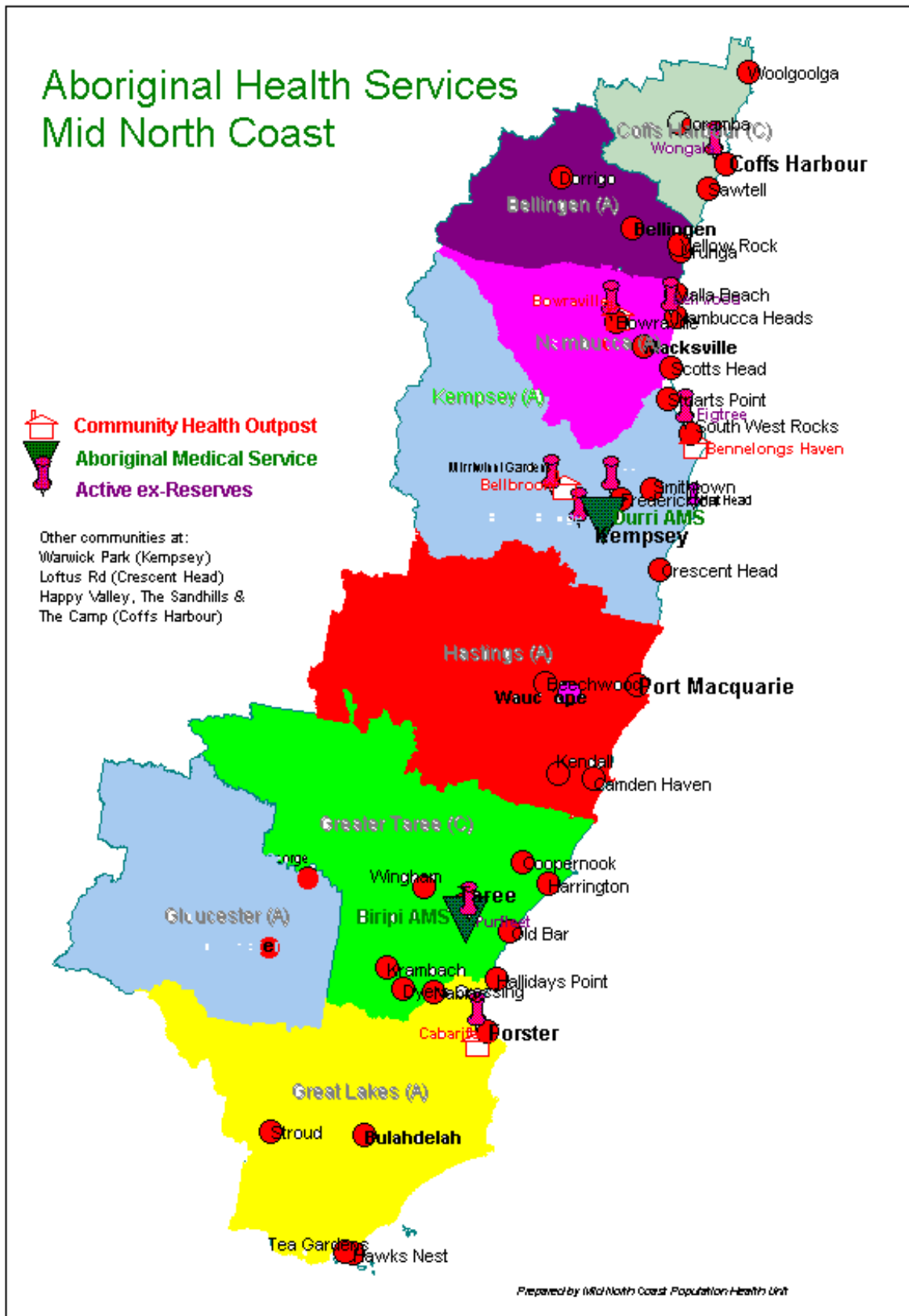


**Figure 1 Map of Aboriginal community health outposts, Aboriginal Medical Services and Active Aboriginal Ex-Reserves**



## 6. The Aboriginal People of the Mid North Coast

### History and Culture

The area defined as the Mid North Coast comprises of four main Aboriginal Tribal Groups: Gumbainggir; Dainggatti; Biripi; and Worimi. Within these tribal areas there are nine active Aboriginal ex-reserves: Wongala; Bowraville; Bellwood; Figtree; Bellbrook; Greenhills; Burnt Bridge; Purfleet; and Cabarita. Apart from these there are also a number of discreet Aboriginal communities namely: Warwick Park (Kempsey); Loftus Road (Crescent Head); Happy Valley, The Sandhill's and The Camp (Coffs Harbour).

The following provides a brief history of the Aboriginal Tribal Groups of the Mid North Coast area.

### Gumbainggir People

People of the Southeast region around Evans Head, Macksville and Glen Innes, neighbours of the Bundjalung, Dainggatti, Nganyaywana and Ngarabal peoples. Bill Cohen remembered his father's stories, dating from the nineteenth century, of the 'last two remaining kings of this tribe', King Bobby and King Boney, who seem to have represented the Banbai, the inland group of the Gumbainggir, and the coastal group respectively. King Bobby's group were living on Oban station, a typical situation for the Aboriginal people of northern NSW at this time. In spite of the disruptions imposed by white pastoralists, however, rhythms of life were maintained, the Oban mob moving down towards the coast for corroborees and initiations. Cohen was initiated into Gumbainggir in 1935.

Della Walker, who was born in Yaygir country (the northeastern part of Gumbainggir territory), was told a story of a battle between Yaygir and Gumbainggir by her grandmother. It involved the hero figure Birugan and the women Gaugan, who appear together in many stories. In and, on hearing of red feathers, began to cry. Her tears became a waterfall and she became a waratah, growing on the rocks above.

*Source: The Encyclopedia of Aboriginal Australia, Volume 1 A-L, Australian Institute of Aboriginal and Torres Strait Islander Studies, 1994*

### Dainggatti People

People of the Southeast region on the Macleay River, neighbours of the Gumbainggir, Biripi and Nganyaywana peoples. The Dainggatti joined the Gumbainggir for ceremonies, and shared an ancestral being with them, Birroogun, who is buried at South West Rocks, having died in a battle with the Biripi. A place of major significance, Mount Anderson, overlooks Bellbrook, a reserve established in 1885.

The Dainggatti men were known as 'great, strapping, and ferocious-looking fellows', a reflection of an environment so rich and varied with its rivers, coast, swamps and rainforest, that people did not need to move far for food. There were, however, seasonal movements between coast and tableland. The country is rich in sites, and rich in organisations which reflect the history of Aborigines Welfare Board interference in the area – those which are trying to compensate for years of neglect of housing and health, and those which aim to keep Dainggatti culture strong.

The National Parks and Wildlife Service is now protecting sites, and while this protection is a welcome change from the destruction of the past, it poses a problem: 'In the old days we

looked after our sacred sites ourselves without letting white people.....taking care of them.....We don't say anything to anybody because we look after these things ourselves'.

**Source:** *The Encyclopedia of Aboriginal Australia, Volume 1 A-L, Australian Institute of Aboriginal and Torres Strait Islander Studies, 1994.*

### **Biripi People**

People of the Southeast region, on the Hastings and Manning Rivers, neighbours of the Dainggatti, Worimi and Kamilaroi peoples. These were one of the groups who used the word 'Koori' for Aboriginal people. Like other coastal groups they used both the mountains and the sea and probably moved seasonally between them. The grandmother of Biripi women Ella Simon told her that the women of the mountains were called Winmurra, and the women of the coast were called Mariket.

In a battle against white settlers (on a property called Waterloo), the Biripi men overcame the police, and at Gangat they defeated employees of the Australian Company, who had been granted a huge part of Biripi country in 1830. In this battle, however, the losing whites resorted to chemical warfare, mixing arsenic in flour and leaving it. 'In every creek and in every gully, lay dead blacks', and 'to the blacks the name [Gangat] became an anathema'. Most Biripi people now live in Purfleet or Taree.

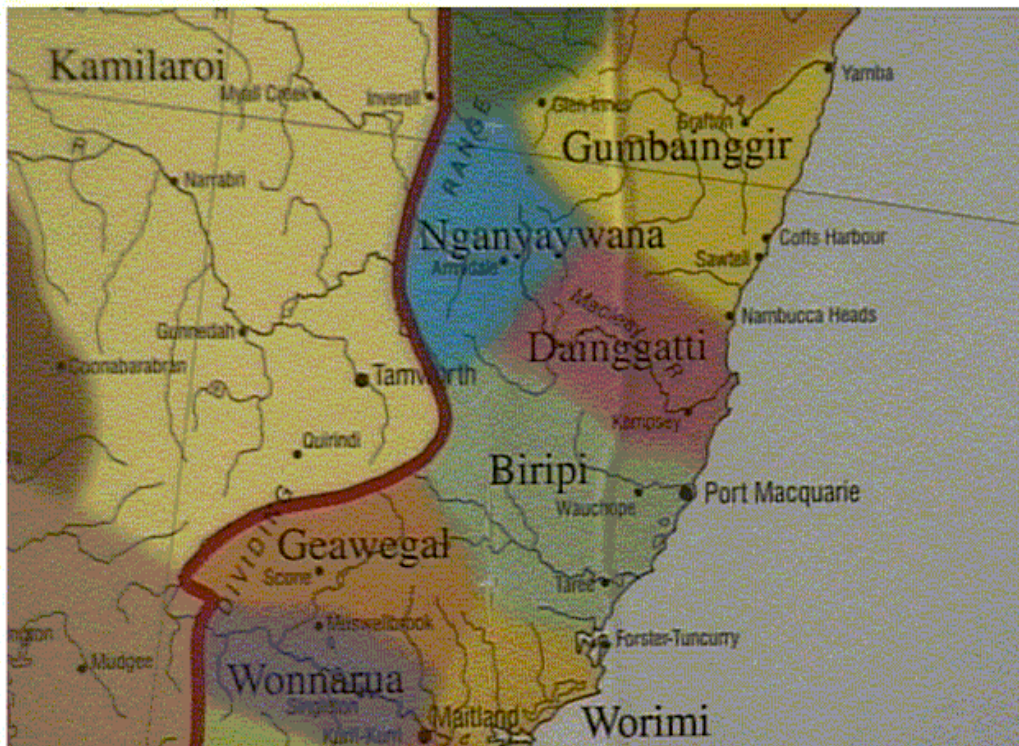
**Source:** *The Encyclopedia of Aboriginal Australia, Volume 1 A-L, Australian Institute of Aboriginal and Torres Strait Islander Studies, 1994.*

### **Worimi People**

People of the Southeast region between Cape Hawke and the Hunter River, neighbours of the Biripi, Awabakal, Wonnarua and Geawegal peoples. The extent of their country is uncertain, particularly whether the Gringai should be considered as part of the Worimi. There is some evidence of fights in inland areas but, on the other hand, there was trade between the two areas (in the nineteenth century, steel tomahawks, pieces of glass and sea shells from the coast were exchanged for possum skins and possum-fur strings). In addition, inland groups, even the distant Kamilaroi, visited Port Stephens for initiation ceremonies.

**Source:** *The Encyclopedia of Aboriginal Australia, Volume 2 M-Z, Australian Institute of Aboriginal and Torres Strait Islander Studies, 1994.*

**Figure 2 Map of Aboriginal Tribal Groups in the Mid North Coast**



## **Population and communities**

In June 1997 the estimated resident population of the Mid North Coast Area Health Service (MNCAHS) was 253,574 of which it is estimated that 7,947 were Aboriginal. Based on these estimates Aboriginal people represent 3.2% of the MNCAHS population compared to the NSW average of 2.3%. The estimated Aboriginal population by Local Government Area in June 1997, with an estimated 1,969 Aboriginal people living in Kempsey, 1,644 in Coffs Harbour, 1,561 in Greater Taree, 1,043 in Hastings, 870 in Nambucca, 748 in Great Lakes, 283 in Bellingen and 112 in Gloucester.

It should be noted that census data generally are thought to underestimate the true levels of Aboriginal population.

**Figure 3 Aboriginal Population by Local Government Area**

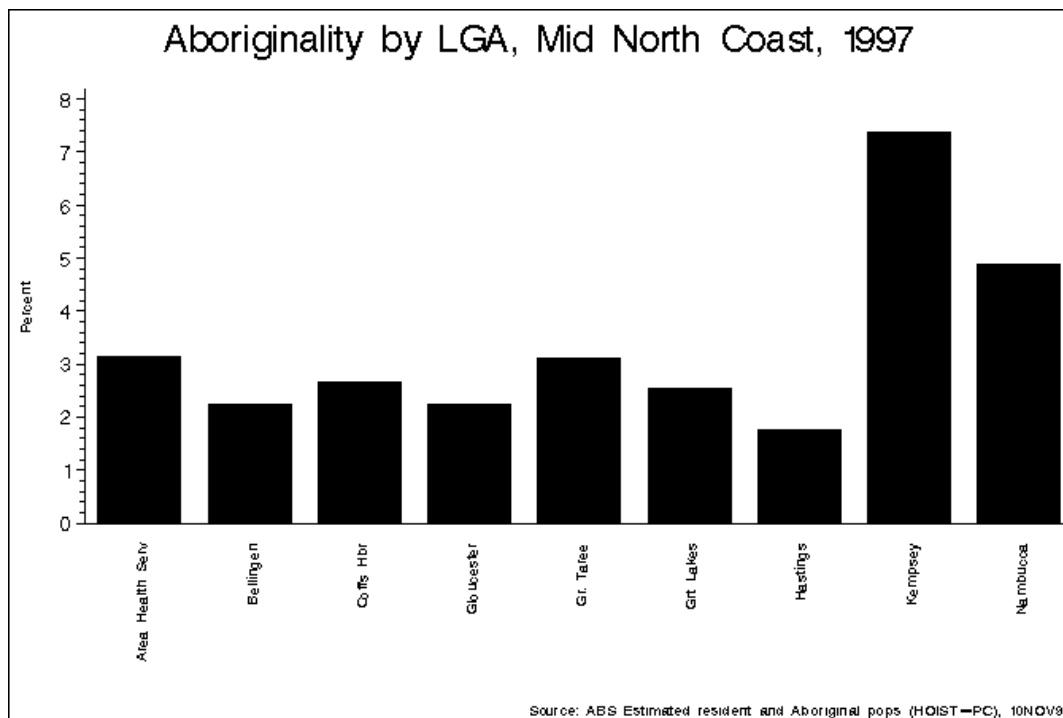


Figure 3 shows the estimated proportion of the total population of each Local Government Area in 1997 that was Aboriginal. These proportions varied from 7.4% in Kempsey followed by Nambucca (4.9%), Greater Taree (3.1%), Coffs Harbour (2.7%) and (1.8%) in Hastings.

**Figure 4 Aboriginal Population of the Mid North Coast 1999**

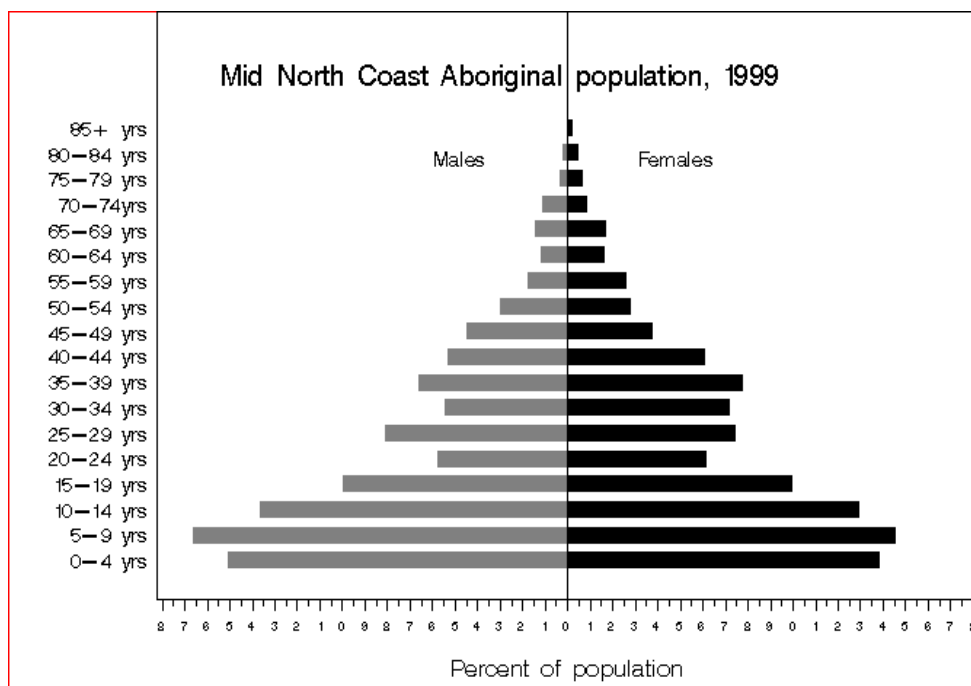
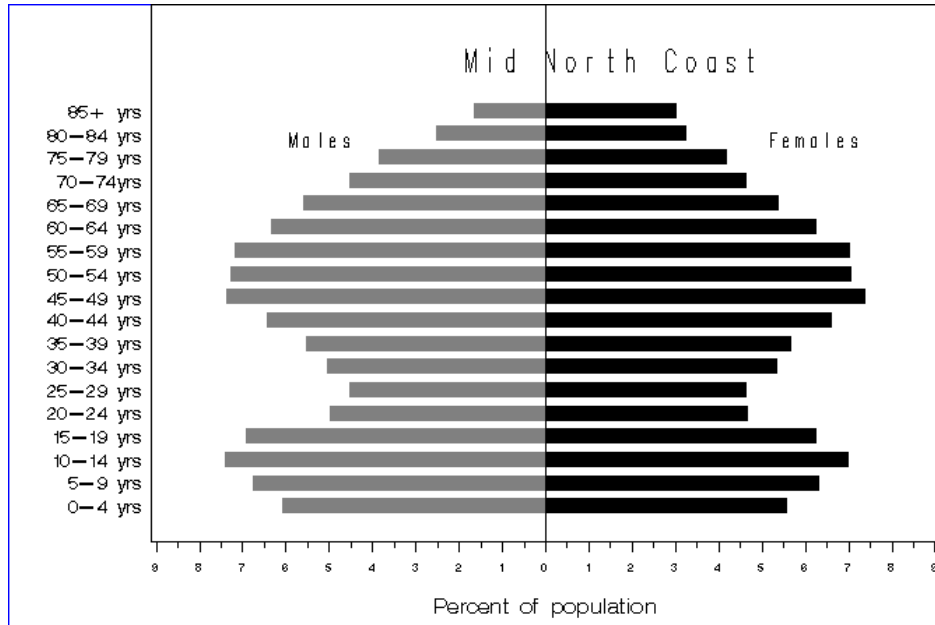


Figure 4 and Figure 5 display the age and sex composition of the area's Aboriginal and total populations respectively. The area has a young Aboriginal population but the rapid decline in population with increasing age reflects the high mortality rate amongst Aboriginal and Torres

Strait Islander people from the age of 35 years onwards. This is in stark contrast to the composition of the area's total population, which reflects the high migration rates of elderly retirees and lower mortality rates.

**Figure 5 Mid North Coast population, 1997**



## Aboriginal injury in Australia

Injury is one of Australia's priority health areas. Nationally injury among Aboriginal people has been shown to be at least three times as common as among non-Aboriginal people. Even this ratio is considered to be an underestimation. It has been effectively shown that in health and mortality data collections in Australia that Aboriginal status is often not accurately determined. Information pertaining to Aboriginality is most commonly acquired during the hospital admission process, and is generally self reported by the patient or relative to the administration staff.

It has also been shown that patterns of causes of injury among Aboriginal people vary significantly from the non-Aboriginal population. There are broad differences in the cause of injury patterns across Aboriginal communities in Australia. This reflects that the vast variations in lifestyle, environment and social stress significantly alter the levels of exposure to injury hazards as a whole.

**Table 1 Overview of external causes related hospital separations among Aboriginal and Torres Strait Islander peoples and non-Aboriginal populations, number of cases and rates (per 100,000 population), Australia (except NT), 1991/92.**

Cause of injury[A]	Aboriginal and Torres Strait Islander	Non-Aboriginal	Aboriginal and Torres Strait Islander Non-Aboriginal standardised rate ratio[B]	Excess hospital separations*
	<i>Age-adjusted rate</i>	<i>Age-adjusted rate</i>		
<b>Male</b>				
Transportation	614	356	1.7	221
Drowning and submersion	4	6	0.7	-3
Pharmaceutical poisoning	119	68	1.7	67
Non-pharmaceutical poisoning	53	26	2.0	52
Falls	1160	518	2.2	448
Fires, burns, scalds	218	42	5.1	172
Other unintentional	2075	824	2.5	1169
Self harm	146	64	2.3	92
Interpersonal violence	1433	131	10.9	1250
Undetermined intent	70	9	8.0	60
Total	5891	2046	2.9	3529
<b>Female</b>				
Transportation	284	183	1.6	106
Drowning and submersion	4	2	1.9	4
Pharmaceutical poisoning	182	87	2.1	110
Non-pharmaceutical poisoning	36	17	2.1	27
Falls	916	548	1.7	333
Fires, burns, scalds	104	22	4.7	95
Other unintentional	1247	318	3.9	898
Self harm	186	80	2.3	121
Interpersonal violence	1353	29	**	1443
Undetermined intent	29	5	5.9	26
Total	4341	1292	3.4	3162
<b>Persons</b>				
Transportation	443	271	1.6	322
Drowning and submersion	4	4	1.0	0
Pharmaceutical poisoning	152	77	2.0	178
Non-pharmaceutical poisoning	44	22	2.0	78
Falls	1036	547	1.9	776
Fires, burns, scalds	158	32	4.9	266
Other unintentional	1650	574	2.9	2049
Self harm	166	72	2.3	213
Interpersonal violence	1388	81	17.2	2689
Undetermined intent	49	7	7.1	86
Total	5091	1686	3.0	6657

[A] Cause of injury is based on standard aggregations of the ICD9 External Cause (E-code) classification.

[B] Rate ratios are ratios of all-ages rates of Aboriginal and Torres Strait Islander peoples and non-Aboriginal rates. Age adjustment of rates was made by direct standardisation, taking the Australian population in 1991 (excluding the Northern Territory population) as the standard.

\* Excess Aboriginal and Torres Strait Islander hospital separations is the difference between the observed number of Aboriginal and Torres Strait Islander separations and the expected number if the Aboriginal and Torres Strait Islander populations experienced the injury rates observed in the non-Aboriginal population. The sum of male and female excess hospital separations may not equal the excess hospital separations in the persons category due to the effect of rounding.

\*\* Note: Interpersonal violence against non-Aboriginal women is known to be under-reported. Comparison of rates between Aboriginal and Torres Strait Islander and non-Aboriginal women should be treated with great caution. The rate ratio in this cell is 46.0 but this may be severely elevated due to the very low non-Aboriginal rate.

**Source** Moller J, Dolinis J, and Cripps R. *Aboriginal and Torres Strait Islander Injury Hospitalisation a Comparative review.* AIHW NISU 1997

## Aboriginal injury in NSW

Aboriginal status is substantially under-reported in NSW hospital morbidity data. Nevertheless, age-adjusted hospital separation rates for injury and poisoning among Aboriginal people were consistently higher than the rates for non-Aboriginal people over the period 1993/94 to 1997/98.

Age-adjusted hospital separation rates for injury and poisoning were higher for males than for females in both the Aboriginal and non-Aboriginal population.

The most common causes of injury-related hospital separations among Aboriginal people throughout NSW were falls (22 per cent), interpersonal violence (21 per cent), transport accidents (10 per cent), suicide and self-inflicted injury (seven per cent), and poisoning (six per cent).

While reporting of Aboriginal deaths improved in NSW in 1998 compared to previous years, there is insufficient information at present to comment on the patterns of causes of death. However, in Western Australia, South Australia and the Northern Territory combined, in the period 1995 to 1997, death rates from injury and poisoning among Aboriginal people were three times the rate for that of non-Aboriginal people.

**Source** Moller J, Royal T. *Shoalhaven Aboriginal Injury Surveillance and Prevention Project Report*. IAHS 2001

## 7. Methods used to acquire the information

### Quantitative

Information consistent with the National Minimum Data set for Injury Surveillance (NMDS-IS, level 1) was collected for all cases of injury among Aboriginal people and non-Aboriginal people treated at the following Emergency Departments over a 12 month period (1<sup>st</sup> July 1999 to 30 June 2001) Kempsey District Hospital, Manning Base Hospital, Coffs Harbour Base Hospital. In total 12,212 injury cases were identified for the 12 month period and of those 797 were Aboriginal.

The NMDS-IS level 1 includes basic data related to injury events, in terms of: a narrative description; main external cause; intent; type of place; type of activity; nature of injury; and body region.

A standard question identifying Aboriginality is asked of all people attending these emergency Departments, and is recorded in the Emergency Department Information System (EDIS).

Presentations for injury were identified through EDIS, HOSPAS and the Health Information Exchange (HIE), and then further information was obtained for 195 injury events (65 from each A&E site) through a file audit by reviewing clinical notes. Non-individually identifying data corresponding to the NMDS-IS, as well as basic demographic information (eg age, sex, suburb) and other attendance information (eg. date and time of arrival and injury, departure status), was entered into a specially developed EpilInfo database.

De-identified aggregate information was used as stimulus material in the qualitative components.

Data analysis was undertaken using EpiInfo and, as required, HIE.

Reports of progressive quantitative findings were developed for the project's Management Committee and presented to the Mid North Coast Aboriginal Health Partnership. These reports identified the incidence of, and risk factors for, the main injury types, compared between the Aboriginal and non-Aboriginal population.

## **Qualitative**

An integral element of the study was to thoroughly understand the contributory factors leading to injury in order to identify and prioritise appropriate preventative actions for the reduction and prevention of injury within individual Aboriginal communities. It was obvious that focusing exclusively on the available data as the primary means of assessing the extent, nature and impact as a whole was inappropriate and too restrictive. To fully understand the issues and the impact that injury has on Aboriginal people and communities it was necessary to utilise a number of qualitative methods. The following methods provided a means in identifying the causal chain of events leading to injury, and a safe environment for which community members could share a personal account of their experiences and opinions relating to injury. Some of which may not have been reported at the time of treatment for fear of shame or judgement.

In total 123 formal responses were obtained from members of various Aboriginal communities situated on the Mid North Coast. In addition, numerous informal discussions took place with the Project Officer regarding issues relevant to this study.

### **Focus Group Discussions**

In total 5 focus groups were organised and conducted at various locations within the Mid North Coast area with Aboriginal community members, decision-makers and community controlled health staff. Each group consisted of 8 -12 individuals apart from one, which consisted of 25 individuals, the duration of each focus group was approximately 1<sup>1/2</sup> -2 hours and was consistent in the terms of community and locality. The venues were selected according to accessibility and comfort of participants. All groups were established and conducted with the assistance of a local Aboriginal health worker.

The focus groups assisted in developing a broader picture of the causes and effects of injury on the community, and potential strategies for preventative action. The focus group questions were similar to the semi-structured interview questions, but with a greater emphasis on strategies for injury prevention and the development of safer communities. Each person in the group received a participant information sheet about the project and was required to complete a consent form prior to any group discussion.

### **Semi-structured Interviews**

A series of 20 semi-structured interviews were conducted with members of local Aboriginal community networks which were based within the Mid North Coast area. General questions were asked of individuals relating to their experiences, observations and opinions in relation to injury amongst the local Aboriginal community. These questions were presented in a standard format and were pre-empted by an information sheet, which explained the intent and purpose of the project. Each person interviewed was required to complete a consent form prior to interview granting permission to obtain and use responses for the purpose of the study, while still maintaining confidentiality and anonymity.

The focus groups and interviews also helped develop an understanding of the local decision making processes by which environmental and community action determinations are made.

## **Event-Narrative Interviews**

In addition to the semi-structured interviews 40 detailed case studies were developed. The case studies were conducted with Aboriginal people who had recently sustained injuries, requiring assessment and/or treatment at one of the three accident and emergency sites. They were obtained through collecting event narratives (descriptions of the injury events) from the person sustaining the injuries (or their family member). Parents or carers were interviewed on behalf of children aged less than 16 years. Next of kin were interviewed for those who had died. Where more information was required, event narratives were collected from other informants (with written consent from the injured person or person's family member).

These interviews related to specific injury events which either occurred to the respondent; a relative or known member of the local Aboriginal community. Questions were asked in an attempt to obtain details of the circumstances leading to an injury; how the injury was sustained; who was involved; experiences relating to treatment of the injury and the impact of the injury on the injured person, their family and community. As with the semi-structured interview questions, these interviews were preceded with an explanation of the Project and the completion of a consent form by the respondent.

Following the approach taken in the Cape York study, the event narratives were examined to identify common factors and themes, in terms of possible underlying issues (eg. stolen generation), predisposing issues (eg. family breakdown or overcrowding), precipitating factors (eg. alcohol), injuries sustained, responses, and outcomes.