reported less contact with a variety of professional personnel.

Aborigines were asked whether they felt they had been treated differently from other prisoners both in using the health services and more generally in other aspects of prison experience. Twenty-two Aborigines felt they had been treated differently from other prisoners in using the health facilities. In some instances this was a positive difference in treatment, for example, one of the Aborigines replied that because he is an asthmatic he gets faster treatment than other prisoners. Only six of the twenty-two Aborigines, who felt they had been treated differently, attributed this to their Aboriginality.

When asked the more general question of whether they felt they had been treated differently during their time in prison, approximately one in five Aborigines felt that they had been treated differently. Not all of these differences reflected poorer treatment. When asked how they would explain this differential treatment most of the aborigines thought it was a combination of being Aboriginal, having a problem explaining what they want and personality clashes. Two-thirds of these, however, thought being Aboriginal was the most important reason for their different treatment. Thus it would appear that there is a significant minority who felt discriminated against because of their Aboriginality.

### **Recent changes and current initiatives**

The findings of this study are based on the reports of prisoners. To supplement these reports, information from staff on any recent changes or current initiatives involving the treatment of Aboriginal prisoners was sought.

In January 1981, the Corrective Services Commission appointed a senior officer to the position of Co-ordinator of Aboriginal and Ethnic Affairs to identify the problems of minority groups in prisons and find suitable solutions to these problems. In September 1981, an Aboriginal officer was sponsored for a period of eighteen months by the Department of Aboriginal Affairs to assist this Co-ordinator with programmes for Aboriginal prisoners.

In November 1981, the Department of Technical and Further Education allocated a liaison officer to examine the educational needs of Aborigines in N.S.W. gaols. In 1981, the Department of Corrective Services employed an Aboriginal, part-time teacher to teach an Aboriginal Culture Course at Long Bay. In 1982, a non-Aboriginal teacher was funded by the Department of Aboriginal Affairs to teach this course. On both occasions, numbers fell away after the initial session. During 1982 two teachers have been employed at Goulburn Training Centre to teach Aboriginal Arts and Culture. At the initiative of the Aboriginal liaison officer from the Department of Technical and Further Education, a special bricklaying course for Aborigines from Bathurst Gaol was organised at Bathurst Technical College. None of the prisoners completed this course.

When interviewed for the present study, several Aboriginal prisoners suggested employing Aborigines in the Department of Corrective Services as liaison officers, prison officers and welfare officers. Since this census was conducted, the Probation and Parole Service has recruited two Aboriginal officers, and the Welfare Branch is currently negotiating with N.E.S.A. with a view to employing two Aboriginal trainees. Special training programmes have been designed for these recruits. While employment of Aboriginal officers in the professional and custodial field is encouraged within the Department of Corrective Services, there is difficulty obtaining applicants for the positions. Although it may sound a good idea to employ some Aboriginal prison officers, it might be difficult to find Aborigines who would consider "prison officer" a desirable job. To assist non-Aboriginal custodial officers better understand the problems of aboriginal prisoners, a segment on Aboriginal culture has been introduced into every prison officer in-service training course.

### **Possible areas for further action**

Aborigines are over-represented in prison relative to non-Aborigines. They also have a history of more commitments to juvenile institutions and more imprisonments (Gorta, Hunter & Gordon, 1982). However, apprehension rates and sentencing policies are beyond the control of the Department of Corrective Services. The reported lesser contact with professional staff and the smaller proportion classified as suitable for the Work Release programme are the major areas of differential treatment which *are* within the domain of the Department of Corrective Services.

Fewer Aborigines reported having contact with a psychologist, doctor or nurse, parole officer, departmental welfare officer, activities officer or programmes officer. It is alarming that contact with many types of professional staff seems to have lessened since 1974. Whether this lesser contact was initiated by the prisoners or the staff needs to be investigated. It may be that fewer Aborigines sought out these staff either because they felt they did not need them or because they thought they would not be able to help them. Professional staff working in the gaols need to be informed of these findings and subsequently should attempt to redress the imbalance.

Only a small number of all prisoners are classified as suitable for Work Release. Thus it is difficult to gauge the extent to which Aboriginal prisoners are being represented on this programme. Very few Aboriginal prisoners reported having ever been on Work Release, and a few suggested that it was particularly difficult for aboriginal prisoners to gain entry to the programme. The Co-ordinator of Aboriginal and Ethnic Affairs could liaise with the Director of Work Release to identify any factors which might create special difficulties for Aboriginal prisoners in gaining Work Release and see if any such factors can be overcome.

Almost half of the Aboriginal prisoners admitted having a drinking problem before coming to prison, yet only one in five of the Aboriginal or non-Aboriginal prisoners with such a problem had received counselling for it. Although counselling for alcohol problems has a low success rate generally, there seems to be a need for such counselling within the prison system.

Although Aborigines did not differ from non-Aborigines in enrolment in educational courses and the Aboriginal prisoners were more satisfied with the health facilities than non-Aboriginal prisoners, this does not mean there are not problems in these areas. Prisoners, on the whole, have had a poorer education than have other members of the community. Aboriginal prisoners, in turn, have had a poorer education than prisoners in general. Rather than merely ensuring that Aboriginal and non-Aboriginal prisoners have an equal opportunity of enrolling in courses while in gaol, attempts have been made to actively encourage Aboriginal prisoners to extend their education. One incentive which has been used is to offer courses run by Aborigines. This, however, does not appear to have been successful. Reasons for this should be elucidated. The education officer, or perhaps an Aboriginal welfare officer, in the gaol could interview those prisoners who miss two or more classes in succession to determine whether it is that the course is not matching the prisoners' needs or are prisoners, for example, being transferred before they have a chance to complete the course?

At the time of this study approximately eight out of ten prisoners thought the prison medical services should be improved. The proportion dissatisfied with the medical and dental treatment at the time was disturbingly high. Changes are slowly being introduced to the Prison Medical Service. These changes should be monitored, and a group of prisoners interviewed to determine the nature of the problems which remain. Staff should be encouraged to develop a greater rapport with their

patients. Although this appears to be a problem not unique to prison health services, it would allow prisoners some degree of dignity if greater care and responsibility was taken by medical staff to explain why medical procedures (such as the withdrawal of specific medication) are undertaken. With regard to the medical services provided within N.S.W. prisons, it should be noted that doctors from the Aboriginal Medical Service regularly visit the Long Bay complex of prisons.

Less than two-thirds of the prisoners received as many visits as they were entitled, because the gaol was too far for friends and relatives to travel. For several years the Department of Corrective Services has issued travel warrants to relatives and close friends of prisoners to allow them to visit country gaols. This concession is available to any applicant receiving a pension or social security benefit. More should be done to advertise the availability of these travel warrants.

It must be emphasized that while this final section of the report has concentrated on areas which could be improved, on the whole, there seems to be little evidence of discrimination in prison treatment. There was no difference in the proportion of Aborigines and non-Aborigines enrolled in educational courses or recreation activities, using the telephone or receiving visits. On the whole, Aborigines appeared more satisfied with medical treatment than did non-Aborigines.

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