
DON'T *talk*

DON'T *trust*

DON'T *feel*

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The dysfunctional culture of women's prisons

'Don't talk', 'don't trust', and 'don't feel', are the three cardinal rules which dominate households where addiction, abuse or other types of dysfunction are present.¹ Growing up in this type of environment, children are likely to develop certain personality traits and behavioural patterns of survival. Low self-esteem and deeply embedded feelings of shame may lead to alcoholism, drug abuse, other forms of dependency, and/or adult relationships marked by victimisation.²

Turning to the women in Australian women's prisons, one finds estimates that 80 to 85% are drug addicts, and a similar proportion are estimated to have been victims of incest or other types of abuse.³ These mind-boggling percentages are subject to scepticism and query by some. The question of addiction among incoming inmates is either not routinely queried or is not responded to in the prison census survey instrument, and no attempt is made to record life history data such as sexual assault or incest, so there is no empirical data to substantiate reports based on observation and informal interview. However there is a strong indication from the literature and the informal observation of this researcher that a strong correlation exists between female drug addiction and sexual victimisation.

It is quite probable that a high percentage of the women in Australian prisons have grown up in families where the three cardinal rules operated. They are usually imprisoned for a crime related to their drug addiction. It is ironic that they are already in some respects socialised to prison life since the rules of 'don't talk', 'don't trust', and 'don't feel' are also principal values in the gaol culture. This article explores what these rules mean within the prison context and how they affect both the women inmates and the institutional environment. The research involved visiting eight women's prisons in Australia and interviewing 56 inmates.⁴

The 'family' in prison

The analogy of the dysfunctional family with women's prisons is particularly appropriate when we look at the relationship between the staff and the prisoners. In most prisons there is a rigid demarcation between the two, with the staff's authoritarian role and the inmates' subordination emphasised. The prisoners very quickly learn to respond in an appropriately deferential tone when spoken to by staff. First names cannot be used.

Prisoners are referred to as 'girls', and are treated as children. This is reflected in inmates' responses to a query about the worst aspect of being in prison:

'They speak to you like you're down. They're the authority and they want you down all the time.'

'I am reminded of my childhood again...'

'Having people try to control me with their narrow-minded ways.'

'Being told what to do and when to do it.'

Other factors contribute to a relationship which is similar in many respects to that of parent and child. Officers must be asked before the inmate can do just about anything. In some of the prisons, such as Mulawa in New South Wales, this includes going anywhere on the prison grounds

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and inmates must have guard/escorts to move from building to building. Like the child/parent, the officers are in control and the inmate is powerless.

This is also exemplified in the disciplining process, or at least in the inmates' beliefs about how it works. Officers have the discretion of 'writing up' prisoners for infractions. Punishments vary according to the severity of the violation; the harshest sanctions are either prolonging the sentence or time in 'segro' (solitary confinement). In most prisons, segro means confinement for 20 to 22 hours a day in a cell without any diversions such as work, friends or television. The prisoner folklore is that the institutional checks on officers' power or discretion do not work and that officers can therefore set people up for punishment and even the raising of their security classification. One interviewee alleged that she had spent four months in an observation cell for an offence that she did not commit. Another claimed that because 'confidential' information concerning her HIV-positive results was known by the officers, she had been sent to segro four times (two weeks, one month, seven weeks, seven weeks) without any formal charging.

Other less serious offences and penalties also connote the idea of parental authority. One can lose privileges for abusive language, disobeying an order from an officer, or failing to appear at one of the daily 'musters' (roll calls). Punishments include being deprived of visits (or having visits restricted to non-contact 'box' visits), losing phone calls, or losing any of the other amenities on offer.

Theoretically, the system has mechanisms to check the indiscriminate or discretionary power of the staff. The visiting justice or official prison visitors are supposed to review at least the major disciplinary actions, and prison administrators deny that officers have that much unchecked control or influence over the lives of the inmates. However, the main point is not whether allegations of misuse of power are true or false. What is important is that the prisoners have this perception and see themselves as very much at the whim and discretion of the staff. Their perception of their status as 'children' in an authoritarian system is entrenched in their sub-culture.

Don't talk

The incest victims and the children who are abused learn secrecy. Not only do they not talk to anyone outside of the home, but the violence is also not discussed within the family. The equilibrium of the dysfunctional system requires that its members do not rock the boat. Violating the code of secrecy would jeopardise the *status quo*. The 'don't talk' rule is therefore mandatory and will usually be either explicit, 'We do not talk about this to anyone'; or implicit through the on-going denial of the child's perception of reality. She can't tell anyone about something that she has been told, in a plethora of ways, has not occurred. Further, the don't talk rule is a by-product of two other factors: her own sense of shame (discussed below) which assumes the responsibility for the abuse; and the idea that such violence becomes so normative that it is no longer exceptional but just a part of her reality: the bizarre becomes normal.

This rule is also learned quickly in the prison. A new inmate described her socialisation into this tenet of prison life and how it had affected the rest of her time inside to date. Given a hard time by other inmates initially, she never told an officer about the practical jokes and harassment. Gradually, she was left alone since she had complied with the 'don't talk' rule.

'Dogging' (informing) is severely sanctioned. It is tacitly understood that whatever one sees or experiences must not be revealed to the authorities or reprisals will take place. These may take the form of physical assault, verbal harassment or

being set up for disciplinary action by the officers. One woman reported that she had been bashed twice by other prisoners, once in the open and once in her shared accommodation, because it was believed that she had informed about drugs.

The inmate is permitted to be reclusive and not talk to anyone provided that she is not suspected of collaboration or threatening the *status quo* in any manner. This seems to be the living pattern adopted by many older and non-English-speaking women. Interestingly, it is also usually the role of at least one child in each dysfunctional family: the 'lost' child hides away in a dream world but is tolerated since she does not jeopardise the existing dynamics of the family.

It is also understood that an inmate does not 'dog' on an officer; the result could again be a set up and removal to segro. Inmates are not even supposed to talk to prison officers alone since it evokes the appearance of possible disclosure. Friendliness toward a staff person could also be construed as possible collusion; the barriers between the inmates and the officers are therefore rigid and maintained from both sides.

In addition, officers must not inform on other officers. One staff person who had broken this rule described the response as 'hell' with numerous attempts by other staff to drive her out.

The secrets

What are the secrets in the women's prisons about which one cannot talk?

Drugs: The principal covert activity is the acquisition, distribution, and consumption of illicit drugs. Although the entire prison environment is oriented toward the ostensible eradication of these drugs, according to many of the inmates in the sample and the officers, these attempts have been unsuccessful. Almost every interviewee confirmed the presence of illegal drugs in the prison.

'There's more in here than out there.'

'Drugs are in abundance here and they'll go to any lengths to get them in.'

'They can elude the system and it's like everyone is blind.'

'You can get everything you want.'

Pills are reputedly more common than heroin and needles although the latter could be obtained; whether the amount and diversity were being exaggerated by the informants is unknown. Certainly, enough has been available to result in overdose deaths.

Sexual assault: Sexual violence, while not frequent, does take place in the women's prisons and, as in the case of drugs, goes unreported. One inmate recalled that while on remand, she had witnessed another prisoner's violent rape but knew, intuitively, that she could neither intervene nor tell anyone. The assault had involved only inmates; however several inmates hinted that officers had been involved in other sexual assaults.

Physical assault: Physical violence also takes place. The existence of a hard core inmate gang dominating the prison did not appear to be the norm at the time of my fieldwork. However, it was in the recent past in at least one prison. In two of the facilities there were reports by interviewees of an informal hierarchical structure among inmates. Hostilities may break out if that power order is threatened. For example, one prisoner said that whenever she came into a prison, there were always 'top dogs' whom she needs to fight in order to gain respect and her own place in the social order.

Physical violence, according to many of the informants, could also be the consequence of drugs (illicit and/or prescription/methadone) which may cause the user to behave violently. Sexual relationships are also reputedly the occasional cause of jealous rivalry and fighting.

Lesbianism: Lesbianism may be conducted covertly with a 'don't talk' rule, depending on the prison. Although it is, according to both staff and inmates, largely condoned in New South Wales and Victoria, it remains a prohibited activity in Queensland having been so recently illegal in that State. Its taboo status, according to Queensland inmates, does not stop its presence but simply adds sexual intimacy to the list of secretive activities which are not to be divulged.

Childhood secrets: Aside from illegal activities, the female prisoner does not talk about the secrets of her past. Perhaps this is the epitome of irony. As stated earlier, it is speculated that about four-fifths of the prison population are victims of sexual assault, usually as children. During the time of my research, there was not a single facilitated or peer support group for such women in any of the prisons. One can picture the prison composed of 'survivors' currently acting out the 'don't talk' rule and keeping the secrets of their childhoods inviolate; secrets which appear to have contributed to their addiction, their criminal act(s) and their presence in the prison.

Don't trust (authority)

A child learns to trust when she is nurtured and treated with love, consistency and caring. The abused child is not. She does not learn to trust in her parents or in their love.

The girl who grows up in a troubled family is taught by experience that her parents – their promises, their behaviour and even their rules – cannot be trusted. Too often she has been told that, 'It will never happen again', or that, 'This time, the family really will go on that trip'. Additionally the rules are always being changed without her being told. Broken promises and inconsistency are earmarks of such family systems.

The female inmate in Australia is also not generally nurtured. She not only does not feel cared about but in fact, the opposite. Every interviewee expressed this in some way. Some discussed the general attitude displayed toward them which seemed to say that they were somehow less than human. Some were more specific about the degradation that they had experienced. This was most often spoken about in the context of medical care which, the inmates seemed to believe, reflected the general feelings of 'them' – the staff. In almost every prison, medical services were described as extremely inadequate. Aside from allegations of staff incompetence, complaints focused on delays in receiving medical attention and the general attitude of the personnel:

- 'If you are sick, you have to wait a long time.'
- 'If you're sick on Monday, you're lucky if you see the doctor by Wednesday.'
- 'The majority (doctors and nurses) I don't care for. Because we're in prison they talked to me over the head. They won't talk to me directly as a person.'
- 'They treat you as though you don't feel pain because you are an

addict . . . they don't recognise the reduced threshold of pain that we have.'

In the prison, the surrogate parents (so created by the culture) may also make promises which are not kept and change the rules in a seemingly random fashion. This situation is further exacerbated by the inconsistency of rule implementation by different staff members: '[o]ne will tell you one thing; another will tell you the opposite'. One officer, for example, would require that the garden workers store the tools away each evening; when she was off duty, the other staff permitted the tools to remain outside. Another example, cited by a few women in the sample concerned visiting regulations:

It depends on who's on. One time, I'm allowed to have my daughter on my knee. Another time, a different screw won't let her.

Trust is also diminished by alleged violations of confidentiality. In each of the prisons visited, one or more informants



mentioned her own such experience; the staff person involved usually was a counsellor or psychologist. Others discussed these purported breaches of trust although they had only heard about them. It seems to be part of the inmate folklore. Once again, whether it actually occurs or not, an ethos of betrayal is reinforced.

Don't trust (yourself)

The incest victim or the battered child grows up with a deep void within, a lack of self-esteem or self-worth. In its place is a core of shame which continuously says to that child, 'You are the one responsible for this. You are bad'.

By definition criminals are 'bad'. And, traditionally a crimi-

nal woman is worse than her male counterpart since she has deviated further from the ideal virtues of femininity than he has from archetypal masculinity. Given that basic premise, prison is not the best breeding ground for self-respect or for developing a positive sense of identity. The vast majority of women in prisons are drug addicts. In the three States visited, there was only one drug rehabilitation program operating – K Division in Victoria. In most facilities there is only one drug and alcohol counsellor to service the needs of the entire population; a one to over 300 ratio in Mulawa. The opportunities for drug and alcohol education or rehabilitation are therefore severely limited. If one subscribes to the viewpoint of addiction as a disease, then these women are neither being treated nor are they learning to see themselves as 'sick' with the potential for wellness.

Self-esteem can also be nurtured through self-development. In many of the prisons, inmates' opportunities for this are severely limited.

Work

There is some interstate variety in the quality of prison programming. In New South Wales at my time of contact, there were not enough job placements for every inmate. In all of the facilities, only limited types of employment continue to be available with almost all falling within traditionally 'female' occupations such as laundering, sewing and other non-industry jobs that are domestic in nature such as cooking or sweeping. Each of the larger prisons has one fairly new industry, such as desk top publishing in Mulawa. However, few positions are available.

Although the official wage of prisoners nationally varies from \$50 to \$60 a week, the salaries of the interview sample ranged from \$9 to \$35. Therefore, they were not only not learning any skills for the most part that would both assist their employment opportunities outside and help them feel better about themselves, but they were also not able to save money or have a sense of doing something important:

'It's not really work but a pseudo job. We're not given responsibility or independence.'

'Work in gaol is so mundane, mindless . . . no skills.'

Education

The situation differs significantly from State to State. However, in New South Wales which houses the vast majority of imprisoned women, both in-house offerings and opportunities to pursue full-time education have become more limited over time:

'There used to be a lot of full-time student positions. Now it's gone really backward and there are hardly any positions.'

'There isn't enough. The lists are too long.'

'They used to have languages and I was studying Japanese but they cut them.'

'Other than art classes and basic education, there's not much. We used to have a good course, Working Opportunities for Women, which included self-esteem but they haven't had it lately.'

Another problem, aside from the lack of resources in some prisons, is the attitude of many officers towards education. One part-time teacher felt very discouraged about her teaching experiences in the prison and attributed the failure, in large part, to the manner of many officers whom she believed would go out of their way to be uncooperative.

Parenting

There is little opportunity for the imprisoned mother to make amends to her children or learn better parenting skills. Yet, when asked about the worst aspect of being imprisoned, every woman who was a mother mentioned the separation from them and her concerns for their welfare.

Few of Australia's prisons permit children to live there. Of

the prisons visited, Tarrengower in Victoria and Albion (both minimum security) allowed children under the age of five. Brisbane Women's Correctional had provision for infants under one year. The only links with the children that remain are letters, which can be problematic with younger children, the telephone, which is limited to one or two calls a week, and visits. The latter can be very problematic for children with both their movement restricted and, in some cases, rules which may hurt the relationship and exacerbate the inmate's anxiety and guilt.

To sum up, the inmate/addict/abuse survivor has minimal opportunity to learn the skills, or work through the internal 'garbage', which could assist her in making a new beginning. Her lack of self-esteem and her heavy baggage of shame are reinforced by the prison system.

Don't feel

In the family when he starts to touch her, she leaves her body and watches from a distance. She does not feel the pain or the anger because she isn't really there. But the hurt and the rage are in there, buried beneath layer upon layer of denial, shame, alcohol and/or drugs.

When he hits her mother, she learns not to feel the rage because if she does it will be her instead. She learns not to feel the pain because there is no-one or no way to make it feel better. So the feelings stay inside, medicated perhaps.

The need for numbness in prison

Prison is another place where one learns not to feel. The system survives, just as the dysfunctional family does, through that silence. And the individual survives in a hostile and alien environment by shutting down her emotions. This may be particularly true for those in prison for the first time and that minority who do not have addiction or past exposure to the prisons' dysfunctional culture.

Although each of the research States has a minimum security facility, the available spaces do not meet the need or the demand. The result is that not only are low security rated women living in maximum security facilities but they are also intermingled within the prison. Thus, the woman remanded for social security fraud may be plunged into the hardest core of the prison culture.

The low security risk remandee has already experienced, on her arrival at the prison, a series of dehumanising and degrading procedures which are a forerunner of daily life in the prison. Due to the omnipresent fight against illicit drugs, she will probably have experienced her first strip search. She may have been forced to squat or touch her toes so that her genital orifices can be viewed for contraband. And, according to both staff in the prison and ex-inmates, the searcher in at least one of the prisons, until quite recently, could have been a male.

Listening to women talk about their reception into the prison (particularly the first timers), and the fairly common strip searches and random urine checks, one attains a sense of the psychic numbing that takes place; the same process perfected by some as children.

Medication

If the female inmate begins to feel (anxiety, anger, depression) and either expresses it in an institutionally inappropriate fashion or else seeks assistance, the overwhelming response by the institution is to medicate her. The current research did not find substantive evidence of much change in what has been described by others as the indiscriminate use of prescription drugs. Almost every inmate in each prison commented on this aspect of life in the prison. Some believed that medication was a necessary component of life 'inside' for many:

'There's so much stress here that body ailments are common that require medication.'

'A lot are on psych drugs but they need it because it's so frustrating here.'

'After being here a while and seeing how people can get so violent, I started to realise that some people need a release.'

Most, however, expressed the view that drugs were overdispensed:

'Dose them up, sedate them, and don't look at the long-term effects.'

'There's too much chemical medication here. Just a minority of us are interested in self-responsibility.'

'I was completely shocked this time. Almost everybody's on sleeping pills.'

'I hate the way drugs are given to prisoners to control them ... Feelings are not permissible in the prison environment.'

This last comment succinctly expresses the rule and also quite possibly the principal reason behind it: social control. Just as the dysfunctional family cannot remain at equilibrium with emotions that threaten the secrecy and the status quo, the prisons may use medication as a form of social control; a not uncommon occurrence for females on the outside too.

Self-inflicted injuries

The Royal Commission into Aboriginal Deaths in Custody found that 18% of the reported incidents of self-inflicted harm during a six-month period in 1989 involved females; 70% of these took place in prisons.⁵ This figure is way out of proportion to the small ratio of females to males imprisoned. Those who slash themselves are generally seen as attention seekers by staff and according to some reports are not treated compassionately by the prisons.⁶ Yet the remark of one prisoner interviewed in another study is quite relevant to the discussion in this article: 'I cut my legs to let the tension go; to know that I'm real'.⁷

'Don't feel' does not stop the feelings. It only blocks them. Sometimes the core of pain may become too much.

The results of the rules

'Maya' has been in and out of prison in three countries. She is a drug addict who says that for her, 'prison has become home.' One sits across from her and knows that for Maya the chances are that the revolving prison doors will only stop if she overdoses.

'Lucia' is one of the few inmates who talks about the sexual and physical abuse that she received as a child from her father. This is her fifth sentence since she became an addict seven years ago. She enumerates the litany of violence in her life from parent to partner to police, with little expression in her voice. Lucia has not received counselling; she is on the prison methadone program.

'Maggie' needed \$2000 a day to support her heroin habit. In and out of prison for the last 15 years, she also talks about her childhood sexual victimisation and explains that, '[h]eroin is my means of coping with the emotional pain'. Unlike most inmates, this time inside she has worked with a psychologist on these issues and has confronted the old rules. Maybe for Maggie, her 15 years of addiction and her lifetime of suppressed pain and anger will be over. Unfortunately, she would be in the minority.

Women in the sample who had been inside for a while commented on the revolving doors; how they have seen other women leave and then return. 'They go right to "The Cross" [Sydney] to score. What else or where else do they have to go?' Statistics are not kept on the addiction or victimisation of

female inmates after their release into the community. It is likely that their lives will continue in much the way that they have. In most cases, nothing has occurred to break the cycle. If they have managed to stay 'clean' during imprisonment which, unfortunately, is unlikely, they still leave with the unhealed wounds that have festered since childhood. They are also at high risk of death through overdose since their tolerance may have dropped while in prison.

Women, more than men, have long been divided into the 'good' girls and the 'bad' girls: the 'madonna/whore' duality. The label of 'bad' and the ideas of what is 'bad' are strongly embedded within the culture. Women who are alcoholics or addicts are 'bad'; more so than their male counterparts. The vision of appropriate female behaviour does not include the behaviours or personality changes associated with chemical abuse. Female inmates thus embody the ultimate in society's pariahs. It is not therefore surprising that so little is being done to address their specific needs.

It is also not surprising since, outside of the institutional prisons, many women are locked in their private prisons of victimisation. Victims of battering are generally not assisted 'outside' but instead are met with lack of sympathy, medication by doctors and general antipathy by the public. One would not expect to find the women inside the prisons being assisted.

The plight of many women in prison is tragic. Tragedies end in misfortune and the viewer can sense the impending doom. When one talks to the women in Australian prisons and sees the perpetuation of the three 'survivor' rules which are imprisoning them both internally and externally, the sense of tragedy is pervasive.

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