Alcohol Use and Its Effects Upon Aboriginal Women

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Social scientists, particularly anthropologists, have been taken to task for deflating and de-emphasising the problematic outcomes associated with alcohol use (Room 1984). Many researchers, reacting perhaps to the sometimes moralising stance taken by welfare-oriented approaches, have focused on the benefits associated with alcohol use for different societies, for example its role in exchange, and in forming and maintaining sociality and social relationships. Anthropologists have tried to understand the meanings alcohol has for various groups, and to explore peoples' perceptions of a variety of beverages and of the mental states associated with inebriation. This has meant that there has been in some cases, an unwillingness to examine frankly some of the less wholesome outcomes of alcohol use. Women, whether users or non-users of alcohol themselves, often experience these less wholesome outcomes, and this paper discusses some of the problems encountered by Aboriginal women in Australia.

One of the remarkable features of alcohol use among various societies throughout the world, is that overall, women appear to use alcohol less than men, and indeed appear to constitute the majority of abstainers (cf. Lopez-Lee 1979; Leland 1978). In some societies, women may be habitually excluded from taking alcohol altogether (Douglas 1987; Marshall 1979). These anomalies are often overlooked in studies of alcohol use and suggestions for intervention programs. In Australia, Aboriginal women seem to use alcohol less than do Aboriginal men, are often abstainers, and are often in the vanguard of initiatives to control access to alcohol. Those who suggest that physiological or racial characteristics explain Aboriginal uses and abuses of alcohol, are therefore obliged to account for the fact that these supposed traits must be sex-linked (Leland 1978; cf. Spencer 1988).

Nevertheless, Aboriginal women are affected by alcohol use, and these effects are threefold. Firstly, there are health and social outcomes felt by Aboriginal women who are alcohol users themselves; secondly, Aboriginal women whose spouses use alcohol are affected; and thirdly, in some situations Aboriginal women cannot fail to be affected by alcohol use that is so widespread that no member of the community is immune to its outcomes. This paper shall focus primarily on the last two aspects: women whose spouses use alcohol and women in alcohol-using communities. The data is drawn primarily from remote Aboriginal communities, rather than from urban or rural ones. It is believed that little research has been undertaken with Aboriginal women in 'settled' Australia with respect to alcohol use.

To begin with, in order to balance this account, it is important to address the issue of women as abstainers, and their role in local initiatives to control alcohol use.

Women as Abstainers and Moderate Users

A recent survey of drug use in Northern Territory Aboriginal communities found that 80 per cent of the women interviewed did not drink at all (Watson et al. 1988). Another, earlier study, of Bourke, New South Wales, found that 71 per cent of the Aboriginal women interviewed were abstainers, compared with only 9.7 per cent of the Aboriginal men (Kamien 1975). Kamien also found that the women who drank were lighter drinkers than the
men, and only four were categorised (by him) as 'heavy drinkers' (that is, more than 81 g per day).

Another way of assessing the differing levels of alcohol use between the sexes is to look at morbidity and mortality data that is alcohol related. Morbidity and mortality rates associated with alcohol reveal that Aboriginal women have lower rates of hospitalisation than men. For example, data on alcohol related disease as an associated cause of death among Aborigines in the Northern Territory show that fewer women than men die of such diseases (Table 1) (cf. Hunt 1981).

Table 1
Alcohol Related Disease as an Associated Cause of Death (Northern Territory) 1979-1983

<table>
<thead>
<tr>
<th>Part of Death Certificate</th>
<th>Male Aborigines</th>
<th>Female Aborigines</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>123</td>
<td>49</td>
</tr>
<tr>
<td>II</td>
<td>19</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>142</td>
<td>57</td>
</tr>
</tbody>
</table>

Source: Devaneson et al. 1986, p. 247

Both Aboriginal and non-Aboriginal women in the Northern Territory had much lower rates of hospitalisation for diseases associated with alcohol use than did Aboriginal and non-Aboriginal men (Devaneson et al. 1986). The Aboriginal male hospital separation rate (for alcohol related causes) has increased since 1979, while that for women decreased slightly in 1982 (Figure 1).

Kamien provides figures on 'physical disease in problem drinkers' among Bourke Aborigines, and these figures reveal that 45 individuals showed alcohol related disease, of whom only five were females (Kamien 1975). A study of alcohol use in a Pitjantjatjara community in South Australia found that 20 men and 9 women had died as a result of alcohol related causes (including vehicle accidents and injury) over the 10 years 1972-1982. Alcohol related illness had caused the deaths of seven men and two women over a seven-year period (Brady & Palmer 1984). These examples of scattered data provide some evidence that fewer Aboriginal women than men consume damaging amounts of alcohol, and as a result do not suffer the same levels of morbidity and mortality as men.

Figure 1
Alcohol Related Hospital Separations 1977-1982 (Northern Territory) Aboriginal Males and Females
Women may be abstainers for a variety of reasons. Christianity is frequently a reason proffered by Aboriginal women to explain their non-drinking status, and they form the core of participants in the variety of Christian churches and movements across Aboriginal Australia. At Yalata in South Australia, for example, a new Aboriginal-controlled Christian movement provoked many drinkers to stop their alcohol use and gave encouragement to women non-drinkers in their efforts to curb the importation of alcohol into the community (Brady & Palmer 1988). The adoption of the perceived 'Christian life' is a way in which Aboriginal people may legitimise their abandonment of drinking (cf. Neich & Park 1988). Other women say that they cannot drink because they have to care for their families, or even for their drinking husbands. Evidence given to the Royal Commission into Aboriginal Deaths in Custody in 1988 suggested that whereas Aboriginal men had 'learned' their drinking habits from the hard, binge-drinking white stockmen, Aboriginal women encountered, or worked for, white women who were mainly missionaries' or pastoralists' wives, who tended not to drink alcohol (Alice Springs hearings, 7 October 1988, Dr C. Watson). Women (and men) may give up drinking because of repeated encounters with gaol and the police (cf. Laurie & McGrath 1985).

**Women and Local Control Initiatives**

Three Australian States provide legislative means whereby Aboriginal communities may enact their own limitations or complete bans on alcohol. In South Australia, communities may approach the Licensing Court in order to declare an alcohol-free area, or to submit arguments against take-away licences at premises near their communities. Western Australia has an Aboriginal Communities Act 1979 which allows participating communities to make by-laws associated with the supply of alcohol (Hedges 1987), and the Northern Territory Liquor Act 1979 allowed control over the use of liquor on communities to be passed to those Aboriginal people running communities. In addition, land rights legislation sometimes permits regulations to be made restricting or prohibiting the supply or consumption of alcohol on certain areas of land (for example, the Pitjantjatjara Land Rights Act 1981, s. 43(1); the Maralinga Tjarutja Land Rights Act 1984, s. 19(4)(b). These legal measures give Aboriginal people the opportunity to reinforce local, informal attempts to control alcohol use, with state legislation and formalised penalties. Several commentators on these legal measures have noted the strong feelings expressed by Aboriginal women when given the opportunity to discuss alcohol.
In order to agree to a community's request for alcohol restrictions, the court or Liquor Commission attempts to assess community opinion on the matter, by holding public meetings. Opposition to alcohol abuse originates from two main sources, according to one researcher: older men, and married women with dependent children (D'Abbs 1987). Women's concerns are motivated by their continuing exposure to violence, disruption and domestic hardship associated with alcohol abuse (D'Abbs 1987). Several Aboriginal communities have their own licensed premises (in 1988 there were nine licensed Aboriginal clubs in the Northern Territory), but women in particular are 'quick to criticise these canteens, and call for their closure' (Northern Territory Liquor Commission 1982; cf. Green 1985). The female research officer who compiled data for the Liquor Commission in 1982 noted bluntly that 'this is hardly surprising in view of the fact that when fights or arguments occur, women and children all too often seem to be at the receiving end' (Northern Territory Liquor Commission 1982). However, women's views can often remain muted at public meetings, and their wishes ignored (D'Abbs 1987; Barber et al. 1988). Separate women's meetings are not always held by the visiting officials, who are themselves invariably men.

Other factors hold back Aboriginal women from speaking out boldly about alcohol use. Women at Yalata, South Australia, have frequently spoken of their desire to close down a local take-away outlet from which their husbands and sons purchase large quantities of fortified wine. When offered the opportunity to act upon these views, they withdrew, saying they were frightened of the men's reactions and stated that the men did have a 'right' to drink. The right to drink is still seen as being indicative of equality and citizenship by Aboriginal people because of past discriminatory prohibitions in all Australian states. Even women who suffered violence from their drinking husbands were unwilling to take a firm stand on the issue, and did not hold the men responsible for their actions. 'He can't remember anything next morning', one woman said.

**Women who Drink**

In their documentation of women's attitudes towards the 'old' (Aboriginal) and the 'new' (Australian) law, Bell and Ditton discuss at some length the role of alcohol in the lives of Central Australian women. They comment that many women had bouts of drinking at certain times in their lives.

Some begin with personal grief or trauma for which there is no conventional outlet. One woman, for example, had recently lost her old mother for whom she had cared for many years . . . She moved into Tennant Creek and drank for about a month. Another woman who drank on and off for a while was having troubles with the claims her deceased husband's brothers had on her as a wife . . . (Bell & Ditton 1980).

This accords with the author's experiences at Yalata, where several elderly women who were normally not users of alcohol, resorted to a period of drinking in response to the deaths of loved ones. Kamien (1975) noted that several women who were normally moderate users, became drunk when experiencing an underlying depressive or anxiety state. Women told Bell and Ditton (1980) that they also drank to 'keep up' with their menfolk, and emphasised that they did not become 'full' but only 'half' drunk. This is a common classification made by Aboriginal people of levels of intoxication.

At an Aboriginal community in South Australia where the author undertook research, some young and middle-aged women drank until they were 'full' drunk on a regular basis. Women drinkers comprised approximately one-quarter of the total drinking population. Their drinking was conducted in the company of men, and the preferred alcohol was fortified wine. Their participation in these drinking groups placed them in physical danger of assault when disputes flared up. Dispute resolution in such a community takes several forms, of
which fighting and swearing are an accepted part. Langton (1988) provides an anthropological analysis of these mechanisms in contemporary 'settled' Australia. In daylight, and in public, such disputes - even if fuelled by alcohol - were likely to remain bounded. An audience of non-drinkers served as a control on hand to intervene, disarming those with weapons, or calming participants by calling out to them. Women were often the protagonists in these interventions, as Bell and Ditton also noted (1980). This meant that women involved in arguments were usually protected from serious assault. If conflict persisted, someone would decide to call the police (30 minutes away by road) and this threat in itself would sometimes dampen the dispute. However, at night, drinking groups in camps away from the main township (away from white staff, telephones and medical help), produced a different order of danger for women drinkers. Frequently there would be no one sober enough for reasoned intervention or assistance. If someone was injured, the extent of their injuries was not fully apparent until the following morning. Sometimes this was too late.

**Alcohol Related Violence Against Women**

Aboriginal women in remote communities have become increasingly concerned about alcohol related violence they experience, and there are now some isolated moves to provide refuges and other support services in these areas. Urban women are able to call upon a greater array of resources, which up until now have been denied to rural and remote communities. A refuge is planned for the Kimberley region of Western Australia, and funding has been granted for an Aboriginal women’s shelter in Tennant Creek, Northern Territory. Some communities have women's centres, used primarily by women to do their laundry, prepare food and as artifact-making centres. In some cases (for example, at Maningrida, Northern Territory), women are now attempting to make these into 'safe places' where they can sleep on nights when they anticipate drinking trouble.

Several reports from state government task forces document that levels of domestic violence against Aboriginal women are undeniably high, for example, a New South Wales Task Force on Domestic Violence in 1981 and one in Queensland in 1988. Over 70 per cent of assaults on Palm Island, Queensland were committed on females 'and most of these involved boyfriends or husbands who were said to be drunk at the time' (Barber et al. 1988). The Aboriginal president of the Barunga Town Council (Northern Territory) has expressed concern over the level of domestic violence in his community, saying that the silence about such violence is even stronger in Aboriginal communities than in Australia as a whole (Katherine Times, 1 March 1989). Northern Territory figures on homicide and injury purposely inflicted by others (not necessarily related to alcohol) show that in 1982 more Aboriginal women than men were the victims of these incidents (211 hospital separations for males as opposed to 235 hospital separations for females) (Devaneson et al. 1986).

In the community where the author undertook research (a population of approximately 300 Pitjantjatjara-speaking people), alcohol related deaths constituted 30 per cent of all deaths over a ten-year period. With the help of the community's clinic, and the permission of the Aboriginal Health Organisation, nursing staff collected data over a six-month period in 1982 on all alcohol related presentations. During the six months, there were 181 consultations for alcohol related reasons of which 62 per cent were males and 38 per cent females. The most common injuries dealt with were lacerations sustained as a result of violence, constituting 45 per cent of all injuries. The next most common injuries were burns (30 per cent). Burns occurred accidentally when inebriated people rolled into their camp-fires at night, or trod on burning embers, although on some occasions a burn injury was found to have been deliberately inflicted. Other injuries noted were bruises and fractures. Lacerations were most commonly found on the head and in the thigh, and burns were most commonly sustained on the back.
There were some marked differences in the type of injuries and the part of the body injured sustained by each sex. For example, head injuries constituted 25 per cent of all female injuries, and only 7 per cent of all male injuries. Because head injuries were usually lacerations, this meant that women were more often lacerated in the head than were men. Men on the other hand, presented at the clinic most frequently with thigh lacerations (20 per cent of all male injuries were to the thigh). No woman sustained a thigh injury over the six-month period.

Recent data from the same community (collected in 1987) shows that more women are presenting at the clinic with alcohol related injuries than five years earlier. In 1987, 50 per cent of presentations for alcohol related injury were by females, as opposed to only 38 per cent in 1982. The pattern of their injuries remains the same: females still bear more head lacerations than do men, and suffer more bruises than do men. Lacerations are usually inflicted with bottles, iron bars and bricks, which are wielded as weapons during fights. In this community, alcohol related crimes are virtually all against the person rather than against property, although some property damage does occur.

The high number of head injuries sustained by women in this community, meant that they frequently suffered life-threatening injury. This was exacerbated by the circumstances in which drinkers usually consumed alcohol - several hours away from the nearest hospital, and without caretakers who could call for help. This is not to suggest that women were necessarily passive recipients of assault, or that they were unaware of the dangers of participating in drinking groups. Nonetheless, a man's superior physical strength tells in such circumstances. There were very few examples of men seeking medical help as a result of injuries inflicted by women. Despite the fact that there were fewer women drinkers than men in this community, more women had died as a result of alcohol related assaults.

Women also sustained more arm fractures than men, according to retrospective data collected on alcohol related evacuations to hospital. Patients were sent to hospital in fracture cases rather than being treated in the clinic. Over a seven-year period, 17 women received treatment for arm fractures and only 3 men. One woman (who eventually died as the result of an assault by a male Aborigine) had steel pins inserted into her forearms as a result of repeated fractures by the same man.

The differentiation between male and female injuries to parts of the body is significant for two reasons. Firstly, spearing in the thigh (in men) and arm-breaking (in women) are documented in the anthropological literature as being the two areas of the body subjected customarily to blows of punishment. Secondly, the fact that the inebriated (in at least some instances) were able to place their blows to specific parts of the body, suggests that strong cultural factors were at work. It also suggests that even the apparently inebriated were capable of a degree of controlled action.

Spearing in the thigh of a man is still used as a form of social control as a punishment for serious misdemeanour in several regions of Australia. Indeed it has caused the Australian legal system some concern, both because of modern sensitivities about ‘inhuman’ physical punishment, and because of the possibility that an Aboriginal person may suffer ‘double jeopardy’: punishment for a serious crime enacted by his own community and imprisonment under Australian law (The Law Reform Commission 1986). Women may sustain arm fractures inadvertently, of course, as a result of raising their arms in self-defence, thus coming into contact with the full force of a blow. However, arm-breaking of women (by both male and female assailants) is noted by Sansom (1980) and Bell and Ditton (1980). Bell and Ditton note an incident in which an Aboriginal man hit his wife's arm with a boomerang for not preparing his dinner (1980). He claimed that this was justified under customary law.
Alcohol and Disinhibition

The role of alcohol in these cases is a confounding, and confusing, factor. Lay beliefs vary in our society about alcohol as a causal, contributory or ameliorating factor in violence. As for the criminal law, these matters are argued in the context of a specific guilty intent, for both the intention to commit an act, and the act itself must concur in order to constitute a crime. In a well-known legal case (Majewski v. DPP [1976] 2 All ER 142) it was said that anyone who voluntarily ingests a substance which causes him to 'cast off the restraints of reason' is to be deemed criminally responsible for any injury he might cause while in that condition. In Australia, the potential for exculpation as a result of voluntary intoxication is much wider than it is in England, as a result of the O'Connor case (R v. O'Connor [1980] 29 ALR 449) in which the accused had consumed alcohol and a hallucinatory drug, and was found to lack a specific intent to commit the offence. Kingshott suggests that this decision perhaps 'inadvertently opens the door to pleas of 'nothing to do with me . . . it was the alcohol not me' (Kingshott 1981).

The notion that alcohol in itself acts as a disinhibiting factor, an 'enabling' factor, has been queried in recent years by social scientists studying the social organisation of alcohol use, prompted by MacAndrew and Edgerton's seminal book Drunken Comportment (1969). They argue persuasively that the behaviours that occur after drinking has taken place are determined by what that society defines as permissible drunken comportment. They provide evidence that even the inebriated observe limits and rules, and indeed the data provided above also supports this stance (MacAndrew & Edgerton 1969; cf. Marshall 1983; Brady & Palmer 1984). Kingshott points out that the relationship between alcohol and crime is usually enacted in a particular social milieu (Kingshott 1981).

Although it is not easy to generalise, on the whole, Aboriginal people show a high degree of tolerance of drunken comportment. Among the traditionally-oriented people, perceptions of a person who commits anti-social acts while under the influence of alcohol are that he is not responsible for those acts. A drunken person is not himself, something 'gets into' him, he is 'mad', has 'lost his brains' (Brady & Palmer 1984). For this reason, people tend to avoid confrontations with drinkers and to acquiesce to their demands. This accommodating approach provides some ethnographic support for MacAndrew and Edgerton's thesis.

In matters involving charges against Aboriginal people who commit offences while intoxicated, the legal view and the lay beliefs may intertwine, provoking more complexity. Alcohol abuse among Aboriginal people is widely thought to be associated with low socio-economic status, oppression and despair, although these do not explain the relatively low use of alcohol by Aboriginal women who have been equally affected by these factors. Despite the injustices that have resulted in extraordinarily high imprisonment rates for relatively minor offences, courts often do take a defendant's Aboriginality into consideration in the context of alcohol use. Perhaps ironically, this seems to occur particularly in the context of serious crimes against the person, rather than in more minor crimes. For example, Mr Justice Forster said in 1984 referring to a case of unlawful assault:

> I have said frequently in the past, and I say again, that so far as Aboriginal people are concerned, I regard self-induced drunkenness as something of a mitigating factor which is not the position with respect to Caucasian people, indeed in their case, it may be an aggravating factor (Case Note 1984 Seven v. Seears, Aboriginal Law Bulletin, February).

Forster J. made similar remarks and concessions in several other cases (McCorquodale 1987; Daunton-Fear & Freiberg 1977).

In the case of Alwyn Peter, an Aboriginal man from Mapoon, Queensland who killed his de
facto wife, an extraordinary amount of psychiatric and sociological opinion was provided to the court as background to the offence. This pointed to the 'dispossession and uprooting of the Aboriginal people and the fundamental flaws in the relationship between black and white societies in the north of Queensland' (Case Note 1983, R v. Alwyn Peter, Aboriginal Law Bulletin, August). Dunn J. accepted that because of Peter's drunken condition and its bearing on his capacity to form an intention, 'it was right for the Crown to accept the plea of guilty to manslaughter'. The defendant received a sentence of two years and three months (cf. Wilson 1982).

A further complication occurs in some alcohol related criminal cases, where matters referred to as 'customary law' are raised. In such cases, the Aboriginal defendant may argue that his actions were justified under 'traditional' law and this may be taken into account when it comes to sentencing. There have been some instances involving the use of customary law as an explanatory factor in violence against women. For example, in the case referred to by Bell and Ditton where a man had assaulted his wife for not preparing his meal, he claimed that this was justified under the 'old' law. However, because he was inebriated at the time, the community council (who had been approached for their opinion) stated that the old law did not apply to drunks (Bell and Ditton 1980). It was suggested on behalf of a man from the Victoria River district (Northern Territory) who had killed his wife after an argument, while drunk, that in Aboriginal society it was not unusual for women to be beaten if they do not obey their husbands. This was said at the appeal against a four-year sentence; in this case the appeal was dismissed (Case Note 1982, Jacky A. Jadvin v. The Queen, Aboriginal Law Bulletin, December).

In the South Australian trial of a man who killed his de facto wife, the assailant claimed that his assault was justified under Aboriginal Law because the woman had spoken secret-sacred words that women were not supposed to utter. Both were inebriated at the time (R v. Williams, [1976] 14 S.A.S.R.1.). After several closed sessions of the court, from which all women were excluded, the defendant was released from custody and sent back to the community on condition that he submit himself to the 'tribal elders'. He received only a minor spearing in his home community. Lawyers at the time hailed this decision as a 'wholesome precedent' in the 'recognition' of Aboriginal practices (Ward 1976; Ligertwood 1976). However, the Law Reform Commission, with hindsight, commented

Regrettably the concern shown for Williams by the trial judge in this case was ineffective. Williams later committed a series of assaults on Aboriginal women and was gaoled in 1978 and again in 1980. There is no indication that these offences had any customary law elements (The Law Reform Commission 1986).

As Maddock has argued, human rights issues are touched upon in a case such as this, for the Australian justice system accepted in principle that the assailant had a 'right' to physically assault a woman for reasons of customary law. The court gave tacit recognition of this 'right' by declining to punish the assailant under Australian law, and by sentencing him to whatever the 'elders' determined (Maddock 1984).

Not all judges listen sympathetically to claims that an Aboriginal man may 'correct' his wife utilising violent means. Muirhead J., in sentencing a Wave Hill man on charges of grievous and actual bodily harm against his wife said

This is yet another case where violence and cruelty have erupted from liquor. It may be that Aboriginal women are traditionally subjected to domestic violence or correction, however it be called, so often in the form of blows to the head. But . . . your treatment of this small young woman does not coincide with any traditional Aboriginal concepts . . . I am not prepared to regard assaults of
Aboriginal women as a lesser evil to assaults committed on other Australian women, because of customary practices or life-styles, or because of what at times appears to be the almost hopeless tolerance or acceptance by some Aboriginal people to drunken assaults of this nature . . . (McCorquodale 1987).

As several researchers have observed, it is difficult to accept that wife beating is justified by 'tribal custom' and such suggestions are misleading and defamatory (Daunton-Fear & Freiberg 1977).

Conclusion

Aboriginal women in remote Australia are vulnerable for many reasons, particularly when their lives and social interactions are bound up with the use of alcohol. In the examples mentioned here, their own use of alcohol or the fact of living in a community where alcohol use permeates the fabric of daily life, have been factors which exacerbate the myriad of other difficulties experienced by Aboriginal women, (and Aboriginal men) in their disadvantaged position in Australian society. Women may be deprived of the support of their kin because of social upheaval, dispossession, or early death; they lack institutionalised support services and shelters to protect them from violence. They are sometimes - it seems - deprived of the protection of Australian law. Bell and Ditton (1980) comment that the women they interviewed were critical of the role of 'legal aid' which they see as 'protecting men charged with crimes of violence against women'.

Several rather complex issues have been mentioned only briefly here, and many of them are extremely sensitive and contentious ones. As Aboriginal women themselves become more conscious and outspoken about alcohol use and its numerous ramifications (both positive and negative), perhaps more attention will be focused and more resources devoted to, ameliorating their situation.

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