

COUNSELING ISSUES OF AUSTRALIAN ABORIGINAL FEMALES

by

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**ABSTRACT**

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The purpose of this paper is to assist others in understanding mental health counseling issues of Australian Aboriginal females, in regard to the intricate balance of "insider versus outsider". The counseling issues and subsequent healing strategies of the female Australian Aboriginal, as presented in literature, were researched. The study was accomplished by evaluating current and earlier period research completed by both professionals and scholars, "balanda" (Anglo, to the tribes of the Arnhem Land) and "Anangu" (Aboriginal). The results of this study indicate that due to the extraordinary culture of the Aborigine, the counseling issues of the Aboriginal female have the capability of being more complex than that of her non-Aboriginal counterpart. The study will also focus upon a small number of specific issues and how these issues may affect the indigenous female within her community and the mental health field at large. Also, the reader will be informed of a few general Australian Aboriginal issues, which can affect nearly all indigenous persons, male or female, according to the literature.

An important disclaimer: while it is true not all indigenous populations are the same, due to the complexity of tribal, clan and band identification, for the purposes of this study, distinctions between the tribes are not clearly defined. The purpose of this paper was to explore and uncover the broad-based parallels of all Australian Aboriginal tribes,

particularly female, clans and bands alike, as reported by a wide variety of anthropologists, social workers, theorists and advocates.

Before the European arrival in the late nineteenth century, it is believed there were between 600 and 700 distinct tribes on the continent of Australia. Each had its own territory, political system, laws and language.

Within all of the tribes of the continent there are traditions, customs and beliefs that repeatedly emerge. Anthropologists and researchers alike have indicated that almost all traditions have descended from one original source: the customs of the central north coast (near Darwin) thousands of years ago (Dixon, 1997 and Hunter, 1999).

One tribe would have divided into two or three new groups which would have spread out over diverse routes. Customs and traditions were, and continue to be always changing. Over time, what were simply random assemblages of different traditions and customs were now new tribes. By means of a thorough review of the literature, it was the intention of this researcher to uncover any connections, in terms of identified mental health issues of Aboriginal females throughout the 520-600 tribes that still exist today. Nearly 550 of those tribes are living in remote areas, totaling a population of approximately 300,000.

It is the intention of this extended literature review to be a “starting point” for mental health professionals interested in issues particularly relevant to Australian Aboriginal females.

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## **Counseling Issues of Australian Aboriginal Females**

### **Chapter One**

#### **Introduction**

The focus of this paper is on the perceived counseling issues of Australian Aboriginal females, as represented by a comprehensive review of the literature. However, one could also argue that if it were not for “outsiders” (non-Aboriginal) many of these subjects might not be considered “issues” in the eyes of the Australian Aboriginal community. Yet, years of edification and exploration have revealed that many Aboriginal females express feelings and concerns that classically fall under the American Psychological Association’s guidelines as “mental health issues.”

Mental disturbance appears to be a prevalent and detrimental issue for the female Australian Aboriginal population [referenced only as “Aboriginal” for the remainder of this paper]. Culturally appropriate mental health services are practically non-existent. The meager amount of programming that is in existence is most often designed and governed by the dominant (Caucasian) society. The majority of the health systems in Australia fail to adapt programs to Aboriginal beliefs, laws, culture and traditions. As the uniqueness of the Aboriginal community is neglected, mental distress goes unnoticed, undiagnosed and untreated (National

Aboriginal Health Strategy Working Party, 2000; Hunter, 1999 and Saggers & Gray, 1998).

The National Aboriginal Health Strategy was designed to address pressing issues relating to the occurrence of violence and sexual assault in Aboriginal communities and to work within a framework in which self-determination would be considered as paramount to Aboriginal health. For the purposes of this paper the researcher has defined health as not just the physical well-being of the individual but also the social, emotional and cultural well-being of the whole community.

Aboriginal persons, across the globe, are generally under-represented in the populace of those receiving mental health services. In fact, the United Nations continues to classify Aboriginal Australians as “fourth-world” (limited Western influence) persons (Bolton, 1994 and Mudrooroo, 1995). However, all sectors of the mental health community, both Anglo and Aboriginal, accept that proportionally, Aboriginal persons suffer mental health difficulty (totaling approximately three percent, according to Kyaw, 1993) just as much as their white counterparts (New South Wales Government Submission, 1998; Andrews, 2001 and Tippett, Elvey, Hardy & Raphael, 1994).

Further, when clients are diagnosed, it is often done so erroneously. As stated by Susan Pinckham, Aborigine and director of the New South Wales Aboriginal Women’s Legal Resource Centre,

“In a lot of cases in my experience, Aboriginal women are often misdiagnosed as having a personality disorder when they are in fact depressed. And that will come about because psychiatrists might hear that they have been in jail or that they are abusing substances and so immediately the diagnosis is closed. The diagnosis of personality disorder –which is actually a moral diagnosis and implies you cannot help the woman—is given” (Pinckham, 1996 as cited by Human Rights and Equal Opportunity Commission, 2000, p. 3).

Depression, anxiety and inadequate self-esteem are also prevalent in Aboriginal females. It was for these reasons, that the Human Rights and Equal Opportunity Commission was formed by a parliamentary act in 1986. The commission’s focus was to investigate whom mental health services are devised for and if these services fail to adapt to Aboriginal needs and beliefs.

According to numerous resources, these mental health issues often lead to the development of unhealthy relationships, substance abuse, problem-solving difficulties, promotion of a sense of worthlessness and possible suicide ideation or completion. Further, even if an appropriate diagnosis exists, there is the possibility that the mental health worker or physician is incapable of communicating (or may elect not to communicate) in a language or manner that the Aboriginal woman

understands. If the mental health worker is not trained appropriately, or does not use skills that are considered necessary in working within this population, there can be disastrous consequences. There is the possibility of unnecessary hospitalization, or even in the worst case, a successful suicide. The Human Rights & Equal Opportunity Commission echoes this understanding in their report which indicated: "There is an enormous amount of ignorance, lack of understanding, lack of tolerance and communication and unfounded beliefs associated with Aboriginal mental health among mainstream services" (Human Rights and Equal Opportunity Commission, 2000, p. 4).

While there is significant research and investigation conducted by non-Aboriginal students, scholars and advocates, skepticism and suspicion remain within female Aboriginal communities about the accuracy of the research. Some of this wariness can be dated back to the foray of European colonialism. However, it is clear there is still heightened suspicion of today's anthropologists, advocates, researchers and caregivers—even with the enactment of supposed "positive" legislation for the female Aboriginal community.

But, as stated by Penelope Andrews regarding this legislation, "these gains have not necessarily translated into gains for Aboriginal women." Further, Andrews contends that,

“the focus of the Anglo feminist movement has generally been on...sexuality, equity, and freedom from sexual harassment and violence. For aboriginal women, these struggles have often been seen as irrelevant, and sometimes antithetical to their needs. They are contradictions of experience and reality” (2000, p 2-3).

Questions of authenticity of sensitivity and understanding start presenting themselves. Though Aboriginal women are amenable to the ideals of those outside the community, such as domestic violence advocates and mental health professionals, there is still one distinct area that is often overlooked by the non-Aboriginal culture. The one area often disregarded is the “savior mindset” – the non-Aboriginal (Anglo in particular) focusing so much energy on the “release “ of these women from oppression, that exploitation is formed by placing “outsider” values, ideals and mores on the “insider.”

Another consideration is that some communities may in fact rather have the (outsider) caregiver not know certain customs – deeming this is their (insider) business. It is advisable to be vigilantly courteous and not to show openly you are acquainted with certain customs (most expressly those of the dead). And as opportunities present themselves, the insiders will let you know as much as they feel they can trust you with (O’Brien & Plooij, 1995 and Bell, 1997).

Lastly, it is found that Aboriginal health issues cannot be segregated into mind, body or spirit. This is paramount to the Aboriginal way of life. Aborigine Rosemary Wanganeen confirms,

“We’ve got medical centres all over the place. They can’t be separated like that. The physical body will heal once we heal our spirit from all of our past pains, traumas and tragedies. We’ve got to look at the whole thing holistically” (Wanganeen, 1996 as cited by Human Rights and Equal Opportunity Commission, 2000, p. 13).

## Chapter 2

### Personal Narrative

In 1995, I had a life-altering opportunity normally only read about in books while studying in the South Pacific. More than simply traveling in the region, was the opportunity to congregate and intermingle with indigenous peoples from diverse geographic regions. I encountered Tongans, Samoans and Fijians in Fijian villages. There was even the honored opportunity to be in the chief's station at the Kava bowl during a traditional spiritual Kava Ceremony. There were also encounters with several Maori persons of the south island of New Zealand, and being presented with a customary Maori bone carving. I saw them as beautiful peoples with an extensive history of determination, heartiness and creativity.

I also traveled amid the Tahitians, Polynesians and Marquesas Islanders in French Polynesia learning everything from which ear the reception flower goes behind to why most Tahitians prefer not to speak the French language. However, the indigenous persons who had the most formidable impact on me were those of the Australian Aboriginal population. My first contact was via my 1995 venture and the Australian university system.

I enrolled in an Anthropology course at the university. Not only was I made aware of European Australian history, but of the extensive

history of the indigenous persons of Australia. From the moment I heard “most possibly the oldest of all civilizations...and still the most misunderstood” I was captivated. To my delight, via my studies I was allowed to visit sites of the Dharug, Kuringgai, Dharawal, Gundungurra, Darkinjung and Wiradjuri communities (see Appendix for map).

Aboriginals of the Boorobirrongal band (part of the Dharug Tribe) lived in the Yarramundi area and utilized the Shaws Creek Rock Shelter (see Appendix for map). Here, “burra” (food) such as “burrawang” (plant) and “magra” (fish) was gathered, edge-ground hatchets and large stone tools were fabricated and ceremonies to honor the water resources located there were executed.

Next, I visited a “school of the air” near Broken Hill and Mungo National Park, New South Wales (see Appendix for map). At Broken Hill, I learned how many Aboriginal children are taught via radio, as many Aboriginal children of tribes in this region are quite isolated, due to geographic location and cultural obligations. At Mungo Park, I witnessed relics of Aboriginal occupation dating back over 40,000 years.

Further, I visited Mootwingee (see Appendix for map). This is an Anagnu clan area, granted national park status by the Aboriginal peoples via the Native Title “Mabo Decision” Act of 1992, which substantiated that Native Title does exist and demonstrated that the Anagnu are the original “owners” of the land (Mudrooroo, 1995). Rock carvings associated with

initiation ceremonies, Aboriginal art (drawings and paintings) and sacred designs envelop the entire area.

It was after my university experience that I felt compelled to explore and learn more on my own. Accompanied only with a desire to gain knowledge, I set out to educate myself about these fascinating and “misunderstood” peoples. I convinced myself it would be a tutorial of a lifetime. First, I visited the Aboriginal areas of Queensland. Next, a week in the areas of the Northern Territory and Arnhem Land; most importantly Kakadu National Park. It is here the Gagudju, Djauan and Ngardok reside (see Appendix for map). These tribes share all of the beauty of Australian Anangu via art sites (such as Ubirr and Nourlangie), rock art, cultural billabong and waterfalls and cultural centers (Warradjan). And lastly, I visited the Red Centre of Australia. It was in the Red Centre (see Appendix for map) that I really felt as though I was “at home.” I found Uluru, a sacred site that is “owned” by the Aborigines, on lease to the Australian Government. As a guide to Uluru stated,

“To see Uluru through Anangu eyes, is to see a complex religious and ceremonial stage. Its many features are very important because they are evidence that the ancestral beings of the Tjukurpa (Dreamtime) are still with us. Their Law is kept strong in our hearts and minds everyday...we have a responsibility to keep our land

and our cultural traditions alive" (Australian Nature Conservancy Agency, 1996, p. 29).

I believed I was fortunate, that in some small way, I could see it through the eyes of the Anangu. However, only the tip of the iceberg was uncovered, a spark was flamed. And thus, the interest in this topic.

### **Historical Information of the Australian Aboriginal Community**

It has been documented in numerous literary sources that Aboriginal existence in Australia dates back over 50,000 years. It has been determined that observable struggles in of this population, as is documented in most indigenous cultures, really began at the introduction of the Europeans (outsiders) into the society.

Until the introduction of European settlement, Aboriginals lived peacefully following the wisdom of the Dreamtime (“Dreaming”) or Tjukurpa (the Truth of the Aborigines). The Dreamtime is considered by the Aborigines to be the vast epoch from which all creation and societal law originated. According to Anangu, it is what happened “before time began” (Lambert, 1993). Also, Lambert indicates that creation, rules of conduct, initiation convention, totems, sacred sites and social customs were all explicitly understood by the Aboriginal peoples via the Tjukurpa. It was the advent of the Europeans that disrupted this serene reality.

However, according to the literature a void exists between the veracity of the Dreamtime and the understanding of the non-Aboriginal. It is a code of existence understood by the Anangu. However, the wisdom of the Dreamtime is guarded by the Anangu and may never be fully understood by the “balanda” (non Aboriginal). Most importantly, according to the literature reviewed an understanding of how the

Dreaming affects all aspects of Aboriginal culture must occur before the void between indigenous and non-indigenous persons can be narrowed.

Both males and females within Aboriginal society suffered the consequences of the European colonization on their land and existence, such as the incident in 1788 at Botany Bay. During this incident, numerous Aboriginal peoples were slaughtered by the French for the purpose of “removing” Aborigines from the land sought for European colonies (Dunn, 2000). There was also the 1800’s Western Sydney Conflict, during which British deemed Aborigines could be “shot on site.” Women also suffered sexual exploitation by the settlers. Further, the European value system also elicited patriarchal control of the community. This value system rendered women virtually disregarded, contrary cultural equity which is valued via the Tjukurpa concept of “men’s business and women’s business.” To the Anangu, both sexes are valued equally for their unique role in the community.

However, the destruction of the rights of women cannot be blamed solely on the early European colonists, the confusion of anthropologists continues even today. Many anthropologists and researchers still find it a daunting task to discern between culture and abuse. For example, before the early 1900’s, ritualistic defloration was practiced in parts of Australia.

“Early anthropological reports describe rituals that have involved the forced enlargement of the vagina by groups of men, using their

fingers, with possum twine wound around them or with a stick shaped like a penis. Several men would have intercourse with the girl, who would be forced to ritually drink the semen" (Berndt 1988, cited by Coates, 2000, p. 16).

This is just one of the issues, the deliberation as to whether sexual practices of the insider are culturally appropriate or abusive with respect to the sexual practices of the outsider, that shall be covered in this paper.

## Definitions of Terms

Australian Aboriginal: Those persons who have been in existence on the continent of Australia from anthropological resources. The first persons of Australia.

Indigenous: Existing and emergent naturally in a country or region. Belonging to the country as a native.

Tribe: a linguistic division (spoken, not written); assemblage of persons or clans understood to be descended from a common ancestor and forming a close community under a leader or chief (entire linguistic community).

Band: a smaller group of around 50-60 people who live in a defined area within tribal territory (land users).

Clan: smaller group of Aborigines, also known as “crowd” or “lot” who live within a defined area as the land owning group, and those with control over the sacred sites (land owners). Each clan member is a member of the clan of his or her father.

Sexuality Issues: Matters which are primarily concerned with the functions, behaviors and practices associated with sex; e.g. coitus, mating, reproduction, rape and molestation.

Rape: engaging in sexual acts without the consent of the other person.

Substance Issues: Matters which are primarily concerned with mind-altering (not enhancing) substance use or abuse; e.g. alcohol, drugs or “huffing” (inhaling petrol, glue, paint or other aerosols to achieve a high).

Physical Violence: violating another's rights via callous use of power, physical force, fury which can cause damage to the person or the environment.

Insider: a person inside the Australian Aboriginal community, likely retaining private customary information known only to the Aboriginal community.

Outsider: One who is not a member of the Aboriginal community. Generally, considered never in absolute sympathy of the Aboriginal community (e.g. non-Aboriginal advocates, counselors, political leaders).

Mental Health: the state of mind and psyche being in good health, contented and prosperous.

Physical Health: the physical body being sound, exhibiting vitality, performing normal bodily functions and to be free of disease.

Shame: the belief of the Aborigine that, through the self, dishonor, disgrace or misfortune has been brought to the tribe.

## Sexuality Issues

Numerous non-indigenous health care workers are of the conviction that rape, which as defined as engaging in sexual acts without a consenting person, is not a problem for Aboriginal women because “rape is part of the traditional law of the Aborigines and therefore is acceptable” (O’Kane, 1994, p. 2). Outsider mental health workers and anthropologists alike often perpetrate these noxious assumptions. However, it is important to note many of these workers and Anthropologists are indeed non-indigenous males--Caucasian men speaking to Caucasian men. Only within very recent history have women, and most importantly Aboriginal women, been asked to comment on sexual concerns within the Aboriginal community.

Aboriginal women are appalled by the limited awareness of rape and sexual abuse within the mental health community. Indigenous females of Australia explicitly argue rape is not in accordance with Aboriginal traditions, customs and laws. In fact, these women will declare there is confusion with tradition, because sexual abuse is so commonplace in the Aboriginal community. However, that is not to say sexual abuse was (or is) tradition or an accepted practice. In fact, an Aboriginal woman known only as “Carol”, who reports her experiences as harrowing and ghastly, supports this understanding in her account;

“The nuns told us that our private parts were forbidden to touch. If we were caught washing our private parts, we would get into trouble from the nuns. I grew up knowing that our private parts were evil, yet missionaries could touch us when they felt like it. That is why when I grew up that I automatically thought that when a man wanted sex that I had to give it to him, because that’s what he wants. Sometimes I had sex not for pleasure, but just to please the man” (Human Rights & Equal Opportunity Commission Report, 2000, p. 26).

Many Aboriginal women suffered the same trauma as Carol. Male priests, missionaries, brothers and other clergy members were not above sexually abusing females of all ages within the Aboriginal community. Consequently, maltreated women suffer vast physical side effects and injuries following this abuse. These women endure consequences such as: back injury, neck injury, torn ligaments, cuts, bruises, broken bones, cracked ribs, urinary tract infections, unwanted pregnancy, asthma and amenorrhea. Also, severe mental issues have been documented as well: self-mutilation, suicide, panic attacks, weight loss, fear, distrust of all males, divorce, depression, severe anger, obsessive cleaning rituals, nightmares, fear of the dark, substance abuse, poor concentration and social withdrawal (O’Kane, 1994; Burbank, 1994; Hunter, 1999; and Wellington in  Holding Up the Sky, 1999).

It has also been reported that Aboriginal women are most often managing sexual abuse by excessively using substances to self-medicate the pain. Further, in 1997 the Central Australian Inhalant Substance Abuse Network (CAISAN), which was formed to investigate the possible causal factors for substance abuse and substance-related health deterioration of Aboriginals by those of the community reported that,

“sexual assault and violence were acknowledged as possible causal factors of petrol sniffing [huffing]. Role modeling behavior could also suggest reasons why perpetrators of sexual violence were becoming younger. Further, even those children who are not sexually abused model the drinking and substance abuse behavior of parents and peers” (CAISAN, 1997, p. 5).

However, a grave difference between sexual abuse (rape) and unyielding gender roles should be noted. The Dreaming, which is considered by Australian Aboriginal persons to be the vast period from which all creation and societal law originated, is preserved via the distinctive contributions made by women as well as men. Women’s narrative of the Dreaming encompasses the rhythms of *family* life. On the other hand, men’s narrative deals with the rhythms of life of the *whole group*. Thus, the male and the female domains are in harmony. One step further is the sexual ritual practices of the Australian Aboriginal community. To the Anglo “outsider” these rituals may seem barbaric.

However, to the members of the community these rituals and ceremonies are the credence of the Dreaming. Initiation ceremonies, which often contain furtive sexual rituals, assist in the transition from childhood to adulthood. Further, puberty rites for women are based on sexual maturation: onset of the menstrual cycle and breast development. Menstrual blood is seen as sacred in nearly all tribes of Australia, and therefore women are sanctified during their menstrual cycle.

As illustration, first the young girls are placed in seclusion with the older women – with the females strictly observing taboos (i.e. food taboos, such as fish caught by the men in the tribe). Males in western Aboriginal tribes made boomerangs with flattened ends used as the method of defloration prior to ritualistic coitus. As a rite of passage into puberty for young women, a special screen was prepared for the girls, the entrance of which is identified as the sacred vagina (Coates, 2000 and Bell, 1997).

However, it is not only women who are subject to these “defloration” rituals. As a rite of passage for the young males, there is engagement (usually as a assemblage of young men) in rituals associated with circumcision (the “death” of the boy and the “birth” of the man) and subincisions (which are believed to assist in the flow of semen).

Though men may receive analogous physical defloration, it is still the males who have the decisions in regard to consummation. At times, “a girl may be unaware that her marriage was impending and be seized by

her intended husband and his 'brothers' while she is out collecting food. Her husband's 'brothers' had sexual rites to the girl until she had settled down in his camp" (Berndt, 1998, p. 16). Further, Berndt explains that, though coitus before the beginning of the menstrual cycle is strictly taboo (and, just as rape, is punishable by spearing to the thigh), it is possible that an Australian Aboriginal female could have her first sexual experience as early as nine years of age.

Nevertheless, though it may sound unseemly for such an immature girl to be having her first sexual experience, in the majority of Aboriginal communities sexuality is considered a natural urge to be satisfied and is professed as such to the young persons of the community. However, coitus also has Dreaming symbolism which is highly revered. In song and dance, intercourse and erotic play are celebrated as joyful and beautiful (Berndt, 1998 and Bell, 1997) – in contrast to the widespread Western viewpoint of something to be insecure or ashamed about.

Also, in contrast to nearly all Anglo cultures, females are not considered chattel obliged to fit the ideal. Standards of beauty vary. Aboriginal men appreciate a wide spectrum of qualities in regard to beauty, with regard to weight, height, coloring, facial features and breast size (except for glaring physical deformities being a disadvantage). Also in contrast to nearly all outsider cultures is the acceptance of lesbianism. Though female homosexuality is rare in Aboriginal communities, there is

no gender dissonance in regard to rites and privileges, as would be found in most Western cultures (Brock, 1989 and Coates, 2000).

However, it is difficult for the outsider to determine where accepted sexual practices traverse to taboo behaviors. As described above, at times it can be just as difficult for the insider. There are practices which have been in existence for hundreds of years. However, it is now, as women gain a stronger voice, that the outsider and insider communities alike are learning what the women of these Aboriginal communities wish for in terms of egalitarianism in regard to sexuality. Though nearly all cultural rites and rituals have stayed the same over time, there is still the existence of “universally distinguished” rape and molestation which has been considered a “minor issue” previously and is now in need of direct confrontation. Rape and molestation were considered minor issues in the greater Aboriginal community by means of silence. As Aboriginal women gained a stronger voice, there was the recognition that rape exists and is detrimental to the community.

In summary, as stated in all literature examined, it will only be with cooperation of Aboriginal women – who understand the customs of the Dreamtime – that sexual ritual versus sexual abuse can be recognized as a genuine concern. Further, this is likely to be holistically successful only when Aboriginal women feel empowered to shun abuse and also work

exclusively with advocates who are willing to assist in an unconditional and holistic manner.

### Physical Violence

Audrey Bolger, an “outsider” who has done intensive study on violence against women in the Aboriginal community, has found that Aboriginal people prefer the term “family fighting” rather than the term “domestic violence.” Aboriginal persons believe the term “domestic violence” does not accurately describe the level of violence perpetrated against women (Bolger, as cited by Burbank, 1994). Further, violence against the woman is not limited to the partner. Just as with sexual issues, there is also a great deal of violence perpetrated by familial males (e.g. fathers, sons, uncles and male cousins) against the same woman.

When investigating the physical violence against Aboriginal women, there is a distinction between wife *beating* and wife *battery*. These distinctions were created by Caucasian male anthropologists outside of the Aboriginal community. The Aboriginal community does not accept these terms. Further, it is these two distinctions which minimize the victimization of women by putting a homogeneous value on each and every incidence of violence against women. According to “outsider” anthropologist Jacquelyn Campbell, “wife *beating* is the ‘intentional inflicting of pain’ that is, in some societies, ‘frequent, humdrum, unremarkable, routine’. Wife *battering*, in contrast, is violence that is ‘out of the ordinary,’ violence during which a woman is seriously injured,

incapacitated or even killed” (Campbell, 1992, as cited by Burbank, 1994, p. 158).

In many instances, there are not any support facilities in remote communities for female victims of any form of physical violence. When a domestic incident or rape occurs, police take bare minimum notes or perform a perfunctory medical examination and the woman is sent home. In most cases, there is no counseling offered to, or implemented with, the indigenous female. Incidences which are deemed “wife battering” (Campbell, as cited by Burbank, 1994) require intensive counseling and in many cases, medical care. It is no surprise then that enduring emotional distress and “ngulu”, the Pintupi (see Appendix for map) word for fear of harm from another, is prevalent in the victim of such crimes against them.

Further, in 1993 the Northern Territory Police Department (which is comprised of both Aboriginal and Anglo peace officers) states, “Of the 155 Aboriginal women that reported to Alice Springs Hospital (see Appendix for map) in 1991, 109 were the result of violent domestic assault...it was also reported that Aboriginal women are 33 times more likely to be murdered than non-Aboriginal women in Australia” (Northern Territory Police Dept, as cited by Kim Wright 1998, pg. 14).

There is not one single method of murder that is most prevalent.

However, strangulation or physical violence often reoccur. According to

the majority of the police reports, it is also understood the female will usually know her assailant from the Aboriginal community.

From the previous discussion the reader can understand the imperative nature of dealing with physical violence perpetrated on the Aboriginal female. By definition of most tribes of the Northern Territory, such as the Papunya and Yuendumu (see Appendix for map), any person taking their own life has a *mamu* (spirit) that is unwell. However, according to researchers Tippett, Elvey, Hardy and Raphael, the act of suicide does “not necessarily imply an underlying mental disorder. Rather, it was apparent to the Royal Commission that most of the self-inflicted deaths....were associated with acute situational factors [i.e. physical violence]” (p. 20, 1994).

Therefore, it is likely that a spirit, rather than being diseased, would be wounded after several years of abuse. This wounding could lead to suicide. Suicide versus murder is of paramount interest to the Royal Commission Investigation into Aboriginal Deaths in Custody (which is published each year since the early 1980s). The Commission is responsible for reporting on the disproportionate number of Aboriginal persons who die in police custody. However, most Aboriginal communities still adhere to the understanding that numbers are consistently lower than reality. The Royal Commission Investigation into Aboriginal Death In Custody indicated in Adelaide, 21% of Aboriginal female household heads had a

history of attempted suicide. In general, sixteen percent of females had a history of attempted suicide once in their lifetime and six percent of women have tried suicide more than once (Royal Commission, as cited by Kyaw, 1993).

However, the Royal Commission suggested in its 1991 report that perhaps these self-inflicted deaths were associated with acute situational factors, such as extreme use of alcohol. In contrast, as seen in the next section, unhealthy use of substances is not the methodology of the Aboriginal female, and therefore it may be concluded that the deaths are probably due to damaged mental psyche (mental illness) or in most cases, damaged spirit --physical violence (Royal Commission Investigation into Aboriginal Deaths in Custody, 1991).

It is important to note that fervent boundaries are established in Aboriginal families. Therefore, a physical encroachment of boundaries is not considered customary Aboriginal practice. In fact, the Aboriginal family is organized in such a way that avoidance (taboo) relationships exist between particular members. In most tribes of Central and Northern Australia, men are often not permitted to speak to an elder woman directly – and further, must honor her requests. Avoidance relationships occur in courting and “nyinka”, Pintjantjatjara word for adolescent, associations as well. An example from Anglo researcher Victoria Katherine Burbank,

“...on sexual segregation: when a boy [of the Mangrove community in the Northern Territory (see Appendix for map)] gets older he sees [his parents engage in sexual intercourse], and then he says, ‘That is good for me too.’ He goes and gets a young girl and they go into the bush. When he stays in the big camp [men’s camp] he sees too many women...but, in the past unmarried men were expected to stay away from their brothers’ wives...there are documented cases of married men throwing spears at bachelors who had approached their womenfolk” (Burbank, 1988 p.34-35).

Therefore, as nearly all Aboriginal tribes have reverence for and understanding of taboo in relationships, it is apparent that in many instances physical violence of another is in contradiction of the norm and not cultural tradition. Conversely, there are times when physical violence perpetrated upon the self is appropriate. During certain ceremonies, both men’s and women’s, “Aborigines inflict wounds upon themselves. These wounds have a religious or ritual significance and are shrouded in secrecy” (O’Brien & Plooi, 1995 p. 63).

In conclusion, it can be ascertained by all of the literature researched that physical violence is an issue to be further uncovered in the Aboriginal communities. Though, it is understood that in some instances an act of physical violence may be an intended manifestation of a cultural rite of passage, there is still evidence of unwanted physical violence

perpetrated against the women of the Aboriginal community. Both Anglo and Aboriginal alike agree, within the literature investigated that Aboriginal women need to understand as well as be provided with, resources for safe harbor if they deem the family fighting a source of distress.

### Issues of Substance Use

The Aboriginal community in general (males and females alike) is usually very prompt to address the stereotypes of indigenous persons in regard to substance consumption. Although, there is alcohol abuse in the Aboriginal community, studies have been completed that testify to modest alcohol use having serious consequences for indigenous persons. In sum, studies indicate all Aboriginal persons do not suffer from chronic substance abuse in the Aboriginal community, "...regular drinkers (at least once each week) total 33% and occasional drinkers total 29%. Therefore, 62% may drink each week, where over 38% do not drink at all. However, in contrast only 21% of non-indigenous persons do not drink at all" (Saggers and Gray, 1998, p. 57).

It has also been determined in the same studies by Saggers and Gray (1998), that of the population of "women who drink in moderation", one third drink less than three drinks in one setting. However, that still leaves nearly two-thirds of the population who may be drinking far beyond what they can control sensibly.

Conversely, there has not been any corroborating evidence to illustrate that Aboriginal persons suffer from any genetic frailties in light of substance tolerance.

"A similar study (1976) was conducted in Australia among a small group of Aboriginal and non-Aboriginal prisoners. It was found

although there were wide differences in the rates of alcohol metabolism between individuals, there was no significant difference in the mean rates in each group, which were 17.7mg per hour for whites and 18.1mg for Aboriginal persons. It was concluded that: considering these factors there appears to be no genetically determined difference in blood alcohol degradation between Aboriginal and whites" (Marinovich, Larsson and Barber as cited by Saggars & Gray, 1998, p. 70).

To further reiterate the hypothesis that substance abuse by Aboriginal females may be overestimated in Australian society, one can appraise the research done by Maggie Brady of the Australian Institute of Aboriginal Studies, who indicates that approximately 80 percent of the women screened for her study, relative to substance abuse did not drink at all. Further, in an earlier study by Brady (2001) it was found that 71 percent of Aboriginal women were abstainers.

It is clear, as referenced by the four studies above, that substance use by Aboriginal females is lower than society's prediction or in comparison to the male counter-parts. For example, it was understood by non-Aboriginal society (researchers and anthropologists alike) in the 1990s that all Aboriginal persons were equally abusing alcohol. However, in the Brady studies (2001) it was discovered that only nine percent of males were abstainers, whereas (per above) 80 percent of women did not drink

at all. It is this perpetuation of a stereotype that helps to create the arduous road for Aboriginal women to overcome.

Aboriginal women not only bear the prejudice of the non-indigenous (outsider) population in regard to actual chemical dependency, but they are also subject to severe abuse when males of their community are in their environs. For example, Aboriginal women may drink to excess just to cope with the strains of being a subjugated Aboriginal female. It has been verified by Bolger in a 1991 study, that in 90% of all violent attacks on women, alcohol has been involved.

It can therefore be suggested that Aboriginal females may bear trauma in multiple ways beyond personal addiction. First, as previously stated, there is the lesser proportion of women who are addicts themselves (just as alcohol and drug abuse research indicates in Anglo communities). Second, a significant number of women are subjected to duress due to partner or familial substance abuse. And third, a number of Aboriginal women are subjected to the negative outcomes of prevalent community substance abuse (not mood-enhancing or spiritual use), which in certain communities can be so widespread that no member of the community is immune to its consequences.

However, in some instances, it is not always easy to understand when to attribute the classification of substance abuse. For example, it was reported by Bell and Ditton (1980) that there were several elderly women

of Yalta who were not users of alcohol. However, these women did resort to a period of acute drinking to cope with the deaths of family members. This was not considered spiritual or cultural drinking. This was using to excess to cope. Women, therefore do use alcohol as a coping mechanism under certain circumstances, though it is understood to be rare occurrences.

Some women however, also (according to the Bell and Ditton study, 1980 and also Kamien, 1975) drink in large amounts simply to “keep up with the menfolk.” However, in contrast to beliefs of the outsider community, these women also report only getting “half” and not “full” (drunk). But, to the outsider community, these women are often still seen as “problem drinkers” even within social and controlled environments.

In the preceding analysis, a pattern of destructive chemical use by some of the Australia Aboriginal community has been outlined. However, this pattern, though remarkably similar to that of the Anglo population, entails much greater related harm to the health and social well-being of Aboriginal females – specifically in regard to social custom, communal expectation and domestic violence. It is this ‘greater-related harm’ that has amplified the attention directed to the significance of the problem.

According to the extensive research reviewed for this paper, Indigenous insiders and Anglo outsiders alike are increasingly concerned about

addressing this issue. However, it is agreed by those researching this subject, that the direction such attention takes must be solely determined by the Aboriginal community. It should be explicitly understood that those of the Australian Aboriginal community must be enabled to determine their goals and strategies for dealing with the issue of chemical use. Only by allowing the insider community to make these decisions will shame, stereotype and prejudice be excluded and true understanding about chemical use and abuse be implemented.

### **Additional Counseling Concerns**

It is difficult for non-Aboriginal women, as they advocate for improved conditions, to understand the level of disparity suffered by the Aboriginal females of Australia. However, some outsiders contend there are certain similarities all women suffer which could assist in successful advocacy, according to the literature reviewed for this study. As stated by Jackie Huggins (1998), Aboriginal feminist and author,

“I think as all women we have the opportunity to forge the only struggle that is of importance to everybody – the struggle against oppression. If ALL women embrace that goal, we will win. We know Black women can win if given the respect, the dignity, the resources and the commitment from other feminists, whether they be Anglos or migrant feminists, then it will surely come “(p. 70).

Further, though the writer can identify with a number of the abuses suffered by these women, it is clear there are boundaries which will obstruct successful counseling, if not acknowledged and confronted. Aboriginal activists agree that Aboriginal women are not prepared to engage in discussions with white women until “meaningful and anti-racist discourses are constructed which transcend the barriers that separate us. At present Aboriginal women’s experiences with white feminists prevent them from seeing dialogue as anything but a naïve and tokenistic beginning” (Huggins, 1998, p. 36).

However, recognition of the issues may be more complicated than they appear. Cultural insensitivity continues to remain a formidable obstacle in working with Aboriginal females. This insensitivity can have an impact on access to services, language barriers and communication, detection, screening, cultural interventions used by the care provider and deficiency of traditional healing methods. In sum, in many ways it is re-victimizing the woman.

Further, there is a clear indication of need to understand the healing techniques used by the Aboriginal community, which would be lost without cultural understanding. These unique healing methods can benefit not only the Aboriginal, but the non-Aboriginal as well, therefore eliciting understanding of the broad spectrum of healing which can be achieved. One such example would be in the case of a frustrated non-Aboriginal female who was being treated by Anglo counselors in Darwin, because she was hearing voices and seeing the *mamu* (spirit) of a dead person. As reported by a member of the Aboriginal community, she finally came to the *Nauiya Nambiyu* – Daly River clan, outside of Darwin, NT (see Appendix for map) – for help. They welcomed her and were pleased to be of assistance. The medicine man, *wati-doctor* (witch doctor) and community carried out a “purification ceremony,” the particulars of which are known only to those of the Daly River. The woman is now able to go on with her life sans tortured *mamu* – spirit (Sambono, 1998).

Non-Aboriginal females attempting to counsel Aboriginal females have extensive obstacles to overcome. An Anglo counselor may be measured by her ability to track animals, gut a goanna (an Australian lizard), eat "wardingi" (witchetty grubs), make tea or handle a rifle. Also, the women of the tribe will take note of the Anglo's ability to respect customs such as not giving taboo foods (most importantly those foods gathered by certain family members) to pregnant women. Further, it is the reaction to above-mentioned challenges which will affect the counseling relationship as well. Aboriginal women will promptly acquire an intense dislike for a counselor or social worker that is quick to temper when confronted with a challenge. In certain instances Aborigines may even attribute an illness to the reactions of the ill-tempered counselor saying that she is "possessed by a 'mamu'" (evil spirit). To clarify, Aboriginal women do not take exception to a person being firm, but they do not value sudden ill-temperament or anger (O'Brien & Plooi, 1995).

There is also the issue of privacy which can adversely affect the counseling relationship. In Aboriginal society the "ngangkari" (healers) usually work in the open. Often times, the family will want to observe the proceedings and counseling sessions. This may be an issue which is foreign to the Anglo counselor. However, by not allowing the family to observe at their discretion, there is a possibility of losing the confidence

and respect of the Aboriginal clientele (O'Brien & Plooi, 1995 and Bell, 1997).

The counselor may involve the family, only to underestimate the intellect and comprehension of the client. In turn, the counselor may have the belief the client is not to be treated as a common client –which is usually reinforced by limited speaking and the hygienic practices (e.g. culturally appropriate spitting) of the Aboriginal community – and therefore, treat the client like a child. This approach is detrimental to the client-counselor rapport. By behaving in a patronizing and maternalistic manner the Aboriginal female may become less communicative and avoid the counselor; the most acute form of rejection.

One way of building rapport is to work closely with an established counselor who has developed a trusted working relationship with the women of the community – cultural broker. It is feasible that any person who works closely with an Aborigine has the potential of being permitted a special relationship (similar to extended family), to the extent that clients will try hard to honor the counselor's requests. However, there are no guarantees. The counselor will also be assessed by her age, weight, experience, marital status and even lines on the face. Older, married and heavier women will be given much more respect than her younger single counterpart, because those are characteristics of value to the Aboriginal community.

Further, the counselor must always observe the concept of “women’s business and men’s business.” This is a paramount concept consistent in Aboriginal tribes. Often, the new counselor fails to recognize the division of labor within the Aboriginal community and thus perceive the males in the society to be abusive, domineering, inconsiderate, indolent or neglectful. As an example, the male (husband) in the family generally renders all family household decisions. The women usually take care of all of the nursing and teaching of the children. They follow different customs. Further, if the worker has any concerns about the male, it would be most inconsiderate to directly question the male. Protocol suggests the caregiver or counselor should consult a tribal sister, or in other cases the mother of the female (Bell, 1997; Brock, 1989; Bell, 1998 and Gale, 1986). However, research suggests most Anglo counselors fail to do so.

In conclusion, according to research from many sources, it is understood there are not always “clear cut” solutions to counseling dilemmas in the Aboriginal community. One of the main sources of confusion in counseling comes from the dramatic and complex cultural changes that have occurred in the past century. Further, the position of women could be reassessed in relation to such changes. After reviewing the literature it is apparent information needs consistent amending. Information collected today may differ significantly from information

collected ten years ago. Movement of Aborigines from their native lands has also had a dramatic influence and therefore affects the counseling of the community. However, within all of this change and movement, "Aboriginal women's status and rights should not be overlooked and they should be encouraged to defend them, as they have done in the past"

(Brock, 1989 p. xxiii)

### Chapter 3

#### Summary, Critical Analysis and Recommendations

The literature suggests that there is a myriad of measures and behaviors the counselor can participate in to best serve the Aboriginal women of Australia. Jackie Huggins (1998) has suggested:

“Forgiveness and healing requires coming to terms with the oppression of women throughout history, through learning about the truth and understanding the consequences. In other words read, view and become educated yourself. Don’t think that it’s all too hard or complex because it’s quite simple really. If you walk away from it, you walk away from the truth and the opportunity to become informed and really make a difference for these women” (p. 128).

There currently appears to be in existence an “awkward” relationship between Aboriginal women and the largely Caucasian feminist movement. This awkward relationship exists as a consequence of different priorities and perspectives as well as the “savior principle” in which the non-Indigenous feel the obligation to save the Aboriginals from themselves.

It also could be considered imperative that even if the priorities are in order, venues are provided where these women can genuinely feel comfortable about their healing and telling of their individual issues,

oppression or abuse. The survivors must be allowed to be *participants* of their healing and not just *recipients* of negligible non-Aboriginal direction and further oppression. As Darcy Bolton expressed in 1994, “We still have a lot of research to do and a long way to go. We also have a lot to learn about Aboriginal psychology and it must be done now before Aborigines are assimilated [and culture is lost]” (p. 168).

Also, it would seem imperative that the Anglo counselor should not expect anything which does not give that *individual* woman some kind of empowerment. It is this woman’s right, no matter what her level of understanding, to choose what treatment and to what level she wants. This philosophy provides dignity to the client – dignity that may have never been provided by anyone before. By thoroughly understanding the unique culture and the even more unique issues of the women within this community, the counselor can begin, in a very small way, to appreciate the lives of Aboriginal women. Caucasian anthropologist Diane Bell resonates this viewpoint in her book Daughters of the Dreaming, when she states “Female stereotypes based on Western (outsider) experience, [leads] fieldworkers to see Aboriginal women as deprived and devalued...casting women as ‘the other’. Those women who seek to work with Aboriginal women and to interpret their lives more sensitively have done so within an oppressive framework” (1997, p.240-241).

There is also a pervasive query broached throughout the entirety of this paper: would there be an existence of “issues” as understood by Anglo culture, if there weren’t any non-Aborigines claiming them to exist? In other words, is it the Anglo culture that is solely responsible for determining the level of concern? For hundreds of years, Australian Aboriginals lived a peaceful and quiet existence, without anyone making claims of abuse, addiction or impropriety. Most of the traditions from that era are still in existence today. However, many of those traditions are at present being called into question. It is therefore a goal, by virtue of this collection of literature, to leave the reader with the challenge to not necessarily endorse that concept, but to offer it as conjecture to be further contemplated.

There seems to be a significant number of studies and resources that put forward legitimate concerns relative to mental health issues among Australian Aboriginal women, as well as Aboriginal women themselves vocalizing the necessity for assistance. Whether or not these issues have always been in existence or have been a result of immersing cultural revolution and demands is irrelevant to the obvious necessity for mental health resource development.

It is also critical to note that the time spent in communities themselves, rather than research, provides the preeminent and most holistic understanding of what needs to be done for the Australian

Aboriginal female. Therefore, this study of the literature is most importantly a “starting point” for further research via direct contact in the Aboriginal communities. In sum, the literature only offers a line of reasoning to the obvious – that the best outcome can only occur if Anangu (Aboriginal) women themselves are vested in the process.

## References

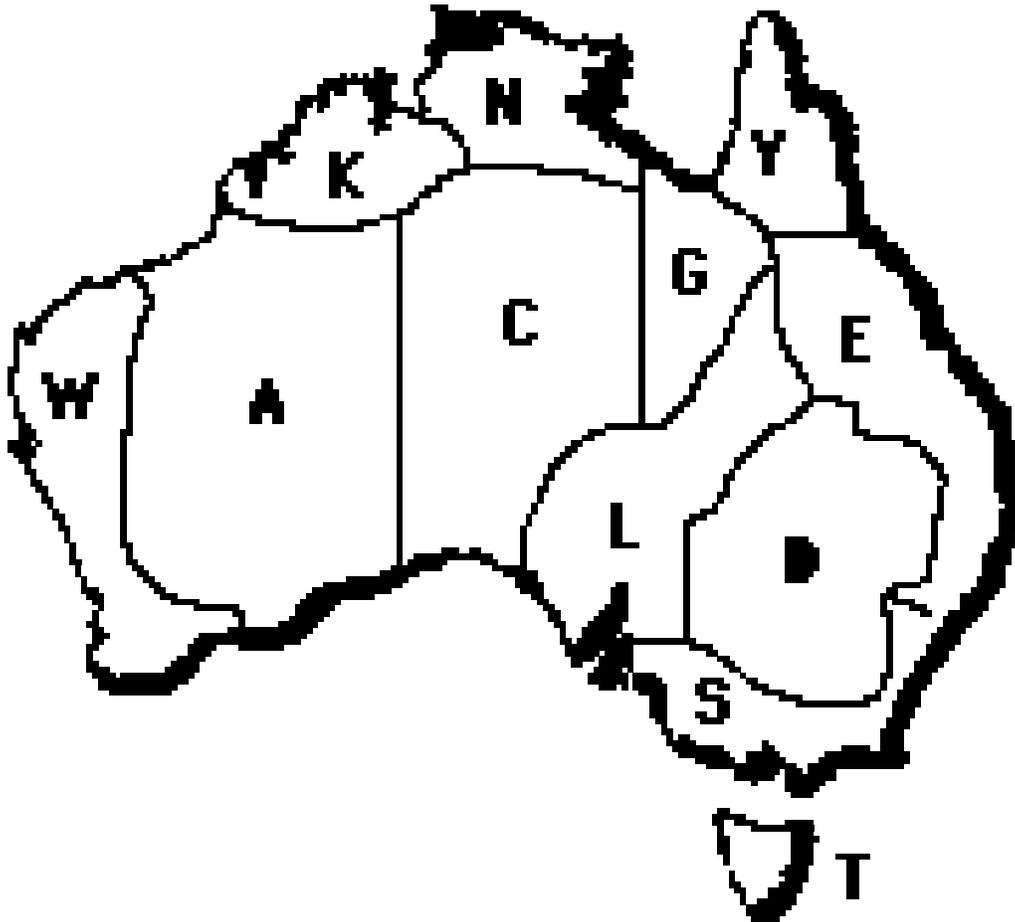
- Andrews, P. (2001). *Violence against Aboriginal women in Australia: Possibilities for redress within the international human rights framework*. Retrieved February 6, 2001 from: [www.law-lib.utoronto.ca](http://www.law-lib.utoronto.ca)
- Australian Nature Conservancy Agency. (1996). *An Insight into Uluru: The Mala walk and the Mutitjulu walk*. Australian Capital Territory, Australia: Paragon Printers.
- Bell, D., Ditton, P. (1980). *Law: The old and the new, Aboriginal women in Central Australia speak out*. Canberra, ACT: Aboriginal History Press
- Bell, D. (1997). *Daughters of the dreaming* (3<sup>rd</sup> ed.). Minneapolis, MN: University of Minnesota Press.
- Bell, H. (1998). *Men's business, women's business*. Rochester, VT: Inner Traditions International.
- Berndt, R.M., Berndt, C.H. (1998). *World of the first Australians*. Canberra, Australia: Aboriginal Studies Press.
- Bolton, D. (1994). *Starved spirits starved minds*. Canberra, Australia: *Polemic*. Volume 4, Pages 166-168.
- Brady, M. (2000). *Alcohol & its effects upon Aboriginal women*. *Australian Institute of Criminology*. Retrieved February 4, 2001 from: [www.aic.gov.au/publications/proceedings/01/Brady.html](http://www.aic.gov.au/publications/proceedings/01/Brady.html)

- Brock, P. (Ed.). (1989). *Women rites and sites*. Singapore: Kin Keong Printing Company.
- Burbank, V. (1988). *Aboriginal adolescence: Maidenhood in an Australian community*. London, England: Rutgers University Press.
- Burbank, V. (1994). *Fighting women: Anger & aggression in Aboriginal Australia*. London, England: University of California Press.
- Central Australian Inhalant Substance Abuse Network (1997). *Meeting on Sexual Assault and Violence*. Retrieved February 6, 2001 from [www.alice.topend.com.au](http://www.alice.topend.com.au)
- Coates, R. (2000). *Aboriginal Australia. Venerology Council of Australia*. Retrieved February 6, 2001 from [www.rki.de](http://www.rki.de)
- Dixon, R. (1997). *Aboriginal Tribes. ATSIC Commonwealth of Australia*. Retrieved February 9, 2002 from [www.aboriginalartonline.com](http://www.aboriginalartonline.com)
- Dousset, L. (2002). *The Ausanthrop Website*. Retrieved April 3, 2002 from [www.ausanthrop.com.au](http://www.ausanthrop.com.au)
- Dunn, C. (2000). *Botany Bay-Reasons for Colonisation*. Retrieved May 12, 2002 from [www.shoalhaven.net.au](http://www.shoalhaven.net.au)
- Gale, F. (Ed.). (1986). *Women's role in Aboriginal society* (3<sup>rd</sup> Ed.). Canberra, Australia: Union Offset Press.
- Holding up the sky: Aboriginal women speak* (1<sup>st</sup> ed.). (1999). Broome, Australia: Magabala Books.

- Huggins, J. (1998). *Sister girl*. Queensland, Australia: University of Queensland Press.
- Human Rights & Equal Opportunity Commission. (2000). *Human rights & equal opportunity commission report*. Retrieved February 9, 2001 from [www.gwb.com.au](http://www.gwb.com.au)
- Hunter, E. (1999). *Aboriginal health and history: Power & prejudice in remote Australia*. Victoria, Australia: Cambridge University Press.
- Kamien, M. (1975). *Aborigines and alcohol: Intake, effects and social implications in a rural community in western New South Wales*. *Medical Journal of Australia*. Vol. 8, p. 201-297.
- Kyaw, O. (1993). Mental Health Problems Among Aborigines. *Mental Health in Australia*. Vol 4, Page 30-35.
- Lambert, J. (Ed.). (1993). *Wise women of the dreamtime*. Rochester, VT: Inner Traditions International.
- Mudrooroo. (1995). *Us mob*. Sydney, Australia: Harper Collins.
- National Aboriginal Health Strategy Working Party. (2000). *National mental health strategy working party report*. Canberra, Australia: Government Printing Office.
- New South Wales Government. (1998). *Annual report*. New South Wales, Australia: Government Printing Office.

- O'Brien, G., Plooi, D. (1995). *Culture training manual for workers in Aboriginal communities*. South Australia, Australia: Flinders University Press.
- O'Kane, A. (1994). *Sexual assault services in the Alice Springs region*. Retrieved February 6, 2001 from [www.alice.topend.com.au](http://www.alice.topend.com.au)
- Royal Commission of Australia. (1991). *Royal commission into Aboriginal deaths 1991*. Canberra, Australia: Government Printing Office.
- Saggers, S., & Gray, D. (1998). *Dealing with alcohol: Indigenous usage in Australia, New Zealand and Canada*. Cambridge, UK: Cambridge University Press.
- Sambono, H. (1998). *Providing mental health services to Aboriginal communities*. Mental Health in Australia.
- Tippett, V., Elvey, G., Hardy, J., & Raphael, B. (1994). *Mental health in Australia: a review of current activities and culture directions*. Canberra, Australia: Government Printing Office.
- Wright, K. (1998). *Sexual abuse. Alice Springs youth accommodation and support services*. Retrieved February 6, 2001 from: [alice.topend.com.au:8090/~asyass/violence.htm](http://alice.topend.com.au:8090/~asyass/violence.htm)

## Appendix



**North East Arnhem Land (N):** Gagudju, Djauan, Ngardok, Kakadu National Park, Darwin, Nauiya Nambiyu – Daly River clan

**Western Desert Lake Eyre (C):** Northern Territory, Red Centre, Alice Springs, Uluru, Papunya, Yuendumu, Pintjantjatjara, Mangrove community, Pintupi

**Riverina (D):** Broken Hill, Mungo National Park, Mootwingee, Dharug, Boorobirrongal band (part of the Dharug Tribe) Kuringgai, Dharawal, Gundungurra, Darkinjung and Wiradjuri

**Additional regions not classified in this paper:**

**South West Indian Ocean (W), Western Desert (A), Kimberly Region (K), South Australian Gulf Riverina (L), Gulf Lake Eyre (G), South East Coast Riverina (S), Rainforest West (Y), North East Coast (E)**  
**Tasmania (T)**

Appendix map courtesy Dousset's Ausanthrop website (2002).

