Families in Crisis: Implications of Change for Yolngu Living in Remote Arnhemland

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Abstract

An interactive presentation on the innovative intervention and prevention strategies used in a remote North Eastern Arnhemland community whose client base is predominately traditional Indigenous women, men, children and families. This paper explores historical perspectives, current social problems and their impact on the communities in Arnhemland. Exploration of contemporary innovative interventions and prevention methods are occurring to halt the cycle of domestic and sexual violence, alcohol and drug abuse, problematic gambling, mental illness, morbidity and health, housing and education, to name a few.

This paper focuses on a unique population in some of the most remote and isolated areas of Australia. The paper gives insight into the pioneering methods and strategies that are fundamental to empowering the men, women and children who are victims of devastating abuse. The focus is on capacity building, development of strategies to promote autonomy, independence and self-sufficiency in the face of traditional systems and structures of the Yolngu people.

Introduction

One of Australia's last frontiers, North East Arnhemland, an isolated and remote corner of the Northern Territory, has a social state that is in dire circumstances. The local Indigenous people known as the Yolngu people are living an existence that is far removed from their traditional ways and modes of survival. This includes high mortality rates, excessive alcohol and substance abuse, overcrowded housing, language barriers, poor educational outcomes, limited employment opportunities, severe domestic and family violence, health conditions, gambling and welfare mentality; the essence of hopelessness consuming every part of their being. The crisis faced by many of these people has been described as:

> "Yolngu have lost control of their lives, this process started at the turn of the twentieth century and is now reaching its devastating climax" (Trudgen 2000, p. 7).

It is the purpose of this paper to explore the background pertaining to this current dilemma and then to provide documentation on the strategies, programs and people who have engaged to

provide crisis relief and to instil structures to halt the further demise of the Yolngu people and their culture.

The diseases and social conditions plaguing Yolngu have been described as ‘diseases of development’ (Trudgen 2000, p. 8). This has occurred from early times, when the Yolngu fought wars and clans were decimated, to the mission and welfare eras where Yolngu fought to maintain independence. In the 1970s, when terms such as ‘self determination’ and ‘land rights’ were loosely flung around, Yolngu were encouraged to leave homelands and to reside in the mission camps to be accepted in the ‘white fella’s’ (non-Indigenous Australians) world. In the 1980s, many more white fellas came to Arnhemland, outnumbering the missionaries who came before them. In the 1990s, the social and health crisis facing the Yolngu escalated and has become an epidemic in much of Arnhemland.

From the outset when the white man first came to Arnhemland, the Yolngu experienced war and bloodshed and they lost their international trade that had been occurring peacefully with the Macassans for many centuries. Following the arrival of pastoralists and the many conflicts that spanned almost fifty years over land rights, ownership of stock, slaughter of families, women and children taken and molested and raped and their homeland sovereignty shattered, the bitterness that became very deeply embedded in the Yolngu manifested itself as the decades rolled on.

During the 1960s the Australian Government invested large sums of money into funding missions to travel to Arnhemland and to train and teach Yolngu to learn the skills and trades of the white folk. The ideas of the missionaries were to foster independence, growth and stability in the lives of the Yolngu, and many younger Yolngu women and men had the same dreams. Many older Yolngu were very cautious and very sceptical about what lay ahead for their people. Due to the chaos of the past fifty years, clans felt very vulnerable and many inland clans came to coastal mission camps in search of protection and means to survive. These were hard times for missionaries and for the Yolngu, as neither understood the other, their languages, customs or traditions. Many missionaries saw their job as saving the Yolngu from their ‘pagan, primitive’ ways.

The 1970s was paved by the missionary era in the 1960s. Great changes happened in the 1970s, with the township of Nhulunbuy being conceived and a Swiss mining company called Nabalco began strip mining and building large developments in the area. It was at this time the government banned the killing of crocodiles and the economic trade of selling crocodile skins, which was a significant cash income for many Yolngu, was discontinued. At this time there was a homeland movement where the commonwealth government developed a policy of supporting

Yolngu to return to their homelands. As this homeland movement was been assured, their economic independence was been shattered.

It was in the 1970s that the Indigenous communities were given the right to self-govern. When the Department of Aboriginal Affairs was instigated, many younger Yolngu were optimistic, as the missionaries were withdrawn. Many elder Yolngu were apprehensive regarding the missionaries being withdrawn, as they didn't feel prepared to self-govern the 'white fella' way. During this time, many services and industries that were previously worked by Yolngu but managed by missionary staff were handed over to the Yolngu to be self-managed and as a result collapsed. This left the Yolngu feeling despair and powerless. There were no clear lines of ownership or authority and these concepts were not understood in terms of managing white people's industry. With the collapse of many industries and services, more white men and women moved into Arnhemland communities and Yolngu were displaced, with white people taking employment positions originally held by Yolngu.

During the 1970s and 1980s, the Yolngu elders began to lose control of the clans. The young Yolngu, who were sent away by the missionaries and gained a mainstream white education, were empowered by the teachers in the cities to go back and lead their communities. The missionaries set up village councils, which were based on the Yolngu taking instructions from the missionaries. When the missionaries withdrew from the communities and community councils were established under white people's constitutions, with elections and incorporations, these elders were supposed to be able to lead within these structures. The young, educated Yolngu came back to lead in place of the elders, which conflicted with the traditional ways. This period, when self-appointed young men became leaders and outside government officials had much to say, determined the future of the Yolngu people that came in place of the traditional leaders who led through traditional democratic processes.

Due to the loss of control experienced by many Yolngu, from leaders to the younger people, with changes to the traditional democratic structures and the displacement of Yolngu workers by white workers to perform the same jobs, the whole situation has become disastrous. The Yolngu people have simply given up. Apathy and social disintegration has consumed the Yolngu people. The social, health and economic implications are massive and are intensifying. This history has left them in a '*crisis of living*' (Trudgen 2000, p. 59).

Health crisis of the Yolngu

The health status of the Yolngu people in East Arnhemland remains a health issue of the greatest importance. The rates of morbidity and mortality equate to those found in Third World countries

that have limited or no basic health infrastructure. Funding and resources into Arnhemland has occurred through numerous programs. However, the situation is becoming increasingly worse. It is the current way of thinking that practioners and governments need to analyse and give clarity to, concerning the attitudes towards Indigenous health, which has also pervaded Australian thinking in the past. The following statistics and facts give a clearer insight into the relative health status of Aboriginal people; the data has been collected predominantly from Northern Territory. Specific statistics for Arnhemland have not been documented. However, medical practitioners in Arnhemland believe the statistics are a fair representation of Yolngu living in Arnhemland.

Life expectancy and age at death

Table 1 shows the life expectancy at birth for Indigenous males and females compared with non-Indigenous males and females. It shows an incredible difference of 20 years. The ‘age at death’ statistics further emphasise the fundamental difference in health status between the Indigenous and the non-Indigenous population.

Table 1. Life expectancy of Indigenous and non-Indigenous people

	Indigenous males	**Non-Indigenous males**	**Indigenous females**	**Non-Indigenous females**
Life expectancy at birth (years)	56.9	75.2	61.7	81.1
Age at death (%)	53% < 50 years	72% > 65 years	41% < 50 years	83% > 65 years

Source: AIHW (2000)

Age-specific death rates exceed those for all Australians in every age group and are greatest for those aged 35 to 54 years (AIHW 2000).

Causes of death

The causes of death for Indigenous persons are similar to that for the non-Indigenous population. However, the rates for Indigenous Australians in the five main causes of death are alarming in the extent to which they exceed that of non-Indigenous Australians (Table 2).

Table 2. Causes of death of Indigenous and non-Indigenous people

Causes of death (per 100,000 population)	Indigenous males	Non-Indigenous males	Indigenous females	Non-Indigenous females
Cardiovascular	610	300	400	210
Neoplasms	260	220	180	135
Respiratory	260	70	180	35
Injury/poisoning	180	60	70	20
Endocrine/nutritional	120	20	165	15

Source: AIHW (2000)

In addition, infant mortality for Indigenous Australians is over three times that for all Australians (AIHW 2000).

The most common cause of hospitalisation for Indigenous males and females, accounting for 25 per cent of these admissions, is dialysis (AIHW 2000).

Suicide and self-harm

The issue of suicide and attempted suicide is becoming the paramount social issue in the Indigenous population in this district. Primary areas of consideration include:

- Alcohol and cannabis misuse is believed to be the primary catalyst for suicides
- Tuesdays to Thursdays are the most prevalent days with the majority of deaths occurring on Thursdays
- Marngarr or Ski Beach community has an alarming suicide rate and is by far the worst in the district
- Males are the principal target group
- The target age group is late teens to early 30s
- Hanging is the preferred method of suicide.

Indigenous suicide rates have increased significantly. Until the early 1990s, reported suicide rates amongst Indigenous people in the Northern Territory were significantly lower than for non-Indigenous Territorians. In 1990, no suicide deaths were recorded amongst Indigenous people. Whilst the relatively small numbers overall make it difficult to identify significant trend changes, 18 Indigenous people were recorded as having suicided in 1999 (ABS 2000), reflecting a substantial increase over a relatively short period of time. The suicide rate for Northern Territory Indigenous males has significantly increased in the 15–24 year age group since 1995, whilst there was a

slight increase in suicide rates in the same non-Indigenous cohort over this period (ABS Death Registration Data). In the past two years in the Nhulunbuy district, there have been eight deaths as a result of suicide, one in 2003 and seven in 2004. Five of the suicides occurred on a Thursday. As can be seen from Figure 1, there is a marked increase in the number of attempts and actual suicides over the past two years. Given that the January figures of 2005 are only until 6 January, the future does not look to be any better.

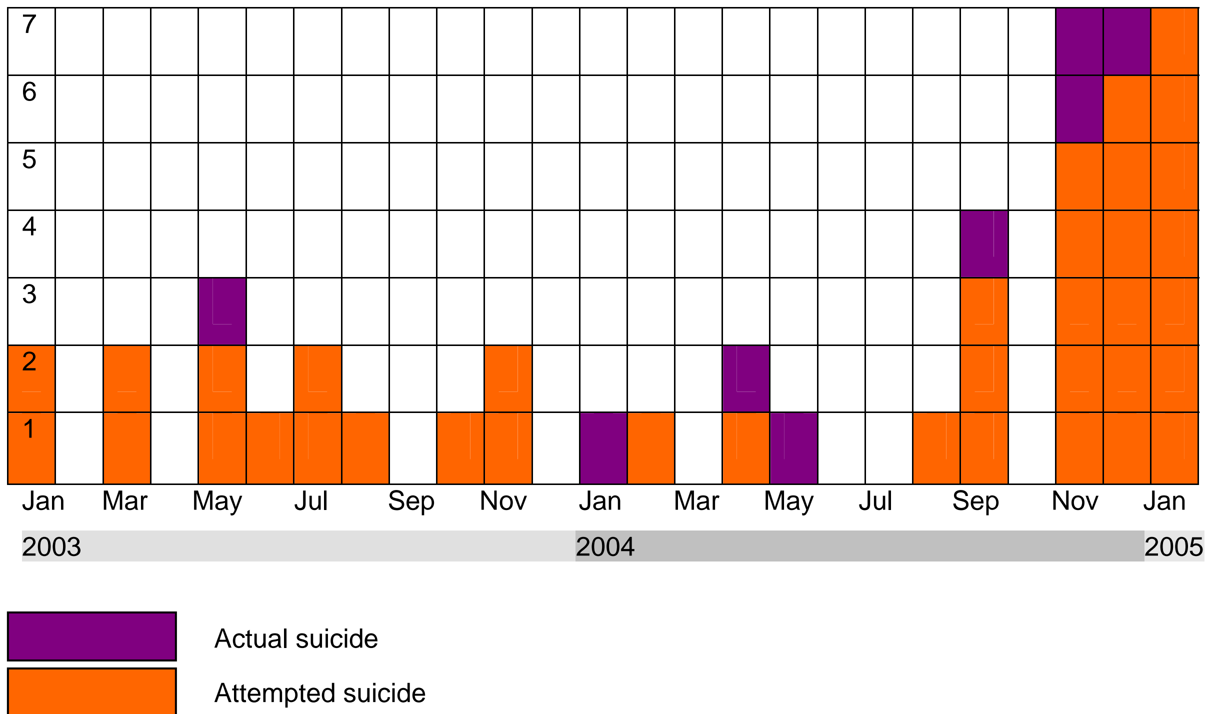

Figure 1. Attempted and actual suicides, 1 January 2003 to 6 January 2005, for the Arnhemland region

From an examination of days on which incidents occur, it can be seen that Tuesday to Thursday are the most prevalent days on which reports were received. Five of the seven deaths in 2004 occurred on a Thursday. There are a number of factors that could be considered to explain this:

- Midweek is generally when people receive their pays or social security money, and this is often the catalyst to heavy drinking sessions, which increase depression
- The barge arrives on Mondays and it has long been suspected that considerable quantities of cannabis are smuggled in via the barge, and distribution would occur on Tuesdays and Wednesdays

- Consumption of cannabis and alcohol, combined with the user's mental state, could be severely altered.

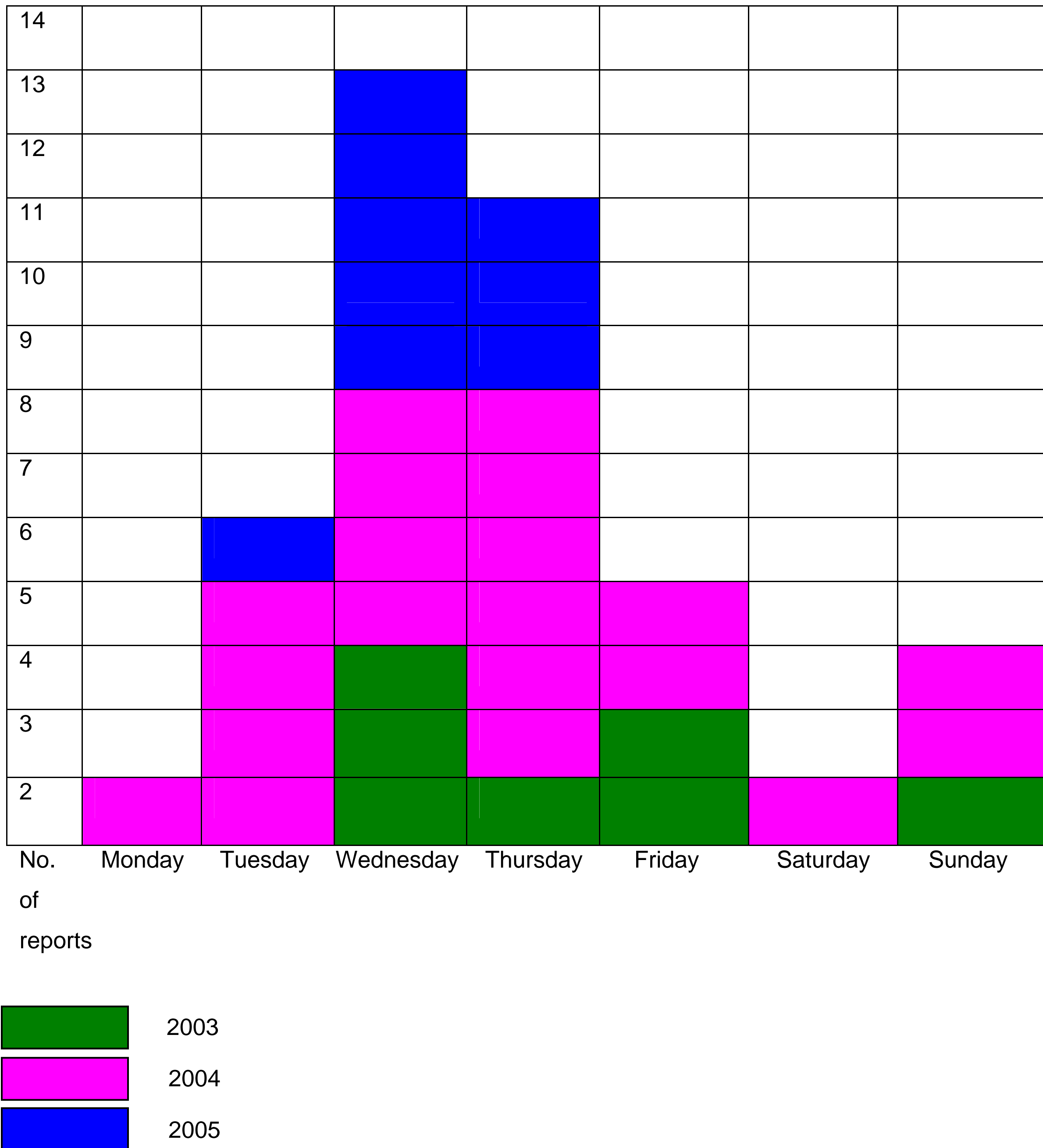

Figure 2. Number of reported incidents of suicide on given days of the week, 2003–2005

Strategies to engage the community to reduce the incidents of suicide

Remote Communities Drug Strategy

This is a strategy that local police have employed to combat the issue of suicide and to target the dealers of cannabis coming into Arnhemland. It is a joint operation between Crime and Operations Command and has been running for several months. This strategy was given a boost with the introduction of drug detector dogs in recent weeks, and already these dogs have been utilised in the Nhulunbuy area. Part of this strategy is to have Indigenous elders prepare 'victim impact statements' detailing the issues and concerns behind drug use in the communities. These statements are to be presented to court in all drug cases so the magistrate becomes aware of the community concerns.

Exclusion of drug traffickers from Aboriginal land

A concept in its infancy is to approach Northern Land Council (NLC) and have a policy statement drawn up stating that any person convicted of a trafficable quantity of drugs in Arnhemland, who is not a person with Indigenous rights to the community, is to have their consent to enter or remain on Aboriginal land withdrawn.

Establishment of the Community Care Centre and community patrols

This centre is nearing completion and will be incorporated and operated by local Yolngu. This centre will tackle community issues such as substance abuse and the current suicide rate. In addition, a community patrol has been actively supported by police and the communities. This patrol is made up of strong women from the communities, all of whom have been touched by or are victims of the harm caused by substance abuse.

Community response

On 7 January 2005 a meeting was held at the local Marnggar community and was chaired by the Indigenous elder and leader of the Gumatj clan. The number of suicides were discussed and, as a result, Mr Yunupingu declared the communities of Marnggurr and Galupa to become dry communities.

Domestic violence

The issue of domestic violence is quickly becoming the dominant result of many underlying social problems affecting the residents in North East Arnhemland, affecting all cultures, religious groups and ethnic backgrounds, and age appears not to be a barrier. The primary contributors to domestic and family violence occurring include:

- alcohol and substance abuse, which is believed to be a primary cause of domestic violence
- breakdown in traditional aboriginal law
- breakdown in cultural roles such as leadership rights
- reduction in cultural Rites of Passage such as ceremonies
- breakdown in relationships between family members and the involvement of jealousy and other negative emotions
- decline in health, increase in morbidity and mortality
- a cultural divide between mainstream culture, rules, rights and responsibilities, and the Yolngu culture.

Figure 3. Service area of East Arnhemland

Scope

Crisis Accommodation Gove Inc. provides a service to the entire population of East Arnhemland (Figure 3). This incorporates the following:

- Two main centres — Nhulunbuy and Alyangula
- Eleven Indigenous communities:
  Maningrida, Ramingining, Milingimbi, Gapuwiyak, Yirrkala, Ski Beach, Angurugu, Umbukumba, Alyangula, Numbulwar and Bickerton Island
- Eighty-six homeland and outstation communities; 65 are on the coast and half of these are only accessible by vessel or aircraft from Nhulunbuy.

Profiling the client group — the people of East Arnhem

The complexities of the varying Indigenous groups within East Arnhem are enormous. From Ramingining across to Yirrkala and Ski Beach there are 16 major languages, some being the dialects of the main language Yolngu Matha. This group of people, known as the Yolngu, is comprised of more than 28 clan groups. Groote Eylandt clients speak a completely different language, known as Andiliyakwa, and there are over 12 main clan groups. Numbulwar clients, known as the Nhunggabuyu people, have as their major language Nhunggabuyu; however, they also speak Kriol. Population in all the above is estimated to be in excess of 14,000 people spread across an area of 80,000 square kilometres. There is a current increase in the European population due to the Alcan mine expansion project.

Methodology

The statistics and the information utilised have been sourced from Crisis Accommodation Gove Inc. and the domestic violence counsellor who is employed through FACS NT. Both organisations collect data that is sent to the National Data Collection Agency and also to the Office of Women's Policy. An excel spreadsheet is also kept to collect other information relevant to the sector that is not collected from the other two sources. Figures are available from 2003 to 2005 and demonstrate an upward trend in the reported domestic and family violence that is occurring in the East Arnhemland region.

The trend

The number of clients that have presented to Crisis Accommodation Gove Inc. over the past three years has increased dramatically. It must be acknowledged that a lot of domestic violence occurs that goes unreported and the victim often does not access support unless suffering significant medical injuries. In 2003 a total of 86 women presented to receive support from Crisis Accommodation Gove Inc., in 2004, it was 206 women and from 1 January to 17 February 2005,

a period of 1.5 months, 27 women received support. The dramatic increase in reported domestic family violence is shown in Figure 4.

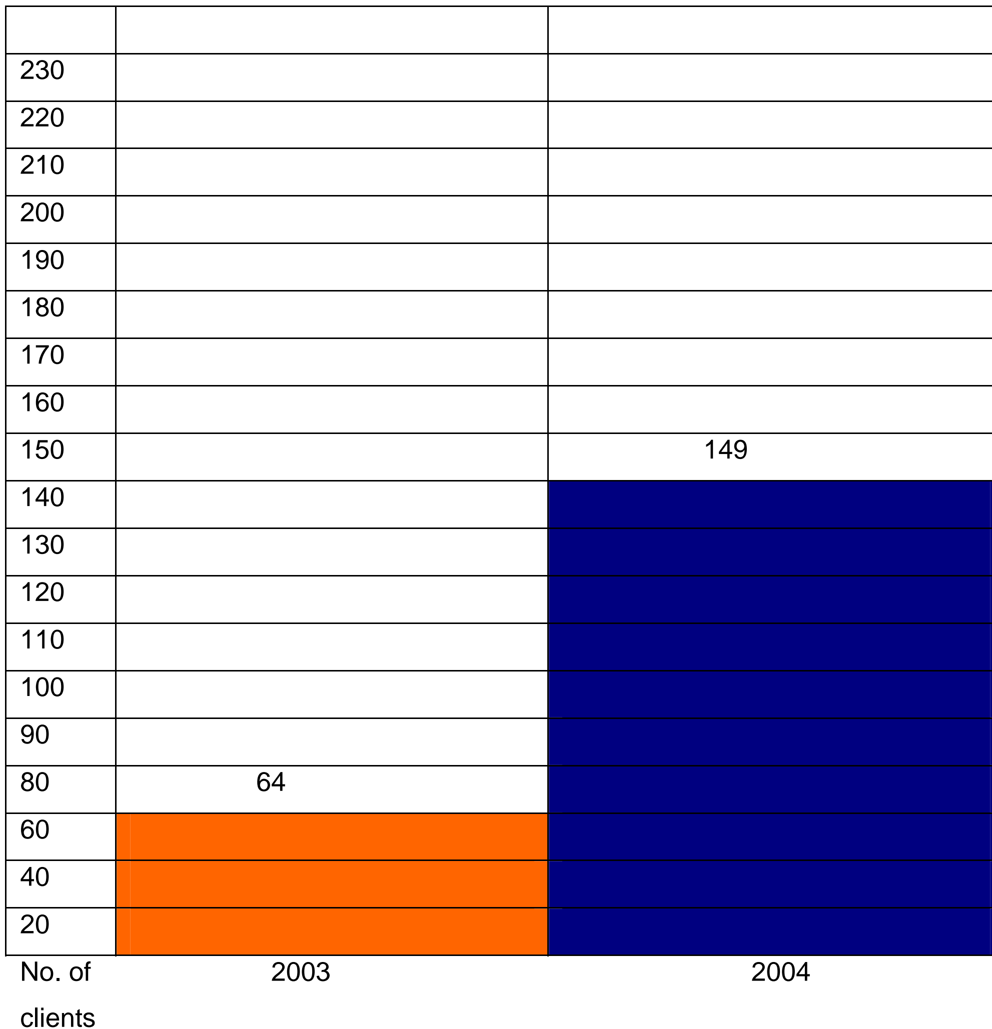

Figure 4. Number of women presented at Crisis Accommodation as a result of domestic violence, 2003–2004

Crisis Accommodation Gove is funded through the Supported Accommodation Assistance Program (SAAP). The commonwealth and Northern Territory governments currently do not identify children as clients. Although the children that attend the service are recorded as accompanying or assisted by women, the funding is not allocated to fund support for these children. The number of children who were supported by Crisis Accommodation in 2003 was 60, in 2004 it was 144 children, and from 1 January to 17 February 2005, a period of 1.5 months, 23 children received support. The number of children accessing our service is dramatically increasing, which can be seen in Figure 5.

110		
100		
90		143
140		
120		
100		
80		
60	59	
40		
20		
No. of Clients	2003	2004

Figure 5. Number of children who were accompanying adults whilst accessing the service

There is growing recognition of the children who are witnessing domestic violence. Recognition of the children's existence and the harmful effects while witnessing domestic violence has not only been on their emotional and behavioural development but also on their psychological development. In *Issues in Child Abuse Prevention*, no. 2, July 1994, Marianne James discusses the different age, stage of development and gender of children:

> "which contribute to children's behaviour, cognitive and social problem-solving abilities, as well as their coping and emotional functioning" (p. 4).

Infants

Infants are the most limited in regards to their cognitive abilities and resources for adaptation. However, they are also at the very early stages of their development.

> "Developmental evidence suggests that children begin to learn the importance of emotions for communication and regulation early in the first year of life. The look for cues in their

principal caregiver in order to recognise the appropriate emotion. They are therefore aware of others negative emotions and mirror these in their own responses" (Cummings 1981).

Other consequences to the violence may include the lack of practical care able to be provided to the child by the mother, sleep and feeding patterns can be disrupted along with a long-term effect of emotional deprivation.

Toddlers

"By the second year of life, children are developing basic attempts to relate causes to emotional expressions" (Jaffe 1990).

A research study carried out by Cummings for this age group found that exposure to anger between their parents increased stress reactions in the children, and as a result of this the children made more effort to become actively involved in the conflict.

"Based on these initial data, the researchers hypothesized that exposure to harsh emotions threatens children's sense of security in relation to their social environment" (p. 4).

It was also found that as children moved into their third year, with their observations of angry adult interactions, children displayed greater stress and aggression with their peers. Therefore if the violence within the family setting continued, the children began to experience higher levels of distress and aggressive behaviour. Short-term immediate effects were also seen to be portrayed by behavioural problems such as "frequent illness, severe shyness, low self esteem, and trouble in daycare as well as social problems such as hitting, biting or being argumentative" (Blanchard 1992). Also noted was the difference of boys externalising their behaviour while girls tended to internalise.

Pre-schoolers

"Children of this age interpret most events in relation to self. They see themselves as the cause of the anger. They do not have the cognitive competence to take into account the whole situation" (Jaffe et al. 1990).

Of the numerous collections of data gathered regarding this age group, dating as far back as 1987, similar findings and trends began to emerge. Hughes in 1986 suggested that:

"shelter children, may particularly associate their own feelings very closely with their mother, so that as the mothers anxiety level rises and falls, so does their own".

It was also displayed by a study carried out by Davis and Carlson (1987) that in a clinical test of 77 children, those who displayed their reactions aggressively were pre-school boys. Regardless of gender, children of this age group who had witnessed or were victims of domestic violence showed a higher distress level.

Again in 1986 deLange went further to observe that:

> “exposure to domestic violence may affect pre-school children’s social-cognitive developmental competence; they were often socially isolated from their peers and did not relate to the activities or interests of their age group and they had some problems relating to adults”.

Primary school age

> “By the time children reach school age, they look to their parents as significant role models. Both boys and girls who witness domestic violence quickly learn that violence is an appropriate way of resolving conflict in human relations” (Jaffe et al. 1990).

Similar to pre-school age children, this age group may still feel partially to blame for their parents’ behaviour, but are also more able to express their fears and anxieties. However, children of this age group often:

- have more difficulties with school work, including poor academic performance
- are not wanting to go to school/unwilling to do school work
- have difficulties in concentration
- are rebelling against adult instruction and authority
- are constantly fighting with peers (Hughes 1986).

It is evident that children are reactive to their environment. It is obvious at various stages of their development that children are able to differentially cope and understand what is happening between their parents (James 1994, p. 5).

In 1999, Marlies Sudermann and Peter Jaffe of the Family Violence Prevention Unit, Canada, developed a handbook specifically discussing the effects of family violence on children. In it they stated from their research the need to view children as individual clients as well as part of the family unit. Due in part to the fact that families are primary socialising units for children, then when violence is present children become the silent victims. Without appropriate intervention, child witnesses to domestic violence can be overlooked, misdiagnosed or bypassed completely.

> "By implementing more sensitive and early intervention strategies, communities may be able to reduce the immediate and longer term impact of such traumatic experiences. The plight of these children deserves special attention because of their pain and suffering alone. Beyond these considerations, the community has an opportunity to target a high risk group that may represent the next generation of abusive husbands and their partners. In addition, children who witness violence in the home are at a greater risk of perpetrating assaults in the community and continuing to do so as adults" (p. 5).

Similar to this realisation in Canada, Australia has begun to see early intervention with children as a major strategy in breaking the generational cycle of violence. As well as equipping children with a support system of culturally appropriate and accepted services, outreach work gives workers the opportunity to carry out a more proactive role in the community through education and involving whole family units where needed.

At the 2000 National Forum on Children, Young People and Domestic Violence, Dr Jennifer McIntosh states that "beyond a doubt, research tells us that bearing witness to spousal violence poses a significant threat to any child's emotional, cognitive and social development." Furthermore, where there has been spousal abuse and children are part of the family, it is suggested that there is also more likely to be some form of primary abuse on the children.

The effects on children who witness family violence include:

- aggressive and non-compliant behaviour — acting out, aggressiveness with siblings, peers and teachers, etc.
- emotional and internalising problems — may include depression and/or withdrawal to physical symptoms of sickness or aches and pains; low self-esteem
- effects on social and academic development — difficulty concentrating at school, hampered in social environment
- post domestic trauma — being exposed to family violence creates an acute fear, helplessness or horror. Often re-experiencing the event(s) through nightmares or triggers that remind the child of the violence. Lehmann (1997) found that "56% of a sample of children in women's shelters met the full criteria for indicators of post domestic trauma, while the majority of remaining children showed some symptoms associated with it." (*Journal of Family Violence*, vol. 12, no. 3, p. 242)
- subtle symptoms — Using violence to resolve conflicts, inappropriate attitudes about violence against women, sense of blame for the violence.

Even though not all children will be affected the same way — depending on their level of development, frequency of the violence, the extent to which the child is a victim and a witness and the degree of economic and social disadvantage experienced by the family — *all children* will be *negatively* affected by witnessing family violence.

In 1983, during a Northern Territory Domestic Violence phone-in, three out of four callers associated the beginnings of violence either with the time of the wedding or earlier, or around the time of the *first pregnancy or birth* (d'Abbs). Violence to the mother can cause miscarriage.

The Northern Territory Aboriginal Family Violence Strategy stresses that family violence impacts on parents, children, extended families, affiliates, friends and community members. Added to this are the complexities of the varying Indigenous groups within East Arnhemland and the remoteness of the communities, townships and outstations. The majority of these regions are so geographically isolated, they are only accessible by air. Many women escaping their violence return to their communities for cultural reasons and for fear of being ostracised by their families and their partner's families. Contrary to many perceptions of Aboriginal culture, violence is not a traditionally acceptable form of behaviour in families. Unfortunately, people living in East Arnhemland tend to present with some of the more confronting health and welfare issues.

The Crisis Accommodation service records statistics on the Unmet Demand that comes in contact with the service (Figures 6 to 8). The figures are staggering and are indicative of the demand that exists in East Arnhemland and how the service is not funded to cater to the number of people in need.

Unmet Demand refers to the demand for accommodation by clients that is unable to be met by the service.

There are many reasons why the requested demand for accommodation by a client is unmet by the Crisis Accommodation service. Some of the more serious reasons and the most common reasons include no accommodation service is available due to the service being full, the client is too intoxicated to be admitted, no funds from ERF source are available due to the funds having being used, and mental illness where the client is deemed by a doctor or a mental health professional to require an alternative medical service. Some other reasons include clients' fares being paid and then the client not presenting for the flight, and transport is unavailable, i.e. no seats on planes or no car available to drive them in.

			222	
220				
210				
200		197		
190				
180				
170				
160				
150				
140				
130				
120				
110				
100				
90				
80				
70				
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30				
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10				
No. of clients	2003	2004	2005 (Jan–May)	

Figure 6. Unmet Demand of the Crisis Accommodation service

155								
150								
140								
130								
120								
110								
100	99							
90		82						
80								
70								
60								
50				44				
40					26	32		
30			23				20	19
20	(12 months	(5 months)	(12 months)	(5 months)	(12 months)	(5 months)	(12 months)	(5 months)
10	2004	2005	2004	2005	2004	2005	2004	2005
	No accommodation available		Refused due to intoxication		No funds for flights		Mental illness	

Figure 7. Reasons why the needs of persons contacting Crisis Accommodation service were not met, 2004 and January to May 2005

		178
180		
170		
160		
150		
140		
130		
120		
110		
100	98	
90		
80		
70		
60		
50		
40		
30		
20		
10		
	No. of children accompanying adults 2004 (12-month period)	No. of children accompanying adults in 2005 (five-month period)

Figure 8. Number of children accompanying adults whose needs are unmet by the Crisis Accommodation service, 2004 and 2005

Considering the six-month time difference , the figures above are quite alarming in that there are substantial numbers of children who are been exposed to domestic violence and are unable to seek refuge or support due to circumstances beyond their control. These figures are not represented to the funding bodies. Crisis Accommodation attempts to provide some support by referral to agencies who are visiting communities such as the domestic violence counsellor, FACS, and also to speak with the children where appropriate to offer support and comfort. This is a complicated and difficult task with children who are in distress, and also with complications associated with language barriers over the phone.

In the past few decades there have been substantial changes that have brought about many of the social problems that exist in Arnhemland today. The social changes have been impacted largely by the missionary influence and then industry (Figure 9). Both still have significant impacts today.

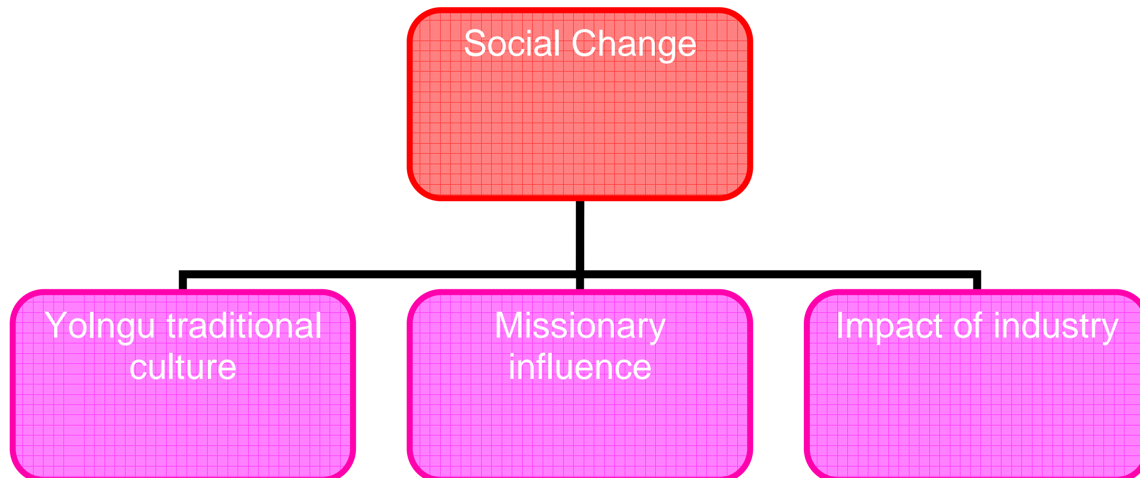


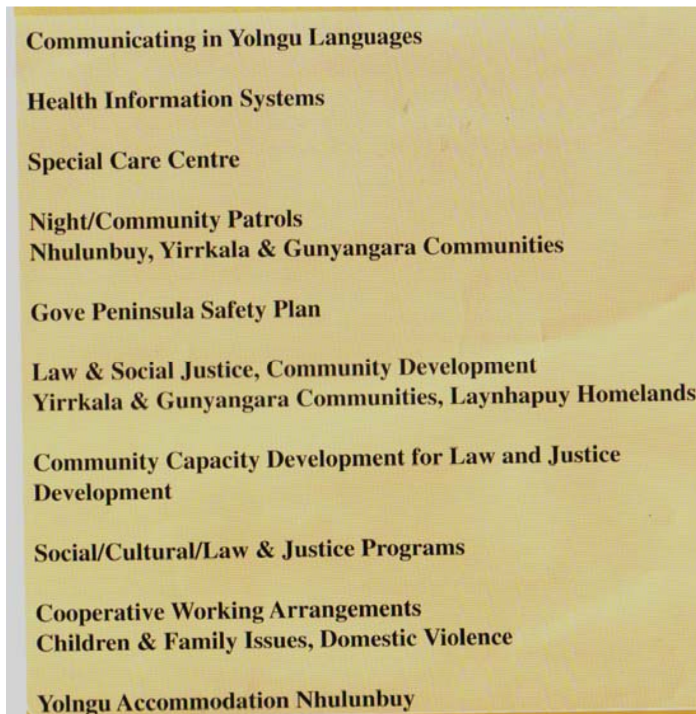
Figure 9. Influences that have affected social changes

Current programs attempting to identify and assist family violence reduction in East Arnhemland

At the moment in the East Arnhemland area, the development and implementation of coordinated and integrated regional services to address family violence has become a major focus of government and non-government services within the region. Currently in its infancy, this framework aims to bring a more holistic approach to addressing these issues within East Arnhemland — a whole-of-government, whole-of-community approach.

The East Arnhem Harmony Committee in advisory and facilitating committee to government on the issues and projects associated with the Community Harmony Strategy. The committee has been funded to address issues related to at-risk behaviour in the Nhulunbuy Region. It is also the Regional Crime Prevention Council that advises the Office of Crime Prevention on current issues and facilitates crime prevention projects. Of priority is the reduction of conflict and family violence, and the development of preventative strategies. Their mission is work collectively with businesses, non-government organisations, government organisations and the community to attain set goals.

The following are the current and planned Harmony Projects for 2004. Harmony's first major project is a Rehabilitation Centre with a 'Drying Out' facility. It will be completed by the end of 2005 and will provide shelter and primary intervention services for the treatment and rehabilitation of people suffering the misuse of alcohol and other substances.



Communicating in Yolngu Languages

Health Information Systems

Special Care Centre

Night/Community Patrols
Nhulunbuy, Yirrkala & Gunyangara Communities

Gove Peninsula Safety Plan

Law & Social Justice, Community Development
Yirrkala & Gunyangara Communities, Laynhapuy Homelands

Community Capacity Development for Law and Justice Development

Social/Cultural/Law & Justice Programs

Cooperative Working Arrangements
Children & Family Issues, Domestic Violence

Yolngu Accommodation Nhulunbuy

As indicated previously, the Yolngu are in a state of crisis in which a change in approach to addressing these issues is needed to have an impact on service provision.

> "While there is recognition of the importance of traditional ways of dealing with family violence can make through clans and extended family ties, little has been done to reinforce and promote Yolngu families and clans as the basis for community intervention strategies" (p. 3).

It is recognised that community programs and projects need to be supported and run from within communities to sustain change. Family and clan groups are the foundation from which Yolngu build their identities, purpose and strength within their culture. It is hoped that the following programs being implemented will reconnect the younger generation with a past that is fast approaching permanent and total assimilation.

Rapirri Rom

The Miwatj Health Aboriginal Corporation supports the Family Mediation Project — Rapirri Rom (discipline traditional/law): Healing Yolngu Families. This was a program that was originally written up by the former chairman of Miwatj Health, Mr Djerrkura, OAM.

The project is aimed to identify a culturally appropriate method of intervening in family violence, as a practical alternative to the western response of institutionalising perpetrators.

This program is yet to be fully operational. However, it recognises families' right to deal with disputes traditionally. When incidents of violence occur, community facilitators (usually elders of the community, with the aim of accessing at least one female and one male facilitator) are called to separate the husband and wife and discuss in a culturally appropriate manner options for sorting the dispute. This may include further family meetings as well as involving mainstream services when necessary, to allow for the women and children to be safe until the dispute is settled.

The desire is that this will assist in establishing community safety plans for women and children in danger and keep families together without violence.

Currently this program is in the early implementation stages, with the local communities of Yirrkala and Marngarr being targeted. Facilitators need to have approval from local community councils and the support of the community as a whole. The program complements the strategies surrounding the community night patrols, which operate in the context of Yolngu social relationships to deliver their services. The diagrams below display a non-Indigenous approach to family violence as seen by Yolngu and the Rappiri Rom model.

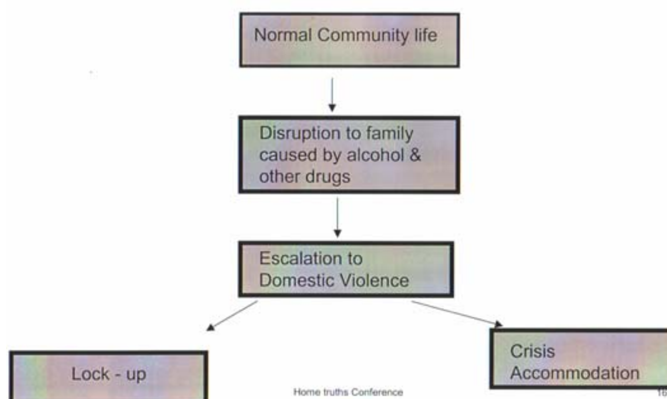


Figure 10. Current view of Family Violence Strategy

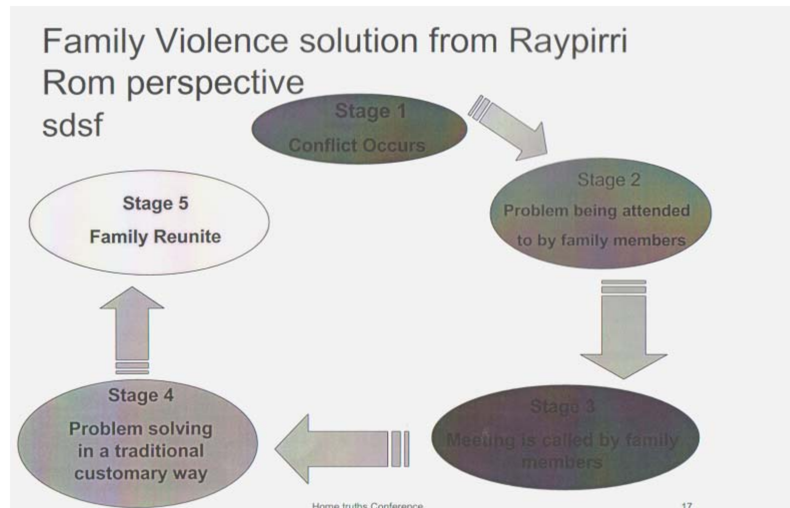


Figure 11. Rapirri Rom Model (Miwatj Health Aboriginal Corporation 2004)

Community night patrols

After becoming frustrated with the amount of alcohol-related deaths and suicides of young people occurring within their communities, strong women of Yirrkala and Marngarr took action to approach the problem. The night patrol operates from late afternoon through to early morning. Women on patrol will collect children and take them home, assist with picking up intoxicated Indigenous men and women, and placing them with appropriate family members or places where they are deemed safe. Currently operating from the Yirrkala Women's Resource Centre, the aim is for this service to begin operating from the Special Care Centre.

Northern Territory domestic violence/family violence hospital screening

Northern Territory hospitals have begun implementation of providing a screening process for women and men who present at accident and emergency or for ante-natal care within hospitals. It has aimed to provide an appropriate method for identifying women who experience family violence and ensure hospital staff document this on patients' medical records. It also encourages the recognition of family violence as a consideration when developing a care plan for patients. The reasons for hospital screening include:

- providing an opportunity for disclosure
- concerns for unborn child
- providing a safe place for disclosure
- providing assistance with diagnosis.

After the screening was piloted in Queensland and New South Wales, the program has continued at the staff's request. Hospital staff are given training in fundamental issues regarding family violence appropriate strategies to complete the screening form with the patient. The hospitals have adapted the following diagrams (Figures 12 and 13) for easy reference when dealing with patients.

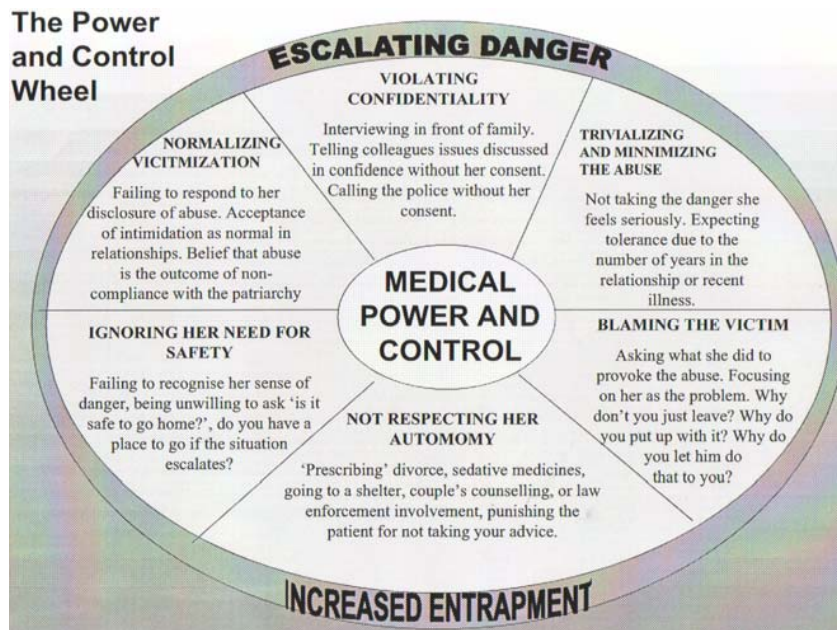


Figure 12. Medical Power and Control Wheel

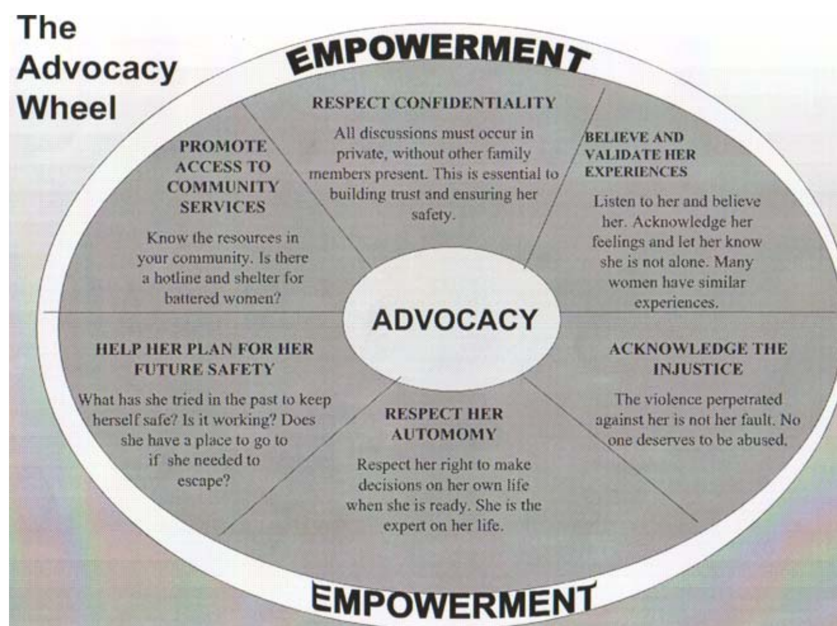


Figure 13. Advocacy Wheel (Dept. of Health and Community Services), NT Hospitals Domestic Violence and Response Workshop

Children and Outreach Support Worker

Crisis Accommodation Gove Inc., with the assistance of the Domestic Violence Counselling service, have just received funding from the Stronger Families, Stronger Communities Commonwealth FACS funding to employ a Children and Outreach Support Worker.

The focus of the project is to keep children safe by providing outreach to families in crisis to strengthen their family relationships and break the cycle of generational family violence. As well as working with women and children when they come to the refuge, the support worker will also identify families who require early intervention and prevention support to ensure the safety and wellbeing of the children. Once families are identified, the support worker will provide direct assistance to the family members to educate, counsel and help them in rebuilding and strengthening their families, and their cultural relationships.

The support worker will also work with mothers to: change, adapt or develop their parenting and life skills; liaise with community services to ensure that children are case managed; and provide education about the cycle of violence, strategies to bond families, and the development needs of children.

The support worker will also work closely with the strong men and women (elders) in Indigenous communities to support the Rapirri Rom program. This position will also be integral in providing a much needed service to the silent victims of family violence who currently are not recognised as clients in their own right.

Community court

Operating over the past six months, community court has been initiated with in the Nhulunbuy magistrate on certain matters that are deemed appropriate. A steering committee is in operation with representation from local communities, community Corrections, a domestic violence counsellor and the Department of Justice. Similar to the Rapirri Rom program, it includes allowing family members of both disputing parties to sit around a table to provide the magistrate with a more informed picture of the current circumstances in which the defendant may find themselves in court. It also assists with handing down punishment that is culturally appropriate.

Young Men's program

This program has been operating on a volunteer basis until just recently. It has now been funded for a pilot project to operate over the following two years. The Gunyangara Men's Group is focussed on providing activities and services to the men of the community. The group aims to

address alarming high levels of criminal behaviour at Ski Beach through the provision of the three following services and activities:

1. Fortnightly Men's Group Meetings — Through fortnightly 'Men's Meetings' at Ski Beach where guest speakers and community elders are invited to provide information and where community crime issues can be discussed. These forums aim to be informational and aim to provide a space for men to discuss strategies for dealing with community matters such as violence, sexual assault, vandalism, drink driving, etc.
2. Men's Camps — Through monthly 'Men's Camps' (lasting four to five days) to outlying homelands where men and boys can spend time together in an alcohol/drug-free environment and where healthy lifestyle choices are promoted (e.g. hunting activities, sports, eating fresh food, talking about issues with family, etc.). While men are on these camps they are not perpetrating crime, but more importantly they are experiencing positive engagement with their peers and family members.
3. Diversionary Recreational Activities for Youth — Through appropriate liaison with the Marngarr Sport and Recreation Department in ensuring that culturally appropriate recreational activities are being provided in the community to divert youths away from criminal behaviour, alcohol and drugs, and by collaboratin in the provision of some activities (Dhurrkay and Beverstock 2005).