



# Contextualising the social capital of Australian Aboriginal and non-Aboriginal men in prison



Lise Lafferty <sup>a,\*</sup>, Carla Treloar <sup>b</sup>, Georgina M. Chambers <sup>c</sup>, Tony Butler <sup>a</sup>, Jill Guthrie <sup>d</sup>

<sup>a</sup> The Kirby Institute, UNSW Australia, Level 6, Wallace Wurth, Sydney, NSW 2052, Australia

<sup>b</sup> Centre for Social Research in Health, UNSW Australia, Sydney, NSW 2052, Australia

<sup>c</sup> National Perinatal Epidemiology & Statistics Unit, UNSW Australia, AGSM Building, Botany St, Sydney, NSW 2052, Australia

<sup>d</sup> The Australian National University, Canberra, ACT 2601, Australia

## ARTICLE INFO

### Article history:

Received 2 April 2016

Received in revised form

18 August 2016

Accepted 24 August 2016

Available online 26 August 2016

### Keywords:

Australia

Social capital

Inmates

Prison

Aboriginal status

## ABSTRACT

Social capital is a valuable resource that has received little attention in the prison context. Differences in the construct and accessibility of bonding, bridging, and linking social capital exist for Aboriginal Australians in mainstream society, but were previously unexplored in prison. This study seeks to understand contextual differences of social capital for Australian Aboriginal and non-Aboriginal men in prison.

Thirty male inmates participated in qualitative interviews across three New South Wales (NSW) correctional centres. Interviews were completed between November 2014 and March 2015.

Experiences of bonding and linking social capital varied among Aboriginal and non-Aboriginal participants. Opportunities for bridging social capital were limited for all participants.

There is greater scope for building bonding social capital among male inmates than either bridging or linking social capital. Bonding social capital, particularly among Aboriginal men in prison, should be utilised to promote health and other programs to inmates.

© 2016 Elsevier Ltd. All rights reserved.

## 1. Introduction

At the individual level, social capital “describes the nature and extent of people's connectedness to their communities” (Berry, 2009:2) and has been described as a “resource for persons” (Coleman, 1988:598). It enables people to achieve more through collective action than if acting independently; simply put, “relationships matter” (Field, 2008:1). Just as social capital has been studied across different population groups, social capital has been examined across disciplines including social science, economics, public policy, governance, and health (Shortt, 2004). Social capital has been shown to improve physical health as well as social and emotional wellbeing (Rocco and Suhrcke, 2012). Low social capital has been found to be associated with poor self-rated health (Giordano et al., 2012) and when low social capital combines with low economic capital it is associated with poor health (Ahnquist et al., 2012).

The literature identifies three types of social capital: bonding, bridging, and linking. *Bonding* social capital refers to a shared connection among people, such as sharing the same cultural background, interests, or other homogeneous characteristics (Putnam, 2000). *Bridging* social capital refers to the connections between different bonding groups of similar hierarchical status (Gittell and Vidal, 1998). *Linking* social capital is a vertical dimension, reflecting the connection of social groups with those in positions of authority such as representatives of institutions (Gittell and Vidal, 1998).

Social capital can be considered in both positive and negative terms, with the potential for producing both intentional and unintentional outcomes. An example of an extreme consequence of negative social capital is described by Putnam (2000) and occurred in the Oklahoma City Bombing whereby an individual, through the resources made available to him, was able to perpetrate this crime. Portes (1998) warns against the unintended negative effects of bonding social capital by which social inclusion operates in such a way so as to exclude, or segregate, others. In the UK, high numbers of prison inmates were found to be converting to Islam upon entering prison. Further exploration revealed that inmates were provided protection by other Muslim inmates following conversion (Liebling and Arnold, 2012). Those who did not convert risked

\* Corresponding author.

E-mail addresses: [llafferty@kirby.unsw.edu.au](mailto:llafferty@kirby.unsw.edu.au) (L. Lafferty), [ctreloar@unsw.edu.au](mailto:ctreloar@unsw.edu.au) (C. Treloar), [gchambers@unsw.edu.au](mailto:gchambers@unsw.edu.au) (G.M. Chambers), [tbutler@kirby.unsw.edu.au](mailto:tbutler@kirby.unsw.edu.au) (T. Butler), [jill.guthrie@anu.edu.au](mailto:jill.guthrie@anu.edu.au) (J. Guthrie).

personal safety. This coercive approach to religious conversion in the prison setting is indicative of negative social capital influencing group membership (fear), but the outcome of conversion reflects positive social capital (protection).

Inequalities in social capital occur through the limitations of individuals and groups to build varied social networks, i.e., people tend to network within closed communities thereby limiting socioeconomic advancement (Lin, 2000). Thus, when groups with similar lower socioeconomic resources merge their overall resources, the value remains the same and there is no communal gain. The threshold of social capital 'wealth' among the participating groups is lower than the wealth threshold found of groups with higher socioeconomic status. Similar to fiscal wealth, disparities of social capital 'wealth' occur across gender, class, and ethnicity (Lin, 2000).

Understanding the cultural shaping of social capital is necessary to assess the social capital of specific population groups (Kritsotakis et al., 2008). Therefore, one universal measure of social capital is not applicable to all populations: it will vary by group-specific indicators, as well as physical, social, and cultural environments. Population groups may experience privileged gains or social exclusions and discrimination based on gender, race, social status, health status, and in the case of this research, criminal history and hepatitis C status. Thus, social capital is unique to the population group studied as their experiences of accessing social resources may be different to population groups with differing experiences of privilege and exclusion.

In exploring the cultural connotations of (Aboriginal) social capital, "Cultural identity must be central to social capital analysis, rather than simply an 'additional challenge' for the researcher [as] notions of community and social connection contain a strong cultural and political meaning" (Brough et al., 2006:399). Brough et al. (2006:399) advise that "the sociocultural nuances of social capital" as described "in terms of the connections between identity and social capital" must be explored to enable construction of appropriate instruments to measure social capital in Aboriginal populations.

Several studies have explored the social capital of Aboriginal Australians in a variety of settings including urban (Brough et al., 2006; Browne-Yung et al., 2013), coastal regions (Berry, 2009), and in a remote community (Memmott and Meltzer, 2005). Bonding social capital among Aboriginal Australians has been associated with "family and wider Aboriginal and Torres Strait Islander community connections", based on cultural markers and connections, while bridging social capital "remains elusive" to Aboriginal and Torres Strait Islander Australians on account of historical and contemporary experiences of discrimination and racism (Brough et al., 2006:396). To the authors' knowledge, there have been no studies relating to the social capital of Aboriginal Australians within the prison context.

Browne-Yung et al. (2013) point out that within population groups, such as Aboriginal and Torres Strait Islander Australians (hereafter referred to as Aboriginal Australians), there may be contextual or regional differences of social capital – i.e., Aboriginal social capital may be experienced differently in different settings depending on the social and tangible resources available. Although all population groups are likely to experience differences in social capital associated with different settings, Aboriginal Australians have unique historical, social, and cultural experiences that distinguish them from those experienced by non-Aboriginal Australians (Osborne et al., 2013). These historical and contemporary legacies impact on the institutional, public, and social resources available to and within Aboriginal communities (such as experiences leading to significantly higher rates of incarceration, higher mortality and poorer health outcomes, and lower educational

attainment than the general population) (Osborne et al., 2013). This is consistent with findings from Canada relating to Aboriginal communities who have similarly experienced a social capital depression resulting from colonisation (Mignone, 2009).

Aboriginal people comprise 3.0% of the Australian population (2.9% in the state of New South Wales (NSW)) (ABS, 2013), but are significantly over-represented in the prison system, accounting for 28% of the Australian adult prison population (29% in NSW) (ABS, 2015). Incarceration rates of Aboriginal people in Australia has nearly doubled in the past twenty years, accounting for 14% of those incarcerated in 1991, and 26% in 2011 (Lyneham and Chan, 2013). The number of Aboriginal deaths in custody was also on the rise, with a peak in 2009 and 2010 (Lyneham and Chan, 2013).

Prisoners report disproportionately lower socio-economic status including lower rates of employment and educational attainment and higher rates of mental illness than the general population (AIHW, 2012). Inmates report higher rates of drug use, as well as injecting drug use, than the general population, increasing the risk of exposure of blood-borne viruses such as hepatitis B, hepatitis C (HCV), and HIV (Butler et al., 2015; WHO, 2014). Rates of HCV are significantly higher among the Australian prisoner population (31%) than among the general population (1%) (Butler et al., 2015). The rate of HCV among Aboriginal male prisoners is comparable at 29% (Butler et al., 2015).

NSW correctional centres offer unique opportunities for linking social capital, through the employment of inmate delegates. Inmate delegates are employed to act as representatives of other inmates to correctional personnel (CSNSW, 2001). Prisons with a high number of Aboriginal inmates also employ Aboriginal Inmate Delegates (AIDs) (CSNSW, 2014). AIDs report to an Aboriginal Inmate Committee and are allowed to visit with and provide support to Aboriginal inmates in the correctional centre (including Aboriginal inmates accommodated in different pods or wings than the AID). The role of the inmate delegate and AID can provide opportunity for linking social capital between inmates and administrative personnel.

Social capital can be utilised to promote positive outcomes for Aboriginal and non-Aboriginal inmates, as social capital has been shown to be correlated with health outcomes (including physical and mental health) (Ahnquist et al., 2012; Giordano et al., 2012; Kawachi, 1999; Rocco and Suhrcrke, 2012). In research specific to Aboriginal Australians, improving social capital has been shown to reduce mental health problems (Berry, 2009).

An essential ingredient of social capital is the development of trust. In terms of bonding social capital, "thick trust", as described by Leonard and Onyx (2003) in a study exploring the perceived gains from the strong and loose ties maintained by individuals. Conversely, "thin trust" refers to the trust employed in bridging social capital. The authors noted the peculiarity of lesser trust involved in the 'greater leap' transactions associated with bridging social capital over that employed in bonding social capital (Leonard and Onyx, 2003). However, the physical structure of prisons such as walls, fences, security gates, combined with isolation, magnified power imbalances serves to create an environment not conducive of trust (Rappaport, 1971). Cultural and historical factors and racist practices within the criminal justice system (Cunneen, 1992) may also contribute to different experiences of trust within prison for Aboriginal and non-Aboriginal inmates.

Although there is literature exploring social capital in the prison setting, these studies tend to focus on social capital imported from relationships maintained with loved ones on the outside. In a study on the influence of visitation on social capital among male inmates, visitation was found to enhance social capital and provide awareness of familial impacts of incarceration, which was seen as a contributing factor to successful re-entry to community (Liu et al., 2014). With regards to female offenders, research involving life

Download English Version:

<https://daneshyari.com/en/article/5046944>

Download Persian Version:

<https://daneshyari.com/article/5046944>

[Daneshyari.com](https://daneshyari.com)