
Charles Darwin University



Edge of sacred - Exploring the life stories of the Nauiyu community. An investigation into trauma and the traditional healing practices of a remote Aboriginal community.

Gavin Morris

DOI:
[10.25913/5ebb25ee03fe6](https://doi.org/10.25913/5ebb25ee03fe6)

Published: 2019

Edge of sacred - exploring the life stories of the Nauiyu community. An investigation into trauma and the traditional healing practices of a remote Aboriginal community

Author: Morris, G., 2019

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.



Edge of sacred - Exploring the life stories of the Nauiyu community. An investigation into trauma and the traditional healing practices of a remote Aboriginal community.

GAVIN MORRIS Student Number: 301548

Supervisors: Professor Ruth Wallace, Mr Greg Williams,

Dr Miriam-Rose Ungunmerr-Baumann

& Emeritus Professor Judy Atkinson

College of Indigenous Futures, Arts and Society

Charles Darwin University

Australia

Acknowledgments

Firstly, I would like to acknowledge the Malak Malak people who are the traditional custodians of the land on which the work of this thesis is set. I would like to pay my respects to the Elders past, present, and emerging. I would like to express my deep appreciation for being invited onto Country and being given the privilege of learning traditional knowledge and visiting sacred sites and Dreamings. This is something I will hold with me forever.

To the people of the Nauiyu community, I am deeply grateful that I was handed the gift of collecting your stories and being trusted to enable your journey of truth telling. This thesis was enabled by the compassion, trust, and support of 36 extraordinary Aboriginal men and women; to each of you, I wholeheartedly thank you for sharing your stories and knowledge. To the community-based steering committee Dr Miriam-Rose Ungunmerr-Baumann, Nikita Jason, William Marrayana, Joseph Banjo, and Troy Mardigan, I unreservedly thank you for your guidance, patience, and support throughout this journey.

I wish to recognise the privilege of working with my supervisors Professor Ruth Wallace, Mr Greg Williams, Dr Miriam-Rose Ungunmerr-Baumann, and Professor Judy Atkinson. Your endless patience, support, and guidance throughout the PhD journey and your expertise in preparing this thesis is deeply appreciated.

I salute the vision of Dr Curtis Roman, your belief and confidence, in me and in this research, provided me with great strength; you shaped this journey from the beginning, and I am eternally grateful for your involvement. Dr Petra Buergelt, your knowledge and experience in grounded theory research was valuable; and Nikki

Curtin, your caring, checking in, and just being there to use as a sounding board was invaluable, especially in times of rough seas – I thank you.

I would like to thank Charles Darwin University for providing me with the resources to undertake this research. I would also like to acknowledge the editorial support provided from Jeremy Garnett, your professionalism was also of the highest regard.

To my wife, Belinda and our four daughters, Shantelle, Tearne, Lucinda, and Bronte, I acknowledge the impact this journey has had on our lives and the sacrifices you have all made. I am deeply motivated by making my family proud and look forward to the next chapter in our lives.

Table of Contents

Table of Contents	i
List of Figures	vii
List of Appendices	viii
Abstract	ix
Declaration	xi
List of definitions	xii
List of Acronyms and Abbreviations	xv
Structure of the thesis	xvii
Study location	xix
Prelude: Positioning the researcher	1
Honouring protocol	1
Chapter 1: The Context	5
1.1 The colonisation of Indigenous Australians	5
1.2 New eras of colonial practices	12
1.2.1 Protectionist policy era.....	13
1.2.2 Assimilation policy era	15
1.2.3 Self-determination.....	17
1.2.4 Intervention policy era	20
1.2.4.1 Those who forget are destined to re-member	21
1.2.5 Impact of colonisation on Aboriginal Australians	23
1.2.6 Racism.....	28
1.2.6.1 Institutionalised racism.....	30
1.2.6.2 Interpersonal racism	30
1.2.6.3 Internalised racism.....	31
1.3 The Nauiyu experience of colonisation	33
1.3.1 Introduction.....	33
1.3.2 Early European contact and the Coppermine Massacre	33
1.3.3 Summary.....	44
1.3.4 Jesuit Missionaries.....	44
1.3.5 The Stolen Generations	55
1.3.6 Bringing Them Home report	57
1.3.7 Northern Territory Emergency Response.....	63
1.3.8 Summary.....	70
1.4 Trauma	70
1.4.1 Introduction.....	70
1.4.2 The cultural conceptualisation of trauma	72
1.4.3 Post-Traumatic Stress Disorder	73
1.4.4 Complex PTSD.....	79
1.4.5 Culturally Bound Syndromes and the DSM-V	80
1.5 Intergenerational trauma	83
1.5.1 Introduction.....	83
1.5.2 Intergenerational trauma within Indigenous populations	85
1.5.3 Australian Aboriginal people and intergenerational trauma.....	87

1.5.4	Summary.....	89
1.6	Aboriginal view of health	90
1.6.1	Introduction.....	90
1.6.2	Connection to Country	91
1.6.3	Spirituality and wellbeing	93
1.6.4	Aboriginal views of mental health	94
1.6.5	Aboriginal people and the mainstream mental health system	95
1.6.6	Mental health practitioners.....	99
1.6.7	Barriers to mental health services.....	102
1.7	Traditional healing practices	108
1.7.1	Defining traditional healing	108
1.7.2	Traditional healing practices – Overseas research	111
1.7.3	Traditional healing practices – Australian based research	114
1.7.4	Traditional healing centres	121
1.8	Summary – Benefits of the study	122
Chapter 2:	Research design	125
2.1	Introduction.....	125
2.2	Research framework.....	125
2.2.1	Research objectives of the study.....	126
2.3	An Indigenist approach	128
2.3.1	Indigenist research – Grounded within the Nauiyu community.....	135
2.3.2	Dadirri – An Indigenist research methodology	137
2.3.3	Implementing Dadirri	141
2.3.4	Community-based participatory research	142
2.4	Theoretical perspective.....	144
2.4.1	Qualitative research	144
2.4.2	Theoretical paradigms	145
2.4.3	Social constructivism	146
2.4.4	Symbolic interactionism	147
2.4.5	Critical race theory	148
2.4.6	Flyvbjerg’s notion of phronetic social science	151
2.4.7	Narrative theory	152
2.5	The spiral of grounded theory – A constructivist approach.....	154
2.6	The application of grounded theory to this study	159
2.6.1	Methods: Sampling, Collection, Analysing, and Representing	161
2.6.2	Inclusion criteria	161
2.6.3	Sampling of participants.....	161
2.6.4	Recruitment of participants.....	162
2.6.5	Description of participants	164
2.6.6	Research interviews.....	165
2.6.7	Sharing circles.....	168
2.6.8	Transcription of the interviews.....	169
2.6.9	Interview schedule	171
2.6.10	Ethnography	173
2.6.11	Participant observation	174
2.6.12	The use of literature as data	176
2.6.13	Theoretical sensitivity	178
2.6.14	Data management.....	180
2.6.15	Data analysis: Grounded Theory and Narrative Analysis Techniques	181
2.6.16	Coding	182
2.6.17	Initial coding.....	182

2.6.18	Focussed coding and situational mapping analysis.....	185
2.6.19	Selective coding and core categories	187
2.6.20	Theoretical codes	188
2.6.21	Theoretical memos.....	189
2.6.22	Field notes	190
2.6.23	Theoretical saturation	192
2.6.24	Narrative analysis	193
2.6.25	Community-based steering committee.....	195
2.6.26	Writing the grounded theory	197
2.6.27	Trustworthiness, credibility, and transferability of findings	198
2.6.28	Ethical considerations	200
2.6.29	Privacy and confidentiality	201
2.6.30	Data storage	201
2.6.31	Overview of the major findings.....	202
2.7	Summary	202
Chapter 3:	Fieldwork.....	204
3.1	Overview	204
3.1.1	Basic social concern: Seeking empowerment.....	204
3.1.2	Core category: Owing our truth telling, owning our solutions	206
3.2	Transferring trauma into story	208
3.2.1	Introduction.....	208
3.3	First contact with the White fellas.....	209
3.3.1	Introduction.....	209
3.3.2	'Genocide'.....	210
3.3.2.1	Massacre	210
3.3.2.2	The arrival of White settlers	212
3.3.3	'Impact of colonisation'	213
3.3.3.1	Western education	213
3.3.3.2	Introduction of new tribes	214
3.3.3.3	Erosion of Aboriginal culture	215
3.3.4	Summary.....	216
3.4	Interruption to culture	216
3.4.1	Introduction.....	216
3.4.2	'Altered ceremonial practices'	217
3.4.2.1	Young boys opting out	218
3.4.2.2	Lack of agency to attend ceremony	219
3.4.2.3	Old people are too slack	222
3.4.2.4	Two world challenges	223
3.4.2.5	Social consequences	224
3.4.3	'Disempowered Elders'	225
3.4.3.1	Lack of strong male Elders	226
3.4.3.2	Not passing on traditional cultural knowledge	229
3.4.3.3	Loss of powers to uphold cultural Lore.....	233
3.4.4	'Impact on kinship structures'	238
3.4.4.1	Stolen or being forcibly removed from family	238
3.4.4.2	Lack of housing	240
3.4.4.3	Wrong skin relationships	241
3.4.5	Summary.....	243
3.5	Violence.....	244
3.5.1	Introduction.....	244
3.5.2	'Family violence'	245
3.5.2.1	Women on the front line	246
3.5.2.2	Threat is always present	247

3.5.2.3	Feeling powerless	249
3.5.2.4	Child abuse as a form of family violence.....	250
3.5.3	‘Community violence’	252
3.5.3.1	Influence of factions	252
3.5.3.2	Protracted incidence of family violence.....	253
3.5.3.3	Gang-related conflict	254
3.5.3.4	Sense of powerlessness	256
3.5.4	‘Inter-community violence’	257
3.5.4.1	Rapid escalation of fighting.....	257
3.5.4.2	Community weakness to respond to inter-community conflict	258
3.5.5	‘Institutional violence’	259
3.5.5.1	Rough house tactics	259
3.5.5.2	Rite of passage	261
3.5.6	‘Normalisation of violence’	262
3.5.6.1	Violence as part of everyday life.....	262
3.5.6.2	Lack of non-aggressive male role models	263
3.5.6.3	Violence leads to violence	264
3.5.7	Summary.....	265
3.6	Suicide	265
3.6.1	Introduction.....	265
3.6.2	‘Suicide as a new social challenge’	266
3.6.2.1	Our ancestors knew nothing of suicide.....	266
3.6.2.2	The rope was handed to us by White fellas	268
3.6.3	‘After all, suicide is contagious’	269
3.6.3.1	Copycat effect.....	270
3.6.3.2	Formation of suicide clusters.....	271
3.6.3.3	Vicarious impacts on those left behind.....	272
3.6.4	Summary.....	275
3.7	We are overflowing.....	276
3.7.1	Introduction.....	276
3.7.2	‘Impact on every fibre of life’	277
3.7.2.1	Poor living conditions.....	278
3.7.2.2	Increased stress at home	280
3.7.2.3	Poor education and employment outcomes	281
3.7.2.4	House hopping	284
3.7.3	‘Houses were built with local hands’	285
3.7.3.1	Pride in construction	285
3.7.3.2	Community-led maintenance program.....	286
3.7.4	‘Government policies’.....	288
3.7.4.1	Church owning the land	288
3.7.4.2	Constant flooding events	290
3.7.4.3	Northern Territory Intervention and other policies.....	291
3.7.5	Summary.....	293
3.8	Mobile phones	293
3.8.1	Introduction.....	293
3.8.2	‘Using phones as a boxing glove’	294
3.8.2.1	Bullying and intimidation	294
3.8.2.2	Spreading abuse and offensive behaviour	295
3.8.2.3	Normalising violent and offensive behaviour	296
3.8.3	‘Social media platforms with a specific focus on Divas Chat’	297
3.8.3.1	Young girls involved with violence	297
3.8.3.2	Family members feel obligated to defend girls from violence	298
3.8.3.3	Young people attending school away from Country.....	299
3.8.4	‘Influencing sexual risk-taking’	300
3.8.4.1	Changes in the attitude towards what is acceptable sexual behaviour.....	301

3.8.4.2	Increased exposure to pornography.....	302
3.8.4.3	Undertaking risky sexual behaviour.....	303
3.8.5	Summary.....	305
3.9	Unemployment.....	305
3.9.1	Introduction.....	305
3.9.2	‘Initial wave of mass unemployment’.....	306
3.9.2.1	Whitlam legislation.....	307
3.9.2.2	Loss of connection to Country.....	308
3.9.2.3	Migration to missions.....	310
3.9.2.4	Mission overload and dormitory closure.....	312
3.9.3	‘Second wave of mass unemployment’.....	315
3.9.3.1	The collapse of the local economy and loss of self-determination.....	317
3.9.3.2	Termination of CDEP.....	321
3.9.4	Summary.....	323
3.10	Marijuana and White man’s water.....	324
3.10.1.1	Introduction.....	324
3.10.2	‘Permeating the fabric of daily life’.....	325
3.10.2.1	Normalisation of harmful patterns of use.....	325
3.10.2.2	Using to cope.....	327
3.10.3	‘Destructive impacts’.....	328
3.10.3.1	Family violence.....	329
3.10.3.2	Sexual assault.....	331
3.10.3.3	Criminal behaviour.....	332
3.10.3.4	Disabling influence on traditional Lore.....	333
3.10.4	Summary.....	334
3.11	Constant state of grief.....	334
3.11.1	Introduction.....	334
3.11.2	‘Cascading trauma’.....	335
3.11.2.1	High rates of mortality.....	335
3.11.2.2	The myriad of sorry business.....	337
3.11.3	‘Cycles of grief’.....	338
3.11.3.1	Fear of the unknown.....	338
3.11.3.2	Knowledge lost from Country.....	339
3.11.4	Summary.....	340
Chapter 4:	Intergenerational trauma.....	342
4.1	Introduction.....	342
4.2	Rates of incarceration.....	343
4.3	Suicide and self-harm.....	345
4.4	Alcohol and marijuana misuse.....	346
4.5	Sexual assault.....	347
4.6	Victim or perpetrator of violence.....	348
4.7	Overcrowding.....	349
4.8	Strength in understanding.....	350
4.9	Summary.....	352
Chapter 5:	Healing the cultural wounding.....	354
5.1	Introduction.....	354
5.2	Connection to Country.....	355
5.3	Painting as a form of healing.....	357
5.4	Cultural tools and artefacts.....	359
5.5	Songs as healing.....	361
5.6	Healing through Dadirri.....	363
5.7	Ceremony.....	364

5.7.1	Initiation ceremonies.....	365
5.7.2	Smoking ceremonies.....	366
5.8	Reclaiming traditional Lore	368
5.9	Witch doctors	370
5.9.1	Sorcery.....	374
5.10	Summary	375
Chapter 6:	Influences on healing cultural wounding	376
6.1	Introduction.....	376
6.2	Racism	377
6.3	Power Imbalance	379
6.4	Lack of trust	380
6.5	Lack of culturally trained staff.....	383
6.6	Ancient University.....	385
6.6.1	Holistic nature of healing.....	386
6.6.2	Power of self-determined healing	387
6.6.3	Locality.....	388
6.6.4	Protecting knowledge to share for the future	389
6.7	Summary	392
Chapter 7:	Discussion.....	394
7.1	Introduction.....	394
7.2	Comparison to the extant literature	395
7.2.1	Comparison of the substantive theory with Judy Atkinson (2002), “Lifting the Blankets: The transgenerational effects of trauma in Indigenous Australia”.....	396
7.2.2	Comparison of the substantive theory with Caroline Atkinson (2008), “The violence continuum: Australian Aboriginal male violence and generational post-traumatic stress”	406
7.3	The basic social concern – seeking empowerment.....	409
7.4	The basic social process – owning our truth telling.....	415
7.5	The basic social process – owning our solutions	423
Chapter 8:	Summary and Implications.....	432
8.1	Introduction.....	432
8.2	The significance of the findings	432
8.3	Implications for policy and practice.....	434
8.4	Limitations of the study	436
8.5	Recommendations for further research.....	437
8.6	Conclusion	439
Reference List.....		440
Appendices		544

List of Figures

Figure 0.1. Aerial photo of the Nauiyu community, 2018.....	xx
Figure 2.1. Structure of the research design.	125
Figure 2.2. Implementing Dadirri.	139
Figure 2.3. Grounded theory spiral. Adapted from Buckley & Waring (2013).....	160
Figure 3.1. Core category - owning our truth, owning our solutions.....	207
Figure 3.2. Transferring trauma into story.....	209
Figure 3.3. First contact with the White fellas.....	210
Figure 3.4. Interruption to culture.....	217
Figure 3.5. Violence.....	245
Figure 3.6. Suicide.....	266
Figure 3.7. We are overflowing.	277
Figure 3.8. Mobile phones.	294
Figure 3.9. Unemployment.	306
Figure 3.10. Marijuana and White man's water.	324
Figure 3.11. Constant state of grief.....	335
Figure 4.1. Looking back - moving forward.....	343
Figure 5.1. Healing the cultural wounding.	355
Figure 6.1. Influences on healing cultural wounding.	377

List of Appendices

Appendix A: Map of the Daly River system.	544
Appendix B: Land allotments of the Daly River region.	545
Appendix C: Language tree of the Daly River region.	546
Appendix D: Map of the Coppermine murder site.	547
Appendix E: Language boundaries in the Daly River area.....	548
Appendix F: Photo of Jesuit Missionaries on school children from Daly River.	549
Appendix G: Letter of community support.....	550
Appendix H: Ethics clearance statement.	551
Appendix I: Plain language statement.	553
Appendix J: Consent Form	555
Appendix K: Interview Schedule.....	557
Appendix L: Bicultural model of health.	559
Appendix M: Bill Parry historic interview.	560

Abstract

It took little time after initial British settlement to attempt to decimate the Australian Aboriginal population. While lawful killing has ceased, waves of colonial practices persisted, which has deeply entrenched disadvantage, and social, economic, and political injustice. This thesis is designed in collaboration with the remote Aboriginal community of Nauiyu, located in Daly River, Northern Territory, and is the first study of its kind to utilise the Indigenous research methodology of Dadirri on Country and with the people to which it belongs. Dadirri has been increasingly used as a research methodology, but never in its home of Daly River.

The stories within this study represent the unique experiences of colonisation specific to the Nauiyu community, emphasising that the effects of colonisation are time and place dependent. A substantive theory of *seeking empowerment by owning our truth telling, owning our solutions* is presented in this thesis. The core category emerging from the data is *owning our truth telling, owning our solutions*, which describes how participants enable *seeking empowerment*. The core category consisted of three phases: ‘transforming trauma into story’, ‘looking back-moving forward’, and ‘healing the cultural wounding’. A number of conditions were also identified as enabling or inhibiting the practices of healing cultural wounding.

The results indicate that truth telling is crucial to the process of reconciling the past to promote future healing for the Nauiyu community. A key finding of this study is the need for the development of an Aboriginal based, stand-alone healing centre that incorporates traditional healing practices, an Ancient University. Participants were clear this Ancient University should incorporate traditional healing practices that promote holistic healing from the experience of trauma; act to preserve and protect

traditional healing practices, thereby ensuring the integrity of important traditional knowledge and secure it for the future; and provide education and training opportunities for both Aboriginal and non-Indigenous people.

Declaration

I hereby declare that the work herein, now submitted as a thesis for the degree of Doctor of Philosophy of the Charles Darwin University, is the result of my own investigations, and all references to ideas and work of other researchers have been specifically acknowledged. I hereby certify that the work embodied in this thesis has not already been accepted in substance for any degree and is not being currently submitted in candidature for any other degree.

I give consent to this copy of my thesis, when deposited in the University Library, being made available for loan and photocopying online via the University's Open Access repository eSpace.

.....

Gavin Morris

List of definitions

Aboriginal/Aboriginality - There have been numerous attempts to classify or define Indigenous people. Within Australia, Indigenous people are both Aboriginal and Torres Strait Islander people. A widely acknowledged definition used by the Commonwealth: "... identifies [Aboriginality] as being of Aboriginal and Torres Strait Islander origin and who is accepted by the community with which the person associates (Australian Bureau of Statistics, 2010). Aboriginal people are distinct from Torres Strait Islander people. Within this thesis, the term 'Indigenous' will be used to incorporate Aboriginal people and Torres Strait Islander people, while the term 'Aboriginal' should be taken to exclude Torres Strait Islander people as they are the primary group of people on which this research focusses.

Country - The term 'Country' (with a capital 'C' in this thesis) "refers to a specific clan, tribal group or nation of Aboriginal people and encompasses all the knowledge, cultural norms, values, stories and resources within that particular area — that particular Indigenous place" (Fredericks, 2013, p.3).

Culture - Refers to a living set of beliefs and values, distinctive to a particular group that adapts over time and can be passed down across generations in the complex of relationships, knowledges, languages, social organisations, and life experiences (Atkinson, 2002).

Cultural imperialism - Cultural imperialism is "a process of social influence by which a nation imposes on other countries its set beliefs, values, knowledge and behavioural norms as well as its overall style of life" (Beltran, 1978, p. 129).

Daly River/Naiyu - The Daly River community is situated on the Daly River, Northern Territory. After 1954, the Daly River community was also known as Naiyu Nambiyu, or Naiyu, a Malak Malak word meaning one place, one people. The community has approved the names Daly River and Naiyu to be used interchangeably throughout this thesis.

Daly River tribes - There are numerous tribes that move throughout the Daly River region, many of which live together in the Naiyu community. The tribes are highly mobile, and the term Daly River tribes should be taken to include the constituents of the Daly River tribes who live in Naiyu and the surrounding communities and outstations.

Dreaming - The Dreaming' or 'the Dreamtime' "indicates a psychic state in which or during which contact is made with the ancestral spirits, or the Law, or that special period of the beginning" (Mudrooroo, 1995, p. 41).

Healing - An educational and spiritual process that includes therapeutic change and cultural renewal.

Humbug - A term used by Indigenous Australians to describe being pestered by unreasonable and incessant demands from friends and relatives. (McCarthy, Chang, Brimblecombe, 2018).

Outstations - The term outstations refer to "small, decentralised and relatively permanent communities of kin established by Aboriginal people on land that has social, cultural or economic significance to them" (Blanchard, 1987: 7).

Sorry business - A term used to describe a broad range of cultural practices and rituals immediately after death though can extend to several weeks or months after passing (Carlson & Frazer, 2015).

Trauma - Refers to a sudden, harmful, overwhelming disruption impacting on all of the spirit, body, mind, and heart resulting from memories of an extraordinary catastrophic experience which shattered the survivor's sense of invulnerability to harm (Figley, 1985; Moran & Fitzpatrick, 2008).

Tribes - The term 'tribes' refers to a social division in an Aboriginal society consisting of people connected by social, economic, religious or blood ties with a common culture, language and history.

Violence - The World Health Organisation (1996) defines violence as the "intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (p.2).

List of Acronyms and Abbreviations

ABS	Australian Bureau of Statistics
AHMRC	Aboriginal Health and Medical Research Council
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIHW	Australian Institute of Health and Welfare
APA	American Psychological Association
ATSIC	Aboriginal and Torres Strait Islander Commission
CBPR	Community Based Participatory Research
CDEP	Community Development Employment Project
CRT	Critical Race Theory
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders: Version Four – Text Revision
DSM-V	Diagnostic and Statistical Manual of Mental Disorders: Version Five
HREC	Human Research Ethics Committees
HREOC	Human Rights and Equal Opportunity Commission
IRS	Indian Residential School
MSC	Missionaries du Sacré- Cœur or Missionaries of the Sacred Heart
NAHS	National Aboriginal Health Strategy
NHMRC	National Health and Medical Research Council
RCIADIC	Royal Commission into Aboriginal Deaths in Custody
SAPP	South Australian Parliamentary Papers
WHO	World Health Organisation

Structure of the thesis

Chapter one presents a comprehensive literature review examining the nature of the issues from a number of fields that are addressed in this study. The chapter begins with a broad examination of the colonial practices and associated government policies which have impacted Australian Aboriginal populations since European settlement. This focus then narrows to the colonial experience related explicitly to people of the Nauiyu community. The specific impacts of the colonial practices are then discussed, with a focus on the trauma which now spans several generations. An exploration of the Aboriginal view of health is presented with an emphasis on traditional healing practices that respond to the experience of trauma. The chapter concludes with a summary of the benefits of the study.

Chapter two discusses the research design, methodology, and methods employed to develop the grounded theory, *seeking empowerment by owning our truth telling, owning our solutions*. The Indigenist research approach which frames this study is presented, with a specific focus on the Aboriginal concept of Dadirri. The chapter outlines the theoretical perspectives which sensitise the research, study participants are introduced, and a description of the application of the constructivist grounded theory methodology to capture and analyse their accounts is provided. The chapter concludes with an outline of the ethical considerations, criteria for trustworthiness, and an overview of the significant findings of the thesis.

Chapter three and four present the life stories of the study participants. Participants were clear that the findings must be presented from a perspective of strength and resilience, rather than a position of deficit and defeat. The chapter explicates the key findings of the thesis in the form of the newly developed substantive

grounded theory. The chapter outlines the impact of colonisation in the Nauiyu community by describing the key processes within the newly developed grounded theory, the dynamics within each process, and the interconnection of these elements through *seeking empowerment by owning our own truth telling, owning our solutions*. Finally, a description of the passage of trauma, and its compounding effects, across generations is provided.

Chapters five and six explore the traditional healing practices that participants described as significant in responding to the experience of colonisation. Participants provided explicit information about the traditional healing practices that exist within the Nauiyu community. The chapter also demonstrates the importance of a cultural approach to the healing of trauma and highlights the disparity between Indigenous and non-Indigenous views of health. A number of barriers to the incorporation of traditional healing practices in a mainstream primary health care setting are provided. Significantly, the chapter also outlines an Ancient University, described by participants as an Indigenist based, stand-alone facility which privileges the healing of trauma for Aboriginal people through traditional healing practices.

Chapter seven provides a discussion which links the newly developed substantive theory with the extant Aboriginal Australian and international Indigenous literature. In doing so, the chapter synthesises important connections between relevant literature and the newly formed grounded theory, thus positioning the study with the extant literature to illuminate its uniqueness and significance to the field.

Chapter eight of the thesis concludes with a discussion of the implications of the newly formed grounded theory, an outline of the limitations of the study and recommendations for future research.

Study location

The Nauiyu Nambiyu (Nauiyu) community is located on the Daly River in north-western Northern Territory, approximately 225 km south of Darwin (Figure 0.1). With a catchment area of 52,577 km², the Daly River is one of the largest river systems in the Northern Territory (Appendix A) (Bureau of Meteorology, 2017), and one of the few rivers in Northern Australia with a perennial flow (Chan et al., 2012; Moliere, Lowry, & Humphrey, 2009). The might of the Daly River has encouraged a litany of agricultural enterprises and government-funded experimental farms since the late 19th Century (Hillock, 2005).

The Nauiyu community, in its current location, was established in 1954 as a Catholic mission by the Missionaries of the Sacred Heart (MSC). It is situated on the traditional land of the Malak Malak tribe (Birk, 1976; Stanley, 1985; Stanner, 1934). In addition to establishing the mission, the Catholic Church acquired Land Portion 4028 (Appendix B), consisting of a 'freehold title' over more than 4,000 acres of land, including and surrounding the current Nauiyu community (Victoria Daly River Council, 2018).

The Nauiyu community has a fluid population of approximately 300 people, consisting of 46 % male and 54 % female members (Australian Bureau of Statistics, 2016). Most of the inhabitants of the Nauiyu community are migrants from lands to the south and southwest, or their descendants (Duelke, 1998; Stanner, 1933a). The predominant languages are Ngan'gikurungkurr and Ngen'giwumirri, however the Daly River language group extends some distance from the Daly River, to as far south as the Fitzmaurice River (Appendix C), and is comprised of nine languages and 15

dialects (Hoddinott & Kodof, 1988; Reid, 2000, 2002, 2003; Tryon, 1968; 1970).

English and Kriol are also extensively spoken throughout the community.



Figure 0.1. Aerial photo of the Nauiyu community, 2018.

Prelude: Positioning the researcher

Honouring protocol

Like those who have come before me, my first intention is to respect traditional Aboriginal Australian traditions and adhere to protocols of introducing myself. I claim a space of researcher, participant, and author of this work. To become known, I need to explain my intent behind conducting this research and outline my preconceptions and assumptions that I bring to this cultural interface. As Lavalle (2009) expresses:

Indigenous research is not objective, nor does it see itself as unbiased.

Following from the belief in interconnectedness as outlined above, research cannot possibly be completely objective. Individuals conducting the research are necessarily connected to the individuals being researched, and all concerned are connected to all other living things. Emotions are connected to all mental processes. Every time we think, use reason, and figure, emotion is tied to that process; therefore, it is impossible to be free of emotion and subjectivity in research. (p.23)

I am the eldest of three sons of a mother from New Zealand and a father from England. My parents met in Melbourne, the birthplace of all three of their sons, before spending much of my childhood and early adult life in Townsville, North Queensland. While there was much love growing up, materially and financially we had a modest upbringing featured by caravan parks, housing commission homes, and share houses. From an early age, I felt as though I was competing with others from a position of disadvantage, forced into facing obstacles and challenges that weren't shared by all.

However, rather than seeing these circumstances as barriers, I used them as a source of motivation, and I quickly developed a hunger to overcome these potential obstacles. In my adult life, my upbringing has given me a deep understanding of the life of those living in disadvantage. This enables me to identify and intimately connect with people in or from similar circumstances. I treat this as a strength and it is a primary motivation behind this study.

I commenced this research in my late thirties with a wife and four daughters. Of my four daughters, two are now adult women (aged 22 and 20 years), who live in Townsville, North Queensland and identify as Indigenous through their direct lineage to Saibai Island, Torres Strait. In many ways, the motivation behind this thesis lies in the experience of their life journey. In January 2015, my wife, younger two daughters, and I, moved to Daly River, Northern Territory. The purpose being to recommence my teaching career, but more importantly to give our daughters a childhood of freedom and adventure. At no stage was our move motivated to undertake research. My life in Daly River was to be entirely that of a father, husband, and teacher.

However, after several months living in the community, it was evident we were establishing deep relationships, formed, I believe, on the preposition that we were in the community to give, rather than to take, that we were prepared to listen rather than to do all the talking. In June 2015, I was invited to embark on an extraordinary journey – the community wanted to do their truth telling, and they requested me to collect the stories.

Throughout the passage of this research, I was regularly asked, “How did I get involved in this topic?” Quite often, further probing questions followed, “Then what is a middle-aged ‘European’ man doing conducting this research?” To be fair, I was

personally challenged by the same matters. This study has been requested, designed, and driven by the Daly River community to privilege Aboriginal voice and attend to a community need. To have the responsibility handed to me by the community was a great honour, and one I hold in the highest regard. It also came with great pressure and expectation. People held trust in me, and this research has weighed heavily on me. What people were willing to share with me was extraordinary – intimate secrets and profoundly deep stories, many of which were being shared for the first time. People had invested heavily, and many emotionally or psychologically had put everything on the line. I deeply wanted to get this process right.

Indeed, with respect to the collection of data in this study, the significance of undertaking an ethical, culturally sensitive research process was considered at least of equal importance. This view does not discount the value of the stories shared, nor does it diminish the privilege the researcher feels to be placed in this position of responsibility – a responsibility to get the story right. It does, however, reflect a deep commitment to navigate a path through the research with great care and respect, guided by the Aboriginal community who will oversee this study, and to which it will always belong.

As for the question of being a middle-aged male with a European background undertaking Indigenist trauma-based research in a remote Aboriginal community. The background of any researcher is intensely connected to the study, particularly in Indigenous research, and careful consideration of issues which may arise is essential. As I am a European, middle-aged male, who lived and conducted research in a remote Aboriginal community, these considerations are significant. The potential of researchers to marginalise and oppress, just as they can promote emancipation and

empowerment, has long been recognised within Indigenous research (Rigney, 1999; Stronach & Adair, 2014; Swain, 1993).

In this study, research practices involved culturally sensitive conduct, attention to power imbalances, and intimate community guidance. While Dadirri served as an authentic pathway, I have tremendous gratitude to the community-based steering committee and the other key Elders who provided me with their invaluable insight and feedback in navigating a research process founded on cultural consideration and sensitivity. Their intimate, personally nuanced support gave me the understanding, awareness, and confidence to undertake cross-cultural research that addressed the issues surrounding research in an Aboriginal community.

Chapter 1: The Context

1.1 *The colonisation of Indigenous Australians*

In less than twenty years we have nearly swept them off the face of the earth. We have shot them down like dogs. In the guise of friendship, we have issued corrosive sublimate in their damper and consigned whole tribes to the agonies of an excruciating death. We have made them drunkards, and infected them with diseases which have rotted the bones of their adults, and made such few children as are born amongst them a sorrow and a torture from the very instant of their birth. We have made them outcasts on their own land, and are rapidly consigning them to entire annihilation. Edward Wilson, *Argus*, 17th March 1856 (Wilson, 1985, cited in Harris, 2013, p.259)

The World Health Organisation (2008) has recognised the inequalities in health between Aboriginal Australians and their non-Indigenous counterparts as being the largest in the world. Any investigation of health disadvantage for Aboriginal Australians must involve an understanding of the historical perspective, which for Indigenous peoples worldwide describes a commonality of experience of cultural imperialism and colonisation (Cunneen, 2014; Durie, 2004; Smith, 1999). The profound cultural destruction in peri-colonial times for these Indigenous peoples has been horrific. However, compared to other Indigenous populations who share a history of colonisation, Australia's Indigenous peoples fair worse in a range of health and social indices than those in countries such as Canada, New Zealand, and America (Carey et al., 2017; Mitrou et al., 2014). For a country which prides itself on fairness and social justice, this disparity in living standards is unacceptable (Dockery, 2010).

For approximately 65,000 years, the Indigenous people of Australia developed what is now recognised as the world's most ancient living culture (Clarkson et al., 2017), which at the time of British settlement numbered between 300,000 to 950,000 people (Behrendt, 2012; Parker & Milroy, 2014). The colonists, without knowing it were looking on part of a marvel of adaptive culture. From coast to coast the "continent peopled by upwards of 500 congeries of nomadic bands which were spaced in such a way that in plain effect was like an enormous spider-web" (Stanner, 1979, p.156-157). The sophistication of Australian Aboriginal culture was deeply connected with ancestors, kinship systems, law systems, ceremonies, and land. In terms of religion, the known evidence suggests that the "Aboriginal religion was probably one of the least material-minded, and most life-minded, of any of which we have knowledge" (Stanner, 1979, p.119). Elkin (1933), further illustrates the sophistication of Australian Aboriginal mythology and ritual:

Totemism is our key to the understanding of the Aboriginal philosophy and the universe— a philosophy which regards man and nature as one corporate whole for social, ceremonial and religious purposes, a philosophy which from one aspect is preanimistic, but from another is animistic, a philosophy which is historical, being formed on the heroic acts of the past which provide the sanctions for the present, a philosophy which, indeed, passes into the realm of religion and provides that faith, hope and courage in the face of his daily needs which man must have if he is to persevere and persist, both as an individual and as a social being. (p. 131)

Since European settlement, however, the experience of Aboriginal Australians has been marked by devastating colonial practices and suppression of their culture and knowledges. 'Colonisation' refers to the period of European expansion in which

Britain and its European neighbours invaded, settled, and exploited a large proportion of the rest of the world (Smith, 1999); and represents an ongoing structure of “domination over Indigenous populations which often swung (and still does) between the poles of extermination and exploitation” (Wolfe, 1999, p.163). Through societal systems of racism, the practice of colonisation targeted Aboriginal people in a “deliberate and calculated manner which aimed to displace and distance people from their land and resources” (Sinclair, 2004, p.50). In Australia, the impact of European colonisation was so varied and so powerful that it would have been fanciful to claim that the Aboriginal people were ever in a position to have any agency over their own destiny (Reynolds, 2006).

By the turn of the 18th Century, the world’s most ancient living culture was under attack. Indeed, what comes next is a human disaster, which, arguably, may have as much claim to be labelled genocide as any other historical event (Harris, 2003). Researchers have argued that the greatest act of colonial violence began by declaring the land *terra nullius* (Atkinson, 1990; 2002; Hunter, 1996). Used to extinguish the sovereign rights of Indigenous peoples, the British doctrine of *terra nullius* enabled the British to dispossess the original owners of the land without compensation, without recognition, and most importantly, without an agreement under international law (Altman & Markham, 2015; Pettit, 2015).

The significance of *terra nullius* was twofold. Firstly, it permitted the British to claim that Aborigines were British subjects in which hostilities were defined as “civil disorder rather than as a war against a foreign enemy” (Connor, 2002, p.58), and secondly, perhaps most significantly, it ensured that a treaty would not result (Broome, 1982; Maddison, 2016). Either way, Pascoe (2008) argues that to “justify breaking your own religious laws requires your belief that the original owners didn’t deserve

possession of the soil, that they were beasts beyond God's love, that they had no intelligence and no attachment to the land" (p.117). The 'indomitable British pluck' regarding *terra incognita* was proudly on display when the South Australians described their enduring capacity as colonists at the Colonial and Indian Exhibition in London in 1886:

[South Australia is] a colony which, fifty years ago, was a terra incognita - a land previously trodden only by the uncivilised and wandering savage, and consequently without a vestige of a prior history, save what may be found in geological researches, the impressions of nature on its rocks and stones - a land not obtained by exciting wars or conquests by battles, but a history of conquests of wild and uncultivated regions by indomitable British pluck - a simple, peaceful history of the steady progress of British settlement. (Gill, 1976, p. 76)

While it began in 1788, European colonisation was not a single event, but rather a staggered assault on Indigenous Australia with devastating consequences (Goodall, 2008). The first meetings of "black and white took place at a time when, given the ideas ruling Europe, tragedy had to follow, whether from plain insensibility or – worse, romantic sensibility, and – worse still – religious and scientific preconceptions" (Stanner, 1979, p. 154). Subsequently, within the first century of settlement, numerous inhumane strategies were used to demoralise Aboriginal communities (McGough, 2015; Sherwood, 2013; Peeters, Hamann, & Kelly, 2014; Wanganeen, 2014). Diseases were introduced (sometimes deliberately), food and water holes poisoned, and women and children were abducted, raped, and murdered (Ober, Peeters, Archer, & Kelly, 2000; Woods, 1998).

Other colonial practices involved the invasion of land, the excision of its inhabitants, and the steady erasure of culture including most notably; languages, traditions, legal frameworks, and sets of values (Collis & Webb, 2014). Aboriginal people were perceived as non-humans prior to 1967, and vastly different tribes were herded into reserves, settlements, and missions; communities that had little future opportunities for meaningful education or employment (Kidd, 1997; McKnight, 2002; Parker, 2010; Reid, 1986). Havemann (2005) went further, stating:

In the colonies, Indigenous people have been the paradigm of non-people, non-citizens, *homines sacri*. If not, at worst, exterminated with legal impunity, they have been excluded and condemned to placelessness in ‘zones of exception’ such as reserves, mission schools or camps and other forms of segregation under the regime of the sovereign’s draconian ‘protection. (p. 60)

Indeed, many Aboriginal Australians experienced a permanent severance of the links to their traditional land and custom, leaving a cultural void, an unfulfilled longing, and a need to recreate and redefine their spiritual connections (Dudgeon & Walker, 2015). European settlement also resulted in brutal massacres and frontier wars, which in combination with horrific colonial practices, had a catastrophic impact on the Indigenous population (Baldry, McKeon & McDougall, 2015; Windschuttle, 2002). As Harris (2003) noted:

The awful but surely undeniable fact of the impact of colonisation on Australian Aboriginals, the one that transcends all other facts, all other estimates, reconstructions, and analyses, truths, half-truths and lies, is the immense and appalling reduction in the Aboriginal population during the first 150 years of European settlement. (p.81)

A recent study by the University of Newcastle provided insight into the scale of Aboriginal deaths in the frontier period. The landmark project, led by Dr Lyndall Ryan, mapped and documented more than 254 massacres in Australia involving more than 6,200 Indigenous deaths. Despite the alarming number, Ryan (2018) suggests that findings are conservative, and firmly expects the number of massacres to continue to climb significantly as more information comes to hand. In a recent interview with SBS news, Ryan asserts:

By the time the project is finished, that number [of massacres] is projected to be closer to 500. We've only just scratched the surface, we're doing more research to fill in more gaps and we're now coming to the view that frontier massacre was a characteristic of frontier in Australia. (SBS World News, SBS, 27 July 2018)

While the precise number of massacres remains a matter of contention, several researchers assert that by the turn of the 20th Century, the European settlement of Australia resulted in the catastrophic collapse on the Indigenous population with at least a 90% mortality rate (Awofeso, 2011; Harris, 2003). Whatever the estimate, a calculated cover-up and the literal burial of the evidence of this war indicates that the documented murders account for a small fraction of the probable total (Bottoms, 2013; Pascoe, 2008). Nonetheless, this drastic reduction of the Indigenous population resulted in the destruction of social, legal, and religious infrastructures, all of which are critical to individual health and security, and a sense of community wellbeing for Indigenous Australians (Crotty, 2018; Short, 2016).

The British viewed this rapid decline in the Aboriginal population as evidence that the 'primitive race of lowly intelligence' (Foxcroft, 1941, p.11), would inevitably

become extinct (Broome, 2003; Rogers & Bain, 2016). Though it has been estimated that prior to colonisation, the Aboriginal population was between 500,000 and 1,000,000 people, by the 1900s, this had reduced to just 60,000 (Milroy, Dudgeon, & Walker, 2014). Stanner (1979) provides perspective:

It is a fact that about five-sixths of the original black population have been wiped out in 150 years [since White settlement], a rate equivalent to the death every year since 1788 of two large tribes totalling 1700 souls. The position today is that if every person of any degree of native blood now alive in Australia were brought together in the Northern Territory, there would be only one person to every ten square miles. The rest of the Commonwealth – six states, including Tasmania would be completely empty of the former native population... as it is, the old tribesman of New South Wales and Victoria might as well have been shadows in the trees of the eighteenth century for all the imprint they have left behind. (p.123-124)

In line with the ‘doomed race theory’, which encouraged early settlers to hasten the extinction of the Indigenous population (Holland, 2013; Thomas, 2004), there was no shortage of euphemisms such as ‘slipping away’, ‘melting away’, ‘decaying’, ‘fading away’, and so on, to describe the predicament now faced by the Indigenous population (Reynolds, 1987, p.122). By the turn of the 20th Century, a harsher, angrier note began to sound:

Experience was driving more and more settlers as well as civil and military officers to explain the treachery, cruelty, revolting habits and inferiority of the Aborigines, and the ineffectual efforts of all attempts to civilise them, by their innate characteristics as a race. Experience was also convincing more

and more people that violence and reprisals were the only methods the Aborigines could understand. No one contemplated the extinction of the Aborigines with remorse, guilt or regret; nor did anyone testify to a common humanity, let alone any sense that they too were made in the divine image. (Stanner, 1979, p.163)

The looming demise of the Aboriginal Australian people was considered so imminent, that, in the wake of massacres and other such acts, the immediate challenge for Western researchers was to ensure they captured “every aspect of the dying race, to be preserved in their writings, as specimens for observing and to be pursued for overseas interests” (Sherwood, 2013, p.52). It should, therefore, come as no surprise that research has a poor reputation in Aboriginal communities, given that the homicidal activities used by settlers were justified in the name of science (Kovach, 2015).

1.2 New eras of colonial practices

Although the lawful killing has ceased, new eras of colonialist practices persist through socioeconomic and political marginalisation, and racial prejudice, all of which are profoundly entrenched and widely institutionalised (Ashcroft, Griffith, & Tiffin, 2003; Hall, 2015). These waves of racially motivated public policy were designed by governments across the nation to restrict and control the lives of Aboriginal Australians, to civilise them to European standards, on the one hand, while procuring their dying out on the other (Moses, 2000; Short, 2016; Willard, 1967). These policies included the protectionist policy era, the assimilation policy era, the self-determination era, and the Intervention era.

1.2.1 *Protectionist policy era*

In the Northern Territory, the response to the escalating violence towards Aboriginal people, mostly by pastoralists, was the policy of ‘protectionism’. Embodied in the passage of Aboriginals Ordinance (1918-1953), and based on the assumption that Aboriginal people would eventually die out, the protectionist policies limited the rights and separated Aboriginal peoples from society in order to protect European interests (Best & Gorman, 2016; Grant, Wronski, Murray, & Couzos, 2008).

By way of example, the Native Administration Act 1936, in Western Australia, encapsulated the official policy of the day wherein the ‘full bloods’ would ‘die out’, while those of mixed descent would be ‘bred out’. This view was in congruence with that of Dr Cook, the Protector of Aborigines for the Northern Territory, who at the initial Conference of Chief Protectors (1937) advocated for a deliberate, gradual vanishing of Aboriginal Australians:

The policy of the Commonwealth is to do everything possible to convert the half-caste into a white citizen. The question arises whether the same policy should not be adopted in regard to the aborigines (*sic*). First, we may adopt a policy of laissez-faire, which to every protector of aborigines is repugnant; secondly, we may develop an enlightened elaborate system of protection which will produce an aboriginal population that is likely to swamp the white; or thirdly, we may follow a policy under which the aboriginal will be absorbed into the white population. My view is that, unless the black population is speedily absorbed into the white, the process will soon be reversed. (p.14)

Significantly, under these policies, Indigenous Australians were no longer British citizens and were now considered Wards of the State (Coddington, 2017). In broad terms, the protectionist policies were enacted by the Australian Government to control the amount of Aboriginal “blood that flowed through one’s veins” (Kapellas & Jamieson, 2016, p.15) of the population of Australia. This control was achieved through segregation, by which all ‘full blood’ or ‘half-caste’ adults were relocated to reserves or missions (Carlson, 2016; Choo, 2016). People with more than a stipulated proportion of European ‘blood’, however, were disqualified from living on reserves with their families and restricted from receiving basic rations (Human Rights and Equal Opportunity Commission [HREOC], 1997). The policy deliberately undermined and destroyed spiritual and cultural beliefs by controlling where Aboriginal Australians resided, and through restrictions that were placed on marriage, education, and employment (Holland, 2013; Sherwood, 2013).

Mission life dictated and enforced welfare dependency (Gale, 2016), consisted of hideous living conditions through poor housing and overcrowding (Sherwood & Geia, 2014), and established deep-rooted poverty by manipulating and starving communities of essential funds and infrastructure (Tilbury, 2015). According to the Bringing the Home inquiry (1995), a common feature of the settlements, missions, and institutions for Indigenous families was the lack of funding for the provision of the most basic of human services (HREOC, 1997). In 1938-1939, the jurisdictions with the largest Indigenous populations – the Northern Territory, Western Australia, and Queensland – spent the least per capita on Indigenous people. Funding by the Commonwealth equated to “£1 per Indigenous person per annum compared to £42.10s per annum on non-Indigenous pensioners and £10,000 on the Governor-General’s salary” (Markus, 1990, p. 9-10), which meant that people forced to move to these three

jurisdictions were permanently hungry, denied basic facilities and medical treatment, and were likely to die prematurely (Cunneen, 2001).

Segregation and the disruption of “social and cultural identity also forced Indigenous people to depart from traditional collectivism... and a habitation in demarcated country owned by a specific group” (Brasche, 2015, p.21). So successful were these protectionist policies considered, that by the late 19th and early 20th Centuries, Aboriginal Australians were not included in Australian population estimates, as it was assumed that they would eventually become extinct (Australia Law Reform Commission, 2010). The mood of the time towards Aboriginal Australian people was noted by Stanner (1979):

[a] gleaning of the records produces scores of sorrowful expressions of regard for the real welfare of that helpless and unfortunate race; tenfold that number of condemnations of them as debased, worthless and beyond grace; and one-hundredfold, acceptances of their inevitable extinction. (p.147)

1.2.2 *Assimilation policy era*

Driven by fears of international censure of its discriminatory Aboriginal policies, from 1937, Australian policy towards Indigenous Australians shifted its focus from segregation founded on protectionist ideals to one of ‘assimilation’ (Haebich, 2008). Adapted as official policy at the 1937 conference of Native Welfare Ministers, and continuing until the mid-1960s, assimilation allowed Indigenous migration from isolated mission reserves to the cities (Rigney, 1999). The 1961 Native Welfare Conference of the Federal and State Ministers defined assimilation in the following terms:

[assimilation] means that all Aborigines and part-Aborigines are expected eventually to attain the same manner of living as other Australians and to live as members of a single Australian community enjoying the same rights and privileges, accepting the same responsibilities, observing the same customs and influenced by the same beliefs as other Australians.’ (Minister Hasluck, Minister for the Territories; Commonwealth of Australia, Parliamentary Debates [Hansard], House of Representatives, 20 April 1961, pg. 1051–2)

During the assimilation period, Indigenous Australians were expected to behave as non-Indigenous Australians by adopting the values of the dominant society; by assimilating into the Western way of living and accepting Western culture and lifestyle (Altman, 2000; Brennan, 2015). However, not only was there an assumption that Indigenous Australians would come to the realisation that the Western way of living would be superior to that of their ancestors, they were also expected to do so under the auspices of government policies, which continued to control their lives and to deny equal wages and employment opportunities (Haebich, 2001; Short, 2003). This represented a failed policy position, for while there are currently many Indigenous Australian people living in urban settings, who may regard themselves as ‘belonging’ and being included in mainstream Australian society, there are still many groups living in remote communities throughout the country that do not (Trudgen, 2000). Stanner (1979) also describes the failings of the false model of rational demonstrations in an attempt to assimilate Indigenous people into Western society:

According to this model, we thus have only to ‘teach’ or ‘show’ Aborigines where they made their mistakes, and they will quickly become Europeans in outlook, organisation and custom. All we have to do is instruct them in the manifest virtues of our style of life and, without undue strain, they will

follow. This is a fantasy. It perishes on a single fact of life. They have to 'unlearn' being Aborigines, in mind, body and estate. The problems of 'unlearning' are visible in a thousand miserable encampments around the continent. These camps in part mirror our self-centredness. In part, they mirror also the Aborigines' inability to work miracles. (p.59)

While under a different name, assimilation continued protectionist ideology, primarily targeted toward the children, who were removed from their families. (Kapellas & Jamieson, 2016). The removal of children from families, particularly those of part-Aboriginal descent, in an attempt to assimilate them into the 'white world' was common practice from the beginning of the 20th Century until the 1980s (Dudgeon, Wright, Paradies, Garvey & Walker, 2010; Funston & Herring, 2016). Referred to as the Stolen Generations, the policy which was perhaps the most destructive on Aboriginal culture (Halloran, 2004), was driven by the aim of disintegrating Indigenous communities on the one hand, while destroying their relationships between Indigenous culture and their environment on the other (Sissons, 2005).

1.2.3 *Self-determination*

By the early 1960s, although there had been a considerable effort and abundant resources, it was clear that despite the mandatory manner in which the assimilation policy had been enforced, Indigenous people were not being assimilated (HREOC, 1997). The Australian Referendum of 27th May 1967, resulted in a change to the Australian constitution which finally recognised the full citizenship of Indigenous Australians, and also initiated a significant shift in Australian Indigenous policy making (Feik & Manne, 2014; Larkin, 2017). By 1972, assimilation was abandoned

in official government policy, and ‘self-determination’ was introduced as the new framework for Indigenous advancement (Altman, 2008; Sutton, 2001). The United Nations Declaration on the Rights of Indigenous defines self-determination as:

Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions. (UN 2007: Article 23)

Self-determination recognised the right of Indigenous peoples to determine and develop policies allowing Indigenous communities the freedom to decide the nature and pace of their own future development (Altman, 2008; Dudgeon, Walker, Scrine, Shepherd, Calma & Ring, 2014). In terms of health, self-determination was considered fundamental to improving outcomes for Indigenous people, as it involved the ability to construct knowledges and practices around health systems with self-determined definitions of what is real and what is valuable (Castellano, 2004).

Significantly, the self-determination period saw the creation of an Indigenous sector comprising of land councils, native title bodies, regional councils, and thousands of Aboriginal corporations and associations (Rowse, 2005; Thompson et al., 2015). By 1989, self-determination was further embedded in Aboriginal Affairs policy through the establishment of the Aboriginal and Torres Strait Islander Commission (ATSIC). The Commission was a democratically elected national statutory authority responsible for overseeing a wide range of policies including housing, cultural heritage, native title, land rights, and more (Anderson, 2015; Mazel, 2016). Critically, ATSIC provided a means to give agency to Indigenous peoples and legitimised an approach that acknowledged difference (Anderson, 2015).

Although heralded as the antidote to the racist assimilation era, the self-determination policy was soon to be depicted as a cause of great social concern (Hollinsworth, 2016). Sadly, it was deemed that the self-determination policy required a top-down approach, focussing on organisational and community management at the expense of the autonomy of Aboriginal communities (Sherwood, 2010). Indeed, Maddison (2009) asserts that the policy was always more rhetoric than real on two fronts. Firstly, that at no time was any Australian Government willing to knowingly unsettle the European-based status quo, which would have been required for real Indigenous autonomy; and secondly, that there were some strategies which had been made to look like self-determination, which were, in fact, considered by many Indigenous Australians to be hindrances in the path to political autonomy (Maddison, 2009).

The diverse expression of Indigenous agency and the mosaic of organisations reflecting the desire for very local organisation and representation was constrained by a large gap between Indigenous ambition and Indigenous capability (Hunt, 2008). The lack of Indigenous economic independence, poor Western education levels, and a lack of capacity building, left Indigenous Australians poorly prepared to deliver quickly enough on the aspirations of those who championed their cause (Hunt, 2008). As such, the then Minister for Indigenous Affairs, Amanda Vanstone, argued that the poor state of Indigenous communities was the result of attempts to accommodate difference and self-determination (Vanstone, 2005). Undermining difference, choice, and self-determination, Vanstone (2005) asserted that improvements in Indigenous policy-making could only occur through mainstreaming policy, predicated on the principles of individualism and homogeneity.

Thus, the self-determination era was terminated from 2004-2007, resulting in the commencement of the current period of ‘intervention’ policy, which in itself is amplifying community tensions (Rowse, 2016). In a very short period, the Australian Government extinguished the Aboriginal and Torres Strait Islander Commission (Sherwood, 2013), provided legislative interference in the Native Title Act (Altman, 2007), amended the Aboriginal Land Rights (Northern Territory) Act 1976 unilaterally (Maddison, 2009), abandoned the Indigenous Reconciliation Program, and placed new conditions on public expenditure in those Aboriginal communities which were judged as ‘dysfunctional’ (Rowse, 2016, p.277). By the end, self-determination had created a ‘wicked problem’ for Aboriginal Australians, who were condemned to an “insular world of Aboriginal politics and public-sector provision” of services (Johns, 2008, p.73).

1.2.4 *Intervention policy era*

Beckoning a new raft of policy changes, the new intervention era featured the denial of Indigenous autonomy, the imposition of overtly racially discriminatory policy, based primarily on paternalism, as well as the theme, on the part of the Australian Federal Government, to refuse to acknowledge past injustices to Indigenous Australians (Cassidy, 2015). An example of this refusal was the Shared Responsibility Agreements, which not only denied Indigenous autonomy but through retrograde notions of paternalism, pitted powerless remote Indigenous communities against the Federal Government to bargain for basic services and rights to which they were entitled as citizens, in the first place (Cassidy, 2015).

Another overt racially discriminatory policy was the reorientation of the Community Development Employment Program towards the graduation of the

welfare-dependant into what some now call ‘real jobs’ (Rowse, 2016). Policies such as ‘work for the dole’, with the associated lax policing of truancy and poor enforcement of rent payment, all of which feature strongly in contemporary Aboriginal communities, are also a cause of bad behaviour (Johns, 2008). Poor policy masked by massive resources, accompanied by a lack of insight and forward planning, has resulted in significant detrimental impacts in Aboriginal communities, as Sutton (2001) explains:

The Achilles’ heel of recent policy history, as we may now say with the advantage of hindsight, was that the new levels of unemployment, new freedoms from authoritarian control, new concentrations of populations formerly dispersed, new accessibility to drugs, new alcohol-purchasing power, new ‘sit down money’ for the unemployed, and so on, were not matched with measures designed to assist people through the crisis of occupation, discipline, motivation, conflict management and community trauma that soon emptied and have now reached a crescendo, especially in the remoter regions. (p.131)

1.2.4.1 Those who forget are destined to re-member

For several decades, researchers have argued that policy responses which target Indigenous Australians have been contradictory, ambiguous, and politically contrived (d’Abbs, 2015; Howitt & McLean, 2015; Kowal & Paradies, 2005; Tatz, 2001). Stanner delivered a lecture in 1968, entitled the ‘Great Australian Silence’, offering an explanation for the problematic government policy concerning Indigenous Australians. He claimed that the “government’s lack of conscience was a direct result of failing to integrate the story of Aboriginal dispossession and its aftermath into their

understanding of Australian history” (Manne, 2003, p.1). This cultural amnesia, which overlooks or renounces key aspects of Australia’s colonial history, requires careful consideration when undertaking a review of the experiences of Aboriginal Australians since European settlement (Jenkins, 2015; Stanner, 1969). A glaring example of this cultural amnesia is the crisis of violence and trauma in Indigenous communities borne out of colonising processes, which are still not adequately named, recognised, or challenged, and fraught with historically situated denial, untruths, and assumptions (Atkinson & Woods, 2008).

Moreover, Stanner (1972), in his address to the Royal Australasian College of Surgeons, quotes Herbert Moran (1939), “we are still afraid of our past. The Aborigines we still do not like to talk about. We took their land, but then gave them in exchange the Bible and tuberculosis, with special bonus alcohol and syphilis” (p.321). Gaita (2000) goes further, describing this ‘unseeing or human blindness’ as a way to not only avoid living with the great injustices that attend to the impacts of the colonial history, but acts as a tool used to disempower and harm through ignoring, denying, and rejecting the humanity of Aboriginal Australians. Stanner (1979) concurs, declaring this ‘European blindness’ to the human status of Aboriginal Australians fed “the psychological disposition to hate and despise those whom the powerful had injured or wish to injure” (p.108).

A simple though painful anecdote of this colonial amnesia is ‘re-membering’ (Bhaba, 1994). Bhaba (1994) argues that the painful memory or re-membering, a putting together of the disremembered past to make sense of present trauma, is a crucial step to be taken in the aftermath of colonisation. In the context of this study, this memory provides a lens through which to view the lived experiences of those who were colonised, and provides the backdrop for the present circumstances, which are

often ignored in texts that describe the disarray of Indigenous peoples' (Sherwood, 2010).

The current study is significant, as it provides the participants with an opportunity to share and make sense of their individual narratives; which make up the collective story of the Nauiyu community. Atkinson (2002) proclaims that allowing people collectively to tell and make sense of their own stories proved the single most important outcome of her seminal study of the Aboriginal experience of intergenerational trauma.

1.2.5 *Impact of colonisation on Aboriginal Australians*

The impact of the colonisation of Australia has resulted in widespread, devastating effects on the physical health of the Aboriginal Australian people (Hall, 2015; Parker, Balaratnasingam, Roy, Huntley, Mageean, 2014; Parker & Milroy, 2014). Indigenous Australians experience a burden of disease that is 2.3 times the rate of non-Indigenous Australians, such that from 2014 to 2015, 29% of Indigenous Australians aged 15 years and over had three or more long term health conditions (Australian Health Ministers' Advisory Council [AHMAC], 2017). From 2012 to 2013, 66% of Indigenous Australians aged 15 years and over were overweight or obese (AHMAC, 2017). Indigenous Australia has some of the highest rates of Rheumatic Fever in the world; and an Indigenous person in the Northern Territory is 55 times more likely to die of Rheumatic Heart disease than a non-Indigenous person (Colquhoun et al., 2015). In contrast to a 13% decline for non-Indigenous Australians, there was a 21% increase in cancer mortality rates for Indigenous Australians between 1998 and 2015 (AHMAC, 2017). There has been no improvement in the mortality rate for diabetes over the last 17 years, which still represents a rate seven times higher for Aboriginal people than

for other Australians (AHMAC, 2017). The incidence rate of end-stage kidney disease for Indigenous Australians was seven times the rate for non-Indigenous people in 2012-2014 (AHMAC, 2017). It is not surprising, given these alarming health statistics, that life expectancy for Aboriginal people in Australia, is 10.6 and 9.5 years lower, for males and females, respectively, than that of non-Indigenous people (Australian Institute of Health and Welfare [AIHW], 2014).

Aboriginal disadvantage is also apparent in a variety of social indices. From 2014 to 2015, 22% of Indigenous Australians aged 15 years and over reported experiencing physical violence in the previous 12 months, with no significant change from 24% in 2002 (AHMAC, 2017). Between 2006 and 2016, the Indigenous imprisonment rate increased by 53%, and in 2016, the Indigenous imprisonment rate was 13 times that of non-Indigenous people (AHMAC, 2017). More alarming is the escalation of youth arrests, which have increased over the past decade by 1571% for Indigenous females and 224% for Indigenous males. (Royal Commission into the Protection and Detention of Children in the NT, NAAJA Submission, p. 9. Final Report November 2017)

From 2014 to 2015, Indigenous Australians accounted for 28% of the homelessness population, and in the period between 2015 and 2016, Indigenous Australians accessed specialist homeless services at a rate nine times that of non-Indigenous people (AHMAC, 2017). The majority of Indigenous clients were women (62%) and almost a quarter (23%) of all Indigenous clients were children aged 0-9 years (AHMAC, 2017). From 2014 to 2015, 21% of Indigenous Australians lived in overcrowded households, compared with just 6% of non-Indigenous Australians. The overcrowding becomes more apparent in remote Aboriginal communities in the

Northern Territory, where it is estimated that 59% of Aboriginal people live in overcrowded housing (AHMAC, 2017).

Indigenous Australians are also more likely to experience significant disadvantage in employment, income, and education measures than the rest of Australia (AHMAC, 2017). In the 2016 Census, of the people aged 15 years, just 6.6% (13 people) of the entire Daly River community reported finishing Year 12, and 42% (84) of people failed to complete Year 9 (Australian Bureau of Statistics [ABS], 2016). Furthermore, in terms of training, just 7.1% (14) of people in Daly River reported attaining a Certificate III or IV as their highest level of educational achievement, and 5.5% (11) had completed a diploma or above (ABS, 2016).

While it must be acknowledged that workers in the Daly River lack access to significant employment opportunities, regardless of their level of academic attainment, poor educational and training outcomes create another barrier to employment. In 2016, of the labour force in Daly River aged 15 years and over, 23.9% were unemployed and less than half (46.5%) participated in fulltime work (ABS, 2016). Alarming, between 2011 and 2016, this represents a 59.8 % increase in the unemployment rate, up from a rate of 14.9% in the five years to 2011 (ABS, 2016). These figures reflect the impact of the Intervention on the employment opportunities of the Nauiyu community (Altman, 2017).

The impact of poor Western education standards and lack of employment opportunities is manifested in the socioeconomic status of people in the Nauiyu community of the Daly River region. While 45% of the Aboriginal population living in the Northern Territory do so from below the poverty line (Altman, 2017), of particular concern is the deep and widening entrenchment of poverty in Daly River.

From 2011 to 2016, after income levels have been adjusted for inflation, the median personal income and median household income in Daly River fell from \$274 to \$241 per week, and \$1212 to \$883, respectively (ABS, 2012, 2016). As the median weekly rent in Daly River increased by almost 10% to \$70 per week in the same period (ABS, 2016) and the cost of essential food items in 2016 was 50% more expensive than those in capital cities, making the challenge for the people of Daly River to ‘Close the Gap’, an arduous one, by any measure (Altman, 2017).

The continuing effects of colonisation have also contributed to widespread and severe mental health issues of Aboriginal Australians (Hepworth et al., 2015; Paradies, 2016; Vicary & Bishop, 2005). The process of cultural genocide and colonisation has traumatically disrupted sources of social and emotional wellbeing and are exacerbated by the negative impact of social determinants today (Calma, Dudgeon, & Bray, 2017; Zubrick et al., 2004). The combined mental health and substance use disorders remain the leading cause of total disease burden for Indigenous Australians (AIHW, 2016). From 2014 to 2015, 29% of Indigenous Australians aged 15 years and over reported having a long-term mental health condition, and there was a 46% increase in hospitalisation for mental health conditions from 2004 to 2015 (AHMAC, 2017).

From “2014–15 in the Northern Territory, 22% of Indigenous Australians reported using substances in the last 12 months, with substance use being more prevalent for Indigenous males than females” (29% compared with 16%) (AIHW, 2017, p.136). Between 2011 to 2015, mental health-related conditions accounted for 3% of deaths among Indigenous Australians and the principal reason for Indigenous hospitalisations, representing 7% of total Indigenous admissions (AHMAC, 2017).

Furthermore, between 2013 and 2015, the hospitalisation rate for mental health issues for Indigenous males was 2.1 times the rate of non-Indigenous males; and the rate for Indigenous females was 1.5 times the rate of non-Indigenous females (AHMAC, 2017). Statistics also indicate that Indigenous Australians accessed community-based mental health care four times the rate of non-Indigenous people (AHMAC, 2017). Research indicates that although Indigenous Australians access mental health services at higher rates than other Australians, this does not proportionately reflect the higher incidence of poor mental health in Aboriginal communities (AHMAC, 2017), but suggests that the health services are not meeting the needs of the Indigenous population of Australia.

Indigenous Australians experience higher levels of morbidity and mortality from mental illness, psychological stress, self-harm, and suicide than other Australians (AIHW, 2016b; Cunningham & Paradies, 2012; Hunter, 1991; Markwick, Ansari, Sullivan, & Mcneil, 2015). The number of Indigenous Australian adults who reported high or very high levels of psychological stress has continued to rise since 2004 (AIHW, 2017). Rates of self-harm among young Indigenous people aged 15-24 years are 2.5 times the rate of non-Indigenous people of the same age (AIHW, 2014b).

Moreover, despite renewed national focus and policy reform, the suicide rate for Indigenous Australians has continued to escalate. From 1998 to 2015, the rate of Indigenous Australian deaths as a result of suicide significantly increased by 32% (AIHW, 2017). Overall, suicide is now the fifth highest killer of Indigenous Australians, accounting for around 4.2% of deaths as compared to 1.6% for non-Indigenous Australians (AIHW, 2017). The high incidence of suicide is a continued testament to the significant disruption to the social and emotional wellbeing of Indigenous Australians (Parker, 2010).

1.2.6 *Racism*

Like many former colonial countries, racism in Australia has a long and insidious history (Moreton-Robinson, 2000; Waterworth, Dimmock, Pescud, Braham, & Rosenberg, 2016). In fact, Australia's history demonstrates how racist beliefs can become government legislation, as "Aboriginal people were believed to be less human and such policies were used to control, confine and remove them from society" (Dudgeon et al., 2014, p.8). Such dehumanising attitudes resulted from and were strengthened by the ideas of social Darwinism, thus bolstering the notion of incapacity, biological inferiority; and predicted the extinction of Aboriginal people in Australia (Hollinsworth, 2016; McGregor, 1997). For example, in 1938, Daisy Bates, one of the earliest proponents of social Darwinism asserted that "the simple fact is that in this meeting of extremes – ultra-civilisation and primitive man – the latter must disappear... Aborigines are a dying race, and the only thing that can be done for them is to make their passing easier" (p.32). In congruence with Bates, an opinion piece printed in an 1888 editorial in the Melbourne Age newspaper illuminates the views towards social Darwinism of the time:

It seems a law of nature that where two races whose stages of progression differ greatly are brought into contact, the inferior race is doomed to wither and disappear... the process seems to be in accordance with a natural law which, however it may clash with human benevolence, is clearly beneficial to mankind at large by providing for the survival of the fittest... it may be doubted whether the Australian Aborigine would ever have advanced much beyond the status of Neolithic races in which we found him, and we need not therefore lament his disappearance. (p.4)

Contemporary understandings of racism still depict it as the explicit rejection of other groups through a racialised worldview that privileges the dominant culture, supported by the belief in the superiority of one's own group over others (Dudgeon et al., 2014; Nakata, 2001; Paradies, 2016). However, Priest et al., (2013), provide a definition which is more encompassing, wherein racism is:

Defined as phenomena that results in avoidable and unfair inequalities in power resources and opportunities across ethnic groups; racism can be expressed through beliefs (e.g. negative and inaccurate stereotypes), emotions, (e.g. fear/hatred) or behaviours/practices (e.g. unfair treatment, ranging from open threats and insults (including physical violence) to phenomena deeply embedded in social systems and structures. (p.2)

Racism accounts for a significant burden on Indigenous health and is now widely recognised as a fundamental social determinant for poor health in Indigenous populations in Australia (Bastos, Harnois, & Paradies, 2017; Freeman et al., 2016). Furthermore, Ferdinand, Paradies, Perry, & Kelaher (2014), found that a majority of those Indigenous Australians who have experienced racism reported increased rates of psychological distress and poor mental health outcomes, the severity of which increased in proportion to the volume of racism experienced. More specifically, research has established a strong association between experiences of racism, ill health, psychological distress, and mental health issues (Brown, Rice, Rickwood, & Parker, 2016; Markwick et al., 2015; Paradies, 2007), obesity (Markwick et al., 2015), and alcohol and substance abuse (Lee et al., 2014). Chronic exposure to racism also leads to excessive stress, an established determinant of obesity, circulatory disease, diabetes, and chronic cancer (Egger & Dixon, 2014). Therefore, the health implications of racism for Indigenous Australians are extensive.

1.2.6.1 Institutionalised racism

Racism and its insidious effects can be conceptualised on three interdependent levels. Firstly, on an institutionalised level, racism can be expressed through economic and political systems and maintained by the policies and practices carried out by the government and other associated agencies (Durey, Thompson, & Wood, 2012; Larson, Gillies, Howard & Coffin, 2007). Institutionalised racism has been an almost constant feature of Australia's colonial history, from the British designation of the continent as *terra nullius*, through to the Stolen Generations, and the Northern Territory Emergency Response (Altman, 2017; Henry, Houston & Mooney, 2004). In the Australian context, high levels of unemployment, lower average income, high rates of arrest and imprisonment, increased incidences of poor health, low education, and low life expectancy, are, in part, indicators of the consequences of entrenched institutionalised racism (Dudgeon, Garvey & Pickett, 2000; Dudgeon, Milroy & Walker, 2014).

1.2.6.2 Interpersonal racism

Secondly, interpersonal racism refers to the discrimination or promotion of unfair inequalities by people of one ethnic group toward people of another (Atkins, 2014; Browne, 2017). Aboriginal Australians experience significant levels of interpersonal racism, both in frequency and severity. By way of example, a study of 755 Aboriginal people in the state of Victoria revealed that nearly all participants reported a racist incident in the preceding 12 months, with 25% reporting between one and seven experiences, 38% reporting between eight and 11 experiences and 34% reporting 12 or more experiences (Ferdinand, Paradies, & Kelaher, 2013).

Interpersonal racism has been linked to poorer mental health through biological pathways involving prolonged heightened stress leading to, for example, impaired

secretion levels of cortisol, which can lead to depression or anxiety disorders (Berger et al., 2017). Further compounding the impacts of racism on mental health, several researchers have shown that interpersonal racism is a significant barrier to Aboriginal Australians attempting to access mental health service providers (Brown et al., 2016; Eley et al., 2007; Zambas & Wright, 2016). A lack of access to adequate mental health service provision has a deleterious influence on mental health and is associated with increased levels of deep and persistent social exclusion, whereby mental distress in Aboriginal communities goes “unnoticed, undiagnosed and untreated” (Swan cited in National Aboriginal Health Strategy Working Party, 1989, p. 171-172).

1.2.6.3 Internalised racism

On a third level, racism can become internalised where the stigmatised group believes the stereotypes the dominant group holds about them, accepting a position of inferiority and considering one or more other ethnic groups as superior (Wolfe, 2016). Internalising negative racial stereotypes is a consequence of institutional and interpersonal racism, typically resulting in the Indigenous population adopting a ‘colonial mentality’, which centres on the denigration of self and culture, and accepts and tolerates historical and contemporary oppression (Paradies, 2016). Moreover, Poupart (2003) emphasised that when Indigenous communities internalise a Western perspective, they view their culture and community through a lens which creates a racial hierarchy, rendering their Indigenous culture as substandard. The internalised behaviours also impact the relationships between Aboriginal Australians and their families, friends, and community (Australian Human Rights Commission, 2012), which can lead to low self-esteem and increased rates of depression, hostility, and lateral violence (Derezotes, 2013; Dobia et al., 2013). Furthermore, the effects of

internalised racism become more significant as Aboriginal Australians become adults and key Elders in the community (Kohli, 2014). Without a space in which to critically reflect on and heal from their experiences of internalised racism, they do not reframe their beliefs, and thus pass the problematic beliefs across generations (Kohli, 2014).

Still strongly affected by its colonial legacy, Australia continues to offer very little by way of protection from racism for Aboriginal Australians (Bielefeld & Altman, 2015). Government commitments to reduce discrimination against Aboriginal people often fall short, and examples persist of:

Aboriginal health care being under-resourced relative to need; inequitable treatment between Aboriginal Australian people and other patients; culturally inappropriate care; inadequate or absence of cross-cultural education for health care providers; market-driven health care provision; and models of individual care that prioritise diagnosis, treatment and cure rather than prevention. (Durey & Thompson, 2012, p.151)

The need to address ongoing racism issues in Australia has been acknowledged through government initiatives such as the National Aboriginal and Torres Strait Islander Health Plan (2013-2023) and the National Anti-Racism Strategy (Australian Human Rights Commission, 2012). More specifically, researchers have detailed the potential of Aboriginal-specific elements of the National Anti-Racism Strategy, such as the 'Strengthening Connections' resource, which aims to address racism against Aboriginal people using government services (Paradies, 2016). The decolonising nature of this research, which centres and privileges Aboriginal worldviews and knowledges, will attempt to provide a culturally safe healing space for the Nauiyu community, free of the insidious threat of racism.

1.3 *The Nauiyu experience of colonisation*

1.3.1 *Introduction*

To acknowledge and privilege the experiences of the Nauiyu community it is crucial to understand their history of colonisation. Not only will gaining an understanding of the colonial history of the Nauiyu community appropriately situate the historical, cultural, and social circumstances that have shaped the lives of people living within the community, it will also help to contextualise the subsequent trauma and healing that are discussed in the fieldwork chapters. Put simply, as with many Aboriginal communities throughout Australia, the effects of colonisation on Nauiyu have been devastating.

Despite the widespread destruction and broad denigration of Aboriginal culture, however, a more specific examination of the particular impacts of colonisation on Nauiyu is warranted. Aboriginal communities are not homogenous, nor are the effects of colonisation uniform. As such, the impacts of colonisation should be considered unique to each community context. In respect to the Daly River tribes, while they too have suffered systematic racial prejudice and social, political, and economic marginalisation, there are four major historical colonisation events, unique to the Nauiyu community, that have caused significant additional trauma, which may have subsequently been transmitted across generations.

1.3.2 *Early European contact and the Coppermine Massacre*

The colonial history of the Daly River is complex by any standard. Seen as an attractive region for its perceived agricultural and mining potential (Stanley, 1985), the competing forces of initially the Chinese, the Macassans, and eventually, the

Europeans, have resulted in a frenzied and devastating past for the local Daly River tribes (Rose, 1988). The first foreign occupation of the Daly River region, which took place in 1870 (Richards, 1982), provided a 'colonial pressure' on the tribes which was neither concerted nor extensive (Gray, 1983; Richards, 1982). By way of example, first contact with non-Indigenous people resulted in little disturbance to the way of life for the Daly River tribes, in that there were certainly no frontier wars, as were taking place in other parts of the country (Rose, 1988).

This is not to say that Daly River people were unaffected by the initial European contact. Intermittent violence was becoming more frequent (Forrest & Welke, 1994; Stanner, 1933b), and the general colonising experience of other places around Australia would lead to the suspicion that European contact would eventually carry the prospect of widespread diseases and infections, of which the Aboriginal population was highly exposed (Gray, 1983). Furthermore, European settlers were by now advocating for severe punishments for issues they deemed, for themselves, as trivial matters and small-scale crime (Rose, 1988). Nonetheless, over the ensuing decade, European settlement became more or less continuous in the Daly region; the Daly River Station was in operation, a sugar plantation commenced, and large vegetable farms and cattle stations were established, (Flynn, 1957); all of which was constructed on the backs of a mostly willing, and entirely capable, Aboriginal workforce.

By the early 1880s, however, the mood in the Daly River region had shifted alarmingly. Perhaps as a result of the revival of agriculture on the Daly, and a new mining industry about to commence, the following years were blighted by violence and the loss of many lives (Forrest & Welke, 1994). In 1883, a new copper mine contracted to provide 100 tons of copper ore to Newcastle, was established at Mt.

Hayward, located about 10 km north of the site of the current Nauiyu community (Appendix D) (Lindsay, 2013). On the 3rd of September 1884, however, there occurred an incident which became known as the Coppermine murders or Daly River murders, resulting in far-reaching consequences for the history of not only Daly River, but the whole of the Top End of the Northern Territory (Forrest & Welk, 1994; Reid, 1990; Tatz, 2017).

Many researchers of the time proposed that there was an uncertainty behind the motives of the killings. However, Green (1989), while investigating the languages of the Daly River region, captured an extraordinary narrative from Bill Parry, a local man who lived in Daly River at the time of the massacre. Parry's narrative provides intimate detail of the events surrounding the Coppermine massacres (see Appendix M for full transcript), and displayed little doubt that the stealing of Aboriginal women was the precursor of what was to come:

Alright, the whitemen had no wives, no-one to sleep with, they had no women... the whitemen were insistent – they demanded the women, and they took the women off the Aboriginal men... and they slept with those women at the Coppermine... alright, the Malak Malak were pining for their women, they were without their women. (p.397)

The attack on the copper miners came from a group of five Aboriginal men; Long Legged Charley, Daly, Tommy, Jacky (also known as Nammie), and Jimmy (Gleeson & Roberts, 1985; Montagu & Foelsche, 1885). The attack seriously injured Henry Roberts and resulted in the deaths of the four other miners – Henry Houschildt, John Landers, Johannes Noltenius, and Thomas Schollert, all of whom have been described as 'respected and industrious pioneers' of the region (Gleeson & Roberts,

1985; McGrath, 1983; Montagu & Foelsche, 1885). In the highly esteemed book, 'The Daly River Story – A River Unconquered', Brother John Pye, M.S.C., articulates the dramatic story:

The miners, apparently, had no suspicion of the trouble ahead. They rose at first light, Schollert cooked the breakfast and each miner picked out his tools and went to the blue and green open cut and descended to where they were mining. The steam engine came to life and the ringing sledgehammers gave a sound of industry to the spot. On the large lily covered billabong nearby birds were diving on unwary fish; pack mules stood under the trees waiting to carry the payload to the river for export.

Landers, a large and muscular Nordic man, was wielding a heavy sledgehammer when he fell forward with a spear through him. Roberts tried to pull the spear out when he was hit on the head by a large stone thrown from the top of the open cut by a shadowy black figure. Noltenius tried to escape but was speared through the chest. Schollert was found near the kitchen with a spear through him and died shortly afterwards. Landers was the next to die. Houschildt had gone to Pine Creek for stores but was later found speared to death – killed by an Aborigine called Nammie. It would seem that the whole attack had been well planned since Houschildt was remote from the mine at the time of the killings.

Roberts took Noltenius with him hoping that he would get him to Pine Creek, but Noltenius was in great pain and weak through loss of blood. Roberts had no option but to leave him and, covering him with a mosquito net and leaving a loaded gun by his hand, set off for help. When he returned to the billabong

where he had left Noltenius, the latter was still alive but died soon afterwards. He was buried near the billabong that now bears his name, a few miles from Survey Creek on the Stuart Highway side. The neatly lettered headstone is still preserved. The other victims were buried at the copper mine. One headstone inscribed "T. Schollert Mured (sic) by Blacks". (p.36-37)

The first report of the murders emanated from the Daly River Station, following the arrival of a Malay at the Police Office with a message that natives had killed a part of prospectors at the Daly River copper mine (Kelsey, 1975). Despite being severely injured, Roberts was rescued by a search party consisting of Corporal Montagu, Dr Wood, and Mounted Constable Smith subsequently providing his personal account of the events at the copper mine to Corporal Montagu who tabled his report in the House of Assembly on 17th October 1884:

On Wednesday, September 3rd, about 10 a.m., Schollert was in the kitchen, Landers and Noltenius were on top of the lode taking down the face; I was down below, on the dressing floor. My attention was drawn by an explanation of Landers to about eight or nine natives who were about him and I saw him swinging a hammer, apparently defending himself. There were four blacks with me and I jumped on one side to get away from them, at the same time received a blow on the right temple, which rendered me insensible. On regaining consciousness, I went to the camp and on-going to the store to get arms, saw Schollert lying dead with a spot of blood on his forehead. On the way to the store I passed Noltenius and Landers, who were both speared. After getting arms ready I extracted a spear from Landers' side and the larger portion from Noltenius' side. They were both wooden jagged spears. Landers told me when I saw him swinging the hammer, he was then speared. (p.22)

The response, by the copper mine Manager Francis Herbert Sachse, Sir Richard Baker, the Minister for Justice in the Northern Territory, and Police Inspector Paul Foelsche was to dispatch several private punitive parties to slaughter, displace, and terrorise the local tribes as retribution for the murders (Harris, 2003). The reprisals for the murders of the copper miners led to a widespread massacre of Aboriginal people, of which the killings were swift, devastating, and indiscriminate (Forrest & Welke, 1994; Pye, 1976; Tatz, 2017). Despite doubt lingering over the tribes responsible for the murders of the copper miners, the Malak Malak and Woolwonga tribes of the Daly River region took the brunt of the attacks and were in every sense of the term, annihilated (Forrest & Welke, 1994). Bill Parry's narrative continues:

They [Aboriginal people] went off with their spears. They speared the whitemen. They speared them all up... the news of the killings spread around town... the whitemen sent a lot of people then... not just a few whitemen, a large group came then with shotgun and rifles... they killed the Aboriginal men then. Not just a few, they finished off the Malak Malak, Werat and Matngala completely... they smashed the children's heads against the rocks in that place over there, that the whites call 'Blackfella Creek'... in that place, they went around killing children. (Green, 1989, p.397)

Undeniably by the mid-1880s, as outlined by Roberts (2005) in his award-winning book 'Frontier Justice', police notoriety and that of the White settlers were spiralling out of control. Corporal George Montagu, stationed at Yam Creek, for example, upon receiving news of the murders, set out with his punitive party, and later admitted that when approaching two fleeing camps of people situated along the Daly they were given "such a lesson this time as will exercise a salutary effect over the survivors for some time to come" (Roberts, 2005, p.128). The common perspective at

the time was further summed up by Inspector Foelsche, when in ordering Corporal Montagu to investigate the incident, more or less ordered him to take no prisoners:

All that can be identified as being of the attacking party are to be captured either dead or alive; the slightest resistance, attempt to resist, or assisting the guilty parties to escape must be met by prompt actions without waiting to be molested. (Roberts, 2005, p.115)

By late 1884, multiple punitive parties continued the search for Aboriginal camps to seek retribution for the Coppermine murders. The killing frenzy included a massacre of several, particularly the Woolwonga tribe at a lagoon east of Mount Wells, where 20 to 30 men were shot dead while taking refuge in the lagoon (Forrest & Welke, 1994; Montagu & Foelsche, 1885; Roberts, 2005). A further party led by Phil Saunders also found and attacked another large camp (Roberts, 2005).

The Colonial Surgeon and Protector of Aboriginals at the time of the massacres, Dr Robert Morice, later wrote, “some of the men from Saunders’ party were boasting over their cups that they had shot forty-seven, including women and children; in fact, that they had struck up a camp and killed everyone in it” (South Australian Register, 1885). The retribution was sustained, as detailed by the Jesuit mission diary, which records Francis Sachse as still waging his campaign against the Woolwonga tribe more than four years later, in 1888 (Dahl, 1926).

As a result of the massacres, the local Malak Malak and Woolwonga tribes were devastated. Indeed, the number of Woolwonga dead was so great that they were, until recently, thought to have been exterminated (Stanley, 1985). In 2010, there came to light a document which had been made available through the Bringing Them Home

Report, indicating that one child of Woolwonga parentage had been registered in the census undertaken in 1899 (Purtill, 2014).

As to the total number of Aboriginal lives lost, Dr Morice asserted, “it is difficult to say how many natives have been killed altogether for the Daly River outrage, I should say not less than 150, a great part of these were women and children” (Lindsay, 2013; Minutes of Evidence on the Aboriginal Bill, SAPP 1899). Forrest & Welke (1994), remarked that it is impossible to accurately calculate how many Aboriginal people were shot by the punitive parties; though in agreement with the viewpoint of several people within the local Nauiyu population, more contemporary estimates put the number of dead much higher than 200 (Roberts, 2009). Thus, if Dr Morice’s assertions are accurate, the Coppermine massacre represents, perhaps, the largest massacre of Aboriginal people in Australian history (Lindsay, 2013).

Official reporting of the massacre and the subsequent pursuit of justice, or at the very least, an attempt to make those involved accountable for the event, was farcical by any measure. There were no limits to the legal flexibility afforded to the punitive parties to achieve the desired outcomes, as expressed in the NT Times & Gazette’s editorial column on 4th October 1884:

Backward the natives must move before the tide of civilisation, ...or ...as every man will crush a snake under his heel, so must the hand of every man be raised against a tribe at inhuman monsters, whose cowardly and murderous nature renders them unfit to live... nothing but the most severe punishment will have any lasting effect on them... legal technicalities should be utterly dispensed with, and a sharp lesson administered... we do not

expect to hear many particulars of the chase; the less the better, in such cases as the present. (p.11)

Information relating to the massacres was at best concealed and confused, and at worst thought to be forgotten (Harris, 1986; Reid, 1990; Wilson, 2000). A report addressing the massacre authored by John Langdon Parsons in November 1884, who at the time was the most senior government official in the Northern Territory, consisted of many inaccuracies and left more questions than it dealt with (Harris, 1986; Lindsay, 2013). By way of example, within Parson's report, he not only asserts that food could not have been a motive for the murders as it was in plentiful supply throughout the area. He goes on to state that the local tribes were provided with liberal gifts of food, tobacco, and other things by the miners; thus asks what sense it makes to kill everyone for them. (Lindsay, 2013). This notion was further supported by Mr Justice Charles Dashwood of the Supreme Court in Palmerston, where, in giving evidence at the South Australian Parliamentary Select Committee on the proposed Aboriginal Bill in 1899, confirmed that there was an abundance of food in the area for the Indigenous tribes and that "there was possibly more to the killings than had so far been explained" (Lindsay, 2013, p.4).

It was Corporal Montagu on 17 November 1885, more than a year after the massacres, however, who eventually tabled a report outlining his version of events, which finally revealed the enormity of the event (Minutes of Evidence on the Aboriginal Bill, SAPP 1899). Rumours of the report filtered across the nation and were met with outrage and disgust in the southern states where people described the "barbaric slaughter of the blacks", a "disgrace to the community and an outrage on the civilisation about which we boast" (Reid, 1990, p.111). The Government Resident's statement in the South Australia Weekly Chronicle (1886) described what was

perpetrated by Corporal Montagu and his parties as “cold-blooded massacre, horrible murders in a wholesale manner, overmastered by a wild spirit of revenge” (p.22). Despite the widespread condemnation, there were no convictions associated with any of the massacres; in fact, there were no charges ever laid (Roberts, 2009). Indeed, all allegations put forward by Dr Morice were refuted by the Chief Secretary and by everyone else involved in governmental actions (Harris, 1986; Lindsay, 2013).

So, what of the Aboriginal men accused of the murders at the copper mine? The Aboriginal men ended up enduring two trials, both of which were described at best as farcical, and at worst, a glaring example of grave injustice meted out to the Aboriginal men on trial (Lindsay, 2013). There was no evidence to implicate Long Legged Charley, to begin with, and he was acquitted and never mentioned again (Lindsay, 2013). For the others, the first trial took just one day, during which Daly, Nammy, Jimmy, and Tommy were tried, found guilty and sentenced to death before a statement was provided by any of the Aboriginal men accused of the murders at the copper mine (Forrest & Welke, 1994).

Following the declaration of the first trial as a nullity, the Aboriginal men faced a second trial which resulted in Daly and Nammy being acquitted, and Tommy and Jimmy being convicted of murder and sentenced to death (Lindsay, 2013). The second trial also implicated an additional Aboriginal man called Nango, who was also convicted of murder and sentenced to be executed. The death sentence was later commuted into penal servitude for life with labour, and all three men were to be transferred to Yatala Labour Prison in Adelaide. In the end, it was only Tommy who survived the transfer to Yatala Prison, where he died of Tuberculosis after serving six years of his life sentence (Lindsay, 2013). Jimmy died en route to Adelaide and Nango,

after serving just 12 months, died in Fannie Bay goal while awaiting transfer to Yatala Prison (Lindsay, 2013).

In the subsequent years, despite the ceasing of the retaliatory massacres for the Coppermine murders, Aboriginal tribes on the Daly River were still exposed to high levels of violence, including Indigenous people already living on outstations and mining camps (McGrath, 1983; O'Kelly, 1967). Douglas Jack, a Wagiman man and Daly River land claimant, recalls the events as described by his mother at the Douglas and Ooloo Stations before he was born:

Somefeller jump river, cross over, and one feller got shot in mouth – there at Ooloo – Banyan Crossing. From there they came down this way, go over other side, Yijung way, follow blackfellow, shoot ‘em, where white rock place. Chuck him there. You can see them head bone anywhere. (McGrath, 1983, p.11)

However, it was the Aboriginal people who were living on Country, and away from the developing European settlements who were particularly exposed to violence featured by its ferocity and viciousness. McGrath (1983) continues:

Those implicated in cattle spearing were often shot at sight; others were shot to ensure that waterholes were used exclusively by cattle. Aborigines thus knew the fatal power of the intruders’ guns and were aware that the continuance of their bush existence was jeopardised by European presence. (p.8)

1.3.3 *Summary*

The massacre of the Daly River tribes, as a reprisal for the murder of the four copper miners at Mt. Hayward, represents one of the largest massacres of Aboriginal people in Australia's history. Tribes were devastated to such a point that, until recently, they were thought to be extinct. For many years after, those who survived the repeated attacks lived in trepidation of a recurrence of such events. As a result of the Coppermine massacre, demographically, socially, and culturally, the tribes of the Daly River region changed forever.

1.3.4 *Jesuit Missionaries*

The series of punitive expeditions, which killed scores and left survivors shell shocked, had greatly demolished the tribal groups of the Daly River region by the end of the 19th Century (Clendinnen, 2010; Stanner, 1933a, 1933b). Those who remained had to endure encounters that pitted their struggle for dispossession against their struggle for survival (Rose, 1998). Thus, when a group of Jesuit Missionaries arrived in the area, just three years after the Coppermine massacre, the establishment of the new mission afforded the local tribes some badly needed physical protection (Clendinnen, 2010; Reid, 2011).

The Jesuit Missionaries work in Daly River was a valiant and inspiring failure which was not far from a triumphant success (Dennett, 1982). Commencing in September 1886, the Jesuits attempted to establish a mission site on the Daly River. They considered the Daly River region well located, as it was a meeting point for a high number of Aboriginal Australians across various tribes (See Appendix E for the location of mission sites and distribution of tribal groups throughout the region) (Reid, 2011). This included a concentration of local Malak Malak people who were not only

good workers but were also willing to send their children to the mission school (See Appendix F for a photo of missionaries and school children) (Ganter, 2016). The other significant aspect to this location was a vital absence of a non-Indigenous population, which the missionaries viewed as an opportunity to civilise the Aboriginal population without the competition of other outside interference (Forrest & Welke, 1994; Hillock, 2005; O'Kelly, 1967; Stanner, 1933a). Previously, the Jesuit Missionaries had attempted to settle at Rapid Creek, in the Palmerston region, and failed miserably due to their close and inferior association with White settlement (Ganter, 2016).

The Jesuits work in Daly River was met with challenges that were repetitive and significant. In quick time, all three of the initial mission sites the Jesuits attempted to establish on the south-west bank of the Daly River were abandoned (Hillock, 2005). Between 1886 and 1891, Serpentine Lagoon, Old Uniya, and Hermitage Hill all failed disastrously, devastated by disease epidemics, extreme privation through crop failure, and regular flooding events during the wet season (Forrest & Welke, 1994; Hillock, 2005). In 1891, this time guided by the mission Aboriginals themselves, the final mission site, which they called St. Josephs Mission or New Uniya, was established on the northern side of the river on the 300 acres of Owston's old plantation and nursery (Ganter, 2016; Hillock, 2005). Within 12 months at New Uniya, stock numbers had stabilised, and several acres had been ploughed, which allowed missionary activities to be undertaken without the constant threat of starvation (Hillock, 2005; O'Kelly, 1967). As a result of the improved living conditions, within just a few years the mission was a respectable village settlement where the missionaries had successfully erected many houses, a school and dormitory facilities, and a Church and monastery (O'Kelly, 1967).

The Jesuit missionaries were trying to bring the Aboriginal people into an agricultural and Christian way of life, thus providing a humanising influence through submission to mission authority (Ganter, 2016; Hillock, 2005; Stanner, 1933b). Regarding the number of Aboriginal Australians concerned and the scope of activities occurring, Stanner (1979) estimated the mission suspended the normal life of 50 Aboriginal people each year, while O’Kelly (1967) reported that the number of Aboriginal workers rose at times to 120. Indeed, at its peak, the influence of “the Jesuit Daly River mission was larger than any other in the Territory or in South Australia itself” (Hillock, 2005, p.175).

The missionaries were now in receipt of the ‘pristine savage’ they were searching for, untouched by European influence, where central to their thinking was the view that savages were open to either corruption or salvation (Rose, 1998). Even the general economic decline throughout the region in the early 1890s, which resulted in the collapse of several major farms, failed to dismay the Jesuits. Not only did the economic collapse result in the rapid departure of a great number of the remaining European settlers (Forrest & Welke, 1994), the mission itself was able to fend off the effects of the economic decline, as evidenced by the government-commissioned report from LJ Brackenbury on 5th December 1895, who reported, “the general appearance of the place indicated prosperity. The 1400 goats, 108 head of cattle and about the same number of pigs, all were thriving well and were gradually turning the place into first-rate country”.

However, the missionaries realised early-on that they would need to civilise the native peoples before they could hope to Christianise them, as Father Mackillop wrote in 1893:

Religion is primary in our intention, but in a manner secondary in our practice, because we recognise that we must first civilise the blacks before we can Christianise them – it is a kind of socialism, but one that will work well, for there is true religion and self-reliance at the bottom of it (O’Kelly, 1967, p.56 quoting Adelaide Register, 30 May 1893).

This undertaking, as Forrest & Welke (1994) suggested, was most likely achieved in the absence of competing ideals from various cultures. Hence, while most European colonists might have been blind to the collateral damage their activities inflicted on Indigenous populations (Forrest & Welke, 1994), the intentional primary motivation of the missionaries in the Daly River was to reorder spiritual, cultural, and social relations by, for example, regulating marriage, imposing restrictions at ritual gatherings and, interfering with mortuary rites (Ganter, 2016). Regardless of intent, the missionaries were at the time aware of the catastrophic impacts this would have on the Aboriginal populations of the Daly River. Again, quoting Mackillop from the Sydney Herald on this occasion, “present legislation, even when it means to be kind, is simply death and extermination to the blackman” (Mackillop, 1892).

The traditional knowledge systems, culture, and way of life of the Daly River tribes were being disrupted, broken down to such an extent that restoration barely seems possible (Ganter, 2016; Polishuk & Lockwood, 1976; Stanner, 1933c, 1979). Berndt (1951) went further by asserting the missionaries made uncomprehending attacks on all but a few superficial traits of Aboriginal culture and, almost inevitably, undermined the social principles and assumptions on which Aboriginal life is based. Sophisticated social structures had been trampled by missionaries, who had assumed a position of superiority through adopting a most simplistic view of the Daly River tribes; one built entirely on ignorance (O’ Kelly, 1967). As Stanner (1979) noted:

It took well over half a Century for Europeans to realise that, behind the outward show, was an inward structure of surprising complexity. In one tribe which I as familiar, a very representative tribe, there are about 100 invisible divisions which have to be analysed before one can claim even a serviceable understanding of the tribes' organisation. (p.33)

The missionary regulation of the social structure of the Daly River tribes was alien to the point of antitheses (Stanner, 1933a, 1933b, 1979). Central to the complexity of Aboriginal culture is an extremely elaborate kinship system. Furthermore, the cycle of Aboriginal life revolved with considerable certainty (Broome, 1994), social bonds were reinforced by a reciprocal obligation to give and receive gifts from certain kinsfolk (Berndt, 1952; Berndt & Berndt, 1988), and trading systems with other tribes were developed through specialised trade routes (Trigger, 2015). The regulations for residence in the mission also required the renunciation of going walkabout, creating separation from Country, loss of connection with former rites, and segregation from other tribes (O'Kelly, 1967), thereby resulting in a profound change in Aboriginal social and ceremonial life which had a deleterious impact on health and wellbeing. Hall (2015) posits that anxiety is one subset of trauma symptomology where any separation from a safe and reliable caregiver serves to trigger trauma that is unresolved.

The missionaries' distorted understanding of Aboriginal kinship systems in the 19th Century was constructed through a combination of well-intended ignorance and a lack of real concern, both reinforced by the beliefs and prejudices of the times (Berndt, 1965; Stanner, 1979). As a result, traditional beliefs were ridiculed, native languages were abolished, and sacred objects were publicly mocked in an attempt to erode the authority of the Elders (O'Kelly, 1967). One well-intentioned, yet misinformed

missionary policy, for instance, focused on educating and Christianising the children as opposed to the adults (and Elders), as it was the children who were seen to be most likely to provide generational change. The missionaries believed it was a necessity to free the children from the 'tyranny of the old men' (O' Kelly, 1967).

The Jesuits attitude toward the Elders is also reflected in the fact that apart from at birth or on the dying, the missionaries performed just 30 baptisms on Aboriginal adults across the mission's 13-year life span (Pye, 1976). Put simply, the missionaries believed that full victory could not be hoped for until the older generation had died out, and the younger generation had succeeded to the ranks of authority (Berndt, 1965). This viewpoint was further confirmed by Reverend Father Conrad whose insights into the old people of Daly River were reported in the Northern Territory Time and Gazette, 14th July 1899:

Little or nothing can be done with the old people, except to ameliorate their lot by the gifts of the good things provided by the mission to secure the desired results with the children. The development of the juvenile brain into channels of thought superior to native intelligence would be sooner achieved if the parents of the children would leave them in school instead of taking them into the bush periodically and returning as dense as ever. (p.2)

The missionaries' policy was fundamentally flawed. They neglected to recognise the influence of the Elders of the community, who had been involved for so long in the sacred rites upon which the harmony of man and nature depend, who wielded great authority, such that they, and not the youth, were the only effective agents for the introduction of new ways, without causing the tribe to disintegrate (Berndt & Berndt, 1964; O'Kelly, 1967). As Elkin (1977) warned, the Elders were the

gateway to change, and any variation to custom or belief would result in disaster without the sanction of the Elders.

Another core Jesuit mission policy to create much conflict was the regulation of Aboriginal marriages. The customary laws in relation to marriages were in radical conflict with European laws in almost every regard (Stanner, 1979). As part of the broader principle of reciprocity, marriage is not merely a relationship between two people or two tribes. The exchange of wives in certain rituals, or indeed during everyday life, is seen as appropriate (Berndt & Berndt, 1988; Elkin, 1950; Stanner, 1979). Among the structural implications of marriage is the fact that in all tribes, in one way or another, those who receive a wife must make a payment either then or at some time in the future (Berndt & Berndt, 1988).

In contrast to Aboriginal tradition, which permits polygyny and arranged marriage, the missionaries were vigorously opposed to such practices, and the Aboriginal commitment to marriage placed many young women in difficult situations (Ganter, 2016). On the one hand, the young women were expected to adhere to cultural expectations around traditional marriage practices, which often involved relationships with much older men, while on the other hand, they were also expected to observe the strict Catholic traditions of the Church (Ganter, 2016).

O' Kelly (1967) points out the traditional marital practices of the Daly River tribes, particularly that of polygamy would have been a world apart from the missionaries' practice of celibacy. As a result of the Jesuit opposition to the Aboriginal custom of arranged marriage, by 1898, girls could not be given in marriage by their parents without the consent of the missionaries (Ganter, 2016). By then the mission policy concerning marriage, with a total disregard of the violation caused to pre-

existing kinship rules of the Daly River tribes (Stanner, 1933c), directed that the “blacks surrender this tribal right of the head of the family (to determine marriages) in favour of the Superior of the mission” (O’Kelly, 1967, p. 98).

The havoc caused to tribal kinship systems and, therefore, the basis of social conduct, must have been immense. Nonetheless, the missionaries significantly stepped up their efforts, while lamenting the resistance of the local tribes, which resulted in the first Christian marriage on the mission, occurring no less than five years after Jesuit settlement on the Daly (O’Kelly, 1967). In fact, the local tribes ‘grave objections’ to Christian marriage, which resulted in just 12 Aboriginal marriages being performed by the Jesuits before the closure of the mission in 1899 (Ganter, 2016). Berndt (1965) claims the Jesuit explanation for the abject failure that Christian marriages became was seen to be the forces of evil, even Satan himself. A more likely explanation is despite the stress which the missionaries were creating for the Daly River tribes – in relation to marriage, at least – the strength of Aboriginal culture was strong enough to resist.

Jesuit law also prohibited Daly River tribes from participating in ritual or ceremonial practices (Ganter, 2016; Gray, 1983; Stanner, 1979), which significantly disrupted the rhythms of family and community life. Ceremonial practices, such as initiation procedures, were crucial for the children to learn their rights and obligations as an adult member of the tribe and thus begin the long process of learning the oral history, religion, spirituality, and secret knowledge of the tribe (Berndt, 1951; Broome, 1994). Furthermore, as Stanner (1979) points out, the initiations were arranged by the Elders so that young men and women did not acquire full knowledge or, in doing so, attain status and authority, until they are well advanced in years. Hence, the subsequent consequences of the Jesuit impact were generational, as not only was the treasured

sacred knowledge system corrupted, the leaders and keepers of the knowledge were disempowered.

The chasm between the local Aboriginal people and the missionaries was equally as broad at birth as it was at death, the tension of which providing much grief for both parties. Infanticide was almost certainly practised throughout the Daly River tribes (Gray, 1983), a practice vehemently opposed by the missionaries (Langer, 1974; Morgan, 2013; Stephens, 2014). Infanticide in customary Aboriginal law occurred as it was troublesome for large families to move about, and the occasional scarcity of food made nourishing abundant numbers of children difficult (Dawson, 1881; Ferrari, 2007). In further support of this view, Pye (1976) in his visit to Daly River in April 1955, documented a set of newly born twins which required urgent baptising as they were in danger of death, since as tribal law prescribed twins not to survive, with the first-born having priority of life. Herbert Basedow (2012), an anthropologist and medical doctor provides the following in his book, 'The Australian Aboriginal':

We have been repeatedly assured that when twins are born, one has arrived as the result of the evil spirit's witchcraft. The child, one is informed, will do no good for itself, and on account of the evil within it, it will contaminate others with whom it comes into contact, and if it were allowed to grow up, it would be in league with the evil spirit, whom it would look upon as a brother, and to whom it would betray all the tribal secrets. The evil spirit would carry this information to the enemy and their tribe would surely be wiped out of existence. In consequence of all this, the suspected one of the two infants is destroyed, usually by one of the old women in attendance, who places a red-hot coal in its mouth or smothers it with sand. (p.17)

In a study investigating the Daly River Mission Baptismal register, Alan Gray (1983) found of the 363 baptisms recorded; there was only one case of multiple births registered between 1887 and 1901, while the register was operational, a set of triplets. As the baptismal register portrays, the newly born triplets were in immediate danger of death:

We learn that many baptisms occurred '*in periculo mortis*', in peril of death. Some were '*in putato periculo mortis violentae*', thought to be in peril of violent death. One entry referred to a man '*lanceis 5 percussus*' struck five times with spears. The note '*patre polygamo*', polygamous father, recurs frequently. Some were baptised, '*in gravi morbo*', in grave illness. Two were '*morsus a serpente Tyut bitten by a Tyut snake*'. (Society of Jesus. Baptismal Register of the Daly River Mission Stations by the Fathers of the Society of Jesus 1886-1902. In Gray, 1983, p.84).

The Jesuits considered abortion a crime, the ultimate punishment being dismissal from the mission, though other disciplinary measures included physical punishment and exclusion from Catholic rites (Ganter, 2016). As a result, abortion was often disguised as stillbirths by the Daly River tribes (Ganter, 2016). However, Jesuits not only insisted on giving stillborn children a Christian name but also administered a sacrament which would have been a source of great distress to the local Aboriginal people (Gray, 1983). As Stanner (1979) points out, in Indigenous culture, the mere mention of the names of Aboriginal people who have died was considered strictly forbidden, let alone giving names to dead infants.

Concerning death, the Jesuits understood saving souls to be their primary task and felt they would 'let down' the community if they could not perform deathbed

baptism before the final passing (Ganter, 2016). While the Daly River people were, in the main, quite happy to receive an insurance policy of the afterlife; many felt torn between the two sets of intransigent rules (Stanner, 1979). By submitting to Christian burial rituals, people feared reprisals for neglecting traditional obligations and rites. Refusing the Christian obligations of the mission commonly resulted in expulsion from the mission, however, and the onset of a condition of great hardship. As a result, to avoid the threat of punishment, the Daly River tribes would occasionally mislead the missionaries about the whereabouts of the body so a traditional burial could be performed (Ganter, 2016).

Ultimately, it was the flood of 1898, the first of such events experienced at New Uniya, followed by a second in 1899, that “totally devastated everything that they attempted to grow” (O’Kelly, 1967, p.62), which resulted in the Jesuits exodus. While there is evidence to suggest that the final decision to close the mission was known to the Jesuits prior to the 1899 flood (Hillock, 2005; O’Kelly, 1967), nature had provided them with an expedient exit option (Forrest & Welke, 1994). Nevertheless, regardless of how the Jesuits chose to justify their departure from Daly River, “the final expendability of Aboriginal people” was again on display (Rose, 1998, p.26). Suddenly, after just thirteen years, for those who forever sacrificed their own traditions and customs, for instance, around birth, ceremony, and marriage, and had taken the promise of the missionaries seriously; “the work of their lives was put up for sale” (Rose, 1998, p.27).

What eventuated was a wholesale migration brought about by the mission schemes designed to lure the local tribes away from their traditional lifestyles and the Coppermine massacre which depleted several tribes and left the area near the Daly River barely occupied (Hoddinott & Kofod, 1988). Tribes were brought into close and

corrosive contact with each other and European and Chinese settlers (Hoddinott & Kofod, 1988; O’Kelly, 1967). Stanner’s (1979) Daly River informant, Durmugam, recounted, “only two things clearly of his earliest days on the Daly, where his mother died at the copper mine—endless, bloody fights between the river and the back-country tribes, and numbers of drink-sodden Aborigines lying out in the rain” (p.82). Small tribes could not compete, and a number now cease to exist, and those who survived the fighting, the opium, and the alcohol, were subjected to several European diseases such as tuberculosis, measles, and syphilis (Hoddinott & Kofod, 1988; Pye, 1976). In sum, the population of the Daly River tribes declined dramatically, and it was half a century until the next attempt of mission settlement occurred.

1.3.5 *The Stolen Generations*

While Indigenous Australian children have been forcibly removed from their families since the first days of European occupation, (Docker, 2015; McCallum, 2014), the ‘Stolen Generations’ refers to the period in Australian history, between 1910 and 1970, when government policies forcibly removed Aboriginal and Torres Strait Islander children from their families, as implemented by statutory welfare bodies and Church missionaries (Australian Human Rights Commission, 1997). In all, an estimated 10,625 people directly experienced the trauma of being separated by forcible removal; an estimated 25,844 children (second generation) have been raised by parents who were forcibly removed; and an estimated 40,612 grandchildren (third generation) continue to experience the effects of their grandparents’ removal (Peeters et al., 2014). Not one Indigenous family in Australia has escaped the effects of the forcible removal of children (Australian Human Rights Commission, 1997).

Legislation authorising the mass removal of Aboriginal children of mixed descent was passed in Western Australia (1905), Northern Territory (1911), New South Wales (1915), South Australia (1911), and Queensland (1897) where Indigenous children could be taken without a court order (Australian Human Rights Commission, 1997). This gave the state the right to take custody of any Indigenous child (Manne, 2001), where merely being Aboriginal entitled removal under the premise of neglect (Briskman, 2015; Haebich, 2000). In 1909, C.F Gale, the Chief Protector of Aborigines in Western Australia wrote:

The half-caste is intellectually above the Aborigine, and it is the duty of the State that they be given a chance to lead a better life than their mothers. I would not hesitate for one moment to separate any half-caste from its Aboriginal mother, no matter how frantic her momentary grief might be at the time. They soon forget the offspring. (p.9)

According to Kapellas and Jamieson (2016), the primary goal of the policy was to breed out the “Indigenous blood and inherent Indigenous characteristics”, which were considered “inferior to that of the Whites”, and to integrate them into “European society as early as possible; until such time that the ever-decreasing percentage of Indigenous blood” renders their Indigenous characteristics indistinguishable (p.9). Not only was it the intent of the government to ‘breed out Indigenous blood’, but the policy was framed under the guise of protecting and doing good by Aboriginal Australian children. By way of example, in 1905, the view of W. E. Roth, the Chief Protector of Aborigines in Queensland, was that “if left to themselves, the half-caste girls become prostitutes and the boys become cattle thieves” (Roth, 1905, p.13).

Furthermore, Schimmel (2005) asserts that the Chief Protectors of Aborigines across the country at the time believed that for the policy to be successful it must adhere to a three-point plan. Firstly, that “full blood Aborigines would die out; secondly, the half-caste children were to be removed from their families; and finally, intermarriage was to be encouraged” (Schimmel, 2005, p.40). As Brisbane’s *Telegraph* newspaper reported on 5 May 1937:

Mr Neville [the Chief Protector of WA] holds the view that within one hundred years the pure black will be extinct. But the half-caste problem was increasing every year. Therefore, their idea was to keep the pure blacks segregated and absorb the half-castes into the white population. Sixty years ago, he said, there were over 60,000 full-blooded natives in Western Australia. Today there are only 20,000. In time, there would be none. Perhaps it would take one hundred years, perhaps longer, but the race was dying. The pure-blooded Aboriginal was not a quick breeder. On the other hand, the half-caste was. In Western Australia, there were half-caste families of twenty and upwards. That showed the magnitude of the problem. (quoted by Buti, 1995, p.35)

1.3.6 *Bringing Them Home* report

The inquiry into the Stolen Generations which provided the ‘Bringing Them Home report’ (Human Rights and Equal Opportunity Commission [HREOC], 1997) was initiated following a Royal Commission established in 1990 to investigate an alarming trend that emerged amongst incarcerated Indigenous Australian people (Bretherton & Mellor, 2006). The Royal Commission into Aboriginal Deaths in Custody found that of the 99 Indigenous people who died in custody between January

1980 to May 1989, 43 had been forcibly removed from their families as children (RCIADIC, 1991). The Bringing Them Home report (1997) concluded that the forcible removal of Indigenous children commonly denied them access to their culture and families, which resulted in significant psychological and emotional distress. Children also experienced very high levels of neglect, as well as physical and sexual abuse (HREOC, 1997). Manne (2001) described the impact on the removed children as:

Story after story spoke of psychic and cultural dislocation; terrifying loneliness; physical sexual and moral abuse; and of continuing pain, numbness and trauma experienced after an often bewildering and inexplicable removal from mother, family, community, world. (p.5)

The Northern Territory Aboriginals Act 1910 provided the Chief Protector with the power to confine any Aboriginal Australians to a reserve or Aboriginal Institution (HREOC, 1997). As a result, Aboriginal people were forced out of communities and into highly regulated settlements and missions, where young children were removed from their mothers, some from just days after birth, but certainly no later than four years of age, and commonly placed in non-Indigenous institutions or foster and adoptive families (HREOC, 1997). By 1971, 97% of the Northern Territory children in foster care were Indigenous (Armitage, 1995, p.62) and the situation has changed little since. In 2018, the proportion of Aboriginal children in detention in the Northern Territory continued to climb, today the number is 100% (Anthony, 2018).

An almost invariable practice was the suppression of the identity and kinship of the removed children, resulting in the denigration and denial of their Aboriginality (Dudgeon & Hirvonen, 2014). Many children were forced to refuse their culture, told

their parents abandoned them, or deceitfully informed they were dead or worthless. Not only did these practices cut children from their Indigenous heritage, but also left them open to exploitation and abuse (Dudgeon & Hirvonen, 2014; Krieken, 1999). The inquiry also found that the forcible removal of Indigenous children was racially discriminatory, a gross violation of human rights, a breach of Australian legal standards, and an act of genocide which contravened the Convention on Genocide ratified by Australia in 1949 (HREOC, 1997).

Children forcibly removed from their families were placed in training institutions. Of particular concern was the prospects of young women and girls. By 1921, 81% of the children removed from their families and placed into training institutions were female (Goodall, 1990). The Bringing Them Home report cites, for example, the girls who were sent to Cootamundra Girls' Home until the age of 14, before being sent to work as servants. Walden (1995) highlights that in any one year in the 1920s, there were 300 to 400 girls apprenticed to homes of European people as domestics. Many girls became pregnant in domestic service, only to have their children removed, and in turn, institutionalised. Generations of Aboriginal women passed through Cootamundra Girls' Home until it closed in 1969 (HREOC, 1997).

The Bringing Them Home report also outlined the explicit role of the Catholic Church in supporting the policies of the Stolen Generations. The report found that the Church played a significant role in the forcible removal of children by providing accommodation and other services to the children in line with various government policies (HREOC, 1997). Indeed, Tatz (1999) contends that the unchallengeable powers of the missionaries went well beyond that of being active agents of various government policies:

[They ran] schools, infirmaries, established dormitories, prosecuted wrongdoers, jailed them, counselled them, controlled their incomes, forbade their customs and acted as sole guardians of every adult and every child.
(p. 326-327)

As a result, a Western Australian study of 483 people found, Aboriginal children were almost twice as likely to suffer physical abuse in missions (62.8%), then in foster care (33.8%), or government institutions (30.7%) (HREOC, 1997). Additionally, the Western Australian study found that more than 10% of Aboriginal children placed in missions were sexually abused (HREOC, 1997).

By the early 1930s, the seven missions operating in the Northern Territory claimed to be accommodating 1,100 Aboriginal Australians, and be in contact with a further 1,300 (Markus, 1990). Life in the missions was a mix of cultural oppression and horrendous living conditions. Overcrowding and grossly inadequate funding from the Commonwealth resulted in missions having great difficulty providing the dispossessed Aboriginal people with sufficient food and water (HREOC, 1997), as confirmed in the Bringing Them Home report:

Disease was prevalent at the missions. At Hermannsburg many children died from whooping cough in the late 1920s after those initially infected were not isolated. At Oenpelli, the children's eyesight was endangered by insufficient light in the classroom. At Groote Eylandt, almost 50% of one generation of people of 'mixed descent' suffered from leprosy due to, according to Chief Protector Cook, low resistance following years of improper feeding. (quoted by Markus, 1990, p.87)

Overall, there is a growing body of research which recognises the involvement of the Church and its missionaries in ‘child removals’, particularly in the Northern Territory and within the Kimberley region of Western Australia (Franklin, 2016; Maddison, 2014; Russell-Mundine & Mundine, 2014). Christian run missions were established in inaccessible places to protect the people from their predators, to encourage and, sometimes, to coerce; but on the whole, to ‘provide a doomed race’ with a ‘shimmering chance of civilisation’ (Tatz, 1999). The Catholic Church was also a key component in assimilating Aboriginal children through removal via adoption policies. Reverend Bernie Clarke, who worked on the Croker Island mission, provided the following submission to the inquiry:

There was an active program of fostering children in which the government elicited the support of the Churches... the Churches would provide the Northern Territory Welfare Department with lists of names of people willing to be foster parents. Children from the age of four upwards would then be placed in a foster placement here in South Australia... it was a direct arrangement between the Church and the Welfare Department in the Northern Territory. In my experience, nearly every foster arrangement resulted in those children going back to search for their roots - nearly everyone tried to find out. (HREOC, 1997, evidence 119)

The policy of large-scale removal of children of mixed descent was also pioneered in the Kimberley region as a consequence of the Western Australian Aboriginal Act of 1905, and partnerships between state officials and the Beagle Bay Mission (Franklin, 2016; Zucker, 2005). Aboriginal Australians were regularly moved among the missions and settlements as punishment for failure to conform to the ‘European lifestyle’; thus, as a result, children could easily be further separated from

their families (HREOC, 1997). Moreover, many missionary settlements such as, for example, Garden Point on Melville Island, were not founded traditionally, but established by the Catholic Church to care for children of mostly mixed descent, removed from their families under the auspices of government policy (Brogan, 1990; Leary, 1998; Pye, 1977, 1998). A point further emphasised by the Palm Island Mission in North Queensland, which operated with “severity and repression and ministered to those dumped there as punishment and remand” from other Queensland locations” (Carey, 1998, p. 257).

Given the Nauiyu community was initially established as a Catholic mission in 1956, these findings are likely to have resonated powerfully with the participants of this study. At the beginning of the 1950s, Northern Territory missions cared for 360 children (Cummings, 1990, p. 79), which was most, if not all, of the mixed-descent children in the Territory (Armitage, 1995, p. 59). A survey of the police records of the Daly River stations provides a valuable insight into the implementation of government policy and the relationship between Aboriginal and European settlers in the period leading up to the Second World War (McGrath, 1983). Within Daly River, children of ‘mixed descent’ were seized and taken to the government ‘half-caste homes’ at Pine Creek or in Darwin “where they were brought up as orphans and encouraged to reject their Aboriginal background” (McGrath, 1983, p.50). This required great effort as surprise seizures of mixed descent children in Daly River was difficult as, at that time, there were 20 different camps in the jungle, a large Aboriginal population of possibly 3,245, and a police station staffed by a single constable and one or two trackers (McGrath, 1983).

1.3.7 Northern Territory Emergency Response

With its mobilisation of armed forces, unprecedented powers for police and civilians and a frenzied national media (Altman, 2007), the Northern Territory Emergency Response (NTER) represents the most radical government intervention in the lives of remote-living Aboriginal people since the 1960s (Gray, 2016; Hinkson, 2007; Proudfoot & Habibas, 2015). The NTER, also known as ‘the Intervention’, was a Commonwealth initiative arising from a 2007 report entitled *Akelyernemane Meke Mekarle*, ‘Little Children are Sacred’ released by the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse (Wild & Anderson, 2007). Authored by Rex Wild and Patricia Anderson, the ‘Little Children are Sacred’ report documented very moving accounts of alleged child neglect and sexual abuse throughout many Indigenous communities in the Northern Territory. The report put forward 97 recommendations in response to these findings, focussed on the areas of education, alcohol reduction and rehabilitation, family support services, empowerment of Aboriginal people through consultation, and the appointment of a Commissioner for Children and Young People (Harris, 2011; Wild & Anderson, 2007).

While confronting, the ‘Little Children are Sacred’ report confirmed what Aboriginal people and researchers had been saying for some time. Indeed, there was already a significant body of Indigenous-based research which reported the high levels of sexual abuse and neglect of children in remote Aboriginal communities (Atkinson, 2002; Behrendt, 2005; Stanley, Tominson, & Pocock, 2003; Stanner, 1979). However, the ‘Little Children are Sacred’ report, with a proliferation of voyeuristic media attention, provided the Australian Government with the catalyst required for the

announcement of the Intervention (Hunter, 2003). Within a week of its release, the Prime Minister of Australia, John Howard, declared the situation in the Northern Territory a national emergency, requiring drastic and urgent action that necessitated a \$587 million intervention strategy to match the significance of the problem at hand (Brough, 2007; Proudfoot & Habibis, 2015). What came next was a “frenetic burst of policy-making on the run, a bizarre moment in Indigenous politics without precedent since 1967, and hopefully an event that will never recur” (Altman, 2007, p.1).

Perhaps reflecting the dire living conditions of which Aboriginal people were now broadly experiencing, the initial response of Aboriginal people in the Northern Territory to the Intervention was one of great relief. Firstly, many trusted the issue of child abuse was now to be addressed, and secondly, the living conditions and widespread community breakdown was finally receiving national attention (Altman, 2007). However, their hopes for change were severely diminished by a colossal lack of government planning, consultation, and proper scrutiny (Hunter, 2007). The most destructive moment of policy-making on the run resulted in the Intervention, a 500-page piece of legislation that overrode the Racial Discrimination Act; a policy that violated Australia’s human rights obligation under international law, which was rammed through the Australian parliament in just a week and ‘fully’ scrutinised by the Senate Committee in a little over a single day (Altman, 2007; Cowan, 2013; Stringer, 2007). The Minister for Indigenous Affairs Mal Brough later conceded that the proposal for societal transformation, this ‘positive breach’ in the Racial Discrimination Act, was conceived over a mere 48-hour period (The 7:30 Report, 2008).

As such, through a dizzying array of inadequately debated legislative policy changes, the Intervention was announced on 21 June 2007, eventually setting upon 73

prescribed communities with populations over 200 people, including Nauiyu Nambiyu (Proudfoot & Habibis, 2015; Stringer, 2007).

It remains unclear how these prescribed communities related to the 630 discrete communities located throughout the vastness of the Northern Territory. According to Altman (2007), this was the “Howard Government’s Northern Territory ‘trap’ or ‘pincer’, into which it was very easy to fall” (p.4). The government justified its policy on a fiction which focussed on just 66,000 of the total 517,000 Indigenous population living in the remotest communities, where despite a complete lack of evidence, emotive issues such as child abuse were portrayed as horrendous (Altman, 2007; Macoun, 2011). Nonetheless, the Intervention consisted of 12 measures, which Altman (2007) asserts could be clustered into three broad groupings: (1) those that sought to discipline Indigenous people through non-discretionary quarantining of welfare incomes, controlled tenancy arrangements, and work for the dole requirements; (2) those that sought to dilute land rights or expand their potential for commercial development including the compulsory acquisition of township leases that would dispossess traditional owners of their land; and (3) those that sought to depoliticise democratic Indigenous organisations and to impose external control over townships through stripping Community Development Employment Projects and appointing Government Business Managers with absolute powers in townships that probably usurped those of the settlement superintendents of earlier policy eras.

Any early optimism about the Intervention soon turned to anger when it became evident that the government was using the issue of child sexual abuse as a legitimating cover in order to advance unrelated and less publicly salient agendas (Gray, 2016; Stringer, 2007). More specifically, as Watson (2009) points out in an essay investigating the public disengagement from the NTER in the name of protecting

Aboriginal children, the Howard Government (throughout the 2007 Intervention period), with bipartisan support, began a form of apartheid which facilitated the dismantling of protection against unlawful discrimination and the wholesale acquisition of Aboriginal lands.

Pat Turner, former CEO of the now dismantled Aboriginal and Torres Strait Islander Commission (ATSIC) went further when she accused the government of “using child abuse as the Trojan horse to resume control of our lands” (Turner & Watson, 2007, p. 208). In addition, Muriel Bamblett of the Secretariat of Aboriginal and Islander Child Care also highlighted the absence of any reference to the terms ‘child’ or ‘children’ in the legislation, and went on to vehemently contend:

This legislation does nothing for children, nothing for Indigenous disadvantage, nothing to actually stop child abuse. It takes control away from Indigenous communities. It allows government bureaucrats to force themselves into our boardrooms. It takes over our land. It takes away our ability to have a say on who can come onto our freehold land. It places bureaucrats in control of our lives. And it exempts these and other actions from the Racial Discrimination Act, which means it actually acknowledges that some of the measures may be racially discriminatory. This legislation is an attack on our people. (Quoted in National Indigenous Times, 2007, p.16)

The impacts of the Intervention on the community of Nauiyu were twofold. Firstly, a review of the literature produced no evidence to suggest the Intervention had any impact on the primary purpose for which it was designed, that being to address the neglect and sexual assault of children in Aboriginal communities. Given the volume of Intervention measures which strangely appeared to have no link, or at least no direct

link, to the protection of children (Hunter, 2007, Stringer, 2007), this lack of impression was hardly surprising.

Despite the blind faith defence of the Intervention by politicians to respond to the national crisis by “saving the children and stamping out sexual and other abuse of defenceless Aboriginal children” (Altman, 2007, p.2), researchers have highlighted that the child health component of the NTER, much like the Intervention as a whole, got off to an abysmal start (Boffa, Bell, Davies, Paterson, & Cooper, 2007). Though not recommended in the ‘Little Children are Sacred’ report, for instance, the initial proposal announced by the Federal Government was to undertake compulsory examinations of all children to ascertain a level of sexual abuse (Gordon, 2008). Not only would this have constituted a form of abuse on the child, but the suggestion of compulsory sexual examinations also created widespread fear resulting in a reduction in the rate of subsequent health check-ups for children (Boffa et al., 2007). Further exacerbating this failed policy, Boffa et al., (2007) assert that despite the view portrayed in mainstream Australia, in the years preceding the Intervention, real progress was being made in dealing with key inadequacies in primary health care, with nearly 1000 of these health check-ups on children occurring in the Northern Territory. Moreover, as was already their mandatory duty, medical practitioners were already reporting any suspicion of child neglect to the relevant authorities.

Secondly, the social, economic, and cultural impacts of imposed constraints prescribed by the Intervention on the Nauiyu community were devastating. The work for the dole program, consisting of its vicious ‘no work no pay’ restrictions imposed significant penalties in Aboriginal communities for almost no reward. By way of example, as Altman (2017) points out, in the year 2015-2016 alone, 15,000 jobless in the Northern Territory attracted nearly 75,000 penalties, while those who actually

completed the 26-week employment outcomes totalled a mere 843. At its broadest level, as was the case throughout all communities involved, the Nauiyu population had their income support payments quarantined, protection against unlawful discrimination dismantled, and the ownership its traditional land attacked.

The most significant damage to the Nauiyu community occurred as a result of the combined impacts of the Intervention and the amalgamation of the local council into the 'Victoria-Daly Supershire'. While not directly linked with the Intervention policy, the proximity in timing of the amalgamation had a devastating compounding effect. In 2008, Northern Territory's local government sector underwent unprecedented reform, whereby 53 councils, mainly involving remote Aboriginal communities, were amalgamated into eight shires (Michel, Gennisten, & Thynne, 2010; Michel & Taylor, 2012; Sanders, 2011). As a result, the local Nauiyu Community Council was merged with a number of those surrounding it, forming the Victoria-Daly shire. The fallout was immediate and disastrous. A community once described by Clare Martin, Chief Minister of the Northern Territory at the time of the Intervention, as "having earned a well-deserved reputation as an Indigenous showpiece, where its leadership was strong, community well maintained, houses regularly refurbished, adults were in employment and children mostly at school" (Martin, 2015, p.3), was now like "being in a horror film" (Betts, 2015, p. 3). After visiting Nauiyu in 2010, the Chief Minister described the impacts on ABC Darwin radio:

The Intervention had a devastating impact on Nauiyu. Local jobs have all but disappeared, especially in housing maintenance. No new houses have been built since 2000. The community's enterprises – the store, the fuel outlet and job services – are being run by outsiders. Welfare dependency has grown.

The local council no longer exists. Some of the policies that I championed for while in government have harmed a small Indigenous community formerly seen as a success story... the introduction of shires, which were intended to strengthen communities had in fact disempowered Nauiyu... I also heard that the employment services that have been there... I reflect that it was the actions and policies of two governments that took the heart out of this once resilient community... over the years, Nauiyu had lost meaningful self-control... and I can't find one good outcome from all the Intervention measures and the hundreds of millions of dollars spent.

Dr Miriam-Rose Ungunmerr-Baumann, key Elder, former Chairperson of the local Nauiyu Community Council, and member of the Indigenous Advisory Council at the time of the Intervention, went further where she described the local situation as:

We are in a unique situation as we did not accept a five-year lease on our community. The shires have moved in, and the people have been disempowered. There are many suicides, and people are depressed. (Peterson, 2011, p.141)

The significance of the impacts that Ungunmerr-Baumann describes is twofold. Firstly, refusing to sign the five-year lease resulted in the complete drying up of Federal Government funding within the community. Just prior to the Intervention, for example, the Nauiyu Community Council received a housing grant for \$3.2 million to address overcrowding issues and construct nine new dwellings within the Nauiyu community. The timing of the Intervention meant the money was frozen and the refusal to sign the five-year lease resulted in the \$3.2 million being allocated

elsewhere. To this day, the construction of a single new dwelling in the Nauiyu community has yet to proceed.

Secondly, the suicide rate within the period of 2007 to 2009 escalated to crisis point. A combination of the social suffering experienced through a targeted political attack on the community, the disempowerment resulting from the total collapse in the economy, and sudden, mass unemployment had devastating impacts on the mental health and wellbeing of the Nauiyu population. In 2008, the manager of the Daly River clinic reported 40 attempted suicides, and in 2009, there were 36 reported attempts (Nauiyu Action Group, 2014); extraordinary rates given the population at the time was approximately 300 people (ABS, 2012).

1.3.8 *Summary*

From the 19th Century onwards, the population of Daly River has undergone multiple waves of colonisation with devastating impacts. Despite great resilience, these impacts have manifested in a range of social, economic, and cultural consequences which may lead to the experience of trauma. An explanation of the trauma which may be associated with colonisation will now be described.

1.4 *Trauma*

1.4.1 *Introduction*

From the European perspective, distress is considered a disorder to be treated through adherence to a medical intervention which considers biological indicators as central to recovery. Based on these pragmatically reductive principles, the Diagnostic and Statistical Manual of Mental Disorders (DSM-V; American Psychiatric Association [APA], 2013), which forms the foundation for intervention, is the only

recognised diagnostic manual available to mental health practitioners (Perry, 2013). Prior to an examination of trauma-related illnesses such as Post-Traumatic Stress Disorder (PTSD), complex PTSD, and intergenerational trauma, a definition of trauma is warranted.

As trauma-based research has matured, so too has the definition of trauma evolved. Earlier researchers, such as Figley (1985), break this definition into two distinct, though interacting parts. Firstly, he defines psychological trauma as “an emotional state of discomfort and stress resulting from memories of extraordinary catastrophic experience which shattered the survivors' sense of invulnerability to harm” (p. xviii). Secondly, he defines trauma behaviourally as “a set of conscious and unconscious actions and behaviours associated with the stresses of the catastrophe and the period immediately afterwards” (p. xix). Other researchers have defined experience to be traumatic if it (1) is sudden, unexpected, or non-normative, (2) exceeds the individual's perceived ability to meet its demands, and (3) disrupts the individual's frame of reference and other central psychological needs and related schemas (McCann & Pearlman, 1990).

Despite an extensive body of research, it remains contentious whether the word ‘trauma’ relates to an event, a series of events, or an environment, to the processing of experiencing the event or environment, or to the psychological emotional and somatic effects of that experience (Atkinson, Nelson & Atkinson, 2010; Kubany, Ralston & Hill, 2010; O’Donnell, Creamer, McFarlane, Silove & Bryant, 2010). Nevertheless, a widely-accepted definition of trauma is provided by the DSM-V, which defines trauma as the exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: (1) directly experiencing the traumatic event; (2) witnessing, in person, the event as it occurred; (3) learning that the traumatic event

occurred to a close family member or friend; or (4) experiencing repeated or extreme exposure to aversive details of the traumatic event. Thus, as outlined by several researchers, regardless of whether trauma is considered the event or a reaction to the event, it is more important to understand that overcoming the effects of trauma-related illness requires addressing not only the illness but also the precursor, which is quite often communal in Indigenous populations (Atkinson et al., 2010; Evans-Campbell, 2008; Hall, 2015).

1.4.2 *The cultural conceptualisation of trauma*

A growing body of literature recognises the importance of cultural factors in the conceptualisation of trauma and trauma responses (Brave Heart et al., 2016; Ghafoori, Caspi, Contractor, & Smith, 2014). Indeed, an examination of the trauma concept without a cultural perspective is not only problematic; it would further impose colonial processes upon Aboriginal people. Atkinson (2008) argues that the conceptualisation of trauma based on Western biomedical approaches may be too narrow and restricted for the discussion of trauma in a cross-cultural dimension. For example, Atkinson (2008) asserts, trauma events facing Aboriginal communities are generally collective experiences, whereby the impact of the trauma is attached to the subsequent negative consequences, rather than the trauma event itself. Furthermore, Bracken, Giller, and Summerfield (1997) wrote:

Trauma projects which seek to objectify “suffering” as an entity apart, converting it into a technical problem to which are applied technical solutions like Western talk therapies, are discounting Indigenous knowledge, capacities, and priorities. Such projects aggrandize the Western expert who

defines the problem (e.g., PTSD) and brings the cure; too often it is the same problem and the same cure. (p.18)

Acknowledging the specificity of the cultural meaning of trauma broadens the concept of trauma from its Western viewpoint and adjusts it to the cultural dynamics of Australian Aboriginal peoples (Atkinson, 2008). It also recognises that culture shapes the subjective meaning of trauma (Kirmayer & Sartorius, 2007), which in turn influences the expression of trauma symptoms (Pole, Gone & Kulkarni, 2008; Schubert & Punamaki, 2011). Kohrt & Hruschka (2010) caution that to ignore these factors not only runs the risk of ignoring or denigrating local support systems, it also stigmatises individuals and usurps community resources that form social and structural interventions. Thus, for Aboriginal people, it is crucial to (re)construct the local Aboriginal community's interpretations of the experiences that led to distress, and to fully understand the significance of labelling the experiences of Indigenous people from the Western perspectives in the context of local Indigenous cultural norms and practices (Meyer, 2001; Nicolas, Wheatley, & Guillame, 2015). This research project aims to empower the community through facilitating healing by recognising and respecting the cultural meaning of trauma specific to the lived experiences of the people of Nauiyu and privileging traditional ways of being and knowing that makes the community healthy.

1.4.3 *Post-Traumatic Stress Disorder*

Research has revealed that the complexity and extent of exposure to traumatic events by Aboriginal people may result in a range of complicated trauma symptoms and other psychiatric disorders. In response to a traumatic event, the Diagnostic and Statistical Manual, fifth edition, (DSM-V) asserts that some people develop PTSD

(American Psychiatric Association [APA], 2013). Since its introduction as a psychiatric disorder in 1980, PTSD has attracted considerable controversy, and with each revision of the DSM, the criteria for PTSD has changed substantially (Pai, Suris & North, 2017; Van der Kolk, 2002). Most recently, there have been two significant conceptual changes to PTSD in the DSM-V. Firstly, PTSD was removed from the anxiety disorders category into the newly formed ‘trauma and stressor-related disorders’, and secondly, eight of the original 17 symptoms that had remained largely unchanged for more than 25 years were substantially reworded, resulting in significant changes to the interpretation (Hoge, Riviere, Wilk, Herrell & Weathers, 2014).

According to the DSM-V, PTSD is a unique psychiatric disorder in that it has a known etiological feature composed of a single trauma or repeated life-threatening experiences resulting in a wide range of symptoms which are categorised into clusters (APA, 2013). Thus, besides the requirement of a traumatic event (Cluster A), to warrant a PTSD diagnosis, the DSM-V requires trauma survivors to report the experiencing of:

At least one symptom from the persistently re-experienced cluster (Cluster B), at least one symptom from the Avoidance cluster (Cluster C), two or more symptoms from the Negative Alterations in Cognitive Mood cluster (Cluster D), two or more symptoms from the Alterations in Arousal and Reactivity cluster (Cluster E), along with significant functional impairment and at least one-month durations of the symptoms. (APA, 2013)

In addition to those core symptoms, PTSD is commonly associated with a range of features including anger (Forbes, Creamer, Hawthorne, Allen, & McHugh, 2003), guilt (Schiraldi, 2016; Williams & Poijula, 2016), dissociation (van der Hart,

Nijenhuis, & Steele, 2005), marked functional limitations and diminished quality of life (Bryant et al., 2015; Van der Kolk & McFarlane, 2012), and physical health problems (Schnurr, Lunney, Sengupta, & Spiro, 2005; Van der Kolk, McFarlane, & van der Hart, 1996). Moreover, Herman (1992), asserts that a subset of individuals with PTSD may experience chronic self-harm or suicide ideations; most commonly those who have experienced traumatic events of interpersonal prolonged and repeated nature, such as violence, sexual abuse, imprisonment, and torture.

Despite the sheer volume of well-established PTSD related research, a growing body of literature assert reservations concerning the ability of PTSD nomenclature to capture the culturally specific challenges experienced throughout Indigenous communities in today's society. In the literature which investigates PTSD in Aboriginal Australian populations, much of the focus has been devoted to Aboriginal offenders in prison (Atkinson, 2008; Heffernan, Andersen, Davidson & Kinner, 2015; Honorato, Caltabiano & Clough, 2016). Indeed, of the PTSD based literature in Australian Aboriginal populations, there is a persistent absence of research that is Aboriginal-community based.

Of the three PTSD based studies which involve Aboriginal Australian community samples, two have been conducted in Western Australia and one in New South Wales. Nadew (2012), in his study of the Murchison Health District involving three Western Australian Aboriginal communities, examined 221 Aboriginal participants, and found that almost every participant had experienced a traumatic event (97%, n=215). Using structured clinical interviews that included the CIDI-Auto 2.1, the Impact of Event Scale and survey questionnaires, Nadew (2012) found participants reported a lifetime PTSD prevalence rate of 55% (n=122), which is disproportionately

higher than the national average. This represents one of the highest recorded rates of PTSD in survivors of specific traumatic events anywhere in the world (Nadew, 2012).

In another study of the Kimberley Region involving six main towns and two remote communities, Ralph, Hamaguchi & Cox (2006) investigated 727 people (444 Aboriginal, 283 non-Aboriginal) to determine the prevalence of PTSD and how the prevalence related to suicide and other comorbidity factors. Using questionnaires, Ralph et al., (2006) found that Aboriginal participants meeting the criteria of PTSD by self-report accounted for 14% of adolescents, 16% of young adults, and 21% of adults, disproportionately higher than the national average. Furthermore, in comparison to non-Aboriginal adolescents, Aboriginal Adolescents consistently reported increased exposure to both direct and secondary trauma, alarmingly resulting in a higher prevalence of suicide attempts (10% vs 7%), and being four times more likely to report that a family member had completed suicide (29% vs 8%).

In their cross-sectional descriptive study, Mah et al., (2017) surveyed 150 pregnant Aboriginal women from two Aboriginal communities in New South Wales to examine a possible link between PTSD and poor perinatal outcomes. Utilising the survey instruments of the Stressful Life Events (AIHW, 2009) and the Impact of Events Scale (Horowitz, Wilner, & Alvarez, 1979), the study revealed exceptionally high rates of PTSD symptoms in the pregnant Aboriginal women; indeed, the rates reported were significantly higher than European victims of crisis, including those involving terrorist attacks. More importantly, however, Mah et al., (2017) suggest that the high burden of PTSD symptoms for Aboriginal women may be an essential determinant of the ongoing disparity in the life expectancy of Aboriginal people, a situation that is unlikely to improve without the development of assessment tools and models of intervention that are appropriate to Aboriginal women.

While the study from Mah et al., (2017) provides valuable research, it is worthy to note that the Aboriginal women who comprise the sample of this study lived in the communities, which when compared to Nauiyu, vary significantly in terms of both population and demographic composition. Whereas Nauiyu has a population of approximately 300 people, whereby 90 per cent of the community are Aboriginal, the two NSW communities are made up of 2,000 people and 50,000 people, comprising an Aboriginal population of 50% and 10% respectively.

Due to an incapacity to emphasise the significance of the Indigenous worldview, inadequate diagnosis and assessment tools further compound the impact of the high prevalence of PTSD in Aboriginal communities. Halloran (2004) found that not only was PTSD widely misdiagnosed in Aboriginal communities, but the current approach of mental health services also generated stigma, failed to address causative factors, and contradicted the Aboriginal philosophy and view of mental health. Moreover, these findings reflect those of previous research, which assert that the non-recognition of PTSD when assessing Aboriginal people is due to the limitation of the current diagnostic criteria, which does not account for traumatic historical events experienced by generations of Aboriginal people (Franklin & White, 1991; O'Donoghue, 1993); overlooks culture-specific aspects that are not captured in DSM-V, such as cultural wounding and disconnection from Country; and is inattentive to the Aboriginal peoples' response to grief (Buckle & Fleming, 2011).

Trauma researchers have also argued that the treatment of PTSD in Aboriginal communities is compounded by diagnoses unable to conceptually capture the level of chronic stress that Indigenous people experience, which is repeated, multiplied, and of great severity (Atkinson, 1990, 2002; Milroy, 2005; O'Shane, 1995). A failure to accurately conceptualise the levels of chronic stress is likely to lead to under-reporting

of the PTSD prevalence in Aboriginal communities (Heffernan et al., 2015). These findings are in line with previous research from Herman & Harvey (1997), who criticised the PTSD framework for not taking into account severe traumatic experiences that have been repeated over time, particularly multiple and cumulative trauma; resulting in a situation common across many Aboriginal communities in Australia (Cameron, 1998).

While there has been valuable research investigating PTSD in Aboriginal Australian populations, it is noteworthy to highlight that many of these studies are framed on research methodologies which are problematic in Indigenous research. By way of example, much of the PTSD research is based on the Western perspectives and utilises Western populations for validating measure and results. Secondly, the vast majority of PTSD research in Aboriginal populations is quantitative based studies, the limitations of which have been widely acknowledged in cross-cultural contexts and particularly in Indigenous contexts (Aguiar & Halseth, 2015; Hinton & Lewis-Fernández, 2011). Despite this criticism, the capacity to measure the prevalence of PTSD in Aboriginal communities would not be possible without the DSM-V criteria and associated assessment tools.

While the use of quantitative based research in Indigenous contexts is problematic due to the likelihood of missed culture-specific causes and expressions of trauma, a practical application may still exist in the sense that they allow us to compare prevalence between Western and Indigenous populations. What is lacking, though, is an extensive culture-tailored diagnostic set of criteria that is accepted in the psychological community and utilised when treating and working with people of Indigenous lineage (Brugge & Missaghian, 2006). As such, it is crucial to establish the

local construct for PTSD or psychological trauma and to fully understand the significance of such a label in the context of local cultural norms and practices. This study is significant as it provides an incisive appreciation of traditional healing practices that may assist Indigenous people who have experienced and are attempting to overcome PTSD symptoms.

1.4.4 *Complex PTSD*

The nature and timing of exposure to traumatic events can result in extreme forms of traumatic stressors. Transcending the baseline manifestation allowable for a general PTSD diagnosis, people exhibiting a constellation or conglomerate of PTSD features are often referred to as having complex PTSD (Herman, 1992; O'Neill, Fraser, Kitchenham, & McDonald, 2016; van der Kolk, 1994). Ford & Courtois (2009) define complex PTSD as psychological trauma resulting from exposure to severe stressors that: (1) are repetitive or prolonged, (2) involve harm or abandonment by caregivers or other ostensibly responsible adults, and (3) occur at developmentally vulnerable times such as early childhood or adolescence (p.13). Furthermore, complex PTSD may occur from a “range of adult experiences including war, civil, conflict, torture and other experiences involving pervasive loss of control over consequences” (Bryant, 2012, p.253). In addition to these findings, research from Pelcovitz et al. (1997) and Friedman (2013) suggest that the earlier the onset of trauma and the longer the duration, the more likely that people suffer from high degrees of all symptoms that make up the complex PTSD diagnosis.

Sochting, Corrado, Cohen, Ley, & Brasfield (2007) assert that complex PTSD may provide a relevant and helpful framework for assessing Aboriginal people with a traumatic past. In their study investigating psychosocial and mental health problems

of 127 former Indigenous students of Indian residential schools in British Columbia, Sochting et al., (2007) revealed that the Indigenous people studied were found to have several risk factors for complex PTSD and many mental health problems associated with complex trauma. Furthermore, in response to the treatment of trauma, Sochting et al., (2007) suggest utilising the complex PTSD framework as it accounts for the layering of trauma, which may assist healing for survivors of the Indian residential school system.

1.4.5 *Culturally Bound Syndromes and the DSM-V*

Australian Indigenous people are often given DSM diagnosis as the symptoms appear to meet the criteria. However, while the DSM-V contains a far more detailed exposition of the place of culture in psychopathology than in earlier editions, culture has become the basis for the waging of a significant attack on the DSM-V (Ecks, 2016). Thus, to contextualise the Aboriginal experience of trauma and healing through a western mental health lens, a review of the implications of cultural diversity, in the context of DSM-V is vital.

Just as Australian colonial history has been blinkered to mask the violation of Indigenous Australians, the epistemological bent of the DSM relegates cultural manifestations of trauma to its footnotes through the same hierarchically exclusionary tactics (Perry, 2013). This is not surprising as psychology as a discipline has been built upon the same cosmology and worldview that led to underpinned colonial practices. Earlier versions of the DSM, such as DSM-IV-TR introduced the notion of culture-bound syndromes to express the idea that some cultures exhibited distinct forms of mental illness that clearly vary from the Western 'norm', are seen as rare, exotic, unpredictable, and chaotic behaviours among uncivilised people (Ventriglio,

Ayonrinde, & Bhugra, 2016). The very use of the term “culture-bound, made these conditions appear highly localised and confined, a mere cabinet of curiosity” (Lewis-Fernandez, 2013). Not only is DSM-V still prone to see Western psychology as the human norm, but it also continues to assert that mental illness from the “west is humanity’s factory model and that other cultures simply provide noisy variations” (Murphy, 2015, p.99). This, in itself, represents a process of colonisation.

In response to earlier criticisms, the DSM-V replaced the notion of ‘culture-based syndromes’ with what it now terms cultural formulation, recognising the different ways of which cultural groups experience, understand, and communicate suffering behavioural problems or troublesome thoughts (APA, 2013). Consequently, cultural formulation is underpinned by the principles of three cultural concepts: ‘syndromes’ (clusters of symptoms or attributions occurring among individuals in specific cultures; ‘idioms of distress’ (shared ways of communicating expressing or sharing distress; and ‘explanations’ (labels, attributions, suggesting causation of symptoms or distress). Despite this increased recognition of cultural concepts on mental health and wellbeing, the DSM-V has been criticised by a growing body of researchers from within and beyond the psychiatric communities (Ecks, 2016; Karter & Kamens, 2019; Lewis-Fernandez, 2013). Many have viewed the DSM-5 as an extension of the traditional medical model of diagnosis (Tomlinson-Clarke & Georges, 2014), dependant on statistically acquired symptoms, and ignoring the therapeutic alliance as a critical aspect of treatment (Ladd, 2013). Murphy (2015) goes further, pointing out the scant attention the DSM-V provides to cultures existing beyond western societies:

It is unclear how the new appreciation for the cultural shaping of all psychopathology is going to influence the field, given that the treatment of

these issues by the manual is still cursory (less than 20 pages out of 900) and poorly integrated with the diagnostic material. And if one thinks of one's own culture as just the way things are, or ought to be, then the problem of seeing cultural influence as interesting only if it marks a departure from one's own ways will persist. (p.102)

Put simply, DSM-V has provided the primary text for diagnoses of mental conditions that occur in the west and an insignificant appendix for the rest of the world. By way of example, whereas 25 cultural syndromes were listed in the DSM-IV-TR, only nine remain in the latest edition (APA, 2013).

While the current appendix reflects the increasing global use of the DSM to attend to mental health syndromes reported in many cultures around the world (Thornton, 2017), those reflecting the experiences of Aboriginal Australian people do not exist. As such, recognising the limitations of the DSM-V and acknowledging the significance of cultural context to mental health intervention will assist in informing public policy, diminishing institutional racism, and promoting culturally appropriate healing practices. If not, culturally appropriate diagnoses will “continue to be housed in the appendices of seminal texts, marginalisation will tirelessly perpetuate, and collaborative efforts will be undermined by social proscription” (Perry, 2013, p. 37). This study will attend to the gap which exists in Western psychotherapy by investigating and privileging the Australia Aboriginal experience of trauma. This will help blend Aboriginal and Western treatment methods, thus increasing access to mental health services and strengthening the relationships between Aboriginal people and non-Aboriginal service providers.

1.5 *Intergenerational trauma*

1.5.1 *Introduction*

Like most colonised populations, an analysis of trauma in Aboriginal communities in Australia must involve a historical perspective. Intergenerational trauma (also known as historical trauma transmission, collective trauma, and historical grief) refers to a collective, complex trauma where the historical oppression and its negative consequences transmit across generations (Atkinson, 2002, Brave Heart & DeBruyn, 1998; Hall, 2015; Stevens, Andrade, Korchmaros & Sharron, 2015). Intergenerational trauma is the “legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events” (Evans-Campbell, 2008, p.320). Wesley-Esquimaux, & Smolewski (2004) describes the transmission of trauma as a system in which:

Trauma memories are passed to next generations through different channels including biological (in hereditary predispositions to PTSD), cultural (through storytelling), culturally sanctioned behaviours, social (through inadequate parenting, lateral violence, acting out of abuse), and psychological (through memory processes). (p.76)

To date, research overwhelmingly agrees that intergenerational trauma occurs when the impact of traumatic experiences is left untreated in one generation (Brave Heart & De Bruyn, 1998; Gagné, 1998; Menzies, 2014) and can then become internalised within families and communities more broadly (Brave Heart, 2003; Menzies, 2007). Duran and Duran (1995), suggest that if left untreated, the trauma can become embedded in the cultural memory of a people and passed on by the same mechanisms by which culture is generally transmitted and, therefore, becomes

normalised. For example, Atkinson and Atkinson (1999) describe how the endemic nature of family violence over a number of generations has resulted in a situation where “violent behaviours become the norm in families where there have been cumulative intergenerational impacts of trauma on trauma on trauma, expressing themselves in present generations as violence on the self and others” (p.7).

Historical trauma theories equate the impact of Indigenous genocide, ethnic cleansing, and forced government acculturation policies on the intergenerational trauma experienced by Holocaust survivors and their families (Cooper, 2017; Meierhenrich, 2014). Indeed, from an intergenerational trauma research perspective, studies have been dominated by the work done with the offspring of Holocaust survivors (Fast & Collin-Vezina, 2010, Van Ijzendoorn, Bakermans-Kranenburg, & Sagi-Schwartz, 2003; Kellermann, 2013; Rose & Garske, 1987). Studies investigating Holocaust survivors document a range of psychological symptoms including denial, anxiety, depression, disorganised reasoning, and difficulty expressing emotions (Bar-On et al., 1998; Felsen, 1998; Sagi, Van Ijzendoorn, Joels & Scharf, 2002). Grubich-Simitis (1984), for instance, worked with hundreds of descendants of Holocaust survivors and began to form a clinical impression that many suffered from transposition or acting out of the mourning processes of their parents.

Felsen & Erlich (1990) studied 25 second-generation Holocaust survivors and revealed that the descendants of survivors had lower self-esteem and higher rates of mental health disorders. Despite this valuable research, Elias et al., (2012) assert that the experience of Indigenous peoples differs from those of Holocaust survivors, in that the trauma experienced by Indigenous peoples has not been confined to a single, distinct, large event limited in time, but a staggered, systematic attack occurring over time. Furthermore, whereas the trauma experienced by Holocaust survivors has been

acknowledged, the trauma of colonisation experienced by Australian Aboriginals is still largely unrecognised (Short, 2016; Yunupingu, 2015). Thus, an investigation that specifically examines the intergenerational consequences of trauma in Australian Aboriginal communities is warranted.

1.5.2 *Intergenerational trauma within Indigenous populations*

A significant body of overseas research exists which links intergenerational trauma with an extensive range of adverse health outcomes in Indigenous populations. Studies have established a link between intergenerational trauma and homelessness (Menzies, 2007), suicide (Kolahdooz, Nader, Yi, & Sharma, 2015; Strickland, Walsh & Cooper, 2006), substance and alcohol abuse (Hall, 2015; Wesley-Esquimaux & Smolewski, 2004), mental health disorders (Evans-Campbell, 2008; Whitbeck, Chen, Hoyt, & Adams, 2004), poverty (Phillips-Beck et al., 2018), and familial and sexual abuse (Pearce et al., 2015). Moreover, the association between intergenerational trauma and substance abuse has been found in relatives of trauma survivors who have developed symptoms of PTSD (Brave Heart, 2003; Marsh, Cote-Meek, Young, Najavits, & Toulouse, 2016; Morgan & Freeman, 2009). Researchers have also revealed the role of intergenerational trauma as a precursor to poor coping skills, a re-enactment of violence and poor decision making (Brave Heart, 1998; Duran, Firehammer & Gonzalez, 2008; Menzies, 2014). This intergenerational trauma research builds on the work of several seminal studies such as The Bringing Them Home report (1997), The Ways Forward report (1995), The Royal Commission into Aboriginal Deaths in Custody [RCIADIC] (1991), and The Little Children are Sacred report (2007), all of which have acknowledged intergenerational trauma as a leading

contributor to a variety of syndromes including cyclical sexual assault, family violence, addictions, and the destruction of family structures.

International literature devoted to intergenerational trauma is dominated by research examining the impacts of Indian Residential Schools. Recently, the Canadian study by McQuaid et al., (2017) examined the intergenerational and cumulative links between familial Indian Residential School (IRS) attendance in relation to lifetime suicide ideation and attempts among First Nations adults living on-reserve. The findings were in keeping with increasing evidence documenting the experiences of trauma related to IRS can be transmitted across generations resulting in increased psychological which manifested in a range of dysfunctional behaviour (Bombay, Matheson, & Anisman, 2014; Hackett, Feeny, & Tampa, 2016; Lawson-Te Aho, & Liu, 2010). Elias et al., (2012) explored residential school attendees, intergenerational trauma, and the potential predictors of a lifetime history of abuse, suicide thoughts and suicide attempts among residential and non-residential school attendees. Based on the responses of 2,953 Indigenous participants from 22 communities in Canada, the sizeable empirical study found an association between residential school attendees and the multigenerational experience of abuse and increased rates of suicide thoughts and attempts. Significantly, even for non-attendees, exposure to parents or grandparents who attended a residential school resulted in direct and indirect effects operating at the individual, family, and community level (Elias et al., 2012).

Other international research includes a South American study, where Blanco (in Levine & Kline, 2007) developed an intergenerational account of the effects of violence and trauma on subsequent generations. Blanco found a total breakdown in functional society within five generations, through a spiral of violence that is repeated, compounded, and re-enacted through increasingly severe violence and increasing

societal distress. More importantly, Blanco's findings are significant, regarding the impacts of intergenerational trauma, as they can be mapped onto the history of Indigenous Australians (Atkinson et al., 2014). Hall's (2015) study of mother's experiences of partner violence found that intergenerational trauma was evident where the effects of hurtful childhood experiences were pervasive, long lasting, and influential. Participants identified "early childhood experiences of their mothers, grandmothers, grandfathers, and then in turn their own children" (Hall, 2015, p.203).

1.5.3 *Australian Aboriginal people and intergenerational trauma*

Despite a large body of literature acknowledging the significance of colonial practices on Aboriginal Australians, a paucity of empirical research exists that investigates the transmission of trauma amongst Aboriginal Australian communities. Just two empirical studies exist that examine the impact of colonisation and the passing of trauma across generations. The first study conducted by Judy Atkinson (2002) investigated Aboriginal Australians in Central Queensland and found that trauma has the capacity of being transmitted across generations, and compounds in frequency and severity in doing so. The only other study, provided by Caroline Atkinson (2008), focused on PTSD symptoms suffered by incarcerated Aboriginal males and the potential of trauma to be passed across generations. Both seminal studies will be discussed in greater detail in later chapters; however, both illustrate the significance of the trauma associated with the experience of colonisation and the manner of which unresolved trauma transfers and manifests in subsequent generations.

Gee (2016), explored aspects of historical loss, contemporary trauma, and resilience and recovery among Aboriginal Australian people located in Victoria. Using a cross-sectional research design, the analysis of the structured interviews of 81

participants allowed for the quantitative exploration of the relationships between trauma exposure, trauma symptom severity, and a range of social, historical, and cultural variables (Gee, 2016). Gee (2016) asserted that the gap between poor socio-economic, emotional wellbeing and the health status of Aboriginal people and other Australians is linked to the trauma, grief, and loss, resulting from colonisation processes. While Gee's (2016) two-part study focused primarily on predictive statistics about participants exposure to traumatic events and potential protective factors of trauma symptom severity as opposed to investigating the transmission of trauma across generations. His findings included the statement that "two generations of child removal from one's natural family, historical loss, experiences of racism, and not having access to funds for basic living expenses were all associated with greater trauma symptoms severity" (Gee, 2016, p.i). Furthermore, Gee (2016), contends greater healing from past trauma was associated, to varying degrees, with higher levels of empowerment, personal strengths, relational cultural strengths, and global strengths.

In other case studies, Mills, Lee, Lee, & Dargan (2015), through their work with the Larrakia Healing Group were able to develop a six-generation account of the effects of colonisation and intergenerational trauma in the Larrakia communities of the Northern Territory. The authors revealed that violence, substance abuse and other dysfunctional behaviours escalated across generations as a result of initial contact with non-Indigenous colonial practices which separated Larrakia people from their land and eroded language and cultural continuity (Mills et al., 2015).

While the impact of colonisation resulting in the trauma of Indigenous populations has been established, it is essential to recognise that impacts vary from community to community (Atkinson et al., 2014; Chandler & Lalonde, 1998; Marsh

et al., 2016). Several researchers highlight that not only do trauma responses vary in different parts of the country, it is also important to recognise that the culture specific to individual communities are diverse, which can also impact the way in which an individual manifests the symptoms of mental illness (Cohen, Mannarino & Deblinger, 2016; Corin, 2017; U.S. Department of Health and Human Services, 2001). For example, culture may determine or frame causative, precipitating factors influencing the onset, symptom profile, course, and outcome of mental illness (Gone, 2013; Parker & Milroy, 2014). This reflects the significant heterogeneity Aboriginal communities exhibit in their social, demographic, geographical, and linguistic experiences. Thus, seeking any ‘pan-Aboriginal reality’ in improving the mental health and well-being of people living in Aboriginal communities is fraught with practical, ethical, and methodological challenges (Browne et al., 2012).

Aboriginal communities are heterogeneous; thus any attempt to address the trauma response of Aboriginal people must take into account the diverse experiences of colonisation and the impacts of subsequent policies. Whereas frontier wars were raging across Australia in the late 1890s, for example, the Daly River tribes were still seen as ‘pristine savages’, untouched by European influence, opening up the exploitation of the Indigenous population to corruption or salvation (Alroe, 1988; Ganter, 2016). Consequently, providing mental health mediations in Aboriginal communities is complex and locality specific.

1.5.4 *Summary*

In summary, researchers have acknowledged that colonial practices can result in Aboriginal Australian people suffering trauma and the symptoms of trauma, which can be transmitted across generations. Significantly, a growing body of literature has

also identified the importance of recognising cultural factors in the conceptualisation of trauma. This study has the potential to break through and heal intergenerational trauma by empowering participants to construct positive new life stories by sharing their individual histories. For some participants, this new life story will increase the awareness of what experiences and interpretations make them stronger and start the healing process, thus breaking the cycle of trauma, violence, and family structure breakdown which for some, has been occurring for generations. This is crucial as imposing a Western view of how Aboriginal Australians experience trauma, is itself, a manner of colonialism. Furthermore, to avoid the same colonising errors concerning possible healing approaches in response to trauma, a description of Aboriginal views of health will now be provided.

1.6 *Aboriginal view of health*

1.6.1 *Introduction*

Traditional Aboriginal Australian views of health differ significantly from the Western biomedical perspective. Best described as wellbeing, the health of Aboriginal Australians is informed by a collective view of health that encompasses mental, physical, cultural, and spiritual health (Dudgeon et al., 2014; Mark & Lyons, 2014; Zubrick et al., 2014). Beliefs are holistic, and everything is connected. Thus, for Aboriginal Australians, health is not just the physical wellbeing of the individual, but the social, emotional, and cultural wellbeing of the whole community (AHMAC, 2017). This holistic understanding of health involves the entire life-course of the community and involves broad issues, such as social justice, equity, and rights, as well as traditional knowledge and traditional healing (Gee, Dudgeon, Schultz, Hart, &

Kelly, 2014; Meyer, 2001). Anderson, Baum, & Bentley (2007) provides an insight into the Aboriginal connection of health and community life:

It would, in all likelihood, come as a shock to the ancestors of Aboriginal people in Australia that there could ever have been any doubt that what happens in everyday life and one's position within society would have a massive impact on health. For them, health was a concept indivisible from life itself. (p. xi)

1.6.2 *Connection to Country*

A large body of Aboriginal health literature exists that recognises the relationship between Aboriginal health and connection to Country (AIHW, 2014; Kingsley, Townsend, Henderson-Wilson, & Bolam, 2013; McGrath, 2007). Country is often described as the lands to which Aboriginal people have a traditional connection or deep relational attachment (Weir, Stacey, & Youngentob, 2011). The significance of being on Country should not be underestimated, as the deep cultural and spiritual connection to Country experienced by Aboriginal people has long been recognised:

No English words are good enough to give a sense of the links between an Aboriginal group and its homeland. Our word 'home', as warm and suggestive though it may be, does not match the Aboriginal word that may mean 'camp', 'heart', 'country', 'everlasting home', 'totem place', 'life source', 'spirit centre' and much else in one. Our word land is too spare and meagre. We can now scarcely use it except with economic overtones unless we happen to be poets... the Aboriginal would speak of earth and use it in a rich symbolic way to mean his 'shoulder' or his 'side'. I have seen an Aboriginal embrace the earth he walked on... a different tradition leaves us

tongueless and earless towards this other world of meaning and significance.

(Stanner, 1979, p.230-1)

Deborah Rose (1996) describes the reciprocal relationship between the health of Aboriginal people and a deep connection to Country. For Aboriginal people, Country is considered the place where all things began, a living entity with a deep consciousness:

People talk about Country in the same way that they would talk about a person: they speak to Country, sing to country, visit Country, worry about Country, feel sorry for Country, and long for Country. People say that Country knows, hears, smells, takes notice, takes care, is sorry or happy. Country is not a generalised or undifferentiated type of place, such as one might indicate with terms like ‘spending a day in the country’ or ‘going up the Country’. Rather, country is a living entity with a yesterday, today and tomorrow, with a consciousness, and a will toward life. Because of this richness, Country is home, and peace; nourishment for body, mind, and spirit; heart’s ease. (p.7)

Furthermore, the connection to Country and the health of Aboriginal people recognises the significance of traditional land to identity, spirituality, community, and culture. The importance of spirituality to Aboriginal health is derived from the Dreaming and is connected to land, place, people, the living (other entities – animals), and non-living (seasons, traditions, mythology), as Pat Anderson (1995) explains:

Our identity as human beings remain tied to our land, to our cultural practices, our systems of authority and social control, our intellectual traditions, our concepts of spirituality, and to our systems of resource

ownership and exchange. Destroy this relationship and you damage — sometimes irrevocably — individual human beings and their health. (p.15)

1.6.3 *Spirituality and wellbeing*

Several studies highlight the significance of spirituality to Aboriginal people's health and wellbeing (Atkinson, 2002; Brennan, 1993; Hall, 2013; Robbins & Dewar, 2011). Aboriginal spirituality is defined as being at the core of identity. It gives meaning to all aspects of life including relationships with one another and the environment where all “objects are living and share the same soul and spirit as Aboriginals” (Grant, 2004, p.8-9). Sacred stories are encoded to carry the knowledge of why it is essential to keep all things in healthy interdependence. Cultural expressions involving art, song, ceremony, dance, values, and structures have their roots deep in Aboriginal spiritual practice and have connections between individual and collective health within Aboriginal communities (Kirmayer, Simpson, & Cargo, 2003). In these instances, researchers have shown that the practice of Aboriginal spirituality can be effective in developing resilience in the face of generational trauma (Fleming & Ledogar, 2008; Tousignant & Sioui, 2013). Atkinson (2002) asserts the importance of understanding one's spirituality, for example, is central to overcoming the impacts of trauma:

Spirituality is a quality of being rather than an activity of belief. Spirituality is influenced by principles rather than conditioned by rules and beliefs. It is the spiritual that makes the person. By spiritual what I mean is in the universe, our connection with the creative, life-giving forces, spiritual life is about the whole person: it is about wholeness and completeness. (p.8)

Grievés (2009) argues for the centrality of Aboriginal spirituality in all areas of Aboriginal development, particularly in the practice of improving Aboriginal social and emotional wellbeing. Spirituality, asserts Grievés (2009), symbolises the philosophical basis of a culturally derived and holistic concept of ‘personhood’ and should represent a crucial overlay to the Western approaches of dealing with Aboriginal issues of mental health.

1.6.4 *Aboriginal views of mental health*

While the rhetoric of Aboriginal Australian health policy acknowledges the Aboriginal perspective of defining health; the practical reality is that policy and strategies target Aboriginal people using Western models of health (Dudgeon & Kelly, 2014; Sherwood & Edwards, 2006; Thompson et al., 2015). However, several researchers have challenged Western views, and the assumptions of mental health and wellbeing that promote interventions that include linear and ‘one size fits all’ approaches to Indigenous mental health issues (McGough, 2015; Vicary & Bishop, 2005). Furthermore, in the Indigenous mental health paradigm, the history of European colonisation defines a cultural fault line that includes power disparities and prejudices, resulting in the marginalisation Indigenous Australians’ worldview of mental health (Fay, 2018; Hall, 2015).

A growing body of research recognises a contemporary conception of Aboriginal mental health that puts a greater emphasis on healing trauma (Atkinson et al., 2010; Mackean, 2009; Wirihana & Smith, 2014). Stewart (2009) proposed that contemporary notions of Aboriginal mental health contain two components, mental health as wellness and mental health as healing, thus acknowledging the mental health of Aboriginal Australian people requires a much wider lens to involve a focus on

identity and colonisation. Moreover, the Aboriginal and Torres Strait Islander Healing Foundation (Blignault et al., 2014) suggest that mental health is being able to heal by coming to terms with the trauma and connecting with the spiritual self.

In a Western Australian study, McCoy (2008) investigated the Puntu's construction of wellbeing and found that in the context on health and healing, a harmony exists between physical, social, and spiritual realities, where health and happiness are intimately intertwined, and a deep spiritual interconnectedness exists in all desert life. This harmony creates balance, union, and peacefulness, essential qualities humans strive to achieve and synonymous with health and wellbeing (McCoy, 2008; Paton & Johnson, 2017). This study will build on previous research as it seeks to investigate and privilege traditional healing practices which not only encapsulates the interconnected, holistic view of health for Aboriginal people but also ensures a greater emphasis placed on the importance of privileging the Aboriginal worldview of the local Nauiyu community.

1.6.5 *Aboriginal people and the mainstream mental health system*

For Aboriginal people, healing is a complex system inextricably linked to culture and embedded in every aspect of life (Broome, 1982; Kelly, Dudgeon, Gee, & Glaskin, 2009; Pink & Allbon, 2008). In terms of healing, there is a significant distinction between the concepts of 'social and emotional wellbeing' used in Aboriginal settings and the term 'mental health' used in Western settings:

The concept of mental health comes more from an illness or clinical perspective and its focus is more on the individual and their level of functioning in their environment. The social and emotional wellbeing concept is broader than this and recognises the importance of connection to land,

culture, spirituality, ancestry, family and community, and how these affect the individual. (Social Health Reference Group, 2004, p.9)

Prior to colonisation, traditional healing practices such as the use of traditional healers, ceremony, healing songs, and bush medicines were the only methods to improve Aboriginal health and wellbeing. Several researchers assert that as a result of colonisation, the practice of traditional healing has been severely damaged and in many Aboriginal communities is at risk of being lost (Oliver, 2013; Robins & Dewar, 2011; Wilson, Rosenberg, & Abonyi, 2011). The health care landscape for Aboriginal Australians has, therefore, shifted significantly, particularly in remote Aboriginal communities where mainstream Western mental health services are often the only ‘professional’ services available to Aboriginal people (Isaacs, Pyatt, Oakley-Browne, Gruiss, & Waples-Crowe, 2010; Smith, Fatima, & Knight, 2017).

Cawte (1996) refers to the provision of Western biomedical models of healthcare in Aboriginal communities as the ‘hospital fallacy’, cautioning against the tendency for people to believe that “because there is a little hospital, a pair of resident nurses and an aerial medical service, the health needs of an Aboriginal community are being met” (p. 35). Despite the suffering of Aboriginal Australian people being well documented, the mainstream mental health system continues to demonstrate little responsibility and effectiveness in meeting the needs of Indigenous Australians (Dudgeon & Kelly, 2014). For instance, psychological distress continues to rise in Aboriginal Australians, while suicide rates remain double those found in mainstream populations (AHMAC, 2017).

Although the Council of Australian Governments Mental Health Reforms 2006-2011 stated that they aimed to address the high prevalence of mental disorders

such as anxiety and depression, little effort was made to reform the mental health system in ways that could benefit Aboriginal people (Dudgeon & Kelly, 2014). Alarming, the rates of mental health and wellbeing issues were not systemically gathered at a national level until the 2004-2005 National Aboriginal and Torres Strait Islander Health Survey (ABS, 2010) and the 2008 National Aboriginal and Torres Strait Islander Social Survey (ABS, 2010). Indeed, Aboriginal people were not identified as a specific target group for any mental health services until 2012 (Dudgeon & Kelly, 2014).

Mental health disciplines, such as psychology and psychiatry, have a brief and contested history with Aboriginal Australians (Adams et al., 2014). A review of the history shows that there has been a struggle to create a place for Indigenous psychology with a genuine acknowledgment and understanding of the history of colonisation that has shaped the situation of Indigenous Australia (Dudgeon & Kelly, 2014). This concern has also been expressed by other psychologists such as Davidson, Sanson, and Gridley (2000) and more recently by Rickwood, Dudgeon, and Gridley (2010) who stated:

The history of the discipline shows that psychology has been complicit in the colonising process and, as a dominant discourse, has a documented past that has been ethnocentric and has objectified, dehumanised and devalued those from culturally different groups. Furthermore, psychology has often been enlisted to enact or justify practices of assimilation and oppression. (p.14)

For decades, mainstream health services have been provided on the foundation of inherent ethnocentrism, resulting in widespread systemic failure to respond to the needs of Aboriginal Australian (Dudgeon et al., 2010). Scholars in the field of

Indigenous psychology suggest that psychological theories continue to be used as a tool of cultural dominance, arguing that the presumption of universality and individualism are the core reasons why Western psychological concepts are inappropriate and potentially damaging to Indigenous people (Dudgeon, Pickett, & Garvey, 2000). In 1989, the National Aboriginal Health Strategy (NAHS) stated that:

Mental health services are designed and controlled by the dominant society for the dominant society. The health system does not recognise or adopt programs to recognise Aboriginal beliefs and law, causing a huge gap between service provider and user. As a result, mental distress in the Aboriginal community goes unnoticed, undiagnosed and untreated.
(NAHS, 1989, p.171)

In the landmark 1995 Ways Forward report, the first national analysis of Aboriginal and Torres Strait Islander mental health, and the baseline document endorsed by the Australian Government to be used in the delivery of services to Indigenous populations, Swan and Raphael (1995) made a similar argument:

When there was contact with or use of mainstream health services they are frequently seen as unhelpful, non-responsive, inaccessible or unavailable and totally failing to respond to the needs of Aboriginal people with mental illness. Misdiagnosis, the inappropriateness of Western models, failure to recognise language differences, ignorance of Aboriginal culture and history, and racism complicated the picture... the overall picture is one of gross inadequacy. (p.38)

The Aboriginal and Torres Strait Islander Emotional and Social Wellbeing Action Plan (1996-2000) was developed in response to findings and recommendations

of the Ways Forward report (1995), the Royal Commission into Aboriginal Deaths in Custody (1987-1991), and the inquiry into the Human Rights of People with Mental Illness in 1993 (the Burdekin Inquiry). The reporting on deaths in custody, youth suicide, and intergenerational trauma highlighted the need for culturally appropriate and accessible mental health services for Aboriginal Australians (Vicary & Westerman, 2004; Zubrick, Holland, Kelly, Calma & Walker, 2014). The Aboriginal and Torres Strait Islander Emotional and Social Wellbeing Action Plan (1996-2000) was the first national initiative to recognise and address the social and emotional wellbeing of Aboriginal people and led to the development of a range of culturally appropriate, Aboriginal-led initiatives, including the Wuchopperen Health Service in Cairns; Gallang Place in Brisbane; Nunkuwarrin Yunti in Adelaide; and the Koori Kids Program at the Victorian Aboriginal Health Service Cooperative (Zubrick et al., 2014).

The significance of the Action Plan in addressing mental health challenges of Indigenous Australian people was twofold. Firstly, the Action Plan promoted a shift towards Indigenous-led innovations, which acknowledged the significance of the extended family, nature, and spirituality in the design of mental health programs in Indigenous communities. Secondly, these programs more readily gained community support as they were perceived to be more holistic and that they adhere to cultural and community protocols.

1.6.6 *Mental health practitioners*

The cultural differences between Indigenous Australians and non-Indigenous health care providers have long been acknowledged (Berlin & Fowles, 1983; Browne & Varcoe, 2006; Downing, Kowal & Paradies, 2011). However, the level of cultural

competency of non-Indigenous service providers and health professionals required to provide culturally safe care to Aboriginal patients remains problematic (McGough, 2015; O' Brien, 2006). For mental health nurses, the Standards of Practice published by the Australian College of Mental Health Nurses directs that mental health nurses must “enable cultural safety in practice, taking into account age, gender, spirituality, ethnicity and health values” (Australian College of Mental Health Nurses, 2010, p.5).

Cultural safety advocates that mental health practitioners establish a safe environment for patients that is sensitive to their social, political, and spiritual concerns (Kirmayer, 2012; Nelson et al., 2015), underpinned by the process of identity formation and principles including self-reflection and patient-centred care (Taylor & Guerin, 2010). Cultural safety acknowledges that improving equitable access to health care is “not just a matter of what members of the dominant culture do with ‘others’ but what they should do with themselves” (Ryder, Yarnold & Prideaux, 2011, p.781-782). Consequently, this cultural safety approach requires health professionals to reflect on their own identity, culture, and practices that inform the way they exist in the world, rather than learn about the other (Bennett, Zubrzycki & Bacon, 2011; Pyett, Waples-Crowe, & van der Sterren, 2008).

However, it should come as no surprise that achieving culturally safe care for Aboriginal Australians is far more complicated than non-Indigenous health practitioners merely reflecting on their cultural differences. Several researchers have reported numerous cultural, social, and economic factors inhibiting the development of culturally safe practices in non-Indigenous health practitioners (Downing et al., 2011; Freeman et al., 2016; Parker, 2010). For instance, in a Western Australian study, McGough (2015) investigated the capacity of non-Indigenous mental health professionals to provide culturally safe care to Aboriginal patients.

Using a grounded theory methodology, the analysis of interviews of 28 non-Indigenous mental health professionals revealed that many participants felt unprepared to provide culturally safe care to Aboriginal patients. This unpreparedness was the function of poor educational preparation of Australian citizens around Aboriginal history and culture, thus impacting on the participants' ability to work with Aboriginal people in mental health settings (Burgess & Mathias, 2017; McGough, 2015). The results revealed that this problem is further exacerbated by a lack of targeted professional development aimed specifically toward assisting mental health professionals in providing culturally safe care to Aboriginal people (McGough, 2015). Furthermore, while participants noted society's influence of racism and discrimination, they also reflected on their personal attitudes and acknowledged using personal protective strategies to manage the feeling of unpreparedness such as avoidance, minimisation, and denial, which in itself is a covert form of bias (McGough, 2015).

In line with these findings, Durey, Wynaden, Barr & Ali (2014) examined forensic mental health care for Aboriginal people in Western Australia. Data collected from non-Indigenous health professionals in a West Australian forensic mental health setting used an online survey and semi-structured interviews. Participants believed that several factors were important in their capacity to provide culturally safe care to Aboriginal people including knowledge of Aboriginal history and the impact of colonisation, knowledge of Aboriginal culture, and education on Aboriginal people's perception of mental health and illness (Durey et al., 2014).

Similarly, Wilson, Magarey, Jones, O' Donnell & Kelly (2015) investigated the attitudes and characteristics of 35 (31 female, four male) non-Indigenous health professional workers in South Australian Aboriginal health between 2005-2010. The

results revealed that the experiences of the participants in providing culturally safe health care could be identified along a continuum and broadly grouped into four categories: (1) a lack of practice knowledge, where participants lacked the strategies to work with Aboriginal people; (2) a fear of practice, where participants feared being racist or getting things wrong; (3) a perception that it was too difficult, where participants were aware of external challenges they felt were beyond their capacity to address; and (4) barrier breakers, who were non-Indigenous health workers who were aware of external challenges but carried on practicing regardless (Wilson et al., 2015). Wilson et al., (2015) suggested that training health professionals in cultural safety would provide them with greater skills in critical reflection, which could help them work through issues related to colonisation, history, the determinants of health of Aboriginal people, and identification of their own attitudes and values.

This discussion indicates that there are significant gaps in service providers that attend to the culturally appropriate healing of trauma and psychiatric care of Indigenous peoples (Burgess & Mathias, 2017; Hart, 2010, Menzies, 2014). The need to fill this gap is crucial due to the substantial and increasing mental health challenges faced in Aboriginal communities. This study will attempt to fill this gap by informing non-Indigenous health practitioners tasked with the responsibility of sharing the healing journey in response to the experience of colonisation trauma of many Aboriginal Australians living in the Nauiyu community.

1.6.7 *Barriers to mental health services*

Studies have also indicated that Aboriginal Australians experience barriers that restrict or prevent access to Western mental health care services. Researchers have revealed there is an interaction of individual, cultural, and social barriers for

Aboriginal Australians in seeking treatment from mental health services including transportation issues (Brett et al., 2017; Gruen, Weeramanthri & Bailie, 2002; O'Brien, 2006), affordability of services (Brett et al., 2017), shame (Brown et al., 2016; Price, & Dalglish, 2013), medication literacy (Treloar et al., 2013), lack of round-the-clock services (Eley et al., 2007; Salisbury, 1998), needs-based resource allocation (O'Kane & Tsey, 2004), long waiting times, and problems with Medicare cards (Boudville, Anjon, & Taylor, 2013). The complexities surrounding the access of Aboriginal Australians to mental health services further reiterates the need for more community and region-specific collaborative research to identify the mental health needs of local Aboriginal communities (Isaacs et al., 2010; Ware, 2013).

More significantly, experiences of institutionalised racism continue to present a challenge for Aboriginal Australians engaging with mental health services (Came, & Griffith, 2017; Rix, Barclay, Stirling, Tong, & Wilson, 2015). Past failures, including experiences of stigma, racism, and a fear of being incarcerated, perpetuate the reluctance of Indigenous people to seek mainstream health services within communities (Eley et al., 2007; Westerman, 2010). Herring, Spangaro, Lauw, and MacNamara (2013) identified a similar barrier, which suggest that regular exposure to racism leads to cynicism and a lack of trust; adversely impacting upon the engagement of Aboriginal peoples with Western mainstream health services. Furthermore, Herring et al., (2013) claimed:

Fear of having problems or illness attributed to being Aboriginal; of being asked questions that are not understood; of being accused as having poor parenting skills, or being wanting as parents and the statutory intervention occurring as a result, remain real barriers to mental health support for Aboriginal people. (p.110)

In line with these findings, in their ethnographic study investigating the barriers Aboriginal Australians face in accessing mainstream health care, McBain and Veitch (2011) were able to explicitly link Western health practitioners' ignorance of Aboriginal culture with a 'difference blindness'. Difference blindness is a "phrase used in national health ethics documents referring to an ethos where practitioners treat all patients as the same regardless of age, gender, ethnicity or religious belief" (McBain & Veitch, 2011, p.73). This Western Queensland study involved 12 participants from the Aboriginal health care community, finding that many practitioners did not acknowledge that Aboriginal patients have unique needs and concerns, specific to their cultural heritage as well as historical encounters with medical systems that were different from those of other patients.

Moreover, while some practitioners expressed a degree of difference blindness, others went to great lengths to explain that Aboriginal people have gained a kind of preferential treatment over other patients, determined largely by virtue of their culture:

Aboriginal and Torres Strait Islanders, they get the same treatment as any Caucasian or any other nationality and in my opinion, they still get that, in fact perhaps in preference to the Caucasians. But it's how they utilise it when they get home, and their determination, their mental determination to... the importance to them, to take their pills correctly and toe the line with diabetes, etcetera that is going to influence the outcome. And they don't have the mind-set, on the whole, to be involved with that. So that in my opinion that is a great barrier. (McBain & Veitch, 2011, p.73)

Overall these findings reflect those of Humphrey, Weeramanthri, and Fitz (2001), who reported that many mental health care providers attributed non-

compliance to Western-style mediations to cultural differences between patients and providers, lack of understanding, and communication gaps. At times, this form of “victim blaming, whereby health care providers perceive Aboriginal culture as a barrier to good health outcomes” (Humphrey et al., 2001, p.51), abrogates responsibility from the Western medical model by blaming the other, and attributes failings directly at the feet of cultural difference (Denis, 2007; Quayle & Sonn, 2013).

In their qualitative study at the South Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care, Hepworth et al., (2015), found that both health professionals and service users reported bureaucratic and cultural barriers to accessing appointments, as well as a lack of understanding about Indigenous culture and social and emotional wellbeing. They reported three key themes about Aboriginal and Torres Strait Islander people’s access to, and health service staff experience of, mental care services within a primary health care service: (1) responsiveness to community needs; (2) trusted relationships; and (3) shared cultural background and understanding. More specifically, they found that for mental health care to be effective, it must enable the provision of holistic and culturally appropriate care and involve relationships that are familiar, longstanding, and trustworthy (Hepworth et al., 2015). Indeed, the cultural significance of the mental health practitioners involved in mental health care cannot be overestimated, as described by two participants in the study:

I think it helped that she [*the psychologist*] was a black woman... young and Aboriginal... because we have this – deal with the same issues and stuff. I don’t know her background and stuff but as black women, we get dealt with the same stuff in everyday society. (Hepworth et al., 2015, p.51)

She knew where we were coming from, 'cause she's an Aboriginal lady too, like – so she knew half the problems and that and where I was coming from and even with the kids and stuff like that. (Hepworth et al., 2015, p.51)

These findings echo previous research, which found that Aboriginal people are more likely to engage in health treatment from people with whom they were familiar (Dingwall, Puszka, Sweet, & Nagel, 2015; Fielke, Cord-Udy, Buckskin & Lattanzio, 2009; Whiteside, Tsey, & Cadet-James, 2011). In an ethnographic study in the remote Warlpiri community of the Northern Territory, Saethre (2007) describes the significance of the relationship between the patient and the health service worker. Even in relation to *ngangkari*, a traditional Aboriginal spiritual doctor, many people in the Warlpiri community based their opinion of their efficacy entirely on their relationship with that person.

Other researchers have noted similar findings in other remote Aboriginal communities where Aboriginal people will initially consult with *ngangkari* to whom they are related or in whom they have confidence (Gray, 1979; Saethre, 2007; Willis, 1985). This has several implications, such that, in contrast with Western cultural practice, which often involves the unquestioning sharing of information to professionals on the grounds of authority (Isaacs et al., 2010), Aboriginal Australian people restrict the sharing of private information to people with whom they have confidence and can trust (Dingwall et al., 2015; Isaacs et al., 2010).

This variance in cultural approach can result in a perception that the Aboriginal patient is unwilling to share information, thus provoking a dismissive attitude from many professionals, resulting in incorrect diagnoses, and using practices that are considered offensive (Herring et al., 2013; Mckendrick, 2007). As a result, help is

often sought only in emergencies or when situations have spiralled out of control (Glover et al., 2015; King, Smith, Gracey, & 2009; Taylor & Guerin, 2010), thus requiring treatment that is far more drastic or invasive than they may otherwise have been (Isaacs et al., 2010). Receiving drastic interventions ultimately compounds the high stress of trauma legacies, which not only exponentially increases health care costs, but also result in many Indigenous people living in a perpetual state of crisis (Herring et al., 2013).

At the grassroots clinical level, providing culturally appropriate psychological services for Indigenous Australians requires navigating a cultural interface between non-Indigenous practitioners and Indigenous people (Hall, 2015; Kilcullen, Swinbourne, & Cadet-James, 2017; Nakata, 2007). The intercultural space has been variously described: Wilson et al., (2015) presents the notion of a third space in Aboriginal healthcare; while Ermine (2007) describes the third space as “the ethical space and engagement, which is formed when two societies with disparate world views are poised to engage with each other” (p.193). Durie (2005) describes the ‘interface’ where two knowledge systems come together, and new knowledge is created that can be used to advance understanding in both worlds. Chan (2008) in her speech addressing the World Health Organisation Congress on Traditional Medicine comments that the “two systems of traditional and Western medicine need not clash. Within the context of primary health care, they can blend together in a beneficial harmony, using the best features of each system, and compensating for certain weaknesses of each”. (Chan, 2008)

Iwama, Marshall, Marshall, & Bartlett (2009) describe a two-eyed seeing approach, which blends Indigenous and Western research methods, knowledge translation, and worldviews. Two-eyed seeing recognises Indigenous knowledge as a

distinct and whole knowledge system that exists side-by-side with mainstream Western science, wherein the benefits of both worldviews are acknowledged as beneficial in the healing process (Bartlett, Marshall, & Marshall, 2012; Rowan et al., 2015). The concept of ‘two ways’ was also introduced in the Northern Territory during the 1970s, which promoted the blending of traditional healing practices and biomedical health care. However, it was dismissed by the late 1990s for unknown reasons (Oliver, 2013; Saethre, 2007).

The manner in which traditional healing practices have been blended within mainstream primary health settings varies around the world. While many countries have established regulatory bodies that recognise and promote traditional healing practices, others, including Australia, have failed in any attempt to recognise or regulate traditional healing practices (University of Sydney, 2016). Indeed, given the lack of formal studies investigating traditional healing practices in Australia, it is unclear to what extent traditional healing practices remain within primary health care settings and how this practice sits alongside the current biomedical health care model (Oliver, 2013). Given that traditional healing practices have proven effective in the treatment of intergenerational trauma (Atkinson, 2002; Brave Heart, 1998; Menzies, 2014) and that barriers currently exist for Aboriginal people to address mental health issues in mainstream health settings, the idea to blend the two approaches was considered as an option for this thesis.

1.7 *Traditional healing practices*

1.7.1 *Defining traditional healing*

Definitions related to traditional healing practices tend to have a more holistic approach to health than approaches taken in most Western medical models

(Gureje et al., 2015; Lichtenstein, Berger, & Cheng, 2017; Williams, Guenther, & Arnott, 2011). For instance, Mark and Lyons (2014) report that the process of traditional healing is seen as holistic as it engages the mind, body, and soul of the individuals, as well as families and communities. This form of mind-body-spirit is a significant part of the healing process (Nichols, 2015). In fact, as opposed to Western models, emotional and spiritual issues are vital features of traditional healing practices (Hall, 2012; Moran & Fitzgerald, 2008), which often make references to balance, harmony, and the environment (Hall, 2013; McCabe, 2008; Zurba & Berkes, 2014); and in newer cases, explicitly refer to healing from trauma caused by colonisation (Atkinson, 2002; Campbell, Burgess, Garnett & Wakerman, 2011; Castellano, 2006).

Indigenous communities are employing elements of their traditional healing systems to deal with modern-day mental, physical, and spiritual illnesses (Adams et al., 2014; Hall, 2015; Robbins & Dewar, 2011). The World Health Organisation (WHO) recognises the long history and vital role traditional practices play in the role of health maintenance and treatment in Indigenous populations (WHO, 2014). Encompassing traditional healing practices of Aboriginal Australians, use of the term ‘traditional medicine’ exclusively refers to the Indigenous health traditions of the world in their original setting (Bodeker & Burford, 2007, p.9). The World Health Organisation Traditional Medicine Strategy 2014-2023 promotes the global priorities for traditional and complementary medicines with the aim to “harness the potential contribution of traditional medicine to health, wellness and people-centred health care” and “promote the safe and effective use of traditional medicine by regulating, researching and integrating traditional medicine products, practitioners and practice into health systems” (WHO, 2014, p.23).

The World Health Organisation defines traditional medicine as:

The sum total of the knowledges, skills, and practices based on the theories, beliefs, and experiences Indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness. (WHO, 2014, p.15)

Furthermore, in its attempt to articulate a comprehensive working definition of traditional medicine, the World Health Organization (2002) emphasised how the diversity of Indigenous knowledge systems requires taking into account the range of “health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness” (p.7).

According to existing literature, the key to healing the trauma of Aboriginal people lies in the reclamation of one’s identity (Gone, 2008; Hall, 2015; Kirmayer, Sehdev, & Isaac 2009; Roy, Noormohamed, Henderson, & Thurston, 2015). In this context, reclaiming Aboriginal identity means recovering traditional philosophies, ideologies, approaches, and values, and adapting them to contemporary community life (Adams et al., 2015; Leonard, Parsons, Olawsky & Kofod, 2013; Menzies, 2014). More specifically, Marsh et al., (2016) assert this identity reclamation process encompasses both individual and collective identity and can be sought by way of engaging with traditional healing practices. As such, a focus on identifying and assessing traditional healing in response to trauma recovery for Aboriginal people is warranted.

1.7.2 *Traditional healing practices – Overseas research*

Literature devoted to traditional healing practices is dominated by researchers from Canada and the United States. A large body of Indigenous and non-Indigenous researchers agree that the restoring of traditional healing practices is a pathway to both empowerment and health for Aboriginal peoples and communities (Brave Heart, 1998; Duran, 2006; Hall, 2105; Marsh et al., 2016 & Menzies, 2014). A quasi-experimental study by Lowe, Liang, Riggs & Henson (2012), found that a Native American culturally based intervention was significantly more effective for the reduction of substance abuse and related problems than a noncultural-based intervention. The researchers found that integrating Keetowah-Cherokee values into talking circle group sessions made a significant impact on reducing substance abuse and related problems.

In a recent scoping review, Roy et al., (2015) examined promising traditional healing practices for interventions addressing intergenerational trauma among Aboriginal youth. Of the 3,135 citations uncovered in the databases, the authors found minimal existence of published research on evidence-based practices, though did note some promising practices (Roy et al., 2015). The inclusion criteria sought documents involving Aboriginal Australian and international studies which addressed intergenerational trauma in a broad sense, for example, trauma linked to colonialism and ongoing oppression. In total, 16 studies were found that met the inclusion criteria from Canada, the United States, New Zealand, and Australia, most of which involved therapeutic interventions that combined traditional and Western approaches. More specifically, Roy et al., (2015) suggested promising traditional healing interventions included the need to: strengthen cultural identity as a healing tool and a tool against stigma; build autonomous and self-determining Aboriginal healing organisations; and

integrate interventions into mainstream health services, through the education of mainstream professionals about intergenerational trauma and issues in Aboriginal health and wellbeing (Roy et al., 2015, p.62).

One study by Lowe (2006), for example, sought to change an existing 10-step program into a talking circle and to weave into sessions the concepts of self-reliance, which is important to the Cherokee community. Another intervention took the form of an art project, in which Inuit youth participants were encouraged to explore their identity by reframing therapeutic sessions around the topics of historical injustice and community resilience (Veroff, 2002).

In a recent scoping study, Rowan et al., (2014) reviewed the literature on the use of cultural interventions to improve wellbeing and treat substance abuse in Indigenous populations. The search by Rowan et al., (2014) yielded 4,518 articles of which 19 studies involving 5,949 participants from the United States and Canada were included in the final review. Studies were excluded if they featured descriptive or anecdotal evidence, or failed to report outcomes or include cultural inventions. Just over half of studies in the final review involved quasi-experimental designs and very few included qualitative methodologies that might enhance outcomes. The studies in the final review revealed a diverse range of Indigenous traditional healing practices that have been adapted and adopted by modern Indigenous communities for use alongside Western approaches and are purposively designed to be place-, person and time-specific to maximise their potential and effectiveness. The results of this study showed that in addition to an overall improvement in all areas of wellness, culturally based mediations also reduced substance abuse in 74% of studies (Rowan et., 2014).

A systematic review by Nortje, Oladeji, Gureje & Seedat, (2016) investigated the effectiveness of traditional healers in treating mental illness or alleviating psychological distress. An investigation of 32 papers from 20 countries revealed there was evidence to suggest traditional healers can provide effective psychosocial intervention. More specifically, the results revealed that traditional healing practices involving intensive regular social interventions generally achieve superior outcomes to brief single interventions (Nortje et al., 2016). Nortje et al., (2016) provide insight into the complexities of evaluating the effectiveness of traditional healing interventions, recognising the profoundly different understandings of health and illness between traditional medicine and Western medicine (Nortje et al., 2016). These findings concur with previous research, proposing that implicit to the psychiatric approach is the assumption that successful treatment involves specific biological changes (Waldram, 2013), whereas a performative efficacy of traditional healing is the restoration of health to a previous level of wellbeing or functioning (Kaptchuk, 2002).

Marsh et al., (2016) explored the treatment of intergenerational trauma and substance abuse through a blending of Indigenous traditional healing and Western treatment models. Involving 24 Indigenous women and men in Northern Ontario, Canada, a mixed-methods design was used to evaluate a 13-week program involving the Seeking Safety treatment model, a mainstream psycho-educational program combined with Indigenous healing practice. The various Aboriginal culturally based methods used throughout the program included sweat lodge ceremonies, smudging, drumming, and sharing circles.

Four key themes emerged from the analysis of the qualitative data that showed a positive impact on the symptoms and behaviours related to intergenerational trauma and addiction in the participants: healing through traditional Indigenous healing

methods; impact, education, and knowledge through sharing circles; awareness and understanding of the links between trauma, substance abuse, and the impact of colonisation; and the integration and application of both Indigenous and Western knowledge (Marsh et al., 2016). Evidence from this study found that incorporating Indigenous traditional healing practices with Western treatment models had profoundly affected the symptoms and behaviours related to intergenerational trauma and substance abuse within Aboriginal populations (Marsh et al., 2016).

1.7.3 *Traditional healing practices – Australian based research*

Although the dire mental health needs of Aboriginal Australians are well established in the literature, there is a lack of empirical research examining the role of traditional healing practices of Indigenous Australians. Of the literature that does exist, the majority focusses on traditional healers and bush medicines, with a paucity of research examining other traditional modalities such as ceremony and healing songs (Oliver, 2013). Judy Atkinson's (2002) experiential research investigated the cultural processes of recovery or healing from violence related to intergenerational trauma in Central Queensland Aboriginal populations. By involving more than 600 participants, Atkinson (2002) found that traditional healing practices including smoking ceremonies, Dadirri, healing circles, art, and music were effective in healing intergenerational trauma caused by colonisation.

These findings are consistent with Caroline Atkinson's (2008) study of 58 incarcerated Aboriginal men investigating the relationship between violence and generational patterns of traumatic stressors and dysfunction. Participants reported the importance of reclaiming culture, the power of storytelling, and the use of art and music as therapeutic tools that heal and make sense of their lived trauma. Both studies

are significant as they represent the only empirical research investigating intergenerational trauma in Aboriginal Australian populations, and will be discussed in greater detail in later chapters.

In an experiential study investigating traditional Aboriginal healers in communities and within the mainstream health care system, Panzironi (2013) identified key benefits and issues in the provision of *ngangkari* services across South Australia. This comprehensive study of 145 participants draws on a wide range of interview data undertaken across mainstream and Aboriginal community-controlled health services in remote, rural, and urban communities in South Australia. Panzironi (2013) found that the provision of *ngangkari* practices has a range of benefits including positive health outcomes for patients; building community trust in the Western health care system, increasing the cost-effectiveness of health care; reducing misdiagnosis; and enhancing compliance with Western medical treatments (Panzironi, 2013). A key finding is the significance *ngangkari* place on developing a relationship with Western health practitioners to work hand-in-hand to ensure the provision of holistic two-way health care:

At the clinic, they give sick people medicine, but I don't work with medicine. I work alongside the doctors who use needles and medicine... the types of white man's medicines that are available to us are tablets, rubbing ointment, eye drops, needles and bandages for open wounds. *Ngangkari* don't use them, though. The *ngangkari* healing therapy that I use cannot be seen, nor can it be written down. (Panzironi, 2013, p.177)

While acknowledging the benefits of *ngangkari* to Aboriginal health, Panzironi (2013) argues there a number of obstacles to *ngangkari* practices that need to be

addressed. She claims there is a broad disregard of Aboriginal traditional healing practices in Australia, so entrenched that it not only contravenes articles described by the United Nations Declaration on the Rights of Indigenous Peoples but also dismisses the body of traditional medical knowledge embedded within the Aboriginal system of medicine and healing for thousands of years (Panzironi 2013). More specifically, Panzironi (2013) cites:

A lack of recognition for Aboriginal traditional healers as legitimate and qualified health practitioners, poor accreditation and registration standards, and inconsistent payment practices as a process of colonisation at the epistemological level, whereby a new terra nullius is created and reproduced in Australia's current health policy, blind to the thousands-year-old Aboriginal medicine system. (p.16)

These findings concur with emerging research, which suggest that mainstream perceptions and subsequent policy implementations of traditional healing practices reflect attitudes that were formulated during the decline of traditional healing practice throughout colonisation (Dudgeon, Bray, D'Costa, & Walker, 2017; Moorehead, Gone, & December 2015). For example, colonisation ensured a disparity between traditional healing and Western medicine, which had been tailored to cater almost exclusively to the settler state, while at the same time rendering traditional healing practices of Indigenous people as useless (Adelson, 2005; Dhalla et al., 2002; Robbins & Dewar, 2011).

The Office of Aboriginal and Torres Strait Islander Health report on the delivery of health care services from 2010 to 2011 included the provision of traditional healing and bush medicine (AIHW, 2012). Of the 236 Aboriginal primary health care

clinics across Australia, 32% utilise traditional healing and bush medicines in the provision of health care for Aboriginal people (AIHW, 2012). The results showed the extent to which traditional healing modalities are practised varies greatly amongst Aboriginal communities across Australia (Oliver, 2013). This variation was found to depend on associations with culture and beliefs about disease causation, types of illnesses presenting, the success of biomedical treatment, and accessibility to traditional healers and bush medicine (Oliver, 2013). While the report provides valuable findings, it does not outline the nature of the services provided concerning traditional healing practices, nor the provision of biomedical healthcare.

Focussing on the work of the Yiriman Project in the West Kimberley region of Western Australia, Palmer et al., (2006) offer an account of the positive impacts resulting from an intergenerational exchange of cultural traditions. The paper offers a rich example of the multiple benefits of practising Indigenous Lore and custom through traditional cultural activities. Eager to help young people deal with a range of social troubles, or ‘too much humbug’, a group of senior Aboriginal people organised ‘back to Country’ walking trips as a way to respond (Palmer et al., 2006, p. 322). The ‘back to Country’ walks could last several weeks and involve up to 100 Indigenous people by engaging in activities that are associated with taking care of Country and reinvigorating Aboriginal Lore and culture, land management work, plant harvesting, fish research, fire management, and storytelling.

Palmer et al., (2006) acknowledges the ‘back to Country’ walks share many features with the colonial based, European Outward-Bound Movement; however, he suggests there are two significant distinctions. Firstly, the Yiriman project is not training young people to participate in the colonisation of territory or the subjugation of the indigene which was the proposed historical objective of the conventional

Outward-Bound work (Palmer et al., 2006). Secondly, Palmer et al., (2006) assert that walking in the Yiriman model is being used as a tool in the Indigenous anti-colonial movement, with young people participating in a practice that helps re-establish their families and communities as the legitimate and sovereign stewards of their country.

Other literature investigating traditional healing practices in Australia includes research from the Healing Foundation. In 2009, the Healing Foundation was established by the Australian Federal Government to address trauma, restore individual and collective wellbeing, and aid healing in Aboriginal and Torres Strait Islander communities. The Healing Foundation has funded and supported a range of programs and Aboriginal organisations including 21 healing projects, 46 training and education projects, three intergenerational trauma projects, 31 stolen generation projects, and 13 healing centre projects (Blignault et al., 2014). Because collective wellbeing and healing can take many forms at many levels, the response to trauma, loss, and grief common to these projects is multi-modal and multi-level, including structured workshops, peer support groups, healing camps and gatherings, healing centres and, institutional and family reunions (Blignault et al., 2014). Moreover, much of the literature generated by the work of the Healing Foundation show that, when given freedom to choose, community-based healing initiatives overwhelmingly include some facet of traditional healing practice (Blignault et al., 2014; Cull, 2009; Whiteside, Tsey, Cadet-James, & McCalman, 2014).

Blignault and Williams (2007), for example, reviewed 12 of the Healing Foundation projects that focussed on the collective healing of members of the Stolen Generation. They identified that all 12 programs were group based and incorporated strong Indigenous cultural practices including connection to Country, yarning circles, and healing retreats (Blignault & Williams, 2007). Importantly, the study also revealed

that while there is an impressive range of programs around Australia, few have been formally documented and evaluated (Blignault & Williams, 2017). More specifically, Blignault & Williams, (2007) assert that not only is there a lack of empirical evidence which examines the conditions necessary for healing to occur and how healing works in different contexts, an evaluation that identifies good practice, and documents the full range of outcomes, is also sorely missing. Several researchers have raised issues of effective evaluation, and reporting of Indigenous based health programs where interpreting positive outcomes are difficult to achieve (O'Mara-Eves et al., 2015; Snijder, Shakeshaft, Wagemakers, Stephens & Calabria, 2015). Nonetheless, anecdotal evidence confirmed that the program had promoted participants' own personal development and self-awareness, and an increased sense of cultural identity (Marulmali Organisation, n.d.).

The Healing Foundation comprises three significant programs which have been underway for some time and are producing positive outcomes for Aboriginal Australians. The first program, the Family Wellbeing Program had been delivered to 3,500 people at 60 sites over 24 years across Australia and had undergone numerous evaluations through qualitative, quantitative, and mixed method studies. The Family Wellbeing program blended a range of Western and Indigenous healing approaches and positioned Aboriginal's own stories of survival at the heart of the healing from trauma (Whiteside et al., 2014). Researchers also found that the Family Wellbeing program assisted healing by engaging participants in conversations within the context of their own stories that promoted an understanding of their situation to move from self-blame, victimhood, and poor self-esteem towards a future with strength and control (McCalman, McEwan, Tsey, Blackmore, & Bainbridge, 2010). Several studies also revealed the program's capacity to promote personal healing and growth, develop

positive relationships, and bring about community change (Tsey & Every, 2000; Whiteside et al, 2014).

The second program, the Red Dust Healing program is a cultural healing program targeting Aboriginal males linking Indigenous and non-Indigenous cultures. The program examines the intergenerational effects of colonisation on the mental, physical, and spiritual wellbeing of Indigenous families and gives men an understanding of their hurt, which may come from rejection, grief, and loss (Blignault et al., 2014). Over 11,000 participants from New South Wales and Queensland have completed the program, which promotes healing through addressing significant issues such as identity, family roles, and structure, relationships, Elders, Men's business, and Indigenous history (Blignault et al., 2014). Cull's (2009) research thesis asserts that past participants of the program report a better understanding of rejection and loss in their lives, which has increased their capacity to accept, heal, and change negative behaviour.

The third program, the Marumali Model of Healing was explicitly designed to heal the prolonged trauma for those who were forcibly removed from their families. Developed by Lorraine Peeters and presented at the New South Wales Mental Health Conference in Sydney in 1999, the Marumali model of healing has been delivered to 2,500 people and asserts a reconnecting with spirit and spirituality as core to overcoming the loss experienced by those who have been forcibly removed (Blignault et al., 2014). The program aims to enable all Aboriginal people affected by past removal policies to identify and understand their trauma, the stages of healing from trauma, and to provide advice on the kinds of support they may require on their healing journey. An independent evaluation of the Marumali program was funded by the Healing Foundation, though it was not made available to the public. Anecdotal

evidence confirmed that the program had promoted participants' healing through enhancing personal development, self-awareness, and a sense of cultural identity (Blignault et al., 2014).

1.7.4 *Traditional healing centres*

Aboriginal traditional healing centres are unique spaces which offer opportunities to support the healing of Aboriginal Australian people. They offer experiences in order for Aboriginal people to strengthen, maintain, or reconnect with their culture through access to 60,000 years of traditional knowledge and tradition. Aboriginal traditional healing centres are often situated on sites of local importance and incorporate a range traditional health services including one-one traditional healing sessions, educational workshops, bush medicine workshops, healing and culture workshops, traditional healing and coaching sessions, traditional healing, and counselling sessions (Healing Foundation, n.d.). Moreover, a number of healing centres, such as those operated by the Healing Foundation in Australia integrate two-way healing approaches through blending traditional and Western healing practices. Through these approaches, healing centres are recognised for their effectiveness in addressing intergenerational trauma, improving wellbeing, and reducing rates of suicide, incarceration, domestic and family violence, and drug and substance abuse in Aboriginal populations. In addition, not only do traditional healing centres offer health benefits to Aboriginal people, several centres provide a range of other social, political, and economic advantages. The Healing Foundation, for instance, reports the Goorathuntha Healing Centre at Mt. Tabor in Queensland will generate \$16 million in revenue through capital investment, tourism, and the creation of local employment opportunities (Healing Foundation, n.d.).

1.8 Summary – Benefits of the study

The impact of colonisation on Aboriginal communities has eroded traditional healing practices that have been developed over thousands of years. While there is a significant gap in the academic literature on the subject, this does not justify the absence of Aboriginal traditional healing practices as a body of traditional medical knowledge still alive and practised throughout Australia (Panzironi, 2013). This study intends to address this gap as it seeks to examine the traditional healing practices that exist in the Nauiyu community, thus providing a space for the healing process to emerge for those who are experiencing trauma or the symptoms of past trauma resulting from colonisation.

This study fulfilled a community need as this research was requested by the community to address a need identified by the community. It is expected that this research will benefit the broader community by providing a means for community members to tell their life stories, which will capture their individual and collective experiences. Through the sharing of the stories, a healing process may have begun for some participants. Several participants experiencing healing might promote collective healing from trauma. The sharing of stories may have helped participants express experiences and interpretations that created a trauma, which in itself may have helped start their healing.

Supported by Dadirri, a traditional practice of the Daly River region used to elicit and shift the individual stories and the collective master story, participants may be empowered by the sense of community. The concept of empowerment resonates powerfully with Indigenous communities' desires to be self-determining. This study will promote self-determination as the community has control of the research, its

design, and the decision-making process, throughout. This will have helped to enhance the capacity of individuals and their family groups to understand the issues which are relevant within their personal and community lives. Utilising Dadirri, community members may trust and value their own cultural practices more again, which, in turn, might trigger community members, especially younger generations, to become more interested in learning their traditional healing practices and knowledges. For Aboriginal Australian people to increasingly value and learn their own traditional languages and practices would increase their individual and collective health, strength, and wellbeing, making Aboriginal Australians more independent of Western cultures.

Chapter 2: Research design

2.1 Introduction

Chapter Two of this thesis presents the research design used to investigate the life stories of the Nauiyu community and to explore traditional Indigenous healing practices. To provide stability and direction, the presentation of the research design for this study is scaffolded on Crotty's (1998, p.4) (see Figure 2.1) model of social research, with all of the four elements interacting and informing each another.

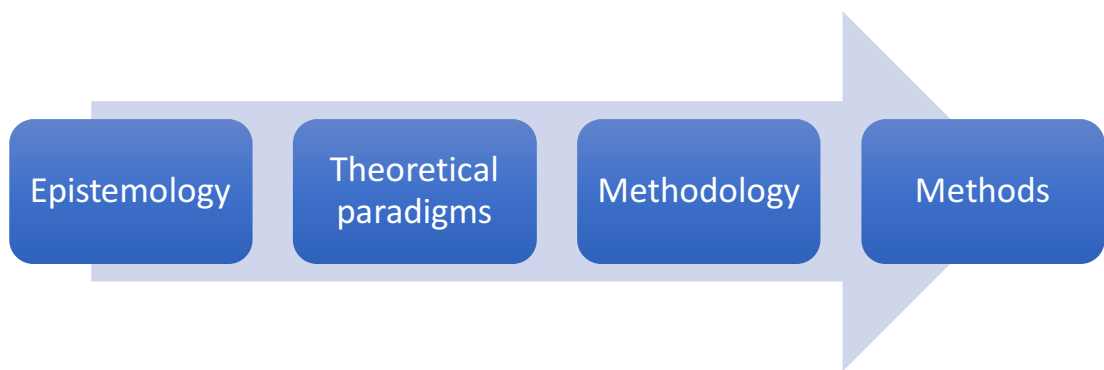


Figure 2.1. Structure of the research design.

2.2 Research framework

The research framework (Figure 2.2) for the present study and the relationship between the entities of the framework is presented in this chapter. The chapter will outline an Indigenist research approach, incorporating the principles and functions of Dadirri, which forms the foundational basis to guide this study. The chapter will present a rationale for using a qualitative research approach and the selection of the theoretical paradigms which underpin this research. An overview of the origins of grounded theory and the evolution of its constructivist approach will be provided, including a description of its application within this study.

Furthermore, the chapter presents the potential of integrating phronetic research epistemologies within the constructivist grounded theory approach, as a way of centring Dadirri and privileging Indigenous worldviews through collaborative research with Aboriginal Australians. The chapter also details ethical clearances that were obtained and aims to contribute to the knowledge of research ethics in Indigenous communities. A discussion of the suitability and characteristics of the particular methods employed for collecting, and analysing the data and representing the findings is provided. A discussion of the sampling will be provided which involves an outline of the inclusion and exclusion criteria of the participants. The data collection section will elaborate on the suitability and characteristics of narrative interviews that reveal the life stories of the Nauiyu community. This includes a focus on the trauma associated with the experience of colonialism, the potential of healing through traditional healing practices, and geno-histories that can shed light on the possible transmission of intergenerational trauma. The data analysis process and the representation of results and findings will also be presented. A discussion of matters related to the wellbeing of the researcher who undertook this research process is provided. The final section of the chapter addresses language, consent, and confidentiality issues of the research.

2.2.1 *Research objectives of the study*

The purpose of this is to gain a deeper understanding of the experiences of colonisation and the traditional healing practices of the Nauiyu community. This study, therefore, seeks to address the following key research objectives:

1. Establish the life stories of the people in the Nauiyu community;
2. Investigate the experience of trauma within the community of Nauiyu;

3. Establish whether trauma is passed on across generations;
4. Explore the presence of traditional healing practices that promote trauma recovery;
5. Determine whether these practices can be incorporated into mainstream health service delivery.



Figure 2.2. Research framework.

2.3 *An Indigenist approach*

Since colonisation, Indigenous people have been the subject of relentless study, where research was not only inappropriate and exploitative, but the only real benefactor was the European researcher (Bainbridge et al., 2015; Nakata, Nakata, Keech, & Bolt, 2012; Rigney, 2006). Research has been the site of a significant struggle for Indigenous people, a struggle involving colonial exploitation and oppression (Katz et al., 2016; Meyer, 2016; Smith, 2004). Indeed, several researchers argue that the quantity of research conducted on Indigenous people in Australia since British invasion is so immense it makes Indigenous Australians one of the most researched groups of people on Earth (Louis, 2007; Rigney, 2001; Smith, 2013). This research has too often been conducted through the lens of Western prejudice, resulting in the infringement on deeply held values and traditions, the theft of Aboriginal knowledge and beliefs, with many research outcomes creating more harm than good (Dudgeon, Kelly, & Walker, 2010; Gray & Oprescu, 2016; Meyer, 2016).

Martin and Mirraboopa (2003), suggest that Indigenous Australians have been exposed to *terra nullius* research, in which “Indigenous people are present only as objects of curiosity and subjects of research, to be seen but not asked, heard or respected” (p.1). Stanner (1979) goes further describing aspects of past Indigenous inquiry as ‘salvage research’, in that its primary purpose was to record the demise of the culture of peoples believed to be soon extinct. Thus, given the history of research practices within Indigenous Australian populations, it is little wonder that ‘research’ is “probably one of the dirtiest words in the Indigenous world’s vocabulary” (Smith, 2006, p.1).

Researchers have also found that previous literature describing Indigenous peoples perpetuate a condition of colonialism and disempowerment (Moreton-Robinson, 2000; Smith, 2007; Wilson, 2001; Zavala, 2013). Smith (1999) describes previous research from non-Indigenous researchers in Aboriginal communities as being characterised by an ‘intellectual arrogance’ accentuated with lingering ‘evangelical and paternalistic’ practices (p. 177). The poorest examples of which, have led to non-Indigenous researchers ‘parachuting’ into Indigenous communities, taking knowledge out, with little or no long-term reciprocal engagement and knowledge exchange (Castellano, 2004; Porsanger, 2004), through conduct which was seriously harmful, insensitive, and exploitative (Bourke, 1995). Thus, it should come as little surprise that there is more than a little residual mistrust, animosity, and resistance from Aboriginal Australians to contemporary research initiatives, many of which continue to feature deeply entrenched colonising research practices. (Gray & Oprescu, 2016; Martin & Mirraboopa, 2003).

The exclusive use of Western research methodologies based on the assumptions of positivism to investigate Indigenous populations is no longer acceptable (Martin & Mirraboopa, 2003; Walker, Fredericks, Mills, Anderson, 2014). A large body of literature now exists emphasising the importance of ethical, culturally sensitive research that adopts an approach consistent with the philosophies of Indigenous people (Blair, 2016; Hall, 2015; Kovach, 2015; Shay, 2016; Smith, 2006). Moreover, a growing shift toward decolonising research methods has aimed to empower Indigenous participants as researchers and moved away from the negative experiences associated with Eurocentric methodologies (Braun, Browne, Ka’opua, Kim & Mokuau, 2013; Castleden, Morgan & Lamb, 2012). Rather than traditional research practices which perpetuate the exploitative history of Australian colonialism

(Humphrey, 2001), decolonising research methodologies enable community autonomy, reclaim the validity of Indigenous ontologies and epistemologies, and advocate for community needs (Aluli-Meyer, 2013; Nakata et al., 2012; Wilson, 2003).

As such, this study reflects a move away from traditional positivistic Western methodologies and a shift towards an emerging model of research informed by Indigenous epistemologies, which goes beyond the Western ways of knowing. This thesis was designed in collaboration with the Nauiyu community, at the request of the community to address an identified community need. Thus, by its very nature, the foundation of this research is Indigenist based. Research undertaken via Indigenous ways of knowing, that seeks to conceptualise methodological reform through advocating research compatibility with Aboriginal realities, interests, and aspirations has been described as culturally sound Indigenous Research (Rigney, 2006). This study also reflects an increasing desire of Indigenous people to control their own research which privileges their own voices, worldviews, and values Indigenous identity and history (Thomas et al., 2014).

Indigenist research methodologies offer a deeply valuable alternative to mainstream research approaches that draw upon orthodox Western knowledge systems (Mikahere-Hall, 2017; Saunders, West, & Usher, 2010). Western research brings with it a particular set of values, knowledges, and conceptualisations of time, space, and subjectivity which often articulates scientific methods, and promotes objectivity in order to create the desired result (Aluli-Meyer, 2013; Nakata, 2002; Sheehan, 2003; Smith, 1999). In fact, most Western research projects generally begin with the formation of a research question, which, in relation to Indigenous populations, has often framed the entire existence of Indigenous Australians as a problem or a question

for researchers to be solved (Smith, 1999). If a researcher chooses to use an Indigenous methodological framework, the “methods chosen should also make sense from an Indigenous knowledges perspective” (Kovach, 2010, p. 41), and be based on ethics that determine the tools, or methods for conducting research (Porsanger, 2004). Moreover, in explaining the distinction between Indigenous and a dominant Western research paradigm, Wilson (2001) continues:

One major difference between those dominant paradigms and an Indigenous paradigm is that those dominant paradigms build on the fundamental belief that knowledge is an individual entity: the researcher is an individual in search of knowledge, knowledge is something that is gained, and therefore, knowledge can be owned by an individual. An Indigenous paradigm comes from the fundamental belief that knowledge is relational. Knowledge is shared with all creation. It is not just interpersonal relationships, or just with the research subjects I may be working with, but it is a relationship with all creation. (p.177)

Thus, the Indigenous research perspective which embraces relational assumptions as central to their core epistemologies (Aluli-Meyer, 2013; Kovach, 2010), directly contrasts specific Western constructs which view the relational as a bias that should be firmly placed outside research methodology (Mikahere-Hall, 2017; Stewart, 2009). Porsanger (2004) argues that by looking at Western research from an academic perspective, an inquiry into Indigenous populations may be seen to be contributing to an essential body of research. However, when viewed from an Indigenous perspective, the information collected from Western research may be termed as ‘stealing’, as the stolen knowledge solely benefits the people who stole it (Smith, 1999, p.56).

Lester-Iribanna Rigney (1999) suggests Indigenist research is informed by three fundamental and interrelated principles: resistance as an emancipatory imperative; political integrity; and the privileging of Indigenous voices. Firstly, the foundation of Indigenist research is to assist in the Indigenous struggle for self-determination through which research provides self-benefit and resistance of racialisation (Foley, 2003; Nakata et., 2012). Rigney's (2006) thoughts on the principle include:

Indigenist research is research undertaken as part of the struggle of Indigenous Australians for recognition of the right of self-determination and de-colonisation. It is research that engages with the issues which have arisen out of the long history of colonisation, occupation, and oppression of Indigenous Australians, which begun in earnest with the invasion of Australia by Europeans in 1788. It is research that deals with the history of physical, cultural and emotional genocide. It is also the research that engages the whole story of the survival and the celebration of resistance struggles of Indigenous Australians to racist oppression. It is research that seeks to uncover and protest the continuing forms of oppression that confronts Indigenous Australians. Moreover, it is research which attempts to support the personal, community, educational, cultural struggles of Indigenous Australians to carve out a way of being for ourselves in Australia in which there is healing from the past oppressions and cultural freedom in the future. (p.45)

Secondly, Indigenist research must uphold political integrity by privileging a social link between research and the political struggle for Indigenous people (Rigney, 1997). For too long, the Indigenist struggle for self-determination has been indebted to research undertaken whereby the dominant worldview continues to reshape

Indigenous knowledges through a Western lens (Bodkin-Andrews & Carlson, 2016; Nakata, 1998). Hence, Indigenist research challenges the neo-colonial dominance (Denzin & Giardina, 2018; Foley, 2003), through the preservation of political integrity by privileging Indigenous ontological and epistemological views of the world and providing Indigenous people autonomy over research priorities and agendas (Guenther, Osborne, Arnott, & McRae-Williams, 2017; Nakata et al., 2012). Indeed, some extreme, though valid opinions argue that Indigenist research is research undertaken by Indigenous researchers within Indigenous communities for the benefit of the Indigenist community involved (Cram, 2006; Smith, 1999).

Despite these claims, Indigenous research approaches are not in competition with, nor designed to replace Western paradigms (Aluli-Meyer, 2006; Mikahere-Hall, 2017; Nakata, 2007, 2010). Instead, Indigenous research approaches challenges vehemently, and contributes significantly to the body of knowledge of Indigenous peoples “about themselves and for themselves, and for their own needs as peoples, rather than as objects of investigation” (Porsanger, 2001, p. 105). Research that seeks a fully negotiated “model of community ownership involves a paradigmatic shift from positivist scientific principles of objectivity to research frameworks that construct knowledge through relational ethics and have the intent of addressing social inequities” (Katz, Newton, Shona & Raven, 2016, p. 33).

Research determined by Aboriginal Australians not only takes the inquiry to the heart of the Aboriginal experience of colonisation, but it also has the potential to positively address issues identified by Aboriginal people. In terms of this research, the heart of the Aboriginal Australian inquiry is exploring the life stories of the Nauiyu community, acknowledging the colonial past, the impacts on the present, and where the community members want their lives to go in the future. Moreover, at the heart of

this study is community empowerment, the facilitation of healing and the recognition of traditional ways of being that makes a community strong. It is crucial to integrate the tradition of community and reinforce the notion that the knowledge and capacity to address issues in Aboriginal communities lies within the community, itself. Too often “Western models assume that superior mainstream resources and skills exist in Aboriginal communities” and need to be identified and defined on the community’s terms (Chino & DeBruyn, 2006, p. 597). Therefore, rather than being the ‘outsider’ attempting to ‘fix up’ problems for Aboriginal people, the approach employed by this study focusses on supporting and harnessing the inherent strengths of Aboriginal Australians, challenging the power and control of dominant Western research paradigms, and acknowledging Aboriginal people as resisters to, rather than victims of, racialisation (Atkinson, 2014; Hall, 2015; Nakata, 2002; Rigney, 1999).

Finally, a fundamental principle of Indigenous research is the privileging of Indigenous voices. Rigney (1999) asserts that not only does Indigenist research provide Indigenous people with a voice, it also focusses on the “lived, historical experiences, ideas, traditions, dreams, interests, aspirations and struggles of Indigenous Australians” (p.118). More specifically, given the history of exploitation and prejudice, Indigenous people should be given the power to determine their own research agenda, where fundamental to all research in Indigenous communities is a two-way seeing approach, involving collaboration and negotiation with the community to examine how Indigenous voice will be preserved throughout the entire project (Denzin & Lincoln, 2008; Hall, 2015; Katz et al., 2016; Smith, 2013).

2.3.1 *Indigenist research – Grounded within the Nauiyu community*

This Indigenist research demonstrates an understanding and respect of the knowledge systems, cultural practices, and beliefs of the Nauiyu community in the following ways. Firstly, the research was designed in collaboration with the community. This consultation occurred over almost 12 months and involved a broad cross-section of the community, reflecting the vast diversity of Nauiyu. There are multiple language groups present in the community, and it was crucial that each have representation in the development of the research design. The study was designed in the community, by the community, and will belong to the Nauiyu community.

Secondly, the research methodology of this study is framed by Dadirri. Dadirri is an Aboriginal concept of the Ngan'gikurunggurr people of the Daly River region making this study unique as it utilises an Indigenous research methodology on the country, and with the people to which it belongs. Dadirri shares synergies with the theoretical assumptions of phenomenology, narrative theory, and the methodologies of community-based participatory research and constructivist grounded theory and narrative interviews as data collection methods. Dadirri also reflects the core values of the Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Research. The core value of Dadirri is the central tenet of reciprocity, “we call on it and it call on us” (Ungunmerr, 1993), this principle shapes the dialogue between the researcher and the participants through promoting equal, respectful, and trusting relationships.

Thirdly, the Nauiyu community developed a community-based steering committee to ensure the cultural practices and beliefs of the community are respected and valued. This involved monitoring the conduct and progression of the research, but they also provided valuable information and insights on a variety of community-based

issues about the different language groups in the community, tensions, or conflict that may be occurring in the community and how to approach and respond to individual participants if questions or concerns arise. Aboriginal people have been central to the development of the research design. The co-researchers, three of the five supervisors and the entire six-person community-based steering committee are all Aboriginal people. The Nauiyu community were actively engaged with all aspects of the research design. A number of meetings took place over many months, in order to obtain the insight and advice of the community, thus ensuring the study reflects the priorities of those involved.

The researcher spent many months canvassing the community to ensure there was expressed satisfaction in the research and its potential benefits. A number of letters of support for the study were collected from a variety of stakeholders within the community including general community members (male and female), key Elders (male and female), board members of the three Aboriginal Corporations that exist in the Nauiyu community, and the manager of community service providers in Nauiyu (see Appendix G). As the community own the stories, it is understood that the community owns the research and it was considered vital that the results were communicated in ways that were culturally appropriate. The community-based steering committee guided this process.

The research follows and complements the natural patterns and rhythms of community life, and echoed the sentiments of key Elder, Ungunmerr-Baumann (2002), “we are the river people, we cannot hurry the river. We have to move with its currents and understand its ways” (p.36). Moreton-Robinson (2000) described this process as ‘Talking Up’ which privileges Aboriginal voice in describing the research process. This process of ‘Talking Up’ enabled the research process to be responsive to the flow

of the community rather than the researcher “trying to make the community fit the structure of the research” (Fredericks, 2008, p.7). Indigenous epistemology is fluid, non-linear, and relational (Kovach, 2015; Meyer, 2001), and similarly it was envisaged this study would become part of daily life. Deep and meaningful conversations occurred only in an environment free of the imposition of time or resource restrictions. As such, there was an acceptance that the flow of research would ebb and flow. Whatever the scenario, forcing the issue and imposing this research on the participants, rather than working with the community, would not only be a fruitless ambition, it would reflect the misgivings of colonial based non-Indigenous researchers of the past.

2.3.2 *Dadirri – An Indigenist research methodology*

The Indigenous research methodology of Dadirri framed the research design of this study. Several researchers have highlighted the significance of Dadirri in decolonising Indigenous research methodologies (Atkinson, 2002; Tanner, Agius, & Darbyshire, 2005; West, Stewart, Foster, & Usher, 2012), particularly when investigating complex cultural and personal issues within Aboriginal populations (Ermine, 2007; Stronach & Adair, 2014). Dadirri is a concept of the Ngan’gikurunggurr people of the Daly River region in the Northern Territory (Atkinson, 2002; Reid & McTaggart, 2008; Ungunmerr, 2002). Thus, the strength of the research framework of this study is that it utilises an Indigenous research methodology both, in the place and with the people to whom it belongs. Dr Miriam-Rose Ungunmerr-Baumann, a distinguished educator, artist, and key Elder of the Nauiyu community, first brought Dadirri to the national attention in 1988. When first addressing a conference in Tasmania, Ungunmerr-Baumann described the value of Dadirri:

What I want to talk about is another special quality of my people. I believe it is the most important. It is perhaps the greatest gift we can give to our fellow Australians. In our language, it is called Dadirri. It is an inner, deep listening and quiet, still awareness. Dadirri recognises the deep spring inside us. We call on it and it calls on us. This is the gift Australia is thirsting for... and I believe that the spirit of Dadirri that we have to offer will blossom and grow, not just within ourselves, but in our whole nation. (Ungunmerr-Baumann, 1988)

At its deepest level, Dadirri is the search for understanding and meaning, a cyclical process of listening, observing the feelings and actions, and reflecting and learning. As Figure 2.2 depicts, the principles of Dadirri are based on what is learned from listening, it provided a purposeful plan to act, informed by wisdom, and embraced the responsibility that came with that knowledge (Atkinson, 2002). Importantly, this cyclic process of re-listening at increasingly deeper levels promoted a richer understanding and knowledge building (Atkinson, 2002; Ungunmerr-Baumann, 2002).

Used as a methodology, not only did Dadirri privilege the stories of the participants from the Nauiyu community; it also informed a purposeful way to act with new knowledges that have been formed. Dadirri was used as a practical tool that framed the process of talking with and relating to people, providing a crucial focus in the process of collecting the stories accurately and appropriately. This required deep, reflective listening which contradicts aspects of communication in traditional styles of interviewing, where people focus on themselves, cognitively preparing their own responses rather than truly listening and understanding the speech, the feelings and the

commitments associated with the person with who they are communicating (Merriam & Tisdell, 2015; Silverman, Kurtz, & Draper, 2016).

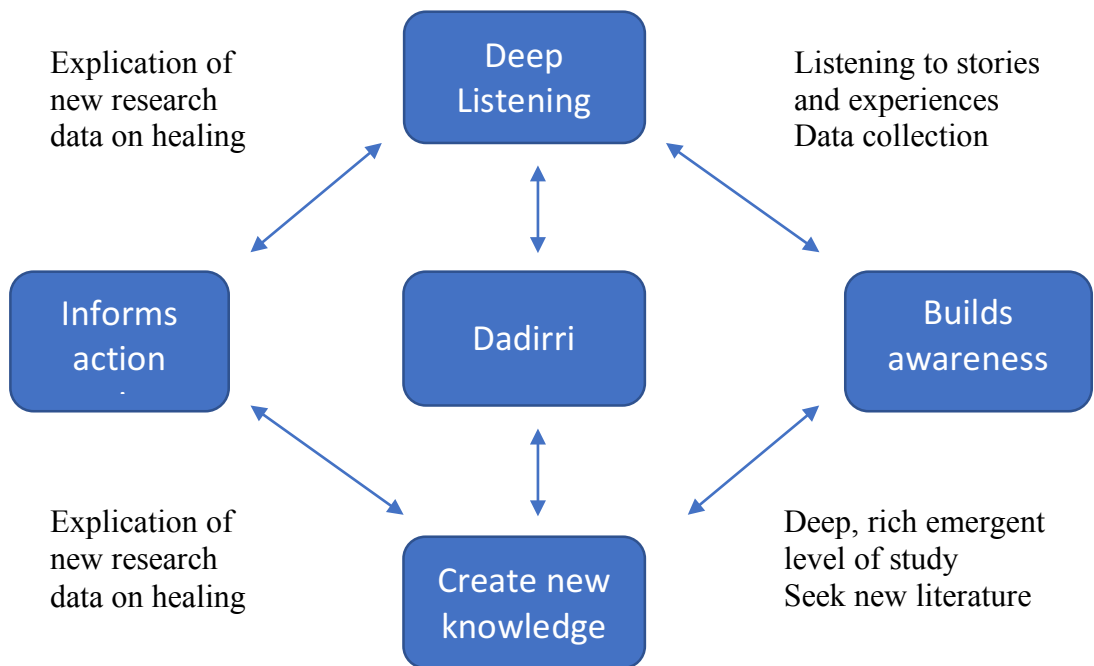


Figure 2.2. Implementing Dadirri.

Dadirri as a research methodology was first articulated by Judy Atkinson (2002) where she established the strengths of Dadirri, which resulted in the designing of practical models of community healing and empowerment in response to trauma. Atkinson (2002) argues that Dadirri is a powerful research tool as it provides the principles and functions that privileges Indigenous voice through culturally informed and sensitive research. While Atkinson (2002) clearly articulates the importance of Dadirri as an Indigenist research methodology which privileges Indigenous worldviews, she also acknowledges Dadirri’s association with the following Western models and methodologies:

- Consciousness-raising: where a raised consciousness between the researcher and the researched gives value to community processes;

- Participatory action: recognition of the valuable contribution people makes in their activities of relating, defining, and narrating their life experiences;
- Reciprocity: ethical research from within an Indigenous worldview and critical pedagogy must be embedded with reciprocity—receiving something and giving something;
- Phenomenology: utilising a narrative approach enables the understanding between the inner world of an individual and the outer world. (p.19)

Building on the early work of Atkinson, a growing body of research has also established Dadirri as a robust Indigenist research methodology (Drawson, Toombs, & Mushquash, 2017; Geia, Hayes, & Usher, 2013; Leaver, 2006; Tanner et al., 2005). O'Donnell & Kelly (2011) found that Dadirri impacts on research positively as it enables reflection of one's beliefs, influences, assumptions, and choices, with the potential to release a 'field of emergence' that embodies the potential to change (Stronach & Adair, 2014).

In line with these findings, West et al., (2012) claim that Dadirri is a vital research framework, thus connecting it to other Western research methodologies such as Friere's (1972) transformative critical pedagogy, which states that the most credible solutions for oppressed groups come from the knowledge and wisdom of the oppressed group itself. A central tenet to Freire's (1972) theory of critical pedagogy concerns the "recognition of dehumanisation, not only as an ontological possibility but as a historical reality" (p.20). Extending on Freire's beliefs, West et al., (2012) believe that integrating Dadirri in the research process has the potential to promote genuine

dialogue based on equal relationships where the researcher and the researched are subjects of their own world and are engaged in transformational change together. Through creating a power balance, Dadirri emancipates Indigenous people from oppression, acknowledging that revolutionary change comes from within communities and not from the outsider oppressors (West et al., 2012).

2.3.3 *Implementing Dadirri*

The implementation of Dadirri is governed by a number of principles which informed the action of the research in community. With the guidance of the community-based steering committee and other key community Elders, the implementation of Dadirri closely adopted the key principles outlined by Atkinson (2002): the success of the project depends entirely on the approval and acceptance of the Aboriginal people themselves, and the research cannot proceed without a) forming relationships based on reciprocity and respect; b) participants have to feel safe and be safe; c) the listening function of Dadirri must be adhered to; d) the explication of data must be presented with fidelity; and finally, e) ethical responsibilities are held in the highest regard.

The great strength of Dadirri in the context of this project is two-fold. Firstly, the cyclical, deep listening and reflection promoted through Dadirri encourages relationships built on trust and respect, providing an opportunity to create the co-directional sharing of knowledge and privileges Indigenous voices to be heard. Dadirri listens and knows, witnesses, feels, empathises in the pain of the Indigenous experience of trauma (Atkinson, 2002; Atkinson, 2008). Collectively, Dadirri is informed by the concept of community – all people matter, all people belong (Atkinson, 2002; Ungunmerr, 2002). Secondly, it places Aboriginal worldviews and

experiences at the centre of the study and recognises that within Aboriginal communities, there is a need to honour the integrity and fidelity of community in both its dynamic diversity and its interconnected unity (Atkinson, 2002). Dadirri enables new ways of understanding being co-created through dialogue (West et al., 2012), whereby, the principle of reciprocity, a fundamental tenet to Dadirri, will shape the way in which new information and understanding are shared, thus further ensuring the co-creation of new knowledge which is mutually beneficial. In line with the community expectation of this project, the ownership of the constructed knowledge will remain within the community.

Dadirri provides a critical research framework for this study. Dadirri also shaped the manner in which this research was conducted, how relationships were formed and new knowledges created. Dadirri does not need propping up by, nor does it require validation by its predecessors from traditional, Western research methodological realms. It can stand proudly alone in its Indigenous roots. However, Dadirri shares crucial synergies a variety of Western methodologies, connections which can support Indigenous research that attends to oppression and marginalisation effectively. As West et al., (2012) points out, by allowing Indigenous methodologies to develop independently, we can “avoid the inadvertent colonisation that occurs when combining them with Western methodologies” (p.1584-1585). Kovach (2015) goes further, cautioning, “those who attempt to fit tribal epistemology into Western cultural, conceptual rubric are destined to feel the squirm” (p.31).

2.3.4 *Community-based participatory research*

Community-Based Participatory Research (CBPR) approaches reflects Indigenous research principles and strengthens the value of the Indigenist research

process. Based on social constructivist ontological and epistemological assumptions, CBPR is a Western research methodology with the potential to decolonise the university researcher-Indigenous community relationship (Castleden et al., 2012). Mirroring the principles of Dadirri, the central tenets of CBPR's include respect, relevance, reciprocity, and responsibility, (Kirkness & Barnhardt, 1991). CBPR approaches have been recognised as necessary for improving a range of health outcomes for Aboriginal Australians (Bainbridge et al., 2013), as they promote a process which involves and collaborates with the community through shared ownership of the decision-making process and dissemination of new information (Israel, Schulz, Parker, & Becker, 1998).

Whilst social change is the primary motivator for virtually all social methodologies, the importance of CBPR to this thesis is the potential to co-produce ethically sound, culturally respectful knowledge which empowers change that the community (rather than the researcher) views as tangible and beneficial (Kwan, 2004) and promotes a deeper meaning of bi-directional learning to Indigenous research. By adopting an Indigenist research approach, the research design of this project not only acknowledges colonial standpoints and their impacts on Indigenous populations, but it also empowers and privileges Indigenous knowledges, worldviews, and values. Since Indigenous research is decolonising research (Smith, 2007), it is vital that Indigenous knowledge is supported with, not colonised by Western concepts of research, including those under the umbrella of qualitative inquiry (Sheehan & Walker, 2001).

2.4 *Theoretical perspective*

2.4.1 *Qualitative research*

Qualitative research is an interpretative and naturalistic method of inquiry originating in the social sciences (Corbin, & Strauss, 2014; Flick, 2009; Guba & Lincoln, 1994), covering an extensive range of philosophical underpinnings and methodical approaches (Glaser & Strauss, 2017). Creswell (2007) defines qualitative research as:

An inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human phenomenon. The researcher builds a complex, holistic picture, analyses words, repeats details of informants, and conducts the study in a natural setting. (p.15)

The value of qualitative research lies in its “ability to provide complex textual descriptions of how people experience a given issue” (Saunders, Lewis, & Thornhill, 2007, p. 362). Qualitative research designs employ several data generation methods including textual, as well as kinaesthetic, visual, and auditorial methods, (Lewis, 2015). The recruitment of participants occurs through a variety of sampling methods which seek to recruit participants with experience or understanding of the phenomenon under investigation, thus resulting in the generation of more useful research data (Maxwell, 2012). This enables researchers to choose and assemble the most appropriate elements for a particular research project, meaning researchers can more accurately respond to the needs of Aboriginal communities.

An inherent advantage, particularly in exploratory research, is that qualitative inquiry is fluid and emergent allowing researchers to be flexible and respond to the

multiple realities and unpredictable interactions between research partners (Creswell & Clark, 2017; Loppie, 2007; Saldaña, 2015). Furthermore, the use of open-ended questions and probing gives participants the opportunity to respond in their own words, thus providing rich, descriptor data that more accurately represents the lived experience of the participants' lives (Brannen, 2017; Creswell & Clark, 2017; Punch, 2013). Critically for this project, Smith (2007) suggests qualitative research is an appropriate tool in Indigenous communities as it has the “capacity to respond to epistemic challenges and crisis, to unravel and weave, to fold and unmask all of the layers and social life and depth of the human experience” (p. 103).

2.4.2 *Theoretical paradigms*

There is a growing body of Indigenous research that attests to the interpretive nature of Indigenous knowledges (Kovach, 2010; Sheehan, 2011). Thus, rather than attempting to elicit a Westernised objective truth, Indigenous research based on the interpretive paradigm tend to adapt qualitative research approaches as they are more suited to identifying different subjective views and taking context into account (Katz et al., 2016). Qualitative research conducted within an interpretive framework offers a variety of guiding theoretical paradigms (Guba & Lincoln, 1994; Lapan, Quartaroli & Riemer, 2011). Within these interpretative frameworks, a combination of critical race theory, symbolic interactionism, phronetic social science, and narrative theory are appropriate for the construction of a grounded theory of Aboriginal trauma and healing. While informed by social constructionist assumptions (Charmaz, 2014), each framework provides unique perspectives through which to view this research project (Burr, 2006). Combining multiple theoretical paradigms is significant as it realises crystallisation, a process that supports the discovery and exploration of the social

world, and extends the traditional boundaries that can add value, depth, and rigour to qualitative research (Ellingson, 2014; Stewart, Gapp & Harwood, 2017). Crystallisation accepts the multidimensionality of qualitative research to reflect external views, refract internal views, thus enabling the compensation for each other's blind spots and weaknesses (Flick, 2013).

2.4.3 *Social constructivism*

As a theoretical paradigm, social constructivism posits that the construction of meaning is an active, contextualised process where people create their own subjective representations of objective reality (Kalogeras, 2014). Social constructivism emphasises culture and context, highlights the importance of everyday interactions between people and how they construct their reality and regards social practices people engage in as the focus of enquiry (Andrew, 2012). It maintains that individuals create or construct knowledge through the interaction between what they already know and believe, and the experiences and interactions with which they come in contact (Richardson, 1997).

The ontological and epistemological position of social constructivism provides an essential focus on the interdependence of social and individual processes in the co-construction of knowledge. Ponterotto (2005) contends that a distinguishing characteristic of social constructivist research is the centrality of the interaction between the researcher and participant, which uncovers deeper meaning on the one hand, while jointly creating constructed knowledge on the other. This is the philosophical idealist element of constructivism which contrasts with the materialist philosophy of much social science positivism (Jackson & Sørensen, 2016). According to social constructivists philosophy, the social world is not a given; it is not something

‘out there’ that exists independent of the thoughts and ideas of the people involved in it. It is not an external reality whose “laws can be discovered by scientific research and explained by scientific theory” as positivist and behaviourists argue (Jackson & Sørensen, 2016, p.164).

As a theoretical framework, social constructivist research aligns closely with Indigenous epistemologies. Social constructivist approaches can be politically empowering for Indigenous people, as they expose power imbalances within relationships and privileges the knowledge systems of marginalised communities (Stewart, 2009). Furthermore, there may be a de-colonising element to social constructivism which is compatible with Indigenous conceptions of identity as being culturally sanctioned, non-linear in thinking, and valuing the individual within the family and community context (Stewart, 2009). In fact, from a decolonising perspective, social constructivist research, offers a powerful way of understanding the world which acknowledges the historical process of interaction and negotiation between groups of people, and which defines or redefines psychological constructs such as ‘mind’, ‘self’ and ‘emotion’ as socially constructed processes within the realm of social discourse (Jenkins, 2013, p.147).

2.4.4 *Symbolic interactionism*

Born from the social constructionist assumption that meanings are subjective, symbolic interactionism views the self, situation, and society as products of social constructions people create through their actions and interactions (Achora & Matua, 2016). Symbolic interactionism offers a rich and diverse sense of perspective (Handberg, Thorne, Midtgaard, Nielsen & Lomborg, 2015; Oliver, 2012), derived from three basic premises that underpin it (Blumer, 1969). Firstly, human beings act

towards things on the basis of meanings; secondly, the meaning one makes of things is determined from social interaction; and finally, these meanings are handled in, and modified through an interpretative process (Blumer, 1969). Hence, for symbolic interactionism and constructivist grounded theory, human beings and shared meanings of reality can be defined only through interaction between and among the researcher and participants in the context of the phenomena of interest (Aldiabat & Le Navenec, 2011).

Birks and Mills (2015), go further suggesting that, epistemologically, a vast majority of symbolic interactionists believe it is impossible to separate researcher from participant in the generation of data. For researchers, symbolic interactionism can provide an analytical depiction that builds contextualised knowledge and provides a lens to help do justice to multiple and intersecting meanings and relationships that may be at play in explaining what appears to be patterned within data analysis (Handberg et al., 2015).

2.4.5 *Critical race theory*

The theoretical lens of critical race theory, inherently derived from a Western social constructivist epistemology, was considered particularly relevant to the construction of a grounded theory of Aboriginal trauma and healing. Drawn from and extending on a broad literature base often termed critical theory, critical race theory asserts a view that race – instead of being biologically grounded and natural – is socially constructed by the dominant White population to maintain their interests (Lovato-Hermann, Dellor, Curry, & Freisthler, 2017). A key element of critical race theory is the idea that Indigenous people, as a result of their different histories, may be

able to communicate differently to their non-Indigenous counterparts (Delgado & Stefancic, 2017).

As a theoretical framework in the field of Indigenous research, critical race theory emphasises the importance of viewing Indigenous issues within the proper historical, social, and cultural context to deconstruct the dominant discourse on race, class, and privilege (Bernal, 2013; Fitzmaurice, 2012; Parker & Lynn, 2002). A critical race theory perspective also involves being extremely sensitive to community issues and supportive of the community needs (Parker & Roberts, 2011). In research, the use of critical race theory means that the researcher “foregrounds race and racism in all aspects of the research process, challenges the traditional Western research paradigms, and tests theories used to explain the experiences of people of colour” (Creswell & Poth, 2017, p.30), that have for so long being used to advance the story of White privilege.

Critical race theory places Indigenous worldviews at the centre of research, which not only frames the research issues to study but also assists in interpreting the evidence and provides a lens for racial equity implications (Parker & Roberts, 2011). Solórzano and Yosso (2002) posit five defining themes that critical race theory offers as a unique way to guide Indigenous research which is just and equitable:

1. The importance of interdisciplinary approaches – allows Indigenous people to draw on the strengths of research methods that are multidimensional and as such reflect multiple perspectives;
2. Challenge the dominant perspective – critical race theory privileges the worldview of Indigenous people and centre Indigenous ways of knowing, doing, and understanding. Furthermore, CRT exposes deficit

informed research that silences, ignores, and distorts Indigenous epistemologies (Ladson-Billings, 2000);

3. The centrality of race and racism and their intersectionality with other forms of subordination – critical race theory recognises the multiple layers of oppression, including intersections of racism, sexism, and other forms of subordination (Valdes, McCristal, & Harris, 2002);
4. A commitment to social justice – research and practice grounded in a critical raced epistemology seek empowerment and social change that benefit Indigenous communities;
5. An emphasis on experiential knowledge – CRT allows the experiential knowledge of Indigenous people to be viewed as a strength and explicitly draws on the lived experiences of Indigenous people by including methods such as storing telling, narrative interviews, family histories, and biographers (Bernal & Villalpando, 2002; Solórzano & Yosso, 2002).

The five elements form a fundamental premise that shifts the research lens of this study away from a deficit view of cultural disadvantage to a strength-based view that values and focusses on Indigenous knowledge and understanding that often go unrecognised (Battiste, Bell, & Findlay, 2002; Yosso, 2005). Furthermore, critical race theory also provides a deconstructive lens for exposing hegemonic influences prevalent in conceptualisations of equality and deconstructs the hierarchies ingrained in generational stories of human rights, stories loaded with liberal values that deny, segregate, and oppress (Hernandez-Truyol, 2001; Valdes et al., 2002). Thus, as a theoretical framework, critical race theory shapes the methodology of this study

through privileging Indigenous research perspectives, empowering participants through addressing areas of inequalities and challenging traditional Western methodological viewpoints.

2.4.6 *Flyvbjerg's notion of phronetic social science*

Similar to previous studies (see Bainbridge, Whiteside, & McCalman, 2013; Tsey & Hunter, 2002), this research adhered to Flyvbjerg's (2001) notion of phronetic social science, highlighting the way dominant assumptions regarding knowledge and power may impede equitable, participatory approaches. A phronetic strength-based approach was used as it positioned the researcher and the researched as partners and promotes collaboration and negotiation of meaning that informs the interpretation of findings (Bainbridge et al., 2013). A phronetic research approach is appropriate for this study as it aims to provide detailed narratives, focuses on localised context, and enables movement beyond epistemologies that privileges, the beliefs, and experiences of dominant others (Bainbridge et al., 2013; Flyvberg, 2001). According to Bainbridge et al., (2013), in an Aboriginal context a phronetic research approach places a premium on gaining insight into experiences of "Aboriginal population and how their Aboriginality, unique ontologies, epistemologies and specific heritage and cultures saturate the research experience" (p.277).

Furthermore, given most research in Aboriginal communities comes from a perspective of deficit, in which there is an Aboriginal problem to be investigated through the imposition of a Western cultural framework (Bainbridge et al., 2013; Wilson, 2003), a phronetic strength-based approach is useful as it provides a solution based rather than problem-saturated focus, thus valuing participants and their stories

beyond scientific and technical rationality (McCalman et al., 2015; Thomas, Bainbridge, & Tsey, 2014; Wilson, 2003).

Moreover, phronetic approaches as advocated by Flyvberg (2001) align well with two prominent Aboriginal research and ethical guidelines documents, 'Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for Researchers and Stakeholders' (National Health and Medical Research Council [NHMRC], 2018), and 'Guidelines of Ethical Research in Australian Indigenous Studies' (Australian Institute of Aboriginal and Torres Strait Islander Studies [AIATSIS], 2013). Both documents outline a series of values and guidelines which reinforce the importance of trust, integrity, and equality within Indigenous research. Both documents also clearly articulate the importance of building partnerships capable of withstanding the difficulties which have evolved as a result of previous Indigenous research, often featured by unethical power imbalances between non-Indigenous researchers and Indigenous research participants (AIATSIS, 2013, NHMRC, 2018). More specifically, the documents outline a framework which promotes informed consent, meaningful consultation, and a requirement that research benefits and serves the interests of the Indigenous people involved.

2.4.7 *Narrative theory*

Narrative theory is a qualitative research methodology with realist, modernist, postmodern, and constructivist strands that embrace various epistemological assumptions of symbolic interactionism (Oshrat-Fink, 2014; Riessman & Speedy, 2007). The narrative approach seeks to convey experiences and form identities through the stories that are lived and told by individuals (Denzin, 2000; Engel, Zarconi, Pethel, & Missimi, 2008; Lemley & Mitchell, 2012; Sikes & Gale, 2006). Narrative theory

compliments symbolic interactionism by incorporating specific assumptions regarding the communicative processes people use to create interpretations and construct meanings of their realities. Narratives occur within specific places or situations (Birks & Mills, 2015), thus critically analysing the context in which the narrative is embedded is essential, as Clandinin (2013) asserts; “the focus of narrative inquiry is not only valorising individuals’ experience but is also an exploration of the social, cultural, familial, linguistic, and institutional narratives within which individuals’ experiences were, and are, constituted, shaped, expressed and enacted” (p.18). The study of narrative, therefore, is the study of the ways humans experience the world (Connelly & Clandinin, 2006).

As such, narrative theory has the potential to explain how the trauma of historical events associated with colonisation can be transmitted across generations and the ways that individuals and communities experience their past, present, and future. Meyer (2008), considers the context of truth within narrative to be, “spiritual truth within ancient streams of knowing” (p.217). Drawing on John Dewey’s (1938) pragmatic philosophy, Connelly & Clandinin (2006) assert that the narrative view of experience is centred on interaction and continuity:

People shape their daily lives by stories of who they and others are and as they interpret their past in terms of these stories. Story, in the current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful. Narrative inquiry, the study of experience as story, then, is first and foremost a way of thinking about experience. Narrative inquiry as a methodology entails a view of the phenomenon. To use narrative inquiry methodology is to adopt a particular view of experience as phenomenon under study. (p. 479)

The narrative process may contribute to the advancement of the health and wellbeing of the study participants and the Nauiyu community. For example, Overcash (2003) argues that narrative research not only has a benefit for trauma (clinical) research, it also has the potential to improve the social and emotional wellbeing of participants as well. Often, the tellers of trauma narratives construct stories about trauma and its symptoms in a manner which allows the experience to be understood by the teller and the listener (Murray, 2015; Park-Fuller, 1995). The stories may indeed have a therapeutic effect, providing an opportunity to potentially commence the healing process for those experiencing trauma or the symptoms of past events (Hockey, 2016; Reissman, 1990). Moreover, the trauma itself may be a call for the stories, “telling stories of illness is the attempt, instigated by the body’s disease, to give voice to an experience that medicine cannot describe” (Frank, 1995, p.18).

2.5 The spiral of grounded theory – A constructivist approach

Constructivist grounded theory was selected as the most appropriate method for this study. Grounded theory methodologies are among the most influential and widely used modes of performing qualitative research, chosen for this study for its potential to discover new perspectives on the collective healing from trauma through traditional healing practices located in the Nauiyu community. The original form of grounded theory was conceptualised by Barney Glaser and Anselm Strauss (1967) in their seminal text ‘The Discovery of Grounded Theory’. The book was groundbreaking as it marked the first systematic statement about how to construct qualitative research analysis. Glaser and Strauss (1967) avowed three broad aims with the publication of their book. Firstly, to offer the rationale for the theory that was grounded, generated, and developed through data collected during the research project.

Secondly, to suggest the logic for and specifics of grounded theories; and finally, to legitimise careful qualitative research, as by the 1960s its reputation had diminished due to its perceived inability to provide adequate verification of results.

While it is important to note that the methodology was initially designed for sociologists, grounded theory has been evolving methodologically to fit a variety of new ontological and epistemological positions (Annels, 1996; Goulding, 1998). This study will adopt the principles of a recent variation, constructivist ground theory, which “rooted in pragmatism and ontological relativism, recognises multiple social realities, the mutual creation of knowledge by the viewer and viewed, and aims toward an interpretive understanding of subjects’ meanings” (Charmaz, 2003, p. 250). Originally developed by Kathy Charmaz in 1990, constructivist grounded theory adopts the inductive, comparative, emergent, and open-ended approach of Glaser and Strauss’ (1967) original statement (Charmaz, 2014). Constructive grounded theory takes the “middle ground between postmodernism and positivism and provides accessible methods for taking qualitative research into the 21st Century” (Charmaz, 2003, p.250). Rather than adhering to earlier objectivist, positive assumptions of grounded theory, a constructivist approach places emphasis on the studied phenomenon, as opposed to the methods of studying it (Charmaz & Belgrave, 2012).

Constructivist grounded theory provides flexible guidelines for collecting and analysing qualitative data to construct theories from the data (Charmaz, 2008). Thus, researchers construct theories that were ‘grounded’ in their data. Grounded theory seeks to inductively distil issues of importance for specific groups of people, creating meaning about those issues through analysis and the modelling of theory (Mills, Bonner, & Francis, 2006). According to Charmaz (2008), the fundamental tenets of developing a grounded theory include: (1) minimizing preconceived ideas about the

research problem and the data; (2) using simultaneous data collection and analysis to inform each other; (3) remaining open to varied explanations and/or understandings of the data; and (4) focusing data analysis to construct middle-range theories (p.155).

More specifically, the advantage of constructivist grounded theory to this study is that many of its characteristics are consistent with decolonising methodology principles and compliment the central tenets of Dadirri. For example, a fundamental principle of constructivist grounded theory is to give voice to participants by incorporating multiple views and visions of participants in rendering lived experience (Breckenridge, Jones, Elliott, & Nicol, 2012; Charmaz, 2006). Capturing multiple realities and perspectives reflects Indigenous methodologies, which emphasise a more holistic process, combining intuition, dreams, memories, and tacit learning that extends beyond a fragmented process of conceptual distillation and thematic expansion (Battiste & Youngblood, 2000; Loppie, 2007). Mills et al., (2006) assert that vital to the development of a constructivist grounded theory design is the establishment of a relationship between the researcher and participants that ensures reciprocity, explicates power imbalances, and attempts to modify these imbalances.

Promoting a research relationship based on equality involves positioning the researcher as the participants' partner in the research process rather than as an expert and objective analyst of subjects' experience and requiring researchers to critically reflect upon one's underlying assumptions to heighten their awareness of listening to participants' stories as openly possible (Mills et al., 2006). According to Bainbridge et al., (2013), the capacity to listen carefully to the beneficiaries of proposed initiatives and "position them at the centre of efforts to promote the well-being of individuals, families, and communities is a critical part of providing an evidence base for action" (p. 288). Thus, constructivist grounded theorists, through acting like "passionate

participants” (Lincoln & Guba, 2000, p.171), assist in accommodating the diversity of knowledge systems, cultural practices, and life stories of the Nauiyu community. Ignoring this process exposes the researcher to the risk of “perpetuating power imbalances within the research relationship and retaining paternalistic practices associated with colonisation” (Bainbridge et al., 2013, p. 277). In addition, Atkinson (2000) argues that researcher who fails to acknowledge power imbalances through honouring the integrity or fidelity of community in both its dynamic diversity and its interconnected unity is likely to encounter a community which has unified against the outsider, in this case, the researcher.

It must be acknowledged that to undertake rigorous, credible grounded theory research, researchers must bring underlying assumptions and power relations that can be framed ontologically and epistemologically with respect to the area of investigation (Mills et al., 2006). These underlying assumptions influence the data and analysis, both of which co-constructed within the interaction between the researcher and the participant (Breckenridge et al., 2012; Charmaz, 2003, 2006). Beuthin (2014) describes this craft of acknowledging these assumptions and co-constructing stories with another as “breathing in the mud – a dynamic process in which the researcher moves between the tensions of getting stuck in one moment and finding brilliant presence in the next” (p.122). It is precisely this interaction, whereby the researcher and participant give and take from each other that creates a space for the co-construction of knowledge, thus generating the data that will inform the enquiry (Guba & Lincoln, 1989; Keys & Bryan, 2001).

Indeed, Charmaz (2006) criticises classical ground theory for retaining a ‘distant’ relationship with participants, whereby researchers “assume the role of authoritative experts who bring an objective view to the research” (p.132).

Furthermore, Mills et al., (2006) argue constructivist enquiry requires the researcher to clarify the position they take in the text and how one renders participants' stories into theory through writing. Rather than writing in the removed third-person voice, the researcher, as 'co-constructivist', reconstructs data into a theory that they must own, while simultaneously grounding the theory in the data through the use of active codes reflective of the shared experience of meaning-making about issues of importance for participants (Mills, Chapman, Bonner, & Francis, 2007; Mills et al., 2006).

It is recognised that the researcher's personal world view and individual biases are contributing factors that may influence the study (Charmaz, 2000; Kolb, 2012). The ability of the researcher to become theoretically sensitive with the data is based on their prior professional and personal experience and is critical in observing and understanding the perspective of the participants (Birks & Mills, 2015). It is essential that the position of the researcher is established in relation to the research to be undertaken. The background of any researcher is intensely connected to the study, particularly in Indigenous research, and careful consideration about thinking through issues which may arise is essential. As the researcher in the current study is a non-Indigenous, middle-aged male, and the potential of this research to marginalise and oppress, or emancipate and empower (Stronach & Adair, 2014), these considerations are significant.

Hence constructivist grounded theory challenges researchers to develop and maintain deep levels of reflexivity (Denzin, Bryant, & Charmaz, 2007; Oliver, 2012). Charmaz (2017) refers to this reflexivity as a methodological self-consciousness, whereby researchers examine "ourselves in the research process, the meanings we make and the actions we take along the way" (p.36). The process of reflexivity differs from reflection. To reflect implies to look backward, or more deeply to form an

opinion or gain insight. Reflexivity, on the other hand, involves a process of self-awareness that is bi-directional and challenges researchers to develop a “self-consciousness about who we are as researchers and the decisions we make in the research process and its potential relationship/impact on the other” (Engward & Davis, 2015, p.1532). Given this research was located at the cultural interface between Aboriginal and Western domains, a reflexive self-consciousness was particularly important and attended to issues such as considering how the findings will be presented and interpreted and how to ensure Indigenous voice is strengthened and always at the centre of the research.

2.6 The application of grounded theory to this study

The pragmatist roots of constructivist grounded theory methodologies offer flexibility and freedom, which makes it a useful method for pursuing critical qualitative inquiry within Indigenous research (Birks & Mills, 2015; Charmaz, 2014). Based on symbolic interactionism, grounded theory builds knowledge that has relevance, practical applications, and vision for Aboriginal people (Bainbridge et al., 2013; Milliken & Schreiber, 2012). Moreover, as depicted by Figure 2.3, the application of constructivist grounded theory in this study not only centres Indigenous concerns and worldviews, but also facilitates the development of a social science theory which is culturally safe and scientifically rigorous (Bainbridge, Whiteside, & McCalman, 2013). Given the concurrent data collection and analysis which is requisite of grounded theory methods, collecting unnecessary data from Indigenous populations who have been historically over-researched was avoided (McCalman et al., 2015; Thomas, Bainbridge, & Tsey, 2014).

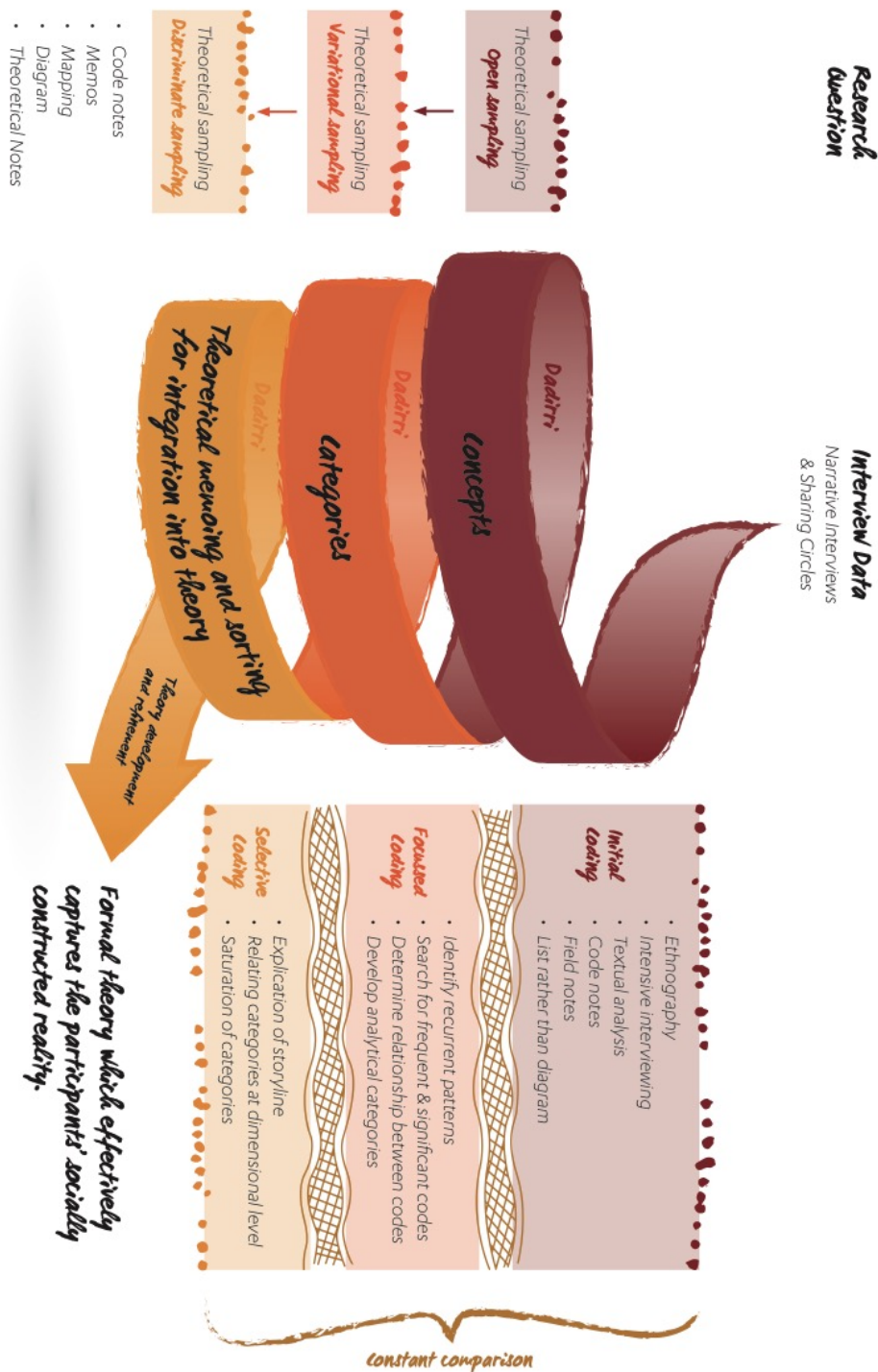


Figure 2.3. Grounded theory spiral. Adapted from Buckley & Waring (2013).

Regardless of the variations and adaptations from its traditional norm, there are a set of fundamental processes that need to be considered if the study is to be recognised as a product of grounded theory methodology. For Charmaz (2010), the

fundamental components of constructivist grounded theory practice must: a) conduct data collection and analysis simultaneously in an iterative process; b) analyse actions and processes rather than themes and structure; c) use comparative methods; d) draw on data, such as narratives and descriptions, in service of developing new conceptual categories; e) develop inductive abstract analytic categories through systematic data analysis; f) emphasize theory construction rather than description or application of current theories; g) engage in theoretical sampling; h) search for variation in the studied categories or process; and h) pursue developing a category rather than covering a specific empirical topic (p.11).

2.6.1 *Methods: Sampling, Collection, Analysing, and Representing*

Data collection methods for this study include narrative interviews and sharing circles with Indigenous Australians living in the remote Aboriginal community of Nauiyu. Geno-histograms were also constructed from the data generated from the narrative interview process. Consistent with grounded theory methodology, data was collected using purposive sampling techniques, memo writing, reflective journaling, and a thorough review of the literature.

2.6.2 *Inclusion criteria*

Specific criteria used in the selection of participants in this study were a) over eighteen years of age; b) members of the Nauiyu community.

2.6.3 *Sampling of participants*

Qualitative researchers must incorporate measures in their research design that ensures the credibility of the data, thus promoting confidence that they have accurately recorded the phenomena under investigation (Creswell & Poth, 2017; Shenton, 2004).

Given that qualitative research involves the understanding of meaning that participants assign to experiences, purposive sampling methods must be intentional and focus on the inclusion of participants with these experiences. The engagement of the researcher with the generated data provided emerging themes which require expansion, clarification, or confirmation (Birks & Mills, 2015). Charmaz (2014) asserts theoretical sampling involves starting with data, constructing tentative ideas about the data, and then examining these ideas through further empirical inquiry (p.199). This iterative process often occurs when the researcher seeks to investigate the dimensions and conditions of a category and used as a strategy to narrow the focus on emerging categories (Charmaz, 2014; Strauss & Corbin, 1998). This keeps the researcher focussed on checking and refining their conceptual categories, and as such, prompting them to gather specific data to illuminate the properties of these categories (Lapan et al., 2011).

Subsequently, the application of theoretical sampling techniques provided the researcher with a strategic direction towards identifying and collecting those participants and other artefacts that could elicit the most relevant information and insights. For example, when the categories began to emerge, theoretical sampling was utilised to specifically recruit participants with relevant experiences to obtain rich, comparative information. This process continued until the final sample size was determined by theoretical saturation as a point in the research whereby no additional data emerges to develop properties of the category (Glaser & Strauss, 1967).

2.6.4 *Recruitment of participants*

Once ethics approval was obtained (Appendix H), initial contact with participants was made through a variety of strategies that were approved and designed

by the community-based steering committee. These strategies included a number of community engagement events such as cultural trips to Country and community-based barbeques and sporting based activities. These activities also promoted an awareness of the study through word of mouth. The community-based steering committee deemed these activities crucial to ensure the whole research process, including the initial recruitment stages, were based on community values of cultural sensitivity and reciprocity. Interested participants made contact with the researcher, where the participant was informed about the study through a variety of methods.

The content of the plain language statement (Appendix I) and consent forms (Appendix J), both of which provided in writing, were also discussed verbally and via electronic tablet representation. The consent form and the plain language statement were piloted and feedback sought from the community-based steering committee to ensure that full, informed consent was achieved as practically as possible. The community-based steering committee and the co-researchers assisted in reading and talking through the consent form (and process) in conjunction with the principal researcher and participant. The participants were given an opportunity to ask questions and were informed of their rights throughout the research process.

The interview process began by first purposively sampling, then interviewing, four participants who provided the initial dataset from which a newly emerging grounded theory could be constructed. Each interview was digitally recorded, transcribed, and each transcript was subsequently open coded using Atlas.ti computer software. Over the next five weeks, a further seven participants were theoretically sampled and interviewed to obtain rich, in-depth comparative data. Three of the seven participants were interviewed on a one on one basis in their homes, while the other

four participants chose to be interviewed in a small sharing circle on the banks of the Daly River. Interviews ranged from 75 – 180 min.

After the first 11 participants were interviewed, focussed coding and situational mapping occurred to ascertain if potential theoretical gaps existed. Based on the gaps that were identified, further theoretical sampling took place involving 25 participants across nine interviews. Several participants chose to take part in one on one interviews, while 11 participants chose to participate in a larger sharing circle on two separate occasions. On the completion of the second sharing circle, four individual participants chose to have further one on one interviews in private. As the interviews progressed, more pre-determined, direct questions were asked to formulate categories and assist in the construction of a theory.

All participants were known to the researcher through prior relationships within community. The involvement of participants within the study was the result of direct volunteering, theoretical sampling, or suggested by those who were previously interviewed.

2.6.5 *Description of participants*

All participants were Aboriginal people from the Nauiyu community. There were 36 participants, all over 18 years of age. While adhering to the principles underpinning theoretical sampling, where possible the participants recruited for this study reflected a broad distribution of all aspects of the Nauiyu community including age, gender, language, or tribal groups. All participants spoke English or Kriol, and translators were provided on request to assist with communication if speaking in traditional language elucidated a more profound or richer response.

Whether participants were responding to interview requests or had volunteered their participation themselves, there was a strong desire from the community for the researcher to adhere to the values of reciprocity for their involvement in this study. These requests involved electricity and food vouchers, trips out on Country, support for grant proposal writing, and assistance in connecting students to boarding schools throughout Australia. The researcher showed great endeavour to attend to these requests as expediently as possible. All participants and their families were also provided mental health toolkits, which consisted of a variety of Aboriginal and non-Indigenous resources such as Dadirri and traditional song recordings, religious artefacts, and links to Western-style mental health service providers.

2.6.6 *Research interviews*

Participation in this study involved individuals sharing their life stories through narrative interviews and sharing circles. Qualitative research methods involving oral traditions were selected as data collection methods as they have been identified as a culturally organic and appropriate means to gather knowledge within Indigenous populations (Kovach, 2010; Nakata, 2010; Sherwood, 2013). Narrative interviews were conducted, using an unstructured, open-ended questioning process (Appendix K), which emerged from the reconstruction of the life stories of the participants. This approach gives the direction of the storytelling to the participant, makes power and oppression more visible, and emphasises an inquiry that is ethical, performative, healing, and participatory (Denzin & Lincoln, 2008; Hall, 2015; Wilson, 2008). Through utilising this narrative interviewing approach in this research, there will be an overriding intent to empower participants through the research process rather than render them objects to be studied (Beuthin, 2014).

The narrative interviews covered participants' interpretations, beliefs, and perceptions in relation to their growing up and living in the Nauiyu community, including experiences that were challenging and those that strengthened them. Participants were asked to share their experience of trauma and healing, and their understanding of whether other family members have also experienced trauma. Participants were also asked to identify the traditional cultural healing tools that exist within the Nauiyu community and Daly River region and how they could be incorporated into a mainstream primary health service setting.

Information from the narrative interviews was also gathered to construct geno-histograms to establish whether trauma has been passed across generations. Previously identified as an effective method to gather patterns of generational trauma or violence (Danieli, 1998), geno-histograms are structured diagrams which construct family trees focusing on trauma and behavioural patterns of family members. This mapping of histories, both personal and communal, promotes an in-depth educational process for the community by providing a possible explanation of past behaviour and a positive focus for the future. This is a positive focus, sharing stories of positive childhood memories and constructing new life stories based on overcoming the trauma, as opposed to destructive stories built on self-blame and self-hatred. This shift in consciousness and being, leads to a shift in thinking, seeing, and acting, which can help empower participants and promote collective healing (Delauney, 2012).

The interviews took place in an environment at the participants' discretion. The need for flexibility within the interview process was crucial, particularly in terms of where and when the interviews took place. By way of example, some participants felt comfortable sharing their stories in their home, while others considered home as a serious threat. Moreover, this flexibility also accommodated the mobility of

communities and the people within them (Penman, 2006; Putt, 2013), and the community-based steering committee provided essential guidance to ensure interviews were conducted in a culturally relevant and sensitive manner. For example, an essential function of the community-based steering committee was to provide direction to the researcher about the appropriate timing of collecting the stories, gauging tensions in the community, and informing the researcher about sickness, deaths, sorry business, and key absences in the community which needed to be observed.

Participants selected a variety of settings to share their stories. Some participants chose a one-on-one interview setting, while others selected sharing circles as a preferred setting to share information. Furthermore, some participants participated in a sharing circle and then asked for a secondary interview in a private, one-on-one setting. Indigenous co-researchers also played an important role in affording support for participants. This ensured that the necessary environment was created to keep the participants safe and guide the researcher in a manner that promoted thick, valid qualitative data collection. In addition to providing the foundations of the methodology of this study, the principles of Dadirri also guided the interviewing process. For example, the interviews were featured by a deep, listening, a non-obtrusive observation and a quiet, still awareness that revealed the complexities and the richness of the participants' story.

Dadirri also shaped the ways of relating and acting within community with an understanding of the principles of reciprocity and responsibility. Sheehan (2011) refers to this 'productive inaction' as Indigenous respect, where "we remain still to observe the shifting patterns of others as a basis for future life-affirming action" (p.69). For instance, within narrative interviews, Riessman (2008) emphasises the importance of presence, engagement, and listening, while Remen (1996) promotes listening

generously, the use of silence, and speaking only at a tone of empathy, all characteristics of the central tenets of Dadirri. Riessman (2008) further emphasised this compatibility, arguing that narrative interviews aim to be open and subjective, to see each story as contingent, where the researcher does not just interview to get the story, but rather enters into and explores the co-construction of stories together.

2.6.7 *Sharing circles*

Sharing circles are traditional Indigenous communication tools, commonly used as a mode of healing where information, spirituality and emotionality are shared through appropriate cultural teachings of the group (Goodwill & Ishiwama, 2016; Hall, 2015; Lavallo, 2009). The relational nature of Indigenous epistemology acknowledges the “interconnectedness of the physical, mental, emotional, and spiritual aspects of individuals with all living things” (Lavallo, 2009, p.73). Sharing circles are familiar, reconnect Indigenous people to the power of their identity, and resolve life issues in ways that are based on and strengthen traditional cosmology, worldviews, values, and norms (Absolon, 2009; Riddell, Salamanca, Pepler, Cardinal, & McIvor, 2017; Sheehan, 2011). An essential aspect of sharing circles to this research is the decolonising effect they have on power and relationship imbalances; all participants (including the researcher) are seen as equal (Hall, 2015; Kovach, 2010). Similarly, Atkinson (2000) consciously used sharing circles to break down hierarchical structures between the researcher and researched, where:

The use of the circle was based on the fundamental belief that while all humans have different experiences and different skills to contribute, all are of equal value, have equal worth, and have something of importance to share in the whole of life learning of the community. (p.320)

Tied to sharing circles is storytelling and the belief in the responsibility for the communal survival and safety of others (Sheehan, 2011; Tachine, Bird, & Cabrera, 2016). As such, the sharing circles in this research were used to provide an environment for participants to share their story that promoted personal, communal, and cultural safety. Cultural safety implies an environment is created that recognises and respects cultural difference, where individuals are prepared to engage with others in two-way dialogue which is shared and promotes clear, value-free, open, and respectful communication (Freeman et al., 2016; Martin, Nakata, Nakata & Day, 2017). Thus, sharing circles were used as an interview strategy to capture the peoples' experiences which provided data of great depth and richness in a culturally sensitive manner.

2.6.8 *Transcription of the interviews*

All interviews within this study were transcribed which allowed for accurate recording of the depth and richness of the data. As a variety of transcription methods exist, researchers must carefully consider the transcription process before commencing the development of a transcript (Bengtsson, 2016; Brinkmann, 2014; Fogg & Wightman, 2000). The researcher transcribed all interviews in the first two rounds of interviews, with a professional transcription service employed to transcribe the remainder of the interviews in the third round. As the researcher personally transcribed the first two rounds of interviews consisting of 18 interviews, a pragmatic transcription style was created which captured the data accurately and efficiently. Except for expressions which were profound or changed the meaning of a sentence, very little prosodic information, word fragments, or filled pauses such as um and err were included in the transcriptions. After each interview, field notes were also compiled to

capture paralinguistic and contextual cues such as emotions, mood, and other crucial non-verbal information.

After the first 18 interviews, as a result of the researcher feeling immersed and engaged with the data and the very time-consuming nature of transcribing, the researcher employed professional transcription services to complete the transcription of the final eight interviews. The researcher checked the transcripts of the external professional service which was of high quality with the corrections required relating only to Aboriginal names and places.

Transcribing research data is an interactive process which engages the researcher in the process of deep listening, analysis, and interpretation (Hesse-Biber & Leavy, 2006). Within this study, the transcription of verbal data by the researcher had several advantages. Firstly, it offered the researcher an opportunity to be further immersed in the data, thus developing a deeper understanding of emerging themes (Davidson, 2009; Holloway & Galvin, 2016). For example, transcription of the data not only ensured accurate recording of the data, but it also allowed for inter-code reliability comparisons, the collection of accurate quotes which provided depth and texture to the analysis (Edwards & Lampert, 2014; Flick, 2013). Hence, the transcription process promoted a deeper engagement between the researcher and the data. Secondly, as Anderson and Jack (as cited in Matheson, 2007) assert, researchers who transcribe their own data are provided with “a unique opportunity to critique their own work and potentially improve their interviewing technique” (p.549). Thirdly, transcription of the verbal data afforded the provision of interview transcripts to participants, which assisted in the validation of collected data, preserved the ethics of the research and empowered participants by allowing them control over what was written (Grundy, Pollon, & McGinn, 2003; Mero-Jaffe, 2011). The transcription

process also reflected a recommendation from the community-based steering committee to provide participants with a full feedback loop of the interviews, and in doing so embodying the central principles of Dadirri. For those who found reading difficult, or simply requested an alternative method, the researcher read the transcript or the audio recording of their interview was made available to them.

Despite the numerous advantages of the researcher transcribing their own data, it must be acknowledged that this process was particularly time-consuming (Silverman, 2015; Zamawe, 2015). Even at its simplest level, transcription of data can take many times longer to complete than the duration of the interview itself. Therefore, while the researcher transcribed a majority of the interviews, a full transcription of the data was achieved in combination with a professional transcription service.

2.6.9 *Interview schedule*

In line with the interview schedule (Appendix K), the researcher briefly introduced the interview process to the participants, including discussing the plain language statement, the importance of informed consent, and alerting to those involved that participation is free and voluntary. The researcher also discussed with participants that the interviews could stop at any point of their choosing and opting out of the study can occur at any time without penalty or repercussion. At times in conjunction with the researcher, the community-based steering committee, and the co-researchers also played a role in reading and talking through the consent form (and narrative process) with participants. A preamble about the emotive and sensitive nature of the interview and the possible re-traumatisation of participants was also discussed prior to the commencement of all interviews.

Once the final written consent was obtained, the interview commenced, and the digital recorder was turned on. The interview started with general, personal background information, before moving on to trauma themes and traditional healing practices. The relationship between researcher and participant was critical in determining the impact of the interview on the participant and the quality of the data explicated. It was also essential to understand an ‘Aboriginal way’ of information gathering through interviewing that involved a far greater self-disclosure and shared storytelling than what Western researchers often expect (Lynn & Parker, 2002). In this sense, additional importance was placed on developing a reciprocal relationship and being able to relate on an equal level (Sheehan, 2008; Wright, Wahoush, Ballantyne, Gabel, & Jack, 2016). Thus, through utilising Dadirri, techniques such as making authentic connections, two-way sharing, yarning, deep listening, and focussing on the whole person, as opposed to merely the research objective, enabled the research participant to feel comfortable.

Careful consideration was taken in terms of the welfare and well-being of all participants. The nature of the research may be considered sensitive and deeply emotive, which may have resulted in participants experiencing distress. While an investigation into traditional cultural tools as a method to help heal trauma is an important goal of the study, it cannot come at the expense of traumatising or re-traumatising participants without the provision of appropriate support. At the conclusion of the interview, the research participants were asked how they were feeling and given an opportunity to debrief if required. A range of supportive measures was offered to participants to help address any concerns, including in a mental health kit consisting of contacts to a variety of mental health services.

2.6.10 *Ethnography*

Ethnography is a qualitative based research methodology drawn from anthropology and sociology, exploratory in nature, with a strong foundation in empiricism and naturalism (Atkinson, 2014; Hammersley & Atkinson, 2007). As such, through the collection of data in naturalistic settings, ethnography records the life of a particular group of people by gathering observations, interviews, and documentary data to produce detailed and comprehensive accounts of different social phenomena (Charmaz, 2014; Reeves, Peller, Goldman & Kitto, 2013). Within ethnography, the researcher looks for patterns of social organisation and relational systems such as rituals, customary social behaviours, and worldviews that are expressed through language, actions, and material activities (Creswell & Poth, 2017, Fetterman, 2010).

A key aspect of ethnography is the attempt to establish the relationship between *emic* (insider) and *etic* (outsider) understandings of human behaviour (Madden, 2010). From an *emic* approach, researchers attempt to interpret data from the perspective of the population under study (Astalin, 2013). Researchers argue that it is the focus on *emic* description and interpretation that makes ethnography suited to the appreciation of the richness of situated cultural practices (Fetterman, 2010; Zhu & Bargiela-Chiappini, 2013). Advantages of a more *emic* approach are that it heightens the awareness of the researcher in terms of their position in the research, respects community perspectives, and has a greater potential to provide more nuanced findings of the culture being studied (Morris, Leung, Ames, & Lickel, 1999). However, given the inescapable subjectivity researchers bring to their study through their own past experiences and perspectives, an entirely *emic* approach is impossible to achieve (Olive, 2014). While the use of an *etic* approach can be beneficial, as it enables

researchers to make comparisons across multiple cultures which may differ contextually, an *etic* approach often results in the researcher being oblivious to how a researchers' presence, behaviour, attitudes, or methodological decisions influence insider responses (Darling, 2016; Olive, 2014).

Maintaining a balance between *emic* and *etic* perspectives is, therefore, crucial for the most accurate depiction of participants, and thus the provision of valid, credible fieldwork (Olive, 2014). To achieve this balance, the researcher must apply critical reflexivity to their research (Rix, Barclay, & Wilson, 2014). Engaging reflectivity is crucial, "not only with one's research constructs and data, and with the informants' constructs, but also with one's own ideological biases as well as socio-historical structures shaping the research setting" (Hornberger, 2013, p.104). In the case of this study, the researcher attempted to achieve a balance between *emic* and *etic* perspectives through rigorous member checking, utilising community-based co-researchers throughout the entire research process and the operationalisation of the Dadirri feedback loop.

2.6.11 *Participant observation*

Narrative interviews were complemented by participant observation to capture the actions and interactions of community members. Participant observation is a method in which a researcher takes part in the "daily activities, rituals interactions and events of a group of people as one means of learning explicit and tacit aspects of their routine and culture" (Dewalt & DeWalt, 2011, p.1). Participant observation, according to Shah (2017) is particularly significant in Indigenous research as it:

Enables us to understand the relationship between history, ideology and action in ways that we could not have foreseen, and is therefore crucial to

understanding both why things remain the same and in thinking about how dominant powers and authority can be challenged, that is crucial to revolutionary social change. (p. 52)

Participant observation is also consistent with constructivist grounded theory approaches in that it encourages the continual assessment of initial research questions, which continually evolves as a result of increasing familiarity with the context (Dewalt & DeWalt, 2011). Furthermore, strategies like theoretical sampling, crucial in the development of grounded theory, can also be readily applied to participant observation. For example, as it becomes “evident that a specific dimension or a particular group of people are needed for completing the data and developing the theory, the researcher may direct their attention to the next observational sequence” (Flick, 2009, p, 231).

Participant observation provided pathways to establish positive social relations (Jorgensen, 2015; Kawulich, 2005) and increase familiarity within the context of the community. This increased familiarity enhanced the potential to challenge previous wisdom, produce new knowledges and capture information that had in the past been silenced and confined to the margins (Shah, 2017). Participant observation also directed the attention of the researcher to investigate not only on what was said but also what was left unsaid, and demonstrated only through action (Shah, 2017; Spradley, 2016). As Madden (2010) suggests:

Participant observation is a whole of body experience that has us observing with our eyes as we participate, but we also ‘observe’ with all our senses.

Touch, smell, taste, sound and sight come together to form the framework for memories, jottings and consolidated notes that from the evidentiary basis of

ethnographic writing. Good ethnographers will use their whole body as an organic recording device. (p.19)

Within this research, participation in activities only occurred when invited, and approved, by the participants (if specific to individual participants) or the steering committee (for community activities such as ceremonies). Intimate contact with participants raised issues of obligation, reciprocity, trust, and the formation of relationships which guided the researcher's manner of research with the community (Madden, 2010; Wilson, 2008).

2.6.12 *The use of literature as data*

The issue of how and when to engage with existing literature within grounded theory research has been a topic of considerable controversy and vigorous debate (Charmaz, 2014; Glaser & Strauss, 1967; Urquhart, Lehmann & Myers, 2010). Ever since the publication of 'The Discovery of Grounded Theory' (Glaser & Strauss, 1967), concerns have arisen regarding how "researchers should approach and use the existing literature relevant to their research topic" (Bryant & Charmaz, 2007, p. 19). Glaser & Strauss (1967) explicitly advise against a literature review at an early stage of the research process to prevent the researcher from imposing existing theories or knowledge on their own data. Glaser is not alone in this stance. Nathaniel (2006) and Heath (2006) also concur, while McCallin (2003) suggests "the researcher may be side tracked by received previous knowledge and interpretations that support taken for granted assumptions, which are not relevant in the new area of study" (p.63). Nevertheless, the central issue was never whether a literature review should occur – for this there is an excellent consensus, the controversy lies with the timing of and the extent to which the literature review takes place.

Despite this stance, there is also a compelling argument in favour of undertaking a literature review in the formative stages of the research process. For example, Dunne (2011) argues that not only does this leave the researcher open to criticism, but the concept of research without a relevant, early stage literature review is also fundamentally unrealistic. Moreover, Cutcliffe (2000, p. 1480) argues that no potential researcher is an 'empty vessel', while Coffey and Atkinson (1996) remark that "the open-mindedness of a researcher should not be mistaken for the empty-mindedness of the researcher who is not adequately steeped in the research traditions of a discipline" (p. 157). Clarke (2005) goes further arguing 'that there is something ludicrous pretending to be a theoretical virgin' (p.13), and undertaking a literature review at the beginning stages of research does not cloud, nor restrict assumptions, and interpretations of researchers.

In this study, an initial literature review occurred that identified and analysed previous research and intended to crucially identify any possible gaps and limitations in the existing literature upon which this study attempted to build. This supports the constructivist paradigm perspective, where Charmaz (2006) asserts that undertaking some form of a literature review prior to commencing research will develop theoretical sensitivity. Further following the advice of Charmaz (2006) the literature review was then permitted to 'lie fallow' until later stages of the research, whereby additional literature reviews occurred as the conceptualisation of the categories and the construction of the theory evolved (p.166). In fact, as the newly developed substantive theory emerged, the literature provided another voice in the theoretical dialogue with the data. Moreover, within this study, the overarching approach to the review of existing literature assumed a similar logic to Lapan et al., (2011). They recommend that regardless of the timing and extent of the review of literature, researchers should

remain open to the field under study and the data gathering, they should take a critical stance towards pre-existing theories and research findings throughout the research process, and subject all ideas to rigorous scrutiny (Lapan et al., 2011). Hence, within this study, the grounded nature of the research methodology not only required a high level of insight on how to undertake the research in terms of the influence of previous literature, it also required a theoretical sensitivity which promoted a more integrated and abstract grounded theory (Nunes, Martins, Zhou, Alajamy & Almamari, 2010).

2.6.13 *Theoretical sensitivity*

Several researchers have highlighted the significance of theoretical sensitivity in developing integrated and abstract grounded theory research (Charmaz, 2014; Glaser, 1992; Strauss & Corbin, 1990). Theoretical sensitivity refers to a personal, experiential, and professional quality of the researcher based on the attribute of having the ability to give meaning to data (Strauss & Corbin, 1990). Glaser (1978) defines theoretical sensitivity as “the ability to recognise and analyse elements of data to discover relationships between categories that lead to the construction of a grounded theory which fits, works with, and is relevant to the field of study” (p. 70).

Birks & Mills (2015) assert that theoretical sensitivity consists of three significant, and interrelated features. Firstly, constructivist grounded theorists reject the very idea of an unbiased *tabula rasa* researcher who, without prior assumptions and preconceptions, collects and analyses value-neutral, theory-free data (Lapan et al., 2011). Rather, they assume research reflects the sum of the personal, professional, and experiential history of the constructivist grounded theorist. Secondly, theoretical sensitivity increases as the research progresses, whereby once started, it is in continual development as the researcher develops a greater understanding of meaning through

the constant immersion in data (Corbin & Strauss, 2008; Glaser & Strauss, 1967). Finally, theoretical sensitivity can be enhanced using various techniques, tools, and strategies. For example, drawing upon personal experiences is “a strategy that explicitly recognises the researcher’s history and utilises it as a conceptual comparison of the data” (Birks & Mills, 2015, p.61). Strauss and Corbin (1990) referred to this as “waving the red flag, whereby the biases, assumptions and beliefs that are ‘intruding’ into data analysis are acknowledged” (p.80).

In this study, theoretical sensitivity was increased through a high level of self-insight, where the researcher identified his own positioning within the research and acknowledged prior experience and knowledge. As a result of residing in the Nauiyu community for an extended period, the researcher was able to develop a deep engagement within the cultural practices that are specific to the Daly River tribes. This also resulted in the formation of deep, meaningful relationships within the community, where stories and experiences were shared which may have been otherwise concealed.

Another important strategy that enhances theoretical sensitivity is reflexivity. The researcher reflected on his own assumptions about research in the field of trauma within Aboriginal communities and the perceptions of traditional healing practices, particularly within mainstream primary health settings. Through this reflexive approach, the researcher was able to identify preconceived ideas, vital in assuring the quality and ethical integrity of this research (Rix et al., 2014). In the initial development stages, the researcher assessed his knowledge of Indigenous and non-Indigenous views of trauma, wellbeing, and traditional healing practices. While a significant body of research has documented the disparate in the health outcomes between Indigenous and non-Indigenous Australians; it was observed that a gap in empirical research exists in the exploration of trauma stories and traditional healing

practices of Australian Aboriginal communities. Thus, through the use of grounded theory, this research aimed to build on the previous research examining trauma in Indigenous communities and attend to the gap in research investigating the role of culture – in particular, traditional healing practices – in the healing of trauma.

Finally, throughout the study, the researcher was in constant dialogue with a range of relevant stakeholders including supervisors, community-based colleagues, and Indigenous and non-Indigenous academics. A community-based steering group was also established that not only guarded against potential researcher bias; it also facilitated theoretical sensitivity by giving new meanings and culturally valued insights into the research process. Overall, this process promoted the researcher's neutrality and objectivity and recognised the embedded values of the researcher within specific historical, ideological, sociocultural, and situational contexts (Lapan et al., 2011).

2.6.14 *Data management*

To assist in the organisation and sorting of the data, the researcher utilised computer-assisted qualitative data analysis software. The transcribed interviews were imported to the Atlas.ti computer software program which assisted in the organisation of data and to make the retrieval of data quicker and easier to access (Hwang, 2008; Konopásek, 2007). The Atlas.ti software was selected as it is an invaluable tool in linking research notes to coding, the identification of relationships between codes and categories, and for retrieving data during constant comparison analysis (Friese, 2014; Woods, Paulus, Atkins, & Macklin, 2016). Moreover, a key advantage of using Atlas.ti is the provision to enable the researcher to “think more creatively, conceptually and

perhaps more holistically” (Barry, 1998, p.6). John and Johnson (2000) suggest the benefits of utilising such programmes include:

An ability to deal with large amounts of qualitative data, reducing the amount of time needed for manual handling tasks, increased flexibility and thoroughness in handling data, providing for more rigorous analysis of data, and providing a more visible audit trail in data analysis. (p.394)

Thus, the researcher utilised the Atlas.ti software to liven up the coding process and aid in more conceptual thinking of the data (Barry, 1998). It also focussed the researcher on frame-building activities such as interrelating concepts and categories to form theoretical networks (Smit, 2002).

2.6.15 *Data analysis: Grounded Theory and Narrative Analysis Techniques*

A unique feature that differentiates constructivist grounded theory from other qualitative research designs is the concurrent collection and analysis of data. Glaser and Strauss (1967) suggest that the “constant comparative method consists of four stages: 1) comparing incidents applicable to each category; 2) integrating categories and their properties; 3) delimiting the theory; and 4) writing the theory” (p.105). Indeed, from the time of their initial foray into the field, the researcher is analysing data, coding each incident into as many categories of analysis as possible, as categories emerge or as data emerge that fit an existing category (Glaser & Strauss, 1967). Mayan (2016) describes constant comparison as a data-analytic process whereby each interpretation and finding is compared with existing findings as it emerges from the data analysis. It is the constant comparison of “incident to incident, incident to codes, codes to codes, codes to categories” (Birks & Mills, 2015, p.11). Thus, the constant comparison of variable parameters in the data reveals the characteristics of each

concept or category and assists the researcher in creating a theory that is integrated, consistent, and plausible (Leung, 2015).

2.6.16 *Coding*

Coding constitutes the most fundamental process in grounded theory and commences at the first emergence of data in the study (Glaser & Strauss, 2017; Stern & Porr, 2017). By coding, grounded theorists scrutinise and interact with their data through stopping and asking analytical questions (Lapan et al., 2011). Charmaz (2006) defines coding as “naming segments of data with a label that simultaneously categorises, summarises and accounts for each piece of data” (p.43). For Jeon (2004), coding is the defining aspect of analysis within the grounded theory method and is a “means by which the quality of emerging theory can be determined” (p. 253). According to constructivist grounded theory, coding can be divided into at least two phases; initial coding and focussed coding (Charmaz, 2000), both cyclically connected, and both introduce an important dynamic into the coding process (LaRossa, 2005).

2.6.17 *Initial coding*

The researcher completed the initial open coding process spontaneously and fluently using the Atlas.ti computer software program. Initial coding, also known as open coding, is part of the analytical process which focusses on labelling and categorising the phenomenon under investigation through the process of data gathering (Cho & Lee, 2014; Zakaria & Zakaria, 2016). Thus, the researcher aimed to “generate an emergent set of categories and their properties which should fit, work and are relevant to be integrated into a theory” (Baturina, 2014, p. 155). As described by

Corbin (2015), there are a number of advantages of analysing data through computer programs such as Atlas.ti software:

The ability to augment the human mind by doing a lot of the detailed and tedious work involved in many endeavours, thus freeing up the user to be creative and thoughtful. And this is what computer programs do for qualitative analysis. (Corbin & Strauss 2015, p. 203)

The researcher conducted initial-coding by fracturing the data (Glaser & Strauss, 1967), examining the data word by word, comparing incident with incident, naming apparent phenomena, and beginning to construct initial codes grounded in this data (Birks & Mills, 2015; Foley & Timonen, 2015; Hsieh & Shannon, 2005). As the researcher coded new interviews, memos were created to capture conceptual thoughts as they were emerging. Memos also conceptualised the relationships between categories as they formed. Importantly, the memos included raw data, which ensured the researcher was kept in the present and close to the data, strengthened by the voice of participants. By way of example, a memo written on the 15th May 2018, stated:

[participant names] all spoke about the impacts of the Intervention, disempowerment, shame and violence. They described life before the intervention and compared that to the lives of the people today. For example, [participant name] stated, “look at what the Intervention has done, for the people who had a good life are now living on their knees. This is deliberate, this is what the government wanted and success is what they have”. So the impact of the Intervention not just represents current and future oppression and disempowerment. It also epitomises the gap between how life was and what it represents today. Most likely it’s both, and it is manifested in

extraordinary ways. Last night there was an violent riot in community, this morning the community is closed and there must be six police cars doing laps of community. [participant name] observed, “Who are they going to arrest and what are they going to do to them? The police don’t want them in jail and the mob don’t care either way. You know you are low when they don’t even want you in jail, and this is just 10 years after the Intervention – imagine it in two generation time.” How do I conceptualise the impacts of the Intervention? The trauma here is a cause and a symptom of trauma? Is that a contradiction in terms? How do these impacts manifest in current behaviours and to what degree?

Initial coding proceeded until categories began to form. Such a concentrated approach, required an examination of the data in minute detail, while at the same time asking questions of the data. Indeed, the researcher followed recommendations from Glaser (1978) who outlined three questions the researcher should ask of the data to guide the initial coding process: “1) What is actually happening in the data? 2) What are these data a study of? 3) What category does this incident, statement or segment of data indicate?” (p.57). After coding the first eleven transcripts, the researcher produced 1490 quotes coded into 112 codes. The researcher printed a code report from the Atlas.ti computer software and produced a coding board to make an initial attempt to identify relationships and connections which resulted in the construction of 18 provisional categories.

These initial codes were eventually joined with other concepts to form larger categories involving a more abstract approach (Connelly, Ones, Davies, & Birkland, 2014), a process which continued until the categories become theoretically saturated where ongoing codes were only associated with existing categories (Glaser, 1978).

Patterns were then identified using the constant comparative method and arranged in relationships with each other in the building of a newly developed substantive theory.

2.6.18 *Focussed coding and situational mapping analysis*

The second primary coding process involved focus coding. The researcher adopted Charmaz's (2006) recommendations to utilise focussed coding which was more directed, selective, and conceptual than initial coding and explained larger segments of data by making decisions about which codes were most frequent or significant for categorising (Charmaz, 2000, 2006; Holton, 2010). Another critical feature of focussed coding was that it also delimited subsequent data collection and coding to that in which was most relevant to the developing core category (Charmaz, 2000, 2003). In this way, the researcher saturated the selected categories that form the basis of the emerging theory without collecting large quantities of data that was irrelevant to the developing grounded theory (Charmaz, 2006; Holton, 2010). The selective data collection and analysis continued until the core category, its properties and theoretical connections to other categories had been sufficiently elaborated and integrated (Bryant & Charmaz, 2007). Furthermore, this allowed the researcher to shape the grounded theory, refine and fully integrate each theoretical component, while still developing the overall level of abstraction (Birks & Mills, 2015).

Focussed coding also occurred through situational mapping analysis techniques. Situational mapping was utilised by the researcher as a method to analyse emerging elements of the participants' life stories explicitly and identified the relationships which existed between them. Situational mapping was applied to the 75 open codes which emerged from the first round of four interviews. The process was further repeated to the 124 open codes which emerged from the second round of seven

interviews. Drawing 'messy' diagrams helped the relationships between codes to emerge which resulted in the 124 open codes being merged and reduced to a more manageable 68 focussed codes.

Eventually, by following the described open and focussed coding process of the 23 interviews, the researcher constructed 97 focussed codes. At this point, the researcher was concerned with merging codes prematurely, resulting in inaccuracies, and potentially missing essential concepts. The researcher consulted a grounded theory colleague and discussed many options from continuing unabated through to recoding the entire data set. A decision was made to focus on developing the categories and investigating the connections between them.

However, the researcher experienced difficulty conceptualising the categories and the linkages between them using the relevant functions of the Atlas.ti software program. As a result, the researcher printed the codes from Atlas.ti and manually constructed coding cards, including vital information such as key concepts, quotes, and relationships. Through the arranging and rearranging of the cards, using mapping diagrams and extensive memo writing, a theory which was expressed as a set of concepts that were related cohesively, and which accounted adequately for all the data that was collected (Sbaraini, Carter, Wendell Evans & Blinkhorn, 2011). The core category, *owning our truth telling, owning our solutions* and its relationships with all other categories evolved from the data. The researcher presented the developed theory to the community-based reference group and other key community members in Daly River, and it was found to be widely accepted by and resonated with these audiences.

2.6.19 *Selective coding and core categories*

Once a potential core category had been identified, the process of selective coding occurred. Selective coding concentrates on the development of the substantive theory by investigating the nature of the relationships between essential concepts and categories emerging from the data (Mills, Durepos, & Wiebe, 2009). Within this study, the use of selective coding resulted in only data that was relevant or added value to the core category was selected. This process continued until selective coding provided data which sufficiently explained the core category, and in doing so, many of the categories connected to the core variable became saturated (Foley & Timonen, 2015).

The core category is the “central phenomenon around which all other categories are integrated” (Strauss & Corbin, 1990, p.115) and becomes a guide to further data gathering and coding (Glaser, 1978). Selection of a core category occurs when the researcher can trace connections between a frequently occurring variable and all other categories (Birks & Mills, 2015). Strauss and Corbin (1998) give the following criteria for choosing a core category:

- a) it must be central, that is, all other major categories are related to it; b) it must occur frequently in the data; c) the explanation that evolves by relating the categories is logical, consistent and there is no forcing of the data; d) the name or phrase used to describe the central category should be sufficiently abstract that it can be used to do research in other substantive areas, leading to the development of a more general theory; e) as a concept it is refined analytically through the integration with other concepts, the theory grows in depth and explanatory power; and f) the concept is able to explain variation as well as the main point made by the data, that is, when conditions vary, the

explanations still hold, although the way in which a phenomenon is expressed might look somewhat different. One should also be able to explain contradictory or alternative cases in terms of that central idea. (p.127)

Through the data analysis, the core category of *owning our truth telling*, *owning our solutions* emerged, responding to the underlying social problem of Aboriginal people in Nauiyu community of *seeking empowerment*.

2.6.20 *Theoretical codes*

At the point where categories have achieved theoretical saturation, the researcher's attention shifts to exploring the emergent fit of potential theoretical codes (Lewis, 2015; Ramalho, Adams, Huggard, & Hoare, 2015). Theoretical codes are abstract concepts that give 'integrative scope', 'broad pictures' (Glaser, 1978, p.72) and assists the researcher in linking to existing theory (Oktay, 2012). Birks & Mills (2015) suggest theoretical codes are advanced constructs that provide a "framework for enhancing the explanatory power of the storyline and its potential as theory" (p.119). Furthermore, by studying many theories across a wide range of disciplines, grounded theorists may identify numerous integrating logics embedded in these theories, thus enhancing "the variability of seeing them emerge and fitting them to the theory" (Glaser, 2005, p.11). As a result, serving as a bridge between analysis and theory, theoretical coding promotes clarity and precision, an openness to the unexpected and a crucial balance of logic and creativity (Charmaz, 2014; Walsh et al., 2015).

Glaser (1978) initially presented a list of theoretical codes organised in a typology of coding families that guide data analysis and theory development. For example, the cultural coding family referred to by Glaser (1978) consists of theoretical

codes such as social norms, social values, and social beliefs. While Glaser's list is by no means exhaustive, both Lapan et al., (2011), and Charmaz (2006) point out that while some of the families appear arbitrary or vague, they provided valuable assistance in the organisation of further data collection strategies as part of theoretical sampling.

2.6.21 *Theoretical memos*

While gathering, coding, and analysing data to capture the researcher's ideation of the emerging substantive theory, the researcher underwent a process of conceptual memoing. Memos are a fundamental, non-optional process to the development of a grounded theory which records thoughts, feelings, insights, and ideas in relation to the research project (Belgrave & Seide, 2018; Birks & Mills, 2015; Lempert, 2007). According to Glaser (1978), memos are the writing-up of ideas about codes and their relationships as they strike the analyst while coding. Memo writing is a continual process that provide a series of snapshots that chronicle the researcher's abstract thinking and encourages the researcher to gain an analytical distance that enables movement away from description to conceptualisation about the emerging data (Glaser, 1978; Lempert, 2007).

Furthermore, memos are theoretical banks to keep records of ideas for theoretical sampling that track the developing theory and form a crucial aspect of the audit trail (Charmaz, 2014; Oktay, 2012). Charmaz (2006) describes memoing as a creative, uninhabited process that can define each code or category by its analytical properties; make comparisons between data and data, data and codes, codes and codes, coded and categories, categories and categories; bring new data into the memo; offer conjunctions to check in the field; identify gaps in the analysis; interrogate a code or category by asking questions of it, and builds theoretical sensitivity (p.72). This

occurred until the emergence of the basic social problem and the basic social process by which to respond to the problem were identified.

Within this study, reflective memos were used to stimulate, clarify, and document the developing thinking of the researcher and to prompt reflections, thus becoming more conscious of how and why research decisions were being made. By way of example, an early memo dated the 29th January 2018 noted the interwoven, compounding impacts of the introduction of awards wages for Aboriginal workers on outstations, including the impacts on individuals, families, and the tribes they represent. This discovery influenced the theoretical sampling of subsequent research participants which not only provided invaluable data but also led to a shift in the analysis of the intergenerational impacts of trauma.

2.6.22 *Field notes*

Fields notes are an integral part of the grounded theory process and are very useful tools by which to add colour, character, and context to the research process (Birks & Mills, 2015; Glaser & Strauss, 1967). The researcher recorded extensive field notes in the form of diary entries, which were often created in conjunction with theoretical memos. The field notes provided the researcher's unreserved observations in the field and were written in the first person (e.g., he expressed to me or, "I thought), which effectively positioned the researcher's presence in interpreting the scene (Tracy, 2010).

In all, 267 field notes were recorded, and while constructed consistently throughout the research process, the number of field notes was mainly concentrated immediately after interviews. Writing field notes immediately after the interviews enhanced richness and accuracy and enhanced a self-reflexive commentary about

subjective feelings and sense-making. Within this study, the benefits of field notes for the researcher were two-fold. Firstly, field notes were used to record descriptive information, in which the researcher attempted to record factual information such as behaviours, emotions, settings, and actions of participants. Moreover, secondly, field notes were created to record reflective information such as capturing the thoughts, questions, and ideas of the researcher (Birks & Mills, 2015; Taylor, Bogdan, & DeVault, 2015). The following provides an example of both a descriptive and a reflective field note, both written at the immediate conclusion of interviews with participants:

This was an intensely emotional interview. Whilst there was great sadness throughout this interview, the opposite was also true. A great joy and theatre was adjoined to memories of childhood, any words of Mummy were attached to a hand on the heart, while Dad was framed as tough, enduring, heroic. There was a warmth ascribed to an upbringing, that was by any measure extreme. A birth under a mango tree at [location], the walks to [location] which took weeks, to the arrival of the silver jeep, where Father Leary disrupted so much, yet delivered so little. [Participant name] spoke of great hurt, and this event, with a less conformist participant would have resulted in conflict, at least resistance. Instead tears flowed as connections were broken, for no good reason, certainly by no sound choice. Indeed, there was no choice. The choice predated on an ancient culture by assuming its young and isolating its elderly, all under the guise of gods great will (Field note 22).

People are now coming to me to share their stories. Just this morning I was approached by a new widow who wanted to participate in the study – the old man has been gone just 6 days. Already though, a clear gap exists between

wanting to share stories and actually going through the pain of doing so. As well as this, I am also feeling the pressure to get the whole thing right. Knowing what is right is another thing? One thing for sure, I have been trusted to carry their story – a responsibility that is weighing heavily on me. So too is the trauma. One individual story after another of grief, pain, trauma, strength, and resilience – now collectively takes its toll on me, as it now sits in me. So much of this I have total control, and no control at precisely the same time – much like the swollen, turbulent river of which the community sits. (Field note 51)

2.6.23 *Theoretical saturation*

As discussed, in order to develop grounded theory, the constant comparison of categories and concepts needs to occur iteratively. However, one concern experienced by the researcher was knowing when to stop collecting data (Holton, 2010; Lawrence & Tar, 2013). Birks & Mills (2015) suggest the process of constant comparison continues until data collection fails to add properties or dimensions to an established category, a point Glaser (1978) describes as theoretical saturation. As a result, the researcher continued sampling until the categories were saturated, reflecting a ‘conceptual density’ and ‘theoretical completeness’ (Glaser, 2001, p.191), that lifts the theory above description, and enables its integration through theoretical propositions as an abstract conceptual theory (Charmaz, 2006; Holton, 2010).

Nevertheless, accurate judgement of theoretical saturation was tricky, which “in hand raises concerns about foreclosing analytical possibilities and about constructing superficial analyses” (Charmaz, 2006, p.115). Thus, ensuring theoretical saturation is crucial to ensure that the final product is linked with and therefore

grounded in the data of the research (Birks & Mills, 2015; Higginbottom & Lauridsen, 2014). Within this study, data analysis was continuous, becoming increasingly abstract until the emergence of the underlying social problem and process occurred.

2.6.24 *Narrative analysis*

There is a growing recognition of the importance of narrative analysis as a key element of undertaking ethnographic research. Narrative analysis challenges the realist position and offers an alternative approach to the production and analysis of qualitative data located within a social constructionist paradigm (Earthy & Cronin, 2008; King, Horrocks, & Brooks, 2018; Riessman, 1993). Narrative analysis allows for systematic investigation of personal experiences and meaning, and is a particularly valuable tool for narratives that involve accounts of epiphanic moments or significant events in people's lives (Feldman, Sköldberg, Brown, Horner, & 2004; Reissman, 2008). Narrative analysis focuses on "life stories and on describing the coherent identities that we construct for ourselves by tying together past present and future in our autobiographical narratives" (Burr, 2015, p. 198). Indeed, a significant feature distinguishing narrative analysis from other qualitative approaches is the focus on events or series of events which are chronologically connected. Reflecting its flexibility across multiple disciplines, narrative analysis includes a variety of approaches to data collection and analysis, using field texts, such as biography, autobiography, life story, oral histories, ethnography, life narrative, and the sociology of storytelling, as the units of analysis to research and understand the way people create meaning in their lives as narratives (Clandinin, 2006; Cortazi, 2014; Earthy & Cronin, 2008; Hall, 2015).

This study adopted a constructivist approach to narrative analysis which took into account the broader social construction of the narratives within interpersonal, social, and cultural relations (Esin, Fathi & Squire, 2013; Flick, 2013). A constructivist approach to narrative research is a “powerful strategy in studying hidden histories and geographies, the place-based lives and memories of disadvantaged people, minority groups and others whose views have been ignored or whose lives pass quickly, producing few, if any records” (George & Stratford, 2005, p. 107).

The advantages of adopting a constructivist view of narrative analysis of this study are three-fold. Firstly, narrative researchers who take a constructivist approach pay particular attention to the positioning of the researcher and participant, the connections between their social, cultural, and political worlds and how these connections interact within the narrative process (Esin et al., 2013). Secondly, a constructivist approach to narrative analysis examines the power relations that operate in the construction of narratives, recognising that power is multiple, contestable, always relational, and inherent within the language itself (Esin et al., 2013; Reissman, 2008). Finally, the specific focus of a constructivist narrative approach is on how the individual ordered their story, how meaning was placed into a sequence of events, and rather than fracturing the story into small units, it examines the sequential and structured features as a whole and within context (Odette Wright, 2017; Reissman, 2008). Thus, constructivist approaches to narrative analysis allowed for the seeing of the research as a story itself, acknowledging, that through a journey from outsider to insider, the researcher created stories as co-author, constructing meanings, and contextually relating and interpreting the accounts of participants.

Drawing on Rosenthal and Fischer–Rosenthal’s (2004) analysis of narrative data framework, the researcher conducted a narrative analysis to relate the life stories

of participants, explicate meaning, and identify themes that represent the history of colonisation through to the present experience of the people in the Nauiyu community. The researcher analysed participants' stories by biographical details, investigating explanatory factors such as tribal groups, age, and gender of the participant. In addition to the coding described earlier, the data was then analysed in larger segments such as paragraphs relating to categories, narratives about significant life events, and by the interview as a whole. At this point, the researcher created life stories for each participant by condensing and re-ordering their narratives into a summary of the stories told in their own words (Hunter, 2010).

2.6.25 Community-based steering committee

Community-based steering committees are widely acknowledged as an invaluable tool in ensuring decolonised research in Aboriginal communities which is culturally sensitive and reflects community expectation (Adams & Faulkhead, 2012; Bartlett, Marshall, & Marshall, 2012; Whiteside et al., 2016). A community-based steering committee was established to ensure the research was conducted in a culturally sensitive, valid, and ethical manner. The importance of the steering committee centres the significance of privileging Aboriginal worldviews to this research. The steering committee, comprised of six community members, helped to navigate the research through a path that respected local customs and ensured that Aboriginal voices were privileged.

The community-based steering committee was strategically selected by the community to represent community members from all language groups in Nauiyu. This provided an active voice for the community over the research and ensured that the community-owned all power associated with the steering committee. The steering

community consisted of crucial male and female Elders and younger community members who have been identified as future leaders of the community. The formation of the steering committee was crucial as it facilitated theoretical sensitivity, while also establishing reciprocity at many levels ensuring an ethical passage of research in the field.

The steering committee provided direction regarding appropriate timing of collecting the stories (gauging tensions in community, sickness and deaths, and key absences in community which need to be considered), ensure that the necessary environment is provided to keep the participants safe and guide the researcher in a manner that promotes thick, valid qualitative data. The community-based steering committee provided ongoing advice as the research progressed, monitored ethical standards, and provided feedback to ensure all people were treated as equals and unintended power imbalances did not occur.

The steering committee had regular meetings with the researcher to ensure the research was conducted in a respectful, and culturally sensitive manner. For example, the steering committee served as a function to provide community members with a source of providing feedback to the researcher about the progress and conduct of the study. It also controlled access to the research results that belong to the community, which was based on a process of negotiation with the research team, through relationships formed on reciprocity and equality. The outcome of this negotiation was to ensure power imbalances did not occur, and that ownership of the stories and the equality of subsequent benefits were clearly articulated.

2.6.26 *Writing the grounded theory*

Once theoretical saturation had been attained, and the basic social problem and process identified, the development of a newly emerged substantive theory was undertaken. Through the constant interplay between the researcher and the data, a substantive theory emerged consisting of nine categories, besides the core category. When presenting the findings of the fieldwork, a significant number of direct quotes from participants were offered. The importance of the research staying close to the data is twofold. Firstly, it assists in providing thick descriptions of the data which assists in the explanation of the concepts related to each category. Moreover, secondly, it promotes and strengthens participants' voice and ensures that the richness and imminence of the participants' stories were not diluted or misconceived (Weaver & Spiers, 2018).

In presenting the stories of the participants' in the fieldwork chapter, the following procedure was followed:

- Direct quotes from participants were identified to distinguish direct quotes from previously published literature, with a quote placed in italics followed by a participant number.

For example, "*the river ran its course*" (Participant 1);

- Field notes were represented by number and date.

For example, Field note, 7 February 2018;

- Memos were represented by number and date.

For example, Memo, 12 March 2018;

- Major conceptual terms used in the substantive theory were placed in italics;
- Where the researcher added information to provide clarity in a direct quote, a square bracket [] was used;
- Names of places, facilities, languages groups, tribes, and participants were removed to ensure anonymity and confidentiality.

2.6.27 *Trustworthiness, credibility, and transferability of findings*

In qualitative research, the quality of a piece of research is dependent on the great attention that is given to the measures it employed (Birks & Mills, 2015; Flick, 2018). Thus, the criteria used to judge the merit of a study should be made explicit (Cooney, 2011). In terms of qualitative research, trustworthiness is often described as establishing credibility, transferability, confirmability, and dependability. Above all else, the care undertaken to correctly apply the grounded theory methodology is the single most crucial factor in ensuring the trustworthiness of the findings. More specifically, Glaser and Strauss (1967) suggest that the enhancement of trustworthiness, credibility, and transferability of grounded theory findings is dependent on developing four important and highly inter-related properties; the theory used strictly fits the substantive area in which it will be used; the theory is readily understandable; it is applicable to a variety of contexts; and it allows the person using it to have enough control to make its application worth trying (p.237). Furthermore, the research must also ensure the study is representative of the population to which it will apply, therefore, it was crucial to ensure the sampling strategies used to describe

the trauma stories were relevant to the Nauiyu community (Denk, Kaufmann, & Carter 2012; Kaufmann & Denk, 2011).

Several researchers have highlighted the importance of auditability as a criterion for demonstrating rigour and credibility in qualitative research (Beck, 1993; Noble & Smith, 2015; Whittemore, Chase, & Mandle, 2001). Auditability refers to maintaining a comprehensive record of all “methodological decisions, such as a record of sources of data, sampling decisions and analytical procedures and their implementation” (Cooney, 2011, p.17). Guba and Lincoln (1989) term this record an audit trail. Within this study, an in-depth audit trail was created using a variety of records a) raw data; b) theoretical notes; c) memos; d) field notes; e) computer-generated information; and f) data reconstruction (Polit & Beck, 2013).

In constructivist grounded theory, the researcher engages with the analysis as a faithful, trustworthy witness to the stories within the fieldwork (Chiovitti & Piran, 2003; Starks & Brown Trinidad, 2007). However, to enhance credibility, the researcher also ensured that the data, in all its interpretation were presented back to its original participants (Goulding, 1998). According to Riley (1996), when establishing the credibility of analysis, the tradition of investigator-as-expert is reversed. This process is called ‘member checking’, whereby informants are encouraged to assess whether the early analyses of the researcher are an accurate reflection of their own conversations (Birt, Scott, Cavers, Campbell, & Walter, 2016). Additionally, the trustworthiness of the research depended on how the researcher used evidence from the interviews to support the main aspects of the developing theory. The researcher utilised further reflexive practices including consulting academic supervisors and the community steering committee to assist in the deep engagement of the data and clarifying possible researcher biases and assumptions.

2.6.28 *Ethical considerations*

The history of Indigenous research in Australia has been featured by exploitative and unethical practices (Gone, 2017; Gooda, 2007; Smith, 2007). As such, ethical research in Aboriginal communities requires an understanding of the guidelines promoted by two seminal documents. Firstly, 'Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for Researchers and Stakeholders' (National Health and Medical Research Council, 2018) and secondly, 'Guidelines of Ethical Research in Australian Indigenous Studies' (AIATSIS, 2012) provide the standards for Human Research Ethics Committees (HREC) and guide Indigenous research based on integrity, reciprocity, and respect. In addition to respecting the ethical community protocols, the Charles Darwin University Ethics Committee gave their approval to begin research on 19 September 2017.

Potential risks were monitored in collaboration with internal and external supervisors. The community-based steering committee also played a significant role in the monitoring of risks to the research team. Breaks were scheduled throughout the interview process to 'check in' with the participants to ensure safety and wellbeing. The researcher made it clear that participants could stop the interview at any time and the interview would cease at any point if distress were evident. At this point, participants were asked if they wished to continue with the interview, pause for a later time or cease the interview entirely. Of the 36 participants involved with interviews and sharing circles, three interviews were stopped due to distress and all three were continued to completion at a later time. All three interviews were carried out to completion at a time and place at the discretion of the participants. The researcher met with the steering committee and co-researchers to find out how distress showed up and

discussed culturally appropriate responses. Co-researchers were vital in monitoring and addressing issues.

2.6.29 Privacy and confidentiality

All steps were taken to ensure anonymity and confidentiality of all participants. All collected data was secured and treated with high sensitivity. It is acknowledged that there were disclosure issues for individuals wishing to participate in sharing circles to share their stories. As such, a variety of settings were selected by the participant to protect identities if desired. Some participants were involved in sharing circles and later requested one on one interviews to share information that was considered too sensitive to share in a group setting. For those who chose open spaces to undertake individual interviews, or chose to participate in sharing circles, it was explained to participants that this study could not ensure anonymity. However, the processes of the study ensured confidentiality of the stories that were shared, which was made very clear to participants.

The results were written in a manner that protected the integrity of the research and the confidentiality of the participants. Pseudonyms were utilised to ensure confidentiality and individual stories were reported in the results.

2.6.30 Data storage

The information of this research was stored on a paper copy and as digital recordings. The information was also stored on laptop, hard drive, and USB. Artefacts, such as paintings, were also used as a method of communication. The information was stored in locked cabinets at Charles Darwin University and kept secure to ensure the integrity and confidentiality of the research. All information was secure at all times.

2.6.31 Overview of the major findings

The emerging data from this research which investigated the experiences of colonisation, intergenerational trauma and traditional healing practices in Daly River identified the core category of *owning our truth telling, owning our solutions* to the underlying basic social concern of *seeking empowerment*. The core category is comprised of three phases: transferring trauma into story; looking back – moving forward; healing the cultural wounding. A number of influences on traditional healing practices was also identified. Each phase is comprised of numerous dynamics which together represent the trauma stories and traditional healing practices of the people of Daly River and are presented in the proceeding chapters.

2.7 Summary

This chapter outlined the use of constructivist grounded theory in the investigation of Aboriginal trauma and traditional healing practices of the Nauiyu community. In doing so, the chapter highlighted how the researcher grounded the analysis in the experiences of the Daly River people across their diverse life stories. The methodological process of this study was discussed alongside the Aboriginal concept of Dadirri, which included a description of how Dadirri was operationalised as a research methodology. The credibility, trustworthiness and pertinent ethical considerations of this study were also described. Following the emergence of the substantive theory, an extensive literature review was undertaken with further significant literature included in the discussion chapter of this thesis. The substantive theory, of *seeking empowerment by owning our truth telling, owning our solutions* emerged from the grounded data and will now be presented in the following chapter.

Chapter 3: Fieldwork

3.1 Overview

In this chapter, the newly emerged substantive theory; *seeking empowerment by owning our truth telling, owning our solutions* is presented. In the first part of the chapter, the findings present the basic social concern of seeking empowerment. As part of this discussion, the importance of empowerment to counter colonial practices and privilege Aboriginal worldviews is presented. The chapter also presents the core category of *owning our truth telling, owning our solutions*, describing links between key themes and trauma experiences that have, either respectively or in concert, impacted the lives of participants. The chapter also discusses the traditional healing practices specific to the Nauiyu community to heal the trauma experienced through colonisation.

3.1.1 Basic social concern: Seeking empowerment

Seeking empowerment emerged as the basic social concern that describes the impetus of participants responding to the experience of colonisation. In the interviews with participants, there was frequent iterations and variants of *seeking empowerment* at individual, collective, and communal levels. *Seeking empowerment* drew on the strengths that already existed within the community, where participants wanted to take charge of their future and develop a coherence about their life story:

It is about time that we tell our story, our side of it all. The White fella blew a hole in the floor and everyone fell into it. Destroyed us, ripped our heart out and for what. I haven't seen nothing. What advancement has there been? Nothing. There has always been something that always put us on the back

foot. And then they still turn around and say the black folks got to run their own thing. Let him take the bull by the horns. We broke it for you, now you got to run your own thing now. You can't make wood out of ashes. You burned the tree. You're not gonna get those ashes to rise up and grow into a tree again. But they're expecting us to now put our brains together and come up with a solution to self-improve. We will do it again, we have the strength in us to control our destiny. (Participant 5)

The term “*seeking*” refers to the importance of searching for and rediscovering strength and resilience within community to drive communal empowerment. Many participants referred to this search for strength through enabling a cultural revival and regeneration which re-placed Aboriginal people in the centre of transformational change and healing: “*We have to go back to culture, regrow from the ground, there are green shoots... that is where our strength is*” (Participant 35); “*give us the space to find our strength in our culture then in ourselves again, it's still there within us*” (Participant 13), and “*we will start healing when we empower ourselves again in our culture, through our voice, in our way*” (Participant 11).

The ‘*empowerment*’ concept refers to Aboriginal people being best placed to control their own healing and futures. It draws on the strengths which participants discover through cultural revival to respond to their experience of colonisation. The term ‘*empowerment*’ refers to individuals and organisations to promote agency in community and encourages self-determination and change from within, as one participant pointed out:

*We can change this, change what is happening to us... how this is unfolding.
The power is within us, when we enhance that one person at a time then the*

strength will spread like the ripples of throwing a rock in the water. It has to be us mob who are in the centre of the ripple though, not on the outside. Go back to our culture where we know our strength is and where we get strength. The future is ours to change and we must see it that way. (Participant 30)

3.1.2 Core category: *Owning our truth telling, owning our solutions*

When utilising grounded theory methodology, researchers seek to identify the core of the story through their narrative rendering analysis of the data until a core category is established (Strauss & Corbin, 1998). In this study, the core category which has emerged from the data analysis is *owning our truth telling, owning our solutions*. The core category was first identified in the narrative by an elder who recalled:

This is our time for truth telling. We have to name our trauma, what has happened and what continues to happen to our people in this community to oppress, oppose and disintegrate. We know what is happening in our community. They are our problems. We own them. And we have to be the ones who fix them. Not some White fella, or some other well-intentioned outsider. The answers belong to us, but we have some truths to tell first. Then the healing can start. (Participant 11)

Participants offered deep, rich accounts of their trauma histories, linking feelings, experiences, and behaviours, which at times provided divergent and contradictory interpretations of events. Despite the presence of, at times, incongruous interpretation of events, as depicted in Figure 3.1, a detailed data analysis of the fieldwork has revealed a core category, *owning our truth telling, owning our solutions* consisting of interrelated phases comprised of key processes, dynamics, and elements.



Figure 3.1. Core category - owning our truth, owning our solutions.

To differentiate from normal quotes throughout the thesis, direct transcribed quotes of participants are italicised. To illustrate the higher levels of abstraction, the processes which comprise the core category are designated by Capitalisation, and in bold, for example, **First contact with the White fellas**. To evidence the signifying dynamics of each process, single quotation marks, in bold and italics was used, for example, ***'genocide'***. To evidence conceptual elements within signifying dynamics, regular font (non-italics) was used, for example, massacre. While the theoretical processes and dynamics are presented linearly or sequentially, the practical lived reality enunciates this is not the case. The intention of the researcher is not to be reductionist, and many of the processes and dynamics experienced by participants are cyclic, meaning that some overlap, while others occur in complex, interwoven patterns.

3.2 *Transferring trauma into story*

3.2.1 *Introduction*

The first phase of the core category *owning our truth telling, owning our solutions* is termed *transferring trauma into story*. Within the *transferring trauma into story* phase, participants described individual and collective trauma histories, the impact of colonisation and the challenges of being forced to live in ‘two worlds’. Participants provided accounts of the challenges of living in their community and described how the loss of control, authority, and power over their own lives had impacted their culture. The collective stories of the participants must not, however, be framed in a narrative of deficit and negativity. At no point were the participants positioning themselves as victims; they were clear on the stance that their truth telling was a celebration of strength and resilience. As depicted in Figure 3.2, the *transferring trauma into story* phase is made up of nine processes: **First contact with the White fellas, Interruption to culture, Violence, Suicide, We are overflowing, Mobile phones, Unemployment, Marijuana and White man’s water, and Constant state of grief.**

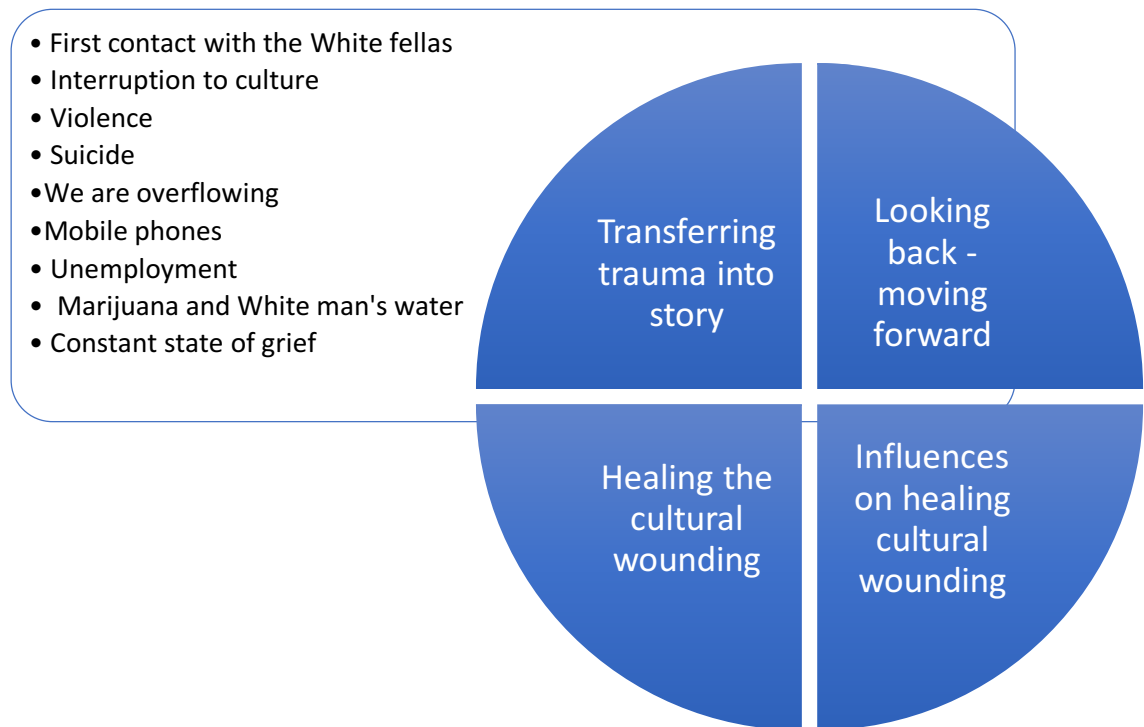


Figure 3.2. Transferring trauma into story.

3.3 First contact with the White fellas

3.3.1 Introduction

The first process of the *transferring trauma into story* phase is described as **First contact with the White fellas**. Despite the lack of frontier wars in the early contact period between European settlers and the Daly River tribes, European impact on arrival in the Daly River region was still significant. As depicted in Figure 3.3, data analysis has indicated that within this process of **First contact with the White fellas**, the two significant dynamics outlined by participants were '*genocide*' and '*impact of colonisation*'.

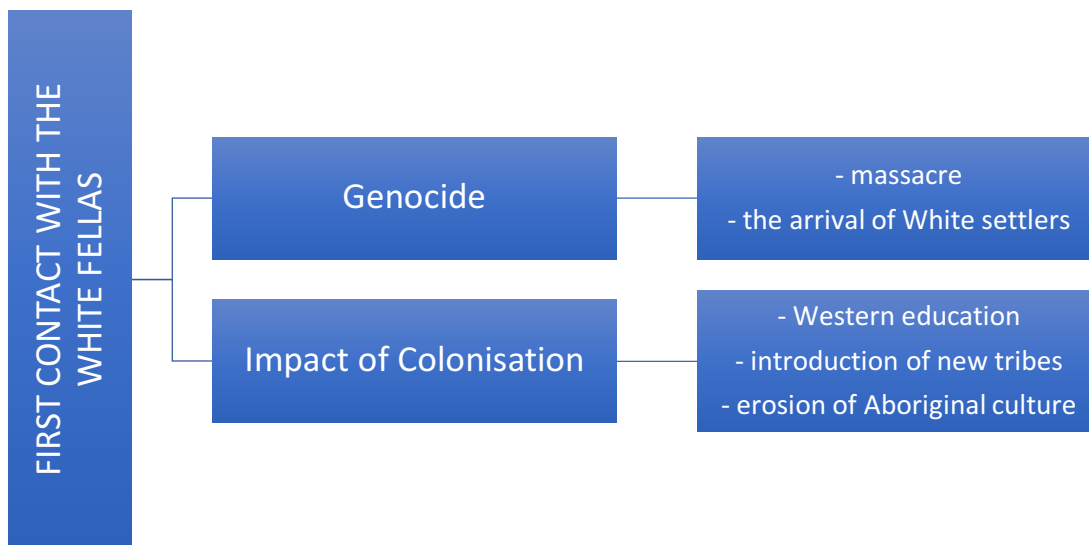


Figure 3.3. First contact with the White fellas.

3.3.2 'Genocide'

The first dynamic of **First contact with the White fellas** described by participants is '**genocide**', referring to the deliberate and systematic violence, in whole or in part, against tribes in the Daly River region, with the intent to destroy the entire group. Within the '**genocide**' dynamic, participants identified two elements; massacre and the arrival of White settlers as separate though overlapping events which contributed to the '**genocide**' of the Daly River tribes.

3.3.2.1 Massacre

The first element of the '**genocide**' dynamic came in the form of a massacre, a series of reprisal attacks for the murder of four German copper miners by Aboriginal men at Mt. Hayward. *"I heard stories. The old people speak strongly about that; they say them one Chinamen got speared by Malak Malak people, they were walking on*

their country... digging up the Earth” (Participant 5). “They just wondering around, touching our sacred sites and making our country no good” (Participant 23).

Other participants identified ‘Chinamen’ stealing Aboriginal women from the camps as motivation for the Aboriginal attack on the copper miners. This is articulated by the following participant who described the event:

Women were being left exposed. The men were getting drawn away from the camps to work for tea, sugar, tobacco. The camp now has no protection and the Chinaman just walk in and steal the women. They take ‘em back to the Chinaman camp. Sometimes the Chinaman bring the old men flour for stealing the women. Sometimes they give the old men money, like pennies and the men would chuck ‘em. They didn’t know what the coins were and chucked ‘em. If they gave them paper money, they rip ‘em up. They didn’t understand. That is why the old men wanted payback, so they went to find the Chinaman and speared ‘em. (Participant 7)

Whether the attack from the Malak Malak men was motivated by the destruction of sacred sites, the ‘Chinamen’ invasions into camps to steal Aboriginal women, or a combination of the two, the participants spoke with great emotion reflecting on the revenge attacks. *“They were killing our people all over the place” (Participant 23); and “we were getting slaughtered like no good animals, all the old people could do was run” (Participant 9).* Another participant was deeply moved when recounting:

There was one time they collected all the people, took them there and killed them. The old people thought the White fella was told them, “Come with us, and we have work for you.” The old people, no good English. Then they

killed em all dead. Big mob went there. That's why it's called Blackfella Creek, you know the one, near Reynolds River. Big mob, Malak Malak, Matngala, Ngen'giwumirri, Ngan'gikurunggkurr, all mixed. Dead. (Participant 8)

3.3.2.2 The arrival of White settlers

The second element of '**genocide**' is the arrival of White settlers in Daly River. According to participant in this study, the term White settlers refers to the non-Indigenous farmers, miners, missionaries, and pastoralists who moved into the Daly River region. This migration of White settlers resulted in a second wave of violence and dislocation from Country for the local Daly River tribes. Participants relived painful memories: "*We run away, we not know who they were, where they from or wanted. But they murdered a lot of us, our coloured people*" (Participant 7). Likewise, another participant spoke with great sadness when describing her memory; "*they murdered us them White people, they had no tucker, they wanted our land, they didn't want us in the way, we lost many of my family*" (Participant 23). By way of example, participants recalled how the tampering of the food and water supplies of the local Daly River tribes impacted on how and where they lived:

They give the old people and the young kids, old fashioned kind of alcohol. The witch doctor would say, "Don't follow those people, no good water that one." They poison in the flour they used to give us. That's how they used to pay us wage. We cook it up that poison flour one, make a damper, then we get sick and die. The old people get sick and die. Whole families sick, we had to run away. They used to keep our tucker or give us no good tucker. We had to run away and leave our country to survive. From there they poisoned our

water. Everyone. They really hurt our people and our culture. They punish us; we didn't understand the English from them. (Participant 7)

The shock of both the Coppermine massacre and ensuing slaughters, combined with the unwavering attempts to rid the tribes from their traditional land had a profound social, cultural, and psychological impact on the Daly River tribes, which were present in the area at the time of the Jesuit period. While no tribe escaped unscarred, the fieldwork results have revealed that it was the Malak Malak people who bore the brunt of these hideous attacks.

3.3.3 *'Impact of colonisation'*

The second dynamic of **First contact with the White Fellas** is the *'impact of colonisation'*. In addition to the physical attacks on the tribes, the arrival of the Jesuit missionaries also resulted in a range of colonial practices which impacted the Daly River tribes. *'Impact of colonisation'* consisted of three elements: Western education, introduction of new tribes, and erosion of Aboriginal culture.

3.3.3.1 Western education

The first element of the *'impact of colonisation'* is the introduction of Western education to the Daly River tribes. Participants reflected that the primary objective of the initial Jesuit missionaries was to set up a school in Daly River to Christianise the local Daly River people. Participants recalled, *"they were trying to say we are to protect you and give you house and that... but they really just wanted us to think like 'em White fella"* (Participant 7). They spoke about it being the first time that the Daly River tribes had a competing interest in the education of the children, this event concerned many: *"The missionaries collected all the kids up and put them in their*

school... we started learning about different things, too much worry one” (Participant 8); and *“our kids were forced to learn the White man language and learn the White man way”* (Participant 9).

The following participant spoke passionately when describing her memories of the stories of the early missionary school days:

Children were forced to live in the mission and then to go to school... leave the families, the culture but the big thing, it was the first time it was someone outside our families who were educating them little ones... they went from learning culture to learning how to serve the White fella – like dig his holes or wash his clothes, and don’t forget God. Yeah, there was protection I guess, but from what and look where all that got us hey. (Participant 7)

3.3.3.2 Introduction of new tribes

The second element of *the ‘impact of colonisation’* is the introduction of new tribes onto the traditional land of the Daly River tribes. Participant comment such as, *“the Jesuits got people and moved them on our land and disrupted everything about our life”* (Participant 10); and *“outside tribes came to stay on Malak land, this caused many problems and fighting”* (Participant 9), highlight the impact of this colonisation practice. In addition to the forced relocation of outside tribes into Daly River, to satisfy the Church’s eagerness to recruit Aboriginal Australian priests, colonising practices also involved removal of people away from their country:

The Jesuits they stole ‘em my two brothers and took ‘em to Darwin. These were important people in our family... they just come and grabbed them and took them to Rapid Creek and taught them to be priests. They wanted to show

off they had Black priests to prove how much good work they were all doing. One of them died in Rapid Creek, and they took the other brother overseas to Austria. I never saw either of them ever again. Two brothers never come back, must be Malak man dies in Austria. (Participant 6)

3.3.3.3 Erosion of Aboriginal culture

The third element of the **‘*impact of colonisation*’** is the erosion of Aboriginal culture. Participants identified the link between their experience of colonisation and the erosion of their Aboriginal culture where, *“we had our own customs, our own ways, our history. Then the Jesuits came in and turned everything upside down, they didn’t care for any of that”* (Participant 7); and *“the old people would always say, that those Jesuits when they rocked up, they were nice people but it caused no good problem for our culture”* (Participant 23). Other participants described the influences of the Catholic Church on their Aboriginal culture:

They weren’t here long before they started taking the kids for school, trying to baptise that lot, trying to give our past Elders a Church funeral, not traditional one. Then they just make rules about what we could do, who we could marry, it’s sad what all that has done to our culture. It has never really come back since those days... our old people were strong before.
(Participant 9)

When it comes to the Church, our culture always bending one to fit ‘em in... it still does, our culture gets weak by having to fit with what the Church wants. (Participant 13)

The Church and the missionaries arrived on the same day our culture left. From that day, we have had our culture questioned, our traditions mocked and our practices banned. Either get with the White fella way of living or face the fucking consequences... get punished, get kicked out, get your rations cut. It's barely any different today really. (Participant 6)

3.3.4 Summary

The first process of the core category *owning our truth telling, owning our solutions* is called **First contact with White fellas**, and is comprised of two dimensions; '**genocide**' and '**impact of colonisation**'. Within the process of **First contact with White fellas**, participants recalled the impact of non-Indigenous people on the Daly River tribes which involved a devastating disruption to Aboriginal life, tradition, and knowledge systems. When this occurred, participants experienced feeling for the first time, that not only were their lives under attack but so to was their culture. Participants moved to the second process of *owning our truth telling, owning our solutions*, describing the current status of Aboriginal culture. The second process, called **Interruption to culture**, will now be described.

3.4 Interruption to culture

3.4.1 Introduction

The second process of the *transferring trauma into story phase* is **Interruption to culture**. All participants agreed that culture was deeply valued and continues to constantly evolve. Participants also outlined the impacts of colonisation on Aboriginal culture, stating that although it will never be defined by colonisation, the experience of colonialism has 'interrupted' Aboriginal culture. There was unanimous participant

acknowledgement that Aboriginal culture has been weakened and is no longer as strong as it was in the past. Interviewees comments such as “*we are losing our culture, we used to do culture*” (Participant 22); “*it was stronger in the old days*” (Participant 9); and “*our culture used to be strong, but now everything has changed*” (Participant 4), highlight the current perception of culture in the Nauiyu community. As depicted in Figure 3.4, participants ascribed three dynamics to the process of **Interruption to culture**: ‘*altered ceremonial practices*’, ‘*disempowered Elders*’, and ‘*impact on kinship structures*’.

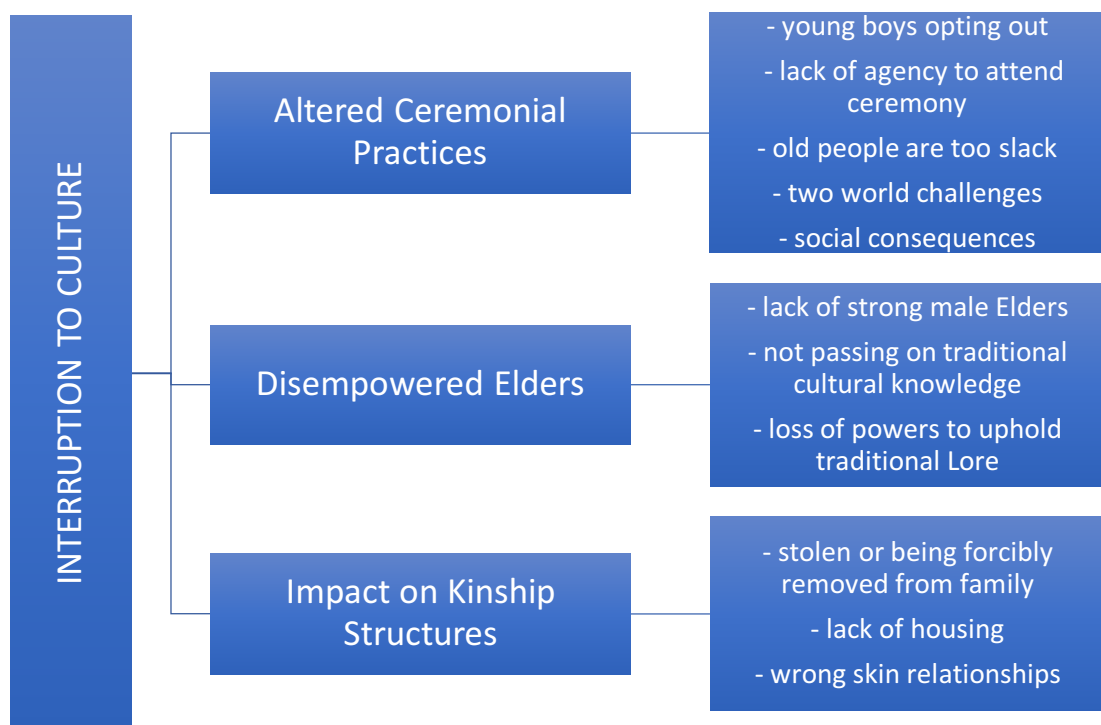


Figure 3.4. Interruption to culture.

3.4.2 ‘Altered ceremonial practices’

The first dynamic of **Interruption to culture** is ‘*altered ceremonial practices*’. Within this study, ceremony refers to the practices and rituals associated with The Dreaming which provides a time and place to ensure sacred stories and

knowledges are passed on correctly. As described by a key female Elder, “*ceremony is one of our key cultural traditions in the initiation and passing on of information, which must be at all times kept sacred*” (Participant 13). The dynamic of ‘*altered ceremonial practices*’ consists of five elements: young boys opting out, lack of agency to attend ceremony, old people are too slack, two world challenges, and social consequences.

3.4.2.1 Young boys opting out

The first element of ‘*altered ceremonial practice*’ is young boys opting out. This refers to a growing number of young people who choose to avoid passing through ceremony, and their families permitted them to do so. A key Lore man spoke with great concern when he described the current situation of boys opting out of ceremony:

I still really believe it is very important, of course it is. Ceremony should be coming up soon for the boys... it's the way our culture looks after itself, but a lot of 'em boys here have never been through ceremony... these families let 'em take off now, when it comes time for ceremony they disappear, they get wind of it and they gone, they run off to the bright lights in Darwin, Bathurst Island, wherever. (Participant 5)

Similarly, other participants elucidated: “*They no interest this young mob now, they talk about culture but don't want to go through it [ceremony]. It makes my heart very heavy*” (Participant 1); and “*they [young people] hit the highway when ceremony time comes 'round*” (Participant 26).

Hide under beds, take off into the horse paddock, whatever it takes for the young ones not get picked up for ceremony time. Big shame job, ceremony is

something sacred, to be proud of. This [young] mob want to be the victim one; they like that feeling. Gives them an excuse when they don't do the right thing. How sad. (Participant 4)

While participants objected the position taken by the young boys who elected to avoid ceremony, several female participants reported the impact this had on the women's ceremony. Many suggested that the lack of interest in the men's ceremony had severely impacted the girl's ceremony to a point now, that it no longer exists for girls in Daly River. While lamented the current status of the women's ceremony, one key female Elder spoke with great sadness asserting:

But the boys at least have ceremony, the women's ceremony has stopped. Women's ceremony was a place where knowledge was passed down from Elders to the young ones, but all those old women have gone down. I don't know what happened to the women now who should have taken over the ceremony. The problem is now that we have missed a generation, how is the ceremony going to start up again? (Participant 13)

3.4.2.2 Lack of agency to attend ceremony

The second element of '*altered ceremonial practices*' is the lack of agency to attend ceremony. While some make an active choice to attend ceremony, others reflected that they had little say in the decision. On the one hand, some had been presented with an ultimatum from their families, where, "*you either go or they come and grab you in the night*" (Participant 11), and "*they reckon that some of these blokes will grab em, kidnap em sort of thing, take them against their will, and get stuck into 'em.*" (Participant 6)

Other participants cited separation from Country as a barrier to undertaking ceremonial practices. An elderly man, for example, with great sorrow, expressed that his sons were denied access to ceremony:

I married a non-Indigenous woman. She had two sons from me. The only thing is they're men now. They've grown up. Um, I won't say men. They've grown up. They weren't taught. They're always telling me over the phone, "You've got to teach us, put us through ceremony. Please." And I can't get that chance to do that... in the old days, the Northern Territory laws, when you get a divorce, the kids are automatically handed over to the Mother one. Within that, you are to stay away unless the Mother agreeing on you visiting those kids. She didn't want me there. So, it's really hard to explain to these two boys, but yeah, I lost them. And they lost their culture. (Participant 6)

Participants also reported that not living on Country obstructed involvement in ceremony. A number observed the difficulty for Aboriginal Australians living in urban centres, stating that a loss of connection to Country impacted participation in ceremony. A key female Elder responded:

When you look at those mob down South, those ones living in the big cities, some of them are still trying to work out their ways and how they fit into this world. They are off their Country, or the White fellas have changed it forever. They have lost so much them Mob; almost lost everything those ones down south. The biggest loss is so many not going through ceremony, some of 'em are distracted by the White world, but most of them are just not connected to Country, it's too hard, too far away, too hard to get to. But we are still in the middle of everything here, we are still here, living on our land, we are still

alive, our culture is still here. The songs, the ceremony, homelands, relationships with family, it is all still here, still alive. (Participant 11)

Others corroborated this, identifying the difficulty of participating in ceremony and other cultural activities when living away from Country. Acknowledging the importance of being able to ‘walk in two worlds’, a number of younger participants had moved off Country to further education and employment opportunities. One young woman was unequivocal:

I've missed out on too much because I've been down south, you know being a White person, trying to learn the White way of living. That's annoying. I seem to get forgotten a bit and miss some things that I would like to be a part of. Ceremony, funerals, family, and all that stuff. It is pretty hurtful.

(Participant 2)

Another cited government policy had interfered with his ability to attend ceremony. The following participants’ testimony, from a member of the Stolen Generation, provided a powerful narrative of the lifelong consequences of government intervention in Aboriginal communities:

Obviously, because I was stolen and had to grow up down South, I didn't get a chance to go through ceremony. Raised off my Country by non-Indigenous parents means that ceremony was never happening for me. Something else I missed out on. It would have meant so much to me. It's only because of my age now and my standing in the community that I can now attend men's ceremony. I always say, "I'm a late bloomer." (Participant 5)

3.4.2.3 Old people are too slack

The third element of '*altered ceremonial practices*' is old people are too slack. While some older participants were saddened by the current status of ceremony, recognising that "*younger ones are skipping out on ceremony*" (Participant 26); and "*conveniently finding themselves on the island [out of community and of country] when ceremony time comes 'round*" (Participant 17), the feeling amongst younger female participants was very different. Many were angry that they "*have been failed by the old people who have come before us*" (Participant 3), frustrated by the fact that "*we have never been given the chance to pass culture through ceremony to our future children like the older women had the chance to do with us*" (Participant 16). In an interview with one young female participant, when asked whether she had been through ceremony, she responded with exasperation:

I still haven't been through ceremony. And now what is going to happen.

That's the thing. See the older people; they're all selfish. They can't get their act together, to teach us and the generation after us, about all that. I should have been through ceremony, and it makes me sad that it hasn't happened. It makes me feel like, "Who am I?" (Participant 3)

Indeed, irrespective of gender these responses were consistent with participants from younger generations. When asked to attribute reasons underlying the decline of ceremonial practices within the Daly River tribes, research participants from younger generations were clear that, "*it was the older people who are responsible for the way our ceremony has gone*" (Participant 7); and it was "*the Elders that went through ceremony, they had the culture given to them all, but they failed us by not passing it on to our generations*" (Participant 21).

3.4.2.4 Two world challenges

The fourth element of '*altered ceremonial practices*' is two world challenges. Many older participants described the difficulty of conducting or attending ceremonies while attempting to live and work in 'two worlds'. By way of example, some described significant financial consequences whereby, "*us mob who are involved in work and have a boss, I find it hard one to get enough time off work for ceremony without losing, you know, all our benefits*" (Participant 25); and "*once we lose your pay through CDEP, you might be gone to ceremony or fishing or on the moon, it doesn't matter why you're gone, it takes months to get your next pay... they cut you off, that really hurts my family*" (Participant 22).

On the one hand, there is an expectation that Aboriginal people observe non-Indigenous based employment and educational conditions, many of which are culturally inappropriate. On the other hand, there is a cultural tradition ascribed to the manner of which ceremony must be conducted. This tension is best described by the lived personal experience of one male Elder:

Ceremony has no time limit; it is too sacred for that. My ancestors expect me to follow their tradition with ceremony, in the old times, there was nothing that would rush ceremony. Like everything used to happen around ceremony, not ceremony happens around everything else. But because of the White man ways, half of the ceremony is missing. Sometimes we would go out for months... the kids have gotta go to school, and the men have to go to work. And for some of the mob, their kids need to be at school to get the dole, the welfare, some families go missing now. It really cuts me hard the way it has all gone. But I would rather have no ceremony than do a half job of it and

corrupt the ceremony, damage all the tradition, and make the ancestors wrong. I don't want to think about what the ancestors are thinking, but at least nothing is corrupted. Welcome to the modern times. (Participant 27)

3.4.2.5 Social consequences

The fifth element of the '*altered ceremonial practices*' dynamic is the social consequences experienced by those who miss ceremony. The significance of missing ceremony to social status was highlighted with several participants suggesting, "*in the women's eyes, Aboriginal women, you're not a man until you go through ceremony, go into that circle*" (Participant 6); "*you lose face, like not seen in the same way, like socially, you don't really have any strength*" (Participant 23); and "*it shapes your character and how people deal with you, respect way*" (Participant 9). Other participants also identified the loss of credibility amongst those who have not been through ceremony: "*The first thing the old men ask 'em, have you been through ceremony? No, well you better stop talking about culture then, 'cause you're no different from a White fella*" (Participant 25). Another participant, an important male Elder was very assertive when stating:

...yeah, but then you start gettin' people who think they know it, like they'll say, "Oh yeah, you know, what about us poor Black fellas?" I was standing behind one bloke when he say, "You know we've got culture... we've got ceremonies. And we got all this and that. Unless you are us then you people don't understand these things." And I said, "Oi, you better shut up, you better stop talking about culture. 'Cause what have you got? You are no different than that White fella 'cause you got nothing. You know, the only thing is you got that skin." You've never been through ceremony or nothin' I thought,

what are you talkin' about? You know? Shut up. Give up the talk.

(Participant 5)

When asked to explain why Aboriginal people cannot make a comment about Aboriginal culture if they had not been through ceremony, he replied:

These mobs who miss ceremony seem to be the same ones who seem to know everything. Actually, they know nothing, they'll corrupt it, fucked. Once it's corrupted, it's gone. And they can put their own message out to it like that idiot on television or something. I think you White fellas call it Chinese whispers. Black people's culture isn't the same because we've all got our own things. Yeah, there's people who talk about something but they shouldn't, you know? Well, maybe ya' think well do they, do they take it on themselves because they're Black and then they say, "Well yeah, of course, I can talk about it because I'm Black." But don't. You can't because you don't have the authority, you haven't been through [ceremony], you know? (Participant 5)

3.4.3 'Disempowered Elders'

The second dynamic of the **Interruption to culture** is '*disempowered Elders*'. This refers to the altered status of Elders within the community who are known to be the traditional custodians of knowledge and Lore with the permission to share sacred cultural customs and beliefs. There are three elements related to '*disempowered Elders*': lack of strong male Elders, not passing on traditional cultural knowledge, and the loss of powers to uphold traditional Lore.

3.4.3.1 Lack of strong male Elders

The first element of '*disempowered Elders*' is the lack of strong male Elders. Whereas participants clearly identified the power of the male Elders of the past, describing them as "*the strength of our culture and the keepers of our traditions*" (Participant 18), where they "*led from the front, courageous and brave*" (Participant 34) and were people to be "*feared, trusted and always respected*" (Participant 6). Participants widely recognise the current status of male Elders within the Daly River community as being vastly diminished. The following participants' testimonies provided in a sharing circle involved a number of younger males, all of whom admitted being both sad and embarrassed in having to describe male Elders as:

...really disappointing one. There is weakness now; it wasn't there in the past. But now, there are too many men here who like to stand behind others. They have got to have someone standing in front of them, kind of like finding the way for them. Someone else who is going to take on the problems because they just aren't strong enough. (Participant 20)

I feel shamed by saying this, but the male Elders were much stronger back in the old days. Today, the men are weaker, and there is only a couple of 'em left. Most of them, too much grog. (Participant 34)

And the people here, where are the men? Who are the men? You have a look at what you would call old men, Elders. Okay, [names] to a certain extent. And after that, there's no more. Too many who don't have an interest in anyone else's problems. They couldn't give a fuck about their own family. [Name], he doesn't give a fuck about himself. But he's supposed to be.

Supposed to be. Yeah. He doesn't do what he's supposed to do.

(Participant 22)

Both female and male participants recognised that the presence of female Elders is stronger when compared to that of their male counterparts. Participant comments which highlight the disparity in leadership between male and female Elders include, “*the women are much stronger the men, more women standing up and willing to have a presence*” (Participant 5); “*not enough strong men to stand up and stop it all, they are missing. It is left to the women to control it or clean up the mess*” (Participant 18); and “*compared to the women; the men are missing, you just can't see them, I'm looking around, they used to stand as tall as trees*” (Participant 20).

For many male participants, a lack of strong male Elders made it difficult for them to find their own way in life. Many felt that it was difficult to know what people expected from them in terms of their culture, their role in community, and how to develop their own skills to become the next generation of male leaders. One younger male participant spoke about the lack of strong male role models for the next generation of boys:

There is a big problem with the male Elders in this community. They not enough strong ones. I get it that it has changed for them and it is much harder for the Elders now than in the old days. But there is a crisis coming up here. There are no male role models. There is no one for the young boys to look up to and kind of mould themselves on. Yeah, the culture side of it is important. But we just need men that we can look at and say, this is how you live your life, this is how you respect yourself, and this is how you earn the respect of the others. (Participant 1)

A young male participant observed the helplessness and disempowerment in the collective group of Elders as a result of the lack of respect which is now afforded to male Elders. When discussing the social consequences this had for community, he also vehemently described the pain this was causing the Elders:

The strength that kept everything in line is gone. When they [Elders] see no respect. They see it. It's hurting them. The old people here. You can see that the Elders are really hurting, they have no power, they don't know how to get it back. They have the knowledge, but because of the respect thing, the Elders power has gone. There is a whole group of Elders who have lost their way and don't know what to do. (Participant 1)

Participants also reported the social consequences that have occurred as a result of a lack of strong male Elder leadership. For example, respect for all Elders and the leadership structure of community has been eroded, leading to a lack of accountability:

They used to have great respect for those old men, what they said goes, everyone knew the rules and how to act. But it is a bit different now. The young ones answer back now and cause trouble for everyone 'cause they know the old men won't do nothing. And 'cause they get away with it with the men, the old women cop it next. The Elders don't have the same influence as before. (Participant 16)

Other participants described an increase in violence and anti-social behaviour because of the diminished status of male Elders in community. Some recounted how, “those old men used to walk around tall, proud, no one said bloody bullshit for a sixpence, otherwise they copped a spear” (Participant 27), though now “young one's march round, stickin' their little pigeon chests out, like they own the place, starting

fights, banging on poles, swearing up the old men” (Participant 18). Participants also observed that anti-social and violent behaviour can occur from tribes outside community. Several participants suggested that tribes from other communities recognise the weakened male Elders group within the Nauiyu community and are exploiting the weakness through violence, threats, and intimidation. One participant described feeling unsafe and witnessing a state of lawlessness that has recently evolved:

They come from everywhere now to start a problem. They just waltz on in here and know they can run amok. It is not their country; there are no real strong men here, you can do what you want and leave the next day or whatever. Create a big fucking problem and leave, better than doing that on your own homeland. It can get very violent; I don't feel safe here when the gangs start coming in and tearing around. (Participant 15)

3.4.3.2 Not passing on traditional cultural knowledge

The second element of ‘*disempowered Elders*’ is not passing on traditional cultural knowledge. Many participants reported that the Elders had been disempowered which resulted in a lack of teaching culture to younger generations and an absence of passing on traditional knowledge. A number of young people interviewed, anxiously related that they were “*worried about culture dying*” (Participant 2), having “*to take on the responsibility of keeping culture alive*” (Participant 21), because “*the Elders aren't doing culture with us and passing on their knowledge*” (Participant 3). The account of what one participant described as ‘one of the greatest pains in her life’, portrays the frustration of not getting taught culture by the Elders:

It makes me feel very angry. Like, it just takes my breath away. It makes me feel that they are very selfish. I say to them, what's wrong with you mob? They experienced culture more than us, like all their lives they had culture. As for us, we're just learning you know. Like they know more than we do. It kills me, really, really painful. (Participant 1)

Another young male participant was visibly upset when he described the breakdown of culture in the community. His repeated attempts to learn culture and gain traditional knowledge had been fruitless, which had hurt him deeply:

It is very frustrating when you go see the Elders, and they won't share the culture with you. Teach us something; I want to learn... take me down the crossing and tell me stories, teach me how to make didgeridoo. But nothing. They say, come back tomorrow, and tomorrow comes, then come back tomorrow and on and on. What did I do wrong that you don't want to teach me to learn? Why won't you let me have the stories to share with my children? Me and the boys we learnt everything from [name], how to go hunting, how to make didgeridoo, how to use clap sticks... these Elders didn't teach us any of that. (Participant 20)

While determined, the frustration this participant felt in trying to get access to culture, and traditional knowledge had taken a heavy personal toll. He continues in his pursuit of culture, to get access to the traditional knowledge from the Elders, though he now has to numb the pain, the shame, and the guilt:

I am trying to do just about anything to get the Elders to teach us culture today. I am trying to chase after that them to teach us culture, the chase is hard, and it makes me thirsty. I start off chasing after the culture and end up

in a pile of green cans, something to numb all the shit then. With me, I am trying to get the Elders involved and engaging us. I feel shame and guilty because of it all. It's our track; it's our highway, the highway is only going one way, to its grave. (Participant 20)

Later in the interview, this participant highlighted the enormous impact the lack of access to culture had on his identity. On the one hand, he attached so much of his identity to the cultural person he wanted to become, yet he knew this could not be achieved without the capacity to access that traditional knowledge. On the other hand, he felt his loss of identity and sense of belonging to be compounded by living on Country to which he was not connected:

One blood, one line, one skin, one colour... but what is my identity? What's out in the forage, we don't know what's out there... all upside down, we are trying to go straight ahead. Culture is everything to me; it is my identity. I want to be a strong cultural man. These Elders aren't sharing their knowledge, and I don't have connection with my Country. What is it like for me in Daly River? This is not my land, I don't belong here, this is Malak land. They don't want me here, and I don't want to be here. It is beautiful country, it stays green all the time, it's a land of plenty, but it's not my land. (Participant 20)

Some participants reported that government policies had negatively impacted on the traditional sharing of knowledge across generations. For example, the disempowerment endured through the Intervention period resulted in Elders, *"losing our power and our voice, our identity and the ability to share our knowledge"* (Participant 11). As one participant recounted:

Part of it too, I think the government, because of the government that came in and that stirred up the oldies around here and they kinda stopped sharing, traditional culture. The government came in and took the power from the Elderly ones, since then the community has been different. (Participant 2)

This was corroborated by a number of participants who were assertive in describing the role that government has played in the interruption of culture through eroding the transfer of traditional knowledge. In their eyes, they had no doubt that the motivation behind an armoury of government policy is to use it as a weapon to erode Aboriginal culture, targeting the disempowerment of the Elders. A male participant argued the point vehemently:

What they are doing to this community, is totally deliberate. They are starving us, starving us of resources, services, money, dignity. The worst thing of all, they are starving us of culture. Our culture lives within our knowledge, our stories. If we cannot pass on our stories, you kill us. They have done it by crushing the spirits of our Elders and filling them full of alcohol. (Participant 7)

When asked in a group interview if they could provide an example of such a policy, one of the older male participants described what he considered a combined, aggressive attack by government and mining companies on the community. He stated that while traditional lands and sacred sites make it more difficult for mining companies to do business, the cultural knowledge of these sites must be passed down to younger generations to maintain their future significance. By disempowering the Elders and creating a disconnect in the transfer of traditional knowledge to younger

generations, it ensures that it is a matter of time until the knowledge is gone. This was not lost on another participant, who observed:

The Elders aren't really getting their knowledge across, and this has created helplessness... for our community. In the end, they are just giving us enough time for our old ones to die and the knowledge will go with them in the grave.

(Participant 27)

Once a disconnect in the transfer of knowledge has taken place, it becomes much more difficult for future generations to negotiate with outside organisations on their own terms, as one male participant explains:

What's going to happen when these young kids today now become the adults. The knowledge is not getting passed down on, and these kids don't seem to have much interest in it. They couldn't tell you a Paper Bark from a White Gum, and that's only going to get worse. Soon the mining companies will come back in, and they will ask these kids when they're older, "Is this your traditional land, why don't you show me where this is, and where that is, show me all the sacred sites"? And when these kids can't show them anything, the mining companies get the upper hand on all the talks from there onwards. We lose all our rights to negotiate around it being our traditional land. They will be able to get this land and buy it from us for so little; they may as well be stealing it. (Participant 24)

3.4.3.3 Loss of powers to uphold cultural Lore

The third element of '*disempowered Elders*' is the loss of powers to uphold cultural Lore. In contrast to the traditional role of Elders being responsible for

maintaining strong cultural Lore, analysis of the data revealed that the disempowerment of Elders has led to a loss of powers to uphold traditional Lore. Many participants reported this was occurring through the influence of non-Indigenous law. For example, Elders were completely disempowered when police became involved with the way that Elders were administering punishment and discipline under traditional Lore. One participant observed, that *“the Elders were very strict, very tough on the people who disrespected culture... the ones who wanted to run amok and cause strife, but we were on a collision course with the Elders, but not any more ‘cause White fella police”* (Participant 10). Another reflected that the Elders in community:

We used to manage our own issues, like now when these hoons come in, they [Elders] would be have been all over that, would be been gone in a day. It made a very tight community, I’m not saying that we didn’t have problems, but nothing like today. But the cops started to get a bit funny with the Elders and the way they were doing the punishment things. (Participant 27)

One participant provided a personal experience when the Elders responded to a break in both traditional and non-Indigenous law. He stated that the Elders were still considered the Lore keepers and were responsible for discipline and punishment when necessary. However, the manner in which this occurred was now attracting the attention of the police:

Me and my two brothers played up once and broke into the old pub... The Elders found out it was us and then it was hell to pay. They picked us up, hogged tied us and got this biggest mob to gather around us out the front of the shop - family, Mum and Dad, everyone. Then they laid us on the ground with a microphone in front of our faces, flogged the shit of us with a piece of

plastic pipe and a hose. We were screaming, yelling, crying, and the microphone made it louder, made it more shame. Mum and Dad couldn't do it anything, they had to stand there and watch. It bloody straightened me right out, but then the police came knocking on the door of the Elders, and from the minute on, it all seemed to stop kinda thing after that.

(Participant 25)

Another participant reported that while the punishment and discipline administered by the Elders was harsh, indeed brutal at times, it was completely accepted by those in community. Despite this, he observed that non-Indigenous views on traditional Lore enforcement resulted in the exclusion of traditional Elders from 'law and order' within community. Furthermore, he described that a state of lawlessness now exists in that, on the one hand, the means for Elders to apply traditional Lore had been suppressed, yet, on the other hand, non-Indigenous policing lacked substance and was broadly ineffective:

There was a way in the old days of things being dealt with. And, yeah, they call it rough justice. It's not rough justice. It's justice. That's it. No such thing as rough justice. We're making it seemed barbaric or whatever, but in actual fact, it turns out to be a good warning. And it's a very graphic warning. You do this, that's it. You gonna end up swimming with the crocodiles. Or you're gonna end up with a Nula Nula in the back of the head, or you're just gonna die in an accident. These things happened, you know. It was accepted by the people who lived here. The White coppers aren't worried about us breaking cultural laws; they don't really seem to care about us breaking law White fella rules either that much. Now we are more or less with no laws. Like this

White mob way dictated to us about our ways of doing things, hurt us again and replaced it with nothing. (Participant 5)

As such, the collision course between traditional Lore and non-Indigenous law resulted in serious legal implications for Aboriginal Elders. One older male participant described the seriousness of the consequences:

They got a few of the Elders and locked them up for belting the young blokes, just for trying to straighten them out and getting 'em back on track. Then they had some big meetings, and more Elders got threatened with the police and all sorts of bloody problems. It looked like all of the Elders were going to go jail and they were getting told this at the time of these meetings, they're not allowed to do this, they're not allowed to do that. (Participant 24)

In a subsequent interview, when asked what impact this had on the Elders, one male Elder highlighted the profound, ripple effects on both the Elders and younger generations:

It changed things forever; all the Elders threw their hands in the air, they lost all their power, their power of traditional Lore. The Elders basically said, "You White fellas have 'em then." Now the young ones have too much freedom. How do you say, they run wild 'cause they know they got their freedom. In the old days they were scared shitless, the young people, of the old men. Today, they swear 'em up, because they got the police backing them up, the law. The White law. You touch me; I'll report you and put you up for assault, that sort of thing. The kids know about all that stuff. It's a really hard issue. (Participant 29)

Participants commented that the loss of powers to uphold cultural Lore has occurred through the presence of numerous Elders, a complexity emanating from the existence of multiple tribes in community. Despite the presence of multiple language groups, the issue is not too many Elders, nor too many voices. Rather, as observed by several participants, the problem is quite the opposite, whereby, *“the Elders don’t get involved with things that don’t involve their mob, their own one tribe”* (Participant 11), which is problematic when *“some of these mobs have weak Elders or no real Elders at all, so they just run amok”* (Participant 29). One male participants’ testimony spoke directly to the fracturing of community Elders:

Elders don't say nothing. Elders don't get together and say, “Oi, okay. We're taking control.” They don't. Why? Because you got too many different mobs and not only that they are all at loggerheads heads with each other. People go we don't want to do anything to that mob there because that mob are not us and that will create more problems. And as soon as you reach that point, you're fucked. You end up having authority over everything and nothing at the same time. Everyone else ends up waiting for someone else to make the change, or stand up and what happens then is nothing happens. “I can't talk to that Mob because they will come after me.” So many different tribes here and so many that don't belong. Everything is fractured up. They couldn't get cohesion, they lost control, and the police were powerless cause what you had now was big groups of people who were not prepared to help.

(Participant 5)

3.4.4 'Impact on kinship structures'

The third dynamic of the **Interruption to culture** is the '**impact on kinship structures**'. This refers to a breakdown in the complex social organisation and family relationships which determines how people interact and their responsibilities with each other. Participants spoke about "*culture not being as strong now because we have lost track of our kinship ways*" (Participant 4), and that "*because we don't respect our kinship rules like we used to, we are losing our culture, our identity*" (Participant 12). There are three elements related to the '**impact on kinship structures**': stolen or being forcibly removed from family, lack of housing, and wrong skin relationships.

3.4.4.1 Stolen or being forcibly removed from family

The first element of the '**impact on kinship structures**' dynamic is stolen or being forcibly removed from family. Many emphasised the removal of children from their families, either by force or by choice, had a profound impact on traditional kinship structures. One male participant, who identified as a member of the Stolen Generation, acknowledged, "*I had absolutely no idea how an Aboriginal family worked, and there were plenty of people down there keen to keep it that way*" (Participant 5). Another male participant, also removed from his family through the Stolen Generation, reflected on his personal experience:

There were a lot of people taken from Daly River. First, they stole us; then they split us up. Some went to [location], and some went to [location], we were lost to our families it was very sad. They made sure that we weren't with any family. I know that there were some kids taken without their family even knowing until they were gone. That's because they didn't want us to have visitors. I remember thinking to myself, what it would be like to part of my

family. They thought we would be easier to turn White if we didn't have family around. That was a very sad time. (Participant 25)

A female Elder, who as a child was removed from her family by welfare, spoke directly to the confusion created when her kinship structures broke down:

...all my life I knew who I was and how I was related to people. It was my identity. Then welfare came, and the police took me to [location] to go to the school. I didn't know anyone in the dormitory. I didn't know those girls were all related to me - sisters, cousins, aunties. I just called them old friends. It was only until we were much older that we worked out that we were all close family. I was happy when I found out down the track, but it made me sad that I didn't know it for so long. I remember some of those boys would say to me that they wanted to be my boyfriend, but I had to say I don't know you. I was just being careful because I didn't know what to call them, I didn't want to go out with my brother or my cousin brother. (Participant 26)

Another male participant, removed from his family by Catholic missionaries to attend the same school, reported a similar experience:

They just chucked us all in there [dormitory], and we had to get along. We were just kids; there was no one there telling us who we were, like kinship way. It certainly wasn't important to the nuns. Anyway, we all became good friends all us boys, fishing, hunting. When we got older, it was explained to us who we all were. It turned out that some of us were friends with boys from tribes who were supposed to be our traditional enemies. Worse than that, some of us were trying to date girls with what turned out to be wrong skin. (Participant 29)

3.4.4.2 Lack of housing

The second element of the '**impact on kinship structures**' dynamic is a lack of housing. Participants highlighted the lack of housing as a contributing factor to '**impact on kinship structures**' due to issues related to overcrowding. Several discussed that "*too many family squeezed in that one house, too much pressure, and our kinship Lore gets broken*" (Participant 5); and "*we are forced to talk and be around the wrong family because we don't have enough room in our house*" (Participant 13). By way of example, the following participant reflected on the difficulties upholding important kinship traditions after ceremony when living conditions are overcrowded:

After men's ceremony, there are rules which the brother and sister have to follow. Like you can't be too close, mention each other's names, touch something they have. When you have brother and sister in the same house, and it makes them feel uncomfortable. If there was a house vacant, they'd probably go for it, but then feel that they'd have no money to support the family or themselves and, you know, pay for rent. (Participant 2)

Another participant continued:

We have Lore in our culture; it means everything to me. I want to stand strong and respect the traditions... it gets hard though with nowhere to live or being forced into doing things which go against your culture because of not enough housing. Like we get forced into situations because of how we are living, and it makes me feel no good. (Participant 16)

3.4.4.3 Wrong skin relationships

The third element of the dynamic *'impact on kinship structures'* is the forming of wrong skin relationships. Many participants discussed that the *'impact on kinship structures'* has subsequently led to the formation of relationships which are considered culturally inappropriate. A number of participants felt shame and were fearful that *"people are dating someone from the wrong skin and don't even know it"* (Participant 1); that *"people can't tell it but they are in relationships with poison blood"* (Participant 18); and that *"some people won't come here because people marry the wrong way"* (Participant 3). The following female participants reflected:

There is too much criss-crossing of relationships that our culture says is wrong. In the old days that was punished hard, even by death. We had very strict rules around that type of thing, that way our people strong and healthy for generations and generations. Nowadays there are people who are dating people who are the wrong skin; there are others who even share the wrong blood and don't even know it. (Participant 4)

Yeah, everywhere you find them, I'll say, "You can't date." I'll say to the young people, or young girl or young boy. "You can't date that person. That's your family." 'Cause I know more than them and I say, "You are related to her through this person." But nah, the relationship keeps going.

(Participant 1)

Even them girls who I used to live in the dormitory with, some of them are married up to cousin or cousin brother. They don't even recognise that they are close relatives. Like [name and name], they are cousin brother and sister, and they were even married in the Church. [name and name] they are

cousins' sister to, they have been together for a very long time. That's all gone. [name and name] who just died they were wrong skin, they were married for 30 years. And then the other ones try to tell young girls, but you had to marry the right boys, someone from outside of this community. How can they say that to the young ones when they were doing the same thing?

(Participant 26)

One male Elder described a personal experience where he had to inform a couple involved in a relationship who were unknowingly related through blood. In recounting his experience, he spoke with great anguish and regret:

We actually had to stop a half-brother and half-sister one, because he didn't know who his father was. They were dating and living together. It was a shame thing to do, but it had to be done. I'll never forget the look on his face. So we told him, and we went ape-shit... he went back and swore up his Mother something fierce, got really violent and then his sister started going hysterical. It created a big impact to the family, and it caused a lot of damage which can't be fixed. (Participant 5)

Participants also identified that women in community have experienced unwanted, sexual encounters from men who are regarded as wrong skin. In a sharing circle, one participant became distressed when describing the deeply traumatic consequences that can result:

Sometimes these women are getting pregnant and having babies in a shame way. I mean, the girl gets pregnant through forced way to have sex which they know is with someone of the wrong skin. Sometimes they get taken advantage by older men giving them grog for sex and that kind of thing.

When the baby comes into the world, the woman, the Mother one of the child is totally shamed, embarrassed. People around the woman know how that baby was made. She ends up shunning the baby, and the rest of the family or the extended family now has to look after the baby. Normally it's the Grandmothers who end up with all the responsibility. From the outside looking in, it looks like the Mother is being lazy or a bad mother, but the real reason is the shame. They can't live with the shame. (Participant 18)

Others also highlighted the shame and indignity Elders experience when they see the **'impact on kinship structures'** and culturally inappropriate relationships. Those who witnessed the pain and trauma that the Elders experience, are also profoundly impacted, as one male participant described:

When you have these incestuous relationships, it's bullshit. Then you look at behaviour patterns of kids. Yeah, look at how they behave. They are behind the eight ball. And, my Mother and that, when she found out about those half cousins, [Name] and [Name], she started saying you need to cut them out, cut them out, cut them out. That's not allowed, not allowed; you could see the stress in Mum, talk about trauma. Try looking at a strong woman, a strong traditional Lore woman talking to you about incest and these no-good relationships. Breaks your heart and it bloody broke hers. (Participant 5)

3.4.5 Summary

In summary, **Interruption to culture** is the second dimension related to the core category *owning our truth telling, owning our solutions*. Participants described an **Interruption to culture** had taken place which led to a lack of strong male Elders,

loss of powers to uphold cultural Lore and Elders not passing on traditional cultural knowledge. Participants were aware that **Interruption to culture** has led to deeply embedded social issues which now adversely impact the lives of the Nauiyu population. However, participants were adamant that Aboriginal culture continues to evolve. They were very clear that while colonisation has interrupted Aboriginal culture, and highlighted the enduring strength and resilience of Aboriginal culture as it absorbs the pressures of colonisation and positively reshapes itself within the context of contemporary Australian society. The third dimension of the core category *owning our truth telling, owning our solutions*, called **Violence**, will now be described.

3.5 Violence

3.5.1 Introduction

The third process of the *transferring trauma into story* encapsulated the participants' experience of **Violence**. Within this study, all participants stated that they were either victims of, or witness to a range of physical, emotional, economic, spiritual, or cultural violence. Participants portrayed their own experience of violence which is now, "*totally out of control in this community*" (Participant 7), "*often excused as being part of culture*" (Participant 14), and "*where you can belt someone because they think it's their right to do so*" (Participant 27). As depicted in Figure 3.5, the **Violence** process consisted of five dynamics: '*family violence*', '*community violence*', '*inter-community violence*', '*institutional violence*', and the '*normalisation of violence*'.

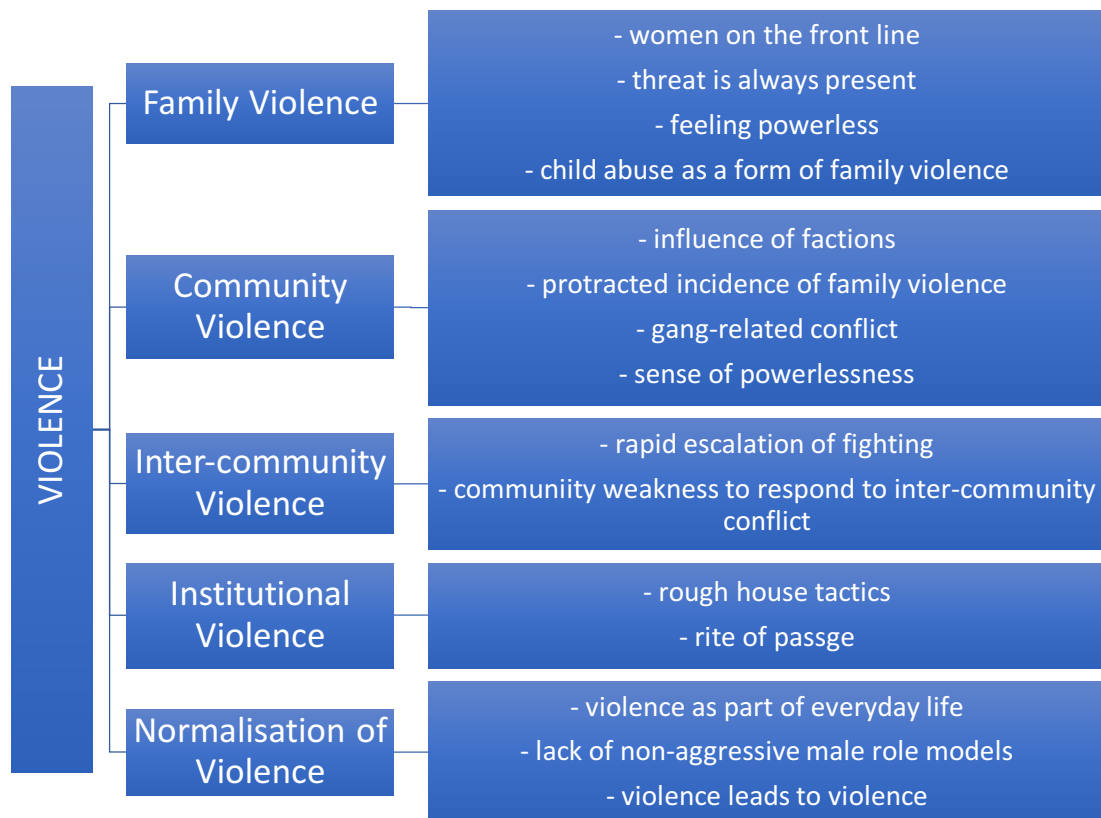


Figure 3.5. Violence.

3.5.2 'Family violence'

The first dynamic of **Violence** is '*family violence*'. Participants unanimously reported either experiencing or being exposed to family violence. Numerous participants described the trauma of always feeling the presence of danger lurking in the home. Many referred to it as similar to a 'bear' living in the house, denoting the danger of family violence lurks more prominently within the 'sanctuary' of the home rather than outside, in the broader community. For example, one female participant responded "*when I get home, that's when I need to look at, have my wits about me, that's where my danger is, you can run when it's outside... but I have a bear living in my lounge*" (Participant 7). Following a thorough analysis of the violence described by participants, it is essential to depict different forms of violence accurately. For example, whereas non-Indigenous people often refer to domestic violence as an assault

against a partner or spouse, participants within this study used the term *'family violence'* to describe a broader group of events involving not only a spouse but also extended family members. The dynamic of *'family violence'* comprised four elements: women on the front line, threat is always present, feeling powerless, and child abuse as a form of family violence.

3.5.2.1 Women on the front line

The first element of *'family violence'* is women on the front line. A vast majority of female participants reported that when family violence occurs, it is the women within the family who are the victims. By way of example, one participant asserted that *"it's hard being a woman here, we have to cope with a lot... us girls cop the hidings, day after day and then we have to clean up the mess"* (Participant 2). Other female participants also reflected on their personal experiences of family violence, their testimony speaking directly to the fear that many participants expressed:

When I think about my relationship, I can tell you, not many happy memories. It was nothing happy there. It was a lot of hate. A lot of crap. A lot of violence. I was living in fear, we all were. We didn't know what was coming next, just waiting for the next explosion where the shit would hit the fan, and I was fighting for my life and whatnot. (Participant 18)

[name of partner] changed my life forever, took my soul, everything I had. One flogging after another. He would give me some bad floggings, didn't matter what I said or done, same thing. Any noises at night these days takes me back to those nights. Just fear. (Participant 29)

He was really bad, he threatened me with knives and chased me with an axe. I'd be running for my life then he'd give me hidings, choke me, cut me, things like that. That was a real hard part of my life. (Participant 4)

3.5.2.2 Threat is always present

The second element of **'family violence'** is the threat is always present. During the interviews, many described their personal experiences which highlighted the dangerous and unremitting threat of **'family violence'** which resulted in having to live much of their lives in constant fear. Many spoke about living in perpetual fear and anxiety, where *"the threat of getting a flogging was always hanging over my head"* (Participant 16) and *"always being nervous, being in fear just wore me down in the end and there were some nights I was actually like relieved when it [fighting] kicked off"* (Participant 29). Participants described the constant threat of **'family violence'** resulted in trauma, which manifested itself in self-destructive behaviours, as the following participant reflected:

Living in fear, every day, every fucking day has taken its toll on me. What's gonna be the thing that sets it off today, tomorrow, next week, that kind of thing. I have worked out a way to numb the fear and calm me down - get up have a few cones for breakfast, a few more at lunch then start charging up after that. Just numb me. Numb the fear. The danger is still always around the corner, but the fear everyday not so much... I can live with the fighting, just can't cope with the fear. (Participant 18)

Some participants also spoke of the trauma of living with the constant threat associated with supporting other family members who were in violent relationships.

One older female participant spoke about the trauma of supporting both her sister and her adult daughter through violent assaults from their respective spouses. She recounted her experience with her sister:

It was like I was sweeping up the pieces of broken homes and broken bodies. My sister used to get a hiding from my brother-in-law, it used to break my heart. She would be bleeding in a bad way. This was going on for a long time, even tried to hit me once when I was trying to help my sister... she would get beating after beating, she was very stubborn to leave him. He would give her a very bad hiding. It used to crush me seeing her broken up like that. (Participant 26)

Later in the interview, she narrated her daughter's story, where she also described how it was the children who witnessed, experienced, and informed her of the violence against her daughter and her family. With great anguish, she recalled:

I used to like him [daughter's partner], but he was acting like nothing was happening to [daughter's name]. She was getting bad hidings from him behind-the-scenes one. Her kids used to tell me when they visited, they had to watch it, they were terrified. I broke down crying when the little one was telling me about the blood going down the walls. She has left him now, but the last time she sent the kids back to him for school holidays, he flogged them and the oldest boy, he is [age] was trying to fight him back. He even flogged the little ones, I called the police. I felt so guilty, so much pain but I just had to be there to support them. (Participant 26)

3.5.2.3 Feeling powerless

The third element of *'family violence'* is the experience of being exposed and feeling powerless. Some recounted that the feeling of helplessness was, in fact, more painful than experiencing the physical violence itself. One younger male participant recalled the night where:

My Dad was really getting into Mummy, there was blood going this way and every way. I thought she was no good, I felt bad, but I couldn't help her, I was just a bit younger then, we were all kinda huddled under the bed just trying to stay safe our self. (Participant 21)

An older female participant reflected on a similar memory, where *"my Mum used to get belted up for my father all the time we used to stand there crying, helpless, could be do nothing. Otherwise the Father one would turn around and belt us too"* (Participant 30). A female Elder stated that the combination of experiencing the violence and the feeling of powerless, lives within you long after the 'last punch is thrown':

Mum and Dad, no good memories really. Just pain and violence. Every night violence in our home and Mum getting belted. Belted black and blue. Then Dad died, and my Mum had to live on her own, he was a violent man my Dad, he used to get jealous. He and Mum would drink these big bottles of flaggon. Every now and then when you walk around in the bush you come across the broken bottles, it takes your mind back to those early days... there was a lot of violence when you used to see these bottles smashing. It makes you realise that you can't ever forget those days. (Participant 26)

One participant also spoke of the hate that had built up in them, themselves becoming violent through their own experiences of **'family violence'**:

What happened to me for years is what people call today child abuse. I should have been in welfare a long time ago. I was roughhoused, like I used to be flogged every fucking second minute for any little excuse. My Dad was the one giving it to me, and you couldn't say anything otherwise they call you a pussy. I remember my old man putting a knife to my throat. Put fear right through me, changed me forever. Yeah well there was a stage where I had to stop it, and the only way was swing back, and I hit the old man by mistake. And that was it. I had seven brothers on me, just like that. And I was walking up the street with blood pissing off me head. And this taxi driver, I can remember he pulled up, and he said, "Hey, do you need a hand?" And I said, "Mate, I'm all right." I just let myself bleed, went to a park, washed me head. I remember sitting on the slippery dip for a while. Then they came for a second round, all the brothers. But, this is where I learned fighting in my younger days. Always fighting to survive. I had a lot of hate in me from the abuse; I turned hard, I become a violent person myself, very violent.

(Participant 6)

3.5.2.4 Child abuse as a form of family violence

The fourth element of **'family violence'** reported by participants is child abuse as a form of family violence. Some provided accounts of violence against children in the family home, while others described violence resulting in child abuse due to a lack of supervision and parental neglect to provide the appropriate duty of care:

Those kids in that next-door house, they are tough little ones, they have no good lives. They get some terrible bashings from their family, [name] gives it to them really bad. Then their Mum and Dad go on these 2 and 3-day alcohol sprees and leave the kids at home by themselves. Just sitting there, the power cut off, in the dark no adults around and just waiting for the next thing to happen. (Participant 33)

Like, a husband and wife fighting and the wife is intoxicated. She grabbed a bottle, the baby's bottle and threw it at the husband. He jumped out of the road, and it hit the baby fair in the mouth. The baby went to hospital. And the face was totally swollen, like the mouth and that. That woman went to jail for that. I don't believe in that shit, mistake, you know? By law, she's hit the kid, so she has to take the punishment one. She's in jail right now. (Participant 13)

The child abuse experienced by the following participant was so severe, he believed his only way to survive was to seek refuge in the ceiling of a neighbour's house:

I was getting that bad at home that I just wouldn't go back and ended up just taking off. I remember sleeping in this mobs roof there, in that ceiling. That was scary. I must have been 12, 13 years old. I loved them leaving the fridge under the upstairs house. I used to wait until about four, five o'clock in the morning, go raid the fridge, a couple cans of beer, bottles of beer, and some chicken. I'm quite sure they knew what was happening 'cause some of the food went missing late at night. I was fucking absolutely starving, man. (Participant 5)

3.5.3 'Community violence'

The second dynamic of **Violence** captured participants' experiences of '**community violence**'. This refers to broader, community-based fighting, and violence involving large groups of people, with an often-prolonged duration of conflict. There are four elements of '**community violence**': the influence of factions, protracted incidence of family violence, gang-related violence, and sense of powerlessness.

3.5.3.1 Influence of factions

The first element of '**community violence**' was portrayed by participants as the influence of factions. Participants identified that '**community violence**' often involves different factions at conflict with each other within the community, factions that are often comprised of multiple families, and tribal groups. Participants highlighted that "*there are factions within this community now, before nothing, but now when there is a problem the whole big mob of the faction get right behind them*" (Participant 13), "*top camp, middle camp, bottom camp, they don't see eye to eye and when the shit starts they can't wait to take a swing at someone from the other side*" (Participant 19). Within one sharing circle, an older female participant was unequivocal in describing the influence of factions and the impact of '**community violence**':

Like us four ladies, we live down there (bottom camp in community) in the war zone. Sometimes we can't leave our houses; sometimes we can't go home to our houses, it's really hard. It can be really scary for us. I remember one time, big mob fighting and swearing, breaking things, glass everywhere. Whole families were involved in the street, running through houses, fighting, trying to kill each other from all over this community. Probably the worst bit

is you don't know how it is gonna stop. This mob versus that mob, the grudge gets deeper, the hate gets deeper. (Participant 21)

3.5.3.2 Protracted incidence of family violence

The second element of '**community violence**' occurs through protracted incidence of family violence. This refers to family violence which is either severe and persistent in nature which subsequently attracts an increasing number of people to be drawn into the event. Some participants felt it was their "*culture, like family responsibility to stand up and fight for your loved ones*" (Participant 7), and that "*no one likes to see their family in trouble, that's when that happens you feel like you have to help out, and that means that you get involved*" (Participant 14), which "*then that escalates quickly to the Mother one and grandparents and then, everybody, the whole family starts getting in then. And the next thing you know the community is running a riot*" (Participant 2). Another participant stated that regardless of age or aptitude, there is an eagerness to have as many families as possible involved in the conflict:

Everyone gets involved with the big mob fighting now. Women, men, grandparents. Even the kids, they go running after the fights to get involved. Some throw punches, take iron bars and whatnot. Some parents will help grab their kids to go and get involved, and others go to watch the fighting. Once it gets to that point, everything is out of control. Then there are big mobs of us getting around the community trying to cause noise, looking for a big fight and create a big commotion. The kids are learning and watching, learning the wrong way, and when they get older you know what is going to happen, they will follow their parents down that track as well.

(Participant 14)

3.5.3.3 Gang-related conflict

The third element of '**community violence**' is featured by either perpetrating or experiencing gang-related conflict. While people in Daly River primarily identify themselves within a tribal or language group, many also clearly identify themselves as a member of a gang within the community. When asked in a small sharing circle if there were gangs in the community, one younger male participant was immediate in his response, providing not only the make-up of the gangs but also patterns of violence and strategies employed:

There are five gangs in the community - Metallica, Ice, Bad Boys, The Warriors, and Iron Maiden. There can be big mob people in these gangs; sometimes there could be 30 or 40 people in one gang. There are people from all ages, some of them are young ones like 10 or 12, some of them are grown men like in the 40s or something, there are even people in their 60s. Down this end is Metallica... just the three houses at this end, that's the main base for the Metallica gang. The Bad Boys are from the Rec Hall right up to the blue upstairs house, next to the clinic, Bad Boys and Bad Bitches. There are plenty of people in that gang. And then you have, you know the blue house, you know the turn off the main road to the turn off, well all the way up the park area, well that's Ice. The next one over is the Warriors, once were warriors, and the next one over is Iron Maiden. Sometimes we wait for trouble to come to us, and then we defend ourselves by having a gang rush. Anything could happen to you in a gang rush. I take a hammer or steel bar and then I do my job. Everyone has a role, I am the sniper, I sniff around the back of them in the bush, and when they don't expect it, I hit them with

something. Then when that happens the other gang comes back, and they fall into a trap, we trap them. They don't know where they are going but they are coming into our trap. One gang would be out in front, then they come in close, you wait for the right time and boom. Then there is a ring, and that's where the business starts, that's where you do the business. The goal of the gang is to start wars. When the wars start there can be big trouble. The police get involved. (Participant 20)

Later in the same sharing circle when asked why they were involved in gangs, one younger male participant replied:

No love. We have no love, so we made our own tracks. because we want to be part of a family, we want to belong to something. At home it is no good, so we feel safe when we are together. What we do after that doesn't matter, it is nice to belong. I wanted to have my Mummy and Dad, but when they left me I went my own way. Most of us boys in our gang have Mums but no Dads. There are big mob kids in this community that have Mums but no Dads. We would walk around the streets all night banging on poles, stealing, fighting, that kind. We fit in, and we belong to something, and I would do anything for the boys in [gang name]. So one night we were hungry, so we went and asked for money. We had five boys we went bush first down that shortcuts Road, we find a python. So when we saw that snake, we picked up him up and put it in the bag and I said to the boys if you want some big mob money, then follow me. So we found a big card game, one where there was lots of people so there would be lots of money. We grabbed a snake and chucked it in the middle of the game, we all had our plan. Someone would throw the snake in the middle, and the others would go in and collect all the money when the people ran off. There

were people there crying people running off in the night and then the other boys came in and took all the money out of the middle. (Participant 22)

3.5.3.4 Sense of powerlessness

The fourth element of '**community violence**' is a sense of powerlessness. When community violence occurs, several participants felt "*worried for the community when the violence gets worse and worse*" (Participant 20) and "*terrified by how fast now we lose control and community violence kicks off*" (Participant 28). While many felt distressed by the lack of agency and a feeling of powerlessness that exists when community violence occurs, others spoke of the tension which subsists between "*overseeing a situation spiralling out of control, fighting spreading like fire through my community and the urge to step in and stop the rot*" (Participant 5), and "*sometimes I want to do something, but what, get involved then I'm gone again [jail]. It makes me really sad*" (Participant 34). For some, the urge to 'step in' becomes irresistible, however, often the consequences for doing so is very harsh. The following participant provides a personal account of the day to day difficulties of living with this form of violence in community:

I warn the other people not to get involved. By getting involved it does not help, only makes it bigger trouble. Also, if you jump in and try to help your family, there are other problems, like you'll lose your Ochre card, but then the family expect you to do something, it is hard. Like those girls the other day, they cause the trouble and then call out for help to bail 'em out when the shit hits the fan. But you can't get involved because of Ochre card and getting booked by police... then you get no good sleep because it goes on and on and doesn't end. Soon, you are going to get sick, always sleeping lightly,

one eye open, waiting for the next call for help to go out and save them. You get so stressed you might have to start drinking and it gets bad from there.

(Participant 11)

3.5.4 'Inter-community violence'

The third dynamic of the **Violence** process is '*inter-community violence*'. Within this study, '*inter-community violence*' refers to outsiders, groups of people not part of the Nauiyu community, either through residency or tribal belonging, entering the community to destabilise, perpetrate, or escalate community violence. The dynamic of '*inter-community violence*' is comprised of two elements: rapid escalation of fighting and perception of community weakness to respond to inter-community conflict.

3.5.4.1 Rapid escalation of fighting

The first element of '*inter-community violence*' is characterised by rapid escalation of fighting. Many felt that "*the fighting gets much worse when we have people from other mobs from [different communities] in here getting mixed up with the fighting and violence*" (Participant 14), when "*these outside families come in it always end in a bad way, long one as well*" (Participant 3) and that "*things turn ugly one and get right out of control really quick*" (Participant 16). By way of example, an older male participant described the latest incident (which occurred at the time of writing) of '*inter-community violence*' in Daly River:

...it was the night after the funeral when we buried the old man. We had mobs in here from [location] and [location], and there was a lot of violence and fighting going on. Drunks everywhere. Big mobs of outsiders marching

around in the night banging poles, smashing things and scaring people. There was a car smashed up at the other end. We weren't gonna just lie down and do nothing while they are doing all this. So, we got all men together and formed gangs to roam up the streets. We had hammers, axes, crossbows, anything we could get our hands on. Even the coppers were hiding out at Bul Bul Bridge and Father Leary's Bridge stopping people from coming in or out of the community. In shutdown, we were. Everyone could feel it in the air, like the tension. It got that bad we put all the women and children in the school library to lock them up and keep 'em safe. I walked in there, and the whole floor was covered with bodies, hiding in the dark. Like a human carpet.

(Participant 25)

3.5.4.2 Community weakness to respond to inter-community conflict

The second element of *'inter-community violence'* was a perception of community weakness to respond to inter-community conflict. Some felt the community was ill-equipped to deal with incidences where 'outsiders' start violence, "*where are these men, where is our strength to defend ourselves when these outside mobs just walk over us?*" (Participant 14). It was this lack of agency and control over their own lives which created anxiety and disquiet. This is reflected in the following narratives:

We used to be fucking fierce some of our mob. Now we can't control who wanders in and out of here, can't control no-one starting their shit and causing us chaos. We have lost that control ourselves on who comes and goes on our land... a lot of people get restless and scared because it's like free

reign now. When they see trouble coming, they worry which brother gonna stand up and defend it. They should be worried too. (Participant 17)

They come in and know they can run amok. It is not their Country; there are no real strong men here, you can do what you want and leave the next day or whatever. Create a big problem and leave, better than doing that on your own homeland. It can get very violent. Most of us are living in fear at different times. We feel sad, worried about what is gonna happen next, always thinking about how to stay safe. Worrying about who's coming into community. (Participant 15)

'Inter-community violence' was described by many participants as another weapon to disempower the Nauiyu community. For many, the internalised impact of **'inter-community violence'** led to increased levels of mental stress and negative social and emotional wellbeing.

3.5.5 *'Institutional violence'*

The fourth dynamic of **Violence** involved the participants' experiences of **'institutional violence'** while in custodial care. This refers to the experience of violence that occurs while in contact with police, whether that be within prison or judicial systems, or across broader society. **'Institutional violence'** while in custodial care is comprised of two elements: rough house tactics and rite of passage.

3.5.5.1 Rough house tactics

The first element of **'institutional violence'** while in custodial care is being subjected to 'rough house tactics'. Experiences of **'institutional violence'** consisted of

an alarming range of physical and psychological abuse perpetrated by police and prison guards, for instance; *“the Sargent from [location], he used to be a nasty one, he would grab you, throw you down, he did that to me, punch me hard”* (Participant 21); *“every chance they [police] get, they make sure I get a flogging”* (Participant 35); and *“while I was inside [prison] the guards knew I was getting beaten but nothing, they look the other way”* (Participant 20). Other male participant’s testimonies also spoke directly to this form of institutional violence:

I have been into jail many times. I went to [name of prison] first that was a tough place it was bad for my soul in there. The guards didn’t like us ‘local niggers’, they were always looking for ways to hurt me. I was in [name of prison] for three months, and I was lucky to survive. I have been into other jails, Darwin the new one, I have been in there. Turn 18 go into the big jail. I was in [name of prison] on my birthday, and they said, “Happy birthday you’re going to big jail now, with the big boys, the big house.” [name of prison] was bad, but the guards in the big house were racist bastards. I got cuffed to a chair for hours for being a ‘scum Black dog’. (Participant 20)

Yeah anyway, with the stealing and that, I can remember when I got caught by the police. They blocked off the streets, the police, in private cars. And a car came into our yard; the police officer come in with a pistol pushing me like hard in the back of my head. I looked at him; he said, “You’re under arrest”. Then he just ripped me by the head and pulled me up. I must have been 17 years old. Anyway, they took me down to the police station, absolutely got flogged. One was drilling his foot, his boot into my foot and punching me in the gut at the same time. Then they left me in this room, there was a dark window, big window, and they left a bag open with the pistol grip

showing waiting to see what I was going to do. Inviting me to grab their pistol so I could get shot by them. But I knew what was going on. I just looked at the black window and wouldn't look up. And they came back in, and they brought this mince stew, and it looked like fucking diarrhoea on the rice. This police officer with the red hair had me like this, his hand around the back of my throat, on the neck, and pushing me along, and they open the cells, and they fucking shoved me in there. He shoved me in that cell and said: "You black cunt; if I catch you on the street, you're gone." That's the rough stuff.

(Participant 6)

3.5.5.2 Rite of passage

The second element of the *'institutional violence'* dynamic is that custodial care was a rite of passage. Underlying the participants' widespread reporting of *'institutional violence'*, many also discussed the normalisation of being incarcerated. Participants see custodial care as a rite of passage, where *"going to jail is a kinda part of growing up now, everyone I hang around with has gone in"* (Participant 1). Some participants highlighted that *"I have been in a few times now, it's not that bad, and I'm pretty used to it"* (Participant 22), that *"it's actually like going from a boy to proving you're a man"* (Participant 23), and *"once you're in the [name] gang you quick work out that they all gone through jail and its part of being in the gang"* (Participant 35). The following narrative provided both an insight into the normalisation of being incarcerated, and the subsequent hero status attributed to those on release back to community:

...the problem is now you send one of these young ones to prison; they come back as heroes. They would say, "You should go in there, no problems

prison.” They think it’s a good life and they are bound to have friends and family in there... the big kids are the role models now; it’s normal for them to go to prison. Now we have a generation of kids with idols who are going to prison. It doesn’t matter if you speak to the little kids now and say if you follow your idol you will end up in jail, they say “That’s alright, jail is OK, all my idols go through jail.” Then they come back to community and share their great new fucking story. (Participant 5)

3.5.6 ‘Normalisation of violence’

The fifth dynamic of the **Violence** process is the **‘normalisation of violence’**. This refers to the chronic exposure of community to violence which has resulted in violence being accepted, tolerated, and justified. There are three elements to the **‘normalisation of violence’** dynamic: violence as part of everyday life, lack of non-aggressive male role models, and violence leads to violence.

3.5.6.1 Violence as part of everyday life

The first element of the **‘normalisation of violence’** is violence as part of everyday life. Participants spoke of the **‘normalisation of violence’**, *“where it was just a part of everyday life and something that most people just get on with”* (Participant 12), and *“it’s so commonplace now that many people in this community can’t even see it”* (Participant 25). Participants also identified that through processes of normalisation, community members tolerate violence and abuse as part of everyday life, leading to a sense of disempowerment and a loss of confidence and capacity to stand up:

You know when he has been down the pub all day that gonna be trouble. I actually expect it now and it same ways getting a hiding has become normal for me. My body just goes numb, and I think I just learnt have to survive with the pain. I used to look forward to paydays, but not anymore. The hidings have gotten that bad that on the nights where I just get a little touch-up and he swears me up, I am actually a bit happy inside. (Participant 18)

For most of our mob, we are so trodden down by the constant violence in all different ways that most them people can't even see it happening. But it's there, don't fucking worry about that. In this community, violence is in a very healthy shape and as plain as the nose on your face. They either can't see it, or they have stopped trying to stand up for their own rights. Probably both. But I reckon they just don't have the will anymore to stand up to the shit and say, "Fuck off with the violence I deserve more than that." (Participant 5)

3.5.6.2 Lack of non-aggressive male role models

The second element of the '**normalisation of violence**' process is a lack of non-aggressive male role models. Participants discussed '**normalisation of violence**' as cyclic in nature, underpinned by a lack of male role models who value safe and non-violent relationships. People who fill the responsibility of being male role models too often have their identity associated with violence, too often confuse assertiveness with intimidation, and too often use fighting to gain notoriety. The following participants' accounts highlighted the issues in community of a lack of non-aggressive role models:

It's like the only way left for the men to stand up to be a 'man', like be a leader, is to go 'round belting 'em up everyone to prove to the world that you are a tough one and not to be fucked with. Well, that's great, but it shows all

the younger ones the way to be respected here is be a violent one, fighter, punching your way to respect. I see it in my young ones already
(Participant 14).

Role models. Hah. Good one. These mob stand for nothing, all they know is fists and blood. The ones who should be the role models like [name] and [name], they are the worst. See what happened the men had their like authority stripped off them, they lost their power and the respect they once held. Just fighting now, violence is the new way. (Participant 29)

3.5.6.3 Violence leads to violence

The third element of '**normalisation of violence**' is violence leads to violence. Participants reported that their experience of violence was so normalised that a natural response to violence, would, in turn, be more violence. Participants comments such as, "*it just like normal for me to deal with the fighting with more fighting*" (Participant 10); "*I became such a violent person, and I don't know how it happened, the violence all round me kinda soaked in to me*" (Participant 2); and "*you just learn this way of surviving... instinct, the first thing you do is start swinging*" (Participant 24), highlight the increased likelihood that they, themselves, use violence in response to the experience of violence.

Furthermore, some participants made the link between normalising violence, becoming a perpetrator of violence themselves, and an increased likelihood of contact with the justice system:

I fight fire with fire now, no more of this other shit, talking it out while I'm copping a hiding. Fuck it stand up and fight or be beating. (Participant 31)

You fighting all the time, it's like going from one fight to the next. Violence everywhere, so much you don't notice it – that's the scary part. I'm so used to it now I don't even notice it all round me and how much I get involved. Police notice it though, big time and once they notice you, trouble starts following as well, next minute I was in [name of jail]. (Participant 21)

Yeah, I've been in and out [jail] a few times now. I was getting into fights all the time, couldn't help myself, getting into too much trouble with the coppers. I used to be nice; now I fight. Brothers know that to, and it has kinda become a part of who I am, like my identity. But it wasn't always like this, the violence wore me down and now its normal for me, violence is part of me. How the fuck did that happen? (Participant 20)

3.5.7 Summary

The third process of the core category *owning our truth telling, owning our solutions* was called **Violence**. It consisted of five dimensions: '**family violence**', '**community violence**', '**inter-community violence**', '**institutional violence**', and '**normalisation of violence**'. Within the process of **Violence**, participants revealed that whether they witnessed, experienced or themselves a perpetrator of violence, it was a part of their everyday lives. For many, violence had become normalised and had a devastating impact on their mental health and wellbeing.

3.6 Suicide

3.6.1 Introduction

The fourth process of the *transferring trauma into story* phase is **Suicide**. All participants in this study reported being directly or indirectly impacted by suicide. In

fact, many participants revealed that suicide has had an overwhelming impact on the Nauiyu community, and has forever changed the lives of many families. As depicted in Figure 3.6, this process comprised of two dimensions: *‘suicide as a new social challenge’*, and *‘after all, suicide must be contagious’*.

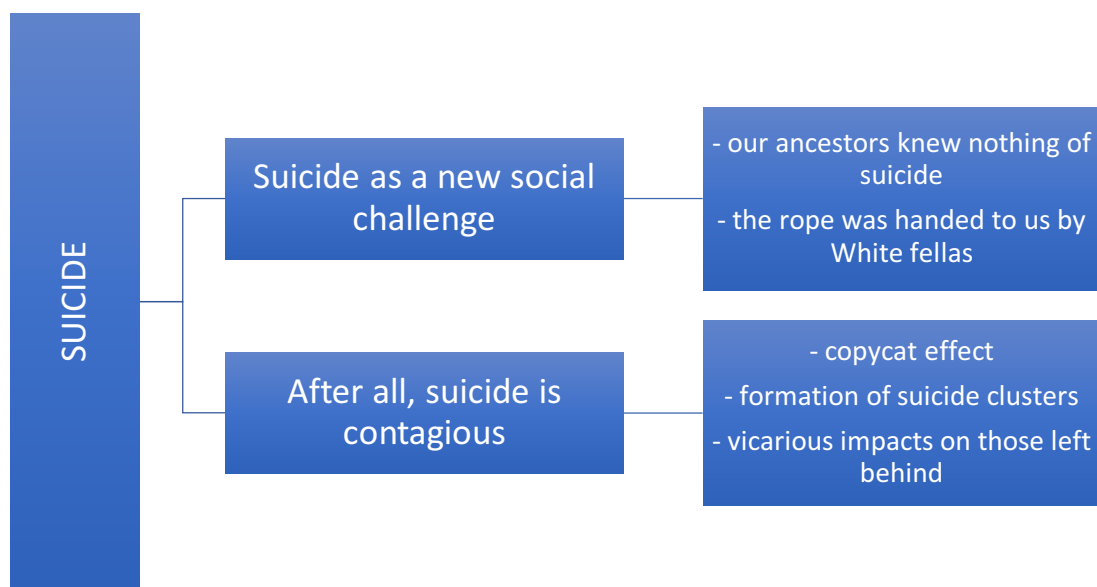


Figure 3.6. Suicide.

3.6.2 *‘Suicide as a new social challenge’*

The first dynamic of the process of **Suicide** is *‘suicide as a new social challenge’*. This refers to the recent and increasing prevalence of suicide as a complex and multidimensional social challenge in the Nauiyu community. *‘Suicide as a new social challenge’* is comprised of two elements: our ancestors knew nothing of suicide and the rope was handed to us by White fellas.

3.6.2.1 Our ancestors knew nothing of suicide

The first element of *‘suicide as a new social challenge’* is called our ancestors knew nothing of suicide. Several participants acknowledged that suicide is a new

social phenomenon in the Nauiyu community; “*This is [suicide] something that has just started, our people never killed themselves or tried to hurt themselves, our ancestors knew nothing about suicide*” (Participant 6). “*I didn’t even heard this word. This suicide words. When I was a kid this suicide wasn’t here, now it’s come like everything else, and now it’s everywhere*” (Participant 8). The following narrative provides an insight into the recent escalation of suicide ideation in Daly River:

The first one... oh, shit. Couple of years ago now. But it had already been happening over on the islands. Now, what was it? What brought it on? Was it the Ganja? Was it... I mean where did come from... ‘cause once it started it just ripped into us like a bull rolling down a hill. It just gathered momentum and whatever it hit it took with it. It knocked ‘em over. (Participant 5)

Within a sharing circle, a group of female participants described their concern over a recent, sudden spike in deaths of their young people through suicide. One key female Elder mournfully recalled:

In a big group, we lost seven people to suicide, that was around the time when the shire mob came in and took everything. Right around the time of the Intervention. Seven of our people died in this community by hanging themselves, and the last one was [name] son. The Mother one, she is sitting here today, right there, look into [Mother’s name] eyes, that’s what pain looks like. We had to do something, so we started up the Nauiyu Action Group. (Participant 11)

Once the conversation of suicide opened up, more and more women in this sharing circle reflected on their own personal experiences. While a relatively new phenomenon for the people of Nauiyu, it was soon apparent that the insidious impacts

of suicide were far-reaching throughout the community, everyone had a story about themselves, their family or close friends:

Two people in my family have killed 'em themself. Like suicide one. There have been other ones who have tried like [name] and [name]. Life was tough for us kids back in the old days, but there was none of this trying to purposeful hurt and kill yourself. It never happened back then. These days, I mean, how sad that there are people here that feel like killing their own self.
(Participant 28)

When [name] died by suicide everyone felt no good one. The whole community was mourning, angry as well... we were thinking why would this happen these days; we never had it in the old days and no ways to heal people, so it makes the community sick. Sadness everywhere. (Participant 19)

3.6.2.2 The rope was handed to us by White fellas

The second element of **'suicide as a new social challenge'** is the rope was handed to us by White fellas. While acknowledging suicide is a new, community-wide social challenge for the Daly River community, other participants identified contemporary government policies, which *"acted like a trigger for us mob to start killing ourselves for the first time in eternity"* (Participant 25). For example, many spoke directly to the impact of the Intervention and the amalgamation of the local council into the Victoria-Daly Supershire. The following participants' narratives summed up the subsequent feeling of disempowerment and despair resulting in an escalation of suicide ideation in Nauiyu:

When the Intervention came, all those kids, you know, 16-year-old ones or whatever. They came to me and had all these questions about what was going to happen. But, I couldn't explain to them, that they're never going to work again. Basic card is your life... it was no fucking fluke all those young men, all at the same time, started stressing out and trying to end it for themselves when they all lost their jobs, all lost their future, all at once. A total collapse in hope. (Participant 6)

There were many people who felt like they were making a decision to trade in culture for the promise of the White fella power through jobs, money and that kind. Well, they got the shock of their lives when they worked out that they sold their culture for nothing. Drunks everywhere and people reckless hurting themselves. That was a dangerous mix, and a lot of people didn't cope. Sold your culture in exchange for helplessness. (Participant 11)

A whole generation through that Intervention time was told, your working life and your way to make your own decisions in life is now over. Next minute we had people all over the place thinking to 'emself', fuck that. I'm gonna take some control back here, like over my life, for some of this mob that meant starting up suicide. It's not a great one, but they had control back. (Participant 14)

3.6.3 'After all, suicide is contagious'

The second dynamic of **Suicide** is '*after all, suicide is contagious*'. This refers to suicide, whereby family, friends, or other community members emulate the suicidal behaviours of others resulting in groups of suicides. There are three elements that

comprise the '*after all, suicide is contagious*' dynamic: the copycat effect, the formation of clusters, and the vicarious impacts on those left behind.

3.6.3.1 Copycat effect

The first element of '*after all, suicide is contagious*' is the copycat effect. Several participants identified a copycat phenomenon in suicide behaviour in Daly River in that "we go through quiet periods, then out of the blue we have one after another hurting themselves" (Participant 32), where "they start copying each other, even by the way they do it, they copy each other" (Participant 30), because "maybe they be like wanting 'em the attention the other ones get or maybe they are all going through the same thing" (Participant 36). In corroboration, the following personal narratives also describe the copy-cat issues associated with suicide within the Daly River community:

And then people started copy-cattin'. Bang! They couldn't put up with that shit, so they hung himself in the mango tree. It's as simple as that. And then they would do it for boyfriend, girlfriend. Be it the Mother one not giving the kid money or whatever. Molestation, can't live with the shame, plenty of reasons. (Participant 5)

There was also a lot of suicides in the community. There were two sisters. One of the sisters was hanging herself from the tree; the other sister killed herself by drinking poison, they are both [name] daughters. As soon after that one of the [name], boys hung himself dead. Then there were others trying to kill themselves. All I could think about, all these suicides were from Black magic, or maybe they were copying each other. There is normally alcohol or drugs involved, and there is also normally violence, like getting

hidings from husband or other girls trying to take their husbands.

(Participant 26)

3.6.3.2 Formation of suicide clusters

The second element of '*after all, suicide is contagious*' is the formation of suicide clusters. This refers to multiple people partaking in suicide or suicidal behaviours in an accelerated time frame which results in the formation of suicide clusters within the Daly River community. Participants discussed that "*we went from all quiet one to a big mob group of people trying to suicide themselves*" (Participant 1); "*they kept following each other, one after the other, one turned into three, turned into a group*" (Participant 27); and "*suicide here goes from no one hears about it to everyone talks about and a mob of people who seem to want to get purposeful hurt*" (Participant 31). Participants spoke about not been able to cope with the pain associated with the suicide of close friends and family members with several identifying that, "*when [name] suicided heaps of people thought it was easier to end the pain and join 'em*" (Participant 18) and "*yeah it was so overwhelming, well you know when they say Rest in Peace... yeah, that's what I tried to do when [names] topped themselves, I tried to make myself at rest forever*" (Participant 28). Others spoke about the layers of grief from a myriad of trauma events, that were occurring in everyday life and eventually wearing down their strength and resilience to cope and manage the trauma. One participant, interviewed on the banks of the Daly River, narrated how they experienced the transfer of guilt, pain, and trauma when a suicide of a close friend occurred:

It became just too much for me... I am only one person, and I can only hold so much grief. So when [name] committed suicide it was very hard for me. I

had so much of my shit going on that I was really struggling with... I wasn't coping in my own life and couldn't really manage anymore. So when [name] passed away it was like a wave of pain I couldn't cope with. Too hard that one. I felt like [name] passed on their shit; you know their pain too me, so I tried to do it [suicide] as well. (Participant 22)

Another younger male participant, interviewed in a sharing circle also explained:

We have had a couple of these mob who tried to suicide themselves all around the same time. Mostly us younger ones who don't cope with another one suicide. It goes around the community like an echo, like the pain goes to everyone. It was worse when it was someone many people looked up to, you know like with strength, like a role model. (Participant 1)

3.6.3.3 Vicarious impacts on those left behind

The third element of '***after all, suicide is contagious***' is the vicarious impacts on those left behind. There were a number of vicarious impacts after suicide, each of which further compounded the resultant trauma. Several participants experienced feeling powerless in their capacity to offer personal support to grieving friends and family members. It left participants feeling isolated and helpless to respond to their family in crisis. For example, participants narrated "*a feeling of helplessness which really fucked me up*" (Participant 21), "*watching my family go through that pain and not being able to do anything... makes you want to be the next one to neck yourself*" (Participant 14).

Others reported feeling isolated, alone in their grief and pain when suicide occurred. On the one hand, participants felt as though culture couldn't provide a necessary healing response, "*we have sorry business when something really bad happens, it's culture which gets us through... but with suicide one, culture doesn't have a way to bring us together to heal*" (Participant 5), because "*culture didn't ever have to come up with a way to deal with this type of thing [suicide]*" (Participant 19). On the other hand, participants reported a lack of access to adequate medical and professional support when a suicide event occurred "*when the shit really goes down, and someone hurts themselves on purpose, where is the doctor, where is the help, where the fuck, nowhere*" (Participant 22), and "*ever since these suicides started in our community, I have been waiting for the help to arrive, like the medical, clinic kind. We have buried big mob now, and I'm still waiting*" (Participant 10). The following participant's personal narrative encapsulated both the helplessness and lack of medical support in response to a suicide attempt by her daughter:

I remember one time when I had to get one of the teachers to help me. My daughter had cut her wrists up and was talking about killing herself. We locked her in his daughters' bedroom to keep her safe. I stayed there with them for days. No doctor saw her to talk to her, nothing. We felt all alone. I was scared because I knew how she was feeling, I have tried killing myself three times. The last time I climbed up the water tank, I still think about it some days. (Participant 30)

In contrast to participants who felt vulnerable and exposed to an increase in their own suicide behaviours, others discussed a preventative influence of suicide on their own suicide ideations. For example, some participants identified that witnessing the trauma experienced by the family and friends associated with suicide or an

attempted suicide resulted in strengthening their own resolve and a reduced likelihood of similar behaviour. In one interview involving a small group of young males, all three shared stories of their siblings committing or attempting to commit suicide, and the impact this had on them personally:

I see people hanging themselves, with my own eyes, I saw my sister. She hanged herself, I was so scared, frightened. I was like pointing at my sister hanging and crying at the same time. Dad ran into the kitchen, got the knife from the kitchen and ran back to her quickly, she was hanging from a mango tree, and he started cutting the rope. He cut the rope and looked away, and the body fell onto the ground, and all the people started crying. I didn't like seeing that... I just wanted it to be in my head. That's why I am going to quit smoking, alcohol and cigarettes. Woke up to myself. I am young, and I want to get something in my life. (Participant 20)

I saw my sister and herself, my big sister. They had arguments my brother and sister; they were drunk then my sister locked herself in the house where they are staying now. Something didn't feel right. Me, [name] and [name] were having dinner; then we heard crying, screaming, "Someone help me, help me, somebody help me lift her up." I ran out of my Dad's house to my sister's house; there was no power, it was cut off. All I could see was my sister hanging off the fan; she was unconscious. I grabbed her body and tried to lift her up, one of our cousins came with a lighter to burn the rope, no it was a sheet. She flung down on the ground. I laid her in my lap, and she started shaking, like having a fit, I put her on the ground and checked if she was breathing. I put my fingers in her mouth, so she didn't choke. I was talking to her saying, "Come on, I am your little brother you have to wake up

now”, I was trying to listen to her breathing. She kept having a fit, then she opened her eyes, but she couldn't see anything. She couldn't hear anything. We took her to the clinic, I was crying for my big sister, my other two sisters came, and I said, “Where were you?” They were all out drinking; I was crying because they didn't look after each other. She got a care flight to Darwin and had a drip in her arm, I asked her in the hospital, “Could you hear me, could you see me?” She said, “I couldn't see anything, and my eyes were open. It was just black.” I was very scared. From that night on I started taking more care of myself and stopped thinking those dark thoughts.

(Participant 22)

My sister, she got that sheet again, went upstairs to the last room, went up to the fan and put it around her neck herself. All the men ran up and booted the door down; they broke the door, saw her hanging there. They ripped the whole fan down from the roof; I was crying, all the kids saw, they were crying. She went to Darwin to see the doctors and has never come back. When it really starts to get too much, I get out bush for weeks hunting for turtle. I couldn't stop thinking about it; you only live once when you're young, why am I wrecking my life for drugs or alcohol. (Participant 21)

3.6.4 Summary

The fourth process of the core category, *owning our truth telling, owning our solutions* is named **Suicide**. This process has two dimensions: ‘*suicide as a new social challenge*’, and ‘*after all, suicide must be contagious*’. Participants identified **Suicide** as a new phenomenon, which has had a profound and devastating impact in the Nauiyu community. Every participant within this study has been either directly or indirectly

impacted by suicide, several of which have attempted to suicide themselves. Many participants described a pattern to suicidal behaviour which was present in the Nauiyu community, involving copycatting and the formation of suicide cluster groups. Participants felt isolated and helpless to respond to suicide events when they occurred and reported a lack of medical and professional support which further compounded the trauma.

3.7 *We are overflowing*

3.7.1 *Introduction*

The fifth process of *transferring trauma into story* is **We are overflowing**. This refers to participants being unanimous in identifying overcrowding as a significant theme, largely due to the shortage of housing to adequately accommodate the people of Daly River. In fact, there was a strong consensus that a housing crisis is currently unfolding. Data revealed that an increase in population and a lack of corresponding housing has resulted in chronic overcrowding, leading to significant, detrimental impacts on a range of health and social determinants. As depicted by Figure 3.7, **We are overflowing** comprises of three dynamics: *'impact on every fibre of life'*, *'houses were built with local hands'* and *'government policies'*.

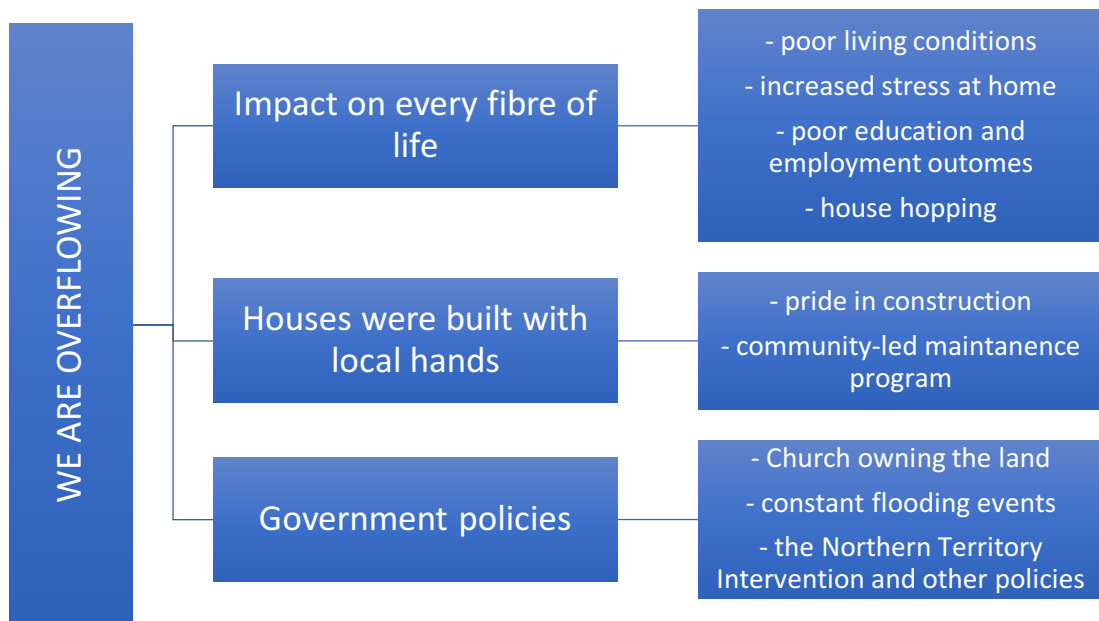


Figure 3.7. *We are overflowing.*

3.7.2 'Impact on every fibre of life'

The first dynamic of the **We are overflowing** is '*impact on every fibre of life*'. Numerous participants reported vast number of houses throughout the community were overcrowded with some having up to "17 people from four generations are living in a small three-bedroom place, camping in the kitchen and sharing one bathroom... but it's the same for most of us mob in Daly" (Participant 15), and "we got three generations in our house, I sleep huddled up with all the kids in the kitchen to keep 'em safe" (Participant 21). There was a unanimous consensus amongst participants that overcrowding due to a lack of housing, which affected all aspects of their life. There are four elements that comprised '*impact on every fibre of life*'; poor living conditions, increased stress at home, poor education and employment outcomes, and house hopping.

3.7.2.1 Poor living conditions

The first element of *'impact on every fibre of life'* is poor living conditions. This refers to the poor standard of living experienced by participants as a result of living in overcrowding housing. Several indicated that overcrowding was responsible for a number of health and social issues. For example, food security was highlighted as a concern whereby, *"we are always running out of food out my place... too many mouths to feed 'em"* (Participant 25); *"I can't keep my food for my kids, you stick it in the cupboard, and it's gone"* (Participant 12); and *"keeping a big mob of food for my family is impossible with so many people living in this house... you end up spending all your money on food that don't go to your kids"* (Participant 28). If conditions resulting in a lack of food security are prolonged, the social consequences can be extreme. The following participant narrated her personal experience of having her children referred to government child welfare agencies, due to her apparent neglect and failure to offer adequate food:

I was doing my best to feed these mob kids. Of course, I want to feed my kids. I always go to the shop and do a big buy up on food and whatnot. But you got to remember there might be 8, 10, 14 people in this one house and everyone hungry for tucker... especially when they smoke up and get charged up. Then that White fella welfare mob come knocking up on my door telling me about how I am neglected my fucking kids and what they call it, failing to thrive one. Imagine the shame for me, the fucking shame of having someone say that. (Participant 16)

Many participants spoke about the effect of poor sanitation due to living in cramped and overcrowded conditions. A number of participants observed that

“because of overcrowding it is a hard job to get clean and have good hygiene” (Participant 21); *“getting clean water to drink, stopping the toilet from overflowing, ‘cause of so many people in the house, it is a real challenge for us”* (Participant 26); and *“quite often it’s pretty dirty, like your standing in piss and there might be shit on the walls... no one takes responsibility”* (Participant 3). In fact, a number of participants raised the complexities of taking responsibility for establishing a clean overcrowded house, and then the struggle of maintaining it in a sanitised and hygienic state. While determined, the frustration of the following participant who was interviewed in her home, summed up the voice of many:

I try to get it clean then keep it clean. But no one takes ownership of cleaning our camp, everyone lives there, but no one sticks up their hand to do a bit and help out to try to keep the joint clean. It’s like everyone thinks that its everyone else’s mess and they can just leave it. Then if you try to make some rules or tell someone to put clothes away or stop wiping shit on the walls... well, that just ends up in a huge fucking shit fight, and nothing ever changes. Then it’s like you are the biggest bitch on Earth. It’s so frustrating, like very fucking frustrating. (Participant 4)

While many participants reported living with poor sanitation due to overcrowding, others went further, highlighting the link between overcrowding, poor sanitation, and the adverse impacts on their physical health. Several participants identified increased rates of infection and disease as adverse health impacts: *“My little girl is just always sick, eyes weeping, nose running and always had that bad cough”* (Participant 12); *“four kids in my house have that rotten rheumatic heart [fever], all ‘cause we cramming our kids to close”* (Participant 17); and *“there is like a scabies*

breakout in that [name] house, yeah all those one houses, big mob people in them, they can't keep it clean and disease spreading like a wild fire" (Participant 14).

3.7.2.2 Increased stress at home

The second element of **'*impact on every fabric of life*'** is increased stress at home. This refers to overcrowding leading to increased stress and mental health issues levels within the home, *"it [overcrowding] just about effects every part of your life and in a bad way"* (Participant 12). Many participants reported elevated stress levels at home due to *"no privacy... just so many people always in your face, up in your business"* (Participant 36), where *"you can never get a quiet time, just by yourself to chill out"* (Participant 1) and *"the stress of not being able to get away from all the mob all the time really wears you down, like mentally wise"* (Participant 32).

Underpinned by overcrowding, participants also reported an increased likelihood of experiencing violence resulting from elevated stress in the home. For example, many highlighted that due to overcrowding, constantly elevated stress levels at home leads to increased exposure to family violence where *"everyone is on edge, arguing about this, fighting over that, too many people and you can't escape, you can never relax"* (Participant 28); *"there is nothing you can do, everyone is standing on people's toes, causing arguments and then the fighting starts... you can feel it coming"* (Participant 20); and *"we are constantly fighting for control over the smallest little space at home, too much tension, then it boils over with fighting and someone getting hurt"* (Participant 17). The following participant provided her insight into the life options she was forced to take after living in an overcrowded home with domestic violence:

There was no where I could go to escape... when the fighting really started, not a single safe place. I knew that my turn would be coming, it always seemed to be my turn for a hiding. It wasn't just me, but the kids as well... going to a [name] family was the same problem, so many people under one roof, it just can't work, and they don't want extras [people], even when the shit was real. So, I ended with the kids camping in the tent in the backyard; we were there for ages until the wet [season] started... then you know, back to the old times again. (Participant 31)

3.7.2.3 Poor education and employment outcomes

The third element of ***'impacts on every fabric of life'*** is poor education and employment outcomes. Participants described that overcrowding creates a living environment which is un conducive to positive performance at school or place of employment. For example, several participants highlighted that overcrowding results in a poor sleeping environment, whereby *"you have to cram in all the kids in the one room, too hot, too noisy, just too much of everything going on for a good night sleep"* (Participant 12). Increased tiredness and fatigue then lead to a lack of concentration in the classroom, further exacerbating the cycle of poor educational outcomes and poor attendance of children at school, as the following Mother articulated:

Before when we were in [town name], she was doing fine at school. Then we moved to Daly River and moved in with [family name] and the biggest mob of people, like big overcrowding. Some nights [daughters name] sleeps in a room with 6-7 kids, or mainly she has to sleep with me in the kitchen. She gets no good one sleep, always restless, always tired one now. When she was going to school, she was too tired for learning, then got in trouble and teased

and fell behind her class. Everything like in a cycle. Then she starting missing school, fell back even more and teasing got worse. It has been a term (10 weeks) now since she has been to school. I know what that means for her future, and that makes me cry. (Participant 29)

Other participants highlighted overcrowding caused similar barriers to employment. While most spoke about the issues of constant fatigue, others discussed hygiene and cleanliness issues at work caused by overcrowding at home. Participants reported that “*because of all the people in my house, just getting a shower in my camp is hard... then you are forced to go to work filthy*” (Participant 14) and “*because the amount of people, there has been plenty of times when the washing machine just shit itself, and my clothes are a mess*” (Participant 19). This resulted in some participants being “*too shame for going to work with no proper one shower or dirty one clothes. I don’t like shaming myself like that, I stay at home then and miss a lot of work*” (Participant 15). One female participant narrated her personal experience and in doing so further emphasised the complexities of overcrowding where resources of one home are often utilised by multiple households:

This has been an issue for me for ages now. I work at the [name of organisation], I can’t be rocking up there looking like shit, like a don’t know how to look after myself. But you look at those three houses over there, could be 20-25 people living there... might be 7 or 8 bedrooms, but there is only one shower that works, one working stove and we all share the one busted up washing machine out the back of that house there. You might think there is three houses hey, but not really. (Participant 4)

Another participant, interviewed with her husband present, described experiencing a complex variety of factors:

You get no sleep, no food, people playing card, having disco every night. You White fella then go, "Why aren't they at school or going to work? Why are they slack one?" You have to fight to have a shower, find clean clothes. Everything I have, I gotta hide; otherwise it goes walkabout [missing]. I go to work, and everything I own is up for grabs. Other nights you gotta deal with charging up and fighting. There are people everywhere, and it never stops, it just never stops. Work and that just don't come into it then, it's not something you think about. Life is too much to deal with, don't worry about school and work. (Participant 21)

For those with employment and who go to work, overcrowding also provides significant barriers to overcome. For example, it was revealed that for those with employment, particularly female participants, overcrowding leads to a level of humbugging within the home that makes it impossible to manage family expectations, which ultimately leads to threats, intimidation, and bullying. Participants stated that *"as soon as I get paid, the crows are waiting for me at home, pecking away at my wage, my money, next minute my pay is gone in two days"* (Participant 19), and that *"my pay day is a big problem for me at home, too many people in the house and they all have their hand out... when I say no, that's when things can get nasty for me"* (Participant 12). Another female participant, who elected to be interviewed in the art centre, provided her personal narrative which also captures the experience of humbug, overcrowding, and violence:

I had to give up my job in the end. I want to help my family and that but my pay days were getting too much for me. I remember one day, walking in the front door and a big mob of men smoking up in the kitchen, people everywhere. My [name] asked me once for my pay, but he didn't ask me twice and punched me in the mouth and blood then. I know people who just go the safe house in [location], just to get away from the humbug on pay days.

(Participant 32)

3.7.2.4 House hopping

The fourth element of **'impact on every fabric of life'** is house hopping. This refers to a secondary form of homelessness in which participants have no fixed address, or tenancy agreement, and were forced to move from house to house consistently. A number of participants in this study revealed that despite the fact they lived in multiple houses, often with family members, they were by all intents and purposes, homeless. Some people are now resigned to 'house hopping', whereby participants are forced to 'reside' in multiple houses, as dwellings have become overcrowded to the point that any additional occupants results in a literal human overflow. Some live on balconies; others sleep in tents in the yards. At the time of the study, one participant who is a parent of a child regarded as 'very difficult to deal with', is facing losing their child to welfare as their struggle to find adequate housing has taken its toll on 'duty of care':

We stay in one place for as long as we can, I want to have a home, but I don't have a house, you know like my name down as a tenant. My [son's name] plays up all time, and we get kicked out and go from house to house and couch to couch sort of thing. I start stressing out a bit and start drinking,

playing card, smoking green [marijuana] and what not. [Name] doesn't go to school much and has been sick, now the welfare mob are chasing me. They think I am a no-good parent; they want to take [son's name]. (Participant 18)

3.7.3 'Houses were built with local hands'

The second dynamic of **We are overflowing** is '**houses were built with local hands**'. This refers to the local labour used in Daly River to construct the houses throughout the community. By way of example, participants highlighted that almost every house in community had been constructed by a workforce consisting wholly of local Aboriginal people. The dynamic of '**houses were built with local hands**' comprises two elements: pride in construction and community-led maintenance program.

3.7.3.1 Pride in construction

The first element of the '**houses were built with local hands**' is pride in construction. The following testimony reflected the narrative of many participants, and provides an insight into the extent to which the local Aboriginal workforce contributed to the construction of the housing within the Nauiyu community:

Our people pretty much built everything in this community. The local men were quite capable, got to be quite skilled. Not everyone was trained in everything. Like you train this bloke to do a certain job. Then it's repetition, over and over, he becomes an expert. Every house here was built with the hands of us locals. Basically, we skilled our own workforce. And all our houses certified, will built them all the same way, with all the same parts to make it easier for maintenance. All we got was an electrician and a plumber

from Darwin. In the bush, houses didn't have to be certified but we wanted it done right. We have a pride living in what they built. (Participant 27)

Many suggested that because the local community had constructed the houses they were now living in, there was less likelihood of the catastrophic damage required for the demolition and rebuilding of new dwellings. An unintended consequence of Nauiyu's preservation of housing is a total cessation of new construction in housing. Participants revealed that there had not been a single new dwelling constructed within the Nauiyu community since 2000, "*Oh, goodness. The last house built was the duplex near the clinic in 2000. Long time ago now. Must be 18 years now since any house was built in Daly River*" (Participant 11).

3.7.3.2 Community-led maintenance program

The second element of the '*houses were built with local hands*' is the importance of the community-led maintenance program. Participants highlighted that houses in Daly River were, for many years preserved under a sophisticated, community-run maintenance program. Known locally as the 'Sydney Harbour' program, the maintenance program encompassed every dwelling in community, provided employment for a large local Aboriginal workforce and completely opposed accepted community housing maintenance programs operating in other communities at the time:

Basically, the idea was to let the houses run down until they're no longer serviceable, and then the Commonwealth build some new ones. Like in the communities between here and Wadeye, no maintenance programs and just rebuild when they finally fall down. (Participant 5)

The following participant provided detailed insight into the housing maintenance program in the Nauiyu community:

We moved the people out, and they stayed in what we called the 'Musical House', House 49. We started in the first house; we would tell them that the truck will be here in the morning, this was all by agreement, and went through house by house to the other end of community, then started again. Everything was taken out of the house and put in the front yard, and we fixed and cleaned the house from top to bottom. I walked through, stopped at the door. Have you any complaints? Is there anything wrong? To save us looking for problems that aren't there. Any leaking taps, toilets? Anything broken, any light fittings, if there's anything that doesn't work, that you know of, please let us know. Then we'll get out and fix it; it's all in that little truck. Like the new washers and everything else. If the cistern is broken, that's fine we have a new one in the truck, we didn't spare any cost. We had everything. And when we moved out of the house, it was in very close condition to how it was when we first built it. (Participant 27)

Participants observed this is in contrast with many Aboriginal communities throughout the Northern Territory whereby houses require regular replacement due to significant damage and lack of effective maintenance programs. One participant cited examples in [name of community] and [name of community]:

There is some major, major money. They build a lot of new houses, like at [name of communities]. It's a bit strange but because even though that mob get new houses, the overcrowding problem doesn't change. I tell you how. To give you an example of the new houses they built, [name of community] was

one of the top buyers. It got 50 houses. 50 new houses. But they knocked 52 down, smashed up, no maintenance over years and knocked down and then they built 50 smaller new houses and put the same people back in them. So it gets reported that they get millions and millions, but in reality, their net gain was the loss of two houses. (Participant 27)

3.7.4 'Government policies'

The third dynamic of **We are overflowing** relates to the impact of '**government policies**'. This refers to a number of government policies which had adverse impacts on housing construction programs, thus limiting the quantity of adequate housing in the Daly River Community. The '**government policies**' dynamic comprises of three elements; Church owning the land, constant flooding events, and the Northern Territory Intervention and other policies.

3.7.4.1 Church owning the land

The first element of the '**government policies**' dynamic is the Church owning the land. Participants spoke about the Catholic Church still owning the land on which the Daly River community is built, and the impacts they perceived this had on the construction of new dwellings in the community. A study of relevant documents revealed the Catholic Church currently owns the lease of 4,860 hectares of land in the Daly River region. In particular, a number of participants highlighted, "*the Church bought up all this land but now what is happening, what is happening to build us more houses?*" (Participant 3); "*I reckon the Church still owning all this land makes it too hard for the government to come in and give us funding*" (Participant 9); and "*the building stopped in 2000, they don't want to build new houses because they don't want*

to build on other people's land, the government are funny about that to, they don't have interest because the Church has the land" (Participant 11).

In contrast, an interview with a key male Elder revealed that while he agreed the Catholic Church still owns the land and currently does so by owning concurrent 12-year leases, everything the Church built in Daly River was funded with government grants:

The buildings were all built under Aboriginal Affairs. There was nothing built really by the Church; it was all government funded. Even the presbytery... all paid for by the government, not many people know that these days. At the time though the government knew again what was going on. We have been working on these 12 year grants, coming back to the conversation, the latest one is about to end, and we are talking with the Church now to get our land back. (Participant 27)

Despite the Nauiyu community accepting an offer to have the land returned to the community, there was swift acknowledgment about the complexities of such a deal, as the same key Elder continued:

The whole thing is a mess really, lots more to do yet... I mean we are in position to get the land back now, but we need to be very careful how that happens. Like, if it all comes back to us as freehold, we will be bought up and kicked straight out of here quick smart. Plus, how does the Land Trust work with the Church to make sure it actually all happens. We need to go slowly. (Participant 27)

3.7.4.2 Constant flooding events

The second element of '**government policies**' was identified by participants as constant flooding events. Since the site of the current community was established in 1954, there have been several significant flooding events which have resulted in a full evacuation of the Nauiyu community. The following participants discussed that repeatedly having to replace damaged infrastructure impacts on the funding for additional houses:

I reckon that all these wet seasons and when the river comes up... scares the government mob about building new joint [houses] here. They be thinking why build new houses here when we have to keep fixing up the old ones cause the flood. (Participant 18)

Over and over again, spending all this lots of money cleaning up over one flood after another. That's why there no new places here, all the money goes to fixing up and cleaning up but we should be building up as well.

(Participant 36)

Others also highlighted the social impacts of living in a flood-prone community:

Every time the water comes up our life has to stop, and we get taken up to Darwin, it is ok for the first few days, like a bit of a holiday, but it really takes a big toll on you. (Participant 28)

Yeah, when the flood comes, it's not a good time. We get moved to a new place [Darwin] with different challenges and pressures. People get access to

pubs, and things they can't get in community. Sleeping in a big hall for weeks with all these big mob people makes you tired and angry one. (Participant 14)

While many participants described the perceived impacts of constant flooding events on building initiatives, others acknowledged the problem and focussed on a solution with several participants recommending moving the community to higher ground. The following narrative summed up the thoughts of many:

Look it's time I reckon. Time for government and us to move this community to higher ground at Five Mile Creek. How do we expect people to come here, even the government to invest their money in us, this community, when every other wet season the fucking joint goes under water? It's not one or two houses either. Everything goes under water. It must cost a fortune to chopper us [evacuate] out and feed us all up there [Darwin]. Can't we put that into new homes at Five Mile? (Participant 20)

3.7.4.3 Northern Territory Intervention and other policies

The Northern Territory Intervention and other policies are highlighted as the third element of the '**government policies**' dynamic. Participants were very clear that the Intervention was less about the protection of Aboriginal children and more about "*a desperate fucking land grab that led to government having their fingerprints all over our Country*" (Participant 24). While the Nauiyu community negated the 'land grab' by rejecting the government's declaration of a 40-year lease over the community, the participants believed impacts on housing programs could not be avoided:

The funding for new houses, which of course they promised to give us but it never eventuated. The Howard government, off the record, promised us 10

houses that's why we have the sub divisions. The empty blocks, near the airport on the drive in. They promised us 10 houses, but because they had to go to the election, they weren't making any promises ahead of the election. You know what happened then. (Participant 11)

The Intervention really stopped all our houses getting built. Losing our local council to Victoria Daly shire didn't fucking help either. There was nothing we could do, the government just cut us and left us to rot in the houses we built with our own hands. (Participant 5)

I got no doubt that we were punished for not signing up to the government lease agreement they were pushing on us at the Intervention time. Trying to put these 40-year government leases on our community, 'cause they know they have all their buildings, everything, on Aboriginal land. (Participant 27)

Participants also discussed the impact of other government policies on the development of new houses in Daly River. More specifically, many highlighted the effects of government uncertainty, poor policy development, and lack of community consultation, resulted in poor housing outcomes for Daly River, mistakes replicated in other Aboriginal communities throughout the region:

When I was around, they split the community in half. The government wouldn't fund this place, but they'll fund millions for outstations, outstations were the flavour of the day. [name] picked up on that and took advantage and right or wrong he wanted to set up Peppimenarti. Every outstation was going to carbon copy this place. This place was a failure, and they have repeated the same failures over and over and over and over again. And we encouraged them because that keeps their populations up on the outstations.

Because we can't supply the houses, this community would be 2000 people. Yeah, this is a people farm, I have always called it a people farm because that is exactly what it is. We breed em up then send them out. We just export them. That's a good way of keeping the numbers down. You've got really not much places to export now. (Participant 27)

3.7.5 Summary

In summary, **We are overflowing** is the fifth process of the core category *owning our truth telling, owning our solutions*. Participants unanimously reported that overcrowded living conditions affected every aspect of their lives and resulted in serious social and health implications. In particular, participants highlighted that **We are overflowing** occasioned poor education and employment outcomes, and poor sanitation conditions leading to increased levels of disease, illness, and infection.

3.8 Mobile phones

3.8.1 Introduction

The sixth process of *transferring our trauma into story* is **Mobile phones**. For participants within this study, the problem of **Mobile phones** was a strong recurring theme. A majority of participants provided multiple negative experiences that were related to **Mobile phones**. As illustrated by Figure 3.8, these experiences could be grouped into three dynamics: *'using the phone as a boxing glove'*, *'social media platforms with a specific focus on Divas Chat'*, and *'influencing sexual risk-taking'*.

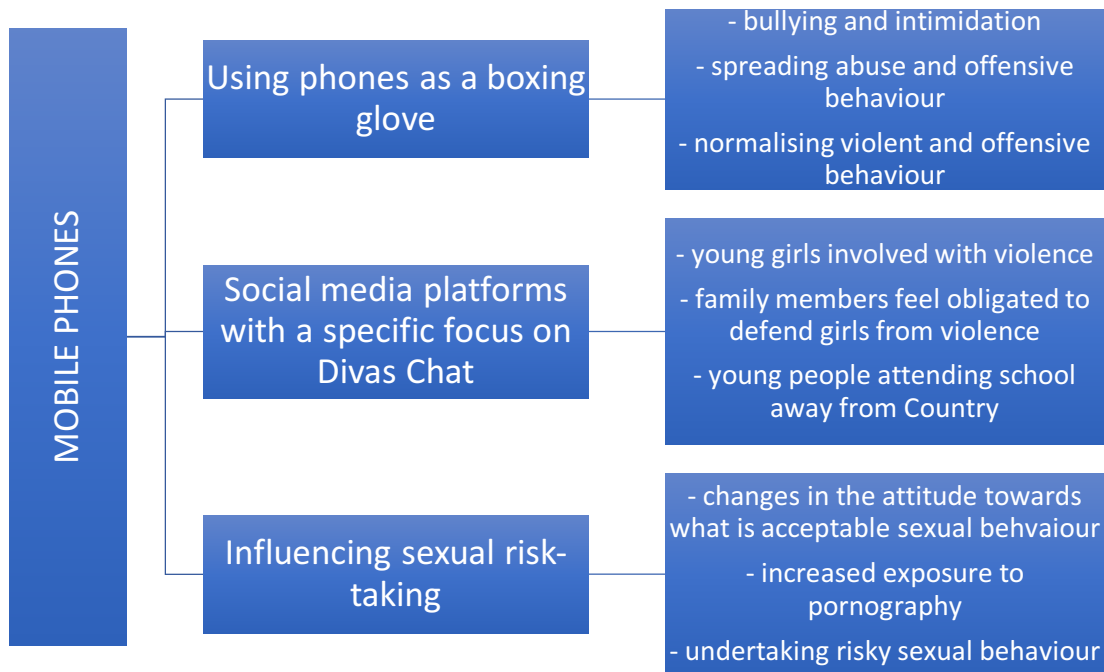


Figure 3.8. Mobile phones.

3.8.2 'Using phones as a boxing glove'

The first dynamic of **Mobile phones** is called '**using phones as a boxing glove**'. This refers to the use of **Mobile Phones**, mainly by younger people, in a way that goes beyond their primary use of communication and instead are used as a weapon to threaten, intimidate, and cause violence. The '**using phones as a boxing glove**' is comprised of three elements: bullying and intimidation, spreading abuse and offensive behaviour, and normalising violent and offensive behaviour.

3.8.2.1 Bullying and intimidation

The first element of the '*using phones as a boxing glove*' dynamic is bullying and intimidation. Study participants were unanimous in highlighting that "*they all have one, but kids don't know how to use phones in a way that is helpful, they just go on, bully, threaten and swear up each other*" (Participant 3); "*your phone is there for one reason, communication... they use it like a boxing ring or a boxing glove for fighting*

which is how these [young] ones are using them, it's causing a lot of harm" (Participant 31); and *"mobile phones are starting heaps of fighting, most of 'em use their phones to attack each other, it's like a little weapon for them"* (Participant 33). One female participant was distraught when she recounted the threats and intimidation her daughter experienced through mobile phones, which eventually led to herself harming:

They just never let up and [name] never put the phone down, so the abuse was 24/7. What they were texting her was disgusting, so sexually wrong... really intimidating [name] and she would burst into tears. First, she tried to fight back, but it made it worse... they broke her down with the abuse, the swearing, the bullying. It ended up getting too much and [name] tried to hurt herself in that bad way... totally out of control and still cuts me deep to talk about it. (Participant 22)

3.8.2.2 Spreading abuse and offensive behaviour

The second element of the *'using the phone as a boxing glove'* dynamic is spreading abuse and offensive behaviour. Participants spoke about how people in the Nauiyu community were now getting involved with bullying, fighting, and violence with the primary objective of using their mobile phones to record the footage and transmit the behaviour via text message, social media, or the internet. For example, participants stated that *"when we have a 'gang rush' now we pick up a steel bar and our mobile phones"* (Participant 23); *"what we do is hurtful, dangerous and sometimes breaks the law but we still send it on the internet to make heroes of ourselves"* (Participant 13); and

Rather than break fights up, someone getting a bad hiding, they all get their phones out and video it. It's like the worse the hiding, the better because that will get more likes or whatever on the internet. (Participant 31)

3.8.2.3 Normalising violent and offensive behaviour

The third element of the '*using the phone as a boxing glove*' dynamic is the effect of normalising violent and offensive behaviour. Mobile phones were used to normalise and enable offensive behaviour by providing access to watching and sharing videos that involved high levels of violence and fighting in Nauiyu and other Aboriginal communities. Several participants reflected that mobile phones were exposing young people in the Nauiyu community to so much violence that what was once considered dangerous or anti-social behaviour had now shifted:

It's normal for 'em now, get around in big mobs, create a shit fight so one of them can record the whole thing on their phones, people getting hurt... things getting damaged so they can put it on their YouTube account. (Participant 1)

I see these young ones sitting around all day watching fights and brawling on YouTube. I used to watch videos of my hero footy player... the new role model has changed now. Now it's making yourself into a demon brawler who breaks the law all the time and hurts people. It is like a bad spiral; I don't like it. (Participant 21)

I want as many people to know what sort of warrior I am. I don't care what it is, fights, sluts betting bashed, smoking drugs, giving out floggings, I want to video it, so people will respect me... don't fuck with me or this is what you

get, like when they see the vids they know who I am, what I am about.

(Participant 34)

3.8.3 *'Social media platforms with a specific focus on Divas Chat'*

The second dynamic of **Mobile phones** is the issues arising from **'social media platforms with a specific focus on Divas Chat'**. Divas Chat is a social networking site, free to use, requiring only 3G network coverage and a prepaid Telstra mobile phone, something that, *"I'd say 90% of the kids here [Naiiyu] have access to, and if it's not their phone they will use other peoples"* (Participant 2). The dynamic of **'social media platforms with a specific focus on Divas Chat'** is made up of three elements: young girls involved with violence, family members feel obligated to defend girls from violence, and young people attending school away from Country.

3.8.3.1 Young girls involved with violence

The first element of **'social media platforms with a specific focus on Divas Chat'** is young girls involved with violence. A majority of participants reported mobile phones were providing widespread access to social media platforms such as Divas Chat, which was leading to increased violence, shaming and 'jealousing', especially amongst young female members of the Naiiyu community. Participants stated that *"there is a lot more violence between the girls now since Divas [Chat] came in"* (Participant 14), *"it [trouble] starts because the girls now are more likely to say things to each other on their phones than face to face way, things keep escalating and then they kick off with the bad fighting"* (Participant 3). One older male participant was scathing of Divas Chat, suggesting the introduction of mobile phones in Naiiyu was another example of non-Indigenous interference and imposition with a range of unintended outcomes that were left to the community to attend:

The government, the Telstra made the wrong moves, bringing in the mobile phones. We wasn't asked, we didn't decide that; it was the White people again making decisions for us, interfering in our lives again. That's where all of it starts, on the phone, that's where it kicks off. Divas chat, that's the bad one. They start swearing each other up, the girls get on there and start getting jealous and the boys trying to find other girlfriends, even if they have a wife. Then we get a big fight which goes bigger then we have a community riot. The White people made the mistake of the mobile phone, and we are paying for it. White men decided this, and we have all the trouble. Swearing at each other on the phone, should have left it the old way when we just had the radio. The payphone is also good. But we blame the White man for the phones. (Participant 26)

3.8.3.2 Family members feel obligated to defend girls from violence

The second element of **'social media platforms with a specific focus on Divas Chat'** is that family members feel obligated to defend girls from violence. Participants highlighted that bullying, arguments, and violence often result from the interaction of the younger community, particularly young girls through their use of social media. More specifically, participants described the social impacts of the interactions through Divas Chat, where it was reported that complex violence escalates rapidly, as those involved are often young, female members of community and family members felt an obligation to defend them harm. Participant commentary included: *"It normally like starts between two girls going off their heads on Divas [Chat] and then everyone gets involved... in the last fight, they came from [location] just to fight the people here"* (Participant 12); *"the big problems start when the young girls start it up on Divas*

Chat, and then the older ones feel like they have to get involved to protect them” (Participant 3); and *“everyone feels like they gotta step in and stand up for these young girls, ‘cause these young girls can’t keep their mouth shut on Divas Chat and started swearing up on everyone”* (Participant 25).

Another female participant further elaborated on the consequences of violence between young girls surfacing from Divas Chat:

The girls get all wound up on this Divas Chat. It drives everyone mad. It’s actually disgusting what’s going on. They basically dare each other to build it up, keep the shit talk going until it like reaches a point where no one can back down. It becomes a pride thing. And there is all this other mob on the side lines egging them on. Then the girls get together and fight; it’s not good seeing young girls punching, kicking, trying to uppercut each other. There was one time at Christmas last year where one family got the shits with all the Diva Chat crap and got the mob from [location] to come here [Naiiyu]. That caused a lot of fighting and violence all around the community, and it was in the newspaper [NT News] that the whole place was rioting, cars getting burnt and even people like killing dogs and stuff. What I’m saying is look how an argument on Divas can get all the way to the newspapers in Darwin, that brought a lot of shame on our community, people will be talking about that for a long time. (Participant 13)

3.8.3.3 Young people attending school away from Country

The third element of *‘social media platforms with a specific focus on Divas Chat’* is young people attending school away from Country. Participants stated that Divas Chat had impacts which compounded problems for young people attending

school away from Country. Some participants reported that “*I sent my children away to get them out of here, away from the bullying and the bullshit, now she is in [location] and copping it on Divas Chat*” (Participant 4) and “*my kids, they go to [name of school] down South now, but they phoned me up in tears saying they were called ‘mother raper and sloppy hole’ on this Divas Chat*” (Participant 15). Another father narrated his personal experience:

When the mobile phones got going properly it got worse, they started taking their problems interstate. They start saying to each other, “What a mongrel; when you back get to Country, I’m gonna bash you, that sort of thing.”

Mobile phones have Divas Chat; the girls discovered that. The amount of strife that happened because of Divas Chat is unreal, and it ends up involving everyone. Port Keats to Adelaide River, all the family were getting in on it, ‘cause they were putting stuff on [Divas Chat] like, “You don’t belong here, this not your Country, you’re not so and so’s daughter, you don’t know who your father is.” It has become really personal. It is totally out of hand, and it is getting worse. What do we do? How do we get Divas Chat out of the system, out of the community? I don’t think there is a place for Divas Chat, I have rung the company and said that I want this profile gone, I want that girl off, she is 13 years old and saying some pretty bad things, and they just deleted her, gone. (Participant 5)

3.8.4 ‘Influencing sexual risk-taking’

The third dynamic of **Mobile phones** is ‘*influencing sexual risk-taking*’. This refers to participants identifying an increase in sexual risk-taking and sexually abusive behaviour since mobile phones, and in particular, Divas Chat has been available in the

Naiyu community. The '*influencing sexual risk-taking*' dynamic is comprised of three elements; changes in the attitude towards what is acceptable sexual behaviour, increased exposure to pornography, and undertaking risky sexual behaviour.

3.8.4.1 Changes in the attitude towards what is acceptable sexual behaviour

The first element of the '*influencing sexual risk-taking*' dynamic refers to changes in the attitude towards what is acceptable sexual behaviour. Participants identified that individual and community attitudes towards what is considered acceptable sexual behaviour has shifted since the introduction of Divas Chat access through mobile phones in the Naiyu community. More specifically, a number of participants brought focus on how mobile phones have assisted in negatively shaping attitudes and normalising expectations towards unsafe sexual behaviour:

They think that what they are watching and doing is like healthy because they don't know any better. And the girls think that it's fine for the boys to treat them that way. What they think is ok now has changed in a bad way... the girls don't like getting treated badly by the boys, but they think it is like accepted for it to be that way. (Participant 12)

All of a sudden, these young ones are running around with these wrong ideas about what a normal way to treat each other is. Like, it is not ok to get together on Divas [chat] and have sex in exchange for alcohol in the horse paddock. Getting sexually abused so you can charge up should not be ok, but those young ones don't seem to have a problem with it. (Participant 25)

How they talk to each other in a normal conversation in that sexual way, "You're a mother raper, a sister fucker, you fucking big hole slut, I'm going

let this boy do this and that to me.” It makes my skin crawl, but they don’t batter an eyelid. Where has that come from, them, adult porno places, that’s where. (Participant 24)

The boys now see girls like sex objects, like their little sex slaves. Young girls are too naïve, and the older boys take advantage, and no-one sees a problem because they all think it’s normal. Like it’s normal to be ‘dating’ three or four boys in one week, and it’s normal to have a wife at home when that all happens. (Participant 4)

What I would consider sexual violence, these young ones’ think is a good one, proud of themselves for doing that... it’s all changed. They watch the footy to learn how to kick a ball, and they are using these porn sites to learn how to date girls. Mix that with a bit of grog, drugs and peer pressure and nothing is off limits. (Participant 33)

3.8.4.2 Increased exposure to pornography

The second element of the **‘influencing sexual risk-taking’** dynamic is increased exposure to pornography. This refers to the use of mobile phones to access pornography and other highly sexualised video content. Some participants felt that *“the phones have given young people the chance to get on the porno sites”* (Participant 2); *“the young boys get together in groups, drink big mobs of grog and watch all these wrong adult sites like porno films”* (Participant 13), which leads to *“boys and girls, their whole idea of relationships, dating and having sex is now totally warped because of how much of the pornography they are watching”* (Participant 18). One male participant was particularly alarmed by the ease of access, school-aged children had to pornographic sites:

Little kids are having their own phone and picking up phone credits and getting into sites, adult sites, like pornography sites I mean. That's what's very sad. They are learning this because of technology when the phones came in their community. Some of these kids are very young; some are 10, 12, and up to 16. They all have access to pornography; it's really bad. It is changing the way they treat each other. It changes how they act, especially the way that boys think they can treat girls. Like at discos, everything is highly sexual, the dancing, the twerking and what happens like after the music stops I reckon. The boys expect that the girls will put out. Like they are boyfriend and girlfriends, and they are dating. The girl trusts the boy because she feels loved, but that boy doesn't feel the same. He loves her, but he cheats, maybe dating other woman. It's just like they're just using each other's body. The girls too, not respecting themselves. They don't have that thing again, like before. Cultural stuff. Conflict and thinking about things like, "That's my niece or something." They don't think that way anymore. They're breaking the Lore by doing their own thing. By not following their own culture. To be honest, I think it's like they're being like a prostitute. We see them every night. They walk past, they see and do things to each other, and then off they go again. To the shop where they do more dating. The shop area is the dating place, and so is in the school. (Participant 1)

3.8.4.3 Undertaking risky sexual behaviour

The third element of the **'influencing sexual risk-taking'** dynamic is undertaking risky sexual behaviour. Participants revealed that *"the young girls only use it to try and 'date' boys"* (Participant 13); *"I get on Divas Chat and try and get*

some pussy, you know, someone to fuck but don't give a fuck about" (Participant 33); and *"I like to use phone to text or send message to say bad, like nasty, sex type things to girls, things that I wouldn't say to their faces"* (Participant 21). The following female participants highlighted issues of younger girls being sexually abused by older men through interaction on her mobile phone:

The young girls get caught up... like a 'joey, joey'[kangaroo] in the headlights. They treat these phones and Divas Chat like it's a bit of a game and go chasing those older boys and saying things that send some bad messages. Sex messages, saying to the older boys that it is ok to do what you want because the girls want to feel accepted. The older boys jump right in and take advantage of how young the girls are; the whole situation. Abusing them, being violent and basically treating the girls like a piece of meat, getting their way no matter of what happens and the price to pay.

(Participant 16)

There is too much of that going on, and it has consequences that last a lifetime. There are places in community where young people get together to 'text and date' as they like to say. What is actually happening is that they are having sex. Near Bul Bul bridge, there is a place called 'Cement Block' and this side there is a place called 'Mango Tree'. Terrible things are happening there. There are kids being conceived at the Cement Block, Mango tree and also the horse paddock. We call 'em paddock babies and heaps of them are starting from what is going on with Divas Chat. The girls get stuck in situations from Divas where they are having to do things they don't want. Some of them are forced to go through with it [have sex] otherwise they are

getting a hiding in the middle of a paddock in the middle of the night.

(Participant 25)

I know of a couple of girls who got in trouble with Divas Chat. They get pregnant because they're forced to have sex when they don't want to, and then they get pregnant, and they feel ashamed because of that. They don't want anything to do with the kids. Sometimes it means the extended family has to look after them and I have noticed that they send their kids away someplace, with other family. With father's family. Yeah. The mother one doesn't want anything to do with that kid. (Participant 2)

3.8.5 Summary

In summary, **Mobiles phones** are the sixth process of the core category *owning our truth telling, owning our solutions*. Participants identified that **Mobile phones**, when used inappropriately, have resulted in a range of negative social issues including increased rates of bullying, violence, risky sexual behaviour, and access to pornography for children. Many discussed that these social impacts had far-reaching consequences in all aspects of their lives and acted as barriers to function effectively within the community. The seventh process of the core category, **Unemployment**, will now be discussed.

3.9 Unemployment

3.9.1 Introduction

The seventh process of *transferring my trauma into story* is **Unemployment**. A number of participants in the study reflected on how the loss of employment created significant trauma themes in their lives. For many, employment maintained a link to

traditional Country and contributed to identity and self-determination. Participants reported that they have experienced two sudden, widespread mass unemployment events, both resulting in profound consequences. As depicted by Figure 3.9, the process of **Unemployment** is comprised of two dynamics: *‘initial wave of mass unemployment’* and the *‘second wave of unemployment’*.

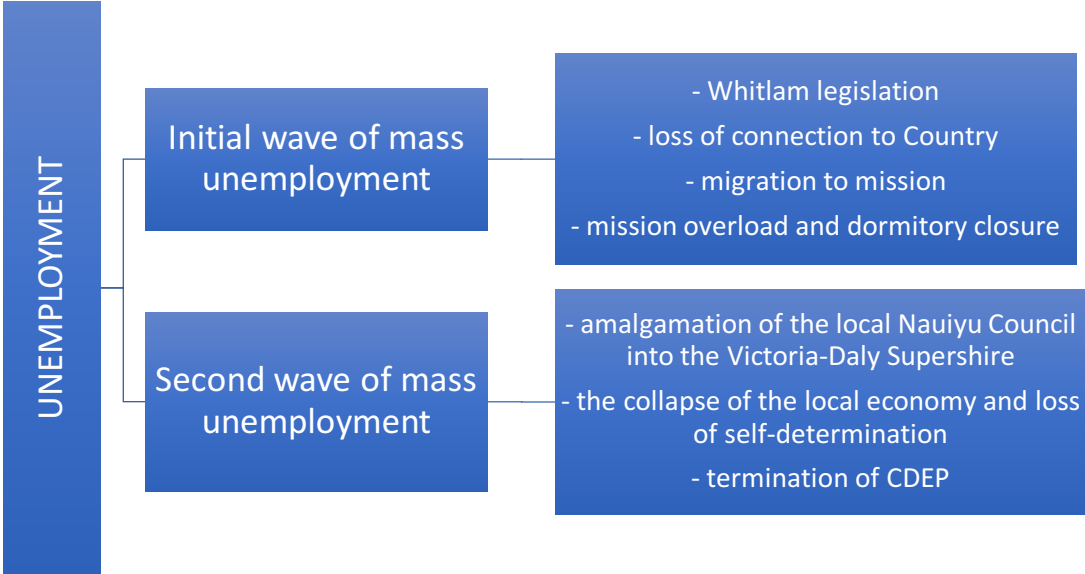


Figure 3.9. Unemployment.

3.9.2 *‘Initial wave of mass unemployment’*

The first dynamic of the **Unemployment** process is related to the *‘initial wave of mass unemployment’* of Aboriginal people in the Daly River region. This refers to a series of devastating social, economic, and cultural consequences emanating from a sudden, mass unemployment event resulting from Federal Government legislation which mandated award wages be paid to the Aboriginal workforce working on outstations. The dynamic of *‘initial wave of mass unemployment’* comprised four elements: Whitlam legislation, loss of connection to Country, migration to mission, and mission overload and dormitory closure.

3.9.2.1 Whitlam legislation

The first element of the *‘initial wave of mass unemployment’* dynamic is the Whitlam legislation. Up until the point of passing this legislation, although pastoralists were awarded titles over traditional Aboriginal land, many Aboriginal people were permitted to live on their traditional Country in return for labour almost entirely paid in various ratios of shelter, clothing, food, and tobacco. The government of the day, led by Gough Whitlam, introduced legislation which mandated that Aboriginal workers employed on outstations received the same award wage as their non-Indigenous counterparts (Myers & Peterson, 2016). While no-one doubted the intention of the legislation was based on fairness and equality, the following participants summed up the immediate impact of Whitlam’s legislation on the Aboriginal workforce on the outstations surrounding Daly River:

I remember in the ‘70s when the government said that we [Aboriginal workers] must be paid an award wage, like the same as the White fellas, well that was the beginning of the end. Sure, it might have had the right way, the right thoughts but these pastoralist mob, most of them were on their knees, just keeping their heads above water... paying us nothing more but some clothes and tucker and that kind. So, when the government came in like a bull in a china shop, saying that the stations had to pay us award wages well, the stations just wiped their hands of everyone. The outstations said, “You want to make me pay them like a White fella, well hey, you’re welcome to them and get them off my land, I’ll replace them with a helicopter and a motorbike.” So the whole lot of them cowboys lost their jobs in a blink of an eye. They were ashamed of themselves because they went from the king to zero, overnight.

They couldn't understand why they got no job. They were proud stockmen, they worked hard, in return, they were the first generation that really lost connection to Country. They weren't getting paid much money for working on the outstations, but it wasn't just the stockmen getting food, it was his family and his extended family. They also went from stockmen quarters to nothing. All their life, everything they learned was on the back of a horse, working the stock. Not a great education at all, but educated very well in the bush, in life skills, knowledge of the land. Then they all got kicked off their land and had nowhere to go; the station bosses didn't give a shit where they went, it just couldn't be on their station. It caused a bloody enormous upheaval for a lot people. (Participant 5)

It might have seemed like they were helping in Canberra or wherever when they introduced award wages for us Aboriginal mob, like the ones on the stations, the stockmen and all them. Yeah, they deserved full wages, them hard workers. But the stations, some of 'em couldn't afford it, or the other ones just didn't want to pay those wages. Up till then, it was basically tea, sugar, some meat maybe, tobacco sometimes and maybe some small coin money. (Participant 18)

3.9.2.2 Loss of connection to Country

The second element of the '**initial wave of mass unemployment**' is the loss of connection to Country. The consequences of the sudden, widespread sackings of Aboriginal people from a number of outstations was profound. Participants reflected "what it must have been like for those proud all stockmen, shame one, but worse no more Country" (Participant 18), "so much tradition like on your shoulders, you try to

fit in with the White ways and it ends up in ashes” (Participant 11). This was the first generation of Daly River people to lose connection with their Country, forced off their traditional land by pastoralists who refused to pay award wages or lacked the capacity to do so. Either way, few pastoralists entertained the idea of Aboriginal people squatting on their land, and a vast majority of Aboriginal people were subsequently removed:

Then, bang, all this mob had to get paid full wages. Great! But what happened was everybody got sacked, while nearly everybody, then got booted off the land and they had nowhere to go. Most of them working on the outstations were actually working on their own Country, you know homeland. Now what, where to now? So they came into the mission. (Participant 25)

Hey you Black fella, they used to say, “You’re not squatting on my farm, fuck off.” My family got moved on from [name] station and when that happened our connection to Country changed forever. Now we need big money, car, petrol, to get to [Country name]... I don’t have any of those things and probably been 20 years since I was on my Country. (Participant 10)

They were hard days them ones. We used to get a small one pay, tea, flour, sometimes tobacco and enough food to have for my extended family. We had a good balance going back in them times. We could live on country and get enough food for my mob, and we would do a lot of the hard yakka work for the White fellas. The bit where that White mob kicked us off Country, that’s what really hurt us. We could still go back and that with a form and permission, but that deep connection was gone, not coming back.

(Participant 12)

3.9.2.3 Migration to missions

The third element of *‘initial wave of mass unemployment’* is the migration to missions. The removal of Aboriginal people from their traditional land led to a mass migration to missions. One participant reflected that *“everything was now broken, broken songlines, dreamings, access to sacred sites, the ancestors”* (Participant 4). The impact on the missionaries in the Daly River community was also significant. Their initial plan to educate, civilise, and Christianise was focussed almost entirely on the children within Aboriginal families. Participants revealed that *“none of the older ones, like us adults, were forced into the mission”* (Participant 11), and in fact, *“a lot of the early brothers especially, hated the idea of older people moving in”* (Participant 6). The missionaries wanted a few servants, a few more for their missionary activities, but then everything changed:

Big mobs just started looking for the next place to camp... after getting kicked off Country, we were just kinda in shock and looking for the next place to go. The mission was just starting out, but there was nowhere else for us... the missionaries didn't really want us [adults] there, but they kinda got on with it. But too many started coming in. We started kinda over running the mission, just by our amount of people, no bad stuff or violence just too many. The violence came later. The food started running out, and the humbug was getting bad, people were getting sick and living off their Country. Things started going no good from there. (Participant 6)

They all got sacked, and then the station mob thought of us like squatters, so we got kicked off the outstations and our own Country. They had nowhere to go, for the first time ever they couldn't live on their own land, what the fuck

were they meant to do. So they just moved to the closest thing around here... at that time that was the mission. Turned the place into a hellhole. There was never enough housing and whatnot. There was never meant to be; the missionaries had no plans to bring in all the families, the adults and all that from the farms and stations. This was a place for a school, Church and clinic and that was it. There were a few houses and army tents for the nuns, sisters, missionaries and people working in the clinic. The missionaries didn't want this new mob moving in, and the Aboriginal families preferred to be living on their traditional land. What came next was a disaster. They all ended up in the missions, living in car bodies, under bits of iron. Yes, they were getting treated as best as they could by the nuns and that, but the diseases and woundings, it became too much, it became normal life. There were people here with bits falling off them. Daly River changed overnight; there were tribes comin' in from stations who were enemies and forced to live together. They all lost their Country. Eventually, they got the dole because they couldn't import all those blokes to be working on the stations. Church couldn't employ them to give them something that's useful to do, and they hadn't gotten any training of any uses at all in the community. They were all stockmen. There were no builders, no nothing, you know. They didn't have any more knowledge. They didn't want to work 'cause they wanted to be a stockman. So how do you belt it out of them? You can't. You're going to lose a generation. But then if you lose a generation coming along, well then, you've lost the lot. (Participant 27)

Several participants reflected that the Church was losing control of its mission. The constant flow of Aboriginal people was not only putting pressure on the

infrastructure of the mission, they were also losing the fight to civilise and Christianise the ‘unruly masses’, as their authority was being eroded. The tension within the mission rose in proportion to the number of Aboriginal adults, particularly Elders who arrived. To arrest the slide in control and authority the missionaries needed to find a way to control the incoming Elders, the following participants reflected on the missionaries’ attempt to claw back control:

Plenty of grog. Yeah. I know it from the inside out. It's not a pretty picture, but it's nothing, kind of untoward for the times. They had their half a dozen Elders that they fed a bit of grog to every day, gave them cold beer. Depends which way you look at it, you could put it one way which was nice, or you could see it another way which was pretty bad. They had the Elders on a plate, so they had control back of the community. And also, what that meant was basically everyone had to go to Church. (Participant 27)

3.9.2.4 Mission overload and dormitory closure

The fourth element of the *‘initial wave of mass unemployment’* dynamic is mission overload and dormitory closure. Given the missionaries had no intentions to accommodate the parents and extended family members of the children who were attending the school in Daly River, the lack of resources and infrastructure in the mission was put under significant stress as the migration from surrounding farms and outstations continued unabated. The following participant described the standard of living, with associated social and health implications as the ever-increasing Aboriginal population in the Daly River mission continued to rise:

Bubbling sewage, it was shock horror. You had long drop toilets that didn't work. They had a sea of black and blue sludge running out of them and only a

few outside taps where you got water from, it was a hell hole of the Earth, absolutely. I would come down to dig the sewerage out and put it back; it couldn't cope with all the people, it was horrific. Malnutrition. Very common. Big guts, little skinny legs. You seen it? Like belly button sticking out, ribs sticking out. Very common. Then the scabies epidemic, when you look today, you can't believe how bad it was in the beginning. It all started because they had so many people all living together in squalor, third world conditions, living in like tin sheds, no floors, no electricity. Scabies, sores, ringworm not a single inch of their bodies without something. It was that bad; everyone had them. They thought it was just normal to be covered in scabies; they thought it was just a natural part of life. And it was a Black fella thing, of course; it was normal for Black fellas to be covered in disease but not the White people. We used to get the medicine from the Darwin hospital back then; we would stand the kids in an enamel dish, with a paint brush and paint them from their neck down to their toes and dry them off in the sun. Then we found out about the bloody side effects. Didn't that terrify me, with all the things you've got to look out for. Like bleeding from the nose, the eyes, the ears, the mouth, through the skin, and convulsions. You have a look at their legs today in the sun, 50% of their skin will be scar tissue. (Participant 27)

By the mid-1970s, many children were still being raised, educated, and protected in the dormitories at the mission school. Thus, they were somewhat removed from the social and cultural catastrophe occurring in the broader mission community and outstations. However, within just years of the collapse of the Aboriginal workforce and subsequent migration to the Daly River mission, Catholic missions across the Northern Territory ceased operating. While the school in Daly River was still

functional, the dormitory ceased in operation. Thus, the children living within it were no longer afforded accommodation, food, and protection. Further compounding the situation, since their families had now been removed from their traditional Country, the children not only lost connection to Country, they also became full-time residents of the mission. The following narratives provided by participants describe the devastating fallout:

The kids needed an education... so the Church set up a dormitory here, with a clinic and that. They raised the kids while the parents were working on the stations. That totally took away their parenting skills. That was the point when parenting started going backwards. They took our kids away. School holidays, some of them came back, but what you did was cut the amount of parenting. They lost the skills. What you have now is parents with no influence on their kids, the kids didn't see parenting, and now they don't have the skills. Then when the dormitory closed and the kids were sent back to family, well that was a very hard time. (Participant 17)

Some of the parents really wanted their kids to go to school and get educated, that White man kind. But what ended up happening was really sad one. They learned the English way and how to be like a White fella, but the grandparents were dying out and parents getting kicked off their Country. That meant the kids lost their link back to Country; now you need what you call it, permission. I know some old women who haven't been back to their own traditional land since they first left, what do you think that does to culture, no good one. (Participant 31)

3.9.3 'Second wave of mass unemployment'

The second dynamic of the **Unemployment** process is called the '**second wave of mass unemployment**' event. This refers to a second, very specific event identified by participants that also resulted in sudden, widespread unemployment of people in the Daly River region. The '**second mass wave of unemployment**' is made up of three elements: the amalgamation of the local Nauiyu council into the Victoria-Daly Supershire, the collapse of the local economy and the loss of self-determination, and termination of CDEP.

The first element of the '**second mass wave of unemployment**' was highlighted by participants as a result of the amalgamation of the local Nauiyu Council into the Victoria-Daly Supershire. Participants discussed that prior to the amalgamation, the economy of the Nauiyu community was considered strong, included a variety of programs which provided extensive employment and educational opportunities, both with a critical focus on self-determination and sustainability. For instance, many participants recounted the strong community growth that was occurring through the highly regarded Community Development Employment Program (CDEP) scheme; *"things were on the way up, people had good jobs, CDEP was going great, there was pride and honour in the community"* (Participant 18); *"everyone had a job if they wanted one, people were earning real money, had a purpose"* (Participant 4), and *"we had control of our own lives, working in jobs that we created, that we wanted to be involved in, that built up our community"* (Participant 17). The following narrative reflects the strength of the CDEP program within the community:

The CDEP was strong and what that meant to us at that time was a government training scheme that didn't run out in six weeks. A government

training scheme that went on forever. We definitely had the blokes' captive on the job that wanted to be there. We rolled CDEP out, and we had 15 different departments in the community. There was housing, the clinic, the school, arts, and gardens, on and on and on. The joint was really thriving.
(Participant 27)

Indeed, in terms of employment opportunities, the Daly River community itself placed very high expectations on its people to make a valuable contribution to the community or face the consequences:

Walking ticket, a lot of the things we had unique at Daly River. You're not working? You don't want to work? You don't belong to the community? Here's a trespass notice. Get out of the community now. But you were first asked if you're going to be a member of the community, do you want a job? So forth and so forth. You don't? Well, here's a trespass notice.
(Participant 11)

However, the amalgamation of the local Nauiyu Council with those of surrounding communities to create the Victoria-Daly Supershire, resulted in a significant shift in fortunes for the Nauiyu community. Participants were unanimous in their disbelief, forced to watch the systematic dissembling of the Nauiyu community, once considered to be 'jewel in the crown of Aboriginal communities in the Northern Territory:

Once we lost our independence when we were merged together with the others [local community councils], we also lost our funding, our own decision making, our governance, everything. (Participant 5)

No collaboration, not a single person asked us anything. Just ripped us apart when we were forced to give away our council so they could join us all together. We lost the power to look after our own selves. (Participant 28)

The biggest thing about losing our local council when they made the Vic Daly Shire was how fractured we have now become. We were one community before that, we did everything together. Have a look at the Merrepen Arts and Sports festival we used to do. Yeah losing CDEP and all the rest was fucking disgusting as well. But for me the biggest thing has been how fractured and broken up it made Daly. (Participant 36)

3.9.3.1 The collapse of the local economy and loss of self-determination

The next element of the '**second wave of mass unemployment**' is the collapse of the local economy and loss of self-determination. Despite self-determination being previously strong within the Nauiyu community, participants recalled the devastating impact of the enormous spike in unemployment, which occurred once the amalgamation of the council took place. They spoke with frustration when reflecting on the mass loss of job opportunities; "*with losing all the jobs, what hurt the most was how well our community was doing before the shire came along*" (Participant 5), but it was the accompanied feeling of a lack of self-determination and the perception of being deprived the opportunity to walk in 'two worlds' which caused the deepest grief. Some participants recalled that "*our economy, all our money, my hope and everyone's job, gone in a blink of an eye*" (Participant 35), where "*my job, my future and my family's future to walk in two worlds was lost forever*" (Participant 14) and "*by stealing our jobs, you stop our ability to walk in both our worlds... it is the worst thing you White fellas have done to us, that includes stealing our children*" (Participant 27).

Others felt strongly that this was another example of racist policy development which served a purpose of non-Indigenous interest, yet again coming at Aboriginal community expense:

There was a pride in this place because we did things. We made this place for the benefit of the local people. We had work for them, you know? But, the shire came, and they took it and raped the joint, stole everything. Look at how many people, local mob who actually work for the shire. Six maybe, the locals have no jobs, outsourced they are all bloody outsourced. If that's not racism, I think you White fellas call it institutionalised racism, from the top to the bottom, sideways, diagonal the lot. Every which way you look it. They should be all our own people with all these jobs. (Participant 6)

This is corroborated by a male participant, manager of the housing program at the time, who still has an intimate memory, recalling precise details of the day when the second mass unemployment event occurred. His narrative of the event again highlights a lack of consultation with the Daly River people, what participants consider a hallmark characteristic of government interaction with the Nauiyu community:

We were pouring concrete for a footpath near the airport, this White mob came over and said, "Stop what you are doing we are having a community meeting about the jobs and employment and everyone has to attend." Yeah, all those men, they were told you are sacked today. Two weeks, full holiday pay, but you don't go back to work. That's what they told them at the public meeting. And I've got a cement truck going round and round. Everyone in the community is sacked. They sacked my whole crew, in the middle of a concrete pour. Yeah, that was an eye opener, you're all sacked. Ok boys, you're all

sacked, you'll have to come over to the shed and have a meeting, 'cause I've gotta get this sacking business worked out. The [concrete] truck was still turning round and round. And I said, "What that means is you're now working for NT housing, your pay won't change, except they're gonna give you a two-week bonus for free. How does that sound? They are gonna give you two weeks pay for nothing." So, we finished the footpath near the airport side, cleaned it all up, and we finished the job. But about two weeks later they brought everything to a halt, just moth balled it. There was no more money; everyone was sacked. Everything's cancelled. We're gonna come up with all new jobs they were telling us, but nothing. That's why we were told to take them to town and give them a hot dog or something for dinner with the Minister from Canberra. They had no idea. Most of those men have not worked since, and that was now more than 10 years ago. (Participant 27)

While the second wave of mass unemployment had significant short-term consequences in terms of cash flow, such as honouring current contracts, the long-term impacts were far more severe. Within the community, many had by now attributed their identity and status, purpose, and agency with their choice of employment. There were an honour and pride accompanied by their role in community. The following participant provided insight involving the loss of economic freedom and the disempowered associated with the incapacity to make their own life choices through employment which was meaningful:

The shire is no good, this Victoria Daly Shire. Fucken everyone had a job here, they were either in the school learning, or they had a job, there was the road gangs or the maintenance gangs or the housing gangs. People used to earn good money, and they used to have a good job to earn it. Then the Shire

came in and everything stopped, they came in and took all our jobs. But the worst thing for me was that I went from earning good money and having a good job that gave me some choices about what I wanted to do with my life. To nothing. Then soon after I lost my fucking job, they brought in this fucking basics card. So, I was put onto Centrelink where I was earning fuck all money, and there were no other jobs to go out and find. Then this basics card controlled what I could buy and how much I could spend. In the space of a short time, I went from earning a full-time wage, like a White fella wage, to being on a Centrelink payment, on a basic card where some other White fella decided for me how I could spend my money. I lost a lot of control at that time and looking back on it I started making some pretty shitty life decisions.

(Participant 20)

Others spoke with great frustration, acknowledging the proven capability of the community to self-govern, yet recognising the total disempowerment and waste of human resource which has resulted since the amalgamation of the local Nauiyu Council into the Victoria-Daly Supershire. They connected a lack of self-determination, loss of purpose, and an incapacity to create change with an indefinite feeling of helplessness, resulting in devastating social impacts:

When the Intervention came all those kids, you know, 16-year-old or whatever, came here and they said they're looking for me. But, couldn't explain to them, that they're never going to work again. Basic card is your life. It's a bit like the stuff that happened in the '70s around the award wages, same sort of scenario. So many of them poor buggers never worked again. The next generation has to get grabbed but it's not happened, and it's just going downhill. It's just a mess. And such a huge resource, all these people.

And they can do it. I have proven they can virtually look after themselves if given a bit of guidance. You get the right people in place, that are looking at the real picture, not just feathering their own nest. (Participant 27)

This community was not like this in the past. Now we can't give our young people work, they just sit down talking to people all day and if someone wants to give them a charge, take 'em to the pub, then they go get drunk, and trouble starts from there. Most of the time people are busy, drinking 'em grog, smoking 'em Ganja, fighting, end up in jail, domestic violence, talk of suicide, that kind of thing. Last time we lost seven people to suicide, that's when the Shire mob came in and took everything. Right around the time of the Intervention. Seven people have died in this community by hanging themselves, and the last one was [name] son. (Participant 11)

3.9.3.2 Termination of CDEP

The third element of the '**second wave of unemployment**' is the termination of CDEP program. When asked about the specific impacts of the introduction of the Shire, several participants identified the termination of the CDEP program as the most destructive outcome of the merger. Many participants stated that "*it was a shock that CDEP program closed up, it was really working for us in Daly*" (Participant 7), "*when CDEP stopped so did my chance of a decent one job*" (Participant 23) and "*I've been chained up to Centrelink and basic card since they stopped running CDEP here... that is what it meant for me*" (Participant 19). The following participant discussed the fallout in broader terms, identifying how the termination of the CDEP program was interwoven with other government policies, all of which resulting in debilitating impacts on the community:

They got rid of CDEP which meant they sacked the whole community. Like a domino effect. The shire automatically took over all of those roles that the council performs. The shire moved in and then, of course, so did their business structures, there was no bosses. No local bosses for the shop. No one for anything. We were then in the transition process. The first day they froze all of our bank accounts. Just froze all the bank accounts for the community. Housing, a million dollars in there. It's gone. You can't unfreeze it. So that stops you paying bills, wages for the workforce. Demolished CDEP... all of the equipment run through the community government council went to the shire. The shire completely stripped us of all assets, millions [dollars] worth of assets. So you don't care about all the people in the community or anything else. Oh, that's good. I said and the assets, what about the assets, which all equates to about \$15 - \$20 million. And they said, "That's funny. Someone should do something about that; they didn't give a fuck." I said, "But you've stripped all of their infrastructure... you've stripped everything; we can't maintain the houses, everyone is sacked. You took everything." They said, "Yeah, well best of luck." (Participant 27)

Others also corroborated the significance of the CDEP program failure. Some participants discussed the disempowering impact of terminating CDEP, while, at the same time, providing a reflection which contrasted the strength of the community prior to the Shire intervention:

Before the Shire, the ones who couldn't get on the other jobs were in CDEP. They did all the maintenance type stuff; they looked after the place. They did lawn mowing, all the cleaning up. The place was spotless; everyone had pride in how the community looked... the council was more involved with the

construction side of things, everything was going great. Then someone in Darwin decided that they wanted big shires and started merging all these small local councils together. Everything went bang and fell straight on its face. Overnight this community died. Just died in an instant, everything went out the window in 2008... everyone lost their jobs. The road gangs got pulled in; they sold everything, millions of dollars of equipment, gone, they sold it all. Then they got White contractors from Darwin to do all the work, fix the roads, houses, whatnot. They said, "Don't worry about the employment of Aboriginal people here, the contractors can take workers from here on board, it is in their contracts somewhere that it is meant to happen." Let's be honest though, whose job is it to make sure that the right people are getting employed?? No-one, fucked it completely! (Participant 5)

3.9.4 Summary

In summary, **Unemployment** is the seventh process of the core category *owning our truth telling, owning our solutions*. Participants identified two significant events which caused sudden, mass unemployment of people in the Daly River community. In addition to a loss of employment, these events caused a disconnection to Country, mass migration into the Daly River mission, and vastly diminished self-determination for the Daly River people, leading to a variety of insidious social impacts, many of which participants acknowledged, are still evident today. The eighth process of *owning our truth telling, owning our solutions*, called **Marijuana and White man's water** will now be discussed.

3.10 Marijuana and White man's water

3.10.1.1 Introduction

The eighth process of *transferring trauma into story* is **Marijuana and White man's water**. A number of accounts from participants highlighted the chronic use of drugs and alcohol, with many reporting misuses so extensive that it was simply considered a natural part of life in Daly River. It is noteworthy to mention that while participants were unanimous in reporting that drug abuse was occurring in epidemic proportions throughout the community, drug use was entirely limited to the use of marijuana. In the 256 quotes related to alcohol and drug use collected in the fieldwork, there were no mentions of any other drugs or substances such as cocaine, ice, petrol, or the like. As depicted by Figure 3.10, **Marijuana and White man's water** is comprised of two dynamics: '*permeating the fabric of daily life*' and '*destructive impacts*'.

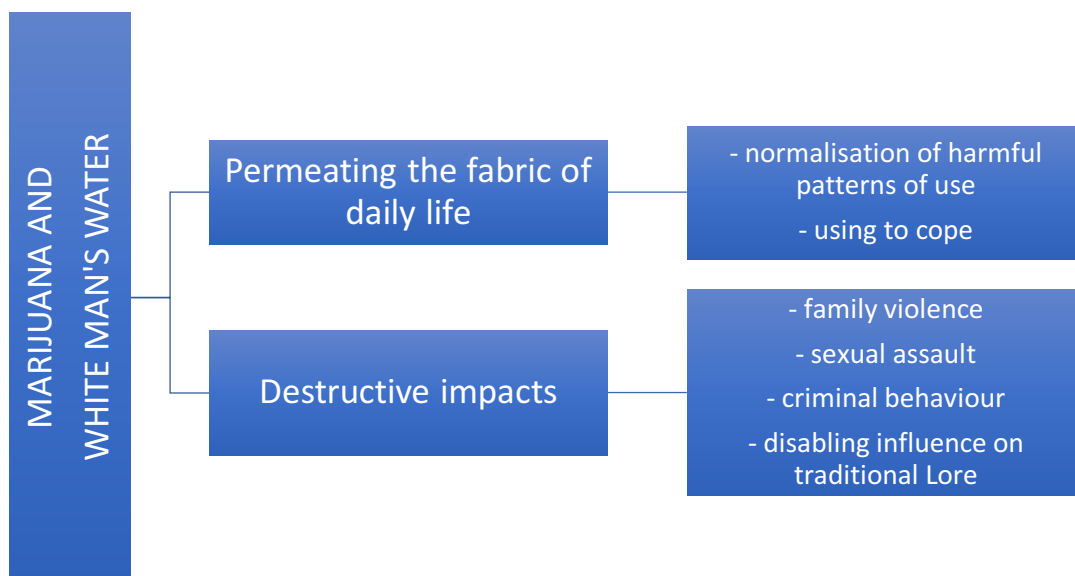


Figure 3.10. Marijuana and White man's water.

3.10.2 *'Permeating the fabric of daily life'*

The first dynamic of **Marijuana and White man's water** is *'permeating the fabric of daily life'*. This refers to the everyday use of marijuana and alcohol which subsequently dictates the pattern and impacts of all aspects of the daily lives of the people in the Nauiyu community. Participants spoke about how *"it's [alcohol] like an escape from my day to day life, but at the same time it is my day to day life"* (Participant 21); *"pretty much all I think about is when I'm getting charged up next"* (Participant 30); and *"it's like every day for me now to wake up with hangover, morning after morning... my life is like chained to getting my green [marijuana] and my drinking"* (Participant 28). The dynamic of *'permeating the fabric of daily life'* is comprised of two elements: normalisation of harmful patterns of use and using to cope.

3.10.2.1 Normalisation of harmful patterns of use

The first element of *'permeating the fabric of daily life'* is the normalisation of harmful use. Several participants discussed that their everyday patterns of binge drinking and marijuana use has become normalised and are endemic throughout the Daly River community. Comments such as *"alcohol is the worst thing in our community... causes so much damage"* (Participant 11); *"all our lives are effected by that White man water, drinking at breakfast no problem, all upside down now, all just the way of the future"* (Participant 16); and *"I'm always smashed, if not chasing the next charge up, it's all I think about... all day from morning till when they pass out, just getting blind or smoking up"* (Participant 8), highlight the normalised, harmful patterns of drug and alcohol use in Daly River. Some participants also emphasised that drug and alcohol misuse was so normalised, it was now a feature of being a role model:

Some of us young ones, we can get influenced by other people in the community. Once they get onto the pot, it's kinda hard to get 'em back out again. But if you look at these kids like, big mobs of 'em will probably be following in uncle or auntie's footsteps in drinking and smoking green [marijuana]... like the new way of how family ones do role models now.
(Participant 1)

Once they get a bit bigger, like 12 or 13 [years of age], they want to be like their older brothers and sisters... that generation now are lost to the green and to the drink. Heavy drinking, all day, all the time... they be thinking it's normal to wake up hungover one. The littler ones follow 'em up to the discos, looking up to them and drinking up with them. (Participant 5)

Others argued that alcohol and marijuana abuse was so engrained into everyday life, it was becoming a part of peoples' identity. While some acknowledged alcohol and marijuana abuse was also linked with a lack of purpose, several participants highlighted using alcohol and marijuana to feel connected with a larger group, and associated substance use with a need to belong:

No life. No future... nothing to look forward to on a day to day basis. No work, no things to keep my hands busy, occupied. So, then I go and follow other people who are having fun. They say this is fun one, come charge up with us, this is better than going to school. (Participant 18)

Yeah, when I charge up, it's about being with the boys, something in common, getting a release from the shit and doing it with my mates, you can see why I look forward to it hey? (Participant 24)

These girls say they are happy in their new environment with the boyfriends, fighting, alcohol and the drugs. They are happy in their little gangs; it makes me feel like leaving this community. (Participant 36)

3.10.2.2 Using to cope

The second element of '*permeating the fabric of daily life*' is using to cope. Many participants highlighted that alcohol and drugs were used as a coping mechanism to deal with trauma, both past and present as part of their everyday life; "*I used to drink with my friends for fun, now I drink to numb myself... from what I have been through*" (Participant 13), and "*drinking and the green helps me through... helps me with my past, helps me with my everyday life*" (Participant 31). The following participant provided her personal experience, describing how she developed a drinking habit which, in the beginning, enabled her to cope with what she termed 'horrific' and 'soul changing' domestic violence, but continued to devastate her life well after the violence had ceased:

It is very hard to talk about what I went through with [name]. It was torture though. He hurt me, bad. I am still hurt. All the time, everyday. It went on for years. And when it didn't happen, I thought it would. The waiting was worse than the hidings. Fists, glass, weapons, I copped everything. The worst thing was when he was flogging me in front of the kids. I never was a big drinker until those days. Then I started drinking after the hidings, coping from the pain of it and like how scary it was. Then I started drinking because I was shamed. But the drinking got really out of control; I felt like I had no control of my life... I started doing things that was wrong, like, wasn't me, you know.

The violence has stopped, but now I have to live with the things I done for the rest of my life. (Participant 29)

Others highlighted that a perceived lack of future and an inability to get control over their lives through a lack of self-determination created social environments that drove heavy drinking and marijuana use:

Future. I got no future, same thing every day here... no chance to get ahead, get culture or job... just drinking up to deal with it, I forget the crap when I'm blind. We are getting good at that us mob. We always find a way to cope; just the new way at the moment, probs not a good one. (Participant 20)

I lost my life, like control of it when I lost my job and ended up Centrelink... basics card... that was 5 years ago, still nothing. Looking forward to getting wrecked with the boys is what I live for now, and that is my way to deal with my shit. (Participant 29)

3.10.3 'Destructive impacts'

The second dynamic of **Marijuana and White man's water** was '*destructive impacts*'. This refers to the consequences of alcohol and marijuana abuse and the destructive social, health and economic impacts on many people in the Daly River community. The dynamic of '*destructive impacts*' is comprised of four elements: family violence, sexual assault, criminal behaviour, and the disabling influence on traditional Lore.

3.10.3.1 Family violence

The first element of '*destructive impacts*' is family violence. Alcohol and marijuana use was identified by participants as a primary cause of family violence. Several participants highlighted the relationship between alcohol, marijuana use, and family violence, reflecting, "*it's when we both get pissed, that's when we start arguing and things kick off from there*" (Participant 18); "*when I'm drunk I lose my temper and little things set me off, I go off my brain, and people get hurt*" (Participant 30); and "*we just started not being at home on paydays because we were kinda just waiting for the pub to close and for the ugly one to walk in the front door*" (Participant 17). The following participants highlighted a dependence on alcohol and marijuana use to cope with the pain of their own trauma, and a strong causal relationship between alcohol and marijuana misuse with family violence:

There is normally alcohol or weed, or both involved when the violence gets high. Like getting hidings from [name] or other girls trying to take their husbands. When my marriage broke up, I was upset, but it was the wrong reason to start my drinking habit. (Participant 26)

I just can't really deal with the shit anymore. Every day, every fucking day the same thing. So I get on the grog, whenever; sometimes at breakfast to keep charging on from last night, or get over a hangover. I have a problem. But it is more of a problem for my missus and that, 'cause I turn into a mean cunt, like violent one, belt the missus up and then keep drinking, so I can forget it. (Participant 35)

I pretty much drink all the time now, I have had it with the memories and the torture that I have to live with because of what [name] did to me. But when I

get really charged, then I start getting violent and into fights and that. I have to wake up in the morning then and look at what I have done to my family.

(Participant 25)

One young male participant recounted a family dispute he was involved in, which, fuelled by alcohol, totally escalated out of control, and changed two lives forever. By night's end, there was one brother in hospital and the other on his way to jail:

I was drinking, hard. I was very drunk. I started having an argument with my brother. And we were having words, yelling at each other things escalated from there. He tried to cut me with a knife, see over my shoulder here [points to scar on shoulder]. I said, "You wait!" I ran back to my place, in the darkness, and got the long spear, a good light one it was to, grabbed the woomera, then I headed back to find my brother. None of them were worried, they were just there near the light pole near the phone box, and there was a big mob of people there by then... they thought it was a big show. Everything was going through me. I was trying to spear him through the neck. But I think one of the spirits knocked it off course, and I got him straight through his muscle in his arm; the spear went through the other side. People started running around, crying, screaming. I thought to myself; I am in big trouble here. There was blood everywhere; he fell down. He got too rough with me with his knife, and there were three brothers on his side, it was only me on my side. The police came and booked me, and I was supposed to get four years jail but I won the case, and I got three months in jail. (Participant 20)

3.10.3.2 Sexual assault

The second element of '*destructive impacts*' is sexual assault. This refers to high levels of alcohol and marijuana use being a common factor in sexual assaults that occur in Daly River. One young female participant detailed in a sharing circle that, "*there are a few people here who are victims of rape. The grog makes people crazy one. I think that's one of the worst things that can happen... especially when there are kids around*" (Participant 2). Within the same sharing circle, when asked whether children were witnessing sexual assaults, another female participant did not hesitate to add:

...yeah sometimes kids are hanging around the outside of the house where it is happening maybe discretely inside or wherever. So we are always careful when kids are hanging around outside the house, or at other people's houses... we're always like having to keep an eye out on 'em. There has been times when rapes have gone on like that. (Participant 1)

Another female participant provided her personal testimony, feeling scared and desperately helpless as she faced the torment of sexual predation from drunken family members. In addition, rather than receiving protection and sanctuary, her trauma was compounded when she was promised to the attacker to be married:

When we were away from school, all of us girls were getting touched by our brothers in a bad way, in a sexual way. I was young I didn't know what was happening, but the men would touch me in bad places. I didn't want to wake the whole family, the old lady got up and asked me what was wrong, and I said that the men was sneaking up and touching me in a wrong way. I was not supposed to be living with other people, the boys were older and were on

alcohol. I still remember one night, I heard the door open, but it was still dark. I couldn't see anything from where I was in my bed, but I could smell alcohol. I said to myself there is a man in my room, I am still frightened to talk about it. Then he came into my bed in touched me badly. I was promised to the man to be married when I was about 10 or 11 years old, but then that man left to go to [location], and I didn't see him ever again. (Participant 26)

3.10.3.3 Criminal behaviour

The third element of '**destructive impacts**' is criminal behaviour. This refers to the link between alcohol, marijuana use, and increased involvement in crime. Many participants clearly articulated the enabling effects of alcohol and marijuana use has led to increased criminal behaviours in Daly River:

I was praying over a lot; I wanted to change my life, I wanted a good life. I have been in lots of trouble with the police, breaking into things, too much drugs, too much drinking. My trouble comes when I'm too charged up, but I need the grog to cope with what has happened to me. (Participant 20)

Then I started drinking, smoking, smoking green and fighting. Breaking into houses, putting cars on flames, go in the bush and hide. The copper one used to come 'round, pick me up take me to the cop shop, give statement get charged, go to court, and have to do community service, stuff like that. I have been to the court six or seven times, for breaking in and not doing good one. We broke into the shop, us three. A few years ago, we had a big couple of days charging, then we broke into the shop, we got a steel bar and lifted up the roller door. You know the door on the ramp, we ripped it up, and this one [points to name] slipped underneath the door, and then we were inside. Then

the other boys came in, and then we started getting it, smokes, Winfield Blue, tobacco, credit, phones, then we took it out of the [location], we were after the money, but we didn't have the keys. (Participant 22)

3.10.3.4 Disabling influence on traditional Lore

The fourth element of '**destructive impacts**' is the disabling influence on traditional Lore. This refers to the disabling influence of alcohol and marijuana use on the upholding of traditional Lore. Participants stressed that "*keeping our cultural Lore strong was hard when piss was involved*" (Participant 21); "*people are breaking Lore and using alcohol and green [marijuana] as an excuse*" (Participant 3); and "*on one day you can't do this and that because of culture [Lore], but then the next day it all goes out the window because everyone is off their face on grog and don't give a shit*" (Participant 5).

One male participants' testimony spoke directly to the disabling effects of alcohol on marriage and kinship structures:

If either of them [partners] was under the influence of alcohol well then, they both just fucking broke the Lore. Marriage and all those Lores you know, they're a huge necessity; otherwise you'd have all mad kids you know, you'd be marrying too close. Inbred, totally, yeah, they'd be all diseased and that, no bloody immune system and it's just like breeding cows. You breed the same bull in the paddock all the time, and one of the cows gets smaller and smaller and more sicker and sicker and bloody things don't have calves. On and on the story goes. That's been our history. Our history with alcohol and drugs. Get charged up and piss all over the Lore. Yeah, they sorry the next day, but some things can't be undone with sorry. Marriage wise, it's halfway

broken here, [location], it's totally gone, but here I reckon half way.

(Participant 27)

3.10.4 *Summary*

In sum, the eighth process of the *transferring trauma into story* is **Marijuana and White man's water**. Participants discussed the normalisation of harmful use of alcohol and marijuana which is '*permeating the fabric of everyday life*' with '*destructive impacts*' of family violence, sexual assault, criminal behaviour, and a disabling influence on traditional Lore. It was also clearly outlined by participants that alcohol and marijuana are used as a coping mechanism to deal with past and present trauma and being forced to live in a social environment which lacks control and self-determination.

3.11 *Constant state of grief*

3.11.1 *Introduction*

The ninth process of *transferring story into trauma* is **Constant state of grief**. Participants reported that it was common to live in constant states of grief, where "*sometimes I have to catch myself that I am actually in grieving, in pain, in sorry business... this is actually not normal in life*" (Participant 8), and "*it feels like that we are always grieving someone or something, one to the next to the next, it's hard to know which way is up*" (Participant 5). As depicted by Figure. 3.11, the **Constant state of grief** process comprised two dynamics: '*cascading trauma*' and '*cycles of grief*'.

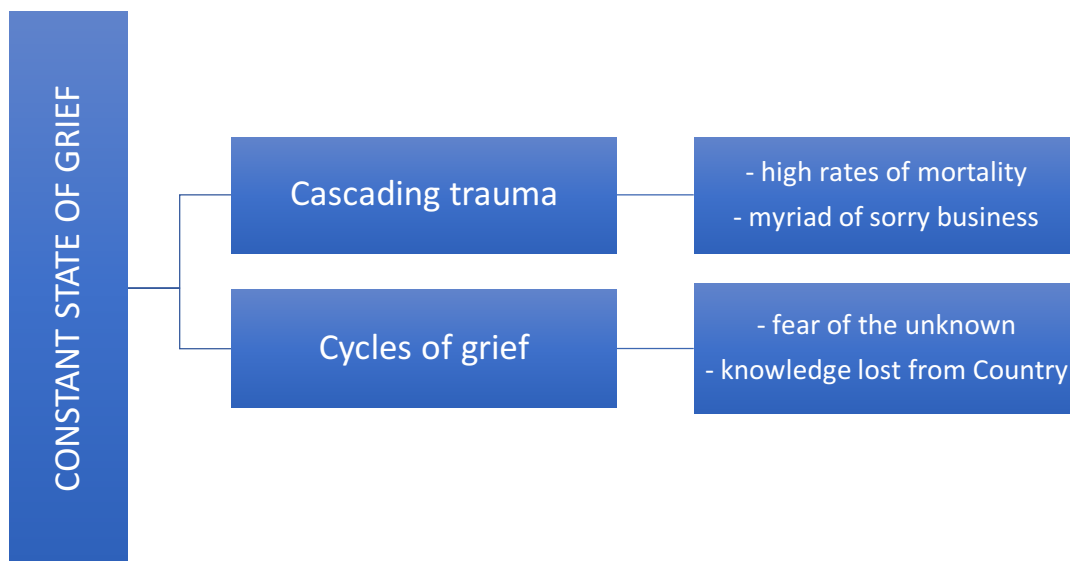


Figure 3.11. Constant state of grief.

3.11.2 'Cascading trauma'

The first dynamic of **Constant state of grief** process is '*cascading trauma*'. This refers to a building up and passing on of trauma as continuous deaths in community restrict the capacity of participants to grieve between losses. The '*cascading trauma*' process is comprised of two elements: high rates of mortality and the myriad of sorry business.

3.11.2.1 High rates of mortality

The first element of the '*cascading trauma*' dynamic is high rates of mortality. Participants spoke about the challenges of living with multiple exposures to bereavement, where participants experience continuous, high levels trauma without the time to heal, "*death is always around me, it just keeps coming at me like a truck, one after another... no breaks, time to heal*" (Participant 13) and "*you can feel the pain, the grief... it builds up and up, like layer on layer, it just never lets you sleep*"

(Participant 6). The following participants also portrayed the impact of living with high rates of mortality and the build-up of grief:

I have had too much sorry business in my life, too much sadness. My brother killed himself, sister died in a crash, both my parents are gone. That's a lot to deal with, over and over, I think it starts to build up on you. (Participant 11)

Every time it happens I lose a part of myself. All my fucking life I have had to deal with death. You can't even finish with the grief of one person, and there is another and another. I've gone through that much grief and mourning that my heart is aching, but it's more painless. I'm numb now. (Participant 21)

One participant recounted the night his family changed forever following a horrific car accident involving multiple family members resulted in the death of his grandson, with great sadness he recalled:

Yeah, my grandson died in a car accident. Fourteen he was, his cousin was driving, eighteen-year-old driving a V8, speeding doing they think 140 [km/h] or whatever in [location]. He got thrown out, and the car landed on him... there was 6 in the car, some walked away but not my grandson. Two silly things don't make a right. Two silly things caused a death. He killed his cousin, he is really remorseful and will never live it down and with him now for the rest of his life. (Participant 5)

Another participant reflected on more deliberate actions leading to multiple, insidious deaths. While some participants dealt with the trauma associated with the death of family members, others were forced to live with the knowledge that their own family members were responsible for multiple deaths:

They used to [in the old days] feed 'em those puffer fish, they have the toxin in the them, and it knocks 'em arse up. You feed them normal fish for a week; then you give them a little dose of the puffer fish. I have heard hundreds of stories from the old people about singing someone to death; this has to be the way. They used to get around with a little bag around the neck, could have been kangaroo balls and they would have the poison in there. It's the old blokes who would kill people; you wouldn't want to get on the wrong side of them. They would say why don't you come hunting with me, stab you in the back with a stick and put you in an ant hill. The old people told me some horrendous stories about what they did to the Malaks; they would stab them to death and bury them under a strangler fig in the water. [Name] family were a mob of murderers. (Participant 27)

3.11.2.2 The myriad of sorry business

The second element of the '*cascading trauma*' dynamic is the myriad of sorry business. This refers to complicated and deeply valued cultural protocols and kinship structures which contributes to the obligation to attend and participate in high numbers of funerals and other ceremonies around death. Participants felt "*you have to show the respect, the cultural respect, to make sure the right people are at the funerals, at the right time*" (Participant 26), and "*sorry business means culture has to take over, it takes over the most important responsibility that you have in community... more than school, clinic, jobs, everything*" (Participant 16). The narrative from the following participant captured the importance of sorry business and illustrates the emotional, physical, and economic strain that can result:

Sorry business to me means everything. It means absolutely everything. Sorry business makes sure that no one goes through that pain alone, there are people to share that grief and journey with you. It is how we do healing, and without it, we would be in pain, big pain. People expect a lot from you though... no matter how much it costs, how far, how long you have to travel... could be weeks away from job. No matter what you have going on in your life, nothing is an excuse for you not going [funerals] if you are expected to go. That can be a big toll on you and your family. (Participant 10)

3.11.3 'Cycles of grief'

The second dynamic of the **Constant states of grief** process is *'cycles of grief'*. This refers to the cyclical build-up of grief resulting from older people having to leave community to seek medical treatment away from the Nauiyu community for extended periods of time. The cycles of grief process are comprised of two elements: fear of the unknown and knowledge lost from Country.

3.11.3.1 Fear of the unknown

The first element of the *'cycles of grief'* dynamic is fear of the unknown. Participants spoke about older people having to leave community for extended periods to receive medical treatment which was unavailable in the Nauiyu community. Many reported that *"you go to the clinic, but you don't know when if you have to go to Darwin"* (Participant 7); *"you might go in for a check-up, you know something small, then you get in a cycle of going to the clinic, one thing after another, it gets you really nervous"* (Participant 16); and *"I get shit scared, too many now go in for small thing, then their resting in the outreach centre in Darwin waiting for hospital for god knows how long"* (Participant 5). Participants felt a lack of control over their medical

treatment which also gave them a fear of the unknown, *“you get to my age, and you start wondering when your turn will be... care flight, strange doctor one... it comes in cycles for me, good times for a bit than outreach centre in Darwin for long one”* (Participant 8).

3.11.3.2 Knowledge lost from Country

The second element of the *‘cycles of grief’* dynamic is knowledge lost from Country. A number of participants highlighted a gap in traditional knowledge develops in community when numerous Elders are forced to attend medical appointments away from Country. Participants described a compounding cycle of grief associated with worrying about sick Elders, on the one hand, while experiencing a separation from important access to traditional knowledge on the other. They discussed that *“it feels like it comes in cycles... when the Elders are here [in community], you can get to talk to them, talk culture and share their stories”* (Participant 32), but *“when they are up in Darwin for weeks or longer, seeing the docs you can’t get to them, their stories are like lost then really”* (Participant 13). The following participant summed up the thoughts of many:

When they [Elders] go away to hospital and that, sometimes you feel they are going away forever. You get really sick in the guts for them, worried one. But you also really feel the distance, like when they are in Darwin getting the right medicine, they aren’t here to share their stories and their culture. It causes me pain and makes me really worry. I am always living in this stress life where I worry about them, also scared for myself for losing their stories.
(Participant 21)

In summary, **Constant state of grief** is the ninth process of *transferring trauma into story*. Many participants experienced life which was featured by a **Constant state of grief** resulting from high rates of mortality, a myriad of sorry business, fear of the unknown and a loss of knowledge from Country when Elders are forced to receive medical treatment away from Country.

3.11.4 Summary

This substantive grounded theory study identified those participants who shared the basic social process encompassing the core category of *owning own truth telling, owning our solutions*. This chapter outlined the trauma associated with the experiences of colonisation including **First contact with the White fellas, Interruption to culture, Violence, Suicide, We are overflowing, Mobile phones, Unemployment, Marijuana and White man's water, and Constant state of grief**. While participants located settler colonialism within their grief, they did so from a position of strength and resilience. Participants sought to empower themselves through sharing their stories to build a shared understanding of the historical and ongoing impacts of colonisation. In doing so, participants became cognisant of the potential of trauma to be transmitted across generations. The next chapter, intergenerational trauma, has seven processes, which will now be discussed.

Chapter 4: Intergenerational trauma

4.1 Introduction

The second phase of the core category *owning our truth telling, owning our solutions* is termed *looking back – moving forward*. Within this phase, geno-histograms were used to establish whether trauma has been passed down generations. Geno-histograms were constructed as participants were asked to create family trees focussing on trauma and behaviours of family members which allowed for the detection of changes in traumatic stressors and dysfunctional behavioural patterns across generations. An analysis of the data has revealed the presence of a multi-generational transference of trauma. As depicted by Figure 4.1, participants highlighted the major traumatic stressors, which are significantly higher in current generations than older generations. The major traumatic stressors are encompassed within the dynamic termed intergenerational trauma and is manifested in six dynamics: *'rates of incarceration'*; *'suicide and self-harm'*; *'alcohol and marijuana misuse'*; *'sexual assault'*; *'victim or perpetrator of violence'*; *'overcrowding'*; and *'strength in understanding'*.

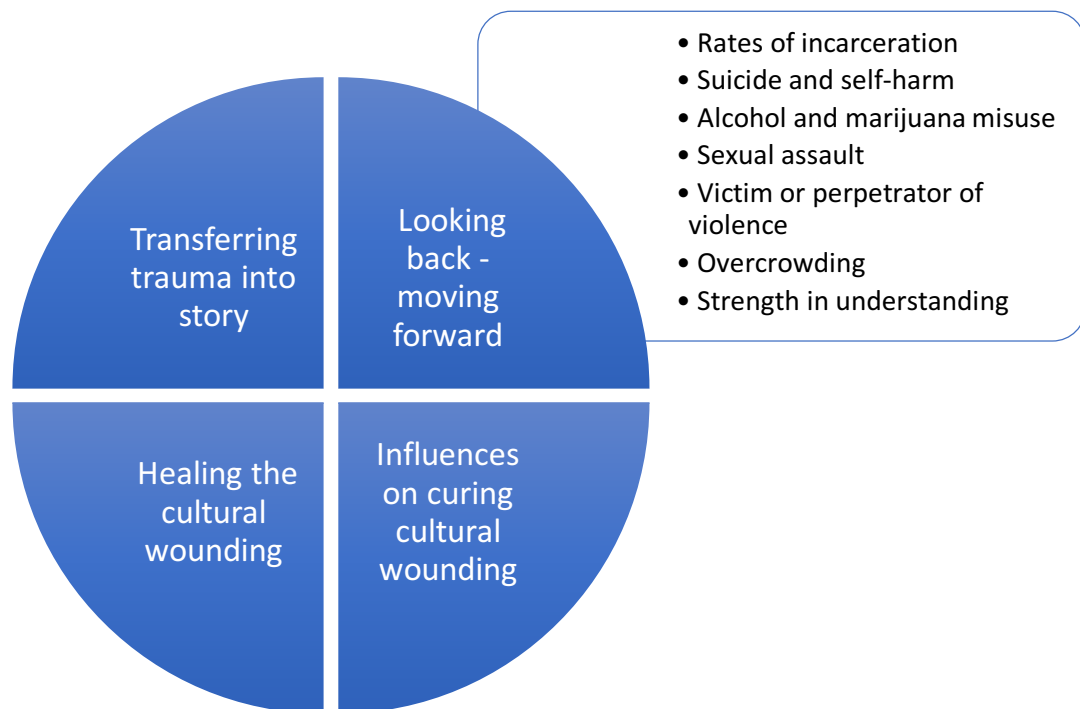


Figure 4.1. Looking back - moving forward.

At this point, it is important to note that the community-based steering group had requested that all names, including pseudonyms, be removed from the representation of the findings. Participants agreed that any inclusion of genohistograms, which may have revealed people's identity, would have potentially exposed those who did not provide consent or those not involved in the study. Many recognised the powerful healing potential of undertaking the exercise of mapping trauma across generations; they also acknowledged the damage it could cause. Hence, the following findings are represented with such considerations in mind, a presentation of facts, an extraordinary learning experience for those involved, as for many, it helped explain their life story.

4.2 Rates of incarceration

The first dynamic of the **Intergenerational trauma** process is '*rates of incarceration*'. Participants revealed that the rates of incarceration of family members

are higher in the current generation than in older generations. Furthermore, they highlighted that not only is there an increase in the number of family members who are either currently or previously incarcerated, there is also an increase in both recidivism and the length of incarceration as a result of escalating dysfunctional behaviours present in the current generation. The following participants' testimony describes the intergenerational aspects of trauma transmission related to incarceration:

In my family, you kinda really have to go looking for someone who hasn't been in [jail]. Grandad kicked it all off, and I'm pretty sure Grandad brother went in jail as well. It kinda flowed on from there. Look at this family tree, shame job that one. But, no doubt us younger ones have been the most trouble. I have been in four times, started at [name of jail], then the adult big house. My kids have even visited me in there. But not just me, my brothers have gone to jail, then you get in there and there are uncles and cousins ones in there as well. It's like a rite of passage for [name] family.

No doubt in my mind that the trauma, the shit and everything else gets passed on to you, onto your kids and their kids... like no way could you have had my childhood and think everything is going to be alright. And the reason it happened to me is because it happened to my older brother, our uncle, my father. It's like a spider web of shit and once you're in the web, you're fucked. What's that mean for my family. Well everyone goes to jail because they can't deal with their shit. And the longer it's going on for, the worse it's getting. Like my brother has been in [jail] 6 times now, and now even his son is in there. And you what, my nephews' kids when he has 'em will end up in the same place.

4.3 Suicide and self-harm

The second dynamic of **Intergenerational trauma** process is '*suicide and self-harm*'. Participants identified that the incidence of suicide and self-harm is substantially higher in the current generation than older generations. Many older participants reported that suicide was non-existent in past generations with several stating that "*I never even heard of this thing suicide, than these young ones just started it up*"; "*when it first starting happening I needed someone to tell me what suicide meant*"; and "*it was a new thing for us, in the old stories there is nothing about people doing the suicide and trying to kill 'em selves*". In contrast, participants unanimously reported that the rate of suicide and self-harm in the current generation had increased significantly, whereby every participant in the study has now been directly or indirectly impacted by family members committing, or attempting to commit suicide. The following participants provide their insight into the increase of suicide ideation in current generations when compared to older generations:

We just didn't have that sort of thing happen in my generation... I never heard Mummy or Dad talking about anything that was close to suicide or hurting themselves. I suppose it starting creeping in about maybe 15 or 20 years ago, then it started building and building, now it's totally out of control. But it has settled down a bit. These young ones aren't handling life things, then they do it [suicide] and start copying each other. I remember we had a group of seven suicide deaths in community all real quick one, like close together. All young ones. We don't know what to do; us old people don't have any tools to fix it, in the past, it was never a problem for our people.

There is a lot of history of that kind of thing, like suicide in my family. It kinda started with Mum, she has tried it two times, the last one was when she got drunk and jumped from [location]. I remember last year; her daughter tried to hurt herself as well by bitsing [cutting] her wrists up... she is [age] years old. Nanna was running around trying to help everyone, but she couldn't understand what was happening. Then our uncle hang himself down at the [location] and everything went crazy. Our whole family has changed forever now.

4.4 Alcohol and marijuana misuse

The third dynamic of **Intergenerational trauma** process is '*alcohol and marijuana misuse*'. Participants reported that family members in the current generation misuse alcohol and marijuana at a higher rate than older generations. Despite this finding, it is noteworthy to mention that many participants identified alcohol misuse became prevalent in the 3rd generation. In addition, participants identified a significant increase in marijuana misuse in current generations than in older generations. Many participants reported a significant change in the drinking culture of the current generation resulting in excessive and harmful consumption of alcohol. The following narratives describe the change in the pattern of alcohol and marijuana misuse across generations:

Mum used to tell us stories about the old times, when Grandad and that when they first started drinking alcohol... like in a bad way and stuff. Both my parents are alcoholics. And you know, every time they got blind they used to get into each other which ended up in Mum being in a pretty bad way. They broken up now, but now there is a whole generation of piss heads, like

alcoholics. I'm fucking sick of the feeling of waking up hungover every day, but I still can't stop, my brothers and sister are the same ones. A family of drunks. Pretty shame hey. The kids seen us charging up since they were born. You know [name] and [name], what they must be 12 or 13 or something. I see them pissed up.

My grandparents were strong culture people. They never touched that devil water one. My grandad died, my dad's Dad, then he changed big one... became biggest drinker, no good. Something liked clicked in him, and he started drinking all the time. Even the White fella doc told him to knock it off, or there would be trouble. But now, it's heaps worse, everyone in my family charges up I can tell you that. Brother one, sister, nieces, nephews, all the mob. I don't know whether they are trying to forget, trying to cope or trying to have fun. Like my brother is [age] years old, he gets fucked up all the time and so do his daughters. You asking me whether there is trauma going from generation to generation, fucking no doubt, no fucking doubt at all. There is a whole generation of kids who will end up fucking terrorists. I fucken mean, they have nothing to lose.

4.5 Sexual assault

The fourth dynamic of **Intergenerational trauma** process is '**sexual assault**'. Analysis of the geno-histograms revealed the rate of family members who were sexually assaulted in the current generation had not significantly changed when compared to older generations. Participants reported a high rate of sexual assault in older generations and the rate remained unchanged for the current generation, with many highlighting the normality of sexual abuse and how hard they found it to define:

The way girls are treated now, you know what I mean in that certain way, I just thought it was normal. Like it wasn't my choice and anyway if something bad happened, like in a sexual way to me... it must have been my fault. That is what you are taught. I started telling Mum what was happening and she balled her eyes out and told me it was wrong one. Then she told me what happened to her, about being touched in that bad way, My heart sank. I thought to myself, shit this is what is happening to all us young girls now.

It was a big problem for us older ones back in the [location]. The boys would come in [location] and touch us and no one really blinked an eye. People would have known what was happening, but they were happy just sitting back. It was just accepted. And when you grow up with it like normal... well it spreads like a fire, and that's what happened. It still goes on now, when you see [name] girls walking around in a big mob really late at night, it makes my skin crawl 'cause I know what is happening.

4.6 Victim or perpetrator of violence

The fifth dynamic of **Intergenerational trauma** process is being a '**victim or perpetrator of violence**'. Participants reported significantly higher rates of being a victim or perpetrator of physical violence in current generations when compared to older generations. Despite many family members of older generations experiencing violence, a majority of participants highlighted a significant increase in the rate of family members of the current generation being a victim or perpetrator of physical violence. It is clear from the participants' testimonies that the effects of generational violence have left devastating impacts on the current generation:

Mum and Dad would get pissed and start fighting; it happened all the time when I was a kid. I still remember the song that was playing [name of song] the night when Mum hurt Dad. Blood was pissing out everywhere; then he ended up in the watch house. That was a spin out. I remember staying at my brother's house... things started kicking off between him and his ex-missus, right in front of the kids, it took me back to the nights when I was a kid. You can see it spreading through our family.

I am a violent prick now. I go from calm to swinging and trying to kill cunts over nothing. Dad was like that too; there are old stories of him killing a man and burying him in the mangroves for flogging a [item]. Murderers they were in the old days, killers. I have that in my blood. These days I mainly take it out on women which is still bad, but when I was younger, it didn't matter who was in my way. I would have fuckin' put a spear in 'em then I ask questions.

In the old days, there was fighting and people carrying on, like paybacks and that kind. It could be a hard life back then, but it was different to the violence today. For a start kids in the old days... wouldn't dare to start playing up like that. It just didn't happen when we were kids. The violence now is everywhere, in the streets, in the homes, in the bedrooms. We can't get away from it anymore. Even these mobile phones are used for violence. Different types of violence, everywhere violence, it's part of everyday life now.

4.7 Overcrowding

The sixth dynamic of **Intergenerational trauma** process is '**overcrowding**'. The number of family members living in overcrowded living conditions was identified as being significantly higher in the current generation when compared to older

generations. Overcrowding was identified as a critical precursor to a number of trauma behaviours and significantly compounded the impacts of the transmission of trauma. The following participants reported higher rates of overcrowding in the current generation and provided insights into their personal experience:

Housing wise it was all going pretty well for us, my family had a good amount of housing and that. Then about 20 years ago, they just stopped building houses here and then it all went to the shit. I mean now there is four fucking generations of people living in that [points to house] three-bedroom house. What was this grand plan for us, to have living like dogs. There is just more and more people living in here; I'm forced to live in the kitchen.

My family has the house near [location], I was living there happily until I had [son's name]. My [number] of sisters had kids about the same age as [son's name], so it got squashy living in there. Actually I got squeezed out. That's when life really changed for me and my son. Now we go from house to house, sleeping where we can in different houses. I can't stay places long, no one really likes the extra shit. The more we move, the worse it gets, and we just get moved on quicker. There is no houses here for me; I live like a squatter.

4.8 Strength in understanding

The final dynamic of **Intergenerational trauma** process is '**strength in understanding**'. Several participants reported the mapping of family trauma histories promoted an educational process, which allowed them to make sense of their lived realities. Many felt empowered when the link between unresolved trauma in past generations was connected with dysfunctional and self-destructive behaviours in

subsequent generations. Some participants stated that this process represented the beginning of their healing journey, thus potentially breaking a cycle of violence, alcohol abuse, and family structure breakdown, which for some individuals, has been occurring over multiple generations. The following participants highlighted how an increased awareness of the trauma transmission across generations helped them understand experiences and form interpretations of past events which made them stronger:

I haven't stopped thinking about that mapping thing that we did last week.

For all these years, I thought there was something wrong with me, something broken inside me because I just can't stop fucking up... but now I'm a bit smarter about how these troubles can be shifted, like passed onto your family and that. It does not make it right, what I did, but it helps me to understand... now I feel like, stronger, like I'm not fucking broken and I might have a chance of a future after all.

I'm starting to look at my childhood different way now. I'm looking at it through different glasses... those things that Dad was doing, when we were little ones, maybe he was doing that because of what had happened with him, the shit he went through as a kid... I'm not making excuses for anyone, but it makes me feel more confident that I can control this a bit better, try and stop it with me and not let it pass on to the next bunch. I can see it everywhere now that I kinda know what to look for. Actually, makes me feel like a dumb one that it took me so long in a way.

I can start healing now. I got these stories 'bout my family off my chest. But it was good when [names] started joining in to because it helped me join the

dots. There has been so many gaps in my head, me thinking to myself, why the fuck are these things happening, why do we act in this way.

4.9 Summary

This grounded theory study identified those participants who shared the basic social process encompassing the core category of *owning our truth telling, owning our solutions*. The objective of this chapter was to describe the incidence of intergenerational trauma, revealing the compounding nature of unresolved trauma as it is passed across generations. The second phase comprised six dynamics: *'rates of incarceration'*; *'suicide and self-harm'*; *'alcohol and marijuana misuse'*; *'sexual assault'*; *'victim or perpetrator of violence'*; *'overcrowding'*; and *'strength in understanding'*. The second phase continued until participants moved onto recognising the importance of traditional healing practices as a healing and recovery response in their truth telling journey. The next chapter of this thesis will describe these traditional healing practices.

Chapter 5: Healing the cultural wounding

5.1 Introduction

The third phase of the core category *owning our truth telling, owning our solutions* is termed *healing the cultural wounding*. This chapter focuses on traditional healing practices that were described by participants as necessary in the healing process for those who have experienced trauma. Participants were adamant that they owned their own solutions to the trauma, which resulted from their experience of colonisation. Many considered their understanding of traditional healing practices as gifts from the ancestors and highlighted their capacity to provide physical, emotional, and psychological healing. In doing so, participants also emphasised the significant difference between traditional healing practices and Western medicine. The *healing the cultural wounding* phase is encapsulated in a process termed **Cultural medicine**. As depicted by Figure 5.1, the **Cultural medicine** process consists of eight dynamics: *'connection to Country'*, *'painting as a form of healing'*, *'cultural tools and artefacts'*, *'songs as healing'*, *'healing through Dadirri'*, *'ceremony'*, *'reclaiming traditional Lore'* and *'witch doctors'*.

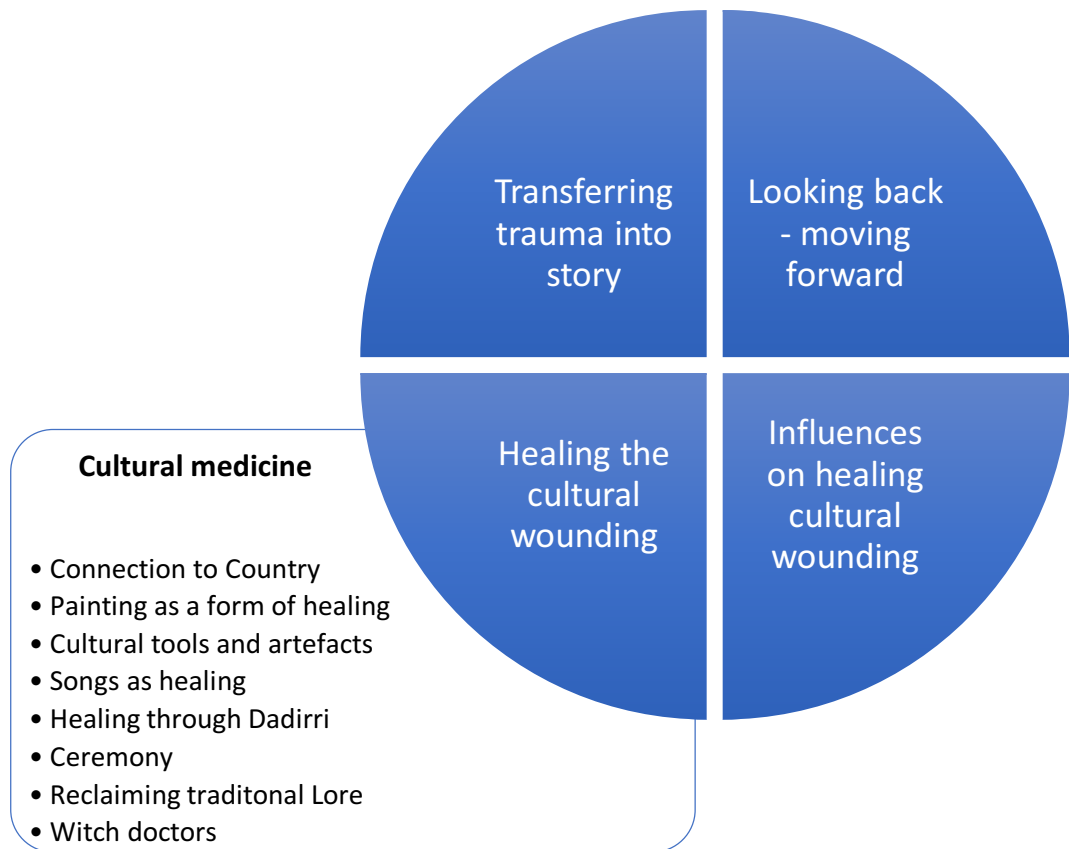


Figure 5.1. Healing the cultural wounding.

5.2 Connection to Country

The first dynamic of the **Cultural medicine** process is ‘*connection to Country*’. For many participants, ‘*connection to Country*’ was identified as the most significant traditional healing practice for those suffering pain resulting from their experience of trauma. Almost every participant described a profound healing response when they felt a ‘*connection to Country*’. The data analysis revealed that a ‘*connection to Country*’ should encompass an extended period and consist of far more than merely being ‘out bush’. The following participants’ narrative reflected the feelings of many:

Part of the Lore in culture, the centre of who we are is created by walking the Country. Walk the Country, mate; you've got to walk it. You know, not just go to one spot, you must follow the song lines and listen to the stories, feel what it is that surrounds you, our ancestors. Follow the Dreamings, know where they are, what they mean to you. That's when you are connected to Country. Before you actually go into Lore, the old men must recognise that in you. To know where our Lore runs through our Country. That's why they say, you've got to walk the Country, so the Elders can show you where the Dreamings are. That is culture; it is healing, it is our life. (Participant 5)

Several participants reported that the '**connection to Country**' was their only link to strengthening their identity, which many acknowledged had been lost as a symptom of their trauma. Others suggested '**connection to Country**' allowed them to heal through grounding the self, which improved the mental health of individuals enduring the anguish of the lived trauma experience and provided a means to make sense of their stories:

Yes, she lost her identity, yes she like left her own body, like a walking corpse. It was sad... after a while, the kids started to heal when I took them out to places, out on Country, like connect them to the land type thing. And I noticed the rate of attempted suicide started falling. They didn't like talking in the health centre, the local kids. It's frightened the hell out of them. Out on Country, is where they heal, they feel centred, feel like they can make sense of themselves and their stories. (Participant 6)

Sometimes a person might be screaming, going mad. The old men would say, "Settle down", and he would say, "What's wrong, why are you screaming?"

Then they would send him out bush and say, “Run away now, run long way, go out to the bush.” He would stay out there long time and when he feel happy he would come back. Fix him. (Participant 8)

Because of what [name] did to me when I was a kid, I totally disconnected from myself, any form of self which could be healthy. I fucking hate [name] for that, but I hate the person I have become more. I like resent myself. The only time I feel that feeling lift off my spirit is when I’m out on Country, like connected to Country. When I’m connected to Country, I’m a better version of me. (Participant 31)

5.3 Painting as a form of healing

The second dynamic of **Cultural medicine** process is ‘*painting as a form of healing*’. Participants found that art had a strong therapeutic effect and provided space for the healing process to occur. Many participants reported that art, particularly in the form of painting, afforded a means for people to narrate their life story and promote healing. More specifically, male participants highlighted that painting allowed them to open up about their own story within an emotional context that promoted a healing process that may have not otherwise occurred. The following participants describe the power of painting to promote healing:

When my [name] died, I had a lot of grief; I was in a bad way really. I did a lot of painting, getting in touch with my spirit again... those old stories. Getting strength from the old people. Painting got me through that time. (Participant 23)

I paint to tell my story; I let it say things that I can’t really speak because that’s a pain that I still can’t deal with. As a man I feel like I can’t really talk

to anyone about what's on my chest... so, through my paintings I actually get to speak to everyone. Painting gives is my voice and a way to share my pain. I can feel the weight; the healing lifts the weight off my body and for that moment I get to feel free. (Participant 13)

So, what I did was give everyone a canvas, all the young people, to paint a picture. Anything. What I was looking for was a presentation, colour coordination, a story within that picture... now, if there was none of that in that picture, someone with a psychological problem would go, that doesn't look good. So, if I found that if you look at the big painting now in the [location], I picked three people who had psychological problems, you can see the scratch marks with what they've done with the paint. And also, colour coordination, you know – how they mix colour. And there was one girl, in particular; if you have a look at that painting, she put her hand there, she traced over it, and painted it, and drew a heart within that hand. Go and have a look. She said to me, “That heart doesn't belong there. It belongs in her hand.” And I said, “Why is that?” She said, “It's to keep it safe. It's not safe here (in my chest).” She's been flogged that many times. Her family let things happen to her, and now her identity is shattered. This is all the stuff I've picked up through her art. And referring kids over to mental health, I can refer them over to anyone. (Participant 5)

Furthermore, several participants related that paintings involving their Dreaming or totem was particularly healing. They explained that creating “*a painting of my Dreaming story is a powerful healing one, I become connected in the painting through my ancestors, my Dreaming, and it becomes part of me. It strengthens my*

spirit” (Participant 29). A number of other participants also focussed on healing potency related to connecting with dreamings through painting:

Painting absorbs my pain, like the dark things that bother me. When I paint my Dreaming, it kind of helps me to look inside myself for strength. The Dreaming then takes over my grief and its gone. (Participant 18)

Painting, that's another healing. They paint something that makes them happy. Say they're upset; they'll paint their Dreaming. They'll paint the totem and it makes them feel good. It reminds them to that they are someone and they are spirit created. It makes them feel good because they have a Dreaming that helps. (Participant 1)

Painting my Dreaming... channels me to my ancestors. They are always sacred paintings, and I mainly do these types of paintings when I'm in pain or sorry time. I sometimes do songlines on these paintings to tell the story... or connection to my Dreaming. Connection to my spirit and the ancestors. Connection to healing. (Participant 8)

5.4 Cultural tools and artefacts

The third dynamic of **Cultural medicine** is ‘*cultural tools and artefacts*’. The healing capacity of constructing cultural tools and artefacts was a strong recurring theme reported by participants. Many identified ‘doing culture’ by constructing cultural tools and artefacts including dilly bags, fishnets, didgeridoos, and spears, as providing a source of strength and resilience through healing. By participating in culture, participants reported experiencing mental and spiritual healing as they felt it empowered and strengthened their identity. For example, many felt that by ‘doing culture’, it enabled them to develop and refine cultural skills, thus going some way to

fulfilling their cultural responsibility of knowledge transfer to future generations. Others stated that 'doing culture' was an important traditional healing practice in that it provided a therapeutic space, enabled a positive focus in their lives and healed them from experiences of trauma:

I get healing from doing culture, like a fire inside me comes alive. It doesn't matter what's happening in my life when I do culture I am healing... when I say culture, I mean doing the things our ancestors used to do, culture things, making boomerang, spear, playing didgeridoo, that kind of thing.

(Participant 22)

Culture gives me strength, and I feel like I can heal from the things that have happened to me. Plus, it gives me something to focus on away from the shit and the trauma stuff. When us boys make the spears, woomeras and that, it makes me feel strong, like I am taking back my culture. This is very important to my identity because it is my responsibility to be able to pass on this cultural knowledge to the next generation. (Participant 10)

When I'm chipping away, maybe I'm making a didg' or spear that kind of cultural thing, I kinda lose myself in that moment, become part of my culture, that heals me. Heals me for sure, from those bad feelings and thoughts that I have... even though, like boomerangs and that we don't use big mob times these days, but knowing I am making this thing the same way that my Mother, my Grandfather, my ancestors did it makes me feel strong and it's that strength that heals me. It's the connection to those spirits, that knowledge which gives me my strength to heal. (Participant 24)

5.5 *Songs as healing*

The fourth dynamic of the **Cultural medicine** process is '*songs as healing*'. Traditional songs and dance have been identified by participants as potent healing modalities and effective means for dealing with the impacts of trauma. Participants highlighted that traditional songs and dance held promote deep connections to identity, many recognising the importance of their own totemic song to healing, "*we still got people where they sing their songs to talk to their spirit, their identity*" (Participant 8), and "*songs hold all the meaning for identity, without songs we have nothing*" (Participant 17). A majority of participants within this study identified with three groups of traditional songs which were grounded in place and time within the Daly River region; Lirraga, Wangka, and Rak Dirrpederr. These traditional songs and dances were recognised by many as powerful conditioning agents and represented significant healing power. For many participants, traditional songs and dances allowed them to express themselves and release the pain from the lived trauma:

Oh, healing. Yeah, we still got people where they sing songs to tell the spirits to go away. Yeah. We use Ironwood tree leaf. We collect that leaf, and that smoke is a special smoke for bad spirits. Like exorcism; it tells the spirits to move on. (Participant 7)

My songs are my link to the past, my story and my identity. It links the long past of my people with the present, and when I sing these song, I am retelling the story of my past, I then become part of the story... this connection strengthens my spirit, it allows me to be me, like express myself and what I am feeling and then I can heal. Heal deeply in my mind, body, my spirit and soul. (Participant 11)

Our songs are our song lines, they hold ancient knowledge which connects us to our Country, this knowledge is used to find food, waterhole, billabong, to keep you alive. That's how deep that connection is, imagine the healing that goes on with that kind of connection... very powerful. By dancing I am actually telling my own life story, it is not easy for me to use the words, dancing helps me to speak with my body. (Participant 29)

I reckon the healing from traditional dance is more powerful than your White fella medicine. We have been healing using these ways forever. It gives me a way to release all the pressure that builds up in me. When I dance, I forget my shit, I relax and slow down, and think about the old people, the old times. (Participant 16)

While participants unanimously recognised the healing power of traditional songs, some made particular mention of the importance that should be placed on grounding these songs in a culturally appropriate context. Interviewees comments, such as “*if they expect to heal from our songs by listening to them while smoking weed and charging up, they are dreaming*” (Participant 5); “*our language songs are sacred, not to be used and abused*” (Participant 1); and “*these are not party songs that you should hear at discos, that's no good one, really shameful*” (Participant 21), highlighted the status which participants believe should be placed on traditional songs in community. The following participants emphasised that the healing capacity of traditional songs is greatly enhanced when the songs are grounded in cultural activity and culturally respected:

Listen to the songs at home, in the lounge room, no worries; I do that myself at times as well. But when you connect properly, when you really feel the

healing, is when you are listening to the songs out on Country, with family, the fire and the stars. You have to be grounded, you have to like centre the songs, within you and your Country. Like be respectful of what these songs represent and where they come from. Songs on Country cleanses your soul and allows you to start healing. Just sitting there and singing songs, eating bush tucker, talking about Country, just drilling it in to them over and over, same procedure, like a doctor, but a different approach sort of thing, not big words, nothing. It's just about Country, bush tucker, that sort of thing. Connecting to their culture and finding who they are, their identity.

(Participant 5)

These songs can heal, they are powerful songs and have been for a long time. But you have to respect them, feel deeply with them, listen deeply. Do not fucking shame yourself, like get all full of piss and god knows what else and start listening to language songs and think you are some sort of warrior from the past. That's not healing, that's fucked, that's trauma. (Participant 25)

5.6 Healing through Dadirri

The fifth dynamic of the **Cultural medicine** process is '*healing through Dadirri*'. The importance of Dadirri as a traditional healing practice was clearly articulated by research participants, many of whom highlighted the healing powers of Dadirri occur through a contemplative process of listening and learning from the stories of others which acknowledge the unique characteristics that each individual contributes to community. By way of example, one participant stated that "*it was this feeling of belonging and community which allows stories to be shared without fear of judgment*" (Participant 17). As these stories are repeated over time, one participant

revealed: “*your story eventually changes and the pain of trauma is released and replaced with love and acceptance as the healing process begins*” (Participant 8). The following participants reflected on the healing virtues of Dadirri by providing their own personal experiences:

You can't really describe Dadirri, you just feel it, when you experience it, I feel whole again. I feel a peace which I can't find in any other area of my life. Just chaos. When I feel that peace, I feel healed. (Participant 14)

It's not until you have felt Dadirri that you can really know what it is. Like you have to do it a few times before you get the full healing of Dadirri, like understand it's full powers. I feel quiet, like my pace slowed down. You can't rush me and I get things in more perspective... Dadirri goes looking for my pain, where the pain source is and that's when I heal. (Participant 21)

Dadirri for me is healing from the heart... really listening, not just hearing, I mean heart-felt listening. I'm talking about listening deeply. Feeling deeply, having the courage to heal by expressing your grief and pain. Growing together, healing together through sharing stories from the heart.
(Participant 11)

5.7 Ceremony

The sixth dynamic of **Cultural medicine** process is ‘*ceremony*’. Many participants reported the importance of ceremonies as a practice to promote traditional healing as “*it is the most powerful way for us to heal*” (Participant 8); “*deep healing, the spirit and the soul, ceremonies have so much meaning*” (Participant 17); and “*because of the connection between people, the Dreaming and really important parts of Lore and tradition*” (Participant 11). When discussing specific healing properties

of ceremony, participants stated that although powerful ties to the Dreaming are common to all ceremony, each offers unique healing features for those involved. Participants within this study identified two groups of significant ceremonies within the Daly River region; initiation ceremonies and smoking ceremonies.

5.7.1 *Initiation ceremonies*

A number of participants highlighted that initiation ceremonies were significant as traditional healing practices. Participants eluded that initiation ceremonies in Daly River occur “*when boys have matured and shown us they are responsible and can be trusted because they will get sacred knowledge for the first time, they are normally about 12-17 years old, that kind*” (Participant 6). The following participants provided their personal narrative, which describes their own healing through ceremony:

After initiation, I felt part of something special, like I belonged to something. And that was special to me. There was heaps of culture stuff going on and stuff, learnings, having to prove my toughness, respecting Lore and all that. But the healing for me was that it was the first time in my life I felt like I belonged. I was totally empowered, and it got me over the grief I was going through. I could identify with something; initiation really strengthened the person that I have become. (Participant 22)

I still remember the time in ceremony, the way the three of us were lying there all painted up. That was a great thing to go through ceremony, but it really made me grow up. Seeing how much it meant to everyone and how much effort was put in made me feel real. The stories they shared, I knew they were sacred stories and it gave me confidence in myself, like they had the

trust in me with this knowledge. Before I went through [initiation] I was playing up a bit, drinking and smoking ganja. I never had any goals in life. But when I came out [initiation], I came out as a man and I had a positive focus and wanted to be a role model. (Participant 24)

I am one of the key Lore men here, one of the main men for ceremony. It's bloody hard being an Elder these days. But I am proud of my culture and its strength. One thing we do properly still, the way that our ancestors would be proud is ceremony. I still believe that. When I'm at ceremony, with the other men, all my new day problems fade away and I go back in time, kinda like see myself from above... I feel proud of myself at ceremony, proud of our culture, it changes me, it changes me a little bit every time they go through.

(Participant 6)

5.7.2 Smoking ceremonies

A strong theme revealed by participants was the healing powers attributed to smoking ceremonies. Participants identified a number of ceremonies which featured smoke as central to healing the spirit, something that must take place before healing can occur. Specific to the Daly River region, participants identified a number of distinct though connected smoking ceremonies that “*helps heal the grief of a passing, ease the pain of a sick one, connect us to the spirits and reconcile with our ancestors*” (Participant 11). An important aspect of all smoking ceremonies in the Daly River region is the burning of a very particular tree to create the smoke. The Ironwood tree is considered the strongest tree in the region and the smoke carries unique qualities of strength and resilience, crucial in “*making spirit strong and heal from sickness... strong to face our challenges*” (Participant 7). The following narratives describe the

healing qualities and key, interconnected features of the smoking ceremonies within the Daly River tribes:

One of our really important ones [ceremonies] is the smoking of the house. After the passing of a loved one, everyone has to move out of the house. The smoke goes through the house which sets the spirit free, and it reconciles the past with everyone who walks through the smoke in the house. Everyone walks in, people are mourning, and the healing happens through being open with the smoke and the spirit. (Participant 12)

Yeah the smoking of the house and the burning of the rag ceremonies are kinda linked. Like one or two years after the funeral, we have the 'burning of the rag' ceremony. We make a circle pit, put all the belongings in and burn it all. People walk round the pit and the smoke, crying and mourning, and the smoke from the belongings help to heal. The circle means eternal life, like the womb and the breast. The last dance happens on the ground where the burnt things are buried to show that the man or woman is free to have a new partner in their life. You have to grieve and heal first. (Participant 11)

We have a smoking ceremony for people who are sick one; maybe they have pain in their body. We lie the person near the fire and heat up the Ironwood leaves, make smoke. Then we put the leaves on the person where the sickness or pain is and talk to the spirits through the smoke to heal. We use this one a lot; we must use the right leaf though. It has the special smoke for healing. (Participant 18)

At the Church now we have a 'reconciliation' smoking ceremony before we go in. It's like cultures merging. But its only for the children. We make a fire

with Ironwood, and the children whisper something they want to say on a leaf, might be something bad they have done, and then they throw the leaf onto the fire. The kids walk around the smoke in a circle to reconcile and to purify them. (Participant 11)

5.8 Reclaiming traditional Lore

The seventh dynamic of **Cultural medicine** process is '**reclaiming traditional Lore**'. Reclaiming traditional Lore was identified as a significant traditional healing practice by a majority of participants. They reported that not only was '**reclaiming traditional Lore**' an effective healing practice by strengthening culture in response to trauma; many also highlighted the powerful spiritual healing of traditional Lore through linkage to The Dreaming. Hence, '**reclaiming traditional Lore**' went far beyond merely establishing discipline and punishment, which was seen by participants to be the basis of 'White fella' laws; traditional Lore offered to heal through spiritually connecting the individual with Country, kinship, and community. Others stated that traditional Lore addressed trauma by creating realities that acknowledge the cause and effect cycle through time and space:

Traditional Lore makes us balanced one. We are the consequences of the choices. These choices cycle and cycle through time, powerful one. Our Lore shows us the way, that there are consequences in our reality that can make your spirit sick... like, if do no good one [kill] and animal when you shouldn't have, like murdered that animal, that animal soul will enter your body and live with you. But if you truly one understand traditional Lore, it has healing; it connects spirit and body. (Participant 2)

While many participants acknowledged the spiritual healing of traditional Lore, others discussed the importance of traditional Lore to establish order and structure within the Nauiyu community. Interviewees comments such as “*we felt safe when the Lore was strong*” (Participant 6); “*Lore provides a space where you can feel safe and begin to feel healing*” (Participant 17); and “*it [Lore] gives people a culture way to freely live their spiritual life*” (Participant 8), highlights the healing powers of connection to traditional Lore. Another participant described their own personal healing experience through reconnecting with Country after breaking traditional Lore:

When I was living in [location] with [name] he played up one night, and the old people came down and beat him, and they told him to get his swag, and leave the community... the old people were very powerful. They taught him to respect the Lore, and he got strength from that. So I was with him with my kids. We had a boat, paddled out of that community, went out in the bush for two, three weeks. He got his punishment by doing that and then staying out in the bush. The old people were making sure we were connected to our culture through our Country. It helped me heal my shame, helped me to get on with it. (Participant 4)

When discussing traditional Lore as a means of healing, many participants also reflected on the dual burden of being held to account by both traditional Lore and the imposition of the non-Indigenous justice systems. Several reported that they were forced to endure lawful proceedings from both traditional Lore men and ‘White fella’ laws, resulting in an impact clearly articulated by participants as being the antithesis to healing: “*Revenge in our Lore is a big thing, payback I mean. It is right in our way that if someone is doing wrong way, then you have payback to them*” (Participant 6).

But, customary law, you know, it's not something that everyone can talk about, 'cause they are not for anybody else's ears, you know? End of story. None of your business. That's it. People say, "Oh, but you know all about our law." Yeah, but we have to know. Or, they'll put us in jail. They'd rather put us in jail with your law. (Participant 5)

I remember this story from many years ago... he said, "I killed one bloke there last night." "What do you mean? I mean, I had to kill him. I mean, kill him dead. Wow. Well let's jump in the car and we'll have a cup of coffee, I wanna hear what happened." He just said, "He was doing the wrong thing so I just killed him. And he's dead now. I vanished him." And I said, "But uh, what now?" "Might be this week? The police man, they'll come and pick me up and take me to jail. Okay so, this week or next week, yeah so I need some time off with the wife and kids." "Sorry about that but you know these things sort of happen." And I said, "Okay, they've run away, how bout pay back." I heard a lot about pay back from the early days. I said, "Now they're gonna come and stab your brother and whatever." Nah that won't be a problem. And I said "Why is that?" And he said, "Oh he was doing the wrong thing. That's simple. He'd be dead, but I won't be in jail too long, I'm just a Black fella from [location], and I only killed another Black fella." (Participant 27)

5.9 Witch doctors

The eighth dynamic of **Cultural medicine** process is '*witch doctors*'. Participants believed that witch doctors, locally referred to as 'Wonnegals', are a powerful form of traditional healing. Methods employed by witch doctors typically draw from a wide variety of spiritual, psychological, and physical healing realms, of

which several may be simultaneously combined in a specific treatment. Many referred to witch doctors as ‘clever’ or ‘clever men’ with special healing powers, “*like they got X-ray vision, they can look right through your body and pull out the bad one, heal it up easy*” (Participant 6). Many older participants reported that the healing powers of Wonnegals were far superior to that of Western medicine, which some participants still feel uncomfortable with as a result of past colonial practices:

The White fella way can't fix them like the witch doctor when they were kids. The White doctor say here put this medicine tablet in the water and drink 'em. They don't tell us what the medicine tablet is, they say just drink 'em. Goes back to the wrong way, where the old people were poisoned in the old days. No good one. (Participant 8)

Participants revealed that the healing powers of witch doctors can cure many physical, psychological, and spiritual illnesses. Several participants highlighted healing techniques employed by witch doctors included massaging, songs, and sucking techniques:

...then she went down to his stomach area and then just started sucking on his guts and just went poof. And I looked at the red sand and here's this big fluffy thing in the sand. And my brother was walking over to have a look, and they said, “Don't go there.” And the little old lady went and covered it up. And she looked at me and went, “He's all right now.” (Participant 27)

Other participants discussed the healing powers of Wonnegals came from the link between the practices of the witch doctors and the ‘spiritual interpenetration’ of the Creation. For example, the creative mythological forces of snakes, recognised by

participants for their powerful immortal presence, gave Wonnegals numerous healing powers:

The really powerful witch doctor, he's got a snake inside. From my Country. It's there. He'll roll his shirt up when he comes to fix you up, and you'll hear that noise, 'tuk, tuk, tuk, tuk, tuk, tuk'. That's that snake and he's singing out. And he'll come to look at you, and he'll see where the problem is and he'll take it out. I've seen witch doctors open young girl's head. She used to scream in pain every night. They've got this witch doctor there... and he went like that on the young girl head, opened it, and he pulled out a bone shaped like a triangle, and he threw it in the sand and closed her head up. (Participant 5)

Participants also described the capacity of witch doctors to heal through penetrating the body with outside magical powers. Participants recognised the skin was the outer boundary between the outside world and the spirit which defined the health of all human beings. Rather than piercing the skin to heal, participants stated Wonnegals had the power to penetrate the skin through the spirit. By way of example, the following participant provided his personal narrative describing what he witnessed as healing through the *'blowing breath'*:

One of them was really sick, so I gave the permission for him to be fixed. And he couldn't move so we laid him on the red sand there. Keep in mind he was bony as fuck. He'd lost so much weight... looked at him and they looked at us and they got this red gel stuff they put in their mouth, stirred it up, and they sprayed it over him, knocked him clean out. Went straight through his spirit to get inside him. They fixed him up. It's called the 'blowing breath'. When they woke him up, I said, "Do you remember anything what happened to

you?” He goes, “No.” I said, “Okay, let's go. You had got Black fella magic in you.” (Participant 3)

While many participants clearly articulated the healing powers of Wonnegal, due to their scant number, Wonnegals are also difficult to source. Participants identified that the influence of the Catholic Church and the subsequent institutionalisation of the Nauiyu community had resulted in a dramatic fall in the number of Wonnegals that could be accessed in the area; *“the Church, when it came in, they said witch doctors were no good one, they don't fit with the Church”* (Participant 7), and *“the old Church, Father [name] and that, always fright one of the Wonnegals and wanted them gone”* (Participant 8). In fact, throughout the entire fieldwork period, participants could only identify two people who were trained with the powers of witch doctors. Nonetheless, participants reported having the capacity to locate a witch doctor on demand, with a particular concentration in the desert regions of Central Australia:

Like I said, not many powerful enough to be clever man here today, the generation that's here today. We have to get to other Wonnegal; I know where they are, like in [location] and down in the desert mob you go to [location]. I have family down in the desert who are Wonnegal, it takes a long one to get there, but we are still connected. (Participant 12)

I reckon there are less healers now than in the past. Not so many with the powers, those one trained to have the powers. The Church has had something to fucking say about that. They no good one in the head 'cause they don't have those powers. Our family knows where to go if we need Wonnegal, straight down [location] or [location]. (Participant 8)

5.9.1 Sorcery

While participants clearly articulated the healing powers of Wonnegal; they also recognised the use of such magic for the purpose of sorcery. Participants described the use of sorcery can be targeted, indiscriminate, or even accidental, and is the cause of great conflict and social tension. Many also revealed it can be used on a perceived enemy and is often associated with payback and jealousy. In any case, there was unanimous recognition amongst the study participants pronouncing the powers of witch doctors to do harm is significant and not to be underestimated. By way of example, the power of witch doctors to inflict harm was reflected in interviewees comments; *“I'm telling you this is psychological stuff. Really powerful stuff where doctors got no power”* (Participant 5); *“shit yeah, and they got powers and make you numb, stiff. You can't fucking move, man, but you can hear 'em. You can't move, but you go stiff looking at him”* (Participant 14); and *“they got poison in their hand. What he's got in him is going to jump over to you, it can jump to anyone. It's really dangerous these guys.”* (Participant 7)

Sorcery was also described as the dark side of witch doctors. The use of powers by Wonnegals was considered unpredictable and could either be a source of great healing, pain, and even death. More specifically, with the exception of the very old and the very young, sorcery was suspected when unexpected illnesses occur or deaths from unknown causes eventuate. Participants identified the main techniques of ‘ensorcellment’, were collecting the victim’s belongings and bodily matter, such as clothes, hair, or sweat. As a result, many suggested against leaving shoes outside, for example, as this can invite the presence of a witch doctor. The following participants highlight the capacity of the sorcerer to cause unexplained deaths:

They might just say, "You've got to take the medicine." But it's not the medicine. He's got something in his body and he's got a couple of days after to die. The clinic won't find out what's wrong with him. (Participant 28)

...from traditional way, they die from another sorcerer. The doctor knows now at the hospital. They know. When Aboriginal person die, they study the body of the Aboriginal person; like a coroner... then if they find sticks in their guts, or leaves, that equals Aboriginal sorcery. Like if they die this normal death with no issues, not heart attack. Healthy person dies, so we'll know. Then we get a yellow paper thing from the hospital, envelope, saying that it's from an Aboriginal way, and that's why they do paybacks. (Participant 1)

5.10 Summary

In summary, participants highlighted a range of traditional healing practices that exist in the Daly River region. They spoke about the importance of art and song as tools to communicate their pain and provide the space for the healing journey to emerge. Many participants acknowledged a number of ceremonies as significant traditional healing practices, while storytelling through a range of modalities, was also considered an essential traditional healing practice. Finally, witch doctors were identified by participants as a traditional healing practice, providing a range of benefits to dealing with the pain associated with traumatic experiences.

Chapter 6: Influences on healing cultural wounding

6.1 Introduction

The fourth phase of the core category *owning our truth telling, owning our solutions* is *influences on healing cultural wounding*. The clinic is the only mainstream primary health care service located in the Daly River community. While participants acknowledged the role of the clinic in mainstream primary health service delivery, many identified significant influences that impact the access of the Daly River population to mainstream health services. Moreover, interviews in this study highlighted a number of influences which act as barriers to incorporate traditional healing practices into the clinic setting. The influences on healing cultural wounding are encapsulated in the process termed **Privileging Aboriginal knowledge**. As depicted by Figure 6.1, the **Privileging Aboriginal knowledge** process comprises five dynamics: *'racism'*, *'power imbalance'*, *'lack of trust'*, *'lack of culturally trained staff'*, and *'Ancient University'*.

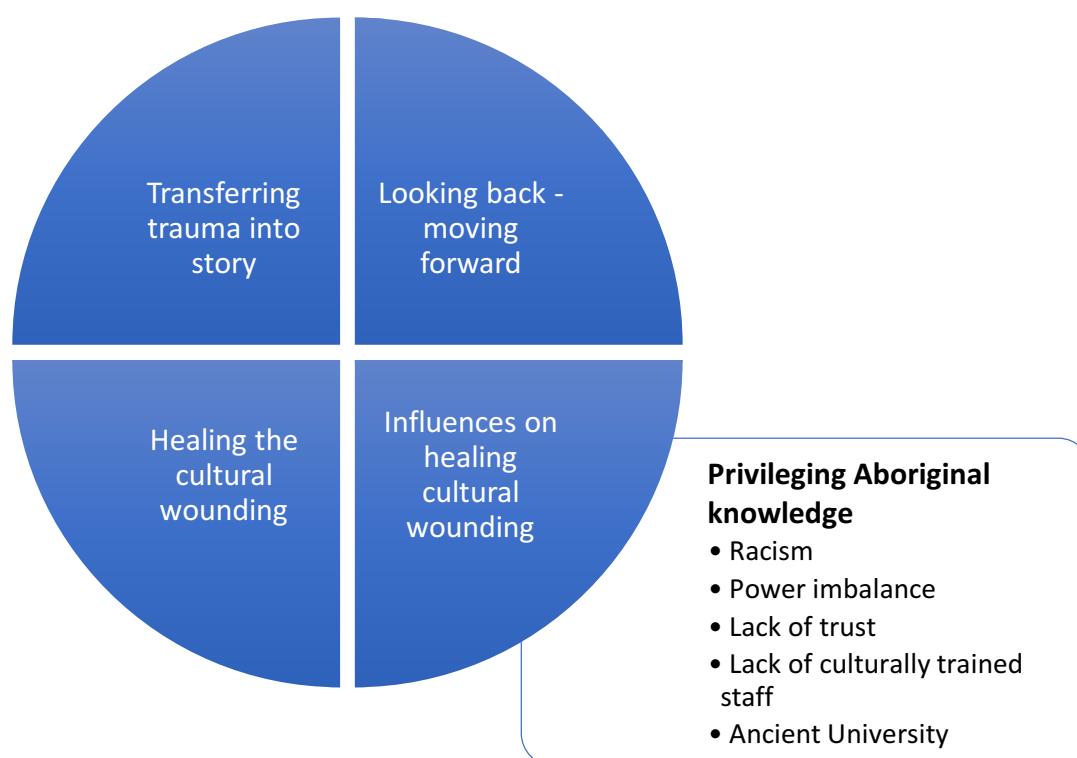


Figure 6.1. Influences on healing cultural wounding.

6.2 Racism

The first dynamic of the **Privileging Aboriginal knowledge** process is ‘*racism*’. A number of participants reported that traditional healing practices should not be incorporated into the clinic because of their personal experience of ‘*racism*’ at the clinic. Many reported feeling disrespected and treated in a way by medical staff, which at times, diminished their trust and confidence in the clinic. Interviewees comments, such as “*they treat me no good one, some doctors cause I’m not White fella*” (Participant 17); “*the doctor would get angry and treat me like that I’m not smart enough to learn new things*” (Participant 23); and “*it [clinic] can be very disrespectful to us local mob and is the reason why some people don’t really like the clinic*” (Participant 13), highlight the racial undertones experienced by participants at

the clinic. Others reported a normalisation of racial practices at the clinic, *“I think you mob call it system racism, anyway whatever you call it, those racist things in the clinic, it’s so normal now no one really notices it”* (Participant 7). The following participants provides insight into the potential impact of racism on integrating traditional healing practices into the clinic setting:

“They won't have it. That is a White man’s world... full of White man’s knowledge, and they treat us like that. Our knowledge doesn't really matter, they would say it should be forgotten” (Participant 5), and *“The clinic is for White people; you see it all the time they get better service. Why would they want Aboriginal healing ways in the clinic?”* (Participant 2). *It would be trying to jam a square peg in a round hole... I mean trying to get our cultural healing ways into the clinic. It’s probably even worse than that. Our ways don’t belong in a place where they aren’t really respected. Downtrodden we would be, seen like the poor Black sister to be pitied but not respected. We are coming from different views of healing, it shouldn’t be, but part of it, some of the differences is because of racism.* (Participant 15)

How do we benefit from putting traditional healing in the clinic? Getting lost in all those policies and those procedures. I still remember those White fellas going through our medical papers in the clinic trying to find all the child sexual fucking abuses. In the Intervention. In the clinic, the way people are trained, the people who get employed, like the ones who fly in and out, whose knowledge is on top. (Participant 28)

6.3 Power Imbalance

The second dynamic of the **Privileging Aboriginal knowledge** process is a perceived '*power imbalance*'. When discussing the incorporation of traditional healing practices into the clinic, a number of participants discussed a disparity in power and privilege between Aboriginal and non-Indigenous knowledge systems. Many participants identified a '*power imbalance*', highlighting the dominant non-Indigenous knowledge base and worldview that fails to recognise the importance of, and leaves little room for, the incorporation of traditional healing practices in the clinic. A number of participants stated that they feared this '*power imbalance*' would result in non-Indigenous norms being imposed on the traditional healing practices, suggesting that any successful attempt to integrate traditional healing practices would depend entirely on how well they assimilated to non-Indigenous views, which are strongly grounded in a Western medical model:

Our culture ways of healing are important, but they are better off out of the clinic. It would be like trying to swim against the river you know. It would be like European medicine in the front room ones, and all our Black fella way in room out the back, out of the view. How could you put all that traditional knowledge in a place where you could still see Aboriginal people at the hand of racism. (Participant 22)

Control will always be coming from the White fella. I've seen how these two ways of walking and working together goes before. It will be our ways of healing changing, shifting, bending one, to keep the White fella medicine in the centre, at the heart. We can have a big mob voice, plenty of knowledge, as

long as it doesn't stand on White toes. Needles, pills and medicines we don't understand mixing up with our ways of healing. (Participant 9)

6.4 Lack of trust

The third dynamic of the **Privileging Aboriginal knowledge** process is **'lack of trust'**. Participants identified a **'lack of trust'** in the clinic as a significant barrier to incorporating traditional healing practices. Many expressed reservations regarding the clinic's ability to attend to their holistic health needs. Interviewees comments, such as “*even if I'm feeling no good, like, in the guts, I don't go up [to the clinic] unless it is like the last resort*” (Participant 26) and “*they don't know what's wrong most of the time... eats into how much you trust them and how often you visit*” (Participant 12), highlight a lack of a trust, which results in participants avoiding the clinic even if very unwell. The following participant spoke directly to the impact a lack of trust has on incorporating traditional healing practices in the clinic:

Where is the medicine up there I have been searching for, my ways that heal what's wrong with me? It seems to me that they don't even get the White fella medicine good one. No point than doing our culture ways in there. If you can't trust that our bush healing, like culture ways, is going to be treated right, better off not at all. (Participant 14)

In contrast, others reported this distrust has resulted in fears about what would happen to them at the clinic. Older participants, in particular, stated that they often viewed traditional medicines and healing practices as superior when compared to Western medications, which they did not trust nor understand. Several reported that traditional healing practices should be the first strategy employed in the healing process, with many feeling unsure or fearful about having Western medicine 'pushed

upon them'. This fear, at times, may be misconstrued as a lack of engagement with non-Indigenous medical staff, which can also be exacerbated by miscommunication or poor culturally appropriate delivery of information. The tension which then arises further exacerbates patient anxiety and result in adverse clinic experiences, as the following participant described:

Lots of white walls, White people, small rooms... full of things I don't understand, the language. So then I go all quiet, don't say much and don't share much. The doctors want to know the information but no comfortable. Then the doctors think that the old people don't want to help themselves, 'cause they are silly one or something. But probably the worst thing is that people will wait and wait and wait before they going to the clinic. They would wait to see if things got better before finally going to the clinic. Sometimes they have to be forced to go. Then it gets too late, a small problem becomes big and maybe what would have just been a checkup or something then ends up with a care flight or a trip to Darwin to stay in the outreach centre for a few days or a few weeks waiting for doctors to see you in Darwin. Then they start thinking that if I go to the clinic that means I will have to go to Darwin and everything keeps on this spiral. (Participant 2)

A lack of trust in the clinic based on cultural grounds was also identified as a barrier to incorporating traditional healing practices:

But see the thing you've got... you've got people from different groups, family groups. And all your language groups, too, right? Now, you might wanna get treated, say like the Malak Malak mob, do they wanna get treated by Kamu mob or something like that. They say, "Fuck no." They'll be thinking what the

hell are you going to give me, even like payback one or that kind. But even like our mob to, whether it be Marrithiyel, Ngangi, whatever, you know? People are not going to come in and have their mental health stuff, or any other issues dealt with from people from different tribes in the clinic. That just won't happen. (Participant 5)

Others reported feeling shame at the clinic increases distrust, thus providing a barrier to incorporate traditional healing practices within the clinic setting. Participants felt unsure about the confidentiality of their clinic visit and were concerned that personal information may be inappropriately disclosed. Some participants went further, asserting just their mere presence in the clinic often gains community attention, whereby *“just being in the clinic for any reason is an excuse for some people to gossip and shame you up”* (Participant 21). The following participant clearly articulates the impact of the shame and distrust experienced in the clinic:

Also, it's a trust thing for the whole clinic in general. I mean can I trust you? I mean I'm gonna tell you something very, very personal and I don't want it to be fuckin' 'round the camp tomorrow morning. 'Cause you're gonna have the night to talk about it and then that'll be it. Then everyone'll be lookin' at you sideways and you'll think, well what have I done, big mob shame job. Next thing your personal stuff is around the community. If you want to do traditional medicines and healing, I think it's a great idea but it can't be in the clinic. (Participant 5)

The following participant had to contend with the experience of shame associated with outside clinic intervention:

Sometimes I don't trust them because I think they are talking about me and my family after I leave. Like, if I take my sick kids up there, I don't want them talking about what happened or if she is a good Mum, or should we take the kids of her? That has happened before. I know people who took their kids up to the clinic and next minute there are White fellas knocking on their doors asking them about this and that and if they are good parents or if the kids are safe. It really hurts when that happens and makes things really worse, like shamed. (Participant 18)

6.5 Lack of culturally trained staff

The fourth dynamic of the **Privileging Indigenous knowledge** process is a *'lack of culturally trained staff'*. Participants identified a lack of locally trained Aboriginal staff as a barrier to successfully incorporating traditional healing practices into a clinic setting. Many reported that Aboriginal employees working in a primary health delivery lack training and expertise when compared to their non-Indigenous counterparts. Others went further stating that this disparity only serves to further entrench power imbalances, whereby Aboriginal workers in the clinic, *"answer the phones and the taxi driver one to get the White doctors from the airstrip"* (Participant 3); *"do the donkey work that no one else wants to do"* (Participant 15); and that to move forward with traditional healing practices in the clinic requires *"someone with our traditional knowledge needs to have equal White fella qualifications"* (Participant 8). The following participants' narrative spoke to the lack of Aboriginal representation within positions of power and authority in the clinic, which affects the agency required to incorporate traditional healing practices within the clinic:

Where are we in the decisions in the clinic. Where are we sitting around that table. To have our voice heard about how we do healing. Whether we like it or not, to get healing in our culture way in the clinic we need our mob in there with the power... to make those changes. That means we must get our mob qualified to do that. We have the strength and the knowledge I reckon, but while we are missing when decisions are done. (Participant 28)

That's fine, but when do we get to see one of us, one of our mob in the clinic that can help us. Never. I'm not talking about no Aboriginal Health Workers, or us mob mopping out the shithouse... I haven't seen no Aboriginal doctor up there. But at the moment they don't even say, "Go and see this local person, or speak with that Elder." By doing that, they are basically saying, "Your way doesn't count anymore, the White fella way will fix you." And if you don't practise these things, if you don't use your knowledge, your traditional knowledge then we will lose it. Some of it is already lost, I'm sure of it. (Participant 5)

Furthermore, participants stated that a lack of cultural understanding from non-Indigenous health practitioners, often resulting from a 'culturally untrained' and constantly changing non-Indigenous workforce, act as a barrier for traditional healing practices to be incorporated in the clinic:

The mob we have being getting lately, it's like they not seen a Black fella before they come here. They must be like, I'm going to fix them people, use my ways to fix their problems... no idea about culture, how to work with us and understanding of our healing. It makes it hard to get our healing in the

clinic when they don't understand our culture and I think they have paid big money for their university course. (Participant 26)

Which ones are asking us about what the problem is and how we think things can get better? No one. What is the medicine for cultural wounding? It has to start with our way of healing, traditional culture healing... also they keep sending these young White people down here, no experience, just kids... I've seen it for years and years now. Things get tough and soon enough they are leaving and trying to find new ones to do the same thing... next time you see them, they are walking in the other way with all their bags packed and whatnot. Gone. Don't see them again. You know how they talk about the White fellas being like the Toyotas, yeah that one. (Participant 22)

6.6 Ancient University

The final dynamic of the **Privileging Indigenous voice** process is termed '**Ancient University**'. Participants were unanimous in their support of traditional healing practices to heal trauma. A major theme that emerged from the data was that traditional healing practices should be incorporated into an Indigenous based, stand-alone centre; a place that many participants described as an '**Ancient University**'. The term '**Ancient University**' refers to a group of descriptions provided by participants related to an Aboriginal health centre that privileges Aboriginal traditional healing practices and knowledges. Several participants spoke about the importance of privileging ancient Aboriginal knowledge systems and traditional healing practices in a space that is not controlled by, or confined to, Western medical models of healing. They believed that traditional healing practices have the capacity to heal trauma by "*standing on its own two feet, not having to get held up by the White fella way, just*

using our knowledge systems as the pillars to guide our own healing journeys” (Participant 11). The **‘Ancient University’** dynamic is comprised of four elements; the holistic nature of healing, the power of self-determined healing, locality, and protecting knowledge to share for the future.

6.6.1 *Holistic nature of healing*

The first element of the **‘Ancient University’** is the privileging of Aboriginal health, which places great significance on the holistic nature of healing. Many suggested that incorporating traditional healing practice in an **‘Ancient University’** would ensure that *“we focussed on our way of healing, making sure we heal the spirit and the whole person”* (Participant 20), *“finally we would get to put our way of healing first, the holistic way of how we look at ourselves in health”* (Participant 3), and *“something beautiful would happen for us, real healing through the mind, the spirit, the body”* (Participant 9). The following participant, interviewed on the banks of the Daly River, continued:

Health for me, it's not just about the needles, and monitors and the bright lights to make your body better... when I am healthy, my whole self is healthy. That's what we have been missing, healing the whole person like the cultural, spiritual way. I mean what medicine do they have in their White fella cabinet for the way my culture has been wounded... our traditional ways of healing are so powerful, but we have to put them back in the centre not on the outside, in a place where our culture ways can breathe. (Participant 5)

6.6.2 Power of self-determined healing

The second element of the '**Ancient University**' is the power of self-determined healing. Participants felt that healing through traditional healing practices in an '**Ancient University**' would be powerful as it offered people more control and understanding over their healing journeys. Interviewees comments such as "*healing through traditional ways gives me strength, I get it and it gets me*" (Participant 6); "*that Ancient University would be a powerful place with all our knowledge and healing ways... I can walk in and know what's happening*" (Participant 31); and "*imagine the power of going in the place and controlling your own healing path by using your own knowledges and traditional healing*" (Participant 11).

Others contrasted the power of self-determined healing in an '**Ancient University**' with their experience of a lack of agency at clinic visits:

The clinic, they tell you what is happening, you just sit and listen. They tell you what to do and for how long. I don't know any better, so I just go along with it, I want to get better. But a place where it's just our traditional ways of healing would be different I reckon. Yeah, I would be more confident to get right into the healing, yeah more confident. (Participant 33)

I want to have control over how I heal from now. My culture is a part of my spirit and healing through the traditional culture ways gives me control... 'cause like I understand how our culture ways of healing work and that gives me more power to heal. I feel comfortable and I know how it heals. But the clinic is the opposite, everyone is helpful, but I don't know which way is up or down in there, that makes me feel like I'm unsure, no control like... it makes me nervous. (Participant 7)

6.6.3 Locality

The third element of the '*Ancient University*' refers to its locality. Participants were very clear that selecting an appropriate location for the '*Ancient University*' was paramount to its success. When asked where the '*Ancient University*' should be placed, there was a strong consensus amongst participants that it should be built on Country, out of flood zones, and well outside the confines of the Nauiyu community. Participants discussed, "*it [the Ancient University] needs to be right out of community, away from the drugs, the violence and the alcohol... a place out bush with none of that*" (Participant 6); "*on high ground out on Country, watch the flood time though... this gives you links back to the land as well plus no grog or the bullshit*" (Participant 18); and "*needs to be on sacred ground for sure, the community is where the missionaries built, our healing happens on Country, and that's where it should be built*" (Participant 12). A younger female participant, interviewed with her partner at Butterfly Creek, located on the outskirts of the Nauiyu community, continued:

It doesn't matter how strong our healing practices are, when you're dripping in blood and piss [alcohol] there will be only pain. It [Ancient University] would need to be right away from here [community]. Just even a big distance away from here might give 'em some time to dry out and change their habits – somewhere like Fish River would be a good place, Sandy Creek is another good place for it. Maybe it could be a mobile one so everyone's Country could be included. Really the only place it can't be is here [community].

(Participant 35)

6.6.4 *Protecting knowledge to share for the future*

The fourth element of the '***Ancient University***' is protecting knowledge to share for the future. In order to access traditional healing practices, many participants recognised the importance of the '***Ancient University***' as a place to ensure traditional healing practices were maintained and protected. Several participants discussed a protective function of the '***Ancient University***' in that, "*it would be a good place to make sure our traditional healing ways are kept sacred*" (Participant 5); "*we could look after our knowledge in that place [Ancient University], stop them from being lost and get damaged one*" (Participant 28); and "*having a place like a knowledge centre like that would be great to keep our knowledge, our healing and culture high and dry*" (Participant 17). A key male Elder, interviewed at Flat Rock, overlooking the Daly River, continued:

I really like the idea of having this Ancient University. It can be a way to protect our healing ways... too much has already been lost, lost to the grave, the clinic, the grog. Lost 'cause we just not respecting enough of what we know and just thinking that what has been, will always be. Wrong. We have to protect our healing, maintain and protect. Let's start collecting our healing stories, get all our culture ways of healing and put them together, in one place and look after them. Just like our ancestors would expect us to.

(Participant 30)

Other participants asserted that the '***Ancient University***' would also have an educational utility. They discussed that key members of the community who hold important traditional healing knowledge could share this information through a teaching and learning exchange within the '***Ancient University***'. For example, a

number of women participating in a large sharing circle near the Arts Centre were adamant that the '*Ancient University*' could facilitate an important educational function:

So much information and knowledge is being lost, not really being shared right way and then the old ones pass away. So much knowledge about how we healed in the old ways... going missing. This place [Ancient University] could be a way for us to really get people together to learn and to be taught the ways and keep that all going. (Participant 21)

It could be like a school but just learning our ways of healing. By doing that the younger ones get the information in a way that we like not through White fella voice... the Elders would feel respected and feel valued 'cause they will be in the centre of the knowledge sharing. They would be the cultural teacher ones. (Participant 11)

If we keep sitting around playing silly buggers, waiting for the cards to finish and people getting pissed at the pub to stop before we go back to our old ways of sharing knowledge then we are fucked, it's time to get real... start really thinking about ways to boost our ways and how we treat all our traditional knowledge and culture. A place like an Ancient University is perfect for that, gives us a reason for change. (Participant 2)

Other participants also discussed that an '*Ancient University*' could play an essential role in providing culturally appropriate education and employment opportunities for local Aboriginal people. Several participants spoke about the need to provide opportunities for Aboriginal people that specifically attend to community-related issues, such as dealing with trauma and moving forward with healing "*we need*

to train our mob to deal with our problems, real life qualifications and training in our ways” (Participant 3); and “*we can see it [trauma] everywhere, we live in it, but it needs to be us who get the skills to deal with it. Why can’t it be us getting the jobs to heal us?*” (Participant 15). The following participant emphasised the importance of providing training for local people to attend to the healing process of trauma through culture:

What we need is this place [Ancient University] to give our people the chance to do training and get the skills to help us, like break the cycle of shit and start the healing. Bringing in White mobs from fancy universities to help fix our problems doesn’t work. If it was going to work, it would have happened by now. We need more people getting qualifications in things that matter, things that start heal, things that keeps our culture strong. Yeah, that’s the one, doing qualifications in using culture as a way of keeping our culture strong. (Participant 11)

Other participants acknowledged the role of non-Indigenous service providers working in the community and spoke about the importance of assuring they had the skills to work effectively with Aboriginal people living in the Nauiyu community. They highlighted that while “*these White fellas [non-Indigenous service providers] come with big mob, fancy one training*” (Participant 2), many often “*enter our community without the skills and understanding to work with us people in a way that is culturally appropriate*” (Participant 22). As such, some participants discussed the role of the ‘**Ancient University**’ to provide training that better equips those working in the community with cultural skills, knowledges, and training:

Enough is enough of these White people one after another coming into our community without even a simple understanding of who we are, what our story is and where we want to go. Our healing story. How bout we give them a chance to get some knowledge from our way of seeing the world. Let's use this Ancient University to train 'em up, they can get a qual', but better one, they can learn how to work and move with us when they come into here to work with us. (Participant 4)

6.7 Summary

In summary, participants identified a number of factors which inhibits the incorporation of traditional healing practices into a clinic setting. In particular, the barriers highlighted by participants include *'racism'*, *'power imbalance'*, *'lack of trust'*, *'lack of culturally trained staff'*, and *'Ancient University'*. Rather than a mainstream clinic setting, participants reported that a stand-alone Aboriginal healing facility, described by many as an *'Ancient University'*, is the most effective way to deliver and protect the traditional healing practices of the Daly River people.

Chapter 7: Discussion

7.1 Introduction

The following chapter presents some of the interpretations and theoretical renderings of the data obtained in the fieldwork. The chapter intends to authenticate the significance of the new substantive theory of *seeking empowerment by owning our truth telling, owning our solutions*. A researcher who undertakes a complete literature review prior to the development of the grounded theory risks cementing preconceived ideas relating to the findings and the substantive area of study. As a result, it is important that the researcher complete the final integrative literature review after the completion of the data analysis and the core category and theory have emerged. Consequently, despite the presence of relevant literature findings throughout the thesis, the following chapter synthesises connections between the literature and the new substantive grounded theory, thus finally situating the study to establish how it relates to or extends on extant literature and theories (Charmaz, 2006).

The chapter is structured in three parts. Firstly, a description of the only two empirical studies that investigate intergenerational trauma within Aboriginal Australia literature is presented as a comparison with the newly developed substantive theory of *seeking empowerment by owning our truth telling, owning our solutions*. Secondly, the discussion of the newly emerged substantive theory is contextualised with significant extant Aboriginal Australian and international Indigenous literature and the newly developed substantive grounded theory. In order to create a conceptual bridge between the connections and concepts of the newly developed substantive grounded theory, the discussion is presented under the headings of the newly developed

substantive theory, with the basic social concern being *seeking empowerment* and the basic social process, *owning our truth telling, owning our solutions*.

7.2 Comparison to the extant literature

While a significant body of Indigenous international research exists, it is vitally important to appropriately situate research in Aboriginal communities specific to location and context. Hegemonic accounts of poor health and blame will continue without a contextualised representation of the Aboriginal experience of Australia's problematic colonial history. Despite more than 200 years of systematic colonisation, which has resulted in the long-term suffering of Aboriginal Australians (Sherwood, 2013; Tighe, McKay & Maple, 2015), there is still a lack of empirical literature exploring intergenerational trauma within remote Aboriginal communities in Australia. In fact, within the studies of Indigenous Australian populations, there are just two empirical research studies that investigate the relationship between the traumatic events of colonisation, trauma-related behaviours, and the transmission of trauma across generations.

Furthermore, in the context of healing intergenerational trauma, literature that focusses on the traditional healing practices of a specific remote Aboriginal community, and how these may be incorporated into a mainstream primary health setting, does not exist. In the review of the extant Aboriginal Australian literature, two studies were found to be significant as they established concepts that were parallel to those which emerged from this study. The following discussion compares these studies with the newly developed substantive theory *seeking empowerment by owning our truth telling, owning our solutions*.

7.2.1 *Comparison of the substantive theory with Judy Atkinson (2002), "Lifting the Blankets: The transgenerational effects of trauma in Indigenous Australia".*

The first study was conducted by Judy Atkinson (2002), within Aboriginal populations in regional and remote communities in Central Queensland. In her qualitative study, Atkinson (2002) developed the We Al-li program, a series of workshops incorporating a range of traditional healing practices to support the healing of trauma. Atkinson (2002) conducted 55 workshops, ranging from one-day workshops to ten-day modules involving over 600 participants and found that the trauma and its manifestations can be transmitted across generations. Through the use of geno-histograms, Atkinson traced trauma experiences in seven Aboriginal families across six generations, revealing a devastating escalation of violence, substance abuse, sexual assault, and suicide, particularly in the fifth and sixth generations. The results revealed clear evidence to support the view that the presence of unresolved trauma in previous generations is a reliable indicator of repeat trauma and future dysfunction in subsequent generations of an extended family (Atkinson, 2002).

In addition, Atkinson's (2002) findings provide evidence that past colonial practices (massacres, removal from traditional land, destruction of culture) are linked with the traumatisation of Aboriginal peoples in the present, resulting in increased rates of dysfunctional and self-destructive behaviours across generations. Atkinson (2002) highlights the impacts of government policies, arguing that successive colonial waves of oppression, violence, and denigration of human rights, are manifested by some Indigenous communities as various layers of profound loss, grief, and unresolved trauma (Atkinson, 2002). For example, Atkinson (2002) found that constant removal from traditional lands or removal from their families into government care had

destroyed the Aboriginal participants' sense of belonging either to families, communities, or cultural groups, resulting in the shattering of family, kinship structures, and sense of identity. These findings reflect those of the current study where participants considered the connection to Country as central to their existence and a fundamental aspect of health and wellbeing. Participants reported that a loss of connection to Country resulted in the loss of identity and was considered a significant contributor to the erosion of traditional language and knowledges.

A central finding of Atkinson (2002) was that “trauma, unacknowledged and unattended to, compounds and compacts, increasing the likelihood of further traumatic events occurring” (p.253). These findings reflect those of the current study, where participants acknowledged unresolved trauma resulting from initial contact with European settlement and the subsequent experiences of colonisation had been transmitted from one generation to the next. Furthermore, participants identified the transmission of trauma has compounded across generations, manifesting in behaviours leading to increasing rates of incarceration; suicide and self-harm; alcohol and substance misuse; and being a victim or perpetrator of violence. As participants became more aware of the impacts of untreated trauma across generations, they made more sense of their own lived experiences, and many became more willing to describe their own trauma stories. This is significant, as people felt safer to look at their own perpetrator behaviours if they felt safe enough to make sense of their own experiences as victims (Atkinson, 2002). Many described this process as deeply healing; however, it was crucial that feeling of safety was created as this provided great tension for many participants.

Mirroring the experiences of participants in Atkinson's (2002) study, many in the current study spoke about the difficulty of wanting to name their trauma experience

but felt tension about implicating family members. Though they saw healing in sharing their trauma experiences and breaking the deafening silence of denial, many feared personal retributions in doing so and punishment for those who were named (Atkinson, 2002).

However, the findings of the current study go beyond that of Atkinson's (2002) research. While participants widely acknowledge the experience of intergenerational trauma, there is broad consensus that the Nauiyu community is also currently suffering a 'communal trauma', which in time, now extends beyond a decade. The culture of the Nauiyu community had adapted to the new challenges of colonialism. A myriad of government policies necessitated new social, economic and employment structures to be developed by the Nauiyu community. These new structures exerted pressure on traditional knowledge, values, and customs, thus, the Daly River tribes modified its traditional culture, (which it had been doing for millennia as Aboriginal cultures have never been static), and they did so very successfully. For example, every dwelling in the Nauiyu community was constructed with the use of a local Aboriginal workforce which had become highly skilled and specialised.

Through the Intervention period, however, everything was lost. Pride, agency, and self-determination were again replaced by disempowerment, dysfunction, and trauma. For so many in community, a lifetime of work was erased. As a result of the Intervention, the Nauiyu community now live with the legacy of the communal trauma associated with having their once, vibrant, successful, and high functioning community ripped from their grasp. This trauma has resulted in the Nauiyu community becoming deeply fractured, where the existence of once strong unity, has now been replaced by competing factions and the weakening of community-based leadership. The lived reality of this disempowerment is featured by a cycle of self-destructive

behaviour as the community is trying to make sense of its new world. Unless this communal trauma is firstly acknowledged, and secondly, addressed at its roots, no amount of funding or provision of non-Indigenous services will make a skerrick of difference on the health and social measures associated with ‘closing the gap’.

A significant finding from the newly formed grounded theory was that participants had different views or recollections of past events, which significantly compounded traumatisation. Participants provided divergently and, at times, contradictory interpretations of events, which reflects the findings of Atkinson who reported participants often demonstrated conflicting memories and feelings of past events. While no memories are wrong, the findings of the study provide a greater understanding of placing a memory into the context of fact (Atkinson, 2002). The essential lesson, asserts Atkinson (2002), is that each person has their own memories, their own recollection of events, shaped entirely by their own lived experience.

By way of example, three brothers, who were participants in the current study, all had very different perspectives of their childhood. While the youngest brother spoke warmly about his parents and the memories of his childhood; the older brothers recalled their mother experiencing severe domestic violence at the hands of their father. The older brothers spoke honestly, harshly about their father and the impact these experiences had on their childhood. The youngest brother, shocked to hear these stories about his father, argued vehemently to protect and honour his memories of his deceased father. However, he also gained an insight into the history of family violence he has witnessed between his older brothers and the women in their lives.

Atkinson asserts that a key finding from her study was the family and communal denial of childhood experiences of violence which compounded as people

used drugs and alcohol, and acted out their distress towards others and themselves (Atkinson, 2002). In line with Atkinson's (2002) findings, participants in the current study identified that their untreated childhood trauma constructed life stories were presented as complex and self-destructive behaviours later in life. Similarly to Atkinson (2002), participants in the current study formulated a way to live day to day with their unresolved trauma but were overwhelmed when a crisis event occurred, resulting in a return to the unresolved trauma and a significant compounding of self-destructive behaviours.

Significantly, Atkinson (2002) found that there were two critical times in the life-span when people are more likely to experience crisis because of previous unresolved trauma: in adolescent or early adult years and in middle age when some late-life crisis triggers a return to an old unhealed trauma. These findings are in congruence with those of the current study where participants were able to identify similar times in their lives where events triggered previously unresolved trauma. A number of younger male participants, for example, articulated stresses related to the responsibility of passing through ceremony, while others spoke about distress experienced by those who failed to attend. Either way, this event triggered previous unresolved trauma crisis in early adult life which manifested in behaviours where *"I just couldn't understand why I was doing these things, acting up so bad, in trouble with the police, hurting my family"* (Participant 14). Atkinson (2002) refers to the moment where people identify their "stuck place" of unresolved trauma as the "dark night of the soul" (p. 323-324). This is an in-depth, contemplative process, which must occur both to avoid maintaining or possibly intensifying unresolved trauma, and to encourage the discovery of new ways of living (Atkinson, 2002).

A significant finding of the newly emerged substantive theory was the strength participants felt in their survival capacity to adapt and their stories of survival. Rather than acting as victims or speaking from a position of deficit, many participants acknowledged the resilience they have shown to overcome a range of individual and collective trauma. Participants also felt empowered through sharing their stories, and through the healing power of their 'truth telling', many recognised beginning their long and painful healing journeys. These findings are congruent with Atkinson (2002), who found that once participants were able to put context to their stories, and as the relationship between the acts of violence and the experience of trauma became clearer, their stories started to change. Strength and resilience emerged and "while disempowerment and disconnection are core experiences of psychological trauma, reconnection and empowerment occurs when people choose to reclaim and make sense of their stories" (Atkinson, 2002, p. 298). In the context of the substantive theory, participants felt empowered by the sharing and mapping of their histories, both personal and communal, which not only promoted an in-depth educational process for the community through providing a possible explanation of past behaviour, it also provided a positive focus for the future. Atkinson (2002) termed this journey as 'educating the self about the self' and the healing of 'making whole again', both of which must always occur in relationships with others (p. 324).

A significant feature of the newly developed substantive theory about Nauiyu was the participants' unanimous support for traditional healing practices in their recovery from trauma. Participants highlighted the importance of cultural safety and identified a number of traditional practices, which attend to healing holistically, reframing a fragmented identity, and reclaiming traditional Lore. Through the We Al-li workshops, Atkinson (2002) asserts the most essential step in healing is providing

participants with a culturally safe place to explore their individual and collective stories, to become self-aware of their spiritual identity and a sense of life purpose. In other words, “each individual story is relevant to the whole, making the whole story more complete, allowing the community to make more sense out of the fragmentation and perceived senselessness that is their present experience” (Atkinson, 2002, p.320).

Participants within this study associated healing with feeling connected and having a sense of belonging. For example, participants spoke about the healing power of connection to Mother Land, community, Dreamings, totems, and ancestors through painting, songs, ceremony and being on Country. Recovery from trauma lies in this spiritual healing through reclaiming identity and culture. Not only do these findings mirror those of Atkinson (2002), who found that making spiritual connections using cultural healing tools fundamental to the change process. Also in line with Atkinson (2002), the entire research process is, therefore, an essential component of the ‘trigger for change’ as participants became actively involved in investigating and making sense of their own realities (p. 322).

Highlighting the ceremony as a powerful traditional healing practice, Atkinson (2002) found that the recreation ‘ceremonies of circle’, comprising Dadirri and the Smoking Ceremony brought a cultural spirituality to the group that provided its own healing atmosphere. Furthermore, Atkinson (2002) asserts that the healing powers ascribed to smoke, which has been acknowledged and used by Indigenous worldwide, restored connection and provided a “cleansing reconnection that enabled a renewal of relationships and created healing through the practice of ritual which gives meaning to aspects of the life story” (Atkinson, 2002, p.273-274). Similarly, participants in the current study also attributed great healing power to ceremony, much of which involving smoking ceremonies such as the ‘burning of the rag’ ceremony. Occurring

after death, the ‘burning of the rag ceremony’ promotes healing through smoke by setting the deceased spirit free through burning all their belongings in a circular ceremony featured by colour, dance, food, and song. Here the smoke represents healing, and the circle represents the breast, the womb, and the water – all life-giving. Despite the significance of ceremony to healing, a majority of participants within this study clearly articulated that many ceremonial practices within the Daly River tribes have been deeply eroded or cease to exist altogether.

The other traditional healing practices identified by Atkinson (2002) as robust cultural tools for healing were story-telling, art, music, dance, and theatre. Healing through dance, art, music, theatre, crafts, and story-telling helped to establish and strengthen relationships and interconnections in response to trauma (Atkinson, 2002). In the “speaking, singing, painting, dancing, and enacting of stories, people in the present are following the patterns of speech, designs, symbols, rhythms, and steps that the ancestors have created in the continuity of ceremonial processes” (Atkinson, 2002, p.40).

These findings reflect those of the current study where participants used traditional healing practices to narrate and express their trauma in a culturally appropriate way that promotes healing. Furthermore, several male participants in the current study reported the healing capacity of constructing cultural tools and artefacts, where on the one hand, they were able to express their narrative in a way which may not have otherwise occurred, while also been given the opportunity to heal through fulfilling their cultural obligations on the other.

Significantly, participants in the current study were unequivocal in their support for traditional healing practices to be incorporated in an Indigenous based,

stand-alone healing centre that many participants described as an Ancient University. Atkinson (2002) posited that for Aboriginal people at points of change or crisis, “access to educational opportunities, resources and programs of healing” should be provided to meet their needs and support their desire for change. (p. 324). Moreover, Atkinson (2002) suggests that these educational opportunities and programs of healing need to be provided in culturally safe and appropriate spaces for recovery to be effective.

This is comparable to the findings in the current study where participants reported that programs of healing and traditional healing practices should be available to Aboriginal people when they need them. *“We should be able to get that right type of cultural help when it is needed not when it suits the mobs in Darwin”* (Participant 3) in a place where *“we feel safe, feel wanted, where we feel like we belong”* (Participant 11). Participants in this study were clear that through education, whereby training and qualifications are coupled with the intimate knowledges of traditional healing practices, healing can, in fact, come from within the community. Participants were also clear that the greatest healing would occur when it was provided by Aboriginal people with knowledges of traditional healing practices, rather than that of well-intentioned, highly qualified outsiders. This contention is supported by Atkinson (2002) who argued that:

Not one of the participants in the study was able to name a positive outcome they had experienced with mental health professionals who, generally as a group, clearly lacked either race or gender analysis in their approach to the needs of their clients as they were defined by the participants. (p.323)

The importance of self-determined healing was extensively recognised, supporting Atkinson's (2002) study, which found that participants who worked together to make sense of their own stories were, in turn, more able to support others in healing and developed a deep psychological insight far beyond that of some professional workers who 'looked in' from the outside without participate. From this viewpoint of empathy, asserts Atkinson (2002), all healing becomes self-healing and the person walking with a participant acts as an educator to an emerging new knowledge, strengthens the deepening understanding of the Self and helps to build bridges of communal healing and recovery.

While the findings emphasising the importance of traditional healing practices in overcoming the experience of colonisation are comparable to those of Atkinson's (2002), the results of the current study relating to the Ancient University provide an important extension to Atkinson (2002) research. A key finding of the current study highlights the potential of the Ancient University to incorporate traditional knowledges and healing practices that enable self-determination related to providing employment and training opportunities for the local Aboriginal workforce. Thus, the Ancient University has the potential to heal trauma and enhance self-determination by building the capacity to 'walk in two worlds'. The current study also outlined the importance of the Ancient University in providing cultural integration training for non-Indigenous service providers. Not only will this training provide employment opportunities for local Aboriginal people, but it also enhances the capacity of non-Indigenous service providers to work in Aboriginal communities, thus further improving benefits for Aboriginal communities.

7.2.2 *Comparison of the substantive theory with Caroline Atkinson (2008), “The violence continuum: Australian Aboriginal male violence and generational post-traumatic stress”.*

Caroline Atkinson’s (2008) two-part research into trauma stressors of incarcerated Aboriginal males, is the only other study to have empirically investigated intergenerational trauma in Aboriginal Australian populations. In the first phase of the study, using a cross-cultural, multi-methodological, and multi-method approach, Atkinson (2008) designed and implemented a cross-cultural instrument with the capacity to measure the traumatic stressors and trauma-related symptoms specific to Australian Aboriginal people. This was then employed to investigate the relationship between violence and generational post-traumatic stress among 58 Aboriginal males who had been incarcerated for committing violent crimes (Atkinson, 2008). In the second phase of the study, Atkinson (2008) explored patterns of generational trauma and violence through the construction of geno-histograms obtained with ethnographic semi-structured interviews of incarcerated Aboriginal males. These results suggest that the high rates of Aboriginal men being incarcerated for crimes of violence could be due to a history of widespread traumatic stressors that are being transmitted across generations, and which will continue to increase across successive generations without effective intervention (Atkinson, 2008).

Atkinson (2008) found the most commonly reported traumatic stressors, were associated with constant sorry business, family violence, and drug and alcohol issues. These findings are in accordance with the current study where constant states of grief, violence in a variety of forms, and alcohol and marijuana abuse were common experiences for participants. However, in contradiction to the current study, other

commonly identified traumatic stressors revealed in Atkinson's (2008), research was associated with low social support, forced separations, racism, and institutional violence. While each individual experience is serious, few participants in the current study reported low social support, forced separations, and apart from interactions with non-Indigenous service providers, recent incidences of racism were rare. By way of example, in terms of forced separations, several study participants narrated their experience of being removed from Country as children and living under the auspices of the Catholic Church, where they attended the mission school and lived in the school dormitory. Evidence of violence, neglect, and abuse, which were strong features of mission life for many Aboriginal children around Australia was not present in Daly River. Moreover, while many study participants acknowledge the impact Church life had on their Aboriginal culture, there was substantial uniformity amongst participants that living in mission school was a place of sanctuary, offering safety and protection absent in life for those living away from the mission.

Atkinson (2008) was able to demonstrate that trauma can be transmitted across generation, accumulating, and compounding from one generation to the next. Atkinson (2008) revealed that the mean rate of traumatic stressors and dysfunctional behaviours for each participant was significantly higher in the current generation than the older generation ($M = 0.09$, $SD = 0.09$, $t = (57)$, $p < 0.01$). Atkinson's (2008) results reflect those of the current study, which found an increase of dysfunctional behaviours in the current generations when compared to older generations. Participants within the current study reported that dysfunctional behaviours had increased from one generation to the next, behaviours which represented both a symptom and a cause of trauma. More specifically, results in the current study mirror a number of similarities with Atkinson's (2008) findings with increases in the rates of suicide, being a victim

or perpetrator of violence, and alcohol and drug abuse in current generations when compared to older generations. Many participants shared stories of dysfunctional behaviours such as excessive drinking, drug use, and violence as their way of coping with their own traumatic experience. These findings are in congruence with Atkinson (2008) who established that the high rates of Aboriginal men incarcerated for crimes of violence resulted from alcohol and drug misuse as both a cause and symptom of trauma, which can be traced to a history of traumatic stressors which are being transmitted across generations without effective interventions.

An essential feature of this study is the importance placed on traditional healing practices in dealing with trauma. This finding is in concert with Atkinson (2008), who also reported the most effective healing techniques focussed on grounding the self through reconnection to culture. Atkinson (2008) identified the power of narrative, giving people the opportunity to talk and make sense of their story, peeling back the layers through narrative in a process legitimising their life journey. Similar to Atkinson (2008), participants in the current study were not looking to justify or excuse their dysfunctional and destructive behaviours, however, by peeling back the layers behind the trauma, participants gained an understanding behind their behaviours, lived-experience, and feelings. Importantly, participants highlighted the opportunity to share without judgement, which they found to be profoundly healing (Atkinson, 2008).

According to Atkinson (2008), art through painting was also viewed by some as an opportunity to release their stories onto canvas in much the same way that narrative was found to be beneficial. In addition, music also gave people, particularly male participants, an opportunity to relax and meditate on their stories and to release some of the pain that they felt was “eating them up” (Atkinson, 2008, p. 212). While in agreement that music was a key healing modality, participants in the current study

were clear that healing was found only in traditional songs such as the Wanga and Lirraga, and the variety of contemporary music, such as ‘gangster’ or hip-hop music, were an antithesis to recovery from trauma.

In contradiction to Atkinson (2008), who found that traditional Lore and White fella’s law suppressed each other and people were left to collide with or be pushed by two justice systems, participants in the current study posited that the justice system of non-Indigenous law eroded traditional Lore. However, rather than experiencing a ‘double jeopardy’, there is an entire area of lawlessness where neither system of law exists. Many discussed that cultural Lore, designed to protect traditional kinship structures, ceremonies, and sacred knowledge, was now suppressed to privilege ‘White fella’ law, a law which currently fails to reflect Aboriginal worldviews, let alone cater to the needs of complex community tensions or family violence of epidemic proportions. Thus, the community lives in a state of lawlessness, where people live between both law structures, both black and white, yet scarcely committed to neither. As a result, Elders of the Nauiyu community are disempowered by the erasure of traditional Lore, while Western law enforcement treads lightly on the periphery of matters of greatest concern; and younger generations are growing up blinded by a lack of leadership and accountability.

7.3 The basic social concern – seeking empowerment

Results in the current study revealed that approaches of empowerment have the potential to be transformative in the healing process. Underpinned by the virtues of self-determination and social justice, empowerment involves several vital dimensions of community connectedness, self-development, and improved quality of life (Bainbridge, 2009; Hall, 2015; Wallerstein & Bernstein, 1988). Researchers contend

that empowerment is an essential promoter of health, and as powerlessness and the role of power relations are strong predictors of poor health, understanding the role of empowerment approaches is vital at three outcome levels: individual, organisational, and communal (Fredericks, 2008; Wallerstein, 2006).

Participants identified that *seeking empowerment* not only promoted healing through strengthening culture; empowerment approaches also counteracted the experience of disempowerment from colonisation. These findings are consistent with previous Aboriginal Australian and international literature, which suggests underpinning empowerment approaches within Aboriginal communities is the philosophical assumption that the history of colonisation and the position of Aboriginal people are inextricably linked, and that any remedy requires empowerment of Aboriginal people at personal and community levels (Morgan & Cole-Hawthorne, 2016; Nilson, 2016; Tsey & Avery, 2000). Frederick (2008) goes further, arguing that “any sense of what empowerment means to Aboriginal people or the effects that empowerment strategies have in working with Aboriginal people needs to come from the understanding that we were once sovereign peoples” (p.4).

The link between empowerment and social and political inclusion is far from a new concept. For instance, the World Health Organisation have long focussed on this connection noting that “empowerment of marginalised people [is] an important outcome in its own right, and also an intermediate outcome in the pathway to reducing health disparities and social exclusion” (Wallerstein, 2006, p. 18). This relationship between seeking empowerment to countercultural oppression from colonial practices has also been a consistent finding in Aboriginal Australian literature (Bainbridge, 2009; McCalman, 2013; Whiteside, Tsey, McCalman, Cadet-James, & Wilson, 2006). Sheehan (2011), highlights the empowering notions of ‘Indigenous respect’, which

provides the strength to refuse to “become the same as the oppressive powers that control our lives. This respect works because we know that natural systems are life-positive relations that make the world more alive and liveable if groups make the correct choices” (p. 69).

For participants in this study, *seeking empowerment* meant being given a chance to have a voice and to share their story. Many described the feeling of deep relief as they were finally being heard. Many spoke passionately, avowing that for too long other people spoke on their behalf, wherein their own culture has been suppressed through being silenced and that the sharing of their colonial experiences had yet to occur. However, when given a chance to share their story within this study, many participants reported starting their individual healing journeys, which through Dadirri, may have promoted collective healing from trauma. This also supports previous literature, which found that empowering individuals by community, and within community, through strengthening and encouraging Aboriginal voice, has an expanding, ripple effect that promotes sustainable (Kirmayer et al., 2003; Stephens & Monro, 2018; Wexler, 2016; Wexler, White, & Trainor, 2015).

Participants highlighted the importance of *seeking empowerment* to the attainment of greater self-determination. In congruence with emerging Aboriginal Australian research (Cunneen, 2017; Dudgeon et al., 2017; Rigney, 2017), results in the current study emphasised the importance of empowerment to self-determination, which, according to study participants, is a crucial determinant to the success of a range of Aboriginal community initiatives in areas such as health, education, training, and employment. Participants within this study also stressed the need to be empowered to develop the control, agency, and decision-making capacity to have self-determination over community issues which affected their lives.

While the study theory highlighted a link between empowerment, self-determination, and agency, results of the current study also identified a number of barriers that local people experience, which impacts their capacity to inform their own decision-making process within community. For example, participants revealed waves of government policies which have deeply entrenched structural adversities within the Nauiyu community, and have resulted in significant disempowerment. This concurs with previous research which acknowledges that the critical roots of empowerment to self-determination must be coupled with supportive or enabling structural environments for individuals to experience flourishing conditions of agency and control (Bainbridge et al., 2015; Taylor, 2018; Williams, 2016).

Another defining aspect of *seeking empowerment* is the importance participants placed on a strength-based approach in coping with the impacts of colonisation. In responding to their experience of colonisation, participants were adamant that *seeking empowerment* involved a focus on strength, rather than viewing their lives through a lens of negativity and deficit. These findings are in accordance with an emerging body of Aboriginal Australian literature, which posits empowerment as a strength-based process of decolonisation that redresses a history of social inequities and injustices (Dudgeon et al., 2014; Freeman et al., 2014; Stephens & Monro, 2018). Participants also highlighted that the journey of *seeking empowerment* should avoid involving control over others or inequitable power sharing. In contrast, seeking empowerment involves a personal discovery which enables resilience and self-control, which as Durey and colleagues (2016) suggest are key elements in countering disempowerment by colonisation. These findings are significant as they highlight that empowerment implies personal growth and development of capacity through uncovering existing strengths, whether individual or communal, rather than

the disempowerment of pitting one group against another (Laliberté, Haswell-Elkins, & Reilly, 2009).

More specifically, the utility of empowerment initiatives with a strength-based focus to enhance social and emotional wellbeing within Indigenous Australian populations has been determined across numerous health settings (Bainbridge et al., 2015; Wenitong et al., 2004; Whiteside, Tsey, Cadet James, Haswell, & Wargent, 2009). Developed through grounded theory methods in the Empowerment Research program, Bainbridge (2009) defined the four sub-processes of becoming empowered as defining moments, seeking authenticity, authoring narratives of self, and capturing autonomy. In line with these findings, Whiteside (2009) also described the sub-processes of empowerment as beliefs and attitudes, skills and knowledge, agency, and achievements. Similarly, McCalman (2013) defined the three sub-processes as meeting a need, taking control to make choices, and listening and responding. While commonalities exist across studies, McCalman (2013) cautions that the transferability and uptake of empowerment programs within Aboriginal Australian communities has yet to be explored.

Literature in Aboriginal Australia and international Indigenous research also highlights a relationship between empowerment and leadership within Aboriginal communities (Atkins, 2018; Martin et al., 2019; Stewart & Warn, 2017). This contention was supported by results in the present study that revealed an important link between empowerment and the leadership provided by Elders in the Nauiyu community. By way of example, participants emphasised that healing programs implemented in community but without strong Aboriginal leadership, have a long and inglorious history, even those based on empowerment principles. Thus, a central aspect of Aboriginal Australian's empowerment and healing journey involves the

ability to cultivate leadership skills, targeting those with legitimacy through their role in community, particularly amongst the Elders group, which provides supportive networks that contributes to community wellbeing (Laliberté, Haswell-Elkins, & Tsey, 2012).

Moreover, participants in the current study revealed that community leadership structures should nurture the key elements of empowerment and passed on to younger generations in much the same way that cultural knowledges are traditionally passed down. Participants argued that opportunities to develop leadership capacities in ‘both worlds’ must be provided in the context where Aboriginal Australians are considered the ‘experts’. The capacity of empowerment to be imparted and shared through community leadership structures is in line with the grounded theory of program transfer and Aboriginal empowerment of McCalman (2013), who found that empowerment can be taught and supported, and that training through the transfer of experiential and tacit knowledges helped to enable agency and control.

In summary, these findings add to existing Aboriginal Australian research by providing insight into the importance of *seeking empowerment* in countering the deleterious impacts of colonisation in the Nauiyu community. The findings in this study suggest a greater emphasis be placed on developing empowerment to promote self-determination, agency, and control in Aboriginal communities. Results in the current study revealed that developing *empowerment* should centre on Aboriginal people and their worldview, and involves a strength-based approach which acknowledges the role of leadership structures, particularly that of Elders, in community to nurture, share and, support the key elements of empowerment. The Ancient University represents a unique space in that it offers the potential to support the key elements of empowerment through enabling Aboriginal leadership capacities

in a context that places local Aboriginal people in the strength-based position of the ‘expert’.

7.4 *The basic social process – owning our truth telling*

Central to the newly developed grounded theory and also apparent in previous research is the conceptualisation of truth telling for Aboriginal people (Adams, Martin, Phillips, Macgregor, & Westaway, 2018; Regan, 2010). *Owning our truth telling* supports the basic social concern of *seeking empowerment* and refers to the process of participants in this study sharing their trauma stories through describing the individual and collective experiences of colonisation, and how the compounding trauma resulting from these experiences have impacted lives as it gets transmitted across generations. In congruence with Aboriginal Australian and international Indigenous literature, participants in the present study argued vehemently about the importance of truth telling to the reconciling of the history of colonisation experienced by Aboriginal people since European settlement (James, 2012; Short, 2016). Meyer (2003) contends:

We will wake up or stay asleep with regard to how best to research/understand, and thus educate our children in this time of homogenization, fear and amoral intentions... it’s time. It’s time because the world needs our clarity, and we need our own. (p. 249)

A key theme explicated from the truth telling of participants was the impact that the colonising catastrophe had on Aboriginal culture. In congruence with Aboriginal Australian and international literature, participants identified that their history of European contact has been featured by constant, destructive waves of colonising practices (Dudgeon & Walker, 2015; Paradies, 2016; Reynolds, 2006). The

impact of colonial practices on the Daly River tribes are not new, as Stanner observed in his Daly River visit in 1932:

Whatever it was, the effective local organization of Daly River tribes has long since perished. The reason is clear. Those tribes which drifted to the settlement and stayed, were aliens in a foreign country. They speedily lost their own local organization, although it does seem at first that an effort was made to preserve it. But the harm was not to themselves alone: their very presence in another's territory (in this case the Mulluk Mulluk) was a threat to the host's solidarity. In time, this became a definite cause of disintegration. (Stanner, 1979, p.404)

Results revealed that the Aboriginal experience of colonisation in Daly River involved deliberate and systematic violence in the form of massacre, cultural genocide, and a range of government policies designed to entrench social, economic, and political injustice and disadvantage within the Nauiyu community. Participants within this study reported their experience of colonisation had manifested in disastrous impacts on Aboriginal culture, the most significant of which leading to altered ceremonial practices, disempowerment of traditional Elders, and adverse impacts on kinship structures.

Similarly, MacDonald & Steeneek's (2015) Canadian study found that colonisation affected all aspects of Aboriginal life, but contributed significantly to the loss of traditional practices and the breakdown of the family unit. Importantly, several participants in the current study made a crucial connection between the erosion of such key features of Aboriginal culture and the diminished role of males within the Nauiyu community. This resounding belief in the significance of traditional male roles to

Aboriginal culture is supported by several studies which suggest the current diminished status of Aboriginal males has resulted in a loss of responsibility for traditional teachings, lack of adherence to traditional Lore, and an absence in strong male role modelling and parenting skills, thereby dismantling traditional kinship systems (Anderson, 2011; Hanson, 2016).

There is abundant literature which documents the catastrophic impacts of colonialism in Aboriginal communities are not homogenous (Cavanagh & Veracini, 2016; Evans-Campbell, 2008; Ober et al., 2000). Participants in the current study provided detailed, nuanced information describing their own, specific experiences of colonisation, and subsequent cultural impacts. Importantly, while study participants acknowledge Aboriginal culture has had to endure significant European oppression, there was substantial uniformity amongst participants recognising the strength and resilience which remains a feature of Aboriginal culture, highlighting the capacity of their culture to adapt and bend with the pressures of colonisation in a way that ensures its future. Unpacking the process of colonisation specific to the Nauiyu community contributes to Aboriginal Australian literature as it develops an understanding of the colonial experiences specific to the Daly River tribes. In doing so, the study confirms previous Aboriginal Australian literature, highlighting that while the dynamics of colonisation spread fiercely across Australia, the colonial impacts on Aboriginal populations, both past and present, have resulted in vastly different lived experiences, which are unique and very locality specific (Oliver, 2013; Sherwood, 2013).

The research findings reflect a large body of recent Aboriginal Australia literature substantiating the presence of very high levels of violence in Aboriginal communities (Kerr, Whyte, & Strang, 2017; Shepherd, Delgado, Sherwood, & Paradies, 2018; Wilson et al., 2017). Experiences of violence had directly or indirectly

impacted every participant in this study. In congruence with other research, several participants reported the chronic exposure had resulted in the normalisation of violence where it is something that should just be expected and part of everyday life (Fredericks, Adams, & Angus, 2010; Hovane, 2015). However, despite the normalising of violence in the contemporary Daly River community, participants argued against the notion of violence being a feature of traditional Aboriginal culture, and vehemently consider it to be a direct product of colonisation. The theme of colonisation being pivotal to the prevalence of violence in Aboriginal communities reflects previous research (Altman & Hinkson, 2007, 2010; Wilson et al., 2017) suggesting the level and intensity of violence experienced by Aboriginal people is strongly related to Australia's colonial past, which has resulted in widespread disadvantage and inequality.

Moreover, decolonising research has found that incidences of Aboriginal violence must be viewed in a broader context of dispossession, racial prejudice, disruption of culture, and the forced removal of children (Atkinson & Atkinson, 1999; Blagg et al., 2018; Nakata et al., 2008; RCIADIC, 1991), in turn, contribute to excessive alcohol consumption, violence, and high rates of Aboriginal incarceration (Wilson et al., 2017). Exposure to violence negatively shaped individuals' perception of the world, led to increased oppositional behaviours, drug and alcohol problems and high-risk-taking activities (Hall, 2015). Participants highlighted the central role of alcohol abuse and the experience of violence in the Nauiyu community. Participants identified Alcohol-related violence as one of the most significant challenges facing the people of Daly River, with several participants discussing their everyday patterns of binge drinking 'permeated every fabric of their life', often leading to 'horrific' and 'soul changing' violence. Participants reported that females were more likely to experience alcohol-related violence during the night in their own home, whereas for

males, these incidents were more likely in parks, streets, or at the pub. Furthermore, participants also identified events such as parties, Sorry Business, and sporting events increase the likelihood of alcohol-related violence in the Nauiyu community.

While previous research asserts that alcohol in and of itself does not cause violence experienced by Aboriginal Australians (Wilson et al., 2017), several participants revealed either experiencing or perpetrating serious alcohol-related violence after using alcohol as a self-medicating tool to cope with their own trauma experiences. These findings are in line with the Memmott et al., (2001) study in remote Queensland Aboriginal communities, which states that alcohol should be viewed as an important situational factor that exacerbates the severity of the violence, and the underlying causes of alcohol-related violence warrant attention. For example, research has established that the experience of trauma often results in people turning to alcohol to manage intense feelings, numb themselves, or initially dull the effects of trauma (Gonzales et al., 2018; Islam et al., 2018; Vicary & Westerman, 2004). Significantly, other studies have revealed that unresolved trauma resulting from colonisation can be manifested in expressions of violence particularly in the presence of alcohol (Atkinson, 2002). While all participants acknowledged the perpetration of violence could never be justified, regardless of the use of alcohol, for many, it helped them to understand their own behaviour better.

Results revealed that violence has significantly increased in the Nauiyu community because of the inappropriate use of digital technologies such as mobile phones. A key function of mobile phones for many study participants is the access they provide to the internet, reflected by the fact Indigenous people throughout Australia now use social media at rates higher than their non-Indigenous counterparts (Carlson, Farrelly, Frazer, & Borthwick, 2015; Rennie, Hogan, & Holcombe-James, 2016).

However, participants in the current study identified that greater access to social media platforms, particularly Divas Chat, has resulted in messages that were often designed to ignite violence by ‘swearin up’ each other, spreading rumours, and starting arguments with other factions in the community. These findings reflect those of a study by Iten (2014), who investigated social media use in six remote Indigenous community in the Northern Territory and found that swearing and arguments were considered the most common problem associated with social media use.

Furthermore, participants revealed social media-inspired violence that provokes jealousy is distinctive as it primarily involves young people, particularly teenage girls, which escalates community violence quickly as family members feel more obliged to defend girls and get involved. The act of ‘jealousing’, as defined by McFarland (2012), concerns the “claims or perceived entitlements on relationships between family groups and individuals” (p. 71), and intensifies family and domestic violence.

Another key finding to emerge from the newly developed grounded theory is the significant impact of colonisation on the social and emotional wellbeing of the Nauiyu community. In line with Aboriginal Australian literature, participants in the current study identified widespread mental health issues in the Nauiyu community, which resulted in psychological distress and increased rates of self-harming and suicide (Dudgeon, Calma, Brideson, & Holland, 2016; Krysinska, Martin, & Sheehan, 2009; Ridani et al., 2015). Every participant in the study reported being directly or indirectly impacted by suicide. Rather than reporting experiences of depression or anxiety, participants emphasised the underlying factors causing poor mental health and social and emotional wellbeing were more related to feeling powerless and indefinite helplessness. The theme of powerlessness, rather than diagnosed mental illness,

underlying suicide is in line with a recent Australian Senate inquiry into mental health which found:

...in too many cases, the causes of suicide for Aboriginal and Torres Strait Islander peoples is not mental illness, but despair caused by the history of dispossession combined with the social and economic conditions in which Aboriginal and Torres Strait Islander peoples live. (Australian Senate Standing Committee on Community Affairs, 2018, p.128)

Participants also reported the experience of helplessness resulting from feeling stuck between two worlds – Aboriginal and non-Indigenous cultures. The importance participants attach to the relationship between agency for Aboriginal people and their capacity to ‘walk in two worlds’ is an increasing focus of emerging Aboriginal Australian literature (Bainbridge, 2009; Stewart & Warn, 2017). Implicit in the narratives of the study participants was that where they once expected to find strength and support in their culture, their culture had now been eroded, though not entirely replaced, by non-Indigenous influences. Participants argued that they lived in a “*place of grey – neither Black or White*” (Participant 5), forced to exist in an empty void, stuck between two worlds where neither Aboriginal nor non-Indigenous laws and knowledges existed.

These findings are in congruence with (Blagg et al., 2018) who found participants in their research spoke about the feeling of being stuck between two worlds and having a lack of confidence in both systems providing safety and support for members of community. Blagg et al., (2018) found that to increase the confidence of walking in two worlds required a paradigm shift, described in their study as a Country-centred approach. They assert that mainstream systems should increasingly

defer to Indigenous organisations and practice, placing Indigenous people at the centre of intervention (Blagg et al., 2018). Such an approach, argues Blagg et al., (2018), recognises the enduring legacy of colonisation and establishes cultural authority, thus strengthening the capacity of community members to walk in two worlds, and alleviating helplessness which leads to mental health concerns. These findings suggest the efficacy of supporting Aboriginal social and wellbeing issues through community based initiatives strengthen culture through decolonising approaches that are place-based and Aboriginal-owned.

In contradiction to previous research (Anne Pearlman, 2013; Schultz et al., 2016; Volkan, 2001) which asserts the importance of group identity through the experience of trauma, participants in the current study suggest that characterising Aboriginal Australians by their group identity has proven particularly disempowering. Many felt that group identity is predicated on the idea that their group identity classifies them in whatever fragmentary formulation that may take. By assuming people should be identified by their group, participants also felt that group guilt can be attributed to the group and the potential for empowerment disappears quickly. Several participants, for example, highlighted group guilt as a key feature, and lasting legacy of the Intervention, with large proportions of the Nauiyu community still living with the trauma. Indeed, participants revealed that individual identity should take precedence over group identity to ensure that another generation of trauma is not passed off as Aboriginal culture.

7.5 The basic social process – owning our solutions

Results in the current study revealed that the solutions to the trauma which has resulted from the experience of colonisation already exist within the Nauiyu community. Participants were unanimous that not only did they own their truth telling, they also possessed their own solutions and any effective, sustainable healing response to their experience of colonisation must come from within the community. These findings reflect previous research which asserts the governance of the healing journey would profoundly benefit from the skills and experiences possessed by the people who have directly or indirectly suffered the trauma associated with colonisation (Atkinson, 2016; Clark, 2017; Dudgeon, Watson, & Holland, 2017). The present research also revealed that the specific context of colonisation was unique to the Nauiyu community, and as such, the healing response must adopt localised practices from within the community.

The theme of participants believing they are best placed to identify and address their own issues is in line with emerging Aboriginal Australian and international Indigenous literature, which report on the repeated mistakes of health professionals and policy makers in ‘fixing up’ problems with Aboriginal people by entirely depending on the ingenuity, expertise, and generosity of the outsider (Danto & Walsh, 2017; Dudgeon et al., 2014; Peeters et al., 2014).

Participants in the current study identified the importance of traditional healing practices in restoring and sustaining holistic health and wellbeing. Consistent with existing Aboriginal Australian literature, participants highlighted the capacity of traditional healing practices to attend effectively to a holistic view of health which incorporates physical, psychological, and spiritually wellbeing, both of the individual

and the community (Adams, Drew & Walker., 2014; Hall, 2012; Salmon et al., 2018). Results in the current study revealed an important function of traditional healing practices was the reestablishment of a sense of connectedness to the Self and others and the restoration of a stable personal and communal identity. Whether through art, music or, connection to Country, participants highlighted healing from trauma occurred once cultural identity was rebuilt through reconnection to ancestors, the spirit, and the Dreaming. Meyer's (1998), Hawaiian based study found that the majority of Elders interviewed described the significance of place and identity in relation to genealogy, connectedness with the ancestors, land, and the surrounding environment.

The theme of connection to Country and the Dreaming being pivotal to Aboriginal spiritual healing and identity is in line with Préaud's (2009) Kimberley project, which prescribed that connection to Country is a healing process that 'gradually builds the young people as Country themselves' (p.9). The process of becoming Country performs a profound healing transformation and reflects a variety of traditional healing practices that heal by restoring cultural strength and identity (Dudgeon & Bray, 2018). In concert with these findings, international Indigenous literature also placed significance on healing from trauma through re-establishing cultural identity by developing resilience and reframing cognitive challenges that arise from colonial practices (Kirmayer et al., 2003; Roy et al., 2015). Importantly, Hall (2015) suggests that not only does reclaiming cultural identity strengthen the spirit, which was crucial in transformation through the healing of past trauma, it also has a positive impact on self-determination required to effectively walk in two-worlds and optimism for a better future.

There was strong uniformity amongst participants in identifying the effectiveness of traditional healing practices in attending to the impacts of colonial practices. In congruence with previous Aboriginal Australian literature, the participants in this study contended that traditional healing practices comprise decolonising influences, which promote culturally appropriate and sustainable healing from trauma experienced by colonial practices (Drew, Adams, & Walker, 2010; Dudgeon & Walker, 2015). Furthermore, participants emphasised an important distinction between traditional healing practices and Western-based models of health in that traditional healing practices are healing-informed rather than trauma-informed. Many argued that a trauma discourse, rooted in a Western, mainstream narrative, failed to reflect the healing perspectives of Aboriginal people, and thus served in further perpetuating colonial practices and cultural imperialism.

Similarly, international Indigenous literature recognised a disparity between Western and Aboriginal views of healing based on decolonising processes. Gone (2013) provides valuable insight into the differentiated views between Western, evidence-based psychology and Indigenous culturally sensitive therapies. Gone (2013) asserts that whereas the goal of Western-based mental health practitioners is to provide psychological assistance to clients, the goal from an Indigenous perspective involves healing through a decolonising lens:

Decolonization is the intentional, collective, and reflective self-examination undertaken by formerly colonized people that results in shared remedial action. Such action traces continuity from “traditional” (precolonial) experiences even as it embarks on distinctive, purposeful, and self-determined (post-colonial) experiences. The key to decolonization is

community emancipation from the hegemony of outside interests. (Wilson & Yellowbird, 2005, cited in Gone, 2013a, p. 90)

Gone's (2013) findings are in congruence with the current study, as not only does it challenge the conventional Western notions of healing, it does so by promoting holistic, culturally appropriate healing, supported by decolonising influences within the Nauiyu community.

Participants also reported the importance of traditional healing practices in articulating internalised trauma. In line with previous literature, results from this study revealed that traditional healings practices provided a means for participants to express their trauma stories, which would have otherwise have remained internalised and untreated (Atkinson et al., 2014; Barney & Mackinlay, 2010; Hall, 2015; Kirmayer et al., 2003). The potential of traditional healing practices in addressing internalised trauma is noteworthy, particularly in relation to the male participants within this study. In congruence with previous research (Anderson et al., 2007; Kirmayer et al., 2003), several male participants reported internalising their trauma due to the shame associated in verbalising their story, the impact of which was compounded by colonial influences which left a profound disjuncture between traditional roles and their current diminished status within community. These findings are significant as, without an avenue to address their trauma, several male participants within this study identified that their trauma manifested in self-destructive behaviours including violence, alcohol abuse, and crime (Day, Nakata, & Howells, 2008; Miller & Najavits, 2012).

Whereas a significant body of research highlights the value of blending traditional and Western healing approaches (Iwama et al., 2009; Marsh et al., 2015; Vicary & Andrews, 2000), the current study did not support these findings. In general,

the barriers reported by participants to mainstream, Western health access reflects a growing body of Aboriginal Australian research which reveals the impacts of colonisation and associated assimilatory practices within the Nauiyu community (Gibson et al., 2015; Hengel et al., 2015; McBain-Rigg, & Veitch, 2011). Participants were concerned that integrating approaches through a form of medical pluralism, would result in further corruption of traditional healing practices, whereby traditional healing practices would be viewed as inferior when compared to Western biomedical approaches. Mattock (2003) concurred in her study investigating traditional medicines in primary health care settings reporting that if viewed as inferior, “traditional medicines were kept at the back of the clinic” (p.367).

Several participants in the current study reported experiences within in the community clinic that featured a lack of trust, racism, and a power imbalance, which was exacerbated by staff who constantly changed and lacked appropriate cultural training. A study by Smith et al. (2017) of the cultural appropriateness within the primary health care services in Mount Isa, Queensland, found that not only were the physical environment and facilities culturally inadequate, but health care practitioners also reported undertaking cultural awareness training that was found to be general, superficial, and lacking prospective evaluation. In this sense, participants within the current study made it apparent that incorporation of traditional healing practices into a mainstream primary health setting should be avoided.

A significant feature of the newly developed substantive theory was the significance placed on the development of an Ancient University. As previously discussed, the Ancient University is described as an Indigenous based, stand-alone healing centre which focusses on traditional healing practices of the Nauiyu community. While the primary role of the Ancient University is to provide traditional

healing from the impacts of colonisation, participants also reported three significant functions of the Ancient University. Firstly, the Ancient University could provide valuable cultural awareness training to non-Indigenous service providers working with Aboriginal people. Participants highlighted that many non-Indigenous service providers lacked the skills to work effectively with Aboriginal people because they lacked an understanding of Aboriginal culture and the Aboriginal experience of colonisation in Australia.

This lack of understanding in Aboriginal culture is in line with a Western Australian study by McGough (2015), of mental health workers working with Aboriginal people, which highlights a lack of understanding where participants reported: “no recognition that there are different nations with different languages, different cultural [ways]”; “I don’t have a wide experience, my knowledge is absolutely minimal, I would say I had almost zero knowledge”; and “I don’t recall anything discussed at school” (p. 49). In concert with emerging Aboriginal Australian literature, participants in the current study emphasised the importance of quality cultural awareness training that goes beyond a superficial, tokenistic glance, is deeply grounded in Aboriginal culture, and designed and provided by Aboriginal people on Country.

Secondly, participants consider the Ancient University as a crucial element in redefining the relationship between the Nauiyu community and the Western medical health system. While a variety of barriers inhibits access to the clinic, and participants were adamant that incorporation of traditional healing practices in primary health care settings should be avoided, within this study, the value of Western medicine to the provision of health care in the community was still broadly acknowledged. The study model revealed the function of an Ancient University as a cultural bridge, acting as a

soft, culturally safe contact point between the clinic and the community. These findings align with the Devanesen (2000) model of bicultural medicine (Appendix L), which emphasises the importance of culturally relevant pathways in clinic settings as they “relate Western beliefs to an Aboriginal conceptual framework making it possible for Aboriginal patients to understand what is being said and to assess the validity of the statements” (p.3). For example, participants highlighted the potential of developing relationships between the Ancient University and Aboriginal health workers in the clinic, and in doing so, opening up culturally appropriate pathways with the clinic; which previous Aboriginal Australian research has found encourages earlier and more proactive engagement from Aboriginal patients (Canuto, Wittert, Harfield, & Brown, 2018; Durey, Halkett, Berg, Lester, & Kickett, 2017; Panaretto, Wenitong, Button, & Ring, 2014).

The crucial final function of the Ancient University identified by participants is to preserve and protect traditional healing practices. The loss of traditional knowledges and healing practices has long been a focus of Aboriginal Australians and international researchers (Panzaroni, 2013; Robbins & Dewar, 2011; Wohling, 2009). Participants in the current study acknowledged the erosion of cultural knowledges related to traditional healing practices in the Nauiyu community due to processes of colonisation. Actively performing traditional healing practices in a culturally safe space where Indigenous knowledges are privileged was identified by participants to be the most effective method in preserving traditional healing practices. The theme of practising traditional healing practices is pivotal to their preservation, in line with Robbins & Dewar (2011), who assert that practising traditional healing practices is a vehicle towards fulfilling the objectives of maintaining and developing traditional

knowledges that promote a spiritual revitalisation from the impacts of colonial processes.

Results from the current study also emphasised the protective mechanism of an Ancient University to pass on traditional healing practices to younger generations in an environment free from foreign, corruptive influences. The notion of practising traditional healing in a manner that preserves its cultural integrity should not be underestimated as explained by one key male Elder study participant, “*I would rather the knowledge dies with me; like I take it with me to my grave than see it passed on and corrupted*” (Participant 16).

The significance of these findings is twofold. Firstly, the oral transmission of traditional knowledges from one generation to the next has long been recognised as a feature of Aboriginal culture. As such, the Ancient University serves a vital role in providing direct contact with traditional healers who possess the knowledge and experiences that enable the passing-on of traditional healing practices. Secondly, by privileging Aboriginal knowledges and worldviews, the Ancient University crucially protects traditional healing practices against misappropriation by third parties, such as commercial purposes, and ensures the Nauiyu community not only protects, but has control over, its traditional knowledges (Janke & Sentina, 2018; Martin et al., 2017; Ouma, 2016).

Chapter 8: Summary and Implications

8.1 Introduction

In the final chapter of this thesis, the newly developed substantive theory of *seeking empowerment by owning our truth telling, owning our solutions* presented the unique knowledges of the Daly River tribes in the Nauiyu community. This chapter will provide a summary of the significant findings and significance of the current study. The chapter will also discuss the implications of the newly emerged theoretical model to practice and policy. Finally, the chapter will conclude by outlining the limitations of the study and recommendations for future research.

8.2 The significance of the findings

The significance of this research lies in the development of a newly emergent grounded theory that inscribes the colonial experience and traditional healing practices of the Daly River tribes in the Nauiyu community. The theory, developed in a remote Aboriginal Australian context provides a unique perspective and understanding of issues related to culturally appropriate healing of trauma experienced from colonisation.

This study is unique as it was requested by the Nauiyu community to attend to a community need. The research design was created in collaboration with the community, and a community-based reference group was established to ensure, safe, ethical research processes that reflected community expectations. This is the first study of its kind that utilises an Indigenous research methodology on the Country and with the people to which it belongs. Dadirri has been used increasingly as a research methodology but never in its home in Daly River.

The study contributes to a dearth in the literature that investigates the effects of colonisation and intergenerational trauma in remote Aboriginal communities in Australia. It also attends to a current gap in research by investigating the traditional healing practices in the Nauiyu community and establishing if these practices can effectively be incorporated in a mainstream primary health setting. The study revealed that the participants have a unique experience of colonisation specific to the people of the Nauiyu community, which has resulted in them living with intergenerational trauma. Furthermore, the results of the research indicate that the Daly River tribes may have experienced the largest massacre of Aboriginal people in Australia's history.

The findings suggest that if left unresolved, trauma can manifest in destructive behaviours which leads to increased rates of violence, alcohol and marijuana abuse, incarceration, self-harm, and suicide, which can be passed onto subsequent generations. A significant finding of the study is that the frequency and severity of the destructive behaviours compounds and escalates as the trauma is transmitted from one generation to the next. Importantly, attempts to counter the effects of colonisation must be strength-based and associated with feelings of empowerment. Despite the corrosive influence of colonisation, traditional healing practices exist in the Nauiyu community which promote healing of trauma. When compared to Western mainstream medical models, traditional healing practices are more effective in providing a healing response to the experience of trauma as they more closely align with the Aboriginal holistic views of health and wellbeing. However, incorporating traditional healing practices in the community clinic should be avoided as a number of barriers currently exists in mainstream primary health settings.

The findings revealed that the use of traditional healing practices should occur in a culturally safe space, with the means to provide culturally integrated training and

qualifications that preserve and promote traditional healing practices, and which build the capacity of non-Indigenous service providers to work in Aboriginal communities.

8.3 Implications for policy and practice

The newly developed substantive theory has localised, significant implications for promoting healing from the experience of colonisation for the Nauiyu community. There was widespread recognition among participants that there is a need for healing in the Nauiyu community. The stories shared by the participants describe, in great detail, the devastating impacts of colonisation; stories of women fleeing family violence; stories of suicide; stories of deep cultural wounding; and stories of precariously living between victim and perpetrator. As the younger generations now carry these stories and the trauma within them, the need for healing is urgent.

The findings revealed that healing should be grounded in local culture and identity, and promote strength-based approaches which enhance individual and collective capacity. This suggests that greater attention is required to support healing initiatives which focus on strength and empowerment rather than a problem-based, deficit emphasis. This has implications for several current governmental Aboriginal health initiatives, such as the 'Closing the Gap' model, which focusses attention on the deficit between where Aboriginal health outcomes are and where they should be.

Furthermore, these implications also extend into the broader field of human service delivery and trauma-informed practice. While awareness of the context of an individuals' trauma history is important, health service delivery should be underpinned by healing informed practices as opposed to the trauma-informed practice.

Empowerment within this research was underpinned by the community taking ownership of their history through truth telling and acknowledging they own the control of their future. There was a unanimous belief by the community that solutions to the current challenges exist within, and belong to, the Nauiyu community. This finding has significant practical and theoretical implications of Aboriginal health service provision. Support from the 'outside', through non-Indigenous service provision, was deemed valuable. However, this support must reflect community needs and community-identified priorities. As such, practical implications recommend the formation of a community based consultative body to collaborate with Federal, State, and Territory Governments, and with private, and non-government organisation (NGO) stakeholders. Consultations should be done in a culturally appropriate manner and funding provided to conduct educational activities and community awareness campaigns to inform service providers and relevant government authorities about the experiences of colonisation in Nauiyu and the importance of traditional healing practices.

The current study has practical implications in health service delivery in the Nauiyu community. Results from the current study suggest that a number of vital principles should underpin healing from the trauma of colonisation. Firstly, healing should be based on the fundamental principles of self-determination, empowerment, and adopt a community development approach. Secondly, healing occurs through restoring culture by strengthening the understanding and knowledges of languages, ceremonies, history, and sacred sites. Finally, healing should incorporate long term; sustainable community generated traditional healing practices that are culturally appropriate and reflect the holistic views of Aboriginal wellbeing.

However, it is recommended that integration of traditional healing practices into a mainstream primary health setting be avoided. The barriers that restrict incorporating traditional healing practices into the clinic setting are (a) racism; (b) lack of trust; (c) power imbalance; and (d) a lack of culturally trained staff. This study, therefore, advocates for the development of a stand-alone, Aboriginal-based Ancient University to assist in the delivery of traditional healing practices outside of the clinic setting. Support for an Ancient University should be based on the fundamental principles of self-determination, empowerment, and privileging of Aboriginal voice and worldviews. In addition to the delivery of health services based on traditional healing practices, it is recommended the Ancient University serve a broad range of functions, including research, education, capacity building, training, accreditation, preservation, and the protection of traditional healing practices and knowledges.

Further functions of the Ancient University also include offering a culturally safe contact point for the clinic and the services it delivers. A significant finding of the research is the importance of Aboriginal Health Workers as a conduit between the Ancient University and the mainstream primary health setting. As such, the practical implications of these findings involve further funding, training, and resources at a level that reflects the significance of Aboriginal Health Workers in the delivery of health services in the Nauiyu community.

8.4 Limitations of the study

As with all research, limitations are present within this study. No research can be conducted objectively, and the bias the researcher brings to the study must be acknowledged. As the researcher in this study is a non-Indigenous middle-aged male

undertaking research in an Aboriginal community, the potential for this bias to provide limitations in this research must be acknowledged.

As a novice grounded theorist, the researcher acknowledges that the interpretation of the fieldwork and the construction of the grounded theory was only one version of grounded theory among many, and that with more experience, the theory may have emerged differently.

The current research was undertaken using a small sample size in a small Aboriginal community. While generalisations to other Aboriginal communities was never an intention of the study, results from the current research may be specific to the Nauiyu context; and therefore the application of these findings to other Aboriginal communities should be completed with caution.

8.5 Recommendations for further research

In light of the significant contribution of the current study to Aboriginal Australian trauma and healing literature, four recommendations for further research have been determined. Firstly, further empirical research into the experiences of colonisation in Aboriginal with a focus on the effects of intergenerational trauma is vastly overdue. Anecdotal evidence or applying colonial experiences from one Aboriginal community to the next fails to reflect the significance of colonisation on Aboriginal Australian people and does not accurately capture the Aboriginal voice.

Secondly, while there is some uncertainty surrounding the precise facts of the Coppermine massacre, enough evidence exists to suggest it may represent the greatest massacre of Aboriginal people in Australia's colonial history. Furthermore, much of the documented evidence comes from the investigation of accounts given from non-

Indigenous viewpoints at the time, an issue further compounded by an absence of evidence representing an Aboriginal version of events. As such, further research into the Coppermine massacre is recommended, and given much of the detail is again held within the knowledge of the elderly people in Daly River, the commencement of such research should emerge hastily.

Thirdly, researchers must be encouraged to continue the journey towards fully decolonised, culturally appropriate research in Aboriginal communities. While significant ground has been made, there is still much to do to deepen ‘relationship building’ and ‘collaboration’ practices between researchers, universities, and Aboriginal communities beyond that which is tokenistic, involving ‘partnerships’ which go no further than the parachuting in and taking out of Aboriginal knowledge. This study represents an example of strength-based, Indigenous research built on cultural protocols and Indigenous research methodologies, articulated through the Aboriginal views and voices of the Nauiyu community.

Fourthly, further research and evaluation that creates an evidence base of Aboriginal-led, community-based healing programs incorporating traditional healing practices of Daly River are warranted. Realistic time frames for healing must also be provided. Healing from the colonial catastrophe in Daly River will take a significant period and any attempt to rush or hurry healing sets this journey up for failure. Evaluations of such programs must occur and should take place in a timely fashion and should not be left until the end of funding cycles.

Finally, caution must be exercised in a ‘one size fits all’ approach within the unique contexts of Aboriginal communities. As such, further research focussing on the effectiveness of healing programs incorporating traditional healing practices in other

Aboriginal communities is recommended. Given that the current study has revealed that the impacts of colonisation have eroded traditional healing practices and knowledges in Daly River, and much of the knowledge which remains is held by the elderly, it is recommended this research is undertaken with great urgency.

8.6 Conclusion

A newly developed substantive theory was identified in this study, describing the adversity experienced by historical and ongoing colonisation and positing that traditional healing practices mediated healing from this trauma. The study sits heavily with the researcher as this journey has changed me forever. These are heavy stories, and they still sit deeply within me. The honour of being positioned as collector of the stories, for so many to have the trust and confidence in me, and to share and hold their story, is something I will cherish forever. From the very outset, this research intended to privilege Indigenous voice at every possible turn. As such, through Indigenous voice, the thesis concludes as it started, with words from Miriam-Rose Ungunmerr-Baumann (2002):

We have learned to speak the White man's language. We have listened to what he had to say. This learning and listening should go both ways. We would like people in Australia to take time to listen to us. We are hoping people will come closer. We keep on longing for the things that we have always hoped for - respect and understanding... there are deep springs within each of us and within them, there is a sound - the sound of the deep calling to the deep. The time for rebirth is now. If our culture and your culture are alive and well, as well as strong and respected, they will grow. In such a case, our culture will not die, nor will yours, and our spirits will not be lost. We will continue, together, as this was always meant to be.

Reference List

- (2018, 27 Jul). World News [Television series episode]. In Connellan, M. (Executive producer), *Australia's violent past documented in Indigenous massacre map*: SBS.
- Absolon, K. (2009). *Kaandosswin, this is how we come to know! Indigenous graduate research in the academy: Worldviews and methodologies*. (Doctoral Dissertation). University of Toronto, Toronto.
- Achora, S., & Matua, G. (2016). Essential Methodological considerations when using grounded theory. *Nurse Researcher (2014+)*, 23(6), 31.
- Adams, J., Valery, P., Sibbritt, D., Bernardes, C., Broom, A., & Garvey, G. (2015). Use of traditional Indigenous medicine and complementary medicine among Indigenous cancer patients in Queensland, Australia. *Integrative Cancer Therapies*, 14(4), 359-365.
- Adams, K., & Faulkhead, S. (2012). This is not a guide to Indigenous research. *Information, Communication & Society*, 15(7), 1016-1036.
- Adams, S., Martin, R., Phillips, S., Macgregor, C., & Westaway, M. (2018). Truth-Telling in the wake of European contact: Historical investigation of Aboriginal skeletal remains from Normanton. *Archaeologies*, 14(3), 412-442.
- Adams, Y., Drew, N., & Walker, R. (2014). Principles of practice in mental health assessment with Aboriginal Australians. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 373-382). Canberra, Australia: Commonwealth of Australia.

- Adelson, N. (2005). The embodiment of inequity: health disparities in Aboriginal Canada. *Canadian Journal of Public Health/Revue Canadienne De Santé Publique*, 96, S45-S61.
- Aguiar, W., & Halseth, R. (2015). *Aboriginal Peoples and Historic Trauma: The Processes of Intergenerational Transmission*: National collaborating centre for Aboriginal health: centre de collaboration nationale de la santé autochtone.
- Aldiabat, K., & Le Navenec, C. (2011). Clarification of the blurred boundaries between grounded theory and ethnography: Differences and similarities. *Turkish Online Journal of Qualitative Inquiry*, 2(3), 1-13.
- Alroe, M. (1988). A Pygmalion complex among missionaries: The catholic case in the Kimberley. In T. Swain & D. Rose (Eds.). *Aboriginal Australians and Christian missions* (pp. 30-44). Bedford Park, SA: Australian Association for the Study of Religions.
- Altman, J. (2000). *The economic status of Indigenous Australians*. Canberra, ACT: Centre for Aboriginal economic policy research (CAEPR), The Australian National University.
- Altman, J. (2007). *The Howard Government's Northern Territory intervention: A neo-paternalism and Indigenous development compatible*. Acton: Centre for Aboriginal economic policy research, Australian National University.
- Altman, J. (2008). Different governance for difference: the Bawinanga Aboriginal Corporation. Pages 177-203 in J. Hunt, D. Smith, S. Garling, and W. Sanders, editors. *Contested governance. Culture, Power and Institutions in Indigenous Australia*. Research Monograph No. 29. Australian National University, Canberra, Australia.

- Altman, J. (2017). The debilitating aftermath of years of NT intervention. *Land Rights News, 10*, 20-21.
- Altman, J., & Hinkson, M. (2010). Very risky business: The quest to normalise remote-living Aboriginal people. *Risk, Welfare and Work*, 185-211.
- Altman, J., & Markham, F. (2015). Burgeoning Indigenous land ownership: Diverse values and strategic potentialities. In S. Brennan, M. Davis, B. Edgeworth, & L. Terrill (Eds.), *Native title from Mabo to Akiba: A vehicle for change and empowerment?* Sydney: Federation Press.
- Aluli-Meyer, M. (2006). Changing the culture of research: An introduction to the triangulation of meaning. *Hulili: Multidisciplinary research on Hawaii well-being, 3*(1), 263-279.
- Aluli-Meyer, M. (2013). Indigenous and authentic: Hawaiian epistemology and the triangulation of meaning. In *The Global Intercultural Communication Reader* (pp. 148-164). UK: Routledge.
- American Psychiatric Association. (2005). *Diagnostic and statistical manual of mental disorders*. Washington, DC: Author.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (Fifth ed.). Arlington, VA: American Psychiatric Publishing.
- Anderson, I. (2015). The crisis of Australia's Indigenous policy. *Meanjin, 74*(3), 54.
- Anderson, I., Baum, F., & Bentley, M. (2007, July). Beyond band-aids: Exploring the underlying social determinants of aboriginal health. In *Proceedings of the Social Determinants of Aboriginal Health Workshop*: Darwin.
- Anderson, K. (2011). *Life stages and native women: Memory, teachings, and story medicine*. Winnipeg: University of Manitoba Press.

- Anderson, P. (1995). *Priorities in Aboriginal health: Social and cultural transitions*. Darwin, NT: Northern Territory University Press.
- Andrew, P. (2012). *The social construction of age: Adult foreign language learners* (Vol. 63). Buffalo, NY: Multilingual Matters.
- Anne Pearlman, L. (2013). Restoring self in community: Collective approaches to psychological trauma after genocide. *Journal of Social Issues*, 69(1), 111-124.
- Annels, M. (1996). Grounded theory method: philosophical perspectives, paradigm of inquiry, and postmodernism. *Qualitative Health Research*, 6, 379-393.
- Anthony, T. (2018). *Why are so many Indigenous kids in detention in the NT in the first place?* Retrieved from <https://theconversation.com/why-are-so-many-Indigenous-kids-in-detention-in-the-nt-in-the-first-place-63257>.
- Armitage, A. (1995). *Comparing the policy of Aboriginal assimilation: Australia, Canada and New Zealand*. Vancouver: UBC Press.
- Ashcroft, B., Griffiths, G., & Tiffin, H. (2003). *The empire writes back: Theory and practice in post-colonial literatures*. UK: Routledge.
- Astalin, P. (2013). Qualitative research designs: A conceptual framework. *International Journal of Social Science and Interdisciplinary Research*, 2(1), 118-124.
- Atkins, H. (2018). Driving culture change to empower the Aboriginal and Torres Strait Islander child and youth health workforce (ATSIHW). *International Journal of Integrated Care*, 18(s1).
- Atkins, R. (2014). Instruments measuring perceived racism/racial discrimination: review and critique of factor analytic techniques. *International Journal of Health Services*, 44(4), 711-734.

- Atkinson, C. (2008). *The violence continuum: Australian Aboriginal male violence and generational post-traumatic stress*. (Doctoral Dissertation). Charles Darwin University, Darwin, Australia. Retrieved from http://espace.cdu.edu.au/eserv/cdu:44891/Thesis_CDU_44891_Atkinson_C.pdf.
- Atkinson, C., & Atkinson, J. (1999). *Talking about perpetrator programs*. Adelaide: Ministerial Council for Aboriginal and Torres Strait Islander Affairs
- Atkinson, J. (1990). Violence in Aboriginal Australia: colonisation and gender. *Aboriginal and Islander Health Worker Journal*, 14(2), 5.
- Atkinson, J. (2002). *Lifting the blankets: the transgenerational effects of trauma in Indigenous Australia*. (Doctoral Dissertation). Queensland University of Technology, Brisbane, Australia. Retrieved from <https://eprints.qut.edu.au/35841/>.
- Atkinson, J. (2014). Negotiating worldviews: Indigenous place in academic space. In *Academic Migration, Discipline Knowledge and Pedagogical Practice* (pp. 41-51). Singapore: Springer.
- Atkinson, J. (2016). Mia Mia Aboriginal community development: *Fostering Cultural Security*. 110.
- Atkinson, J., Nelson, J., & Atkinson, C. (2010). Trauma, transgenerational transfer and effects on community wellbeing. In P. N. Purdie, P. Dudgeon, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health wellbeing principles and practice* (pp. 135-144). Canberra: Commonwealth of Australia Commonwealth of Australia.
- Atkinson, J., Nelson, J., Brooks, R., Atkinson, C., & Ryan, K. (2014). Addressing individual and community transgenerational trauma. *Working together:*

Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice, 289-306. Canberra: Commonwealth of Australia.

Atkinson, J., & Woods, G. (2008). Turning dreams into nightmares and nightmares into dreams. *Borderlands*, 7(2).

Atkinson, P. (2014). *The Ethnographic Imagination: Textual Constructions of Reality*. London, UK: Routledge.

Australian Bureau of Statistics. (2010). *Health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*. Canberra: Australian Bureau of Statistics.

Australian Bureau of Statistics. (2012). *2012 Census quickstats: Nauiyu Nambiyu*.

Retrieved from

http://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/UCL722021?opendocument&navpos=220.

Australian Bureau of Statistics. (2016). *2016 Census quickstats: Nauiyu Nambiyu*.

Retrieved from

http://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/ILOC70400103.

Australian College of Mental Health Nurses. (2010). *Standards of practice for Australian mental health nurses*. Canberra: Australian College of Mental Health Nurses Inc.

Australian Health Ministers' Advisory Council. (2017). *Aboriginal and Torres Strait Islander health performance framework 2017 report*. Canberra: Australian Health Ministers' Advisory Council.

Australian Human Rights Commission. (1997). *Bringing them home: report of the national inquiry into the separation of Aboriginal and Torres Strait Islander*

children from their families. Sydney, NSW: Australian Human Rights Commission.

Australian Human Rights Commission. (2012). *National anti-racism partnership and strategy discussion Paper*. Sydney, NSW: Australian Human Rights Commission.

Australian Institute of Aboriginal and Torres Strait Islander Studies. (2012). *Guidelines for ethical research in Indigenous studies*. Australian Institute of Aboriginal and Torres Strait Islander Studies. Canberra: AIATSIS.

Australian Institute of Aboriginal and Torres Strait Islander Studies. (2013). *Guidelines for ethical research in Indigenous studies*. Australian Institute of Aboriginal and Torres Strait Islander Studies. Canberra: AIATSIS.

Australian Institute of Health & Welfare. (2009). *Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples*. Canberra: AIHW.

Australian Institute of Health & Welfare. (2012). *Aboriginal and Torres Strait Islander health services report, 2010–2011: OATSIH Services Reporting – Key Results*. Canberra: AIHW.

Australian Institute of Health & Welfare. (2012). *Australia's Health 2012: In Brief*. Canberra: AIHW.

Australian Institute of Health & Welfare. (2014). *Australia's Health 2014*. Canberra: AIHW.

Australian Institute of Health & Welfare. (2016). *Australian burden of disease study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011*. Canberra: AIHW.

- Australian Institute of Health & Welfare. (2017). *Aboriginal and Torres Strait Islander health performance framework 2017 report: Northern Territory (Cat. No. 186.)*. Canberra: AIHW.
- Australian Law Reform Commission. (2010). *Aboriginal Societies: the experience of contact, changing policies towards Aboriginal people*. Sydney, NSW.
- Retrieved from
<http://www.alrc.gov.au/publications/3.%20Aboriginal%20Societies%3A%20The%20Experience%20of%20Contact/changing-policies-towards-Aboriginal>.
- Australian Senate Standing Committee on Community Affairs. (2018). *Accessibility and quality of mental health services in rural and remote Australia*. Retrieved from
https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MentalHealthServices/Report.
- Awofeso, N. (2011). Racism: a major impediment to optimal Indigenous health and health care in Australia. *Australian Indigenous Health Bulletin*, 11(3), 1-8.
- Bainbridge, R. (2009). *Cast all imaginations: Umbi speak*. (Doctoral Dissertation). James Cook University. Cairns, Australia. Retrieved from
<https://researchonline.jcu.edu.au/8235/1/01front.pdf>.
- Bainbridge, R., Tsey, K., Brown, C., McCalman, J., Cadet-James, Y., Margolis, S., & Ypinazar, V. (2013). Coming to an ethics of research practice in a remote Aboriginal Australian community. *Contemporary Nurse*, 46(1), 18-27.
- Bainbridge, R., Tsey, K., McCalman, J., Kinchin, I., Saunders, V., Lui, F., . . . Lawson, K. (2015). No one's discussing the elephant in the room: contemplating questions of research impact and benefit in Aboriginal and

- Torres Strait Islander Australian health research. *BMC Public Health*, 15(1), 696.
- Bainbridge, R., Whiteside, M., & McCalman, J. (2013). Being, knowing, and doing: A phronetic approach to constructing grounded theory with Aboriginal Australian partners. *Qualitative Health Research*, 23(2), 275-288.
- Baldry, H., McKeon, A., & McDougall, S. (2015). Queensland's frontier killing times-facing up to genocide. *QUT L. Rev*, 15, 92.
- Barney, K., & Mackinlay, E. (2010). Singing trauma trails: Songs of the stolen generations in Indigenous Australia. *Music and Politics*, 4(2).
- Bar-On, D., Eland, J., Kleber, R., Krell, R., Moore, Y., Sagi, A., . . . van Ijzendoorn, M. (1998). Multigenerational perspectives on coping with the holocaust experience: An attachment perspective for understanding the developmental sequelae of trauma across generations. *International Journal of Behavioral Development*, 22(2), 315-338.
- Barry, C. (1998). Choosing qualitative data analysis software: Atlas/Ti and Nudist compared. *Sociological Research Online*, 3(3), 1-13.
- Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-eyed seeing and other lessons learned within a co-learning journey of bringing together Indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences*, 2(4), 331-340.
- Basedow, H. (2012). *The Australian Aboriginal*. Virginia, Northern Territory, Australia: David M. Welch Publishing.
- Bastos, J., Harnois, C., & Paradies, Y. (2017). Health care barriers, racism, and intersectionality in Australia. *Social Science & Medicine*, 199, 209-218.

- Battiste, M., Bell, L., & Findlay, L. (2002). Decolonizing education in Canadian Universities: an interdisciplinary, international, Indigenous research project. *Canadian Journal of Native Education*, 26(2), 82.
- Battiste, M., & Youngblood, J. (2000). *Protecting Indigenous knowledge and heritage: a global challenge*. Vancouver, Canada: UBC Press.
- Baturina, D. (2015). In expectation of the theory: Grounded theory method. *Methodological Horizons*, 10(1), 77-90.
- Beck, C. (1993). Qualitative research: The Evaluation of its credibility, fittingness, and auditability. *Western Journal of Nursing Research*, 15, 263–266.
- Behrendt, L. (2005). Law stories and life stories: Aboriginal women, the law and Australian society. *Australian Feminist Studies*, 20(47), 245-254.
- Behrendt, L. (2012). *Indigenous Australia for dummies*: John Wiley & Sons.
- Belgrave, L., & Seide, K. (2018). Grounded theory methodology: principles and practices. *Handbook of Research Methods in Health Social Sciences*, 8,1-18.
- Beltran, S. (1978). Communication and cultural domination: USA-Latin American case. *Media Asia*, 5(4), 183-192.
- Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *Nursing Plus Open*, 2, 8-14.
- Bennett, B., Zubrzycki, J., & Bacon, V. (2011). What do we know? The experiences of social workers working alongside Aboriginal people. *Australian Social Work*, 64(1), 20-37.
- Berger, M., Leicht, A., Slatcher, A., Kraeuter, A., Ketheesan, S., Larkins, S., & Sarnyai, Z. (2017). Cortisol awakening response and acute stress reactivity in first nations people. *Scientific Reports*, 7.

- Berger, P., & Luckmann, T. (1991). *The social construction of reality: A treatise in the sociology of knowledge* (Vol. No. 10). UK: Penguin.
- Berlin, E., & Fowkes, W. (1983). A teaching framework for cross-cultural health care—application in family practice. *Western Journal of Medicine*, 139(6), 934.
- Bernal, D. (2013). Critical race theory, Latino critical theory, and critical raced-gendered epistemologies. *Education Feminism: Classic and Contemporary Readings*, 389.
- Bernal, D., & Villalpando, O. (2002). An apartheid of knowledge in academia: the struggle over the "legitimate" knowledge of faculty of color. *Equity & Excellence in Education*, 35(2), 169-180.
- Berndt, R. (1951). Ceremonial exchange in Western Arnhem Land. *Southwestern Journal of Anthropology*, 7, 156-176.
- Berndt, R. (1952). Surviving influence of mission contact on the Daly River, Northern Territory of Australia. *Neue Zeitschrift für Missionswissenschaft, Schöneck, VIII, 195*, 81-95, 188-192.
- Berndt, R. (1965). Law and order in Aboriginal Australia. In R. Berndt & C. Berndt (Eds.), *Reading in Australia and Pacific anthropology*. Sydney, NSW: Angus & Robertson.
- Berndt, R., & Berndt, C. (1964). *The world of the first Australians: an introduction to the traditional life of the Australian aborigines*. London: Angus & Robertson.
- Berndt, R., & Berndt, C. (1988). *The world of the first Australians: Aboriginal traditional life: past and present*. Canberra, ACT: Aboriginal Studies Press.

- Best, O., & Gorman, D. (2016). "Some of us pushed forward and let the world see what could be done": Aboriginal Australian Nurses and Midwives, 1900–2005. *Labour History: Journal of Labour and Social History*, (111), 149-164.
- Betts, A. (2015). Former NT Chief Minister Clare Martin admits part blame for Nauri decision. *ABC News*. Retrieved from <http://www.abc.net.au/news/2015-03-04/former-chief-minister-admits-part-blame-for-nt-community-decline/6279406>.
- Beuthin, R. (2014). Breathing in the mud: Tensions in narrative interviewing. *International Journal of Qualitative Methods*, 13(1), 122-134.
- Bhabha, H. (1994). How newness enters the world: Postmodern space, postcolonial times, and the trials of cultural translation. In *The Location of Culture* (pp. 212- 235). London, England: Routledge.
- Bielefeld, S., & Altman, J. (2015). Australia's first peoples – still struggling for protection against racial discrimination. In: *Perspectives on the Racial Discrimination Act: Papers from the 40 years of the Racial Discrimination Act 1975*. Sydney, NSW: Australian Human Rights Commission.
- Birk, D. (1976). *The Malakmalak language, Daly River (Western Arnhem Land)*. The Australian National University, Canberra: Pacific Linguistics.
- Birks, M., & Mills, J. (2015). *Grounded theory: a practical guide*. Thousand Oaks, CA: Sage.
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, 26(13), 1802-1811.

- Blagg, H., Williams, E., Cummings, E., Hovane, V., Torres, M., & Woodley, K. (2018). *Innovative models in addressing violence against Indigenous women*. Horizons. Sydney, NSW: Anrows.
- Blair, N. (2016). Researched to death: Indigenous peoples talkin' up our experiences of research. *International Review of Qualitative Research*, 8(4), 463-478.
- Blanchard, C. (1987). *Return to country: The Aboriginal homelands movement in Australia. report of the house of representatives standing committee on Aboriginal affairs*. Canberra: AGPS.
- Blignault, I., Pulver, J., L, Fitzpatrick, S, Arkles, . . . Grand Ortega, M. (2014). *A resource for collective healing for members of the stolen generations: Planning, implementing and evaluating effective local responses*. Canberra, ACT: Aboriginal and Torres Strait Islander Healing Foundation.
- Blignault, I., & Williams, M. (2017). Challenges in evaluating Aboriginal healing programs: Definitions, diversity and data. *Evaluation Journal of Australasia*, 17(2), 4.
- Blumer, H. (1969). The methodological position of symbolic interactionism. *Sociology. Thought and Action*, 2(2), 147-156.
- Bodeker, G., & Burford, G. (2007). *Traditional, complementary and alternative medicine: Policy and public health perspectives*. London: Imperial College Press.
- Bodkin-Andrews, G., & Carlson, B. (2016). The legacy of racism and Indigenous Australian identity within education. *Race Ethnicity and Education*, 19(4), 784-807.
- Boffa, J., Bell, A., Davies, T., Paterson, J., & Cooper, D. (2007). The Aboriginal medical services alliance Northern Territory: Engaging with the intervention

- to improve primary health care. *Medical Journal of Australia*, 187(11), 617-618.
- Bombay, A., Matheson, K., & Anisman, H. (2014). The intergenerational effects of Indian residential schools: Implications for the concept of historical trauma. *Transcultural Psychiatry*, 51(3), 320-338.
- Bottoms, T. (2013). *Conspiracy of silence Queensland's frontier killing times*. Sydney, NSW: Allen & Unwin.
- Boudville, A., Anjou, M., & Taylor, H. (2013). Indigenous access to cataract surgery: an assessment of the barriers and solutions within the Australian health system. *Clinical & Experimental Ophthalmology*, 41(2), 148-154.
- Bourke, E. (1995, Jul 13-15). 'Dilemmas of integrity and knowledge: Protocol in Aboriginal research.' *servicing rural and remote Australia through health information and research*. Paper presented at the 1st National Rural Health Research Workshop, Whyalla.
- Bracken, P., Giller, J., & Summerfield, D. (1997). Rethinking mental health work with survivors of wartime violence and refugees. *Journal of Refugee Studies*, 10(4), 431-442.
- Brannen, J. (2017). *Mixing methods: Qualitative and quantitative research*: Vancouver, Canada: Routledge.
- Brasche, I. (2015). The thin black line: Living apartheid on Groote Eylandt. *Social Alternatives*, 34(1), 19.
- Braun, K., Browne, C., Ka 'opua, L., Kim, B., & Mokuau, N. (2013). Research on Indigenous Elders: from positivistic to decolonizing methodologies. *The Gerontologist*, 54(1), 117-126.

- Brave Heart, M. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota through a psychoeducational group intervention. *Smith College Studies in Social Work*, 68(3), 287-305.
- Brave Heart, M. (2003). The historical trauma response among natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, 35(1), 7-13.
- Brave Heart, M., & DeBruyn, L. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8(2), 56.
- Brave Heart, M., Lewis-Fernández, R., Beals, J., Hasin, D., Sugaya, L., Wang, S., . . . Blanco, C. (2016). Psychiatric disorders and mental health treatment in American Indians and Alaska natives: Results of the national epidemiologic survey on alcohol and related conditions. *Social Psychiatry and Psychiatric Epidemiology*, 51(7), 1033-1046.
- Breckenridge, J., Jones, D., Elliott, I., & Nicol, M. (2012). Choosing a methodological path: Reflections on the constructivist turn. *Grounded Theory Review*, 11(1), 64-71.
- Brennan, F. (1993). Social and political influences on Aboriginal spirituality. *The Way Supplement*, 78, 80-104.
- Brennan, F. (2015). *No small change: The road to recognition for Indigenous Australia*. St. Lucia, Queensland: University of Queensland Press.
- Bretherton, D., & Mellor, D. (2006). Reconciliation between Aboriginal and other Australians: The “Stolen Generations”. *Journal of Social Issues*, 62(1), 81-98.

- Brett, J., Dawson, A., Ivers, R., Lawrence, L., Barclay, S., & Conigrave, K. (2017). Healing at home: Developing a model for ambulatory alcohol "Detox" in an Aboriginal Community Controlled Health Service. *International Journal of Indigenous Health, 12*(1), 24-38.
- Brinkmann, S. (2014). Interview. In *Encyclopedia of Critical Psychology* (pp. 1008-1010). New York: Springer.
- Briskman, L. (2015). Situating the erosion of rights of Indigenous children. *AILR, 19*, 62.
- Brogan, T. (1990). *The garden point mob: stories about the early days of the catholic mission and the people who lived there, to celebrate the 50th anniversary of the mission*. Darwin, Northern Territory: Historical Society of the Northern Territory.
- Broome, R. (1982). *Aboriginal Australians*. Sydney, NSW: Allen & Unwin.
- Broome, R. (1994). Aboriginal victims and voyagers, confronting frontier myths. *Journal of Australian Studies, 18*(42), 70-77.
- Broome, R. (2003). 'The statistics of frontier conflict'. In B. Attwood & S. G. Foster (Eds.), *Frontier conflict: The Australian experience*. Canberra: National Museum of Australia.
- Brough, M., (Minister for Families, Community Services and Indigenous Affairs). *National emergency response to protect children in the NT*, Media Release, 21 June 2007, Retrieved from http://www.fahcsia.gov.au/internet/minister3.nsf/content/emergency_21june07.htm,
- Brown, A., Mentha, R., Howard, M., Rowley, K., Reilly, R., Paquet, C., & O'Dea, K. (2016). Men, hearts and minds: Developing and piloting culturally specific psychometric tools assessing psychosocial stress and depression in central

- Australian Aboriginal men. *Social Psychiatry and Psychiatric Epidemiology*, 51(2), 211-223.
- Brown, A., Rice, S., Rickwood, D., & Parker, A. (2016). Systematic review of barriers and facilitators to accessing and engaging with mental health care among at risk young people. *Asia-Pacific Psychiatry*, 8(1), 3-22.
- Browne, A. (2017). Moving beyond description: Closing the health equity gap by redressing racism impacting Indigenous populations. *Social Science & Medicine*, 184, 23-26.
- Browne, A., & Varcoe, C. (2006). Critical cultural perspectives and health care involving Aboriginal peoples. *Contemporary Nurse*, 22(2), 155-168.
- Browne, A., Varcoe, C., Lavoie, J., Smye, V., Wong, S., Krause, M., . . . Fridkin, A. (2016). Enhancing health care equity with Indigenous populations: evidence-based strategies from an ethnographic study. *BMC Health Services Research*, 16(1), 544.
- Browne, A., Varcoe, C., Wong, S., Smye, V., Lavoie, J., Littlejohn, D., . . . Fridkin, A. (2012). Closing the health equity gap: evidence-based strategies for primary health care organizations. *International Journal for Equity in Health*, 11(1), 59.
- Brugge, D., & Missaghian, M. (2006). Protecting the Navajo people through tribal regulation of research. *Science and Engineering Ethics*, 12(3), 491-507.
- Bryant, R. (2012). Simplifying complex PTSD: Comment on Resick et al., (2012). *Journal of Traumatic Stress*, 25(3), 252-253.
- Bryant, A., & Charmaz, K. (Eds.). (2007). *The Sage handbook of grounded theory*. Thousand Oaks, CA: Sage Publications.

- Bryant, R., Nickerson, A., Creamer, M., O'Donnell, M., Forbes, D., & Galatzer-Levy, D. (2015). Trajectory of post-traumatic stress following traumatic injury: 6-Year follow-up. *The British Journal of Psychiatry. The British Journal of Psychiatry*, bjp-bp.
- Buckle, J., & Fleming, S. (2011). *Parenting after the death of a child: a practitioner's guide*. New York, New York: Routledge.
- Burdekin, B., Guilfoyle, M., & Hall, D. (1993). *Human rights and mental illness: REPORT of the national inquiry into the human rights of people with mental illness*. (0644321865). Canberra: Australian Government Publishing Service
- Bureau of Meteorology. (2017). *Daly River catchment region description*. Retrieved Jul 23, 2018 from <http://www.bom.gov.au/water/nwa/2017/daly/regiondescription/geographicinformation.shtml>.
- Burgess, R., & Mathias, K. (2017). Community mental health competencies: A new vision for global mental health. In *The Palgrave Handbook of Sociocultural Perspectives on Global Mental Health* (pp. 211-235). UK: Palgrave Macmillan.
- Burr, V. (2006). *An introduction to social constructionism*. UK: Routledge.
- Burr, V. (2015). *Social constructionism*. UK: Routledge.
- Buti, T. (1995). Aboriginal Children: 'They took the children away'. Western Australian project to redress some of the harm caused by removal of Aboriginal children from their families. *Alternative Law Journal*, 20(1), 35-36.

- Calma, T., Dudgeon, P., & Bray, A. (2017). Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health. *Australian Psychologist*, 52(4), 255-260.
- Came, H., & Griffith, D. (2017). Tackling racism as a “wicked” public health problem: enabling allies in anti-racism praxis (Vol. 199): *Social Science & Medicine*, 6(2), 15-22.
- Cameron, S. (1998). *Aboriginal Experiences of Psychological Trauma: Personal, Intergenerational and Transgenerational* (Unpublished Master’s Thesis). Victoria University, Melbourne.
- Campbell, D., Burgess, C., Garnett, S., & Wakerman, J. (2011). Potential primary health care savings for chronic disease care associated with Australian Aboriginal involvement in land management. *Health Policy*, 99(1), 83-89.
- Campbell, M., DeVault, M., Diamond, T., Eastwood, L., Griffith, A., McCoy, L., . . . & Weatherbee, D. (2006). *Institutional ethnography as practice*. Maryland: Rowman & Littlefield Publishers.
- Canuto, K., Wittert, G., Harfield, S., & Brown, A. (2018). “I feel more comfortable speaking to a male”: Aboriginal and Torres Strait Islander men’s discourse on utilizing primary health care services. *International Journal for Equity in Health*, 17(1), 185.
- Carey, H. (1998). Subordination, invisibility and chosen work: Missionary nuns and Australian Aborigines, C.1900–1949. *Australian Feminist Studies*, 13(28), 251-267.
- Carey, T., Dudgeon, P., Hammond, S., Hirvonen, T., Kyrios, M., Roufeil, L., & Smith, P. (2017). The Australian psychological society's apology to

- Aboriginal and Torres Strait Islander people. *Australian Psychologist*, 52(4), 261-267.
- Carlson, B. (2016). Constructing the aborigine. *The politics of identity: Who counts as Aboriginal today?* Canberra: Aboriginal Studies Press.
- Carlson, B., Farrelly, T., Frazer, R., & Borthwick, F. (2015). "Mediating tragedy: Facebook, Aboriginal people and suicide." *Australian Journal of Information Systems*, 29:1-15.
- Carlson, B., & Frazer, R. (2015). "It's like going to a cemetery and lighting a candle": Aboriginal Australians, sorry business and social media. *AlterNative: International Journal of Indigenous Peoples*, 11(3), 211-224.
- Cassidy, J. (2015). *"Lifestyle choice": The racially discriminatory treatment of remote Indigenous communities*. Auckland: Auckland University of Technology.
- Castellano, M. (2004). Ethics of Aboriginal research. *International Journal of Indigenous Health*, 1(1), 98.
- Castellano, M. (2006). Final report of the Aboriginal health foundation. In *A healing journey: Reclaiming Wellness*, Vol. I. Ottawa: Aboriginal Health Foundation.
- Castleden, H., Morgan, V., & Lamb, C. (2012). "I Spent the first-year drinking tea": Exploring Canadian university researchers' perspectives on community-based participatory research involving Indigenous peoples. *The Canadian Geographer/Le Géographe canadien*, 56(2), 160-179.
- Cavanagh, E., & Veracini, L. (Eds.). (2016). *The Routledge Handbook of the History of Settler Colonialism*. Abingdon, UK: Taylor & Francis.
- Cawte, J. (1996). *Healers of Arnhem Land*. Sydney, NSW: University of New South Wales Press.

- Chan, M. (2008, 7 Nov). *World Health Organization congress on traditional medicine*. Paper presented at the World Health Organization congress on Traditional Medicine. Beijing.
- Chan, T., Hart, B., Kennard, M., Pusey, B., Shenton, W., Douglas, M., . . . Patel, S. (2012). Bayesian network models for environmental flow decision making in the Daly River, Northern Territory, Australia. *River Research and Applications*, 28(3), 283-301.
- Chandler, M., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's first nations. *Transcultural Psychiatry*, 35(2), 191-219.
- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In *Handbook of qualitative research* (2nd ed., pp. 509-535). Thousand Oaks, CA: Sage Publications.
- Charmaz, K. (2003). Grounded theory: Objectivist and constructivist methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Strategies of qualitative inquiry* (pp. 249-291). Thousand Oaks, CA: Sage Publications.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage Publications.
- Charmaz, K. (2008). Grounded theory as an emergent method. *Handbook of emergent methods*, 155, 172.
- Charmaz, K. (2014). *Constructing grounded theory*. Thousand Oaks, CA: Sage.
- Charmaz, K., & Belgrave, L. (2012). Qualitative interviewing and grounded theory analysis. *The SAGE handbook of interview research: The complexity of the craft*, 2, 347-365.
- Chino, M., & DeBruyn, L. (2006). Building true capacity: Indigenous models for Indigenous communities. *American Journal of Public Health*, 96(4), 596-599.

- Chiovitti, R., & Piran, N. (2003). Rigour and grounded theory research. *Journal of Advanced Nursing*, 44(4), 427-435.
- Cho, J., & Lee, E. (2014). Reducing confusion about grounded theory and qualitative content analysis: similarities and differences. *The Qualitative Report*, 19(32), 1-20.
- Choo, C. (2016). 'The health of Aboriginal children in Western Australia 1829-1960.' In J. Boulton (ed.), *Aboriginal children, history and health: Beyond Social Determinants*. Abingdon, UK: Routledge.
- Clandinin, D. (2006). *Handbook of narrative inquiry: Mapping a methodology*. Thousand Oaks, CA: Sage Publications.
- Clandinin, D. (2013). *Engaging in narrative inquiry*. Walnut Creek, CA: Left Coast Press.
- Clandinin, D., & Connelly, F. (1996). Teachers' professional knowledge landscapes: Teacher stories - stories of teachers - school stories - stories of schools. *Educational Researcher*, 25(3), 24-30.
- Clark, Y. (2017). *Lateral violence within the Aboriginal community in Adelaide, South Australia: From dilemmas to strategies*. (Doctoral Dissertation). University of Adelaide, Adelaide, Australia. Retrieved from <https://digital.library.adelaide.edu.au/dspace/handle/2440/108501>.
- Clarke, A. (2005). *Situational analysis: Grounded theory after the postmodern turn*. Thousand Oaks, CA: Sage Publications.
- Clarkson, C., Jacobs, Z., Marwick, B., Fullagar, R., Wallis, L., Smith, M., . . . Florin, S. (2017). Human occupation of northern Australia by 65,000 Years Ago. *Nature*, 547(7663), 306-310.

- Clendinnen, I. (2010). *True stories: History, politics, Aboriginality (1999 Boyer lectures)*. Melbourne, Australia: Text Publishing.
- Coddington, K. (2017). The re-emergence of wardship: Aboriginal Australians and the promise of citizenship. *Political Geography*, *61*, 67-76.
- Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data: Complementary research strategies*. Thousand Oaks, CA: Sage Publications.
- Cohen, J., Mannarino, A., & Deblinger, E. (2016). *Treating trauma and traumatic grief in children and adolescents*. New York: Guilford Publications.
- Collis, P., & Webb, J. (2014). The visible and the invisible: Legacies of violence in contemporary Australian Aboriginal contexts. *Journal of Australian Studies*, *38*(4), 490-503.
- Colquhoun, S., Condon, J., Steer, A., Li, S., Guthridge, S., & Carapetis, J. (2015). Disparity in mortality from rheumatic heart disease in Indigenous Australians. *Journal of the American Heart Association*, *4*(7).
- Connelly, B., Ones, D., Davies, S., & Birkland, A. (2014). Opening up openness: A theoretical sort following critical incidents methodology and a meta-analytic investigation of the trait family measures. *Journal of Personality Assessment*, *96*(1), 17-28.
- Connelly, F., & Clandinin, D. (2006). Narrative Inquiry. In G. J, Camilli, G, & P. Elmore (Eds.), *Handbook of complementary methods in education research* (pp. 375-385). Mahwah, NJ: Lawrence Erlbaum.
- Connor, J. (2002). *The Australian frontier wars, 1788-1838*. Sydney, NSW: UNSW Press.
- Cooney, A. (2011). Rigour and grounded theory. *Nurse Researcher*, *18*(4), 17-22.

- Cooper, E. (2017). *Cultural genocide of native Canadians and Americans*. UK: Nature.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research*. Thousand Oaks, CA: Sage Publications.
- Corbin, J., & Strauss, A. (2014). *Basics of qualitative research*. Thousand Oaks, CA: Sage Publications.
- Corbin, J., & Strauss, A. (2015). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage Publications.
- Corin, E. (2017). The social and cultural matrix of health and disease. In *Why are some people healthy and others not?* (pp. 93-132). UK: Routledge.
- Cortazzi, M. (2014). *Narrative analysis*. UK: Routledge.
- Cowan, A. (2013). Undrip and the intervention: Indigenous self-determination, participation, and racial discrimination in the Northern Territory of Australia. *Pac Rim L. & Pol'y J*, 22, 247.
- Cram, F. (2006). Talking ourselves up. *Alternative: An International Journal of Indigenous Peoples*, 2(1), 28-43.
- Creswell, J. (2007). Five qualitative approaches to inquiry. choosing among five approaches. *Qualitative Inquiry and Research Design*, 2, 53-80.
- Creswell, J., & Clark, V. (2017). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage Publications.
- Creswell, J., & Poth, C. (2017). *Research design: qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage Publications.
- Crotty, M. (1998). *The foundations of social research*. London: Sage Publications.

- Crotty, T. (2018). Beyond genocide: A comparative analysis of the elimination of Australia's Indigenous and Torres Strait Islander people. *NEW: Emerging Scholars in Australian Indigenous Studies*, 2(1), 32-37.
- Cull, S. (2009). *The road to healing: Identity and the overrepresentation of Indigenous men in the Australian criminal justice system*. Sydney, New South Wales: University of New South Wales.
- Cummings, B. (1990). *Take this child: From Kahlin compound to the Retta Dixon Children's Home*. Canberra, ACT: Aboriginal Studies Press.
- Cunneen, C. (2001). *Conflict, politics and crime*. St Leonards, NSW: Allen and Unwin.
- Cunneen, C. (2014). Colonial processes, Indigenous peoples, and criminal justice systems. *The Oxford Handbook of Ethnicity, Crime, and Immigration*, 386-407.
- Cunneen, C. (2017). Community conferencing and the fiction of Indigenous control. In *Restorative Justice* (pp. 335-354). UK: Routledge.
- Cunningham, J., & Paradies, Y. (2012). Socio-demographic factors and psychological distress in Indigenous and non-Indigenous Australian adults aged 18-64 years: Analysis of national survey data. *BMC Public Health*, 12(1), 95.
- Cutcliffe, J. (2000). Methodological issues in grounded theory. *Journal of Advanced Nursing*, 31(6), 1474-1484.
- d'Abbs, P. (2015). Widening the gap: The gulf between policy rhetoric and implementation reality in addressing alcohol problems among Indigenous Australians. *Drug and Alcohol Review*, 34(5), 461-466.

- Dahl, K. (1926). *In savage Australia: An account of a hunting and collecting expedition to Arnhem Land and Dampier Land*. London, UK: Philip Allan.
- Danieli, Y. (Ed.). (1998). *International handbook of multigenerational legacies of trauma*. New York: Plenum Press.
- Danto, D., & Walsh, R. (2017). Mental health perceptions and practices of a Cree community in northern Ontario: A qualitative study. *International Journal of Mental Health and Addiction, 15*(4), 725-737.
- Darling, F. (2016). Outsider Indigenous research: Dancing the tightrope between etic and emic perspectives. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research, 17*(3), 22.
- Davidson, C. (2009). Transcription: Imperatives for qualitative research. *International Journal of Qualitative Methods, 8*(2), 35-52.
- Davidson, G., Sanson, A., & Gridley, H. (2000). Australian psychology and Australia's Indigenous people: Existing and emerging narratives. *Australian Psychologist, 35*(2), 92-99.
- Dawson, J. (1881). *Australian Aborigines: The languages and customs of several tribes of Aborigines in the western district of Victoria, Australia*. Melbourne, Victoria: George Robertson (reissued by Cambridge University Press).
- Day, A., Davey, L., Wanganeen, R., Casey, S., Howells, K., & Nakata, M. (2008). Symptoms of trauma, perceptions of discrimination, and anger: A comparison between Australian Indigenous and non-Indigenous prisoners. *Journal of Interpersonal Violence, 23*(2), 245-258.
- Delauney, T., (2013). Fractured culture: Educare as a healing approach to Indigenous trauma. *The International Journal of Science in Society, 4*, 53-62.

- Delgado, R., & Stefancic, J. (2017). *Critical race theory: An introduction*. New York: NYU Press.
- Denis, V. (2007). Aboriginal education and anti-racist education: Building Alliances across cultural and racial identity. *Canadian Journal of Education/Revue Ccanadienne de l'éducation*, 1068-1092.
- Denk, N., Kaufmann, L., & Carter, C. (2012). Increasing the Rigor of grounded theory research: A review of the SCM literature. *International Journal of Physical Distribution & Logistics Management*, 42(8/9), 742-763.
- Denzin, N. (2000). Aesthetics and the practices of qualitative inquiry. *Qualitative Inquiry*, 6(2), 256-265.
- Denzin, N., Bryant, A., & Charmaz, K. (2007). Grounded theory and the politics of interpretation. In *The Sage handbook of grounded theory* (pp. 454-471). Thousand Oaks, CA: Sage Publications.
- Denzin, N., & Giardina, M. (2018). Introduction. In *Qualitative inquiry in the public sphere* (pp. 9-22). UK: Routledge.
- Denzin, N., & Lincoln, Y. (2008). *The landscape of qualitative research* (Vol. 1): Thousand Oaks, CA: Sage Publications.
- Derezotes, D. (2013). *Transforming historical trauma through dialogue*. Thousand Oaks, CA: Sage Publications.
- Devanesen, D. (2000). *Traditional Aboriginal medicine in the Northern Territory*. Paper presented at the International symposium on traditional medicine, Awaji Island, Japan.
- DeWalt, K., & DeWalt, B. (2011). *Participant observation: a guide for fieldworkers*. Plymouth, Sydney: AltaMira Press.
- Dewey, J. (1938). *Experience & education*. New York: Macmillan and Co.

- Dhalla, I., Kwong, J., Streiner, D., Baddour, R., Waddell, A., & Johnson, I. (2002). Characteristics of first-year students in Canadian medical schools. *Canadian Medical Association Journal, 166*(8), 1029-1035.
- Dennett, F. (1982). *Diary of the station of St. Joseph of the mission of the Society of Jesus on the Daly River, in the Northern Territory of Australia*. Hawthorn, Victoria: Archives of the Society of Jesus.
- Dingwall, K., Puszka, S., Sweet, M., & Nagel, T. (2015). “Like drawing into sand”: acceptability, feasibility, and appropriateness of a new e-mental health resource for service providers working with Aboriginal and Torres Strait Islander people. *Australian Psychologist, 50*(1), 60-69.
- Dobia, B., Bodkin-Andrews, G., Parada, R., O'Rourke, V., Gilbert, S., Daley, A., & Roffey, S. (2013). *Aboriginal girls circle: Enhancing connectedness and promoting resilience for Aboriginal girls: Final pilot report*. Penrith, NSW: University of Western Sydney.
- Docker, J. (2015). A plethora of intentions: Genocide, settler colonialism and historical consciousness in Australia and Britain. *The International Journal of Human Rights, 19*(1), 74-89.
- Dockery, A. (2010). Culture and wellbeing: The case of Indigenous Australians. *Social Indicators Research, 99*, 315–332.
- Downing, R., Kowal, E., & Paradies, Y. (2011). Indigenous cultural training for health workers in Australia. *International Journal for Quality in Health Care, 23*(3), 247-257.
- Drawson, A., Toombs, E., & Mushquash, C. (2017). Indigenous research methods: A systematic review. *The International Indigenous Policy Journal, 8*(2), 5.

- Drew, N., Adams, Y., & Walker, R. (2010). Issues in Mental health assessment with Indigenous Australians. In *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (pp. 191-210). Barton, ACT: Australian Government.
- Dudgeon, P., & Bray, A. (2018). Indigenous healing practices in Australia. *Women & Therapy, 41*(1-2), 97-113.
- Dudgeon, P., Bray, A., D'Costa, B., & Walker, R. (2017). Decolonising psychology: validating social and emotional wellbeing. *Australian Psychologist, 52*(4), 316-325.
- Dudgeon, P., Calma, T., Brideson, T., & Holland, C. (2016). The Gayaa Dhuwi (Proud Spirit) declaration: A call to action for Aboriginal and Torres Strait Islander leadership in the Australian mental health system. *Advances in Mental Health, 14*(2), 126-139.
- Dudgeon, P., Garvey, D., & Pickett, H. (2000). *Working with Indigenous Australians: A handbook for psychologists*. Perth, WA: Gunada Press.
- Dudgeon, P., & Hirvonen, T. (2014). Dark chapters in Australian history: Adopted children from the stolen generations. *InPsych: The Bulletin of the Australian Psychological Society Ltd, 36*(4), 12.
- Dudgeon, P., & Kelly, K. (2014). Contextual factors for research on psychological therapies for Aboriginal Australians. *Australian Psychologist, 49*(1), 8-13.
- Dudgeon, P., Kelly, K., & Walker, R. (2010). Closing the gaps in and through Indigenous health research: Guidelines, processes and practices. *Australian Aboriginal Studies, 2*, 81.

- Dudgeon, P., Milroy, H., & Walker, R. (2014). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Barton, ACT: Commonwealth of Australia.
- Dudgeon, P., Pickett, H., & Garvey, D. (2000). *Working with Indigenous Australians: A handbook for psychologists*. Perth: Gunada Press.
- Dudgeon, P., & Walker, R. (2015). Decolonising Australian psychology: Discourses, strategies, and practice. *Journal of Social and Political Psychology*, 3(1), 276-297.
- Dudgeon, P., Walker, R., Scrine, C., Shepherd, C., Calma, T., & Ring, I. (2014). *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people*. Issues paper no. 12 produced for the closing the gap clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.
- Dudgeon, P., Watson, M., & Holland, C. (2017). Trauma in the Aboriginal and Torres Strait Islander population. *Australian Clinical Psychologist*, 3(1), 1741.
- Dudgeon, P., Wright, M., Paradies, Y., Garvey, D., & Walker, I. (2010). The social, cultural and historical context of Aboriginal and Torres Strait Islander Australians. *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, 25-42.
- Duelke, B. (1998). *Same but different: Vom umgang mit vergangenheit* (Vol. 108): R. Koppe.
- Dunne, C. (2011). The place of the literature review in grounded theory research. *International Journal of Social Research Methodology*, 14(2), 111-124.

- Duran, E. (2006). *Healing the soul wound: Counseling with American Indians and other native people*. New York: Teachers College Press.
- Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. New York: State University of New York Press.
- Duran, E., Firehammer, J., & Gonzalez, J. (2008). Liberation psychology as the path toward healing cultural soul wounds. *Journal of Counseling & Development*, 86(3), 288-295.
- Durey, A., Halkett, G., Berg, M., Lester, L., & Kickett, M. (2017). Does one workshop on respecting cultural differences increase health professionals' confidence to improve the care of Australian Aboriginal patients with cancer? An evaluation. *BMC Health Services Research*, 17(1), 660.
- Durey, A., & Thompson, S. (2012). Reducing the health disparities of Indigenous Australians: Time to change focus. *BMC Health Services Research*, 12(1), 151.
- Durey, A., Thompson, S., & Wood, M. (2012). Time to bring down the twin towers in poor Aboriginal hospital care: Addressing institutional racism and misunderstandings in communication. *Internal Medicine Journal*, 42(1), 17-22.
- Durey, A., Wynaden, D., Barr, L., & Ali, M. (2014). Improving forensic mental health care for Aboriginal Australians: Challenges and opportunities. *International Journal of Mental Health Nursing*, 23(3), 195-202.
- Durie, M. (2004). Understanding health and illness: Research at the interface between science and Indigenous knowledge. *International Journal of Epidemiology*, 33(5), 1138-1143.

- Durie, M. (2005). Indigenous knowledge within a global knowledge system. *Higher Education Policy*, 18(3), 301-312.
- Earthy, S., & Cronin, A. (2008). Narrative analysis. In N. Gilbert (Ed.), *Researching social life, 3rd Edn.* Thousand Oaks, CA: Sage Publications.
- Ecks, S. (2016). The strange absence of things in the "culture" of the DSM-V. *Canadian Medical Association Journal*, 188(2), 142-143.
- Edwards, J., & Lampert, M. (2014). *Talking data: transcription and coding in discourse research.* New York: Psychology Press.
- Egger, G., & Dixon, J. (2014). Beyond Obesity and lifestyle: a review of 21st century chronic disease determinants. *BioMed Research International*, 731685.
- Eley, D., Young, L., Hunter, K., Baker, P., Hunter, E., & Hannah, D. (2007). Perceptions of mental health service delivery among staff and Indigenous consumers: It's still about communication. *Australasian Psychiatry*, 15(2), 130-134.
- Elias, B., Mignone, J., Hall, M., Hong, S., Hart, L., & Sareen, J. (2012). Trauma and suicide behaviour histories among a Canadian Indigenous population: An empirical exploration of the potential role of Canada's residential school system. *Social Science & Medicine*, 74(10), 1560-1569.
- Elkin, A. (1933). Studies in Australian totemism: The nature of Australian totemism. *Oceania*, 4(2), 113-131.
- Elkin, A. (1950). The complexity of social organization in Arnhem Land. *Southwestern Journal of Anthropology*, 6(1), 1-20.
- Elkin, A. (1977). *Aboriginal men of high degree.* St. Lucia, Queensland: University of Queensland Press.

- Ellingson, L. (2014). "The truth must dazzle gradually" Enriching relationship research using a crystallization framework. *Journal of Social and Personal Relationships, 31*(4), 442-450.
- Engel, J., Zarconi, J., Pethel, L., & Missimi, S. (2008). *Narrative in health care*. Abingdon, UK: Radcliffe.
- Engward, H., & Davis, G. (2015). Being reflexive in qualitative grounded theory: Discussion and application of a model of reflexivity. *Journal of Advanced Nursing, 71*(7), 1530-1538.
- Ermine, W. (2007). The ethical space of engagement. *Indigenous Law Journal, 6*, 193-203.
- Esin, C., Fathi, M., & Squire, C. (2013). Narrative analysis: The constructionist approach. *The sage handbook of qualitative data analysis*, 203-216.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence, 23*(3), 316-338.
- Fast, D., & Collin, V. (2010). Historical trauma, race-based trauma and resilience of Indigenous peoples: a literature review. *First Peoples Child & Family Review, 5*(1), 126-136.
- Fay, J. (2018). Decolonising mental health services one prejudice at a time: Psychological, sociological, ecological, and cultural considerations. *Settler Colonial Studies, 8*(1), 47-59.
- Feik, C., & Manne, R. (Eds.). (2014). *The words that made Australia: How a nation came to know itself*. Melbourne, Victoria: Black Inc.

- Feldman, M. S., Sköldberg, K., Brown, R., & Horner, D. (2004). Making sense of stories: A rhetorical approach to narrative analysis. *Journal of Public Administration Research and Theory*, 14(2), 147-170.
- Felsen, I. (1998). Transgenerational transmission of effects of the holocaust. In *International handbook of multigenerational legacies of trauma* (pp. 43-68). US: Springer.
- Felsen, I., & Erlich, H. (1990). Identification patterns of offspring of holocaust survivors with their parents. *American Journal of Orthopsychiatry*, 60(4), 506.
- Ferdinand, A., Paradies, Y., & Kelaher, M. (2013). *Mental health impacts of racial discrimination in Victorian Aboriginal communities*. Melbourne, Victoria: Lowitja Institute.
- Ferdinand, A., Paradies, Y., Perry, R., & Kelaher, M. (2014). Aboriginal health promotion through addressing employment discrimination. *Australian Journal of Primary Health*, 20(4), 384-388.
- Ferrari, J. (2007, 7 Jul). Aboriginal violence was 'sanitised'. *The Australian*. Retrieved from <http://www.theaustralian.com.au/news/nation/aboriginal-violence-was-sanitised/story-e6frg6nf-111113906387>.
- Fetterman, D. (1998). *Ethnography step by step*. London: Sage Publications.
- Fetterman, D. (2010). *Ethnography: step-by step (3rd Ed.)*. Thousand Oaks, CA: Sage Publications.
- Fielke, K., Cord-Udy, N., Buckskin, J., & Lattanzio, A. (2009). The development of an 'Indigenous team' in a mainstream mental health service in South Australia. *Australasian Psychiatry*, 17(1_suppl), S75-S78.

- Figley, C. (1985). *Trauma and its wake: the study and treatment of post-traumatic stress disorder*. New York: Brunner/Mazel.
- Fitzmaurice, A. (2012). Liberalism and empire in nineteenth-century international law. *The American Historical Review*, 117(1), 122-140.
- Fleming, J., & Ledogar, R. (2008). Resilience, an evolving concept: a review of literature relevant to Aboriginal research. *Pimatisiwin*, 6(2), 7.
- Flick, U. (Ed.). (2009). *The SAGE qualitative research kit: Collection*. Thousand Oaks, CA: Sage Publications.
- Flick, U. (Ed.). (2013). *The SAGE handbook of qualitative data analysis*. Thousand Oaks, CA: Sage Publications.
- Flick, U. (2018). *An Introduction to qualitative research*. Thousand Oaks, CA: Sage Publications.
- Flynn, F. (1957). Jesuit pioneers on Daly River mission. *The Annals of our Lady of the Sacred Heart*, 70(7), 1957.
- Flyvbjerg, B. (2001). *Making social science matter: Why social inquiry fails and how it can succeed again*. Cambridge: Cambridge University Press.
- Fogg, T., & Wightman, C. (2000, April). Improving transcription of qualitative research interviews with speech recognition technology. Paper presented at the 2000 Annual Meeting of the American Educational Research Association, New Orleans, LA. (ERIC Document Reproduction Service No. ED441854).
- Foley, D. (2003). Indigenous epistemology and Indigenous standpoint theory. *Social Alternatives*, 22(1), 44.
- Foley, G., & Timonen, V. (2015). Using grounded theory method to capture and analyze health care experiences. *Health Services Research*, 50(4), 1195-1210.

- Forbes, D., Creamer, M., Hawthorne, G., Allen, N., & McHugh, T. (2003). Comorbidity as a predictor of symptom change after treatment in combat-related posttraumatic stress disorder. *Journal of Nervous and Mental Disease, 191*(2), 93-99.
- Ford, J., & Courtois, C. (2009). Defining and understanding complex trauma and complex traumatic stress disorders. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide*. (pp. 13–30). New York, NY: Guilford Press.
- Forrest, P., & Welke, A. (1994). *The spirit of the Daly*: Daly River, NT: Daly River Community Development Association.
- Foxcroft, E. (1941). *Australian native policy: Its history, especially in Victoria*. Melbourne: Melbourne University Press.
- Frank, A. (1995). *The wounded storyteller*. Chicago: University of Chicago Press.
- Franklin, J. (2016). Catholic missions to Aboriginal Australia: An evaluation of their overall effect. *Journal of the Australian Catholic Historical Society, 37*(1), 45.
- Franklin, M., & White, I. (1991). The history and politics of Aboriginal health. *The Health of Aboriginal Australia, 1-36*.
- Fredericks, B. (2008). Which way that empowerment? *Aboriginal Women's Narratives of Empowerment, 4*(2), 6-19.
- Fredericks, B. (2013). 'We don't leave our identities at the city limits': Aboriginal and Torres Strait Islander people living in urban localities. *Australian Aboriginal Studies, 2013*(1), 4-16.

- Fredericks, B., Adams, K., & Angus, S. (2010). *National Aboriginal and Torres Strait Islander women's health strategy*. Melbourne, Victoria: Australian Women's Health Strategy.
- Freeman, T., Baum, F., Jolley, G., Lawless, A., Edwards, T., Javanparast, S., & Ziersch, A. (2016). Service providers' views of community participation at six Australian primary healthcare services: Scope for empowerment and challenges to implementation. *The International Journal of Health Planning and Management, 31*(1), E1-E21.
- Freeman, T., Edwards, T., Baum, F., Lawless, A., Jolley, G., Javanparast, S., & Francis, T. (2014). Cultural respect strategies in Australian Aboriginal primary health care services: Beyond education and training of practitioners. *Australian and New Zealand Journal of Public Health, 38*(4), 355-361.
- Friedman, M. (2013). Finalizing PTSD in DSM-5: Getting here from there and where to go next. *Journal of Traumatic Stress, 26*(5), 548-556.
- Friere, P. (1972). *Pedagogy of the oppressed*. NY: Herder & Herder.
- Friese, S. (2014). *Qualitative data analysis with Atlas.ti*. Thousand Oaks, CA: Sage Publications.
- Funston, L., & Herring, S. (2016). When will the stolen generations end? A qualitative critical exploration of contemporary child protection practices in Aboriginal and Torres Strait Islander communities. *Sexual Abuse in Australia and New Zealand, 7*(1), 51.
- Gagné, M. (1998). The role of dependency and colonialism in generating trauma in First Nations citizens. In *International Handbook of Multigenerational Legacies of Trauma* (pp. 355-372). New York, US: Springer.

- Gaita, R. (2000). *A common humanity: Thinking about love and truth and justice*. London: Routledge.
- Gale, C. (1909). *Report of the chief protector WA Parliament, votes and proceedings (653/213/1909)* (Vol. 2). Perth: West Australian State Archives.
- Gale, F. (2016). Aboriginal Australia: Survival by separation. *Shared space: Divided space: Essays on conflict and territorial organization*, 217.
- Ganter, R. (2016). "Missionaries of the sacred heart": German missionaries in Australia: A web-directory of intercultural encounters. Nathan, QLD: Griffith University.
- Gee, G. (2016). *Resilience and recovery from trauma among Aboriginal help seeking clients in an urban Aboriginal community controlled organisation* (Doctoral Dissertation). University of Melbourne, Melbourne, Australia. Retrieved from <https://minerva-access.unimelb.edu.au/handle/11343/91452>.
- Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Social and emotional wellbeing and mental health: An Aboriginal perspective. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 55-68). Canberra: Commonwealth of Australia.
- Geia, L., Hayes, B., & Usher, K. (2013). Yarning/Aboriginal storytelling: Towards an understanding of an Indigenous perspective and its implications for research practice. *Contemporary Nurse*, 46(1), 13-17.
- George, K., & Stratford, E. (2005). Oral history and human geography. In I. Hay (Ed.), *Qualitative Research Methods in Human Geography* (pp. 106–115). South Melbourne: Oxford University Press.

- Ghafoori, B., Caspi, Y., Contractor, A., & Smith, S. (2014). *Importance of considering culture series: culture and traumatic symptoms*. Deerfield, IL: International Society for Traumatic Stress Studies.
- Gibson, O., Lisy, K., Davy, C., Aromataris, E., Kite, E., Lockwood, C., . . . Brown, A. (2015). Enablers and barriers to the implementation of primary health care interventions for Indigenous people with chronic diseases: A Systematic Review. *Implementation Science, 10*(1), 71.
- Gill, T. (1976). *Bibliography of South Australia*. Adelaide: Libraries Board of South Australia.
- Gilmour, M. (2014). *Our men our healing*. Canberra, ACT: Aboriginal and Torres Strait Islander Healing Foundation.
- Glaser, B. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. Mill Valley, CA: Sociology Press.
- Glaser, B. (1992). *Basics of grounded theory analysis: Emergence vs forcing*. Mill Valley, CA: Sociology press.
- Glaser, B. (2001). *The grounded theory perspective: Conceptualization contrasted with description*. Mill Valley, CA: Sociology Press.
- Glaser, B. (2005). *The grounded theory perspective III: Theoretical coding*. Mill Valley, CA: Sociology Press.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory* (Vol. 24). London: Weidenfeld and Nicholson.
- Glaser, B., & Strauss, A. (2017). *Discovery of grounded theory: Strategies for qualitative research*. New York: Routledge.

- Gleeson, J., & Roberts, M. (1985). *Mataranka and the Daly, two studies in the history of settlement in the Northern Territory*: North Australia Research Unit.
- Glover, M., Kira, A., Johnston, V., Walker, N., Thomas, D., Chang, A. B., . . . Brown, N. (2015). A systematic review of barriers and facilitators to participation in randomized controlled trials by Indigenous people from New Zealand, Australia, Canada and the United States. *Global Health Promotion*, 22(1), 21-31.
- Gone, J. (2008). The Pisimweyapiy counselling centre: Paving the red road to wellness in northern Manitoba. In J. Waldram (Ed.), *Aboriginal healing in Canada: Studies in Therapeutic Meaning and Practice* (pp. 131–203). Ottawa, Canada: Aboriginal Healing Foundation.
- Gone, J. (2013). A community-based treatment for Native American historical trauma: Prospects for evidence-based practice. *Spirituality in Clinical Practice*, 1(S), 78-94.
- Gone, J. (2013). Redressing First Nations historical trauma: Theorizing mechanisms for Indigenous culture as mental health treatment. *Transcultural Psychiatry*, 50(5), 683-706.
- Gone, J. (2017). “It felt like violence”: Indigenous knowledge traditions and the postcolonial ethics of academic inquiry and community engagement. *American Journal of Community Psychology*, 60(3-4), 353-360.
- Gonzales, K., Jacob, M., Mercier, A., Heater, H., Nall Goes Behind, L., Joseph, J., & Kuerschner, S. (2018). An Indigenous framework of the cycle of fetal alcohol spectrum disorder risk and prevention across the generations: Historical trauma, harm and healing. *Ethnicity & Health*, 1-19.

- Gooda, M. (2007). Collaboration and impact in Indigenous research. In *Presentation to the Australasian Research Management Society Annual Conference: Collaboration with impact* (pp. 19-21). Adelaide, South Australia.
- Goodall, H. (1990). 'Saving the children': Gender and the colonization of Aboriginal children in NSW 1788 to 1990. *Aboriginal Law Bulletin*, 2(44), 6-9.
- Goodall, H. (2008). *Invasion to embassy: Land in Aboriginal politics in New South Wales, 1770-1972*. Sydney, NSW: Sydney University Press.
- Goodwill, A., & Ishiyama, F. (2016). Finding the door: Critical incidents facilitating gang exit among Indigenous men. *Cultural Diversity and Ethnic Minority Psychology*, 22(3), 333.
- Gordon, S. (2008). The Northern Territory emergency response: A Reflection. *The Sydney Papers*, 20(3), 34.
- Goulding, C. (1998). Grounded theory: The missing methodology on the interpretivist agenda. *Qualitative Market Research: An International Journal*, 1(1), 50-57.
- Grant, E. (2004). *Unseen, unheard, unspoken: Exploring the relationship between Aboriginal spirituality & community development*. (Doctoral Dissertation). University of South Australia, Adelaide.
- Grant, M., Wronski, I., Murray, R., & Couzos, S. (2008). *Aboriginal health and history*. South Melbourne, Victoria: Oxford University Press.
- Gray, A. (1983). Aboriginal fertility at the time of European Contact: The Daly River Mission baptismal register. *Aboriginal History*, 80-89.
- Gray, D. (1979). *Traditional Medicine on the Carnarvon Aboriginal Reserve*. Nedlands: University of Western Australia Press.

- Gray, M., & Oprescu, F. (2016). Role of non-Indigenous researchers in Indigenous Health research in Australia: A review of the literature. *Australian Health Review, 40*(4), 459-465.
- Gray, S. (2016). Scoring the intervention: Fail grades on closing the gap, Human Rights. *Indigenous Law Bulletin, 8*(23), 10.
- Green, I. (1989). *Marrithiyel a language of the Daly River region of the Northern Territory*. (Doctoral Dissertation). Australian National University, Canberra, Australia. Retrieved from <https://openresearch-repository.anu.edu.au/handle/1885/10926>.
- Grieves, V. (2009). *Aboriginal spirituality: Aboriginal philosophy, the basis of Aboriginal social and emotional wellbeing*. Darwin, Northern Territory: Cooperative Research Centre for Aboriginal Health.
- Grubich-Simitis, I. (1981). Extreme traumatization as cumulative trauma: psychanalytic investigations of the effects of concentration camp experiences on survivors and their children. *Psychoanalytic Study of the Child, 36*, 415-450.
- Gruen, R., Weeramanthri, T., & Bailie, R. (2002). outreach and improved access to specialist services for Indigenous people in remote Australia: The Requirements for Sustainability. *Journal of Epidemiology & Community Health, 56*(7), 517-521.
- Grundy, A., Pollon, D., & McGinn, M. (2003). The participant as transcriptionist: methodological advantages of a collaborative and inclusive research practice. *International Journal of Qualitative Methods, 2*(2), 23-32.
- Guba, E., & Lincoln, Y. (1989). *Fourth generation evaluation*. Thousand Oaks, CA: Sage Publications.

- Guba, E., & Lincoln, Y. (1994). Competing paradigms in qualitative research. *Handbook of Qualitative Research*, 2, 105.
- Guenther, J., Osborne, S., Arnott, A., & McRae-Williams, E. (2017). Hearing the voice of remote Aboriginal and Torres Strait Islander training stakeholders using research methodologies and theoretical frames of reference. *Race Ethnicity and Education*, 20(2), 197-208.
- Gureje, O., Nortje, G., Makanjuola, V., Oladeji, B., Seedat, S., & Jenkins, R. (2015). The role of global traditional and complementary systems of medicine in the treatment of mental health disorders. *The Lancet Psychiatry*, 2(2), 168-177.
- Hackett, C., Feeny, D., & Tompa, E. (2016). Canada's residential school system: measuring the intergenerational impact of familial attendance on health and mental health outcomes. *J Epidemiol Community Health*, 70(11), 1096-1105.
- Haebich, A. (2001). Between knowing and not knowing: Public knowledge of the stolen generations. *Aboriginal History*, 25, 70.
- Haebich, A. (2008). *Spinning the dream: Assimilation in Australia 1950-1970*. Perth, WA: Fremantle Press.
- Hall, A. (2012). Kainga: Healing home with Indigenous knowledge. *ATA: Journal of Psychotherapy Aotearoa New Zealand*, 16(1), 19-32.
- Hall, A. (2013). Ko rangitoto, ko waitemata: Cultural landmarks for the integration of Indigenous psychotherapy in Aotearoa. *ATA: Journal of Psychotherapy Aotearoa New Zealand*, 17(2), 139-157.
- Hall, A. (2015). *An Indigenous Kaupapa Māori approach: Mother's experiences of partner violence and the nurturing of affectional bonds with tamariki* (Doctoral Dissertation). Auckland University of Technology, Auckland, New Zealand. Retrieved from <http://hdl.handle.net/10292/9273>.

- Halloran, M. (2004). Cultural maintenance and trauma in Indigenous Australia. *Murdoch University Electronic Journal of Law*, 11(4), 1-31.
- Hammersley, M., & Atkinson, P. (2007). *Ethnography: Principles in practice*. London, UK: Routledge.
- Handberg, C., Thorne, S., Midtgaard, J., Nielsen, C., & Lomborg, K. (2015). Revisiting symbolic interactionism as a theoretical framework beyond the grounded theory tradition. *Qualitative Health Research*, 25(8), 1023-1032.
- Hanson, C. (2016). Gender, justice, and the Indian Residential School claims process. *The International Indigenous Policy Journal*, 7(1), 3.
- Harris, J. (1986). *Northern Territory pidgins and the origin of Kriol*. The Australian National University. Canberra, ACT: Pacific Linguistics.
- Harris, J. (2003). Hiding the bodies: The myth of the humane colonisation of Aboriginal Australia. *Aboriginal History*, 27, 79-104.
- Harris, M. (2011). *Walk with us: Aboriginal Elders call out to Australian people to walk with them in their quest for justice*. East Melbourne, Victoria: Concerned Australians.
- Hart, M. (2010). Colonization, social exclusion, and Indigenous health. *The Social Determinants of Health in Manitoba*, 91-102.
- Havemann, P. (2005). Denial, modernity and exclusion: Indigenous placelessness in Australia. *Macquarie LJ*, 5, 57.
- Healing foundation. *Healing centres*. Retrieved from <https://healingfoundation.org.au/community-healing/healing-centres/>.
- Heartbreak Hill. (2007). *National Indigenous Times*, 6(136).
- Heath, H. (2006). Exploring the influences and use of the literature during a grounded theory study. *Journal of Research in Nursing*, 11, 519-528.

- Heffernan, E., Andersen, K., Davidson, F., & Kinner, S. (2015). PTSD among Aboriginal and Torres Strait Islander people in custody in Australia: Prevalence and Correlates. *Journal of Traumatic Stress, 28*(6), 523-530.
- Hengel, B., Maher, L., Garton, L., Ward, J., Rumbold, A., Taylor-Thomson, D., & Kaldor, J. (2015). Reasons for delays in treatment of bacterial sexually transmissible infections in remote Aboriginal communities in Australia: A qualitative study of health centre staff. *Sexual health, 12*(4), 341-347.
- Henry, B., Houston, S., & Mooney, G. (2004). Institutional racism in Australian healthcare: A plea for decency. *Medical Journal of Australia, 180*(10), 517.
- Hepworth, J., Askew, D., Foley, W., Duthie, D., Shuter, P., Combo, M., & Clements, L. (2015). How an urban Aboriginal and Torres Strait Islander primary health care service improved access to mental health care. *International Journal for Equity in Health, 14*(1), 51.
- Herman, J. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress, 5*(3), 377-391.
- Herman, J., & Harvey, M. (1997). Adult memories of childhood trauma: A naturalistic clinical study. *Journal of Traumatic Stress, 10*(4), 557-571.
- Hernandez-Truyol, B. (2001). Latinas, culture and human rights: A model for making change, saving soul. *Women's Rts. L. Rep, 23*, 21.
- Herring, S., Spangaro, J., Lauw, M., & McNamara, L. (2013). The intersection of trauma, racism, and cultural competence in effective work with Aboriginal people: Waiting for trust. *Australian Social Work, 66*(1), 104-117.
- Hesse-Biber, S., & Leavy, P. (2006). *The practice of qualitative research*. Thousand Oaks, CA: Sage Publications.

- Higginbottom, G., & Lauridsen, E. (2014). The roots and development of constructivist grounded theory. *Nurse Researcher*, 21(5).
- Hillock, I. (2005). *Rethinking colonial endeavour in relation to agricultural settlement in the Northern Territory, 1863 to 1945: A Critical Perspective*. Darwin, Northern Territory: Charles Darwin University.
- Hinkson, M. (2007). 'In the name of the child'. In J. Altman & M. Hinkson (Eds.), *Coercive reconciliation: Stabilise, normalise, exit Aboriginal Australia* (pp. 15-20). Melbourne, Victoria: Arena Publications.
- Hinton, D., & Lewis-Fernández, R. (2011). The cross-cultural validity of posttraumatic stress disorder: implications for DSM-5. *Depression and Anxiety*, 28(9), 783-801.
- Hockey, J. (2016). Participant observation with infantry. In *The companion to military research methods* (pp. 207). London, UK: Routledge.
- Hoddinott, W., & Kofod, F. (1988). *The Ngankikurungkurr language (Daly River area, Northern Territory)* (Vol. 77). Canberra, ACT: Australian National University.
- Hoffman, D. (2015). *Complex predication and serialisation in the Daly River region languages*. Brisbane, Queensland: University of Queensland.
- Hoge, C., Riviere, L., Wilk, J., Herrell, R., & Weathers, F. (2014). The prevalence of post-traumatic stress disorder (PTSD) in US combat soldiers: A head-to-head comparison of DSM-5 versus DSM-IV-TR symptom criteria with the PTSD checklist. *The Lancet Psychiatry*, 1(4), 269-277.
- Holland, R. (2013). *The impact of 'doomed race' assumptions in the administration of Queensland's Indigenous population by the Chief Protectors of Aboriginals from 1897 to 1942*. (Doctoral Dissertation). Queensland

- University of Technology, Brisbane, Australia. Retrieved from https://eprints.qut.edu.au/61774/2/Robin_Holland_Thesis.pdf.
- Hollinsworth, D. (2016). Unsettling Australian settler supremacy: Combating resistance in university Aboriginal studies. *Race Ethnicity and Education, 19*(2), 412-432.
- Holloway, I., & Galvin, K. (2016). *Qualitative research in nursing and healthcare*. NJ: John Wiley & Sons.
- Holton, J. (2010). The coding process and its challenges. *The Grounded Theory Review, 9*(1), 21-40.
- Honorato, B., Caltabiano, N., & Clough, A. (2016). From trauma to incarceration: exploring the trajectory in a qualitative study in male prison inmates from North Queensland, Australia. *Health & Justice, 4*(1), 3.
- Hornberger, N. (2013). Negotiating methodological rich points in the ethnography of language policy. *International Journal of the Sociology of Language, 219*, 101–122.
- Horowitz, M., Wilner, N., & Alvarez, W. (1979). Impact of event scale: a measure of subjective stress. *Psychosomatic medicine, 41*(3), 209-218.
- Hovane, V. (2015). Improving outcomes through a shared understanding of family violence in Aboriginal communities: towards an Aboriginal theory of family violence. *InPsych: The Bulletin of the Australian Psychological Society Ltd, 37*(5), 18.
- Howard, J. (2007, 25 Jun). *Weekly radio message*. Retrieved April 7, 2017 from <http://www.pm.gov.au/media/speech/2007/speech24383.cfm>.

- Howitt, R., & McLean, J. (2015). Towards closure? Coexistence, remoteness and righteousness in Indigenous policy in Australia. *Australian Geographer*, 46(2), 137-145.
- Hsieh, H., & Shannon, S. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277-1288.
- Human Rights and Equal Opportunity Commission. (1997). *Bringing them home: A Guide to the findings and recommendations of the national inquiry into the separation of Aboriginal and Torres Strait Islander Children from Their families*. Sydney, NSW: Human Rights and Equal Opportunity Commission.
- Humphrey, K. (2001). Will stop dirty questions: Indigenous health and 'western research'. *Australian and New Zealand Journal of Public Health*, 25, 197-202.
- Humphrey, K., Japanangka, M., & Marrawal, J. (1998). *From the bush to the store: Diabetes, everyday life and the critique of health services in two remote Northern Territory Aboriginal communities*. Darwin, Northern Territory: Diabetes Australia Research Trust/Territory Health Service.
- Humphrey, K., Weeramanthri, T., & Fitz, J. (2001). *Forgetting compliance: Aboriginal health and medical culture*. Darwin, NT: Northern Territory University Press.
- Hunt, J. (2008). Between a rock and a hard place: self-determination, mainstreaming and Indigenous community governance. Contested governance: culture, power institutions in Indigenous Australia. *CAEPR Research Monograph*, 29, 27-53.
- Hunter, A. (2003). Exploring the issues of Aboriginal representation in federal elections. *Electoral Insight*, 5(3), 27-33.

- Hunter, B. (2007). Conspicuous compassion and wicked problems: The Howard government's national emergency in Indigenous affairs. *Agenda: A Journal of Policy Analysis and Reform*, 35-51.
- Hunter, E. (1991). Out of sight, out of mind—2. Social and historical contexts of self-harmful behaviour among Aborigines of remote Australia. *Social Science & Medicine*, 33(6), 661-671.
- Hunter, E. (2007). Disadvantage and discontent: A review of issues relevant to the mental health of rural and remote Indigenous Australians. *Australian Journal of Rural Health*, 15(2), 88-93.
- Hunter, R. (1996). 'Aboriginal histories, Australian histories, and the law', in *In the Age of Mabo. History, Aborigines and Australia*, Ed. B. Attwood (Sydney, 1996), pp. 1, 16. St. Leonards, NSW: Allen & Unwin.
- Hunter, S. (2010). Analysing and representing narrative data: The long and winding road. *Current Narratives*, 1(2), 44-54.
- Hwang, S. (2008). Utilizing qualitative data analysis software: A review of Atlas.ti. *Social Science Computer Review*, 26(4), 519-527.
- Isaacs, A., Pyett, P., Oakley-Browne, M., Gruis, H., & Waples-Crowe, P. (2010). Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: Seeking a way forward. *International Journal of Mental Health Nursing*, 19(2), 75-82.
- Islam, M., Oni, H., Lee, K., Hayman, N., Wilson, S., Harrison, K., . . . Conigrave, K. (2018). Standardised alcohol screening in primary health care services targeting Aboriginal and Torres Strait Islander peoples in Australia. *Addiction Science & Clinical Practice*, 13(1), 5.

- Israel, B., Schulz, A., Parker, E., & Becker, A. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health, 19*, 173-202.
- Iten, L. (2014). *Southern Ripia sites cyber safety program report*. Alice Springs, NT: Northern Territory Library & Central Australian Youth Link Up Service.
- Iwama, M., Marshall, M., Marshall, A., & Bartlett, C. (2009). Two-eyed seeing and the language of healing in community-based research. *Canadian Journal of Native Education, 32*(2), 3.
- Jackson, R., & Sørensen, G. (2016). *Introduction to international relations: theories and approaches*. Oxford, UK: Oxford University Press.
- James, M. (2012). A carnival of truth? Knowledge, ignorance and the Canadian truth and reconciliation commission. *International Journal of Transitional Justice, 6*(2), 182-204.
- Janke, T., & Sentina, M. (2018). *Indigenous knowledge: Issues for protection and management*. Canberra: IP Australia, Commonwealth of Australia.
- Jenkins, S. (2013). Counselling and storytelling: How did we get here? *Psychotherapy and Politics International, 11*(2), 140-151.
- Jenkins, S. (2015). Rehabilitating psychology in Australia: The journey from colonising agent to cultural broker. *Psychotherapy and Politics International, 13*(2), 115-128.
- Jeon, Y. (2004). The application of grounded theory and symbolic interactionism. *Scandinavian Journal of Caring Sciences, 18*, 249-256.
- John, S., & Johnson, P. (2000). The pros and cons of data analysis software for qualitative research. *J Nurs Scholarship, 32*(4), 393-397.

- Johns, G. (2008). The Northern Territory intervention in Aboriginal affairs: Wicked problem or wicked policy. *Agenda*, 14(3), 65-84.
- Jorgensen, D. (2015). Participant observation. emerging trends in the social behavioral sciences: *An Interdisciplinary, Searchable, Linkable Resource*, 1-15.
- Kalogeras, S. (2014). *Transmedia Storytelling and the new era of media convergence in higher education*. NY: Springer.
- Kapellas, K., & Jamieson, L. (2016). Historical consequences of colonialism, disempowerment, and reactionary government decisions in relation to imprisonment rates in Australia's Northern Territory: A Potential Solution. *Journal of Health Care for the Poor and Underserved*, 27(1), 11-29.
- Kaptchuk, T. (2002). The placebo effect in alternative medicine: Can the performance of a healing ritual have clinical significance? *Annals of Internal Medicine*, 136(11), 817-825.
- Karter, J., & Kamens, S. (2019). Toward conceptual competence in psychiatric diagnosis: An ecological model for critiques of the DSM. In *Critical Psychiatry* (pp. 17-69). Cham: Springer.
- Katz, I., Newton, B. J., Shona, B., & Raven, M. (2016). *Evaluation theories and approaches; relevance for Aboriginal context*. Sydney: Social Policy Research Centre.
- Kaufmann, L., & Denk, N. (2011). How to demonstrate rigor when presenting grounded theory research in the supply chain management literature. *Journal of Supply Chain Management*, 47(4), 64-72.
- Kawulich, B. (2005). Participant observation as a data collection method. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 6(2).

- Kellermann, N. (2013). epigenetic transmission of holocaust trauma: Can nightmares be inherited? *The Israel Journal of Psychiatry and Related Sciences*, 50(1), 33.
- Kelly, K., Dudgeon, P., Gee, G., & Glaskin, B. (2009). *Living on the edge: Social and emotional wellbeing and risk and protective factors for serious psychological distress among Aboriginal and Torres Strait Islander People*. Darwin, Northern Territory: Cooperative Research Centre for Aboriginal Health.
- Kelsey, D. (1975). *The shackle: A story of the far north Australian bush*. Blackwood, South Australia: Lynton Publications.
- Kerr, J., Whyte, C., & Strang, H. (2017). Targeting escalation and harm in intimate partner violence: Evidence from Northern Territory Police, Australia. *Cambridge Journal of Evidence-Based Policing*, 1(2-3), 143-159.
- Keys, C., & Bryan, L. (2001). Co-constructing inquiry-based science with teachers: Essential research for lasting reform. *Journal of Research in Science Teaching: The Official Journal of the National Association for Research in Science Teaching*, 38(6), 631-645.
- Kidd, R. (1997). *The way we civilise: Aboriginal affairs, the untold story*. Brisbane, QLD: University of Queensland Press.
- Kilcullen, M., Swinbourne, A., & Cadet-James, Y. (2018). Aboriginal and Torres Strait Islander health and wellbeing: Social emotional wellbeing and strengths-based psychology. *Clinical Psychologist*, 22(1), 16-26.
- King, M., Smith, A., & Gracey, M. (2009). Indigenous health part 2: The underlying causes of the health gap. *The Lancet*, 374(9683), 76-85.

- Kingsley, J., Townsend, M., Henderson-Wilson, C., & Bolam, B. (2013). Developing an exploratory framework linking Australian Aboriginal peoples' connection to country and concepts of wellbeing. *International Journal of Environmental Research and Public Health*, *10*(2), 678-698.
- Kirkness, V., & Barnhardt, R. (1991). First Nations and higher education: The four R's—respect, relevance, reciprocity, responsibility. *Journal of American Indian Education*, 1-15.
- Kirmayer, L. (2012). Cultural competence and evidence-based practice in mental health: Epistemic communities and the politics of pluralism. *Social Science & Medicine*, *75*(2), 249-256.
- Kirmayer, L., & Sartorius, N. (2007). Cultural models and somatic syndromes. *Psychosomatic Medicine*, *69*(9), 832-840.
- Kirmayer, L., Sehdev, M., & Isaac, C. (2009). Community resilience: Models, metaphors and measures. *International Journal of Indigenous Health*, *5*(1), 62.
- Kirmayer, L., Simpson, C., & Cargo, M. (2003). Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry*, *11*(sup1), S15-S23.
- Kohli, R. (2014). Unpacking internalized racism: Teachers of color striving for racially just classrooms. *Race Ethnicity and Education*, *17*(3), 367-387.
- Kohrt, B., & Hruschka, D. (2010). Nepali concepts of psychological trauma: The role of idioms of distress, ethnopsychology and ethnophysiology in alleviating suffering and preventing stigma. *Culture, Medicine, and Psychiatry*, *34*(2), 322-352.

- Kolahdooz, F., Nader, F., Yi, K., & Sharma, S. (2015). Understanding the social determinants of health among Indigenous Canadians: Priorities for health promotion policies and actions. *Global Health Action*, 8(1), 27968.
- Kolb, S. (2012). Grounded theory and the constant comparative method: Valid research strategies for educators. *Journal of Emerging Trends in Educational Research and Policy Studies*, 3, 83-86.
- Konopásek, Z. (2007). Making thinking visible with Atlas.ti: computer assisted qualitative analysis as textual practices. *Historical Social Research/Historische Sozialforschung. Supplement*, 276-298.
- Kovach, M. (2010). *Indigenous methodologies: Characteristics, conversations, and contexts*. Toronto, Canada: University of Toronto Press.
- Kowal, E., & Paradies, Y. (2005). Ambivalent helpers and unhealthy choices: Public health practitioners' narratives of Indigenous ill-health. *Social Science & Medicine*, 60(6), 1347-1357.
- Krieken, R. (1999). The Barbarism of Civilization: Cultural genocide and the 'stolen generations'. *The British Journal of Sociology*, 50(2), 297-315.
- Krysinska, K., Martin, G., & Sheehan, N. (2009). *Identity, voice, place: Suicide prevention for Indigenous Australians: A social and emotional wellbeing approach*. School of Medicine, University of Queensland, Queensland: Centre for Suicide Prevention Studies.
- Kubany, E., Ralston, T., & Hill, E. (2010). Intense fear, helplessness, "and" horror? an empirical investigation of DSM-IV PTSD criterion A2. *Psychological Trauma: Theory, Research, Practice, and Policy*, 2(2), 77.

- Kwan, M. (2004). Beyond difference: From canonical geography to hybrid geographies. *Annals of the Association of American Geographers*, 94(4), 756-763.
- Ladd, P. (2013). Knowledge vs. wisdom in DSM diagnosis: A person-centered perspective. Ideas research you can use. London, UK: VISTAS.
- Ladson-Billings, G. (2000). Racialized discourses and ethnic epistemologies. *Handbook of Qualitative Research*, 2, 257-277.
- Laliberté, A., Haswell, M., & Tsey, K. (2012). Promoting the health of Aboriginal Australians through empowerment: Eliciting the components of the family well-being empowerment and leadership programme. *Global health promotion*, 19(4), 29-40.
- Laliberté, A., Haswell-Elkins, M., & Reilly, L. (2009). The healing journey: Empowering Aboriginal communities to close the health gap. *Australasian Psychiatry*, 17(1_suppl), S64-S67.
- Langer, W. (1974). Infanticide: A historical survey. *The Journal of Psychohistory*, 1(3), 353.
- Lapan, S., Quartaroli, M., & Riemer, F. (Eds.). (2011). *Qualitative research: An introduction to methods and designs (Vol. 37)*. Milton, QLD: John Wiley & Sons.
- Larkin, D. (2017). Still fighting for our rights 50 years after the referendum. *Eureka Street*, 27(10), 74.
- LaRossa, R. (2005). Grounded theory methods and qualitative family research. *Journal of Marriage and Family*, 67, 837-857.

- Larson, A., Gillies, M., Howard, P., & Coffin, J. (2007). It's enough to make you sick: The impact of racism on the health of Aboriginal Australians. *Australian and New Zealand Journal of Public Health, 31*(4), 322-329.
- Lavalle, L. (2009). Practical applications of an Indigenous research framework and two Indigenous research methods: sharing circles and anish-naabe symbol-based reflection. *International Journal of Qualitative Research Methods, 8*, 21-40.
- Lawrence, J., & Tar, U. (2013). The use of grounded theory technique as a practical tool for qualitative data collection and analysis. *The Electronic Journal of Business Research Methods, 11*, 29-40.
- Lawson-Te Aho, K., & Liu, J. (2010). Indigenous suicide and colonization: The legacy of violence and the necessity of self-determination. *International Journal of Conflict and Violence, 4*(1), 124-133.
- Leary, J. (1998). Out bush in the NT: Further reminiscences in the life of an outback priest: The Garden Point people. *Nelen Yubu, 69*, 17-27.
- Leaver, M. (2006). Exploring the Dadirri way of learning in society and culture. *Culturescope, 79*, 20.
- Lee, K., Chikritzhs, T., Wilson, S., Wilkes, A., Gray, D., Room, R., & Conigrave, K. (2014). Better methods to collect self-reported alcohol and other drug use data from Aboriginal and Torres Strait Islander Australians. *Drug and Alcohol Review, 33*(5), 466-472.
- Lemley, C., & Mitchell, R. (2012). Narrative Inquiry: Stories lived, stories told. In *Qualitative research instruction to methods & designs* (pp. 215-242). San Francisco, CA: Jossey-Bass.

- Lempert, L. (2007). Asking questions of the data: Memo writing in the grounded theory tradition. In A. Bryant & K. Charmaz (Eds.), *The Sage handbook of grounded theory* (pp. 245-265). London: Sage Publications.
- Leonard, S., Parsons, M., Olawsky, K., & Kofod, F. (2013). The role of culture and traditional knowledge in climate change adaptation: Insights from East Kimberley, Australia. *Global Environmental Change*, 23(3), 623-632.
- Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, 4(3), 324.
- Levine, P., & Kline, M. (2007). *Trauma through a child's eyes: Awakening the ordinary miracle of healing infancy through adolescence*. Berkeley, US: North Atlantic Books.
- Lewis, S. (2015). Qualitative inquiry and research design: Choosing among five approaches. *Health Promotion Practice*, 16(4), 473-475.
- Lewis-Fernandez, R. (2013). *Annual meeting of the society for the study of psychiatry and culture*. Retrieved from <https://thefprog.wordpress.com/2013/06/27/dsm-5-on-culture-a-significant-advance>.
- Lichtenstein, A., Berger, A., & Cheng, M. (2017). Definitions of healing and healing interventions across different cultures. *Annals of Palliative Medicine*, 6(3), 248-252.
- Lincoln, Y., & Guba, E. (2000). The only generalization is: there is no generalization. *Case Study Method*, 27-44.
- Lindsay, G. (2013). *Murder at the Copper Mine and beyond: The Copper Mine murders in 1884 near Daly River in the NT of Australia*. Darwin, Northern Territory: Historical Society of the Northern Territory.

- Loppie, C. (2007). Learning from the grandmothers: Incorporating Indigenous principles into qualitative research. *Qualitative Health Research, 17*(2), 276-284.
- Louis, R. (2007). Can you hear us now? Voices from the margin: Using Indigenous methodologies in geographic research. *Geographical research, 45*(2), 130-139.
- Lovato-Hermann, K., Dellor, E., Tam, C., Curry, S., & Freisthler, B. (2017). Racial disparities in service referrals for families in the child welfare system. *Journal of Public Child Welfare, 11*(2), 133-149.
- Lowe, J. (2006). Teen intervention project–Cherokee (Tip-C). *Pediatric Nursing, 32*(5).
- Lowe, J., Liang, H., Riggs, C., Henson, J., & Elder, T. (2012). Community partnership to affect substance abuse among Native American adolescents. *The American Journal of Drug and Alcohol Abuse, 38*(5), 450-455.
- MacDonald, C., & Steeneek, A. (2015). The impact of colonization and western assimilation on health and wellbeing of Canadian Aboriginal people. *International Journal of Regional and Local History, 10*(1).
- Mackean, T. (2009). A healed and healthy country: Understanding healing for Indigenous Australians. *The Medical Journal of Australia, 190*(10), 522-523.
- MacKillop, D. (1892). Sydney Herald.
- Macoun, A. (2011). Aboriginality and the Northern Territory intervention. *Australian Journal of Political Science, 46*(3), 519-534.
- Madden, R. (2010). *Being ethnographic: A guide to the theory and practice of ethnography*. Thousand Oaks, CA: Sage Publications.

- Maddison, S. (2009). Australia: Indigenous autonomy matters. *Development*, 52(4), 483-489.
- Maddison, S. (2014). Missionary genocide: Moral illegitimacy and the Churches in Australia. In *Indigenous Australia and the unfinished business of theology* (pp. 31-46). New York, US: Palgrave Macmillan.
- Maddison, S. (2016). *Settler Australia in the twentieth century. The Routledge handbook of the history of settler colonialism*. New York: Taylor & Francis.
- Mah, B., Weatherall, L., Burrows, J., Blackwell, C., Gwynn, J., Wadhwa, P., . . . Rae, K. (2017). Post-traumatic stress disorder symptoms in pregnant Australian Indigenous women residing in rural and remote New South Wales: A cross-sectional descriptive study. *Australian and New Zealand Journal of Obstetrics and Gynaecology*.
- Manne, R. (2001). *Quarterly essay 1: In denial: The stolen generations and the right*. Melbourne, Victoria: Black Inc.
- Manne, R. (Ed.). (2003). *Whitewash: On Keith Windschuttle's fabrication of Aboriginal history*. Melbourne, Victoria: Schwartz Publishing.
- Mark, G., & Lyons, A. (2014). Conceptualizing mind, body, spirit interconnections through, and beyond, spiritual healing practices. *Explore: The Journal of Science and Healing*, 10(5), 294-299.
- Markus, A. (1990). *Governing savages*. St. Leonards, NSW: Allen & Unwin.
- Markwick, A., Ansari, Z., Sullivan, M., & McNeil, J. (2015). Social determinants and psychological distress among Aboriginal and Torres Strait Islander adults in the Australian state of Victoria: A cross-sectional population based study. *Social Science & Medicine*, 128, 178-187.

- Marsh, T., Cote-Meek, S., Young, N., Najavits, L., & Toulouse, P. (2016). Indigenous healing and seeking safety: A blended implementation project for intergenerational trauma and substance use disorders. *International Indigenous Policy Journal*, 7(2).
- Martin, C. (2015). *Minding the Indigenous education gap*. The Saturday Paper. Retrieved from <https://www.thesaturdaypaper.com.au/news/education/2015/02/28/minding-the-Indigenous-education-gap/14250420001542>.
- Martin, G., Nakata, V., Nakata, M., & Day, A. (2017). Promoting the persistence of Indigenous students through teaching at the cultural interface. *Studies in Higher Education*, 42(7), 1158-1173.
- Martin, J., White, J., Roberts, S., Haussegger, Z., Greenwood, E., Grant, K., & Haines, T. (2019). Aboriginal wellbeing: A culturally safe, trauma-informed framework for health and mental health services. In *Mental Health Policy, Practice, and Service Accessibility in Contemporary Society* (pp. 107-133). Hershey, Pennsylvania: IGI Global.
- Martin, K., & Mirraboopa, B. (2003). Ways of knowing, being and doing: a theoretical framework and methods for Indigenous and Indigenist research. *Journal of Australian Studies*, 27(76), 203-214.
- Matheson, J. (2007). The voice transcription technique: Use of voice recognition software to transcribe digital interview data in qualitative research. *The Qualitative Report*, 12, 547-560.
- Mattock, E. (2003). Health of Indigenous people: Traditional medicine is being practised successfully. *British Medical Journal*, 327(7421), 989.

- Maxwell, J. (2012). *Qualitative research design: An interactive approach* (Vol. 41). Thousand Oaks, CA: Sage Publications.
- Mayan, M. (2016). *Essentials of qualitative inquiry*. NY: Routledge.
- Mazel, O. (2016). Self-determination and the right to health: Australian Aboriginal community controlled health services. *Human Rights Law Review*, 16(2), 323-355.
- McBain-Rigg, K., & Veitch, C. (2011). Cultural barriers to health care for Aboriginal and Torres Strait Islanders in Mount Isa. *Australian Journal of Rural Health*, 19(2), 70-74.
- McCabe, G. (2008). Mind, body, emotions and spirit: Reaching to the ancestors for healing. *Counselling Psychology Quarterly*, 21(2), 143-152.
- McCallin, A. (2003). Grappling with the literature in a grounded theory study. *Contemporary Nurse*, 15(1-2), 61–69.
- McCallum, D. (2014). Criminal neglect: Tracing the category of the Aboriginal ‘neglected child’. *Social Identities*, 20(4-5), 379-390.
- McCalman, J. (2013). the transfer and implementation of an Aboriginal Australian wellbeing program: A grounded theory study. *Implementation Science*, 8(1), 129.
- McCalman, J., McEwan, A., Tsey, K., Blackmore, E., & Bainbridge, R. (2010). Towards social sustainability: The case of the family wellbeing community empowerment education program. *Journal of Economic and Social Policy*, 13(2), 8.
- McCann, I., & Pearlman, L. (1990). *Psychological trauma and the adult survivor: theory, therapy, and transformation* (Vol. 21). New York: Psychology Press.

- McCarthy, L., Chang, A., & Brimblecombe, J. (2018). Food security experiences of Aboriginal and Torres Strait Islander families with young children in an urban setting: Influencing factors and coping strategies. *International Journal of Environmental Research and Public Health*, 15(12), 2649.
- McCoy, B. (2008). *Holding men: Kanyirninpa and the health of Aboriginal men*. Canberra, ACT: Aboriginal Studies Press.
- McGough, S. (2015). *Facilitating equity in mental health outcomes for Aboriginal People within mainstream mental health services in Western Australia: A grounded theory study*. (Doctoral Dissertation). Curtin University, Perth, Australia. Retrieved from <http://hdl.handle.net/20.500.11937/1275>.
- McGrath, A. (1983). *Aborigines and colonialism in the Upper Daly Basin region. Historical Submission. Upper Daly Land Claim*. Darwin, Northern Territory: Northern Land Council.
- McGrath, P. (2007). 'I don't want to be in that big city; this is my country here': Research findings on Aboriginal peoples' preference to die at home. *Australian Journal of Rural Health*, 15(4), 264-268.
- McGregor, R. (1997). *Imagined destinies: Aboriginal Australians and the doomed race theory, 1880-1939*. Melbourne, Victoria: Melbourne University Press.
- McKendrick, J. (2007). The mental health of Australia's Indigenous populations. In G. Meadows, B. Singh, & M. Grigg (Eds.), *Mental health in Australia* (pp. 668). Melbourne, Victoria: Oxford University Press.
- McKnight, D. (2002). *From hunting to drinking: The devastating effects of alcohol on an Australian Aboriginal community*. London, UK: Routledge.
- McQuaid, R., Bombay, A., McInnis, O., Humeny, C., Matheson, K., & Anisman, H. (2017). Suicide ideation and attempts among First Nations peoples living on-

- reserve in Canada: The intergenerational and cumulative effects of Indian residential schools. *The Canadian Journal of Psychiatry*, 62(6), 422-430.
- Meierhenrich, J. (2014). *Genocide: A reader*. USA: Oxford University Press.
- Memmott, P., Stacy, R., Chambers, C., & Keys, C. (2001). *Violence in Indigenous communities*. Canberra, ACT: Commonwealth of Australia.
- Menzies, P. (2007). Understanding Aboriginal intergenerational trauma from a social work perspective. *The Canadian journal of NATIVE studies*, 27(2), 367.
- Menzies, P. (2014). *Intergenerational trauma: Aboriginal people with addiction mental health issues: What health, social service justice workers need to know*. Toronto, Canada: CAMH Publications.
- Mero-Jaffe, I. (2011). 'Is that what I said?' Interview transcript approval by participants: An aspect of ethics in qualitative research. *International Journal of Qualitative Methods*, 10(3), 231–247.
- Merriam, S., & Tisdell, E. (2015). *Qualitative research: A guide to design and implementation*. NJ: John Wiley & Sons.
- Meyer, M. (1998). *Native Hawaiian epistemology: Contemporary narratives* (Doctoral Dissertation). Harvard University, Cambridge, MA. Retrieved from <http://hdl.handle.net/20.500.11937/1275>.
- Meyer, M. (2001). Our own liberation: Reflections on Hawaiian epistemology. *The Contemporary Pacific*, 124-148.
- Meyer, M. (2003). Hawaiian hermeneutics and the triangulation of meaning: Gross, Subtle, Causal. *Canadian Journal of Native Education*, 27(2), 249-255.
- Meyer, M. (2008). Indigenous and authentic: Hawaiian epistemology and the triangulation of meaning. In N. K. Denzin, Y. Lincoln, & L. T. Smith (Eds.),

- Handbook of critical and Indigenous methodologies*. Thousand Oaks, CA: Sage Publications.
- Meyer, M. (2016). The context within: My journey into research. In *Indigenous Pathways into Social Research* (pp. 249-260). NY: Routledge.
- Michel, T., Gerritsen, R., & Thynne, I. (2010). Northern Territory scoping study: Rural-remote and Indigenous local government. Darwin, NT: Charles Darwin University.
- Michel, T., & Taylor, A. (2012). 'Death by a thousand grants? The challenge of grant funding reliance for local government councils in the Northern Territory of Australia'. *Local Government Studies*, 38(4), 485-500.
- Mikahere-Hall, A. (2017). Constructing research from an Indigenous Kaupapa Māori perspective: An example of decolonising research. *Psychotherapy and Politics International*, 15(3), e1428.
- Miller, N., & Najavits, L. (2012). Creating trauma-informed correctional care: A balance of goals and environment. *European Journal of Psychotraumatology*, 3(1), 17246.
- Milliken, P., & Schreiber, R. (2012). Examining the nexus between grounded theory and symbolic interactionism. *International Journal of Qualitative Methods*, 11(5), 684-696.
- Mills, A., Durepos, G., & Wiebe, E. (Eds.). (2009). *Encyclopedia of case study research: L-Z; index (Vol. 1)*. Thousand Oaks, CA: Sage Publications.
- Mills, J., Lee, T., Lee, N., & Dargan, A. (2015). *Caring for country, caring for each other. Larrakia Healing Group*. Retrieved from https://www.ntphn.org.au/files/Healing_Group_Resources_2016_email.pdf.

- Mills, J., Bonner, A., & Francis, K. (2006). The development of constructivist grounded theory. *International Journal of Qualitative Methods*, 5(1), 25-35.
- Mills, J., Chapman, Y., Bonner, A., & Francis, K. (2007). Grounded theory: A methodological spiral from positivism to postmodernism. *Journal of Advanced Nursing*, 58(1), 72-79.
- Milroy, H. (2005). In Preface S. Zubrick, S. Silburn, D. Lawrence, F. Mitrou, R. Dalby, E. Blair, J. Griffin, H. Milroy, J. De Maio, A. Cox, J. Li, *The Western Australian Aboriginal child health survey, Vol. 2*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research.
- Milroy, H., Dudgeon, P., & Walker, R. (2014). Community life and development programs: Pathways to healing. *Working together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 419-435. Canberra Commonwealth of Australia.
- Minutes of evidence on the Aboriginal bill. *SAPP*, 2(77), 23.
- Mitrou, F., Cooke, M., Lawrence, D., Povah, D., Mobilia, E., Guimond, E., & Zubrick, S. (2014). Gaps in Indigenous disadvantage not closing: A census cohort study of social determinants of health in Australia, Canada, and New Zealand from 1981–2006. *BMC Public Health*, 14(1), 201.
- Moliere, D., Lowry, J., & Humphrey, C. (2009). Classifying the flow regime of data-limited streams in the wet-dry tropical region of Australia. *Journal of Hydrology*, 367(1-2), 1-13.
- Montagu, G., & Foelsche, P. (1885). *Report on pursuit of Daly River murderers*. Adelaide, South Australia: Government printer.

- Moorehead, V., Gone, J., & December, D. (2015). A gathering of Native American healers: Exploring the interface of Indigenous tradition and professional practice. *American Journal of Community Psychology*, 56(3-4), 383-394.
- Moran, H., & Fitzpatrick, S. (2008). *Healing for the stolen generations – a healing model for all*. Paper presented at the FAHCSIA Indigenous Healing Forum 16-17 September 2008, Canberra, Australia.
- Moreton-Robinson, A. (2000). *Talkin' up to the white woman: Aboriginal women and feminism*. Brisbane, Queensland: University of Queensland Press.
- Morgan, E., & Cole-Hawthorne, R. (2016). Applying a shared understanding between Aboriginal and western knowledge to challenge unsustainable neo-liberal planning policy and practices. *Australian Planner*, 53(1), 54-62.
- Morgan, L. (2013). The potentiality principle from Aristotle to abortion. *Current Anthropology*, 54(S7), S15-S25.
- Morgan, R., & Freeman, L. (2009). The healing of our people: substance abuse and historical trauma. *Substance Use & Misuse*, 44, 84-98.
- Morris, M., Leung, K., Ames, D., & Lickel, B. (1999). Views from inside and outside: Integrating emic and etic insights about culture and justice judgment. *Academy of Management Review*, 24(4), 781-796.
- Moses, A. (2000). An antipodean genocide? The origins of the genocidal moment in the colonization of Australia. *Journal of Genocide Research*, 2(1), 89-106.
- Mudrooroo. (1995). *Us mob: History, culture, struggle: an introduction to Indigenous Australia*. Sydney: Angus & Robertson.
- Murphy, D. (2015). "Deviant deviance": Cultural diversity in DSM-5. In *The DSM-5 in Perspective* (pp. 97-110). Netherlands: Springer.

- Murray, M. (2015). Narrative psychology. In Sage (Ed.), *Qualitative psychology: A practical guide to research methods* (3rd ed., pp. 85–107). London: Sage Publications.
- Myers, F., & Peterson, N. (2016). *The origins and history of outstations as Aboriginal life projects. Experiments in self-determination. Histories of the outstation movement in Australia*. Canberra: Australian National University Press.
- Myers, M. (2009). *Qualitative research in business & management*. Thousand Oaks, CA: Sage Publications.
- Naaeke, A., Kurylo, A., Grabowski, M., Linton, D., & Radford, M. (2012). *Insider and outsider perspective in ethnographic research*. Paper presented at the State Communication Association 2010.
- Nadew, G. (2012). Exposure to traumatic events, prevalence of posttraumatic stress disorder and alcohol abuse in Aboriginal communities. *Rural and Remote Health, 12*(4), 1667.
- Nakata, M. (1998). Anthropological texts and Indigenous standpoints. *Australian Aboriginal Studies, 2*(3).
- Nakata, M. (2001). *Indigenous peoples, racism and the United Nations*. Altona, Victoria: Common Ground.
- Nakata, M. (2002). Indigenous knowledge and the cultural interface: Underlying issues at the intersection of knowledge and information systems. *IFLA Journal, 28*(5-6), 281-291.
- Nakata, M. (2007). The cultural interface. *The Australian Journal of Indigenous Education, 36*(S1), 7-14.

- Nakata, M. (2010). The cultural interface of Islander and scientific knowledge. *The Australian Journal of Indigenous Education*, 39(S1), 53-57.
- Nakata, M., Day, A., Howells, K., Wanganeen, R., McAusland, R., De Santolo, J., . . . & Havini, T. (2008). Beneath the surface of anger: understanding the context of Indigenous men's anger. *Anger and Indigenous men: Understanding and responding to violent behaviour*, 103-131.
- Nakata, M., Nakata, V., Keech, S., & Bolt, R. (2012). Decolonial goals and pedagogies for Indigenous studies. *Decolonization: Indigeneity, Education & Society*, 1(1).
- Nathaniel, A. (2006). Thoughts on the literature review and GT. *Grounded Theory Review*, 5(2/3), 35-41.
- National Aboriginal Health Strategy Working Party. (1989). *A national Aboriginal health strategy*. Canberra: Australian Government Printing Service.
- National Health and Medical Research Council. (2018). *Ethical conduct in research with Aboriginal and Torres Strait Islander people and communities: Guidelines for researchers and stakeholders*: National Health and Medical Research Council.
- Naiyu Action Group. (2014). Retrieved from <http://www.miriamrosefoundation.org.au/about-us/about-nag>.
- Nelson, J., Bennett-Levy, J., Wilson, S., Ryan, K., Rotumah, D., Budden, W., . . . Stirling, J. (2015). Aboriginal and Torres Strait Islander mental health practitioners propose alternative clinical supervision models. *International Journal of Mental Health*, 44(1-2), 33-45.
- Nichols, L. (2015). The use of mind-body practices in counseling: A grounded theory study. *Journal of Mental Health Counseling*, 37(1), 28-46.

- Nicolas, G., Wheatley, A., & Guillaume, C. (2015). Does one trauma fit all? Exploring the relevance of PTSD across cultures. *International Journal of Culture and Mental Health*, 8(1), 34-45.
- Nilson, C. (2016). *Bindjareb Yorgas health program: Promoting Aboriginal women's health in a regional community setting*. (Doctoral Dissertation). Murdoch University, Perth, Australia. Retrieved from <http://researchrepository.murdoch.edu.au/id/eprint/31360/1/whole.pdf>.
- Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-Based Nursing*, 18(2), 34-35.
- Nortje, G., Oladeji, B., Gureje, O., & Seedat, S. (2016). Effectiveness of traditional healers in treating mental disorders: A systematic review. *The Lancet Psychiatry*, 3(2), 154-170.
- Nunes, J., Martins, J., Zhou, L., Alajamy, M., & Al-Mamari, S. (2010). Contextual sensitivity in grounded theory: The role of pilot studies. *The Electronic Journal of Business Research Methods*, 8(2), 73-84.
- O'Brien, A. (2006). Moving toward culturally sensitive services for Indigenous people: A non-Indigenous mental health nursing perspective. *Contemporary Nurse*, 21(1), 22-31.
- O'Donnell, K., & Kelly, J. (2011). Using ganma knowledge sharing as a decolonising approach to conference planning and facilitation. *ALAR: Action Learning and Action Research Journal*, 17(2), 137-156.
- O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: A Meta-Analysis. *BMC Public Health*, 15(1), 129.

- O'Neill, L., Fraser, T., Kitchenham, A., & McDonald, V. (2016). Hidden burdens: A review of intergenerational, historical and complex trauma, implications for Indigenous families. *Journal of Child & Adolescent Trauma*, 1-14.
- Ober, C., Peeters, L., Archer, R., & Kelly, K. (2000). Debriefing in different cultural frameworks: Responding to acute trauma in Australian Aboriginal contexts. *Psychological debriefing: Theory, practice and evidence*, 17, 241-253.
- Odette Wright, K. (2017). Narrative analysis/inquiry. *The International Encyclopedia of Communication Research Methods*, 1-9.
- O'Donnell, M., Creamer, M., McFarlane, A., Silove, D., & Bryant, R. (2010). Should A2 be a diagnostic requirement for posttraumatic stress disorder in DSM-V? *Psychiatry Research*, 176(2), 257-260.
- O'Donoghue, L. (1993). Aboriginal families and ATSIC. *Family Matters*, 35, 14-15.
- O'Kane, A., & Tsey, K. (2004). Towards a needs based mental health resource allocation and service development in rural and remote Australia. *Australasian Psychiatry*, 12(4), 390-395.
- O'Kelly, G. (1967). *The Jesuit mission stations in the Northern Territory, 1882-1899*. Melbourne, Victoria: Monash University.
- Oktay, J. (2012). *Pocket guide to social work research methods - grounded theory*. New York, NY: Oxford University Press.
- Olive, J. (2014). Reflecting on the tensions between emic and etic perspectives in life history research: lessons learned. *Forum: Qualitative Social Research*, 15(2), 6.
- Oliver, C. (2012). The relationship between symbolic interactionism and interpretive description. *Qualitative Health Research*, 22(3), 409-415.

- Oliver, S. (2013). The role of traditional medicine practice in primary health care within Aboriginal Australia: A review of the literature. *Journal of Ethnobiology and Ethnomedicine*, 9(1), 46.
- O' Shane, P. (1995). The psychological impact of white settlement on Aboriginal people. *Aboriginal and Islander Health Worker Journal*, 19(3), 24.
- Oshrat-Fink, Y. (2014). From the campus to the classroom: A narrative theory of novice teachers' transition processes. *Reflective Practice*, 15(6), 729-750.
- Ouma, M. (2016). Why and how to protect traditional knowledge at the international level. In Keynote address, seminar on intellectual property and traditional knowledge: Geneva, Switzerland.
- Our Story: History of NT Church. In Darwin, NT: Diocese of Darwin, The Catholic Church in the Northern Territory. Retrieved from <https://web.archive.org/web/20160303225601/http://www.darwin.catholic.org.au/our-story/history-nt-Church.html>.
- Overcash, J. (2003). Narrative research: A review of methodology and relevance to clinical practice. *Critical Reviews in Oncology/Hematology*, 48(2), 179-184.
- Pai, A., Suris, A., & North, C. (2017). Posttraumatic stress disorder in the DSM-5: Controversy, change, and conceptual considerations. *Behavioral Sciences*, 7(1), 7.
- Palmer, D., Watson, J., Watson, A., Ljubic, P., Wallace-Smith, H., & Johnson, M. (2006). "Going back to Country with bosses": The Yiriman project, youth participation and walking along with Elders. *Children Youth and Environments*, 16(2), 317-337.

- Panaretto, K., Wenitong, M., Button, S., & Ring, I. (2014). Aboriginal community controlled health services: Leading the way in primary care. *Medical Journal of Australia*, 200(11), 649-652.
- Panzironi, F. (2013). *Hand in hand: Report on Aboriginal traditional medicine*. Henley, South Australia: Anangu Ngangkari Tjutaku Aboriginal Corporation.
- Paradies, Y. (2007). Racism. *Social Determinants of Indigenous health*, 65-86.
- Paradies, Y. (2016). Colonisation, racism and Indigenous health. *Journal of Population Research*, 33(1), 83-96.
- Parker, L., & Lynn, M. (2002). What's race got to do with it? Critical race theory's conflicts with and connections to qualitative research methodology and epistemology. *Qualitative Inquiry*, 8(1), 7-22.
- Parker, L., & Roberts, L. (2011). critical race theory and its use in social science research. In B. Somekh & C. Lewin (Eds.), *Theory and methods in social research* (2nd ed., pp. 78–85).
- Parker, R. (2010). Australia's Aboriginal population and mental health. *The Journal of Nervous and Mental Disease*, 198(1), 3-7.
- Parker, R., Balaratnasingam, S., Roy, M., Huntley, J., & Mageean, A. (2014). Intellectual disability in Aboriginal and Torres Strait Islander people. In *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 373-382). Canberra, Australia: Commonwealth of Australia.
- Parker, R., & Milroy, H. (2014). Aboriginal and Torres Strait Islander mental health: An overview. *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, 2, 25-38. Canberra, ACT: Department of The Prime Minister and Cabinet.

- Park-Fuller, L. (1995). Narration and narratization of a cancer story: Composing and performing a clean breast of it. *Text and Performance Quarterly*, 15(1), 60-67.
- Parliamentary debates (Hansard)*. (1961). Canberra, Australia: Commonwealth of Australia.
- Pascoe, B. (2008). *The little red yellow black book: An introduction to Indigenous Australia*. Canberra, ACT: Aboriginal Studies Press.
- Paton, D., & Johnston, D. (2017). *Disaster resilience: An integrated approach*. Springfield, Illinois: Charles C Thomas Publisher.
- Pearce, M., Blair, A., Teegee, M., Pan, S., Thomas, V., Zhang, H., . . . Spittal, P. (2015). The cedar project. Historical trauma and vulnerability to sexual assault among young Aboriginal women who use illicit drugs in two Canadian Cities. *Violence Against Women*, 21(3), 313-329.
- Peeters, L., Hamann, S., & Kelly, K. (2014). The Marumali program: healing for Stolen Generations. In Dudgeon, P. Milroy, H. Walker, R. (Ed.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd edition ed., pp. 493-508 (chapter 29). Canberra: Department of The Prime Minister and Cabinet.
- Pelcovitz, D., van der Kolk, B., Roth, S., Mandel, F., Kaplan, S., & Resick, P. (1997). Development of a criteria set and a structured interview for disorders of extreme stress (sides). *Journal of Traumatic Stress*, 10(1), 3-16.
- Penman, R. (2006). *The 'growing up' of Aboriginal and Torres Strait Islander children: A literature review. Occasional paper No. 15*. Canberra: Australian Government, Department of Families, Community Services and Indigenous Affairs.

- Perry, D. (2013). *Talking circle: A culturally appropriate approach to healing intergenerational trauma within an evidence-based paradigm*. California, US: California Institute of Integral Studies.
- Peterson, C. (2011). NT Elders condemn Intervention. *Green left weekly*. Retrieved from <https://www.greenleft.org.au/content/nt-Elders-condemn-intervention>.
- Pettit, E. (2015). Aborigines' dreaming or Britain's terra nullius: Perceptions of land use in colonial Australia. *Iowa Historical Review*, 5(1), 23-60.
- Phillips-Beck, W., Sinclair, S., Campbell, R., Star, L., Cidro, J., & Wicklow, J. (2018). Early-life origins of disparities in chronic diseases among Indigenous youth: Pathways to recovering health disparities from intergenerational trauma. *Journal of Developmental Origins of Health and Disease*, 1-8.
- Pink, B., & Allbon, P. (2008). *The health and welfare of Aboriginal and Torres Strait Islander people (Abs Catalogue 4704.0 AIHW Catalogue No. Ihw 21)*. Canberra: Australian Institute Health and Welfare, Australian Bureau Statistics.
- Pole, N., Gone, J., & Kulkarni, M. (2008). Posttraumatic stress disorder among ethnoracial minorities in the United States. *Clinical Psychology: Science and Practice*, 15(1), 35-61.
- Polishuk, N., & Lockwood, D. (1976). *Life on the Daly River*. Adelaide, SA: Rigby.
- Ponterotto, J. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126.
- Porsanger, J. (2004). An essay about Indigenous methodology. *Nordlit*, 8(1), 105-120.

- Poupart, L. (2003). The familiar face of genocide: internalized oppression among American Indians. *Hypatia*, 18(2), 86-100.
- Préaud, M. (2009). *Country, law and culture (anthropology of Indigenous networks from the Kimberley)*. (Doctoral Dissertation). James Cook University, Townsville, Australia.
- Price, M., & Dagleish, J. (2013). Help-seeking among Indigenous Australian adolescents: Exploring attitudes, behaviours and barriers. *Youth Studies Australia*, 32(1), 10.
- Priest, N., Paradies, Y., Trenerry, B., Truong, M., Karlsen, S., & Kelly, Y. (2013). A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people. *Social Science & Medicine*, 95, 115-127.
- Proudfoot, F., & Habibis, D. (2015). Separate worlds: A discourse analysis of mainstream and Aboriginal populist media accounts of the Northern Territory emergency response in 2007. *Journal of Sociology*, 51(2), 170-188.
- Punch, K. (2013). *Introduction to social research: Quantitative and qualitative approaches*. Thousand Oaks, CA: Sage Publications.
- Purtill, J. (2014). 'Forgotten' Woolwonga tribe demand recognition 130 years after 'extermination'. *ABC news*. Retrieved from <https://www.abc.net.au/news/2014-09-24/Indigenous-woolwonga-demand-recognition-after-extermination/5765212>.
- Putt, J. (2013). *Conducting research with Indigenous people and communities*. Sydney, NSW: Indigenous Justice Clearinghouse.
- Pye, J. (1976). *The Daly River story: Daly River mission*. Darwin, NT: J.R. Coleman Printers.

- Pye, J. (1977). *The Tiwi Islands*. Darwin, NT: J.R. Coleman Printers.
- Pye, J. (1998). Garden Point people: 1941-1968. *Nelen Yubu*, 70, 16-18.
- Pyett, P., Waples-Crowe, P., & van der Sterren, A. (2008). Challenging our own practices in Indigenous health promotion and research. *Health Promotion Journal of Australia*, 19(3), 179-183.
- Quayle, A., & Sonn, C. (2013). Explicating race privilege: examining symbolic barriers to Aboriginal and non-Indigenous partnership. *Social Identities*, 19(5), 552-570.
- Ralph, N., Hamaguchi, K., & Cox, M. (2006). Transgenerational trauma, suicide and healing from sexual abuse in the Kimberley Region, Australia. *Pimatisiwin: A Journal of Aboriginal & Indigenous Community Health*, 4(2).
- Ramalho, R., Adams, P., Huggard, P., & Hoare, K. (2015). Literature review and constructivist grounded theory methodology. *In Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 16, 3.
- Reeves, S., Peller, J., Goldman, J., & Kitto, S. (2013). Ethnography in qualitative educational research: A mee Guide No. 80. *Medical Teacher*, 35(8), e1365-e1379.
- Regan, P. (2010). *Unsettling the settler within: Indian residential schools, truth telling, and reconciliation in Canada*. Canada: UBC Press.
- Reid, G. (1986). *Queensland and the Aboriginal problem, 1838-1901*. (Doctoral Dissertation). Australian National University, Canberra, Australia. Retrieved from <https://openresearch-repository.anu.edu.au/handle/1885/110014>.
- Reid, N. (2000). Complex verb collocations in Ngan'gityemerri: A non-derivational strategy for encoding valency alternations. In R. Dixon & A. Aikhenvald

- (Eds.), *Changing valency: Case studies in transitivity* (pp. 333–359).
Cambridge/Melbourne: Cambridge University Press.
- Reid, N. (2002). Sit right down the back: Serialized posture verbs in Ngan’gityemerri and other northern Australian Languages. In J. Newman (Ed.), *The Linguistics of sitting, standing, and lying* (pp. 239–267). Amsterdam: John Benjamins Publishing Co.
- Reid, N. (2003). Phrasal verb to synthetic verb: Recorded morphosyntactic change in Ngan’gityemerri. In N. Evans (Ed.), *The non-pama-nyungan languages of northern Australia: comparative studies of the continent’s most linguistically complex region*. Canberra: Pacific Linguistics.
- Reid, N. (2011). *Ngan’gityemerri: A language of the Daly River region, Northern Territory of Australia*. Munich: Lincom Europa.
- Reid, N., & McTaggart, P. (2008). *Ngan’gi dictionary*. Armidale, NSW: University of New England-Australian Linguistics.
- Remen, R. (1996). *Kitchen table wisdom: Stories that heal*. New York: Riverhead.
- Rennie, E., Hogan, E., & Holcombe-James, I. (2016). *Cyber safety in remote Aboriginal communities and towns: Interim report*. Melbourne: Swinburne Institute for Social Research.
- Report of the board for the protection of the aborigines. (1888, 11 January). *The Age*, p. 4. Retrieved from https://mafiadoc.com/who-is-the-human-in-human-rights_5a96aaa81723dd074291b2d2.html.
- Report on the initial conference of commonwealth and state authorities which met at Parliament House, Canberra in April 1937 (Acc 993, File 427/36)*. Canberra, ACT: Commonwealth Government Printer.

- Reynolds, H. (1987). *Frontier: aborigines, settlers and land*. Crows Nest, Australia: Allen and Unwin.
- Reynolds, H. (2006). *The other side of the frontier: Aboriginal resistance to the European invasion of Australia*. Sydney, New South Wales: UNSW Press.
- Richards, M. (1982). "An Australian frontier..." *Aborigines and settlers at the Daly River, 1912-1940*. Australian National University, Darwin: North Australia Research Unit.
- Richardson, L. (1997). *Fields of play: Constructing an academic life*. (Unpublished Honours Thesis). The Australian National University, Canberra, Australia.
- Rickwood, D., Dudgeon, P., & Gridley, H. (2010). A history of psychology in Aboriginal and Torres Strait Islander mental health. *Working Together, 13*.
- Ridani, R., Shand, F., Christensen, H., McKay, K., Tighe, J., Burns, J., & Hunter, E. (2015). Suicide Prevention in Australian Aboriginal communities: A review of past and present programs. *Suicide and Life-Threatening Behaviour, 45*(1), 111-140.
- Riddell, J., Salamanca, A., Pepler, D., Cardinal, S., & McIvor, O. (2017). Laying the Groundwork: A practical guide for ethical research with Indigenous communities. *The International Indigenous Policy Journal, 8*(2), 6.
- Riessman, C. (1993). *Narrative Analysis* (Vol. 30): Thousand Oaks, CA: Sage Publications.
- Riessman, C. (2008). *Narrative Methods for the Human Sciences*: Thousand Oaks, CA: Sage Publications.
- Riessman, C., & Speedy, J. (2007). Narrative inquiry in the psychotherapy professions: a critical review. In D. J. Clandinin (Ed.), *Handbook of narrative*

- inquiry: Mapping a methodology* (pp. 426-456). Thousand Oaks, CA: Sage Publications.
- Rigney, L. (1997). Internationalisation of an Indigenous anti-colonial cultural critique of research methodologies: A guide to Indigenous research methodology and its principles. *The Journal for Native American Studies, WICAZO SA Review, 14*(2), 109-121.
- Rigney, L. (1999). Internationalization of an Indigenous anticolonial cultural critique of research methodologies: A guide to Indigenist research methodology and its principles. *Wicazo SA Review, 14*(2), 109-121.
- Rigney, L. (2006). Indigenist research and Aboriginal Australia. In J. Kunnie & N. Goduka (Eds.), *Indigenous peoples' wisdom and power: Affirming our knowledge through narratives* (pp. 32-50). Farnham, UK: Ashgate Publishing.
- Rigney, L. (2017). Indigenist research and Aboriginal Australia. In *Indigenous peoples' wisdom and power* (pp. 61-77). UK: Routledge.
- Rigney, L. (2001). *A first perspective of Indigenous Australian participation in science: framing Indigenous research towards Indigenous Australian intellectual sovereignty*. In (pp. 61-77): Aboriginal Research Institute, University of South Australia.
- Riley, R. (1996). Revealing socially constructed knowledge through quasi-structured interviews and grounded theory analysis. *Journal of Travel & Tourism Marketing, 5*(1-2), 21-40.
- Rix, E., Barclay, L., Stirling, J., Tong, A., & Wilson, S. (2015). The perspectives of Aboriginal patients and their health care providers on improving the quality

- of haemodialysis services: A Qualitative Study. *Haemodialysis International*, 19(1), 80-89.
- Rix, E., Barclay, L., & Wilson, S. (2014). Can a white nurse get it? 'Reflexive Practice' and the non-Indigenous clinician/researcher working with Aboriginal people. *Rural & Remote Health*, 14, 2.
- Robbins, J., & Dewar, J. (2011). Traditional Indigenous approaches to healing and the modern welfare of traditional knowledge, spirituality and lands: A critical reflection on practices and policies taken from the Canadian Indigenous Example. *International Indigenous Policy Journal*, 2(4).
- Roberts, T. (2005). *Frontier justice: A history of the gulf country to 1900*. Brisbane, Queensland: University of Queensland Press.
- Roberts, T. (2009). The brutal truth: What Happened in the Gulf Country. *The Monthly*, 42.
- Rogers, T., & Bain, S. (2016). Genocide and frontier violence in Australia. *Journal of Genocide Research*, 18(1), 83-100.
- Rose, D. (1998). Signs of life on a barbarous frontier: Intercultural encounters in North Australia. *Humanities Research*, 2, 17-36.
- Rose, S., & Garske, J. (1987). Family environment, adjustment, and coping among children of holocaust survivors: A comparative investigation. *American Journal of Orthopsychiatry*, 57(3), 332.
- Rosenthal, G., & Fischer-Rosenthal, W. (2004). The analysis of narrative-biographical. *A Companion to Qualitative Research*, 259.
- Roth, W. (1905). *Annual Report for the Chief Protector of Aborigines for 1905 (Queensland)*. Retrieved from https://aiatsis.gov.au/sites/default/files/catalogue_resources/63539.pdf.

- Rowan, M., Poole, N., Shea, B., Gone, J., Mykota, D., & Farag, C. (2014). Cultural interventions to treat addictions in Indigenous populations: Findings from a scoping study. *Substance Abuse Treatment, Prevention, and Policy*, 9(1), 34.
- Rowan, M., Poole, N., Shea, B., Mykota, D., Farag, M., Hopkins, C., & Dell, C. (2015). A scoping study of cultural interventions to treat addictions in Indigenous populations: Methods, Strategies and insights from a two-eyed seeing approach. *Substance Abuse Treatment, Prevention, and Policy*, 10(1), 26.
- Rowse, T. (2005). The Indigenous sector. In *Culture, Economy and governance in Aboriginal Australia: Proceedings of a Workshop Held at the University of Sydney, 30 November - 1 December 2004* (pp. 207-223).
- Rowse, T. (2016). Experiments in self-determination: Histories of the outstation movement in Australia [Book Review] [online]. *Aboriginal History*, 40, 277-283.
- Roy, A., Noormohamed, R., Henderson, R., & Thurston, W. (2015). Promising Healing practices for interventions addressing intergenerational trauma among Aboriginal youth: A scoping review. *First Peoples Child & Family Review*, 10(2), 62-81.
- Royal Commission into Aboriginal Deaths in Custody. (1991). *National Reports. 5 Vols.* Canberra: Royal Commission into Aboriginal Deaths in Custody Retrieved from <http://www.austlii.edu.au/au/other/IndigLRes/rciadic/>.
- Russell-Mundine, G., & Mundine, G. (2014). Aboriginal inculturation of the Australian Catholic Church. *Black Theology*, 12(2), 96-116.
- Ryan, L. (2018). *Mapping the massacres of Australia's Frontier*. Retrieved Nov 6, 2018 from <https://c21ch.newcastle.edu.au/colonialmassacres/map.php>.

- Ryder, C., Yarnold, D., & Prideaux, D. (2011). Learning and unlearning: Is communication with minority patients about self or others? *Medical teacher*, 33(10), 781-782.
- Saethre, E. (2007). Conflicting traditions, concurrent treatment: Medical pluralism in remote Aboriginal Australia. *Oceania*, 77(1), 95-110.
- Sagi, A., van Ijzendoorn, M., Joels, T., & Scharf, M. (2002). Disorganized reasoning in holocaust survivors. *American Journal of Orthopsychiatry*, 72(2), 194.
- Saldaña, J. (2015). *The coding manual for qualitative researchers*. Thousand Oaks, CA: Sage Publications.
- Salisbury, C. (1998). A health service and Aboriginal & Torres Strait Islander partnership to develop and plan mental health services. *Australian Journal of Primary Health*, 4(4), 18-30.
- Salmon, M., Skelton, F., Thurber, K., Kneebone, L., Gosling, J., Lovett, R., & Walter, M. (2018). Intergenerational and early life influences on the well-being of Australian Aboriginal and Torres Strait Islander children: Overview and selected findings from footprints in time, the longitudinal study of Indigenous children. *Journal of Developmental Origins of Health and Disease*, 1-7.
- Sanders, W. (2011). *Changing scale, mixing interests: Generational change in Northern Territory local government*. Canberra, ACT: Centre for Aboriginal Economic Policy Research.
- Saunders, M., Lewis, P., & Thornhill, A. (2007). *Research methods for business students*. UK: Pearson Education Limited.

- Saunders, V., West, R., & Usher, K. (2010). Applying indigenist research methodologies in health research: Experiences in the borderlands. *The Australian Journal of Indigenous Education*, 39(S1), 1-7.
- Sbaraini, A., Carter, S., Evans, R., & Blinkhorn, A. (2011). How to do a grounded theory study: A worked example of a study of dental practices. *BMC Medical Research Methodology*, 11(1), 128.
- Schimmel, J. (2005). Killing without murder: Aboriginal Assimilation policy as genocide. *Lehigh Review*, 13(7), 35-54.
- Schiraldi, G. (2016). *The post-traumatic stress disorder sourcebook, revised and expanded second edition: A guide to healing, recovery, and growth: A guide to healing, recovery, and growth*. NY: McGraw Hill Professional.
- Schnurr, P., Lunney, C., Sengupta, A., & Spiro, A. (2005). A longitudinal study of retirement in older male veterans. *Journal of Consulting and Clinical Psychology*, 73(3), 561-566.
- Schubert, C., & Punamäki, R. (2011). Mental health among torture survivors: cultural background, refugee status and gender. *Nordic journal of psychiatry*, 65(3), 175-182.
- Schultz, K., Cattaneo, L., Sabina, C., Brunner, L., Jackson, S., & Serrata, J. (2016). Key roles of community connectedness in healing from trauma. *Psychology of Violence*, 6(1), 42.
- Shah, A. (2017). Ethnography? Participant Observation, a potentially revolutionary praxis. *HAU: Journal of Ethnographic Theory*, 7(1), 45-59.
- Shay, M. (2016). Reimagining Indigenous education through flexi schooling. *Imagination for inclusion: Diverse Contexts of Educational Practice*, 116-127.

- Sheehan, N. (2003). *Indigenous knowledge and higher education: instigating relational knowledge in a neo-colonial context*. (Doctoral Dissertation). University of Queensland, Brisbane, Australia.
- Sheehan, N. (2011). Indigenous knowledge and respectful design: An Evidence-Based Approach. *Design Issues*, 27(4), 68-80.
- Sheehan, N., & Walker, P. (2001). The Purga project: Indigenous knowledge research. *The Australian Journal of Indigenous Education*, 29(2), 11-17.
- Shenton, A. (2004). The analysis of qualitative data in LIS research projects: A possible approach. *Education for Information*, 22(3-4), 143-162.
- Shepherd, S., Delgado, R., Sherwood, J., & Paradies, Y. (2018). The impact of Indigenous cultural identity and cultural engagement on violent offending. *BMC Public Health*, 18(1), 50.
- Sherwood, J. (2010). *Do no harm: Decolonising Aboriginal health research* (Doctoral Dissertation). University of New South Wales, Sydney, New South Wales.
- Sherwood, J. (2013). Colonisation—it's bad for your health: The context of Aboriginal health. *Contemporary Nurse*, 46(1), 28-40.
- Sherwood, J., & Edwards, T. (2006). Decolonisation: A critical step for improving Aboriginal health. *Contemporary Nurse*, 22(2), 178-190.
- Sherwood, J., & Geia, L. (2014). Historical and current perspectives on the health of Aboriginal and Torres Strait Islander people. *Yatdjuligin: Aboriginal and Torres Strait Islander Nursing and Midwifery Care*, 7.
- Short, D. (2003). Australian 'Aboriginal' reconciliation: The latest phase in the colonial project. *Citizenship Studies*, 7(3), 291-312.

- Short, D. (2016). *Reconciliation and colonial power: Indigenous rights in Australia*.
UK: Routledge.
- Sikes, P., & Gale, K. (2006). *Narrative approaches to educational research*.
Retrieved from
<http://www.edu.plymouth.ac.uk/resined/narrative/narrativehome.htm>.
- Silverman, D. (2015). *Interpreting qualitative data*: Thousand Oaks, CA: Sage
Publications.
- Silverman, J., Kurtz, S., & Draper, J. (2016). *Teaching and learning communication
skills in medicine*. London: CRC press.
- Sinclair, R. (2004). Aboriginal social work education in Canada: Decolonizing
pedagogy for the seventh generation. *First Peoples Child & Family Review*,
1(1), 49-62.
- Sissons, J. (2005). *First Peoples: Indigenous cultures and their futures*. Clerkenwell,
Scotland: Reaktion Books.
- Smith, C. (2004). *Country, kin and culture: Survival of an Aboriginal community*.
Kent Town, South Australia: Wakefield Press.
- Smith, K., Fatima, Y., & Knight, S. (2017). Are primary health care services
culturally appropriate for Aboriginal People: Findings from a remote
community. *Australian Journal of Primary Health*, 23(3), 236-242.
- Smith, L. (1999). *Decolonizing methodologies: Research and Indigenous peoples*.
Dunedin, New Zealand: Otago University Press.
- Smith, L. (2006). Researching in the margins issues for Māori researchers a
discussion paper. *AlterNative: An International Journal of Indigenous
Peoples*, 2(1), 4-27.

- Smith, L. (2007). On tricky ground. *The landscape of qualitative research, 1*, 85-113.
- Smith, L. (2013). *Decolonizing methodologies: Research and Indigenous peoples*. London, UK: Zed Books Ltd.
- Snijder, M., Shakeshaft, A., Wagemakers, A., Stephens, A., & Calabria, B. (2015). A systematic review of studies evaluating Australian Indigenous community development projects: The extent of community participation, their methodological quality and their outcomes. *BMC Public Health, 15*(1), 1154.
- Sochting, I., Corrado, R., Cohen, I., Ley, R., & Brasfield, C. (2007). Traumatic pasts in Canadian Aboriginal people: Further support for a complex trauma conceptualization? *British Columbia Medical Journal, 49*(6), 320.
- Social Health Reference Group. (2004). National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing 2004–2009. Canberra: National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group.
- Society of Jesus. Baptismal register of the Daly River mission stations by the Fathers of the Society of Jesus 1886-1902.
- Solórzano, D., & Yosso, T. (2002). Critical race methodology: Counter-storytelling as an analytical framework for education research. *Qualitative Inquiry, 8*(1), 23-44.
- South Australian Register. (1885, June 4). Adelaide, South Australia: Robert Thomas and Co.
- Spradley, J. (2016). *Participant observation*. Illinois, US: Waveland Press.
- Stanley, J., Tomison, A., & Pocock, J. (2003). *Child abuse and neglect in Indigenous Australian communities*. Canberra: Australian Institute of Family Studies.

- Stanley, O. (1985). *The mission and Peppimenarti: An economic study of two Daly River Aboriginal communities*. Darwin: North Australia Research Unit.
- Stanner, W. (1933a). Ceremonial economics of the Mulluk Mulluk and Madgngella tribes of the Daly River, North Australia: A Preliminary Paper (Part One). *Oceania*, 4, 156–175.
- Stanner, W. (1933b). The Daly River tribes: A report on fieldwork in north Australia (Part 1). *Oceania*, 3, 377–405.
- Stanner, W. (1933c). The Daly River Tribes: A report on fieldwork in north Australia (Part 2). *Oceania*, 4, 10–29.
- Stanner, W. (1934). Ceremonial economics of the Mulluk Mulluk and Madgngella tribes of the Daly River, North Australia: A preliminary paper (Part 2). *Oceania*, 4, 458–471.
- Stanner, W. (1969). *After the Dreaming: Black and white Australians: An anthropologist's view (the Boyer Lectures 1968)*. Sydney: Australian Broadcasting Commission.
- Stanner, W. (1979). *White man got no Dreaming. Essays 1938-1973*. Canberra: Australian National University Press.
- Starks, H., & Brown Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research*, 17(10), 1372-1380.
- Stephens, A., & Monro, D. (2018). Training for life and healing: The systemic empowerment of Aboriginal and Torres Strait Islander men and women through vocational education and training. *The Australian Journal of Indigenous Education*, 1-14.

- Stephens, M. (2014). Infanticide at Port Phillip: Protector William Thomas and the witnessing of things unseen. *Aboriginal History*, 109-130.
- Stern, P., & Porr, C. (2017). *Essentials of accessible grounded theory*. UK: Routledge.
- Stevens, S., Andrade, R., Korchmaros, J., & Sharron, K. (2015). Intergenerational trauma among substance-using Native American, Latina, and White Mothers living in the southwestern United States. *Journal of Social Work Practice in the Addictions*, 15(1), 6-24.
- Stewart, H., Gapp, R., & Harwood, I. (2017). Exploring the alchemy of qualitative management research: seeking trustworthiness, credibility and rigor through crystallization. *The Qualitative Report*, 22(1), 1-19.
- Stewart, J., & Warn, J. (2017). Between two worlds: Indigenous leaders exercising influence and working across boundaries. *Australian Journal of Public Administration*, 76(1), 3-17.
- Stewart, S. (2009). One Indigenous academic's evolution: A personal narrative of native health research and competing ways of knowing. *First Peoples Child & Family Review*, 4(1), 57-65.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research*. Thousand Oaks, CA: Sage Publications.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research techniques*. Thousand Oaks, CA: Sage Publications.
- Strickland, C., Walsh, E., & Cooper, M. (2006). Healing fractured families: Parents' and Elders' perspectives of the impact of colonization and youth suicide prevention in a Pacific northwest American Indian tribe. *Journal of Transcultural Nursing*, 17(1), 5-12.

- Stringer, R. (2007). A nightmare of the neo-colonial kind: Politics of suffering in Howard's Northern Territory intervention. *Borderlands*, 6(2), 13.
- Stronach, M., & Adair, D. (2014). Dadirri: Using a philosophical approach to research to build trust between a non-Indigenous researcher and Indigenous participants. *Cosmopolitan Civil Societies: An Interdisciplinary Journal*, 6(2), 117-134.
- Strong, D. (1999). *The Australian dictionary of Jesuit biography 1848-1998: Archives of the Society of Jesus*.
- Sutton, P. (2001). The politics of suffering: Indigenous policy in Australia since the 1970s. *Anthropological Forum*, 11(2), 125-173.
- Swain, T. (1993). *A place for strangers: Towards a history of Australian Aboriginal being*. Melbourne, Victoria: Cambridge University Press.
- Swan, P., & Raphael, B. (1995). *Ways forward: National Aboriginal and Torres Strait Islander mental health policy, National Consultancy Report*. Canberra, ACT: Commonwealth of Australia.
- Tachine, A., Bird, E., & Cabrera, N. (2016). Sharing circles: An Indigenous methodological approach for researching with groups of Indigenous peoples. *International Review of Qualitative Research*, 9(3), 277-295.
- Tanner, L., Agius, K., & Darbyshire, P. (2005). 'Sometime they run away, that's how scared they feel': The paediatric hospitalisation experiences of Indigenous families from remote areas of Australia. *Contemporary Nurse*, 18(1-2), 3-17.
- Tatz, C. (1999). Genocide in Australia. *Journal of Genocide Research*, 1(3), 315-352.
- Tatz, C. (2001). Confronting Australian genocide. *Aboriginal History*, 25, 16.

- Tatz, C. (2017). *Australia's unthinkable genocide*. Indiana: Xlibris Corporation.
- Taylor, J. (2018). *Indigenous peoples and indicators of well-being: An Australian perspective on Unpfii global frameworks*. Canberra: Centre for Aboriginal Economic Policy Research, Research School of Social Sciences, College of Arts & Social Sciences, The Australian National University.
- Taylor, K., & Guerin, P. (2010). *Health care and Indigenous Australians: Cultural Safety in Practice*. Melbourne, Victoria: Macmillan Education
- Taylor, S. J., Bogdan, R., & DeVault, M. (2015). *Introduction to qualitative research methods: A guidebook and resource*. US: John Wiley & Sons.
- The Daly River tragedy. (1884, 4 Oct). *NT Times & Gazette's Editorial Column*, p. 11.
- The Police and the Daly Rivers murderers. (1886, 13 Feb). *South Australian Weekly Chronicle*, p. 22.
- Thomas, D. (2004). Reading doctors' writing: Race, politics and power in Indigenous health research 1870–1969. Canberra, ACT: Aboriginal Studies Press for the Australian Institute of Aboriginal and Torres Strait Islander Studies.
- Thomas, D., Bainbridge, R., & Tsey, K. (2014). Changing discourses in Aboriginal and Torres Strait Islander health research, 1914–2014. *Med J Aust*, 201(1), S1-4.
- Thompson, S., Haynes, E., Shahid, S., Woods, J., Teng, T., Davidson, P., & Katzenellenbogen, J. (2015). Shedding light or fanning flames? A consideration of the challenges in exploring the relative effectiveness of Aboriginal community controlled health services. *Quality in Primary Care*, 23(3).

- Thornton, T. (2017). Cross-cultural psychiatry and validity in DSM-5. In *The Palgrave handbook of sociocultural perspectives on global mental health* (pp. 51-69). UK: Palgrave Macmillan.
- Tighe, J., McKay, K., & Maple, M. (2015). 'I'm Going to Kill Myself If You Don't...': Contextual aspects of suicide in Australian Aboriginal communities. *International Journal of Culture and Mental Health*, 8(1), 1-12.
- Tilbury, C. (2015). Aboriginal and Torres Strait Islander families in Australia: Poverty and child welfare involvement. In *Theoretical and empirical insights into child and family poverty* (pp. 273-284). New York: Springer International Publishing.
- Tomlinson-Clarke, S., & Georges, C. (2014). DSM-5: A commentary on integrating multicultural and strength-based considerations into counseling training and practice. *Professional Counselor*, 4(3), 272-281.
- Tousignant, M., & Sioui, N. (2013). Resilience and Aboriginal communities in crisis: Theory and interventions. *International Journal of Indigenous Health*, 5(1), 43-61.
- Tracy, S. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), 837-851.
- Treloar, C., Gray, R., Brener, L., Jackson, C., Saunders, V., Johnson, P., . . . Newman, C. (2013). Health literacy in relation to cancer: Addressing the silence about and absence of cancer discussion among Aboriginal People, communities and health services. *Health & Social Care in the Community*, 21(6), 655-664.

- Trigger, D. (2015). Change and succession in Australian Aboriginal claims to land. In P. Toner (Ed.), *Strings of connection: Essays in honour of Ian Keen*, 53-73. Canberra, ACT: ACT Press.
- Trudgen, R. (2000). *Djambatj Mala: Why warriors lie down and die. towards an understanding of why Aboriginal people of Arnhem Land face the greatest crisis in health and education since European contact*. Darwin, Northern Territory: Aboriginal Resource and Development Services Inc.
- Tryon, D. (1968). The Daly River languages: A survey. *Pacific Linguistics, Series A*, 14, 21-46.
- Tryon, D. (1970). Noun classification and concord in the Daly River languages. *Mankind*, 7(3), 218-222.
- Tsey, K., & Every, A. (2000). Evaluating Aboriginal empowerment programs: The case of family well-being. *Australian and New Zealand Journal of Public Health*, 24(5), 509-514.
- Tsey, K., Harvey, D., Gibson, T., & Pearson, L. (2009). The role of empowerment in setting a foundation for social and emotional wellbeing. *Australian e-Journal for the Advancement of Mental Health*, 8(1), 6-15.
- Tsey, K., & Hunter, E. (2002). Indigenous health and the contribution of sociology: A review. *Health Sociology Review*, 11(1-2), 79-86.
- Turner, P., & Watson, N. (2007). The Trojan horse. In J. Altman & M. Hinkson (Eds.), *Coercive reconciliation: Stabilise, normalise, exit Aboriginal Australia* (pp. 205-212). Melbourne, Victoria: Arena Publications.
- Turner-Walker, J. (2012). *Clash of the paradigms: Night patrols in remote central Australia*. (M. Crim. Justice). University of Western Australia, Perth, Australia.

- Ungunmerr-Baumann, M. (1988). Dadirri. *Compass Theology Review*, 22, 9-11.
- Ungunmerr-Baumann, M. (1993). Dadirri. Listening to one another. In J. Hendricks & G. Hefferan (Eds.), *A spirituality of Catholic Aborigines and the struggle for justice, Aboriginal and Torres Strait Islander Apostolate* (pp. 34-37). Brisbane, QLD: Catholic Archdiocese of Brisbane.
- Ungunmerr-Baumann, M. (2002). *Dadirri: Inner Deep Listening and Quiet Still Awareness. A reflection by Miriam-Rose Ungunmerr-Baumann*. Port Macquarie, NSW, Australia: Emmaus Productions.
- United Nations. (2007). *United Nations Declaration on the Rights of Indigenous Peoples*. Retrieved from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf.
- University of Sydney. (2016). *How traditional Aboriginal medicine can help close the health gap*. Retrieved December 1, 2018 from <https://sydney.edu.au/news-opinion/news/2016/04/27/how-traditional-Aboriginal-medicine-can-help-close-the-health-ga.html>.
- Urquhart, C., Lehmann, H., & Myers, M. (2010). Putting the 'theory' back into grounded theory: Guidelines for grounded theory studies in information systems. *Information Systems Journal*, 20(4), 357-381.
- U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race and ethnicity. A supplement to mental health; a Report of the Surgeon General*. A supplement to mental health; A report of the surgeon general. Washington, D.C: U.S. Department of Health and Human Services.
- Valdes, F., McCristal, C., & Harris, A. (2002). *Crossroads, directions, and a new critical race theory* Eds. Philadelphia. PA: Temple University Press.

- Van der Hart, O., Nijenhuis, E., & Steele, K. (2005). Dissociation: An insufficiently recognized major feature of complex posttraumatic stress disorder. *Journal of Traumatic Stress, 18*(5), 413-423.
- Van der Kolk, B. (1994). The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress. *Harvard Review of Psychiatry, 1*(5), 253-265.
- Van der Kolk, B. (2002). The assessment and treatment of complex PTSD. *Treating Trauma Survivors with PTSD, 127-156*.
- Van der Kolk, B. (2007). The developmental impact of childhood trauma. In L. Kirmayer, R. Lemelson, & M. Barad (Eds.), *Understanding trauma: Integrating biological, clinical, and cultural perspectives* (pp. 224-241). New York, NY: Cambridge University Press.
- Van der Kolk, B., McFarlane, A., & van der Hart, O. (1996). A general approach to treatment of posttraumatic stress disorder. In B. Kolk, A. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 417-440). New York: Guilford Press.
- Van der Kolk, B., McFarlane, A., & Weisæth, L. (Eds.). (2012). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York: Guilford Press.
- Van Ijzendoorn, M., Bakermans-Kranenburg, M., & Sagi-Schwartz, A. (2003). Are children of Holocaust survivors less well-adapted? *A Metaanalytic Investigation of Secondary Traumatization. Journal of Traumatic Stress, 16*(5), 459-469.
- Vanstone, A. (2005). Beyond conspicuous compassion: Indigenous Australians deserve more than good intentions. In *Speech as Minister for Immigration*

and Multicultural and Indigenous Affairs to the Australia and New Zealand School of Government. Canberra, ACT: ANU.

- Ventriglio, A., Ayonrinde, O., & Bhugra, D. (2016). Relevance of culture-bound syndromes in the 21st century. *Psychiatry and clinical neurosciences*, 70(1), 3-6.
- Veroff, S. (2002). Participatory art research: Transcending barriers and creating knowledge and connection with young Inuit adults. *American Behavioral Scientist*, 45(8), 1273-1287.
- Vicary, D., & Andrews, H. (2000). Developing a culturally appropriate psychotherapeutic approach with Indigenous Australians. *Australian Psychologist*, 35(3), 181-185.
- Vicary, D., & Bishop, B. (2005). Western psychotherapeutic practice: Engaging Aboriginal people in culturally appropriate and respectful ways. *Australian Psychologist*, 40(1), 8-19.
- Vicary, D., & Westerman, T. (2004). That's just the way he is': Some implications of Aboriginal mental health beliefs. *Australian e-Journal for the Advancement of Mental Health*, 3(3), 103-112.
- Victoria Daly Regional Council. (2017). *Daly River – Nauiyu (Milngin Ward) Community Plan 2017-2018*. Retrieved from <http://www.victoriadaly.nt.gov.au/our-council/financial-reports/>.
- Volkan, V. (2001). Transgenerational transmissions and chosen traumas: An Aspect of large-group identity. *Group Analysis*, 34(1), 79-97.
- Walden, I. (1995). 'That was slavery days': Aboriginal domestic servants in New South Wales in the twentieth Century. *Labour History*, 69, 196-209.

- Waldram, J. (2013). Transformative and restorative processes: Revisiting the question of efficacy of Indigenous healing. *Medical Anthropology*, 32(3), 191-207.
- Walker, M., Fredericks, B., Mills, K., & Anderson, D. (2014). "Yarning" as a method for community-based health research with Indigenous women: The Indigenous Women's Wellness Research Program. *Health Care for Women International*, 35(10), 1216-1226.
- Wallerstein, N. (2006). *What is the evidence on effectiveness of empowerment to improve health?* Copenhagen, Denmark: WHO Regional Office for Europe; 2006. Health Evidence Network Report. Retrieved from http://www.euro.who.int/_data/assets/pdf_file/0010/74656/E88086.pdf
- Wallerstein, N., & Bernstein, E. (1988). Empowerment education: Freire's ideas adapted to health education. *Health Education Quarterly*, 15(4), 379-394.
- Walsh, I., Holton, J., Baily, L., Fernandez, W., Levina, N., & Glaser, B. (2015). What grounded theory is... a critically reflective conversation among scholars. *Organizational Research Methods*, 18(4), 581-599.
- Wanganeen, R. (2014). Seven phases to integrating loss and grief. *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, 475-492. Canberra: Commonwealth of Australia.
- Ware, V. (2013). *Improving the accessibility of health services in urban and regional settings for Indigenous people* (Vol. 27). Canberra: Australian Institute of Health and Welfare.
- Waterworth, P., Dimmock, J., Pescud, M., Braham, R., & Rosenberg, M. (2016). Factors affecting Indigenous West Australians' health behavior: Indigenous perspectives. *Qualitative Health Research*, 26(1), 55-68.

- Watson, I. (2009). In the Northern Territory Intervention: What is saved or rescued and at what cost? *Cultural Studies Review*, 15(2), 45-60.
- Weaver, K., & Spiers, J. (2018). Uplifting voices and images of research participants: Issues in video dissemination. *Nursing and Health* 6(1): 1-11
- Weir, J., Stacey, C., & Youngentob, K. (2011). The benefits associated with caring for Country: Literature review. In *Report for the Department of Sustainability, Environment, Water, Population and Communities*. Canberra: Department of Sustainability, Environment, Water, Population and Communities.
- Wenitong, M., Tsey, K., McCalman, J., Fagan, R., Baird, L., Patterson, D., Baird, B., Whiteside, M., Cadet-James, Y., & Wilson, A. (2004). Social determinants of health: Rural Aboriginal men and participatory action research in Queensland Australia. In: *Proceedings of Discourses and Silences: Indigenous peoples, risks and resistance*. From: XI World Congress of Rural Sociology. Trondheim, Norway.
- Wesley-Esquimaux, C., & Smolewski, M. (2004). Historic trauma and Aboriginal healing. Ottawa: *Aboriginal Healing Foundation*, 3.
- West, R., Stewart, L., Foster, K., & Usher, K. (2012). Through a critical lens: Indigenist research and the Dadirri method. *Qualitative Health Research*, 22(11), 1582-1590.
- Westerman, T. (2010). Engaging Australian Aboriginal youth in mental health services. *Australian Psychologist*, 45, 212–222.
- Wexler, L. (2016). An empowering and practical approach to Indigenous suicide prevention: Preliminary findings from promoting community conversations

to end suicide in rural Alaska. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(10), S2-S3.

Wexler, L., White, J., & Trainor, B. (2015). Why an alternative to suicide prevention gatekeeper training is needed for rural Indigenous communities: Presenting an empowering community storytelling approach. *Critical Public Health*, 25(2), 205-217.

Whitbeck, L., Chen, X., Hoyt, D., & Adams, G. (2004). Discrimination, historical loss and enculturation: Culturally specific risk and resiliency factors for alcohol abuse among American Indians. *Journal of Studies on Alcohol*, 65(4), 409-418.

Whiteside, M. (2009). *A grounded theory of empowerment in the context of Indigenous Australia*. (Doctoral Dissertation). James Cook University, Townsville, Queensland.

Whiteside, M., Klieve, H., Millgate, N., Webb, B., Gabriel, Z., McPherson, L., & Tsey, K. (2016). Connecting and strengthening young Aboriginal men: A family wellbeing pilot study. *Australian Social Work*, 69(2), 241-252.

Whiteside, M., Tsey, K., & Cadet-James, Y. (2011). A theoretical empowerment framework for transdisciplinary team building. *Australian Social Work*, 64(2), 228-232.

Whiteside, M., Tsey, K., Cadet-James, Y., & McCalman, J. (2014). *Promoting Aboriginal health: The family wellbeing empowerment approach*. New York: Springer.

Whiteside, M., Tsey, K., McCalman, J., Cadet-James, Y., & Wilson, A. (2006). Empowerment as a framework for Indigenous workforce development and organisational change. *Australian Social Work*, 59(4), 422-434.

- Whiteside, M., Tsey, K., Cadet James, Y., Haswell, M., & Wargent, R. (2009). *Empowerment as a framework for cultural adaptation and team building within the Australian Nurse home visitor family partnership program*. Cairns, Australia: School of Indigenous Australian Studies, James Cook University and University of Queensland North Queensland Health Equalities Promotion Unit.
- Whittemore, R., Chase, S., & Mandle, C. (2001). Validity in qualitative research. *Qualitative Health Research, 11*(4), 522-537.
- Wild, R., & Anderson, P. (2007). *Ampe akelyernemane meke mekarle: "Little children are sacred": Report of the Northern Territory board of inquiry into the protection of Aboriginal children from sexual abuse 2007*. Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse. Canberra: Department of the Chief Minister.
- Willard, M. (1967). *History of the White Australia Policy to 1920*. UK: Psychology Press.
- Williams, E., Guenther, J., & Arnott, A. (2011). Beyond informed consent: How Is It possible to ethically evaluate Indigenous programs. *Paper to the NARU Public Seminar Series, Darwin, 23*.
- Williams, M. (2016, September). Applying the Ngaa-bi-nya framework for evaluating Aboriginal and Torres Strait Islander health and wellbeing programs. *In Australasian Evaluation Society International Evaluation Conference*. Perth.
- Williams, M., & Poijula, S. (2016). *The PTSD Workbook: Simple, effective techniques for overcoming traumatic stress symptoms*: Oakland, CA: New Harbinger Publications.

- Willis, E. (1985). *Aboriginal education in the Northern Territory: Different policies, same problems*. University of Western Australia: Department of Education.
- Wilson, A., Magarey, A., Jones, M., O'Donnell, K., & Kelly, J. (2015). Attitudes and characteristics of health professionals working in Aboriginal health. *Rural Remote Health, 15*(1), 2739.
- Wilson, C. (2001). Decolonizing methodologies: Research and Indigenous peoples. *Social Policy Journal of New Zealand, 214-218*.
- Wilson, E. (2013). Argus 17th March 1856. In J. Harris (Ed.), *One blood (Electronic Resource): Two hundred years of Aboriginal encounters with Christianity* (pp. 209). Brentford Square: Concilia LTD.
- Wilson, K., Rosenberg, M., & Abonyi, S. (2011). Aboriginal peoples, health and healing approaches: The effects of age and place on health. *Social Science & Medicine, 72*(3), 355-364.
- Wilson, M., Jones, J., Butler, T., Simpson, P., Gilles, M., Baldry, E., . . . Sullivan, E. (2017). Violence in the lives of incarcerated Aboriginal mothers in Western Australia. *Sage Open, 7*(1).
- Wilson, S. (2003). Progressing toward an Indigenous research paradigm in Canada and Australia. *Canadian Journal of Native Education, 27*(2), 161.
- Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Black Point, Canada: Fernwood Publishing.
- Wilson, W. (2000). *Force apart? A history of the Northern Territory Police Force 1870-1926*. (Doctoral Dissertation). Northern Territory University, Darwin, Australia.
- Windschuttle, K. (2002). *The fabrication of Aboriginal history, Volume One: Van Diemen's Land 1803-1847*. Sydney, NSW: Macleay Press.

- Wirihana, R., & Smith, C. (2014). Historical trauma, healing and well-being in Maori communities. *MAI Review*, 3(3), 198-210.
- Wohling, M. (2009). The problem of scale in Indigenous knowledge: A perspective from Northern Australia. *Ecology and Society*, 14(1).
- Wolfe, N. (2016). Forget everything you thought you knew: How your assumptions are impacting the health outcomes of your patients. *Australian Medical Student Journal*, 7(2).
- Wolfe, P. (1999). *Settler colonialism and the transformation of anthropology: The politics and poetics of an ethnographic event*. London: Cassell.
- Woods, D. (1998). Racism, reconciliation, rights—the 3 Rs of Indigenous education in Australia today. *The Australian Educational Researcher*, 25(1), 53-70.
- Woods, M., Paulus, T., Atkins, D., & Macklin, R. (2016). Advancing qualitative research using qualitative data analysis software (QDAS)? Reviewing potential versus practice in published studies using Atlas.ti and NVivo, 1994–2013. *Social Science Computer Review*, 34(5), 597-617.
- World Health Organisation. (1996). *Global consultation on violence and health violence: A public health priority (Document WHO/EHA/Spi.Poa.2)*. Geneva: World Health Organisation.
- World Health Organisation. (2002). *World Health Organisation traditional medicine strategy 2002-2005*. Geneva: World Health Organisation.
- World Health Organisation. (2014). *World Health Organisation traditional medicine strategy 2014–2023*. Geneva: World Health Organisation.
- World Health Organization Commission on Social Determinants of Health. (2008). *Closing the gap in a generation: Health Equity through action on the social*

- determinants of health: Commission on Social Determinants of Health Final Report*. Geneva: World Health Organization.
- Wright, A., Wahoush, O., Ballantyne, M., Gabel, C., & Jack, S. (2016). Qualitative health research involving Indigenous peoples: Culturally appropriate data collection methods. *The Qualitative Report*, 21(12), 2230-2245.
- Yosso, T. (2005). Whose culture has capital? A critical race theory discussion of community cultural wealth. *Race, Ethnicity, and Education*, 8(1), 69–91.
- Yunupingu, G. (2015). *Tradition, Truth and Tomorrow* (Vol. 12): Melbourne: Black Inc.
- Zakaria, N., & Zakaria, N. (2016). *Qualitative content analysis: A paradigm shift from manual coding to computer-assisted coding using Atlas.ti*: Thousand Oaks, CA: Sage Publications.
- Zamawe, F. (2015). The implication of using Nvivo Software in qualitative data analysis: Evidence-based reflections. *Malawi Medical Journal*, 27(1), 13-15.
- Zambas, S., & Wright, J. (2016). Impact of colonialism on Māori and Aboriginal healthcare access: A Discussion Paper. *Contemporary Nurse*, 52(4), 398-409.
- Zavala, M. (2013). What do we mean by decolonizing research strategies? Lessons from decolonizing, Indigenous research projects in New Zealand and Latin America. *Decolonization. Indigeneity, Education & Society* 2(1), 55 – 71.
- Zhu, Y., & Bargiela-Chiappini, F. (2013). Balancing Emic and Etic: Situated learning and ethnography of communication in cross-cultural management education. *Academy of Management Learning & Education*, 12(3), 380-395.
- Zubrick, S., Dudgeon, P., Gee, G., Glaskin, B., Kelly, K., & Paradies, R. (2004). Social determinants of Aboriginal and Torres Strait Islander social and

emotional wellbeing. *Working Together*, 75. Canberra: Commonwealth of Australia.

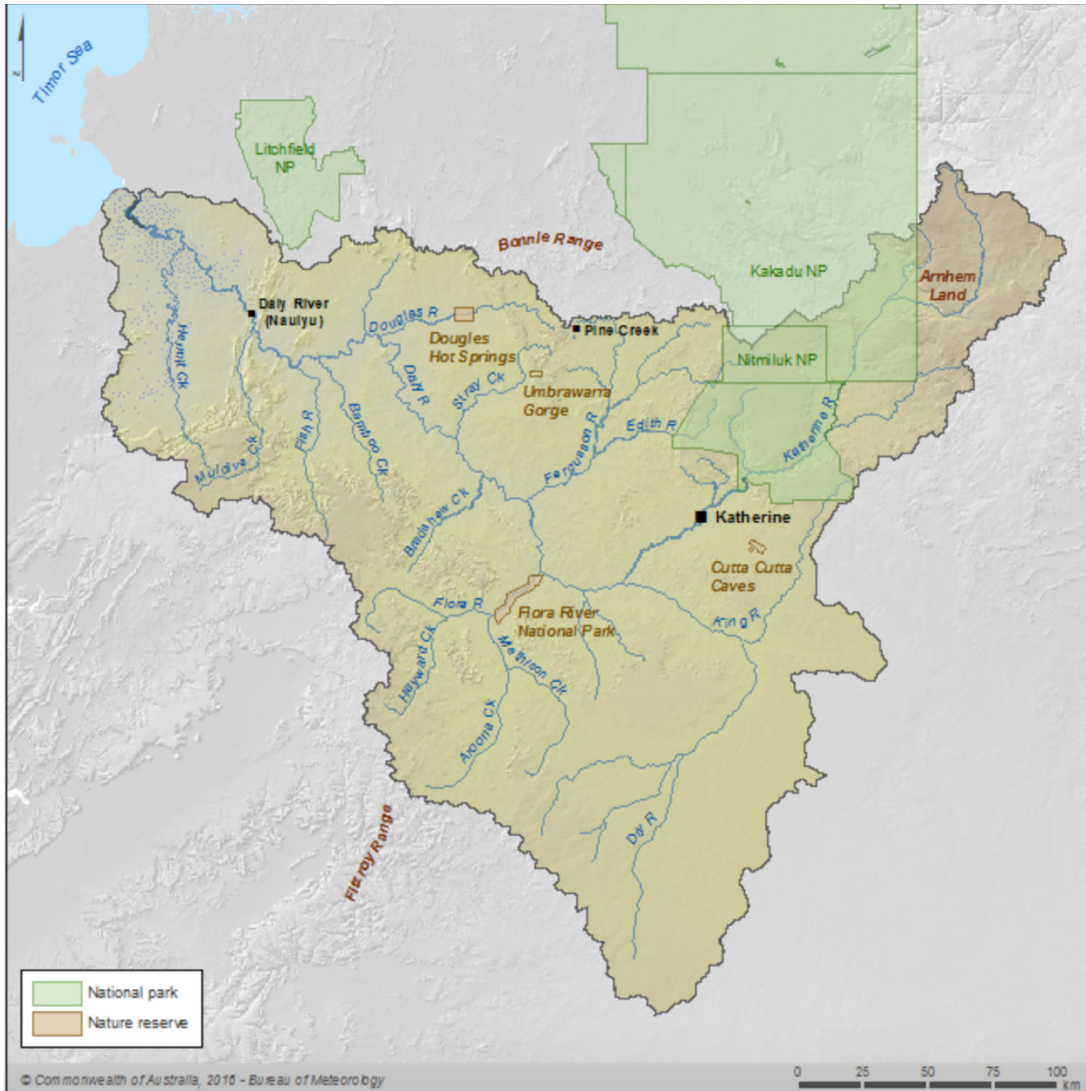
Zubrick, S., Holland, C., Kelly, K., Calma, T., & Walker, R. (2014). The evolving policy context in mental health and wellbeing. In *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (pp. 93-112). Canberra: Commonwealth of Australia.

Zucker, M. (2005). *From patrons to partners and the separated children of the Kimberley: A history of the Catholic Church in the Kimberley*. Fremantle, WA: University of Notre Dame Press.

Zurba, M., & Berkes, F. (2014). Caring for country through participatory art: creating a boundary object for communicating Indigenous knowledge and values. *Local Environment*, 19(8), 821-836.

Appendices

Appendix A: Map of the Daly River system.

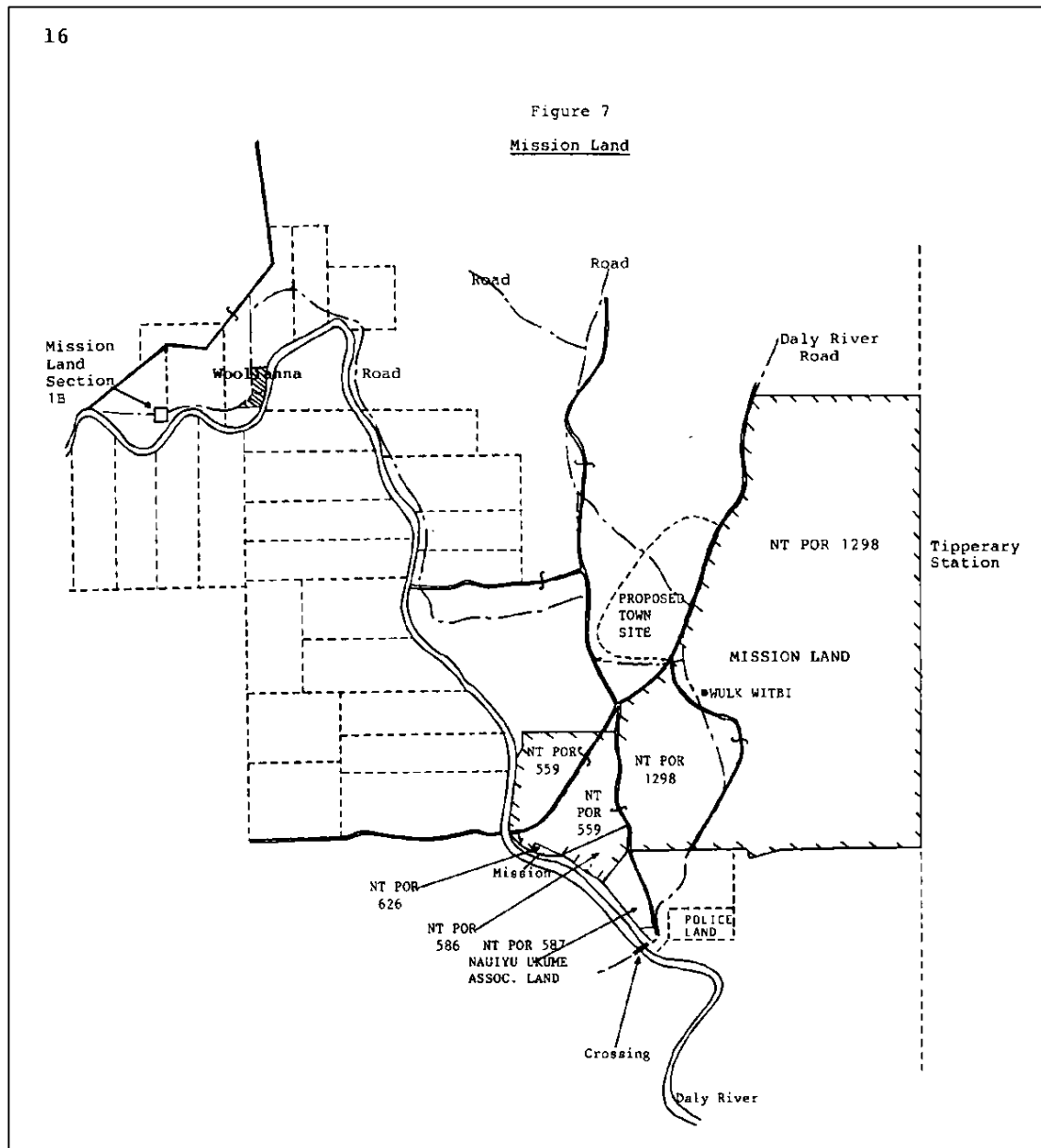


Source: Bureau of Meteorology. (2017). Daly River catchment region description.

Retrieved 23 July, 2018, from:

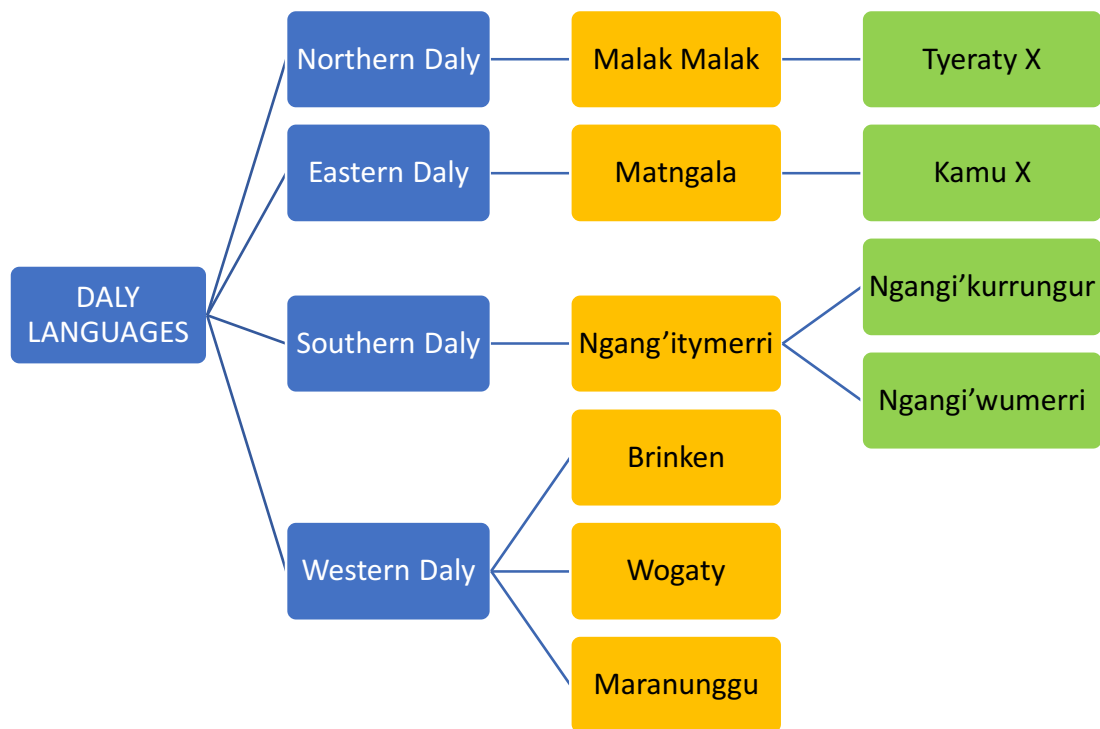
<http://www.bom.gov.au/water/nwa/2017/daly/regiondescription/geographicinformation.html>.

Appendix B: Land allotments of the Daly River region.



Source: Stanley, O. (1985). The mission and Peppimenarti: An economic study of two Daly River Aboriginal communities. ANU, Canberra: North Australia Research Unit Australian National University.

Appendix C: Language tree of the Daly River region.



Source: Hoffman, D. (2015). Complex predication and serialisation in the Daly River region languages, (p. 2): University of Queensland, Brisbane.

Appendix D: Map of the Coppermine murder site.



Note: close proximity of the copper mine to current Naiyu community.

Source: Ryan, L. (2018). Mapping the massacres of Australia's frontier. University of Newcastle, [online]. Retrieved: November 6, 2018, from:
<https://c21ch.newcastle.edu.au/colonialmassacres/map.php>

Appendix E: Language boundaries in the Daly River area.

2

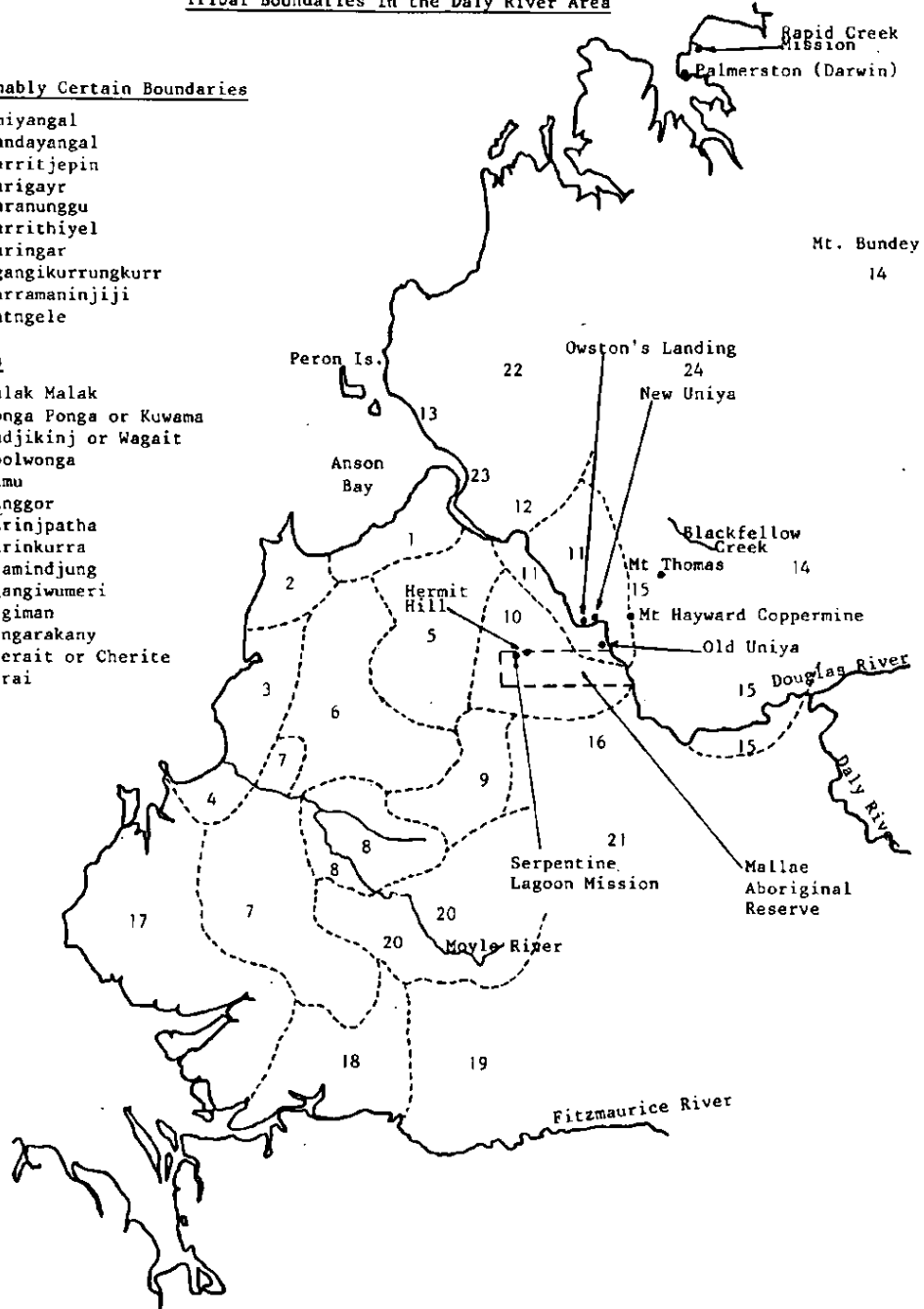
Figure 2
Tribal Boundaries in the Daly River Area

Reasonably Certain Boundaries

1. Amiyangal
2. Mandayangal
3. Merritjepin
4. Marigayr
5. Maranunggu
6. Marrithiyel
7. Maringar
8. Ngangikurrungkurr
9. Marramaninjiji
10. Matngele

Others

11. Malak Malak
12. Ponga Ponga or Kuwama
13. Wadjikinj or Wagait
14. Woolwonga
15. Kamu
16. Yunggor
17. Murinjpatha
18. Murinkurra
19. Djamindjung
20. Ngangiwumeri
21. Wagiman
22. Kungarakany
23. Djerait or Cherite
24. Warai



Source: Stanley, O. (1985). *The mission and Peppimenarti: An economic study of two Daly River Aboriginal communities.* Australian National University, Canberra. (p.2)

Appendix F: Photo of Jesuit Missionaries on school children from Daly River.



The first and last image of New Uniya, taken in June 1899 (presumably by Fr. O'Brien) when Fr. Milz announced that the mission was to be given up.

Back: Brothers Scharmer, Haelbig, Melzer, Longa, Girschnik, Pfalzer

Middle: Fathers Marschner, Milz, Conrath, Fleury

Seated: 'houseboys' and schoolboys

Source: David Strong SJ *The Australian Dictionary of Jesuit Biography 1848-1998*, Archives of the Society of Jesus, 1999:236.

Source: Strong, D. (1999). *The Australian Dictionary of Jesuit Biography 1848-1998*, Archives of the Society of Jesus, p.236.

Appendix G: Letter of community support.

To: The Charles Darwin University

Attn: Dr. Curtis Roman

RE: Letter of support for PhD study in Nauiyu Community

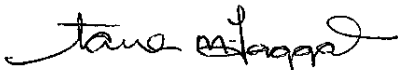
My name is Aaron McTaggart, I was born and raised in the Nauiyu community and I am currently the Deputy CEO of the Merrepen Arts Centre. My grandfather was responsible for building the communities when the first missionaries were here and my country is at Moyle River in the Northern Territory.

I am aware that Gavin is currently studying a PhD which will look at the stories of the people of Nauiyu including an investigating into possible trauma that may have occurred over time. The study will also look at mapping how this trauma may be passed down along generations.

I believe the community will benefit from this study and I look forward to working with Gavin.

If you have any questions, please contact me at any time.

Thanks

A handwritten signature in black ink, appearing to read 'Aaron McTaggart', written in a cursive style.

Aaron McTaggart

Appendix H: Ethics clearance statement.

Office of Research and Innovation, Ethics
T: 08 8946 6063 E: ethics@cdu.edu.au



18 September 2017

Dr Curtis Roman and Mr Gavin Morris
School of Indigenous Knowledges and Public Policy
Via email

curtis.roman@cdu.edu.au

Dear Curtis and Gavin,

RE: H17062 – Edge of Sacred - Exploring the life stories of the Nauiyu community. An investigation into trauma and the traditional healing tools of a remote Aboriginal community.

Human Research Ethics Committee – Proposal Approval

Thank you for submitting the above proposal for ethical review. The proposal has been considered under the auspices of the Charles Darwin University Human Research Ethics Committee (CDU-HREC) and is **approved from the date of this letter to the expiry date listed below.**

EXPIRY DATE: 18/01/2020

An annual progress report must be provided to the Ethics Office before each anniversary of the commencement date. This approval is contingent on submission of a satisfactory annual progress report.

APPROVAL IS SUBJECT TO the following:

1. The safe and ethical conduct of this project is entirely the responsibility of the investigators and their institution(s).
2. The Principal Investigator must **report immediately any event or circumstance that might affect the ethical acceptability** of the project, including:
 - Adverse effects of the project on participants and the steps taken to deal with these;
 - All other unforeseen events that influence the protocol or participants; and
 - New information that may invalidate the ethical integrity of the study.
3. The Principal Investigator must obtain approval for any **variation to the protocol** (including the addition of new investigators) prior to implementation the proposed variations. Requests for approval of variations must be submitted in accordance with the procedures of the Ethics Office.
4. The Principal Investigator must advise the University immediately of **unapproved protocol deviations or protocol violations.**

5. The Principal Investigator may request an **extension of the project past the expiry date listed above**. An extension may be requested at any time, however, the preferred time and method of requesting an extension of ethical approval is in the **annual progress report**.
6. The Principal Investigator must notify the Ethics Office of his or her **inability to continue as Principal Investigator**, including the name of and contact information for their replacement. The research may not proceed without an approved Principal Investigator.
7. Confidentiality of personal information of research participants should be maintained at all times as required by law.
8. You must forward a copy of this letter to all investigators and to any associated organisations.

This letter constitutes ethical approval from the CDU Human Research Ethics Committee only.

Should you wish to discuss the above research project further, please contact the Ethics Team via email: ethics@cdu.edu.au or telephone: (08) 8946 6063.

Best wishes for the success of your project.

Yours sincerely



Dr Bev Turnbull
Chair, Human Research Ethics Committee
Charles Darwin University, NHMRC Registration No. EC00154
<http://www.cdu.edu.au/research/ori/human-ethics>

This HREC is constituted and operates in accordance with the National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Human Research (2007).

Ellengowan Drive, Darwin, Northern Territory, Australia 0909
PO Box 40146, Casuarina, Northern Territory, Australia 0811
CRICOS Provider No. 00300K (NT/VIC) | 03286A (NSW) | RTO Provider No. 0373 | ABN 54 093 513 649

Appendix I: Plain language statement.



CHARLES DARWIN UNIVERSITY
Ellengowan Drive, Darwin, Northern Territory, 0909
cdu.edu.au

PLAIN LANGUAGE STATEMENT

This document is yours to keep

Project title: Edge of sacred - Exploring the life stories of the Nauiyu community. An investigation into trauma and the traditional healing practices of a remote Aboriginal community.

Chief researcher: Gavin Morris

Associate researchers: Dr. Miriam-Rose Ungunmerr-Baumann, Troy Mardigan, Nikita Jason, Joseph Banjo, William Marranya

Supervisors: Dr. Curtis Roman, Dr. Miriam-Rose Ungunmerr-Baumann, Dr. Petra Buergelt, Mr. Greg Williams and Prof. Judy Atkinson

Background to the study

This study has come about through the researcher talking with local Elders. These Elders wanted this study to happen and asked the researcher to do it so they can understand what causes local Aboriginal people to feel upset and to see if traditional Aboriginal ways of healing can be used at the local clinic.

Our project wants to work with people in the community to find out more about this traditional healing. But first we need community people to talk with us about traditional healing

Benefits to the study

The researcher wants to use this study to help local Aboriginal people in your community who may feel upset about a range of things that may have happened in their lives and also to make other people such as those working in the clinic better understand these issues.

The study is also about finding out if use of traditional Aboriginal ways to help deal with things that may have made you upset could be used in the clinic. We could do more of this healing in different communities with their clinics.

Gavin Morris who is doing the research will also gain a PhD by completing this project.

Risks of the study

If you agree to be involved in this study you may feel upset about talking to the researcher about some of the things that may have made you feel upset in the past. If that happens, you can call Gavin Morris 0413 964 838, or the clinic number on 8978 2435. You will also receive a mental health tool kit which will have contact details for people who can help you. Friends, family and Elders can also help.

Talking with us

The researcher will carefully select certain people to participate based on their knowledge and experiences. It is totally up to you to be involved in the study. But if you do want to help us, then you have to sign a form. Even if you decide to be involved you can pull out at any time. If you decide to pull out then all the things you said to us will not be used and will be destroyed.

There are different ways you can be involved with the study and share your story. You can talk with Gavin Morris by himself in a narrative interview and this will be kept secret.

You can also talk with Gavin and a community person in a narrative interview or you can talk with a group of people together like a sharing circle. We can't make those meetings secret.

As well as collecting your stories through talking, other ways to share your experiences could be through participant observation, photography, video, documentary, painting, artwork, song and ceremony.

Results of the study

When the study is finished, it will be put together in a thesis – like a book. This book will be in the CDU library. Some of the information will be used by the researcher to write papers that people will read. It is hoped that these papers will help other people understand the things that cause Aboriginal people in your community to feel upset and to help them understand how traditional Aboriginal healing ways can be used in the clinic to help Aboriginal people.

Secrets

When people talk with us, all the things they say are kept secret. Except if it talks about a crime. All crimes must be reported to police. But everything else will always stay secret. No-one will know what was said. No-one will know who said it. Unless you give permission, no one will see the photographs or videos and only Gavin will have access to them. The videos and photographs will be locked up in a safe and secure place.

Who to contact for more information:

1. Mr. Gavin Morris 0413 964 838
2. Dr. Curtis Roman at Charles Darwin University (08) 8946 6067
3. Mr. Greg Williams at Charles Darwin University (08) 8946 6467
4. Dr. Miriam-Rose Ungunmerr- Baumann (08) 8978 2427
5. Dr. Petra Buergelt at Charles Darwin University (08) 8946 6511

This research has approval from the Charles Darwin Human Research Ethics Committee. If you have any concerns about the project, you can contact the ethics team of the Charles Darwin University Human Ethics Committee on the toll-free number, 1800 466 215 or by email; ethics@cdu.edu.au.

The Ethics team can talk to the right people on your behalf.

FACULTY OF LAW, EDUCATION, BUSINESS AND ARTS
T. (08) 8946 7137 | E. gavinjohn.morris@cdu.edu.au
Casuarina Campus, Ellengowan Drive, Darwin, Northern Territory, 0909
CRICOS Provider No. 00300K (NT/VIC) | 03286A (NSW) | RTO Provider No. 0373 | ABN 54 093 513 649

Appendix J: Consent Form



CHARLES DARWIN UNIVERSITY
Ellengowan Drive, Darwin, Northern Territory, 0909
cdu.edu.au

Consent form

(to be completed by participants and returned to the researcher)

Researcher – Gavin Morris

I understand that the researcher has carefully selected me because of my own knowledge and experiences. I agree to be involved in this study being done by Gavin Morris for his PhD studies at Charles Darwin University.

I understand that Gavin will ask me to tell him stories about things that may have made me feel upset in the past. This could be in a narrative interview and/or sharing circles.

As well as collecting your stories through talking, other ways to share your experiences could be through participant observation, photography, video, documentary, painting, artwork, song and ceremony.

I understand that Gavin wants to know if these feelings are passed on to my family and friends.

I understand that Gavin also wants to find out if there are any traditional Aboriginal ways of dealing with these feelings and to see if these ways can be used in the local clinic to help local Aboriginal people.

I understand that the study is one that local Elders want done and that they have asked Gavin to do it.

I understand that I can have a local Aboriginal person of my choice be with me when I am talking to Gavin. I understand that an interpreter will be available to me if I want one.

I understand that all of my involvement will be confidential and that my name will not be used at all unless I give permission to do so.

I understand that I can withdraw at any time and that if I do everything I have told Gavin will be destroyed and never used.

I have read the plain language statement and the consent form and I agree to be involved in the study.

I agree for:

- | | | |
|--|------------------------------|-----------------------------|
| • my words and writing to be in the big story | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| • recordings of my words to be taken | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| • videos of me to be in the big story | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| • photos of me to be in the big story | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| • photos of my environment (e.g., kitchen, bathroom, garden) to be taken | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| • my real name to be used | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| • another name to be used | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| • my words and photos to be shared with others (e.g., reports, books, papers, seminars, conferences, websites) | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Participant:

For the purpose of this document please provide and sign using your real name. This document will be securely stored in a locked office at the university.

Signed: _____

Full name printed: _____

Date: _____

Researcher:

I have explained this project to the participant named above and believe s/he understands what is required to be part of this project. I understand that the ownership of the participant's knowledge and ideas is retained by the participant. I will keep all the information given confidential.

Signed: _____

Full name printed: _____

Date: _____

FACULTY OF LAW, EDUCATION, BUSINESS AND ARTS
T. (08) 8946 7137 | E. gavinjohn.morris@cdu.edu.au
Casuarina Campus, Ellengowan Drive, Darwin, Northern Territory, 0909
CRICOS Provider No. 00300K (NT/VIC) | 03286A (NSW) | RTO Provider No. 0373 | ABN 54 093 513 649

Appendix K: Interview Schedule.



CHARLES DARWIN UNIVERSITY
Ellengowan Drive, Darwin, Northern Territory, 0909
cdu.edu.au

Interview Schedule

I am collecting the life stories of the people of Nauiyu and I would very much like if you could tell me yours? Take your time. We have got as much time as you need. First, I will listen deeply to your story. I won't interrupt you. I may write down a few notes as you are talking to remind me to ask more questions later. So can you tell me about your life story, the good things and the bad things that have happened to you from when you were a little kid up till now.

The questions that I ask in the second phase of the interview are still entirely participant focused and are limited to internal narrative questions meaning questions regarding those that have already been discussed. They strictly follow the order of the topics that were freely discussed by the narrator.

1. Addressing a phase of the interviewee's life: "Could you tell me more about the time when you were (a child, in school, going through those tough times, seeing that violence)?" Or, indicating interest in the process: "Could you tell me more about your time in x, perhaps from the first days until getting back with your family/in community? Can I take you back to something you said earlier...?"

2. Addressing a single theme in the interviewee's life by opening a temporal space: "Could you tell me more about your parents? Perhaps from your earliest memories till today."

3. Addressing a specific situation already mentioned in the interview: “You mentioned situation x earlier, could you tell me/narrate in more detail what exactly happened?” How did that make you feel? Did you get help to deal with this situation? How did you deal with this situation? Are there cultural ways to heal what you are/were feeling? What effect did this have on you?

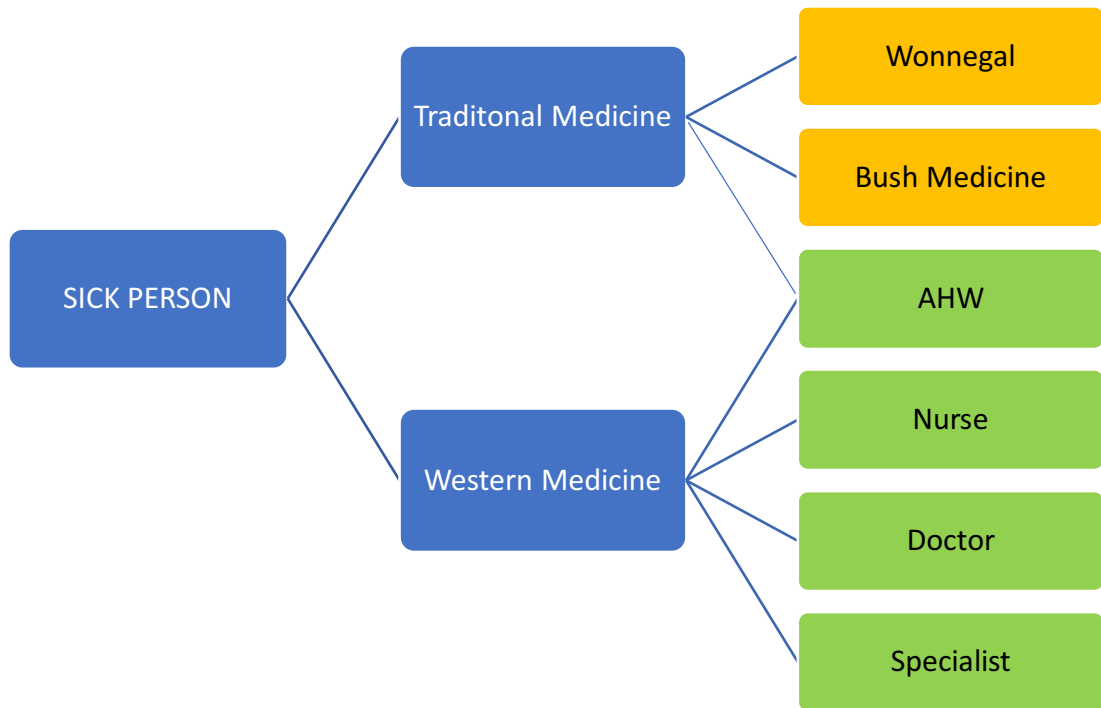
4. Addressing perspective widening questions about content from the interview: People talk a lot about the doctor and the clinic, in what ways does the clinic help? In what ways could traditional healing practices be used at the clinic?

5. Eliciting a narration to clarify an argument already made before: “Can you recall a situation when your father behaved in x way? Can you remember other family members behaving this way? How does this make you feel knowing the trauma and violence in your family history?”

6. Addressing content widening questions from the content of the interview: You said that traditional healing practices such as x helped you with the trauma, do you think that could be used in the clinic? What makes you think this could work?

7. Addressing a non self-experienced event/phase or transmitted knowledge: “Can you remember a situation when somebody talked about this event (what happened to you/your family)?”

Appendix L: Bicultural model of health.



Modified version: Devanesen's (2000) Bicultural model of health.

Source: Devanesen, D. (2000). Traditional Aboriginal medicine in the Northern Territory. Proceedings at the international symposium on traditional medicine, Awaji Island, Japan.

TEXT

Bill Parry : *The Coming of the Europeans*

The following story comes from Bill Parry. It was recorded at the Marrithiyel Homelands Centre at Wudi Gapil Diyerr on 28/8/85, and has been transcribed and translated in consultation with Bill Parry and Jack Yanmung. Italics indicate English words which were not phonologically adapted into Marrithiyel by the narrator. In order to convey the spirit of the narratives, I have at various points provided fairly free, rather than strict literal, English translations.

- 1) yugimiya nidin gan, wadi -Ø gan wayitpela bugam
long ago country this male s 3 this whiteman white

dathamal ginj -bat -a,
large wooden 3sS R nj knock down Pst
raft/boat

garri -puritj -a ani sjalwu gimin
3sS R rr make Pst like canoe like

*This story is about this country long ago.
That white-man had knocked down trees and fashioned
a large wooden boat, like the canoes that we make.*

- 2) sjalwu gapil gagan -njsja gidin -fil gani -ya
canoe big ANAPH now 3sS R see roll 3sS R go Pst

The current carried the big canoe to this place.

- 3) gani -tharr -a / meri yeri merawu gidin -ni -mubel -a
3sS R go stop Pst man child several 3sS R see 3msG spread Pst
=REFL out

They stopped here. They spread out and multiplied.

- 4) nidin gan "thawun" ganda giminggi -Ø -Ø,
country this town, Darwin that 3nsS R do pl Pr

ambi wayitpela nidin, ma -sjikim wedi -Ø,
NEG whiteman country CH black 3nsPRO pl
=POSS

nidin gadi -Ø ma -sjikim nidin gan ambi wayitpela
country 1EPRO pl CH black country this NEG whiteman

*This country, that place they call "Darwin",
it doesn't belong to the whites, it belongs to the blacks,
this is our country, blacks' country, not whites' country.*

- 5) wadi -Ø gan -njsja "Captain Cook" giminggi -Ø -Ø
male s 3 this now 3nsS R do pl Pr

That whiteman, they call him "Captain Cook".

- 6) wadi -Ø ganda mirr gumun'gi -it -a photograph -nganan,
male s 3 that shadow 3nsS R paint pick up Pst SCE

nang gusri -Ø mirr ni leta -njsjan
3msPRO 3sS R sit Pr shadow NI paper(<letter) now

*They know what he looks like because of the photograph,
his "shadow" (image) is on the paper.*

- 7) e thawurr ganda "mani" leta giminggi -Ø -Ø
and thing that money paper 3nsS R do pl pr

gagan -njsja gusri -Ø nang Captain Cook
ANAPH now 3sS R sit Pr 3msPRO

*And that paper they call "money",
that's where Captain Cook is.*

- 8) wadi -Ø ganda garri -puritj -a dathamal,
male s 3 that 3sS R rr make Pst large wooden boat

gidin -fil -a nidin gan
3sS R see roll Pst country this

He's the man who made that big boat, and sailed to this country.

- 9) meri gumuyi -iwinj -Ø -a
man 3S R visit 3nsG pl Pst

meri ambi -ya gudin'gi -Ø -ya meri bugam
man NEG Pst 3nsS R see pl Pst man white

*He made contact with Aboriginal people.
They'd never seen white men before.*

- 10) "ninjsja gan, nginimba gan gani -ya, ap nguwatj"
what this who here 3sS R go Pst perhaps ghost

giminggi -Ø -ya
3nsS R do pl Pst

"wadi -Ø miri nginjsji gan, nidin miri nginjsji -nganan"
male s 3 eye one this country eye one SCE

*"What's this, who has come here, is it a ghost?" they said,
"He's a strange man, from another country".*

- 13) "gumuyi -inggi -nim -a, fe -ngimbim -nim -wa"
3sS R visit 1IG I pl Pst what 1IS Ir do I pl Fut

"He's come to us now, what shall we do?"

- 14) "aya, gipi gun -Ø" giminggi -Ø -ya, nada
oh 3sS Ir do 3sS Ir go Imp 3nsS R do pl Pst alright

"Oh, just let him be," they said.... Alright, then.

- 15) thawun gan Amungal diyerr federr gan
town this Adelaide River teeth river this
=river bank

farm gunggi -fufup -Ø guninj -Ø -a
3nsS R Ø put down pl 3nsS R go pl Pst

*At the town of Adelaide River, the whites went about
setting up farms alongside the river.*

- 16) ambi -ya wayitpela gani -srapsrap -a, meri defen
NEG Pst whiteman 3sS R go step REDUP Pst man just
Whites had never travelled there before, just Aboriginal men.
- 17) guwa -wul -a ni nidin nang
3sS R stand return Pst NI country 3msPRO=POSS
Captain Cook returned to his own country.
- 18) gim -iwinj -Ø -a meri nang
3sS R do 3msG pl Pst man 3msPRO
He spoke to his people.
- 19) gimi -iwinj -Ø -a "nidin ngidin -a
3sS R do 3msG pl Pst country 1sS R see Pst
"wayitpela giminggi -Ø -Ø 'Northern Territory', ngidin -a,
whiteman 3nsS R do pl Pr 1sS R see Pst
*He told them: "I've seen a new country, they call it
the 'Northern Territory'.*
- 20) "ngil -dut -a nidin, nidin ma -sjikim wedi -Ø,
1sS R l find Pst country country CH black 3nsPRO pl
=POSS
meri guninj -Ø -Ø ganda ambi wayitpela bugam gimin
man 3nsS R go pl Pr that NEG whiteman white like
ma -sjikim masri"
CH black belly
*"I discovered that country, black people's country. The people
there are not like white people, they're black."*
- 21) "yu" giminggi -Ø -ya, "ngumbun -nim -njsjan -wa", nada.
yes 3nsS R do pl Pst 1IS Ir go I pl now Fut alright
"Yes," they said, "we'll go there straight away".
- 22) thawun -njsjan wayitpela gani -mitjuk -a
town now whitefella 3sS R go make camp Pst
Whitemen made camp in Darwin then.
- 23) thawun, thawun -njsjan gurringgi -puritjpuritj -Ø guninj -Ø -a
town town now 3nsS R rr make REDUP pl 3nsS R go pl Pst
ngata, ngata gapil
house house big
They built many big houses there.
- 24) gani -ya murrrika train
3sS R go Pst car
Cars and trains came then.
- 25) nada, wayitpela, nada
alright whiteman alright
Alright, that was the whitemen.

- 26) meri gan -nganan, ni nidin gadi -Ø, "Moil Reserve"
 man here SCE NI country 1EPRO pl
 giminggi -Ø -Ø, nada gak -njsjan gininj -Ø -a yuwa -njsjan,
 3nsS R do pl Pr alright off now 1ES R go pl Pst there now
 ni wayitpela -njsjan -sran
 NI whiteman now ALL
*The people from here, from our country, the "Moil Reserve",
 went there, to where the whites were.*
- 27) MalakMalak -na gul -iwinj -tim -Ø -a
 MalakMalak first 3nsS R l 3msG join with pl Pst
The MalakMalak were the first to join them.
- 28) wayitpela guninj -Ø -a thawun -nganan,
 whiteman 3nsS R go pl Pst town SCE
 "Coppermine" giminggi -Ø -Ø
 3nsS R do pl Pr
The whitemen came from town to that place called the "Coppermine".
- 29) thawurr copper gulinggi -dut -Ø -a
 thing 3nsS R l find pl Pr
They discovered copper.
- 30) yesri gunjinggi -kuritj -Ø -a tharr copper -wa
 hole 3nsS R nj dig a well pl Pst thing PURP
They dug a shaft for that copper stuff.
- 31) tharr ninjsja -fen -wa tharr gan copper
 thing what INDEF PURP thing this
 sretje gurringgi -Ø -ya
 want 3nsS R rri pl Pst
I don't know what they wanted that copper for.
- 32) gadi -Ø girrinjinggi -butj -Ø -a, meri gunjinggi -butj -Ø -a
 1EPRO pl 1ES R nj hold pl Pst man 3nsS R nj hold pl Pst
We didn't know, Aboriginal people didn't know.
- 33) ambi sjangi -wedi guninj -Ø -a tharr gagan copper,
 NEG ear having 3nsS R go pl Pst thing ANAPH
 wayitpela defen
 whiteman only
*They didn't understand about that copper stuff,
 only the whitemen understood.*
- 34) ap ninjsja -fen -wa gunjinggi -butj -Ø guninj -Ø -a
 perhaps what INDEF PURP 3nsS R nj hold pl 3nsS R go pl Pst
They didn't know what it was for.
- 35) nada, ambi -ra mitjitj bugam, muku bugam,
 alright NEG CA wife (<"missus") white woman white

- ambi muku guninj -Ø -a
NEG woman 3nsS R go pl Pst
- Alright, the whitemen had no white wives, no-one to sleep with, they had no women.*
- 36) gul -iwinj -tim -Ø -a MalakMalak ma -sjikim
3nsS R l 3nsG join with pl Pst MalakMalak CH black
- They joined up with the MalakMalak, with black people.*
- 37) nada, wayitpela dingin -njsjan gawunj -Ø -a
alright whitefella wrong now 3nsS R sit pl Pst
- Alright, the whitemen were wrong then.*
- 38) ma -bugam gusri -iwinj -kap -Ø -a muku -wa
CH white 3sS R sit 3nsG call out pl Pst woman PURP
- The whitemen called out, asking for women.*
- 39) "wuy, muku gan muku gadi -Ø, muku nadi -Ø afen ?
no woman this woman 1EPRO pl woman 2nsPRO pl where
- "No, these are our women, where are your wives?"*
- 40) " na -idi -pur -Ø -wurri -ya", gim -iwinj -Ø -a
2nsS Ir Ø 3nsO hold pl towards Pst 3S R do 3nsG pl Pst
- "You should have brought your wives here," the Aboriginal men told them.*
- 41) "wuy, muku ganda ngidin -di -yeri -batj -Ø -wa",
no woman that 1ES Ir see 3nsO child lie down pl Fut
- gim -iwinj -Ø -a meri, nada
3S R do 3nsG pl Pst man alright
- "No, we want to sleep with those women," they told the Aboriginal men.*
- 42) gu -idi -wilil -Ø -a,
3nsS R Ø 3nsO heat,force REDUP pl Pst
- muku gu -idi -mu -sru -duk -Ø -a
woman 3nsS R Ø 3nsO MU ITER pull from pl Pst
- The whitemen were insistent - they demanded the women, and they took the women off the Aboriginal men.*
- 45) e gudin -di -yeri -batj -Ø -a muku,
and 3nsS R see 3nsO child lie down pl Pst woman
- coppermine giminggi -Ø -Ø
3nsS R go pl Pr
- And they slept with those women at the coppermine.*
- 46) nada, gawunj -wuwu -miri -Ø -ya muku -wa,
alright 3nsS R sit empty eye pl Pst woman PURP
- ambi muku, nada
NEG woman alright
- Alright, the MalakMalak were pining for their women, they were without their women.*

- 47) gak -njsjan guninj -Ø -a sjandi -wedi,
off then 3nsS R go pl Pst spear having
- gunj -idi -srip -Ø -a wayitpela, nada,
3nsS R nj 3nsO spear pl Pst whiteman alright
(unitary)
- gurr -di -dip -Ø -a
3nsS R rr 3nsO spear ITER pl Pst
- They went off with their spears. They speared the whitemen.
They speared them all up.*
- 48) marri guwa -yirrirr -a thawun
word 3sS R stand rotate Pst town
- The news of the killing spread around town.*
- 49) wayitpela -njsjan gudin -di -sri -tjuk -Ø -a
whiteman then 3nsS R see 3nsO ITER put down pl Pst
- The whitemen sent a lot of people then.*
- 50) yeri shotgun -njsjan rifle, wayitpela ambi nginjsji
club GEN then whiteman NEG one
- gani -ya, nada
3sS R go Pst alright
- Not just a few whiteman, a large group came then with
shotguns and rifles.*
- 51) gul -di -futjfutj -Ø -a meri, ambi ma -nginjsji,
3nsS R l 3nsO hit,kill ITER pl Pst man NEG CH one
- MalakMalak Werat Matngela wakay gul -di -wanggal -Ø -a
MalakMalak Werat Matngela completely 3nsS R l 3nsO finish pl Pst
- They killed the Aboriginal men then. Not just a few, they
finished off the MalakMalak, Werat and Matngela completely.*
- 52) yeri meruwu -da gudin -di -thungthung -fiyi -ya
child several again 3nsS R see 3nsO put hole in head Pst
REDUP
- garrila -nanga, nidin apu gaful -Ø,
rock LOC country over there 3sS R lie Pr
- wayitpela giminggi -Ø -Ø "Blackfella Creek"
whiteman 3nsS R do pl Pr
- They smashed the children's heads against the rocks,
in that place over there, that the whites call "Blackfella Creek".*
- 53) nidin fundi gagan, gagan -njsja yeri
country arm=creek ANAPH ANAPH then child
- gul -di -futjfutj -Ø guninj -Ø -a
3nsS R l 3nsO hit,kill ITER pl 3nsS R go pl Pst
- In the area of that creek they went about killing children.*

- 54) ambi dingin farrginj -Ø -a
NEG wrong 3nsS Ir sit pl Pst
They shouldn't have done the wrong thing.
- 55) gul -di -futjfutj -Ø -a muku -wa
3nsS R l 3nsO hit,kill ITER pl Pst woman PURP
They killed them for women.
- 56) muku firr -di -pur -Ø -a
woman 3nsS Ir rr 3nsO hold ITER pl Pst
They should have brought their own women.
- 57) muri winjsjani guninj -Ø -a, nada
hand bad 3nsS R go pl Pst alright
They broke the law.
- 58) gagan -nganan yugimiya gilla yigin
ANAPH SCE long ago mother lsPRO
thitha yigin, ngaka yigin, mana yigin, thiyerr nginjsji,
father lsPRO sister lsPRO brother lsPRO lips one
ma -Marrithiyel defen gak gurrinj -Ø -a
CH Marrithiyel only off 3nsS R go* pl Pst
*After that, in that time long ago, my mothers, fathers,
brothers, sisters, just the Marrithiyel people together,
they took off.*
- 59) yuwa -njsjan -sran, nidin gan gininj -pirr -Ø -njsjan -a,
there then ALL country this lES R go leave pl then Pst
ni wayitpela guninj -Ø -a
NI whiteman 3nsS R go pl Pst
We left this country and went there, where the whites were.
- 60) gilla yigin wayitpela gil -dut -a,
mother lsPRO whiteman 3sS R l find Pst
manggin sjisju gidin -a
sweetheart 3sS R see Pst
My mother found a whiteman, she fell in love with him.
- 61) gagan -nganan yigin gigin -ngi -thit -a,
ANAPH SCE lsPRO 3sS R claim lsO place down Pst
ngaka yigin gigin -thit -a
sister lsPRO 3sS R claim place down Pst
After that I was born, and my sister was born.
- 62) wadi -ng wuriwuri yigin, ambi wadi -ng wayitpela,
male s l reddish brown lsPRO NEG male s l whiteman
wadi -ng wuriwuri, nada
male s l reddish brown alright
I'm half-Aboriginal, I'm a brown man, I'm not a white.

- 63) thitha yigin thawurr gi -fufup gani -ya
 father 1sPRO tree 3sS R Ø put down 3sS R go Pst
 REDUP
My father planted trees.
- 64) thawurr ganda giminggi -Ø -Ø wayitpela -gin "cotton"
 tree that 3nsS R do pl Pr whiteman ERG
The whitemen call that tree "cotton".
- 65) gadi -Ø -da "mupun" girriminggi -Ø -Ø
 1EPRO pl again cotton, kapok 1ES R do pl Pr
But we call it "mupun".
- 66) gi -fufup gani -ya
 3sS R Ø put down 3sS R go Pst
 REDUP
He planted those trees.
- 67) merrawuk guwa -wirrirr -a
 wind 3sS R stand uncover REDUP Pst
But the wind uprooted them.
- 68) guwa -mu -butj -a thitha yigin merrawuk -gin
 3sS R stand MU throw ITER Pst father 1sPRO=POSS wind ERG
The wind blew them out of my father's hands.
- 69) nada, gimi -ya "Aya, gan wuy, winjsjani"
 alright 3sS R do Pst oh this no bad
Alright, he said, "This is no good".
- 70) gagan -nganan awu turrngturrng -njsjan gidin -di -tjuk -Ø -a
 ANAPH SCE meat snorting then 3nsS R see 3nsO put pl Pst
 down
After that he put pigs on the farm.
- 71) awu gagan gidin -ni -mubel -a
 meat ANAPH 3nsS R see 3msG spread out Pst
They spread out and multiplied.
- 72) a -yeri fusran gusri -idi -faba -Ø -ya,
 CA child keep on 3sS R sit 3nsO breed pl Pst
 a -ngelfu gani -ya a -turrngturrng
 CA many 3sS R go Pst CA snorting
They kept on breeding. There were many pigs.
- 73) gagan -nganan meri awu yuwa, pig,
 ANAPH SCE man meat that
 gurringgi -dip -Ø -njsjan guninj -Ø -a
 3nsS R rr spear ITER pl then 3nsS R go pl Pst
And then the Aboriginal men went around spearing them.

- 74) e gunggi -wanggal -a awu gagan
and 3nsS R Ø finish Pst meat ANAPH

They ate them all up, they finished them off.
- 75) "aya, gan wuy, fe -ngipi -fen -wa"
oh this no what 1sS Ir do INDEF Fut

"Oh, no, I don't know what I will do," said my father.
- 76) nada, miyi peanut gidin -du -ya
alright plant produce 3sS R see feel,try Pst

thitha yigin -nganan
father 1sPRO ERG-SCE

Alright, my father tried peanuts then.
- 77) ambi murrika, nendu -gin, thawurr ganda plough
NEG car horse ERG thing that

gigin -tjerr -nel -a nendu -gin
3sS R claim drag 3ms PURP Pst horse ERG

He didn't have a car - a horse dragged the plough for him.
- 78) e bapalu gugin'gi -tjerr -Ø guninj -Ø -a
and water buffalo 3nsS R claim drag pl 3nsS R go pl Pst

And water-buffalo also dragged it.
- 79) gagan -nganan gigin -ngi -mu -sri -thit -a
ANAPH SCE 3sS R claim 1sO MU ITER put down Pst

miyi peanut -wa
plant produce PURP

And then, he taught me how to grow peanuts.
- 80) "gan ngindim -wa, ngindi -fufup warri -wa,
this 2sS Ir do Fut 2sS Ir Ø put down 2sS Ir go Fut
REDUP

ani ngindim -wa
like 2sS Ir do Fut

"Do it like this, plant them like this.
- 81) "yigin wadi -ng finthifinthe -njsjan ngin -Ø
1sPRO male s 1 older REDUP now 1sS R go Pr

"I'm an old man now.
- 82) "yigin -gin mi -gan peanut ngi -fufup ngin -Ø,
1sPRO ERG CP this 1sS R Ø put down 1sS R go Pr
REDUP

"I'm planting these peanuts.
- 83) " miyi manggu ngi -fufup ngin -Ø"
plant produce mango 1sS R Ø put down 1sS R go Pr
REDUP

"I'm planting mangos."

- 84) gi -fufup gani -ya, yigin gi -ing -mu -sri -thit
 3sS R Ø put down 3sS R go Pst 1sPRO 3sS R Ø 1sO MU ITER place
 down
 gani -ya
 3sS R go Pst
He went on planting them, he went on teaching me.
- 85) wadi -ng gapil, wadi -ng gapil, wadi -ng merabet -njsjan
 male s 1 big male s 1 big male s 1 moustache then
 ginj -ing -srip -a
 3sS R nj 1sO spear Pst
I was big, I was a young man, just able to grow a moustache,
- 86) thitha yigin gani -wurr -a, nada
 father 1sPRO=POSS 3sS R go die Pst alright
when my father died.
- 87) nidin gagan gani -pirr -ginjel -nimbini -ya
 country ANAPH 3sS R go leave 1E PURP trial Pst
 mana yigin, ngaka yigin.
 brother 1sPRO=POSS sister 1sPRO=POSS
*He left that country for the three of us, my brother
 and sister and I.*
- 88) fusran meri -njsjan gagan girringgi -fufup -Ø gininj -Ø -a
 keep on man now ANAPH 1ES R Ø put down pl 1ES R go pl Pst
 REDUP
Just us Aboriginal people then, we kept on planting those peanuts.
- 89) ambi wayitpela, peanut girringgi -fufup -Ø gininj -Ø -a
 NEG whiteman 1ES R Ø put down pl 1ES R go pl Pst
 REDUP
No whitefellas, we Aboriginal people were planting the peanuts.
- 90) miyi lawa gininj -nisja -Ø -ya,
 plant produce flour 1ES R go eat pl Pst
 lawa manjirr mulingi wiyan, nada, defen,
 flour sugar (tea) leaf shit=European alright only
 tobacco
 ambi icecream, ambi cake, ambi buluki
 NEG NEG NEG bullock, cattle
*We used to eat damper - we only had flour, sugar, tea and tobacco.
 We didn't have icecream and cake and beef.*
- 91) awu a -fureng gininj -nisja -Ø -ya
 meat CA wallaby 1ES R go eat pl Pst
 a -wakirr a -galinjin sjamarra
 CA fish GEN CA flying fox dark honey
We used to eat wallaby, fish, flying fox and wild honey.

- 92) e mirrginmi -ya
and first thunder Pst
of wet season

And then the wet season started.
- 93) peanut girringgi -tu -Ø -ya
1ES R rr pull pl Pst

We pulled up the peanuts.
- 94) peanut girringgi -tjurr -Ø -a
1ES R rr sever ITER pl Pst

We broke them up.
- 95) bag -nanga -njsjan gidin'gi -gulilgulil -masri -Ø -ya
LOC now 1ES R see enter REDUP belly pl Pst

We put them into bags.
- 96) gidin'gi -tjuk -Ø -a wayitpela -nanga -sran
1ES R see put down, send pl Pst whiteman LOC ALL

We sent them to the whitemen.
- 97) garrila girrimun'gi -it -Ø -a,
rock, coin 1ESR paint pick up pl Pst

garrila girrimun'gi -it -Ø -a,
rock, coin 1ESR paint pick up pl Pst

We got money. And we got more money.
- 98) ambi ninjsja -wa, miyi lawa -wa, gininj -bayam -Ø -a
NEG what PURP plant produce flour PURP 1ES R go buy pl Pst

lawa manjirr wiyan, nada
flour sugar tobacco alright

*Not for anything else, just for flour - we bought flour, sugar
and tobacco.*
- 99) fusran fusran gininj -Ø -a
keep on keep on 1ES R go pl Pst

We went on and on like that.
- 100) wayitpela yuwa ambi sretje gurr -di -Ø -ya
whiteman that NEG like 3sS R rri 3nsO pl Pst

ma -sjikim, nada
CH black alright

Those whitemen didn't like black people.
- 101) yu, gagan muku sjikim gun -iwinj -kakap -Ø -a
yes ANAPH woman black 3nsS R go 3nsG call for REDUP pl Pst

ma -bugam -gin, wayitpela, nada
CH white ERG whiteman alright

Yes, but they used to call out for black women, those whitemen.

- 102) muku gu -idi -mu -sjirrisjirri -Ø -ya
 woman 3nsS R Ø 3nsO MU be refused by pl Pst
 REDUP
Those women refused to go with the whitemen.
- 103) yeri -njsjan gul -di -futjfutj -Ø guninj -Ø -a
 child then 3nsS R l 3nsO hit,kill ITER pl 3nsS R go pl Pst
 rifle -gin
 INS
So the whitemen went about killing children with their rifles.
- 104) meri -da sretje gurringgi -Ø -ya ngunggu -Ø bugam,
 man again want 3nsS R rri pl Pst female s 3 white
 mitjitj gagan
 wife(<missus) ANAPH
And the Aboriginal men, they wanted white women.
- 105) rifle -gin gul -di -futjfutj -Ø guninj -Ø -a
 INS 3nsS R l 3nsO hit,kill ITER pl 3nsS R go pl Pst
So the whitemen went around killing them with rifles.
- 106) fundi winjsjani gagan, ani awu a -wakirr gimin
 arm bad ANAPH like meat CA fish like
 gininj -winjel -Ø -a, a -wakirr, a -fureng,
 1ES R go 3ns PURP pl Pst CA fish CA wallaby
 fundi winjsjani guninj -Ø -a wayitpela
 arm bad 3nsS R go pl Pst whiteman
*That was the wrong thing. We were like fish to them,
 like fish or wallabies. The whitemen did the wrong thing.*
- 107) ma -sjikim -da -nganan gunj -idi -srip -Ø -a sjandi -gin
 CH black again ERG-SCE 3nsS R nj 3nsO spear pl Pst spear INS
The Aboriginal men then again speared the whitemen.
- 108) e Fanny Bay gudin -di -gulilgulil -Ø -a
 and 3nsS R see 3nsO enter REDUP pl Pst
And the whitemen put them into Fanny Bay Gaol.
- 109) gagan fundi winjsjani gagan
 ANAPH hand bad ANAPH
That's no good.
- 110) ambi ma -gati wayitpela, ma -winjsjani
 NEG CH good whiteman CH bad
The whitemen were not good people, they were bad people.
- 111) nidin gan nidin gadi -Ø gan,
 country this country 1EPRO=POSS pl here
 ma -sjikim nang nidin gan
 CH black 3msPRO=POSS country this

ambi wayitpela nang, nidin gadi -Ø
 NEG whiteman 3msPRO=POSS country 1EPRO=POSS pl

*This country is our country, it belongs to black men,
 this is not the white's country, it is ours.*

- 112) nada, gu -idi -mu -sru -duk -Ø -a nidin
 alright 3nsS R Ø 3nsO MU ITER pull from pl Pst country

Alright, they took the country from us.

- 113) gim -iginj -Ø -ya "nidin gadi -Ø -njsjan,
 3S R do 1EG pl Pst country 1EPRO=POSS pl now

wayitpela nang, ambi nidin nadi -Ø"
 whiteman 3msPRO=POSS NEG country 2nsPRO pl

*They said to us, "This is our country now, whitemen's country,
 it's not your country".*

- 114) nada, guninj -Ø -sran -a,
 alright 3nsS R go pl ALL Pst

warri warri nginjsji, warri warri nginjsji.
 year year one year year one

Alright, it continued on like that, year after year.

Source: Green, I. (1989). *Marrithiyel: A language of the Daly River region of the Northern Territory*, p.292-404. (Doctoral thesis). Australia National University, Canberra, Australia.