Cultures within cultures investigating the association between conflict and alcohol-related harms in aboriginal communities

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CULTURES WITHIN CULTURES

INVESTIGATING THE ASSOCIATION BETWEEN CONFLICT AND ALCOHOL-

RELATED HARMS IN ABORIGINAL COMMUNITIES

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MEd(Adult) BEd BA(Teach) BA(Nursing)

A thesis submitted in fulfilment of the requirements of the degree of Masters by Research

National Drug and Alcohol Research Centre

Faculty of Medicine

University of New South Wales

29 November 2021

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Background:
Aboriginal and Torres Strait Islander people are more likely to abstain from alcohol than non-Indigenous Australians, however, they are more likely to experience harms related to their own or others' alcohol use. Factors such as lower socioeconomic status and poorer access to appropriate services have been identified as potential risk factors for increased alcohol-related harms. Another potential factor that has not yet been explored in the published literature is lateral violence as a result of conflict in Aboriginal communities, and how that conflict contributes to alcohol-related harms.

Aims:
This research investigates the reasons why conflict exists in Aboriginal communities. It explores how conflict is associated with alcohol-related harms experienced by Aboriginal Australians.

Methods:
A narrative literature review using systematic search strategies was conducted to identify published literature on the association between conflict and substance misuse in Aboriginal communities in Australia. This review searched 14 databases. Abstracts were systematically screened against inclusion criteria.

Next, qualitative interviews were conducted with nine Aboriginal Elders and community members to explore their lived experiences with conflict and alcohol-related harms in their communities and potential healing approaches to address this. Interviews were conducted
using a yarning method in one-on-one interviews to elicit participants' stories. A thematic analysis was conducted using inductive and deductive coding.

Results:
The literature review identified nine studies which considered conflict and its association with substance misuse in Aboriginal communities in Australia. The main factors that contribute to alcohol use, conflict and the association between the two were colonisation, lower socioeconomic status, remoteness and social identity. Key themes from participants' lived experience with conflict and alcohol-related harms
identified in the interviews were: breakdown of family and community due to colonisation and displacement, alcohol use in the community, and experience of racism. Key recommended strategies for healing included cultural programs and increasing respect for Elders.

Conclusion:
This study furthered our understanding of the effects of colonisation on Aboriginal communities today. It identified how the breakdown of family and kinship ties have contributed to conflict and alcohol-related harms experienced by Aboriginal communities. It points to potential ways to build resilience among Aboriginal communities and prevent alcohol misuse and conflict.

STATEMENT OF AUTHORSHIP

I declare that I conceived the idea for the studies that feature in this thesis. I designed the study, conducted the interviews, literature searches, analysis, interpretation and write up. I did this with support from my supervisors (Prof Anthony Shakeshaft, Dr Mieke Snijder, Prof Wendy Bowles) and mentors (A/Prof Kylie Lee, Prof Kate Conigrave).

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Dissemination of findings from this thesis

Date (place)	Conference	Name of talk
30 August 2018, University of Sydney	Public symposium; Centre of Research Excellence in Indigenous Health and Alcohol	Cultures within cultures: Investigating the association between conflict and alcohol- and drug-related harm in Aboriginal communities in NSW
8 October 2018, University of New South Wales	Public symposium; National Drug and Alcohol Research Centre	Cultures within cultures: Investigating the association between conflict and alcohol- and drug-related harm in Aboriginal communities in NSW
7 November 2018, Adelaide Convention Centre	National Indigenous Drug and Alcohol Conference	Cultures within cultures: Investigating the association between conflict and alcohol- and drug-related harm in Aboriginal communities in NSW
11 July 2019, University of New South Wales	Seminar; Nura Gili, Centre for Indigenous Programs	Cultures within cultures: Investigating the association between conflict and alcohol- and drug-related harm in Aboriginal communities in NSW
10 July 2019, University of New South Wales	Seminar; NAIDOC, Celebrating Indigenous women in health and justice research	Cultures within cultures: Investigating the association between conflict and alcohol- and drug-related harm in Aboriginal communities in NSW
16 October 2019, University of New South Wales	Public symposium; National Drug and Alcohol Research Centre	Cultures within cultures: Investigating the association between conflict and alcohol- and drug-related harm in Aboriginal communities in NSW

ABBREVIATIONS

Anthony Shakeshaft	AS
Bonita Byrne	BB
Family wellbeing program	FWB
Kylie Lee	KL
Men Exploring New Directions	MEND
Mieke Snijder	MS
New South Wales	NSW
Northern Territory	NT
Royal Commission into Aboriginal Deaths in Custody (1991)	RCIADIC
Socio-economic status	SES
Wendy Bowles	WB
Western Australia	WA

GLOSSARY

Term	Definition
Aboriginal peoples/Australians	Aboriginal and Torres Strait Islander peoples, the First Peoples of Australia Aboriginal peoples/Australians who live in the Australian state of New South Wales
Aboriginal Protection Board	An Australian government authority set up to control Aboriginal and Torres Strait Islander people
Blacky	Derogatory term for Aboriginal and Torres Strait Islander people of Australia
Bludgers	Derogatory term for people who are perceived as not doing much with their lives
Conflict	Conflict is a serious disagreement and argument about something important. If two people or groups are in conflict, they have had a serious disagreement or argument and have not yet reached agreement (O'Neil et al. 2015).
Gaol birds	Derogatory term aimed at children who have family members in gaol
Grog	alcohol
Lore	Traditional Aboriginal law
Milk bar	Term used by local Aboriginal people of the Sandhills for the mixing of milk with methylated spirits and gathering together to drink
Mob	A group of people who are related to each other (i.e. of the same nation or tribe)
On country	Traditional homelands of Aboriginal and Torres Strait Islander peoples of Australia
Sorry business	Time of mourning after a death in an Aboriginal community
Squat or squatter	A person living without official sanction on their own land
Stolen generation	Aboriginal and/or Torres Strait Islander children who were taken from their families as part of Australian government policies (early 1880s to 1969)
Violence	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 (World Health Organization 2002)
Wiradjuri people/nation	The largest group ('Nation') of Aboriginal peoples living in the Australian state of New South Wales
Yarning	Dialogue or iterative discussion between two or more people

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ABSTRACT

Background: Aboriginal and Torres Strait Islander people are more likely to abstain from alcohol than non-Indigenous Australians, however, they are more likely to experience harms related to their own or others' alcohol use. Factors such as lower socioeconomic status and poorer access to appropriate services have been identified as potential risk factors for increased alcohol-related harms. Another potential factor that has not yet been explored in the published literature is lateral violence as a result of conflict in Aboriginal communities, and how that conflict contributes to alcohol-related harms.

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Results: The literature review identified nine studies which considered conflict and its association with substance misuse in Aboriginal communities in Australia. The main factors that contribute to alcohol use, conflict and the association between the two were colonisation, lower socioeconomic status, remoteness and social identity.

Key themes from participants' lived experience with conflict and alcohol-related harms identified in the interviews were: breakdown of family and community due to colonisation and displacement, alcohol use in the community, and experience of racism. Key recommended strategies for healing included cultural programs and increasing respect for Elders.

Conclusion: This study furthered our understanding of the effects of colonisation on Aboriginal communities today. It identified how the breakdown of family and kinship ties have contributed to conflict and alcohol-related harms experienced by Aboriginal communities. It points to potential ways to build resilience among Aboriginal communities and prevent alcohol misuse and conflict.

CHAPTER 1. BACKGROUND

1.1   History of Aboriginal and Torres Strait Islander people in Australia

Aboriginal and Torres Strait Islander (herein respectfully referred to as 'Aboriginal Australian') people have the oldest continuing culture in the world (Malaspinas, Westaway et al. 2016). Aboriginal people have lived in Australia for more than 40,000 years (Kapellas, Jamieson 2016). They did not own the land but they believed they were in harmony with the land and that one day they would return to the land. They had a spiritual connection to the environment, to the flora and the fauna which was a part of their lives. They were hunters and gatherers, and they lived in a very highly structured society. Aboriginal lifestyle, including community, family and kinship structures, was built around their traditional lore (Kapellas, Jamieson 2016), which was intertwined with religion and spirituality (Ramamoorthi, Jayaraj et al. 2015). Men and women's roles were distinctive, the men took responsibility for their weapons, for hunting, carrying out the lore, initiation of boys, ceremonies, and provision for the family. Women supported the families by caring for the children, gathering supplementary food supplies, like berries, yams and plants for both eating and medicinal purposes, as well as cooking and preparing meals. The women were involved in all aspects of women's business, for example, pregnancy, prenatal and post-natal issues (Ramamoorthi, Jayaraj et al. 2014). As described in Pascoe (2014), Australian Aboriginal Nations met together at significant places throughout the year in large numbers. For example, people would come from Queensland and across NSW. In one town in Western NSW, Brewarrina, they would meet for ceremony, marriage, inter-parliamentary exchange of ideas and agriculture and trade purposes.

A number of direct, negative consequences were imposed on the traditional lifestyles of Aboriginal Australians as a result of colonisation (Table 1). Aboriginal Australians were removed from their traditional lands and their traditional laws and culture were undermined (Clarke, Hamett et al. 1999). In particular, the structure of family and kinship ties disintegrated with the stolen generations, which was an Australian Government policy (under the Aborigines Protection Act 1909) (Government of New South Wales 1909). This policy saw the Aboriginal Protection Board remove Aboriginal boys and girls from their families and place them in non-Aboriginal homes across Australia. The girls were removed and placed in homes to train in domestic duties, the boys were trained in field positions such as gardeners, jackeroos and hard labour. The children were taken without the consent of their parents with some never to be returned to their families (Clarke, Hamett et al. 1999).

Table 1 Timeline of key policies imposed on Aboriginal and Torres Strait Islander
Australians since colonisation (including those specific to the Wiradjuri people in NSW)

Year	Event
1788	First fleet arrives: The beginning of colonisation
1880	Reverend John Gribble sets up Warangesda
1883	Establishment of Aboriginal Protection Board
1888	Some residents moved to Narrandera Sandhills area
1909	Establishment of Aboriginal Protection Act
1910	Aboriginal Protection Act gave Aboriginal Protection Board control over Aborigines
1910 - 1912	Cootamundra girls Aboriginal Home opened
1915 - 1918	Aboriginal Act amended, to give Protection Board, power to remove children to train, as domestic servants
1924	Warangesda Mission closed. Some residents moved to Narrandera others to Cowra
1938	Assimilation Policy established
1939 - 1941	Aboriginal Welfare Board replaces Aboriginal Protection Board
1965	Federal Government adopts Policy of Integration for Aborigines
1967	Referendum to count all Aboriginal people in the census
1968 - 1969	Closing of Cootamundra Girls Training Home
1969	Aboriginal Welfare Board abolished
1972	Self-determination Policy replaced assimilation
1973	End of White Australia Immigration Policy
1974	Commonwealth Racial Discrimination Act
1977	NSW Anti-discrimination Act came into force
1982	First Policy for Aboriginal Education in NSW
1983	NSW Aboriginal Land Rights Act passed
1991	Prime Minister Paul Keating – Redfern Speech launching Australia's program for the International Year of the World's Indigenous People
1991	Royal Commission into Aboriginal Deaths in Custody (national report published) (RCIADIC)
2005	Aboriginal and Torres Strait Islander Commission (ATSIC) defunded
2008	Prime Minister Kevin Rudd – Apology to Australia's 'Stolen Generation' (An Australian government policy that removed Aboriginal and Torres Strait Islander children from their parents/carers without consent)

1.2   Ongoing effects of colonisation on health and wellbeing

Colonisation continues to negatively impact on the health and wellbeing of Aboriginal people today with health problems at disproportionately high rates, relative to non-Aboriginal people. For example, Aboriginal children aged 2-14 are more likely than non-Aboriginal children to be overweight or obese (1.2 times as likely; 30% compared with 25%; 1.6 times as likely; 10.2% compared with 6.5% respectively) (Australian Institute for Health and Welfare 2015). Aboriginal people are also more likely to smoke daily than their non-Aboriginal counterparts (50% of Aboriginal people in remote areas, 39% of Aboriginal people in non-remote, aged 15+; versus 12.2% of adults in the general population, aged 14+) (Australian Institute for Health and Welfare 2015; Australian Institute of Health and Welfare 2017). In relation to illicit drugs, more than one in five (22%) Aboriginal Australians have used an illicit drug in the last 12 months (aged 15+; (Australian Institute for Health and Welfare 2015)), compared with one in six non-Aboriginal Australians (aged 14+ (Australian Institute of Health and Welfare 2017)).

Traditionally, there were restrictions and rules in place when individuals experienced conflict or other problems. However, these were broken down from onset of colonisation and led to significant impacts on the health status of Aboriginal peoples (e.g. conflict and health problems (Franks, Smith-Lloyd et al. 2001). Conflict, for the purposes of this thesis, is defined as a serious disagreement and argument that occur between Aboriginal peoples (e.g. family violence, lateral violence) and also argument or disagreements that occur between Aboriginal and non-Aboriginal peoples.

1.3   Alcohol-related harms experienced by Aboriginal communities

While Aboriginal people today are more likely to abstain from drinking alcohol than non-Aboriginal people, evidence shows that they experience higher rates of alcohol-related harms (Australian Institute for Health and Welfare 2015; Australian Institute for Health and Welfare 2016). Alcohol-related deaths are five times higher among Aboriginal people than non-Aboriginal (Productivity Commission 2016). Aboriginal people are four times more likely to be hospitalised for alcohol-related reasons than the general population (Australian Institute for Health and Welfare 2016).

These higher rates of harms from alcohol may be linked to the ways Aboriginal people drink. Relative to non-Indigenous Australians, Indigenous Australians are nearly twice as likely to drink to intoxication (Conigrave, Lee et al. 2020). Higher rates of single occasion risky drinking are associated with higher rates of alcohol-related harm, including injuries, violence, and crimes (Murgraff, Parrott et al. 1999; National Health and Medical Research Council 2009).

Both Aboriginal men and women both suffer alcohol-related harms at higher levels than non-Aboriginal people (Calabria et al. 2010). Men are three times as likely and women seven times as likely, to suffer alcohol-related harms (ABS 2016a). Such harms, including murder and violence, are experienced more often by Aboriginal women than by Aboriginal men (Calabria et al. 2010). This contributes to poorer health status. Alcohol-related violence also impacts on the incarceration level for Aboriginal women in Australia, which has accelerated compared to non-Aboriginal women, and now makes up 34% of the female prison population, though they make up just 2.8% of the total Australian female population (n=323,996/11,855,248) (Calabria et al. 2010) (ABS, 2016b). In comparison Aboriginal men

make up 26% of the prison population. This over-incarceration is influenced by a range of factors including alcohol-related violence and also by over-policing (Whittaker, 2019).

In the Australian community of Narrandera, NSW (which is the community of participants in Chapter 3 in this thesis), located 600 kilometres southwest of Sydney, 11% of the population identifies as Aboriginal (n=560/5061; ABS 2016b). In Narrandera, more than one third (36%) of all incidents of crime were alcohol-related and of these 79% involved Aboriginal people (either as offender or victim) (Bureau of Crime Statistics and Research 2015). Young Aboriginal people in particular are involved in high rates of alcohol-related crimes, with half of the offenders aged between 13 and 27 and a quarter aged 18 to 22 years. In a recent community survey, half of the Aboriginal community members reported that alcohol-related injuries and verbal and physical abuse happened often in their community (AIHW 2014). Because of mistrust of mainstream services, Aboriginal services are needed especially to meet the needs of Aboriginal people in local areas (AIHW 2014). Community members also reported that they felt unsafe during the night and that they did not think that their community was empowered enough to make changes (Snijder 2017).

1.4   Factors contributing to alcohol-related harms

There is evidence that traditional Aboriginal communities created their own mood changing drinks from local bush plants. They consumed this fermented drink in a controlled manner and its use was specifically for ceremonies and trade (Brady, MacKenzie 2008). The whole procedure was well-ordered from locating the plant, to mixing the content, distributing and consuming the drink as part of cultural practice (Brady, MacKenzie 2008). Later, the Makassans, Dutch, French and Russians, paid Aboriginal people with alcohol when they first arrived in Australia (Brady, MacKenzie 2008). The 'uncontrolled' use of alcohol with

colonisation created many problems for individuals, partners, families and whole communities (Brady, MacKenzie 2008).

In countries that have been similarly colonised to Australia (New Zealand, Canada, USA), colonisation has been shown to have had significant impact on family structures, and this in turn has led to increased drinking among Indigenous peoples of these countries (Gracey, King 2009; King, Smith et al. 2009). Previous literature has identified various social determinants of health that may contribute to alcohol-related conflict, violence and crimes amongst Aboriginal peoples, including lower socioeconomic status (e.g., unemployment, lower education levels, housing), dependence on social welfare and lack of access to appropriate services (Marmot 2011; Gray, Cartwright et al. 2018). As a group, Aboriginal people are socioeconomically disadvantaged compared to other Australians. For example, in the 2016 census, Aboriginal and Torres Strait Islander people were less likely than non-Indigenous adults to have completed year 12 (18.0% and 32.0% respectively). Moreover, the unemployment rate was twice as high for Aboriginal and Torres Strait Islander people (13.0%), compared to non-Indigenous people (5.5%); (ABS 2016a). These higher levels of socioeconomic disadvantage put Aboriginal and Torres Strait Islander people at higher risk of experiencing alcohol-related harms (Marmot 2011; Collins 2016).

Risky drinking has contributed to more sickness and death (Gray, Cartwright et al. 2018) among Aboriginal peoples in Australia and to higher rates of imprisonment (Doyle, Butler et al. 2015). This impact varies between communities depending on remoteness, access to alcohol and by age and gender (Gray, Cartwright et al. 2018; Conigrave, Lee et al. 2020). The grief and loss from sickness and death can sometimes then lead to alcohol use.

Together, colonisation has contributed to significant community disruption. For example, colonisation led Aboriginal peoples to have less self-identity and self-esteem, which in turn led them to drink excessively. As a result, this led some of these peoples to break the law because they could not provide for their families as they did so traditionally. They also could not live off the land and did not have the power to make decisions over their lives (self-determination). They then drank alcohol which gave them courage to access food on land that was fenced off (Chenhall 2007). Whole families and communities were influenced by the breakdown in lifestyle as a result of colonisation.

These impacts of colonisation remain a key contributor to risky drinking among Aboriginal peoples in Australia today (Johnston 1991). Duran (1995) suggests that historically, trauma is fixed in people's cultural memories, and in this way it is transferred into their lifestyle. This intergenerational transmission of trauma constitutes an impaired community condition (Duran et al. 1998). Accordingly, transgenerational trauma (Dudgeon et al. 2014) and repeated experience of pressure in their daily lives results in a continuous exposure to stresses.

Lukashenko (1996) points out that many Aboriginal women are significantly affected by undisclosed and public violence. To date it has been covered up by the perpetrators by bullying Aboriginal women with threats of violence and restricting them from accessing appropriate resources. Their homes are made unsafe places to live in. Langton (1996) points out that colonisation exacerbated conflict and violence in both families and communities. Adding alcohol to this situation further fanned these flames (Franks 2001; Gray 2018). Clark (1999) points out that Aboriginal people have experienced deep inner trauma and when they have consumed excessive amounts of alcohol or drugs, they manifest negative emotions in

the form of violence on self or others, generating additional trauma. So, alcohol contributes to a negative feedback loop.

Burbank (1994) argues that Aboriginal women are not always the victims in a violent confrontation. Aboriginal women fight with men and with other women to challenge and gain authority, and power. Violence, she says, can be a positive aspect of Aboriginal women's attempts to empower themselves and gain recognition. Women can use violence as a tool to improve their position in the social order in the community. Burbank concludes that to refuse the violent acts of women is to refuse their identity. She does, however, state that alcohol can be involved in all acts of violence, and this is on the increase, particularly with men violating women (Weatherburn 2014). Furthermore, alcohol intoxication, with or without associated violence, can bring people into contact with the police (Johnston 1991). This then contributes to the over-incarceration of Aboriginal people (Johnston 1991), and to further disruption of family function.

Weatherburn (2014) notes that Aboriginal incarceration has increased, regardless of the recommendations of the Royal Commission into Aboriginal Deaths in Custody (RCIDIC) report (Johnston 1991). He argues that injustices, such as discriminatory policing, are not the reason, but rather the fact that violence in Aboriginal communities is rampant and Aboriginal people are the main victims (Weatherburn 2014). He recommends focusing on strategies like education, employment, and minimising drug and alcohol consumption, as well as supporting caregivers to provide children with a positive vision for the future.

1.5   Traditional ways of addressing conflict

Traditionally Aboriginal and Torres Strait Islander peoples had autonomous control for managing their affairs locally, regionally, or nationally (Aboriginal & Torres Strait Islander Social Justice Commissioner 2011). Aboriginal lore was very strict and Aboriginal peoples had a clear consensus about what was regarded as good and what was regarded as bad (Aboriginal & Torres Strait Islander Social Justice Commissioner 2011). Women supported one another when they experienced violence (Kapellas, Jamieson 2016). They did this by providing safe places for women (and their children) who were fleeing from violence (Walker et al. 2020). Fights among Aboriginal people were controlled within the tribe (Ramamoorthi, Jayaraj et al. 2015). If any of the Aboriginal people in their nation were out of order and violated the lore, the Elders enforced law and order (Kapellas, Jamieson 2016). Chenhall (2007) describes that if a dispute was being solved with a fight, a break in fighting could be called for a meal. The Elders were able to keep a harmonious connection to one another and the whole group.

To address and relieve conflict, the roles of men and women, the Elder's council and traditional ceremonies were used to regulate all aspects of life (Kapellas, Jamieson 2016). A system of punishment for severe violence and conflict were used for crimes such as murder, where punishment was relative to the crime (Kapellas, Jamieson 2016). The role of Elders was very important, and the management was a high-level peaceful system in which the Elders were equal to current judges and politicians (Pascoe 2014). When the people broke the law/lore the Elders were fair in their punishment (Pascoe 2014). Dramatically altered patterns of conflict and violence, and relatively high rates of alcohol consumption, are two of the consequences Aboriginal people have had to endure since colonisation.

1.6   Gaps addressed by this research

There has been limited research into the role of colonisation in increasing conflict in Aboriginal communities and how that conflict interacts with alcohol-related violence. The Collins Dictionary defines conflict as "serious disagreement and argument about something important. If two people or groups are in conflict, they have had a serious disagreement or argument and have not yet reached agreement" (Collins Dictionary 2015).

The World Health Organization (WHO) 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" (WHO, 2020).

One factor that has not been sufficiently explored in the literature is how the breakdown in traditional kinship ties, and in the connections in communities, contributes to alcohol-related conflict or crimes. For Aboriginal and Torres Strait Islander people, their position within the kinship system is essential to establish their relationship to others. It informs the responsibilities they have towards their family and community, the land and natural resources. Traditional kinship structures remain important in many Aboriginal and Torres Strait Islander communities today (Franks 2001).

During colonisation and decades following, Aboriginal people from different tribes and clans were grouped together in missions and other locations. As a consequence, people married partners from other Aboriginal nations, causing traditional laws to break down (Australian Human Rights Commission 2011). This greatly affected the family structure and led to

increased conflict between families about issues that previously were not divisive (Atkinson 1990).

It is possible that this conflict between families, clans and nations has contributed to high levels of alcohol use and related harms. During the research it was difficult to find any published studies that have investigated this link directly. Previous research of Aboriginal Australian communities has identified that a strong support network can be protective against substance use and related harms (Dingwall, Maruff et al. 2012; Maksimovic, Paquet et al. 2013; Jacups, Rogerson 2015), and a lack of such a network is associated with higher rates of substance use and related harms (Thomas, Briggs et al. 2008). The central hypothesis for this thesis is that colonisation dramatically increased breakdowns in traditional Indigenous family and kinship structures. This in turn has put Aboriginal individuals and communities at disproportionately increased risk of alcohol misuse, conflict and related harms.

1.7   Positioning myself as a researcher

"When Indigenous people become the researchers, not merely the researched, the activity of research is transformed. Questions are framed differently, priorities are ranked differently, and problems are defined differently, people participate at different terms" (Smith 2012)

I am an Aboriginal Wiradjuri Elder, born in Narrandera along the Murrimbidgee River in the Australian state of NSW. I lived and grew up for many years on the Sandhills, in a place known as Hill 66. The people of the Sandhills are my 'mob' (commonly used term by Aboriginal Australians for people who are family relations). I have a spiritual connection with them. My ancestors are buried at Narrandera, and their memories and teachings will live in my heart forever. The people of the Sandhills are also the focus of this thesis. They are the

reason why I have designed this study. I have observed factions and conflict in my community over a lifetime. I wanted to find out the reasons why this exists and make recommendations for how we could heal and address this conflict for current and future generations.

I want to set out below an introductory story to help the reader understand a bit of our history and why this study is so relevant to my community today. My mob, the Wiradjuri Nation, moved to the Sandhills of Narrandera from Warrangesda mission (also known as 'The Camp of Mercy'). This mission was established by Minister Father Gribble. We of the Sandhills were forcibly removed from our land in 1880 (Go Green Services and The Community of Wagga Wagga 2003). Our land was fenced off and if we tried to access it – we were prosecuted as trespassers. These restrictions placed on our mob led them to be destitute.

Father Gribble saw this dilemma and he encouraged the Wiradjuri people to go with him to Darlington Point where he established the Warrangesda mission. This mission was controlled by the Aboriginal Protection Board. On the mission, with the help of the Wiradjuri mob, they established a bakery, a butchery and vegetable gardens. A qualified teacher was employed to teach the Wiradjuri people at the camp (Elphick et al. 2004). This was one of the first Aboriginal schools to become a school (Cadzow 2007). When Warrangesda was closed by the Protection Board in 1924, (Go Green Services and The Community of Wagga Wagga 2003) the Wiradjuri people were forced to find a new home. Some went to Cowra (Erambie Mission). The remainder squatted back at the Sandhills, approximately five kilometres away from the town of Narrandera. The Protection Board allowed our mob to squat on the Sandhills as the land was under the jurisdiction of the police force. Outlining the background

information above is important as I have a dual role – I am an Aboriginal researcher and I am also part of the people being 'researched'.

1.8   Aims

The primary aim of this Masters research was to explore the relationship between conflict that occurs in the context of alcohol use in Aboriginal communities in Australia. More specifically, this research: 1) examined current knowledge about the association between conflict and alcohol-related harms in Aboriginal communities that has been captured in published academic papers over the past five decades; and 2) identifies perceptions of Aboriginal people about conflict and its association with alcohol-related harms, and explored community members' and Elders' perceptions about the Elders' strategies that might most effectively address this issue in a regional community.

CHAPTER 2. THE RELATIONSHIP BETWEEN SUBSTANCE MISUSE AND CONFLICT IN ABORIGINAL COMMUNITIES: A SCOPING REVIEW

2.1 Introduction

As detailed in Chapter 1, Aboriginal Australians have one of the longest continuing cultures in the world today (Malaspinas, Westaway et al. 2016). Despite the ongoing impacts of colonisation, Aboriginal communities have shown ongoing strength and resilience (Clarke, Hamett et al. 1999). Dispossession and displacement of Aboriginal Australians had a major impact on their lifestyles within their communities. Aboriginal Australians have reported that one of the consequences of this displacement are conflict and disagreements that occur between Aboriginal peoples, including backstabbing, victimisation and even physical violence against each other, also called lateral violence (Aboriginal & Torres Strait Islander Social Justice Commissioner 2011). Lateral violence continues to exist within Aboriginal communities because of one-sidedness of power by one group in the community, control over others by this group, struggle for identity, negative stereotyping and trauma (Aboriginal & Torres Strait Islander Social Justice Commissioner 2011).

A potential contributor to ongoing lateral violence is the high rate of alcohol-related harms experienced by Aboriginal communities, relative to non-Aboriginal communities (Clark, Augoustinos et al. 2016). An association between alcohol and drug abuse and violence exists (Chenhall 2007). Alcohol use is the third most common contributor to the burden of disease experienced by Aboriginal Australians (Australian Institute for Health and Welfare 2016). Analyses of the 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) and the National Health Survey (NHS) indicated that while Aboriginal Australians are less likely to consume alcohol in their lives compared to non-Aboriginal

people (28% and 22% respectively), alcohol misuse remains the lead reason for harms among Aboriginal men aged between 15 to 44 and women aged between 15 to 24 (Australian Institute for Health and Welfare 2016). Issues associated with alcohol are likely a consequence of the ongoing impact and trauma experienced by Aboriginal Australians following colonisation (Gray, Cartwright et al. 2018). Given recognition of the association between harmful substance use and conflict that occurs between Aboriginal peoples, and that this conflict is still ongoing, there is an opportunity to identify and report on key themes that have been identified by existing research that may help explain this association and identify possible Aboriginal-led solutions.

The aims of this scoping review of the published literature are to: (i) identify the number of studies that explore the association between conflict and substance misuse in Aboriginal communities published between 1968 and 2018; (ii) summarise the key characteristics of these papers (first author and year published, Aboriginality of the authors, aims, study type, key methods, population of interest and location of the study and iii) summarise their key findings.

2.2   Method

2.2.1   Search strategy

The search strategy was developed based on a previous review (Snijder, Shakeshaft et al. 2015) and in consultation with a librarian at the University of New South Wales. It included searching the following fourteen databases: ATSIROM: Indigenous collection, APAFT (Informit, Australian Public Affairs Full Text), AIATSIS (Australian Institute of Aboriginal and Torres Strait Islander Studies), Australian Government Productivity Commission, Indigenous Studies Research Network: QUT (Queensland University of Technology), Black

Words, Informit, Google Scholar, Embase, Global Health, Health Collection, CINAHL and

Scopus. The following search string was used to identify publications relevant to the study

aims: (Aboriginal OR Torres Strait Islander OR Indigenous) AND (Conflict OR

disagreement OR violence OR fighting) AND (community OR kinship OR family OR clan)

AND (Alcohol OR Drugs) AND Australia.

2.2.2 Study selection

Figure 1 shows the search and selection processes and Table 2 lists the inclusion and

exclusion criteria. Author BB applied these criteria, and performed the data extraction, by

scanning all titles, abstracts and full text papers. Ambiguities were resolved in consultation

with author MS and KL.

Table 2 Inclusion and exclusion criteria

Criteria	Inclusion	Exclusion
Time frame	1968 - 2018	Before 1968
Geography	Within Australia	Outside Australia
Type of literature	Published peer reviewed papers, books, book chapters, articles, books, govt reports online or published	Private writings not published, blogs and private web sites, Wikipedia articles
Topic	Studies included will investigate conflict and the association with alcohol and drugs	When studies do not include alcohol, drug and conflict as their topic

2.2.3 Data extraction and analysis

The characteristics extracted from the included papers were: first author and year of

publication, Aboriginal status of the author(s), aims of study, study type, key study methods,

location and characteristics of participants. Aboriginal status of the authors was identified by

searching information about the authors online (e.g. through Google). BB contacted five

authors directly to request this information as it could not be found online. All authors

responded to the information requests and Aboriginal status of all authors was recorded. A study type was allocated to each paper based on categories used in previous literature reviews (Sanson-Fisher, Campbell et al. 2006; Snijder, Shakeshaft et al. 2015): descriptive (providing descriptive data), evaluation (evaluation of a project), discussion (general discussion of conflict and communities) and review (summaries, critical or systematic reviews). Studies were also identified based on the primary methodology used, categorised as qualitative, quantitative or mixed methods. Key findings of each study related to the association between drug and alcohol issues, and conflict or violence were extracted from each study. Those key findings were summarised and then grouped into common themes.

2.3 Results

2.3.1 Characteristics of included studies

Nine papers were identified that discussed the association between substance use and conflict in Aboriginal communities in Australia, published between 1990 and 2018. The characteristics of these nine studies are summarised in Table 2. Despite searching for papers published between 1968 and 2018, two-thirds of these studies (n=6) were published between 2014 and 2018 and only one was published prior to 2000. Only two papers had an Aboriginal first author, although one had two Aboriginal co-authors. Six papers were descriptive and three were reviews. The studies used quantitative methods (n=3), qualitative methods (n=4) and mixed quantitative/qualitative methods (n=2).

Figure 1 PRISMA flow diagram
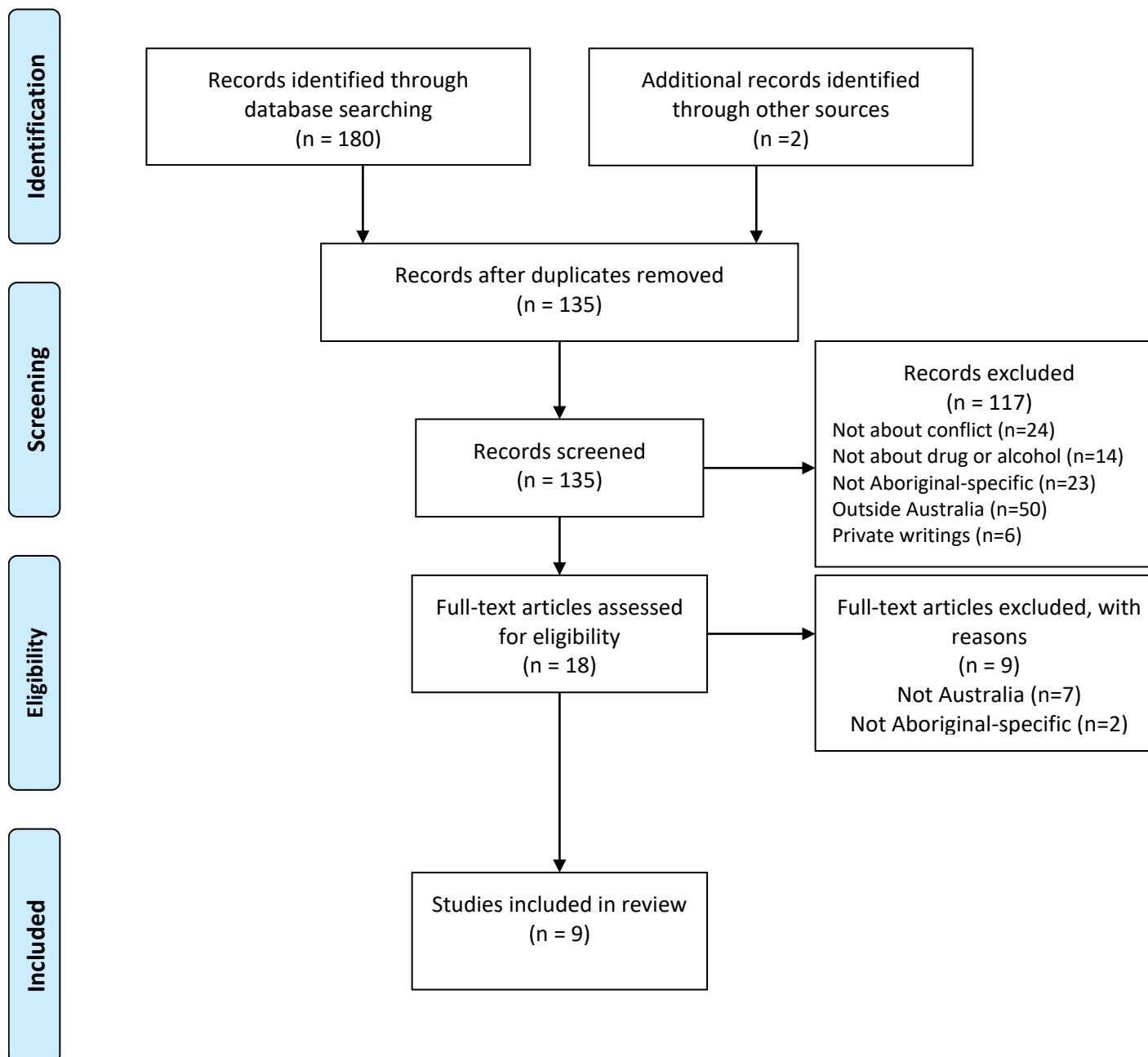
2.3.2 Factors contributing to drug and alcohol use and violence

Table 3 shows the key findings of each paper on the factors contributing to drug and alcohol

use and violence. Four papers showed links between drug and alcohol use and conflict and/or

violence (Franks 2000; Chenhall 2007; Lee, Sukavatvibul et al. 2015; Kapellas, Jamieson

2016). Chenhall observed inpatients at a residential rehabilitation facility, to produce case

studies, which included the consumption of alcohol and its contribution to conflict (Chenhall 2007). Another found increased likelihood of receiving treatment of violence-related trauma among cannabis users (Lee, Sukavatvibul et al. 2015). Two others reported on the connection between alcohol and drug abuse and domestic violence (Franks 2000) and high levels of incarceration related to alcohol and violence (Kapellas, Jamieson 2016). Overall, four main factors contributing to alcohol misuse and were identified in multiple studies: colonisation, socioeconomic status, remoteness and social identity. Four primary themes emerged: 'Colonisation', 'Remoteness', 'Socio- economic Status' and 'Social Identification' (see Table 3).

Table 3 Summary of the key characteristics of the identified published papers (n = 9)

First author (year published)	Author: Aboriginal status	Aims	Study type	Key study methods	Specific population of interest	
					Location	Sample size/ participants
Biddle (2014)	Non- Aboriginal	To measure community-level wellbeing and its association with individual-level wellbeing, and identify barriers and enablers to accessing services	Descriptive	Quantitative. Comparative analysis of data from three quantitative datasets: i) 2006 National census data ii) 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) data iii) Longitudinal Study of Indigenous Children (LSIC), comprising two cohorts of children: those born between December 2006 & November 2007; and those born between December 2003 & November 2004	Australia wide	Census: n=455,026 (Aboriginal; 2.3% of total Aboriginal population) NATSISS: n=7800 (adults) LSIC: n=960, carers of 1–2-year-olds; n=727, 9–10-year-olds and families
Chenhall (2007)	Non-Aboriginal	Examine the relationship between substance use and violence in an Aboriginal residential rehabilitation setting	Descriptive	Qualitative. An observational case study carried out in the rehabilitation service, comprising one-on-one interviews, as well as interviews in small groups and pairs	NSW clients of an Aboriginal drug and alcohol residential rehabilitation centre for men	-

First author (year published)	Author: Aboriginal status	Aims	Study type	Key study methods	Specific population of interest	
					Location	Sample size/ participants
Franks (2000)	Aboriginal	Analyse a community response to problems with alcohol, drugs and violence	Descriptive	Qualitative. Interviews with men's groups, their partners and families	NSW Bundjalung nation (Northern Rivers)	-
Kapellas and Jamieson (2016)	Non- Aboriginal	Identify imprisonment rates, and reasons for violence and alcohol among Aboriginal people (NT)	Descriptive	Mixed methods. Analysis of Northern territory (NT) government reports, statistics from NT correctional services & NT policies related to Aboriginal people	Northern Territory	Aboriginal adults and juvenile justice inmates
Lee et al. (2015)	Non-Aboriginal	Analysis of association between cannabis and alcohol use and clinic presentations for trauma in three remote Aboriginal communities (NT)	Descriptive	Mixed methods. Audit of clinic records for 2004-2006 for mentions of trauma (any accidents, violence) and key informant interviews about cannabis and alcohol use status of individuals in a randomly selected sample from three Aboriginal communities	Three remote Aboriginal communities Arnhem Land (NT)	Key informants: Aboriginal health workers and respected community leaders Audit of clinic records: n=264 (139 men, 125 women) Aboriginal community members aged 14–42 years

First author (year published)	Author: Aboriginal status	Aims	Study type	Key study methods	Specific population of interest	
					Location	Sample size/ participants
Ramamoorthi, Jayaraj et al. (2014)	Non-Aboriginal	To focus on how alcohol misuse, violence, and trauma interconnect among the Indigenous people (NT)	Review	Qualitative. Narrative review of published studies and reports and grey literature (past 10 years)	Northern Territory	Aboriginal, Torres Strait Islanders, men, women youth & children
Ramamoorthi, Jayaraj et al. (2015)	Non-Aboriginal	Outline the epidemiology and etiology of high-risk alcohol consumption among Aboriginal people (NT)	Review	Quantitative. Summary of published data on the etiology or epidemiology of high-risk alcohol consumption	Northern Territory	Aboriginal, Torres Strait Islanders, men women youth & children
Atkinson (1990)	Aboriginal	To alleviate common myths about Aboriginal culture in relation to alcohol and violence. Describe 'violence of the mind' and develop an Aboriginal	Descriptive	Qualitative. Interviews with Aboriginal people	Australia-wide	National collaboration of Aboriginal people

First author (year published)	Author: Aboriginal status	Aims	Study type	Key study methods	Specific population of interest	
					Location	**Sample size/ participants**
		perspective on violence				
Gray, Cartwright et al. (2018)	First author non-Aboriginal, two Aboriginal co-authors	Explore the harmful effects of alcohol use, including the health impacts of patterns of use and the underlying causal factors, policies and interventions aimed at addressing those impacts	Review	Quantitative. The evidence for this review draws on: journal publications, government reports, national data collections and national surveys	Australia-wide	National review

Table 4 Key findings from the identified published papers (n = 9)

Author (Year)	Colonisation	Remoteness	Socio-economic status	Social identity
Biddle (2014)	Indigenous Australians have a strong connection to where they live (e.g. access to country and traditional homelands, ongoing family and kinship ties)	Violence and sexual assault higher in remote than non-remote Australia Increased issues with levels of personal safety in non-remote than in remote Australia Possible link between emotional wellbeing of individuals and community problems	Individuals with higher income reported higher levels of wellbeing	Measures of wellbeing: Include on-going family and kinship ties
Chenhall (2007)	Negative occurrences in life attributed to drinking and drug use Indigenous men are bound by rules (traditional lore) around fighting. Gang-type fighting has less rules Alcohol is a significant part of Aboriginal peoples' negotiations in their social relationships Violence was described as being important for men to establish their identity and networks Family violence between men is more serious, it lacks social control and rules	In various remote Aboriginal communities within Australia, high levels of substance misuse coexist with strong adherence to 'traditional' Aboriginal law, custom and religion	The socio-economic position of men within their immediate family, often lead to the development of conflict in the domestic sphere, particularly with their spouses	The notion of 'self' in an Aboriginal environment, includes one's family and extended clan group, to such a degree that the quality of interpersonal relationships can be intensely involving and consequential

Author (Year)	Colonisation	Remoteness	Socio-economic status	Social identity
	Resentments are stored until drunk to resolve disputes Alcohol was used to cope with stress and anxiety			
Franks (2000)	The mind-sets of Aboriginal people changed traumatically when the breakdown occurred in the cultural structure, the loss of land contributed to anger and frustration leading to excessive drinking and conflict/violence, and this continues among the people today	-	-	Abuse often affects an entire family unit generating consequences on the next generation of children
Kapellas and Jamieson (2016)	High rate of alcohol consumption is a consequence of dispossession and disempowerment trauma and grief. Alcohol is used as a brief escape from life's problem	Aboriginal people living in remote areas are excessively overrepresented in the prison system A quarter of all Indigenous Australians live in rural or remote areas where the socioeconomic indicators are far worse than those of urban welfare- dependent populations	Crime occurs more often in poorer areas where unemployment is high	Alcohol and drug abuse can be a result of family dysfunctionality
Lee et al (2015)	Remote communities can be vulnerable to violence because of a range of historical and social stressors	Cannabis use and violence have a significant link to some remote Australian Aboriginal communities	-	Individuals who were identified as current cannabis users were nearly 4 times more likely to present to a

Author (Year)	Colonisation	Remoteness	Socio-economic status	Social identity
				clinic for treatment of violence-related trauma than nonusers after adjusting for age, sex, and current alcohol use status
Ramamoorthi, Jayaraj et al. (2014)	Break down of laws and rules Lack of procedures to reduce tension	Aboriginal people in rural and remote communities in the NT face serious social and health issues due to high-risk alcohol consumption and related violence	Paydays, binge drinking and receiving mining royalties without financial planning Unemployment, poverty, homelessness and overcrowding	Group identity and sharing philosophy
Ramamoorthi, Jayaraj et al. (2015)	Family members and friends involved in harmful alcohol use may face greater risk for alcohol-related assaults (e.g. in overcrowded houses)	Family violence more common in remote Indigenous communities, compared to non-remote	Women with less education and poor economic facilities are at an increased risk of victimisation Overcrowded housing acts as place for alcohol abuse Unemployment	-
Atkinson (1990)	Alcohol and conflict are a part of Aboriginal culture this is a myth and must be understood. 1788 was an act of violence, and its on-going effects make the violence continue Acknowledgement of violence at contact was never addressed	Remote areas lack essential services compared to those who live in urban areas services	Some of the continuing pressures that are breeding grounds for violence are the total lack of an economic base and the high rates of unemployment within communities;	-

Author (Year)	Colonisation	Remoteness	Socio-economic status	Social identity
			overcrowded and unfit create grounds for violence	
Gray, Cartwright et al. (2018)	Harmful levels high due to the way alcohol is consumed (e.g. where, when and how) The way people behave under its influence are conditioned by: The types of alcoholic drinks and their availability Drinking harmful amounts is a response to the current conditions experienced, as a result of history	-	-	The individual, their life experiences and wider sociocultural settings and the health determinants Aboriginal identity compromised by assimilation policy

- Not mentioned in the study

2.3.3   Colonisation

Colonisation was a common thread throughout each paper and mentioned as a contributor to substance use and violence (Atkinson 1990; Franks 2000; Chenhall 2007; Kapellas, Jamieson 2016). The included studies described two general ways in which colonisation and dispossession contribute to alcohol consumption and conflict and violence in Aboriginal communities. Firstly, colonisation and dispossession have led to trauma and disempowerment and ongoing experiences of grief, powerlessness, frustration, anger and aggression (Atkinson 1990; Franks 2000; Kapellas, Jamieson 2016; Gray, Cartwright et al. 2018). Colonisation had a traumatic impact on Aboriginal people's cultural and spiritual values. Ongoing experiences of this trauma contributes to excessive alcohol consumption and expressions of conflict and violence (Franks 2000; Kapellas, Jamieson 2016; Gray, Cartwright et al. 2018). Secondly, colonisation interrupted traditional lore in Aboriginal communities, including the structure of families, position of the men and ways of solving conflicts and issues in the communities (Atkinson 1990; Franks 2001; Chenhall 2007, Kapellas, Jamieson 2016). Ongoing policies continued to further corrode traditional structures within Aboriginal communities, such as the removal of children from their family and the welfare state (Atkinson 1990). Traditional ways of solving conflict were no longer utilised, allowing conflict to occur without set boundaries. Studies identified that alcohol and drugs were used by individuals to help them be able to openly discuss conflicts they had. Being intoxicated gave them the confidence to talk about the conflicts and in some cases to fight one another to resolve problems (Atkinson 1990; Chenhall 2007).

2.3.3.1 Remoteness

Alcohol and drug consumption and violence and conflict were found to be higher in remote compared to non-remote areas (Biddle 2014; Ramamoorthi, Jayaraj et al. 2014). This is partly

attributed to colonisation and dispossession as well, because governments moved Aboriginal people from their traditional lands into reserves and missions, that were isolated from locations with services (Atkinson 1990). Isolation and lack of access to services and transport were found to contribute to violence and alcohol consumption as a way to deal with these situations (Atkinson 1990; Biddle 2014).

2.3.3.2 Socio-economic status

Socio-economic status (SES) was found to influence alcohol and drug use and violence and conflict (Biddle 2014; Ramamoorthi, Jayaraj et al. 201; Kapellas, Jamieson 2016). Aboriginal people have higher levels of unemployment on lower SES (Atkinson 1990; Chenhall 2007; Biddle 2014; Ramamoorthi, Jayaraj et al. 2015); Kapellas, Jamieson 2016). The existing economical structures in Aboriginal communities were interrupted by colonisation (Atkinson 1990). The breakdown of the traditional lifestyle of Aboriginal families contributed to dependence on government subsidies and SES inequality between Aboriginal and non-Aboriginal people. In areas with high unemployment and a low socioeconomic status, crime and the consumption of alcohol and drugs is higher (Kapellas, Jamieson 2016). Alcohol consumption in the context of unemployment, poverty and overcrowded housing conditions contribute to violence and conflict (Ramamoorthi, Jayaraj et al. 2015; Kapellas, Jamieson 2016).

2.3.3.3 Social identity

Finally, included papers discussed a connection between how and who Aboriginal people identify with and outcomes and behaviours. In an Aboriginal setting, self-identity is strongly linked to the family, and there is a strong sense of belonging to the extended clan group. The bonds that the Aboriginal people hold with family and community are significant and

powerful, because of the quality of interpersonal relationships (Franks 2000). The individual, their life experiences and wider sociocultural settings (e.g., their group identity and sharing philosophy) contribute to family and community cohesion. On the other hand, these can also contribute to sharing of alcohol and shared housing which can contribute to conflict and related harms (Kapellas, Jamieson 2016). Because of this strong connection, alcohol and drug misuse often affects an entire family unit, impacting on the next generation of children (Franks 2000).

Conversely, alcohol misuse can also be a result of disruption of family connections and dysfunction (Kapellas, Jamieson 2016). Also, social determinants like unemployment, poverty, inappropriate housing conditions and lack of healthy food options and related poor health contribute to alcohol misuse and conflict in Aboriginal communities (Ramamoorthi, Jayaraj et al. 2015; Gray, Cartwright et al. 2018).

2.3.3.4 **Aboriginal and non-Aboriginal authors**

In terms of Aboriginal status of authors, seven were non-Aboriginal and four identified as Aboriginal, two of which were co- authors. Each article written by non-Aboriginal authors seems to display empathy with the people and a real concern for the problems they face. Their passion and dedication have given the reader insight into the overall picture of the link between alcohol and drugs and how this can contribute to violence and conflict.

The papers written by Aboriginal authors like Atkinson (1990) and Franks (2000), and the two papers with Aboriginal co-authors write with an understanding of the Aboriginal culture, their spirituality and relationality. For example, the Atkinson (1990) paper talks about how the spiritual principles of the Aboriginal people were totally different from that of the

colonisers (Atkinson 2012). The way that Franks and Atkinson write shows they have an understanding of relationality – that the Aboriginal way of life is all about relationships. For example, Franks (2000) talks about the inter-relatedness of mind and body, and how there needs to be a strong relationship with one another in community. Both Franks and Atkinson argue that individuals, both Aboriginal and non-Aboriginal, need to understand this relationality to achieve change. For the Aboriginal authors, the research and their own knowledge are in harmony, as the knowledge belongs to them. They also draw on their personal and spiritual experience. For example, Atkinson says:

> *"We ourselves have spent many years learning about the white man's ways; we have learnt 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 and 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."*

Being Aboriginal is having that same spirit; it is not something you do or can explain, it is what you are inside.

Martin (2008) notes that the perspective and attitudes of all researchers bring something different to a research project, regardless of their background. She points out that when it comes to research centred on Aboriginal people, communities and issues, Aboriginal researchers hold a lived and experiential and tacit knowledge that non-Aboriginal researchers are removed from. For these reasons, I argue that the positioning of Aboriginal researchers is important to the decolonisation of research and the self determination of Aboriginal people.

Together both perspectives (Aboriginal and non-Aboriginal) appear to strengthen this sensitive area of research.

2.4 Discussion

The literature review indicates that in many cases conflict and violence associated with alcohol and other drug misuse occurring among Australian Aboriginal people are an effect of colonisation and these experiences linger today. Colonisation led to loss of land, the breakdown of family structure, and children stolen from their families. It influenced the behaviors of Aboriginal people as they were forced to adopt a new way of living due to the removal from homelands to reserves and missions. Papers included in this review found that the effects of colonisation contributed to problems as violence and conflict as well as to excessive consumption of alcohol. Furthermore, colonisation contributed to increased remote living and lower socio-economic status of Aboriginal people, which in turn were also associated with increased conflict and the relationship of alcohol misuse.

The findings from this review highlight the impact of the historical and contemporary context in which the issues of conflict and alcohol consumption take place. The historical context of colonisation was highlighted in each included paper. This is an important observation as it moves the conversation from individual failure and responsibility, towards issues with the environment in which the issues occur (Smith 2012). Accepting the influence of colonisation, remoteness and SES on alcohol use and violence in Aboriginal communities means that solutions need to target that same context (Fayed et al. 2018).

2.4.1 Aboriginal authors

Interestingly, only three papers included authors which were Aboriginal. Two of the papers included Aboriginal co-authors. It is important for Aboriginal people to lead research because "when Indigenous people become the researchers, not merely the researched, the activity of research is transformed. Questions are framed differently, priorities are ranked differently, and problems are defined differently, people participate at different terms" (Smith 2012). The interesting aspect of Aboriginal people leading the research is that they not only learn from other authors but many Aboriginal researchers experience the ongoing effects of colonisation; they also have a connection to the land and this was evident in the papers included in this review (Atkinson 1990; Franks 2000). This review found that, while the content of the publications was similar, the writing style was different, indicating a difference in approach to research. Regardless of whether or not the non-Aboriginal author is sympathetic to the causes of Aboriginal Australia, the author is viewing the situation through the lens of a European perspective which remains unambiguous, even taken for granted. Moving forward, it is important for researchers to display high levels of reflexivity about how their own cultural background influences the research they conduct.

2.4.2 Conflict that occurs in Aboriginal communities

Nine research papers were found specifically addressing conflict in Aboriginal communities related to alcohol and other drugs. Within the content of these nine papers there was no specific information found related to contemporary issues of conflicts related to alcohol and drugs. However, when Aboriginal Australians are asked, they will talk about their disagreements with each other in their communities (Aboriginal & Torres Strait Islander Social Justice Commissioner 2011). While they carry the constant burden and overload of oppression, they show enormous amounts of anger and resentment and they display harmful

and dangerous behaviour on individuals, their families and organisations (Clark 1998). More research into contemporary conflict and factions within communities is needed to identify what contributes to factions that lead to conflict, and what can be done to address this.

2.4.3 Limitations

This review had various limitations. The first one relates to the search terms; to identify more papers other search terms could have been used, for example "First Nations" or other terms around conflict, such as 'lateral violence', and other terms around alcohol use such as 'substance use'. More literature could have been included if the authors consulted more widely with other Aboriginal researchers who could have articles that did not show up in the searches. The grey literature was not reviewed, because of limits in funding and time. However, the search terms and search strategy were kept deliberately focused. The search strategy was piloted with a university librarian, with input from a supervisor (MS).

A second limitation relates to identifying Aboriginal authors. Authors did not discuss their Aboriginal status in their articles. However, the majority of authors (n=7/9) were contacted by phone and email to ask about their Aboriginal status. In qualitative research it is common practice to include a section for researchers to place themselves within the research. It could be beneficial for all research related to Aboriginal communities to include a section like this in their publications, so it is directly clear to the reader what the cultural background is of the authors.

This review was limited to Aboriginal peoples from Australia (instead including similarly colonised countries). This was done as I was particularly interested in the Australian Aboriginal context.

Finally, lessons can be learned from First Nations people in other countries. This review did not include literature from other countries, but could have been expanded, for example, New Zealand and describe the Maori experiences around conflict and alcohol and drug use.

2.5 Conclusion

A relationship exists between conflict and alcohol and other drug use in Aboriginal communities. This study identified that colonisation was a commonly identified factor contributing to conflict and alcohol and/or other drug misuse. For example, Aboriginal Australians experienced dispossession, trauma disempowerment and ongoing experiences of grief, powerlessness, frustration, anger and aggression. This contributed to excessive alcohol and/or other drug use which led to conflict and violence. Socio-economic status and remote living were identified as both a consequence of colonisation and a factor contributing to conflict and alcohol and/or other drug misuse.

CHAPTER 3. EXPERIENCE WITH, AND HEALING SOLUTIONS FOR, CONFLICT AND ALCOHOL-RELATED HARMS AMONG ABORIGINAL COMMUNITIES: A QUALITATIVE STUDY

3.1   Introduction

This thesis started with highlighting the impacts of colonisation on Aboriginal Australians. In particular, Chapter 1 explored the impacts that alcohol use and conflict have had on Aboriginal communities, including the experience of higher rates of alcohol-related harms compared to non-Aboriginal Australians (Gray, Cartwright et al. 2018). Additionally, the increased experience of conflict within Aboriginal communities following colonisation was explored. In particular, colonisation interrupted traditional lifestyles within Aboriginal communities. This included the breakdown in traditional roles each person played, such as the Aboriginal Elders, whose responsibilities were to address and manage any conflict within the community (Atkinson 1990; Ramamoorthi, Jayaraj et al. 2014). The whole Aboriginal community, men and women, were affected by the erosion of respect for Elders (Kapellas, Jamieson 2016). So the disruption from colonisation both contributed to conflict between families and communities and simultaneously interrupted the way Aboriginal people traditionally dealt with conflict in their communities. This impact led to experiences of more intense conflict within Aboriginal communities (Atkinson 1990).

The scoping review in Chapter 2 explored previous research on the association between conflict and substance use in Aboriginal communities and what factors contribute to this. This review was conducted, as very little was known or spoken about, why conflict exists to such a large degree in Aboriginal communities, and how alcohol has an effect on contributing to negative lifestyle outcomes for Aboriginal communities. This review identified that

colonisation, socioeconomic status, remoteness and social identity were factors that contribute to alcohol use and conflict within Aboriginal communities. These factors were discussed in all nine papers included in the scoping review. Only two of the included nine papers were led by Aboriginal authors and another one had Aboriginal co-authors.

While this review gave a good insight into some of the main factors that contribute to conflict and alcohol use in Aboriginal communities, the included papers only had limited discussion about contemporary conflict and related issues. Previous research has found that conflict within Aboriginal communities, or lateral violence, is a significant concern identified by Aboriginal people today (Langton 2008; Ramamoorthi, Jayaraj et al. 2015; Clark, Augoustinos et al. 2016; Clark, Augoustinos et al. 2017). Langton (2008) describes that Aboriginal people can become angry, dissatisfied, and harbour a sense of defeat. This arises because they have experienced firsthand, violence or oppression from those who controlled their lives from the time of colonisation. As a result, oppressed peoples, including Aboriginal people, build up resentment and turn against one another. This can manifest itself in violent outbursts and in physical and psychological abuse (Langton 2008).

However, the scoping review in Chapter 2 indicated that not many studies have explored how alcohol use contributes to, or is a consequence of, lateral violence and conflict in modern Aboriginal communities. Moreover, a literature review such as this one does not explain context-specific issues in different communities.

This study presented in this chapter investigates the interaction between excessive consumption of alcohol and conflict in the Wiradjuri Aboriginal Community, the Sandhills of Narrandera. It is essential to talk with the Wiradjuri Aboriginal people to explore their lived

experience with conflict in their community and ask them what they think about potential solutions to it.

This qualitative study investigated the reasons conflict exists in Aboriginal communities and how it is associated with alcohol-related harm experienced by Aboriginal people. Specifically, this chapter explores:

1) The lived experience of conflict within the broader Sandhills community of Narrandera including the roles of alcohol use, family and kinship structures and effects of external factors

2) What healing or prevention strategies the community members recommend.

3.2 Methods

3.2.1 Study design

This study involved qualitative interviews using a yarning approach with members of the Narrandera Aboriginal community who had experience of living on the Sandhills.

3.2.2 Setting

Aboriginal people moved to The Sandhills of Narrandera from Warrangesda Mission in Darlington Point (about 60km away) around the 1920s (Elphick et al. 2003). The Sandhills is situated 5km from the township of Narrandera, NSW, which itself is southwest of Sydney. It sits on the Murrumbidgee River. A large community of the Aboriginal Wiradjuri Nation lived there until the 1960s.

There were 50 families who moved to the Sandhills (CAD Factory 2014-2020). The exact population of the Sandhills from the 1920s to the 1960s is unknown. Any documentation of

that population was kept by the Police Department and several fires raged through their office, destroying the files about the Aboriginal people. At the time of writing, four of the Elders who participated in the study have since passed away (in the last 12 months). As well, four other Elders who lived and experienced life on the Sandhills contributed their experiences informally but I was unable to obtain their consent in writing before they passed away.

Community members describe that when the Aboriginal people first came to The Sandhills there was no running water, it was brought up from the river. An Elder and other Aboriginal people lobbied to get water supplied to the houses; they held concerts to raise money to get the water on. According to Elders, the community fought by writing letters to the appropriate groups to get their child endowment allowance in money rather than in rations and they were successful. They had no electricity, only kerosene lamps; they heated water for bathing with fires under coppers and they cooked on open fires. Slowly, step by step, the electricity was connected to each of the houses.

Employment was limited; men usually went away to pick fruit, for rabbiting, shearing and droving, or sometimes they picked up work in the sawmill or on the roads. The women, if they could obtain work, cleaned houses for the non-Aboriginal people in the town. Both men and women worked in the fruit canary, 25kms from Narrandera.

Around the 60s, all the people living on the Sandhills were offered Housing Commission dwellings in the town and their homes on the Sandhills were bulldozed into the ground and they had no option to come back home. The council sold some of the land to cover rates

owing and a few Aboriginal people bought the land. The council built the town sewage plant

at the bottom of the Sandhills and it wasn't a fit place to live in close proximity to.

There are seven families living on the Sandhills now, three of whom are Aboriginal. One

Aboriginal Elder who stills lives on the Sandhills has developed a space for Aboriginal

cultural works and makes his own artifacts. He conducts tours to various Aboriginal sites.

Four families who bought land there are non-Aboriginal.

3.2.3   Participants

Participants were identified based on the following inclusion criteria: 1) having lived on the

Sandhills reserve; 2) being from the Wiradjuri Aboriginal nation, and 3) aged 40 years or

older. People over 40 years were selected because of their duration of adult experience living

in the Sandhills community. This group was expected to include some older people who had

lived in the Sandhills before the council bulldozed the houses there in the late 1960s, and who

had returned some years later.

A total of 15 potential participants were identified and interviews were conducted with nine

of them. Two potential participants passed away before they could be interviewed, one

participant was too ill to be interviewed and the other three individuals were not interviewed

due to time constraints.

3.2.4   Designing/constructing the interview schedule

The interview schedule was designed following the yarning method, which aims to make sure

that the questions elicit story telling from the participant (Smith 2012). Direct questioning

was not applied in these interviews. Instead, a yarning method took place, to enable the

participants to experience a non-threatening environment for the interview. This provided an opportunity for the comfortable and confident interaction between the interviewee and the interviewer. While this is a time intensive approach, it is likely to produce more accurate information and is seen as more productive.

Following the social yarning, the interviews started with inviting the participants to tell their story about living on the Sandhills. The next set of questions invited the participants to share their stories about alcohol use and conflict while they were living on the Sandhills. The interviews finished with inviting the participants to share their solutions to alcohol problems. The interview questions are provided in Appendix A.

3.2.5   Recruitment and Interview Procedure

3.2.5.1   Identifying potential participants

Participants were identified through BB's knowledge of the community. Additionally, snowball sampling (Naderifar et al. 2017) was used so participants could identify anyone else that fit the inclusion criteria. BB called potential participants and invited them for the interview. During these phone calls BB made an appointment to visit the participant at their preferred place either their home, or café for the interview.

3.2.5.2   Conducting the interviews

As much time was given for an interview as needed. Culturally Aboriginal people are storytellers. For them to give their time is to be respected and valued. Participants had the choice to stop at any time. The younger interviewees who worked, generally spent 3-4 hours in the interview, sharing around lunch and afterwards. Other interviews took a whole day and evening, sharing a meal or two, having breaks for a 'cuppa', walking and talking

together. Some interviewees lived away from Narrandera, therefore a whole weekend was spent with them.

Participants had the option to ask for given information not to be recorded. There was not any reimbursement for participation. Participants were very happy to contribute to the research as they hoped to see a change in the community. The interviewer did pay for some lunches and provided morning and afternoon tea.

In line with the yarning method, the appointments started with social yarning between BB and the participants. This is in line with Aboriginal norms around meeting and interacting with each other. In the research context it also provides the researcher and interviewee an opportunity to establish a connection before the research starts (Smith 2012). Following the social yarning, the interviewee was provided with the information sheet and asked to provide their informed consent. Once the interviewee provided their consent, the official part of the interview and audio recording started. Once the interview was finished the recording device was turned off and more social yarning took place.

In the introduction to the yarning interview the concept of healing was discussed. There was a mutual understanding between BB and the participants that in discussing healing, we were talking about ways of restoring wellbeing, after the emotional trauma our people had encountered. An understanding was reached that we were discussing how such traumas were addressed in the past and how they could be addressed now and in the future.

3.2.6 Analysis

All interview recordings were transcribed verbatim by an independent transcription company. A thematic analysis was conducted using a combination of top down and bottom-up coding (Braun, Clarke 2006). 'Top-down' themes were identified (by BB, with MS and AS) from the results of the scoping review in Chapter 2. This was done to help inform the analysis of the interview transcripts. Then, the interview transcripts were colour coded 'bottom up' by hand (by BB) for emerging ideas. This process took several rounds of colour coding, periods of reflection and discussion (led by BB, with MS, KL, WB, AS). Once the colour coding process was finalised, with consensus agreement, the information was grouped into similar themes (by BB, with MS, KL, WB).

3.3 Results

3.3.1 The participants

Five women and four men were interviewed, all aged between 40 and 75 years. Pseudonyms and further demographics details are not provided, as within this close community that might reveal their identity.

3.3.2 Setting the scene – describing life on the Sandhills

It was mentioned (n=1/9) that to live on the Sandhills was like living in isolation; outside of that was a whole new world:

> *"Living on the Sandhills was like living in another world, just walking on the bridge to go to school or to go to town was a whole new world, it was a new environment"* – Linda aged 70+

A major point of agreement amongst all the participants was that living in an all-Aboriginal populated environment was a happy, enjoyable and comfortable time of belonging within their community. Family connections were a highlight, group activities were a positive time, walking to school and returning home together was a positive experience and sharing was an ethos Aboriginal people embraced:

> *"It was good because everybody shared everything and, you know, like, if someone had something they'd share it with you or if someone had what you needed they could go and get it from someone at the Sandhills everyone helped each other on the hill"* – Murray aged 60+

An ethos of sharing was described. Debbie illustrates the sharing and importance of relationships by talking about how the family were very connected and how socially they interacted with one another:

> *"It was just wonderful, I lived with my immediate and extended family, I was able to see them often, play together, go to school together, have family celebrations together. A real sense of community and family"* – Debbie aged 40+

The community was an important aspect of the Sandhills, including for the family's security and happiness:

> *"Well, living on the Sandhills for me was a joy – most of the people communicated well with each other and enjoyed each other's company – they were like one big happy family"* – Sharon aged 60+

> *"I enjoyed living on the Sandhills I was one out, and all of a sudden then I had all you people around me"* – Daniel aged 70+

All interviewees spoke about family life on the Sandhills as being good. Also, Aboriginal people were all connected in some capacity. The whole Aboriginal population was built on the extended family. They all had some sort of relationship whether great grandmothers, grandmothers, brothers, sisters, uncles and aunties, grandfathers, fathers, uncles and aunties. The closeness of family relationships was exemplified by grandmother being called 'mother':

> *"As a little girl I used to sneak away to my grandmothers, I called Grannie 'Mum' because mum called her 'Mum'. I spent a lot of time with family"* – Jenny aged 60+

While living on the Sandhills, strong friends and connections to each other remained a point of strength. Even many years after families moved away from the Sandhills, family members remain connected to each other; they support each other in times of celebrations and sorry business:

> *"Lasting long-time friendships that were made growing up on the Sandhills still exist today"* – David aged 60+

All interviewees spoke of the informal and formal education they received while living on the Sandhills. Informal education refers to oral and observational education, which was a point of interaction with Aboriginal families. This informal education was a positive and important formative experience. They were taught everyday living skills by family members, when they lived together, they were nurtured and cared for it was a group effort from all family members:

> *"Learning experiences from my immediate and extended family will always stay with me. There was a lot of things passed onto us – like the nurturing – by Nan, by Mum, and by others in the family like my aunties – we were never left alone – we were*

always with them – we were always learning - they were always talking to us and teaching us about who we are, our culture, and handing on stories through talking to us about things that happened to them as they grew up and who they are – their identity – not just the culture, but who they are as a person. So that's why I carry them – they live on within me because they're a part of me and I still carry their stories – how to cook – how to clean – all those domesticated things as well – I was very lucky and privileged to be raised on the Sandhills" – Debbie aged 40+

The Sandhills community was very isolated from the townspeople so the learning on the Sandhills was very much a one-to-one experience in the home and outside. For example, people would gather down at the river, they learned from immediate and extended family; they supported one another in the learning experiences and in discipline.

Mixed accounts were shared about formal learning experiences through school. Positive experiences existed with Sunday school (n=3/9):

"My time of learning from the missionaries and attending Sunday school on the Sandhills, my Christian upbringing is still very strong" – Jenny aged 60+

However, going to school was experienced as a less positive experience by the majority of participants (n=8/9).

"I didn't like school, didn't go to school much, when I did go, I was the gardener. I could grow lettuce and tomatoes, that's mostly what the Koori kids did, they didn't get much formal education" – Murray aged 60+

It was not uncommon for Aboriginal children to be treated differently than non-Aboriginal children. For example, their culture was different but there was nothing culturally appropriate to cater for those differences. Accordingly, Aboriginal children would verbally and physically react when they perceived that they were treated differently:

> *"Went to school with my sisters and brother – I was scared to go to school. I didn't want to leave Mummy. The first day at school I bit the teacher and screamed out for my sister and I tried to run away"* – Jenny aged 60+

Having family members at school was a positive aspect as Aboriginal children were not alone in this seemingly traumatic time in their lives. This was a significant time of separation for Linda in particular, when she felt the Sandhills was her world and outside of that world was a very uncomfortable space for her:

> *"Going to school on the first day, I cried all day. I hated it. I screamed and screamed after Mum. It was terrible because we didn't know anything about school"* – Linda aged 70+

For others, school was also an uncomfortable experience which led to some Aboriginal students not attending or completing primary school:

> *"I went to school all up – probably - for about 6 months. I didn't reach high school at all; the only time I went to high school [was] when I walked through the grounds"* – Daniel aged 70+

Despite many of the positives about living on the Sandhills, nearly all interviewees spoke about the hard times the Aboriginal families experienced while living there (n=7/9). Living conditions were tough, and it was a time when they did not have money to buy food and

material possessions. Food supplies were not as plentiful as needed. As told by Daniel, traumatic, frightening and shaming experiences were encountered at a very young age:

> *"I was stolen by my family if you know what mean. I was declared uncontrollable. They would have taken me, the welfare; they went out on the road and they grabbed me - I wasn't prepared for it, I was about 7 or 8. I got off the horses and I couldn't get back on the horse - they grabbed me. They took me back to the school dirty, covered in dust and everything, just to shame me in the classroom"* – Daniel aged 70+

Mitchell expressed the poverty-stricken lifestyle his family endured:

> *"..they were very poor and struggled to find a meal. The family were sustained by growing vegetables and eating off the land - rabbits, fish and yabbies. To survive and gain material possessions for living conditions, going to the garbage tip was a regular activity, where goods were obtained things like tin for housing, beds and bedframes, tables, chairs, toys and many other things"* – Mitchell aged 70+

Linda also spoke of this poverty-stricken lifestyle, commenting that her family obtained household items (e.g. beds, chairs, toys) from the garbage tip:

> *"We used to go to the tip; we used to wait for the people to bring the things down to the tip. We would go to the tip and go through the rubbish and get things"* – Linda aged 70+

3.3.3   Lived experiences of community members with conflict and alcohol harms

3.3.3.1   Alcohol

Alcohol was identified as the main destructive issue by all participants, for the period when they lived on the Sandhills. Two of the male participants started their interviews by saying

alcohol was not a major issue in the community, but by the end of the interview had both reached the conclusion that, in fact, it was a major factor impacting on community and family life. While all the women identified alcohol as an issue, and usually a problem primarily amongst men, one woman discussed how it was a woman's alcoholism in her family that caused problems:

> *"I think alcohol was the main issue"* – Sharon aged 60+

Jenny confirmed alcohol as being a major cause of problems in the Sandhills:

> *"Alcohol. There was a lot of people that drank"* – Jenny aged 60+

Murray spoke of changes in drinking patterns after World War II, from the 1950-60s:

> *"Adults back in the 50's and 60's that's all they did. Women started to drink after the war. Lifestyle changed after the war, everyone drank"* – Murray aged 60+

Mitchell recalled alcohol-related problems encountered by community members and how people would drink what they could afford until the police became involved. For example Aboriginal people would get arrested for being drunk in a public place and the Sandhills was classed as a public place:

> *"Alcohol it was a problem but I don't remember drugs being a problem. Alcohol wasn't a huge problem - the men couldn't afford to buy it all the time and they drank red wine, then methylated spirits. They drank what they could afford and it was a case of binge drinking. They would go off and binge drink until they did something wrong, according to the police, then they would get arrested"* – Mitchell aged 70+

While Kate shared her knowledge of problems experienced in the Sandhills, her parents were part of the few who did not consume alcohol:

> *"Alcohol was an issue then. Mum and Dad didn't drink, they didn't have it at home. I learnt more about the alcohol issues when I was a teenager and when I met my partner"* – Kate aged 40+

Reasons for drinking that were mentioned by an interviewee were boredom (n=2/9) and having problems dealing with difficulties, such as marriage break-ups (n=5/9) and consequences of World War II (n=2/9):

> *"I think that the marriage break-ups caused the people to get on the alcohol"* – Linda aged 70+

Reasons why alcohol was consumed include:

> *"A lot of them drank because they were bored, because their parents probably drank, they drank when they went out on weekends"* – Kate aged 40+

> *"I think they got bored they had nothing to do and that's just what they did. They turned to alcohol because their wives had left them all"* – Daniel aged 70+

> *"The war had an impact on Aboriginal families. It caused a lot of problems, they were always drinking and fighting"* – Murray aged 60+

Alcohol was a problem in itself, but all interviewees spoke of how it also contributed to other problems in the community, especially conflict and fighting. People would get into fights

with each other when they were drunk. There were multiple accounts of people talking about domestic violence occurring while people were drunk:

> *"Alcohol caused a lot of conflict, some of these conflicts, my older brother was involved in when he was alive"* – Mitchell aged 70+

> *"A lot of the fights were caused through drunkenness"* – Jenny aged 60+

> *"It caused a lot of problems in families because they'd come home drunk and get angry and they'd have fights and arguments it wasn't good for little children to see and to hear; then the men were then taken to gaol, mainly for being drunk"* – Sharon aged 60+

In fact, drinking-related fights became public events:

> *"On a Friday night people would drive out to the main street to watch the drinkers come out at closing time – fight in the street – have fist fights – it was very traumatic"* – Jenny aged 60+

When some people drank, their personality would change:

> *"Alcohol changed their personality, one minute they were nice, the next they were ugly"* – David aged 60+

> *"The brothers went on when they drank. They'd just get drunk and fought"* – Daniel aged 70+

"When they got drunk there were lots of fights and arguments, and particularly the domestic violence, it was a big thing especially between girls and boys, my age when they were drinking" – Debbie aged 40+

Interviewees talked about how some men would engage in binge drinking, particularly after they returned from World War II (n=3/9). After they came back from the war they had lost everything: they came home to no longer having a job and also were suddenly no longer permitted to drink as they had been used to when employed as soldiers overseas. So, they turned to cheap alternatives. For example, they had a drinking hub of their own described in the interview as the 'Milk Bar' where the men went to drink. As they could not afford alcohol they would drink methylated spirits mixed with milk. Several early deaths occurred due to cirrhosis of the liver or alcohol poisoning which left families without husbands, fathers and community members:

"Many of our people died from alcohol poisoning" – Linda aged 70+

"Hard working man who lost his life very young because of alcohol abuse" – Sharon aged 60+

"Alcohol was an issue because I knew we'd lost a cousin due to alcohol when an accident happened. It was pretty terrible" – Kate aged 40+

3.3.3.2 Family and community breakdown

The final reason identified for the breakdown in community was from intergenerational frictions associated with drinking alcohol. When men were away working, families were left on their own and this caused a lot of pressure, which resulted in conflict. More than three-

quarters of interviewees (n=7/9) identified breakdown of family and community structures as a major issue in the community. Multiple factors contributed to this breakdown, including Aboriginal men being away from home and community to obtain employment:

> *"At times they had to go out of town to get work, which would take them away from their family. A job like picking fruit or, droving or something like that. The mother was left to raise the children, and so the children had no father"* – Jenny aged 60+

> *"For employment the men would go away and pick peas or beans or pick fruit and they would always get into the grog. There was always someone willing to supply it to them"* – Mitchell aged 70+

> *"Men worked in the shearing sheds, while they were away, they drank excessively and became alcoholics. They couldn't buy the drink so the white men would get it for them"* – Murray aged 60+

When men returned home from work, this also caused problems:

> *"When the husband came home drunk it caused conflict between the wife and husband"* – Debbie aged 60+

Aboriginal men did not always receive money for their work, they were often paid with alcohol which also affected family relationships:

> *"A man needs a job to raise a family and to keep his wife, they needed money; but when they did get a job instead of being paid money they were paid with alcohol. So that affected the relationship with the wife and children"* – Jenny aged 60+

Imprisonment of men for long periods was another cause of family breakdown (n=3/9). Families were left on their own to take care of responsibilities, which caused enormous amount of pressure on families:

> *"My father went to jail, because of the alcohol, the fighting and arguing. It does affect the children, it affects them in different ways"* – Jenny aged 60+

> *"Alcohol definitely affected the family, particularly my family. I spent my teenage years without a father for a long time. I know a number of families like that. There was not a lot of violence in our home, there was a lot of violence in the community. Families were broken because of violence"* – Mitchell aged 70+

Another factor that contributed to family breakdown was marriages between Aboriginal and non-Aboriginal people from other areas who moved into the Sandhills (n=4/9). They brought with them other beliefs, values and lifestyles, which differed from the Sandhills people. This caused conflict between community members (e.g. intergenerational friction). Also, sometimes people from other areas would bring in their own problems:

> *"When new Aboriginal people came to the Sandhills it caused problems, because the problem was with them, problems in their own community they brought with them, the fighting and arguing amongst their own people that caused a lot of the problems. They are all one family and they all rowed. There was a lot of arguments between the families that caused a lot of problems within the community"* – Kate aged 40+

Other times the problems were associated with people marrying people from other Aboriginal tribes, or non-Aboriginal people:

"any marriages who are interracial and they're married into non-Aboriginal families ... It can cause problems because of the differences in culture" – Mitchell aged 70+

This breakdown in cohesion from marriages that were outside of the original clan caused conflict due to different beliefs systems:

"There's no togetherness. The problem is I guess is that they married into other people and they brought in other religions. I'm not talking about God, I'm talking about religions, they bring in other thoughts and ways of people and I guess this occurred when Aboriginal people started to marry white people" – Linda aged 70+

A few interviewees said that they turned to Elders or parents if they had issues, but that was not the case for the next generations:

"When we were little, problems such as alcohol were handled by Elders of the community or to help out and to give advice and counsel. We as children would go to our grandmother's house when problems arose" – Jenny aged 60+

After the Aboriginal people moved from the Sandhills into town family, life wasn't the same. The children lost respect for their Elders as told by these participants:

"The kids are independent from families, things have gotten worse over time. Kids don't go to their family like they used to; once if they had a problem they would go to the family for help but now they don't. The older people don't want to deal with drug addicts because they steal from them and they become violent" – Kate aged 40+

"Things have gotten worse over time, kids don't go to their family like they used to, drugs are a huge issue in the communities" – Debbie aged 40+

3.3.3.3 Racism

Racism was raised as another main issue discussed by all participants that gave rise to conflict and alcohol and drug use. Accounts were shared about how racism existed and resulted in negative interactions and relations between the police and the Aboriginal people. People also mentioned racism in the schools and generally around the town:

"Racism, discrimination was present in the schools as other children called us names like 'blacky' and 'gaol birds' because our dads were in gaol" – David aged 60+

"Another young man who was fairer was actually stealing things but the police didn't worry about him They followed the other boy because he had black skin – that's just pure racism" – Kate aged 40+

"Another problem with racism - the town people looked down on the Aboriginal people who lived on the Sandhills. The town people, non-Aboriginals' perception of the Aboriginal people on the Sandhills was they're dirty, they're bludgers, blacks, they drank, and they didn't work" – Daniel aged 70+

"Well, racism was a big problem – if you were poor, you were looked down on – if you were coloured, you were looked down on – it was a bit sad really – because back in the 60's and the 70's it was not a good place to be an Aboriginal – in Narrandera. So, Narrandera was a really sad place to live as a young Aboriginal person because there was a lot of discrimination – the feeling in the town was that you were either black or whites – if you didn't fit into one of those categories, you really weren't a great person" – Sharon aged 60+

Interviewees also mentioned how racial issues were associated with alcohol use and conflict (n=5/9). Non-Aboriginal people in the main town would look down on Aboriginal people from the Sandhills because they thought they were all drinkers. Racial issues also contributed to fights on the street, with non-Aboriginal people starting fights with Aboriginal people because they looked down on them (n=4/9). Aboriginal people were looked down on and this contributed to these people starting to drink.

"I think because, we were Aboriginal, I think the police tended to stereotype Aboriginal people, if one person drank that meant they all drank" – Jenny aged 60+

"It could also have been racial issues that started the fights – and I think a lot of people, especially the Aboriginal people like us, were looked down on because we couldn't work – we weren't getting an education which…you know…now we're getting – so I think a lot of that was because a lot of people were looked down on and discriminated against – and they were felt not to be as good – and I think that caused people to drink as well" – Sharon aged 60+

"A lot of people in my age group had potential, but the racism blocked them. The police attitude towards Koories was negative. I know someone, an Aboriginal person, had Aboriginal artefacts in his car and the police picked him up and arrested him for carrying weapons in his car. The police would follow him around town" – Kate aged 40+

3.3.4 Recommended strategies for healing

Previous strategies for healing that had been used in the community were also raised during interviews/yarns. These included ways in which families of the participants addressed problems in the Aboriginal communities, whilst living on the Sandhills. For example, one person said going to Sunday School was a way of coping, and another strategy was having the opportunity to talk to the missionaries. Some of the participants (n=3/9) thought that the missionaries were people they could talk to about their problems.

"The people that the Aborigines could get help from at the time, the Ministers and Missionaries at the church. I remember one white man in the town, the Salvation Army, they were there if you needed to talk to someone" – David aged 60+

"One of Mum's strategy was to make sure that we went to Sunday School and to church. We dressed well and properly, our hair was done, we had clean clothes on and our shoes were polished and clean before we left the house. She made sure that we learnt the word of God and she instilled that in us so we could have a relationship with God and, accept Jesus as our saviour and we never strayed from that. The Bible says, to train up a child in the way he should go when he's old, he will not depart from it" – Jenny aged 60+

"We married Christians and followed in the ways that Mum taught us. We raised our children to follow the Lord and to serve him. Because of what Mum taught us it instilled a self-worth in us and made us who we are today" – Jenny aged 60+

New strategies were also suggested that may work in the Aboriginal community, to resolve or reduce the likelihood of conflict and violence related to alcohol and drug misuse, among

Aboriginal people in Narrandera for the future. Other healing strategies from the past and present and potential strategies for the future have been also mentioned in subsequent sections of this chapter.

3.3.4.1 Bringing back respect for Elders

All participants felt restoring respect for Elders could help to heal Aboriginal people. Aboriginal Elders used to be the support for the community. When there were community problems, the community would turn to them to receive help based on their wisdom and understanding of the long history and culture of their community. Participants thought that this connection and respect for Elders was lost. Bringing it back was identified as a strategy to help heal the community.

> *"Another strategy is to restore respect to the Aboriginal Elders as they have the experience, the knowledge and understanding and we can learn from them. They've got a lot of stories to tell and if we just took the time to sit and listen, we would learn so much, e.g. wisdom and understanding from our grandparents, uncles and aunts"* – Debbie aged 40+

> *"They need to get their Elders back involved with the community, they need to have that respect back, and people and young kids need to be able to go to someone that they do respect, that doesn't drink"* – Kate aged 40+

3.3.4.2 Family to support

Family was mentioned as an important resource for support in the Aboriginal community and this has been expressed during the interviews (n=6/9). Focusing on family support again was identified as another potential strategy for healing.

"For support you had your family, that's who you went to, your mother, father, aunties, or uncles, that's how the community worked. You wouldn't go to a doctor you would go to your community, they had issues themselves, but you would still go to your own community for support" – Kate aged 40+

"The women always supported other women – the women always took care of the other women and the blokes would stand up to the other men – I can't really say because I don't know what the other men would do – I knew what the women would do 'cause I seen it – I heard it - they'd console and nurture them" – Debbie aged 40+

"Firstly, I think to admit that you have a problem and that you use alcohol to help you out. Know the people you can go to for advice, e.g. family members, the Elders in the family and admit you need help" – Sharon aged 60+

3.3.4.3 Connection to culture

In addition to bringing back respect for Elders and family support, all interviewees agreed that reconnecting with other elements of traditional Aboriginal culture was a strategy for healing. This could help in solving conflict and prevent binge drinking and committing violence. One way to achieve this outcome was to get the whole Aboriginal community together on the Sandhills:

"I think bringing the community back together to get the young people to respect their Elders and to know what's right and wrong. I don't think kids know what's right or wrong because they're not being taught. Bringing them back to the Sandhills, is an example I have been talking about for a long time These kids need to go back to the Sandhills to know where they're from and why, how did we end up there, how did the

Sandhills end up being the place that it is, because the kids don't know that. I don't know what a program would be but bring them back to their culture and who they are, give them some identity and some pride in who they are. Not just the young people but all ages, all together, because it could happen on the Sandhills" – Sharon aged 40+

In the recent past, an Aboriginal cultural program was organised in the Aboriginal community. An Aboriginal Elder conducted the program, and this was mentioned by most of the interviewees (n=5/9) as a successful program to address the Aboriginal youth to prevent binge drinking and committing crimes of violence and conflict:

"I heard about how good the cultural program was and I heard some of the community say to me, when the kids were going down to the Sandhills and doing the artefacts and stuff they would be enthusiastic and they would say we're going down to do this stuff with (M) today and I know one of them said to the parents, we not going today, and they would be disappointed. It would give them something to look forward to, plus it also taught them about who they were and where they're from" – Sharon aged 60+

"I think the cultural program could work if it was a longer-term thing, it can't be short term programs, just a one-off funding just doesn't work, you need it long term a least 12 months to be consistent, and it really provides kids with that daily or weekly stuff that they need" – Debbie aged 40+

"The cultural program was very effective, it kept kids off the streets" – Murray aged 60+

3.3.4.4 Suggestions for the future

Some participants (n=4/9) spoke of other strategies for healing that could be focused on individuals addressing underlying issues that contribute to drug and alcohol use (e.g. mental health issues including low self-esteem, anxiety, trauma):

"I think just building the self-esteem of people and building their identity to being husbands, fathers and mothers and so on" – Mitchell aged 70+

"Some people need more time. Time to have an input into the issues that still linger, things like anxiety, being abused, being put down for so long. To try rise up above that, is a real issue. There is a tendency to turn to alcohol and drugs" – Mitchell aged 70+

The majority of participants (n=8/9) also identified that individuals and the community more broadly need to address underlying socioeconomic issues, such as employment, education and home ownership:

"Give the community people the jobs. Encourage them to go to school and keep up their studies and to finish school and encourage then to go to college" – Kate aged 40+

"I think it's being able to gain an education, to gain a good job, to buy houses, and be proud of who you are – we're allowed to identify as Aboriginal people and stand up and be proud. They must want to change - to want to make a better life" – Sharon aged 60+

It was highlighted by a few participants (n=3/9) that it is good that there are professionals that people can see now to help deal with these issues. However, there is still a need in the community to become aware of the services that are available to find support:

"Today to deal with issues you can go see a psychologists or psychiatrists, health workers, counsellors, these resources were not accessible to the Aboriginal people back then. Today there are rehabilitation centres available" – Linda aged 70+

"Aboriginal people need to know in the community that these resources are available. Hand out a leaflet with information and organise an information meeting". *Encourage Aboriginal people to go to church. Put a notice up in the library, in the pub, outside the church, in the shopping centre and let people know. Create an awareness of a meeting to be held to discuss how we can resolve some important issues in our community. Well, to make known in the community that these resources are available"* – Jenny aged 60+

In addition to services that were already available in the community, participants (n=4/9) spoke of a need for additional help for community, including a local counsellor and better help for people who come out of residential rehabilitation:

"In some cases, rehabilitations have worked for a little while - there can be a lot of relapse. They go back on drugs and alcohol. They can repeat the program in rehab and start to build their resources to get off the drugs and alcohol - they may still relapse, but in a lot of cases few have managed to get off the drugs and alcohol with the support" – Mitchell aged 70+

"I reckon they need to have drug and alcohol counsellors here in the town. We need a rehab centre. But what can you do? There's no work for them, they have to get out of the town" – Linda aged 70+

3.4 Discussion

This was the first qualitative study to investigate the impact of the breakdown of traditional Aboriginal family and kinship relationship from alcohol-related harms. This study highlights the experiences of a number of Wiradjuri Elders, who lived on the Sandhills in their youth. Participants reflect on issues related to conflict associated with alcohol among the Aboriginal community living on the Sandhills from the 1940s to the 1960s. Participants also consider strategies that were used at the time to address these issues and make suggestions as to what is needed in a contemporary context for Aboriginal people in Narrandera.

The study highlights experiences of Aboriginal community members and the voices of local Elders. This research contributes to our knowledge and understanding of the influence of Aboriginal clans, family and community relationships in responding to alcohol-related harm in New South Wales' Aboriginal communities. It gives a voice to the Aboriginal Wiradjuri community of the Sandhills.

This study also identified several issues related to conflict associated with alcohol misuse in the Aboriginal community living on the Sandhills. Participants raised a number of factors they believed contributing to conflict associated with alcohol. This included breakdown in the family structure that caused the younger generation to disrespect the Elders, racism, discrimination and unemployment. Participants suggested a range of strategies to address the conflict. These included strategies that were used when participants were living on the

Sandhills, also some strategies that are being used in the community now, and strategies for the future. Strategies suggested by the participants included restoring respect for Elders, ongoing local cultural awareness programs, access to alcohol and drug counsellors, residential rehabilitation centre, and a family healing program.

3.4.1 Reasons for conflict associated with alcohol use within Aboriginal communities

In line with previous research this study found that breakdown of family structure and racism were reasons for turning Aboriginal people away from their traditional problem solving and towards alcohol and conflict (Clarke, Hamett et al. 1999).

This study found that the traditional ways of life were severely eroded and needed restoration. Male and female interviewees agreed on key points. Both were affected by colonisation in terms of their family and community relationships. Previous studies by Aboriginal Australian researchers have also documented the change in family roles stemming from colonisation (Bessarab 2006). The division of family responsibility described by interviewees had some similarities with traditional roles (Bessarab 2006). For example, it is clear from the interviews that while living on the Sandhills, men took responsibility for working to provide for the family, while women were responsible for child-rearing and day-to-day running of the household. Children learned from their mothers and grandmothers. Women and men's business were still conducted.

Interviewees revealed a thread of traditional cultural practices that were still embedded when they were living on the Sandhills. Aboriginal men tried to stay within their traditional roles as family provider, but they were heavily influenced by non-Aboriginal rules and government regulations (Fredericks, Adams et al. 2014). Men were required to leave the Sandhills to gain

employment. When they did so, they would be encouraged to drink after work, and some were paid with alcohol (Gray, Cartwright et al. 2018).

Traditionally there was equality between the roles of men and women in families. Aboriginal women saw themselves as being in a partnership with their husbands (Bessarab 2006; Moreton-Robinson 2000). Interviewees described how they had no choice but to adapt the traditional European gender roles, to accommodate the impact from colonisation (Bessarab 2006). As a result, they described how men and women seemed to react differently in their family roles. Women withdrew and became more submissive while men seemed to react externally, often manifesting in violence (Atkinson 2012).

Another contributing factor to the breakdown of family and community structures that was described was the migration of Aboriginal families from an isolated area like the Sandhills and into town. By observation as a member of the Narrandera community, due to the movement in and out of the Sandhills area, distance and isolation were an issue. A lack of regular contact between community members caused a breakdown in interaction and communication between Aboriginal people. The Elders, for example, were not living in close proximity to the rest of their families. These changes contributed to a reduced respect and understanding of all traditional lifestyle, as described by Clarke, Hamett et al. (1999). As the interviewees stated, traditionally Elders had knowledge and understood the problems the people faced and they could address these problematic issues (Kapellas and Jamieson 2016, Pascoe 2014). The Elders had a sense of authority, confidence and influence to lead the people. Their presence would cause the community members to adhere to their voice. The breakdown in respective roles and in the family structure, affected the management of law and order in the Aboriginal community (Kapellas, Jamieson 2016). Participants said when

young people are doing the wrong thing, and when Elders correct them, they do not take any notice of the Elders, they even swear at them (data not shown). The loss of respect has been reported in other Aboriginal communities and around Australia (Ramamoorthi, Jayaraj et al. 2014). Living on the Sandhills was also reported by participants to be a positive experience as strong family ties remained. The spiritual connection to land that Aboriginal people have, remained after colonisation (Atkinson 1990).

Racism was raised as another main issue discussed by all participants that gave rise to conflict and alcohol misuse. Racism contributed to conflict between Aboriginal and non-Aboriginal people, especially when the racism was from those in positions of power (Langton 2008). For example, participants described the police exerting their power to incriminate 'black' Aboriginal people by 'eyeballing' them, following them around in shops, stopping them in cars and showing suspicion of them in the streets. Racism contributes to over-representation of Aboriginal people in the prison system (Kapellas, Jamieson 2016), with the men in particular being taken away. The participants in this study mainly talked about over policing and imprisonment of Aboriginal men, however we note that in NSW there are growing numbers of Aboriginal women in prison (Calabria et al. 2010). Aunty Tanya Day was arrested in Victoria for being drunk in a public place, resulting in death in the cells (Whittaker 2019). When Aboriginal people lived on the Sandhills they were arrested for being drunk because The Sandhills was classed a public place (from interviews, results not shown). This law has since changed. Racism also took place by those not in power positions, such as racism in schools, with other children bullying the Aboriginal children. By observation, when the children are not supported or the parents are drinking in public, this also leaves the children open for all sorts of taunting from the non-Aboriginal people.

Racism contributes to alcohol use because it creates negative emotions (Franks 2000).

Other studies have found that racism can also contribute to conflict among Aboriginal people,

more commonly referred to as lateral violence (Clark 2016). Clark says *'racism is at the*

heart of lateral violence'. While not directly raised by interviewees, this lateral violence may

have impacted on levels of intra-group conflict among people on the Sandhills. This ripple

effect is not restricted to Aboriginal Australians but happens when any oppressed individuals

(like the Aboriginal people) start mirroring behaviours expressed by the oppressor (such as

the colonisers) towards each other (Freire 1985; Langton 2008), thereby exhibiting

behaviours such as bullying, gossiping and physical violence (Clark 2016).

Racism may also contribute to mental health disorders and alcohol and drug use (MacLean,

Hengsen et al. 2017). It is also likely to play a part in the lack of employment in the

local area for Aboriginal people, contributing to separation when leaving the community to

look for work and feelings of stress. As a member of the Narrandera community, I have

observed people with darker skin are not visibly represented in the local paid workforce.

Therefore, the current study and other studies highlight that racism can contribute to

divisions within a community, resulting in conflict or fighting. It also can perpetuate a

negative stereotype and contribute to creating a negative picture of Aboriginal people and

ongoing discrimination.

3.4.2 Implications for healing strategies

A number of strategies for healing were identified and utilised whilst participants were living

on the Sandhills. Following this, other strategies were suggested to address the problems for

the present and in the future. A number of interviewees mentioned the need for empowerment

programs in Aboriginal communities. This was also reflected in the overall themes that emerged from the interviews.

An example of one such effective empowerment program is the Family Well-being Program (FWB) that has been a strategy to empower community members (Tsey, Whiteside et al. 2010; McCalman, Bainbridge et al. 2018). This program was developed in the 1990s by a group of Aboriginal leaders in Adelaide, who were affected by events around the 'The Stolen Generation'. The FWB program aims to address, enrich and empower participants' physical, emotional, mental and spiritual life (McCalman, Bainbridge et al. 2018). Franks (2001) states that FWB is a tool for Aboriginal people to regain control where circumstances beyond their control have strongly influenced their lives. The FWB is designed to cater for the whole family, to strengthen people and to develop a sense of wellbeing and an ability to solve problems. The program was also used as an instrument for people to work toward supporting others in empowering themselves (McCalman, Bainbridge et al. 2018).

The FWB has been a national initiative; 220 courses were conducted in 60 locations nationally, running over a period of 24 years, 3,500 participants were involved up to 2018 (McCalman, Bainbridge et al. 2018). Personal communication with a course organiser, indicates that four Aboriginal people from the Narrandera region were trained as program facilitators: two in Narrandera and two in Leeton. One program was conducted at the Narrandera TAFE for participants who were tertiary students, young and older. Personal communication from the trainers and from a few participants indicated it was a valuable experience. However, a formal evaluation of the local courses to my knowledge hasn't been done.

The FWB has been very successful across Australia as Aboriginal people improved their participation, skills, and ownership over their own social determinants of health. A national evaluation of the of the FWB course conducted in Alice springs from 1998 to 1999 showed it had been very successful and that the percentage of participants who completed the course increased from 68% in Stage 1 to 100% in Stage 4 (Tsey 2000). Participants were mainly Aboriginal women who were in various service provider roles (Tsey 2000). Many government departments are impressed with the positive outcomes, and the program is very popular (Tsey, Whiteside et al. 2010, McCalman, Bainbridge et al. 2018).

Some barriers to implementing programs in the community are a lack of sustainable funding for empowerment and domestic violence programs, which discourages communities from trying to deliver such programs (Gray et al. 2010). One interviewee in the current study commented that short-term funding that produces short-term projects is not appropriate.

The current study also identified the need for healing in the community, such as reconnecting with culture, restoring family connection and respect for Elders. The respect held for Elders in Aboriginal communities is a cultural protocol that could be understood as a surrogate for respecting oneself. Respect for Elders gives individuals a sense of social acceptance and belonging. It also instilled in each individual, a continued commitment to their nation (or clan) and responsibility over every aspect of their life (Martin 2008).

As a part of the healing process, Franks (2000) mentions a program called the Koori Group 'Men exploring New Directions' (M.E.N.D) in which men acknowledge their domestic violence behaviour to enable them to deal with it. The M.E.N.D program's aim is for Aboriginal men to acknowledge that the only way to gain their self-esteem and self-

confidence is to be part of the solution by accepting that they are the problem in domestic violence situations (Franks et al. 2001). The group talk to each other, acknowledge their problem and work together to establish a solution. It is developing a self-awareness of taking control of their actions (Franks et al. 2001).

Other healing initiatives have been developed for the process of healing Aboriginal community groups and individuals. These programs have been Aboriginal initiatives to ensure they are appropriate and delivered by Aboriginal people. Participating in healing programs empowers Aboriginal people to move forward, and participate in their local community (Zubrick, Holland et al. 2014). The Healing Foundation is an organisation that has established a number of culturally appropriate programs to assist in the healing process. For example, their programs address trauma, the taking away of the children, healing using traditional means, education and training (McKendrick, Brooks et al. 2013). Fayed et al. (2018) argue that healing and wellbeing programs need to address the intergenerational trauma experienced by Indigenous peoples to heal specific diseases (Fayed et al. 2018).

It was described by two interviewees that to deal with alcohol and other drug-related issues now, you can go and see a psychologist, psychiatrist, health worker or counsellor. However, these resources were not accessible to Aboriginal people while they were living on the Sandhills. Even now there are many barriers to Aboriginal people accessing help for alcohol and conflict-related issues. Previous studies have suggested that some programs for alcohol misuse among Aboriginal people have not been effective because programs need to be tailored to suit local cultural contexts (Gray et al. 2010). Lack of ongoing funding, transport to attend appointments and lack of wrap around care are additional challenges.

Participants also referred to the cultural program, that had been implemented in the community as being very positive. Such programs are typically run by local Aboriginal Elders to raise awareness of traditional Aboriginal culture. The local program was art based, which included storytelling, song lines, singing stories about their ancestors and the dreamtime. Participants engaged in learning protocols about the traditional Aboriginal lifestyles, such as playing the digeridoo clap sticks and boomerangs which are ancient musical instruments (Snijder 2017). They painted, carved them and learnt of their significance. Local sites were visited and different traditional medicinal plants and fauna and food gathering skills were taught. Studies suggest strong evidence that cultural programs can be very therapeutic (Ware 2014). They help to reduce tension and can change negative behaviours. They improve physical and mental capacity as well as a spiritual connection to land and environment (Ware 2014). They help to restore a sense of identity and self-confidence and help community cohesiveness. Similar programs have been found to be successful in other communities (Franks 2000).

It would be helpful for future studies that use yarning interviews with Aboriginal peoples to establish common ground between the researcher and participants first. For instance, talking about other things (i.e. 'beating around the bush'). Most of the participants had limited formal education in the white man's system so the language and their response needed some explanation. For example, one participant said people who drink are 'idiots' and 'lunatics' meaning they're making poor decisions. Because the author is also a local community member, this assisted with understanding.

3.4.3 Limitations

Participants mainly spoke about alcohol misuse, and mentions of drug use were less common. This could have reflected the older age group of participants. Some were reluctant to talk about personal stories as they are still suffering the pain of separation from their parents, whether through welfare procedures (taking the children away) or parents going to gaol or men working away from home, or men going on drinking binges. Through information given, some participants seemed to hold onto hurts over their past experiences; they became very emotional and asked not to reveal personal information. A couple skimmed over apparent incest within their community, sexual assault, even a murder that took place, some domestic violence, which was a very closed book. It seemed some incidents were a result of alcohol abuse, but not all.

The interviewees were all aged in their 40s or older. Most of the people moved away from the Sandhills in the 1960s so the people born after that time lived a different lifestyle, and their perspectives and explanations about conflict would be very different. A number of potential interviewees sadly passed away before they could participate in the study, a few others said they would participate but chose not to without explanation. The deaths were Aboriginal Elders from the Sandhills; their input would have added value to the analysis.

3.5 Conclusion

The study has shown that the events linked to colonisation have contributed to the conflict in the community. These same events led to excessive alcohol consumption. The transgenerational trauma lingers today and added to that is racism and poverty. The study also pointed to strengths in the community, such as family, spirituality and resilience. A

number of Aboriginal communities have benefited from programs to provide healing for
future problem solving.

CHAPTER 4. DISCUSSION

4.1   Summary of key findings

This is the first research to investigate conflict in a local Wiradjuri community (NSW) and how it is associated with alcohol use. It also considered if alcohol use was a contributing factor to conflict, or an outcome, or both. This thesis also looks at past research on these issues among Aboriginal and Torres Strait Islander people across Australia. The scoping review combined with the qualitative study highlight colonisation as a major factor in changing the course of history for Aboriginal and Torres Strait Islander peoples. The studies also threw light on the ways in which colonisation impacted on families and communities, and how this increased their risk of harms from alcohol.

Colonisation created a heavy burden for the Aboriginal people. The introduction of alcohol added to these problems. From the commencement of contact, conflict and violence were used to dominate and control the Aboriginal nation (Atkinson 1990). When Aboriginal people retaliated with the same type of violence they were punished, and often put in prison. The resulting disruption and trauma led to continuing cycles of conflict within communities. The interviewees talked about conflict in their communities, referring to disagreements between husbands and wives, creating discomfort between children and parents. They also indicated that physical fist fights took place when men were drunk at home and in the streets.

Often the consumption of alcohol became a remedy to reduce and relieve frustration. However, it exacerbated the situation resulting in further conflict and violence (Ramamoorthi, Jayaraj et al. 2015). Then when this conflict occurred, Aboriginal peoples sometimes turned to alcohol as a 'therapy'. So a vicious cycle was set up.

This study makes an important contribution in trying to understand the role of alcohol in conflict in Wiradjuri peoples of Australia. It can also be used to help Wirajduri people address the conflict that exists in community.

4.1.1 Scoping review

Nine papers identified in the scoping review discussed the connection between alcohol and/or drugs use, conflict and violence. This research was important because it showed how colonisation had a devastating impact on Aboriginal peoples in Australia in every way. It found that family roles and traditional practices had been severely eroded (Atkinson 1990). People were moved off their land and their hunter gatherer society impacted on irreparably (Kappelas 2016). Aboriginal people were put into missions or reserves where they were 'fringe dwellers' and could not access relevant services (Atkinson 1990). This caused division in families and led to significant unemployment. Local people became dependent on government welfare (Franks 2001). They had lower satisfaction with life and poorer well-being as a result. This in turn led to excess drinking.

Excessive consumption of alcohol also contributed to significant damage to our Aboriginal people (Kappelas, Jamieson 2016). It caused more sickness and early deaths compared with the broader community (Ramamoorthi, Jayaraj et al. 2014). Violence and conflict became a major issue associated with alcohol misuse (Gray et al. 2018). No past research has focused on the conflict within community that is associated with alcohol misuse in the western area of NSW, and in particular within the Wiradjuri Nation - though it is the biggest Nation in NSW.

4.1.2 Qualitative study

4.1.2.1 Similarities and differences with scoping review findings

Throughout the interviews most of the key findings from the qualitative study lined up with the results of the scoping review. For example, colonisation which changed everything for the Aboriginal people all over Australia, was mentioned by both the qualitative study participants and in studies in the scoping review. As Franks (2001) says, colonisation had a major impact on the lives of Aboriginal people in every area of their lives and the findings of this study suggest that this has had an on-going effect on the Aboriginal people on the Sandhills.

The word 'colonisation' was not used by participants in the qualitative study, however interviewees spoke at great length of the impacts experienced from being dislocated from their land and culture. This was described as having had a detrimental impact on their capacity to live a sustainable and peaceful lifestyle, and led to a dependency on welfare. Kappelas et al. (2016) similarly describes welfare dependency as stemming from intergenerational stresses. Colonisation also resulted in divisions in townships, where Aboriginal people experienced discrimination and racism (Franks et al. 2001).

Remoteness was another key finding highlighted by both of the current studies as having a negative impact on the lives of Aboriginal peoples. Being unable to access services was an enormous burden (e.g. schools, health clinics, gainful employment, in some cases electricity and fresh water). This led to poorer living conditions for local Aboriginal people and added to stress. Ramamoorthi et al. (2015) talk about how remote living has had detrimental effects on the lifestyle of Aboriginal people. Challenges from living remotely were further exacerbated by a cycle of mental health issues and excessive alcohol consumption. Similarly, Gray et al.

(2018) discuss how alcohol misuse and stress contribute to mental health conditions, and mental health conditions contribute to risk of alcohol misuse.

The importance of a strong social identity for Aboriginal people was another finding that was similar between the qualitative study and scoping review. For example, family and kinship ties with extended family give individuals a strong sense of belonging and identity (Dudgeon 2014). However, when family breakdown occurs (e.g. through colonisation and excessive alcohol use), loss of gender and defined kinship roles then led to loss of social identity. This can be particularly evident in younger people. By observation, some of the current younger generation in Narrandera appear to have no roots, no desire for education or employment, some drink problematically, and some want to hurt themselves and have done so. Similarly, Ramamoorthi et al. (2015) discusses how young Aboriginal people in the Northern Territory have become very angry and dissatisfied and challenge those in authority.

There were some findings, however, for which the qualitative study and the scoping review differed. From the qualitative study interview findings, churches and missionaries were revered and respected. Around half of the interviewees were positive about the support and teachings that the missionaries offered. In contrast to this, a theme in the scoping review was the negative impact made by the removal of people from their traditional lands onto missions. Reasons for this difference in findings could be the relationships built over time by the missionaries with the people of the Sandhills (as described in the qualitative study). According to local community members (personal communication and by observation), the missionaries spent time to get to know the local Wiradjuri people. They had a very positive experience with the missionaries at Warrangesda mission, prior to moving to the Sandhills region (see Table 1 Timeline). There were also many Aboriginal missionaries who supported

the non-Indigenous missionaries who worked with the Sandhills people (Walton 2008). So, in relation to Christianity, the experiences of the Sandhills people with missionaries differed from some other communities described in the literature (Harris 1994). The missionaries did attempt to convert the local people to Christianity but they tried to create a comfortable 'two-world' atmosphere. On the other hand, the literature highlights the churches' role in removing Aboriginal children from their families (Atkinson 1990). It also spoke of how the missionaries tried to change the way people lived, taking away their culture and beliefs.

As described above, according to the scoping review, isolation experienced by Aboriginal peoples led to many negative outcomes (e.g. lack of services, lower socioeconomic status, excessive alcohol consumption) (Gray et al. 2018). Conversely the interviewees from the qualitative study spoke of a happy, contented lifestyle in isolation away from other peoples. They had a strong sense of belonging and respect for the Elders. Reasons for this difference could be that the Sandhills people had a pre-existing sense of belonging together. As they were able to stay together, they felt content (even in difficult life circumstances).

Interestingly, one interviewee said that she lived in another world – when on the Sandhills. It was a 'comfort zone'. The remoteness of the Sandhills was a positive experience where the local people felt belonging and relationality. On the other hand, the scoping review included records that reported on Aboriginal peoples whose families were largely separated. So, they describe a sense of isolation that was poignant and detrimental to their wellbeing.

4.1.2.2   Interviewees were mostly older (aged 60+)

Three participants were 70 years or older, four were aged 60-69, and two were 40-59 years. The participants aged 60 years or older primarily mentioned alcohol as being a major

problem in the 1950s-60s. Interestingly, drugs were not mentioned by these individuals as being a problem during these same years. Some reasons for this could be that they did not know of drugs being used at that time. Also, if there were drugs available, local people would not be able to afford (and therefore access) them.

4.2   Reflexive statement from the researcher

This section discusses my insights as a researcher and also as an 'insider', being a community member and Elder of the study site (the Sandhills). I have experienced directly that life on the Sandhills had its positive and negative aspects. This research has given me the opportunity to investigate the underlying contributors to alcohol-related violence which occurred and still happens today in my community. Set out below are five reflections on my role as researcher and community member.

4.2.1   Recruiting more older people than younger people

Older people in my sample (aged 60+) were receptive to taking part in an interview with me. I think that being a Wiradjuri Elder and being known to the local community greatly assisted my ability to get access to local interview participants. Recruiting the younger generation (less than 50 years) was a greater challenge as I knew them, they were related to me, but I did not grow up with them. Out of respect for me and my family they said they would do the interview but when the time came they gave excuses to not take part in an interview.

4.2.2   Helping make interviewees comfortable to share their stories

I found that interviewees were receptive to freely share their views with me in the 'yarning' interviews. I feel that some factors assisted interviewees to share with me information that they may not have told another interviewer (not of the study community). Firstly, I know the

way to approach the local people. I am related to everyone and have good rapport and trust with them, particularly with the older generation (60+ years). Even of the younger generation, I am respected and well known.

Also, I designed the 'yarning' questions to help give our people ownership of how the data was being collected from them. For example, direct questioning puts our people on the spot and often can achieve nothing. Instead, interview questions were framed sensitively so as not to offend the person being interviewed. In addition, time taken during the interviews was another important consideration. When interviewing our people, it cannot be a rushed process. About one to two hours was often needed to 'yarn', and then after that 'warm-up' I was able to ask the information that we were looking for. Interview questions were also asked in a way to intertwine them with a mixture of the subject and other issues. A yarning approach is an accepted way to collect information from Aboriginal participants (Smith 2012). Using this approach opened doors for our people to share emotional and personal information that they likely would not have shared with an interviewer who was unknown to the local community. In some instances, interviewees asked me not to record some parts of the interview. So I listened, pressed pause (when asked) on the recording device, and they trusted me to not share that information outside of the room.

4.2.3 How my experiences as a community member shaped data analysis and interpretation

My experience of growing up on the Sandhills certainly shaped the data analysis and interpretation of the qualitative study. When I was analysing this data I was aware of needing to remind myself to always see the data through a researcher's lens. This included situations when I did not necessarily agree with the interviewee (i.e. stories provided by the

interviewees did not match my recollection of the same event). However, I made a deliberate effort to document the data faithfully according to how it was told to me by the participant(s).

It is important to note, however, that there was not just one lens used during analysis and interpretation. In addition to my research lens, I also used a community/cultural lens. This community/cultural lens enabled me to approach the analysis and interpretation with my knowledge and experience as a lifelong community member (from the study site). This was not something I could learn in a book or be taught at university. I called on my community/cultural knowledge to 'keep me honest' during the analysis and interpretation.

Goffman (1989) points out that the interviewer can become very close to the person being interviewed. This was potentially a greater risk for me, as researcher who is also a community member. As most people on the Sandhills are related, this also means that many interviewees were relatives. To try to ensure that my personality, beliefs and values did not introduce bias, I discussed preliminary and later stage findings with my supervisors (MS, KL, WB, AS).

4.2.4   How relevant and useful are the findings to the study community?

As an Aboriginal researcher, and a member of the Sandhills Aboriginal community, I believe that the data collected in this study has the capacity to be transformational for the community. It will be the first time that research data of this kind has been collected by an Aboriginal researcher and fed back to the community. It has changed my own perspective, perceptions, motivation, and has empowered me to address problems Aboriginal people face today.

The findings from the qualitative study speak of the hurt and pain my people experienced as a result of colonisation. They also highlight how this then led to excessive alcohol and other drug use and related harms. The community will be able to use these findings to better understand the loss of power they suffered. They can also use this knowledge to create a positive outcome for our community. They could do this by way of a creative cultural presentation (e.g. PowerPoint presentation or short film) which will be created to disseminate the study findings. This would be easier to facilitate in already established community forums (e.g. women's group meetings, multi-prong service provider meetings that bring together police, child services, schools, clinic etc). Interviewees who took part in this study represent a range of family groups in the area. Some have already expressed to me that they would like to be part of the solutions to come.

4.3   Implications of the findings

4.3.1   Implications for communities

This study has several implications for the local community. The points discussed below will help the local community plan for future directions to address alcohol-harm and conflict, to enable their voice, and in particular the voices of the local Aboriginal Elders, to be heard. Douglas (1995) points out the importance of community voices in planning for the future. Implementing strategies would be reliant on funding availability to help resource efforts to address alcohol and conflict. If such funding could be identified, findings from this study could help Aboriginal people in time to restore their traditional cultural practices and to give Elders back their self-identity and respect. Franks (2000) also points out that for the healing process to take place, men need to acknowledge the damaging effects their alcohol use has had on families and the community.

The following approaches, which are supported by the findings of the current research, may be useful for the community to shape this healing process:

- Encourage local Aboriginal community people to find a variety of positive ways to deal with problems rather then turn to alcohol (Nichols 2010a) or conflict. This might include raising awareness of these positive approaches through existing community meetings.

- Further drug and alcohol services, including counsellors in the community, as suggested by participants

- Encourage Aboriginal people to work together on healing and empowerment programs (Franks 2000; Atkinson 2002), including men's programs or FWB (Tsey 2018). This could include creating a local FWB and healing program.

  Traditionally men's and women's business were separate. There were strict rules and regulations in place if rules were broken (Pascoe, 2014). Punishment, depending on the crime, could be severe (Franks 2000). Accordingly, it is in line with Aboriginal Australian ethos for men to take responsibility for their actions in relation to alcohol-related violence (Franks 2000). In this way, men can also have the opportunity to help find a solution to this significant issue.

- Encourage local Aboriginal people to protect their culture in a way that can build on their strengths and expertise (e.g. family and kinship ties). This may include through design and delivery of appropriate local cultural programs for Aboriginal and non-Aboriginal people. Such programs have been suggested by a range of other authors (Nichols 2010b; Atkinson 2000).

- Share with all local community members (Aboriginal and non-Aboriginal) about how a sense of identity and belonging can shape and strengthen local Aboriginal people. Work with non-Indigenous young people has shown that a sense of connectedness can also help reduce substance use (Bond 2007).

- Training for non-Aboriginal people about Aboriginal culture could help increase respect and reduce racism (RCIADC 1991). Such programs have already been put in place within certain institutions, including TAFE and government bodies, but general community members need this as well.

4.3.2 Implications for research

Several implications for future studies arise from this research:

- Studies should be co-designed with local Aboriginal people in a way that can help the community find ways to restore respect for Aboriginal Elders (Munro 2018). Such studies could pilot and examine effectiveness of preventive programs (Lee et al. 2013). Such programs would focus on strengthening resilience in young people (Bond et al. 2007; Lee et al. 2013) and the broader community members. This kind of approach would also offer alternatives to alcohol and other drug use (Lee et al. 2013).

- Researchers need to be well aware of the kinship systems of the local community (Martin 2008) and of local governance procedures and how these affect recruitment, data collection, analysis/interpretation and write up.

- Researchers should be aware of their role when studying people who have experienced significant trauma. It is important to be prepared to ensure the safety of participants who may need to relay distressing personal stories. This might involve being aware of local culturally appropriate services or of available Elders where participants can get support if needed.

- Due to mistrust of non-Aboriginal researchers conducting health research in Aboriginal communities (Martin 2008), researchers who are not known to the local study community need to adhere to a series of cultural protocols. This includes ensuring community and interviewee comfort during the whole research process, from concept design through to

feedback and dissemination of findings. The feedback of findings could include use of local language and cultural concepts (Lee et al. 2008).

4.3.3   Implications for practice

There are several implications for services and programs seeking to address conflict and alcohol and other drug use in Aboriginal peoples. These would apply to the study community and have relevance Australia-wide:

- Programs should work with local Aboriginal people to further build their skills and expertise, and to encourage local ownership. They should be conducted in a way that nurtures healing and empowerment.

- Program workers need to build strong relationships in a way that can show local Aboriginal people that they want to be part of the local community.

- Services need to have a working knowledge of local community protocols and governance procedures (e.g. around deaths/sorry business).

- New programs or training courses for Aboriginal people need to be designed with the local community

4.4   Limitations

This study has several limitations that need considering:

- The scoping review was restricted to peer-reviewed journal articles. It is likely that there are grey reports published on conflict and alcohol and other drug use in Aboriginal Australians. However, these were not able to be considered in this study because of time and funding constraints.

- Key search terms used in the scoping review were deliberately kept narrow to focus the research. These could have been expanded to include: 'lateral violence' and 'First Nations' and 'substance use'.

- For the scoping review, more consultation with Aboriginal and non-Aboriginal researchers could have helped to further inform the search strategy and analysis

- The scoping review did not include studies of Indigenous peoples in similarly colonized countries (e.g. Canada, New Zealand, United States of America). So, the generalizability of this study's findings to those Indigenous peoples is unknown. However previous studies have noted the similarities in experiences of colonisation among Indigenous peoples of Australia and these countries, and in particular Canada (Aboriginal & Torres Strait Islander Social Justice Commissioner 2011).

- The qualitative study (Chapter 3) interviewed nine local Aboriginal Elders (aged 40+). There were other Elders who used to live in the Sandhills (1940-60s) who would have had insights to add. However, these individuals lived too far away (more than 500 km). Three other potential interviewees passed away before recruitment was possible. Other potential interviewees (n=6) might have felt uncomfortable with me conducting the study due to family factional reasons. Nonetheless the interviewees included in the qualitative study represented all of the local Aboriginal family groups in the Sandhills area.

- Interviewees only spoke of the impacts of alcohol and not about impacts from drug use. This could be because they were mainly older.

4.5   Conclusion

This study investigated the link between conflict and violence and alcohol use in one group of Aboriginal peoples in the state of NSW (Australia). It demonstrated the pervasive and longstanding impact of colonisation on Aboriginal peoples in the study community and more

broadly across Australia. The impact of colonisation disrupted the whole structure of the Aboriginal lifestyle. The studies included in this scoping review showed a clear link between conflict, violence and alcohol and other drug use which stem from colonisation. In the qualitative study, colonisation led to a major breakdown in family structure for the Wiradjuri people of the Sandhills area. Aboriginal people were forced from their homelands to live on missions and reserves. They had no access to vital services like health, employment, education, appropriate housing. They were economically deprived and relied on the government welfare. To fit into two different worlds, people started drinking alcohol in excess to cope. Then, frustration, depression and anxiety set in.

Taking part in the research enabled local Aboriginal people (in the qualitative study) an opportunity to talk about a painful past and present. It also gave them an opportunity to consider strategies to improve wellbeing and livelihood of these peoples. From here, this research could lead to healing and empowerment programs for the younger generation and the whole community.

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APPENDICES

A.'Yarning' interview questions

Cup of tea and beginning yarn…

Then show people the timeline and ask what they might add to it .. thinking of making it a community resource?

1. What was it like living on the Sandhills when you were young?

2. What did you do? How did you spend your time?

3. What did your parents do?

4. What were the main issues for the community at that time? I(f conflict and alcohol and other drugs don't come up in the conversation ask them directly, and ask how the problem was addressed.

5. Can you tell me anything about the Aboriginal traditional marriage lines and how it's affected your family?

6. Conversation, then ask about them directly… and also how they were addressed…

7. Do you know how these problems were addressed?

8. What are some of the differences now to when you were young?

9. Can you tell some stories about alcohol and drugs and our people?

10. Can you tell some stories about conflict and our people?

11. Are there any differences in the way these problems are addressed today?

12. What do you think is the biggest contributing factor to the drug and alcohol problem in Aboriginal communities today? ?(if breakdown of marriage doesn't come up then ask)

13. Do you think the breakdown in our marriage lines have anything to do with the problems today?

14. What do you find works well in addressing alcohol and drug problems in our community?

15. In a world where we do not have to worry about time or money what would be the ideal approach to address drug and alcohol issues?

16. What do you find works well in addressing conflict in our community?

17. In a world where we do not have to worry about time or money what would be the ideal approach to address conflict in the community?