

The logo graphic consists of a 3x3 grid of squares. The top row has three blue squares. The middle row has a white square, a grey square, and a blue square. The bottom row has a blue square, a white square, and a blue square. The text 'NDLERF' is positioned to the right of the grid, with 'NDLE' in white and 'RF' in yellow.

# NDLERF

An investigation into the influx of Indigenous  
'visitors' to Darwin's Long Grass from  
remote NT communities – Phase 2

Monograph Series No. 33

Funded by the National Drug Law Enforcement Research Fund  
An Initiative of the National Drug Strategy

**An investigation into the influx of  
Indigenous ‘visitors’ to Darwin’s Long Grass  
from remote NT communities – Phase 2**

**Being undesirable: law, health and life  
in Darwin’s Long Grass**

Catherine Holmes and  
Eva McRae-Williams

The Larrakia Nation Aboriginal Corporation, Research Division

**Funded by the National Drug Law Enforcement Research Fund,  
an initiative of the National Drug Strategy**

Produced by the National Drug Law Enforcement Research Fund (NDLERF)  
GPO Box 308, Hobart, Tasmania 7001

© Commonwealth of Australia 2008

ISBN: 978-0-9804654-8-8

ISSN: 1449-7476

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without prior written permission from the Commonwealth available from the National Drug Law Enforcement Research Fund. Requests and enquiries concerning reproduction and rights should be addressed to the National Drug Law Enforcement Research Fund, GPO Box 308, Hobart, Tasmania 7001.

Opinions expressed in this publication are those of the authors and do not necessarily represent those of the National Drug Law Enforcement Research Fund (NDLERF) Board of Management or the Australian Government Department of Health and Ageing.

The research on which this report is based was funded by the National Drug Law Enforcement Research Fund, an initiative of the National Drug Strategy.

## Table of Contents

<b>List of Tables</b> .....	<b>iii</b>
<b>List of Figures</b> .....	<b>iii</b>
<b>Acknowledgments</b> .....	<b>iv</b>
<b>Peer Review</b> .....	<b>iv</b>
<b>Executive Summary</b> .....	<b>v</b>
<b>Chapter one: Introduction</b> .....	<b>1</b>
Research question and aims .....	2
<b>Chapter two: Literature review</b> .....	<b>3</b>
Aboriginals in Darwin: a ‘problem’ constructed and reproduced by mainstream society .....	5
Mobility and reasons for staying in the Long Grass .....	7
Experiencing traumatic events .....	8
Trauma-related illness, treatment and self-medication .....	9
Responding to trauma: safe and stable shelter.....	10
The role of stigma in health .....	11
Understanding homelessness beyond a housing deficit.....	12
<b>Chapter three: Research design</b> .....	<b>13</b>
Stage 1 methods: voices from the Long Grass .....	14
Stage 2 methods: Aboriginal experiences with trauma events and symptoms .....	15
Stage 3 methods: non-Indigenous views of people in the Long Grass.....	16
<b>Chapter four: Voices from the Long Grass (stage one)</b> .....	<b>17</b>
Increasing Aboriginal primary homelessness.....	17
An aged population in the Long Grass .....	23
Reasons for leaving home and staying in the Long Grass .....	24
Length of stay in the Long Grass .....	28
Preferred camping places .....	30
Key problems in the Long Grass .....	32
Daily activities in the Long Grass.....	34
Alcohol use and conceptions of abstinence.....	37
Long Grass perceptions of the Northern Territory Emergency Response.....	37
<b>Chapter five: Trauma events and symptoms (stage two)</b> .....	<b>40</b>
Experiencing, witnessing or hearing trauma events .....	40
Experience of trauma symptoms in past week.....	43
DSM III R and AAVHTQ scores .....	45

<b>Chapter six: Non-Indigenous views of the Long Grass (stage three)</b> .....	<b>47</b>
Perceptions of who stays in the Long Grass.....	47
Perceptions on the main reason for staying in the Long Grass .....	49
Perceptions of problems caused by people staying in the Long Grass.....	52
Participants' views on what should be done to address problems.....	57
The final diatribe .....	62
<b>Chapter seven: Concluding discussion .....</b>	<b>64</b>
<b>Chapter eight: Recommendations .....</b>	<b>69</b>
<b>References .....</b>	<b>73</b>
<b>Appendix 1: Ethics approval .....</b>	<b>78</b>
<b>Appendix 2: Indigenous people in Long Grass semi-structured interview</b> – stage 1 fieldwork .....	79
<b>Appendix 3: AAVHTQ – stage 2 fieldwork.....</b>	<b>84</b>
<b>Appendix 4: Strengths and limitations of Atkinson's (2007) AAVHTQ .....</b>	<b>88</b>
<b>Appendix 5: Non-Indigenous peoples' perceptions semi-structured survey</b> – stage 3 fieldwork .....	90

## List of Tables

Table 1:	No. of clients assisted through HEAL activities, Aug 08–Nov 08 and Aug 08–Jul 09.....	21
Table 2:	Percentage distribution of study participants by age.....	23
Table 3:	Descriptive statistics for the trauma events heard, witnessed and experienced by participants and individual experience of exposure to events (n=60).....	40
Table 4:	Number and percentage of participants endorsing each traumatic event .....	42
Table 5:	Number and percentage of participants endorsing each PTSD symptom .....	44
Table 6:	Descriptive statistics for DSM-III-R symptom severity score and AAVHTQ symptom severity score (n=60).....	45
Table 7:	PTSD symptomatic and non-PTSD symptomatic participants.....	46
Table 8:	Minor reasons for being in the Long Grass.....	51
Table 9:	Minor secondary reasons for being in the Long Grass.....	52

## List of Figures

Figure 1:	No. of POI cards issued quarterly, Jul–Sep 06 to Jan–Mar 09.....	18
Figure 2:	No. of clients transported by Night Patrol monthly, Jul 08 to Mar 09.....	18
Figure 3:	No. of LITS activities, July 07 to Nov 08 .....	20
Figure 4:	Combined no. of activities for LITS and Night Patrol, Jul 07 to Nov 08.....	20
Figure 5:	No. of clients using the RTC service by month, June 06 to Dec 08.....	22
Figure 6:	Participants’ length of stay in Darwin’s Long Grass.....	28
Figure 7:	Participants’ perceptions of the NTER .....	37
Figure 8:	Number of non-Indigenous participants by age group.....	47
Figure 9:	Categories of individuals perceived to be in the Long Grass.....	48
Figure 10:	Categories of participants’ views on what should be done to address problems caused by Long Grass populations/people.....	57

## Acknowledgments

The Larrakia Nation Aboriginal Corporation (LNAC) Research Division is greatly appreciative of the support and funding received by the: Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS); National Drug Law Enforcement Research Fund (NDLERF); Northern Territory Government's Department of Justice (NT DoJ); and Oxfam Australia.

The LNAC would also like to acknowledge the generosity of the research participants who kindly shared their time and experiences with the research team in a particularly challenging project. The authors would also like to acknowledge the contribution to this project made by Kellie Pollard, Dorrie-Anne Raymond, Joe Browne and Tania Cooper for their role in data collection.

We are grateful to have received local intelligence and data sets from LNAC staff in other program areas. In particular, thanks are extended to the Larrakia Intervention Transport Service team. Appreciation also goes to Anglicare and Danila Dilba for agreeing to provide support to participants and we acknowledge the Menzies School of Health Research Human Research Ethics Committee for agreeing to consider the ethical merits of this study. We are also very appreciative of the specialist statistical support and feedback provided by Kim Johnstone. Thanks also go to Dr Vanessa Johnston (Menzies) for her critical analysis of the trauma questionnaire.

Our gratitude goes also to Associate Professor Tess Lea, Charles Darwin University, and Professor Peter Stephenson, Bachelor Institute of Indigenous Tertiary Education, for their critical review and feedback on a draft of this paper.

## Note

The opinions in this publication reflect the views of the authors and do not necessarily reflect those of the Larrakia Nation Aboriginal Corporation (LNAC) or the views of their funding partners.

## Executive summary

The rate of Aboriginal homelessness in the Northern Territory and Darwin is staggering when compared with the rest of Australia. Living rough is categorised as primary homelessness by the Australian Government and is locally referred to as 'staying in the Long Grass'. Previous research has highlighted that living in the Long Grass is likely to have an adverse effect on health, wellbeing and life quality as individuals attempt to survive from day to day in an inhospitable urban environment.

In Darwin, the primary homeless rate rapidly increased immediately following the announcement of the federal government's Northern Territory Emergency Response (NTER) in Aboriginal Territory communities in June, 2007. While unintentional, the NTER policy became a structural driver of Aboriginal homelessness and internal displacement in Darwin; contrary to the goals articulated in other key national policies that attempt to address homelessness and Aboriginal disadvantage. Subsequently, the importance of monitoring homelessness and its broader social implications in Darwin has been highlighted, enabling a meaningful and timely contribution to policy development and service delivery concerning this population. This present study is a response to this need.

This study asked the question, *'What do Aboriginal people staying in Darwin's Long Grass require to attain an acceptable level of health and life quality and to be law abiding citizens?'* The views and experiences of 550 participants were explored through three stages of fieldwork. The first stage explored the lived experience of 122 Aboriginal people staying in the Long Grass. Using the Australian Aboriginal Version of the Harvard Trauma Questionnaire, a second stage examined the level of exposure to trauma events and trauma symptoms experienced by 60 Aboriginal people in this population. The third stage gained an insight into the views of 368 non-Indigenous members of mainstream Darwin society about people staying in the Long Grass.

While not definitive, study findings suggest there has been a sustained growth in primary Aboriginal homelessness in Darwin since July, 2007, to the present day. This population was found to be a prematurely aged one and the most common reason they had left home communities was to escape family problems – problems that generally involved violence. Family problems were exacerbated by a lack of housing in communities and, consequently, the incentive to access alcohol in Darwin was an important determinant in deciding to leave home for the Long Grass.

Half of the study participants staying in the Long Grass had been living rough for a period of up to two months, highlighting the dearth of affordable, available and accessible accommodation options for this population. A large proportion of participants, however, had been in the Long Grass for more than six months, indicating a high transition rate of individuals into chronic homelessness as a way of life, many of whom will likely require life-long support. In the Long Grass, the main stressor experienced by individuals related to violence, followed by a perceived lack of rights and autonomy and concern for family left in home communities.

Unlike the findings of a previous study, participants in this inquiry did not specifically attribute their move to Darwin to the federal government's NTER. This present inquiry, however, gained an insight into participants' perceptions of the NTER. The most dominant view was that it was simply income management, yet no participant made a link between income management and child welfare. The next most common response was that participants did not know what the NTER was about. It was found that participants were *'rolling with the policy punches'*.



The lifetime exposure to trauma experienced by Aboriginal people in the Long Grass was significant. Despite probable under-reporting, on average individuals had heard, witnessed or personally experienced nearly twelve trauma events, with individuals having personally experienced an average of ten events. Over half of the study population reported direct exposure to every trauma on the questionnaire, with the exception of rape and/or sexual abuse.

In the week prior to being interviewed, participants also reported being affected by symptoms commonly associated with post traumatic stress disorder (PTSD). Being on guard and on the look out for trouble; feeling alone and the need to avoid people; and avoiding reminders of hurtful or bad things were experienced by more than 70% of participants. At least ten participants had reportedly experienced every symptom on the questionnaire within the previous week. One in five of the study participants were found to be PTSD symptomatic which, in part, explains the high levels of alcohol consumption among this population given the distinct absence of available treatment options.

Any attempt to amend conditions for people in the Long Grass requires understanding how the views and values of the dominant society impact on their circumstances. This study found that a gulf existed between the lived experience of Aboriginal people in the Long Grass and the perceptions of it held by non-Indigenous mainstream members. Non-Indigenous people tended to associate occupation of the Long Grass as an Aboriginal choice linked to lifestyle and cultural predisposition. Their beliefs tended to romanticise or demonise Aboriginal poverty and rarely acknowledged the limited or non-existent choices available. Not a single non-Indigenous participant identified dispossession, internal displacement, colonisation, stolen generation, cultural genocide or any other government policy geared towards the control of Aboriginal people as a reason that they might be staying in the Long Grass.

Whether romanticising about peoples' reasons for being in the Long Grass or hostile, overwhelmingly non-Indigenous participants in this study regarded Aboriginal people as problematic. They objected to this population living and being in public places and had a problem with their drinking and being drunk; fighting and arguing; making an adverse effect on amenity; being a source of contagion; and the problems they caused for themselves. Yet many non-Indigenous participants did not make a distinction between Aboriginal people in the Long Grass and Aboriginal people in general in public places. The solutions offered by non-Indigenous participants included education (typically related to learning to be more European), the provision of shelter (somewhere else, in order to control their movement and confine their behaviour) and, to a lesser extent, support services (in part, so they can be cleaner and more hygienic). The grim reality of the lived experience of the Long Grass was overshadowed by the problems this population caused mainstream society.

This study concluded that empathy for the life circumstances of Aboriginal people in the Long Grass was evaporating. Aboriginal people in public places were regarded with suspicion by mainstream society and assigned a deviant identity. They were perceived to be: irresponsible; choosing a morally corrupt lifestyle; a source of contagion; neglectful of their children; and engaging in unhealthy social behaviours including alcohol abuse. Non-Indigenous participants believed that contemporary Australian society had helped enough, invested enough and tried everything to change their behaviour and overcome their differences associated with Aboriginality to no avail.

In conclusion, the study found it is not possible to stay in Darwin's Long Grass and maintain health, life quality and be a law abiding citizen. This way of living was repugnant to the dominant group, beleaguering the social order and affronting accepted systems of beliefs, values and attitudes. The cultural reproductive processes of mainstream society work tirelessly to overcome

difference through interventions which require conformity. The underlying assumptions of these interventions which see 'difference as deficit' and 'difference as romantic ideal' hinder the capacity of achieving desired outcomes. Similarly, the assumption that Aboriginal people understand, desire and have internalised the beliefs, values and attitudes of mainstream society further impedes the success of interventions.

This report has outlined 25 general recommendations which relate to:

- the planning, resourcing and delivering of interventions/services to a growing Aboriginal homeless population which have regard for the lived experience of the Long Grass and which support improved health, life quality and citizenship;
- research which informs best practice;
- education for mainstream society;
- education for Aboriginal people in the Long Grass;
- supported shelter, support and specialist aged-care services; and
- legalising camping.



## Chapter one: Introduction

This report explores social issues relating to Aboriginal people living rough in public places in Darwin following the announcement of the Northern Territory Emergency Response (NTER) in June, 2007. This population are referred to locally as 'living in the Long Grass' and are categorised by the Australian Government as experiencing 'primary homelessness' (Chamberlain & MacKenzie, 1992).

There were a number of interconnected reasons for undertaking this research. The first was in response to a widely accepted position that homeless populations and Aboriginal Australians suffer from poor health and that measures should aim to address this situation. This acknowledgment is reflected in policy initiatives which specifically call for interventions to overcome homelessness and Aboriginal disadvantage (see *The Road Home: A National Approach to Reducing Homelessness*, Commonwealth Government, 2008a; *Closing the Gap on Indigenous Disadvantage: The Challenge for Australia*, Commonwealth Government, 2008b). Aboriginal people living rough in Darwin are, in theory, a target population for policies relating to health, wellbeing and quality of life.

The second rationale for this study was connected to the inadvertent consequences of NTER policy. The NTER reforms were found to contribute to an increase in the number of Aboriginal people from remote communities living rough in Darwin (Holmes et al., 2007). The researchers recommended that unintentional and inadvertent consequences of government policy, in particular the NTER, be monitored. They argued that an examination of social processes linked to homelessness had the potential to make a meaningful and timely contribution to policy improvements and service delivery to those experiencing primary homelessness in Darwin.

The third reason related to the recognised gap in knowledge about the lived experience of marginalised populations and their disadvantage. As Parker and Fopp (2004) contend:

... much of the Australian literature regarding homelessness to date omits the perspective of people who are homeless ... particularly in the academic literature, qualitative analysis remains relatively undeveloped ... (p. 145).

Holmes (2007) argued that understanding the lived experience of Aboriginal people living in the Long Grass, and the broader social context in which they exist, has the potential to make a worthwhile contribution to evidence-based policy. This knowledge can contribute to better health outcomes for this population and is consistent with the national policies geared toward addressing homelessness and Aboriginal disadvantage.

The fourth reason for embarking on this study was that the Larrakia Nation Aboriginal Corporation (LNAC), as the primary outreach service provider to those living in the Long Grass, believed their own service provision could be enhanced through a more comprehensive understanding of the issues faced by this population. With their own Research Division, LNAC was well positioned to undertake this inquiry.

The final reason for this present study related to the increased public debate and political attention directed at the anti-social behaviour of Aboriginal people in Darwin. This negative attention, together with the above reasons, contributed to several agencies supporting this research. These agencies included the National Drug Law Enforcement Research Fund (NDLERF), the Northern Territory Government's Department of Justice (DoJ), Oxfam Australia and the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS).

## Research question and aims

The following overarching research question was formulated:

What do Aboriginal people staying in Darwin's Long Grass require to attain an acceptable level of health and life quality and to be law abiding citizens?

In order to respond to this question, this study aimed to:

1. monitor changes to the population influx into Darwin of remote visitors and make comparisons with data/findings by Holmes et al., (2007);
2. explore the reasons why individuals/groups left their homes;
3. explore the perceived positive/beneficial elements of the NTER;
4. explore the reasons why individuals selected Darwin to stay in the Long Grass (i.e. mapping mobility pathways with institutional/homeless knowledge);
5. explore the drinking patterns of individuals/groups;
6. determine if barriers exist to detoxification/rehabilitation from alcohol and work with Long Grass groups to overcome these;
7. identify problems experienced by people in the Long Grass and develop strategies with Long Grass groups, government and non-government agencies to overcome these;
8. identify the stressors individuals in the Long Grass have experienced;
9. assess the incidence of trauma and trauma-related illness (using quantitative methods) of individuals in the Long Grass (to complement qualitative data collected in previous research projects); and
10. explore the perceptions of non-Aboriginal residents who live in close proximity to Long Grass camps.

Filling a gap in our knowledge on homelessness in Darwin, this study adopted a multi-method approach. Study aims were explored through three stages of fieldwork. The methods used in fieldwork sought to capture the lived experience of Aboriginal people in the Long Grass. In doing so, the potential to provide this population with a voice for inclusion in meaningful policy concerned with their own welfare has been created. This fieldwork was complemented by quantitative methods which were used to measure the level of exposure to trauma events among this population. In addition, this research explored the perceptions of the wider mainstream community to gain an insight into the broader social processes which affect life for those in the Long Grass.

This present study builds on the early indications of increased homelessness as an indirect consequence of government policy, to explore the phenomena in greater depth. The report begins with a review of the literature. An outline of the methodology and methods applied follows. A discussion on the findings derived from each stage of fieldwork is presented. The report concludes by drawing together key findings and proposing a number of recommendations.

## Chapter two: Literature review

*Homeless people have significantly poorer health than the general community – mental health problems are particularly prevalent. They face substantial barriers to accessing health services, including lack of transport, lack of money, unhelpful reactions from people within the health system and lack of information about health services. They are also less likely to recognise that they have health-care needs and less equipped to follow through with medication and self-care regimes (Commonwealth Advisory Committee on Homelessness, 2001; p. 34).*

Homelessness is a culturally defined multilayered and multidimensional phenomenon (Keys Young, 1998; Memmott et al., 2003; MacKenzie & Chamberlain, 2004; Thompson, 2007). Official definitions, however, are typically less ambiguous and are based on the absence of various forms of shelter (Veness, 1993). In Australia there are three identified forms of homelessness used by the government: primary (living rough or in improvised dwellings); secondary (staying with friends or relatives with no usual address or in homeless services); and tertiary (living in boarding houses or caravan parks with no secure lease or private facilities) (Chamberlain & MacKenzie, 1992).

Homelessness rates are dramatically higher in the Northern Territory than for any other Australian state or territory, at a rate of 248 per 10,000 people. To put this into perspective, Queensland has the next highest rate at 67 per 10,000 people. In the Northern Territory, more than 1,580 individuals were found to be living with no conventional accommodation, experiencing primary homelessness following the 2006 census count (Chamberlain & Mackenzie, 2008).

Indigenous Australians continue to be over-represented in all categories of homelessness. They account for approximately 10% of the total homeless population (ABS, 2008a), an increase of 1.5% since the 2001 census (Chamberlain & MacKenzie, 2008), while only making up 2.5% of the total Australian population (ABS, 2008b). According to Keys Young (1998), Indigenous over-representation in homelessness is because Indigenous Australians generally do not have the same access to affordable and secure housing as do other Australians. They note that this situation is exacerbated by higher levels of mobility among Indigenous populations whereby leaving home to access services and to observe cultural obligations may be necessary. In such circumstances, adequate temporary accommodation is often non-existent. According to Long and Memmott (2007), high mobility patterns have been well documented among Aboriginals, yet *“relatively little is known of the nature of this culture of mobility and in particular its implications for services”* (p. 1).

The Northern Territory's homeless rates, however, should be treated with caution as precise figures on Aboriginal (and indeed any) homeless populations are very difficult to obtain. Factors which affect the accurate quantification of Darwin's homeless population through census counts include: high levels of mobility; movement in and out of homelessness; hiding (to avoid police, other authorities and mainstream society, to light fires to cook and stay warm etc.); cultural reasons (e.g. shame and stigma attached to being homeless); and other methodological challenges. Consequently, census data are likely to have significantly under-estimated the size of this population. According to Taylor and Biddle (as cited in Chamberlain & MacKenzie, 2008), the total Indigenous count in the Northern Territory was undercounted by 19%. As such, Chamberlain and MacKenzie (2008) concluded *“it is probable that homeless Indigenous people were undercounted as well”* (p. 37).

As it is articulated in government policies and strategies, homelessness is unacceptable and its reduction is named in position statements which aim to reduce Indigenous morbidity and mortality rates. For instance, the Commonwealth Government's (2008a) White Paper, *The Road Home*, acknowledges that Aboriginal people are over-represented among homeless populations, and states: "In a country as prosperous as Australia, no one should be homeless"; "Reducing homelessness is a priority for the Australian Government" and "Reducing homelessness is everyone's responsibility ...". The White Paper identifies two headline goals: (i) to halve overall homelessness by 2020; and (ii) to offer supported accommodation to all rough sleepers who need it by 2020. The national approach has emphasised the need to address the structural drivers of homelessness and includes "a policy of 'no exits into homelessness' from statutory, custodial care and hospital, health, mental health and drug and alcohol services" (p. 27).

Similarly, the Commonwealth Government's (2008b) paper entitled *Closing the gap on Indigenous disadvantage: the challenge for Australia* commented:

If we are to move forward together as a nation, and build a stronger and fairer Australia in the twenty-first century, we must address the appalling gap between the life opportunities enjoyed by Indigenous and non-Indigenous Australians ... Closing the Gap is fundamentally important to building a fairer Australia.

Aboriginal poverty, disadvantage and homelessness, however, are not new. Following decades of neglect and many inquiries, reports, research papers, investigations, boards and so forth, delving into Aboriginal-related issues, on 21 June, 2007 the former Australian federal government decided that a national emergency existed in Northern Territory Aboriginal communities.

This emergency followed the release of a report known as the *Little Children are Sacred* report (Wild & Anderson, 2007). Directing attention to the emotive issue of child abuse, the federal government announced a series of interventions to impact on Aboriginal people who lived in prescribed communities. Legislation was amended to allow for the government's intervention reforms, which, among other things, included:

- income quarantining for Aboriginal people receiving welfare payments;
- the linking of income to child school attendance;
- the abolition of permits necessary to enter Aboriginal lands;
- the abolition of the Community Development Employment Program (a work for the dole program and the number one employer of Aboriginal people in the NT);
- compulsory acquisition of Aboriginal land; and
- alcohol bans making all prescribed communities dry.

Most will agree that 'something had to happen' to improve life for Aboriginal people and that the emergency had indeed been going on for many decades. However, the intervention received fierce criticism for its:

- paternalism;
- legislated discrimination;
- violation of human rights; and
- the imposition of 'radical' reforms on Aboriginal people (Altman, 2008).

For many, it has been unclear how the children will be saved through the reforms, particularly given the nature of these criticisms. In their submission to the Northern Territory Emergency Response (NTER) review process, the Batchelor Institute of Indigenous Tertiary Education (2008) stated:

The Emergency Response identifies its main aim as the protection of children living in Aboriginal communities and town camps in the Northern Territory. However one of the most telling facts about the Northern Territory National Emergency Response (NTER) legislation is the number of times the word ‘children’ or ‘child’ appears – Nil.

The broader impacts of radical policy reforms on Aboriginal society will emerge over time and particularly whether any children will have been ‘saved’ through the reforms. But in the context of housing and homelessness, immediate concerns have been highlighted. For instance, Goldie (2008) reasoned that:

It is generally agreed that there is a chronic lack of low cost, culturally appropriate housing options for people living in Darwin. With the impacts of the NT Intervention currently being assessed, it appears that the number of people moving into Darwin from other Indigenous communities across the Northern Territory is only increasing, further intensifying the housing crisis (p. 3).

In this literature review, existing research on the lived experience of people staying in Darwin’s Long Grass (i.e. living rough, without shelter) and their associated mobility is explored. The reasons why people stayed in Darwin’s Long Grass alongside the problems/issues they negotiated are outlined. This is followed by an examination of the international, national and local evidence relating to the experience of trauma and associated illnesses – in particular, post traumatic stress disorder (PTSD) among homeless populations. The review then considers ‘stigma’ and its role in the homeless experience, before concluding with a discussion on the policy implications of conceptualising ‘homelessness’ as a multi-dimensional and multi-layered phenomenon.

## **Aboriginals in Darwin: a ‘problem’ constructed and reproduced by mainstream society**

Holmes and Eldridge (2008) reported that people in Darwin’s Long Grass experienced inadequate shelter and resources to meet the most basic of daily needs. They argued that both Aboriginal and non-Aboriginal people did not have access to the normal safeguards for health and life afforded to other members of society. With it being illegal to camp in most public places, homelessness in Darwin is effectively a crime (Goldie, 2008) and, not surprisingly, people staying in the Long Grass felt they were sought out and pursued by the police, council officers and others (Holmes & Eldridge, 2008).

These feelings of persecution among Aboriginal homeless/houseless populations in Darwin are not new. In Bill Day’s (2008) *The Bagot Story*, we are forced to acknowledge that the issues discussed by successive governments from the 1930s to the present day relating to the ‘Aboriginals in Darwin problem’ have changed little, as illustrated in the following excerpt:

... Dr Cook, the Chief Protector of Aborigines and Chief Medical Officer in Darwin believed the new reserve would help control the spread of unauthorised Aboriginal camps around Darwin. He claimed that *“these camps exist at the present time owing to [the government’s] inability to patrol the locality effectively. With the stricter supervision which must follow [the creation of Bagot Reserve] these camps will disappear and aboriginals now in the vicinity of*



*Darwin will be concentrated under supervision.*" He also maintained that without control, the scattered camps "would be a menace to troops resident on the proposed aerodrome" (C. E. Cook to Administrator, 29 February, 1937) ...

... Another prominent local politician stated in the NT Legislative Council, "to put the natives further into the bush would be in their own interests," adding, "The town of Darwin is extending and we do require places within easy access to the city where people can live" (Hansard, 13 January 1959).

A memorandum suggested the "scrubland and swamps [on the reserve] provide the seclusion ideal for drinking and gambling orgies and other forms of anti-social behaviour. The very nature of the land prevents adequate supervision by authority" (quoted in Wells 1995b:225).

Julie Wells (1995b:226) notes: "The activities which the Branch describes as 'anti-social' and for which Aborigines used the bushlands would have been portrayed quite differently by the Aboriginal protagonists ..."

Seven decades later, the Darwin Lord Mayor made clear his strong views about Aboriginal people staying in Darwin's Long Grass:

... harass, harass, harass ... I reckon that if you keep shifting them around, constantly harass them so they can't settle, they will get sick and tired of it and maybe some of them will go back to their own communities (*Northern Territory News*, 23<sup>rd</sup> January, 1996).

These views were later echoed by Chief Minister Stone in 1997 who stated, "Aboriginal people with drinking problems deserve to be monstered and stomped on by the community" (*Northern Territory News*, 13<sup>th</sup> April, 1997).

Lea (2008), through archival work associated with her anthropological study of the former Northern Territory Health Service (with its focus on Aborigines), concluded that "... the core formulations surrounding ill-health, social disorder and what to do about them has shifted surprisingly little" (p. 129). This conceptual longevity, in part, may be explained by the cultural reproductive processes of mainstream society which are unconsciously (or maybe consciously?) based on the assumption that Aboriginal people are often out-of-place and in need of care. These assumptions underpin policy positions and political statements concerning this population. Lea (2008) observed:

... There is a relentless circularity to policy production, with a dense and repetitive patterning visible in the form/at/ation. The timelessness, or rather the recursivity, of policy is denied and disguised by its carefully selected, passionately instrumental language ... The endless repetition of the performance requirements of policy work is better characterised as a dynamic inertia, for once [the latest] performance demands are over, new ones will arise, calling for fresh (re)enactments (p. 51-2).

Lea's (2008) point here is that the perceived problems associated with being Aboriginal have been constructed and reproduced through mainstream Australian politics, social institutions and media, for example – all being expressions of the 'white' Australian culture. Given that the problem of Aboriginal people in Darwin and their ill health has existed since the beginning of colonisation, and that policy framings repeatedly centre on Darwin's Long Grass population as undesirable dangerous deviants, it would seem that for the institutional and mainstream community to shift, radical interventions will be necessary.

## Mobility and reasons for staying in the Long Grass

Holmes and Eldridge (2008) have argued that Darwin's socio-political context (both historical and contemporary) gives rise to high levels of localised mobility for those staying in the Long Grass. Holmes (2007) found that houseless individuals in Darwin worked at avoiding trouble while they simultaneously attempted to access to the services and provisions that they required for basic survival. Their mobility was exacerbated by an increasingly inhospitable urban environment – one where houseless people were systematically built out and physically and socially excluded. Multiple policies that harass this population, from urban planning and development, council by-laws to policing, have meant that this population are stigmatised, marginalised and excluded from full participation in the social processes.

So why is it that people travel to and stay in the Long Grass? The mobility of human beings is not a new phenomenon and has occurred among Aboriginal Australians for many thousands of years. Reporting on a study which examined mobility among an eastern Northern Territory Aboriginal community, Long and Memmott (2007) found that:

Much mobility can be defined as a social process geared simultaneously towards the enjoyment of social interaction, the maintenance of social relationships and the maintenance of social identity. Thus when people visit family and friends they are not merely taking part in an enjoyable social occasion, they are also reinforcing reciprocal ties and obligations, all of which are essential parts of their social fabric (see Foster et al., 2005:35). Kinship is maintained through mobility, kinship makes mobility possible, kinship supports mobility, and kinship contributes to the definition of mobility regions.

Despite the significance of kinship in mobility, mobility patterns and individuals' capacity to survive have been radically shaped by European occupation. Langton (2003) contends that, today, many Aboriginal Long Grass people in Darwin are there because of the "*radical displacement of Aboriginal people in the northern frontier society*" (p. 1). A lack of services and accommodation for Aboriginal visitors to Darwin also accounted for why people stayed in the Long Grass (see Coulehan, 1995; Day, 2001; and Holmes et al., 2007). Maypilama et al., (2004) found that the Yolngu of East Arnhem Land lived in Darwin's Long Grass because they had deeper unresolved problems and not primarily because of alcohol, as popular opinion would suggest.

Holmes (2007), in research which included both Aboriginal and non-Aboriginal people who regarded themselves as both homeless and houseless (without shelter), found that people left their home and stayed in the Long Grass due to: relationship breakdown; grief over deaths of loved ones; fear of violence; illness, particularly depression; fear of sorcery; to escape disputes or conflict or feelings of confinement; to be free; to escape overcrowding and lack of resources; as a result of feeling like there was no future at home; and to access services and events. Further, as Long and Memmott (2007) also found, many of the reasons that led to mobility simultaneously facilitated the maintenance of kinship ties.

Taylor and Carson (2009) undertook a study which explored Indigenous mobility in the Northern Territory from a statistical perspective. They examined the census data from 1991 and compared it to the responses provided in 400 questionnaires completed by Aboriginal people from four large Territory communities. They found evidence of increased mobility of Aboriginal Territorians from remote communities to urban centres which had been occurring for decades and had been facilitated by a range of enablers. They maintained that while mobility has likely occurred irrespective of the NTER, it may have created a 'spike' in some places.

A limitation of this study is that it did not necessarily capture the views and experiences of those individuals that *were actively mobile or displaced/homeless in an urban setting*. Nor did it necessarily gather data from individuals who believed their lives had been adversely affected by the NTER. But rather, it appears that the views and observations of Aboriginal peoples (who at the time were not mobile and/or were not sufficiently affected by NTER policy to travel to urban settings) were those explored.

A further limitation relates to the reliability of census data on highly mobile Aboriginal (hidden) populations. As noted earlier, this population is likely to be significantly undercounted due to several factors. Although Taylor and Carson (2009) acknowledge some of the limitations of census data, they suggest that the effects of the NTER on patterns of 'formal' mobility (relatively long term and linked to formal ties such as housing, employment and education) may be unearthed in the 2011 census. While there is the potential for the next census to enumerate formal mobility, it is unlikely to capture 'informal' mobility where individuals do not establish formal ties. The next census may well capture fewer people in a particular community; however, it is unlikely to enumerate this mobile population in the receiving location if they enter homelessness, irrespective of the causative reasons. Consequently, Taylor and Carson (2009) make a negligible contribution to the evidence base concerning mobility associated with the NTER policy.

In contrast, Holmes et al., (2007) found that the NTER in remote Northern Territory Aboriginal communities was a contemporary contributing factor for increased numbers of people deciding to leave home communities to stay in Darwin's Long Grass. Their research with mobile and displaced Aboriginal people found that participants consistently reported that the NTER had caused multiple and interconnected problems, worries and stressors that led to their mobility choices. Alongside restricted access to alcohol, stressors included: a perceived loss of rights, autonomy and purpose; an increase in violence and conflict in communities; fear and confusion over the new laws; and a perceived lack of future. More than half of the participants indicated their intention to stay permanently in the Long Grass, potentially increasing the base-population by at least 20% (Holmes et al., 2007).

The above study also reported that participants experienced problems, stressors and worries in the Long Grass, too, the most significant being a perceived loss or violation of rights stemming from police interference and already difficult life conditions being exacerbated by a lack of access to water, food and blankets, particularly as people were forced to move into marginal areas of Darwin to avoid conflict and being moved on. As such, few individuals had accessed services (other than LNAC) set up to assist them (Holmes et al., 2007).

## Experiencing traumatic events

In a separate and more in-depth investigation of homelessness in Darwin, Holmes (2007) found that it was not only the above mentioned problems, worries and stressors that affected daily life, but also the inability of participants to negotiate multiple and profound traumatic events. In the Long Grass, individuals had deep unresolved issues and were living in circumstances which exposed them to further traumas. Parallels can be made with research by Kinsler and Saxman (2007) on incarcerated individuals. They stated:

... In prisons and jails we see deeply wounded and highly traumatised persons, who are placed in a highly traumatising situation, with little to no trauma-aware care and limited political openness to providing this (p. 94).

In the USA, the high prevalence of traumatic events and associated post traumatic stress disorder (PTSD) among homeless populations has been repeatedly demonstrated (see North & Smith, 1992; North et al., 1994; Kim & Ford, 2006; and Whitbeck et al., 2007). In Australia, however, there have been few studies with homeless populations that have explored the prevalence of traumatic events in their lives (see Buhrich et al., 2000; Coleman, 2000 & 2001; Robinson, 2005; and Holmes, 2006 & 2007). There has been only one published study to examine the prevalence of PTSD among a Sydney-based homeless population (see Taylor, 2006; Taylor & Sharpe, 2008).

To date, no published studies have examined the prevalence of PTSD among Aboriginal homeless populations in Australia. Atkinson (2007), however, explored the prevalence of PTSD among Aboriginal men who had been incarcerated for violence-related crime (including participants from the Northern Territory), and stated that participants had been

... exposed to significantly high levels of traumatic events that were cumulative, and therefore potentially compounding, with over half of the study population found to be PTSD symptomatic (p. 245).

Similarly, Taylor (2006) concluded that:

... homeless adults in Sydney report exceptionally high rates of trauma, the prevalence of PTSD in this group is considerably high in comparison to the Australian general population, and PTSD onset typically precedes homelessness (p. 144).

## Trauma-related illness, treatment and self-medication

Currently, the most common approaches used in the treatment of PTSD include cognitive-behavioural therapy, pharmacotherapy, group treatment and psychodynamic treatment. In these treatments, education, exposure, exploration of feelings and beliefs and coping-skills training are strategies used. Where individuals are affected by alcohol addiction, PTSD and the addiction must be dealt with simultaneously. Agencies which specialise in trauma counselling stress that resolving homelessness must be a pre-requisite for any of the above treatments. Resolving homelessness is argued to provide the stability required to participate in treatment (i.e. alleviates the demands associated with everyday survival), and, at the same time, remove individuals from environments that give rise to further traumatic events (NCPTSD, 2006).

Despite the existence of these barriers to treatment, there have been questions raised concerning the effectiveness of available PTSD treatments, even for those who are housed and homed. Shaleb (1997) commented, *“it is, seemingly, true that we can better identify, evaluate and even predict PTSD than effectively treat this disorder, at least at its chronic form”* (p. 416). With a small but burgeoning body of evidence pointing to the high prevalence of traumatic events and related PTSD among Australian homeless, there is a clear need to urgently examine possibilities for treatment suitable to this population. This urgency is further emphasised by McFarlane (2000) who stated: *“The impact of traumatic events on long-term psychological adjustment and physical health have been under estimated”* (p. 896).

With an absence of treatment, homeless traumatised people must manage trauma symptoms alone while within a cycle of trauma. Research has found that alcohol is often used to self-medicate and manage trauma symptoms (Atkinson, 2002; Holmes, 2007; NCPTSD, 2009). However, alcohol use by traumatised populations may only provide temporary relief from symptoms and has been found to contribute to deteriorated mental health, alcohol addiction and increased exposure to further traumas (North et al., 1994; NCPTSD, 2009).

Many researchers have found that people staying in Darwin's Long Grass abused alcohol (and other drugs) to cope with deeper unresolved issues (see Memmott & Fantin, 2001; Langton, 2003; Maypilama et al., 2004; Holmes, 2007; Holmes et al., 2007). It is a reasonable expectation that homeless people will continue to turn to unorthodox strategies to cope with trauma. Yet these coping mechanisms are not tolerated by mainstream society. In addition to contributing to poor physical and mental health, the use of alcohol as a coping strategy has led to profound social exclusion, with individuals being stigmatised by mainstream society for their behaviour (Holmes, 2007).

North et al., (1994) commented that:

Mental health interventions will be more effective if they are designed to be sensitive and attentive to the immediate traumatic nature of the homeless experience that likely contributes to acute mental health problems in this population ... Certainly attention to PTSD-related factors is likely to benefit a substantial proportion of the homeless ... (p. 108).

In their Sydney-based study Taylor and Sharpe (2008) concluded that finding accommodation for homeless people would likely be only part of the solution. They emphasised that: "*Services for homeless people need to take these serious mental health problems into account*" (p. 211). They argued that PTSD may go under-recognised and that those involved in mental health care should routinely assess for PTSD. This raises the question: how can stability be attained in the homeless context enabling meaningful participation in healing and recovery processes, breaking the trauma cycle? The answer to this public health question demands creativity and re-thinking the barriers around conceptions of 'homelessness' and treatment.

## **Responding to trauma: safe and stable shelter**

Holmes and Eldridge (2008) argued that managed camps sites were an integral component of effective, culturally sensitive, health service delivery approaches for Darwin's Long Grass population. They maintained that the provision of stable and safe camp sites would enhance the effectiveness of any initiative, in particular those relating to stigma, trauma and alcohol addiction. Their position was compatible with Taylor and Sharpe's (2008) findings, who concluded that the homeless participants in their study had "*multiple mental health needs and a long history of repeated trauma that, without treatment, are likely to impede their ability to maintain housing in the future*" (p. 211).

Managed camp sites may well provide the necessary transitional or temporary housing for a large number of homeless/houseless Aboriginals in Darwin that the Federal Government is committed to providing shelter and services to. As stipulated in *The Road Home* (Commonwealth Government 2008a):

Homelessness is everyone's responsibility. To end homelessness we need sustained long-term effort from all levels of government, business, the not-for-profit sector and the community (p. 14).

As noted by the Commonwealth Government (2008a), however, some elderly homeless people will require life-long support.

## The role of stigma in health

While trauma has obvious implications for mental and physical health, stigma also has the potential to contribute to adverse health outcomes. Miller and Kaiser (2001) identified consequences of stigma on physical health. The core feature of stigma, they argued, was that *“the stigmatised person had an attribute that conveys a devalued social identity within a particular context”*, leading to a variety of stressors (p. 73). They argued that the stress caused by stigma compromised immune system functioning, increasing cardiovascular activity and affecting neuroendocrine responses. These, they maintained, are all:

... implicated in important health outcomes such as cardiovascular disease and susceptibility to illness ... Some of the physical health correlates of stress including low birth rate, and infant mortality, heart disease, and hypertension, are also correlated with membership in some stigmatized groups (p. 75).

According to Goffman (1963), a stigma refers to an attribute of an individual that is deeply discrediting, making the person different from the social group, *“of a less desirable kind...reduced in our minds from a whole and usual person to a tainted, discounted one”* (p. 3). He held that while individual attributes were central to stigma, it was their relationship to the expectations of the social group that defined and determined whether an individual was credible (or normal) or not.

Goffman (1963) identified three key forms of stigma:

- physical deformities of the body;
- blemishes of individual character (such as those affected by mental disorders, imprisonment, alcoholism, homosexuality, unemployment and homelessness); and
- tribal stigma of race and religion.

Miller and Kaiser (2001) suggested that *“Understanding how stigmatised people cope with stigma requires that we take their perspective and study their responses to stress”* (p. 89). In one such study, Holmes (2007), through her investigation which privileged the voice of homeless people in Darwin, found that this population often attracted and negotiated all three forms of stigma referred to by Goffman (1963). Visible illness engendered increased levels of social exclusion, as did alcoholism, dependence on welfare, homelessness, poor mental health and hygiene status. Their Aboriginality also played a profound role in these social exclusion processes. Together, barriers were created for individuals in accessing the very services they needed to minimise the adverse consequences stemming from stigma. While poor health led to stigma, so too did stigmatising processes lead directly and indirectly to poor health. Holmes (2007) found that homeless individuals in her study simultaneously entered the cycle of stigma and a cycle of trauma.

The finding that Darwin’s homeless population was stigmatised for their situation is consistent with Sontag’s (1990) views, who argued that illnesses attract adverse moral judgments from society. Further, Phelan et al., (1997) pointed out the inevitability of homeless people becoming stigmatised for their poverty. They highlighted that, rather than eliciting compassion, *“a label of homelessness significantly increased social distance”* (p. 332).

It is clear that homeless people are highly stigmatised for their predicament and, out of necessity, develop a range of management strategies to cope. For example, Henry and Cadwell (2006) described how an enclave of socially disadvantaged people living on the outskirts of Sydney developed multiple remedies to cope with stigma. Similarly, Holmes (2007) found that people staying in the Long Grass used a combination of strategies to manage stigma; for instance: the occupation of ‘back places’ where like people congregated; the concealment of belongings to avoid negative attention; and attempting to attend to their physical appearance in order to look like a ‘normal’ housed individual.

## Understanding homelessness beyond a housing deficit

As noted earlier, homelessness is often described as a multi-layered and multi-dimensional social issue. Homeless individuals struggle to maintain wellbeing and health and must regularly negotiate crisis. They manage trauma and stigma daily, along with the outcomes of these related experiences. They are vulnerable and lack the individual and structural resources necessary to change their life worlds. While aspects of this homeless experience appear to be understood by mainstream society, rarely is there acknowledgement that the homeless experience is punctuated by profound grief linked to the loss of home (Robinson, 2004, 2005), with 'home' having an array of meanings. It is reasonable to conclude that we have much to learn about the lived trajectory of homelessness.

Take stigma as a case in point. It is a self-replicating social process entrenched into the individual and collective psyche of both the stigmatised and the stigmatiser and it is culturally reproduced. When we consider this alongside notions such as 'homelessness is everyone's responsibility', as stated in *The Road Home* (Commonwealth Government, 2008a), we are left with a realisation that without systemic changes these are nothing but hollow words. For these words to be realised, a concerted effort and investment must first be made into facilitating the prerequisite cultural shifts that enables 'everyone' to take responsibility. The tendency for governments, service agencies, the community etc. to co-opt the new language on such matters, without deeper transformation, permits only a reproduction of the status quo.

Although the rhetoric tells us homelessness is a complex issue, there is a gravitational pull towards conceptualising and addressing it from the 'housing deficit' position in much of the academic, policy and other published literature, both internationally and nationally. This conception is frequently enshrined in Australian policy and legislation – for example the *Supported Assistance Accommodation Program (SAAP) Act 1994* (Thompson, 2007) and the recently released *The Road Home: A National Approach to Reducing Homelessness* (Commonwealth Government, 2008a). Holmes (2007) has argued that such narrow definitions of homelessness are problematic and significantly hinder the advent of creative and effective program and service delivery responses for homeless populations. Thompson (2007) also suggests that while housing must remain central to discussions of homelessness, viewing homelessness as simply a housing issue fails to capture the full scale of the problem. Similarly, Minnery and Greenhalgh (2007) have stated that:

The approaches that seem to be the most effective are those that conceptualise homelessness as complex and dynamic and involving far more than mere houselessness ... dealing with both socio-structural and individual causes of homelessness (p. 653).

This literature review has emphasised the complexity of both the homeless situation and the homeless experience in Darwin for Aboriginal people. It has pointed to the importance of policy that has the intent and scope to deliver timely, creative and culturally relevant responses. The number of homeless people in Australia is increasing and, as Thompson (2007) has stated:

It is by no means clear that political goodwill exists to rectify the situation. The current policy agenda is premised on a belief in the transience of poverty, and this is enshrined in legislation ... but homelessness in Australia is not going away, and 'self-reliance and independence' are beyond the reach of those left behind by the inexorable progress of the market (p. 64).

## Chapter Three: Research design

This chapter outlines the research approach and methods used in each of the three stages of fieldwork. The LNAC (and Larrakia peoples) have utilised their established relationships of mutual trust and respect with Aboriginal people from all over the Territory in order to undertake much of this research. This relationship has been created over a lengthy period of LNAC delivering Northern Territory Government funded programs to Aboriginal people who are houseless and/or homeless in Darwin (categorised as primary homeless).

Each program makes a critical contribution to the everyday survival of individuals, with the added focus of minimising 'anti-social' behaviour. These programs include the Return to Country Program, the Proof of Identification Service and the Larrakia Intervention and Transport Service and, more recently, the Night Patrol and the Healthy Engagement and Assistance in the Long Grass program.

The research team also benefited from intelligence on Long Grass happenings gathered through the delivery of such programs. The capacity of LNAC to be highly effective in research with the population in the Long Grass has been facilitated by the recognition of many Aboriginal people that the Larrakia are the cultural authority on country (the greater Darwin land and sea areas).

The LNAC Research Division has extensive research experience and a proven track record of undertaking rigorous research with homeless and/or houseless populations staying in Darwin's Long Grass. A deep knowledge of the sensitivities and challenges associated with highly vulnerable populations has been critical to the outcomes of the research discussed in this paper. The research team included three Aboriginal research associates, two of whom were Larrakia.

In this study, the research team was guided by a 'Both Ways' philosophy, whereby Aboriginal and non-Aboriginal people worked together in a mutually respectful manner to generate new knowledge. From this paradigm, a mixed-method inquiry drew on both qualitative and quantitative modes of investigation, as these together provided a rich insight into the complex social processes occurring in Darwin's Long Grass. The LNAC researchers applied the principle of 'no research without action' for the duration of all field investigations. For example, if during an interview a participant indicated they were hungry, the researcher supported the person to obtain a meal.

The study had 10 stated aims, as outlined in the introduction to this report. These have been addressed through three distinct stages of fieldwork. The first stage used semi-structured interviews to capture the views of Aboriginal people classified as experiencing primary homelessness in Darwin (aims 1–8). The second stage utilised a questionnaire to explore the experience of trauma events and symptoms among homeless Aboriginal people in Darwin (aim 9). The third stage of fieldwork studied the perceptions of non-Indigenous members of mainstream Darwin society of people in the Long Grass through a semi-structured interview (aim 10).

Ethics approval was obtained for each stage of fieldwork from the relevant ethics committees (see Appendix 1).



## Stage 1 methods: voices from the Long Grass

An informal semi-structured face-to-face interview (with individuals and small groups) was conducted with 122 eligible participants over a six week period commencing mid April, 2008. The interview explored a range of issues including: the reasons for being in the Long Grass; problems experienced in home communities and the Long Grass; understandings of the NTER; attitudes towards alcohol use and rehabilitation; and general questions about everyday life in the Long Grass (see Appendix 2).

Eligibility criteria included: Aboriginality; arrived to stay in the Long Grass after 1<sup>st</sup> July, 2007; usual home or country other than Darwin; an ability to give informed consent to participate; and adult status.

Routine monitoring of Aboriginal people in the Long Grass was undertaken by the research team and Larrakia Nation's field officers. New camps and changes to existing camps were identified which assisted in the recruitment of eligible participants. Participants were approached directly by a member of the research team and invited to take part in the study. This occurred at their camping spots, via introductions or on an opportunistic basis. An approved introductory protocol was used which included a plain language statement about the research, outlining, among other things, the rights of the participant and the responsibilities of the researcher.

The data collected through this stage of fieldwork were largely qualitative in nature. We aimed to achieve a depth of understanding about living in the Long Grass from the perspective of the individuals concerned. We note, however, that our sample size was large when compared to the estimated total population living rough in Darwin. Analysis occurred on an ongoing basis, using both inductive and deductive techniques, to draw out and test key themes. In addition, we gathered LNAC data sets to use as an indicator for changed population size.

The data collected by Darwin-based agencies concerned with the health and welfare of Aboriginal people living without shelter can provide a close-up view of population changes and demands. Collectively, these 'grass-roots' data have the potential to be sufficiently sensitive to highlight changes in the social landscape when they occur; whereas other data sets, such as census counts, only capture a periodic snapshot of society and can be insensitive to local phenomena. For example, data collected on the provision of services by the LNAC has been used as an indicator of change to the population in the Long Grass and to anticipate trends in demand for particular services.

The data sets used for this study relate to the following Larrakia Nation services: Proof of Identity (POI) service; Night Patrol activities; Larrakia Intervention Transport Service (LITS) activities; and Healthy Engagement in the Long Grass (HEAL) activities. Where a time series of data were available, trends have been identified.

## Stage 2 methods: Aboriginal experiences with trauma events and symptoms

In order to identify the level of trauma experienced by Aboriginal people staying in Darwin's Long Grass (aim 9), we applied the Australian Aboriginal Version of the Harvard Trauma Questionnaire (AAVHTQ) to assess the prevalence of Aboriginal people in the Long Grass who were PTSD symptomatic. This questionnaire was developed by an Aboriginal psychologist, Carlie Atkinson (2007) (see Appendix 3). Minor adaptations were made to the questionnaire at the instruction of the Menzies School of Health Research Human Research Ethics Committee but these did not affect the analysis or results.

The AAVHTQ was developed from the original Harvard Trauma Questionnaire (developed by the Indochinese Psychiatry Clinic, St Elizabeth's Hospital, and the Harvard Program in Refugee Trauma, The Harvard School of Public Health, © 1991 Richard F. Mollica). Atkinson (2007), through her doctoral studies, 'Indigenised' the questionnaire by using key themes from a documentary analysis of major seminal reports and focus group discussions with key informants to identify specific cultural idioms of distress and specific traumatic stressors relevant to Aboriginal peoples.

The AAVHTQ was critically analysed to determine its suitability for use with our intended study population. Several strengths and limitations with the questionnaire were highlighted (see Appendix 4). The AAVHTQ was identified as the most appropriate method available for determining the prevalence of individuals who were PTSD symptomatic among the study population, compared with the original Harvard Trauma Survey.

Eligibility criteria for this stage of fieldwork included: Aboriginality; staying in the Long Grass; usual home or country area, other than Darwin; an ability to give informed consent; and being an adult.

The administration of the questionnaire revealed limitations associated with recruitment. The intended study population was not particularly motivated to participate. This was due to: the subject to be explored; the time commitment required; the research process necessitating a temporary, but undesirable, removal of the participant from the social group in order to obtain meaningful data; and the competing demands of everyday movement and activities of the target group.

A further limitation of the administration of the questionnaire was linked to recruitment. The introductory process and plain language statement associated with our ethical protocols was lengthy, time consuming, and what was being asked of participants<sup>1</sup> was not particularly appealing. It was probable that some individuals elected not to participate because they were in the Long Grass to avoid thinking and feeling about the trauma, grief and loss that punctuated their lives and therefore answering direct questions on this subject was unappealing.

The reliability of the information shared by participants presented a further potential limitation in this study. The research team documented evidence of under-reporting of the experience of traumatic events. As a provider of front-line services to this population, Larrakia Nation staff are often aware of the traumatic events endured by people in the Long Grass. Some events listed in the questionnaire had been experienced by participants yet were not reported as being

<sup>1</sup> The ethical protocols for conducting research require that potential participants are explained in plain language the nature of the research, what will be expected through their participation, the potential harms of participating, actions to mitigate against harm, the way that data will be collected and stored and so forth. There is particular emphasis placed on these protocols when undertaking research with vulnerable populations.

experienced, witnessed or heard when asked about during interview. On occasion (and where an established 'safe' relationship existed between the participant and the researcher), the researcher gently probed the participant by saying something like, 'what about the other day when...and you said you felt really frightened...'. On these occasions, no participant conceded that they had experienced, witnessed or heard a traumatic event in which they had feared for their lives or the life of someone else, even though they had previously communicated such fears. Despite these challenges and the inherent limitations of the data, we administered 60 questionnaires over a ten-week period commencing in July, 2008.

Collected data were coded and entered from the questionnaire forms into an Excel spreadsheet. Data were checked for accuracy and internal consistency. Basic statistical analyses of data, including mean and median calculations, were carried out to determine the prevalence of traumatic events for respondents.

The American Psychiatric Association's (1987) DSM-III-R (*Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised*) provides diagnostic criteria for mental disorders. The criteria for PTSD include a cluster of 16 symptoms that are associated with overwhelming environmental stress. According to Atkinson (2007), these symptoms are arranged along three dimensions:

- re-experiencing traumatic events;
- physiological arousal; and
- avoidance and numbing.

In this study, we have followed Atkinson's (2007) method of analysis whereby the items 1–16 of the DSM-III-R symptoms were used with negligible modifications to the wording (to improve relevance and understanding to Aboriginal participants). Atkinson (2007) noted that while the AAVHTQ incorporated 14 additional Australian Aboriginal specific items (items 17–30), the DSM-III-R portion of the AAVHTQ was based on the Western perspective of trauma-related illness and is bound by the concept of PTSD as defined by the DSM-III-R criteria. Atkinson (2007) observed that "*only when a culture-specific construct can be identified, will it be possible to modify the DSM-III-R symptom items and develop a questionnaire that is truly culture-specific*" (p. 223).

The AAVHTQ scoring method is included in Appendix 3.

We caution that the findings generated through the AAVHTQ and discussed in this paper must be treated with extreme sensitivity as the limitations (outlined above) may have obscured the extent of trauma events and symptoms experienced by the study population.

### **Stage 3 methods: non-Indigenous views of people in the Long Grass**

A short face-to-face semi-structured survey was administered to 368 individuals over an eight-week period commencing late January, 2009. The survey explored the perceptions of non-Indigenous adults living in close proximity to people camping in the Long Grass (see Appendix 5).

Individuals were randomly selected and invited to participate in the study. Eligibility criterion included being over 18 years of age and identifying as a non-Indigenous Australian living in Darwin. Recruitment typically occurred at shopping centres and other semi-public/private places in Darwin. An attempt was made to collect data at different times of the day.

The data collected were qualitative and were coded for themes.

## Chapter Four: Voices from the Long Grass (stage one)

This chapter examines the key findings from the data collected and analysed during the first stage of fieldwork (Appendix 2). The first section focuses on the finding that there has been an increase in the delivery of LNAC outreach services provided by the LNAC to Aboriginal people in the Long Grass and the implications of this increased service usage for population change. The second section describes the age of the population in the Long Grass and highlights service gaps. This is followed by an account of the reasons study participants gave for leaving home and then living rough in Darwin.

Findings relating to the length of time that participants had stayed in the Long Grass are then explored. The features of their preferred camp sites are identified followed by an outline of the key problems Aboriginal people reportedly faced in these settings. An insight into their daily activities is then discussed along with findings relating to their attitudes and behaviours towards the use of alcohol. This chapter concludes with a section which discusses the findings relating to perceptions Aboriginal people staying in the Long Grass had of the NTER.

### Increasing Aboriginal primary homelessness

The first aim of this research project was to monitor changes to the population influx into Darwin of remote Aboriginal visitors. The Australian Bureau of Statistics (ABS) data, as discussed in Chapter Two and Chapter Three, is of limited use in estimating changes to, or quantifying, the population staying in the Long Grass. Third (2000) has also warned of the importance of not developing a *“preoccupation with quantifying the [homeless] problem, which obscures the need to understand and resolve it”* (p. 7). With this in mind, this study did not aim to count the number of Aboriginal people staying in Darwin’s Long Grass. Rather, analysis focussed on illuminating possible changes in this population and gaining a deeper understanding of the homeless phenomena in Darwin.

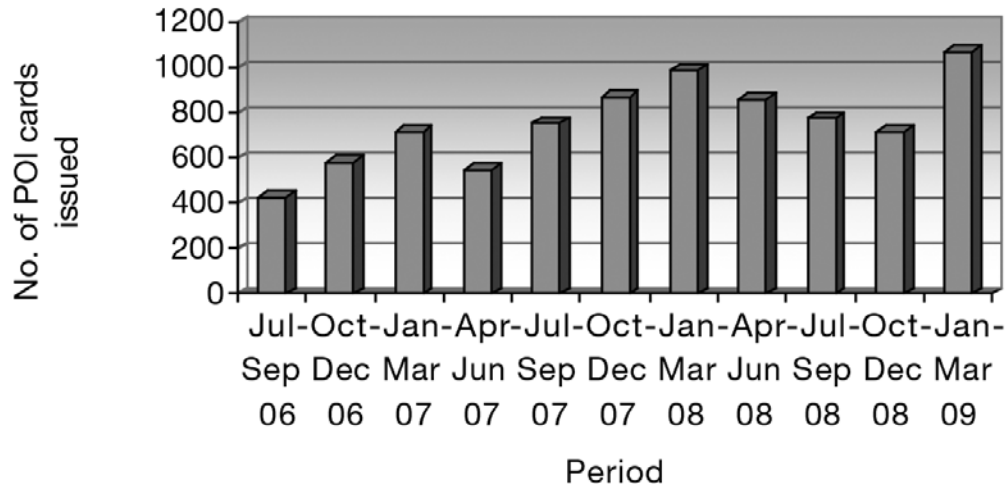
The Aboriginal participants in this study reported that they rarely used services other than those provided by LNAC. Given this, the research team considered that data generated by the LNAC across all of the corporation’s programs were the most robust, reliable and available information from which conclusions on the growth and mobility of this population could be hypothesised.

It is acknowledged that the LNAC data sets presented in this section have specific limitations. The documented growth in service usage, for instance, may be attributable to improved service delivery, increased use of services by the same population, seasonal fluctuations or other combinations of factors. As such, individual data sets cannot definitively demonstrate changes to the size of the population in Darwin’s Long Grass. Even so, whilst not statistically valid, collectively these data sets are useful indicators of mobility and population growth in the Long Grass.

Aboriginal visitors to Darwin are able to obtain a Proof of Identification (POI) card through the LNAC. This card is accepted by banks, Centrelink and transport companies, as well as a number of other organisations which require confirmation of identity. The majority of cards had been issued in Darwin. Figure 1 reveals a growth in the number of cards issued following the announcement of the NTER from June, 2007, through to December, 2007. While there are observable seasonal fluctuations, there appears to be an upward trend in the numbers of cards issued over the reported period. This trend can be observed by comparing the January–March quarters of 2007, 2008 and 2009. These data suggest increased mobility.

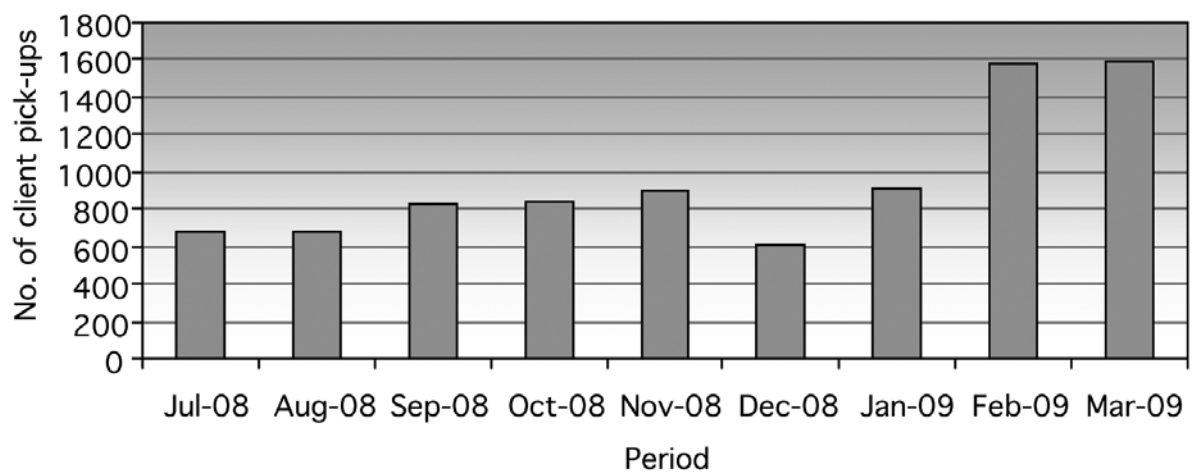
The decline in 2008 points to a slowing in mobility and may reflect ordinary season migration patterns. It is common in late November and early December for people to return to homelands but often they return before the end of the year to avoid being isolated due to monsoonal flooding.

**Figure 1: No. of POI cards issued quarterly, Jul–Sep 06 to Jan–Mar 09**



The second data set from LNAC relates to the Night Patrol program that commenced in July, 2008 and which operates in the Darwin and Palmerston areas. This program assists individuals in the Long Grass by protecting them from injury and illness, particularly where alcohol is involved. Staff provide transport assistance and attempt to relocate individuals to a safe place, such as with family or at the Sobering Up Shelter. An increased use of this service by Aboriginal people in the Long Grass may be linked to the growing capacity of the service provider simultaneously with an increased awareness of the availability of the service by clients. While not conclusive, its increased use is suggestive of a growing client population in the Long Grass.

**Figure 2: No. of clients transported by Night Patrol monthly, Jul 08 to Mar 09**



As shown in Figure 2, Night Patrol has been well utilised by the intended target group since operations commenced in July, 2008, with a total of 8,626 clients assisted. A central anti-social behaviour hotline directs nearly all complaints/concerns relating to Aboriginal people in Darwin's Long Grass to Night Patrol. While not directly linked to the matter of ingress, of interest are the following points:

- only 72 of the total number of clients assisted through the service were required to be placed in protective custody; and
- more than half of this group were placed in custody simply because the Sobering Up Shelter was closed or the client had been temporarily banned, family had declined to receive the client or no other accommodation was available.

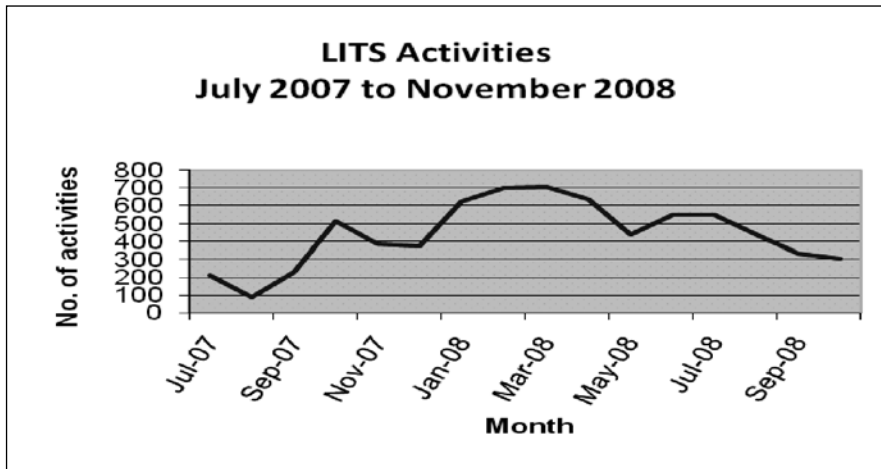
The Australian Institute of Criminology (AIC), in their Drug Use Monitoring in Australia (DUMA) program, found that in Darwin during 2008, only 8% of offenders surveyed in a sample of 275 reported that they had been mostly homeless (living rough, with no fixed address or in the Long Grass) in the 30 days prior to their arrest (AIC, 2009). This finding is consistent with the national findings, wherein 7% of a sample of detainees (n=24,936) surveyed between 1999 and 2006 reported being homeless at the time of their arrest. Despite representing a small number of detainees, the homeless sample was more likely to identify as Indigenous Australian and to report key risk factors, such as dependence on drugs or alcohol, incarceration in the previous 12 months, a previous psychiatric condition, be in receipt of welfare or be in receipt of income from an illegal source (AIC, 2008).

Night Patrol makes a significant contribution to the management of anti-social behaviour by Aboriginal people in the Long Grass, freeing up considerable time and resources of the NT Police. While supporting individuals to behave in a socially acceptable manner is an ongoing matter, these findings challenge the popularly held view that regards Aboriginal people in the Long Grass as a major criminal element within the Darwin community.

The third data set relates to the distribution of light weight portable swags by several Darwin-based organisations (e.g. Mission Australia, St Vincent de Paul Society and LNAC) to people staying in the Long Grass. Individuals were eligible to obtain a swag only if they were living rough, with the distributing organisation required to confirm their primary homeless status. More than 2,200 swags were distributed in the Darwin area between 1<sup>st</sup> August and the 31<sup>st</sup> December, 2008. While some of the recipients of swags may have returned to country, the rapid distribution demonstrates the high numbers of people staying in the Long Grass at any one time, and it can be assumed they demand or need services.

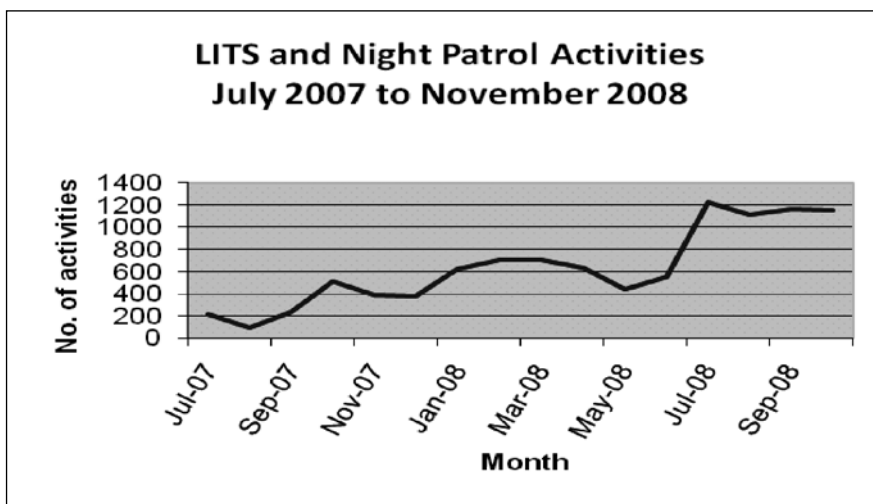
The Larrakia Intervention Transport Service (LITS) provides the fourth LNAC data set. This outreach program focuses on identified needs of homeless families and offers practical social and other supports, such as assistance with Centrelink, housing agencies and transport to medical appointments and the airport. The number of activities undertaken by LITS spiked after the announcement of the NTER in August, 2007, as illustrated in Figure 3. Once again, while these data are not definitive in confirming a growth in homelessness – they are a useful indicator of increased demand for outreach services and are suggestive of population growth.

Figure 3: No. of LITS activities, July 07 to Nov 08



The decline of LITS activity in April, 2008 reflects LITS staff leave and resignations. As depicted in Figure 3, from September to November, LNAC typically see a slowing of activity. This picks up rapidly towards the end of November, before the wet season starts. In 2008, this period has also coincided with new staff recruitment and the commencement of the Night Patrol program, where there was an average of 757 activities for the months of July to October. The combined number of activities for LITS and Night Patrol is presented in Figure 4.

Figure 4: Combined no. of activities for LITS and Night Patrol, Jul 07 to Nov 08



In August, 2008, the LNAC commenced a new program called Healthy Engagement and Assistance in the Long Grass (HEAL) (the fifth data set). Although in its infancy, this program provides a range of supports to people staying in the Long Grass applying an iterative and developmental approach. HEAL aims to overcome the debilitating effects of stigma which result in barriers to health, social and community services and which reinforce poverty.

The number of clients and the range of activities offered by HEAL have grown over the reporting period (see Table 1). HEAL, in its establishment phase, aims to be responsive to client needs and is therefore constantly evolving. (So too are the data collection methods, evaluation and reporting processes). Due to this inherent program strength, trend analysis of data remains difficult. While this data cannot conclusively argue that there has been a growth in population size in the Long Grass, it nevertheless indicates there has been an increase in service demand and use. This demand/use may point to an increasing population. A selection of HEAL activities since program commencement are presented in Table 1.

**Table 1: No. clients assisted through HEAL activities, Aug 08–Nov 08 and Aug 08–July 09**

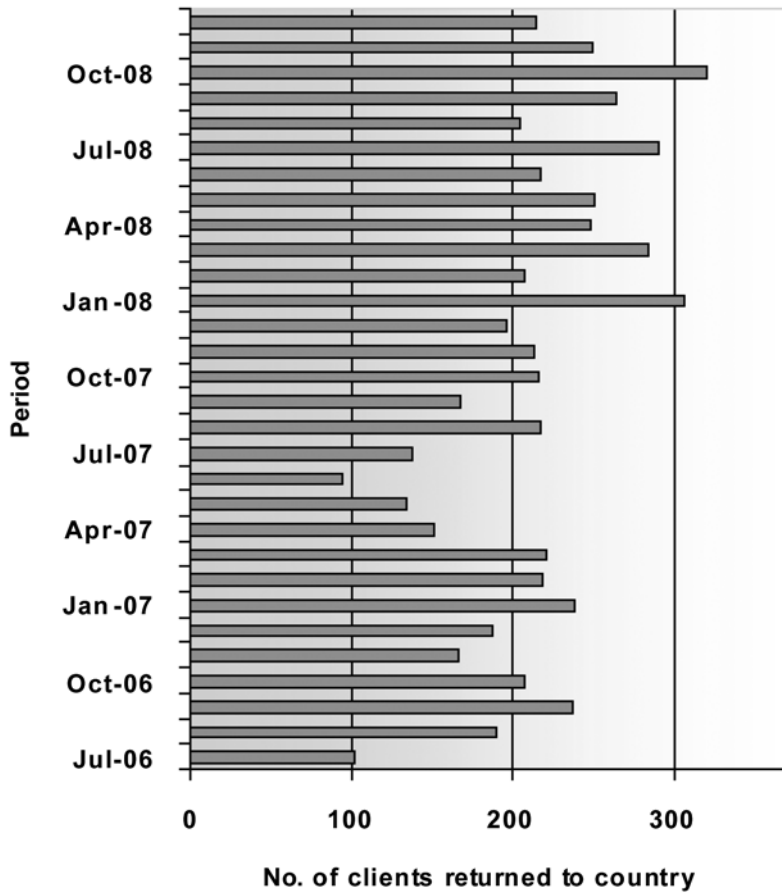
HEAL Activity	Aug 08–Nov 08 No. of clients	Aug 08–Jul 09 No. of clients
Health Advocacy/promotion	20	147
• Search/locate (medical treatment)	8	10
• Head lice		14
• Sexually transmitted infections		10
• Condom distribution		145
• First aid		20
• Melioidosis prevention		100+
• Scabies treatment		17
Social advocacy/support	170	162
• Connect to family/home		373
• Showers		400+
• Hygiene packs		127
• Clothes		273
• Linen (sheets/blankets)		160
• arps		82
• Hair cuts		7
Health/medical transport	40	152
Social/community transport	90	275
Referrals		
• To HEAL		103
• By HEAL		148
<b>Total no. of clients assisted through HEAL activities</b>	<b>328</b>	<b>2725</b>

LNAC's Return to Country (RTC) program constitutes the sixth and final data set. These data provide a useful indicator of Aboriginal mobility in general. The RTC program provides travel assistance to individuals who want to return to their homelands. The data include clients that were not necessarily staying in the Long Grass and are therefore not necessarily an indication of the mobility of the population staying in the Long Grass.

As depicted in Figure 5, fewer people returned home through this service during June, 2007 than for any other reported month. There has also been a sustained increase in the use of this service that is consistent with increases in the demand for other LNAC services from July, 2007 to the present time. The increased use of the RTC program may be attributed to a combination of reasons, including: more Aboriginal people in Darwin accessing the service; an increasingly mobile Aboriginal population; the service may have become the preferred agency for travel arrangements for some people; or perhaps the Larrakia Nation have become better at delivering this service.



Figure 5: No. of clients using the RTC service by month, June 06 to Dec 08



There are many factors that influence both mobility and homelessness rates. While there are no data sets available which can claim to enumerate the population of people staying in Darwin's Long Grass with certainty, the usage patterns of Larrakia Nation's services by the subject population generate data that are a *useful indicator* of changed population sizes. Yet these data also have limitations. For instance, increased service use may be attributable to a combination of factors, such as: the same number of people using the services more often; the Larrakia Nation staff becoming more efficient in service delivery; or an increased number of people accessing the services. Further, the data sets reflect service delivery over a relatively short period. As such, seasonal trends can not be ruled out as an explanation for increased service use.

Until the LNAC and other agencies are resourced to develop their capacity to collect data in this area over a sustained period, a greater level of certainty about the size and, most importantly, the nature of mobile and/or homeless Aboriginals can not be reached. The available data confirms a significant increase in the demand for, and use of, Larrakia Nation services. This is a strong indicator that there has been an increase in the Aboriginal population in Darwin's Long Grass since July, 2007 to the present day. While census data are not sufficiently sensitive to capture this urban migration pattern, these contemporary mobility patterns may well reflect the NTER-related 'spike' Taylor and Carson (2009) posited.

## An aged population in the Long Grass

Seventy per cent of study participants were over 40 years of age, indicating a disproportionate number of older homeless among this population (in terms of Aboriginal mortality) residing in Darwin’s Long Grass (see Table 2). This finding is consistent with the 2006 census count which reported a large increase in the number of older Australians across the country being homeless. Compared to the 2001 census count, there was, in 2006:

- 18% more homeless Australians between 45–54 years of age;
- 36% more homeless Australians between 55–65 years of age; and
- 23% more homeless Australians 65 years of age and over (Commonwealth Government, 2008).

Despite the large number of prematurely aged homeless Aboriginals in Darwin’s Long Grass, rarely are specialised aged-care services provided to this population (pers. com, July, 2008, LNAC aged-care coordinator). According to Rota-Bartelink and Lipman (2007), *“The strict eligibility criteria employed by many health and welfare agencies deny many prematurely aged older homeless people access to their services”* (p. 525).

**Table 2: Percentage distribution of study participants by age**

Age	% of study participants (n=122)
0–20	2
21–30	9
31–40	18
41–50	45
51 +	25
No age recorded	1

Rota-Bartelink and Lipman (2007) argued for the development of improved and specialised services to enable access by the aged homeless. They commented:

In Australia, there is no clear department or policy area that has responsibility for the aged homeless ... there is a distinct lack of statutory provision of the older homeless population as well as a chronic shortage of higher level supportive accommodation options (p. 257).

In response to the growing aged homeless population in Australia, the federal government (2008a), through their national homeless approach (*The Road Home*), stipulated the need for additional supported accommodation and recognised that older homeless people have a ‘different profile’ compared with other older Australians. In particular, older homeless people may have experienced chronic homelessness, mental illness or cognitive impairment (often as a result of alcohol and substance abuse), and have more complex health and support needs. Further, they are frequently without the support of family and *“may need lifelong support”* (p. 49).

The Commonwealth Government (2008a) has stated their intention to amend the *Aged Care Act 1997* to recognise older homeless people as a ‘special needs’ group. In doing so, they aim to improve their access to residential places and community care packages. This amendment also allows for targeted capital assistance grants for aged care providers and one new specialist facility in areas of need.

It remains unclear how the national homeless strategy will take effect within an *Aboriginal* homeless context. The primary emphasis of the government's approach to homelessness is generally oriented towards a housing deficit definition. While Aboriginal communities in the Northern Territory experience overcrowded living conditions and considerable housing shortages, the housing deficit definitions of homelessness are often inconsistent with Aboriginal experiences and understandings of homelessness (Keys Young, 1998). These definitions also have the propensity to limit the scope of appropriate and relevant responses.

Further, Aboriginal aged homeless people have a different 'profile' from other aged homeless and aged housed Australians; for example, they are often *with* family when they experience periods of homelessness. Layered over the premature ageing of homeless people, the Office of the Public Advocate (2005) stated that "*Indigenous people encounter the ageing process earlier than non-Indigenous people*" (p. 14). It stands to reason then that Aboriginal homeless people will age at a rate faster than any other population, further emphasising the inequalities around access to services discussed by Rota-Bartelink and Lipman (2007). Measures such as the provision of residential aged care places may serve little benefit to this population. For example, mainstream residential care places may not adequately support social interactions and relationships or the maintenance of social identity that Long and Memmott (2007) have highlighted as being essential to the social fabric of Aboriginal people.

Curiously, the national homelessness strategy does not specifically address Aboriginal homelessness. Yet the Commonwealth Government's (2008b) *Closing the gap on Indigenous disadvantage: the challenge for Australia* states: "*The Government is committed to taking practical and commonsense measures to improve the care and welfare of older Indigenous Australians*".

Health and welfare agencies operating in Darwin have the potential to make a meaningful contribution to the health and life quality of individuals and families affected by poverty and homelessness. This potential will be shaped by the extent to which such agencies: acknowledge the existence of a prematurely aged population in the Long Grass; modify the eligibility criterion to their aged-care services, increasing their accessibility; and tailor their services to meet the socio-cultural imperatives of this population.

## Reasons for leaving home and staying in the Long Grass

The reasons provided by participants for leaving home and staying in Darwin's Long Grass comprised several inter-connected factors. The most common reason related to participants removing themselves from family problems involving violence and, to a lesser extent, intergenerational conflict. Other associated factors included: a desire to access alcohol; a lack of housing; and trouble with authorities. Only four participants (out of 122) in this study indicated they had left home to obtain medical treatment. A similar number had got 'stuck' in Darwin without sufficient funds to return home and had money or gambling problems.

### Family-related problems, violence and 'elder abuse'

The dominant explanation for participants leaving home and then staying in the Long Grass related to 'family problems' in home communities. These family problems occurred within the context of Aboriginal social organisation and associated kinship structures, as captured by one participant who commented, "*All of us have problems at home ... family related*".

Berndt and Berndt (1970) have stated that Aboriginal kinship is "*like a mesh or grid spread over the total content of activity, dividing it up in terms of interpersonal relations*" (p. 154). Each individual is a node within a dynamic and complex network of agencies, social relationships (including

territorial and ritual) and responsibilities (Poirer, 2005). Subsequently, 'family problems' occurred as a complex of dynamic relationships, where inter-personal and social tensions were continually being negotiated. Leaving home because of 'family problems' in order to 'be with family' in the Long Grass was a common experience. Study participants often expressed their desire to maintain kinship relationships as a reason for staying in the Long Grass; for example:

I came to be with my husband.

I have family in the Long Grass, too.

[I came] to drink and visit family.

I came to get my husband who is here for a drink.

We had a hotel booked but no good for us people. Not fair for our people [family not permitted to stay in hotel]. I want to be with our mob, on the beach.

To keep an eye on the old people, have a drink and holiday.

The functionality and nature of family relationships is identified as a key determinant in the experience of Aboriginal homelessness/houselessness in Darwin. As such, family relationships are a primary driver of Aboriginal mobility both from remote Territory locations to Darwin and within the urban Darwin milieu.

Within the context of 'family problems', 'family violence' constituted the most common reason participants gave for leaving home. The following quotes illustrate this experience:

Family hassles and fighting. I gave up and came here.

My community, they always fight. They kill each other ... that is why I moved away, fighting between families.

Kids fight and then adults fight. Too much fighting in the community.

Too much violence. Groups fighting. I get tired of it, so I came here for a holiday.

A number of female participants emphasised a specific perpetrator or act of violence that they had attempted to escape by staying in the Long Grass. For example: *"I had problem with boyfriend. He came out of prison and got jealous and gave me broken jaw and ribs"* and *"Come to avoid abuse, not interested in being there [home]. If you are a woman and you get drunk and fall asleep, they rape you"*. Conversely, some people in the Long Grass may well have been the perpetrators of violence or at the centre of family disputes and were escaping retribution.

This finding is consistent with that reported by the Commonwealth Government (2008a) in *The Road Home*, which confirmed *"both urban and remote Aboriginal people cited domestic and family violence as the most common reason for seeking SAAP assistance"* (p. 6).

Within the scope of 'family problems', several participants cited intergenerational conflict as their reason for leaving home. They believed that the younger generations' desire for, dependence on and practices around the use of marijuana contributed to problematic and stressful relationships. Participants explained that they had come to Darwin to escape feelings of harassment, where they felt pressured by youth who continually made demands on them for money. (With the introduction of income management, older people had even less cash available to sate the demands of youth). The following comments capture this generational relationship dynamic:

I don't like it there [home community]. I got two sorry boys who don't work and are always asking for money for ganja – always smoke. My sons smoke too much ganja, always asking me for money all the time. I got my own house at home but my family always take my money.

... especially my eldest by, when I get paid ... he always ask me for money to buy ganja. I want to spend my money on food. We argue over money.

All the young fellas humbug for money for ganja. No money left for shop.

Demands made for money by youth occasionally included emotional blackmail. As explained by one participant, “... if mother don't give the son money for ganja, he go mad and climb up the light pole and hang himself”.

Participants felt that in their home communities they were disempowered, intimidated and threatened by youth and had subsequently chosen to come to Darwin for increased autonomy in daily life and to relieve stress. This experience has also been described by McRae-Williams (2008) who reported that Aboriginal youth were highly dependant on older people in the community. They manipulated social processes and emotional responses to advance their agendas, on occasion intimidating, blackmailing and threatening elders. Similarly, in a study exploring elder abuse in Aboriginal communities, the Office of the Public Advocate (2005) reported:

In almost all cases where there are reported incidences of abuse against an older person, kinship is the determining factor of that particular relationship, and it appears the perpetrator has used this relationship to abuse that older person. It was reported that in most cases, the abuse of older people in Aboriginal communities occurs in families between older people and younger generations (p. 29).

The Office of the Public Advocate used the broad definition of 'elder abuse' provided by the Australian Network for the Prevention of Elder Abuse (ANPEA), that being:

Any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse can be physical, sexual, financial, psychological, social and/or neglect (p. 11).

A definition of 'elder abuse' from the perspective of Aboriginal people has not yet been defined. However, through their research, the Office of the Public Advocate (2005) developed more detailed definitions relating to forms of abuse which incorporate Aboriginal experiences, and which have particular relevance to this present Long Grass research. They described financial abuse as:

... the illegal or improper use of an older person's money or finances. It includes misappropriation of money, valuables and/or property; forced changes to a will or other legal document; denial of the right of access to, or control over personal funds including withholding pension payments; forgery; and misuse of Powers of Attorney (p. 11).

Psychological abuse was defined as:

... the infliction of psychological anguish, involving actions that cause fear of violence, isolation or deprivation, and feelings of shame, indignity and powerlessness. Psychological abuse includes verbal intimidation, humiliation, harassment, shouting, threats of physical harm, abandonment or institutionalisation, withholding affection, preventing the older person from seeing others and denying an older person the right to make his/her own decisions (Office of the Public Advocate, 2005; p. 11).

The Office of the Public Advocate (2005) reported financial abuse of elderly Aboriginals as the most commonly cited form of abuse, '*usually perpetrated by immediate family members and more often by grandchildren*' (p. 25), enabled because of the trust implicit in relationships. They also raised the safety concerns for elderly Aboriginal people affected by extreme poverty, itinerant lifestyle and alcohol abuse:

Elderly people were at risk of abuse if they themselves were in a situation where alcohol abuse had taken control of their lives and those around them ... The itinerant lifestyle of some Aboriginal people, lack of care and alcohol abuse put people at risk of abuse and highlights the issue of safety (p. 28).

Using the definitions provided above, the majority of participants in this Long Grass study were subjected to multiple forms of abuse, including financial and psychological, in home communities. The role of elder abuse as a contributor to homelessness raises important questions about the extent and focus of aged care and support services within home communities. Further, specialist aged care and other services for those staying in the Long Grass must also seek to combat elder abuse, particularly given that this population is affected by abject poverty and houselessness (sometimes referred to as 'itinerancy'), with alcohol abuse a feature of everyday life. The experience of abuse as a traumatic event must also be recognised in policy and service responses.

### **Alcohol**

Access to alcohol was another determinant. However, consistent with Maypilama et al., (2004), this study found that rarely individuals left home for the Long Grass *primarily* to access alcohol. But rather, in the context of escaping family-related problems (which often involved violence), the incentive to access alcohol became an important determinant in many people's decision to come to Darwin. This incentive was highlighted through the following comments:

... Some community don't sell grog. The bottle shop opens earlier in Darwin, come here for 10.00 am bottle shop open. It is 2.00 pm in Alice, Katherine and Tennant Creek.

I come to Darwin because my community got no grog. I come to Darwin to drink.

To drink ... too dry at [community].

Several participants articulated their reasons for wanting to drink, such as to celebrate or grieve; for example, "*Just came here for a birthday drink*" and "*I came because my mother died. Why did she leave us?*". A larger proportion came not because they wanted to drink, but because they felt they needed to drink; for example, "*I am an alcoholic*" and "*I bin worry for grog*". (Attitudes towards and experiences with alcohol, including rehabilitation services and its relationship with the management of trauma, are discussed in more detail later in this report).

### **Lack of housing in home community**

The lack of adequate and safe housing in home communities was a further key reason why participants left their community for the Long Grass. Once again, this aspect of community life was problematic because of its association with family problems and violence. Comments of participants which reflect this reason included:

Not enough houses at home. I worry for safety of family.

Nowhere to live.

Too many family in one house.

No home. [I] left because of family problems ... [I was] looking after daughter and baby but not work. Now stop here. Daughter ask me to leave because boyfriend not like me.

### Trouble with authorities

A smaller number of participants came to stay in the Long Grass to avoid trouble with authorities in home communities; for example, *“I had to go...police cause trouble for locals”* and *“I had to leave home, police troubles”*. The need to avoid authorities presupposes that individuals had committed some form of illegal act and did not wish to face potential punishment. A similar number emphasised that staying in the Long Grass was an effective strategy in avoiding trouble with authorities, as captured in the following comment: *“I like to sleep in the Long Grass. When we live in that house you know, they ring the coppers on us. It is nice and peaceful in the bush”*.

A few participants were in the Long Grass following their release from prison.

When I was at my home community we started fighting. I hit that policeman in the eye with a torch. They took me to Darwin to the watch house ... then I was put in jail. I got two or three years but I went to jail for one and have two year parole. I have to report every Monday.

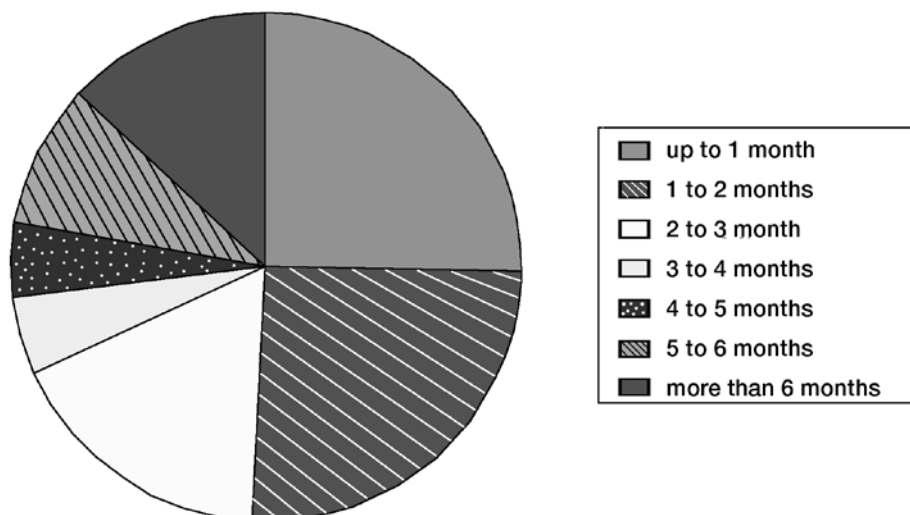
I am here with family. I just got out of jail. I stayed with my sister but my brother-in-law put a restraining order on me and kicked me out so now I camp in the bush. All my stuff is at my sister’s place.

The Larrakia Nation’s Return to Country and Proof of Identification programs have contributed to a reduction in the number of inmates released directly into the Long Grass. Identification, and therefore access to money and transport back to home communities, is often arranged pre-release. Other initiatives, such as mediation programs facilitated by the NT Community Justice Centre and the NT Department of Justice’s Elders Visiting Program, also work to reduce recidivism rates by re-integrating inmates in communities (where possible). Re-integration is an important factor in preventing homelessness.

### Length of stay in the Long Grass

As depicted in Figure 6, approximately half (n=62) of the participants in this study had stayed in the Long Grass for less than two months and 17% had been without shelter for between two and three months. While 10% of participants had stayed in the Long Grass between three to five months, 13% had stayed in the Long Grass for a period of six months or more.

**Figure 6: Participants’ length of stay in Darwin’s Long Grass**



While it is not clear just how many people actually desired accommodation, this finding highlights the acute shortage of accommodation available to Aboriginal visitors to Darwin, particularly for periods of stay that are short to medium term. With the Commonwealth's Centrelink welfare payments being the most common source of income for the majority of study participants, individuals and families have a limited capacity to pay for accommodation when they are away from home. To meet the needs of Aboriginal homeless people, the provision of short-term accommodation, however, must be responsive to the reasons that this population leave home, such as those associated with family problems and being with family, and not merely be affordable.

While all of the people staying in the Long Grass did not have shelter, a significant proportion simultaneously experienced 'chronic' homelessness. Across the Australian population, MacKenzie and Chamberlain (2003 & 2006) describe three pathways into adult homelessness: the housing crisis; family breakdown involving domestic violence; and the transition from youth to adult homelessness. Conceptualising homelessness as a 'career process', they argued that the phases people move through before they develop a homeless identity illuminate intervention opportunities and potential exits pathways. They observed that "*homeless careers all point towards 'chronic homelessness'. This is where homelessness has become a way of life or a long-term predicament*" (2003; p. 1). MacKenzie and Chamberlain (2003) reasoned that it is difficult to achieve positive outcomes and assist adults with long-term problems (such as drug, alcohol and mental health issues) and that these people are more likely to make the transition into chronic homelessness. In summary, the longer individuals with alcohol, drug or mental health issues experience homelessness and/or houselessness, the more likely their 'homeless career' will transition into chronic homelessness.

Aboriginal participants in this study entered the Long Grass via two of the three pathways described by MacKenzie and Chamberlain (2003). Firstly, almost all participants were houseless and/or homeless because of family breakdown. Secondly, housing was a common concern for participants; an anticipated finding given the broad political acknowledgement that a housing crisis exists in Aboriginal communities.

This study, which recruited 122 individuals who had only entered the Long Grass after July, 2007, found that 13% of participants had lived in the Long Grass for more than six months. When we consider the sustained increase in demand for services by Aboriginal populations in Darwin's Long Grass (as an indicator of population growth), their length of stay, the dual pathways into homelessness, and the long-term problems linked to alcohol and mental health among the study population (discussed in the literature review), an increase in chronic Aboriginal homelessness *should* be expected in Darwin. The provision of appropriate and affordable accommodation in which Aboriginal visitors in Darwin can find safe shelter, and which potentially is a vehicle to addressing alcohol and other health issues, will likely reduce the numbers that transition from houselessness into chronic homelessness as a way of life.

A barrier to providing suitable shelter for Aboriginal people in Darwin, along with the other structural supports necessary for health, safety and wellbeing, appears to be linked to the values, beliefs and behaviours of the dominant society. As described in the literature review, the matter of Aboriginals in Darwin and their 'mobility' has been conceived of as undesirable by mainstream society since colonisation. The unconscious reproduction of dominant beliefs, behaviours and discourse has meant that the necessary structural supports for mobile Aboriginal people have largely been neglected, and in many instances rejected, by the dominant group. This cultural process has contributed in a powerful way to the present health and life quality outcomes experienced by many Aboriginal Territorians.



## Preferred camping places

Generally participants aimed to camp at preferred spots in and around Darwin. For most, there was a high level of localised mobility from day to day. The location in which people camped was closely linked to avoiding problems, particularly violence and being moved on. Camp sites were selected based on the extent to which they could facilitate daily activities, including engaging in the rituals surrounding the drinking of alcohol and social interactions. Preferred camp sites typically had a combination of the following features:

- resources;
- good amenity and aesthetic appeal;
- the potential to avoid harassment and manage mobility;
- safety;
- the opportunity to advance or avoid social/cultural family needs/obligations; and
- affordability and/or no other alternative.

## Resources for fishing, hunting and gathering food

Many study participants mentioned the importance of being able to fish and obtain food and other resources from where they camped, as captured in the following quotes:

We like it here because we can fish ... we caught seven skinnies and catfish here yesterday when the tide came in.

... because saltwater there...you can fish...fish all day and sit around there.

Oh ... bush, fire wood to keep warm.

We always stay in bush ... close to [service]. Close to free meal.

## Good amenity and aesthetic appeal

Aesthetics and amenity were important features of a camp site as illustrated by the following typical quotes:

This paradise. We sleep and listen to the water splashing and sleep under the stars.

If we don't make a noise, we can get some sleep.

There is a shower there so I can wash clothes, have shower, cook a meal and have cover from the rain.

## The potential to avoid harassment and manage mobility

There was a strong association between harassment and localised mobility, and this association was an important determinant in camp site selection. Quotes which reflect this common sentiment included:

[We stay here because of the] fresh air ... police don't move us on.

We stop here to keep away from police. Council let us stay here.

No humbug. Good place to camp.

We like it here but we have to move around a lot.

[This] is the only camp suitable for us. No violence. Police leave us alone. Don't tip out grog.

[It's a] long away from everyone ... the police.

The findings generated through this first phase of fieldwork confirm that the activities of the police and council were a key factor in the forced localised mobility of study participants. Further, data gathered during the second stage of fieldwork identified the Territory Government's First Response Patrol as an additional cause of mobility<sup>2</sup>.

Presumably the activities of the police, council and First Response Patrol surrounding the perpetual moving on of Aboriginals (and other homeless/houseless individuals) in public places in Darwin are motivated by community complaints, political action and organisational policy and expectations. However, high levels of forced mobility made it increasingly difficult for individuals to use critical care services effectively. The evidence tells us that these barriers to services reinforce social distance, causing individuals to accept poor physical and mental health. In many instances, individuals feel powerless and turn to self-medication, typically using alcohol and marijuana (Holmes, 2007). In turn, their behaviour is construed by the mainstream society as 'anti-social', triggering the 'moving people on' activity. This cycle, in which forced mobility is integral, is yet to remedy 'anti-social' behaviour problems, but rather, has more than likely exacerbated them.

## Safety

Study participants highlighted the need to be safe, based on their experience of staying in the Long Grass. Responses indicated a deep sense of vulnerability, particularly by women, as illustrated by one woman who had been raped after sharing a drink and falling asleep:

... I just worry about sleeping in the Long Grass – the violence from men.

Other common examples which capture the need to be safe include:

I like this area. It is safe from cheeky teenagers and other countrymen.

I am here with my husband. We camp here because it is quiet and we don't get disturbed by other drunks ... the police come and check on us.

The majority of study participants experienced the police, council and the First Response Patrol as a source of 'humbag', yet a few individuals (such as the woman above) regarded the police as important in creating a sense of safety in the Long Grass. Police action represents the hard edge of government policy implementation associated with anti-social behaviour. Consequently, a radical shift in policy direction will be required for the nature of interactions between police (and others) and people in the Long Grass to evolve sufficiently for police to be perceived as a source of 'safety', rather than 'humbag'. This shift may well contribute to the management of anti-social behaviour in a more sustainable manner.

<sup>2</sup> The government's First Response Patrol operates in partnership with the NT Police and others to patrol anti-social behaviour hot-spots during the day. The government purports that this patrol will tackle anti-social behaviour through the gathering of intelligence, early intervention and referrals to other services and, at the same time, through the building of relationships with those deemed to be anti-social.

(see <http://www.pfes.nt.gov.au/index.cfm?fuseaction=page&p=469&m=109>)

### **The opportunity to advance social/cultural family needs/obligations**

Consistent with the finding that study participants left home for the Long Grass to be with family, desirable camp sites were those places that could support the building of family relations.

Examples of this sentiment include:

... this a good place to camp for family and drinking.

We sleep there all together. We stay in the Long Grass because no money and when we on the grog ... sometimes we fight with each other and then have to move to another place.

... we stop here, be with family ... sit and drink together ... walk around together.

[We camp here] to see family, get fresh air and do outdoor activities, like fishing and those things with family.

We like to be in the city area ... can look after family here.

### **Affordability and/or no other alternative**

Affordability, along with a lack of alternatives, emerged as a common factor in staying in the Long Grass, as captured in the following quotes:

We stay in the Long Grass because we have no money ... and also when we are on the grog.

No place to stay. Hostel too expensive. Drink in bush.

No choice. No accommodation. On pension and have no money for rent.

[I'm] waiting for housing commission.

We got nowhere else to stay so we stay with family in the Long Grass.

I couldn't get into the hostel – it was fully booked.

### **Key problems in the Long Grass**

Participants were asked if they had any problems or worries when they stayed in the Long Grass. Violence was reported as the most significant problem and worry. Other main sources of problems and worries stemmed from a perceived lack of rights and autonomy (often associated with alcohol), concerns for family left behind in home communities and forced mobility (already discussed).

#### **Violence**

[I] always get hassled by family ... I tried to stop the fighting. I was really frightened ... I thought I was going to die.

In the Long Grass, violence and the fear of violence were of deep concern for nearly all study participants. People had left home to escape violence (in all its forms) and were highly stressed to have to then continue to negotiate it in Darwin. While violence may have been experienced

on a regular basis by this population, the overwhelming majority of participants considered it undesirable. The experience of people in the Long Grass was that the perpetrators of violence were both within family groups and people external to their family.

Anthropologist Basil Sansom (1980), in his ethnographic study of Darwin's Long Grass, highlighted the nature of family problems as multidimensional, incorporating violent, cultural, psycho-social, emotional, economic and political facets. While this study found that people in the Long Grass experienced family problems involving violence, the complexity of these facets that Sansom (1980) discussed was not revealed. An acknowledgment of the lived experience of family problems in the Long Grass suggests that further research in this area will be pivotal to addressing anti-social behaviour in a way that resonates with the contemporary life worlds of this population.

The fear of, and consequences from, violence gave rise to participants' concerns over the cultural fabric of society both within the Long Grass and at home communities. Violence often led to social breakdowns within the family group, with larger groups dividing into smaller factions. Participants felt that smaller family groups were generally more vulnerable to sources of external violence. Quotes that express the concern over external threats of violence include:

Some cheeky people come around sometime ... that mob, when they come, problem starts.

Have to be alert ... we worry for [personal] safety.

The drinkers run amok. Sometimes good and bad together.

People from other community ... make trouble for my people. They make bad name for us – making more worse.

[We worry about] strangers, violence, aggressive people and drunks.

Violence was often exacerbated by the consumption of alcohol and stemmed from both long established disputes or from spontaneous interactions. It was also a catalyst for localised mobility as: participants attempted to avoid trouble by leaving the group; they were ostracised from the group<sup>3</sup>; or they were running away from external threats of non-family related violence. Mobility also resulted from groups or individuals attempting to avoid foreseeable trouble and violence linked to highly intoxicated individuals. Examples include:

Sometimes we fight with each other and then have to move to another place.

When bad people, other Long Grass mob, come here, we just move on.

Many participants reported violent attacks from 'cheeky'<sup>4</sup> teenagers (believed to be generally non-Aboriginal or urban Aboriginal youths). Quotes which illustrate this concern include:

The bad things about this place ... sometimes the mosquitoes ... and the bicycle boys [referring to local youth gang].

Some disturbance from white kids.

<sup>3</sup> Individuals could be ostracised for multiple reasons; for example, they may be the perpetrator or victim of violence, or associated in some way to a dispute.

<sup>4</sup> 'Cheeky' in this context does not refer to a term of endearment or affection but rather relates to the unpredictability of danger.

### Loss of rights/autonomy linked to grog

Participants consistently reported that they believed they were unfairly treated by police and others. This perception stemmed from their belief that they were doing nothing out of the ordinary and engaging in their usual everyday activities (including drinking). Participants often expressed dismay, annoyance and frustration that they should be routinely harassed for their life situation. Their circumstances, in turn, becomes one where these feelings form part and parcel of everyday life. Through these social processes, mobility, drinking and perceptions of harassment are reproduced as features of Long Grass culture. The following quotes illustrate the everyday life experience and feelings linked to being ostracised from society and the associated loss of rights.

We like to come here to drink, eat, share and fish. But police come in and pour out grog. Wasting money for us. They disrespect us, call us names and abuse us.

... we sit quiet. Police come and tip our grog. Tell us to move and clean that rubbish ... police come and lock up people.

... yesterday police came and took our [fishing] net and threw it away. They took us to the watch house.

... police harassment.

We sit here, tell stories and listen to music. [We] no trouble, [but] get locked up. Some people in here having a fight, different tribes, another community, come and flog each other. They use weapons. And we get locked up.

### Worrying about family left in home communities

The decision to leave home and stay in the Long Grass was difficult because participants deeply missed family members. Having some family members in Darwin helped to ease the sadness associated with separation from kin and country. This sadness was a grief associated with a loss of home and place in the world.

I miss my home and son.

I worry for the grandchildren – family are drinkers.

Worry for the kids at home.

To get away from the family, although miss my mother and children.

### Daily activities in the Long Grass

The findings and discussion presented so far, in particular those concerning individuals preferred camping places and the problems they experience in the Long Grass, provide an insight into the business in which people engage across the day. In addition, participants were asked “*What do you do during the day?*”

Most participants indicated that they either spent their day sitting with family, relaxing/sleeping and usually drinking or walking around looking for family, ‘chasing grog’ and fishing when the tides were favourable. Whether sitting or walking around, a considerable portion of the day was spent ‘waiting’ for family, grog, the tides, food and for sleep. The importance of spending time with family, as the activity underpinning all other activities, was implicit in participants’ responses.

As Liberman (1985) observed: *“The practice of ‘enjoying each others presence’, so difficult to describe formally, is one of the essential activities of Aboriginals”* (p. 5). With this in mind, the following comments were made by participants relating to their daily activities:

Just sit, relax, do nothing, watch the drinks.

Sit and drink...wait for family, sometimes bring food and grog.

Sit down here, wait for lunch. Walk around city, Palmerston, hospital ... Just sit down, sleep.

Just sit around, wait for the tide coming in and we fish.

Drink or move to another camp for grog and invite them back to my camp when I got grog.

Drink drink drink, go fishing.

Drink all day, go sleep, get locked up, dry out.

Normally just walking around looking for family to visit.

Sleep, move around somewhere else, walk around.

Walk around, see family. Chase beer.

While only one participant indicated that her day was spent sober so as to ensure that her female family member only prostituted herself to known men, prostitution (a taboo subject) as a source of income for buying alcohol for a group is likely to be more widespread. The participant commented:

I stay sober, wait for the blokes, safety way ... Blokes come for date. I help make sure she only go with blokes she knows. No strangers ... they might dump you or kill you.

The existence of Aboriginal ‘street workers’ in Darwin has been documented from various sources. At a forum on sex work in 2006, one of the questions raised related to Aboriginal workers signing up to an agency and becoming registered sex workers. The forum participants generally agreed that the Aboriginal workers did not sign up because they did not want their work to be publicly known in case word got back to their families and/or community (Kilford, 2006). It appears that this reasoning may not be entirely consistent with the views and experiences of Aboriginal street workers themselves.

Holmes (2007) recorded the traumatic nature of being regarded by family as a commodity due to youthfulness and perceived desirability. One woman described feeling powerless and disrespected when her older sister periodically forced her to drink wine until she agreed to *“go with white or half caste men”* in order to obtain money for *“maybe a slab of beer for the family to drink”*. In the same study, another Aboriginal woman described the common occurrence of paying for taxi rides with sexual favours.

Over the duration of this present study (2008-09), Larrakia Nation field staff have observed increased numbers of younger Aboriginal women engaged in prostitution in two key locations in Darwin<sup>5</sup>. This is despite street work and soliciting, whether for money or any other payment, being illegal in the Northern Territory.

While there is some evidence to suggest that the incidence of Aboriginal prostitution in Darwin is increasing, rarely are individuals charged with related offences. Glen Dooley, the principal legal officer at the North Australian Aboriginal Justice Agency, has worked for nearly 20 years in the

<sup>5</sup> As a result of these study findings, select Larrakia Nation programs will collect data on a routine basis relating to Aboriginal prostitution in Darwin.

industry providing legal representation to Aboriginal people. In this time he has never represented a client for solicitation. He indicated that he would not be surprised, however, if there was a spike in prostitution, other black market activities and petty theft due to people's increasingly reduced access to cash. Mr Dooley regarded the NTER and the Fines Recovery Unit processes as major contributors to this situation (pers. com, 6<sup>th</sup> April, 2009).

While the NTER quarantines half of the welfare payments received by Aboriginal people in prescribed NT communities, the Fines Recovery Unit keeps fine defaulters out of prison by providing the opportunity to pay off fines through Centrelink deductions. Fines tend to be generated via three mechanisms: council infringements (e.g. for camping in public places); police on-the-spot fines (e.g. for small amounts of cannabis, uninsured or unregistered vehicle, minor street and traffic offences, disorderly conduct in public etc.); and court imposed fines (e.g. minor assault, stealing, more serious traffic matters, unlawful entry and trespass etc.). According to Mr Dooley, the amount people pay is relatively large compared with the cash income they receive. This can necessitate individuals engaging in unlawful activities, such as prostitution (pers. com, 6<sup>th</sup> April, 2009).

According to the historian Raelene Frances (1994), prostitution was not a part of Aboriginal society before the European invasion. Frances (1994) explained that sexual contact occurred whenever the white colonisers intruded on Aboriginal land. She observed that on occasion these interactions may have been an extension of traditional hospitality or the choice of women. More often, these sexual interactions were coercive and violent, whereby women were conquered and taken, much like their land. Frances (1994) explained that Aboriginal women were often left with little choice but to enter into prostitution in order to survive or contribute to the survival of kin following dispossession. She commented:

In the early colonial period, where convict labour was readily available, Aboriginal women's sexuality was often the only saleable item possessed by the survivors who eked out a precarious existence on the edges of white society. In the north ... the absence of white women placed Aboriginal women in even greater demand. They were indispensable as domestic workers as well as performing a wide range of non-traditional women's work, such as stock work and mining, in certain areas. For all these workers, satisfying the sexual demands of their co-workers and bosses was usually considered part of the job. The more fortunate were able to obtain something in exchange for their sexual favours – such as extra rations which were shared with their kin in the camp. The less fortunate were treated as sexual slaves, confined for the use of white managers and stock workers.

It is the contention of Frances (1994) that more women are drawn into prostitution during social and economic crises, such as wars and depressions. With the present global economic crisis and its repercussions, Aboriginal people staying in the Long Grass in Darwin may increasingly engage in prostitution. Operating outside of the law, without the statutory and industry protection afforded to other sex workers, Aboriginal homeless street workers are highly vulnerable to (sexual) violence, exploitation and deteriorated health and wellbeing. With the prostitution of Aboriginal people in Darwin a clandestine industry, 'turning a blind eye' appears to be commonplace. This failure to acknowledge the sexual exploitation of Aboriginal Territorians has continued through history to the present day. This aspect of Long Grass life needs further recognition and understanding, particularly from the perspective of the individuals concerned.

## Alcohol use and conceptions of abstinence

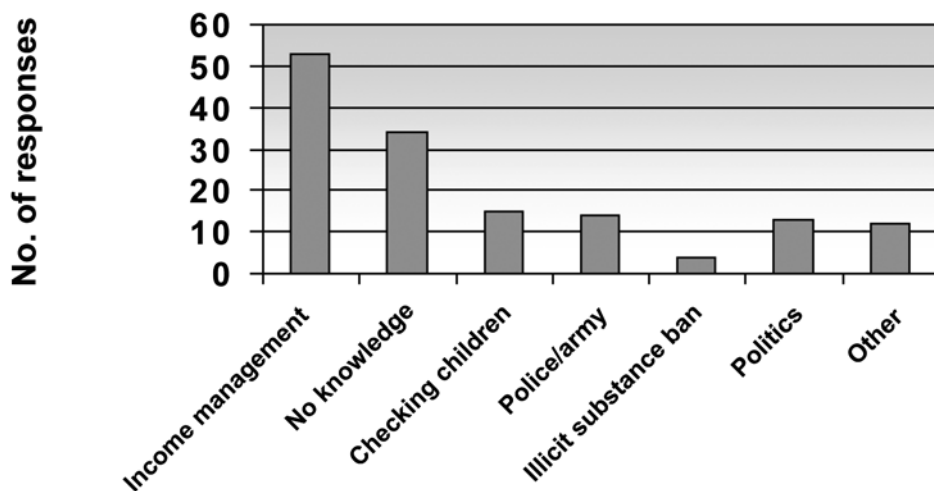
The overwhelming majority of study participants drank alcohol during their stay in the Long Grass. The most common alcohol consumed was cask wine and, on occasion when people could afford it, they drank beer, port or rum. In response to the question, “do you want to stop drinking?”, 86% of participants indicated that they did. The remaining 14% did not wish to stop drinking, either because it was part of their lifestyle or because they did not see that they had a problem.

Of those participants who indicated that they did want to stop drinking, 71% expressed a preference to stop at home/outstation/bush, rather than receive support or attend an agency (29%) in Darwin. More than half of the participants in this study had been to rehabilitation in Darwin previously and had used the services for respite or to recover from drinking-related illness. Creating opportunities for respite care both in Darwin and in home communities will likely have benefits to the health and wellbeing of individuals in this population.

## Long Grass perceptions of the Northern Territory Emergency Response

Unlike the study undertaken by Holmes et al., (2007), participants in this inquiry did not specifically attribute their move to Darwin to the Government’s NTER. This present research, however, has provided an insight into participants’ perceptions of the NTER (see Figure 7), often referred to locally as the ‘Intervention’.

Figure 7: Participants’ perceptions of the NTER



### Perceptions of the NTER (the 'Intervention')

The most dominant view of the NTER was that participants believed it was income management. This finding comes as no surprise as key policy reforms related specifically to the income management of Aboriginal welfare recipients, for example, the linking of welfare to child school attendance and the abolition of the Community Development Employment Program (CDEP), which forced individuals onto unemployment benefits, making them subject to these reforms.



Study participants had personal experience with negotiating income management; however, their experience was not associated with the overarching objective of 'saving the children'.

The next most common understanding of the NTER was that participants did not know the purpose of the reforms and/or anything about it. The identification of this knowledge gap gives credence to the criticisms, which dominated public debate at the time, concerning the way in which the reforms were communicated and delivered to Aboriginal communities. McRae-Williams (2008) observed that the failure to use interpreters and the inability of government representatives to adequately respond to questions in communities cultivated fear, frustration and uncertainty.

A similar number of participants understood the NTER as either: medical check-ups for children; increased police and army presence; or as a political manoeuvre. Of significance was the fact that *no* participant in this study described the NTER as being about the protection of children from abuse. Even those who viewed the reforms as the enforcement of law and order made no association with child welfare. Those who believed the NTER to be a political stunt claimed that it was a further example of systemic Aboriginal disempowerment and inequality.

The 'other' category of responses discussed below included a range of one-off interpretations, such as colonisation, tourism and first-aid. The smallest category of responses (only two participants) understood that the NTER, or any of its reforms, were directed at the prohibition of alcohol in communities ('stopping the rivers of grog'). Yet, as discussed earlier, many participants had come to Darwin for interconnected reasons. One such reason was to consume alcohol, as there were heavy restrictions and limited access within communities.

Participants were also asked whether they knew of any 'good things' to come from the reforms. Overwhelmingly 81% of participants did not volunteer any positive outcomes. Only a small percentage referred to income management (17%) as being a 'good thing'. 'Bad things' were not specifically explored, although when participants were asked about 'good things', around 17% provided negative responses. Examples included: "*ripping them off*;" "*changing everything*;" and being "*a return to the past*."

This study found that 76% of participants had not seen any changes or did not know of any changes in their home communities in the previous six months. This finding could be explained by: the absence of participants from their home communities; family had not communicated any changes to them; or there had been no observable changes. A small percentage of participants had noted changes associated with income management and increased numbers of police, night patrol and medical staff.

Given that these data were collected almost a year after the announcement of the NTER, it is clear that this study population was poorly informed about its broader objectives. While we can not generalise this finding to all Aboriginal Territorians in prescribed communities<sup>6</sup>, it raises questions about the potential of the NTER to effect change when individuals do not understand the logic (where logic exists) of the changes (i.e. the link between the broader objectives with the changes to be realised on the ground).

If those staying in the Long Grass have made no conceptual link between income management and 'saving the children', it is difficult to envisage that the government's desired behavioural changes (albeit ambiguous) will eventuate. Rather, the experience of this population is that they are 'rolling with the policy punches'. Their apparent lack of understanding may stem from the

<sup>6</sup> 'Prescribed communities' refers to those Aboriginal communities and town camps impacted on directly by the NTER.

illogical connection between income management promoting 'responsible' parenting, while simultaneously removing responsibilities from parents. The irony of this situation is that the burden of managing money for food and other items has been removed and the remaining cash payment has been interpreted as money 'free' from responsibility by many people; an irony not lost on Aboriginal recipients of income management. McRae-Williams (2008) found that, in one remote Northern Territory community, people were amused by the absurdity of the policy reforms in that income management was supposed to make Aboriginal people responsible but in reality had facilitated greater financial freedom, working to the advantage of their social and cultural worlds.

## Chapter Five: Trauma events and symptoms (stage two)

This chapter discusses the findings of the second stage of fieldwork. This stage involved the research team conducting 60 interviews with Aboriginal adults staying in Darwin's Long Grass using the Australian Aboriginal Version of the Harvard Trauma Questionnaire (AAVHTQ) (Appendix 3). The first section documents the reported number of trauma events experienced, witnessed and heard by participants throughout their lives. The second section reports on the symptoms associated with trauma exposure experienced by participants in the week prior to being interviewed. This chapter concludes with a discussion on the prevalence of participants who were post traumatic stress disorder symptomatic.

### Experiencing, witnessing or hearing trauma events

Results from the AAVHTQ revealed that, on average (mean), participants (n=60) had heard (directly listened to), witnessed (seen) or personally experienced twelve (12) trauma events (see Table 3). For these events to be endorsed, participants believed that they themselves or someone else could have been killed or seriously harmed and/or participants felt intense hopelessness, fear or horror when it happened. Of these events, participants had personally experienced (i.e. not just heard or witnessed) an average of 10 trauma events.

Half of the participants reported having heard, witnessed or experienced 12 or more trauma events (i.e. median = 12). The standard deviation was relatively high (4.81) which indicated a diverse range of trauma experiences. For example, some participants reported no experiences with trauma yet others reported 18 events.

**Table 3: Descriptive statistics for the trauma events heard, witnessed and experienced by participants and individual experience of exposure to events (n=60)**

Variable	Trauma events heard, witnessed or experienced by participants	Trauma events personally 'experienced' by participants
Mean	11.90	10.31
Median	12.00	10.00
Standard Deviation	4.81	3.95
Minimum	0	0
Maximum	18	18

As presented in Table 4, within the context of a trauma event nearly all participants reported deficient access to resources such as food, accommodation, education, and health services (91.7%); 85% reported having experienced multiple deaths of family and friends in a one year period; 81.7% reported having been forced to accept a way of life dictated by mainstream expectations where speaking English was enforced; and 80.3% reported exposure to events involving family violence and fighting.

Approximately three-quarters of all participants reported exposure to, or personal experience with: forced segregation from family members (75%); bad experiences involving alcohol and other drugs (75%); family and/or community breakdown (70%); and unresolvable emotional, mental, physical or spiritual health problems (68.3%).

More than half of participants had experienced trauma events through exposure to:

- bad experiences with the police, government welfare agencies including the housing commission (66.7%);
- feelings of being split into two people with one of you watching what the other is doing (66.7%);
- the murder of a family member or friend (61.7%);
- feelings of non-acceptance by their own community (58.3%);
- feelings of not belonging to anything and feeling lost (56.7%);
- the murder of a stranger by strangers (55%);
- being adopted or fostered out (53.3%); and
- losing some or all of their traditional language and ceremony (51.7%).

Of significance, over half of participants reported direct exposure (having seen or heard, or personally experienced) to every trauma event on the AAVHTQ, with the exception of rape and/or sexual abuse. This anomaly may be explained by entrenched social taboos about such topics, where participants felt uncomfortable or were unwilling to share information on such events. (See Stage 2 fieldwork methods for a discussion on under-reporting of events).

**Table 4: Number and percentage of participants endorsing each traumatic event**

Item #	Traumatic events	Total number of events reported	Percentage of sample
1	Adopted or fostered out	32	53.3
2	A lot of deaths of family or friends in one year	51	85.0
3	Murder of family or friend	37	61.7
4	Family violence/fighting	50	80.3
5	Emotional, mental, physical or spiritual health problems and nobody who can help you sort it out	41	68.3
6	Family and/or community breakdown	42	70.0
7	Made to live/sit down a long way from your family	45	75.0
8	Being forced to accept 'whitefella' way and talk English	49	81.7
9	Losing some or all of your traditional language and ceremony	31	51.7
10	Not accepted by own community	35	58.3
11	Murder of stranger or strangers	33	55.0
12	Shamed for being Aboriginal and people being racist towards you	37	61.7
13	Not belonging to anything and feeling lost	34	56.7
14-17	Being hungry	55	91.7
	Not having a proper house to live in		
	Not having a proper school		
	Not having a clinic to go to		
18-20	Bad things happened to you with the police	40	66.7
	Bad things happened to you with the welfare		
	Bad things happened to you with the housing commission		
21-22	Bad things happened to you from taking drugs or alcohol	45	75.0
	Bad things happened to you from being with other people who have been taking drugs or alcohol		
23	Feeling as if you are split into two people and one of you is watching what the other is doing	40	66.7
24	Feeling someone you trusted did something to betray you	17	28.3

The level of reported exposure to trauma events was staggering among study participants. Such high rates of exposure are suggested by Atkinson (2007) as evidence of cumulative trauma. These findings are even more disturbing when we consider the extent of probable under-reporting in this study, and are significant irrespective of whether individuals go on to develop post traumatic stress disorder (PTSD). The extensive use of alcohol by this population can also not be ruled out as a factor contributing to under-reporting of trauma symptoms. Trauma symptoms may have been suppressed by individuals in the week leading up to, and at the time of, the questionnaire, through the high levels of alcohol consumption.

### **Experience of trauma symptoms in past week**

Participants (n=60) were asked to indicate whether they had been affected by a series of symptoms in the past week that were commonly associated with PTSD (see Table 5). Approximately three-quarters of participants reported having felt:

- on guard and the need to keep a look out for trouble (75%);
- alone and the need to avoid people (73.33%); and
- the need to avoid things that were reminders of hurtful or bad things (71.67%).

Over half of the study participants reported having felt:

- repetitive thoughts or memories of hurtful or terrifying things (58.33%);
- an inability to think clearly (53.33%);
- emotional numbness (51.67 %);
- nervous (51.67%); and
- blanking out, being unable to remember hurtful or bad things that had happened (50%).

Just under half of all participants reported:

- feelings of madness or crying when reminded of hurtful or bad things (48.33%);
- flashbacks, reliving the trauma event (46.67%);
- attempting to forget bad or hurtful things (45%);
- feeling worthless (45%);
- problems making and keeping relationships (feeling unloved or unable to give love) (45%);
- repetitive bad dreams (45%);
- trouble sleeping (43.33%);
- feeling betrayed by someone trusted (43.33%);
- not caring about everyday things (43.33%);
- feeling guilty (41.67%);
- feeling as if you are split into two people and one of you is watching what the other is doing (41.67%); and
- feeling angry all the time and taking it out on others or themselves (40%).

**Table 5: Number and percentage of participants endorsing each PTSD symptom**

Item #	AAVHTQ PTSD symptoms	Total number events endorsed	Percentage of sample
1	Thoughts or memories of the most hurtful or terrifying things coming up over and over again	35	58.33
2	Flashbacks – feeling as though the event is happening again	28	46.67
3	Having the same bad dreams over and over again	27	45.00
4	Feeling alone and staying away from people	44	73.33
5	Can't feel emotions	31	51.67
6	Feeling nervous	31	51.67
7	Can't think straight	32	53.33
8	Trouble sleeping	26	43.33
9	Feeling on guard/keeping a look out for trouble	45	75.00
10	Feeling angry all the time and taking it out on others or yourself	24	40.00
11	Trying to keep away from things that remind you of the hurtful or bad things. that happened to you	43	71.67
12	Not being able to remember some of the most hurtful or bad things that happened to you	30	50.00
13	Not caring about everyday things	26	43.33
14	Feeling as if you don't have a good future or any future at all (Hopelessness?)	38	63.33
15	Trying not to think or feel about anything to do with the bad or hurtful things that have happened to you	27	45.00
16	Going mad or crying when you are reminded of the most hurtful or bad things that happened to you	29	48.33
17	Feeling that people do not understand what happened and that you are the only one who has suffered these things	40	66.67
18	Feeling guilty	25	41.67
19	Feeling shame	32	53.33
20	Spending time thinking about why these things happened	32	53.33
21	Feeling as if you were going crazy	20	33.33
22	Feeling that you have no one who will look after/ out for you	28	46.67
23	Feeling as if you are split into two people and one of you is watching what the other is doing	25	41.67
24	Feeling someone you trusted did something to betray you	26	43.33

**Table 5: Number and percentage of participants endorsing each PTSD symptom** *continued*

Item #	AAVHTQ PTSD symptoms	Total number events endorsed	Percentage of sample
25	Feeling worthless	27	45.00
26	Becoming violent to self or others	14	23.33
27	Taking drugs and/or alcohol all the time to help you forget the bad things that happened to you	40	66.67
28	Problems making and keeping relationships (Feeling unloved or unable to give love?)	27	45.00
29	Suicidal thoughts	10	16.67
30	Have you ever felt that these things didn't happen to you or that you don't feel bad about it? (Denial?)	10	16.67

The high number of participants who felt highly alert (hyper vigilant) and on guard (75%) is consistent with findings reported in stage 1 of fieldwork, whereby feelings of harassment emerged as a key problem, worry or stressor for day to day life. At least 10 participants from the sample had experienced every symptom on the AAVHTQ.

### DSM III R and AAVHTQ scores

Results for the DSM III R and AAVHTQ show that participants had an average score of 1.97 for the DSM III R and 1.86 AAVHTQ (see Table 6). In this study we are able to make comparisons with Atkinson's (2007) work which had a comparable sample size (n=58). The scores in this present study were found to be lower than in Atkinson's. However, her sample was a prison sample, and, by nature, a captive audience. It is possible that Atkinson's participants were more amenable to a higher level of engagement with the questionnaire and we assume did not have access to alcohol or other illicit drugs.

Further, Atkinson's (2007) participants all reported at least one trauma event, whereas this study had participants who reported no events. As such, we expect a lower number of participants scoring for PTSD symptomology. Although participants in this study had a higher number of trauma events (compared to Atkinson's sample), the average score for the DSM III R and the AAVHTQ were below the clinical score for PTSD (2.5).

**Table 6: Descriptive statistics for DSM-III-R symptom severity score and AAVHTQ symptom severity score (n=60)**

Variable	DSM-III-R(1)	AAVHTQ(2)
Mean	1.97	1.86
Median	1.84	1.73
Standard Deviation	0.75	0.70
Minimum	0.00	0.00
Maximum	4.00	3.53

1. Sum of all symptom items 1–16 divided by 16
2. Sum of all symptom items 1–30 divided by 30.



One in five participants (n=11) in this Long Grass sample were found to be PTSD symptomatic (see Table 7). While this rate is much higher than for the general population, the true prevalence may be obscured by:

- the set clinical cut-off score of 2.5 (see discussion in Appendix 4); and
- the under-reporting of trauma events and symptoms.

**Table 7: PTSD symptomatic and non-PTSD symptomatic participants**

Variable	PTSD symptomatic (n=11)		Non-PTSD symptomatic (n=49)	
	Mean	SD	Mean	SD
Number of trauma events seen, heard & experienced	15.82	2.48	11.02	4.78
Number of trauma events experienced	13.55	2.54	9.59	3.86
DSM-III-R symptom severity score	3.11	0.41	1.72	0.54

Even if under-reporting could be ruled out and the clinical cut-off score was validated at 2.5, there are still 80% of participants remaining who have experienced an extraordinary number of trauma events without becoming PTSD symptomatic. The role of 'resilience' among Darwin's Long Grass population, and more generally among Aboriginal Territorians, may account for their apparent enormous capacity to withstand such adversity.

Another explanation for this apparent 'resilience' may relate to the high levels of reported alcohol use among the study population as a form of self-medication management. Consistent with the literature on the subject, Mills et al., (2006), in an Australian study, found a significant association between individuals with PTSD and substance use disorder, particularly alcohol. They observed that those with a substance use disorder and PTSD had significantly poorer physical and mental health and greater disability than those with a substance use disorder alone.

Mills et al., (2006) stressed the importance of assessing individuals entering substance use treatment programs for comorbid PTSD. They concluded that "*individuals with comorbid substance use disorder plus PTSD demonstrate a significant challenge to treatment providers and are likely to require substantial clinical resources*" (p. 656) and recommended that both disorders be treated concurrently. They argued that there was limited knowledge on effective treatments for comorbid PTSD and substance use disorders and recognised the need for further research in this area.

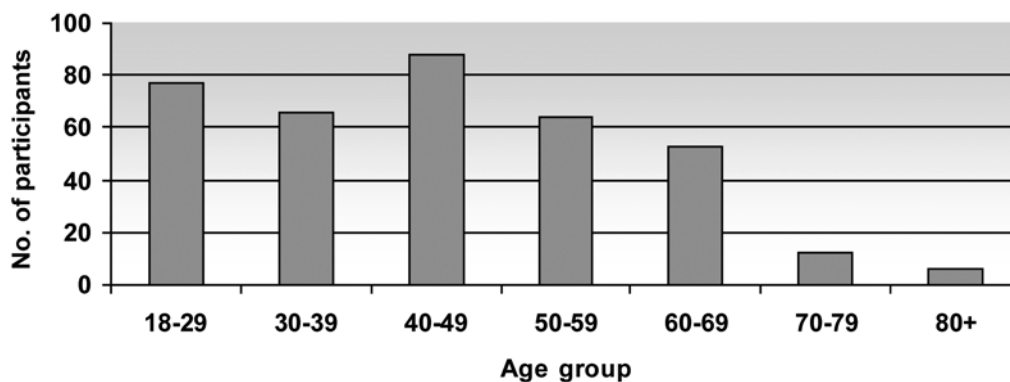
Adding to the evidence presented in both the literature review and in the qualitative findings of stage 1 of this study, the trauma events and symptoms reported by study participants indicate that participants had experienced stressful events, felt stressed and lived in a perpetually stressful environment. Alcohol was used widely and assisted individuals to feel good in their social setting.

## Chapter Six: Non-Indigenous views of the Long Grass (stage three)

This chapter discusses the findings of stage three of fieldwork where 368 non-Indigenous participants were interviewed on their perceptions of those in the Long Grass (Appendix 5). The first section reports on who they believed stayed in Darwin's Long Grass. The second section explores the reasons why they thought people stayed there. A discussion on their perceptions of the problems this population caused and their views on what should be done to address these identified problems follows.

There was an even gender representation among participants and their age distribution, presented in Figure 8, comparable to the age distribution of the whole Northern Territory population (ABS, 2008). There was a slight over-representation of older people aged 60 years and over, and a converse slight under-representation of the youngest age groups.

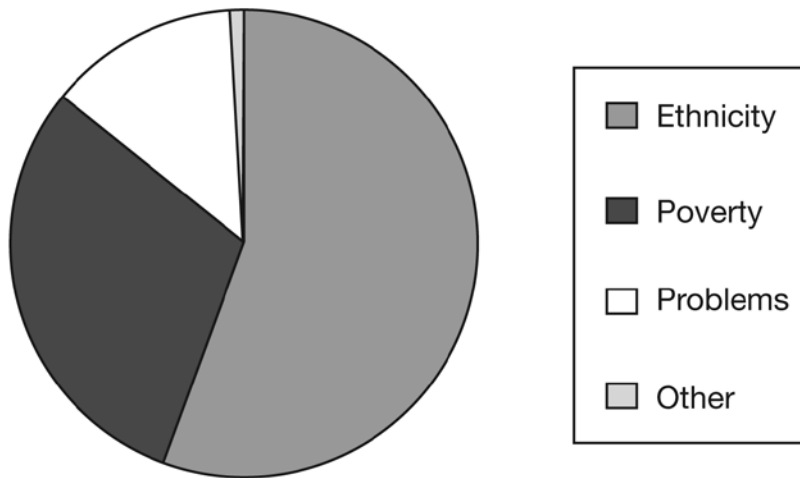
**Figure 8: Number of non-Indigenous participants by age group**



### Perceptions of who stays in the Long Grass

Participants were asked, "Who stays in the Long Grass?" This question often generated more than one response; for example, "mostly Aboriginal people and some whites". Of the 513 responses, 509 fit within three core response categories relating to 'ethnicity', 'poverty' and 'problems' (see Figure 9). (The remaining four responses identified "men" and "drunken whites" as staying in the Long Grass). While 'ethnicity' required its own category, the responses included in 'poverty' and 'problems', more often than not, had an ethnic basis.

Figure 9: Categories of individuals perceived to be in the Long Grass



More than half (56%) of all participants' responses specifically described people who stayed in the Long Grass on the basis of the ethnic group that they belonged to. About half of this category linked occupation of the Long Grass in the first instance with Aboriginality; for example, "Aboriginals", "blackfellas" and "Indigenous people". Other frequently used expressions (and variations) included: "community people"; "those from remote areas"; "mostly full blood Aboriginals from outlying settlements"; and "mainly traditional people".

The remaining response types within this category, while also identifying Aboriginality, provided a secondary response similarly based on ethnicity. Some responses simply expressed an acknowledgement of difference between Aboriginal and non-Aboriginal people in the Long Grass and their possible lived experiences, e.g. "Aboriginals and a few whites". This 'other' group, typically referred to as 'whites', was most often ascribed an adjective or other qualifying remark. Examples included:

- Full bloods and *lower class* whites;
- Aboriginals and *down and out* whites;
- Aboriginals and *dirty* white men;
- Indigenous people and white *trash*;
- Dirty old* men that go with Aboriginal women;
- Community people and maybe *less fortunate* Caucasians; and
- Blackfellas and *drunken* whites.

Participants believed the Long Grass to be inhabited by two ethnic groups; predominantly Aboriginals and, to a lesser extent, 'whites'. This view is contrary to the census data published by the Australian Bureau of Statistics on the numbers of people in the primary homeless category in Darwin. Despite the noted limitations of this data, approximately 45% of people living rough in Darwin were reportedly non-Indigenous (Chamberlain & MacKenzie, 2003). 'Whites' were commonly described in derogatory terms after Aboriginals were mentioned. The majority of such

statements implied that the term Aboriginal incorporated derogatory terms and unlike 'white' people needed no further clarification.

Participants had a greater level of comfort in applying derogatory terms to individuals marginalised from their own cultural group. Conversely, there was an assumption that the term 'Aboriginal' embodied notions of marginalisation and associated stigmas. At the extreme end, Aboriginal people were perceived to sit outside of 'Australian society', having never been a part of it.

Paradoxically, participants perceived that 'whites' had 'fallen out' from mainstream society. As such, the association of whites with Aboriginal people in the Long Grass was confirmation of their social exclusion and deviance. The idea that Aboriginal people, in this case in the Long Grass, were regarded as non-citizens of Australia by participants was also common and captured through comments such as:

Aboriginals, Torres Strait Islanders and Aussies.

A few Australian people but mainly Aboriginal people.

Approximately 30% of all responses categorised people staying in the Long Grass on their perceived poverty. Ethnicity also formed an integral component of these responses. White people were perceived on the basis of their poverty, i.e. their state of homelessness, disadvantage, unemployment and poor fortune. Aboriginality, conversely, was the explanation for their poverty and disadvantage. For the latter group, poverty was primarily associated with a lack of shelter and not necessarily with being homeless *per se*. They were perceived as either having a home to go to or as being culturally 'homed' in the Long Grass.

These findings highlight that the mainstream population perceives Aboriginal people in the Long Grass as somehow different from their non-Aboriginal counterparts. Their staying in the Long Grass was often understood as culturally appropriate; for instance, "*they are generally Aboriginals who are closer to their tribal roots*". This conception redirected the focus away from the issue of poverty with its associated moral responsibilities and emotional investments, by allowing individuals to reconcile this issue through conceptualising it as simply 'cultural difference'. The propensity for accepting Aboriginal existence in the Long Grass as not homelessness but merely as 'cultural difference' is a theme that continues to emerge in this research.

A small proportion of responses (13%) associated those being in the Long Grass with individual 'problems' such as moral character and alcohol addiction, using expressions such as "*outcasts*", "*undesirables*", "*bums*", "*anti-socials*" and "*alcoholics*". Once again, Aboriginality was an explanation for the majority of these problems. Of significance, this study found less than 1% of responses (n=5) associated occupation of the Long Grass directly with mental health issues and only one participant (0.2%) mentioned domestic violence.

## Perceptions on the main reason for staying in the Long Grass

Findings derived from the above section demonstrate that ethnicity was the defining feature of participants' conception of those in the Long Grass. The next question asked participants what they believed to be the *main* reason for people staying in Darwin's Long Grass. The largest category of responses (28%) associated the main reason with perceptions of choice. Other key categories included: lack of financial resources (18%); lack of shelter (18%); alcohol abuse (13%); and being homeless or outcast (10%).

Choice included three sub-categories: lifestyle; cultural predisposition; and a lack of choice. The lifestyle category included response types where Aboriginal culture was both implicit and explicit. Common responses included: [they are there] *“because they like it”; “choose to live there”; “like the lifestyle”; “want to”; or “prefer to stay there”*. On the other hand, white people were generally understood as victims of circumstance with no other choice. This view is captured in the following comment: *“Aboriginals, because it’s their way. White people, because they couldn’t cope and dropped out”*.

The cultural predisposition category included responses in which Aboriginality was explicitly stated. Examples of typical responses included:

It’s a cultural thing, they don’t like living in houses.

It’s their tradition, like the old days ... go walkabout.

It’s natural for them.

Because they have grown up used to it and like it.

It’s a homeland thing, it is more like home.

To keep some of their heritage and stay in the bush with their ancestors.

They are anti-civilisation.

Living in the Long Grass is defined as ‘absolute homelessness’, as the most extreme form of poverty, according to the accepted definitions used by the Australian Government. Yet curiously, a large percentage of participants in this study have constructed staying in the Long Grass as a choice. When this choice implied Aboriginal cultural predisposition, it was often romanticised.

The romanticisation of Aboriginal poverty raises questions about entrenched assumptions underpinning notions of equity and equality. These assumptions neglect to acknowledge the limited choices available to this population, as reflected in the study findings, whereby only 4% of responses indicated a lack of choice as the main reason for staying in the Long Grass.

There were two categories that comprised the second most common reason participants believed people stayed in the Long Grass: inadequate financial resources (18%); and a lack of housing, shelter and accommodation (18%). These categories were often discussed in tandem; for example, ‘people couldn’t afford shelter’.

Those responses which identified financial limitations provided two perspectives, the first of which saw the poverty of this population linked to poor education and employment outcomes; for example, *“they are there because they are not educated and can’t get a job and can’t get any money”*. The second linked poverty to a character flaw of individuals; for example: *“they choose not to have jobs”; “They are unfit to work. Can’t look after themselves...”; “their issues stop them from handling their dollars and budgeting”; “They are bludgers”; “[They are] lazy people who have given up the challenges of life thrown at them”; and “They are fucking hopeless. They don’t give a shit about our society. They have no education, care or respect”*.

Similarly, in the category relating to a lack of housing, shelter and accommodation, there were also two perspectives. The dominant perspective was that there were insufficient and unaffordable shelter options available in Darwin; for example, a typical comment was that *“They can’t afford to stay anywhere else. Rents are too high. Not enough public housing. There is nowhere for them to go”*. The other perspective was that housing was a Western standard of living, unsuitable to

Aboriginal people; for example: *“Some don’t like to be in the built up world. They like their own space”*; *“They haven’t adapted to Western housing”*; and *“It’s cultural. They are not interested in housing or not capable”*.

Alcohol formed the next most common main reason (13%) provided by participants for people staying in the Long Grass. Responses generally explained that people were alcoholics or substance abusers, liked drinking and could not drink in home communities so came to Darwin.

Only 10% of responses indicated that participants believed that people were principally in the Long Grass because they were homeless or outcasts and had no home to return to. Expressions such as ‘deviants’, ‘rejects’, ‘marginals’, ‘no-hopers’, ‘down-and-outers’ and ‘they’re lost’ were used to describe this group. In these responses there were two distinct perspectives; the first was that society had marginalised individuals; and the second, that individuals had marginalised themselves from society.

The remaining responses (12.5%) fit within five categories, as presented in Table 8.

**Table 8: Minor reasons for being in the Long Grass**

Minor reasons for homelessness	No. of responses	% of responses
Family problems (no support)	27	4
Mental health	18	3
Visit family/holiday	17	3
No idea/ don’t know	12	2
NTER	3	0.5

Of significance, the finding that only a few participants perceived people to be staying in the Long Grass primarily due to family problems or to visit family is in stark contrast to the reasons provided by those actually living there. As discussed earlier in this report, family problems were cited as the most common reason for people leaving home and staying in the Long Grass.

Mental health issues were regarded by few study participants as the main reason for staying in the Long Grass. Similarly, only three responses indicated the NTER as the reason for being there.

**Perceived secondary reasons for being in the Long Grass**

Participants were asked if they knew of any other or additional reasons why people stayed in Darwin’s Long Grass. Five hundred and seventeen responses were provided to the question. The most common response (22%) indicated that there were no additional reasons to the main reason/s they had identified.

Consistent with earlier findings on the main reason for being in the Long Grass, ‘choice’ was once again a dominant theme. The ‘romanticising’ of lifestyle was more pronounced in responses to this question and was emphasised in expressions such as: *“it is an easier life”*; *“it’s a private life”*; *“it’s quiet, peaceful and free”*; and *“they get to stay in exclusive places, with fresh air and waterfront views”*. A lack of housing, shelter and accommodation was identified in 16% of responses and alcohol problems accounted for 10%. Only 8% of responses considered that additional reasons to being in the Long Grass were related to homelessness.

The minor secondary reasons participants believed people stayed in the Long Grass are listed in Table 9. Only 7% of responses considered people to have had family problems or to have been visiting family. Once again, this finding highlights the gap in the lived experience of Aboriginal people in the Long Grass with the perceptions of non-Indigenous mainstream society members.

**Table 9: Minor secondary reasons for being in the Long Grass**

Minor secondary reasons	No. of responses	% of responses
Visiting family/holiday	20	4
Family problems (no support)	18	3
Mental health	17	3
Insufficient support services	14	3
Personal problems	10	2
NTER	1	0.2

### Perceptions of problems caused by people staying in the Long Grass

The survey asked participants, “When people stay in the Long Grass, does it cause any problems? If so, what problems do they cause and for whom?” Of the 368 participants, 80% (n=297) identified 847 problems. Only 14% indicated that they caused no problem and 5% did not provide a response to the question.

All of the problems participants had were underpinned by the fact that people in the Long Grass were living in public and semi-public places and that the majority were perceived as being Aboriginal. (It was not always clear whether a distinction had been made by participants between Aboriginal people simply *visiting* public places and Aboriginal people *living* in these places.) This sentiment was captured in statements such as (emphasis added):

Living in the Long Grass is unacceptable!

... *it* is depressing for us to see.

... *it* is not a good look for the city.

... they are an eyesore.

They hang around the shops and *it* looks really bad.

They are problems for the rest of society. They don't want to see them or want them nearby.

*It's* not a problem for me personally, I just don't like seeing *it*.

I have nothing against *it* if you don't see *it*, but *it* is in the public eye.

There is no good reason for them to be there. They have assistance.

Many ordinary human functions were construed as problematic; for example, urinating, defecating and having sex. Similarly, drinking and arguing among family members was considered unacceptable. These ordinary human functions and activities would not necessarily be regarded in

the same way if they occurred in private places, such as houses or flats. Entrenched Anglo notions that conflate house, home and family, where home is both haven and a man's castle, go some way to explain why living outside of a house in public spaces is in itself a problem. Illustrating this point, the Commonwealth Government of Australia, 2004, *Your Home, Your Future, Your Lifestyle*, DVD publication by Commonwealth of Australia, Canberra stated:

... Your home is more than just bricks and mortar, it communicates your values. Your home is an expression of you. (2004, transcribed from DVD).

The way in which house embodies values and identity reinforces the moral and socioeconomic imperative to sustain occupation of a house. From this cultural paradigm, with its inherent ideas about how one should 'be' in the world, five dominant themes relating to problems caused by the population staying in the Long Grass emerged of comparable significance. These included:

- drinking and being drunk;
- fighting and arguing;
- the adverse effect on amenity levels;
- being a source of contagion; and
- the problems they cause for themselves.

A further three themes emerged, also of comparable significance, which were less dominant. These included:

- being hassled, humbugged and begged at;
- bringing society into disrepute; and
- being anti-social.

A number of minor themes were found and these included:

- the lack of services and support;
- child neglect and irresponsibility;
- crime (stealing and trespass); and
- causing fear among participants.

Participants' responses to the question pertaining to problems rarely identified a single issue. Rather, multiple problems were raised and these were often inter-related; for example:

[I have a problem with] their drinking and fighting and anti-social behaviour. They have high-risk personal behaviour, they litter, have health problems and they are a desecration of society's parks and public places.

Fighting, drinking, urinating, when they gather in a group the public are frightened. They badger you for money.

They cause problems for themselves and for other people because they can be interruptive because they are different and they have problems with their habits, like drinking and being noisy.

They cause problems for themselves and others. Mess, health issues, finding somewhere when it rains. And a lot of the time they are just a nuisance.

Defecation in public places. Alcohol use. Litter. Fights. Mess. Noise. Their health problems.



### Dominant problems

Public drinking of Aboriginal people and, to a lesser extent, their being drunk, emerged as a dominant problem for participants. Examples of this sentiment include:

[They] can cause problems if alcohol is involved – a problem for everybody.

It is not their staying that causes problems but the alcohol does. [They are] noisy, fighting with each other and their women.

[They] flout the norms. Public drinking and fighting – that causes problems for everyone in society.

[Their] alcohol abuse in the street.

When they drink they have appalling habits. [It's] a problem for all residents, plus their street fighting.

It's the drunkenness that makes you wary and modify where you stay for picnics – broken glass and litter.

[They] are aggressive when on the grog.

[It is] uncomfortable to walk around them under the influence [of alcohol].

Examples which capture participants' problems with fighting, arguing and violence include:

Abuse! Fighting! Abuse each other! Have no respect for each other.

[The] violence and fighting among themselves. Violence has public health administration issues in terms of cost and [they] make it so other people are neglected at the hospital.

A major problem is violence fuelled by alcohol. They have a more violent culture than ours.

They rape young girls.

A small proportion of responses within this theme objected to swearing and abusive language, regardless of who this was directed at.

Participants equally considered the adverse effect on their amenity levels to be a problem. Litter and rubbish was the main concern, followed by noise nuisance. Presumably, participants objected to not only the visual impact of litter or simply the level of noise, but the way in which these impacted on their everyday life. For example, noise that disrupts sleep patterns impacts on the workplace or litter creates additional jobs for the council, increasing rates, and so on. Examples of comments which capture this view include:

[They cause] disruption to the area. They make too much noise, loitering, and leaving stuff around.

Noise is a problem. Disturbances at night, very loud, no consideration for others. Sleep deprivation for us.

People staying in the Long Grass were considered to be a source of contagion, spreading disease and morally corrupting others. When compared to non-Indigenous people, claims of poor hygiene sometimes have merit. People living rough often have strong body odour, defecate in public places and have infections that have not been treated. Quotes which illustrate this perception include:

[They are a] health risk to the public due to their defecation in public.

[They leave] faeces and urine everywhere on the beach.

They smell. They should shower.

[Long Grass life] is utter filth and disgusting behaviour.

They defecate in public. They fornicate in public.

... they defecate and urinate in public. They have no respect for themselves or others.

Participants also believed that staying in the Long Grass caused problems for the individuals concerned. The nature of these problems related to vulnerability caused by their living conditions, such as poor health, diet, forced mobility and the impact on culture.

[They are a] problem for themselves mainly. They can be targets of abuse and it can't be good for their health.

They don't have shelter or security. It is not right for a human.

They are vulnerable to being attacked.

Yes, for them mainly. They can be targets of abuse and it can't be good for their health.

Participants considered it problematic when people from the Long Grass hassled them, humbugged and begged for money and cigarettes. The following comments were typical:

Harass anybody walking past, cause problems for whites and tourists.

They hassle tourists and foreigners with the 'poor bugger me' story.

They harass people. They feel like they deserve to ask for something for nothing.

Equally, it was common for participants to complain about this population bringing mainstream society into disrepute. Participants described those in the Long Grass as 'an eyesore', 'disgusting', 'bad for business', 'lacking respect' and being a 'drain on society and its services'. Examples which demonstrate this perception include:

They cause problems for others in society and are an embarrassment to society ... not enough is being done to stop people living in the Long Grass and public areas. Nobody in Australia should be living in the open apart from campers. We are not a backward society. Everybody deserves to live in housing. Long Grass people should not be allowed to flout the by-laws.

[They are] unsightly. [They have] hygiene issues. This reflects on the rest of society.

They congregate around liquor outlets. It is no good seeing this degradation. They can't handle alcohol.

They are a drain on society.

Similarly, it was commonplace for participants to regard those in the long Grass as simply 'anti-social' and this was problematic to them. This response, albeit ambiguous, appeared to be a term used to explain a range of non-specific activities and behaviours deemed unacceptable to the participant, but which implied an assumed shared meaning with the interviewer. This assumed shared meaning may reflect an internalisation of the rhetoric that dominates local politics, particularly around election periods. For example, brochures distributed to housed residents outlining promises to 'stamp out anti-social behaviour' which include no explanation or qualifying remarks as to what precisely is constituted by this behaviour, are commonplace.

### Minor problems

Fewer than 4% of responses raised concern over the lack of support services available to this population, including shelter, toilets and shower amenities. This is despite the fact that a significant number of participants believed that people stayed in the Long Grass because they did not have access to shelter or housing. In short, while participants acknowledged people were in the Long Grass because they did not have shelter, they did not have much of a problem with it. The following comments are representative of those with concerns over support services:

There is a lack of resources for them.

I don't mind people staying in the Long Grass but there needs to be more facilities.

Similarly, few participants raised objections about child neglect and people being generally irresponsible. For instance:

The rubbish people leave behind, drinkers cause problems with violence and kids being neglected. A problem caused by a minority causes a stereotype for all. They humbug for money.

As an aside, it is of note that data collected by the Larrakia Nation, as the primary provider of outreach services to people in Darwin's Long Grass, rarely documents the existence of children *living* there. It is possible that those few participants that raised the matter of child neglect within this context may have mistakenly witnessed an Aboriginal child in a public place and assumed that the child lived there. Irrespective, they have formed a view that neglect has occurred. These responses may also be connected to the discourse around the NTER and saving the children.

Few participants specifically raised the matter of theft and trespass related crime. Examples include: *"They steal, fight and go on public transport. They stink"* and *"When they have no money or food, they humbug and turn to criminality"*.

Linked to the problem of alcohol, a few participants raised the problem with feeling frightened of people in the Long Grass. Typical quotes include:

[They are] intimidating. [They have] communication problems. [They are] unreasonable – fighting and screaming.

I feel personally threatened.

They are a danger to the public.

While it is possible that there are individuals in the Long Grass who have committed criminal offenses and may well be a danger to other people in the Long Grass and the broader society, this finding is significant as it highlights that most people in this study did not actually perceive those in the Long Grass as a threat to their personal safety. They did, however, see them as a dangerous source of contagion and as the scourge of society.

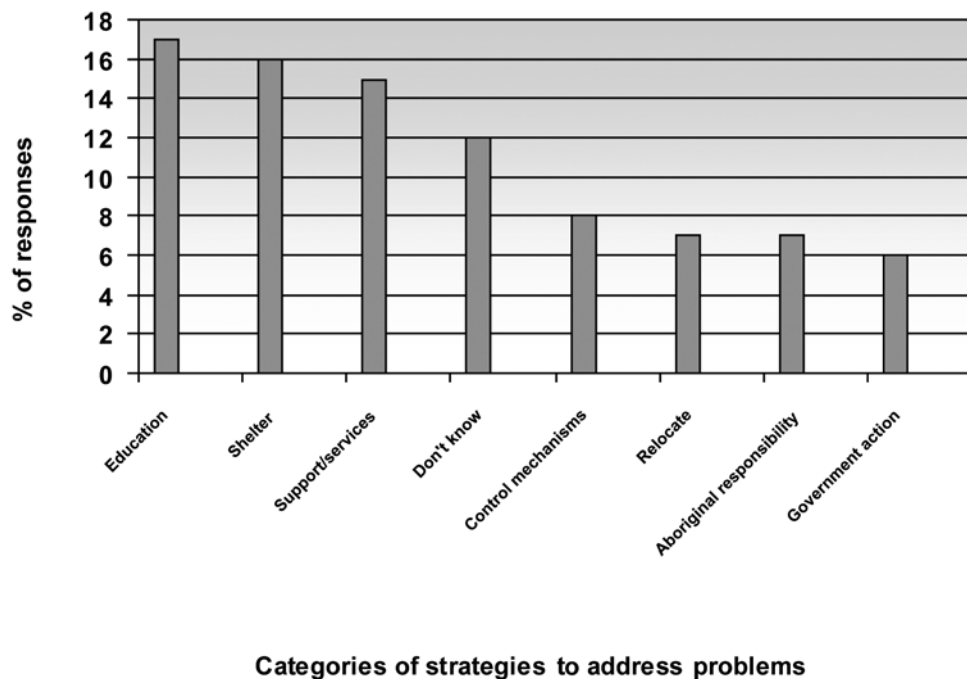
### Participants' views on what should be done to address problems

Earlier findings revealed that 14% of responses identified that people staying in the Long Grass caused no problems. When asked "What should be done to address the problems?", we would have expected a similar proportion of participants to provide 'no response' to this question, presumably because they had no problems to be addressed. Yet only 7% of respondents provided no response to the question, suggesting that perceived problems were under-reported. Regardless, the proportion of the study population that had problems with people in the Long Grass remains significant.

The answers to the question, "What should be done to address the problems?" generated multiple responses that fit within eight categories, as depicted in Figure 10. These categories included: education directed at behavioural modification; the provision of shelter or camp sites; support and services; a perception that the problem was too difficult to have a solution; specific control mechanisms; the relocation of people away from the mainstream and out of sight; the view that aboriginal people and communities should take responsibility for the problems they have caused; and the need for government action and intervention.

The responses to this question were consistent with previous responses in that the distinction was not always clear whether participants were talking about Aboriginal people in general or Aboriginal people in the Long Grass. The construction of Aboriginal people as a 'problem' appeared to be commonplace among study participants. At the most extreme, this population was regarded with open hostility. Those participants at the other end of the continuum, while demonstrating compassion, still tended to view this population as undesirable. Their public presence was confronting to their cultural way of being in the world and their difference was the source of personal discomfort. Whether regarded with compassion or hostility, there was an emphasis on controlling Aboriginal behaviour and mobility in Darwin; a process that has continued for over 100 years.

**Figure 10: Categories of participants' views on what should be done to address problems caused by Long Grass populations/people**



Education was regarded as an important strategy in addressing problems and participants believed that it should focus on five areas. In order of significance, they included:

- general educating of Aboriginal people (not necessarily just for those in the Long Grass);
- improving the understanding of mainstream society through education about life and people in the Long Grass;
- placing an emphasis on educating the next generation of Aboriginal children so that they learn not to go to the Long Grass;
- educating people in the Long Grass to be more European in their ways; and
- educating people in the Long Grass about hygiene.

'Education' as a blanket 'fix-all' term to address social problems is an entrenched cultural phenomenon and is evidenced by the findings of this study. 'We', readily and with ease, identify education as critical to addressing problems. In this study, 'we' identify education for Aboriginal people as being about learning how to live in houses, manage money, maintain hygiene, look after children, and the list goes on. 'We', without question, gravitate towards cultural assimilation in our methods, attempting to draw those non-conformists (sometimes kicking and screaming) into the cycle of living which is the market economy. In this way 'we' maintain and reproduce mainstream institutions of social order. It does not fit within this model of cultural reproduction to question what 'education' would or could look like beyond this paradigm. In this study, there were only a few lone voices that acknowledged that it may be possible or reasonable to be different. They commented:

Ask them, "is it a problem?" If not, leave them alone and don't impose values on them ...

... Find out why they choose to be in the Long Grass. Speak to Long Grass people and ask them what they want done.

The dominant way of viewing education in this study was associated with behaviour modification for purposes of cultural assimilation. Examples of participants' comments which highlight the role of education in addressing problems across the above five areas included:

Give them education and give more power to the community leaders.

Instil acceptable behaviour in them.

They need education – for the next generation – on hygiene and cleanliness, finances and survival skills, life skills, self-esteem and self-worth.

Teach them how to live in the society. They have to choose one way – the traditional or the modern, not combine both. But I don't know how to achieve that.

... They need education – about not being lazy, looking after themselves and being productive. They are lazy and it is frustrating and this view is based on my work experience with Aboriginal people.

Don't throw money at them because it doesn't work. They need education. They should only come in if they can prove they have a budget and somewhere to live and can get back.

It's all government's fault! Those that can't help themselves the government needs to educate about good health and teach them about money ...

The provision of shelter was also regarded as an important method of addressing problems. Shelter was often suggested alongside a range of other services; had caveats attached to it; or it was mentioned with foreseeable problems in the solution. Examples include:

There should be more accommodation, like Aboriginal hostels, designated campsites, ablution blocks and more services ... places where they can go without being targeted or harassed.

... there needs to be appropriate accommodation, decided by them and not others, with basic facilities and extended families needs.

Set up a bush camp for people to stay at no expense – on government land somewhere around Darwin – to facilitate access to town for a range of personal business matters.

Offer alternative accommodation, but it is not necessarily the solution to the drinking issues. I wish they could be helped, but I don't know what the answer is. Does anybody?

There needs to be more awareness and funding for housing in Darwin and in communities. We need to change the laws to outlaw homelessness and living in public areas.

If they were put in houses they wouldn't pay rent and would destroy the houses anyway.

Houses are not the answer but 'lean-tos' are OK – a bit of a roof and some basic facilities.

Have one area to live and stay – designated areas for drinking and have shelter when it is raining.

Give them the opportunity of a choice of areas where the general community won't find it draining on them but not too far away from resources.

We should provide special areas where they can live like that – with certain rules.

Inherent in all proposals of shelter was the need to control the movement of Aboriginal people and confine them and their behaviour to designated places, usually out of sight of the mainstream community. While we have noted that the control over the movement of Aboriginal people is not new, confining and controlling people to 'intervene', for humanitarian or other reasons, remains the cultural imperative of dominant society. (The findings and subsequent recommendations stemming from this study too are a product of this process). As Lea (2008) stated:

The compulsiveness of this urge to intervene and amend in turn eclipses something so obvious it is rarely commented upon: the 'we' in the narrative are not planning to go away, but have a vampiric dependence on those we want to help (p. 13).

True to form, the provision of support and services through intervention was also considered to be an important strategy in addressing problems participants associated with people staying in the Long Grass. Participants typically advocated for mobile clinics, rehabilitation services, health and food services, as well as for cooking and hygiene facilities, such as toilets, showers and bins. For example:

There should be more services, like a drop in centre. Somewhere isolated as their behaviour is unacceptable to others.

There should be better accommodation for visitors from out of town. Better facilities for people in the Long Grass like toilets and showers and more support for people with welfare needs, more support for kids, more alcohol rehabilitation needs and a better public attitude toward Long Grass people.

Make sure people have access to maintain hygiene, and little receptacles and recycling bins.

Participants also believed that the problems caused by people in the Long Grass were insurmountable and beyond their own realm of knowing how to intervene; for example, *"It's a hard question. I am not a politician"*. This view coincided with the idea that interventions had been exhausted and desired outcomes had not been achieved. Comments which capture this sentiment include:

I have no idea and that is the problem. No one has any idea.

I don't know. I don't know how to fix it.

It's too hard. You can't stop it even if you tried.

Don't know. We've tried lots of things and it doesn't seem to work.

I think the Long Grass situation is never ending.

Control mechanisms for non-conformists were also regarded as favourable strategies in addressing the problems participants perceived to exist. Punitive measures involving police, jail, First Response Patrol and Night Patrol were most popular. Prohibiting alcohol, forcing people to take up employment, taking money from people and using a voucher system were also typical strategies in this category. Several participants wanted children removed from the Long Grass. Quotes which reflect the desire for increased control include:

Lock 'em up and dry 'em out ... ring the police ... need more lighting around businesses.

Give 'em a one way ticket ... detention centre ... shoot the bastards.

Get rid of them, into jail. I have no sympathy for them.

... We need better and more efficient policing with more and more police training and more community patrols ...

Have more 'first response' – but they [people in the Long Grass] are cunning and just come back.

They shouldn't get money, they should get vouchers. They shouldn't have the right to drink. Equal rights have destroyed them.

Cut social security so they have to get a job. We are inadvertently indulging in genocide by our kindness through giving them money. Money is the problem. I was here in the 50s and it was better back then. It went down hill in 1975. I served alcohol in the 60s and it wasn't a problem but now there is no pressure to work.

Take the dole off them. Still give them food vouchers. For non-alcoholics, the government should give them houses.

Children in the Long Grass is an issue. If they are of school age, what do you do? Removal is a double edged sword – it brings advantages and disadvantages. But I think disconnection with family is over-rated – take the kids – for their own benefit.

Further, participants suggested addressing the problems by sending people home. Invariably these views were based on many assumptions – for instance, that people had a home to go to, and simultaneously, that creating home in Darwin was not a possibility. Examples include:

Send them home to their community.

Make them go back to their communities.

Sending people home was one expression of a more general desire to relocate people out of sight. Other expressions of this desire were described (and sometimes with considerable hostility); for instance:

Put them in houses – down the track, out of town and away from alcohol.

... Maybe provide special camp sites that can't be destroyed by the Long Grassers – somewhere else, out of town. Stop forcing people to live in houses, provide alternative accommodation – it's what they want – let them have their tribal lore ...

House them somewhere in the middle of the desert! They leave dirt and filth everywhere. Whites do too – drop-kicks ... They are all just down and out. Stop being so filthy and put your rubbish in the rubbish bin. Blackfellas rule the country and are stuffing it up – like ruining mining opportunities for themselves and others. Why do they get the dole when they get royalties? Where is all the money going?

There was also a view that Aboriginal people, both individuals and communities, needed to start taking 'responsibility' as a means to addressing the problem of people staying in the Long Grass. Participants described feeling a sense of hopelessness. They believed that considerable effort had already been made by society to address problems and Aboriginal people had neglected to accept their 'help'. For example:

They don't take the help that is offered or, if they do, they abuse it.

How much can we do if people don't want to help themselves?

People have to want help before you can make a difference ...

So much has been tried. They had education but there is only so much we can do. It's their choice.

Ban alcohol. Increase awareness to them of their problems through education. Nothing's changed in 20 years – they need to take responsibility for their children.

'Taking responsibility', much like 'education', had deep mainstream cultural meanings and was associated with conforming to mainstream norms. The process of identifying individuals as failing to 'take responsibility' involved an acknowledgement that interventions had been tried by mainstream society and failed. 'Taking responsibility' is not a matter of discharging control to the 'other', but rather was an expression of the need to conform. Participants in this study highlighted the inequities they believed were created from Aboriginal people failing to take responsibility and conform to cultural assimilation interventions. For example, one participant commented, *"It's not a free world. There are two standards in this country. Aboriginals have more rights than non-Aboriginal people"* and *"Don't dump them on town camps around Darwin. That's not fair for residents"*.



The perceived unfairness of it all and the resentment and anger stemming from this, is noteworthy due to its impact on the nature of inter-cultural relations between blacks and whites. Unfairness, however, may not be remedied unless cultural difference is either accepted or overcome. The former is unlikely to occur without a major mainstream cultural shift, and the latter, dependant on compliance or assimilation, is also fraught. Recognition of the complexity of inter-cultural relations beyond rhetoric is a discussion requiring more attention.

Finally, consistent with the omnipresence of intervention, participants believed that government should work holistically, across government sectors and levels, and invest more to address the problems either directly or through the better funding of non-government agencies to deliver services and supports. Once again, the problems were often seen as too difficult and complex for an individual to address, but were within the scope of governments if they worked together. For example:

The government should get involved but I am not sure how. I have worked in Aboriginal communities building housing and have seen first hand how people destroy houses. I am not sure what the solution is to housing problems like this.

The government has got to support them more. No good locking them up – that's no solution.

The state and federal governments are not really resolving the problem. [They need to] deal with racism and capitalism – [they are] compounding it.

### **The final diatribe**

At the conclusion of the survey, participants were asked, *“Do you have any other comments or concerns you would like to raise about people staying in Darwin's Long Grass?”* Approximately 40% of participants had no further comments or concerns. Of the remaining 60%, the majority took the opportunity to drive home their strongly held views of contempt for this population and their frustration over the problems they caused for mainstream society. Participants reiterated previously raised complaints; acknowledged the ‘sadness’ of the ‘situation’ and the need to ‘help’ or intervene; and made statements about the situation from a position of moral superiority. Once again, responses indicated that many of these participants conflated being Aboriginal in public places with individuals staying in the Long Grass.

This study has confirmed that many participants regarded Aboriginal people in public places in Darwin with suspicion. They were perceived as irresponsible, choosing a morally corrupt lifestyle and were assigned a deviant identity. The common view was that white society had helped enough, invested enough and tried everything to transform their behaviour and difference, yet to no avail. Despite mainstream society's hard work, ‘they’ did not help themselves by taking responsibility by getting off welfare, getting a job, getting a house, getting an education and leading a more ‘wholesome’ lifestyle. Others reasoned that to continue to care about this population would add to the creation of further inequalities between whites and blacks, where the whites were disadvantaged. They explained that spending money was a futile exercise and ultimately a waste.

The responses to this last question have reinforced these findings. Examples of this position included:

Why is the minority dictating to the majority? I am concerned about their women and the violence they suffer. Same for their kids. Stealing is a big issue from the shop, and the mess they leave around there.

We are too soft on them. Money is not the solution. It is too easy for them.

If you give them something, they will destroy it, sell it or dispose of it.

Their lifestyle puts a strain on everything. Alcohol, drugs and lack of education opportunities undermine Long Grass people. They resort to crime for survival.

Make them responsible for their environment, like housing if they get it. Teach them how to live in houses ... but they will destroy them anyway.

Those in the Long Grass were deemed to be: dirty and the carriers of disease; neglectful of their children; and engaging in unhealthy social behaviours including alcohol abuse, violence and swearing. While a few participants were able to construe life in the Long Grass as a utopian existence or a situation needing empathy, most regarded it as abhorrent.

## Chapter Seven: Concluding discussion

This inquiry was directed by the question: *What do Aboriginal people staying in Darwin's Long Grass require to attain an acceptable level of health and life quality and to be law abiding citizens?*

It is paradoxical to think that an Aboriginal person can stay in the Long Grass, maintain health and life quality and be a law abiding citizen. Given the mainstream's intrinsic 'vampiric dependence' on intervening (Lea, 2008), it is equally impossible to imagine people in the Long Grass being simply left alone to get on with being different.

Firstly, camping in public places is an offence under Council by-laws. Secondly, while not so clear cut, attaining an acceptable level of health and life quality in the Long Grass would be an extraordinary feat. This research has shown that sojourns to the Long Grass created holiday conditions by providing relief, reinforcing kinship ties and boosting wellbeing. Each contributes to good health. However, these contributions to good health are mediated alongside feelings of fear, frustration, worry and anxiety associated with a stressful living environment away from home, and, by many, the heavy use of alcohol. The research has shown that the homeless environment is characterised by: a continuous negotiation of past and ongoing trauma events and related illness; being stigmatised and often despised by the dominant society; the routine harassment by authorities; high levels of mobility; exposure to violence; and alcohol consumption at levels that compromise health.

From the mainstream perspectives of health and disease, it is inconceivable that under these conditions health could be maintained in the Long Grass. Further, without health it is not possible to imagine how people staying in the Long Grass could possibly attain an acceptable quality of life.

In Darwin, there remains an acute shortage of affordable, appropriate and accessible accommodation for Aboriginal people. The rental market is tight with demand exceeding supply, with rental prices climbing. Without the supply of additional accommodation for this population, the Long Grass is often the only available choice for people. This research has shown that there are structural forces that propel people into this form of living. Yet public place dwelling was clearly demonstrated to be affronting to the normative values held by most non-Aboriginal participants in this study. Not being housed and living in the public domain was offensive to non-Indigenous mainstream cultural sensibilities.

Like the ideological imperative to maintain a house as a fundamental mechanism to express your values and good citizenship, staying healthy or being in good health are associated with self-development and the potential of individuals. Staying healthy or being in good health, according to Peterson and Lupton (1996), are both a civic duty and a duty to oneself. From this perspective, living in the Long Grass precludes individuals from fulfilling their duties. Worse still, as a population that has been demonised as morally corrupt and disease-ridden, as 'bad' citizens they present both a health and social risk to 'good' citizens. Their appalling health and housing status break intangible and ambiguous unspoken laws as well as the tangible written laws. It is of great consequence that it is not possible to stay in Darwin's Long Grass within the prevailing socio-cultural and political context and maintain health, life quality and good citizenship.

In this study, being *Aboriginal* in the Long Grass, and indeed in public places, was a problem underpinning all other problems of non-Indigenous Darwin residents. Public drinking and being drunk; arguing and fighting among families; the impact on amenity levels; being a source of contagion; and the problems Aboriginal people caused themselves, reinforced feelings of suspicion

towards those in the Long Grass by non-Indigenous people. Their way of existing in the Long Grass was repugnant to the dominant group, beleaguering the social order and affronting accepted systems of beliefs, values and attitudes.

A large proportion of non-Indigenous people believed that the main reason Aboriginal people were in the Long Grass was because they chose to be there. This choice was conceived of as either irresponsible or described as one that romanticised Aboriginal poverty and perceived associated freedoms. When non-Indigenous people believed Aboriginals had neglected to enthusiastically grab the dangling carrots of employment, education and housing, for instance, they were constructed as rejecting the good intentions of mainstream society. Their determination to be different was a source of frustration and helplessness.

Yet it is probable that these choices only masquerade as opportunities for the person in the Long Grass. While mainstream culture works tirelessly to overcome difference through conformity, Aboriginal people continue to show resistance to the multiple forms of oppressive intervention bestowed upon them (Cowlshaw, 2003). This resistance is the source of frustration to the intervener whose performance will be measured by the extent to which they achieve the stipulated key performance indicators of any program targeting Indigenous health. This is particularly difficult to reconcile when an intervention is received with apparent enthusiasm and yet conformity to the expected outcomes remains illusive and elusive.

Many mainstream interventions are based on the assumption that Aboriginal people have a hidden chamber within that, with the right key, can be unlocked to reveal a culturally competent white person. As Morphy (2008) has commented in his research with the Yolngu of the North East Arnhem Land:

... agents of the state seem blind to the Yolngu system, seeing Aboriginal people as having 'gaps' in their 'capabilities', as half full vessels that can be filled by somehow pouring Western ideas about governance in on top of what is already there (or in the neo-assimilationist version, by tipping out the current contents and replacing them wholesale, holding the vessels under state control until the process is complete and they are fit to govern themselves) (p. 145).

These underlying assumptions of 'difference as deficit' and 'difference as romantic ideal' hinder the capacity of interventions to achieve desired outcomes. Providing the opportunity to Aboriginal people to learn about (rather than simply adopt) non-Indigenous culture may enable those in the Long Grass to make 'real choices', not merely those that facilitate conformity or assimilation. This will not necessarily guarantee improved health, life quality or good citizenship but it may lay the foundation stones.

Conversely, in this study those who romanticised staying in the Long Grass as a cultural imperative used Aboriginal difference to justify abject poverty. It seems the choices for this population are reduced to two: overcoming difference through conforming to mainstream norms, expectations and patterns of behaviour; or being different and maintaining a non-citizen status with all the pitfalls of surviving on the margins as a highly stigmatised group.

There is a gulf between the lived experience of the Long Grass and non-Indigenous perceptions of it. For instance, the bulk of Aboriginal people in the Long Grass interviewed in this study had escaped stressful life conditions generally linked to conflict in communities. Yet few non-Indigenous people surveyed acknowledged family/social problems as a reason for people staying in Darwin. Equally, there was little recognition given by non-Indigenous participants to mental health issues experienced by this population, yet this study found a high level of exposure to trauma and associated illness among Aboriginal participants. Clearly, narrowing the gulf in understanding between Aboriginal people in the Long Grass and non-Indigenous members of

mainstream society will be the first step in sparking a re-conceptualisation of the 'problem'. From an intervention perspective, a shared understanding has greater potential to deliver relevant, creative and effective responses.

Cowlshaw (1999) pointed out that in the Northern Territory there is a 'common taken-for-granted knowledge' about Aboriginal people (see also Lea, 2008). This is reflected in everyday utterances by non-Indigenous Territorians where "*all white people can speak together with authority about 'the natives', and in their presence*" (Cowlshaw, 1999, p. 46). Rarely, however, are Western institutions, people or their social worlds subjected to such routine and legitimised scrutiny. Within an intercultural domain, shared understanding requires that non-Indigenous people also acknowledge their own culture, warts and all, and the impact of their institutions and moral framings on other peoples and themselves.

Burbank (2006) has raised the question as to whether Western institutions are not only bad for Aboriginal people, but also for Westerners. As such, she argues that the impetus for change should not solely rest on Aboriginal people. There is a wider need to identify the kinds of changes in contemporary cultural life that may improve the life circumstances of all people, as they grow to seek engagement with, and distance from, the wider global society. This present study has concluded that non-Indigenous people must likewise begin to question their values, attitudes and beliefs, their historical roots and contemporary processes that repel difference and often define it as deficiency. By recognising that different cultural systems exist between Indigenous and non-Indigenous Australians, Morphy (2008) has stated that "*the next step is to come to an agreement in principle to respect difference rather than viewing it as deficit – and this applies to both parties*" (p. 146).

It is interesting to note that not a single non-Indigenous participant in this study mentioned dispossession, internal displacement, colonisation, stolen generation, cultural genocide or any other government policy geared towards the control of Aboriginal people as reasons why Aboriginal people stayed in Darwin's Long Grass. While knowledge about these events is clearly in the public domain, one has to wonder whether empathy for the enduring impact of such events on Aboriginal Territorians has evaporated. This present study appears to stand as evidence of evaporated empathy, where non-Indigenous people believe that everything within reason had been done to help this population who had refused to change, tipping the precariously balanced scales in favour of resentment.

Non-Indigenous society also frequently makes assumptions about the bi-cultural competence of Aboriginal people. It is supposed that Aboriginal people understand the meanings behind *what* mainstream does and *why* they do it. For instance, as documented by McRae-Williams (2008), the importance of having a job is couched in the unconscious reproduction of values embedded in capitalist societies (see also Povinelli, 2002: p. 127–129). Non-Indigenous society assumes that the benefits of employment (economic and psycho-social) are universal. These values, however, may not be so clear to people with different histories and world views.

Living in the Long Grass is a difficult way of life. This study found that people had left home to escape conflict. They had been exposed to a high level of trauma, with an average of more than ten lifetime traumatic event, where they had believed they were going to die or be seriously injured. McFarlane (2000) explained that,

traumatic events cause demonstrable and chronic long-term effects on psychological and physical health. Attempting to prevent these adverse effects is a critical public health issue (p. 901).

The prevalence of individuals in the Long Grass who were post traumatic stress disorder symptomatic was also high. In the Long Grass, they were vulnerable to violence and discrimination. Exacerbating this situation was the high consumption of alcohol. Basic survival in this context of perpetual uncertainty and unpredictability was stressful, frustrating and generated fear.

It is incomprehensible to think that, for many, this difficult life constituted respite from the problems of everyday living beyond the Long Grass. This situation raises questions about the conditions being escaped from as much as it does the conditions of sanctuary. While some individuals in the Long Grass planned to return to their home community after a break or holiday, a significant proportion had entered into what MacKenzie and Chamberlain (2003 & 2006) refer to as 'chronic homelessness', whereby individuals had taken on a homeless identity. This study has concluded that there is a propensity to overshadow the grim realities of this lived experience with the 'problems' this population causes mainstream society. Historically, a problems perspective to homelessness has underpinned policy positions and political statements concerning this population, powering the merry-go-round of harassment, disadvantage and displacement.

From an intervention oriented perspective, the findings of this inquiry create a multitude of possible answers to the overarching research question. Yet, fundamentally, all answers depend on the socio-cultural and political world we collectively share to have some (or a lot of) flexibility and maturity (that is, the ability to reflect on our culture and not only what we are, but why we are). This is difficult to imagine given that the spirit of the white Australia assimilative policy of yesteryear appears to be alive and well today, however presented in a different guise. Without flexibility and maturity, we run the risk of our interventions merely demanding acculturation, making people less different and more attuned to the dominant Euro-centric social order of things, with no surety that this social order is a superior modality, or indeed, that intervention attempts themselves have actually created the dysfunction everyone is so worried about. Mullins (2007) warned:

... that policies that overlook the structures of Aboriginal sociality are ignoring the values that Aboriginal people bring to bear when they respond to the programs constructed under such policies. Such an issue is basic for what is at stake is the entanglement of different conceptions of what it means to belong as a person with others (p. 39).

Although government discourse includes in its rhetoric the importance of cultural sensitivity and respecting difference, these notions are shallow rooted and typically unable to tilt the scales from conformity in favour of accepting and celebrating difference.

Repealing the written laws which make it illegal to camp in public places is an example of tolerating difference. Obviously this measure provides a pragmatic solution to part of the question driving this inquiry. Yet alone this act will be hindered by the unspoken laws; those laws which reflect the beliefs, values and attitudes of the dominant culture.

The evidence presented in this study points to a growth in Aboriginal primary homelessness in Darwin that can not be explained by the ordinary urban migration patterns of Aboriginal people over the past decade. The findings suggest that this population has steadily increased since the announcement of the federal government's Northern Territory Emergency Response in Aboriginal Territory communities in June, 2007, to the present day. More individuals are now forced to break the law through illegal camping. The laws could be changed; or the laws could remain as they are, and people be provided with somewhere legitimate to go. This research indicates that both options will be difficult for the broader population of Darwin to accept. Both have their advantages and disadvantages for the people in the Long Grass and for the housed society. The latter option, however, will at least create opportunities for a series of benefits for both houseless/homeless Aboriginal people in the Long Grass and the broader community.

The provision of affordable, appropriate and accessible *supported* short-term shelter (up to eight weeks) stands to meet the needs of a large number of Aboriginal visitors to Darwin who would otherwise enter primary homelessness. Reducing the numbers of individuals that enter into primary homelessness (even for a short period) is critical to reducing those who make the transition into chronic homelessness as way of life. As the Council of Australian Governments (Commonwealth

Government, 2008a) has adopted the headline goal of offering supported accommodation to all rough sleepers by 2020, the provision of supported short-term shelter will be an essential aspect of meeting this goal. Supported shelter in the form of a range of camp sites is highlighted as a cost effective means of achieving this (and other) goal(s) in a timely manner.

Not surprisingly, this study found that Aboriginal people in the Long Grass did not appreciate spending their day being pushed from pillar to post. Nor did they want to negotiate violence and conflict. Selected camping places facilitated daily activities, including drinking alcohol and social interactions, and had a combination of resources: good amenity and aesthetic appeal; the potential to avoid harassment and manage mobility; safety; the opportunity to advance or avoid social/cultural family needs/obligations; and affordability and/or no other alternative. A shelter-type intervention will have greater impact if it is: responsive to the identified desirable features of camping spots; and adequately resourced so that sites are maintained and clients are properly supported.

An important benefit of a supported short-term shelter intervention is that shelters of this type could serve as a discharge point for individuals leaving statutory, custodial care and hospitals and health, mental health and drug and alcohol services, and go a long way towards meeting the new Commonwealth Government (2008a) policy commitment of 'no exits into homelessness' from these agencies. Given the broader recognition that those who are chronically homeless may need lifelong support, coupled with the findings of this study which point to an ageing Aboriginal homeless population, supported shelter and associated services will have increasing importance in addressing Aboriginal disadvantage. Ensuring individuals are eligible to, and can access, services will be vital.

Similarly, if the mainstream is to respond to the comorbid conditions of PTSD and substance use disorders, attention must be given to limiting the exposure of individuals to further trauma events. Present treatment methods require safety and security in everyday life as a prerequisite and this is generally interpreted as resolving homelessness. Once again, a supported shelter arrangement could well provide the stable environment necessary for contemporary Western-oriented healing approaches (see also North *et al.*, 1994). The success and appropriateness of these approaches, however, remains unclear for this population. The development of treatment processes and programs that place genuine value on this population's socio-cultural world will be a foundation stone to providing appropriate healing services. Irrespective, given the extent of trauma exposure in the Long Grass, trauma-informed care must underpin the practice and policy of mainstream institutions and agencies that provide support and services to this population. Kim and Ford (2006) have argued that:

... supported housing and employment interventions that combine safe, affordable, and livable housing with a safety net of social and therapeutic activities and services provide a promising approach to the provision of this kind of fully integrated recovery service ... services will be most effective if they are designed as a coordinated approach to simultaneously address recovery from trauma, substance abuse, mental illness, physical illness, unemployment, dysfunctional social support systems, and homelessness (p. 16).

In conclusion, this study has found that the reproduction of dominant beliefs, behaviours and discourse of mainstream society has meant that the necessary structural supports for mobile Aboriginal people have largely been neglected. Consequently, attaining health, life quality and good citizenship in the Long Grass remains elusive. Life in the Long Grass is far from paradise and romanticising Aboriginal poverty, or simply attributing failure to Aboriginal people for their circumstances, has done little to change the status quo. This inquiry has highlighted potential avenues for positive change both for those in the Long Grass and those in houses. As a starting point, positive change requires political goodwill and broad-scale community awareness-raising to drive this agenda.

## Chapter Eight: Recommendations

Derived from the findings of this study, the following general recommendations are made which aim to support Aboriginal people in Darwin's Long Grass to attain an acceptable level of health and life quality and to be law abiding citizens.

1. Mainstream institutions must acknowledge that the population in Darwin's Long Grass of Aboriginal people who experience primary homelessness is significant, and indicators predict a steady growth in this population.
2. The development or expansion of existing interventions that have relevance to the lived experience of the Long Grass is paramount to the health and wellbeing of this disadvantaged population. Interventions must be adequately resourced to meet their complex and potentially life-long needs.
3. Positivist (quantitative) means of determining the need, conceptualisation and effectiveness of interventions must not be privileged over post-positivist (qualitative) methodologies. These methodologies provide a depth and breadth of meaning to quantitative data and generate a deeper understanding of the lived experience of this population.
4. Ongoing research with this population (as opposed to on this population) is essential for effective interventions to be created and implemented. Trust must be an integral element of this research relationship, and methodologies which question the assumptions of the scientific endeavour are likely to facilitate a greater depth of understanding. (This does not preclude the collection of quantitative data, but rather, promotes a multi-method approach to add rigour to research.)
5. This present study has examined the views of non-Indigenous people concerning Aboriginal people in the Long Grass. However, the views of Aboriginal people on non-Indigenous society are not well understood. Research is required to fill this gap in our knowledge in order to move towards better understanding and management of difference.
6. Education for mainstream society that promotes a growing awareness of the cultural nature of its own values, beliefs and attitudes and subsequent behaviour is critical. Recognising mainstream cultural reproductive processes will be a prerequisite to bringing about genuine changes to the health, life quality and citizenship of Aboriginal people in the Long Grass. This recognition may provide not only opportunities for the improved wellbeing of this population, but also for the dominant society. Developing strategies to facilitate this learning presents an intellectual challenge. In the first instance, this learning should be integral to all tertiary studies programs, irrespective of the disciplinary area.
7. Similarly, Aboriginal people in the Long Grass need access to learning about the systems of belief and the associated behavioural expectations, values and attitudes of mainstream Australian society. This will create choices for Aboriginal people – for example, about what has been conceptualised as anti-social behaviour – that do not currently exist.
8. The gulf between the lived experience in the Long Grass and mainstream perceptions of it must be narrowed. Educating the mainstream about the realities of life in the Long Grass (and why people are there) in order to overcome entrenched misconceptions is vital. Urban youth are identified as a priority population for improving awareness on this social issue.



9. A program to engage youth who are in the juvenile justice system should be implemented which places them with skilled staff/agencies that provide outreach services to the population in the Long Grass.
10. Interventions and initiatives aimed at improving the health, life quality and citizenship of the population in the Long Grass are more likely to have successes if they make sense to the target population, having relevance to their life worlds. They must be communicated by and negotiated with agencies/individuals which have an established relationship of trust with this population.
11. The adverse impact of stigmatisation (by the mainstream) on the physical and mental health and wellbeing of Aboriginal people in the Long Grass must be explicitly recognised. Interventions that specifically seek to challenge entrenched processes of social exclusion and the negative impacts of intolerance must be supported through practical measures.
12. Broad recognition of the high level of exposure to trauma events among Aboriginal people staying in the Long Grass is critical and trauma-informed care must be integrated into all agencies that provide services and support to this population.
13. The high prevalence of PTSD symptomatic individuals and associated comorbid conditions, such as substance use disorder, among homeless Aboriginals in Darwin requires immediate attention. Aboriginal people and healers, governments (across all sectors and levels) and non-government agencies must work collaboratively to develop models of healing that are compatible with the ways in which trauma is experienced and managed by this population (which may differ from Western perspectives). This will require significant financial and intellectual investment, where creativity and perseverance will be pivotal.
14. A variety of short-term and long-term supported shelter must be available to Aboriginal people when they are in Darwin. Shelter must be affordable and responsive to the needs of the target population. In particular, shelter must be safe, enable individuals to avoid harassment and manage mobility, fulfil cultural and social needs, have access to resources and have good amenity levels and aesthetic appeal.
15. The provision of additional support services, particularly outreach services, for this population is a priority. Examples include mobile health clinics, access to nutritious and safe food and water, cooking facilities, hygiene and laundry facilities and rehabilitation and respite services.
16. Council by-laws which prohibit camping in public places in Darwin and which criminalise the poverty linked to homelessness must be repealed. In doing so, the perception that Aboriginal people in the Long Grass are dangerous deviants may be reduced as they will not attract so much police attention. Of greater importance, however, a potential reduction in experiences of harassment and the loss of rights and autonomy felt by individuals in the Long Grass may eventuate.
17. The provision and servicing of litter and recycling bins in areas that are known camp sites is a priority and may assist in reducing the hostility directed towards people in the Long Grass.
18. Respite care for individuals who have alcohol addiction and the need to detoxify, both in Darwin and in home communities, is identified as a critical and long overdue service gap. The availability of respite services may lead to an increasing number of clients who choose to enter more structured rehabilitation programs.

19. The eligibility criterion for access to government funded aged-care supports and services must be reviewed so that they are more accessible to prematurely aged homeless Aboriginal Australians.
20. Specialist aged-care supports and services delivered in the Long Grass (outreach) are essential for the health, life quality and citizenship of this prematurely aged population. The approach service/support delivery must be flexible and innovative, and respond to: Aboriginal social processes and cultural obligations; Aboriginal conceptions of home and homelessness; powerful cultural differences and tensions that exist between ways of being-in-the-world that impact on health; and the high level of exposure to trauma events and associated illness among this population and its relationship to substance use disorders.
21. An investigation into the availability and function of aged-care services in home communities will be an important step in curbing 'elder abuse'. Further, an exploration into the mechanisms and strategies deployed by elderly Aboriginal people to deflect and protect against forms of 'elder abuse' will be instrumental in informing established and new aged-care services.
22. The vulnerability of women living in the Long Grass to sexual exploitation and sexual predators can no longer be ignored. Their experiences in prostitution and its impact on their health, life quality and citizenship is not well understood and requires a highly sensitive investigation to determine the risks to this population.
23. Investigations must go beyond simply documenting high levels of violence in Aboriginal communities and move towards understanding violence within a community's unique complex web of economic, political, historical, social and cultural factors. This will be fundamental to addressing the violence that causes individuals to leave for the Long Grass in the first place.
24. Individuals in the Long Grass must be supported to develop resilience strategies and techniques to manage and potentially avoid situations of violence and other forms of abuse.
25. Initiatives which support the social connectedness of individuals in the Long Grass with home communities should be expanded in order to alleviate or flag concerns about the welfare of families. Maintaining ties is a critical element in reducing chronic Aboriginal homelessness.

Expanding on the above, the following recommendations have been developed in collaboration with the National Drug Law Enforcement Research Fund's Project Reference Group for consideration by law enforcement agencies, in particular the Northern Territory Government's Police Department. Specific recommendations include:

1. Law enforcement agencies need to carefully consider the implications of a growing homeless population (see general recommendation No.1) and ensure that adequate strategies are developed and resources are allocated to effectively police and ensure the safety of a growing homeless population in Darwin.
2. Law enforcement agencies must support ongoing research with homeless populations (see general recommendation No. 4), in particular qualitative research, for the purpose of developing effective (pro-active) policing strategies with homeless populations.
3. Ongoing professional development for police and general staff through in-service education and training which promotes an awareness of the cultural nature of mainstream values, beliefs and attitudes and their implications for mainstream institutions and their practices, is critical (see general recommendation No. 6).

4. All new recruits must participate in education and training in accordance with specific recommendation No. 3 above.
5. Diversion programs initiated by, or which involve, police that create opportunities for the positive engagement of youth and which contribute to the building of social capital are essential. Examples include Green Corps, Blue Light Discos, sporting events, camping etc. (see general recommendation No. 9).
6. Through a pro-active approach, law enforcement agencies should develop initiatives that aim to shift the existing dynamic and improve the level of trust between homeless and marginalised populations (or populations at risk of homelessness) and police. For example, distributing food (e.g. water, fruit or bread) where nothing is being demanded of the homeless person is a simple but powerful gesture, and is cost effective. Other suggestions include Blue Light Discos in Darwin Indigenous Town Communities and involvement in the Sobering Up Shelter.
7. The impact of stigma, trauma and trauma-related illness on the health and wellbeing of homeless populations and the implications for their behaviour must be examined through police training and professional development, particularly in those geographical locations where large homeless populations are known to exist (see general recommendation No. 11, No. 12 and No. 13).
8. Law enforcement agencies should develop mechanisms to support and partner organisations which provide outreach services to homeless populations that aim to improve their health and wellbeing. This approach will contribute to a reduction in arrests and anti-social behaviour complaints from this population (see general recommendation No. 15).
9. Law enforcement agencies must support the development of respite, rehabilitation and detoxification from alcohol services and the systems for access and referral in locations where they are inadequate. Pro-active policing may create new opportunities to link homeless people to such services (see general recommendation No. 18).
10. Law enforcement agencies, particularly in Darwin, should support agencies which seek to improve access to aged-care supports and services by homeless people (see general recommendation No. 19 and No. 20).
11. In an attempt to curb elder abuse, the Northern Territory law enforcement agencies should support research which examines the availability and function of aged-care services in home communities and their relationship to the ways in which older people negotiate/manage abuse. Where there is evidence of elder abuse in other regions, similar research should be a priority (see general recommendation No. 21).

## References

- Altman J, 2008, Reflections on the NT Intervention – one year on, Crikey. *Telling you what they won't*, URL <http://www.crikey.com.au/nt-intervention/20080619-Reflections-on-the-NT-Intervention-one-year-on.html>
- American Psychiatric Association, 1987, *Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R)*, American Psychiatric Association, Washington DC.
- Atkinson J, 2002, *Trauma trails, recreating song lines: the transgenerational effects of trauma in Indigenous Australia*, Spinifex Press, North Melbourne.
- Atkinson C, 2007, *The Violence Continuum: Australia Aboriginal male violence and generational post-traumatic stress*, PhD Thesis, Charles Darwin University.
- Australian Bureau of Statistics, 2007, *2006 Census: Homeless People*, URL <http://www.abs.gov.au>
- Australian Bureau of Statistics, 2008a, *Release #4704.0 – The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2008*, URL <http://www.abs.gov.au>
- Australian Bureau of Statistics, 2008b, *Experimental estimates of Aboriginal and Torres Strait Islander Australians, June 2006*, URL <http://www.abs.gov.au>
- Australian Bureau of Statistics, 2008c, *3235.0 – Population by Age and Sex, Regions of Australia 2007*, URL <http://abs.gov.au>
- Australian Institute of Criminology, 2008, *Crime Facts Infosheet 168, Homelessness, drug use and offending*, URL <http://www.aic.gov.au/publications/cfi/cfi168.pdf>
- Australian Institute of Criminology, 2009, *Drug Use Monitoring in Australia 2007/8 Northern Territory Data Collections Infosheet 1*, URL <http://www.aic.gov.au>
- Batchelor Institute of Indigenous Tertiary Education, 2008, *Submission to the Northern Territory Emergency Response*, URL [http://www.nterreview.gov.au/subs/nter\\_review\\_report/152\\_Batchelor\\_Institute\\_of\\_Indigenous\\_Tertiary\\_Education.htm](http://www.nterreview.gov.au/subs/nter_review_report/152_Batchelor_Institute_of_Indigenous_Tertiary_Education.htm)
- Berndt, R & Berndt C, 1970, *Man, land and myth in north Australia: the Gunwinggu people*, East Lansing, Michigan State University Press.
- Buhrich N, Hodder T & Teesson M, 2000, 'Lifetime Prevalence of Trauma Among Homeless People in Sydney', *Australian and New Zealand Journal of Psychiatry*, Vol. 34, pp.963-966.
- Burbank V, 2006, 'From bedtime to on time: Why many Aboriginal people don't especially like participating in Western institutions', *Anthropological Forum*, Vol. 16, pp.3-20.
- Chamberlain C & Mackenzie D, 1992, 'Understanding Contemporary Homelessness: Issues of Definition and Meaning', *Australian Journal of Social Issues*, Vol. 27, pp.274-297.
- Chamberlain C & Mackenzie D, 2003, *Counting the Homeless 2001*, Australian Bureau of Statistics, Canberra.
- Chamberlain C & Mackenzie D, 2006, 'Homeless careers: a framework for intervention', *Australian Social Work*, Vol. 59, No. 2, pp.198-212.

- Chamberlain C & MacKenzie D, 2008, *Counting the Homeless in Australia 2006*, ABS, Canberra.
- Coleman A, 2000, *'Sister, it Happens to me Everyday'*, Queensland Government.
- Coleman A, 2001, *Five Star Motels: Spaces, Places and Homelessness in Fortitude Valley*, PhD Thesis, University of Queensland.
- Commonwealth Advisory Committee on Homelessness, 2001, *Working Towards a National Homelessness Strategy*, Commonwealth of Australia, Canberra.
- Commonwealth Government of Australia, 2004, *Your Home, Your Future, Your Lifestyle*, DVD publication by Commonwealth of Australia, Canberra.
- Commonwealth Government, 2008a, *The Road Home. A National Approach to Reducing Homelessness*, Commonwealth Government, Canberra.
- Commonwealth Government, 2008b, *Closing the gap on Indigenous disadvantage: the challenge for Australia*, URL [http://www.fahcsia.gov.au/indigenous/closing\\_the\\_gap/p5.htm](http://www.fahcsia.gov.au/indigenous/closing_the_gap/p5.htm)
- Coulehan K, 1995, *Sitting Down in Darwin: Yolngu Women from Northeast Arnhem Land and Family Life in the City*, PhD Thesis, Northern Territory University.
- Cowlishaw G, 1999, *Rednecks, Eggheads and Blackfellas: A Study of Racial Power and Intimacy in Australia*, Allen and Unwin, St Leonards, Sydney.
- Cowlishaw, G, 2003, 'Disappointing Indigenous people: violence and the refusal of help', *Public Culture*, vol. 15, No. 1, pp.103-126
- Day W, 2001, *Aboriginal Fringe Dwellers in Darwin: Cultural Persistence or Culture of Resistance?*, PhD Thesis, University of Western Australia.
- Day W, 2008, *The Bagot Story*, URL <http://www.bagot.org.au/node/5>
- Frances R, 1994, 'The History of female prostitution in Australia' in: Perkins R, Prestage G, Sharp R & Lovejoy F (eds), *Sex Work and Sex Workers in Australia*. University of New South Wales Press, Sydney, pp.27-52.
- Goffman E, 1963, *Stigma: Notes on the Management of Spoilt Identity*, Simon and Schuster Inc, USA.
- Goldie, C, 2008, 'Housing and Homelessness – What's Human Rights got to do with It?', Paper at the *Homelessness and Human Rights Seminar*, Australian Human Rights and Equal Opportunity Commission, Sydney. Published on the internet at: [http://www.hreoc.gov.au/legal/seminars/speeches/cassandra\\_goldie08.html#endnote5](http://www.hreoc.gov.au/legal/seminars/speeches/cassandra_goldie08.html#endnote5)
- Henry PC & Cadwell M, 2006, 'Self-empowerment and Consumption: Consumer Remedies for Stigmatization', *European Journal of Marketing*, Vol. 14, No. 9, pp.1031-1048.
- Holmes C, 2006, 'Environmental Health for the Homeless? Creating Supportive Environments for Health and a Better Quality of Life', *Journal of Environmental Health*, Vol. 6, No. 2, pp.40-51.
- Holmes C, 2007, *Between the Long Grass and the Housed: A Qualitative Inquiry into the Lived Experience of Homelessness in Darwin*, PhD Thesis, University of Western Sydney, Australia.

- Holmes C , Ahmat S, Henry A, Manhire J, Mow M, Shepherd J & Williams G, 2007, *Preliminary inquiry into the recent influx of Aboriginal visitors to Darwin from remote communities*, restricted release, LNAC, Darwin, Northern Territory.
- Holmes C & Eldridge I, 2008, *Health Service Delivery Model for People Staying in Darwin's Long Grass*, Larrakia Nation Aboriginal Corporation, Darwin.
- Keys Young, 1998, *Homelessness in the Aboriginal and Torres Strait Islander context and its possible implications for the Supported Accommodation Assistance Program*, Internet publication at: [www.facs.gov.au/internet/facsinternet.nsf/aboutfacs/programs/house-newsaaap\\_keys.htm](http://www.facs.gov.au/internet/facsinternet.nsf/aboutfacs/programs/house-newsaaap_keys.htm)
- Kilford S, 2006, *Northern Territory Forum on Sex Work – Friday 24<sup>th</sup> March, 2006, Stigma and Discrimination within the Northern Territory Sex Industry*, URL <http://www.scarletalliance.org.au/events/2006/ntforum2006/> (date accessed 6/4/06).
- Kim MM & Ford JD, 2006, 'Trauma and Post Traumatic Stress among Homeless Men: A Review of Current Research', *Journal of Aggression, Maltreatment and Trauma*, Vol. 13, No. 2, pp.1-22.
- Kinsler PJ & Saxman A, 2007, 'Traumatized Offenders: Don't Look Now but your Jail is also your Mental Health Center', *Journal of Trauma and Disassociation*, Vol. 8, No. 2, pp.81-95.
- Langton M, 2003, 'The Long Grass People of Darwin', *Multicultural Council of the NT Newsletter*, Darwin.
- Lea T, 2008, *Bureaucrats and bleeding hearts. Indigenous health in Northern Australia*, UNSW Press, Sydney.
- Lieberman K, 1985, *Understanding interaction in Central Australia: an ethnomethodological study of Australian Aboriginal people*, Routledge and Kegan Paul, Boston.
- Long S & Memmott P, 2007, *Aboriginal mobility and the sustainability of communities: Case studies from north-west Queensland and eastern Northern Territory*, Working Paper No. 5, Desert Knowledge CRC, Alice Springs.
- MacKenzie D & Chamberlain C, 2003, *Homeless Careers: Pathways in and out of homelessness*, URL [http://www.salvationarmy.org.au/reports/Homeless\\_Careers\\_2003.pdf](http://www.salvationarmy.org.au/reports/Homeless_Careers_2003.pdf)
- MacKenzie D & Chamberlain C, 2004, *Counting the Homeless 2001 Northern Territory*, Swinburne University and RMIT University, Victoria, Australia, URL <http://www.countingthehomeless.com.au>
- MacKenzie D & Chamberlain C, 2006, 'Homeless Careers: A Framework for Intervention', *Australian Social Work*, Vol. 59, No. 2, pp.198-212.
- Maypilama, Garngulkpuy, Christie M, Greateorex J & Grace J, 2004, *Yolnu Longgrassers on Larrakia Land*, URL: [http://learnline.cdu.edu.au/yolngustudies/docs/Longgrass\\_report.pdf](http://learnline.cdu.edu.au/yolngustudies/docs/Longgrass_report.pdf)
- McFarlane A, 2000, 'Traumatic Stress in the 21<sup>st</sup> century', *Australian and New Zealand Journal of Psychiatry*, Vol. 34, pp.896-902.
- McRae-Williams E, 2008, *Understanding 'work' in Ngukurr: a remote Australian Aboriginal community*, PhD Thesis, Charles Darwin University.
- Memmott P & Fantin S, 2001, *'The Long Grassers'. A Strategic Report on Aboriginal 'Itinerants' in the Darwin and Palmerston Area. Version 2, Volume 1*, Paul Memmott and Associates, Queensland.

- Memmott P, Long S & Chambers C, 2003, *Categories of Aboriginal 'Homeless' People and Good Responses to Their Needs*, Australian Housing and Urban research Institute, Queensland.
- Mills K, Teesson M, Ross J & Peters L, 2006, 'Trauma, PTSD and Substance Use Disorders: Findings from the Australian National Survey of Mental Health and Well-being', *The American Journal of Psychiatry*, Vol. 163, No. 4, pp.652-658.
- Miller CT & Kaiser CR, 2001, 'A Theoretical Perspective on Coping with Stigma', *Journal of Social Issues*, Vol. 57, No.1. pp.73-92.
- Minnery J & Greenhalgh E, 2007, 'Approaches to Homeless Policy in Europe, the United States and Australia', *Journal of Social Issues*, Vol. 63, No.3, pp.641-655.
- Morphy F, 2008, 'Whose governance for whose good? The Laynhapuy Homelands Association and the neo-assimilationist in Indigenous policy' In: Hunt J, Smith D, Garling S & Sanders W (eds), *Contested Governance: Culture, power and institutions in Indigenous Australia*, Centre for Aboriginal Economic Policy Research, ANU, Canberra.
- National Center for Post Traumatic Stress Disorder, 2006, *Treatment of PTSD*, URL [http://www.ncptsd.va.gov/facts/treatment/fs\\_treatment.html](http://www.ncptsd.va.gov/facts/treatment/fs_treatment.html)
- National Center for Post Traumatic Stress Disorder, 2009, *PTSD and Problems with Alcohol Use, Fact Sheet*, URL [http://ncptsd.va.gov/ncmain/ncdocs/fact\\_shts/fs\\_alcohol.html](http://ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_alcohol.html)
- North C & Smith E, 1992, 'Posttraumatic stress disorder among homeless men and women'. *Hospital and Community Psychiatry*, Vol. 43, No. 10, pp.1010-1016.
- North C Smith E & Spitznagel E, 1994, 'Violence and the Homeless: An Epidemiologic Study of Victimization and Aggression', *Journal of Traumatic Stress*, Vol. 7, No. 1, pp.95-110.
- Office of the Public Advocate, 2005, *Mistreatment of older people in Aboriginal Communities Project: An investigation into elder abuse in Aboriginal communities*. Office of the Public Advocate, Perth, URL <http://www.justice.wa.gov.au>
- Parker, S & Fopp, R, 2004, 'I'm the Slice of Pie that's Ostracised ...' Foucault's Technologies, and Personal Agency, in the Voice of Women who are Homeless; Adelaide, South Australia, *Housing, Theory and Society*, Vol. 21, pp.145-154.
- Phelan J, Link B, Moore R & Stueve A, 1997, 'The Stigma of Homelessness: The Impact of the Label "Homeless" on Attitudes Toward Poor Persons', *Social Psychology Quarterly*, Vol. 60, No. 4, pp.323-337.
- Poirier S, 2005, *A World of Relationships: Itineraries, Dreams and Events in the Australian Western Desert*, Toronto University Press.
- Povinelli, E, 2002, *The Cunning of Recognition: Indigenous Alterities and the Making of Australian Multiculturalism (Politics, History, and Culture)*, Duke University Press, Durham.
- Robinson C, 2004, *Searching for Home: Beyond Homelessness as a 'Social Problem'*, transcript of public lecture at University of Technology, Sydney.
- Robinson C, 2005, 'Grieving Home', *Social and Cultural Geography*, Vol. 6, No. 1, pp.47-60.
- Rota-Bartelink A & Lipman B, 2007, 'Causes of Homelessness Among Older People in Melbourne, Australia', *Australian and New Zealand Journal of Public Health*, Vol. 31, No.3, pp.252-258.

- Sansom B, 1980, *The Camp at Wallaby Cross. Aboriginal Fringe Dwellers in Darwin*, Australian Institute of Aboriginal Studies, Canberra.
- Shaleb A, 1997, 'Discussion: Treatment of prolonged post traumatic stress disorder – learning from experience,' *Journal of Traumatic Stress*, Vol. 10, No. 3, pp.415-423.
- Sontag S, 1990, *Illness as Metaphor and AIDS and Its Metaphors*, Picador, New York.
- Taylor A & Carson D, 2009, 'Indigenous mobility and the Northern territory Emergency Response', *People and Place*, Vol. 17, No. 1, pp.29-38.
- Taylor K, 2006, *Posttraumatic stress disorder among homeless adults in Sydney*, PhD Thesis, University of Sydney.
- Taylor K & Sharpe L, 2008, 'Trauma and Post Traumatic Stress Disorder among homeless adults in Sydney', *Australian and New Zealand Journal of Psychiatry*, Vol. 42, pp.206-213.
- Third H, 2000, 'Researching Homelessness and Rough Sleeping in the Scottish Context', *Social Policy and Administration*, Vol. 34, No. 4, pp.448-464.
- Thompson D, 2007, 'What do the Published Figures tell us about Homelessness in Australia?' *The Australian Journal of Social Issues*, Vol. 42, No. 3, pp.351-366.
- Veness A, 1993, 'Neither Homed nor Homeless: Contested Definitions and the Personal Worlds of the Poor', *Political Geography*, Vol. 12, No. 4, pp.319-340.
- Whitbeck L, Hoyt D, Johnson K & Chen X, 2007, 'Victimization and Posttraumatic Stress Disorder Among Runaway and Homeless Adolescents', *Violence and Victims*, Vol. 22, No. 6, pp.721-734.
- Wild R & Anderson, P, 2007, 'Ampe Akelyernemane Meke Mekarle' – Little Children are Sacred, *Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse*, URL [http://www.nt.gov.au/dcm/inquirysaac/pdf/bipacsa\\_final\\_report.pdf](http://www.nt.gov.au/dcm/inquirysaac/pdf/bipacsa_final_report.pdf).



## Appendix 1: Ethics approval

Fieldwork	Determining agency	Date and approval no.
Stage 1	Larrakia Nation Aboriginal Corporation Governing Committee	14 <sup>th</sup> April, 2008
Stage 2	Menzies School of Health Research Human Research Ethics Committee	1 <sup>st</sup> July, 2008 No. 08/31
Stage 3	Larrakia Nation Aboriginal Corporation Governing Committee	16 <sup>th</sup> December, 2008

## Appendix 2: Indigenous people in Long Grass semi-structured interview – stage 1 fieldwork

Date \_\_\_\_\_ Location of interview \_\_\_\_\_

Interviewed by \_\_\_\_\_ Recorded by \_\_\_\_\_

Types of interview (individual or group)

How long have you been in LG? (must have arrived after July, 1<sup>st</sup>, 2007)

How many people in interview? \_\_\_\_\_

Eligible people at interview only	Age	Male/ Female	Community of origin	Length of stay	Who did you come with?
Person 1					
Person 2					
Person 3					
Person 4					
Person 5					
Person 6					
Person 7					

1. Do you usually camp/stop here together?

---



---



---

2. Why do you camp here/there?

Good things

---



---

Bad things

---



---

3. Reasons for being in Darwin LG?

---

---

---

4. Why did you leave your home community?

---

---

---

---

5. Problems at **home**? (Conflict? Violence? Police? Council? Government?)

---

---

---

6. Things that worry or stress you about **home**?

---

---

---

---

7. Do you know what the 'intervention' is all about? (If they do not know, provide a brief background, i.e. what the government did last year in communities)

---

---

---

---

8. What changes have you seen in your home community over the last 6 months?

---

---

---

---

9. Are there some good things happening in your home community because of the intervention?

---

---

---

---

10. How long will you stay here in Darwin?

---

---

---

11. Anything stopping you from going home?

---

---

---

---

12. Will you come back if you go?

---

---

---

13. What are your daily needs? (e.g. food, water, blankets, clothes, first aid, shower, illness, hospital/clinic, legal, transport, assistance doing business with Centrelink, NT Housing etc)

---

---

---

---

14. Where does your mail go?

---

---

15. When you stay in the Long Grass, do you know what services can help you and have you used them? If not, why?

---

---

---

16. What do you do during the day?

---

---

---

17. If you drink, what do you drink? (type, how much?)

---

---

---

18. Have you ever tried/wanted to stop drinking? How/why?

---

---

---

19. What do you like about drinking?

---

---

---

20. Did someone or some organisation (like CAAPS) ever help you to stop drinking? If so, what happened?

---

---

---

21. If you wanted to stop drinking, what kind of place would you want to go to?

---

---

---

22. What worries you about staying in the Long Grass? (Conflict? Violence? Police? Council? Safety?)

---

---

---

## Appendix 3: AAVHTQ – stage 2 fieldwork

### Australian Aboriginal Version of the Harvard Trauma Questionnaire (AAVHTQ) Developed by Atkinson (2007)

#### Instructions

I would like to ask you questions about your past history and how you are feeling today. But some of these questions might make you upset. If this happens, don't worry about answering, we can keep going onto the next question or leave it all together. No one will find out your answers here – when I put them in a report I can't use your name.

#### Part I: Trauma symptoms

The following are symptoms that people sometimes have after having hurtful or terrifying things happen to them in their lives. Please read each one carefully and decide how much the symptoms bothered you **this week just past**.

		(1) Not at all	(2) A little bit	(3) A fair bit	(4) A lot
1	Thoughts or memories of the most hurtful or terrifying things coming up over and over again				
2	Flashbacks – feeling as though the event is happening again				
3	Having the same bad dreams over and over again				
4	Feeling alone and staying away from people				
5	Can't feel emotions				
6	Feeling nervous				
7	Can't think straight				
8	Trouble sleeping				
9	Feeling on guard/keeping a look out for trouble				
10	Feeling angry all the time and taking it out on others or yourself				
11	Trying to keep away from things that remind you of the hurtful or bad things that happened to you				

		(1) Not at all	(2) A little bit	(3) A fair bit	(4) A lot
12	Not being able to remember some of the most hurtful or bad things that happened to you				
13	Not caring about everyday things. List:				
14	Feeling as if you don't have a good future or any future at all (Hopelessness?)				
15	Trying not to think or feel about anything to do with the bad or hurtful things that have happened to you				
16	Going mad or crying when you are reminded of the most hurtful or bad things that happened to you				
17	Feeling that people do not understand what happened and that you are the only one who has suffered these things				
18	Feeling guilty				
19	Feeling shame				
20	Spending time thinking about why these things happened				
21	Feeling as if you were going crazy				
22	Feeling that you have no one who will look after/out for you				
23	Feeling as if you are split into two people and one of you is watching what the other is doing				
24	Feeling someone you trusted did something to betray you				
25	Feeling worthless				
26	Becoming violent to self or others				
27	Taking drugs and/or alcohol all the time to help you forget the bad things that happened to you				
28	Problems making and keeping relationships (Feeling unloved or unable to give love?)				
29	Suicidal thoughts				
30	Have you ever felt that these things didn't happen to you or that you don't feel bad about it? (Denial?)				



## Part II: Trauma events

I am going to ask you some questions about trauma. Can you tell me if you ever saw, heard or experienced any traumatic events. Can you tell me if you believed that you or someone else could be killed or seriously harmed. Can you also tell me if you experienced feelings of intense helplessness, fear or horror when it happened?

E = Experienced

W = Witnessed

H = Heard

N = No

		<b>E (exp)</b>	<b>W (see)</b>	<b>H (hear)</b>	<b>N</b>
1	Adopted or fostered out				
2	A lot of deaths of family or friends in one year				
3	Murder of family or friend				
4	Family violence/fighting				
5	Emotional, mental, physical or spiritual health problems and nobody who can help you sort it out				
6	Family and/or community breakdown				
7	Made to live/sit down a long way from your family				
8	Being forced to accept whitefella way and talk English				
9	Losing some or all of your traditional language and ceremony				
10	Not accepted by own community				
11	Murder of stranger or strangers				
12	Shamed for being Aboriginal and people being racist towards you				
13	Not belonging to anything and feeling lost				
14	Being hungry				
15	Not having a proper house to live in				
16	Not having a proper school				
17	Not having a clinic to go to				
18	Bad things happened to you with the police				
19	Bad things happened to you with the welfare				
20	Bad things happened to you with the housing commission				
21	Bad things happened to you from taking drugs or alcohol				
22	Bad things happened to you from being with other people who have been taking drugs or alcohol				
23	Any other time that was so frightening to you that you felt your life was in danger. Specify:				
24	Unwanted sex or touching? (Rape and/or sexual abuse)				

**Part III: Personal description**

Can you tell me about the most hurtful or terrifying events that have happened to you in your own community and/or family (Please tell me where and when these events happened).

Can you tell me about the most hurtful or terrifying events that have happened to you outside your community and/or family (Please tell me when and where these events happened).

**Part IV: Head injury**

Did any of these things happen to you?	Yes	No	Date
Near drowning			
Near suffocation			
Beating/hitting or punching to the head			

Did you lose consciousness (blank out/black out/drop)?	Yes	No	Date
If yes, for how long?			

**Scoring**

Responses are summed and divided by the number of answered items to generate the following scores:

**Trauma events**

Total number of events			
= Sum of all items for which response differs from 'NO'	→		<input type="text"/>

Total events experienced			
= Sum of all items with positive response to 'EXPERIENCED'			<input type="text"/>

**Trauma symptoms**

DSM-III-R Score	=	Items 1–16	→	<input type="text"/>
		16		

Total Score	=	Items 1–30	→	<input type="text"/>
		30		

Individuals with total scores >= 2.5 are considered symptomatic for PTSD

## Appendix 4: Strengths and limitations of Atkinson's (2007) AAVHTQ

### Strengths of the AAVHTQ

- Adapted for Aboriginal Australian men.
- Tested on Aboriginal Territorians in prison (similar population, i.e. cycle from prison to Long Grass and back).
- Questionnaire applied with qualitative methods to triangulate and 'validate' quantitative data (also limitation as using subjective validation).
- Focus group discussions used to provide guidance, advice and knowledge to develop the AAVHTQ.
- Katherine Aboriginal Language Service provided instruction on language appropriateness of questionnaire.
- No alternative instrument available.
- Participants in Atkinson's (2007) study reported they had never previously had the opportunity to talk about these issues without judgment. This healing dimension generated therapeutic outcomes for some.
- While the tool was not assessed against a gold standard (i.e. clinical diagnosis of PTSD), it has undergone several tests of validity and reliability, which contribute to its strengths in this population:

### Validity

- Content validity – qualitative research in the development of the tool and in the 'correlation' of narratives to quantitative measures
- Construct validity – positive correlation between scores on trauma symptoms with scores on total number of traumatic events and level of exposure
- Criterion validity not adequately assessed because Atkinson (2007) did not compare to the gold standard of clinical diagnoses.

### Reliability

- Cronbach's coefficient alpha was found to be high for both trauma-related symptoms on DSM-III-R (0.82) and trauma-related symptoms for AAVHTQ (.90).

## Limitations of the AAVHTQ

- The questionnaire has not been validated, so must deal with the findings both cautiously and sensitively. Tests of validity and reliability help address this matter.
- Qualitative data revealed inconsistencies and inaccuracies with quantitative data. As such, the AAVHTQ must be administered alongside qualitative methods.
- In the prison setting, interviews were able to be one-on-one. In the Long Grass, it is anticipated that it will be more difficult to obtain individual interviews.
- In the prison setting, it is assumed participants were not affected by alcohol or drugs. In the Long Grass we are unable to control for this variable. However, we will conduct interview in the early morning to overcome or minimise these confounding affects. Further, it is possible that participants who are in the Long Grass, using alcohol, may be managing trauma symptoms through self-medication. It is possible then that the experience of traumatic events and associated symptoms may be under-reported as participants actively manage or minimise the effects of trauma.
- In the prison it is reasonable to say that, for some, their very incarceration means that some experiences are known to others and the shame has been exposed. In the Long Grass, it is possible/probable that individual's 'unlawful' experiences have not been exposed and the shame can be contained by not revealing certain experiences connected to trauma. We will aim to minimise this limitation by emphasising routinely throughout interviews that: we are not passing information on to anyone; we are not law people; participants can opt for a one-on-one interview (in the event they want to participate while in the company of others); the information collected will be anonymous and kept confidential.
- The participation in an interview which has therapeutic or healing outcomes may go some length to overcome under-reporting. In addition, people who are socially excluded from society and stigmatised (as is the case for this population of Aboriginal homeless people) tend to welcome the opportunity to be treated like a 'normal' member of society and are often willing to engage in conversations with people who appear attentive, understanding and without judgment.
- There are 47 questions in AAVHTQ. This includes 17 questions which relate to traumatic stressors and 30 which relate to trauma symptoms. This may be onerous on participants and potentially emotionally exhausting.
- Atkinson (2007) highlights the need to refine, develop and validate the instrument. We do not see a method that allows for validation to occur because this implies a standard method with few subjectivities and the AAVHTQ in its present form is reliant on 'story-telling' which is regarded as subjective in nature.
- Atkinson (2007) set a figure of 2.5 for the clinical cut off score for identification of PTSD symptomatic among participants. This is problematic as the scale has not been validated against a gold-standard (as advised by Mollica, 2001). The algorithm approach to diagnose PTSD, as outlined by Mollica (2001), could be considered.
- It appears that this cut off is quite conservative. Given her findings, she suggests this figure should be adjusted and lowered in order to capture the extent of PTSD symptomatology among this population. This recommendation stems from the finding that, of the participants who were identified as non-PTSD symptomatic (almost 50%), they were also exposed to a high level of trauma, with an average 9.23 events.

## Appendix 5: Non-Indigenous peoples' perceptions semi-structured survey – stage 3 fieldwork

Date \_\_\_\_\_ Researcher \_\_\_\_\_ Location \_\_\_\_\_

1. Do you identify as Aboriginal or TSI?    Yes            No            Male/Female
2. What is your age group?    18–29    30–39    40–49    50–59    60–69    70–79    80+
3. Who stays in the Long Grass?

---



---

4. What do you think is the main reason people stay in the Long Grass?

---



---



---



---

5. Are there any other reasons people stay in the Long Grass that you can think of?

---



---



---



---



---



---



---

6. When people stay in the Long Grass, does it cause any problems? If so, what problems do they cause and for whom?

---



---



---

7. If yes to Q.6, what should be done to address these problems?

---

---

---

---

---

8. Do you have any other comments or concerns you would like to raise about people staying in Darwin's Long Grass?

---

---

---

---

---