

An illustration of several women in green and white clothing. The central figure is a woman with black hair in a ponytail, wearing a white tank top and green pants, with her hands on her hips. Other women are partially visible in the background, also in similar attire.

# The Sharps Shooter

January 24

## Women In The Big House

Immigration Detention

Australia's Convict  
Women

Moral Panics

# JANUARY 2024



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# A MESSAGE FOR SHARPS SHOOTERS

Welcome all, to the New Year and the January Sharps Shooter.

They say prisons do not solve social problems, they hide them; they “disappear human beings”.

At the end of last year there were 42,000 people in Australian prisons. Each one of those people has a story that started somewhere, some time, and right now, this part of the story is set in prison, but isn't finished yet. How it goes will depend as much on society as the individual.

This month we try to help reappear some of those disappeared human beings with a candid look at the lives of women in prison, and maybe learn a bit about ourselves.

We hear the awful truth about the healthcare provided to children in immigration detention

And of course, to look at the lives of women in Australian prisons, we must look back at the women convicts the British government sent to Australia between 1788 and 1868.

Pads Mahone is here, of course.

The Editor

**Disclaimer: The articles in The Sharps Shooter are sourced from multiple sites. The wording in these articles does not necessarily reflect our beliefs. No offence is intended.**



# Women in the justice system - some facts

*Australia should expand alternatives to prison for women, especially mothers, focusing on support over punishment. More community-based programs, counseling, and support services would address root causes, fostering positive change.*

*This approach should prioritise the importance of maintaining family bonds, offering a more compassionate and effective solution for women involved in the criminal justice system.*

## WHAT I HAVE LOST...TIME

I have lost time with my children

I have lost time with my family

I have lost time looking at their faces

I have lost time seeing them grow

I have lost time hearing them laugh

I have lost time when they have cried

I have lost time experiencing their joys

I have lost time taking their picture

I have lost time in their memories

I have lost too much time

I don't want to lose time anymore

Darlene Haley

Information from:  
Australian Bureau of Statistics  
Australian Institute of Health and Welfare  
Women's Justice Network (WJN),

## Prison Population

There were 42,215 persons were in custody in the September quarter 2023. 8% (3,226) were female.

The imprisonment rate for female prisoners was 31 persons per 100,000 adult female population. One-third of Australia's female prison population are Indigenous women.

## Community Corrections

Community corrections involves the management and supervision of low-risk individuals in the community. These people are serving court-imposed orders either as an alternative to imprisonment or as a condition of their release on parole from prison

There were 81,348 persons serving orders in the community. 19% (15,653) were female

## Offences

The majority of women are in prison for minor offences.

A significant proportion of them come from disadvantaged backgrounds, they have experienced disproportionately high rates of mental health problems, drug and alcohol addiction and homelessness.

## Domestic Violence

The vast majority of women in prison suffer issues stemming from a form of trauma. Women who have been the victims of their partners' long-term violence are regularly misidentified as the primary abuser.

# Women in prison

BY CAT WOODS



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The population of women in prison in Australia is growing far too quickly, and the future for these highly vulnerable women and their children looks bleak. Their only hope is a radical re-look at Australia's laws and criminal justice system.

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**T**here has been an exponential increase in the population of women in Australian prisons. And many of those who are incarcerated have experience of mental illness, domestic violence, sexual and physical abuse, substance abuse and addiction, and homelessness.

We speak to those who work within the system to find an answer to these questions: What is driving the imprisonment of women? What are the systemic problems leading to their incarceration? Why is there a lack of funding for a healthy, supported life upon release? And who is responsible for changing the way government, police and the legal system define and act upon what is defined as criminal behaviour?

## What common stories unite women in Australian prisons?

In June 2022, women comprised 7 per cent of Australia's overall prison population (3,008 women, 837 of them imprisoned in NSW). Silke Meyer, former Deputy Director of the Gender and Family Violence Prevention Centre and Associate Professor of Criminology at Monash University, revealed that female prisoners are the fastest-growing prison population in Australia. Between 2009 and 2019, Australia's population of female prisoners increased by 64 per cent, with a disproportionate number, in terms of population, of Indigenous women and women experiencing unemployment, homelessness and mental ill health.

Meyer reported that approximately 98 per cent of incarcerated women have histories of victimisation and trauma, and close to 85 per cent have been the victims of violence. Disturbing, also, is the research that estimates between 40 and 73 per cent of female prisoners have acquired brain injuries.

Women who have been the victims of their partners' long-term violence are regularly misidentified as the primary abuser. Domestic violence order rules subsequently require the woman (the respondent) to obey rules relating to the aggrieved. Problematically for women and their children and extended family, those women who have acted to protect themselves or their children in an attack have become secondary victims to the criminal legal system. For nearly all deaths of Indigenous women in domestic and family violence cases, the murdered woman is listed as both aggrieved and respondent in domestic violence orders.

**Women who have been the victims of their partners' long-term violence are regularly misidentified as the primary abuser.**

“

Chay Brown is the Research and Partnerships Manager for The Equality Institute, and Postdoctoral Fellow at the Australian National University.

Brown says, “Australia-wide, Indigenous women are most likely to be convicted for acts intended to cause injury, whereas non-Indigenous women are more likely to be convicted on drug offences. Because we know women’s use of violence is most likely to be retaliatory or pre-emptive violence, we can see a link between their incarceration and their domestic family violence experience.”

She is clear on where the priorities of government and community need to be.

“First of all, we need to look at preventative measures to stop women getting into prison in the first place. We need to look at alternatives to custody for women. Women are very rarely recidivist offenders, so we should also be looking at restorative justice for women currently incarcerated. Currently 80 per cent of women in prison are mothers, so you have to consider the impact this is having on their children.”



Chay Brown, Research and Partnerships Manager for The Equality Institute, and Postdoctoral Fellow at the Australian National University.

## Indigenous women in prison

One-third of Australia's female prison population are Indigenous women. As Brown and Deirdre Howard-Wagner from the Australian National University pointed out in *The Conversation* in August 2021, Indigenous women in Australia are imprisoned at more than 20 times the rate of non-Indigenous women. Further, given the high proportion of Indigenous women in prison who have children, there is a prospect of intergenerational trauma, and the risk exists for children of becoming institutionalised and thinking prisons are a normal or usual environment to spend time with their mother.

Emma Hearne is a human rights lawyer and the Associate Legal Director for the National Justice Project, which she joined in 2017 after working in the criminal justice system. Hearne is an experienced criminal defence lawyer, admitted at the end of 2011, and specialising in Indigenous and vulnerable client legal matters. She has appeared in courts across multiple jurisdictions in this capacity.

Of her almost ten years of observing the situation, Hearne says, "Women and children were definitely vulnerable throughout many stages of the criminal law system. Particularly in relation to the custodial part, in terms of bail or being on remand in custody, and particularly Indigenous women and children."



Emma Hearne, human rights lawyer and Associate Legal Director for the National Justice Project

The systematic problems that enable racism and misogyny to pervade the justice system are complex, Hearne concedes.

Hearne points to the rise in social media sharing of videos bearing witness to police intimidation or violence as a measure for increased transparency. It shouldn't be necessary, but, Hearne says, our current system of "police investigating police behaviour is ludicrous."

"What's really great is that the general public know their rights to be able to film. NJP has a [free] app called Cop Watch that enables people to record incidents, which they have a right to do, and to hold police accountable."

"Day to day, it's obviously the criminal justice system [that is responsible for addressing systemic problems], but judges, magistrates and lawyers are confined and hamstrung with what the laws are and either implementing or interpreting those laws. So, in that respect, it's actually the government that are ultimately responsible because they create the laws and have the ability to change the laws. The government could call on their extensive resources to consult and create bills, have inquiries and hear submissions from the legal industry to see what changes to laws are suggested."

## #FREEHER and the campaign for change

Debbie Kilroy OAM is the first Australian woman to qualify as a criminal lawyer after serving time in prison. After a childhood spent in and out of youth prisons, she was imprisoned for drug trafficking in 1989 for six years. During that time, she was stabbed in an incident in which her best friend was murdered. Following her release in 1992, she established Sisters Inside to advocate for the rights of women and girls in prison.

On 13 December 2007 Kilroy was admitted to the legal profession by the Supreme Court of Queensland. While incarcerated, she had undertaken a social work degree, then enrolled in her law degree as a mature-age student.

Kilroy predominantly engages in criminal defence work. She also engages in child protection and coronial inquests, mental health tribunals, work to prevent or cease the use of ECT, and representation of and advocacy for very vulnerable women.

“There’s not one alternative [to prison],” she says. “The existing institutions have fundamentally failed us all. It’s about using processes of transformative justice within communities. Communities have their own solutions to these issues, but they’re not funded. Cops are funded to come into communities and arrest more people.”

Kilroy cites her own organisation’s programs as an example of a community-driven, holistic alternative to holding children and women in confinement.

“Sisters Inside has a statewide youth program for girls who end up criminalised in watchhouses (buildings attached to police stations where people are held under temporary arrest when suspected of a crime). We support girls to come out of the watchhouse on bail, to come back into community and do cultural healing programs. Most of the girls who go through that don’t go back into the youth prison system. It’s about building long-term relationships, especially with children who don’t have that. Most of the children [in youth prisons] are in state care, then they’re pipelined into the Child Protection System, which I call the ‘family policing system’. Then these marginalised children get criminalised when they are no longer wanted by foster families and they lash out because they’re upset.”

Kilroy conducts her own work within the same building that houses Sisters Inside. She rises at 4am to get through her emails, and to assess her daily work schedule, which may require her to allocate time to court.

“What I’ve noticed more is that there are so many more women being criminalised who have serious mental health issues. The Australian Institute of Health and Welfare’s (AIHW) figures for 2021 indicate that 65 per cent of women report a history of mental health issues.

Prison has become default response for the government’s social issues, because both political parties have eviscerated social services over decades. All the money goes to cops, courts, prisons and family policing.”



Sisters Inside have an office in Meanjin and one in North Queensland.

“In Meanjin,” Kilroy says, “we have staff in the Roma Street watchhouse [recently the subject of police racism allegations] every day to support all the women who have been arrested overnight. We see every one of those women, then we have a system in place to assist them with whatever is required: we find and secure them accommodation; go to court with the woman and work with the prosecutor, the defence lawyer, and the magistrate to get them bailed. We don’t want any woman in jail.”



Debbie Kilroy OAM, founder of Sisters Inside

We support the woman to come out, then we support her to comply with bail conditions to prevent her being put into prison. If she does go to prison, we have a Supreme Court bail program where I’ll appear in the Supreme Court for a bail application and we’ll have secured accommodation, rehab, a mental health facility, whatever is required, and we’ll pay for that while she’s on Supreme Court bail. We’ve had a 100 per cent success rate with that program. So successful, that the funding stopped at the end of September because the government says it’s too successful.”

Two programs weren’t extended – the Supreme Court bail (which costs about \$500,000 annually for four lawyers and admin) and the re-entry program (also \$500,000, to enable staff to be in prison every day, making plans to get women out on bail, or to have access to their children).

The loss of funding also means Kilroy is attending the Supreme Court hearings on a voluntary basis.

“We lobbied and negotiated with corrective services to continue the program without funding, so we’re now going ahead without funding,” she says.

## **Definitely not the right place for traumatised women**

Brown and Kilroy spoke at length about the need for trauma-informed responses, community-driven programs of prevention, and the necessity for community, state and territory organisations to develop better communication, to ensure that information, resources and knowledge are shared. An AIHW report reveals that in 2020 most women in prisons smoked and had recently used illicit drugs, and two-thirds had been diagnosed with a mental illness.

Unless the government dedicates funding and resources to mental health, substance abuse, housing and violence prevention within communities, the rate of women being incarcerated will likely only continue to surge.

# HEALTH CARE OFFERED TO WOMEN IN PRISON SHOULD MATCH COMMUNITY STANDARDS – AND THEIR RIGHTS



Andreea Lachs  
PhD Candidate, University of  
Technology Sydney

On International Women's Day, (8th March) let's not forget women in prison.

There are 3,088 women imprisoned in Australia on any given day, representing 7.5% of the prison population. Aboriginal and Torres Strait Islander women are over-represented in these numbers.

Australia spends \$4.44 billion on prisons. Despite this, reproductive health care equivalent to that in the community is often not available where women are being detained.

This includes care related to menstruation, menopause, contraception, preventive health care such as cervical screening tests, and access to abortions. Adequate health care during pregnancy, birth and after birth is often unavailable in these prisons.

## **Protecting women's dignity and health**

Reproductive health care must be delivered in appropriate ways to those who require it. Aboriginal and Torres Strait Islander people require culturally safe health care, free from racism. There must also be inclusive care for non-binary and transgender people.



Failing to provide access to sanitary pads and tampons is a form of degrading treatment, according to the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. It can leave women and people who menstruate vulnerable to exploitation. For example, limited access to sanitary pads can lead to them being traded for favours.

In addition to menstrual items, underwear also needs to be available for people in prison. A 2019 consultation by the Queensland Human Rights Commission EditSign reported one woman's experience of being detained in a Brisbane watch-house. The woman had to stick a menstrual pad to her tracksuit, because she was not given underwear. "There was blood everywhere," the woman's cellmate recalled. "They eventually gave her an incontinence nappy, and a clean pair of pants."

The ACT Inspector of Correctional Services conducted a review into the Alexander Maconochie Centre, a prison in Canberra. The review investigated the use of force during a strip search on an Aboriginal woman. The woman had become distressed after being advised she was not allowed to attend her grandmother's funeral and participate in Sorry Business. She was menstruating at the time, and was a victim-survivor of sexual assault.

The woman described her experience:

*"At this time I was menstruating heavily due to all the blood thinning medication I take on a daily basis. Here I ask you to remember that I am a rape victim. So you can only imagine the horror, the screams, the degrading feeling, the absolute fear and shame I was experiencing." [during the strip search].*

On another issue at the same prison, the ACT office recommended "condoms, water-based lubricants and dental dams be made freely available in the units so detainees can access them without having to make a request to staff".

In its prison review, the inspector had been told detained people in the Alexander Maconochie Centre wanting to practice safe sex were "making do" by "cutting open latex gloves".

## **Access to terminations and care following miscarriages**

The United Nations Special Rapporteur on Torture has stated "denial of legally available health services such as abortion and post-abortion care" amounts to "mistreatment of women seeking reproductive health services". Forcing people to continue their pregnancy is a form of sexual and gender-based violence.

The European Committee for the Prevention of Torture has affirmed that respect for a detained "woman's right to bodily integrity" requires they have the same access to the "morning after pill and/or other forms of abortion at later stages of a pregnancy" as "women who are free."

It is also crucial for people who miscarry to be provided with the appropriate mental health and physical care.

Increased transparency and oversight is needed to ascertain whether minimum standards for reproductive health care are being met in Australian prisons. However, accounts from women in prison have indicated access to even basic healthcare is often a challenge.

## **Birth and separation**

In Australia, there have been instances of an Aboriginal woman giving birth alone in a locked prison cell while staff observed through the hatch. Another example featured attempts to remove a baby from their Aboriginal mother against medical advice due to insufficient capacity at the prison. And an Aboriginal woman was denied the right to bond with her newborn and breastfeed them.

Yet the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders state women "shall not be discouraged from breastfeeding their children, unless there are specific health reasons to do so".



Dame Phyllis Frost Centre, Melbourne

## **We need more transparency in prisons, so we can fix these issues**

Implementation of the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment could bring attention to what is happening in Australian prisons.

This protocol calls for regular visits to places of detention by independent bodies to prevent ill-treatment of detained people, including denial of reproductive health care.

But in January Australia missed its implementation deadline. Australia is currently at risk of being added to the UN list of non-compliant countries. Australian commonwealth, state and territory governments have some work to do before this tool can be effectively used to prevent mistreatment of incarcerated women.

And while shining a light in the dark corners of prisons is essential, there are concrete steps governments can take now to improve reproductive health care and provide community-equivalent care.

These include ending the privatisation of prison health care, having accessible health services provided by Aboriginal Community Controlled Health Organisations, and reducing the number of women who are incarcerated in the first place.



# We provided health care for children in immigration detention.

## This is what we found



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Institute

Australia's immigration policies allow for indefinite locked detention, including for children and families. Detention is mandatory for people arriving without a valid visa – all those who arrived by boat between 2009 and 2013 were held in Immigration Detention Centres in Australia, or in Australian-contracted detention in Nauru or Papua New Guinea (PNG).

Australian detention numbers peaked in mid-2013, with 2,000 children detained at this time. By mid-2014, the average duration of detention exceeded 400 days.

While the last children were released from locked detention at the end of 2018, Australian law and policy still mandate detention for children arriving without visas. While the government refers to “held” or “locked” “detention”, to be plain, these children were imprisoned for seeking asylum. We have just published a study describing the health of asylum-seeker children who experienced detention attending our Refugee Health Clinic over the past ten years.

Our team has been seeing refugee children for more than 20 years. We have extensive experience in refugee health, forensic medicine and child development, but nothing prepared us for the complexity of looking after these children.

### Trauma, mental illness, lack of protection

Our cohort of 277 patients comprised 239 children who had been detained, including 31 infants born in detention, and another 38 children born after release to families who experienced detention.

There were 79 children from families who had been detained on Nauru/PNG, 47 children had been detained offshore. Most children had spent time in at least three different Australian detention facilities.

The duration of locked detention ranged from a few months to more than five years. Children sent to Nauru/PNG were detained for longer (typically three to five years) than those held in Australia (typically around one year), and many of this group remain in community detention.



A total of 62% of the children in the study had experienced major trauma before or during their journey to Australia.  
AAP/Wayne Taylor

The experience of these children was traumatic. They arrived with trauma – 62% had experienced major trauma before or during their journey to Australia, 8% had experienced the death of an immediate family member. They then experienced trauma in detention. They were exposed to self-harm, suicide attempts and violence – in unrelated adults and within their own families.

One in five children were separated from a parent in detention, often for weeks or months, and young children were left alone in detention while their parents were hospitalised. More than half the cohort had parents with mental illness, this reached 86% in the Nauru/PNG cohort, and 21% of these children had parents requiring psychiatric admission.

The trauma and deprivation of immigration detention had profound impact on children's health. Two-thirds had a mental health problem (most commonly anxiety, depression and/or post-traumatic stress disorder) and 75% presented with developmental concerns. Child protection issues were common – 19% required child protection notification and 8% were referred for sexual assault concerns in detention.

Protective systems were limited or absent. Almost half the children had interrupted education in detention. Schooling was unavailable or extremely limited for most children on Christmas Island for long periods. In Melbourne, within 20km of our hospital, school-aged children were not enrolled in school, often for months.

### **No health screening or follow-ups**

While basic medical services were provided in detention, health screening was effectively absent – both in detention, and in the community in Victoria.

Only 1% of children had a recommended health screen before being seen in our service and only 29% of children had received routine childhood immunisation. We saw children with severe mental health, developmental and medical diagnoses that had not been recognised in detention.

In the early stages, there were some children seen once, who were transferred to another detention centre before their review appointment and never seen again. Families attended clinic with multiple guards, and were often late, completely missing their appointment time, despite the detention centre being notified well in advance.

Parents were frequently incapacitated by their own mental illness. We saw parents with severe depression, catatonic and psychotic features, and witnessed profoundly disordered attachment. Often it was difficult for them to even tell us what had happened to them and their children and what symptoms they were experiencing. In some cases, we admitted children directly to hospital, for immediate safety or medical concerns.

Documentation was unavailable, and we spent hours chasing paperwork, painstakingly piecing together health records for families, and notifying the detention health providers and the Department of Home Affairs of the issues.



The team did not anticipate the length of time their patients would be in detention. AAP/Richard Wainwright

### **Precarious migration status is traumatising too**

We had not anticipated detention could, or would, last for years, or that we would still be seeing these children in 2023.

After release from detention, most children experienced improvements in family function, wellbeing and mental health. However, short-term bridging visas precluded parents working for years, and in many families, financial stress has impacted housing and food security.

The impact of detention, years of precarious migration status and trauma is ongoing, and many individuals in families in the Nauru cohort remain extremely unwell. These children have now been here nearly ten years – meaning some have entered and almost completed schooling.

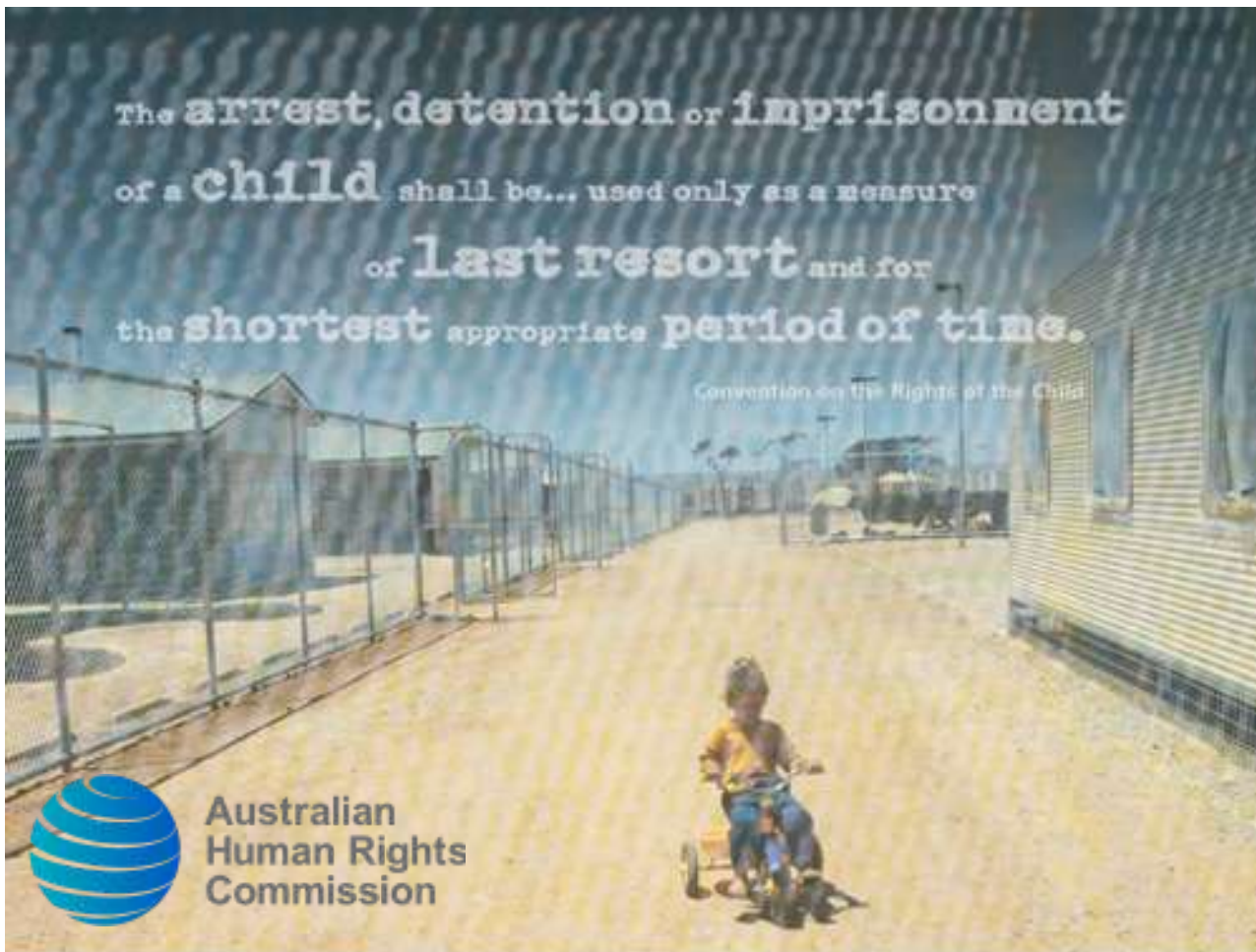
The transition to permanent residency will be life-changing for the families detained in Australia, but deeply distressing for those sent offshore, who do not have access to this pathway.

## What has to happen

Our research provides clinical evidence for the harm to children from Australian immigration detention, migration law, and related policies. Governments must avoid detaining children and families – in Australia, and in other countries. It is unsafe and harms children.

We urge a compassionate approach to resolving the immigration status of these children and families, including those sent offshore to Nauru or PNG, that also recognises the impact of time.

These children have grown up in Australia, their identity is now Australian, and we should support them as children and young people in Australia.



# The little-known story of Australia's convict women

Angela Heathcote



Elizabeth Gurney Fry who regularly cared for the convict women at Newgate. Image credit: National Portrait Gallery

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Transported to a distant land for crimes of poverty, Australia's female convicts were charged with the task to tame and have children with convict men.

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AFTER A HARROWING six month voyage across the sea to the newly established British colony dubbed New Holland, convict women were either sold off for as little as the price of a bottle of rum or, if sent to Tasmania, then known as Van Diemen's land, they were marched to the Cascades Female Factory — a damp distillery-cum-prison. Yet, despite their harsh treatment and dark experiences, the story of Australia's convict women is ultimately one of triumph.

It's estimated that 164,000 convicts were shipped to Australia between 1788 and 1868 under the British government's new Transportation Act — a humane alternative to the death penalty. Approximately 25,000 of these convicts were women, charged with petty crimes such as stealing bread.



“Half the women landed in mainland Australia and half in Tasmania. Less than 2 per cent were violent felons. For crimes of poverty, they were typically sentenced to six months inside Newgate Prison, a six-month sea journey, seven to 10 years hard labour and exile for life. Clearly, the scope of their punishments far exceeded the scope of their crimes,” Deborah Swiss, the author of *The Tin Ticket: The Heroic Journey of Australia’s Convict Women*, tells *Australian Geographic*.

Deborah became fascinated with the stories of Australian convict women following a trip to Tasmania in 2004. “Their stories immediately captured my heart when I learned that if you were a working-class girl in London or Dublin in the 1800s you had two choices: enter prostitution, which was not a crime or steal food or clothing to be able to live another day,” Deborah says. “And so I began my six-year journey of researching and getting to know these remarkable female convicts.”

## The journey to Australia

According to detailed ship journals, most of the female convicts had never even travelled on a rowboat, let alone a large ship before, so most experienced extreme sea sickness during the voyage. “The women were housed on the orlop deck, the lowest and the smelliest where they slept on wooden bunks that measured eighteen inches wide,” says Deborah.

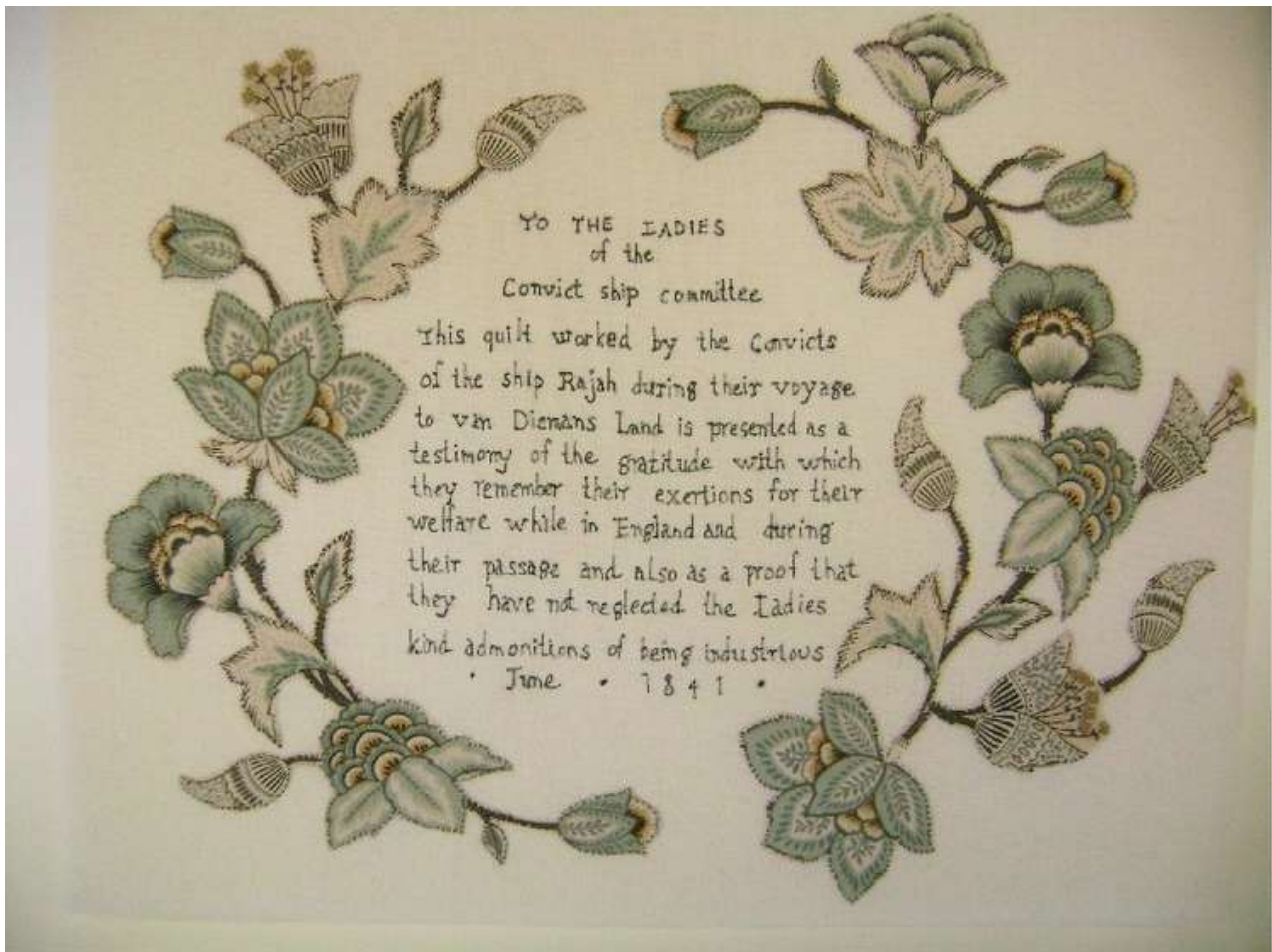
Prior to their voyage to Australia, most of the women were incarcerated at Newgate Prison in London, which Deborah says was often referred to as “the prototype of hell”. It was here that the women came into contact with Elizabeth Gurney Fry, the first internationally known female social reformer.

Elizabeth gained the nickname the ‘Angel of Prisons’ for her work with female inmates at Newgate, who she regularly visited for over three decades.

“Inside Newgate, [Elizabeth] set up a school room where children imprisoned with their mothers could learn to read and write. She also taught the female convicts how to sew so that they would have a skill once freed in Australia,” says Deborah.

As they boarded the transport ships, Elizabeth and her volunteers gave each woman a bag that contained scraps of cloth, needles and thread. “Aboard ship the women could make a quilt which could later be sold in Australia for a few coins each.”

Only one convict-made quilt has survived the test of time. The *Rajah Quilt* – named for the ship aboard which the women prisoners and the materials for the quilt arrived in Hobart in 1841 – is now on display at the National Museum of Australia in Canberra.



Detail of the Rajah Quilt.

Image Credit: National Library of Australia

## Life in Australia

Records of the lives of convict women living in Tasmania are well-preserved, while those documenting the lives of their counterparts in Sydney have been destroyed. According to the NSW Government many of the records were ordered to be destroyed by the military because they had no use, however some 20th century reports have led Deborah to believe that records may have been destroyed by convict descendants eager to wipe their past clean.

Based on arrest records, court transcripts, description lists, ships journals and newspaper accounts available to her, Deborah was able to create an accurate picture of Tasmanian women's day-to-day lives.

“The newspapers in Van Diemen's Land reported colourful escapades like the first female flash mob in 1840. They were known to sing and dance naked under a full moon, rebelliously removing their miserably scratchy shifts, which were purposely designed to be uncomfortable,” Deborah says.

And when it came to meeting their future partners, they were very creative.

“At the Cascades Female Factory, one of the many rules was that the women were not allowed to speak to men. To find a way to communicate with prospective lovers, the women devised a scheme whereby they smuggled love letters inside chickens that were delivered to a corrupt warden.” Today, the Cascades Female Factory, located in Hobart, is a UNESCO World Heritage Site and regularly holds exhibitions on the lives of the convict women housed there.

According to Deborah, the Transportation Act had a very clear economic motive. “The British wanted to beat the French to colonise Australia because it was rich in timber and flax. It was also social engineering in that the British government wanted to remove ‘the unsightly poor’ from their streets.

“The convict men were transported first and soon outnumbered women nine to one in Australia. You can’t have a colony without women so the female convicts were specifically targeted by the British government as ‘tamers and breeders’.”




The female factory from Proctor’s Quarry, Hobart.  
(Image Credit: John Skinner Prout)

## Inspiring stories of convict women

During her research Deborah came across countless stories that she says exemplify the human spirit. “They were ordinary women who found the courage to become extraordinary because they had no other choice,” she says.

Deborah was particularly taken by the story of 12-year-old Agnes McMillan who was transported to Australia for stealing stockings.



“Agnes McMillan was left to fend for herself. Her story centres on how human beings find hope where none has the right to exist,” she says. “Her best friend and surrogate big sister Janet Houston was transported and imprisoned with Agnes. Surprisingly, The Tin Ticket also became a story about the power of women’s friendship to see us through the worst of times.”

Then there’s Ludlow Tedder, whose sad story has a bittersweet ending.

“As a widow and mother of four children she didn’t make enough to support them. She made the mistake of stealing eleven spoons and a bread basket that she pawned as a means to send her youngest child Arabella to school.”

“For her crime, Ludlow received a 10-year sentence. Arabella was transported with her and Ludlow had to leave her other children behind who she would never see again. Once in Van Diemen’s Land, authorities took children away from their mothers and placed them in an orphanage because they wanted the children to be pure of their mother’s sins.”

“By the time she was freed, Ludlow had cleverly saved enough money to essentially buy Arabella back from the orphanage. They left Tasmania for the goldfields in New South Wales and went on to become respected property owners.”

## Changing perceptions

Many of the convict women’s descendants that Deborah interviewed for her book suffered from what they called the ‘convict stain’, which described the social ostracising that came with having convict heritage. However, Deborah says that revisionist history is starting to set the story straight.

“I was intrigued by the convict maids because women have been largely ignored in history as have the lives of the working class. I view the female convicts as heroic because they triumphed over tragedy as their lives transformed from desperation and injustice to freedom alongside a new start in a new land.”

“The miracle of their story is that the vast majority of these women went on to become loving mothers and grandmothers. They became the founding mothers of modern Australia and 22 per cent of Australians today are descended from these remarkable convict women and men.”



# WHY IS IT ALWAYS ZOMBIES?

## Padadoz Mahone

The other day, while I was pretending to work, I read a comment in an online forum, which went, “Two foreign-looking types stopped my mother in the street and asked her for directions. Has anyone else had an experience like this?” Pretty much all the comments that followed were a mixture of thinly veiled, or blatant racism, fearmongering, and the worst kind of bigoted shitfuckery I've seen in a while.

It reminded me of ~~Earth Potato~~ Peter Dutton and his rage-farming the common man with stories of African gangs **reeving their way through the Melbourne**. Dutton and his pals at 2GB (the radio station equivalent of gastro) stamped their feet and lamented the state of Melbourne, where people were too terrified to leave their homes because African gangs had turned the streets into a murderous, post-apocalyptic nightmare. Of course, it was all nonsense, and no one in Melbourne had a fucking clue what he was going on about.

While there was no doubt some minor issues with very few black kids, it was nothing remotely like what Dutton was banging on about. That didn't stop the Murdoch media taking up the intolerance ball and running with it, and the right jumped on the bandwagon. My own local MP, a right-wing asshole, has even called for crime statistics to be published by race. Did I mention he's an asshole?

African gangs became shorthand for black people. Never mind that African countries like Morocco, Algeria, Tunisia, Libya, and Egypt are mainly Arabic countries. Or that if you go for a drink in a bar in inner-city suburbs like St Kilda or Northcote, the Africans you're likely to meet are probably white backpackers from Cape Town.

None of that mattered. What Dutton was doing was feeding the fear. Creating a moral panic.

Oxford Reference defines “moral panic” as “A mass movement based on the false or exaggerated perception that some cultural behaviour or group of people is dangerously deviant and poses a threat to society's values and interests.” Politicians often exploit moral panic, creating a false narrative around certain groups, subcultures, or behaviours, inflating societal fears to advance their crappy agendas.

By exaggerating threats, they manipulate the public to support controversial policies, or to fling dirt at their opponents. In this case it was Dutton telling the public, mostly outside of Melbourne, that the people in Melbourne were likely to be murdered in their beds because of Labor party policies that go easy on crime.

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**Federal opposition leader and former minister for cruelty, Peter Dutton**



Dutton tried to alter his natural facial expression (simmering hate), to show concern for the citizens stuck in the war zone.

Dutton concerned for people? Of all the things that have never happened, that's never happened the most.

It was a similar tactic that the LNP used with the marriage equality referendum, that was going lead to us all being forced to marry people of the same sex. The end of families and society as we know it. Deputy Prime Minister, Barnaby Joyce, wrung his hands and exclaimed that "marriage is inherently there for the support of, or the prospect of, children" and because "every child has a right, an absolute right, to know her or his mother and father." Shortly after saying this, Joyce abandoned his wife and children, and shackled up with the women he'd been having an affair with, who was now pregnant. Although, this wasn't before he called into question whether the kid was his, and hinted that his new missus was a bit of a slag.

The Aboriginal Voice to Parliament referendum, an advisory group with no executive power to order anything, but simply give advice on how proposed legislation may affect Aboriginal people, was actually going to mean people having their homes seized and given to Aboriginal people who would then rent it back to them.

You have to wonder what kind of dummy would believe this rot. I think many of the people who seemed to have been sucked in, weren't, but were actually just happy for a reason to take a dig at people they don't like. The pricks!

Same, same with people who use drugs, or certain kinds of drugs. Not alcohol or ciggies, which kill multiple times what illicit drugs do, and create a massive financial burden on the health system. People who used alcohol were included in the fear mongering, well, at least if they were Irish, or in the US, if they were Irish, Italian, or German. 19th century newspapers and magazines in England regularly warned of the "Irish Ape", drunk on whiskey, coming to destroy society.

These days it's all about drug-crazed zombies. The headlines scream out, "Zombie Drug Containing Human Bones Killing a Dozen Every Week", "Flesh-eating Zombie chewed a girl's face off", "Zombie drug epidemic", "Zombie Drug Menace taking over US". Why is it always Zombies?

If the headlines were true, you'd be fending off the undead, while stocking up on canned food and silver bullets, or is that werewolves?

Thankfully the headlines are not true. Miami-Dade Medical Examiner reported that the face-eater was not high on Zombie gear or any other street drugs, alcohol or prescription drugs, or any adulterants found in street drugs. And as for the drug containing human bones, experts think this is likely only "a rumour". No shit!

Stanley Cohen, in his influential work "Folk Devils and Moral Panics," noted that these panics have gone on for approximately a century.

# HOW TO SURVIVE

## A ZOMBIE ATTACK

### STEP 1. REMAIN CALM | STEP 2. TERMINATION

ALL ZOMBIE OUTBREAKS RENDER HEAVY POPULATED AREAS HAZARDOUS. YOUR FIRST ACTION SHOULD BE TO REMAIN CALM. IN ORDER TO PREVENT YOURSELF FROM GETTING HURT FROM THOSE WHO ARE PANICKING AROUND YOU THROUGHOUT YOUR CITY OR TOWN.



#### EVACUATE

GATHER FAMILY AND ESSENTIAL SMALL VALUABLES ONLY. DO NOT ATTEMPT TO RESCUE OR DEFEND PROPERTY OR VALUABLE POSSESSIONS.

#### REGROUP

ONCE YOU HAVE FLEED THE IMMEDIATE INFECTED AREA REGROUP OTHERS THAT HAVE NOT BEEN INFECTED.



#### RELOCATE

PROCEED IMMEDIATELY TO RESCUE STATIONS ASSIGNED TO YOUR AREA. IN THE ABSENCE OF A RESCUE STATION, FIND A FURTHER RESCUE LOCATION AND MONITOR LOCAL RADIO BROADCAST FOR HELP AND DIRECTIONS.

#### 1. THE ONLY KNOWN METHOD FOR DISPATCHING A ZOMBIE IS A HEADSHOT. THIS MAY BE DONE WITH ANY BLUNT OR SHARP OBJECT OR A FIRE ARM.

2. SHOOTING A ZOMBIE IN THE ARMS AND CHEST WILL RESULT IN LESS ODDS OF THAT ZOMBIE FROM GRABBING YOU.

3. SHOOTING OR CUTTING A ZOMBIE LEGS MAY SLOW IT DOWN BUT IT IS STILL DANGEROUS TO YOU SINCE IT IS ON THE FLOOR CRAWLING TOWARDS YOU OUT OF YOUR LINE OF SIGHT. MANY PEOPLE HAVE BEEN BIT BY CREEPING ZOMBIES DUE TO THE CONFUSION OF DISPATCHED BODIES.

**DO NOT ENGAGE IF YOU CAN AVOID A ZOMBIE!**



## BITE SAFETY TIPS.



AVOID ALL ZOMBIES IF POSSIBLE.

DO NOT MAKE ANY LOUD NOISES SINCE IT WILL ATTRACT MORE ZOMBIES TO YOUR LOCATION.

DO NOT RUN AWAY FROM A ZOMBIE IF YOU CAN WALK QUICKLY BEING AWARE OF YOUR SURROUNDINGS.

WEAR TIGHT CLOTHING WHERE YOU CAN BE SURE THAT A ZOMBIE DOES NOT HAVE ANYTHING TO GRAB ON TO.



## IN THE EVENT OF BITE...

IT IS CRITICAL TO REMEMBER THAT ANY ZOMBIE BITE IS FATAL AND ANY GROUP MEMBER BIT SHOULD BE QUARANTINED OR DISPATCHED AT A TIMELY FASHION. TAKE ALL EQUIPMENT FROM YOUR INFECTED PARTY MEMBER BEFORE THEY TURN INTO A ZOMBIE. THE GOVERNMENT IS CURRENTLY IN THE PROCESS OF DEVELOPING A VACCINE TO PREVENT THE SPREAD OF INFECTION. NO BREAK THROUGH DEVELOPMENT IS KNOWN AS OF YET.

**Above right: 19th Century English and American newspapers and periodicals often caricatured Irish people as ape-like savages, drunk and violent, and intent on destroying decent society. Above right. Zombie survival guide.**

A new drug hits town and sets off fresh waves of panic, no matter if it's justified. Each panic sending fear through Joe Public, who then call for harsher sentences, and turn to people like Dutton and the LNP.

In 2015, the most up to date data showed that only 1% of Australians had used ice in the previous 12 months, yet almost half of 11,636 people who responded to a University of NSW survey believed between 30% and 100% of Australians had tried ice. 100%, as in everybody in the fucking country. Presumably, the respondents themselves, their families, friends, neighbours, the postie, doctors, judges, everyone. For fuck sake.

Nonsense stories about people who use drugs paint them as bad people, which makes readers more likely to fear them. Then, this fear is used to justify harsh punishments, and on and on. The politicians and the media want us to think we're in danger all the time. But that means we don't have useful conversations about what's really going on. So, question everything, and if it sounds like it might be bollox, it probably is bollox.

**And above all, don't listen to the panic.**

# DRUG ALERT

## MDMA and other stimulants in hot environments

**Nine people recently became unwell after using MDMA at a music event. Some were also exposed to PMMA, synthetic cathinones and/or methamphetamine**

**MDMA** ('ecstasy') is an empathogen/entactogen stimulant with effects including euphoria and increased sociability, but also increased body temperature, heart rate and blood pressure. Seven people who became unwell had specialised blood tests, all of which showed MDMA. Six had very high concentrations of MDMA.

**PMMA** and **synthetic cathinones** are stimulant drugs. They have some similar effects to MDMA but appear to have a higher risk of producing unpredictable effects. They are most likely to be sold as, or mixed into, MDMA. One person had PMMA and three people had cathinones (methyldone, pentylone, dipentylone) in blood results.

**Methamphetamine** is a stimulant with effects including euphoria, alertness and sociability, but also increased body temperature, heart rate and blood pressure. Three people had methamphetamine in blood results but do not appear to have consumed it intentionally.

**Consuming these substances at a hot, humid music event will increase the risk of life-threatening hyperthermia.**

All patients in this cluster experienced life-threatening hyperthermia (high body temperature).

**Consuming MDMA causes your core body temperature to increase.** It does this by turning up the body's 'thermostat', releasing hormones that produce more body heat, and reducing the body's ability to shed heat.

A larger dose of MDMA on its own can be enough to cause hyperthermia. **Additional factors** will make the body even hotter. The more of these factors are present, the greater the risk:

- **Hot, crowded environments:** This includes hot weather, environments with hot air, tightly packed crowds, poor ventilation and airflow, and structures where heat cannot dissipate vertically.
- **Humid environments:** The body cools itself by sweating and allowing the sweat to evaporate off the skin. Humidity (high levels of water vapour in the air) slows evaporation and reduces the body's ability to cool itself.
- **Physical exertion:** Vigorous physical activities like dancing or exercise will further increase body temperature.
- **Other substances:** Consuming alcohol or other drugs – especially other stimulants like cocaine, amphetamines or cathinones, which further elevate body temperature – will increase the chance of unpredictable and toxic effects.

## Know the signs – and don't wait to get help

### Signs of drug-related hyperthermia

include feeling uncomfortably hot, nausea and vomiting, excessive thirst, confusion, agitation, muscle spasms, seizures or losing consciousness. Experiencing even one of these signs is reason to get help.

If you experience any unusual or unexpected effects, or notice someone appearing confused or unwell, **seek urgent medical attention. Don't delay seeking help.** If you're at a festival, seek out the First Aid Service – these services often provide a very high level of emergency care. Their assistance can be the difference between life and death.

### Reduce the risk of harm

All alcohol and other drug use comes with serious risks, so:

- Start low and go slow with dosing. The amount of MDMA in pills and capsules varies significantly and can reach up to 250mg or more – so start with a low dose. Even if you've used MDMA before, hot and humid conditions can make your 'normal' dose hazardous. Go slow if consuming any other substance or redosing – wait until peak effects have passed. You shouldn't need to take as much when redosing to maintain the same effect. Delayed or different effects could be a sign of unexpected ingredients like PMMA or cathinones.
- Stay hydrated by sipping water slowly, but don't drink too much.
- Find a cool spot to take breaks from dancing.
- Make sure you're in a safe environment with people you trust.
- Remember, even 'pure' drugs can produce serious side effects and death

- Get the facts at [Alcohol and Drugs Foundation](#).
- Some common mental health medications – such as SSRIs, SNRIs and TCAs – may increase the risk of toxicity from stimulants. Always seek information about your medications before mixing with other substances.
- Be aware that other false or contaminated drug products may circulate in Victoria, even if no specific warning has been issued about them.

Contact Harm Reduction Victoria's DanceWize team for anonymous support and education from peers.

Talk to DanceWize volunteers by email at [info@dancewize.org.au](mailto:info@dancewize.org.au).

If you or someone you know needs help with alcohol or drug use, call DirectLine on 1800 888 236 or visit [directline.org.au](http://directline.org.au) for information and support to access treatment.





# THE SHARPS SHOOTER

A random blog about society, drugs, and harm reduction

SHARPS SHOOTER MAGAZINE

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