THE UNIVERSITY OF QUEENSLAND

AUSTRALIA

What's in a label: Social factors and health issues for a small group of Aboriginal people born in Brisbane, Australia

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BA(Hons)

A thesis submitted for the degree of Doctor of Philosophy at

The University of Queensland in 2015

School of Social Science

Abstract

The health disparity between Aboriginal people and other Australians is well documented. However, little is known how this is experienced over the life course in an urban setting. This study explores the social determinants of health and wellbeing over the early life course among a small group of Aboriginal people living in an urban setting. This was done in two parts: first, by statistically analysing differences in social risk factors between Aboriginal and non-Aboriginal people who were part of the longitudinal birth cohort study, the Mater-University Study of Pregnancy (MUSP) based in Brisbane, Australia (Chapters 2 and 3); and second, by following-up eleven of the same MUSP participants who self-identify as Aboriginal to explore what they believe have been important influences on their lives and wellbeing within their life narratives (Chapters 5 to 7).

Across a series of empirical sub-studies, this thesis quantitatively and qualitatively demonstrates the importance of context in attempting to understand the complex and interrelated nature of social factors and wellbeing. It also challenges some underlying assumptions about the way Aboriginal identity is imagined, constructed, and treated within current public health research. Having two epistemologically different research questions led to not only contrasting ways of doing research with Aboriginal people but also revealed significant limitations in attempts to 'know' Aboriginal people through epidemiological research. Epidemiology positions Aboriginality as a risk factor for disease favouring a deficits-based approach, while Indigenous perspectives emphasise the complexity and diversity of identity, as well as the strength and resilience of Aboriginal people.

This thesis highlights the following challenges regarding the nexus between identity and health: a) identity is not easy to measure or define, and changes over time and space; b) not all people experience identity in the same way, even if they have been labelled under the same identity category; and c) identity plays a significant role in people's wellbeing narratives, even if this differs to the way it is represented by public health research. These points represent important considerations for any future epidemiological studies that use identity categories to determine health disparities. These findings suggest the need for more nuanced understanding of Aboriginal identities within public health, and also bring into question the use of Aboriginal status as an epidemiological variable more broadly.

Declaration by author

This thesis is composed of my original work, and contains no material previously published or written by another person except where due reference has been made in the text. I have clearly stated the contribution by others to jointly-authored works that I have included in my thesis.

I have clearly stated the contribution of others to my thesis as a whole, including statistical assistance, survey design, data analysis, significant technical procedures, professional editorial advice, and any other original research work used or reported in my thesis. The content of my thesis is the result of work I have carried out since the commencement of my research higher degree candidature and does not include a substantial part of work that has been submitted to qualify for the award of any other degree or diploma in any university or other tertiary institution. I have clearly stated which parts of my thesis, if any, have been submitted to qualify for another award.

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Publications during candidature

Peer-reviewed papers

Hickey, S. (in press) 'It all comes down to ticking a box: Collecting Aboriginal identification in a 30 year longitudinal health study', *Australian Aboriginal Studies*.

Hickey, S. (2015) ''They say I'm not a typical Blackfella': Experiences of racism and ontological insecurity in urban Australia', Journal of Sociology (Published online before print April 19, 2015, doi:10.1177/1440783315581218).

Conference presentation

Hickey, S. (2014, 28 March) *'I've got red hair. There's no way I'm Aboriginal': Complications of using mainstream population-based studies for Aboriginal health research*. Presented at the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) National Indigenous Studies Conference, National Convention Centre, Canberra.

Publications included in the thesis

Hickey, S. (in press) 'It all comes down to ticking a box: Collecting Aboriginal identification in a 30 year longitudinal health study', *Australian Aboriginal Studies* – incorporated as Chapter 4.

Hickey, S. (2015) ''They say I'm not a typical Blackfella': Experiences of racism and ontological insecurity in urban Australia', Journal of Sociology (Published online before print April 19, 2015, doi:10.1177/1440783315581218) – incorporated as Chapter 6.

Contributions by others to the thesis

The longitudinal quantitative data presented in Chapters 2 and 3 was originally collected by the Mater-University Study of Pregnancy (MUSP) project team. MUSP Principal Investigator Professor Jake Najman provided access to the MUSP quantitative data and assisted with some analysis and interpretation of the quantitative data as well as critically reviewing Chapters 2 and 3. In addition, Professor Jake Najman provided access to the original hard-copy MUSP questionnaires presented in Chapter 4. He also provided access to the participant contact details so they could be followed up

for qualitative interviews. Dr Reza Hayatbakhsh provided some statistical advice for Chapters 2 and 3. Ms Coralie Ober assisted by introducing the doctoral project with the researcher to the CEOs of Brisbane's Aboriginal and Torres Strait Islander Community-controlled health organisations. Professor David Trigger provided advice into the design of the qualitative interview schedule, and critically reviewed the thesis. Dr Chelsea Bond provided assistance in analysis and interpretation of the qualitative data as well as critically reviewing the thesis. Associate Professor Jon Willis assisted by critically reviewing the thesis. Mrs Peta Partridge provided additional assistance with the photographing of some original MUSP questionnaires presented in Chapter 4. Dr Fairlie McIlwraith provided proof-reading assistance for Chapter 4.

Statement of parts of the thesis submitted to qualify for the award of another degree

None.

Acknowledgements

<u>Keywords</u>

<u>Australian and New Zealand Standard Research Classifications (ANZSRC)</u>

<u>Fields of Research (FoR) Classification</u>

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List of Abbreviations

ABC	Aboriginal Birth Cohort study
ABS	Australian Bureau of Statistics
ACARA	Australian Curriculum, Assessment and Reporting Authority
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
APA	American Psychiatric Association
ASPA	Aboriginal Students and Parents Association
ATP	Australian Temperament Project
CAEPR	Centre for Aboriginal Economic Policy Research
CES-D	Centre for Epidemiologic Studies Depression scale
CIDI	Composite International Diagnostic Interview
COAG	Council of Australian Governments
DSM	Diagnostic and Statistical Manual of Mental Disorders
FCV	first clinical visit
HREOC	Human Rights and Equality Opportunity Commission
IRIS	Indigenous Risk Impact Screen
LSAC	Longitudinal Study of Australian Children
LSIC	Longitudinal Study of Indigenous Children
MUSP	Mater-University Study of Pregnancy
NAHS	National Aboriginal Health Strategy
NAIDOC	National Aboriginal and Islander Day of Observance Committee
NAPLAN	National Assessment Program – Literacy and Numeracy
NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NATSISHS	National Aboriginal and Torres Strait Islander Health Survey
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NDSHS	National Drug Strategy Household Survey
NHMRC	National Health and Medical Research Council
OR	odds ratio
QADREC	Queensland Alcohol and Drug Research and Education Centre
RCIADIC	Royal Commission into Aboriginal Deaths in Custody

SE	standard error
SEARCH	Study of Environment on Aboriginal Resilience and Child Health
VAHC	Victorian Adolescent Health Cohort
WAACHS	Western Australian Aboriginal Child Health Survey
WHO	World Health Organization
YSR	Youth Self-Report

A note on terminology used within this thesis

Aboriginal person

  a socially-constructed label used to refer to the original inhabitants and their descendants from mainland Australia and Tasmania.

Torres Strait Islander person

  a socially-constructed label used to refer to the original inhabitants and their descendants from the Torres Strait Islands, a group of islands north of the Queensland Cape York peninsula. This thesis primarily focuses on Aboriginal, not Torres Strait Islander people, due to the way the original data was collected, though people who identified as both have been included.

Indigenous person

  a socially-constructed label used to refer to a person who is an Aboriginal and/or Torres Strait Islander person.

indigenous peoples

  a socially-constructed label used to refer to original inhabitants and their descendants of colonised nations across the world, who may have specific social, cultural, linguistic, political needs and rights.

race

  a socially-constructed label used to refer to the classification and stratification of people based on phenotype (i.e. skin colour and other physical attributes).

ethnicity

  a socially-constructed label used to refer to the categorisation of people by cultural group, why may include a shared ancestry or nationality.

social construction

  a concept whose meaning is constructed and reconstructed through everyday social interaction. Crossley (2005: 298) describes a social construction as being '"constructed" by means of human activity and can be "deconstructed" or perhaps constructed differently.'

Not everything that can be counted counts, and not everything that counts can be counted. (Cameron 1963: 13)

Prologue

At a barbecue a few years ago in the city of Brisbane, Australia, an Aboriginal man asked me what I did for work. I replied I worked in 'Aboriginal health research'. To which he responded, 'So tell me, how is ourfella health different to yourfella health?'

This question sums up the conundrum at the centre of this thesis: (why) is there a difference in health between Aboriginal people and people who are not Aboriginal in Australia? This man's words have haunted me throughout this doctoral study. Why? His words immediately show the oppositional difference that has been created in Australian discourse between Aboriginal and non-Aboriginal people. It prods the underlying assumption that there may be different origins of disease for different groups of people (as if the potential to enjoy good health was not universal). And importantly, this dialogue about my research makes me accountable to the people whose identities I am talking about within my work. Tongue-in-cheek, this man is 'talking back' to the researcher (Smith 1999: 7). His use of personal pronouns directly implicates me within the research process and makes me complicit in the 'Aboriginal health' enterprise. He makes me conscious that as a researcher I am not neutral. I bring to my work my own set of values and beliefs from my standpoint as a White Australian woman. Hence, it is important to scrutinise my own agency and subjectivities to ensure my work is 'more respectful, ethical, sympathetic and useful' (Lather, cited in Smith 1999: i).

As I stumbled through a response to this man, I do not think I realised just how important this question would be. Public health research in Australia has been complicit in reinforcing negative, deficit-based representations of Aboriginal people that do not necessarily reflect how Aboriginal people perceive themselves (Bond 2007). To compare health disparities between racial and ethnic identities relies on reifying identity to a box to be ticked on a form and assumes identity and culture is easy to measure and define. Associations between identity categories are then compared with other variables of interest. Interpretation of data can be formed with little or no involvement of Aboriginal people themselves, relying heavily on researchers' assumptions. This then becomes the evidence base that informs government policy and practice (Walter 2005; 2010). These tensions of knowledge production are rarely reflected upon within public health.

I invite you to join me through this research journey with the following question in the back of your mind: what *can* we say about Aboriginal health in an urban setting with any confidence based on the current ways we conduct epidemiological research?

Introducing the research context

Introduction

> It has become 'common sense' for any book, report, or article dealing with Indigenous health to begin with a statistical overview of the disparity between Indigenous and non-Indigenous health. It is difficult to imagine Indigenous health without the powerful descriptors of epidemiology… (Brough 2001: 66)

Over the previous three decades, public health has diligently documented the large health disparity between Aboriginal and non-Aboriginal people in Australia. Through the plethora of government reports, research publications and media articles, we are told that Aboriginal and Torres Strait Islander people in Australia collectively face higher levels of chronic disease, psychological distress and have a lower life expectancy than other Australians (AIHW 2011a; Stoneham et al. 2014). Aboriginal and Torres Strait Islander people are also more likely to be living in low income households, have lower educational attainment, be unemployed, and are overrepresented in the criminal justice system (AIHW 2011a).

What public health does less thoroughly, I would argue, is interrogate the *way* it researches Aboriginal health. To produce these research products, Aboriginal identity – something fluid and diverse – is divorced from its socio-political context and is transformed into a static, pseudo-biological epidemiological variable. Epidemiology is the study of the origins of disease and is a cornerstone of public health. It focuses on discerning 'risk groups within larger populations', most commonly through the use of statistics (Brough 2001: 68). By using Aboriginality as an epidemiological variable, it becomes a risk factor for disease for the broader population, connoting Aboriginality as something intrinsically risky, problematic or dangerous (Bond 2005; Walter 2010; Fredericks 2010). Indeed, current depictions of Aboriginality within public health convey a pathological discourse emphasising dysfunction, deviance, and disease (Walter 2010; Bond 2005; Bond 2007; Bond and Brough 2007). Bond (2005: 39) argues that this has led to a 'disjuncture between the lived experience of being an Aboriginal person and the described experience of Aboriginality that is manifest within public health'. Bond (2005: 40) posits: 'identity [is] not simply a label or name, a series of health issues, or even a stereotypical depiction, but a very complex, dynamic and fluid entity that provide[s] a resource for everyday living'.

These 'statistical portraits' – or caricatures – of inequality continue to be one of the primary ways Aboriginal people are imagined and talked about in Australian public discourse, including by some Aboriginal people. Walter (2010: 45) argues these statistical portraits are often created without acknowledging the racialised terrain in which these data are 'conceived, collected, analysed and interpreted.' Many studies have been generated as a 'by-product of including an Indigenous identifier' in national datasets (Altman and Taylor 1996: 193). They are 'the predominant source of Indigenous statistics, [yet] are derivatives of collections designed for non-Indigenous aims' (Walter 2010: 46), in the sense that they are 'an add-on, collected and collated according to the national count priorities already established for non-Indigenous Australia' (Walter and Andersen 2013: 34) and cannot specifically account for factors such as racial and colonial oppression that uniquely shape the Indigenous experience. Enormous weight continues to be given to large quantitative-based public health research to inform evidence-based policy and practice, and alternative perspectives are often silenced or marginalised (Brough 2013). Walter (2005; 2010) argues that there is strong political leverage to be harnessed from the 'power of the data', as governments and key stakeholders privilege statistical data to inform major policies and programs such as Closing the Gap and the Northern Territory intervention (see also Moreton-Robinson 2009). In spite of large amounts of research being conducted with/on Aboriginal people, the large health and socioeconomic disparities continue (Sherwood 2010).

So what can be said, implicitly or explicitly, about Aboriginal people and their health when we use Aboriginal status as an epidemiological variable? This thesis questions the usefulness of Aboriginal status as a seemingly fixed and immutable statistical variable. Alongside the previous work of Aboriginal scholars (e.g. Bond 2007; Walter 2010), this thesis argues that the current depictions of Aboriginal people in public health cannot be separated from the colonial context. To date, epidemiology has relied on reified, essentialist and reductionist notions of identity; and has largely ignored the rich diversity in the lived experiences of Aboriginal people in Australia. This colonial preoccupation and struggle to define and classify Aboriginal people and their identities becomes central to understanding the wellbeing narrative for Aboriginal people in an urban setting (Dodson 1994). This has particular relevance for longitudinal studies as meanings attributed to the label 'Aboriginal' change over time and place as identity is fluid and dynamic and is created through everyday social interaction.

Intersecting epistemologies, ontologies and methodologies

> 'Everything you see is part of the world around you,' explained the protagonist Alberto in Sophie's World, 'but how you see it is determined by the glasses you are wearing.' (Ibrahim 2004: 84)

Let me attempt to describe the glasses I'm wearing. As a non-Aboriginal sociologist occupying a space within a public health research centre for the last few years, I have experienced first-hand some of the tensions that exist between different 'ways of doing' what has come to be known as 'Aboriginal health'. Over this research journey, this mixed-methods doctoral project has made me intimately aware of old rivalries between quantitative and qualitative approaches, positivism and interpretivism, public health and sociology disciplines – even colonising versus decolonising ways of doing research.

Early on, my sociology colleagues would ask me what theoretical lens I would be using for my doctoral study and whether I was 'going to use Bourdieu?' While I appreciate the extensive contribution of Bourdieu and others, I did not feel comfortable with the exclusive use of theories from the traditional (White) Western Academy. I searched long and hard for an approach that truly resonated with my own ontology in regards to a social justice understanding of health disparities in a post/colonial context. I have come to believe there is not one sole paradigm that can fully capture these competing tensions, hence this doctoral study has been shaped in varying degrees by the following approaches.

Social determinants of health literature is becoming increasing favoured over traditional biomedical approaches to health as it encompasses the social, economic, political, cultural and environmental factors that contribute to health and wellbeing (WHO 2011: 2). It acknowledges that society is stratified by income, discrimination, and political power structures that 'reinforce rather than reduce inequalities in economic power', in turn influencing the capacity for an individual and community to experience wellness (WHO 2011: 2). The World Health Organisation (2011: 2) describes the broad themes of a social determinants of health framework as the following:

> First, it is a moral imperative to reduce health inequities. Second, it is essential to improve health and well-being, promote development, and reach health targets in general. Third, it is necessary to act on a range of societal priorities – beyond health itself – that rely on better health equity.

The life course approach lends itself well to understanding health disparities over time within an individual's life trajectory. Overlapping with social determinants of health discourse, the life course approach can frame wellbeing as part of an individual's lifelong journey; the intertwining of life domains (factors, areas of interest) over life stages (timepoints) as they evolve and influence an

individual's life trajectory (Elder et al. 2003). These principles of the life course approach run as a thread throughout this thesis in terms of exploring people's lives, health and identity narratives, however, the highly-structured methods that accompany (e.g. life charts, hazard-rate modelling etc.) did not seem flexible enough to prioritise Indigenous narratives organically.

Hence, I explored alternate approaches such as decolonising methodologies (e.g. Smith 1999) and Indigenist perspectives (e.g. Rigney 1999; Martin 2003). These approaches focus on subverting existing power imbalances in the knowledge production of conventional Western research by emphasising that research has the potential to be another site for colonisation through its historical subjugation of Indigenous knowledges, highlighting the need to prioritise Indigenous voices within research (Rigney 1999). However, I remain cautious to not misappropriate these methodologies, as I am not Indigenous myself. The majority of my socialisation and training remains within a Western frame of reference, and as Fredericks (2010: 546) asserts 'sometimes the strategies of nonindigenous feminists[1] can act as new forms of colonizing practices' (see also Moreton-Robinson 2000 and Huggins et al. 1991), considering '… what may appear as the 'right', most desirable answer can still be judged as incorrect' (Smith 1999: 10). Carnes (2011: 170) suggests, from her standpoint as a 'critical white activist ally', that non-Indigenous researchers can change their 'listening frequency to minimise white noise and hear Indigenous voices' of research participants and in scholarly literature, while being wary that they can only learn and listen, and not speak for Indigenous peoples.

Similarly, postcolonial studies have been useful in understanding the omnipotence of colonial power and dominance on shaping people's everyday lives and the research process. Said's (1978) criticism of Orientalism (Western-based research on the 'East') and its traditionally essentialist depictions of the exoticised 'Other' serve as a reminder to avoid similar entrapment. Said (1978, cited in Smith 1999: 2) explicates that researchers 'make[s] statements about it [the Orient], authorising views of it, describing it, by teaching about it, settling it, ruling over it'. Smith (1999: 14) agrees, that postcolonial studies are 'the convenient invention of Western intellectuals which reinscribes their power to define the world'. Indeed, I can hardly be described as the subaltern who cannot speak (Spivak 1988). In addition, I oppose the underlying assumption of *post*colonialism that colonialism is in the past, as if colonial practices were not ongoing (Grosfoguel 2004).

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[1] Feminist theory has also been useful to understand power hierarchies in knowledge production, not just in gender differences, but also in its influence on the works of various Indigenous scholars (for example Rigney 1999: 114–115; Nakata 2007: 11).

Critical Whiteness studies and critical race theory have also been integral in understanding the social construction and reproduction of hierarchical classification of bodies through 'race' and racism, and unmasking the invisible and normalised positioning of Whiteness as the dominant race in Australia (Moreton-Robinson 2000). The primary objectives of critical race theory is to foreground the experiences of racism and racialisation from the viewpoint of people of colour, to acknowledge the social construction of race, and to work towards eradicating racial subjugation and other discriminatory injustices (Graham et al. 2011; Parker and Lynn 2002). From this, others have developed 'anti-racist' standpoints. Drawing primarily on his work in the United States, Bonilla-Silva (2014) argues that being anti-racist signifies 'taking responsibility for your unwilling participation in these practices and beginning a new life committed to the goal of achieving real racial equality' (Bonilla-Silva 2014: 15). Bonilla-Silva (2014) positions this in contrast to being 'non-racist' – that is, justifying the contemporary absence of racism by asserting one does not see colour, just people (what he terms 'colour-blind racism'). Bonilla-Silva (2014) foregrounds the tension of moving into a 'post-civil rights era' where individual responsibly is the centrepiece of a neoliberal agenda, resulting in a collective perception the cause of the 'problem' lies on the minority individuals. He argues that this 'aids in the maintenance of white privilege without fanfare' (Bonilla-Silva 2014: 4) to which researchers are not immune, yet 'by failing to highlight the social dynamics that produce these racial differences, these scholars help reinforce the racial order' (Bonilla-Silva 2015: 8).

In the Australian context, Kowal (2015) has developed a typology of the 'White anti-racist' who works in the Australian Aboriginal health context and wants to 'do good' by helping to 'close the gap' in health and socioeconomic outcomes between Aboriginal and non-Aboriginal people. Kowal (2011) argues that within this context, White anti-racists view their 'White privilege as stigma', something that has to be constantly managed to not 'do harm' to Aboriginal people, wishing to minimise their agency in 'changing' Aboriginal people (i.e. losing cultural distinctness), while still working towards addressing 'the gap'. While I certainly conform to many of the attributes described in Kowal's (2015) analysis, I am reluctant to self-identify under this label (which ironically Kowal (2015: 131–158) outlines as one of the mechanisms by which White anti-racists try to distance themselves from this 'stigmatised identity'). For me, this is a feeling of resistance to having my identity categorised (at all) – an interesting point of reflection considering many Aboriginal and Torres Islander people may not self-identify with how they are portrayed in research either.

Rather than remain in epistemological limbo and be in disagreement or try to reconcile different methodologies within this thesis, I have decided to take a 'best of' approach. I submit that there is indeed value in presenting alternate ways of doing research, and to reflect on the way certain knowledges are constructed and privileged within public health. I draw on Lather's (2006: 52) approach to 'disjunctive affirmation' of multiple ways of doing research within the field of education and cultural studies in the United States:

> Neither reconciliation nor paradigm war, this is about thinking difference differently, a reappropriation of contradictory available scripts to create alternative practices of research as a site of being and becoming. [...] the goal is to move [social] research in many different directions in the hope that more interesting and useful ways of knowing will emerge. (Lather 2006: 52–53)

Similarly, Haraway (1988: 578) reflects on her work of applying feminist theory to science and technology to say that as researchers we can 'end up with a kind of epistemological electroshock therapy, which [...] lays us out on the table with self-induced multiple-personality disorder'– and I am inclined to agree. Lather (2006: 40) instructs that to minimise this, 'paradigm mapping can help us recognise both our longing for and a wariness of an ontological and epistemological home.' Figure 1.1 presents the various theoretical frameworks ('epistemological diversity' and 'paradigm proliferation' as Lather (2006) would call it) that have illuminated this research journey along the way.

From a seemingly benign study looking at social determinants of health for a small group of Aboriginal people born in Brisbane, this doctoral study has evolved into a critical reflection on the way we do 'Aboriginal health', learning through the research experience. Rather than claiming 'disembodied scientific objectivity' (Haraway 1988: 576), I situate myself within the research as having a 'partial perspective':

> The knowing self is partial in all its guises, never finished, whole, simply there and original; it is always constructed and stitched together imperfectly, and there able to join with another, to see together without claiming to be another. (Haraway 1988: 586)

Figure 1.1: My epistemological and methodological 'multiple-personality disorder'[2]

[2] (Haraway 1988: 578)

Who am I and where does this research come from?

> Aboriginal protocol usually links the right to tell a story with a declaration of involvement or connection to the story. (Anderson 1997: 4)

Let me unmask my invisibility as a researcher and share the story about how this research project came about. This will locate me within the research process and provide context to the significant ontological turn that happened halfway through my doctoral journey. I am a young, middle class White woman who was born, grew-up and went to school in Brisbane. My father is Australian of Irish descent and my mother is a migrant from France. After school, I studied a Bachelor of Arts, with Honours in Sociology at the University of Queensland, and worked part-time at the Queensland Alcohol and Drug Research and Education Centre (QADREC), within the School of Population Health.

Here, I became socialised into the culture of public health – a space where large government grants come in to 'find a cure' and 'save the world' and academics are required to publish or perish, and then publish some more. I felt the expectation to boost one's academic career, in a way that does not allow much time for reflection. Instead, work becomes routine and formulaic, with the false allure of being value-free, atheoretical and objective (Brough 2001; 2013; DiGiacomo 1999). The people you talk about in your research steadily become dehumanised into numbers.

I worked with Professor Jake Najman who encouraged me to do a PhD on one of his larger research projects: the Mater-University Study of Pregnancy. He was keen for someone to have a look at the Aboriginal subsample within the large population-based birth cohort study based in Brisbane. The concern was that while it was known that there was a large disparity in health and socioeconomic status between Aboriginal and non-Aboriginal people in Australia, little is known about how this is experienced over the early life course in an urban setting. Existing research often focuses on or includes people living in a rural context where access to goods and services is quite different. However, almost three-quarters (74%) of Aboriginal and Torres Strait Islander people now live in non-remote areas, and are estimated to contribute to 60% of the burden of disease for Aboriginal and Torres Strait Islander people in Australia (Vos et al. 2009: 747). In addition, Aboriginal and Torres Strait Islander people living in non-remote areas contribute to 83% of the Indigenous burden of disease for mental illness (Vos et al. 2009: 747). Social and emotional wellbeing has been deemed a priority area for research in the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* (NATSIHC 2004), with the working definition of social and emotional wellbeing encompassing the following areas: a) Psychological distress; b) Impact of psychological

distress; c) Life stressors; d) Discrimination; e) Anger; f) Removal from natural family; g) Cultural identity; and h) Positive wellbeing (AIHW 2009a: 4).

As stated by Eades and colleagues (2010: 521), while many Indigenous groups have felt over-researched (see also Smith 1999), Aboriginal people living in urban areas remain disproportionately underrepresented in Australian studies compared to their rural counterparts. Between 2004 and 2009, only 11% (63) of all articles about Australian Indigenous health found in a MEDLINE search addressed issues in the urban Indigenous population, with only 4% (23) focused on the health of urban Indigenous children, with participants most commonly sourced from Aboriginal community controlled health services (Eades et al. 2010: 522). Similarly, another literature review found 75% of all research on Indigenous child health had been conducted in remote or very remote areas and only 11% in major cities (Priest et al. 2009: 59). Three-quarters (75%) of previous research conducted on Aboriginal child health focussed on physical health, with only 3% focussing on mental health and wellbeing, and 28% on health determinants (Priest et al. 2009). The majority of previous research used cross-sectional analysis with only 10% using longitudinal cohorts, and very few using qualitative (6%) or mixed-methods (<1%) (Priest et al. 2009: 58).

Most Aboriginal health studies use quantitative cross-sectional data to compare prevalence rates between Aboriginal and non-Aboriginal people. These neglect the life course approach that considers how social determinants many change and impact differently at various stages of the life of an individual. The large national cross-sectional datasets of Aboriginal health and wellbeing which are routinely collected every four years include the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) and the National Aboriginal and Torres Strait Islander Social Survey (NATSISS). The National Drug Strategy Household Survey (NDSHS) also publishes some data on the substance use patterns and other health and lifestyle areas among Aboriginal and Torres Strait Islander people, and Census data is also used by the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW) to compile health statistics and life outcomes of Aboriginal and Torres Strait Islander people. These studies tend to include participants aged 14 years and over, and hence do not document childhood health and developmental outcomes.

To address this gap in longitudinal quantitative data, a few major non-Aboriginal specific population-based child health studies have been established in Australia:
- Mater-University Study of Pregnancy (MUSP)
- 2000 Stories: The Victorian Adolescent Health Cohort (VAHC)
- Australian Temperament Project (ATP)
- Longitudinal Study of Australian Children (LSAC)

Within these studies, the subsample of Aboriginal and Torres Strait Islander participants is often comparatively small to the non-Indigenous group, bearing in mind that Aboriginal and Torres Strait Islander people make up approximately 2.5% of Australia's total population (ABS 2009a). Hence the statistical strength of comparative analysis is often negligible. Additionally, Aboriginal and Torres Strait Islander people are often underrepresented in health research studies for a variety of methodological, logistical, ethical, social, cultural, historical and political reasons, further contributing to low numbers of Aboriginal and Torres Strait Islander participants (Anstey et al. 2011; Grove et al. 2003).

Given this, and also in acknowledgement of social and cultural diversity and the growing ethical and methodological concerns surrounding the way in which researchers conduct research with Indigenous people (NHMRC 2003; Laycock et al. 2009), some Aboriginal and Torres Strait Islander specific longitudinal studies have been established, designed to deliver a more culturally appropriate and inclusive approach to health research. These include:

- Western Australian Aboriginal Child Health Study (WAACHS)
- Footprints in time: Longitudinal Study of Indigenous Children (LSIC)
- Aboriginal Birth Cohort Study (ABC) 'Clan Cohort'
- Gudaga 'Healthy baby'
- BibbulungGnarneep 'Solid kid'
- The Study of Environment on Aboriginal Resilience and Child Health (SEARCH)

The WAACHS is the largest Aboriginal child health study to have ever been conducted, with over 6000 children from both urban and rural Western Australia included between 2000–2002 (Zubrick et al. 2005). The LSIC is the second largest and runs parallel to the LSAC following 1,687 Aboriginal and Torres Strait Islander children from 11 sites around Australia in 2003–2007 (Skelton et al. 2014). The ABC study is a birth cohort study that recruited over 600 infants born at the Royal Darwin hospital, Northern Territory, between 1987–1990 and is the longest running longitudinal study of Indigenous children in the world, incorporating children from 70 communities around the Top End and is currently undergoing the 25 year follow-up (Sayers et al. 2003). The Gudaga study recruited over 150 children from the Campbelltown Hospital, New South Wales, between 2005–2007 and is at the five-year follow-up (Comino et al. 2010). The BibbulungGnarneep study included mothers with infants born in the mid-1990s in Perth, Western Australia (Eades et al. 1999). At the time of writing, the SEARCH was about to commence shortly, working in close partnership with Aboriginal Medical Services in New South Wales, hoping to recruit and retain 800 families for five to 20 years (SEARCH Investigators 2010). Very few qualitative studies or mixed-methods

studies analyse Aboriginal child development and health, resulting in an apparent need for this type of research (Priest et al. 2009). Therefore the current research gap identified from the literature as a priority area for Aboriginal health research was the social determinants of health and wellbeing for Aboriginal people living in urban areas, with longitudinal and mixed-methods research approaches being currently underrepresented in this field.

The Mater-University Study of Pregnancy and the broader doctoral study

The Mater-University of Queensland Study of Pregnancy (MUSP) is a large birth cohort study. Expecting mothers were recruited at their first antenatal clinical visit to a major hospital in inner city Brisbane between 1981–1983. The MUSP includes a variety of psychological and behavioural survey instruments, as well as socio-demographic characteristics about the mother and child over time, and has the capacity to account for a wide range of confounding and mediating factors. Data is available at critical stages of development, at pregnancy, birth, 5, 14, and 21 years (for more details, see Najman et al. 2005).

The MUSP includes a cohort of 226 children who had been identified as having at least one parent who was reported to be an 'Australian Aborigine' at baseline. It includes an extensive amount of existing quantitative data from these individuals on social, economic, psychological and health measures from mothers and the study-child at key life stages over 30 years. Thus, it seemed like an apt fit to explore the social factors and health issues of Aboriginal people living in urban areas over the early life course. So I signed up for the ride. The initial research questions that guided this doctoral study were:

> *Are there significant differences in social factors and health issues between Aboriginal and non-Aboriginal people in an urban setting throughout childhood, adolescence and adulthood? If so, what are they?*

In response to this, I completed two sub-studies using the MUSP quantitative data (presented in this thesis as Chapters 2 and 3). As I began working intimately with the MUSP data, I quickly became aware that there were particular limitations of using this dataset to investigate social factors and health outcomes among Indigenous people in Australia. Firstly, the Indigenous identification question did not conform to the 'gold standard' used in public health, or even the Commonwealth definition (note: this is why Torres Strait Islander people could not be identified for this study; see Chapter 4 for more details). Secondly, there was only a small sub-sample of Aboriginal people within the study and a high rate of loss to follow-up which would limit the power and possibilities of statistical analysis. Thirdly, there was an absence of culturally specific questions or culturally

validated instruments pertaining to Aboriginal people. Finally, conducting analysis on this data could not explore what Aboriginal people *themselves* believe to be important to their wellbeing. Basically, the MUSP was – *is* – a mainstream population-based study not specifically designed for targeted research with an Indigenous group.

At this point, I must disclose that in addition to the conventional literature review one must conduct during their doctoral studies, I was also simultaneously yarning[3] with Aboriginal people I knew personally and professionally about the project and life in general. These conversations deepened my understanding of the possibilities of multiple ways of seeing and experiencing the world. I do not mean this in a way that romanticises notions of Aboriginal spirituality such as having a 'connection to the land' – which was an explicit element for some people I talked to but not all – rather, I mean with the diversity of experiences, the complex relationship with the State, contested sovereignty and the continued struggle for true self-determination, wide-spread ignorance and sometimes bigotry towards Aboriginal people, knowledges, culture, stories and worldviews. All the while, I also witnessed the strength, warmth, humour and generosity of so many Aboriginal people. I started to seriously consider this divergence between 'what I had been told' (or *not* told) about Aboriginal people at school, through the media, and through my public health glasses, versus what Aboriginal people themselves shared with me.

At a young age, I had personally 'come to know' Aboriginal people through the darker skinned students at school who were rowdy in class and left school early, or through the mob who sat in the park drinking or asking for change at the bus stop. What I did not realise at the time were that some of my school friends of fairer complexion were also Aboriginal – either because they never told me or I had never paid attention. I had been socialised to see Aboriginal people as either exoticised 'natives' living 'out bush' or as dysfunctional troublemakers. Cultural awareness activities at school had consisted of our White Australian teacher instructing us to draw 'dot paintings' with multi-coloured crayons on brown paper bags from the tuckshop. In history class, we focused on the European early settlers, the Gold Rush and the hydroelectric scheme, even the tyranny of emperors of Ancient Rome, but not on the contested legitimacy of Australia's British occupation and the trauma and forcible removals of Aboriginal people from families and homelands. It took me eight years at university to learn the name of the traditional owners of the land on which I had lived for

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[3] Yarning is a term commonly used in Aboriginal English to refer to an informal conversation and the sharing of ideas, meanings and knowledge, often through story telling (see Bessarab and Ng'andu 2010).

the majority of my life, as well as the fact that colonial killings took place in the suburb in which I live (Slaugther 1954). This made me question, 'With whose blood were my eyes crafted?' (Haraway 1998: 585).

Given all this, I decided that if I was to explore the social factors and health issues of Aboriginal people, it could not be solely based on statistics from an existing study that had not been created with the original intention of doing separate analysis for Aboriginal people. It had to involve Aboriginal people within the research process and incorporate the voices and perspectives of Aboriginal people about what they considered were important social factors and health issues within their own lives. And so, I added an additional research question to this doctoral study:

> *What do Aboriginal people living in an urban setting believe are important influences on their own positive health and wellbeing?*

To explore this second research question, I included a qualitative component and interviewed some of the existing MUSP children who had been identified as having at least one parent who had been reported to be Aboriginal at baseline. This was designed to provide an opportunity for the participants, who were now 30 years old, to narrate their own lives from their own perspectives. In line with recommendations of others (Grove et al. 2009; Laycock et al. 2009; NHMRC 2003), I also felt it was important to have an Aboriginal researcher on the supervisory team. However, identifying this person was not straightforward as the few people who were qualified within in the institution were already overburdened with existing commitments to other research projects and no funding was available to compensate external advisors. A QADREC colleague Coralie Ober generously volunteered for this role and later Dr Chelsea Bond came on board. Aunty Coralie introduced me and the project to some of the local community-controlled health organisations based in Brisbane who expressed their support for the project.

And so I started recruiting for the qualitative interviews – until an unexpected challenge occurred. A significant number of respondents who had been recorded as Aboriginal in the MUSP dataset replied they did not self-identify as Aboriginal during this follow-up (see Chapter 4 for more details)[4]. While I was aware that people may choose to not identify to me (as is their right), I had expected that it was more likely that the number of Aboriginal people in the original sample 30 years ago would have been under-identified. Census data and data from other large national studies suggest that Aboriginal people are increasingly more likely to identify for research and

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[4] Given this finding, I have been reticent about publishing the two quantitative chapters (Chapter 3 and 4) despite being complete journal articles ready for submission.

administrative purposes (ABS 2013a; Ross 1996). Moreover, the responses people were giving did not seem like they were avoiding identification, but rather that an error had occurred somewhere. This prompted an archival investigation of the original questionnaires which revealed the problematic way Aboriginal status – and 'race' more generally – was originally collected within the MUSP (Chapter 4).

Amon the Aboriginal people I interviewed, the cultural identity, racism, and resilience narratives that emerged from the qualitative interviews (presented in Chapters 5, 6 and 7 respectively) were of significant consideration, suggesting these were important influences on their lives and wellbeing. While the qualitative substudies presented in this thesis add an extra depth and complexity to understandings of social factors and wellbeing of Aboriginal people than could be captured through a purely quantitative study, I make no 'claims to know' or represent the lives of all Aboriginal people. I recognise that my voice may be privileged in terms of academic standing but not in terms of having a lived experience of being an Aboriginal person living in an urban Australian city. The interviews themselves were short and were mostly conducted over the phone with a small non-representative sample. The analysis presented is based on my interpretations of the narratives as described to me – and as such are snapshots in time reconstructed within a research context.

Overview of thesis structure

Table 1.1 presents an overview of the empirical studies included in this thesis. These chapters are presented as a series of stand-alone journal articles. Because each chapter has a different area of focus, I have included separate literature reviews at the beginning of each findings chapter.

This introductory chapter has set the scene for the research journey and has narrated the paradigmatic pull in doing mixed-methods as well as epistemological tensions with cross-cultural health research. It has also highlighted the paucity of public health literature focusing on the health of Aboriginal and Torres Strait Islander people in urban Australia, as well as longitudinal and mixed-methods approaches to social determinants of health.

To explore the social determinants of health in early childhood for Aboriginal children born in Brisbane, Chapter 2 explores early childhood predictors on youth-self reported (YSR) aggressive behaviour at 14 years between the Aboriginal and non-Aboriginal young people within the MUSP. This topic was chosen due to growing concerns about youth violence and the overrepresentation of Aboriginal young people in the criminal justice system; with aggressive behaviour as the externalisation of poor social and emotional wellbeing that can have harmful consequences. Currently, not much is known about aggressive behaviour among Aboriginal people outside an

institutionalised setting, or about early life exposures that may be associated with aggressive behaviour for Aboriginal adolescents in an urban context. The data analysed in Chapter 2 suggest that while this group of Aboriginal adolescents were more likely to score higher on the YSR aggressive behaviour scale than non-Aboriginal adolescents, they were also more likely to be overrepresented in a series of early life predictors of aggressive behaviour associated with lower socioeconomic status. These included younger maternal age, higher maternal tobacco use, poorer quality of maternal marital relationship and increased parental problems with the police within the first five years of childhood.

A positive school experience can inform future outcomes, including higher educational attainment, increased employment opportunities, with a flow on effect to positive health and wellbeing (Marmot et al. 2007; Marmot 2011). Considering this significant relationship, it was deemed of research interest to investigate educational attainment among this group as a primary marker of socioeconomic status. Chapter 3 compares the social factors in early childhood, reported school experience at 14 years, and reported completion of secondary school between Aboriginal and non-Aboriginal young people in the MUSP. It was found that Aboriginal young people were less likely to report completing secondary school (Year 12) by 21 years. This difference was associated with the quality of the mother's marital relationship and maternal partner change in early childhood, disobedience at school and contact with child services by age 14. Both Chapter 2 and 3 may provide some evidence of individualised risk and social disparities between Aboriginal and non-Aboriginal people, yet they do not provide social or historical context to how these disparities may have emerged and persisted.

Chapter 4 narrates the follow-up process in which of the 30 people I was able to contact 30 years after the commencement of the MUSP, only 14 self-identified as Aboriginal, with an additional person who could not be contacted being identified as Aboriginal by a sibling. An archival investigation of the original questionnaires revealed the problematic way race and Aboriginal status were originally collected within the MUSP. Scribbles and marking on the original forms suggested that ethnic or racial identity is not something that can be easily categorised into boxes on a form.

Chapter 5 argues that the simplistic way in which public health dichotomises social and health outcomes by Aboriginal status cannot do justice to the complexities of cultural identity formation and the lived experience that goes on behind ticking said box. Chapter 5 traces the influence of Aboriginalism and Othering of Aboriginal people on how Australians have 'come to know' Aboriginal people as either noble or ignoble savages – depicting Aboriginal culture as either fixed in the past or dysfunctional – through the silencing of diverse Aboriginal voices within research.

This chapter presents the diverse and dynamic identity narratives reported by the Aboriginal people who participated in the qualitative life history interviews. For some, Aboriginality was an important influence on their identity and wellbeing, while others stated it had little impact on their day-to-day lives. This chapter argues that there is no one way of being Aboriginal – yet all Aboriginal people are 'equally and variously Indigenous' (Paradies 2006), highlighting the limitation of treating Aboriginal status as a static and homogenous epidemiological variable removed from its original context.

Chapter 6 presents the racism and racialisation narratives that emerged from the qualitative life history interviews as an important influence on shaping identity and wellbeing. While less often overt, experiences with racism were embedded within one's social circle and had to be navigated in everyday life. Rather than just causing offence, racism had the potential to influence life choices. Chapter 6 frames racism as a threat to one's ontological security (sense of being), and presents the ways interviewees demonstrated agency to avoid or minimise the dread of ontological insecurity.

Chapter 7 describes the resilience and wellbeing narratives that emerged from the life history interviews. Counter to the ubiquitous discourse of pathology through which epidemiologists have come to know Aboriginal people, when asked to recount their life stories from their own perspectives, the Aboriginal people interviewed focused on their strengths and capabilities in overcoming significant life challenges. This chapter compares quantitative MUSP data concerning the same individuals from previous follow-ups to the qualitative life history interviews. Coming from working class backgrounds, Indigenous specific recruitment and training strategies alleviated some barriers to education and employment for these individuals, affording this generation with some social mobility as aspiring homeowners. Family wellbeing was an integral part of informing individual wellbeing, with parents often regarded as resilient and positive role models, with the disruptive impact of the Stolen Generations being acknowledged. Mental health challenges and problematic alcohol use were dependent on experiencing significant life stressors earlier in life, yet all interviewees reported they were currently happy and healthy, drank less or not at all, and were satisfied with where they were in their lives. Chapter 7 argues that using a life narrative approach can provide greater context to how individuals navigate through life challenges in meaningful ways in a way that cannot be captured by large cross-sectional quantitative studies.

Chapter 8 concludes this thesis by discussing the key identity learnings that emerged from the research, and outlining their possible implications, as well as recommendations for future research. In light of my findings over the research journey, I critique the use of Aboriginal status as an epidemiological variable. I conclude that statistical portraits can only provide a limited interpretation of lived experience and reflect on the importance of incorporating the knowledges, opinions and worldviews of Aboriginal people within the research process.

Table 1.1: An overview of empirical studies presented in this thesis

Study focus	Chapter	Data	Main theoretical approaches	Life stages
Aggressive behaviour	2	Quantitative longitudinal data	Life course, social determinants of health, positivism	Childhood, adolescence
Schooling	3	Quantitative longitudinal data	Life course, social determinants of health, positivism	Childhood, adolescence
Aboriginal identification in datasets	4	Archival investigation, qualitative interviews	Social constructionism, critical race theory/Whiteness studies	In-utero, adulthood
Diversity of Aboriginal identities	5	Qualitative interviews	Social constructionism, narrative inquiry, Indigenous Knowledges	Childhood, adolescence, adulthood
Experiences of racism	6	Qualitative interviews	Social constructionism, narrative inquiry, Indigenous Knowledges, critical race theory	Childhood, adolescence, adulthood
Resilience and wellbeing	7	Quantitative longitudinal data and qualitative interviews	Life course, social constructionism, narrative inquiry, Indigenous Knowledges	Childhood, adolescence, adulthood

Differences in early life predictors of aggressive behaviour between Aboriginal and non-Aboriginal adolescents in an urban setting

Figure 2.0: Theoretical and methodological approaches applied to Chapter 2
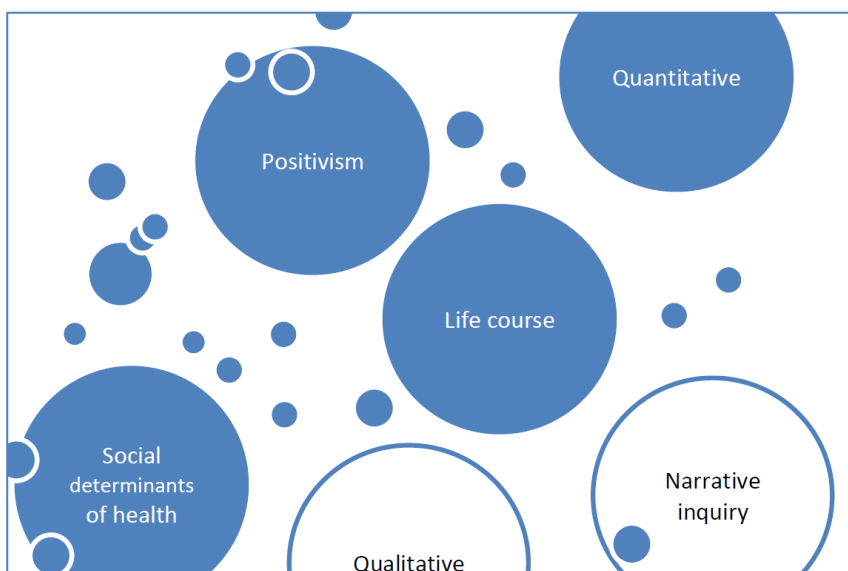
Note: Blue circles represent approaches used in this chapter.

This chapter has been formatted according to journal specifications but has not been submitted for publication as the 'Aboriginal' group includes some people who do not self-identify as Aboriginal (see Chapter 4). Hence, findings should be treated with caution.

Abstract

Despite increasing reports of violent crime and incarceration for Aboriginal people in Australia, little is known about the early life predictors of adolescent aggressive behaviour manifested by Aboriginal Australians in an urban setting. This study compares aggressive behaviour of Aboriginal and non-Aboriginal adolescents using longitudinal data from the Mater-University Study of Pregnancy. Pregnant women were recruited in 1981–1983, from a major inner city hospital in Brisbane, Australia, and were followed up with the child at birth, six months, five, and 14 years. The *Youth-Self Report* (YSR) (Achenbach 1991) was used to measure aggressive behaviour at age 14 (N = 5,156, including 129 Aboriginal children). In an urban setting, Aboriginal adolescents were more likely to report aggressive behaviour at age 14 than non-Aboriginal adolescents, although this difference was no longer observed after adjusting for markers of socioeconomic status and parental behaviour in the first five years of childhood. Dyadic adjustment, maternal age, maternal tobacco use and parental problems with the police in the first five years were the strongest predictors of YSR aggressive behaviour. This emphasises the importance of the family context in moderating adolescent aggressive behaviour. To achieve significant reductions in Aboriginal youth in juvenile detention for aggressive behaviour, the significant social inequalities between Aboriginal and non-Aboriginal people should be addressed.

Keywords: Aboriginal, aggressive behaviour, early childhood, adolescence, urban

Introduction

Aboriginal and Torres Strait Islander young people make up 39% of people in juvenile detention nationally, and up to 46% in Queensland (AIHW 2012), despite representing only 3.7% of young Australians (AIHW 2011a). The incarceration rate for Aboriginal and Torres Strait Islander people is 15 times higher than for non-Aboriginal and Torres Strait Islander people (ABS 2013b), and is increasing annually (AIC 2009). Violent crime in particular has become a major concern, with the incidence of violence being disproportionally high among Aboriginal people compared to the Australian population as a whole (ABS 2007; Memmott et al. 2001). Similar findings have been reported among First Nation peoples in other developed countries that share a history of dispossession and colonisation, such as the United States, Canada and New Zealand (Flanagan et al. 2011; McNulty and Bellair 2003; New Zealand Ministry of Justice 2009; Trevethan et al. 2002; van der Woerd et al. 2006).

There has been considerable speculation about the factors that lead to high rates of offending and incarceration for Aboriginal Australians. A greater level of reported violence among Aboriginal people is one factor implicated in the high rates of incarceration (Ferrante 1996; Memmott et al. 2001). Despite the well documented structural inequalities between Aboriginal and non-Aboriginal people in Australia, and the existing literature on structural differences as predictors of aggressive behaviour, it is surprising the relationship between structural inequalities and aggressive behaviour among Aboriginal adolescents has not yet been empirically tested in an urban setting. Previous research which has focused on aggressive behaviour among Aboriginal people in Australia primarily involves rural and remote adult samples, or is based on institutional data (e.g. prisons), rather than a community-based sample (Doolan et al. 2012; Doolan et al. 2013; Harding et al. 1995; Howells et al. 1997; Walker and McDonald 1995). Currently, 32% of Aboriginal people are living in major urban cities, with 43% living in regional areas, and only 24% living in remote or very remote areas (ABS 2010a). It is not known to what extent findings from these previous studies can apply to Aboriginal young people living in the wider community of a major urban city.

Understanding the social determinants of early aggressive behaviour among Aboriginal people is important as aggressive behaviour is a predictor of future life course outcomes, with consequence for health, education, employment and incarceration, as well as the major cost to on the health and criminal justice system (Krug et al. 2002).

This paper examines whether there is a difference in self-reported aggressive behaviour between Aboriginal and non-Aboriginal adolescents living in an urban setting, and if there is a difference, whether this difference is independently associated of markers of socioeconomic status and parental behaviour in early childhood.

Social determinants of adolescent aggressive behaviour

Despite the known disparity in rates of juvenile detention for aggressive behaviour between Aboriginal and non-Aboriginal young people, relatively little is known about the early life exposures that may contribute to this difference. Because of the strong focus on infant mortality and middle age chronic disease in Aboriginal health research, the adolescent period has been comparatively neglected despite this being a critical period of development (Brady 1991; Sawyer et al. 2012). The health inequality experienced by Aboriginal people today is often attributed to the stark socioeconomic disadvantage experienced by people living in rural and remote areas, where access to basic goods, services and unemployment is limited (Hunter 2007; Quine et al. 2003).

However, there is a strong contrast in rural and urban life. With one-third of Aboriginal people now living in major cities (ABS 2010a), there is a need to know more about the early life exposures of Aboriginal children in an urban setting and the extent to which these may differ from those experienced by non-Aboriginal children.

Aggressive behaviour is believed to be the cumulative result of many factors. Life course studies and developmental criminologists have suggested that socioeconomic status and parental behaviours during childhood increase the risk of aggressive behaviour in later life (Caspi and Elder 1988; Loeber and Hay 1997; Loeber and Stouthamer-Loeber 1998), with the presence of multiple risk factors increasing the likelihood of offending. Hitherto, little is known about the relationship between Aboriginal status and adolescent aggressive behaviour in an urban setting.

Socioeconomic markers

Socioeconomic factors, namely household income and maternal educational attainment, are highly correlated with aggressive behaviour in adolescence (Farrington 1989; Huijbregts et al. 2008; Najman et al. 2010; Tremblay et al. 2004). Economic disadvantage may contribute to the development of aggressive behaviour through stress and ensuing maladaptive responses (Dodge et al. 1994; Agnew 1992). In Australia, Aboriginal people are disproportionately likely to be financially disadvantaged (ABS 2009a; AIHW 2011a). Coming from a low-income household remains one of the most documented social determinants of aggressive behaviour in adolescence, although it is not known to what extent this is true for Aboriginal people living in urban areas.

Other potential confounders and proxies for socioeconomic status include maternal age and marital status. Lower socioeconomic status is strongly correlated with younger maternal age and being unmarried at pregnancy (Hayatbakhsh et al. 2009). These maternal factors are also considered to to be associated with the development trajectory of adolescent aggressive behaviour (Bor et al. 2004; Jaffee et al. 2001; Loeber and Hay 1997; Moffitt and E-Risk Study Team 2002; Nagin et al. 1997; Nagin and Tremblay 2001; Tremblay et al. 2004; Wise 2003). Mothers of Aboriginal children are often younger than those of non-Aboriginal children (ABS 2008; Powell and Dugdale 1999; Seward and Stanley 1981; Stanley and Maug 1986), and are more likely to have been never married or be a single parent (ABS 2010c; Parker et al. 2010). There is a paucity of information available about socioeconomic status during early childhood and the impact this may have on behavioural problems with Aboriginal adolescents (Walker and Shepherd 2008; Zubrick et al. 2005).

Parental behaviours

Previous research proposes that through a mechanism of social learning, children can observe and imitate violent behaviour from adults (Bandura et al. 1961).Thus, parental marital conflict has been found to be a strong predictor of adolescent aggressive behaviour (Bor et al. 2004; Dadds and Powell 1991; Emery 1982; Hayatbakhsh et al. 2013; Loeber and Hay 1997; Wise 2003). Parental marital conflict can also lead to inconsistent parenting styles and supervision, poor parental mental health and displaced anger directed from partner to child, which in turn can lead to adolescent aggressive behaviour (Bor et al. 2004; Dadds and Powell 1991; Emery 1982; Hayatbakhsh et al. 2013; Loeber and Hay 1997; Wise 2003). If Aboriginal adolescents are exposed to greater parental marital conflict, then we can expect more aggressive behaviour among Aboriginal adolescents. While domestic violence has been reported to be higher among some groups of Aboriginal people (Ferrante 1996), not much is known about dyadic adjustment and quality of the marital relationship for mothers of Aboriginal children living in an urban setting more generally, nor about its effects on aggressive behaviour among Aboriginal adolescents.

Parental involvement in crime or the justice system is believed to be another predictor of adolescent aggressive behaviour (Farrington 1989; Kinner et al. 2007), through social learning but also through the stress, trauma, stigma and economic impact of having an incarcerated parent (Arditti 2005; Hanlon et al. 2005). Aboriginal people are more likely to report having involvement with the police, and are more likely to be arrested and incarcerated than non-Aboriginal people (ABS 2007). Little is known about the impact of parental problems with the law on the family life and aggressive behaviour of Aboriginal adolescents living in urban areas (Kinner et al. 2007).

Maternal smoking during pregnancy has been found to be associated with aggressive behaviour among children (Fergusson et al. 1998; Orlebeke et al. 1999; Tremblay et al. 2004; Wakschlag et al. 1997; Weissman et al. 1999). Tobacco contains nicotine, a stimulant drug that easily penetrates the placenta, causing disruption to the neurodevelopment of a foetus (Olds 1997; Slotkin 1998). Tobacco use appears to be higher among Aboriginal women than non-Aboriginal women, before, during and after pregnancy (AIHW 2011a; AIHW 2011b; Eades et al. 1999; Zubrick et al. 2004). It is not known to what extent maternal smoking predicts aggressive behaviour among Aboriginal adolescents in an urban setting.

Maternal alcohol use has been associated with antisocial child behaviour (Peterson et al. 1994). Aboriginal people in Australia have been found to have more polarised pattern of alcohol use than Australians from non-Aboriginal backgrounds. Nationally, Aboriginal people were twice more

likely to never drink alcohol, yet among those who did drink, they were twice more likely to drink to more hazardous levels (AIHW 2008). Similar findings were found in among Aboriginal people living in urban areas (Blignault and Ryder 1997; Perkins et al. 1994; Zubrick et al. 2004). The effects of maternal alcohol use in early childhood on aggressive behaviour among Aboriginal adolescents in an urban setting are not known.

This paper uses data from the Mater-University Study of Pregnancy, a large birth cohort study based in Brisbane, Australia, to explore whether there are differences in aggressive behaviour among Aboriginal and non-Aboriginal adolescents living in an urban setting, and if such differences exist, whether these differences may be evidence of intermediary factors such as socioeconomic status and parental behaviour in early childhood.

Methods

Sample

This paper analyses data from the Mater-University of Queensland Study of Pregnancy (MUSP), a large on-going birth cohort study based in Brisbane, Australia. A total of 8,556 mothers were initially recruited at their first antenatal clinical visit (FCV) to a major inner city hospital between 1981 and 1983. Mothers were followed up three to five days after the birth of the child (n = 7,223), including 226 Aboriginal children whose mother had identified herself and/or her partner as an 'Australian Aborigine' at the first clinical visit. Mothers and study children were followed up at six months, five and 14 years after the birth.

As this paper focuses on aggressive behaviour in early adolescence, the dataset was limited to only those who participated in the 14 year follow-up (n = 5,156). Among these, we have valid responses on aggressive behaviour for 129 Aboriginal children.

Written informed consent was obtained from the mother at all phases and from the adolescent at 14 years. Study design and recruitment methods are explained in more detail elsewhere (Najman et al. 2005; Keeping et al. 1989).

Measures

Aboriginal status of child

Aboriginal status of the child was measured as children whose mothers self-identified or identified her partner as an 'Australian Aborigine' at FCV. Note that the MUSP commenced in the early

1980s, before the introduction of more recent guidelines regarding Aboriginal and Torres Strait Islander status (AIHW 2009b), hence no 'Torres Strait Islander' variable was available.

Aggressive behaviour

Aggressive behaviour in adolescence was a continuous dependent variable and was measured using a standardised scale from the *Youth Self-Report* (YSR) (Achenbach 1991) at the 14 year follow-up. Examples of the types of questions were 'destroys own things', 'gets into fights' and 'argues a lot'; a complete list can be found elsewhere (Achenbach 1991). Responses to items in our study were 'often', 'sometimes', or 'rarely/never' rather than 'not true', 'sometimes true' and 'often/very true' from the original scale. In this study, there was good internal reliability for the scales (Cronbach's alpha = 0.84, 19 items). A higher aggression score corresponds to more frequent aggressive behaviour.

Covariates: Markers of socioeconomic status in early childhood

Consistent poverty over the early life course was defined as the mean of family income (originally based on income categories collected as a 7 point scale) over three phases (birth, six months and five years), then recoded into two categories: consistent poverty (scores 1 to 2.77), and mid to high income (scores 2.78 to 7).

Maternal educational attainment at FCV was measured as incomplete year 10 (i.e. completed primary school, started secondary school), or complete year 10 or higher (i.e. completed year 10, completed year 12, completed university or college).

Maternal marital status at FCV was dichotomously measured as whether the mother was married at FCV. The 'not married' category included mothers who did not have a partner (i.e. single, separated/divorced, or widowed) as well as those who were living in a de facto relationship (this was combined as the effect size of living in a de facto was closest to those without a partner than those who were married when analysed as a predictor of YSR aggressive behaviour).

Age of mother at birth of the study child was treated as a continuous variable.

Covariates: Parental behaviour in early childhood.

Dyadic adjustment (i.e. quality or presence of conflict in the mother's marital relationship) was measured over the early life course of the child using the 8 item Spanier Dyadic Adjustment Scale (Spanier 1976), as self-reported by the mother at birth, six months and five years. The scale has good internal reliability within this study (Cronbach's alpha: At birth = 0.83; six month follow-up =

0.87; five year follow-up = 0.86). A scale was created using the mean score of the three phases, with mean scores ranging from 16.25 to 50. A higher score corresponds to higher positive adjustment (i.e. less conflict in the marital relationship). Those whose mother reported having no partner for two phases or more were excluded only in analysis relating to dyadic adjustment (n = 599).

Parental problems with the police in early childhood was measured as mother-reported problems with the police for either herself or her current partner at least once during the six months prior to the birth of the child, the six months after the birth of the child, and between the six month and five year follow-ups.

Maternal tobacco use was measured by creating a scale of the approximate number of cigarettes smoked per day as self-reported by the mother at four time points: FCV, birth, six months and five years. At each phase, the responses available were no cigarettes (0), 1–19 cigarettes (1), and 20 or more cigarettes smoked per day (2). The combined mean of these four phases was treated as continuous, ranging from 0 (corresponding to no cigarettes smoked at every phase) to 2 (corresponding to 20 or more cigarettes smoked per day at every phase). A higher score corresponds to a higher number of cigarettes smoked.

Maternal alcohol use was measured by creating a scale based on the approximate number of standard drinks consumed per day, as reported by the mother at FCV, birth, six months and five years. At each phase, mothers were asked how often they drank alcohol (responses: daily (7), a few times a week (3), monthly (0.75), rarely/never (0)), and how much they usually drank on those occasions (responses: 7 or more drinks (10), 5 to 6 drinks (5.5), 3 to 4 drinks (3.5), 1 to 2 drinks (1.5), less than 1 (0.5), never (0)). The assigned values are indicated in brackets. The quantity consumed was multiplied by the frequency of the mother's alcohol consumption, and this was divided by seven, representing daily use. This created an approximate number of standard drinks consumed per day. A mean score for the four phases was then calculated, ranging from 0 to 7.14 (mean = 0.148, SE = 0.004; scale reliability coefficient = 0.69). A higher score corresponds to more alcohol consumed.

Analysis

Data was analysed using Stata 11.0. First, cross-tabulations with chi-square tests for association were used to identify preliminary variables of interest. Differences in Aboriginal status for early life predictors of YSR aggressive behaviour were tested using bivariate logistic regression and unadjusted odds ratio scores for dichotomous independent variables, and t-tests were used for

continuous covariates. To test for associations of covariates with YSR aggressive behaviour, multiple univariate regression analysis was used. A correlation matrix was created to identify correlations and check for multicollinearity between variables. Multivariate linear regression then was performed to determine potential predicting factors of YSR aggressive behaviour for the whole sample. To support these, stepwise regression was performed to provide a comparable model with only the significantly associated variables remaining, in addition to Aboriginal status. Because of small numbers, it was not possible to perform regression analysis among Aboriginal participants only. A level of $p<.05$ was used to determine statistical significance.

At the 14 year follow-up, we retained 72% of our original sample, yet only 57% of the subsample of Aboriginal children. Potential predictors of attrition were analysed using chi-square tests, t-test and logistic regression, by comparing early life exposures to loss to follow-up at the 14 year follow-up at the 95% significance level (see Appendix VI for a supplementary table comparing groups). Poverty, having an unmarried mother, incomplete maternal education, lower maternal age, poorer maternal dyadic adjustment, parental problems with the police, higher maternal tobacco use and higher maternal alcohol use were all significantly associated with loss to follow-up at 14 years.

Results

Table 2.1 presents the results of differences between Aboriginal and non-Aboriginal adolescents, using markers of socioeconomic status and parental behaviour in the first five years of childhood.

All markers for socioeconomic status were significantly different between Aboriginal and non-Aboriginal adolescents: Aboriginal adolescents were more likely to have experienced consistent poverty from birth to five years of age, and mothers of Aboriginal adolescents were more likely to have not completed year 10 at FCV, to not be married at FCV, and to be younger than mothers of non-Aboriginal adolescents.

Table 2.1: Early life exposures by Aboriginal status of child

	Aboriginal status of child		Odds ratio (SE)[a]	Difference in means (SE)[b]
	Aboriginal	Non-Aboriginal		
Socioeconomic status				
Consistent poverty (birth to 5yrs), %				
(A = 77; NA = 3,892)				
Mid/high income	88.3	95.4		
Consistent poverty	11.7	4.6	2.75 (1.00)**	
Maternal educational attainment at FCV, %				
(A = 129; NA = 4,991)				
Completed year 10	70.5	83.5		
Did not complete year 10	29.5	16.5	2.11 (0.42)***	
Maternal marital status at FCV, %				
(A = 127; NA = 4,991)				
Married	66.1	80.3		
Not married	33.9	19.7	2.09 (0.40)***	
Age of mother at birth, mean (SE)				
(A = 129; NA = 5,027)				
Years	24.6 (0.44)	25.8 (0.07)		1.21 (0.45)*
Parental behaviour				
Dyadic adjustment (birth to 5yrs)[c], mean (SE)				
(A = 79; NA = 3,781)				
Score	42.2 (0.46)	43.0 (0.06)		0.81 (0.43)
Problems with police (birth to 5yrs), %				
(A = 96; NA = 4,321)				
No	84.4	90.6		
Yes	15.6	9.4	1.78 (0.51)*	
Maternal tobacco use (FCV to 5yrs), mean (SE)				
(A = 127; NA = 5,027)				
Score	0.7 (0.06)	0.5 (0.01)		−0.20 (0.06)***
Maternal alcohol use (FCV to 5yrs), mean (SE)				
(A = 129; NA = 5,027)				
Score	0.2 (0.03)	0.2 (0.01)		−0.003 (0.03)

*p<.05, **p<.005, ***p<.001

SE = Standard error; A = Aboriginal adolescents, total; NA = Non-Aboriginal adolescents, total. Reference category is non-Aboriginal. Note: Higher dyadic adjustment mean score = better quality of marital relationship; Higher tobacco/alcohol mean score = more cigarettes/drinks consumed.

[a] Unadjusted logistic regression was used to present odds ratios for dichotomous independent variables by Aboriginal status; p-value corresponds to the null hypothesis that odds are equal.

[b] T-tests were used to present the difference in means of continuous independent variables by Aboriginal status; p-value corresponds to the null hypothesis of equal means.

[c] n = 599 were excluded from this analysis due to mothers being unpartnered.

Parental behaviour in the first five years of childhood also differed: maternal tobacco use and parental problems with the police were significantly more common for Aboriginal adolescents. Mothers of Aboriginal adolescents were more likely to score a higher approximate mean of cigarettes smoked per day and were more likely to report either herself and/or her partner having problems with the police from birth to five years. Dyadic adjustment (quality of marital relationship) and maternal alcohol use were not significantly different between Aboriginal and non-Aboriginal adolescents.

There was a significant difference in mean scores of YSR aggressive behaviour between Aboriginal (mean = 10.8, SE = 0.51) and non-Aboriginal adolescents (mean = 9.3, SE = 0.08), with Aboriginal adolescents reporting more aggressive behaviour ($t_{(5149)} = -3.01$, $p = 0.003$).

Table 2.2 shows the results of multiple regression models, comparing Aboriginal status and covariates with YSR aggressive behaviour. Multiple univariate associations for a number of predictors of YSR aggressive behaviour at 14 years for the total sample are presented in the first column. The univariate analysis comparing Aboriginal status and YSR aggressive behaviour yielded similar results to the t-test comparison of means: Aboriginal status was significantly associated with YSR aggressive behaviour. All markers of socioeconomic status in the first five years of childhood were significantly associated with YSR aggressive behaviour at 14 years, except maternal educational attainment at FCV. Adolescents who experienced consistent poverty from birth to five years of age, and those whose mother was younger and not married at FCV, were more likely to manifest higher YSR aggressive behaviours.

Table 2.2: Univariate, multivariate and stepwise regression of Aboriginal status and covariates with YSR aggressive behaviour at age 14.

	Univariate[a] β (SE)	Multivariate[b] β (SE)	Stepwise[c] β (SE)
Aboriginal status of child	1.45 (0.48)**	0.71 (0.65)	0.73 (0.65)
Socioeconomic status			
Consistent poverty (birth to 5yrs)	1.18 (0.40)**	0.05 (0.63)	–
Maternal educational attainment at FCV	0.35 (0.20)	0.13 (0.25)	–
Maternal marital status at FCV	1.21 (0.19)***	0.79 (0.29)**	0.81 (0.28)**
Age of mother at birth	–0.08 (0.01)***	–0.06 (0.02)**	-0.05 (0.02)**
Parental behaviour			
Dyadic adjustment (birth to 5yrs)	–0.20 (0.02)***	–0.16 (0.02)***	–0.16 (0.02)***
Problems with police (birth to 5yrs)	1.43 (0.27)***	0.81 (0.35)*	0.82 (0.35)*
Maternal tobacco use (FCV to 5yrs	0.95 (0.12) ***	0.73 (0.15)***	0.75 (0.15)***
Maternal alcohol use (FCV to 5yrs)	0.66 (0.23)**	0.23 (0.32)	–
Constant	–	17.15 (1.21)***	17.16 (1.20)***

*p<.05,**p<.005, ***p<.001

β = Regression coefficient; SE = Standard Error.

[a] Univariate linear regression analysis was used to test for association of YSR aggressive behaviour and covariates; p-value corresponds to null hypothesis that the coefficient of the covariate is equal to zero (i.e. no effect on YSR aggressive behaviour).

[b] Multivariate linear regression analysis was conducted simultaneously using all covariates to test their association with YSR aggressive behaviour; p-value corresponds to null hypothesis that the coefficient of the covariates is equal to zero (i.e. no effect on YSR aggressive behaviour). Full model: $F_{(9, 3397)} = 15.98$, p<.001, $R^2 = 0.04$.

[c] Stepwise regression analysis was used to create a multivariate model with only the significant covariates remaining (in addition to Aboriginal status) to test association of covariates and YSR aggressive behaviour; p-value corresponds to null hypothesis that the coefficient of covariates is equal to zero (i.e. no effect on YSR aggressive behaviour). Full model: $F_{(6, 3400)} = 23.86$, p<.001, $R^2 = 0.04$.

Parental behaviour in the first five years was also significantly associated with YSR aggressive behaviour at 14 years. Adolescents whose mother reported lower dyadic adjustment (i.e. higher marital conflict), higher tobacco use, higher alcohol use, and problems with the police for either herself or her partner were more likely to have higher YSR aggressive behaviour.

A multivariate linear regression model predicting YSR aggressive behaviour at 14 years is also presented in Table 2.2. After adjusting simultaneously for socioeconomic markers and parental behaviour in the first five years of childhood, Aboriginal status was no longer a significant predictor of YSR aggressive behaviour (Full model: $F_{(9, 3397)} = 15.98$, p<.001, $R^2 = 0.04$). The only

remaining significant predictors of YSR aggressive behaviour were maternal marital status at FCV, maternal age, and dyadic adjustment, parental problems with the police and maternal tobacco use in the first five years of childhood. Similar results were obtained using stepwise regression; changes in coefficients and variance were minimal when only significant predictors remained in the model (also in Table 2.2).

These findings suggest that socioeconomic status and parental behaviour in early childhood predict the difference in YSR aggressive behaviour between Aboriginal and non-Aboriginal adolescents at age 14 in an urban setting.

Discussion

This is the first longitudinal study in Australia involving an urban, population-based sample to explore early life predictors of aggressive behaviour at 14 years for Aboriginal and non-Aboriginal adolescents. This study examined whether there is a difference in self-reported aggressive behaviour between Aboriginal and non-Aboriginal adolescents living in an urban setting, and whether this difference could be explained by a disproportionate exposure to markers of adverse socioeconomic status and parental behaviour in early childhood.

It was found that when living in an urban setting, Aboriginal adolescents were more likely have higher YSR aggressive behaviour than non-Aboriginal Adolescents at age 14. Aboriginal adolescents living in an urban setting were also more likely to experience adverse socioeconomic status and parental behaviour in early childhood than non-Aboriginal adolescents. The strongest predictors of YSR aggressive behaviour at age 14 were found to be maternal marital status at FCV, maternal age at birth, dyadic adjustment, parental problems with the police and maternal tobacco use in the first five years of childhood. Arguably, were it not for differences in socioeconomic status and parental behaviour in the first five years of the child's life, there may not be a significant difference in aggressive behaviour between Aboriginal and non-Aboriginal adolescents living in an urban setting.

These findings are a new contribution to the sparse literature on aggressive behaviour of Aboriginal young people living in urban areas of Australia. The findings confirm that structural inequalities do exist for Aboriginal people living in an urban setting. While not being able to comment on the severity of the adversity experienced by the Aboriginal adolescents, the prevalence of adverse exposures was not as great as previously suggested in national literature. However, the majority of Aboriginal adolescents in this study experienced positive development, in spite of the adversity they may have experienced in early childhood. These findings suggest that adversity and aggressive

behaviour seem to impact on a vulnerable minority, in contrast to the stable majority of Aboriginal people living in major cities in Australia.

The results of this study should be viewed within the constraints of some limitations. Firstly, the small sample size of Aboriginal respondents limited the power of detecting certain relationships. Secondly, the question asked to determine Aboriginal status of the mother and her current partner at baseline did not conform to the AIHW guidelines of measuring Indigenous status in health research (AIHW 2009b), hence neglects to detect Torres Strait Islander people within the sample and also self-identification of Aboriginality. However, these guidelines were created three decades after the MUSP study commenced.

As with all longitudinal studies, especially with ones as long running at the MUSP, attrition or loss to follow-up can affect reported outcomes. Within this sample, it is known that teenage mothers and mothers from low socioeconomic backgrounds were more likely to be lost to follow-up (Najman et al. 2005). Additional attrition analysis confirmed that the covariates used in the present study were also associated with loss to follow-up. Considering Aboriginal children were more likely to have these characteristics, and that these characteristics are also predictors of aggressive behaviour, it is likely that our findings represent a conservative estimate of the prevalence of aggressive behaviour within the sample. In a previous paper (Najman et al. 2005), we have tested the potential impact of attrition and have found that loss to follow may lead to an underestimate in the strength of a relationship, but generally does not change the nature or direction of the relationship. Nonetheless, caution is needed when interpreting the findings of this study and inferring results to the general population. Additionally, as with all self-reported data, there is a degree of uncertainty about the extent to which self-reported data relates to actual behaviour. However, the scales used are well known measures with strong reliability (Achenbach 1991; Spanier 1976), although the cross-cultural validity and reliability of these tests used with Aboriginal people is unknown, including in the urban setting (Nurcombe and Cawte 1967; Vicary and Bishop 2005; Williamson et al. 2010). Further research validating these measures for this context is needed.

There is a need for further research into the casual pathway of aggressive behaviour among Aboriginal people in an urban setting. Aboriginal people living in urban areas may have a unique social, historical and cultural experience which may not be adequately captured by the variables used in this analysis. To better understand aggressive behaviour among Aboriginal adolescents, there is a need to evaluate the impact of adversity during adolescence on adolescent aggressive behaviour (not just in early childhood) (Farrington 1989; Høgh and Wolf 1983; Najman et al. 2010; Wikström 1985), and previous onset of aggressive behaviour in early childhood (Farrington 1991;

Lipsey and Derzon 1998; Loeber and Hay 1997; Piper 1985; Thornberry et al. 1995; Tolan and Thomas 1995). Other potential mediators of aggressive behaviour include the influence of peer relationships (Farrington 1989; Moffitt 1993), racism and discrimination (Agnew 1992; Paradies et al. 2008; Paradies and Cunningham 2009; Simons et al. 2003), substance use (Hayatbakhsh et al. 2008), mental health (Doolan et al. 2012; Stathis et al. 2006), performance at school (Farrington 1989; Maguin and Loeber 1996), family relationships and parenting styles (Capaldi and Patterson 1996; Cheah and Shepard 2011; Farrington 1989; Hawkins et al. 1995; Kotch et al. 2008). Qualitative research exploring the circumstances of the aggressive event, as well of the meaning of adolescent aggressive behaviour for Aboriginal people, will also provide a better understanding of the social context of aggressive behaviour among Aboriginal people living in an urban setting.

Overall, the findings of this paper suggest that Aboriginal adolescents were more likely to report aggressive behaviour at age 14 than non-Aboriginal adolescents in an urban setting, although this difference is associated with differences in socioeconomic status and parental behaviour of Aboriginal and non-Aboriginal adolescents in the first five years of childhood. While these early life predictors may explain the difference in aggressive behaviour between Aboriginal and non-Aboriginal adolescents, they had a weak overall predictive effect on adolescent aggressive behaviour. Further research is needed into the casual pathways associated with adolescent aggressive behaviour among Aboriginal adolescents in an urban setting.

The school experience: Predictors of incomplete secondary school for Aboriginal young people in an urban setting

Figure 3.0: Theoretical and methodological approaches applied in Chapter 3
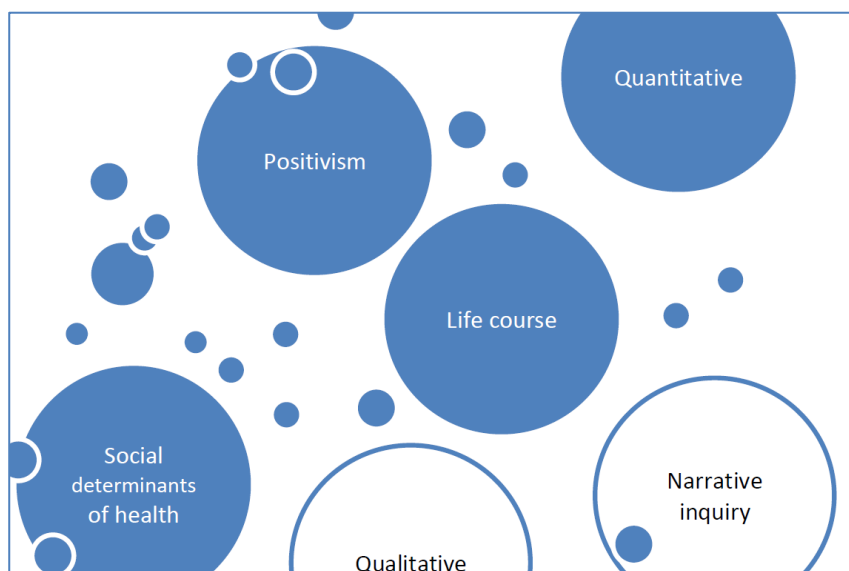
Note: Blue circles represent approached used in this chapter.

This chapter has been formatted according to journal specifications but has not been submitted for publication as the 'Aboriginal' group includes some people who do not self-identify as Aboriginal (see Chapter 4). Hence, findings should be treated with caution.

Abstract

Improved educational outcomes are a major instrument for upward social mobility. Aboriginal Australians are consistently reported to have low levels of education. Understanding more about the potential of Aboriginal people to attain good educational outcomes is important and little is known about the urban experience. This paper compares completion of secondary school for Aboriginal and non-Aboriginal young people living in a major city in Australia using data from the Mater-University Study of Pregnancy. A total of 3,552 young people were followed up at 21 years, including 68 Aboriginal young people. Urban Aboriginal young people were found to be less likely to complete secondary school by age 21, though this difference disappeared after adjustment for maternal partner change and dyadic adjustment in early childhood, disobedience at school and contact with child services by age 14. In a similar urban context, Aboriginal people achieve comparable educational attainment as non-Aboriginal people.

Keywords: Aboriginal; Australia; secondary school; urban; longitudinal studies

Introduction

Indigenous people around the world experience a health disadvantage when compared to their non-Indigenous peers (Jackson Pulver et al. 2010). For people in a disadvantaged environment, education can be a powerful tool for improved health (Cutler and Lleras-Muney 2006; Ross and Wu 1995). Higher educational attainment increases chances of employment and higher income (Andrews and Wu 1998; Gray et al. 2000; Hunter 1996; Pascarella and Terenzini 1991; Walters et al. 2004; Whitehead 2002) and contributes to a better standard of living and longer life expectancy (Grossman and Kaestner 1997; Wolfe and Haveman 2001). In Australia, Aboriginal people are consistently overrepresented in both morbidity and mortality figures, and are also more likely to have lower educational attainment, lower income and experience unemployment compared to non-Aboriginal people (AIHW 2011a). Improved education is consistently advocated as central to the future socioeconomic and health outcomes for Aboriginal Australians (Hunter 1996; Hunter and Schwab 1998; Purdie and Buckley 2010).

Failure to complete secondary school greatly limits access to higher education and to the labour market. Accordingly, the Council of Australian Governments' has made education a cornerstone to its 'Closing the Gap in Indigenous disadvantage' agreement, with the goal of halving the gap in year 12 (or equivalent) attainment between Aboriginal and non-Aboriginal people aged 20 to 24 by 2020 (COAG 2013). In Australia, year 12 corresponds to the final year of secondary education.

Today, large educational disparities remain between Aboriginal and non-Aboriginal Australians. Fewer Aboriginal children complete secondary school or pursue tertiary education (ABS 2009b), with a marked fall-off in enrolments after year 10 (Groome and Hamilton 1995). Retention rates from years 7/8 to year 12 have improved over the last decade, with an increase from 35% of Aboriginal students finishing year 12 in 1999 to 45% in 2009, though a large difference remains when compared to a 77% year 12 completion rate among non-Aboriginal students (Purdie and Buckley 2010). On average, Aboriginal students achieve lower results than their non-Aboriginal peers (ACARA 2011) and have higher rates of truancy and school non-attendance (Gray and Beresford 2002; Groome and Hamilton 1995). Yet the presence of Aboriginal students in the highest band of NAPLAN results, a nationwide literacy and numeracy test (ACARA 2011), and a recent increase in completion of year 12 and post-secondary education, shows that Aboriginal children can and many do succeed at school (Dobia and O'Rourke 2011). There is a need to understand more about why some Aboriginal young people might have different educational attainment compared to non-Aboriginal students.

Lack of access to a quality education in remote areas is a commonly cited reason for differences in educational attainment between Aboriginal and non-Aboriginal people; however, with more than one-third of Aboriginal young people now living in major cities (AIHW 2011a), there is a need to know more about the school experience of Aboriginal children living in these urban areas. This paper explores possible predictors of not completing secondary school among Aboriginal young people in a major city of Australia.

The school environment

School is a major site for the socialisation of a child. It is arguably a locus for the transmission and reproduction of *habitus*, the common values and norms of the dominant class (Bourdieu 1986; Nash 1990; Singleton 1974). However, for minority groups, school can also be a site of cultural conflict (Andrews 1993). Obgu (1982) uses the cultural discontinuity hypothesis to explore differences in schooling and cases of problem behaviour at school for students from ethnic minority backgrounds: the discrepancies between culture at home and culture at school can prove challenging for students raised in very culturally different learning environments (Andrews 1993; Kanu 2007; Lawrence 1994; Malinowski 1939; Markose and Hellsten 2009; Ogbu 1982; Phillips 1976). This can result in students and teachers spending more time on 'social transactions that they do not understand', rather than getting much learning done (Andrews 1993: 23). When confronted with the dominant and conflicting values, resistance is sometimes used as a coping mechanism by students, as an act of rejection of the school's attempt of cultural domination (Alpert 1991; Erickson 1984; Giroux 1983).

This can be manifested in disobedience, truancy, poor grades, non-participation in tasks or even choosing not to learn to read (Mcdermott 1977), which are all highly correlated with not completing school (Gray and Beresford 2002; Groome and Hamilton 1995; Zubrick et al. 2006).

Attitudes toward school

Several studies suggest that there are more similarities than differences in students' attitudes towards school between Aboriginal and non-Aboriginal young people (Godfrey et al. 2001; Groome and Hamilton 1995; Hill 1989). Students generally report enjoying school, with Aboriginal students being as likely as non-Aboriginal students to report aspirations of finishing school (Godfrey et al. 2001; Hill 1989). It has been suggested that teachers' attitudes towards students is a strong predictor of students' academic success or failure, with teacher victimisation, or teachers' low expectations of student ability, being linked to poorer academic performance and lower intentions of completing school (Andrews 1993; Delfabbro et al. 2006; Godfrey et al. 2001). Parental attitudes towards their child's schooling is also a strong predictor of academic success and perseverance, with successful Aboriginal students tending to have supportive parents who value education (Groome and Hamilton 1995), and who are engaged in the school community (Andrews 1993).

Family background and structural differences

A child's family situation or home life can be a major influence on them completing school. Structural factors, such as socioeconomic status and gender, may have more of an effect on educational outcomes for Aboriginal people than individual attitudes, curriculum context or the school environment (Gray and Beresford 2002; Groome and Hamilton 1995; Kanu 2007). Remoteness, gender, poverty in the early life course, maternal marital status and dyadic adjustment, maternal education and parental contact with the police have been identified as possible predictors of secondary school completion. Considering the known differences between Aboriginal and non-Aboriginal people for a variety of key socioeconomic and health indicators, more evidence is needed to determine the extent to which structural inequities and the family context can explain the education gap between Aboriginal and non-Aboriginal people.

Two-thirds of Aboriginal and Torres Strait Islander people are currently living outside major urban centres (AIHW 2011a) and in a country as geographically widespread as Australia, proximity to quality educational institutions is not always assured. Hence, remoteness and geographical isolation

is a strong predictor of incomplete schooling. In 2008, 29% of Aboriginal and Torres Strait Islander people living in major cities had completed year 12, compared with 20% in regional areas and 16% in remote areas (ABS 2010a). Not much is known about the factors associated with higher educational attainment for Aboriginal people living in urban areas.

In Australia, females are more likely to complete year 12 than males (ABS 2011a). Overall, Aboriginal women are more likely to obtain higher educational attainment than Aboriginal men, with Aboriginal women being more likely to obtain a university degree while Aboriginal men are more likely to acquire a skilled vocational qualification (ABS 2010b).

Exposure to early life adversity and poverty have been identified as contributing to lower educational attainment, with Aboriginal students completing year 12 at a rate similar to non-Aboriginal peers of the same socioeconomic status (Groome and Hamilton 1995). Nationally, Aboriginal and Torres Strait Islander people are disproportionately more likely to be financially disadvantaged than non-Indigenous peers (ABS 2009a).This can impact children not only through financial stress in the home but through limited availability of food and money for transport to get to school (Gray and Beresford 2002; Groome and Hamilton 1995). It is not clear to what extent exposure to poverty in the early life course contributes to a failure to complete secondary school in urban areas for Aboriginal people.

The family environment plays an important role in predicting educational attainment (Cox and Paley 1997; Wise 2003). Single parent household, change in maternal marital partner and dyadic adjustment has been associated with poor developmental outcomes for children in general, as well as lower educational attainment (Buchanan and Ten Brinke 1998; Linder et al. 1992; Wise 2003). Nationally, Aboriginal and Torres Strait Islander households in non-remote areas are most likely to consist of a couple with dependent children, followed by one parent with dependent children (ABS 2010c), though strong relationships with extended and kinship families are not uncommon (AIHW 2011a). However, Aboriginal children are almost 10 times more likely to live in care of the state than non-Aboriginal children (AIHW 2011a), and represent 39% of young people in juvenile detention (AIHW 2012). Domestic violence has been reported to be higher among Aboriginal communities (Ferrante 1996), yet not much is known about dyadic adjustment in general. It is unclear to what extent family structure, maternal dyadic adjustment and contact with child services or juvenile justice system have an impact on completion of year 12 for Aboriginal young people living in urban areas.

High level of contact with police is a major stress for some Aboriginal families (Brady 1991) which in turn can impact the home life for the child. Aboriginal people are overrepresented in having involvement with the police, and are more likely to be arrested and incarcerated than non-Aboriginal people (ABS 2007; Dodson and Hunter 2006). Little is known about the impact of parental problems with the law on the family life of Aboriginal children living in urban areas (Kinner et al. 2007), and much less on the impacts on child education.

Overview

There is a lack of longitudinal evidence available that examines the early life course predictors of incompletion of secondary school between Aboriginal and non-Aboriginal people living in urban areas. It is not known to what extent these educational disparities can be predicted by student's attitudes towards school or rather by structural factors such as socioeconomic status, gender and remoteness. This paper compares reported incompletion of secondary school by 21 years between Aboriginal and non-Aboriginal young people, and explores possible associations of incompletion with earlier reports of their school environment at 14 years and early life adversity from birth to five years of age.

Data and methods

The Mater-University of Queensland Study of Pregnancy (MUSP) is a large birth cohort based in Brisbane, Australia. Mothers were first recruited in 1981 to 1983 at their first antenatal clinical visit to a major inner city hospital (N = 8,556). Mothers and babies were followed up three to five days after the birth of the child (n = 7,223), including 226 Aboriginal children whose mother identified herself and/or her partner as 'Aboriginal Australian' at the first clinical visit (FCV) (note that the MUSP commenced before the introduction of guidelines regarding Aboriginal and Torres Strait Islander status (AIHW 2009b), hence no 'Torres Strait Islander' variable was available). Future follow-ups were conducted at six months, five years, 14 and 21 years.

This paper focuses on the schooling experience in early adolescence and its impact on educational attainment in early adulthood. Therefore, the dataset is limited to those who participated in the both the 14 year and 21 year follow-ups (n = 3,552), including responses for 68 Aboriginal young adults.

Written informed consent was obtained from the mother at all phases and from the young person at the 14 year follow-up. Study design and recruitment methods are explained in more detail elsewhere (Keeping et al. 1989; Najman et al. 2005).

Measures

Educational attainment is the main outcome variable for this study and was defined as incomplete year 12 by the 21 year follow-up.

Aboriginal status was measured as children whose mother self-identified or identified her partner as an 'Australian Aborigine' at FCV (see previous note).

Gender of the child was defined as male or female at the time of birth.

Age of mother at birth of the study child was categorised as less than 20 years old, and 20 years and over.

Consistent poverty over the early life course was defined as the mean of family income (originally based on income categories collected as a 7 point scale) over three phases (birth, six months and five years), then recoded into two categories: consistent poverty (scores 1 to 2.77), and mid to high income (score 2.78 to 7).

Maternal educational attainment at FCV was measured as incomplete year 10 (i.e. completed primary school, started secondary school, attended deaf school), or complete year 10 or higher (includes completed year 10, completed year 12, completed university or college).

Maternal marital status at FCV was measured by asking the mother if she was married at FCV. The 'not married' category included mothers who did not have a partner (i.e. single, separated/divorced, or widowed) and those who were living in a de facto relationship (this was combined as the effect size of living in a de facto was closest to those without a partner than those who were married when analysed as a predictor of incomplete year 12).

Whether the mother had a partner change or was with the same partner at the birth of child and 5 years (potentially the father of child) was created by comparing changes in maternal marital status at birth, six months and five year follow-ups.

Dyadic adjustment and conflict in the maternal marital relationship was measured over the early life course of the child using the 8 item Spanier Dyadic Adjustment Scale (Spanier 1976), as self-reported by the mother at birth, six months and five years. The scale has good internal reliability within this study (Cronbach's alpha: At birth = 0.83; six month follow-up = 0.87; five year follow-up = 0.86), though its cross-cultural validity and reliability with Aboriginal people is unknown. A scale was created using the mean score of the three phases, with mean scores ranging from 16.25 to 50. A higher score corresponds to higher positive adjustment (i.e. less conflict in the marital

relationship). Those whose mother reported having no partner for two phases or more were excluded only in analysis relating to dyadic adjustment.

Parental problems with the police in the early life course was measured as mothers reporting either herself or her current partner having experienced problems with the police at least once during either the six month preceding the birth of the child, or since the birth of the child, asked again at the six month and five year follow-ups.

Analytic plan

Data was analysed using Stata 11.0. Statistical analysis consisted of cross-tabulations with chi-square tests for association to identify preliminary variables of interest, using a significance level of $p<.05$. T-tests were used to compare means of continuous variables (i.e. dyadic adjustment). Logistic regression was used to estimate risk of secondary school incompletion according to early life adversity and school experience, and to test for impact of potential confounders in the association between early life adversity and school experience with secondary school incompletion. Odds ratios are presented with confidence intervals at the 95% level.

At the 21 year follow-up, we retained 52% of our original sample. Potential predictors of attrition were analysed using chi-square tests, t-test and logistic regression, comparing early life adversity to loss to follow-up at the 21 year follow-up at the 95% significance level (see Appendix VI for a supplementary table comparing groups).

Results

Table 3.1 shows the socio-demographic characteristics and early life exposures for Aboriginal and non-Aboriginal young people in this urban based longitudinal study. Maternal educational attainment, maternal marital status and dyadic adjustment during early childhood were the only socio-demographic characteristics that were significantly different between Aboriginal and non-Aboriginal young people. Mothers of Aboriginal young people were more likely to report not finishing year 10 at FCV. Mothers of Aboriginal young people were more likely to not be married at FCV than mothers of non-Aboriginal young people, as well as experiencing a marital partner change and having poorer dyadic adjustment in the first five year of the child's life than mothers of non-Aboriginal young people.

All the variables in Table 3.1 were predictors of loss to follow-up at 21 years. This suggests that findings in this study are more likely to provide a conservative estimate of the strength of the relationship (Najman et al. 2005).

Table 3.1: Socio-demographic characteristics and early life exposures for Aboriginal and non-Aboriginal young people

	Aboriginal status of child		
	Aboriginal (n = 68[a]) %	Non-Aboriginal (n = 3,484[a]) %	Odds ratio
Gender of child			
Female	52.9	52.5	*Ref*
Male	47.1	47.5	0.98 (0.24)
Age of mother at birth			
20 years and over	88.2	87.3	*Ref*
Less than 20 years old	11.8	12.7	0.92 (0.35)
Consistent poverty (birth to 5yrs)			
Mid/high income	95.5	95.9	*Ref*
Consistent poverty	4.6	4.1	1.10 (0.81)
Maternal educational attainment at FCV			
Completed year 10 or higher	70.6	84.6	*Ref*
Incomplete year 10	29.4	15.4	2.29 (0.62) **
Maternal marital status at FCV			
Married	70.2	82.5	*Ref*
Not married	29.9	17.6	2.00 (0.54) **
Maternal partner change (birth to 5yrs)			
No	68.5	79.9	*Ref*
Yes	31.5	20.1	1.83 (0.54) *
Dyadic adjustment (birth to 5yrs)			
Mean score	*41.9* (0.64)*	*43.1* (0.07)*	*n/a*
Problems with police (birth to 5yrs)			
No	88.9	91.8	*Ref*
Yes	11.1	8.2	1.40 (0.61)

Note: The reference categories used in this table are the most common categories for the whole sample (*Ref* = reference category). Column percentages are used within raw categories. Standard errors included in parenthesis.

*p<.05, **p<.01, ***p<.001.

[a] N may differ due to missing values.

All of these early life exposures and socio-demographic characteristics were associated with not completing secondary school (year 12) by 21 years among the total sample.

Young people were asked about their school experience at the 14 year follow-up. Table 3.2 shows that the school experience was reported to be quite similar between Aboriginal and non-Aboriginal 14 year olds in terms of self-reported performance, attitudes towards school and aspirations to complete secondary school. The only significantly different characteristic in the schooling experience between Aboriginal and non-Aboriginal young people was that Aboriginal young people were more likely to report disobedience at school at the 14 year follow-up. All these characteristics of the schooling experience at the 14 year follow-up were strongly associated with a failure of secondary school by the 21 year follow-up among the total sample.

Table 3.2: Child-reported school experience at 14 years for Aboriginal and non-Aboriginal young people

	Aboriginal status of child		
	Aboriginal (n = 68[a]) %	Non-Aboriginal (n = 3,484[a]) %	Odds ratio
Type of school			
State/government school	81.25	71.31	*Ref*
Private	18.75	28.69	0.57 (0.21)
School work is poor			
Often/sometimes	60.29	52.7	*Ref*
Rarely/never	39.71	47.3	0.73 (0.18)
Performance at school overall			
Average/a bit above average/above average	92.62	91.04	*Ref*
A bit below average/below average	7.38	8.96	1.23 (0.53)
Effort at school work			
Average/a bit above average/above average	83.58	89.5	*Ref*
A bit below average/below average	16.42	10.5	1.67 (0.56)
Importance of school			
Fairly important/very important	90.91	95.78	*Ref*
A bit important/not important	9.09	4.22	2.27 (0.99)
Afraid of going to school			
Rarely/never	91.18	90.59	*Ref*
Often/sometimes	8.82	9.41	0.93 (0.40)
Looks up to teachers			
Unsure/disagree/strongly disagree	64.58	61.33	*Ref*
Strongly agree/agree	35.42	38.67	0.87 (0.26)
Learn useful things at school			
Strongly agree/agree	85.42	85.24	*Ref*
Unsure/disagree/strongly disagree	14.58	14.76	0.99 (0.46)
Thinks school is a waste of time			
Unsure/disagree/strongly disagree	89.58	92.42	*Ref*
Strongly agree/agree	10.42	7.58	1.42 (0.68)
Disobeys at school			
Rarely/never	38.24	57.96	*Ref*
Often/sometimes	61.76	42.04	2.25 (0.56) ***
Skips school (truant)			
Rarely/never	86.36	89.59	*Ref*
Often/sometimes	13.64	10.41	1.36 (0.49)
Leave after year 10			
Unsure/disagree/strongly disagree	85.42	87.22	*Ref*
Strongly agree/agree	14.58	12.78	1.16 (0.48)

Note: The reference categories used in this table are the most common categories for the whole sample (*Ref* = reference category). Column percentages are used within raw categories. Standard errors included in parenthesis.
*p<.05, **p<.01, ***p<.001.
[a] N may differ due to missing values.

Table 3.3 presents mother reports of the child having contact with a guidance officer, children services and the police or Juvenile Aid, as well as whether the child has been suspended from school. Mothers of Aboriginal young people were about three times more likely to report their child having contact with child services than mothers of non-Aboriginal young people (OR = 2.97, SE = 1.22). These were all significantly associated with incomplete secondary school by age 21 for the whole sample.

Table 3.3: Mother-reported child contact with services and suspension from school at 14 years by Aboriginal status.

	Aboriginal status of child		
	Aboriginal (n = 68)[a] %	Non-Aboriginal (n = 3,475)[a] %	Odds ratio
Has had contact with guidance officer	33.3	23.6	1.61 (0.43)
Has had contact with children's services	11.7	4.3	2.97 (1.22) **
Has had contact with Police or Juvenile Aid	11.5	7.8	1.53 (0.62)
Has been suspended from school	4.4	5.6	0.78 (0.46)
Has experienced at least one of the above	35.3	29.2	1.32 (0.34)

Note: Standard errors included in parenthesis.

*p<.05, **p<.01, ***p<.001.

[a] N may differ due to missing values.

Among this urban based longitudinal sample at the 21 year follow-up, 67.7% of Aboriginal young people completed year 12 compared to 80.0% of non-Aboriginal young people. Figure 1 shows the odds of Aboriginal to non-Aboriginal young people not completing year 12 by age 21 is significantly different although this significance disappears after adjusting separately for martial partner change (model 4), dyadic adjustment in the marital relationship at birth to 5 years (model 5), youth self-reported disobedience in school at age 14 (model 6), and having contact with child services by age 14 (model 7). Model 8 shows that when simultaneously adjusting for Aboriginal status, maternal partner change at birth to 5 years, dyadic adjustment at birth to 5 years, disobedience at school at 14 years and contact with child services, the odds of Aboriginal versus non-Aboriginal young people not completing secondary school is less than one-to-one (OR = 0.73; SE = 0.32). This suggests that were it not for some specific life exposures, Aboriginal young people could have similar rates of secondary school completion as non-Aboriginal young people in an urban setting.

In conclusion, the strongest predictors of incompletion of secondary school for Aboriginal young people was maternal marital partner change (birth to 5 years), dyadic adjustment (birth to 5 years), youth self-reported disobedience at school at 14 years and contact with child services by age 14. When adjusting for these variables, the difference for incompletion of year 12 between Aboriginal and non-Aboriginal young people disappeared. Maternal educational attainment at FCV and marital status of mother at FCV were also associated with incompletion of year 12, though to a weaker extent.

Figure 3.1: Odds ratio of not completing secondary school (year 12) for Aboriginal to non-Aboriginal young adults by 21 years, adjusted for potential confounders

1.	1.92*	(1.15 – 3.21)
2.	1.75*	(1.04 – 2.94)
3.	1.72*	(1.01 – 2.91)
4.	1.22	(0.65 – 2.30)
5.	1.27	(0.64 – 2.52)
6.	1.64	(0.97 – 2.78)
7.	1.44	(0.81 – 2.59)
8.	0.73	(0.31 – 1.71)
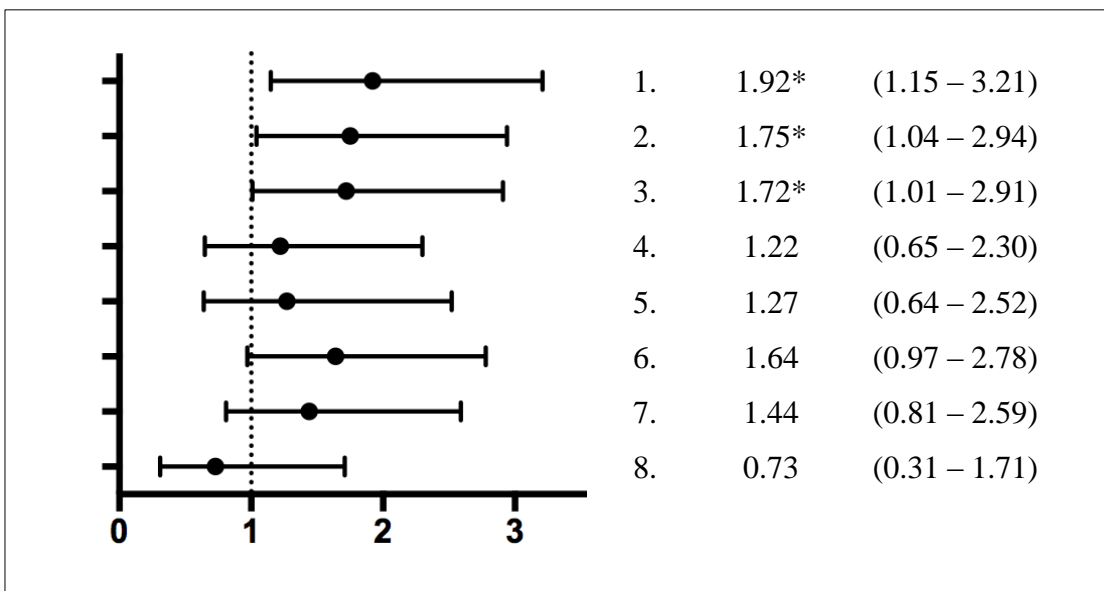
1. Unadjusted.
2. Adjusted for maternal educational attainment at FCV.
3. Adjusted for marital status of mother at FCV.
4. Adjusted for maternal marital partner change (birth to 5 years).
5. Adjusted for maternal dyadic adjustment (birth to 5 years)
6. Adjusted youth self-reported disobedience at school at 14 years.
7. Adjusted for contact with child services at 14 years.
8. Adjusted for maternal partner change (birth to 5 years), dyadic adjustment (birth to 5 years), youth self-reported disobedience at school at 14 years and contact with child services by 14 years.

Note: 95% confidence intervals are included in parenthesis. *p<.05, **p<.01, ***p<.001.

Discussion

This study compared possible predictors of not completing secondary school among an urban based sample of Aboriginal and non-Aboriginal young people, ranging from early life exposures to self-reported attitudes towards school. It was found that Aboriginal young people were more likely than non-Aboriginal young people to not complete secondary school by age 21, though this difference disappeared when adjusting simultaneously for maternal partner change and dyadic adjustment in the first five years of the child's life, child self-reported disobedience at school at 14 years and contact with child services by 14 years. These results indicate the importance of certain social factors that might influence educational attainment for Aboriginal people living in urban areas.

Early life adverse exposures were analysed in this longitudinal urban-based sample: Aboriginal young people were no more likely than non-Aboriginal peers to have experienced constant poverty or have had parental problems with the police during the early life course – though this could be due to study attrition. However, mothers of Aboriginal young people were more likely to have not completed year 10 at the time of pregnancy, to not be married at baseline, and to experience a partner change within the first five years of the child's life, and to have poorer dyadic adjustment in their marital relationship. Of these, maternal partner change and poorer maternal dyadic adjustment were significantly related to an Aboriginal young person's incompletion of secondary education by age 21. This suggests the importance of family environment on educational attainment for Aboriginal young people in an urban setting (Cox and Paley 1997; Wise 2003). Further research is needed into the mechanisms of this relationship, and potential mediating factors such as stress, parenting styles, family cohesion and support, and adjusting to blended families.

When asked about their schooling experience at 14 years, Aboriginal young people in an urban setting reported similar experiences with non-Aboriginal young people. Overall, school was seen as a positive and useful experience, with most students reporting they made an effort at schoolwork and performed reasonably well at school. Future aspirations at 14 years of continuing education, either leaving after year 10 or continuing to university did not differ significantly between Aboriginal and non-Aboriginal young people. Disobedience at school was the only self-reported difference in the school experience, with Aboriginal young people being over twice as likely to report disobeying in class either sometimes or often, than non-Aboriginal young people. A self-reported positive school experience was strongly correlated with completing secondary school until year 12 among the whole sample.

Although the majority of students reported a positive schooling experience, the difference in disobedience at school among Aboriginal and non-Aboriginal young people may be due, in part, to schools as sites of cultural conflict. The divergence of aspirations at age 14 and actual educational attainment by 21 years demands further attention. Potential contributors that lie outside the scope of this study that may be experienced by Aboriginal young people and impact on continuation to year 12 include the onset of critical race awareness, the effects of racism, discrimination, and social marginalisation, as well as peer influence, substance use, and adversity in adolescence.

Of particular concern was the finding that mothers of Aboriginal young people were three times more likely to report their child having contact with child services. Reporting having contact with child services was a significant predictor of not completing secondary school. While these reports were not able to be confirmed, it raises other concerns of potential abuse and neglect in the household, in addition to the potential negative impact of familial separations for Aboriginal people, especially considering Australia's historical legacy of the Stolen Generations (HREOC 1997, Silburn et al. 2006). Further investigation into the nature of this contact with child services and the ways in which this may affect health and educational outcomes for Aboriginal people living in an urban setting is necessary.

Notwithstanding their reported aspirations of completing school and performing reasonably well at 14 years, Aboriginal young people were still more likely to report leaving school before grade 12 at the 21 year follow-up. These rates of completion were much higher than national estimates, which may be due to using an urban-based sample or alternatively from attrition bias. Once adjusting simultaneously for maternal partner change and dyadic adjustment in the first five years of the child's life, self-reported disobedience at school at 14 years and contact with child services by age 14, the odds of Aboriginal young people completing school were the same as for non-Aboriginal young people. The implication of this is that were it not for these factors, educational attainment could be similar between Aboriginal and non-Aboriginal young people living in major urban areas.

The interpretation and implications of this study must be considered with the following limitations. Firstly, the measure used for defining Aboriginal status is not the same at the AIHW guidelines of measuring Indigenous status in health research (AIHW 2009b). However, these guidelines were created some thirty years after the MUSP commenced. Secondly, data was self-reported and hence cannot be verified for subjectivity, memory loss, or impression management with the interviewer. Thirdly, the small number of Aboriginal participants in the study restricted the power in detecting significant relationships where cell counts were low. However, the proportion of Aboriginal participants in this study was similar to their representation in the Brisbane population, and

moreover implies that any relationships that were found in this study are likely to be strong relationships. Additionally, while having the benefit of using a community based sample as opposed to institutional data like the majority of research available on the topic, recruitment from just one hospital means that the sample may not be representative of wider Brisbane area, nor of Aboriginal people in other urban areas. Finally, as with all longitudinal studies, attrition is a significant and largely unavoidable limitation. In this sample, Aboriginal participants were more likely to be lost to follow-up than non-Aboriginal participants, and were also overrepresented in many key predictors of attrition such as teenage pregnancy, poverty, maternal marital status and dyadic relationship. Therefore, it is likely that this study presents conservative estimates of poor outcomes and that the strength of relationships is also underestimated (Najman et al. 2005). Despite these limitations, this is the first longitudinally study that compares the predictors of incomplete secondary school for Aboriginal and non-Aboriginal young people living in a major urban city.

Overall, these findings suggest that were it not for a potentially unstable family situation that may lead to maternal partner change and poorer dyadic adjustment within the first five years of childhood, disobedience at school in adolescence and contact with child services, educational attainment may be similar between Aboriginal and non-Aboriginal young people living in major urban areas. The implications of these findings are that social determinants play a significant role in educational attainment among all students, with Aboriginal young people in Australia experiencing a more adverse social environment in childhood.

It all comes down to ticking a box: Collecting Aboriginal identification in a 30 year longitudinal health study

Figure 4.0: Theoretical and methodological approaches applied in Chapter 4
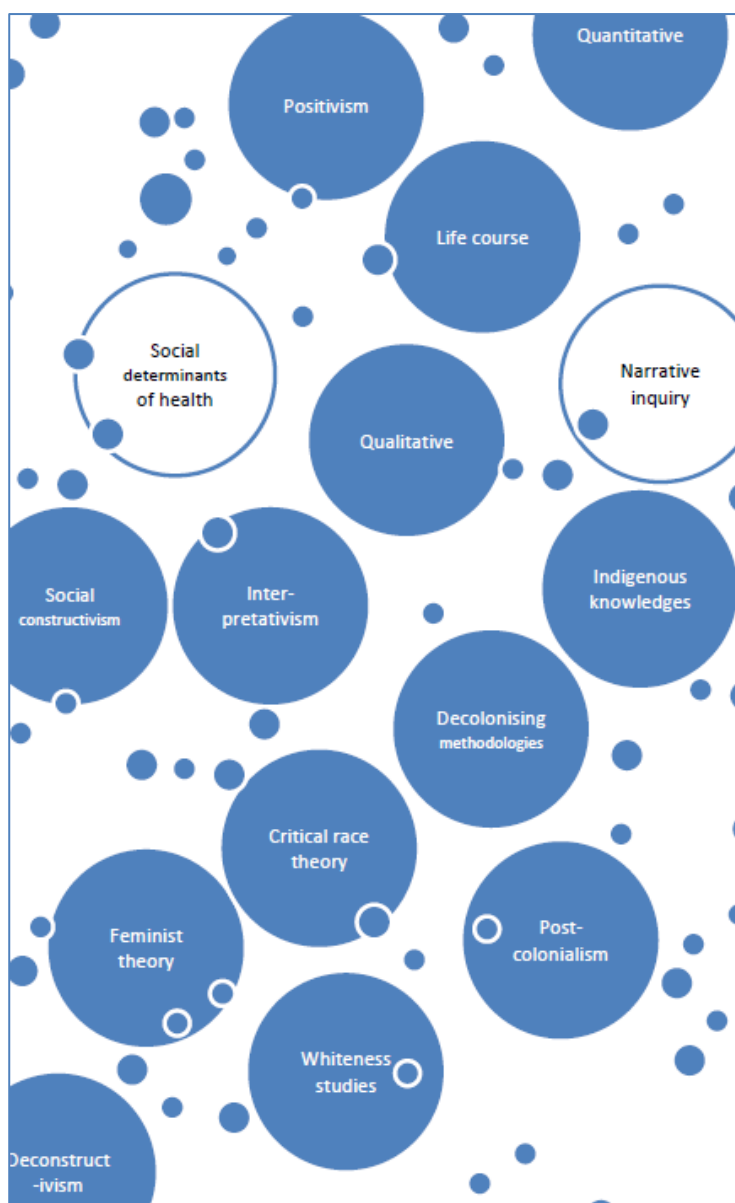
Note: Blue circles represent approached used in this chapter.

Hickey, S. (in press) 'It all comes down to ticking a box: Collecting Aboriginal identification in a 30 year longitudinal health study', *Australian Aboriginal Studies Journal.*

Abstract

This paper explores the collection of Aboriginal identification within a longitudinal health study that has continued though decades of socio-political change. The Mater-University Study of Pregnancy is a birth cohort study that commenced in Brisbane in the early 1980s. Until 2014, it relied on mother-reported race-based categories at baseline to determine Indigenous status. Thirty study-children (now adults) who were originally identified as having a parent who was an 'Australian Aborigine' were followed up 30 years later. Only 15 of this group self-identified as Aboriginal and/or Torres Strait Islander. Considering recent studies have shown Aboriginal and Torres Strait Islander people are increasingly more likely to self-identify as such, an archival investigation of the original questionnaires was undertaken to check for systematic miscodes. Handwritten markings on the original questionnaires showed that group affiliation cannot always be easily classified into imprecise race-based categories. To do so ignores the reality and complexities of a lived cultural identity, including multiple ethnicities or ancestries. This paper takes a sociological approach to explore some of the difficulties in attempting to capture ethnic identification in administrative datasets.

Keywords: Aboriginal, Australia, identity, identification, datasets, longitudinal studies

Introduction

In recent decades there has been considerable investment in improving Aboriginal and Torres Strait Islander identification within health datasets (AIHW 2009b; AIHW and ABS 2012). In 2009, the best practice guidelines were finalised for asking the standardised self-identification question and its implementation has been strongly recommended nationally (AIHW 2009b; AIHW and ABS 2012). Prior to this, the official administrative classification of Aboriginal and Torres Strait Islander people changed many times over the lengthy period of colonisation (Rowse 2006). Nonetheless, public health researchers have rarely reflected on the fact that the documentation of the large health disparity between Indigenous and non-Indigenous people in Australia relies on reifying fluid and complex lived identities into fixed statistical variables. Epidemiologists – those who study patterns and cause-effect relations on health and disease – have a tendency to position themselves as objective, value-neutral observers of social life (DiGiacomo 1999; Walter 2010). As a methods-driven field of study, epidemiology focuses on minimising respondent bias within surveys, yet the ways in which researcher subjectivities influence the construction and implementation of survey instruments are rarely explored (DiGiacomo 1999; Walter 2010). Concepts of culture and race are routinely borrowed from the social sciences, reducing them to a set of measureable factors, frequently divorcing them from their social context and meanings in the process (DiGiacomo 1999:

443). To produce large quantitative population-based studies, complex and diverse racial and ethnic identities become transformed into fixed, pseudo-biological epidemiological variables. Yet public health researchers rarely identify this transformative process as problematic, and these types of studies remain the favoured form of evidence used to inform major policy decisions such as the Closing the Gap scheme[5] (Altman 2009).

This paper applies a sociological gaze to public health's construction of Aboriginality in survey instruments. The crux of this paper is about categorising identity into discrete groups, not Aboriginal identity itself, and is an attempt to learn through Aboriginality how racial and ethnic identification becomes operationalised within health datasets. It highlights some of the challenges in categorising identities when all social identities are complex and fluid across time and space and do not fit neatly into one specific category. Australia has a history of (re)classifying Aboriginal people, including iterations of the working definition used in health research. Hence, I explore what happens when a longitudinal study continues through decades of socio-political change – when the original definitions or categories used at baseline are no longer relevant or have taken on new meanings.

I use a case-study approach to describe some of the complications that arose during my doctoral research working with the Mater-University Study of Pregnancy (MUSP), an ongoing birth-cohort research project based in Brisbane. From the commencement of the project in the early 1980s, the study classified mothers and their offspring as having Aboriginal status from the responses in a self-completed questionnaire by the mothers during pregnancy at the Mater Hospital's antenatal clinic. When I followed up 30 adult offspring who had been coded as having at least one Aboriginal parent to invite them to participate in my doctoral research about health and wellbeing among Aboriginal people, 15 participants did not self-identify as Aboriginal when using the standardised question. Was this because they did not identify with part of their ancestry or was it something else?

The original questionnaires were checked for systematic coding errors that may have occurred when collecting Aboriginal status. In many of the questionnaires, the page containing demographic questions was covered with crossed-out words and handwritten notes on the margins, suggesting that identity cannot always be easily reduced into precise race-based categories. In reality, all

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[5] Closing the Gap is a national strategy by the Council of Australian Governments to reduce the disparity between Indigenous and non-Indigenous people among key indicators such as life expectancy, infant mortality, education and employment (COAG 2013).

cultural identities are complex, and may include multiple group affiliations that transcend phenotype, place of birth or residence, or parental ancestry[6].

Aboriginality: race, ethnicity or an administrative label?

Sociologists Giddens and Sutton (2012: 1060) define identity as the 'distinctive characteristics of a person's character which relate to who they are and what is meaningful to them'. Race is now largely accepted as a biological fallacy, with UNESCO officially discrediting any scientific basis to race in 1963 – with more genetic variation found within than between racial groups (Smedley and Smedley 2005). Race refers to the social construct of using phenotype to classify and stratify people into different social groups (Smedley and Smedley 2005). In Australia, race often connotes 'those racialised for the purpose of exclusion or discrimination' (Meekosha and Pettman 1991: 83), where being White (Anglo-Australian) is positioned as the invisible race, taken as the norm (Moreton-Robinson 2000). Although race still plays a role in social perceptions and everyday social interactions (Cowlishaw 2004), this is a social phenomenon – not a biological one (Smedley and Smedley 2005). Similarly, ethnicity is a social construction that refers to unbounded and flexible 'clusters of people who have common culture traits that they distinguish from those of other people… who [may] share a common language, geographic locale or place of origin, religion, sense of history, traditions, values, beliefs, food habits, and so forth' (Smedley and Smedley 2005: 17). Nevertheless, the complex social concepts of race and ethnicity are often used interchangeably within medical anthropology as a proxy 'for some unspecified combination of environmental, behavioural, and genetic factors' (Gravlee and Sweet 2008: 49); with this also being an issue within public health and epidemiology (Moubarac 2013). International literature suggests that clarity around these concepts is not improving, with young health researchers found as confused (if not more) than older health researchers about the definitions and operationalisation of race and ethnicity and their impact on health,in particular the perceived role of genetics (Baer et al. 2013).

The problematic use of racial and ethnic identities as administrative labels and epidemiological variables is increasingly recognised in international literature, as well as in the work of Indigenous scholars in Australia (Bond 2005; Walter 2010). In an Australian context, Bond (2005: 39–40) argues that this has led to a:

> disjuncture between the lived experience of being an Aboriginal person and the described experienced of Aboriginality that is manifest within public health […] identity [is] not simply a label

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[6] This paper is based on preliminary material first presented at the 2014 AIATSIS National Indigenous Studies Conference, on 28 March 2014 in Canberra, Australia.

or name, a series of health issues, or even a stereotypical depiction, but a very complex, dynamic and fluid entity that provide[s] a resource for everyday living.

Globally, it is argued that: poor conceptualisation leads to analytical slippage; broad umbrella terms do not adequately reflect the diversity within these groups; and meanings attributed to groups can change over time and space (Gómez 2013; Kaufman 2013; Sheldon and Parker 1992; Yankauer 1987; Hayes-Bautista 1980). The terms 'Hispanic/Latino' and 'Asian' illustrate these points: 'Hispanic/Latin' is commonly used in the United States to cover a large heterogeneous group of people from diverse cultural backgrounds, phenotypes, countries of origin and descent, languages spoken and citizenship (Gómez 2013; Hayes-Bautista 1980; Yankauer 1987); and 'Asian' has different meanings in Australia and the United States than in the United Kingdom (Sheldon and Parker 1992: 108).

Since the arrival of British colonialists, mainstream Australia has struggled to categorise, define and make sense of Aboriginality. McCorquodale (1986) counted 67 different definitions across 700 pieces of Australian legislation. Original classifications of Aboriginal and Torres Strait Islander people included a perception of a genetically inferior subhuman species, to the extent that Australia was declared to be *terra nullius*, uninhabited land. Informed by eugenics, the Australian Census from 1911 until 1966 classified Aboriginal people by supposed blood quantum – full-blood and half-caste (Rowse 2006: 6). Those deemed to be 'full-blood' were excluded from the Census count (Rowse 2006: 4) and government policy was designed to 'dilute the black' and assimilate fairer skinned Aboriginal people into mainstream society (Dodson 1994).

Torres Strait Islander people have also been continuously reclassified, and this has had direct implications for their Indigenous status and consequent inclusion in the Census (Madden and Al-Yaman 2003: 8). From 1901 to 1947, Torres Strait Islander people were classified as Aboriginal, and hence were excluded from the Census. Next, they were classified as Polynesians (1947), and then as Pacific Islanders (1954, 1960). The removal of their Indigenous status meant they were counted in the Census. In 1966, Torres Strait Islander people were redefined as Aboriginal and were excluded from the Census until the 1967 Referendum, which resulted in all Aboriginal and Torres Strait Islander people being included in the Census count. Today, the Australian Government uses a three-part legislated definition of Aboriginal and Torres Strait Islander status: 'An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he [or she] lives' (Ross 1996: 4).

Aboriginal and Torres Strait Islander identification within datasets

For convenience, self-identification of ethnic group affiliation is often used as the 'gold standard' in health research (Kaufman 2013; Thompson et al. 2012). This tacitly favours a post-modernist view that the individual is all-knowing, and hence community verification is not used, with self-identification given priority (Tyler 1993). Although it may be adequate for statistical purposes, self-identification without community acceptance is not necessarily sufficient for administrative or legal purposes, such as eligibility to access Aboriginal and Torres Strait Islander-specific programs[7]. Major data centres such as the Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS) now encourage standardised use of the Indigenous status question (AIHW 2009b: 9), which is 'Are you of Aboriginal or Torres Strait Islander origin?', with responses options of 'No', 'Yes, Aboriginal', and 'Yes, Torres Strait Islander', with individuals of both Aboriginal and Torres Strait Islander origin marking both respective boxes.

The context in which the question is asked, and perceptions of why this data is being collected, and what it will be used for, can influence whether individuals identify Aboriginal and Torres Strait Islander status in health data (AIHW 2009b; Kelaher et al. 2010). A person can choose to identify in one context yet not in another. Previous research indicates that staff collecting the data can also influence outcomes by choosing not to ask the individual directly and making assumptions, most commonly based on appearance (Brough et al. 2001; Kelaher et al. 2010; Jackson Pulver et al. 2003). Even if the individual does fill out their own form, there is a possibility that the clinical or research staff may change the responses based on their own assumptions; for example, an interviewee in one study noted, 'Like, I filled out a form which says "are you Aboriginal?" and I ticked it "yes" and then I seen the form again. Whoever I handed it to crossed it out and put on "no"' (Mellor 2003: 479). Data linkage has been used with relative success to cross-check Aboriginal and Torres Strait Islander status (Thompson et al. 2012), although this eliminates the agency of the individual choosing to identify (or not).

Historically, it is known some people have chosen to conceal their Aboriginal ancestry to avoid government intervention or discrimination; however, recent Census data shows that people are increasingly more likely to identify as Aboriginal and Torres Strait Islander (Ross 1996; ABS

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[7] See legal cases such as:

      Commonwealth v Tasmania ("Tasmanian Dam case") (1983) 158 CLR 1

      Desmond Gibbs v Lyle Capewell, Australian Electoral Commission and Minister of

      Aboriginal and Islander Affairs (1995) 128 ALR 577

      Edwina Shaw & Anor v Charles Wolf & Ors [1998] FCA 389

2011b), particularly in an urban setting (Biddle and Crawford 2015). This is occurring at a rate that cannot be wholly explained by demographic changes such as births, deaths and migration, and is reflective of a broader changing socio-political climate as people rethink how they view and assert their Indigenous identity (Ross 1996; ABS 2011b; Biddle and Crawford 2015).

Given this context, I expected that the mothers in the MUSP may have under-identified Aboriginal status when filling in the initial questionnaire in the early 1980s. I did not expect, however, that the mothers may have over-identified some 30 years ago. The following presents a narrative-style case study approach to the investigation process and how the issue of identification unfolded.

The collection of Aboriginal status within Mater-University Study of Pregnancy

The MUSP uses data collected from mother-child dyads, with mothers originally recruited at the first antenatal clinical visit to the Mater Mothers' Hospital, a major inner-city hospital in Brisbane, between 1981 and 1983. At the births of the children, 7,223 dyads remained in the study, including 226 children whose mothers had identified themselves and/or their current partners as 'Australian Aborigine' via a self-completed questionnaire[8].

Table 4.1: Asking the question: Comparing Aboriginal status collected in the Census and Mater-University Study of Pregnancy

Census 1981	MUSP 1981–1983	Census 2011
Is the person of Aboriginal or Torres Strait Islander origin? *For persons of mixed origin, indicate the one to which they consider themselves to belong.* - No - Yes, Aboriginal - Yes, Torres Strait Islander	To which of the following groups do you belong?[a] *Circle the most appropriate answer.* - Australian Aborigine - Maori/Islander - Asian - White - Other (please specify)	Is the person of Aboriginal or Torres Strait Islander origin? *For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.* - No - Yes, Aboriginal - Yes, Torres Strait Islander

[a] The MUSP also collected Indigenous status for the expecting mother's current partner, 'To which of the following groups does your partner belong?'

Additional sources: ABS 1981; ABS 2011c.

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[8] A minority of participants received assistance from research staff in completing questionnaires due to literacy issues.

Table 1 compares the question used to collect Aboriginal status in the MUSP with the Census of the same year (1981), and also with the most recent Census (2011). Regarding the position within the questionnaires, in both Census questionnaires the Aboriginal status question was in the first section, minimising the chance of response fatigue (ABS 2011b). In the MUSP questionnaire, however, the question was positioned towards the end (questions 103 and 108, pages 14 and 15). Comparing the two Census questions, the main change in 30 years has been the removal of the forced self-selection of only one option for those of 'mixed origin'. Thus in 2011, there was the opportunity to identify on the form as both Aboriginal and Torres Strait Islander, though not another ethnicity. While not mentioning race, the question in the MUSP questionnaire asked more broadly about belonging to (racial)[9] groups, softly prompting for one response (as in the 1981 Census).The format, however, did allow for multiple responses and coding allowed for responses to two groups (e.g. one could select both 'Australian Aborigine' and 'White'). Importantly, Torres Strait Islander identification was not adequately collected in the MUSP, with those identifying as Torres Strait Islander potentially being categorised with Maori and Pacific Islanders, 'Australian Aborigine' or 'Other', depending on the interpretation. This omission meant my doctoral research could not specifically explore experiences of people who identify as Torres Strait Islander (unless they also had identified as Aboriginal)[10].

Hints of something amiss: contacting the offspring 30 years later

In May 2013, I sent a postal invitation to the MUSP offspring who had been recorded in the dataset as Aboriginal due to their mothers' responses in the initial questionnaire 30 years ago, and who had previously consented to being followed up by MUSP researchers and had recently completed the 30 year follow-up (hence the available of up-to-date contact details). I invited them to participate in an optional qualitative interview which would be part of my doctoral research.

I first suspected an issue with Aboriginal identification within the MUSP when one invitee telephoned to ask how they had been identified as Aboriginal because – to their knowledge – no one

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[9] Groups were not specified as racial or ethnic on the questionnaire, though in the dataset, the variable name is 'race' and the variable label is 'racial origin', while it is listed in the codebook as 'ethnicity'.

[10] Some MUSP publications have used an iteration of 'Aboriginal and Torres Strait Islander' status (e.g. Doolan et al. 2013: 305; Alati et al. 2007: 576) which is constructed using a combination of 'Australian Aborigine' and 'Maori/Islander' responses within the MUSP cohort. This is done irrespective of including people who are not Aboriginal and/or Torres Strait Islander but who are migrants who may come from culturally distinct backgrounds from New Zealand, Samoa and Papua New Guinea. The rationale given for doing this is to increase sample size to allow for stronger statistical associations (pers. comm., MUSP investigator 2013).

in their family was Aboriginal. The invitee stated their father was [European][11], and asked whether the study was indicating that their father was not their real father. I reassured the invitee that this was not the case and that there had probably been a data error somewhere.

A couple of days later, the same person's mother rang the MUSP project team with a complaint. She was offended that MUSP researchers thought she or her husband was Aboriginal. The mother said that she was 'not racist' but was 'disappointed that the Mater could have got this wrong after all these years'. One of her many comments was that her whole family was 'White' and that her husband was European, and that she 'never even went to school with Aboriginal kids'. My doctoral supervisor, a longstanding principal investigator on the MUSP, rang the mother back to apologise and reassured her that there must have been an error in the MUSP database.

Over the next couple of weeks, I and other members of the MUSP project team received calls and emails from those invited to participate. They were asking, 'how come they had been sent a letter about participation within this Indigenous study when they were in *no way of Indigenous descent'* (pers. comm., MUSP team 2013, emphasis in original). The following are examples of responses to the mailed invitation:

> I just received your letter. There seems to be a mistake, I am not Aboriginal or Torres Strait Islander. I also have recently moved. Can I update my address with you?
>
> *
>
> I received your letter in the mail today regarding your research, however I am not Aboriginal and neither is my mother or her partner – I think an error may have occurred somewhere […]. I would be happy to participate if I could, however I don't think I qualify. I hope it goes well for you.
>
> *
>
> I think my mum stuffed up somewhere. When you look at me, my skin's so white that if I go out in the sun, it could blind someone. And I've got red hair. There's no way I'm Aboriginal!

These do not appear to be responses from people purposefully trying to hide their Aboriginal heritage in order to not participate in the optional qualitative interviews. Instead, they suggest – quite bluntly – that a data error had occurred somewhere. With current contact details for only 30 'Aboriginal' offspring, I was dismayed that 15 did not identify as Aboriginal.

Fortunately, the original questionnaires were in storage and available for inspection. Many days were spent in a mouldy and dusty basement, meticulously photographing the questionnaires, page by page. After examining the questionnaires of the 30 potential participants, no clear explanation

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[11] The nationality was removed to maintain participant confidentiality.

had emerged. Thus the archival investigation was expanded to include all offspring in the MUSP study who had previously been identified as Aboriginal at baseline from the mother-completed questionnaires. Questionnaire responses were catalogued using Microsoft Excel. I was able to verify recorded Aboriginal status on the initial questionnaires for 208 of the original 226 offspring classified as having one parent who had been identified as 'Australian Aborigine'. To illustrate the complexity of documenting cultural identity, the following section presents the findings from this archival investigation, as well as selected extracts from the qualitative interviews that were part of my doctoral research.

Miscodes and markings: dissatisfied responses to the question

The archival investigation of the baseline questionnaires revealed that many participants had found it challenging to classify their 'group affiliation' as one of the discrete and limited racial groups provided. This was evidenced with 15% (62 out of 416) of the mother and partner responses containing markings on the original baseline questionnaires, rather than simply circling the 'most appropriate answer'. Additionally, there seemed to be inconsistencies on the part of the research staff when coding these responses, sometimes reallocating responses to different groups. This suggests the subjective nature of categorising race and ethnicity.

Some respondents meant 'Australian', not 'Aborigine'

The issue of potentially having some non-Aboriginal people counted as Aboriginal within the MUSP was partially disentangled when it was found that of the 208 children coded as 'Australian Aborigine', 11 children were clearly incorrectly coded during data entry. For seven of these children, the mother had indicated that she or her partner was 'Australian', by circling 'Australian Aborigine' but crossing out 'Aborigine' (see example in Figure 4.1). This had been systematically coded by previous MUSP research staff as 'Aborigine'. It is not known how many additional mothers had unintentionally circled 'Australian Aborigine' believing they were selecting 'Australian'.

Figure 4.1: Meant 'Australian'
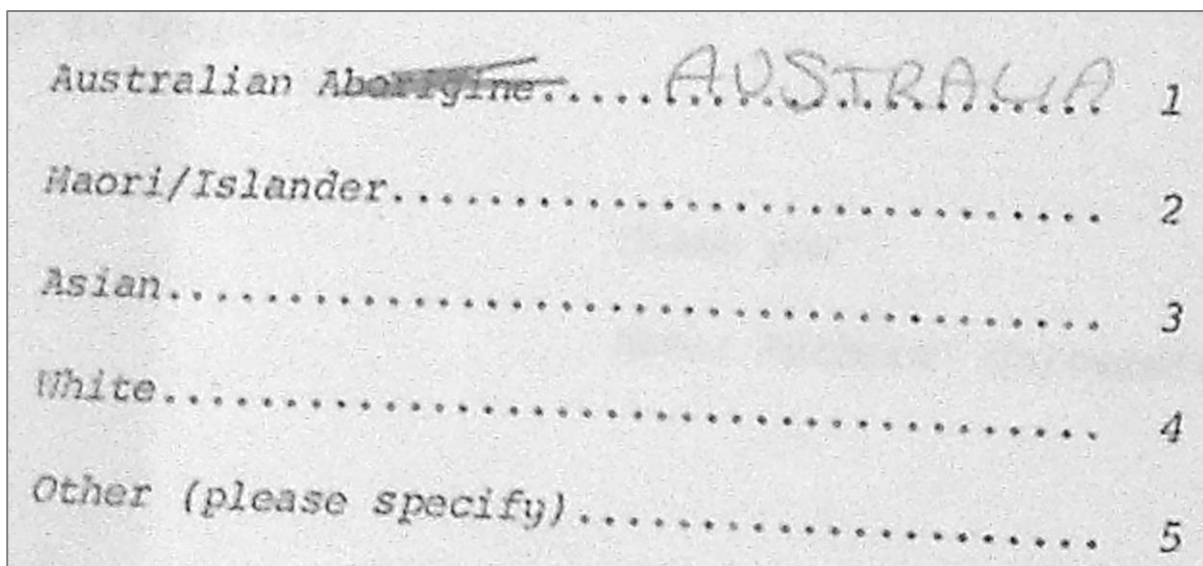
Source: MUSP original questionnaires.

The ambiguity of the 'White' category

Historically, it can be assumed that the prototype 'White' Australian in the early 1980s would have been understood to mean Anglo-Australian (Cowlishaw 2004: 5). Those who were not born in Australia but may have been perceived as White (in comparison to the other racial categories presented) sometimes had their nationalities handwritten in the 'Other' category – for example 'Italian', 'Maltese', and 'Kiwi' (New Zealander) – and were then recoded by the researchers as 'White'. On the other hand, some participants marked their migrant partners (for example a man born in Germany) as 'White', with no additional comments. One mother marked her group as 'White' and in the 'Other' category wrote 'South African/Australian'. When conducting the qualitative interview for my doctoral research with this woman's offspring, the interviewee (now a 30 year old adult) who did not identify as Aboriginal or Torres Strait Islander, said, 'Mum was born in South Africa, and migrated over here [to Australia] when she was about twenty. […] In South Africa she'd be classed as a Coloured'[12]. This highlights the subjectivities of categorisation across different contexts (time and space), and also group affiliation interchangeably being perceived in terms of race/phenotype, place of birth and citizenship.

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[12] A person labelled as 'Coloured' in South Africa referred to someone with mixed ancestry.

Figure 4.2: Where does Lebanese fit in?

109. To which of the following groups does your partner belong?

PLEASE CIRCLE THE MOST APPROPRIATE NUMBER.

Australian Aborigine........................... 1

Maori/Islander................................. 2

Asian.. ③

White.. 4

Other (please specify)........................ 5

    LEBONESE

Source: MUSP original questionnaires.

Figure 4.2 represents one example of ethnicity that was particularly inconsistently classified. In a previous question, a mother had stated her partner was born in Lebanon. When responding to the question on group affiliation, she had first circled 'Asian', then crossed it out and had written 'LeBonese [*sic*]' in the 'Other' category. The MUSP researcher coded it as 'White'. This highlights that the coder as well as the participant may have been uncertain how to classify this identity. This example suggests that when using broad racial categories, the response category of White is not without its ambiguities, and that not being 'White' was a marker of difference that went beyond skin colour, and also encompassed nationality and country of origin.

The recording of multiple ancestries

When a person did not 'fit' the prescribed categories in an obvious way, there were more markings on the form, suggesting it mattered to the mother to specify or elaborate on their – or their partner's – chosen group affiliation (Figure 4.3). This was especially evidenced for those who identified with multiple groups/ancestries.

Figure 4.3: Examples of markings on baseline questionnaires

Source: MUSP original questionnaires.

The following excerpt from a qualitative interview with one of the MUSP offspring demonstrates just how many ancestries a person may have (details have been removed to maintain participant anonymity):

My mum, she's born on the Torres Strait, on [X] Island. Her father is [X Asian nationality] and her mum is Aboriginal and Torres Strait Islander. And on my dad's side, [X European nationality] immigrants from [X Australian city].

Interestingly, for this person not all this information was adequately captured on the original form: the mother was listed as 'Australian Aborigine' and her partner as 'White', arguably favouring categories of race. Although this could be because the participant identified most strongly with her Aboriginality at the time of the interview, the interview with her offspring suggested that the mother most strongly identified with her Torres Strait Islander culture, but there had been no clear Torres Strait Islander category on the original questionnaire. This also highlights the potential ambiguity in categorisation of identification when it could be interchangeably based on place of birth, ancestry, race, and cultural identity.

When examining the original form completed 30 years ago, I found evidence of some mothers wanting to acknowledge multiple ancestries, which included Aboriginal descent (as demonstrated in some examples that feature in Figure 4.3). The original coder instructions were to favour Aboriginality as the primary category, with the option of including a second category if applicable (pers. comm., MUSP investigator 2014). In practice, however, there did not appear to be any systematic way of coding these responses. For example, one person indicated, Aboriginal and Indian descent, but the coder only recorded their Aboriginality, whereas, a person of Aboriginal and Ceylonese descent was coded as both 'Australian Aborigine' and 'Asian'. Inconsistencies in coding continued for those who had both 'White' and Aboriginal ancestry. For example, one mother who recorded being 'Part [Aboriginal], very little of I [sic]', was classified by MUSP staff as Aboriginal only, while mothers' responses of 'mixed blood' and '1/4 cast [sic]' were classified by MUSP staff as both 'Australian Aborigine' and 'White'. Interestingly, one mother had two children two years apart to the same partner who was of Aboriginal descent (this was confirmed in the follow-up qualitative interview), and both children had been recruited in the original MUSP study. Filling out the questionnaire during her first pregnancy, the mother recorded her partner as both 'White' and 'Australian Aborigine' (with both groups coded as such in the dataset), but in the second

questionnaire she filled out at the time of her second pregnancy, she simply selected 'Australian Aborigine'. For another participant, the dissatisfaction with the group affiliation question in the MUSP was more than evident when she wrote in the 'Other' category 'Black Australian (Offensive question)' (Figure 4.3).

Aboriginal ancestry may not have been recorded for some people

When interviewing one of the offspring who had been identified in the MUSP dataset as Aboriginal, she confirmed that she self-identifies as an Aboriginal person. However, on the questionnaire completed 30 years ago, her mother had selected 'Australian Aborigine' for both herself and her partner, with 'Aborigine' crossed out both times. Therefore on a technicality, MUSP researchers should have coded this entry as not Aboriginal, and it was by serendipitous error that this person was included in the sample for my doctoral research.

In recounting her family history, this interviewee explained that her non-Aboriginal grandmother had an affair with an Aboriginal man, resulting in the birth of the participant's father. For fear of scandal and also possibly the fear of having the child removed (as part of the Stolen Generations), Aboriginality had never been spoken about in her family. As a result, the interviewee's father does not identify as Aboriginal, and her grandmother is deceased, making it difficult for the interviewee to 'prove' or document her Aboriginality in an administrative sense, despite Aboriginality being an important part of her lived experience. This story suggests that it is plausible that other mothers in the MUSP, who knew of Aboriginal ancestry, did not identify it on the baseline questionnaire. It also highlights the potential for discrepancy between a mother reporting identification on behalf of her partner – when she may not be aware of the family history (and potentially also the father may not either) at the time of data collection.

Correcting the miscodes based on the original racial groups

Tables 4.2 and 4.3 present the findings of the archival investigation, demonstrating that for 13% of the mothers and 16% of partners, group affiliation responses had markings or miscodes written on the original questionnaires.

Table 4.2: Mother's self-reported ethnicity at baseline

Original questionnaire	N = 208
No additional markings (n = 180)	
Australian Aborigine	**122**
Maori/Islander	2
Asian	1
White	55
Markings and miscodes (n = 28)	
Coding error (n = 8)	
Random error, should be White	1
'Meant Australian'	6
'Mother Australian/Father Thursday Islander', coded as Australian Aborigine[a]	1
Other (n = 20)	
Marked but affirm Australian Aborigine	**3**
Multiple ancestries (n = 15)	
Including Aboriginality (n = 13)	
'Part Aborigine' and White	**9**
'Part Aborigine' and 'non-White'[b]	**4**
Excluding Aboriginality	2
'Black Australian (offensive question)'	**1**

Total N = 208; Aboriginal n = 139 (in bold, includes 'Black Australian' coded as Aboriginal), non-Aboriginal n = 69.

[a] Thursday Island is part of the Torres Strait Islands. [b] i.e. 'Ceylonese', 'Islander', 'Thursday Islander', 'Maori'.

Table 4.3: Partner's ethnicity as reported by mother at baseline

Original questionnaire	N = 208
No additional markings (n = 175)	
Australian Aborigine	**106**
Maori/Islander	3
Asian	1
White	52
No partner	13
Markings and miscodes (n = 33)	
Coding error (n = 8)	
Random, should be missing	2
'Meant Australian'	5
'Australian/Maori', coded as Australian Aborigine	1
Other (n = 23)	
Markings but affirm Australian Aborigine	**2**
Multiple or complex ethnicities (n = 23)	
Including Aboriginality (n = 12)	
'Part Aborigine' and White	**8**
'Part Aborigine' and 'non-White'[a]	**4**
Excluding Aboriginality	11

Total N = 208; Aboriginal n = 120 (in bold), non-Aboriginal n = 73, no partner n = 13, missing n = 2.

[a] i.e. 'Maori/Islander', 'Indian'.

Table 4.4 summarises the evidence that, based on the original questionnaires, 11 out of 208 offspring in the MUSP were miscoded as Aboriginal.

Table 4.4: Child's Aboriginal status based on mother and mother's partner ethnicity reported at pregnancy

	Partner Aboriginal	Partner non-Aboriginal	No partner/ missing partner data
Mother Aboriginal	62	63	14
Mother non-Aboriginal	58	**10**	**1**

Total N = 208; Aboriginal n = 197, non-Aboriginal n = 11; represents 5% coding error (in bold).

In comparison, Table 4.5 shows that at the 30-year follow-up 15 out of 30 of the MUSP offspring did not self-identify as Aboriginal, yet only four were miscoded in the original questionnaire. This leaves 11 participants for whom there is no known reason why there was a discrepancy in the mother-reported Aboriginal status and her offspring self-identifying as non-Aboriginal at 30 years. Reasons can only be hypothesised: perhaps the mother thought she was ticking 'Australian'; perhaps these offspring do not know they have an Aboriginal background; perhaps these offspring did not wish to identity as Aboriginal to me on the phone; or perhaps they simply do not identify with this aspect of their ancestry. In the absence of being able to conduct a study-wide self-identification census and given such a large number were unable to be followed up 30 years later (through study attrition), it must be concluded that there is no way of knowing the extent of a possible discrepancy between mother-reported and self-reported Aboriginal identification among the whole sample of offspring who have participated in the MUSP. Although this could be seen as a study limitation, this also validates the findings that there are significant methodological challenges in trying to empirically document cultural and racial identities.

Table 4.5: Case study 30 year follow-up

Self-identification	Original questionnaire	N = 30
Aboriginal	Missing original questionnaire	1[a]
	Correctly identified	14
Non-Aboriginal	Error: marked, meant Australian	**3**
	Error: random miscode	**1**
	Unknown reason, no markings	11

Total N = 30; Aboriginal n = 15; Non-Aboriginal n = 15; represents 50% identification discrepancy and a 13% coding error (in bold).

[a] Original questionnaire was not able to be found for one participant, who self-identified as Aboriginal.

Implications of investigation findings

This paper has explored the collection of Aboriginal (and lack of Torres Strait Islander) status within the MUSP, a longitudinal birth-cohort study based in Brisbane that commenced in the 1980s. A follow-up of 30 MUSP offspring whose baseline data indicated that one or both parents identified as an 'Australian Aborigine' found that not only did half not self-identify as Aboriginal, neither did their parents. An archival investigation of the original questionnaires self-completed by the offsprings' mothers 30 years ago revealed that this discrepancy in identification could not be wholly attributed to individuals choosing not to identify with a possible aspect of their ancestry, and could be in part explained by miscodes. The investigation also exposed that – for many, and not just for Aboriginal people – the racial categories used were inadequate to represent the complexities of a lived cultural and racial identity, and at times were even considered offensive.

Markings on the original baseline questionnaires from both the MUSP research staff and respondents revealed conceptual ambiguity between group categories of race, ethnicity, nationality and country of origin. Evidenced by the handwritten notes on the original questionnaires, respondents with single or multiple, White or non-White, Indigenous or migrant ancestries were not always able to be categorised exclusively into the limited categories provided. Importantly, the identity that was most obviously absent from the notes made by the mothers on the questionnaires was that of the White Anglo-Australian – the dominant cultural group. Positioning some identities as more difficult to categorise while the dominant category remains unmarked – and is tacitly positioned as normative and unproblematic – suggests concealment of racial privilege (Moreton-Robinson 2000). It is not the identities themselves that are problematic; rather it is the categorisation of identities that is problematic. All identities are inherently complex and cannot easily be categorised into boxes as they are lived and fluid – not fixed – social constructions. When considering Giddens and Sutton's (2012: 1060) definition of identity stated earlier, it is clear that for some people the limited way the MUSP researchers had original conceptualised and categorised identity was not meaningful or applicable to them. Some respondents, however, felt the need to elaborate or specify other group affiliations, suggesting their own perceived group identities *were* meaningful to them (as opposed to their classification by others). At the very least, people may written these 'other' identities believing they would be of some importance to the researchers, even if only to be effectively silenced during data entry and analysis when the data became aggregated or recoded into the original classifications.

The additional predicament of positioning the group identification question late in the original MUSP questionnaire may have resulted in participants not being at their 'freshest' when filling out the form, potentially leading to further undetected misreported responses. This was found to be true with the Census, as prime question positioning directly influenced an increase in Aboriginal and Torres Strait Islander identification (ABS 2011b). Given '*Australian* Aborigine' was the first response listed in the original MUSP questionnaire, it is possible that more participants circled this response thinking it was 'Australian' than can be accounted for via markings. Alternatively, being an 'Australian *Aborigine'* may have also been conflated with the idea of being an 'Australian native' (i.e. born in Australia though may not be of Aboriginal or Torres Strait Islander descent; see Read 2000). The present study has no capacity to calculate the exact magnitude of error for how many offspring, classified as Aboriginal in the MUSP, have no Aboriginal ancestry. Similarly, there is also no capacity to quantify how many participants knew of their Aboriginal ancestry but chose not to share it with researchers (at baseline or follow-up), or indeed to count those who are unaware of their Aboriginal descent altogether. This is an issue that may be shared across other studies.

Furthermore, when assigning individuals to subjective socially constructed racial (phenotype) and ethnic (cultural) categories, there is always propensity for dissonance between how individuals see themselves, how they imagine others would classify them and how others might actually classify them (Kaufman 2013: 55). This may have influenced discrepancies in how the mother reported her own identification, as well as her partner's, and subsequently, the classification for the study-child. It is important to be mindful that an individual may choose to identify differently over time or in different contexts, and indeed differently from their parents. To capture this, the AIHW and ABS (2012: 26) suggest collecting Indigenous status repeatedly over time to minimise the possibility of having outdated information. This could be achieved by routinely asking Indigenous status in prospective follow-up phases of longitudinal studies to track potential individual changes in identification over time, although data analysis should be sensitive to an individual's right to identify (or not) and that procedures for collecting Indigenous status may also change over time.

To date, several MUSP publications have used Aboriginal status in analysis across a range of topics including child abuse and neglect (Doolan et al. 2013) and obstetric outcomes (Najman et al. 1994). Considering such quantitative studies are often a privileged contribution to evidence-based practice (Walter 2010; Brough 2013; Altman 2009), findings from the present study reinforce the need for caution when interpreting statistics. The push by the AIHW and ABS to unify the working

definition of Aboriginality has been necessary to ensure reliability, consistency and comparability between studies (AIHW 2009b; AIHW and ABS 2012). However, Australia has a long history of changing its official classification of Aboriginal and Torres Strait Islander people, as well as other racial and ethnic groups. Current classifications will most likely change again in time. As Australia becomes increasingly pluralistic, essentialist identity categories become increasingly inadequate. Treating racial and ethnic identities as fixed pseudo-biological epidemiological variables cannot do justice to the diversity and complexity of the lived experience.

More than just ticking a box: Diversity of Aboriginal identities and implications for public health

Figure 5.0: Theoretical and methodological approaches applied in Chapter 5
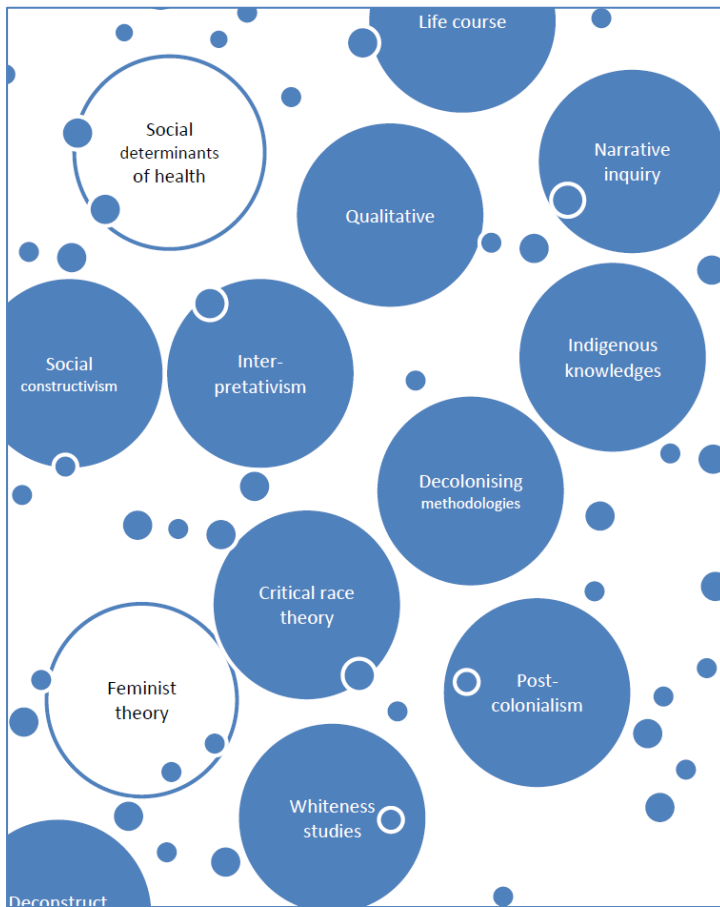
Note: Blue circles represent approached used in this chapter.

Abstract

Cultural identity is more complex than a box to be ticked on a form. It is dynamic and fluid, and multiple in meaning. However, epidemiology often treats it as static and homogenous when used as a variable for statistical analysis. In doing this, identity becomes divorced from the social context in which it is created and recreated. It is given new meanings which may or may not be meaningful to the lives of the people whose identities are being talked about. In Australia, public health researchers routinely decontextualise Aboriginality to quantify the overrepresentation of poorer health outcomes experienced by Aboriginal people. Isolated from its original social context, Aboriginality becomes perceived as a fixed trait reinterpreted through a lens of difference and disease – as if Aboriginal identity itself was the cause of these disparities. This representation of Aboriginality bears little resemblance to how Aboriginal people articulate their own dynamic and relational identities and worldviews – yet mirrors Australia's colonial imaginings and Othering of Aboriginal people. This paper presents some examples of the social complexities of identity, evidenced by life history narratives collected from eleven Aboriginal people born in Brisbane, Australia, who are part of an ongoing longitudinal study of health. Despite sharing similar demographic characteristics, interviewees all described different ways of being and experiencing Aboriginality. By acknowledging the plurality of Aboriginal identities and the intersubjectivity of identity construction between Aboriginal and non-Aboriginal people, this paper argues for a more nuanced qualitative understanding of Aboriginal identities within Australian public health literature.

Keywords: Aboriginal, identity, public health, epidemiology, Othering, Aboriginalism

Introduction

Epidemiology is a quantitative discipline at the cornerstone of public health. Based in positivist-inspired empiricism, epidemiology uses probability and statistics to estimate cause and effect pathways for disease that inform public health initiatives to 'prevent disease, promote health, and prolong life among the population as a whole' (WHO 2015). Establishing risky identities, Lupton (1997: 35) argues, is the bread and butter of epidemiology whose central role is in 'identifying risk factors, risk groups and the apparent causes of disease.' Within this context, measuring health disparities between cultural groups relies on reducing cultural identity to a box to be ticked on a form. Some cultural identity categories are positioned as risk groups over others, and culture becomes 'reified as an

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ensemble of measurable "factors" with deterministic power over specific aspects of illness' (DiGiacomo 1999: 443). Instead of being dynamic and diverse, identity becomes static and homogenous. It is divorced from its original social context, and is allocated new meanings. Public health's population level focus has rendered it myopic to individual level differences within groups. Rather than prioritising the voices and experiences of the people themselves, these interpretations are often based on stereotypes and *a priori* assumptions of the researchers (Sheldon and Parker 1992; DiGiacomo 1999). Yet epidemiology's allure of seemingly value-free objectivity remains and public health researchers seldom take count of their agency in re-presenting identities.

> The privileged knowledge of 'hard science' carries with it a capacity to further entrench social ideologies, hence any science dealing with 'populations' must be wary of its power to not only reflect, but also to reinforce, prejudice. (Brough 2001: 69)

Aboriginality as a risky identity?

Over the past three decades, large quantitative studies have dominated the evidence base of Aboriginal health research in Australia (Brough 2001; Brough 2013; Priest et al. 2009; Walter 2005; Walter 2010). Through these studies, epidemiologists have 'come to know' Aboriginal people through a lens of difference and disease, represented by the well-documented higher levels of chronic disease, psychological distress, lower life expectancy, socioeconomic disadvantage, unemployment, and overrepresentation in the criminal justice system (AIHW 2011a). These statistical portraits have tacitly reduced Aboriginality to a problematic or risky identity, as if there were something essentially deterministic about the cultural behaviour of Aboriginal people themselves as the cause of these disparities (Walter 2010; Fredericks 2010; Bond 2005; Bond 2007; Bond and Brough 2007). Particularly for 'lifestyle diseases' such as obesity and substance use (Vos et al. 2009), a lack of clear interpretation of results on behalf of the researchers can result in an overemphasis on individual responsibility and victim-blaming (Sheldon and Parker 1992). Importantly, relying on simply a box ticked on a form to determine associations between cultural identity and health can ignore historical, social, political and economic barriers that contribute to these health disparities (Brady 2007; Langton 1993b).

However, this process of transforming Aboriginal identities in epidemiological variables for statistical analysis is rarely reflected upon within public health. Rich and dynamic identities of Aboriginal people routinely become fixed and uniform, continuously presented as the binary opposite to non-Aboriginal identities. This Othering of Aboriginal people within public health has led to the silencing of diverse Aboriginal and Torres Strait Islander voices and neglect of acknowledging the fluid and multiple meanings attributed to Aboriginality in a postcolonial urban context. Bond (2005: 39) argues this has resulted in a 'disjuncture between the lived experience of being an Aboriginal person and the described experienced of Aboriginality that is manifest within public health.' This paper aims to explore this tension between how epidemiologists have 'come to know' Aboriginal people versus how Aboriginal people themselves describe their identities and experiences within qualitative life interviews, foregrounding explicit and implicit assumptions and limitations of researchers using Aboriginal status as an epidemiological variable.

What Aboriginalism can tell us about how Aboriginal people are portrayed within public health

> Since their first intrusive gaze, colonising cultures have had a pre-occupation with observing, analysing, studying, classifying and labelling 'Aborigines' and Aboriginality. Under that gaze Aboriginality changed from being a daily practice to being 'a problem to be solved'. (Dodson 1994: 24)

Using such broad level identity categories such as 'Aboriginal' and 'non-Aboriginal' has relied on colonial imaginings and Othering of Aboriginal people to other Australians. These have been borrowed from representations of Aboriginality which have been constructed largely in their absence (Attwood 1992: ii). Drawing on Said's (1978; 1985) concept of Orientalism, Attwood (1992) describes the phenomenon of Aboriginalism, whereby the majority of written knowledge about Aboriginal people in Australia has been produced, controlled and maintained by European 'experts' – not Aboriginal people themselves. These 'authoritative and essentialist "truths"' about Aboriginal people (Attwood 1992: i) have become the primary evidence that informs public imaginings of Aboriginality as well as government policy and practice, including public health research.

Knowledge production is fundamentally embedded in power relations and the socio-historical context (Nakata 2007; Rigney 2001; Foucault 2003). Rigney (2001) describes how racialist Western science in the 18th and 19th Centuries (notably social Darwinism and Polygensis

theory) represented Indigenous people as 'sub-human' and uncivilised. This led to Britain's declaration of Australia as *terra nullius* ('land belonging to no-one'), and subsequent occupation, as it was assumed that Indigenous people were without valid knowledge systems of their own (what Rigney terms '*Intellectual Nullius*'). This subjugation of Indigenous knowledges has become reinforced through a tradition of 'Aboriginalism' where research and knowledge about Aboriginal people were created in their absence, leading to the silencing of diverse Aboriginal voices (Attwood 1992; Rigney 2001; Bodkin-Andrews and Carlson 2013). Even the Latin '*ab origine*' ('from the beginning or original source') is an imported and colonial construct:

> Despite the existence of hundreds of self-identifying and named autonomous groups across the continent, the original inhabitants of Australia have always been understood and named by Europeans as a singular group – 'the Aborigines' (Bodkin-Andrews and Carlson 2013: 32)

Colonial imaginings have engendered representations of Aboriginal people as 'Other'. Like with Orientalism in the Middle East, the West has defined itself by what it is not (Moreton-Robinson 2004). In the Australian colonial context, Europeans positioned Aboriginal people as being 'radically different from themselves' (Attwood 1992: i). Aboriginalism has for the greater part represented Aboriginality by two tropes: the noble savage and the ignoble savage (Attwood 1992: iv). The first relates to a nostalgic and romanticised view of Aboriginality as something fixed in the past, representative of antiquity and a '"primitive" spirituality that "civilisation" had lost', favouring 'traditional' imagery of a 'black, male bearded and scantily dressed, holding a spear and with his eyes fixed on some distant object' (Beckett 1988: 206).

> Such representations of Aboriginality called into doubt the special status of those who called themselves Aboriginal, but lived in urban settings, practices no traditional arts or ceremonies, and generally failed to 'look the part' (Becket 1988: 207).

Imagery of the ignoble savage emerged from colonialist fears from the frontiers that Aboriginal people were a threat, with Aboriginal people being negatively portrayed as violent, brutish, inferior or incapable of being civilised (Morris, in Attwood 1992). This imagery persists through stigmatised positioning and social marginalisation of Aboriginal people. While these portrayals of Aboriginality have not reflected how Aboriginal people see or present themselves, they continue play a key part in mainstream Australia's imaginings of Aboriginality and have been used as justification of State control over the lives of Aboriginal people (Langton 1993a; Moreton-Robinson 1998).

Early 20th Century imaginings of Aboriginal people as uncivilised, 'contagious or polluted "other"' was used to enforce segregation (Brough 2001: 71). Next, there was an attempt to regulate and assimilate Aboriginal people based on supposed blood quantum, following the myth that cultural identity could be diluted through skin colour (Kunitz 1994: 88). As described by Attwood (1992: vii):

> …'culture' was conflated with the categories of race, and consequently only 'full-blood' Aborigines were considered to be real Aborigines, thus denying the Aboriginality of those of mixed descent.

In Queensland, numerous legislative 'Acts' allowed government officials to control the lives of Aboriginal and Torres Strait Islander people including where they lived, who they married, where they worked and how they were paid. Families were separated and many were forcibly removed from homelands by government agencies and missions – this became known as the Stolen Generations (HREOC 1997).

The social revolution of the 1960s and 1970s saw a shift in Australian politics, with the landmark 1969 Referendum allowing the Aboriginal people to be counted 'in reckoning the number of the people in the Commonwealth…' (Dodson 2008; Moreton-Robinson 2009), i.e. no longer systematically 'denied a share in ruling… rights and entitlements that ordinary citizens enjoyed' (Chesterman and Galligan 1997: 2–3). In the late 1980s to early 1990s, the Hawke-Keating federal government's push for Reconciliation saw increased funding in the areas of Aboriginal health, employment, education, welfare and land rights. This led to the gradual inclusion of Aboriginal people within the academy, and extended the discourse from Aboriginalism to incorporating Indigenous perspectives and knowledges into research (Rigney 2001: 1).

Emerging understandings of contemporary Aboriginal identities

> I strongly reject the supposition that there could exist one true authentic version of Aboriginality and propose that our imaginings of Aboriginality cannot be understood without looking at the context within which they are created. (Bond 2007: 41)

Australia has struggled to define and make sense of Aboriginality (Brough 2001; Dodson 1994), with 67 different definitions of Aboriginality found across 700 Australian legislative documents, as meanings attributing to Aboriginality change over time. Current literature on Aboriginal identities heavily informed by the works of Aboriginal scholars shifts the gaze to

describe a continuum of Aboriginality and the 'interweaving' of Aboriginal people in the postcolonial context (Fredericks 2013; Paradies 2006). Langton (1993a: 31, emphasis in original) states:

> The creation of "Aboriginality" is not a fixed *thing*. It is created from our histories. It arises from the intersubjectivity of black and white in a dialogue.

Aboriginal communities can be made up of people with distinctive social backgrounds, cultural histories and ancestral language groups but share a common Aboriginality (Langton 1981: 17). This is maintained through strong kinship ties reinforced in everyday activities (Dudgeon and Ugle 2013; Behrendt 2006; Fredericks 2013). Communities can be geographically localised or dispersed, rural or urban based (Dudgeon and Ugle 2013: 183).

Urban Aboriginal identities in particular have been contested in Australia (Langton 1981; Behrendt 1994; Bond 2007; Fredericks 2013; Brough 2001), yet cultural vitality persists in urban Aboriginal communities. These communities have often experienced longer and more intense history of colonisation and government assimilationist policies (in particular traditional owner groups of urban areas), and can be more geographically dispersed than discrete remote Aboriginal communities (Dudgeon and Ugle 2013: 183). These communities can remain largely invisible to the mainstream population looking for Aboriginalist representations of Aboriginal people (Fredericks 2013). Behrendt (2006: 1) says:

> I often get asked, 'How often to you visit Aboriginal communities?' And I reply, 'Every day, when I go home.' The question reveals the popular misconceptions that 'real' Aboriginal communities only exist in rural and remote areas. And it is a reminder of how invisible our communities are to the people who live and work side-by-side with us.

The 2008 National Aboriginal and Torres Strait Islander Social Survey found that among those living in major cities in Australia, 57% reported identification with a clan, tribal or language group and half reported attending cultural activities in the previous year, with NAIDOC[13] activities being the most commonly reported event (36%) (ABS 2009c).

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[13]NAIDOC refers to the National Aborigines and Islanders Day Observance Committee. NAIDOC celebrations are held every year during the first week of July.

To date, the majority of health research involving Aboriginal people has been conducted in rural and remote areas (Priest et al. 2009), despite two-thirds of Aboriginal and Torres Strait Islander people now living in non-remote areas (AIHW 2011a), and making up 60% of the burden of disease for Aboriginal and Torres Strait Islander people (Vos et al. 2009). Hence, there is a need for public health to adjust its imaginings to incorporate the diversity of lives and experiences of Aboriginal people living in urban areas.

This study presents a snapshot of different identity narratives that emerged in qualitative life history interviews collected with a small group of Aboriginal people born in Brisbane who are part of an existing longitudinal study of health and wellbeing. This study argues that using Aboriginality as an epidemiological variable on its own cannot adequately capture nuanced qualitative meanings of Aboriginality nor the shared and/or diverse lived experiences of being an Aboriginal person in Australia. The stories presented in this paper are the author's interpretation of the narratives told within a research context. This paper does not claim to define Aboriginal identity, nor does it debate the legitimacy or authenticity of Aboriginal identities. Rather, it suggests that there are different ways of being Aboriginal; in the words of Paradies (2006: 363), they are 'all equally but variously Indigenous'.

Methodological approach

For this study, I have used a Western social constructivist approach and interpretivist framework that acknowledges knowledge is not 'discovered' but rather meaning is construct through highly contextualised social interaction (Crotty 1998). Hence my position as a young White middle-class woman born and raised in Brisbane has influenced the interview context and participant interaction as well as my interpretations of the data (Pezalla et al. 2012; Russell-Mundine 2012). To be mindful of this, a reflexive practice was encouraged with the use of a research diary to document the critical self-exploration of my own assumptions and interpretations of the data (Nadin et al. 2006), and efforts were made to prioritise the narratives of Indigenous people within the research project.

The people interviewed for this study were selected from an existing longitudinal birth cohort study, the Mater-University Study of Pregnancy (MUSP). The MUSP originally recruited pregnant mothers from the Mater Hospital in inner city Brisbane between 1981 and 1983. Mothers and study-children have been followed up at various life stages (see Najman et al. 2005 for more details on recruitment and cohort characteristics). For the present study, I followed up a small sub-sample of the study children-now-adults who had been recorded at

baseline to have a parent who had been identified as 'Australian Aborigine'. Eleven of the original study children-now-adults who self-identified to me as Aboriginal 30 years later, were contactable and consented to participate in a 30-year follow-up (see Chapter 4 for more detail on the follow-up and identification process).

Semi-structured qualitative life history interviews were conducted face-to-face or over the phone. Verbal informed consent was recorded prior to the interviews which averaged 1 to 2 hours. The life history interviews were designed to provide existing participants from the study the opportunity to describe a more detailed narrative of their own lives, from their own perspectives. The interviews covered broad life domains of education, employment, family, community, health and wellbeing. The interview agenda was flexible to capture of the diversity of experiences among Aboriginal people living in an urban setting and for the exploration into areas that were deemed as important or significant to the individual's life narrative. From this, the identity narratives presented in this paper emerged, suggesting they were stories the participants wanted to share and believed were important to their lives and wellbeing. Interview transcripts were transcribed verbatim with excessive use of fillers omitted to ensure readability. To maintain participant anonymity, privacy and confidentiality, names of places have been removed and interviewee pseudonyms have been randomly allocated. Ethical approval was obtained by the Behavioural and Social Sciences Ethical Review Committee at the University of Queensland (Appendix II).

Interviewee demographics

Interviewees shared similar socio-demographic characteristics. A total of five males and six females were interviewed, aged 31 to 34 years. Ten identified as Aboriginal and one identified as Aboriginal and Torres Strait Islander. Ten had one parent who was of Aboriginal descent, and one person has not had contact with their father and did not mention his background. When asked where their Aboriginal family was from, seven named a specific Aboriginal ancestral language group/nation (no interviewee shared the same group/nation), two exclusively named a region/town, and two exclusively named a former mission/reserve community. Three interviewees had non-Aboriginal parents who were born overseas. Non-Aboriginal parents born in Australia were frequently labelled as 'White Australian' or of 'European' descent.

Nine of the interviewees were currently residing in South-East Queensland, Australia, while two were living interstate in major cities. Three interviewees were living near or within a suburb that could be described as having a geographically localised urban Aboriginal community, with the remainder living in suburbs with few known Aboriginal residents (Dudgeon and Ugle 2013: 183). All of the female interviewees had children aged between two to twelve years. Five of the women were partnered (four to Aboriginal men) and one was divorced. Three of the men were partnered (to a non-Aboriginal woman) and none reported having any children.

The level of educational attainment and employment was higher in this group in comparison to national Indigenous education and employment figures (AIHW 2011a). Considering these interviewees were sourced from an ongoing longitudinal study, it is probable that attrition (loss to follow-up) biased the demographics of interviewees available for follow-up 30 years later. Nine of the eleven interviewees had completed year 12, and all interviewees had post-secondary qualifications. Ten out of eleven were currently employed (eight working full-time, and two mothers working part-time). Four were employed in Indigenous-identified[14] positions in the public service, five in the private sector and one was a self-employed business owner. Only one interviewee was temporarily 'in-between jobs' though was studying.

Research findings

Despite the interviewees all being born in Brisbane, living in urban areas, sharing a similar age, level of education and employment status, each interviewee told a unique narrative about their own Aboriginal identity. Not only were identities not homogenous across the people interviewed, identities were created through a reiterative process firmly embedded in social interaction with Aboriginal and non-Aboriginal peers. For some, Aboriginality was at the centre of their lives, and for others it was just another ingredient that made up their identity. Interviewees described both a resistance and an adherence to representations of Aboriginality-as-risk and Aboriginality-as-fixed in the past; all while expressing their own unique, dynamic and relational Aboriginal identities experienced in urban setting. The

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[14] An Aboriginal and Torres Strait Islander identified position has specific selection criteria to signify that the role has a strong involvement in issues relating to Aboriginal and Torres Strait Islander people, and Aboriginal and Torres Strait Islander people are encouraged to apply.

following section describes the richness of identity narratives of the Aboriginal people interviewed that suggest this nuance cannot be adequately captured in the use of Aboriginal identity as a decontextualised epidemiological variable.

Diverse experiences and meanings of Aboriginality

When asked to describe their cultural backgrounds, interviewees expressed how they believed this influenced the person they are today and their lives more broadly. Similar to findings in Nelson (2010: 213) with Aboriginal young people in an urban setting, some interviewees 'asserted pride in their cultural heritage, some seemed ambivalent and others expressed a sense of "shame"'. However, this was very much related to how interviewees described their own identities by renegotiating and reinterpreting their own identities in response to Other representations of Aboriginality.

For example, Hayley, who was acutely aware of the stigmatised or negative positioning of Aboriginal people in Australian society, appeared to reconstruct her own identity narrative to emphasise what she saw as positive attributes of a somewhat romanticised notion of Aboriginal culture:

> I'm learning more about my culture and teaching my children aspects of the Indigenous culture and stuff like that. I've tried to be involved without fostering all that historical social rubbish that comes along and just identify. Now I identify with the culture itself and not all of the subsequent social happenings that have happened like the alcohol dependency, the huge health impacts that Indigenous people have and all of that stigma that comes along with identifying as Aboriginal or Torres Strait Islander in Australia. So I try to strip it back and take it back to its purest form. That's where I feel most comfortable identifying with the culture. I guess that's sort of how I look at it now. Yes, I'm quite proud of it because it's very beautiful.

Other interviewees met this awareness of Aboriginality as a stigmatised identity with a reluctance to identify, which appeared to be driven by a resistance to be portrayed as Other. For example, Steve said he only identifies as Aboriginal 'if people ask. I don't go advertising it' and that Aboriginality had 'zero' impact on his day-to-day life and that, 'I pay it no heed'. Steve explained this may be because he did not have much to do with his Aboriginal mother's family growing up. Whilst he had some Aboriginal friends, Steve's imaginings of Aboriginality were heavily informed by colonial imaginings of Aboriginal people as either

dysfunctional or traditional and fixed in the past (see also Chapter 6 for more details about Steve's story). In parallel, Rebecca said Aboriginality impacted her life 'as much as you let in':

> I have friends who are Aboriginal, […] They're all about going for Aboriginal rights and stuff. They are very, very passionate about it, I suppose? So their life revolves around helping other Aboriginal people. […] I am very proud to be Aboriginal. But yeah I don't scream it from the rooftops. I do it in my own separate way. […] We have artwork up in our houses and stuff like that. I attend functions and stuff if they have them. But I have a normal job. Which doesn't require me to scream from the rooftops.

In this instance, Rebecca compared her own experience of Aboriginality to that of Aboriginal political activists, and hinted that there were alternative ways one can personally express their Aboriginal identity. Rebecca added that she believed her experience might be from 'having a black father and a white mother'. For all interviewees, identity formation occurred simultaneously and fluidly alongside socialising with Aboriginal family and kin, and with non-Aboriginal family, friends and workmates. For Jordan:

> I guess I sorta do [identify as Aboriginal] Well half! [*laughs*] Half an Aboriginal person. I guess I do but at the same time, I have the other half of the family! […] I have been around Aboriginal people and communities quite a bit but primarily I grew up in a European, English-Australian community.'

Lauren displayed confidence in her self-expression of a vibrant urban Aboriginal identity, stating her Aboriginality was the basis of extensive involvement with the urban Aboriginal community:

> I believe it influences a lot because [I work with Indigenous people in my job]. I am Secretary of [an Indigenous organisation]. I liaise with the school in regards to Indigenous stuff for my kids. So it does have a lot of influence on my day to day activities.

Being raised by her Aboriginal mother and grandparents and due to her racial appearance, Millie's identity narrative represented the intersection of Aboriginality as a cultural and racial identity. Aboriginality remained very much at the forefront of her life:

> I've always identified, no matter what! I've been brought up around it. […] I'm quite olive-skinned, I'm quite dark [*laughs*]. I'm quite coffee coloured so I've never gotten away from that. […] My pop's full-blood Aboriginal and his mum and dad were both black, and he got raised by a White man […] My partner – his grandmother was Indigenous, as well. So we've got a lot of the cultural aspects. So we're portraying that against our kids as well. So they know their cultural background too. That's very important. Not only that but for my grandfather's legacy as well.

While determining one's Aboriginal heritage appeared straightforward for many, and perhaps inescapable for Millie, this was not the case for Jessica:

> It's not confident. Me and my sister aren't even 100% sure. My mum says we do [have Aboriginality somewhere in our family background] [*pause*]. But Dad says we do not [*pause*]. But Mum has always said that we do. From Dad's side. And when we were growing up, we used to go with Dad to visit family who were [*pause*] visibly – obviously – Aboriginal [*points to wrist, to indicate skin colour*], and we're not.

Jessica's story transpired that her grandmother had been a non-Aboriginal community leader in a town near a former Aboriginal mission/reserve community in South-East Queensland and had had a liaison with an Aboriginal man. At the time in the 1950s–1960s, this would have been seen as scandalous and also provoke fears of forcible removal of the child, in line with the government's assimilationist policies which were still in effect at the time. As a consequence, Aboriginality was not talked about in Jessica's family and her father did not identify as Aboriginal, hence she could not obtain 'Proof of Aboriginality'. This made simple tasks in everyday life complicated for Jessica, such as accessing an Aboriginal and Torres Strait Islander health service, to which she just stopped trying to attend:

> I get questioned a lot, you know, and I just get sick of it. […] I have to justify myself for no particular reason. It's just a battle. 'Cos sometimes it's just easier to not even go there with the arguments.

Regardless of ability to provide documentation of identity, Jessica lives her life as an Aboriginal woman, has an Aboriginal partner and her children all identify as Aboriginal.

Epidemiology relies on Aboriginal identity as having deterministic properties over one's life and wellbeing, yet one box on a form cannot adequately account for these diverse and sometimes contradictory meanings attributed to Aboriginality as featured in these identity narratives. If Aboriginality as a cultural identity is to influence health behaviours, than what happens when an individual may have competing social identities? Individuals described having multiple cultural backgrounds, and at times choosing to foreground one cultural aspect over others, depending on the context or the significance given to their lived experience. Joshua, for example, spoke of the several ancestries he had inherited from his parents:

> My mum, she's born on the Torres Strait, on [X Island[15]]. Her father is [Asian]. My Mum is Aboriginal and Torres Strait Islander. And on my dad's side, [European] immigrants. I identify as an Aboriginal and Torres Strait Islander. Like that's how we were raised. 'Cos our mum grew up in the Torres Strait, with all her family and all her relatives, who were from a very strong Torres Strait background. I probably identify more to the Torres Strait Islander side of things. (Joshua)

Even when happy to identify his cultural heritage, Joshua explained that he believed:

> It's not really a strong defining factor of who I am. I mean, it doesn't guide my every thought or anything like that. It's something I know that's a part of me but […] I don't think in those sorts of terms. […] I try to see myself more as a person. The same with other people. I don't really break them down into characteristics, of like heritage and things like that. I just kinda take the person as who they are. I know it goes into building the person, like their past and experiences and whatnot, even with mine, but that's not how I define myself. It's not the be-all, end-all.

Encountering the Other

In terms of encountering representations of Aboriginality from a young age, many interviewees cited school as one of the first sites were they were faced with contesting imaginings of Aboriginality. Aboriginalism appeared to have influenced representations of Aboriginality at school as they were often limited to an exotified 'traditional' culture fixed-in-the past. While interviewees seem to value learning about this past, some interviewees

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[15] Place names and nationalities have been removed to maintain anonymity.

expressed disconnect or indifference to this re-presentation of Aboriginality in their own contemporary lives; highlighting emerging alternate ways of experiencing Aboriginality in an urban setting. Isaac explained that growing up he did not experience much 'corroboree type cultural stuff':

> Mainly because we grew up in towns, in urban areas. Where there was some stuff, some bits and pieces, but not myself actively involved in anything like that. I think more so on my [Pacific Islander] side, when we'd go up to [the Pacific Islands]. Just because they live in a culture that is very traditional. (Isaac)

Growing up in Brisbane in the 1980s–1990s, interviewees described what it was like being in the minority as an Aboriginal child in a predominantly 'White Australian' school. Jordan said, 'You do feel a little more isolated. Which I guess makes you want to be more friendly and have a group of friends who can look out for you.' Hayley said,

> I grew up going yep, I'm a little black girl. […] I grew up with this strong identification with culture. Then I came to school and met a fair bit of social flack[16].

Interviewees acknowledged the social change occurring in Australia, supported by the Hawke-Keating government:

> As my generation came though, there was definitely a change in attitudes. There was a large push for reconciliation and antidiscrimination in schools during the mid-1990s. (Isaac).

Most interviewees had participated in the Aboriginal Students and Parents Association (ASPA), a government-funded initiative to encourage more inclusive schools. While the interviewees mentioned they enjoyed being part of ASPA, there was a prevailing sentiment that portrayals of Aboriginality at school remained largely as tokenistic cultural displays of traditional dance and food, often removed from the interviewees own experiences of

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[16] More detailed racism narratives described by the same interviewees are presented elsewhere (Chapter 6).

Aboriginality. Interviewees recounted there was 'just the occasional cultural days or a NAIDOC week thing, nothing major' (Jordan) and 'Dancers would come in and we'd eat damper[17] (Millie). Hayley recalls:

> Despite my school being very multicultural, they didn't have a lot of celebration […] education or understanding of different religions or different cultures. […] Like, for NAIDOC they had a little assembly and that was about it, where there's some awards given and no one really knows what they're for […] there wasn't any huge activities. It was generally just all the Murri[18] kids get a day off to go to NAIDOC at Musgrave Park! […] Outsourced! [*laughs*].

While some interviewees were quick to dismiss the school-based Aboriginal activities, Steve described it as a positive experience as that was one of the main ways he got involved with 'my Aboriginal sorta stuff. You know, camps, and paintings, stories and dancing and all that sorta stuff'. He added, 'It was alright. Like, I wasn't against it or anything, 'cos I was finding it was pretty much the only way I knew the Aboriginal stuff I knew.'

Efforts to embed 'Aboriginal culture' into school activities were seen as an improvement from having nothing at all, as was the case for their parents' generation. However, beyond these activities, translating Reconciliation and Aboriginal perspectives into the curriculum was described as remaining largely absent. Jordan said:

> At school, I would have liked to see talked about just the whole interaction between colonisation of Australia and the way that whole process went through 1900s, I guess, all the way up 'til modern day. And to give Australians an idea of what actually happened. So many people today, who just are kinda clueless on it. You have these preconceived notions that are wildly incorrect.

Another way of 'doing culture'

Having their own personal experiences of Aboriginality not represented at school (or in Australia's imaginings of Aboriginality more broadly), interviewees sought alternate avenues to learn about Aboriginal culture and history, such as doing their own research and talking to family or community members. This represented another way of 'doing culture' outside Aboriginalist representations. Jordan said he learnt 'some of it from my family, but usually that was just an incentive to learn more about it. And I've gone on to try to educate myself a

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[17] Damper is a type of bread made from flour and water.

[18] Murri is a term usually used by Aboriginal people in and from Queensland and northern New South Wales.

bit on areas, through books and the internet.' Some interviewees studied anthropology, history, and Aboriginal studies or Indigenous health at a tertiary level. Joshua collected all the documents from the state archives in regards to his family who was living 'under the Act'[19]. Sarah said her mother had conducted an extensive family genealogy to link up with family members who had been separated via the Stolen Generations. Amanda collected all the newspaper clippings of the achievements in their family. An important source of cultural information was acquired from family via oral history. This persisted in spite of the marginalisation of Indigenous knowledges from Australian society, reflecting an ongoing connection to culture through family and community:

> My dad and his oldest sister, they're the two that I go to [for cultural stuff]. Also my grandmother who has passed away. But her brother also took up a huge role in our lives because he never had his own children or grandchildren. So his sister's children were part of the family. So if they've ever needed anything – any cultural answers or questions – I'd just ask him. (Hayley)

> [Our mother] always maintained our Aboriginality, even though she wasn't Indigenous. She always said this is where your family are from, and you can always talk to them, if you want. […] When I was growing up I did [have a lot of contact with my Dad] but I didn't know he was my father then. But since then, I've met a lot of the family, and Dad's come back here. We talk maybe a couple of times each year now, and I was at his place a couple of weeks ago. So I've learnt a lot more about my Aboriginality through my Dad's side, and it's great, yep. (Lauren)

Engaging with the Aboriginal community played a key role for some interviewees in maintaining a connection to their Aboriginality. Lauren said: 'We used to go in and talk to the Elders as well. And, you know, get a bit more history and a bit more stories that they had to tell from when they were growing up.' Jordan said:

> We'd go back to [a particular former reserve/mission community] and see family and do some community stuff out there. […] My grandmother was an Elder [at that former reserve/mission community]. So my family's still got quite a bit of a standing over there, in that community.

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[19] In Queensland, the 'Act' refers to the various Aboriginal 'Protection' Acts that allowed government officials to control the lives of Aboriginal and Torres Strait Islander people including where they lived, who they married, where they worked and how they were paid.

Another way some interviewees reported learning more about Aboriginal history and culture was through their Indigenous-identified positions within the public service, with four participants working across fields of cultural heritage, transport, justice and health. Roles included research, liaison or developing policies and procedures when working with Aboriginal and/or Torres Strait Islander people.

> It can be challenging, at times. But I do find it rewarding. I enjoy mixing with our people. I really love that. I enjoy going out to communities. I'd never been to the remote communities before I came to this job. Like I've been to Doomadgee, I've been to Yarrabah, I've been to Woorabinda[20]. I've been to the places where, you know, where people were removed from their lives and families and moved to these missions, and discrete communities because of the government policies in place then. So it's really good to get more history about what Australia was like back then, and this job really helps me do that. (Lauren)

Current involvement with the Aboriginal community played an important role in the lives of the many of the interviewees. Similar to reports from the National Aboriginal and Torres Strait Islander Social Survey (ABS 2010d), types of community activities included:

- Visiting extended family
- Visiting a former mission/reserve community
- Attending sorry business/funerals
- Celebrating NAIDOC
- Sitting on the board of Indigenous organisations
- Teaching Aboriginal dance, language and stories
- Playing for an Indigenous sports club
- Attending events such as Indigenous awards ceremonies, opening nights, and community barbecues
- Being involved in an Indigenous church ministry
- Attending veteran memorials, marches and political rallies
- Helping their child's school plan cultural events
- Working in Indigenous identified positions
- Accessing Indigenous health or legal services

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[20] Doomadgee, Yarrabah and Woorabinda are remote Aboriginal communities in north Queensland, Australia.

All interviewees were currently engaged in several of these activities, even if they expressed feelings of not having much involvement with community. Among those who reported less involvement, Chris explained he went to NAIDOC because:

> [My employers] actually sponsor NAIDOC Week, so we go there, set up a stall and stuff […] at Musgrave Park. […] Besides the work commitments, that's pretty much the extent of it.

Steve said, 'Yeah, used to be involved in NAIDOC for a few years, before all the drunken people sorta moseyed along.' However, interviewees who had children emphasised the importance of their children maintaining a connection to their Aboriginality and learning about their Aboriginal heritage through family and kin, by attending NAIDOC celebrations or other community events. Rebecca said:

> NAIDOC family fun day is next week. I make sure I take the day off work to go. I try to take my kids there every year. They are only [very young], but it's still something they need to know. My partner's White, so it's something they need to know. (Rebecca)

This sentiment was expressed at times not just for their own children but for young Aboriginal people in general:

> I'd obviously recommend particularly young Indigenous people or any young person today is if they feel a strong connection to culture is to get to the root of it without all the social and – I guess – what am I trying to say – without all that social stigma that comes along with history and the things that have happened. […] But if you can identify with your culture, then look at your family and look at what is really important to you then you can grow a lot from there. (Hayley)

Discussion

Quantitative outcomes in epidemiology are routinely controlled for socio-demographic characteristics, such as ethnicity, socioeconomic status, age and gender, as it is assumed that individuals within these categories share a similar life experience that may impact their health. However, the life histories of the Aboriginal people interviewed for this qualitative study who shared similar socio-demographic characteristics all had very fluid and diverse cultural identity narratives. Indeed, the one thing that these people became known by within this study, their Aboriginality, was the factor that differed the most. This study shows that talking to Aboriginal people about their own identity experiences and perceptions elicits very

different ideas about Aboriginality than what public health researchers assume Aboriginality to mean. The fact that these identity narratives came up life history interviews about social factors that influence one's life course and wellbeing would suggest that these identity narratives are a key part of this narrative.

Beyond essentialised notions of identity

Prioritising the voices of Aboriginal people within the research process shifted the gaze from what *a priori* assumptions public health researchers may have about Aboriginal people living in an urban setting to how Aboriginal people themselves see their lives and their own cultural identities. Epidemiological and Aboriginalist representations of Aboriginal identities as risky, fixed and homogenous bared little resemblance to the diverse and dynamic identities described by these interviewees. The influence of Aboriginalism on knowledge production about Aboriginal people was so pervasive that it informed what teachers presented as representations of Aboriginality at school and the interviewees were required to engage or context with this discourse in terms of how they perceived their own identities as Aboriginal people.

Contrary to epidemiological studies determining that cultural identity is central to measuring health, interviewees described various extents to how much they believed their Aboriginal heritage impacted their identities and own lives. In terms of what Aboriginality meant to them, Steve described it not having much significance in his day-to-day life. Rebecca saw it as something others screamed from the rooftops, though she felt she was more reserved about it. Lauren saw it as something that she enjoyed learning more about, from her family, community involvement and her work. Hayley dismissed the 'subsequent social happenings' since colonisation, finding comfort in somewhat a romanticised view of Aboriginal culture. Millie saw it as something inherent and inseparable to her identity, while Joshua saw it as just one of the many facets of his social identity. The personal narratives themselves were nuanced, rich and complex, with interviewees all engaging in their own authentic contemporary versions of Aboriginal identities – whatever that may be.

Public health's reliance on Aboriginalism to 'come to know' Aboriginal people has positioned and reinforced Aboriginal people as a homogenous group that is Other to other Australians. The limitation of essentialised identities is that it relies on the assumption that there is a clear discontinuity between categories (e.g. Aboriginal versus non-Aboriginal). Indeed, Aboriginal people in Australia are often referred to as living in 'two worlds', with '…one recognising their rich culture, and the other … denying it' (Kingsley et al. 2013: 689). However, Cowlishaw (2004: 70–71) reminds us, 'we do not experience the world only as Indigenous or non-Indigenous', but rather through our intersectionality and intersubjectivities. The narratives recounted by the people interviewed in this study were not always neatly cleavered into Aboriginal and non-Aboriginal domains (Trigger 1986); nor did Aboriginal identities of the interviewees occur in opposition to non-Aboriginal ancestries but rather persisted alongside them, similar to findings in a recent qualitative study with urban Aboriginal people (Bond 2014: 9). Identities were reiteratively intertwined through constant negotiation of representations of Aboriginality and through every day social interaction with both Aboriginal and non-Aboriginal people. Representing Aboriginal status as a binary in epidemiology begs the question, as Trigger and Dalley (2010: 46) posit, 'Does "indigeneity" make sense only if it is understood in relation to the "non-indigenous" […]?' (Trigger and Dalley 2010: 46). As with 'Aboriginal', 'non-Aboriginal' encompasses many heterogenous racial and ethnic groups. If identification is the process of 'placing ourselves in socially constructed categories' (Scott and Marshall 2005: 288), to separate ourselves into these groups is to assume:

> a world of humanity already parcelled up into discrete cultures, each having a distinctive essence and credited with the power to 'construct' the experience of the people living under its sway. (Ingold 1993: 229)

These assumptions do not sit comfortably with the fluid and nuanced identity narratives described by the interviewees in this study.

To better reflect the 'messiness' of lived reality, Moore (in press: 2–3) argues the concept of 'postethnicity' may be more applicable in the contemporary Australian policy context. Postethnicity encompasses and values ethnicity, yet implies more flexibility to choose 'one's own way of being ethnic' (Gans 1967: 13) and rejects the idea that 'descent is destiny' (Hollinger 2008: 1033). Rather than being 'confine[d] within binary categories that exaggerate difference' (Moore in press: 9), the primary assumption of postethnicity is that

everyone is situated at that 'unstable borderlines of difference' (Alcoff 2004). However, the concept that descent is not destiny can be problematic in the Indigenous context were descent is a key component to Aboriginal and Torres Strait Islander identities. Similarly, postethnicity (and its sister concept symbolic ethnicity) has received criticism for its tendency to over-privilege individual agency (choice) and downplay social structures (constraints and cultural production) (Anagnostou 2009), and side-lining the impact of racialisation and racism on identity formation and social interaction (see Chapter 6).

The people interviewed in this study were not representative of all Aboriginal and Torres Strait Islander people in the region, nor does this study intend them to be. The opportune outcome of attrition bias due to interviewees being part of a 30-year ongoing longitudinal study resulted in interviewees sharing similar socio-demographic characteristics (i.e. individuals in their early thirties with a high level of employment and educational attainment, with one Aboriginal and one non-Aboriginal parent, living in an urban setting). This allowed for a natural 'control' and to hear from a population whose voices are not often prioritised within public health. The diversity of identity narratives suggests that this diversity would extend to all Aboriginal and Torres Strait Islander people, as well as other Australians, as all identities are complex and multiple:

> I am suggesting that we free Indigeneity from the prison of romanticization and recognize that although the poor and the rich Indigene, the cultural reviver and the quintessential cosmopolitan, the fair, dark, good, bad and disinterested may have little in common, they are nonetheless *all equally but variously Indigenous* (Paradies 2006: 363, emphasis added).

Conclusion

There are growing concerns about the appropriateness of racial and ethnic profiling in health (Ellison 2005; Martin 2005; Sheldon and Parker 1992; López 2013). Ellison (2005) highlights the tensions of use and acceptability of racial profiling in health, arguing its use is appropriate if the perceived benefits of highlighting structural health inequalities outweighs any potential harms or risk (similar to NHMRC 2003). In response, Martin (2005) questions whether it can ever be quantifiably appropriate due to the difficulties of defining group categories and in practice.

The growing importance of 'evidence-based practice' within Aboriginal health necessitates that a diversity of evidences must be available if we are to achieve a paradigm shift with the way we use Aboriginal identity within public health. Qualitative research should be encouraged to capture the social context and nuance of intersubjective cultural identities and the underlying mechanisms that reproduce health disparities – beyond problematising the cultural Other (Brough 2013). Graham and colleagues (2011) have argued for the use of critical race theory and ethnographic methods as they make visible the racialised processes of health research. Gravlee and Sweet (2009) have demanded health disparities research to focus on processes of racism and social inequality as social determinants of health, as opposed to victim-blaming. Strengths-based approaches also have enormous potential in tapping into 'what works' (Bond 2009) and using existing assets within the community (Brough et al. 2004). Exploration at the community level rather than an individualist approach taken in this study may also provide deeper understanding of both individual and community wellbeing, or spiritual wellbeing (Grieves 2009). Finally, and perhaps most importantly, a commitment to decolonising methodologies would challenge the persistent colonial imaginings of Aboriginality within public health by prioritising Indigenous perspectives and knowledges within the research agenda (Rigney 1999; Martin 2003; Smith 1999).

With the persistence of socioeconomic and health disparities between Aboriginal and non-Aboriginal people, public health researchers are encouraged to look beyond simplistic interpretations of risk based on perceiving certain identities as being problematic. While acknowledging that all forms of research are merely imprints of social reality that cannot capture the totality of complexities in social life, as public health researchers we should strive for rigorous health research that stays meaningful to the people whose identities we are talking about. People continue to identify as Aboriginal for the simple reason that culture matters – but not as something reified, essentialised and homogenous – rather, as Bond states, '…a very complex, dynamic and fluid entity that provided a resource for everyday living' (Bond 2005: 40). If this is not reflected in current research, then the question is, 'When we speak of the health of the Aboriginal and Torres Strait Islander population, what population do we imagine?' (Brough 2001: 68).

Chapter 6

'They say I'm not a typical Blackfella': Experiences of racism and ontological insecurity in urban Australia

Figure 6.0: Theoretical and methodological approaches applied in Chapter 6
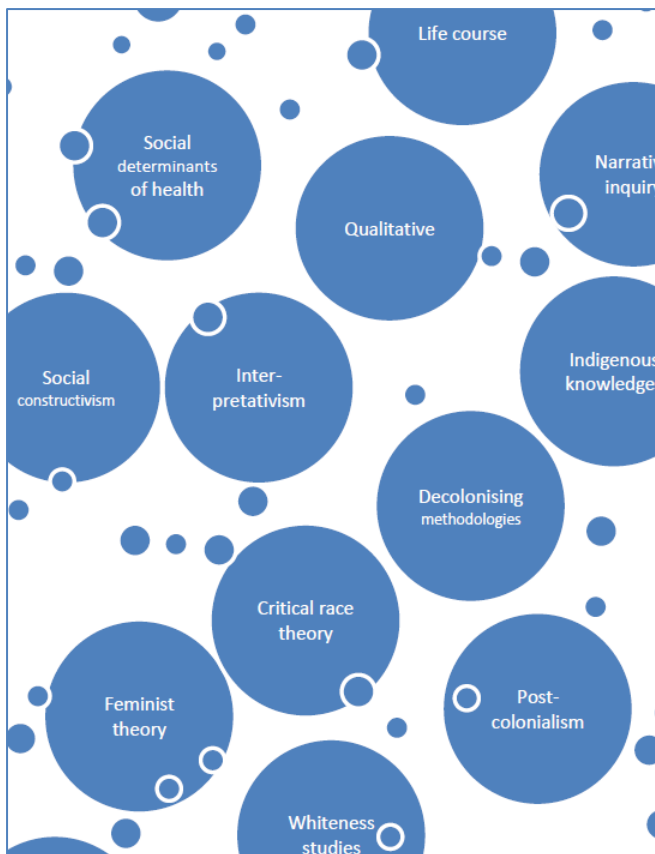
Note: Blue circles represent approached used in this chapter.

Abstract

Racism and racialisation can be framed as a threat to one's ontological security. This article draws from qualitative life history interviews conducted with 11 Aboriginal people who are part of an existing longitudinal health study based in the city of Brisbane. The narratives revealed that perceptions of racism and racialisation were a significant consideration for these people when asked to reflect on their identity and wellbeing over time. Though less frequently overt, racism was often seen to be perpetrated from within one's social circle, revealing the complicated process of engaging, contesting, rejecting, ignoring, minimising, avoiding and defining racism. The findings highlight the agency of Aboriginal people in adapting their behaviour to avoid or minimise the dread of ontological insecurity.

Keywords: Aboriginal, Australia, ontological insecurity, racism, racialisation, urban

Racism and Aboriginal people in Australian urban contexts

In 2013, racism towards Aboriginal people was a topic of considerable public debate in Australia, following the legal case of a journalist, Andrew Bolt, who was found guilty of racial vilification for claiming fair-skinned Aboriginal professionals were not 'real Aborigines'.[21] Historically, Australia has a long and vexatious history of controlling and regulating Aboriginal people and their identities (Bodkin-Andrews and Carlson 2013). However, there are limited empirical studies that explore the complexities, characteristics and contexts of racism as experienced by Aboriginal people in contemporary Australia (Paradies and Cunningham 2009: 549).The few studies that do exist have found that Aboriginal people continue to experience high levels of racism (Paradies and Cunningham 2009; Paradies et al. 2008; VicHealth 2012), which in turn can have deleterious impacts on health (VicHealth 2012). Aboriginal people living in urban areas have reported higher levels of discrimination than rural counterparts (Cunningham and Paradies 2013), and those of higher socioeconomic background have been more likely to report experiences of racism (Paradies and Cunningham 2009). A recent study found most racism was experienced in shops (67%) and public places (59%), with nearly one-third experiencing racism within healthcare settings (Kelaher et al. 2014). Common racialised stereotypes of Aboriginal people focus on fallacies of genetic or

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[21] *Eatock v Bolt* (No. 2) [2011] FCA 1180.

cultural inferiority, welfare dependency, alcoholism, dysfunction or the traditional 'full-blood' noble savage trope (Dodson 1994; Mellor 2003). Boladeras (2002: 135) exposed discrimination based on the misconception that 'If you're middle class you can't be Aboriginal.' Similarly, high levels of racism have been reported by fair-skinned Aboriginal people (Bennett 2014; Boladeras 2002). When confronting racism, however, Aboriginal people are often accused of being oversensitive (Augoustinos et al. 1999: 365). Other research suggests that such accusations are not just isolated events, but rather reflective of a broader social phenomenon that must be navigated daily in an Australian urban context (Brough et al. 2006; Gorringe et al. 2011; Oxenham et al. 1999).

Further exploration of the social experience of racism by Aboriginal people is needed as previous research has been primarily quantitative and undertaken in a health context (Kelaher et al. 2014; Larson et al. 2007; Paradies and Cunningham 2009; Priest et al. 2011). The few recent qualitative studies that have explored experiences of contemporary racism as narrated by Australian Aboriginal people in an urban setting have been in the fields of public health (Ziersch et al. 2011), human movements (Nelson 2012), social psychology (Mellor 2003; Mellor 2004), social work (Gair et al. 2015; Bennett 2014) and anthropology (Cowlishaw 2004). As yet, sociology as a discipline has been rather silent in relation to this discussion (Butler-McIlwraith 2006). This article adds to sociological literature and Australian public discourse by using concepts of racialisation and ontological security to explore how Aboriginal people may experience racism in a contemporary urban setting. The narratives presented emerged from qualitative life history interviews conducted with a small group of Aboriginal adults who had taken part in existing longitudinal health study. This study was originally designed to explore social determinants of health; that racism emerged from these life histories relatively unprompted demonstrates its significance for urban Aboriginal people, making the lack of attention to it in sociology even more remarkable.

Racism, 'race' and racialisation

Racism is the manifest mistreatment of a group or individual based on their ascribed racialised identity (Modood et al. 2002), commonly focused on phenotype and skin colour ('colourism'), ancestry, ethnic or cultural background (Hollinsworth 2006: 81). Historically rooted in misconceptions of genetic inferiority, eugenics and social Darwinism, Australian Aboriginal people have been discriminated against since the arrival of the Europeans, based on classifications ascribed by the White Australian dominant group (Reynolds 1987).

'Race' is now largely accepted as a biological fallacy and is understood as a socio-political construct of the way we use phenotype to interpret, classify and stratify bodies into social groups (Smedley and Smedley 2005). In an Australian context, 'race' refers to 'those racialised for the purpose of exclusion or discrimination' (Meekosha and Pettman 1991), where being 'White' is positioned as the invisible race, taken as the norm (Moreton-Robinson 2000). Racialisation is the process by which others are 'raced', that is, ascribed racialised identities based on real or imagined traits or behaviour based on perceived group membership (Ibrahim 2004; Modood et al. 2002). The power of the dominant group is maintained and reinforced not only through institutionalised power but through tacit and embedded, almost unconscious and everyday social habits (Bourdieu 1986). Essed (1991: 3) coined the term 'everyday racism' to describe a 'systematic, recurrent, familiar practices' where 'socialised racist notions are integrated into everyday practices and thereby actualise and reinforce underlying racial and ethnic relations' (Essed 1991: 145). This process can be sustained by the denial of racism, where 'the dominant group must protect itself … against the damaging charge of intolerance and racism' (van Dijk 1992: 116). Ascribed racial identities can be subtly or bluntly applied, and, irrespective of intention, can lead to the internalisation of expectations of others based on perceived group membership in the form of self-fulfilling prophecies (Merton 1948), stereotype threat (Davis and Simmons 2009), internalised racism (Paradies et al. 2008) or identity policing (Brough et al. 2006; Oxenham et al. 1999). Conversely, an individual can reject their ascribed identity, causing status inconsistency which leads to the dominant group perceiving the individual's identity as problematic (Lenski 1954).

In Australia, overt racism (also sometimes referred to as 'blatant' or 'old-fashioned', see Augoustinos et al. 1999; Pedersen and Walker 1997) has become largely socially unacceptable in public and is a criminal offence under the Racial Discrimination Act 1975. However, covert racism (also sometimes called 'modern' or 'symbolic'), a subtler version mostly but not exclusively performed in private, is argued by some researchers to remain ubiquitous and is often hard to prove or police (Augoustinos 2009; Rowe 1990; Sue et al. 2007). Experiences of covert racism towards various ethnic minority groups in Australia have been reported, as well as within groups (Dunn et al. 2004). However, caution is needed when dichotomising racism in this way, as there is a risk of ignoring the continuing presence of 'old-fashioned' racism, while silencing discussion of institutionalised racism (Leach 2005; Mellor 2003) or the complicity of some marginalised people in racism (Cowlishaw 2004). It

can also downplay the insidious and somewhat normalised nature of covert racism towards Aboriginal people in Australian discourse (Augoustinos 2009; Kessaris 2006; Pedersen and Walker 1997; Sanson et al. 1998).

Social identity, 'trust structures' and ontological security

Exploring social identity construction can be valuable in understanding how racialisation and racism can be a threat to one's ontological security. While this study did not purposively set out to explore ontological security, it emerged post hoc as one among a range of conceptual frameworks that may be helpful in interpreting experiences of racism and the way it may shape a person's life course. Ontological insecurity is the 'perceived threat to the integrity of the security system of the individual' (Giddens 1991: 45). The creation of one's social identity, or sense of self, is a reiterative process informed by everyday social interaction, with cultural and ethnic identity being a facet of one's social identity (Giddens 1991). In the words of Marcia Langton (1993a: 3), identity is 'remade over and over again, in a process of dialogue, of imagination, of representation and interpretation'. Paradoxically, in an existential sense, identity can also be described as a 'relatively stable and enduring sense that a person has of himself [or herself]' (Bullock and Trombley 1999: 413). Drawing on Giddens (1991), Croft (2012: 229) outlines that one's self identity is based on biographical coherence (what makes sense in the context of an individual's life narrative), and is contained within a 'cocoon of trust structures' (protective and familiar social actors such as friends or family). In considering people's responses to racism, we can assume that individuals are most comfortable when they act in a way that is 'acceptable and appropriate' within their ontological framework; that is, actions that are congruent with their sense of self or 'way of being' (Giddens 1991: 36). In this literature, individuals aim to avoid the dread of ontological insecurity; the anxiety-like feeling one can experience when exposed to a threat, or people are acting incongruently in relation to one's sense of self (Giddens 1991: 37).

In an Australian context, Noble (2006) has used ontological insecurity to frame feelings of discomfort and not 'fitting it' due to racism and 'uncivil attention' towards people with Muslim and/or Arabic backgrounds post-2001. To date, ontological security has not been explored with regard to the experiences of racism of Aboriginal people in Australia, despite resonating with the notion that imposing racialised identities can challenge one's ontological security, and even influence identity formation and life outcomes (Brough et al. 2006). As a novel contribution to the way we might interpret experiences of racism among Aboriginal

people, this article explores the ways in which agency is used to minimise or avoid the dread of ontological insecurity throughout interviewees' life histories.

Methodology

Guided by a western-based social constructivist epistemology and an interpretivist theoretical framework, I acknowledge that we construct meaning about social phenomena rather than 'discover' it (Crotty 1998: 42), and that analysis entails 'culturally derived and historically situated interpretations of the social life-world' (1998: 67). Thus, it is important to note I am a non-Aboriginal woman in my mid-twenties, born and living in Brisbane, working as a young researcher as part of my doctoral studies. My background has consciously and unconsciously shaped the way I conducted interviews, and how the interviewees engaged with me, what stories they chose to share and also my interpretations of the data (Pezalla et al. 2012; Russell-Mundine 2012).

The present study analyses qualitative data collected as part of a broader study that explores how social determinants may change and impact the health and wellbeing of a small group of Aboriginal people. Interviewees were sourced from a large quantitative-based longitudinal birth cohort study: the Mater-University Study of Pregnancy (MUSP). The MUSP recruited expecting mothers accessing antenatal care at the Mater hospital in inner city Brisbane in 1981–1983, with mother and child followed up at birth (see Najman et al. 2005). This included 226 study-children whose mother had identified herself and/or her partner as 'Australian Aborigine' at the first clinical visit.[22]

Thirty years later, 30 of the original 226 were able to be followed up, with 15 self-identifying as Aboriginal.[23] This article uses data from 11 participants who agreed to be interviewed, comprising five men and six women aged between 31 and 34 years living in an Australian capital city. All interviewees had both an Aboriginal parent and a non-Aboriginal parent. Compared to the broader Aboriginal and Torres Strait Islander population in Australia (AIHW 2011a), there was a higher level of educational attainment and employment among this group. All interviewees reported having postsecondary qualifications, ranging from trades to Bachelor's degrees, with four interviewees currently studying at university. Ten out

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[22] Torres Strait Islander status was not collected and hence is not included in this study (unless they also identified as 'Australian Aborigine').

[23] Chapter 3 explores the follow-up and identification process in more detail.

of eleven were currently employed: four in the public service, five in the private sector and one was a self-employed business owner. Only one interviewee reported not currently being employed but was studying. Home ownership was high among this group with three interviewees currently owning their own homes and an additional four indicating they planned to buy a house within the next five years.

In-depth semi-structured qualitative interviews were used to provide interviewees with the opportunity to describe a narrative of their own lives, from their own perspectives. The 'life history method' was used to assemble a series of 'researched, short life stories' with the interviewees (Atkinson 2004; Plummer 2004); hence the stories produced are a 'circumstantially mediated, constructive collaboration between interviewer and interviewee' (Atkinson 2004). At the start of the qualitative interview, I stated interest in how cultural background, social factors and significant life experiences through childhood, adolescence and adulthood may have influenced the person's mental and physical health and shaped the person towards what they are today. A 'themes list' (Liamputtong and Ezzy 2005) was used to explore the following four life domains: family, education/employment, community/culture and health/wellbeing. This allowed for the exploration of areas that were seen as significant for interviewees that were not covered by previous MUSP surveys, such as racism, cultural identity and participation in the Aboriginal community. Racism was not specifically prompted for in all interviews but rather emerged from many interviewees' life stories. In cases where interviewees had not yet spoken about experiences of racism, it was prompted. It is my interpretations of interviewee accounts of these experiences that are presented in this paper.

The interviews were conducted between May 2013 and January 2014, two face-to-face in a cafe and nine via Skype. Recorded verbal informed consent was given prior to commencing the interview.[24] Interviews ranged between one to two hours in length, were audio-recorded, then verbatim transcriptions were made, with some excessive use of fillers omitted to ensure readability. Thematic analysis was used to sort narratives by emerging themes. To maintain anonymity, privacy and confidentiality, certain identifying details have been removed and interviewee pseudonyms have been randomly allocated. The following section will present interviewees' narratives of navigating racism as they emerged from the life history

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[24] Ethical approval for the project was granted by the Behavioural and Social Sciences Ethical Review Committee at the University of Queensland.

interviews, often unprompted, permeating across different life domains throughout childhood, adolescence and adulthood. To prioritise the Aboriginal voices within the findings section, the thrust of the theoretical discussion will occur in the section following the findings.

'It's everyday comments from people you know'

Among the Aboriginal people interviewed, Essed's (1991) concept of everyday racism punctuated daily life and was often perpetrated from within social circles. Findings revealed the complexities of racism, with interviewees having to regularly engage, reject, contest, avoid, ignore, internalise or redefine different forms of racism in order to maintain ontological security.

The nature of racist encounters

When talking about what it was like growing up in Brisbane in the 1980s as an Aboriginal person, Joshua recounted that 'life was pretty stable', though with some exceptions. Here, unprompted by the researcher, Joshua detailed his first experience of racism which occurred when he was 'really little', attending an Indigenous kindergarten:

> The bus used to pick us all up after kindy and take us home. One day, we were dropping off one
> of the other kids and there was an old man standing outside his house, watering his grass. When
> he saw the bus pull up, he came over and started spraying the bus! Spraying it through the
> windows! He was yelling all sorts of abuse and stuff.

Joshua said that he understood 'a little bit of what was going on' from other stories he had heard from family members, 'But the first time you encounter it, you just think, Whoa! What's this old dude going on about? I'm not hurting anyone!' For Joshua, racism was seen as overt and, though shocked, he was able to dismiss it with relative ease when perpetrated by a stranger.

However, the overt racism that featured in Joshua's story did not constitute the majority of racist encounters described by the interviewees. Instead, the bulk of experiences reported by the interviewees were perceived as an 'everyday' insidious racism that would surface at seemingly unexpected times:

> It's not so much in-your-face racism, so much as constant underlying. You just become so
> attuned to it, it becomes nothing, really. (Isaac)

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This sentiment was echoed across all narratives. Racism would occur at work, school or at home, generally in the form of taunts or inappropriate comments, from friends, acquaintances, workmates and family members, both Aboriginal and non-Aboriginal: 'often it's from people you don't think that would come from' (Lauren). Incidences of racism reported by interviewees usually consisted of 'mainly ignorant friends saying stupid shit and not really understanding the scope of what they think is a joke' (Isaac), and 'just saying all this stuff that just pops into their head' (Hayley). One interviewee commented that, 'a lot of the time it's not directed at me but it's stuff I overhear because people don't realise I have an Aboriginal background so they are more likely to say something in front of me' (Sarah).

Because the perpetrator was often someone they knew, this complicated the way people engaged with or interpreted racism. If the perpetrator was somebody the interviewee liked, these incidents were sometimes described in a way that would remove direct blame from the perpetrator, in contrast to the previous account with a stranger. For example, Steve defended his friends who said he's 'not like other Aboriginals [sic]', by qualifying that, 'they're not being mean or anything'. When recounting his Aboriginal mother's father saying 'if you grow up living in Australia, then living Aboriginal is not the way forward any more', Steve qualified it as being 'a bit of a weird thing to say', despite this partially explaining why he did not have much to do with his Aboriginal extended family growing up. Conversely, Jessica's non-Aboriginal step-father would not let her eat at the dinner table because she was Aboriginal. She was able to reject this racism by describing him as 'an arsehole', though eventually left home at an early age because of it. Through the regularity of experiencing racism from people they knew, interviewees described these incidents as if they had come to accept and normalise situations where a certain amount of racism was to be expected.

Minimising, defining, accepting and ignoring racism

While all interviewees reported experiencing some form of racism, there was a tendency to minimise or downplay its effects, either through qualifying, accepting or ignoring it. For example, aside from the spraying incident, Joshua described the rest of the racism he experienced as 'alright, not bad […] nothing too major. Just little snippy comments, heat of the moment stuff'. Minimising their experiences of racism seemed to occur in juxtaposition to interviewees' understanding of overt racism. For example, Steve had rationalised his definition of racism to exclude his experiences of being called 'bad names' or having the authenticity of his Aboriginality challenged (which others may interpret as covert racism).

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Rather, Steve saw racism to be the overt 'you can't do that because you're black attitude'. Chris spoke in a similar way: 'I don't take some things as racism. I'm used to people always joking around and stuff, but not really taking a joke, sort of thing', hinting that humour can be misinterpreted from what was perhaps intended. Both rejected this as a form of racism by claiming that 'I don't let that sort of stuff bother me. That's beneath me' (Steve) or 'I usually just joke back. It doesn't affect me' (Chris).

Similarly, some interviewees proposed generational differences, suggesting that their parents had experienced more overt racism, such as non-Aboriginal family members' disapproval of mixed marriages. Interviewees made references to a transformative process in Australian society: 'It was very different then. There was more racism that was obvious. Though it's still pretty bad today!' (Jessica). Notwithstanding, interviewees often talked at length about their experiences of racism and racialisation, and described the various ways they adapted their behaviour to minimise its effects; acknowledging that, even though it may not take overt forms, it was still a significant part of their life story.

Contesting racially ascribed identities

The majority of racist comments stemmed from stereotypes and ascribed identities others held of Aboriginal people; more precisely, that these interviewees did not fit the preconceived ideas of what others imagined Aboriginal people should be like. For example, Steve elaborated that his friends said he was 'not a typical blackfella' because he did not conform to the dysfunctional drunk trope, though he did not think 'that I'm that special'. Being at risk of confirming a negative stereotype (i.e. stereotype threat) caused Steve discomfort, which can be interpreted as the dread of ontological insecurity. To avoid this, Steve reported working hard, buying a house, and choosing not to drink alcohol. He also appeared to simultaneously acknowledge certain stereotypes about Aboriginal people while personally rejecting them in his life story:

> The only thing that hits me hard is when I see drunken Aboriginals standing around, making a bad name. […] I think those stereotypes that are out there are a bit too plain to see. […] I can probably vouch for the stereotype a bit too much myself. There's been quite a few people who've dissuaded that sort of stereotype but not enough to break it completely. […] That's probably the reason why I'm a better person and don't do that sort of stuff any more.

Hayley provides a different example of contesting ascribed identities by addressing some of the challenges she experienced with Aboriginal and non-Aboriginal people for not having the dark skin of a stereotypical Aboriginal body. At school, a darker skinned Aboriginal girl would call the interviewee 'whitey', which she found offensive. To combat this, Hayley drew strength from her Aboriginal cultural identity, and confronted the girl by explaining their 'bloodlines' (i.e. family backgrounds), asserting that the girl 'was no more Aboriginal than I was'.

Other interviewees spoke of the (in)visibility of physical racial difference being a potential determinant of whether racism is experienced:

> I still hear about this happening to people I know. But a lot of people tell me I don't look Indigenous. I've had people think I was Spanish to European to like all different sorts of things. I have tanned skin, not really dark skin. Maybe people just don't pick me as being Indigenous, so maybe that's why I don't experience much racism? (Joshua)

This contrasts with the previous story focusing on racism experienced for *not* looking Aboriginal, highlighting that phenotype plays an important though complex role in racism experienced in a contemporary urban setting.

Interviewees voiced accounts of experiencing comments about having mixed cultural backgrounds. This came from both Aboriginal and non-Aboriginal people who would attempt to challenge the authenticity of their Aboriginal identity. Lauren commented:

> I do get racism because I'm not fully black and I'm not fully white. Sometimes they call you a coconut because you're not black-black. I get it both ways. Either you're stuck up because you're white and own a house now. Or comments like 'What are you, white or black?'

Similar to Noble's (2006) accounts of experiences of ontological insecurity among people of Muslim and/or Arabic backgrounds in Australia, discomfort was a feeling that was felt by interviewees when exposed to racialisation. Having their own Aboriginal identity questioned and being compared to stereotypes sometimes led to *dread* of ontological insecurity (Giddens 1991). This was expressed as feelings of doubt, self-questioning and uncertainty, as well as a lack of sense of belonging when rejected from a group: 'I think we were sitting on the fence. We were in between. Trying to be accepted at the same time but by both sides' (Jessica).

Importance of context in determining reactions to racism

Through past experiences, interviewees learnt what might be considered as certain rules of engagement with regard to responding to racist behaviour, namely that 'you can't pull people out blatantly, unless they are being blatant' (Isaac). The situational context was an important determinant of how interviewees responded: 'Every situation was different and it would depend on the group that I was in, who was saying what and things like that' (Hayley). Isaac commented that it was not always appropriate to intervene: 'It depends on the situation. If the situation allows for it, I'll say something. If it doesn't, I usually try and find that person, if I know them, and just say something quietly to them, aside.' Considering racism was often perpetrated by friends or workmates, interviewees spoke of the 'complicated balancing act' of juggling different social identities:

> I've found in my role as the owner of this really cool business […], it makes it tough to say something and pull people up. I actually come across as pretty rude or abrupt, but completely also not from that type of scene. […] The context is all wrong. […] [T]hey'll say something [racist] then I'm like, 'Yeah, nah dude, that's not cool […].' Then they're like, 'I'm not at school, bro. I don't wanna learn about it.' […] They think they're open-minded but they're not! (Isaac).

While it was not always deemed appropriate to intervene, it was not always appropriate for interviewees to simply ignore racism and its perpetrators either, as it was often embedded in their everyday lives.

Racism shaping life choices: avoiding or educating the perpetrator

Interviewees often took action to reduce the chance of experiencing racism in the future. Similar to reports from Aboriginal people in a recent Victorian study (VicHealth 2012), interviewees explained they would avoid certain contexts where they thought racism would be more prevalent. Sarah changed her workplace because she was fed up with colleagues making racist comments about clients:

> [Staff have a] very stereotypical view of people. And it's not just for Aboriginal or Torres Strait Islander people, but for Indian or Chinese people too. I think it's made worse by ignorance. People don't have the opportunity to sit down and get to know people. […]

Another interviewee explained:

> I'm not really the type of person who gets into situations where, you know, things like racism or any sort of aggressiveness can really be brought in […]. I'm not down at a bar getting drunk arguing […], those sorts of situations. (Joshua)

Alternatively, if the situation could not be avoided, interviewees sometimes took up an educator's role with the perpetrator. This consisted of rationally discussing matters one-on-one, in a way that was believed to be most effective in resulting in a change for the perpetrator, such as Hayley confronting the bully at school, or in Lauren's example:

> One of my work mates when I was younger said that she didn't like Aboriginals because one of her mates got bashed by an Aboriginal in [a country town]. I said to her, '[…] you really can't stereotype just because one person did it. […] I could say that all about White people, if my friend got bashed by a White person.' So I tried to give her examples.

There was usually a consensus among interviewees that it was good to confront the perpetrator, 'You do need to speak to them and see what the issue is, and see if you can weed that issue out' (Isaac) as this could prevent the incident from occurring again. Lauren added, 'They know not to do anything now! I'm very strong woman so I don't tolerate any of that stuff any more!'

(Not) talking about it

When asked whether they generally talked about racism they encountered with others, Steve said that he would occasionally have a laugh about it with his Aboriginal friends, but most said they did not often talk to other people about their experiences of racism:

> It was an 'everyone deals with it themselves' kind of mentality. If you had a problem with something or with someone, that was your problem to deal with. It wasn't that we weren't close, I don't really discuss any problems that come up with anyone. (Joshua)

Similarly, Jordan said, 'I've never seen the point of burdening other people.' In the words of one interviewee:

> I mostly ignore it. I think to myself: Look, I know who I am, I know where my people are from, I know and I love my family and respect them, and that's all that really matters. (Hayley)

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Discussion

The findings encourage new ways of thinking about racism by capturing the nuanced subjectivities of experiences among Aboriginal people in an urban Australian context. The interviews revealed that for some, racism was a persistent and pervasive part of their life stories, permeating across different life domains of school, work, health and family. The closer the perpetrator was in the person's social circle, the more complicated were interviewees' engagement with racism. While some refused to acknowledge that racism affected them, the life narratives showed that choices had been made to minimise its impact. The people interviewed exercised agency when responding to various stereotypes, choosing ways to adapt to circumstances to maintain ontological security and reinforce their own distinctive ways of being Aboriginal.

Racism as a threat to ontological security

The narratives presented revealed that racism can be seen as a threat to one's ontological security in terms of interviewees' sense of a cultural identity derived from their Aboriginal ancestry. Similar to other studies, racism was often based on interviewees not conforming to some people's preconceived imaginings of what it is to be an Aboriginal person, for example, by exhibiting 'dysfunction', being 'full-blood' or 'looking Aboriginal' (Bennett 2014; Gorringe et al. 2011; Mellor 2003; Oxenham et al. 1999; Ziersch et al. 2011). It is possible that experiences of racism may differ from those of Aboriginal people living in rural areas, and with lower socioeconomic status (Cunningham and Paradies 2013). Similarly, having both Aboriginal and non-Aboriginal parents may have exposed interviewees to social domains where racism may have been more or less prevalent (Trigger 1986). The Aboriginal people in this study were well-educated and employed 'functional' members of society, had mixed ancestry, and for some, their bodies did not conform to stereotypical Aboriginal phenotypes. This led to perceived status inconsistency with others questioning the authenticity of their Aboriginality. However, interviewees themselves did not portray their Aboriginal identities as problematic, understanding them as an inherent part of their life stories. They saw themselves as 'normal' and 'not different' or 'not that special', referring to being a normal Aboriginal person, and interchangeably as part of mainstream Australian society. In a sense this can be seen as enacting 'strategic hybridity', or switching between roles of being 'same' and 'different' (Hollinsworth 2006: 61), though being positioned as 'different' was often imposed rather than selected.

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For some, perceptions of racism provoked ontological insecurity. Feelings of 'sitting on the fence', or being challenged for not conforming to the ascribed identity resulted in some interviewees feeling a sense of anxiety in their sense of self, a fear of not being accepted, or a lack of sense of belonging; for others such experiences appeared to be relatively easily dismissed by saying they were not affected, though this may have changed with age. Interviewees employed resilient agency through a variety of coping mechanisms to avoid the 'dread' of ontological insecurity, from changing their social environment to defining racism so as to exclude their personal experiences to choosing responses to racism based on socially learnt past experiences that were 'acceptable and appropriate' to their ontological framework (Giddens 1991: 36). These responses included minimising, accepting, and ignoring it, defining or reinterpreting incidences, asserting a sense of personal achievement or cultural identity, avoiding situations with a perceived risk of experiencing further racism, and educating the perpetrator. This suite of responses is similar to findings in previous studies with Aboriginal people (Mellor 2004; VicHealth 2012; Ziersch et al. 2011), and allowed interviewees to adapt to situations and preserve other aspects of their lives in a way that would maintain ontological security.

The importance of trust structures

As evidenced by the interviewees' narratives, the influence of trust structures in creating one's ontology suggests that the opinions and actions of people within a person's immediate social circle had the greatest impact on informing one's ontological security (Croft 2012; Giddens 1991). Rather than being isolated experiences with strangers, the majority of racism reported was embedded in everyday contexts and relationships, which affected the way interviewees chose to react to incidents. Joshua was able to dismiss the 'old dude' who hosed the van because it was a blatant act of racism committed by a stranger. However, for Steve, comments from his family and friends concerning negative stereotypes about Aboriginal people had greater impact on forming his sense of self, because they were from inside his trust structure and led to him to wanting to surpass negative stereotypes. Keen to minimise its role, Steve defined racism to exclude the stereotyping that he experienced in a way that would protect and defend his trust structures, and maintain his sense of ontological security.

While jokes from friends or acquaintances may appear minor, they can also operate as 'subtle insecuritisations' (Croft 2012: 228) and can be difficult to deal with because they can come from inside one's trust structure. This makes them sometimes harder to brush away and they may even come to be considered as 'appropriate and acceptable' behaviour (Croft 2012: 228).

Because incidents of racism were often embedded in everyday lives, interviewees had to constantly navigate social networks and 'balance' different facets of their social identities. People talked about making conscious decisions about how they presented themselves, reflecting on how they may be perceived, and the effectiveness this may have in creating an attitudinal change in the perpetrator. Considering perpetrators were often people they knew, it was not realistic to stop socialising with the person concerned every time something happened. Educating played a large role in coping mechanisms, as this can be seen as having agency in attempting to change the social context and the attitudes of others. To convince perpetrators that their behaviour was *in*appropriate and *un*acceptable minimised the risk of future incidences and consequently the dread of ontological insecurity.

It is important to note that the use of social support from friends and family to share experiences of racism and diffuse feelings of ontological insecurity was reportedly used sparingly. As suggested by Ziersch and colleagues (2011: 1049), this hints at a more complicated relationship of not wanting to create more stress or burden for others, especially if they were likely to be having similar experiences themselves or, alternatively, to be the perpetrators. The everydayness of these experiences gave rise to self-doubts about the severity of incidences, so people often did not access support – or perhaps simply did not feel they needed it. Ziersch and colleagues (2011) have suggested that responses to racism are not always protective but can also be harmful.

Conclusion: Is identity policing the new racism?

By framing racism as a threat to ontological security, and highlighting the subversive ways racism can operate from within one's own social circle, this article sought to understand how both overt and covert racism operate to potentially cause harm and influence an individual's life choices. Rather than exclusively focusing on genetic or cultural inferiority, the contemporary experiences of racism described in this article had a particular focus on ascribed racialised identities and identity policing, consistent with previous qualitative studies (Bennett 2014; Boladeras 2002; Mellor 2003). Other academics, such as Song (2014: 22), have debated whether accusations of 'inauthentic' racial identities constitute racism by

reproducing the 'structures of domination', or whether they trivialise racism (Song 2014: 125). However, the historical context of the regulation of Aboriginal identities in Australia (Bodkin-Andrews and Carlson 2013) and the fact that interviewees changed their lives to avoid racism suggest that this can indeed 'actualise and reinforce underlying racial and ethnic relations' (Essed 1991: 145). Perceived status inconsistency challenged the authenticity of one's Aboriginal identity, in some cases led to ontological insecurity and in others an explanatory discourse as to how they coped. The fact that the racism narratives emerged in this study largely unprompted suggests these were stories interviewees wanted to prioritise, that were important to them, but also they believed were important for others to hear. Hints about generational differences in experiences of racism suggest that Australian society may be perceived to be in a process of gradual social change, becoming more accepting of Aboriginality as a complex and diverse social identity. However, as others have noted (Augoustinos 2009; Sanson et al. 1998), there may be a switch from overt to covert racism, while some examples of 'old-fashioned' racism remain. The pervasive regularity of racism for some interviewees meant that it was not realistic to expect victims to actively combat it every time. While resilience building among vulnerable groups is important, there needs to be greater awareness that racism and identity policing can go beyond simply causing offence – they can impact the way people navigate their life. The underlying consensus that Aboriginal people expect to experience racism as a fact of life of being Aboriginal in an Australian context, speaks a lot for a certain normalisation of an 'accepted level of racism' in Australian society. As Hollinsworth (2006: 43) states:

> we need to focus on this mundane, routine or everyday form [of racism] rather than the exceptional and pathological. This focus is important because when most people claim not to be racist, it is this extreme or exaggerated form which they reject.

From a sociological perspective, it is curious that there has been such limited attention to racism within the discipline given its significance on the lives of Aboriginal people.

The importance of the life narrative in understanding Indigenous wellbeing and resilience in an urban setting

Figure 7.0: Theoretical and methodological approaches applied in Chapter 7
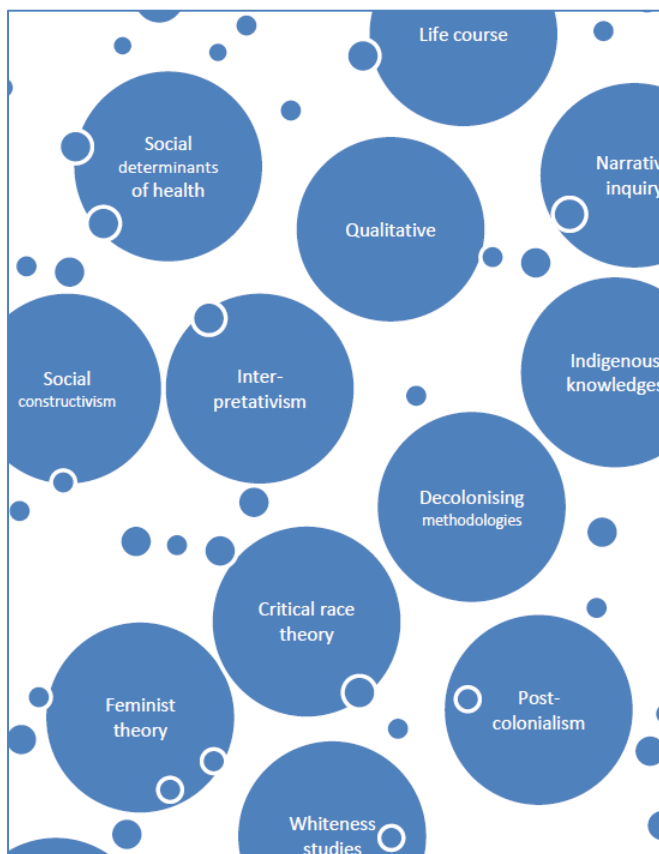
Note: Blue circles represent approached used in this chapter.

Abstract

In Australia, the majority of health research involving Aboriginal people uses large quantitative cross-sectional studies to compare significant health disparities with non-Aboriginal people. Findings from these studies often operate through a discourse of deficit and pathology, associating Aboriginality with illness, social disadvantage and dysfunctional behaviour. However, the largely investigator-driven design of these large studies do not allow for participants to 'talk back' to the research process with their own perspectives and life experiences in their own words. This study uses a case study approach to compare selected quantitative longitudinal survey data to qualitative life history interviews conducted with the same eleven people who self-identified as Aboriginal and were recruited from an existing longitudinal birth cohort study, the Mater-University Study of Pregnancy (MUSP). The MUSP originally recruited expecting mothers and their babies born at the Mater Hospital in Brisbane, Australia, in 1981–1983; with follow-up phases at six months, 5 and 14 years. Semi-structured qualitative interviews were conducted with the study-children now aged 31–34 years between June 2013 and March 2014. When comparing the quantitative data to the life history narratives of these interviewees, the discourse shifted from one of deficit to one of strength. Prioritising the views of the interviewees allowed for narratives of wellness and resilience to emerge that were not captured in the quantitative data, suggesting that even if individuals experience significant life stressors, this does not make them bereft of capabilities and assets. Using life narrative approaches with Aboriginal people can provide greater contextualisation to how people navigate through significant life events to maintain wellbeing, as well as providing alternate readings to the common statistical portraits of Aboriginal people presented by large-scale quantitative studies.

Keywords: Aboriginal, Australia, wellbeing, resilience, social determinants of health, life course, strength-based, mixed-methods

Introduction

Since the 1970s, epidemiological studies have unremittingly highlighted the large statistical health disparities between Aboriginal and non-Aboriginal people (Brough 2001). These have been used as crucial evidence for advocating for Indigenous rights, specialised programs and funding. However, four decades later, Aboriginal people are now increasingly becoming known by these powerful epidemiological descriptors of disease and social disadvantage (Brough 2001; Stoneham et al. 2014), reinforcing a discourse of deficit and pathology in

imaginings of Aboriginal people in Australia (Moreton-Robinson 2009; Bond 2005). The cross-sectional focus on prevalence of risk factors and stressors has resulted in fewer qualitative explorations of the Aboriginal perspectives on their own lives, resilience, health and wellbeing, or the incorporation of life course approaches (Ypinazar et al. 2008; Priest et al. 2009; Priest et al. 2012; Breen and Hing 2014). Beyond becoming aggregated data sorted by Aboriginal status, the voices of Aboriginal people have rarely been privileged within public health. Aboriginal scholars have argued that this has led to a disjuncture between public perceptions of Aboriginal illness and dysfunction versus perceptions of resilience, strength and capabilities Aboriginal people express within their own lives (Bond 2005; Bond 2010; Fredericks 2010). A participant in a previous Victorian study exploring Aboriginal perspectives of child health and wellbeing in an urban setting noted, 'I don't think that story gets told enough you know, we don't talk about all the well families' (Priest et al. 2012: 189). To date, few Aboriginal health studies have an urban focus, with previous research primarily conducted in a rural and remote setting (Priest et al. 2009; Eades et al. 2010). This continues despite most Aboriginal and Torres Strait Islander people now living in non-remote areas (ABS 2010a). More than one-third of Queensland's Indigenous population now live in South-East Queensland (Queensland Government 2012), making it an opportune study site for investigation.

Resilience and wellbeing as a life journey

International literature defines resilience as a 'dynamic process encompassing positive adaption within the context of significant adversity' and originated from the field of positive psychology (Luthar et al. 2000: 543). Resilience is best conceptualised as an ongoing developmental process relational to an individual's situational context, rather than an innate trait one either has or does not (Luthar et al. 2000; Rutter 2000). It is the ability to negotiate through tensions according to strengths and resources available in culturally meaningful ways (Ungar 2008; Andersson 2008). Similarly, social and emotional wellbeing is an emerging approach to understanding and contextualising the mental health and wellbeing of Aboriginal and Torres Strait Islander people, by taking a more holistic approach and incorporating

social, cultural, spiritual, political, historical context, not just a biomedical approach. Wellbeing is not just the absence of a mental disorder; it is:

> a positive state of mental health and happiness associated with a strong and sustaining cultural identity community and family life – has been, and remains, a source of strength against adversity, poverty and neglect (Holland, Dudgeon and Milroy 2013: 2).

Despite previous calls for more research into the wellbeing, strength and resilience of Indigenous people, this is an area that is not well-examined in the literature or in broader public discourse in Australia (NATSIHC 2004; Zubrick et al. 2000; HREOC 1997; Swan and Raphael 1995; RCIADIC 1991). However, this does not appear to be due to a lack of examples of resilience in Australian Aboriginal communities. In 2008, almost three-quarters (72%) of a nationally representative sample of Aboriginal and Torres Strait Islander people responded they felt happy all or most of the time, even though almost three-quarters (77%) also reporting either themselves or a close friend/family member experiencing a major life stressor in the previous year (AIHW 2011a: 37–38). This suggests an ability for Aboriginal people to cope and maintain wellbeing in spite of experiencing significant life stressors, yet to date, large epidemiological studies have been somewhat limited in providing context to exploring these dynamic processes and meaning making of resilience and wellbeing.

This study compares two different ways of 'doing research' on wellbeing with small group of eleven Aboriginal people: one using descriptive statistics from a large longitudinal birth cohort study, and the other exploring the qualitative self-reported life history interview narratives of the same individuals. By privileging the narratives of Aboriginal people who reported they are doing well, we can gain deeper understanding of the way the social context can influence wellbeing in an urban setting. Using qualitative life history methods can provide an opportunity for these wellbeing and resilience narratives to emerge – in a way that is not so easily captured by quantitative methods.

Methodology and methods

Participants

Interviewees were recruited from an existing longitudinal study of health and wellbeing: the Mater-University Study of Pregnancy (MUSP). The MUSP originally recruited 7,223 women at first clinical visit receiving antenatal care and giving birth at the Mater Mothers Hospital between 1981 and 1983. Mother and child were followed up at six months postnatal, then at

5 and 14 years. These original quantitative surveys were self-administered, or completed with the assistance of a research assistant, and included general demographic questions, psychological assessments, parenting scales, health and lifestyle behaviours such as alcohol consumption (for more detail see Najman et al. 2005).

From this sample, a small group of study-children (n = 226) had been identified as having at least one parent who had been identified as 'Australian Aborigine' at baseline[25]. The follow-up process for the qualitative interviews some 30 years later for these study-children, now adults, uncovered identification discrepancies, with a significant proportion of those able to be followed up not identifying as an Aboriginal and/or Torres Strait Islander person at 30 years (Chapter 4). Rather than suggesting individuals did not or chose not to identify with parts of their ancestry, this discrepancy was found to be partly explained by miscodes and the problematic way group membership had been originally collected 30 years ago (Chapter 4). Aboriginal people whose mother had not identified herself or her partner as 'Australian Aborigine' in the original baseline MUSP questionnaire were not able to be included in this study, nor were the Aboriginal people who were no longer part of the MUSP (i.e. due to attrition).

The data presented in this paper corresponds to the eleven people who identified as Aboriginal and/or Torres Strait Islander at the 30 year follow-up and completed the qualitative interview only[26]. Ten interviewees identified as Aboriginal, and one interviewee identified as being of both Aboriginal and Torres Strait Islander descent. Five men and six women were interviewed, all aged between 31 and 34 years, all born in Brisbane and currently living in Australian capital cities.

Qualitative component

Influenced by a Western-based social constructivist epistemology and interpretativist theoretical framework, I acknowledge that meanings and interpretations of the social world are constructed reiteratively through highly contextualised social interaction (Crotty 1998:

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[25] Torres Strait Islander status was not collected, hence could not be included in this study unless the person identified as both Aboriginal and Torres Strait Islander.

[26] Three people who identified as Aboriginal chose not to participate in the qualitative interviews: one had just had a baby, one recently moved to an area with poor phone reception, and contact was lost during follow-up with another.

42, 67). The research context itself can influence and be influenced by interviewee and interviewer rapport and backgrounds (Pezalla et al. 2012; Russell-Mundine 2012). Considering I am a non-Aboriginal woman, and have conducted and analysed the qualitative interviews myself, steps were taken to be reflective practitioner (Mason 1996: 164–165), such as keeping a reflective journal (Nadin and Cassell 2006) and consulting with my Aboriginal supervisor.

The semi-structured 'short life history' qualitative interviews (Plummer 2004; Atkinson 2004) were designed to allow interviewees to provide a detailed narrative of their own lives from their perspectives. Qualitative interviews are an arguably more culturally appropriate way of information gathering with Aboriginal and Torres Strait Islander people as it allows for more organic communication, can empower marginalised voices, and allow the interviewee to guide the conversation rather than the researcher or a preconceived research agenda (Vicary and Bishop 2005).

All potential participants had been sent a letter of introduction about the qualitative study and were followed up by telephone. Potential participants were briefed that the interviews were about 'factors that have influenced your health and wellbeing through childhood, adolescence and adulthood'. Interested individuals were sent a more detailed information sheet and consent form, with informed consent obtained before commencing the interviewees. Participation was voluntary and confidential. Interviews were conducted with participants over the phone or in person between June 2013 and March 2014, lasting approximately one hour (ranging from 1–2.5 hours). Interviewees were given an AU$25 gift voucher to reimburse their time. The interviews were audio-recorded and transcribed. Some details have been removed to maintain interviewee anonymity (e.g. names of places and people) and minor edits have been made to interview excerpts presented for readability. Ethical approval was obtained by the Behavioural and Social Sciences Ethical Review committee at the University of Queensland (Appendix II).

Data analysis

Life history excerpts were chosen that could best 'talk back' to the quantitative analysis and provide greater context within in each 'area of inquiry': socioeconomic status, family, mental health and alcohol use. Developmental explanatory logic was used to analyse how social processes in the interviewees' wellbeing narratives evolved over time (Mason 1996: 137),

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with comparative thematic analysis used to compare similarities and differences between the life histories. Like all retrospective interview-based studies, self-reporting is likely to underreport negative behaviours, and invoke memory bias with post-hoc rationalisation (Reith and Dobbie 2011). Ivanitz (2000: 49) has noted that 'When asked to "self-assess" their health status, urban Aboriginal people *think* they are healthier than they *actually* are' (emphasis in original). However, these subjective experiences and meaning-making of health and wellbeing was important to this study.

The social factors explored in this study are not an exhaustive list; indeed, the significant influence of racism and racialisation on wellbeing, and cultural identity narratives, among this group are presented elsewhere (Chapters 5 and 6, respectively). The individualised focus of this study limited the scope for understanding the influence of community wellbeing. Ethnographic methods could add greater in-depth understanding to social processes reported by interviewees. On the whole, the richness of data and flexibility of the qualitative interviews allowed space to prioritise the voices of the Aboriginal people interviewed and these narratives of resilience and wellbeing that were considered important to them.

Results

Table 7.1 presents a selection of MUSP quantitative data from the eleven people who completed the qualitative life history interviews. It follows common epidemiological practice of presenting prevalence of 'risk factors', with an emphasis on negative outcomes over protective factors or wellness (i.e. poverty, incomplete schooling, chronic stress, higher alcohol use, mental illness; *versus* high income, higher education, no stress, abstinence from alcohol, no mental illness). At a glance, it appears that there were high reports of poverty in pregnancy, paternal incomplete schooling and chronic stress during infancy, and alcohol use and mental disorders at 21 years. However, it is not possible to compare proportions for significance as numbers were too low for meaningful interpretation. The high number of missing data is also problematic – this tends to be excluded from analysis and can somewhat skew results if there high attrition or missing data. It is not always the same people who are absent from phases, with five of the eleven interviewees having missing data at one or more of the phases. This reflects the reality of longitudinal studies where participants are not always able to be followed up at every stage, even if they do manage to remain in contact with the same study for 30 years. In addition, the same measures were not replicated across all time points, limiting the potential for comparisons across time. As with all descriptive

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point estimate statistics, the data presented in Table 7.1 cannot provide any detail about the context, severity, impact or meaning of these outcomes within the lives of the people interviewed.

Table 7.1: Selected MUSP quantitative outcomes at various time points

	Number of Interviewees (N = 11)		
	Yes	No	Missing
Family income below the poverty line[a]			
Pregnancy	4	5	2
6 months	2	7	2
5 years	2	6	3
14 years	2	8	1
Maternal incomplete schooling[b]			
Pregnancy	2	9	0
Paternal incomplete schooling[b]			
Pregnancy	7	4	0
Some to a lot chronic stress[c]			
Cumulative pregnancy to 6 months	5	3	3
Youth-reported heavy to very heavy alcohol use[d]			
14 years	0	10	1
21 years	5	3	3
30 years	0	11	0
Youth-reported anxiety/depression[e]			
14 years	2	8	1
21 years	3	5	3
30 years	2	9	0
Youth-reported any DSM-IV diagnosis in their lifetime[f]			
21 years	7	1	3

[a] Mother-reported at first clinical visit during pregnancy and six months postnatal, poverty = $10399 or less; at five years, poverty = $15,599 or less; at 14 years, poverty = $20,799 or less.

[b] Mother-reported at first clinical visit during pregnancy; defined as incomplete Year 10.

[c] Mother-reported at first clinical visit during pregnancy, birth and six months postnatal. This uses a four-item scale with the following questions 'In general, I am usually tense or nervous', 'Great nervous strain connected to activities/always under pressure', 'At end of day I'm completely exhausted mentally and physically' and 'Daily activities extremely trying and stressful', with responses 'All the time', 'Most of the time', 'Some of the time', 'Rarely', 'Never'.

[d] Youth-reported heavy to very heavy alcohol use at 14 years measured using Achenbach (1991) Youth Self-Report, frequency of use: 'How often do you use alcohol?, with responses 'Daily' 'A few times a week/month/year', 'Rarely' and 'Never', with 'Never' and 'Rarely' coded as low (no other options were selected); at 21 (MUSP data) and 30 years (qualitative interview) using number of standard drinks per day used,

multiplied by frequency of use per week, divided by seven, recoded into two categories: abstainer/light/moderate (0–1), heavy/very heavy (≥ 3.4).

[e] Youth-reported anxiety/depression measured at 14 years using the Achenbach (1991) Youth Self-Report (YSR) Anxious/Depressed Scale (16-items), using a 10% cut-off for high scores compared to other MUSP participants; at 21 years using the Centre for Epidemiological Studies Depression scale (CES-D)(20-items), cut-off score of 16 (Radloff 1977); at 30 years using the Indigenous Risk Impact Screen (IRIS) (6-items), cut-off score of 11 (Schlesinger et al. 2007).

[f] Youth-reported any DSM diagnosis in their lifetime by 21 years was measured using a computerised version of the Composite International Diagnosis Interview (CIDI-Auto) (WHO 1997), that follows the Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition (DSM-IV) (APA 1994).

Socioeconomic status

Within the context of their life narratives, the Aboriginal people interviewed described a holistic understanding of what it meant to 'be healthy'. Interviewees drew threads between social determinants of health and how these influenced wellbeing over the course of their lives:

> It's, I guess, everything. It's being well enough to function and do all your normal every day stuff but also going home to a happy well family, eating well, having enough money to have enough money to survive and not struggle yeah those sorts of things. (Sarah)

Rather than focusing on the challenges in their lives, interviewees chose to focus on the strengths and achievements in overcoming these hardships. In comparing markers of socioeconomic status such as family income and education from the quantitative survey data to the qualitative life narratives told by same individuals, we can see there is much more to this story. For example, Chris was the interviewee who had been reported to be the most exposed to poverty in childhood according to the MUSP data. However, in his life history interview, he said that both his parents have always worked and he never experienced poverty growing up. Indeed, while all the interviewees described themselves and their parents in their life narratives as coming from typically working class backgrounds, it was stressed that, 'No matter what, there was always food on the table, there was always clothes on ya back and there was always hot water running. With a roof over your head' (Millie). Joshua explained that, 'We were never rich or anything but we were never in want of anything'. Steve said, 'We didn't grow up with lots of stuff so I grew to appreciate it when I got my own money and paid my own way in life'. Interviewees actively resisted the discourse of disadvantage,

and instead focused on never being without and their families always providing where it counts. All interviewees described their parents as hardworking with at least one parent being employed when interviewees were growing up. The low family income in Table 7.1 may be reflective of low wages earned by Aboriginal people due to systemic discrimination.

In the interviews, the concept of education was not limited to complete schooling. In discussing levels of education of his parents, Isaac emphasised that while his parents may not have had much formal education, his parents had encouraged learning through informal ways, such as road trips to historical sites. This played a significant role in Isaac's life:

> I think [my dad] may have had the equivalent of a primary school education with maybe a little bit of high school education, but not much. He's basically entirely self-taught. […] My mother dropped out in year 12. […] But she's always gone back and done different studying courses. So education's always remained throughout her life. As for Dad, well, he always studied. He has a huge library of literature. He's always pursuing knowledge. […] I guess that's what always kept my academic interest. […] There was always this idea that I was learning, you know, there was stuff to discover.

Parents had stressed the importance of education for their children, with many of the interviewee's parents not completing high school themselves. For example, Hayley said:

> I was always pressured to achieve and be very successful at whatever I did. […]. My parents were like 'We didn't succeed so we're going to try and push you to'.

As adults, the interviewee's narratives revealed a gradual process of upward social mobility, in part enabled by increasing opportunities for Aboriginal and Torres Strait Islander people. At the time of interview, nine of the eleven interviewees had completed year 12, and all interviewees went on to complete post-secondary qualifications from Training and Further Education (TAFE) institutions and/or university. Ten of the eleven were currently employed (eight full-time, two mothers working part-time, and one a self-employed business owner), with only one interviewee temporarily 'in-between jobs', though was studying. Some

interviewees referred to an almost serendipitous pathway they entered employment or education, as part recruitment strategies by institutions to redress Indigenous disadvantage:

> I did some TAFE certificate through grade 12. And then I started, a Diploma of Business at TAFE. But I only did a week of that, cos I got a call to come and do [an Indigenous] traineeship, so I cancelled my TAFE. I got an Indigenous traineeship with the [public service], and I've been here ever since. (Lauren)
>
> *
>
> I actually got into uni through the alternate entry through the Indigenous unit. At the end of high school, I wasn't even planning of going to uni. I was planning on a career in a trade, like carpentry, because I did manual arts at high school. Then at the end of high school, in English [class], they made everyone apply to university. (Joshua)

Removing some barriers to access through these specialised recruitment strategies allowed for early studying and employment opportunities after school that may not have been otherwise accessible to these interviewees. However, not all interviewees obtained positions through such strategies (c.f. Rebecca in Chapter 5). Chris described his excitement upon receiving his position:

> Yeah, probably my biggest [life turning point] was getting the job I did. Because maybe there's I think 10 positions available and maybe 2000 applicants. It was the job I wanted my whole life and finally got it.

It was not uncommon for participants to report returning to study later in life, or expressing an interest to do so. Two were currently studying Bachelors degrees and two were enrolled in Masters degrees. Interviewees who had completed an apprenticeship or other TAFE qualifications spoke about going to university within the next five years, 'I'm thinking of going to uni to improve myself. It's the next level of my trade' (Steve). Isaac, who was a self-employed business owner said:

> I have this goal in my mid-thirties to do an MBA. Basically, I want to get myself in a position where I have the paperwork to go along with what I'm achieving in my businesses and things like that. So that I can actually be board member material in my late thirties, early forties.

Enabled by gainful employment, homeownership was considered an important and attainable aspiration among this group. Three participants currently owned their own home, with a further four expressing interest in buying a home within the next five years.

Everything's going great. I wanted to buy a house at 21. That was one of my goals. But I didn't, it ended up being 25, but […] We have bought a house, and we're planning on buying another one in a few years. […] I told [my brother] about buying a house. And now he's bought his house. I told my friends about, you know, buying a house and helping them, and now they've bought houses. (Lauren)

Family and role models

Participants were explicit that experiencing socioeconomic disadvantage or being exposed to life stress did not make families bereft of strength and capabilities. Family was consistently described as the primary source of strength and social and emotional support both when growing up and today, even in spite of experiencing significant life stressors. The interviewees described their family as one of the important contributors to their wellbeing. Many of the interviewees cited their parents as role models. There was an acknowledgement of the hardships and challenges their parents had endured, with an emphasis on how they had been overcome. For example, Rebecca explained:

> When I was at school my mother, ah, went a little crazy? She had bipolar. And was undiagnosed. At times it was hectic as hell. […] It was pretty hard. I mean, we've seen her try to kill herself. She tried to break her own arm. She chased my sister with an axe. […] But we didn't go anywhere. Dad didn't go anywhere. Yeah, nah, he's like let's get this sorted. Got her on medication. And they are still happy married, what like, thirty years later.

Not only was Rebecca's family looking out for one another, they also had the capacity to take on 'a criminal street kid living with us for a few years. We made him go on the straight and narrow, so that's great'. Rebecca also spoke of her parents as teenagers raising her father's younger siblings when his father died prematurely, 'He wasn't the eldest at the time. He was just the responsible one'.

Lauren also described her mother's life challenges through a discourse of strength, in spite of experiencing adversity:

> My mum had me when she was [very young]. […] She showed me that it doesn't matter what had happened your life. I mean, she was a victim of domestic violence. […] We seen that happen to her. We've seen beer bottles, we've seen her getting punched. We see everything.

And for her to come out of that, and for her to be strong, and show us that it doesn't matter what happens to you, that you can still overcome these things and achieve whatever you want. That's what I really love.

Similarly, Jordan said:

I always had my father being the best role model I ever had […]. I think just the amount of adversity he's had growing up. And the fact that he's gotten through it, is pretty inspirational. […] He affects other young men in his life on how they look and see things. Dad's got strong discipline […] These guys, as they get older, still look to him for inspiration, I guess, on how to have a good successful life and beat the odds on where they come from and achieve success.

While parents were regarded as the primary caregivers and sources of support, for some grandparents, aunties and uncles 'were always there to help' (Millie), particularly for single parents or those experiencing troubles at home. When Jessica's parents split up and her mother remarried an abusive man when Jessica was a teenager, her Grandmother became her 'rock'. Jessica acknowledged that her relationship with her Grandmother kept her from getting into too much trouble as a teenager: 'My biggest fear the whole time was that Grandma would find out what I was doing!'

As interviewees got older, some of them began to reflect on themselves becoming the new role models:

To be honest, I feel like I'm a role model for my friends and my family. I feel like the roles have changed now. I've become a person that influences others. In a good way, I feel. […] I think I've grown in that strength. My mum is still my role model but I think I've helped others in a good way. […] My half-brothers are in jail, there's a few in jail. They've been in and out, you know, that's something that I look at too. That makes me change my thing. I want to be a role model. (Lauren)

Whenever interviewees discussed hardships, whether in their lives or in the lives of others, this was always countered by narratives of strength and perseverance, focusing on the positive aspects and overcoming difficulties.

Impact of forcible removals

An important area that came up in the interviews that had *not* been previously documented in the MUSP was the effect of historical government policy on Aboriginal families. Considering the important role family plays in upbringing and wellbeing, it was not surprising that the intergenerational impact of the Stolen Generations (past government forcible removals) was discussed in these interviewees. While none of the interviewees themselves had been forcibly removed, seven out of eleven reported that a family member (mainly grandparents) had been 'taken away' (note: two said no, two were unsure), and interviewees continued to identify with the mission/reserve communities where family members had been relocated.

For those whose grandparents had grown up in foster care or in the dormitories of Aboriginal missions/reserve communities, their parents had moved to Brisbane in young adulthood for job opportunities. Among those who had family members separated, reconnecting with these individuals was an important part of ensuring family wellbeing, with families making extensive efforts to reconnect: 'Mum's done a lot of work trying to trace family so I can't remember if Mum found her or if it was the other way around' (Sarah). While some interviewees knew from an early age, many found out that family members had been taken away only later in life, as it was something not often talked about among the families, despite having ongoing influence on family wellbeing. Hayley, whose great-grandmother and grandmother had both been part of the Stolen Generations, described what it was like findings out 'not so long ago' after a 'fair bit of investigating':

> I was sad. But it also explained a lot of my grandmother's behavioural traits, insecurities and other things that had happened to her and then her subsequent raising of my father. Looking at it now I can identify a lot of the reasons and things that they were brought up the way they were, with different insecurities or emotional behaviours they have developed from that. We do have a strong sense of family but in the same sense of that it's not particularly strong. We're not a very connected family, I guess, which is disappointing for me because I think we should be. But we're not.

While Isaac's family had not been removed, government removals still have an impact on his family's wellbeing:

> I think that's part of where the mental health issues come from. There was always this fear that they were going to be taken. Other kids around them, their families had had issues. But [my mum's family] managed to survive through intact as a family. Which was quite significant, I think. They had […] White farmers who really looked after my mum's family and made sure that things were done for them, or supported to keep them intact and to keep all the girls and everybody at school […] [Mum] grew up in a rural area. […] They basically lived on a block in a tin hut with a dirt floor. That was her childhood. They eventually moved into town when I think she was in her high school years. So yeah – That's what I mean, from what I know, all of the issues stem from their childhood and the issues they had to deal with. It was a very different time, that's for sure.

These narratives suggest the importance of the socio-historical context and impact of government policy on the wellbeing of Aboriginal families that cannot be readily captured in large mainstream quantitative studies.

Alcohol and mental health

Table 7.1 shows that seven out of the eight interviewees who responded at the 21 year follow-up were scored to have met criteria for at least one DSM-IV mental disorder in their lifetime. This also represented the time point where self-reported heavy to very heavy alcohol use was highest. While the quantitative data may have been able to capture longitudinal changes in mental health and drug use patterns, the qualitative interviews gave further insight into the resilience narrative of how people got through such challenges. As with the previous narratives described, the alcohol and mental health narratives emphasised positive growth and learning from past experiences and the importance of social context. On her adolescent experience, Lauren said:

> I did go off the rails a bit when I was 15 or 16. So I did um, you know, pot, all that kind of stuff, tried that, sniffed glue. […] We'd go with my friends and drink without Mum knowing. We'd go into the city, and we'd sit under the bridge and drink. Then I'd see my friends, um, get in trouble with the police a lot. And I started to think I didn't really want to go down that

way. So I moved away from those friends. I didn't hang around that friend any longer. Yeah, so [*pause*] I did go down paths where I thought I'd gone the wrong way, did a bit of stealing, but not much. Got in trouble with the police a couple of times, really nothing that I feel has impacted me today. I've learnt from those things, and I've learnt that I can be a good person anyway.

By 30 years, all interviewees reported they were happy and doing well, and appeared to have overcome the DSM disorders in Table 7.1 over time without clinical intervention. Among those who described having experienced challenges to their social and emotional wellbeing, their narratives suggested a correlation between problematic alcohol use, mental illness and increased life stressors. For example, Hayley explained:

> My ex-husband was an alcoholic. There was often a stage where I'd just feel like, 'Oh my God, I need a drink', just to deal with things.. […] [He] was aggressive towards me, a little bit of physically abusive as well and he had some substance issues. So that's why I left him four years ago. I used to have panic attacks. But I don't get [them] anymore.

Jessica described a cyclical pattern to experiencing and overcoming significant hardships in earlier years, with substance use being a symptomatic reaction to external stressors that would challenge her social and emotional wellbeing:

> I dropped out [of school] in year nine. [Mum] remarried and her husband was an arsehole. [My home life was] always pretty crap. It was never perfect. […] We used to avoid going home as much as possible. We'd hang out at friend's places, or go to the park, or go anywhere but home. […] I used to run away. Started drinking and stuff. And hanging out at the park.[…] [I was] fourteen when I left mum […]. When I was 17, […] me and my sister went off the rails together. So neither of us were working, we were drinking all the time, smoking all the time, taking pills all the time. And then I got hit by a car. So then I went to hospital. I was in a coma for three weeks. […] I was told I'd never walk again, can't speak, […] Yep, so I got myself out of hospital, said I'm sick of this, I can look after myself. […] I taught myself to walk and talk again, and met the next guy that I know and ended getting married to him. And then he beat me up. […] I was single again, back to drugs and alcohol again.

As an adult, Jessica now abstains completely from alcohol use and aspires to be a drug and alcohol counsellor because she says she has learnt so much from her own personal

experience. She has found stability in her relationship with her current partner, reiterating the importance of family wellbeing on the individual:

> D'you know what? I like where we're at, ah, as a family unit. I like where we're at, ah, at an emotional level. Everybody's good.

As interviewees got older, they described their lives as becoming more stable, with stable employment and most in stable relationships. They also described an increased sense of responsibility at home with children or at work as a protective factor against harmful alcohol use, with interviewees describing having made a conscious choice to give up or cut down (with two abstaining altogether). For example:

> [I drank most at] 18 to early 20's […] Then I had my daughter so, it just calmed down after that. […] Now I'm lucky to get through one. (Sarah)
>
> *
>
> [I don't drink much alcohol] these days. God, when I was eighteen I did a good job! We'd go out every weekend and stuff but since I've had the kids, no. I've got to be a responsible adult. Someone's gotta be! Even my partner barely drinks anymore. Don't get me wrong, if we're going out we will, but if we're just going to a barbeque or something, then no, not so much. […] I don't get drunk, because you know, gotta deal with the hangover the next day and children – doesn't marry! It doesn't mix! Does not work, at all! (Rebecca)
>
> *
>
> In the last year we've really pulled back our consumption of alcohol. […] We don't generally drink at home. […] [We've cut down for] financial [reasons]. I think our lifestyle really changed at home. We wanna be a bit healthier. We don't necessarily want to sleep in and feel shit all weekend. (Isaac)
>
> *
>
> I was pretty much into getting hammered every other weekend, so on Saturdays after our football games. […] After I turned 21, and stopped playing football, that was pretty much the moment I stopped drinking heavily, and saved up and bought a house. (Steve)

Giving up or reducing alcohol reflected a whole-of-life wellbeing approach, where interviewees were empowered to 'take control' of their health, lifestyles, finances, wanting the best for their futures. Reported alcohol use among this group was now limited to 'special

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occasions' (Joshua), such as 'New Years. That's all. [*laughs*] And my birthday' (Lauren), or, 'the other weekend, at my partner's cousin's wedding [*laughs*]. It was a free bar so it was fruit tingles all round!' (Millie). However, it was explicitly stated by all interviewees that, 'That doesn't happen often! I always make sure I'm in control' (Millie).

When asked about how they perceived their current health in general, interviewees unanimous replied they were doing well and were happy with their lives, 'I'd probably say I'm the healthiest I've been in a decade' (Steve). Hayley said:

> I'm a sort of very happy, positive person, even though I've been through a fair bit of stuff in my adult life […] [My health now is] Really good […] I'm really enthusiastically healthy. I'm active. I'm happy. Yes, I'm holistically pretty good. (Hayley)

Talking back to the research process

At the end of the qualitative interview, some interviewees made comments about the research process itself, describing a preference for the qualitative interview over the quantitative, particularly when discussing sensitive topics such as drug and alcohol use. For example, Jessica said:

> This interview was heaps easier than the normal [MUSP] interview. The last time was stressful. [They] asked a lot of drug and alcohol questions and after the third drug I actually started to take it quite personally – like ok I'm gonna be honest but you don't feel good.

Jessica was referring to the CIDI-Auto completed at a previous MUSP follow-up. This discomfort appeared to be due to the strict quantitative design of the CIDI-Auto that does not have the capacity to account for Jessica's resilient life journey which has now led her to choice to abstain from all alcohol and drugs completely. Instead, it reinforced negative aspects of her life making her not 'feel good'. Rebecca also had similar misgivings about a previous MUSP survey:

> Last time, I was actually I was a bit off-put? One of the questions was [*pause*] 'how often did you drink?', something alcohol related? And then they're like, 'how long have you had this drinking problem?' […] The way they've worded it, I was a bit off put by it. Like, it made me feel – it was telling me because I have had ten drinks at one time that I'm an alcoholic. The way they've worded it is really ba-ad and I'm like 'Hold on!' [*chuckles*] I don't have a drinking problem!

This also suggests that interviewees were conscious and wary of how they will be perceived, potentially influenced by the burden of representation, as well as being aware of negative public perceptions of Aboriginal people. Isaac felt the need to add the following disclaimer at the end of his interview:

> I think everything that you've listened to or taken down or recorded, has to be put into context that we were very, very lucky [*pause*] individuals. […] We had a super good upbringing, you know. Kids and families that didn't have anywhere near what we had. Even though, you know, not financially, but life enrichment stuff. And like, yeah, I think it's just a total reflection of that. That you kinda need to put that as a [*pause*] – That needs to be made very clear in context to other people's reactions. We're just very, very lucky, I guess. […] It's not really luck, is it? Heh. Our parents are very good. Yeah.

Reflecting back on the research process as a whole, Rebecca also commented on the perceptions of others interpreting the data:

> Every time I've come, you know, I would probably give roughly the same story [*pause*] but it's [*pause*] how people take it though, as well? Like, you're not the person I spoke to last time and I may have told them pretty much the same thing, and how they perceive it is gonna be different to how you're gonna perceive it. […] There's never gonna be a clear cut answer […] [to whether] health issues are a social thing or it's a – It's never gonna be clear cut. Cos everyone's different.

Discussion

This study has compared quantitative and qualitative methods of exploring social determinants of wellbeing over the life course for a small group of Aboriginal people raised and living in an urban setting. Table 7.2 summarises some differences made apparent in this study between epidemiological and Indigenous perspectives operating in this space. The quantitative epidemiological approach of describing risk factors followed a discourse of pathology and deficit, whilst the Indigenous perspectives presented in the qualitative interviews followed a discourse of strength. While epidemiology focused on adversity and illness, the Indigenous narratives emphasised resilience and wellness. Social epidemiological areas of inquiry such as of socioeconomic disadvantage, family dysfunction, stress, problematic alcohol use and mental illness became transformed into narratives of never being without, the opportunity for upwards social mobility, the importance of family as positive role models and social support, abstinence, learning from past experiences and coping

through challenges. The quantitative dataset had no variables to capture the historical impact of government policy on the lives and wellbeing of Aboriginal people, yet surviving through the generational impact of the Stolen Generations was perceived to have considerable importance to the wellbeing of Aboriginal families. Even though the qualitative component was limited to short one hour interviews mostly conducted on the phone, they still provided a richer context to the lives and wellbeing of the people interviewed than the quantitative data (and arguably, a more comfortable encounter).

Table 7.2: Comparison of approaches between current epidemiological methods and Indigenous perspectives

Field:	Epidemiology	Indigenous perspectives
Discourse:	Pathology, deficit	Strength
Focus:	Adversity, illness	Resilience, wellness
Areas of inquiry:	Socioeconomic disadvantage	Never being without, upwards social mobility
	Family dysfunction	Parents as positive role models
	Absent historical context	Surviving through generational impact of government policy
	Stress, alcohol use and mental illness	Learning from past experiences and coping through challenges

Previous Australian literature has made calls for more research exploring resilience among Aboriginal people yet the evidence-base remains heavily reliant on large quantitative epidemiological studies that do not appear to be the most appropriate means of capturing these resilience narratives. Opportunistically using mainstream studies that include an 'Indigenous identifier' without due acknowledgement to the socio-historical context of 'being Indigenous' runs a risk of marginalising and silencing Indigenous perspectives, experiences and worldviews further. Providing Aboriginal people the opportunity to 'talk back' to the research process, such as through qualitative life history interviews, can assist to provide new interpretations of the experiences, health and wellbeing of Aboriginal people. Similar to

Nelson and colleagues (2012: 325), the life history narratives presented in this study provide an 'an alternate view to the pathologised, statistical "stories" often representing Indigenous Australians in scientific and popular literature and the media.' This study challenges the view that quantitative measures alone can predict health outcomes and highlights the need for qualitative understandings of wellbeing for Aboriginal people in Australia. It also highlights the need for more strengths-based and life course approaches to health disparities research.

Empirical research relies on knowledge production based on observation and experience. However, tensions arise when we question whose observing and experiencing (hence, knowing) is privileged most. For example, in Ivanitz's (2000: 49) proposition cited earlier that 'urban Aboriginal people *think* they are healthier than they *actually* are' (emphasis in original) prioritises the researcher as the 'knower' of the Indigenous experience, over the individuals themselves. Blaikie (2004: 838, emphasis in original) points out, 'Positivists construct fictitious social worlds out of the meaning it has for *them* and neglect what it means to the social actors.' Defining and measuring resilience was in itself a subjective experience. For quantitative epidemiological data, the conceptualisation of resilience was tacitly limited to low prevalence of risk factors chosen by the investigator. However, to the interviewees, resilience was the ability to be successful across various life domains while maintaining strong social and emotional wellbeing, in culturally meaningful ways. The discursive practice employed by the interviewees of following up a life detail that could be portrayed as negative with something positive may be part of how these interviewees maintain a positive outlook on life. It may also be in response to interviewees feeling a burden of representation, with concerns on how they will be perceived, and how Aboriginal people may be portrayed as a consequence. Moreton-Robinson (2009: 63) argues that 'patriarchial white sovereignty as a regime of power deploys a discourse of pathology as a means to subjugate and discipline Indigenous people to be extra good citizens', following the neoliberal ideals that if you work hard, you will be accepted[27]. In the interviews, these neoliberal individualised ideas of 'success' such as completing higher levels of education, being employed, and being aspiring homeowners became apparent; though it is difficult to tease out what is investigator instigated or interviewee derived. As Riggs questions, is a neoliberal reflexivity being 'researched because it is performed, or it is performed because it is research?'(Riggs, cited in Newman et al. 2007: 577).

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[27] Chapter 6 found that even if interviewees were 'successful', they still were not necessarily accepted.

Attrition bias from sampling people from a longitudinal study naturally provided a group whose voices are not often heard within Aboriginal health literature – Aboriginal people with higher levels of education and employment living in an urban setting – despite being a growing demographic in Australia (Lahn 2013). The narratives also suggested interviewees achieved this through the lessening of some structural barriers to education and employment through Indigenous-specific recruitment strategies. Among a Brisbane-based Aboriginal community, Brough and colleagues (2006) found that while there were high levels of within-group bonding social capital with family and the Indigenous community, there was less bridging social capital (partly due to racism), meaning restricted movement between social groups (Putnam 2000). These recruitment strategies gave the opportunity for many interviewees to do well in their careers, and by proxy, enhance their lives and wellbeing. The higher levels of education and employment among this group did not make the Aboriginal people interviewed immune to challenges to social and emotional wellbeing, though having stable employment and housing – and social support – did appear to absorb some of the impact of life stressors. These findings highlight the need for more strengths-based research to capture the already existing resilience and potential of Australia's Indigenous community who continue to experience significant structural barriers today.

Conclusion

Methodology can impact the way social phenomena are perceived. By presenting contrasting methodologies side by side, it becomes evident that quantitative epidemiological methods have a somewhat limited capacity to explore the resilience and wellbeing narratives of Aboriginal people in an urban setting. The qualitative life course approaches can lend themselves useful to understand the complex, dynamic and interrelated social processes that inform social and emotional wellbeing for Aboriginal people living in an urban setting, though as with all methods, is not without its own limitations. This highlights the need for more support within public health to encourage diversity in methods that can prioritise the resilience narratives of Indigenous people. By focussing on strengths, the wellbeing narratives within this study showed the resilience of Aboriginal people and their ability to adapt through significant challenges. Reducing acute socioeconomic disadvantage by promoting family wellbeing and community capacity building approaches may positively influence health and wellbeing among Aboriginal people in Australia. However, as forewarned by one of the interviewees, 'it's never gonna be clear cut. Cos everyone's different'.

Chapter 8

Key learnings and concluding remarks

This doctoral study aimed to explore the social determinants of health and wellbeing over the early life course among a small group of Aboriginal people living in an urban setting. This was done in two parts: a) by statistically analysing differences in social risk factors between Aboriginal and non-Aboriginal people who were part of the longitudinal birth cohort study, the Mater-University Study of Pregnancy (Chapters 2 and 3); and b) following-up a small group of the same MUSP participants who identified as Aboriginal to explore what they believe have been important influences on their lives and wellbeing within their life narratives (Chapters 5 to 7). This series of empirical studies has quantitatively and qualitatively demonstrated the importance of context in attempting to understand the complex and interrelated nature of social factors and wellbeing, and challenged some underlying assumptions about the way Aboriginal identity is imagined, constructed, and treated within current public health research. Having two epistemologically different research questions led to not only contrasting ways of doing research with Aboriginal people but also revealed significant limitations in attempts to knowing Aboriginal people through epidemiological research. These findings suggest the need for more nuanced understanding of Aboriginal identity within public health, and also brings into question the use of Aboriginal status as an epidemiological variable. This chapter will discuss several key identity learnings for consideration for future 'Aboriginal health' research, as well as discuss the overall strengths and limitations of this doctoral study and suggest theoretical directions to unpack these tensions in knowledge construction further.

What is counted versus what counts

Throughout the research journey, the issue of identity kept rearing its head both inside and outside the research study: in health disparities between identity categories, in the creation of identity categories within the MUSP, in the identification and misidentification of participants, how researchers talked about identity, how Aboriginal friends and colleagues talked about identity, how the media portrayed Aboriginal identities, and of course, how the importance of identity emerged in life narratives of Aboriginal people. Identity seemed to 'count' for researchers and participants, but in different ways.

To epidemiologists, Aboriginal status mattered insomuch as a another variable to be counted that was often statistically associated with negative social and health outcomes across the life course, even if individuals did not necessarily identify with these identity categories or representations. To Aboriginal people, their Aboriginal identities mattered (to varying degrees) as one of the elements to who they are, shaped their life experiences and how they are treated by others, and how they made meaning of the world around them. While epidemiologists treat identity as fixed and homogenous, the life narratives revealed the fluidity and diversity of Aboriginal identities. At the heart of these competing tensions in ways of 'coming to know' Aboriginal people, is a legacy of colonial imaginings of Aboriginal people and the intersubjectivity of identity construction (Langton 1993a; Chapter 5). Ultimately, this doctoral study has unpacked how this identity narrative is inseparable to conducting research to understand health disparities between Aboriginal and non-Aboriginal people in Australia in an urban setting.

> In transporting the category 'Aboriginal and Torres Strait Islander' into epidemiology, much more is achieved than simply the utilization of a convenient population label. Also transported are a whole series of ideologies, truths, falsehoods, assumptions, and perceptions. (Brough 2001: 68)

This doctoral study has presented two distinct ways of conducting life course research with Aboriginal people in an urban setting. The first was investigator driven, problem-focused and limited by what could be counted in an existing longitudinal study. The second was informed by Indigenous life histories and – though still investigator driven – explored what counted to Aboriginal people within a strengths-based narrative approach. Informed by the first research question, Chapters 2 and 3 compared key social differences between Aboriginal and non-Aboriginal people over the early life course using an Aboriginal identifier. These two chapters emphasised the impact of social disadvantage on adolescent aggressive behaviour and incomplete schooling. These sub-studies followed an individual-level deficit approach and did not allow space for the opinions and perspectives of Aboriginal people nor did the data provide socio-political or historical context to these disparities – or even provide the opportunity for these individuals to self-identify as Aboriginal. Ironically, though arguably not coincidentally, these sub-studies mirrored my reflections presented in Chapter 1 about how I had 'come to know' Aboriginal people through the 'rowdy kids who dropped out of school early,' in some sort of inauspicious confirmation bias. Without the engagement of Aboriginal people in the analysis and interpretation of this already collected data, I had relied

– consciously and unconsciously – on my own assumptions about Aboriginal people based on what I had read and what I had heard from indirect sources. Like many Australians, these assumptions were rooted not in personal relationships with Aboriginal people but in re-presentations of Aboriginality:

> The most dense relationship is not between actual people, but between white Australians and the symbols created by their predecessors. Australians do not know and relate to Aboriginal people. They relate to stories told by former colonists (Langton 1993a: 33)
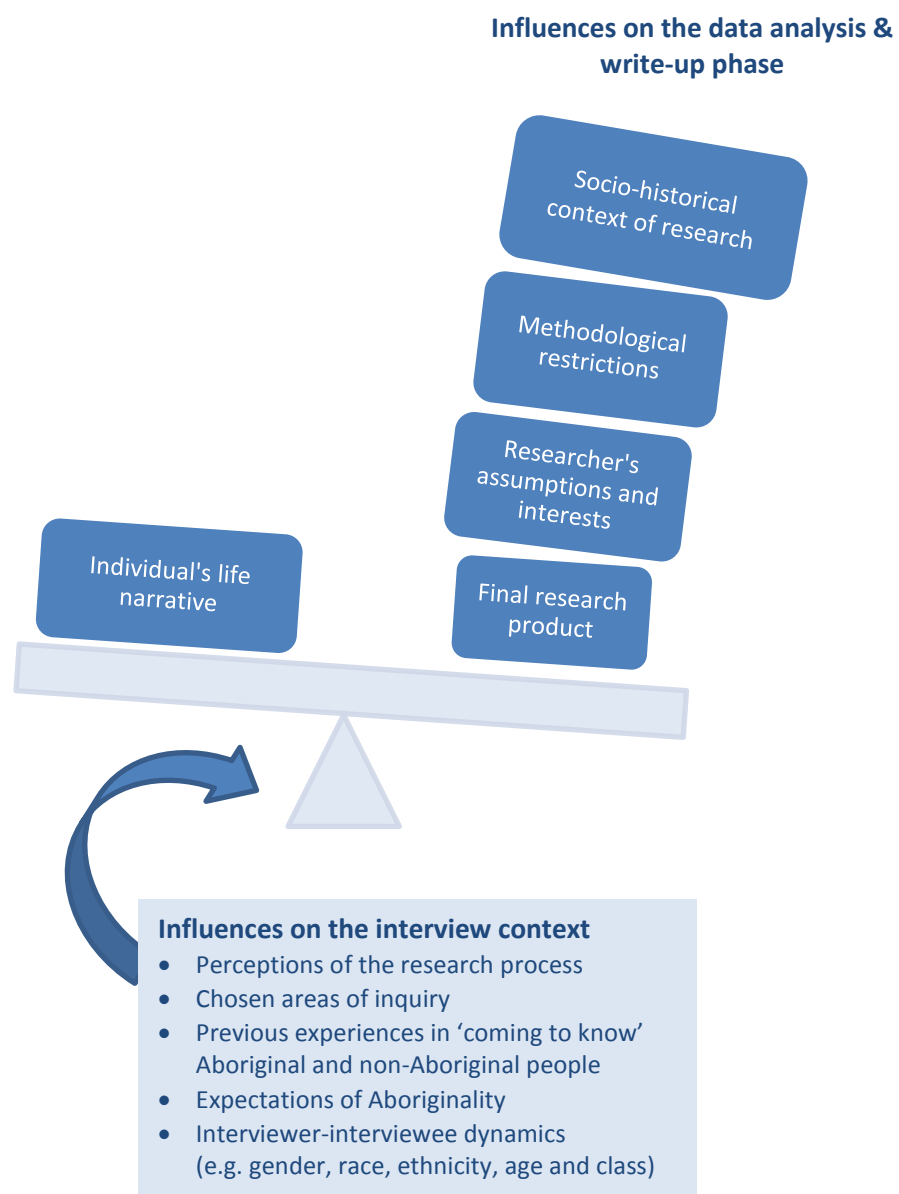
This highlights the importance of researcher standpoint, even if it is not explicitly declared (Moreton-Robinson 2013) – as is the case of the majority of quantitative epidemiological studies. Acknowledging and critically reflecting upon one's own values and assumptions does not make research 'unscientific', rather is an attempt to actively account for, minimise or challenge own's own subjectivities (Moreton-Robinson 2013; Foley 2003). In the context of Aboriginal health research and Australia more broadly, non-Aboriginal people are not objective observers to the Aboriginal experience and vice versa.

If researchers do not give recognition to the 'racialised terrain' of Aboriginal health research (Walter 2010), than they can only give the false illusion of objective and value free findings (Brough 2001; Lupton 1997; Sherwood 2010). Data analysis using an Aboriginal identifier with no other context is a way of absenting the opinions and worldviews of Aboriginal people from the research process, without providing the opportunity for Aboriginal people to 'talk back' to the researcher (Smith 1999; Walter 2010; Martin 2003; c.f. Altman and Taylor 1996). Sherwood (2010: 269) has described positivist-based empiricism as harmful to Indigenous peoples as it negates Indigenous knowledges and sustains the 'Western expert gaze'. As with all forms of research, statistical studies can only provide a limited snapshot into the lives of Aboriginal people. However, this continues to be the primary form of evidence used to inform major evidence-based policy decisions that can have significant impact on the lives, health and even identities of Aboriginal and Torres Strait Islander people (Altman 2009; Walter 2005; Walter 2010; Brough 2013).

When my gaze as a researcher shifted from the conventional deficit-focused epidemiological approach to participant-led life narrative approaches (Chapters 5, 6 and 7), not only did this reflect a difference in methodology, it also shifted the focus of the research findings. When I asked the small group of employed and post-secondary educated Aboriginal people what they

believed were important social factors to have impact their wellbeing, the interviewees described diverse cultural identity narratives (Chapter 5), pervasive experiences of racism (Chapter 6) and strengths and resilience narratives (Chapter 7). These are three areas of inquiry that had not been captured within the MUSP data yet were of significant consideration for the people interviewed. Here the tension becomes apparent between what is counted versus what counts: who is counted as Indigenous, what is counted in relation to Indigeneity, and what counts according to Indigenous life narratives.

Figure 8.1: Re-presenting life narratives in a research context

Influences on the data analysis & write-up phase

Socio-historical context of research

Methodological restrictions

Researcher's assumptions and interests

Final research product

Individual's life narrative

Influences on the interview context
- Perceptions of the research process
- Chosen areas of inquiry
- Previous experiences in 'coming to know' Aboriginal and non-Aboriginal people
- Expectations of Aboriginality
- Interviewer-interviewee dynamics (e.g. gender, race, ethnicity, age and class)

Whilst qualitative methods may provide nuanced context and opportunity for Aboriginal people to describe their experiences and worldviews in a research setting, this is no guarantee that a participant's story will be centred within the final research product. What an interviewee choses to report is shaped by the social context of the research process: perceptions of research (e.g. risks, benefits, value, need), the chosen areas of inquiry (e.g. limited topics explored, chosen by whom), previous experiences with and 'coming to know' Aboriginal and non-Aboriginal people for both the interviewer and interviewees, engaging or contesting expectations or stereotypes of Aboriginality, as well as general interviewer-interviewee rapport and dynamics (e.g. influenced by intersections of gender, race, ethnicity, age and class).

From the side of the researcher, centring the participant's story in the final research product involves a somewhat transformative process whereby the researcher must wade through their own *a priori* assumptions, as well as the social context in which they and the research are embedded. Figure 8.1 shows the balancing act of prioritising an individual's life narrative as told to the researcher as it becomes reinterpreted through the researcher's own lens, making analytic and editorial judgements based on their own assumptions and worldviews (epistemology and ontology), within the straight-jacket of methodological restrictions and limitations (e.g. adhering to or transgressing hegemonic 'ways of doing' academic research). The final research product reflects an edited re-presentation of the life history narrative, a snapshot in time and place (in situ). Again, this methodology is limited in its potential to 'claim to know' Aboriginal people through a research context.

Hence, understanding the social construction of Aboriginality within public health, and even the social construction of epidemiology itself, is vital to understand the ways in which researchers have agency to change social meaning through their work (Lupton 1997; Bond 2007), and how all knowledge production is subjective whether or not the researchers writes in first or third person (Moreton-Robinson 2013). Lupton (1997: 29) has argued:

> 'patterns' identified by epidemiological research are not pre-existing, simply waiting to be 'discovered' using the right tools and insights, but are constructed through the expectations and processes by which they are detected.

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Indeed, it becomes more useful to understand that there is not 'one truth' about Aboriginal health, but rather multiple socially constructed meanings:

> As Wright argues, 'To consider a category as social-constructed is not to render it illusory, or a figment of the imagination: it is, if anything, to ground it more firmly by rooting it in the lived experience of members of a shared culture' (Lupton 1997: 30)

Challenging the assumptions about identity within public health

Figure 8.2 presents some of the key learnings from this doctoral thesis that has challenged implicit assumptions about identity in current epidemiological research underpinned by colonial imaginings of Aboriginal people. Broadly, these are: a) social identities are not readily reduced to fixed label that one might measure or easily define; b) not all people under the same label experience life or perceive their identity the same way; and c) these identity narratives are at the forefront of the wellbeing narrative when it comes to the understanding the social factors that influence the health and lives of Aboriginal people. The following is a synthesis of some of the limitations imbued in the process of transforming identity into an epidemiological variable for consideration in future studies.

Identity is not easy to measure or define

Transforming identity into an epidemiological variable relies on the assumption that identity is easy to document – as simple as a box to be ticked on a form. However, this doctoral study has provided clear examples of how the process of categorising and documenting racial and ethnic identities under an administrative label is not altogether straightforward. As discussed in Chapter 4, this is not exclusive to just Aboriginal identities, but arguably applicable to all social identities (Gómez 2013; Kaufman 2013; Sheldon and Parker 1992; Yankauer 1987; Hayes-Bautista 1980):

- Researchers create identity category lists based on current social trends – these may not be relevant or appropriate decades later
- Respondents may not feel their identity is adequately represented by this list
- How someone may classify their identity may not be the same as how another person may perceive or classify them (be it researcher-respondent, mother-child)
- Diverse groups can be categorised under the same identity label
- Responses can be miscoded yet continued to be treated as true

- Individuals may choose to identify in one context but not another
- Not everyone who identifies with one category has the ability to administratively document this (e.g. obtain a Certificate of Confirmation of Aboriginality)

The desire to find one true cause to explain health disparities between ethnic and racial groups parallels the misconception that there are 'immutable, biologically based differences between "racial" groups' (Smedley and Smedley 2005: 16) – as if identity can be easily documented and scientifically proved or disproved. It ignores that identity groups are 'not genetically discrete, reliably measured, or scientifically meaningful' (Smedley and Smedley 20015: 16). While it may (nowadays) seem obvious to many that there is no genetic basis to race (it is a social construction), it has been an assumption that has sustained Western thought, colonisation and racism for centuries. On occasion, this resurfaces as a fallacious explanatory discourse to 'authenticate' identity. For example, Senator Jacqui Lambie recently stated she was willing to 'prove' her Aboriginality via a DNA test – despite this being scientifically invalid in terms of identifying an 'Aboriginal gene' (Weisbrot 2014)[28]. When the identification discrepancy between the MUSP mother and children came up in my doctoral study (Chapter 4), alarmingly more than one social scientist suggested I 'test for that genetically'. This negates the social construction of race as something that is constructed and maintained through social interaction. It also neglects the agency of researchers who reconstruct and reproduce these identity categories unquestioningly.

Not all people experience identity the same

This doctoral study related how identification on a form for administrative or research purposes cannot capture the diverse and fluid ways that identity is experienced in everyday life or how someone is treated by others because of their perceived identity. By prioritising the voices of the people interviewed in Chapters 5, 6 and 7, it became evident that the nuance, richness and diversity of identities and experiences go far deeper than just a box to be ticked on a form. Identity (and wellbeing) was conceptualised as a lifelong journey, reiterated through social interaction with Aboriginal and non-Aboriginal people, and was embedded in the broader socio-political and historical context of Australia.

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[28] This could potentially be assessed down familial lines if the individual was matched to a known Aboriginal parent or grandparent – as is an emerging trend in North America for confirming Indigenous status tribal enrolments (Bardill 2014; TallBear 2013).

Conceiving Aboriginal identities as fixed and homogenous is a legacy not only of racialisation but of essentialism that dictates that 'authentic' identities are one thing and not another (Cowlishaw 2004; Said 1978). As discussed in Chapter 5, Sherwood (2010) traces how Said's concept of Orientalism (a field of work based on Western representations of the 'Orient'/Middle East as 'Other'), and Attwood's (1992) Aboriginalism in an Australian colonial context, has sustained 'British superiority and Aboriginal subordination' though continued representations of Aboriginal people as "Other"' (Sherwood 2010: 75). This is:

> a style of thought which is based upon an epistemological and ontological distinction
> between 'Them' and 'Us' – in this form Europeans imagine 'the Aborigines' as their 'Other',
> as being radically different from themselves (Attwood 1992: i, also in Sherwood 2010: 73).

Moreton-Robinson (2004) argues Whiteness underpins the way the West defines itself by what it is not. Whiteness, in a Western context, is the unmarked and invisible race; where a White person's racial identity is not questioned or policed but rather is seen as normative. Controlling the representation of the Other is oppression and restriction of the right to self-determine or self-represent one's own identity (Said 1978; Said 1985; Moreton-Robinson 2004; Sherwood 2010).

During the course of this study, public commentaries in mainstream media about Aboriginal identity were rife, the pinnacle being what came to be known colloquially as the 'Bolt Case' (as mentioned at the beginning of Chapter 6). While some Aboriginal people created opportunities to 'talk back' to national discourse and have their own stories heard (e.g. Heiss 2012), the majority of media attention featured opinions from White Australians about what they believed were 'authentic' Aboriginal identities. These largely conformed to Brough's (2001: 75) dichotomy previously presented in Chapter 5 – namely, that remote-living, 'traditional', 'full-blood' or 'dysfunctional' Aboriginal people were perceived to have 'authentic' identities at the expense of callow understanding that successful, fairer-skinned professionals living in an urban setting could at the same time maintain an 'authentic' Aboriginal identity. This is very similar to the racism and racialisation narratives presented in Chapter 6.

Stereotypical representations of Aboriginality is so entrenched in mainstream Australia's psyche that when the identification discrepancy emerged between mother-reported MUSP identity categories and the self-identification of offspring 30 years later (Chapter 5), one

participant said 'I don't have red hair; I can't be Aboriginal' as if only dark-skinned people could be 'real Aborigines'. One academic even suggested that this identification discrepancy should not be of concern to the research staff because 'they [Aboriginal people] are the ones with the identity problem' – grossly neglecting the researcher's agency in constructing these categories in the first place.

Identity is Wellbeing

This doctoral study revealed the underlying tension in trying to define and conform Aboriginal identities into fixed immutable states *are* the wellbeing challenge for Aboriginal people living in an urban setting. Many Aboriginal people viewed their identity as a positive force that drives who they are as a person and contributes to their wellbeing. The dis-ease[29] narrative, however, appeared embedded in not the identities themselves but in the problematisation of Aboriginal identities by others. Imaginings or assumptions about Aboriginal identities led to interviewees experiencing racism and negative stereotyping – a threat to ontological security and wellbeing (Chapter 6). Not simply passive victims, the people interviewed demonstrated agency in trying to minimise the impact of racism on their lives. Indeed when asked to reflect on their own lives, the Aboriginal people interviewed focussed not on the deficit and dysfunction discourse so commonly imagined by mainstream Australia but rather their narratives of resilience and strength in overcoming challenges (Chapter 7).

On a daily basis, Aboriginal people must engage with or contest the ubiquitous discourse of dysfunction and problematisation of Aboriginal people within contemporary Australia (Larson et al. 2007), as identities and lives of Aboriginal people are not created in a vacuum but are also informed to varying degrees by colonial imaginings (Nakata 2007). Interviewee comments such as 'we were lucky', or even researchers having justify interviewee demographics that appear to have lower unemployment that national statistics, contributes to the illusion that being 'successful' as an Aboriginal person is an exception. If anything, the life history interviews featured in this doctoral study revealed not dysfunction, but perseverance, strength and achievements of individuals trying to make the most of their circumstances.

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[29] (Sherwood 2010).

In sum, I argue the use of epidemiology's narrow individual-level deficits-based approach continues this discourse of dysfunction, in spite of abundant examples of resilience and strength of Aboriginal people (Chapter 7). The primary reliance on epidemiological studies to describe the ill health of Aboriginal people has resulted in some people believing that 'Aboriginality is itself a health hazard' (NHMRC 1996: 8)[30], a legacy of colonial imaginings of the 'dying race'. Fredericks (2010: 26) disputes this:

> How many other people merely having been born in this continent read or hear about themselves or their people in this way? Racism directed through the processes of colonisation created the situation, and racism maintains it. Thus it is not Aboriginality that is a health hazard, but overt and covert racism, which positioned and still positions Aboriginal peoples and which maintains the structures that keep us marginalised…

Similarly, Arrente-Alyawarra elder Rosalie Kunoth-Monks recently commented on an Australian television program 'Q&A': 'Don't try and suppress me, and don't call me a problem, I am not the problem' (ABC, 9 June 2015). Removing the social, political and historical context of identity and wellbeing narratives of Aboriginal people perpetuates 'an illusory absence of colonisation which is nevertheless preserved' (Moreton-Robinson 1998: 277). Sherwood (2010: 271–272) argues the core to this discourse of negativity lies in colonial history:

> From an Indigenous perspective Australia was stolen under an illegitimate claim of a 'land belonging to no one' [terra nullius] […]. Once the colonisers arrived they realised that the land was occupied, and the original inhabitants were resisting every aggressive action taken by the colonisers to usurp their tenure. The colony had a problem, it was an 'Aboriginal problem' and it had to be solved. The legitimacy of British tenure of their new continent was at stake and it is here that Orientalism became an important feature of narrating a nation […]. It is clear that this notion of legitimacy remains unspoken, yet has framed all responses related to Indigenous Australians since invasion. […] This amnesic colonial practice underpins the maintenance of unease in this country. I believe it is maintained in research that does not provide the historical, political and social circumstances of Indigenous Australians' health stories. Failing to contextualise Indigenous people's health in research enables avoidance of dealing with the causal agents, and sustains an Indigenous problem-based approach.

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[30] This document has since been rescinded.

A necessary reminder for researchers is that methods do not just describe social reality but also help create them (Law 2004). Fredericks (2007) explains her learnings as an Indigenous researcher:

> I came to understand that if as an Indigenous researcher I did not and do not interrogate what I have learnt, look at how I use what I have learnt and how I act, I can assist in perpetuating bias, colonization and racism.

Being aware of our agency in knowledge construction as researchers empowers us to assist in changing the discourse of Aboriginality within public health by valuing alternate identity and wellbeing narratives to Australia's colonial imaginings.

Figure 8.2: Key learnings about identity within this doctoral study
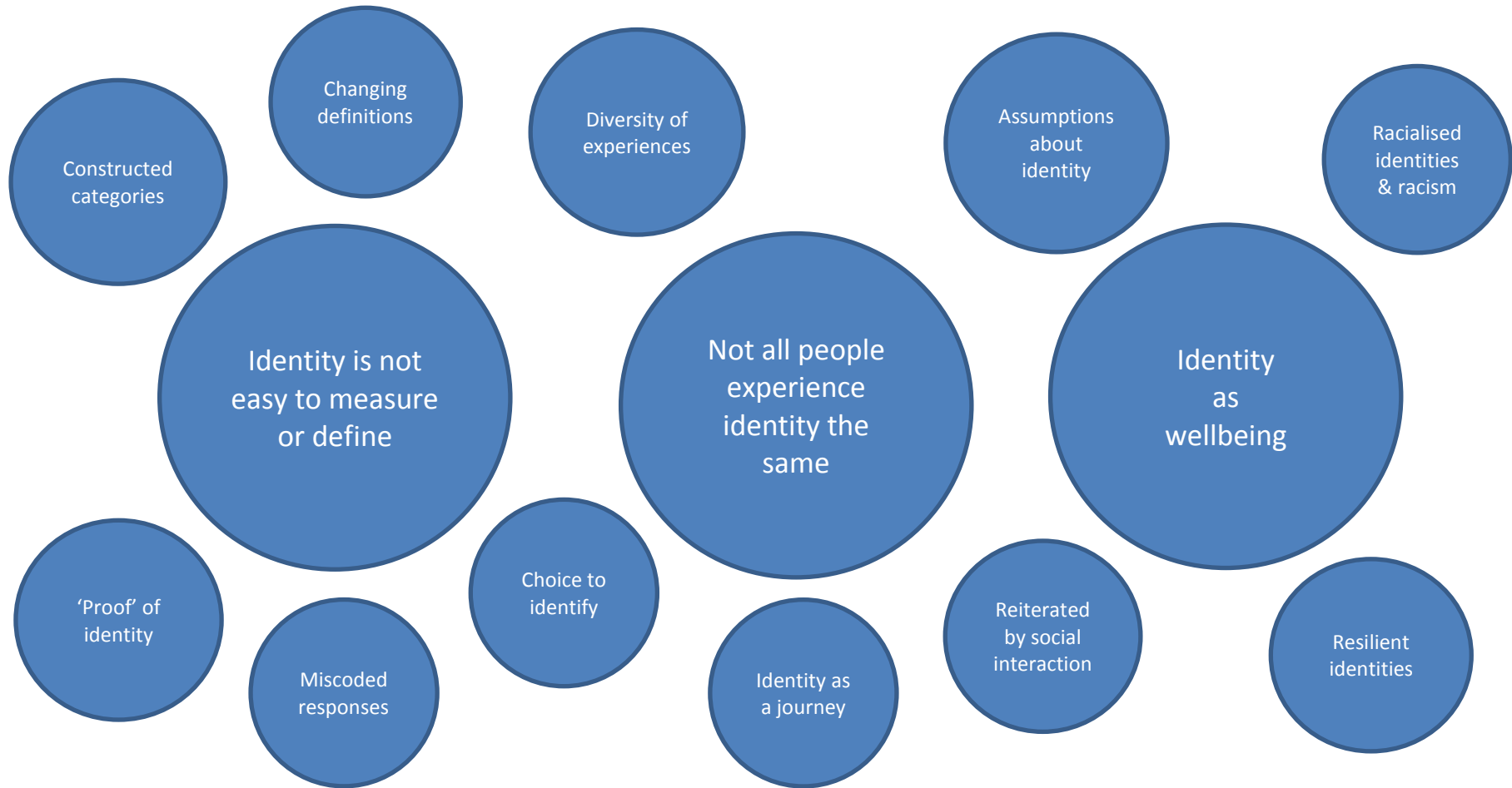
Should Aboriginal status be used as an epidemiological variable at all?

As discussed previously, epidemiologists rely on reified versions of identity to conduct empirical analysis. However, this doctoral study has evidenced that documenting identity is neither valid nor reliable as identities are neither static nor definitive nor homogenous in meaning. This begs the questions whether Aboriginal status should be used as an epidemiological variable at all.

Ellison (2005) has devised a diagrammatic 'decision tree' to assess potential scenarios where it might be appropriate to use race and/or ethnicity as an epidemiological variable. Ellison (2005) suggests that following conditions need to be satisfied: 1) race/ethnicity are able to be reliably measured (if the study is repeated), with possibility of refining categories or the population sampled; 2) if race/ethnicity are being used to assess the risk or impact of discrimination, or it is being used as a proxy for another variable of interest that is unable to be measured in a reliable way; and 3) it appears morally and ethically sound to do so and the benefits of the research outweigh any disadvantages (Ellison 2005: 68,71). Ellison (2005: 72) insists that 'the decision to use race/ethnicity is as much about social acceptability as it is about scientific reliability.'

To apply Ellison's logic to this doctoral study retrospectively, Chapter 4 unambiguously evidenced that Aboriginal status was not reliably measured between the baseline mother-reported MUSP data and the self-reported Indigenous status of interviewees 30 years later. As such, I chose not to publish Chapters 2 and 3, and the quantitative findings presented in this thesis must be treated with caution. As for Ellison's second point about assessing the risk or impact of racism, differences in risk factors (or indicators of deficit) compared in Chapters 2 and 3 could be interpreted as symptomatic of structural racism. However, without providing social and historical context, a reader can equally revert to victim-blaming (Ellison 2005; Gómez and López 2013; Sheldon and Parker 1994; Sherwood 2010; Moreton-Robinson 2009). Finally, in my view, the benefits of findings from Chapters 2 and 3 did not outweigh the disadvantages of circulating findings that were of questionable scientific validity – hence Chapters 2 and 3 failed Ellison's decision tree test on all 3 points.

Social acceptability of research and clearly defining the benefits from research is not only part of the NHRMC Guidelines for ethical conduct in research with Aboriginal and Torres Strait Islander people (2003), it's about being accountable and ensuring the research value adds and is not simple 'knowledge for knowledge's sake' (Wilson 2008). The greatest benefit from this doctoral study was unpacking some of the limitations of using Aboriginal status as an epidemiological variable,

enabled by hearing the life narratives of people whose voices often are marginalised or silenced in health research. Therefore I agree with Haswell-Elkins and colleagues (2007: S31):

> The continuous reminder of the poor state of Indigenous health, in the relative absence of using that information towards positive change, adds to a broader sense of hopelessness. The absence of qualitative data to discern a deeper understanding of Indigenous experience and guide interventions amplifies the difficulty. Thus combining poor statistics, a lack of understanding of the influence of historical and social experiences of Indigenous people on these statistics and a desire to 'forget and move on' by mainstream contributes to the climate of miscommunication. To address this, quantitative researchers must not only present the most accurate numbers as possible, but also understand (or work in partnership with those who understand) the meaning of the numbers in the context of the complex reality of Indigenous health and an orientation of strength and positive change.

In the context of learnings from this doctoral study, these words are particularly poignant as decontextalised data analysis using the problematic Aboriginal status variable within the MUSP data continues to be published on sensitive topics such as child abuse and neglect (Doolan et al. 2013). Representations of Aboriginality aside, Chapter 4 demonstrated that there was no capacity to specifically identify Torres Strait Islander people within the MUSP dataset – seriously questioning the quality of such statistical findings.

The following section will discuss the strengths and limitations of this doctoral study in more detail.

Strengths and limitations of this doctoral study

When interpreting findings from this doctoral study it is important to contextualise them within the overall strengths and limitations of the study as a whole (note: strengths and limitations of individual empirical sub-studies have been previously discussed in Chapters 2 to 7).

The flexibility of study design

The strongest advantage to this doctoral study was the flexibility of the research agenda. This allowed for unexpected new directions to the study, resulting in novel contributions to the field: Were it not for conducting additional qualitative interviews, I would not have found that the 'Aboriginal' group in the MUSP dataset included some people who do not self-identify as Aboriginal. Had I not been open to conducting an archival investigation (Chapter 4), I would not have been made aware of the problematic way race was collected, sparking the reflection on the way we reify identity to make it fit onto a box on a form (Chapter 4). Providing the existing participants with the opportunity to elaborate on what they believed were important (or not

important) influences on their lives and wellbeing in the qualitative interviews allowed a space for reflection on cultural diversity among the group (Chapter 5), the racism and racialisation narratives (Chapter 6), and the discussion of strengths and resilience among interviewees and their families to emerge (Chapter 7).

Access to a large existing longitudinal study

Another major strength to this study was having access to the MUSP, even with the limitations of the Aboriginal status variable and the absence of scales validated for an urban Aboriginal setting. To date, there is no other longitudinal birth cohort study in Australia that has continued as long and uses a population-based sample that includes Aboriginal people in an urban setting (note: The ABC Clan Cohort was established six years later, is now in its 26th year and has a rural focus, see Sayers et al. 2003). Being able to contact and conduct the qualitative studies with some of the same participants after 30 years was a significant opportunity, as well as having access to archives of the original MUSP baseline questionnaires which had been remained in storage after 30 years (Chapter 4).

Sample attrition and transferability of findings

As with all longitudinal studies, particularly one as long standing as MUSP, attrition can be a significant limitation to the interpretation of study findings as we are limited in the assumptions we can make about the outcomes of people who have left the study and also in the generalisations we can draw from the group as a whole. To give an example of how attrition can influence results, reported early childhood experience of chronic poverty (measured as average combined income from baseline to five years) was statistically significant between Aboriginal and non-Aboriginal young people at 14 years (n = 77, Chapter 2), but not in those remaining in the MUSP at 21 years (n = 68, Chapter 3). This does not mean that reported of childhood income changed between 14 and 21 years, rather this reflects attrition between the 14 and 21 year follow-ups of those who had been reported to have experienced chronic poverty in childhood.

In addition, considering the subsample of participants who had been identified as Aboriginal was relatively small, the number of remaining participants by 30 years was too few to conduct further quantitative analysis (even if they would have all self-identified as Aboriginal). The interviewees followed up for the qualitative interviewees represented an able and willing group of MUSP offspring, and their mothers, who had remained in contact with the study for over 30 years. This generated a group of interviewees who had higher levels of education and employment than national figures (AIHW 2011a), as individuals who experience greater disadvantage tend to be lost

to follow-up at a greater rate (Najman et al. 2005). The demographic similarities among the remaining group provided a natural 'control' that exposed the heterogeneity of Aboriginal identities, even when individual's shared a similar age, educational attainment, employment status and were raised and living in urban setting (Chapter 5). The life experiences of the people interviewed are not intended to be transferable to other Aboriginal people in other contexts. In terms of the problematics of using Aboriginal status as an epidemiological variable, however, the findings from this doctoral study suggest that these would hold across contexts: we cannot make assumptions to 'know' the true and complete experiences of all Aboriginal people through research, as there is not one truth about social reality, but multiple (Lather 2006).

Burden of representation and researcher subjectivities

The qualitative data in this doctoral study are life stories of Aboriginal people as told to a White woman. My outsider status impacted the narratives the people chose to share in the qualitative interviews and well as the questions I chose to ask (Pezalla et al. 2012). For example, some interviewees may have chosen to downplay their experiences of racism, not wanting to offend me or make me feel guilty or uncomfortable during the interviews – nonetheless, the findings presented in Chapter 6 are comparable to other studies (Mellor 2003; Ziersch et al. 2011), including one study that used an Aboriginal interviewer (Bennett 2014). Some interviewees may have been reluctant to explore their cultural identity narratives further with me depending on their perception of cultural safety of the interview context. The burden of representation for interviewees aware of negative portrayals of Aboriginal people may have prompted interviewees to underreport negative behaviours (Langton 1993a; Moreton-Robinson 2009). Conversely, from my position, I did not feel comfortable probing extensively when some interviewees disclosed sensitive information such as domestic violence, family history of incarceration, and past intimate relationships (particularly with the male participants). This was because I did not want the interviewees to feel uncomfortable, judged or coerced into providing more information – however, that some interviewees did disclose this type of information would suggest that they felt comfortable enough to do so.

This study had a predominantly individualised focus to the participants' life course. While Chapter 7 explored the interrelation of family wellbeing with individual wellbeing, this doctoral study did not explicitly explore the relationship with community wellbeing – nor spiritual wellbeing – despite being identified by previous Indigenous researchers as important components of wellbeing for Aboriginal and Torres Strait Islander people (NAHS 1989).

Short life history interviews and timing of interviews

The life history narratives presented and analysed in Chapters 5, 6, and 7 are re-constructions based on self-reported accounts, and are not based on observed everyday social action, which may be better suited to ethnographic methods rather than a telephone or face-to-face interview. A limitation of the qualitative component was that one hour may be too short for someone to adequately recount such significant and complex issues as experiences of racism, cultural identity and health across their entire life history. While Plummer (2004: 565) instructs that short life history interviews can be conducted in as little as half an hour, Atkinson (2004) explains that ideally at least one or two follow-up interviews should be conducted in addition to the original life story interview. These follow-ups allow for further exploration of emerging themes and the chance to incorporate participant feedback. Regrettably, this was not built into the study design due to concerns about overburdening participants with too many interview requests in a way that might jeopardise their involvement in future interviews with the MUSP. Among the sparse literature that has employed life history methods for research with Aboriginal people in Australia, Breen and Hing (2014) conducted half-hour life course interviews about gambling experiences and attitudes. This suggests that the length of the qualitative interviews in this doctoral study was sufficient to obtain a brief snapshot of the life narratives of the people interviewed. A limitation of short constructed life story interviews is that subjective choices are made about what is given 'air time' and is prioritised within the interview, by both the researcher and the participant and is also subject to memory recall (Plummer 2004). The fact that the cultural identity (Chapter 5), racism (Chapter 6) and resilience (Chapter 7) narratives emerged in the qualitative interviews would suggest that these were issues they wanted to prioritise, that was important to them, but also something they believed was important for others to hear.

When using life course approaches, the timing of interviews can have significant impact on data as changes to outcome variables or other key life events may occur between follow-up phases. For example, a family may have experienced significant financial hardship between, but not during the five and 14 year follow-ups (e.g. at age 10), yet this would not have been captured in the quantitative data. Similarly, the timing of the qualitative interviews during the participants' early thirties means that they have not quite reached middle age and hence their life journey is ongoing. Experiences and personal reflection on themes like cultural identity and racism are known to continue to change over one's life course (Ross 1996; Chapters 5 and 6).

Challenges of using mixed-method/ologies

As described in Chapter 1, there were significant tensions between research paradigms using mixed-methods, or in my case, mixed-methodologies (or even mixed-epistemologies). It had been my initial intention to attempt to reconcile the quantitative and qualitative components in Chapter 7 by actively comparing the different types of data exploring the mental health and drug and alcohol trajectories of all Aboriginal MUSP participants. However, due to identification discrepancies, the small sample size, inconsistency of measurements used between MUSP follow-ups, and significant amounts of missing data, this was replaced with just a simple table presenting quantitative data for just the eleven participants, so that the life narratives as told by the interviewees could be prioritised. In addition, word count restrictions for academic journals are an obstacle for mixed-method studies as articles are often too brief to adequately explore both types of data and navigate the tensions between them (Giddings and Grant 2007). This may explain why there are few Aboriginal health studies in Australia that have employed mixed-methods. However, the overall identity learnings from this doctoral journey would not have been possible without exploring these tensions in methodology from using quantitative and qualitative data from the same group of people. Indeed, in adopting this sequential mixed-methods approach rather than adhering to the originally planned quantitative study (see Chapter 1), this thesis comprises of an original body of work which as a whole simultaneously presents conventional contemporary quantitative epidemiological exploration of social phenomena followed by a sustained critique of its axiology, limitations and presumed impact. This, in of itself, provides strong encouragement for the future use of critical, sequential, mixed-method designs and is an important contribution to the literature on mixed-methods more widely.

Towards decolonising public health: Challenging hegemonic knowledge construction in Aboriginal health research

The findings from this doctoral study demonstrate the ongoing influences of colonial imaginings of Aboriginal people within health research and support calls made from Indigenous and non-Indigenous scholars to decolonise the research process when conducting health research with Aboriginal people (Sherwood and Edwards 2006; Sherwood 2010; Smith 1999; Fredericks 2010). This doctoral study has evidenced that not only would this impact the way we do research, it can also impact the research findings. Sherwood and Edwards (2006) argue that Aboriginal health in Australia has not improved nationally despite big investments in Aboriginal health research and that a decolonising shift within the academy could see more significant improvements in the health of Aboriginal and Torres Strait Islander people.

Decolonising research requires an understanding of the power relations involved in the production of knowledge within 'Aboriginal health' – as well as broader Australian society. Foucault's (1978; 2003) extensive work on the discursive link between power and knowledge production may lend itself useful to unpack these tensions further in future research. Foucault deconstructed historical power systems in France to draw attention to the way the State self-legitimises its power to control, regulate and make compliant its citizens through everyday institutions and circulation of 'strategic truths' (see biopower and governmentality, e.g. Foucault 1978; 2003). These 'truths' subjugate other forms of knowledge and centre on disciplining the body as a way to regulate the population (Foucault 2003). Moreton-Robinson (2009) has applied Foucault's concept of biopower to an Australian context to describe the Indigenous pathology discourse as a 'strategic truth' which enables illegitimate White patriarchal sovereignty in Australia. The ideology that 'if Indigenous people behaved properly as good citizens their poverty would disappear' is perpetuated by victim-blaming in a way that absconds the colonisers' role in historical oppression of Indigenous people (Moreton-Robinson 2009: 77). To clarify what is valued as a 'good citizen', Walter and Anderson (2013: 23) point to 'classic liberalism's conflation of moral improvement with economic productivity' in that the persistence of structural oppression that restricts the potential for economic equity is ignored in favour of a deficit-based model of 'coming to know' Aboriginal people, and the ensuing perceived need to 'chang[e] the Indigene to be more "normal"' (Walter and Andersen 2013: 26). Bonilla-Silva (2014: 7) affirms that the driving force behind this is 'color-blind racism [that] has rearticulated elements of traditional liberalism (work ethic, rewards by merit, equal opportunity, individualism, etc.) for racially illiberal goals' and that 'By failing to highlight the social dynamics that produce these racial differences, these scholars help reinforce the racial order' (Bonilla-Silva 2014: 8).

Epidemiology, as the study of cause and effect of disease and dysfunctional behaviours, becomes the logic for health surveillance and government intervention on the lives of Aboriginal people (Lupton 1999; Brough 2001; Walter 2010), reiterating a discourse of problem with Aboriginal people. Aboriginal doctoral students Yvette Roe and Juli Coffin reflect:

> Aboriginal and Torres Strait Islander people, Indigenous communities, their knowledges and their health status are often problematised and pathologised. Indigenous people are positioned as being 'dysfunctional' and 'challenging'. This perpetuates a body of health research where Indigenous knowledge is often disregarded. This paradigm obscures the survival and resistance strategies employed by Indigenous Australians for over 220 years, including how we have asserted our rights, roles and responsibilities despite our oppression as Indigenous peoples. (Roe et al. 2010: 34)

By challenging these implicit and explicit 'strategic truths' of dysfunction and pathology of Aboriginal people within public health, future research can ensure that epidemiological knowledge production does not occur at the expense of subjugating and silencing Indigenous people and Indigenous knowledges (DiGiacomo 1999; Brough 2013).

Continuing to unpack these tensions, Quijano's (2000) concept of the 'coloniality of power' can be useful in understanding how health research with Aboriginal people can be seen as a 'colonial situation' if it continues to silence and marginalise the voices of Aboriginal people within the research process. Colonial situations refer to 'the cultural, political, and economic oppression of subordinate racialised ethnic groups by dominant racial/ethnic groups, with or without the existence of colonial administrations' (hence why the term *post*colonial can be misnomer as it implies a time period *after* colonisation) (Grosfoguel 2004: 320). Grosfoguel (2004) further developed this concept as an explanatory logic to understand how the racialisation and treatment of certain groups depends on the relational historical and colonial context of these groups to a national identity or even legitimation of nationhood. Applying the coloniality of power concept in the ways health researchers participate in 'colonial situations', even if unaware, such as categorising and classifying Aboriginal people. However, Sherwood (2010: 289) has noted that a postcolonial lens is not sufficient in explaining why Australian Indigenous people are worse off than other colonised people.

This lack of disciplinary change en masse in mainstream sociology and public health is not through lack of persuasion. For decades, Aboriginal scholars have critiqued conventional epidemiological research methodologies (Smith 1999; Sherwood 2010; Walter and Andersen 2013; Bond 2007) yet there continues to be negligible practical and collective uptake from non-Indigenous researchers to achieve this necessary permanent paradigm switch. Mills' (1997; 2007) work on the epistemologies of (White) ignorance proposes that a lack of disciplinary change is not a random coincidence nor an exception but is reflective a greater ongoing process of marginalising non-White accounts by explicitly and implicitly, intentionally and unintentionally, privileging and sustaining what he terms White ignorance, a subsidiary of White privilege (Mills 2007). From his work interrogating the discipline of philosophy, Mills describes White ignorance as the phenomenon underlined by a shift from *de jure* to *de facto* White supremacy (i.e. White people today still remaining at the top of and benefiting from the racial hierarchy, even if not by overtly legal means), enabled by having a collective 'consensual hallucination' (Mills 1997: 18) and 'white amnesia, especially about non-white victims… with one group supressing precisely what another wishes to commemorate' (Mills 2007: 29). Mills (1997: 19) argues this ongoing 'structured blindness' protects collective White group interests by reproducing 'worldview that emphasises individualistic explanations for social

and economic achievement, as if the individualism of white privilege was a universal attribute' (Doane 2003: 13–14). Mills (2007) unequivocally states that for White ignorance to continue, so will racial inequality. Mills (1997) argues the origins of both are rooted in the historically unequal formation of the social contract between citizens (c.f. Hobbes 1991; Locke 1960; Rousseau 1968; Kant 1991) which was created by White people for White people, with non-Whites, at the time of the contract being formed, being subjugated to subpersonhood status and treated accordingly (e.g. subject to slavery and racism); 'it is possible to get away with doing things to subpersons that one could not do to persons, because they do not have the same rights as persons' (Mills 1997: 56). As with peoples, knowledges were also divided by racial order, with non-White accounts being denigrated and devalued. Mills (2007: 32) details:

> …slave narratives often had to have white authentication, for example, white abolitionists, with the racially based epistemic authority to write a preface or appear on stage with the author to confirm that what this worthy Negro said was true. (Mills 2007: 32)

For non-Aboriginal researchers to have to 'authenticate' the work of Aboriginal scholars for disciplinary change to occur would signify not only a form of epistemological violence (Teo 2010) but the persistence of this racial hierarchy in knowledges, and modern-day replication of the 'White authentication' of non-White realities. However, it is possible to transform the 'closed circuit of epistemic authority that reproduces white delusions' (Mills 2007: 34), achieved through the 'self-conscious recognition of white ignorance' (Mills 2007: 19). This can be enabled by the production of future research that critical examines the style and impact of White ignorance, which currently remains largely under-theorised (Mills 2007). Indeed, Mills (2007: 23) states, 'If there is a sociology of knowledge, there should also be a sociology of ignorance.'

Hence, understanding the discursive ways in which meanings about Aboriginal people are circulated also involves deconstructing how Whiteness operates within this space as the invisible norm by which all other groups are measured (Graham et al. 2011). Decolonising research means breaking down essentialist assumptions and creating space for Indigenous knowledges to be valued – in all their diverse possibilities. Nakata (2002: 284) describes the epistemic limitations in dichotomising Indigenous and Western knowledge: '… the duality between them assumes fixity of both Knowledge systems in time and space that is inherently false.'

> Not only do they obscure the complexities at this intersection but they confine Indigenous peoples to the position of 'Other' by reifying the very categories that have marginalized us historically and that still seek to remake and relegate us within the frameworks of Western epistemes. (Nakata 2002: 285)

Nakata (2002) proposes instead we focus on what he coined the Cultural Interface as a way of understanding this intersection of tensions from different ways of knowing, being and doing. An institutional ethnography (similar to Montoya 2011) would be well suited to understanding this cultural interface between Western and Indigenous ways of knowing and doing research (Nakata 2007: 9), and the ways that Aboriginality and Whiteness are made and remade within a research setting and how we come to identify and perceive healthy or 'risky' populations. Unpacking the social processes involved in knowledge production at an institutional level would provide insight in how best to support researchers to undertake collaborative partnerships in meaningful work with clear research benefits (Fredericks 2008; NHMRC 2003) and ways that as researchers we can 'do no harm' to the communities with whom we conduct research (Sherwood 2010). To guide this, Denzin and Lincoln (2008: 9) have argued for a Critical Indigenous Pedagogy that allows Indigenous and critical scholars to come together with a shared social justice agenda, to ensure a localised, culturally safe and productive research collaboration that respects various worldviews:

> A decolonized academy is interdisciplinary and politically proactive. It respects indigenous epistemologies and encourages interpretive, first-person methodologies. It honors different versions of science and empirical activity, as well as values cultural criticism in the name of social justice. It seeks models of human subject research that are not constrained by biomedical, positivist assumptions. (Denzin and Lincoln 2008: 12)

While there has been a lack of Aboriginal researchers working with the MUSP since its inception 30 years ago, developing ongoing relationships with a supportive and experienced formal and informal Aboriginal mentors allowed me to work towards a decolonising research practise. This contribution of Aboriginal people to research should be formally acknowledged and supported within the academic context. Without the voices and input of Aboriginal people within the research process, 'Aboriginal health research' will remain, as Martin calls it, 'terra nullius research' (Martin 2003: 203), where Aboriginal people are 'presented only as objects of curiosity and subjects of research, to be seen but not asked, heard or respected.'

Wilson (2008) argues that it is time to go beyond decolonisation to the next step; to start working within an Indigenous paradigm that uses its own frames of reference in its own right (e.g. Martin 2003). Wilson (2008) argues that central to this Indigenous way of doing, being and knowing is relational accountability: being accountable for your actions as a researcher through existing relationships with Indigenous people and to their communities. Wilson (2008) sees research as an extension part of everyday relationships and worldview and not separate to it. Developing genuine relationships between Aboriginal and non-Aboriginal people can foster a greater sense of

accountability of non-Indigenous researchers to the people whose lives and identities they are talking about – something that is not currently nurtured within mainstream public health. As an Aboriginal friend said to me, in Aboriginal research, the protocol is to 'partner or perish', not 'publish or perish'.

Institutional change within public health is needed if a decolonising research agenda is to succeed. Researchers should be encouraged to take on innovative research that challenges the hegemony of current 'evidence-based' epidemiological research (Brough 2013). Sherwood (2010) has argued that this extends to all facets of the research process:

> …colonisation continues in Australia and is maintained and sustained through a number of approaches within the Aboriginal health research agenda such as funding; peer review; the Aboriginal health 'expert'; excluding the contextual circumstances of Indigenous Australians lives and health; culturally insensitive and unreflective research practice; descriptive deficit data production; replication of problematic constructions that inform the wider health professional workforce; and the negating of an emerging Indigenous voice in relation to their resilience and survival. (Sherwood 2010: 294)

As public health researchers, we must continue the conversation about the limitations of conceptualising and operationalising Aboriginality within in public health and work towards decolonising our academic institutions. In the words of Langton (1993a: 8):

> Can we ever decolonise Australian institutions? Can we decolonise our minds? Probably not. But we can try to find ways to undermine the colonial hegemony.

Epilogue

I opened this thesis with the question posed to me by an Aboriginal man, 'how is ourfella health different to yourfella health?' After a couple more years of conducting empirical research relating to this question, I do not feel any more confident in answering that question then when I first started. Of course I have deepened my understanding on this topic, but if anything, this doctoral study has illuminated the many epistemologically-loaded assumptions that go into attempting to answer this question. To say there is a difference, arguments often rely on problematic notions of biological, cultural or behavioural essentialism: fallaciously falling into to trap of seeing race-as-genetics; or saying there are insurmountable cultural or behavioural differences between groups. However, to say there is no difference neglects the historical, political and socio-cultural effects of colonisation, failed government policies, racism and continued socioeconomic inequality that persists in Australia.

Instead of attempting to directly answer this question, I propose that the empirical evidence presented in this doctoral study provides a space for reflection on current and alternate ways of 'doing' 'Aboriginal health' research. What *can* a large quantitative study tell us about Aboriginal people, particularly if it does not involve Aboriginal people in its creation, implementation, data analysis and interpretation, but treats Aboriginal people as objects of research who are not given the opportunity to self-identify as Aboriginal? And indeed, how much can a few phone interviews with a small group of people who do self-identity as Aboriginal people tell us about the health and lives of Aboriginal people as a whole? Rather than see these as misgivings about the research, it is fruitful to take this as a lesson of the process and power embedded in knowledge construction within academia more generally.

This study has revealed the operation of Whiteness and colonial undertones in imaginings of Aboriginality within Australian public health research through a sustained lack of disciplinary change. It has also suggested that privileging the diverse Indigenous experiences and narratives can encourage alternative imaginings. Not only would this type of research arguably become more meaningful to Aboriginal people living in an urban setting themselves – it allows for non-Aboriginal Australians to have greater understanding about the history and their continuing involvement in the colonisation process. These stories have reinforced that Aboriginality is not static, homogenous and immutable. Aboriginal identities are experienced differently and have different meanings for different people in different contexts. Therefore, when talking about life circumstances and health outcomes, we must be cautious as what can be for one Aboriginal person,

may not be for another. Hence, 'blanket' or 'one-size-fits-all' approaches are not likely to be very appropriate for future research. Diverse Indigenous peoples continue to be 'binned together' in health disparities research via a box they tick on a form. Seldom are the implications of this reflected upon. I suspect this tells us more about how researchers continue to be prioritised as 'knowers' of Aboriginal people – in some spaces, more than Aboriginal people themselves – showing the unequal power relations that continue between researcher and participant in the traditional methodologies of Western academia. As Aboriginal scholar and activist Henrietta Fourmile (1989: 7) wrote, 'To be an Aborigine is having non-Aborigines control the documents from which other non-Aborigines write their version of our history'.

This raises the point of the place of non-Indigenous researchers conducting research with Aboriginal people more broadly. Kowal (2015: 15) asks, 'is it true that being privileged contaminates the act of helping, or development, irrevocably? … Are there any viable alternatives for White anti-racists who wish to help others without oppressing them?' Critical Whiteness scholar Aveling (2013) chose to publically withdraw from future research with/for Aboriginal people because 'no matter how well intentioned I may be, my understanding of colonization can only ever be partial as my view is invariably coloured by my own experiences' (Aveling 2013: 210). Conversely, Aboriginal scholar Langton (2011a: 1–2) states, 'There is a simplistic view that because I am Aboriginal, being a descendant of the Yiman people in central Queensland, I would have a better understanding of Aboriginal societies than, say, the Berndts did. This is not the case…', the Berndts being husband and wife non-Aboriginal anthropologists who published copious volumes on Aboriginal life over several decades. Langton (2011a: 4) avows, 'Many Australians who believe they know something about Aboriginal people are likely to owe part of that knowledge, directly or indirectly, to the Berndts' (for better or for worse). Langton (2011a: 20) considers the following:

> Is this the fate of anthropology in Australia: to feign respect while retreating from the debates of the day? Are we at risk of losing the humanist and critical role of the discipline as its protagonists retreat into the safe haven of the 'professional stance,' the waveless pond of the 'impartial observer'?

Walter and Andersen (2013: 20) state in their critique of conventional quantitative methodologies that their work on developing Indigenous quantitative methodologies is 'not intended to be for the exclusive use of Indigenous researchers', and indeed encourage non-Indigenous researchers to 'take this journey with us'. Indeed this could be just one way to work on combatting White ignorance (Mills 2007), which Mills (2007) argues is the chronic perpetuator of racial inequality.

There remains is a multiplicity of ways of doing, and alternative avenues should not be silenced or marginalised simply because it does not reproduce or simulate what has been done before (Brough 2013). Emerging researchers in this field must be prepared to try new, ethically-sound methods to ensure research is directly beneficial to the people involved. In terms of 'reporting back' to this Aboriginal man and the people I have been talking with and about within this doctoral study (Smith 1999: 15), I agree with Smith (1999: 16) that 'sharing knowledge is also a long-term commitment', that continues outside and beyond a doctoral thesis. My learning journey is 'to be continued…', as I am still a bub learning about the complexities operating within this space.

Thus, my answer to the man, for now, is, 'A complex question always has a simple answer – that is wrong!'

References

ABC (2015, Jun 9) 'Primates, Populism and Utopia', *Q and A* [television]. Australian Broadcasting Commission, URL [http://www.abc.net.au/tv/qanda/txt/s4000548.htm].

ABS (1981) 'Appendix B', *Census of Population and Housing Australia, 30 June 1981: Householder's Schedule*. Canberra: Australian Bureau of Statistics, URL [http://www.ausstats.abs.gov.au/ausstats/free.nsf/0/B941218E2F2155E0CA257583000EA048/$File/24070_1981_Household_Form.pdf].

ABS (2007) 'Law and Justice Statistics', *Aboriginal and Torres Strait Islander people: a snapshot, 2006* (cat. no. 4722.0.55.003). Canberra: Australian Bureau of Statistics, URL [http://www.abs.gov.au/ausstats/abs@.nsf/mf/4722.0.55.003/].

ABS (2008) 'Indigenous mothers', *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2008* (cat. no. 4704.0). Canberra: Australian Bureau of Statistics, URL [http://www.abs.gov.au/AUSSTATS/ABS@.NSF/2f762f95845417aeca25706c00834efa/BBDF098961DB8AD1CA2574390014B136?opendocument].

ABS (2009a) 'Financial Stress', *National Aboriginal and Torres Strait Islander Social Survey, 2008* (cat. no. 4714.0). Canberra: Australian Bureau of Statistics, URL [http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4714.0MainFeatures112008?opendocument&tabname=Summary&prodno=4714.0&issue=2008&num=&view].

ABS (2009b) 'Education', *National Aboriginal and Torres Strait Islander Social Survey, 2008* (cat. no. 4714.0). Canberra: Australian Bureau of Statistics, URL [http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4714.0Main%20Features82008?opendocument&tabname=Summary&prodno=4714.0&issue=2008&num=&view=].

ABS (2009c) *National Aboriginal and Torres Strait Islander Social Survey, 2008* (cat. no. 4714.0). Canberra: Australian Bureau of Statistics, URL [http://www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0/]

ABS (2010a) 'Where Indigenous people live', *Population Characteristics, Aboriginal and Torres Strait Islander Australians, 2006* (cat. no. 4713.0). Canberra: Australian Bureau of Statistics, URL [http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/6E6D19F5BB55AD66CA2578DB00283CB2?opendocument].

ABS (2010b) 'Education: Educational Attainment', *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (cat. no. 4704.0). Canberra: Australian Bureau of Statistics, URL [http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter355Oct+2010].

ABS (2010c) 'Demographic, Social and Economic Charateristics: Family and Community', *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (cat. no. 4704.0). Canberra: Australian Bureau of Statistics, URL [http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter250Oct+2010].

ABS (2010d) 'The city and the bush: Indigenous Wellbeing across remoteness areas', *Australian Social Trends* (cat. no. 4102.0). Canberra: Australian Bureau of Statistics, URL [http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features10Sep+2010].

ABS (2011a) 'Year 12 Attainment', *Australian Social Trends* (cat. no. 4102.0). Canberra: Australian Bureau of Statistics, URL [http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features40Mar+2011].

ABS (2011b) 'Aboriginal and Torres Strait Islander peoples and the Census after the 1967 Referendum', *Reflecting a Nation: Stories from the 2011 Census* (cat. no. 2071.0). Canberra: Australian Bureau of Statistics.

ABS (2011c) *Census Household form, 9 August 2011*. Canberra: Australian Bureau of Statistics, URL [http://www.abs.gov.au/ausstats/abs@.nsf/lookup/2903.0main%20features162011/$file/SAMPLE_PRINT_VERSION_F1.pdf].

ABS (2013a) 'Changing propensity to identify as being of Aboriginal and Torres Strait Islander origin between censuses', *Census of Population and Housing: Understanding the Increase in Aboriginal and Torres Strait Islander Counts, 2006–2011* (cat. no. 2077.0). Canberra: Australian Bureau of Statistics, URL [http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2077.0main+features52006-2011].

ABS (2013b) 'Imprisonment rates', *Prisoners in Australia, 2012* (cat. no. 4517.0). Australian Bureau of Statistics, URL [http://www.abs.gov.au/ausstats/abs@.nsf/Products/BD0021D329F0464FCA257B3C000DCCE0?opendocument].

ACARA (2011) *NAPLAN Achievement in Reading, Persuasive Writing, Language Conventions and Numeracy: National Report for 2011*. Sydney: Australian Curriculum, Assessment and Reporting Authority.

Achenbach, T. (1991) *Manual for the Youth Self-Report and 1991 Profile*. Burlington, VT: Department of Psychiatry, University of Vermont.

Agnew, R. (1992) 'Foundation for a general strain theory of crime and delinquency', *Criminology* 30: 47–87.

AIC (2009) 'Indigenous imprisonment rates', *Crime Facts Info* 195. Canberra: Australian Institute of Criminology, URL [http://www.aic.gov.au/publications/current series/cfi/181-200/cfi195.html].

AIHW (2008) '2007 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series* 22 (cat. no. PHE 107). Canberra: Australian Institute of Health and Welfare.

AIHW (2009a) *Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples* (cat. no. IHW 24). Canberra: Australian Institute of Health and Welfare.

AIHW (2009b) *National best practice guidelines for collecting Indigenous status in health data sets* (cat. no. IHW 29). Canberra: Australian Institute of Health and Welfare.

AIHW (2011a) *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander People: An Overview: 2011* (cat. no. IHW 42). Canberra: Australian Institute of Health and Welfare.

AIHW (2011b) *Substance use among Aboriginal and Torres Strait Islander people* (cat. no. IHW 40). Canberra: Australian Institute Health and Welfare.

AIHW (2012) 'Juvenile justice in Australia 2010–11: an overview', *AIHW Bulletin* 106 (cat. no. AUS 160). Canberra: Australian Institute of Health and Welfare.

AIHW and ABS (2012) *National best practice guidelines for data linkage activities relating to Aboriginal and Torres Strait Islander people* (cat. no. IHW 74). Canberra: Australian Institute of Health and Welfare.

Alati, R., Lawlor, D., Al Mamun, A., Williams, G., Najman, J., O'Callaghan, M., and W. Bor (2007) 'Is there a fetal origin of depression? Evidence from the Mater University Study of Pregnancy and its outcomes', *American Journal of Epidemiology* 165(5): 575–582.

Alcoff, L. (2004) 'Against "post-ethnic" futures', *The Journal of Speculative Philosophy* 18(2): 99–117.

Alfred, T. and J. Corntassel (2005) 'Being indigenous: Resurgences against contemporary colonialism', *Government and Opposition* 40(4): 597–614.

Alpert, B. (1991) 'Students Resistance in the Classroom', *Anthropology & Education Quarterly* 22(4): 350–366.

Altman, J. (2009) *Beyond Closing the Gap: Valuing Diversity in Indigenous Australia* (Working paper no. 54/2009). Canberra: Centre for Aboriginal Economic Policy Research, Australian National University.

Altman, J. and J. Taylor (1996) 'Statistical needs in Indigenous affairs: Future options and implications', pp.193–202 in J. Altman, J. and J. Taylor (eds.) *The 1994 National*

Aboriginal and Torres Strait Islander Survey: Findings and Future Prospects (Research Monograph No. 11). Canberra: Centre for Aboriginal Economic Policy Research, Australian National University.

Anagnostou, Y. (2009) 'A critique of symbolic ethnicity: The ideology of choice?', *Ethnicities* 9(1): 94–122.

Anderson, I. (1997) 'I, the "hybrid" Aborigine: film and representation', *Australian Aboriginal Studies* 1: 4–14.

Andersson, N. (2008) 'Directions in Indigenous resilience research', *Pimatisiwin* 6(2): 201–208.

Andrews, C. (1993) 'Teacher Socialisation and Teacher Attitudes Towards Indigenous Children', *Aboriginal Children at School* 21(5):16–31.

Andrews, L. and T. Wu. (1998) *The Labour Market Experience of Higher Education Graduates over the Last Decade.* Canberra: Higher Education Division, Department of Employment, Education, Training and Youth Affairs, Commonwealth of Australia.

Anstey, K., Kiely, K., Booth, H., Birrell, C., Butterworth, P., Byles, J., Luszcz, M. and R. Gibson (2011) 'Indigenous Australians are under-represented in longitudinal ageing studies', *Australian and New Zealand Journal of Public Health* 35(4): 331–336.

APA (1994) *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV* (4th edn.). Washington, DC: American Psychiatric Association.

Arditti, J. (2005) 'Families and incarceration: An ecological approach', *Families in Society: The Journal of Contemporary Social Services* 86: 251–260.

Atkinson, R. (2004) 'Life Story Interview', pp. 567–571 in Lewis-Beck, M., Bryman, A. and T. Futing Liao (eds.) *Encyclopedia of Social Science Research Methods*. Thousand Oaks, CA: SAGE Publications.

Attwood, B. (1992) 'Introduction', pp. i–xvi in Attwood, B. and J. Arnold Bundoora (eds.) *Power, Knowledge and Aborigines*. Melbourne: La Trobe University Press.

Augoustinos, M. (2009) 'Racism(s): one or many?', *International Journal of Psychology* 44(1): 43–45.

Augoustinos, M., Tuffin, K. and M. Rapley (1999) 'Genocide or a Failure to Gel? Racism, History and Nationalism in Australian Talk', *Discourse & Society* 10(3): 351–378.

Aveling, N. (2013) 'Don't talk about what you don't know': on (not) conducting research with/in Indigenous contexts', *Critical Studies in Education* 54(2): 203–214.

Baer, R., Arteaga, E., Dyer, K., Eden, A., Gross, R., Helmy, H., Karnyski, M., Papadopoulos, A., and D. Reeser (2013) 'Concepts of race and ethnicity among health researchers: patterns and implications', *Ethnicity and Health* 18(2): 211–225.

Bandura, A., Ross, D., and S. Ross (1961) 'Transmission of aggression through imitation of aggressive models', *The Journal of Abnormal and Social Psychology* 63: 575–582.

Bardill, J. (2014) 'Native American DNA: Ethical, Legal, and Social Implications of an Evolving Concept', *Annual Review of Anthropology* 43: 155–166.

Beckett, J. (1988) 'The past in the present; the present in the past: constructing a national Aboriginality', pp. 191–217 in J. Beckett (ed.) *Past and Present: the construction of Aboriginality*. Canberra: Aboriginal Studies Press.

Behrendt, L. (2006) 'The urban Aboriginal landscape', pp. 22–23 in *After Sprawl: Post-Suburban Sydney. E-Proceedings of the Post-Suburban Sydney: The City in Transformation conference*. Sydney: Centre for Cultural Research, University of Western Sydney

Bennett, B. (2014) 'How do light-skinned Aboriginal Australians experience racism? Implications for social work', *AlterNative* 10(2): 180–192.

Bessarab, D. and B. Ng''andu (2010) 'Yarning About Yarning as a Legitimate Method in Indigenous Research', *International Journal of Critical Indigenous Studies* 3(1): 37–50.

Biddle, N. and H. Crawford (2015) 'The changing Aboriginal and Torres Strait Islander population: Evidence from the 2006–11 Australian Census Longitudinal Dataset', *CAEPR Indigenous Population Project 2011 Census Papers* (Paper no. 18). Canberra: Centre for Aboriginal Economic Policy Research, Australian National University.

Blaikie, N. (2004) 'Positivism', pp.837–839 in Lewis-Beck, M., Bryman, A. and T. Futing Liao (eds.) *Encyclopedia of Social Science Research Methods.* Thousand Oaks: SAGE Publications.

Blignault, I., and C. Ryder (1997) 'Abstinence and alcohol use among urban Aborigines in Western Australia', *Drug and Alcohol Review* 16(4): 365–371.

Bodkin-Andrews, G. and B. Carlson (2013) 'Racism, Aboriginal and Torres Strait Islander Identities, and Higher Education: Reviewing the Burden of Epistemological and Other Racisms', *Diversity in Higher Education* 14: 29–54.

Boladeras, J. (2002) '*It's Easier to be Black if You're Black': Issues of Aboriginality for Fair-complexioned Nyungar People* (unpublished Masters dissertation). Perth: Centre for Aboriginal Studies, Curtin University of Technology.

Bond, C. (2005) 'A culture of ill health: public health or Aboriginality?', *Medical Journal of Australia* 183(1): 39–41.

Bond, C. (2007) *"When you're black, they look at you harder": Narrating Aboriginality within Public Health* (unpublished Doctoral dissertation). Brisbane: School of Population Health, University of Queensland.

Bond, C. (2009) 'Starting at strengths… an Indigenous early years intervention', *Medical Journal of Australia* 191(3): 175–177.

Bond, C. (2014) 'Blood in our hearts or blood on our hands? The viscosity, vitality and validity of Aboriginal "blood talk"', *International Journal of Critical Indigenous Studies* 7(2): 1–14.

Bond, C. and M. Brough (2007) 'The Meaning of Culture within Public Health Practice: Implications for the study of Aboriginal and Torres Strait Islander Health', pp. 229–239 in Anderson, I., Baum, F. and M. Bentley (eds.) *Beyond Bandaids: Exploring the Underlying Social Determinants of Aboriginal Health.* Darwin: Cooperative Research Centre for Aboriginal Health.

Bonilla-Silva, E. (2014) *Racism without racists: Color-blind racism and the persistence of racial inequality in America* (4th edn). Maryland: Rowman and Littlefield Publishers.

Bor, W., McGee, T. and A. Fagan (2004) 'Early risk factors for adolescent antisocial behaviour: an Australian longitudinal study', *Australian and New Zealand Journal of Psychiatry* 38: 365–372.

Bourdieu, P. (1986) *Distinction: A Social Critique of the Judgment of Taste*. London: Routledge.

Brady M. (1991) *The health of young Aborigines*. Hobart: National Clearinghouse for Youth Studies.

Brady, M. (2007) 'Equality and difference: persisting historical themes in health and alcohol policies affecting Indigenous Australians', *Journal Epidemiology and Community Health* 61: 759–763.

Breen, H., and N. Hing (2014) 'Life course analysis of gambling trajectories: an Indigenous Australian study', *International Gambling Studies* 14(3): 357–373.

Brough, M. (2001) 'Healthy imaginations: A social history of the epidemiology of Aboriginal and Torres Strait Islander health', *Medical Anthropology* 20(1): 65–90.

Brough, M. (2013) 'Toward Cultural Epidemiology: Beyond Epistemological Hegemony', pp. 33–42 in Banwell, C., Ulijaszek, S. and J. Dixon (eds.) *When culture impacts health: Global lessons for effective health research*. London: Academic Press.

Brough, M., Bond, C., and J. Hunt (2004) 'Strong in the City: towards a strength-based approach in Indigenous health promotion', *Health Promotion Journal of Australia* 15(3): 215–220.

Brough, M., Bond, C., Hunt, J., Jenkins, D., Shannon, C., and L. Schubert (2006) 'Social capital meets identity Aboriginality in an urban setting', *Journal of Sociology* 42(4): 396–411.

Brough, M., Shannon, C., and M. Haswell-Elkins (2001) 'To be or not to be: recording Aboriginal identity on hospital records', *Pacific Health Dialogue* 8(1): 47–53.

Buchanan, A. and J. Ten Brinke (1998) 'Measuring Outcomes for Children. Early Parenting Experiences, Conflict, Maladjustment and Depression in Adulthood. Outcomes in

Adolescence and in Adulthood from Early Conflict', *Children and Youth Services Review, USA* 20(3): 251–278.

Bullock, A. and S. Trombley (1999) *The New Fontana Dictionary of Modern Thought*. London: HarperCollins.

Butler-McIlwraith, K. (2006) '(Re)presenting Indigeneity: The Possibilities of Australian Sociology', *Journal of Sociology* 42(4): 369–381.

Cameron, W. (1963) *Informal sociology: A casual introduction to sociological thinking*. New York: Random House.

Capaldi, D. and G. Patterson (1996) 'Can Violent Offenders be Distinguished from Frequent Offenders: Prediction from Childhood to Adolescence', *Journal of Research in Crime and Delinquency* 33: 206–231.

Carnes, R. (2011) 'Changing Listening Frequency to Minimise White Noise and Hear Indigenous Voices', *Journal of Australian Indigenous Issues* 14(2–3): 170–184.

Caspi, A. and G. Elder (1988) 'Childhood precursors of the life course: Early Personality and Life Disorganisation' pp. 115–142 in Hetherington, E., Lerner, R. and M. Perlmutter (eds.) *Child Development in Life-Span Perspectives*. Hillsdale, New Jersey: Lawrence Erlbaum,.

Cheah, S. and K. Sheperd (2011) 'A Cross-cultural Examination of Aboriginal and European Canadian Mothers' Beliefs Regarding Proactive and Reactive Aggression', *Infant and Child Development* 20: 330–346.

Chesterman, J. and B. Galligan (1997) *Citizens without Rights.* Cambridge: Cambridge University Press.

COAG (2013) 'Closing the Gap in Indigenous Disadvantage', *Council of Australian Governments,* URL [http://www.coag.gov.au/closing_the_gap_in_indigenous_disadvantage].

Comino, E., Craig, P., Harris, E., McDermott, D., Harris, M., Henry, R., Jackson Pulver, L., Kemp, L. and J. Knight (2010) 'The Gudaga Study: establishing an Aboriginal birth cohort in an urban community', *Australian and New Zealand Journal of Public Health* 34(s1): S9–S17.

Cowlishaw, G. (2004) *Blackfellas, whitefellas, and the hidden injuries of race*. Carlton: Blackwell Publishing.

Cox, M. and B. Paley (1997) 'Families as Systems', *Annual Review of Psychology* 48: 243–267.

Croft, S. (2012) 'Constructing Ontological Insecurity: The Insecuritization of Britain's Muslims', *Contemporary Security Policy* 33(2): 219–235.

Crossley, N. (2005) 'Social construction/social constructionism', pp. 297–301 in *SAGE Key Concepts: Key concepts in critical social theory.* London: SAGE Publications.

Crotty, M. (1998) *The Foundations of Social Research: Meaning and Perspective in the Research Process.* London: SAGE Publications.

Cunningham, J. and Y. Paradies (2013) 'Patterns and Correlates of Self-reported Racial Discrimination among Australian Aboriginal and Torres Strait Islander Adults, 2008–09: Analysis of National Survey Data', *International Journal for Equity in Health* 12(1): 47–62.

Cutler, D. and A. Lleras-Muney (2006) *Education and Health: Evaluating Theories and Evidence* (Working Paper 12352). Cambridge, MA: National Bureau of Economic Research.

Dadds, M. and M. Powell (1991) 'The relationship of interparental conflict and global marital adjustment to aggression, anxiety, and immaturity in aggressive and nonclinic children', *Journal of Abnormal Child Psychology* 19: 553–567.

Davis III, C. and C. Simmons (2009) 'Stereotype Threat. A Review, Critique, and Implications', pp. 211–222 in Neville, H. Tynes, B. and S. Utsey (eds.) *Handbook of African American Psychology*. Thousand Oaks, CA: SAGE Publications.

Delfabbro, P., Winefield, T., Trainor, S., Dollard, M., Anderson, S., Metzer, J. and A. Hammarstrom (2006) 'Peer and Teacher Bullying/Victimization of South Australian Secondary School Students: Prevalence and Psychosocial Profiles', *The British Journal of Educational Psychology* 76(1): 71–90.

Denzin, N. and Y. Lincoln (2008) 'Introduction: Critical methodologies and indigenous inquiry', pp. 1–20 in Denzin, L., Lincoln, Y., and L. Smith (eds.) *Handbook of Critical and Indigenous Methodologies*. London: SAGE Publications.

DiGiacomo, S. (1999) 'Can there be a "cultural epidemiology"?', *Medical Anthropology Quarterly* 13(4): 436–457.

Doane, W. (2003) 'Rethinking Whiteness Studies', pp. 3–18 in Doane, W. and E. Bonilla-Silva (eds.) *White Out: The Continuing Significance of Racism*. New York: Routledge.

Dobia, B. and V. O'Rourke (2011) *Promoting the Mental Health and Wellbeing of Indigenous Children in Australian Primary Schools*. Canberra: Commonwealth of Australia.

Dodge, K., Pettit, G. and J. Bates (1994) 'Socialization Mediators of the Relation between Socioeconomic Status and Child Conduct Problems', *Child Development* 65: 649–665.

Dodson, M. (1994) 'The Wentworth Lecture. The End in the Beginning: Re(de)finding Aboriginality', *Australian Aboriginal Studies* 1: 2–13.

Dodson, M. (2008, Jul 8) 'The continuing relevance of the Constitution for Indigenous peoples', *National Archives of Australia,* URL [http://www.naa.gov.au/collection/publications/papers-and-podcasts/australian-constitution/professor-mick-dodson.aspx].

Dodson, M. and B. Hunter (2006) 'Selected Crime and Justice Issues for Indigenous Families', *Family Matters* 75: 34–41.

Doolan, I., Najman, J. and A. Cherney (2012) 'Health needs of Australian Indigenous young people entering detention', *Journal of Paediatrics and Child Health* 48: 896–901.

Doolan, I., Najman, J., Mills, R., Cherney, A. and L. Strathearn (2013) 'Does child abuse and neglect explain the overrepresentation of Aboriginal and Torres Strait Islander young people in youth detention? Findings from a birth cohort study', *Child Abuse & Neglect* 37: 303–309.

Dudgeon, P. and K. Ugle (2013) 'Communication and Engagement: Urban Diversity', pp.181–189 in Purdie, N., Dudgeon, P. and R. Walter (eds.) *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Canberra: Department of Health and Ageing, Australian Government.

Dunn, K., Forrest, J., Burnley, I. and A. McDonald (2004) 'Constructing New Racisms', Australian *Journal of Social Issues* 39(4): 409–430.

Eades, S., Read, A. and The BibbulungGnarneep Team (1999) 'Infant care practices in a metropolitan Aboriginal population', *Journal of Paediatrics and Child Health* 35: 541–544.

Eades, S., Taylor, J., Bailey, S., Williamson, A., Craig, J., and S. Redman (2010) 'The health of urban Aboriginal people: insufficient data to close the gap', *Medical Journal of Australia* 193(9): 521–524.

Elder, B. (2003) *Blood on the Wattle: Massacres and maltreatment of Aboriginal Australians since 1788* (3rd edn.). Sydney: New Holland Publishers.

Elder. G., Johnson, M. and R. Crosnoe (2003) 'The Emergence and Development of Life Course Theory', pp. 3–19 in Mortimer, J. and M. Shanahan (eds.) *Handbook of the Life Course.* New York: Kluwer Academic/Plenum Publishers.

Ellison, G. (2005) '"Population profiling" and public health risk: When and how should we use race/ethnicity?', *Critical Public Health* 15(1): 65–74.

Emery, R. (1982) 'Interparental conflict and the children of discord and divorce', *Psychological Bulletin* 92: 310–330.

Erickson, F. (1984) 'School Literacy, Reasoning, and Civility: An Anthropologist's Perspective', *Review of Educational Research* 54(4): 525–546.

Essed, P. (1991) *Understanding Everyday Racism.* Newbury Park, CA: SAGE Publications.

Farrington, D. (1989) 'Early Predictors of Adolescent Aggression and Adult Violence', *Violence and Victims* 4: 79–100.

Farrington, D. (1991) 'Childhood Aggression and Adult Violence: Early Precursors and Later Life Outcomes', pp. 215–240 in Pepler, D. and K. Rubin (eds.) *The Development and Treatment of Childhood Aggression*. Hillsdale, New Jersey: Lawrence Erlbaum,

Fergusson, D., Woodward, L. and L. Horwood (1998) 'Maternal smoking during pregnancy and psychiatric adjustment in late adolescence', *Archives of General Psychiatry* 55: 721–727.

Ferrante, A. (1996) *Measuring the Extent of Domestic Violence*. Sydney: The Hawkins Press.

Flanagan, T., Iarocci, G., D'Arrisso, A., Mandour, T., Tootoosis, C., Robinson, S. and J. Burack (2011) 'Reduced ratings of physical and relational aggression for youths with a strong cultural identity: evidence from the Naskapi people', *Journal of Adolescent Health* 49: 155–159.

Foley, D. (2003) 'Indigenous Epistemology and Indigenous Standpoint Theory', *Social Alternatives* 22(1): 44–52.

Foucault, M. (1978) 'The Right of Death and Power over Life', pp. 135–159 in M. Foucault, *The History of Sexuality, Volume I.* New York: Random House

Foucault, M. (2003) *Society must be defended*. London: Penguin books.

Fourmile, H. (1989) 'Who Owns The Past? – Aborigines as captives of the archives', *Aboriginal History* 13(1): 1–8.

Fredericks, B. (2007) 'Talkin' Up the Research', *Journal of Australian Indigenous Issues* 10(2): 45–53.

Fredericks, B. (2008) 'Making an impact researching with Australian Aboriginal and Torres Strait Islander peoples', *Studies in Learning, Evaluation, Innovation and Development* 5(1): 24–35.

Fredericks, B. (2010) 'What'em with the apology? : The National Apology to the Stolen Generations two years on', *Journal of Australian Indigenous Issues* 13(1): 19–30.

Fredericks, B. (2013) '"We don't leave our identities at the city limits": Aboriginal and Torres Strait Islander people living in urban localities', *Australian Aboriginal Studies* 2013(1): 4–16.

Gair, S., Miles, D., Savage, D. and I. Zuchowski (2015) 'Racism Unmasked: The Experiences of Aboriginal and Torres Strait Islander Students in Social Work Field Placements', *Australian Social Work* 68(1): 32–48.

Gans, H. (1967) 'Symbolic ethnicity: The future of ethnic groups and cultures in America', *Ethnic and Racial Studies* 2(1): 1–20.

Giddens, A. (1991) *Modernity and Self-identity: Self and Society in the Late Modern Age*. Cambridge: Polity.

Giddens, A. and P. Sutton (2012) *Sociology* (7th edn). London: Polity Press.

Giddings, L. and B. Grant (2007) 'A Trojan horse for positivism?: A critique of mixed methods research', *Advances in Nursing Science* 30(1): 52–60.

Giroux, H. (1983) 'Theories of Reproduction and Resistance in the New Sociology of Education: A Critical Analysis', *Harvard Educational Review* 53(3): 257–93.

Godfrey, J., Partington, G., Harslett, M. and K. Richer (2001) 'Attitudes of Aboriginal Students to Schooling', *Australian Journal of Teacher Education* 26(1): 1–7.

Gómez, L. (2013) 'Introduction: Taking the social construction of race seriously in health disparities research', pp.1–22 in Gómez, L. and N. López (eds.) *Mapping 'Race': Critical approaches to health disparities research.* New Brunswick: Rutgers University Press.

Gómez, L. and N. López (2013) *Mapping 'Race': Critical approaches to health disparities research.* New Brunswick: Rutgers University Press.

Gorringe, S., Ross, J. and C. Fforde (2011) *"Will the Real Aborigine Please Stand Up": Strategies for Breaking the Stereotypes and Changing the Conversation* (AIATSIS Research Discussion Paper no. 28). Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies.

Graham, L., Brown-Jeffy, S., Aronson, R., and C. Stephens (2011) 'Critical race theory as theoretical framework and analysis tool for population health research', *Critical Public Health* 21(1): 81–93

Gravlee, C., and E. Sweet (2008) 'Race, ethnicity, and racism in medical anthropology, 1977–2002', *Medical Anthropology Quarterly* 22(1): 27–51.

Gray, J. and Q. Beresford (2002) 'Aboriginal Non-Attendance at School: Revisiting the Debate', *The Australian Educational Researcher* 29(1): 27–40.

Gray, M., Hunter, B. and R. Schwab (2000) 'Trends in Indigenous Educational Participation and Attainment, 1986–96', *Australian Journal of Education* 44(2): 101–17.

Grieves, V. (2009) *Aboriginal Spirituality: Aboriginal Philosophy, The Basis of Aboriginal Social and Emotional Wellbeing* (Discussion Paper No. 9). Darwin: Cooperative Research Centre for Aboriginal Health.

Groome, H. and A. Hamilton (1995) *Meeting the Educational Needs of Aboriginal Adolescents* (Commissioned Report No. 35). Canberra: National Board of Employment, Education and Training.

Grosfoguel, R. (2004) 'Race and ethnicity or racialized ethnicities? Identities within global coloniality', *Ethnicities* 4(3): 315–336.

Grossman, M. and R. Kaestner (1997) 'Effects of Education on Health', pp. 69–124 in Behrman, J. and N. Stacey (eds.) *The Social Benefits of Education*. Ann Arbor, MI: University of Michigan Press.

Grove, N., Brough, M., Canuto, C., and A. Dobson (2003) 'Aboriginal and Torres Strait Islander health research and the conduct of longitudinal studies: issues for debate', *Australian and New Zealand Journal of Public Health* 27(6): 637–641.

Hanlon, T., Blatchley, R., Bennett-Sears, T., O'Grady, K., Rose, M. and J. Callaman (2005) 'Vulnerability of children of incarcerated addict mothers: Implications for preventive intervention', *Children and Youth Services Review* 27: 67–84.

Haraway, D. (1988) 'Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective', *Feminist Studies* 14(3): 575–599.

Harding, R., Broadhurst, R., Ferrante, A. and N. Loh (1995) *Aboriginal contact with the criminal justice system and the impact of the Royal Commission into Aboriginal Deaths in Custody.* Annandale, NSW: Hawkins Press.

Haswell-Elkins, M., Sebasio, T., Hunter, E., and M. Mar (2007) 'Challenges of measuring the mental health of Indigenous Australians: honouring ethical expectations and driving greater accuracy', *Australasian Psychiatry* 15(1 suppl): S29–S33.

Hawkins, J., Arthur, M. and R. Catalano (1995) 'Preventing substance abuse', *Crime & Justice* 19: 343–427.

Hayatbakhsh, M., Clavarino, A., Williams, G., Bor, W., O'Callaghan, M. and J. Najman (2013) 'Family structure, marital discord and offspring's psychopathology in early adulthood: a prospective study', *European Child & Adolescent Psychiatry* 22: 693–700.

Hayatbakhsh, M., Najman, J., Jamrozik, K., Al Mamun, A., Bor, W., and R. Alati (2008) 'Adolescent problem behaviours predicting DSM-IV diagnoses of multiple substance use disorder. Findings of a prospective birth cohort study', *Social Psychiatry and Psychiatric Epidemiology* 43: 356–363.

Hayatbakhsh, M., Najman, J., Jamrozik, K., Al Mamun, A., O'Callaghan, M. and G. Williams (2009) 'Childhood sexual abuse and cannabis use in early adulthood: Findings from an Australian birth cohort study', *Archives of Sexual Behavious* 38: 135–142.

Hayes-Bautista, D. (1980) 'Identifying "Hispanic" Populations: The influence of research methodology upon public policy', *American Journal of Public Health* 70(4): 353–356.

Hickey, S. (2015) '"They say I'm not a typical Blackfella": Experiences of racism and ontological insecurity in urban Australia', *Journal of Sociology* (Published online before print April 19, 2015, doi:10.1177/1440783315581218).

Hickey, S. (in press) 'It all comes down to ticking a box: Collecting Aboriginal identification in a 30 year longitudinal health study', *Australian Aboriginal Studies*.

Hill, B. (1989) 'Aborigines and Their Central Schools: Part 1', *The Aboriginal Child at School* 17: 11–30.

Hobbes, T. (1991) *Leviathan* (edited by R. Tuck). Cambridge: Cambridge University Press.

Høgh, E. and P. Wolf (1983) *Violent crime in a birth cohort: Copenhagen 1953–1977*. Netherlands: Springer.

Holland, C., Dudgeon, P., and H. Milroy (2013) *The mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, families and communities*. Canberra: National Mental Health Commission.

Hollinger, D. (2008) 'Obama, the Instability of Color Lines, and the Promise of a Postethnic Future', *Callaloo* 31(4): 1033–1037.

Hollinsworth, D. (2006) *Race and Racism in Australia*. Melbourne: Thomson/Social Science Press.

Howells, K., Watt, B., Hall, G., and S. Baldwin (1997) 'Developing programs for violent offenders', *Legal and Criminological Psychology* 2: 117–128.

HREOC (1997) *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*. Sydney: Human Rights and Equal Opportunity Commission.

Huggins, J., Willmot, J., Tarrago, I., Willetts, K., Bond, L., Holt, L., Bourke, E., Bin-Salik, M., Fowell, P., Schmider, J., Craigie, V. and L. McBride-Levi (1991) 'Letter to the editor', *Women's Studies International Forum* 14 (5): 506–507.

Huijbregts, S., Seguin, J., Zoccolillo, M., Boivin, M. and R. Tremblay, R. (2008) 'Maternal prenatal smoking, parental antisocial behavior, and early childhood physical aggression', *Development and Psychopathology* 20: 437–453.

Hunter, B. (1996) *The Determinants of Indigenous Employment Outcomes: The Importance of Education and Training* (CAEPR Discussion Paper No. 115/1996). Canberra: Centre for Aboriginal Economic Policy Research, Australian National University.

Hunter, B. and R. Schwab (1998) *The Determinants of Indigenous Educational Outcomes* (Discussion paper). Canberra: Centre for Aboriginal Economic Policy Research, Australian National University.

Hunter, E. (1991) 'Out of sight, out of mind – 2. Social and historical contexts of self-harmful behaviour among aborigines of remote Australia', *Social Science & Medicine* 33(6): 661–671.

Hunter, E. (2007) 'Disadvantage and discontent: A review of issues relevant to the mental health of rural and remote Indigenous Australians', *Australian Journal of Rural Health* 15(2): 88–93.

Ibrahim, A. (2004) 'One is not born Black: Becoming and the phenomenon (ology) of race', *Philosophical Studies in Education* 35(1): 77–87.

Ingold, T. (1993) 'The art of translation in a continuous world', pp. 210–230 in G. Pálsson (ed.) *Beyond Boundaries: Understanding, Translation and Anthropological Discourse*. Oxford: Berg Publishers Limited.

Ivanitz, M. (2000) 'Achieving improved health outcomes for urban Aboriginal people: biomedical and ethnomedical models of health', *Australian Journal of Public Administration* 59(3): 49–57.

Jackson Pulver, L., Bush, A. and J. Ward (2003) 'Identification of Aboriginal and Torres Strait Islander women using an urban obstetric hospital', *Australian Health Review* 26(2):19–25.

Jackson Pulver, L., Haswell. M., Ring, I., Waldon, J., Clark, W., Whetung, V., Kinnon, D. , Graham, C., Chino, M. LaValley, J. and R. Sadana (2010) *Indigenous Health – Australia, Canada, Aotearoa New Zealand and the United States – Laying Claim to a Future That Embraces Health for Us All. World Health Report* (Background Paper 33). Geneva: World Health Organization.

Jaffee, S., Caspi, A., Moffitt, T., Belsky, J. and P. Silva (2001) 'Why are children born to teen mothers at risk for adverse outcomes in young adulthood? Results from a 20-year longitudinal study', *Development and Psychopathology* 13: 377–397.

Kant, I. (1991) *The Metaphysics of Morals* (translated by M. Gregor). Cambridge: Cambridge University Press.

Kanu, Y. (2007) 'Increasing School Success among Aboriginal Students: Culturally Responsive Curriculum or Macrostructural Variables Affecting Schooling?', *Diaspora, Indigenous, and Minority Education: Studies of Migration, Integration, Equity, and Cultural Survival* 1(1): 21–41.

Kaufman, J. (2013) 'Ethical dilemmas in statistical practice: the problem of race in biomedicine', pp. 53–66 in Gómez, L. and N. López (eds.) *Mapping 'Race': Critical approaches to health disparities research.* Rutgers University Press, New Brunswick.

Keeping, J., Najman, J., Morrison, J., Western, J., Andersen, M. and G. Williams (1989) 'A Prospective Longitudinal Study of Social, Psychological and Obstetric Factors in Pregnancy: Response Rates and Demographic Characteristics of the 8556 Respondents', *British Journal of Obstetrics and Gynaecology* 96(3): 289–297.

Kelaher, M., Ferdinand, A. and Y. Paradies (2014) 'Experiencing Racism in Health Care: The Mental Health Impacts for Victorian Aboriginal Communities', *Medical Journal of Australia* 201(1): 44–47.

Kelaher, M., Parry, A., Day, S., Paradies, Y., Lawlor, J. and L. Solomon (2010) *Improving the Identification of Aboriginal and Torres Strait Islander People in Mainstream General Practice.* Melbourne: The Lowitja Institute.

Kessaris, T. (2006) 'About Being Mununga (Whitefulla): Making Covert Group Racism Visible', *Journal of Community and Applied Social Psychology* 16: 347–362.

Kingsley, J., Townsend, M., Henderson-Wilson, C., and B. Bolam (2013) 'Developing an exploratory framework linking Australian Aboriginal peoples' connection to country and concepts of wellbeing', *International Journal of Environmental Research and Public Health* 10(2): 678–698.

Kinner, S., Alati, R., Najman, J. and G. Williams (2007) 'Do Paternal Arrest and Imprisonment Lead to Child Behaviour Problems and Substance Use? A Longitudinal Analysis', *Journal of Child Psychology and Psychiatry, and Allied Disciplines* 48(11): 1148–1156.

Kotch, J., Lewis, T., Hussey, J., English, D., Thompson, D., Litrownik, A., Runyan, D., Bangdiwala, S., Margolis, B. and H. Dubowitz (2008) 'Importance of early neglect for childhood aggression', *Pediatrics* 121: 725–731.

Kowal, E. (2011) 'The stigma of white privilege: Australian anti-racists and Indigenous improvement', *Cultural Studies* 25(3): 313–333.

Kowal, E. (2015) *Trapped in the Gap: Doing Good in Indigenous Australia*. New York: Berghahn Books.

Krug, E., Dahlberg, L., Mercy, J., Dahlberg, L. and A. Zwi (2002) 'World report on violence and health', *The Lancet* 360(9339): 1083–1088.

Kunitz, S. (1994) *Disease and Social Diversity: The European Impact on the Health of Non-Europeans*. Oxford: Oxford University Press.

Lahn, J. (2013) *Aboriginal professionals: work, class and culture* (CAEPR Working Paper no. 89/2013). Canberra: Centre for Aboriginal Economic Policy Research, Australian National University.

Langton, M. (1981) 'Urbanising Aborigines: the Social-Scientists Great Deception', *Social Alternatives* 2(2): 16–22.

Langton, M. (1993a) *'Well, I heard it on the radio and I saw it on the television…': an essay for the Australian Film Commission on the politics and aesthetics of filmmaking by and about Aboriginal people and things*. Sydney: Australian Film Commission.

Langton, M. (1993b) 'Rum, Seduction and Death: 'Aboriginality' and Alcohol', *Oceania* 63(3): 195–206.

Langton, M. (2011) 'Anthropology, Politics and the Changing World of Aboriginal Australians', *Anthropological Forum: A Journal of Social Anthropology and Comparative Sociology* 21(1): 1–22.

Larson, A., Gillies, M., Howard, P., and J. Coffin (2007) 'It's enough to make you sick: the impact of racism on the health of Aboriginal Australians', *Australian and New Zealand Journal of Public Health* 31(4): 322–329.

Lather, P. (2006) 'Paradigm proliferation as a good thing to think with: teaching research in education as a wild profusion', *International Journal of Qualitative Studies in Education* 19(1): 35–57.

Law, J. (2004) *After method: Mess in social science research*. New York: Routledge.

Lawrence, H. (1994) 'Aboriginal Children in Urban Schools', *Issues in Educational Research* 4(1): 19–26.

Laycock, A., Walker, D., Harrison, N. and J. Brands (2009) *Supporting Indigenous Researchers: A Practical Guide for Supervisors*. Darwin: Cooperative Research Centre for Aboriginal Health.

Leach, C. (2005) 'Against the Notion of a "New Racism"', *Journal of Community & Applied Social Psychology* 15(6): 432–445.

Lenski, G. (1954) 'Status Crystallisation: A Non-vertical Dimension of Social Status', *American Sociological Review* 19: 405–414.

Liamputtong, P. and D. Ezzy (2005) *Qualitative Research Methods*. Melbourne: Oxford University Press.

Linder, M., Stanley Hagan, M. and J. Cavanaugh Brown (1992) 'The Adjustment of Children in Nondivorced, Divorced Single-Mother, and Remarried Families', *Monographs of the Society for Research in Child Development* 57(2–3): 35–72.

Lipsey, M. and J. Derzon (1998) 'Predictors of violent or serious delinquency in adolescence and early adulthood: a synthesis of longitudinal research', pp. 86–105 in Loeber, R. and D. Farrington (eds.) *From Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions.* Thousand Oaks: SAGE Publications.

Locke, J. (1960) *Two Treatises of Government* (edited by P. Lasslett). Cambridge: Cambridge University Press.

Loeber, R. and D. Hay (1997) 'Key issues in the development of aggression and violence from childhood to early adulthood', *Annual Review of Psychology* 48: 371–410.

Loeber, R. and M. Stouthamer-Loeber (1998) 'Development of Juvenile Aggression and Violence: Some Common Misconceptions and Controversies', *American Psychologist* 53: 242–259.

Lupton, D. (1997) 'Epidemiology as a sociocultural practice', *Critical Public Health* 7(1–2): 28–37.

Lupton, D. (1999) *Risk and sociocultural theory: New directions and perspectives*.Cambridge: Cambridge University Press.

Luthar, S., Cicchetti, D., and B. Becker (2000) 'Research on resilience: Response to commentaries', *Child development* 71(3): 573–575.

López, N. (2013) 'Contextualising Lived Race-Gender and the Racialised-Gendered Social Determinants of Health', pp. 179–211 in Gómez, L. and N. López (eds.) *Mapping 'Race': Critical Approaches to Health Disparities Research.* New Jersey: Rutgers University Press.

Madden, R. and F. Al-Yaman (2003) *How Statisticians Describe Aboriginal and Torres Strait Islander Peoples.* Canberra: Australian Institute of Health and Welfare.

Maguin, E. and R. Loeber (1996) 'Academic Performance and Delinquency', *Crime and Justice* 20: 145–264.

Malinowski, B. (1939) 'Native Education and Culture Contact', *International Review of Missions* 25: 480–515.

Markose, S. and M. Hellsten (2009) 'Explaining Success and Failure in Mainstream Schooling through the Lens of Cultural Continuities and Discontinuities: Two Case Studies', *Language and Education* 23(1): 59–77.

Marmot, M. (2011) 'Social determinants and the health of Indigenous Australians', *Aboriginal and Islander Health Worker Journal* 35(3): 21–22.

Marmot, M. and the Commission on Social Determinants of Health (2007) 'Achieving health equity: from root causes to fair outcomes', *The Lancet* 370(9593): 1153–1163.

Martin, K. (Mirraboopa, B.) (2003) 'Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist re-search', *Journal of Australian Studies* 27(76): 203–214.

Martin, P. (2005) 'The paradox of race/ethnicity', *Critical Public Health* 15(1): 77–78.

Mason, J. (1996) *Qualitative Researching.* London: SAGE Publications.

McCorquodale, J. (1986) 'The Legal Classification of Race in Australia', *Aboriginal History* 10(1): 7–24.

Mcdermott, R. (1977) 'Social-Relations as Contexts for Learning in School', *Harvard Educational Review* 47(2): 198–213.

McNulty, T. and P. Bellair (2003) 'Explaining racial and ethnic differences in adolescent violence: Structural disadvantage, family well-being, and social capital', *Justice Quarterly* 20: 1–31.

Meekosha, H. and J. Pettman (1991) 'Beyond Category Politics', *Hecate* 17(2): 75–92.

Mellor, D. (2003) 'Contemporary Racism in Australia: The Experiences of Aborigines', *Personality and Social Psychology Bulletin* 29(4): 474–486.

Mellor, D. (2004) 'Responses to Racism: A Taxonomy of Coping Styles used by Aboriginal Australians', *American Journal of Orthopsychiatry* 74(1): 56–71.

Memmott, P., Stacy, R., Chambers, C. and C. Keys (2001) *Violence in Indigenous Communities: Full Report.* Canberra: Attorney-General's Department.

Merton, R. (1948) 'The Self-fulfilling Prophecy', *Antioch Review* 8(2): 193–210.

Mills, C. (1997) *The Racial Contract.* New York: Cornell University Press.

Mills, C. (2007) 'White ignorance', pp. 13–38 in Sullivan, S. and N. Tuana (eds.) *Race and epistemologies of ignorance.* New York: SUNY Press.

Modood, T., Berthoud, R. and J. Nazroo (2002) '"Race", Racism and Ethnicity: A Response to Ken Smith', *Sociology* 36(2): 419–427.

Moffitt, T. (1993) 'Adolescence-limited and life-course-persistent antisocial behavior: a developmental taxonomy', *Psychological Review* 100: 674–701.

Moffitt, T. and E-Risk Study Team (2002) 'Teen-aged mothers in contemporary Britain', *Journal of Child Psychology and Psychiatry, and Allied Disciplines* 43: 727–742.

Montoya, M. (2011) *Making the Mexican diabetic: race, science, and the genetics of inequality.* Los Angeles: University of California Press.

Moore, T. (in press) 'Interculturality, postethnicity and the Aboriginal Australian policy future', *Ethnicities.*

Moreton-Robinson, A. (1998) 'When the Object Speaks, A Postcolonial Encounter: anthropological representations and Aboriginal women's self-presentations', *Discourse: Studies in the Cultural Politics of Education* 19(3): 275–289.

Moreton-Robinson, A. (2000) *Talkin' up to the white woman: Aboriginal women and feminism.* Brisbane: University of Queensland Press.

Moreton-Robinson, A. (2004) 'Whiteness, Epistemology and Indigenous Representation', pp. 75–88 in A. Moreton-Robinson (ed.) *Whitening Race: Essays in social and cultural criticism.* Canberra: Aboriginal Studies Press.

Moreton-Robinson, A. (2009) 'Imagining the Good Indigenous Citizen', *Cultural Studies Review* 15(2): 61–79.

Moreton-Robinson, A. (2013) 'Towards an Australian Indigenous Women's Standpoint Theory', *Australian Feminist Studies* 28(78): 331–347.

Moubarac, J. (2013) 'Persisting problems related to race and ethnicity in public health and epidemiology research', *Rev Saúde Pública* 47(1): 105–116.

Nadin, S., and C. Cassell (2006) 'The use of a research diary as a tool for reflexive practice', *Qualitative Research in Accounting & Management* 3(3): 208–217.

Nagin, D. and R. Tremblay (2001) 'Parental and early childhood predictors of persistent physical aggression in boys from kindergarten to high school', *Archives of General Psychiatry* 58: 389–394.

Nagin, D., Pogarsky, G. and D. Farrington (1997) 'Adolescent mothers and the criminal behavior of their children', *Law & Society Review* 31: 137–162.

NAHS (1989) *A National Aboriginal Health Strategy.* Canberra: Commonwealth of Australia.

Najman, J., Bor, W., O'Callaghan, M., Williams, G., Aird, R., and G. Shuttlewood (2005) 'Cohort profile: the Mater-University of Queensland study of pregnancy (MUSP)', *International Journal of Epidemiology* 34(5): 992–997.

Najman, J., Clavarino, A., McGee, T., Bor, W., Williams, G. and M. Hayatbakhsh (2010) 'Timing and Chronicity of Family Poverty and Development of Unhealthy Behaviours in Children: A Longitudinal Study', *Journal of Adolescent Health* 46: 538–544.

Najman, J., Williams, G., Bor, W., Andersen, M., and J. Morrison (1994) 'Obstetrical outcomes of Aboriginal pregnancies at a major urban hospital', *Australian Journal of Public Health* 18(2): 185–189.

Nakata, M. (2002) 'Indigenous Knowledge and the Cultural Interface: underlying issues at the intersection of knowledge and information systems', *International Federation of Library Associations and Institutions (IFLA) Journal* 28: 281–291.

Nakata, M. (2007) Disciplining the Savages: Savaging the Disciplines. Canberra: Aboriginal Studies Press.

Nash, R. (1990) 'Bourdieu on Education and Social and Cultural Reproduction', *British Journal of Sociology of Education* 11(4): 431–447.

NATSHIC (2004) *National Strategic Framework for Aboriginal and Torres Strait Islander Health.* Canberra: National Aboriginal and Torres Strait Islander Health Council.

Nelson, A. (2010) *'I do stay healthy': The place and meaning of physical activity and health in the lives of urban Indigenous young people* (unpublished Doctoral dissertation). Brisbane: School of Human Movement Studies, University of Queensland.

Nelson, A. (2012) '"You Don't Have to Be Black Skinned to Be Black": Indigenous Young People's Bodily Practices', *Sport, Education and Society* 17(1): 57–75.

Nelson, A., Macdonald, D., and R. Abbott (2012) 'A risky business? Health and physical activity from the perspectives of urban Australian Indigenous young people', *Health, Risk & Society* 14(4): 325–340.

New Zealand Ministry of Justice (2009) *Māori over-representation in the criminal justice system* (Strategic policy brief). Wellington: New Zealand Ministry of Justice – Tāhū o te Ture.

Newman, C., Bonar, M., Greville, H., Thompson, S., Bessarab, D. and S. Kippax (2007) ''Everything is okay': The influence of neoliberal discourse on the reported experiences of Aboriginal people in Western Australia who are HIV-positive', *Culture, Health & Sexuality* 9(6): 571–584.

NHMRC (1996) *The Health Australia Project: A Review of infrastructure supports for Aboriginal and Torres Strait Islander health advancement* (Discussion Paper). Canberra: National Health and Medical Research Council.

NHMRC (2003) *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*. Canberra: National Health and Medical Research Council.

Noble, G. (2005) 'The Discomfort of Strangers: Racism, Incivility and Ontological Security in a Relaxed and Comfortable Nation', *Journal of Intercultural Studies* 26(1–2): 107–120.

Nurcombe, B. and J. Cawte (1967) 'Patterns of behaviour disorder amongst the children of an Aboriginal population', *Australian and New Zealand Journal of Psychiatry* 1: 119–133.

Ogbu, J. (1982) 'Cultural Discontinuities and Schooling', *Anthropology & Education Quarterly* 13(4): 290–307.

Olds, D. (1997) 'Tobacco exposure and impaired development: A review of the evidence', *Mental Retardation and Developmental Disabilities* 3: 257–269.

Orlebeke, J., Knol, D. and F. Verhulst (1999) 'Child behavior problems increased by maternal smoking during pregnancy', *Archives of Environmental Health: An International Journal* 54: 15–19.

Oxenham, D., Collard, K., Dudgeon, P., Garvey, D.,Kickett, M., Kickett, T., Roberts, J. and J. Whiteway (1999) *A Dialogue in Indigenous Identity: Warts 'n' All*. Perth: Curtin University of Technology, Centre for Aboriginal Studies.

Paradies, Y. (2006) 'Beyond black and white essentialism, hybridity and indigeneity', *Journal of Sociology* 42(4): 355–367.

Paradies, Y. and J. Cunningham (2009) 'Experiences of racism among urban Indigenous Australians: findings from the DRUID study', *Ethnic and Racial Studies* 32: 548–573.

Paradies, Y., Harris, R. and I. Anderson (2008) *The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda* (Discussion Paper No. 4). Darwin: Cooperative Research Centre for Aboriginal Health.

Parker, L. and M. Lynn (2002) 'What's race got to do with it? Critical race theory's conflicts with and connections to qualitative research methodology and epistemology', *Qualitative Inquiry* 8(1): 7–22.

Parker, R., Caruana, C. and L. Qu (2010) 'Snapshots of Indigenous families: Indicators of the socio-economic resources of mothers and Indigenous cultural connectedness', *Family Relationships Quarterly* 17: 22–25.

Pascarella, E. and P. Terenzini (1991*) How College Affects Students: Findings and Insights from Twenty Years of Research.* San Francisco, CA: Jossey-Bass Inc.

Pedersen, A. and I. Walker (1997) 'Prejudice against Australian Aborigines: Old-fashioned and Modern Forms', *European Journal of Social Psychology* 27: 561–587.

Perkins, J., Sansonfisher, R., Blunden, S., Lunnay, D., Redman, S. and M. Hensley (1994) 'The Prevalence of Drug-Use in Urban Aboriginal Communities', *Addiction* 89: 1319–1331.

Peterson, P., Hawkins, J., Abbott, R. and R. Catalano (1994) 'Disentangling the Effects of Parental Drinking, Family Management, and Parental Alcohol Norms on Current Drinking by Black and White Adolescents', *Journal of Research on Adolescence* 4: 203–227.

Pezalla, A., Pettigrew, J. and M. Miller-Day (2012) 'Researching the Researcher-as-instrument: An Exercise in Interviewer Self-reflexivity', *Qualitative Research* 12(2): 165–185.

Phillips, S. (1976) 'Commentary: Access to Power and Maintenance of Ethnic Identity as Goals of Multi-Cultural Education in Anthropological Perspectives on Multicultural Education', *Anthropology and Education Quarterly*, Special Issue 7(4): 30–32.

Piper, E. (1985) 'Violent recidivism and chronicity in the 1958 Philadelphia cohort', *Journal of Quantitative Criminology* 1: 319–344.

Plummer, K. (2004) 'Life History Method', pp. 565–567 in Lewis-Beck, M., Bryman A. and T. Futing Liao (eds.) *Encyclopedia of Social Science Research Methods*. Thousand Oaks, CA: SAGE Publications.

Powell, J. and A. Dugdale (1999) 'Obstretric outcomes in an Aboriginal community: A comparison with the surrounding rural area', *Australian Journal of Rural Health* 7: 13–17.

Priest, N., Mackean, T., Davis, E., Briggs, L., and E. Waters (2012) 'Aboriginal perspectives of child health and wellbeing in an urban setting: Developing a conceptual framework', *Health Sociology Review* 21(2): 180–195.

Priest, N., Mackean, T., Waters, E., Davis, E., and E. Riggs (2009) 'Indigenous child health research: a critical analysis of Australian studies', *Australian and New Zealand Journal of Public Health* 33(1): 55–63.

Priest, N., Paradies, Y., Gunthorpe, W., Cairney, S. and S. Sayers (2011) 'Racism as a Determinant of Social and Emotional Wellbeing for Aboriginal Australian Youth', *Medical Journal of Australia* 194(10): 546–550.

Purdie, N. and S. Buckley (2010) *School Attendance and Retention of Indigenous Australian Students* (Issues Paper No. 1). Canberra: Closing the Gap Clearinghouse.

Putnam, R. (2000) *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon and Schuster.

Queensland Government (2012) *Census 2011: Aboriginal and Torres Strait Islander Population in Queensland.* Brisbane: Office of Economic and Statistical Research, Queensland Treasury and Trade.

Quijano, A. (2000) 'Coloniality of Power, Ethnocentrism, and Latin America', *NEPANTLA* 1(3): 533–580.

Quine, S., Bernard, D., Booth, M., Kang, M., Usherwood, T., Alperstein, G. and D. Bennett (2003) 'Health and access issues among Australian adolescents: a rural-urban comparison', *Rural and Remote Health* 3(3): 245–256.

Radloff, L. (1977) 'The CES-D scale: A Self-Report Depression Scale for Research in the General Population', *Applied Psychological Measurement* 1: 385–401.

RCIADIC (1991) *National report* (vol. 4). Canberra: Royal Commission into Aboriginal Deaths in Custody.

Read, P. (2000) *Belonging: Australians, place and Aboriginal ownership*. Cambridge: Cambridge University Press.

Reith, G., and F. Dobbie (2011) 'Beginning gambling: The role of social networks and environment', *Addiction Research & Theory* 19(6): 483–493.

Reynolds, H. (1987) *Frontier*. Sydney: Allen and Unwin.

Rigney, L. (1999) 'Internationalization of an Indigenous anticolonial cultural critique of research methodologies: A guide to Indigenist research methodology and its principles', *Wicazo sa review* 14(2): 109–121.

Rigney, L. (2001) 'A first perspective of Indigenous Australian participation in science: Framing Indigenous research towards Indigenous Australian intellectual sovereignty', *Kaurna Higher Education Journal* 7: 1–13.

Roe, Y., Fredericks, B., Coffin, J., and M. Adams (2010) 'Building Indigenous research capacity: A personal perspective', *Aboriginal and Islander Health Worker Journal* 34(5): 33–35.

Ross, C. and C. Wu (1995) 'The Links between Education and Health', *American Sociological Review* 60(5): 719–745.

Ross, K. (1996) *Population Issues, Indigenous Australians* (Occasional paper, cat. no. 4708.0). Canberra: Australian Bureau of Statistics.

Rousseau, J. (1968) *The Social Contract* (translated by M. Cranston). London: Penguin Books.

Rowe, M. (1990) 'Barriers to Equality: The Power of Subtle Discrimination to Maintain Unequal Opportunity', *Employee Responsibilities and Rights Journal* 3(2): 153–163.

Rowse, T. (2006) 'Towards a history of Indigenous statistics in Australia', pp.1–10 in B. Hunter (ed.) *Assessing the Evidence on Indigenous Socioeconomic Outcomes: A Focus on the 2002 NATSISS* (Research monograph no. 26). Canberra: Centre for Aboriginal Economic Policy Research, Australian National University.

Russell-Mundine, G. (2012) 'Reflexivity in Indigenous Research: Reframing and Decolonising Research?', *Journal of Hospitality and Tourism Management* 19: 1–6.

Rutter, M. (2000) 'Resilience reconsidered: conceptual considerations, empirical findings, and policy implications', pp. 651–682 in Shonkoff, J. and J. Samuels (eds.) *Handbook of early childhood intervention* (2nd edn.). New York: Cambridge University Press.

Said, E. (1978) *Orientalism: Western representations of the Orient*. New York: Pantheon Books.

Said, E. (1985) 'Orientalism reconsidered', *Cultural Critique* 1: 89–107.

Sanson, A., Augoustinos, M., Gridley, H., Kyrios, M., Reser, J. and C. Turner (1998) 'Racism and Prejudice: An Australian Psychological Society Position Paper', *Australian Psychologist* 33(3): 161–182.

Sawyer, S., Afifi, R., Bearinger, L., Blakemore, S., Dick, B., Ezeh, A. and G. Patton (2012) 'Adolescence: a foundation for future health', *The Lancet* 379: 1630–1640.

Sayers, S.M., Mackerras, D., Singh, G., Bucens, I., Flynn, K. and A. Reid (2003) 'An Australian Aboriginal birth cohort: a unique resource for a life course study of an Indigenous population. A study protocol', *BMC International Health and Human Rights* 3(1): 1–12.

Schlesinger, C., Ober, C., Mccarthy, M., Watson, J. and A. Seinen (2007) 'The development and validation of the Indigenous Risk Impact Screen (IRIS): a 13-item screening instrument for alcohol and drug and mental health risk', *Drug and Alcohol Review* 26(2): 109–117.

Scott, J. and G. Marshall (2005) *Oxford Dictionary of Sociology*. Oxford: Oxford University Press.

SEARCH Investigators (2010) 'The Study of environment on Aboriginal resilience and child health (SEARCH): study protocol', *BMC Public Health* 10(1): 287–295.

Seward, J. and F. Stanley (1981) 'Comparison of births to Aboriginal and Caucasian mothers in Western Australia', *Medical Journal of Australia* 2: 80–84.

Sheldon, T., and H. Parker (1992) 'Race and ethnicity in health research', *Journal of Public Health* 14(2): 104–110.

Sherwood, J. (2010) *Do no harm: decolonising Aboriginal health research* (unpublished Doctoral dissertation). Sydney: University of New South Wales.

Sherwood, J. and T. Edwards (2006) 'Decolonisation: A critical step for improving Aboriginal health', *Contemporary Nurse* 22(2): 178–190.

Silburn, S., Zubrick, S., Lawrence, D., Mitrou, F., De Maio, J., Blair, E., Cox, A., Dalby, R., Griffin, J., Pearson, G. and C. Hayward (2006) 'The Intergenerational Effects of Forced Separation on the Social and Emotional Wellbeing of Aboriginal Children and Young People', *Family Matters* 75: 10–17.

Simons, R., Chen, Y., Stewart, E. and G. Brody (2003) 'Incidents of discrimination and risk for delinquency: A longitudinal test of strain theory with an African American sample', *Justice Quarterly* 20: 827–854.

Singleton, J. (1974) 'Implication of Education as Cultural Transmission', pp. 26–36 in G. Splindler (ed.) *Education and Cultural Process*. New York: Holt, Rinehart and Winston.

Skelton, F., Barnes, S., Kikkawa, D. and M. Walter (2014) 'Footprints in Time: The Longitudinal Study of Indigenous Children: Up and running', *Family Matters* 95: 30–40.

Slaughter, L. (1954) 'Norman Creek (Brisbane) and surroundings', *Journal of the Royal Historical Society of Queensland* 5(1): 849–860.

Slotkin, T. (1998) 'The impact of fetal nicotine exposure on nervous system development and its role in sudden infant death syndrome (SIDS)', pp. 89–97 in N. Benowitz (ed.) *Nicotine Safety and Toxicity*. Oxford: Oxford University Press.

Smedley, A. and B. Smedley (2005) 'Race as biology is fiction, racism as a social problem is real: Anthropological and historical perspectives on the social construction of race', *American Psychologist* 60(1):16–26.

Smith, L. (1999) *Decolonising Methodologies: Research and Indigenous Peoples.* London: Zed Books.

Song, M. (2014) 'Challenging a Culture of Racial Equivalence', *British Journal of Sociology* 65(1): 107–129.

Spanier, G. (1976) 'Measuring Dyadic Adjustment: New Scales for Assessing the Quality of Marriage and Similar Dyads', *Journal of Marriage and the Family* 38: 15–28.

Spivak, G. (1988) 'Can the Subatlern speak?', pp. 271–313 in Nelson, C. and L. Grossberg (eds.) *Marxism and Interpretations of Culture.* Basingstoke: MacMillan Education.

Stanley, F. and S. Maug (1986) 'Birth-weight Patterns in Aboriginal and Non-Aboriginal Singleton Adolescent Births in Western Australia, 1979–83', *Australian and New Zealand Journal of Obstetrics and Gynaecology* 26: 49–54.

Stathis, S., Letters, P., Doolan, I. and D. Whittingham (2006) 'Developing an integrated substance use and mental health service in the specialised setting of a youth detention centre', *Drug and Alcohol Review* 25: 149–155.

Stoneham, M., Goodman, J., and M. Daube (2014) 'The portrayal of Indigenous health in selected Australian media', *The International Indigenous Policy Journal* 5(1): 5–13.

Sue, D., Capodilupo, C., Torino, G., Bucceri, J., Holder, A., Nadal, K. and M. Esquilin (2007) 'Racial Microaggressions in Everyday Life: Implications for Clinical Practice', *American Psychologist* 62(4): 271–286.

Swan, P. and B. Raphael (2006) *Ways forward: national Aboriginal and Torres Strait Islander mental health policy.* Canberra: Australian Commonwealth Government.

TallBear, K (2013) 'Genomic articulations of indigeneity', *Social Studies of Science* 43(4): 509–533.

Teo, T. (2010) 'What is Epistemological Violence in the Empirical Social Sciences?', *Social and Personality Psychology Compass* 4(5): 295–303.

Thompson, S., Woods, J. and J. Katzenellenbogen (2012) 'The quality of Indigenous identification in administrative health data in Australia: insights from studies using data linkage', *BMC Medical Informatics and Decision Making* 12: 133–146.

Thornberry, T., Huizinga, D. and R. Loeber (1995) 'The prevention of serious delinquency and violence: implications from the program of research on the causes and correlates of delinquency', pp. 213-–237 in Thornberry, T., Huizinga, D., Loeber, R., Howell, J., Krisberg, B., Hawkins, J., and J. Wilson (eds.) *Sourcebook on serious, violent, and chronic juvenile offenders.* Thousand Oaks: SAGE Publications.

Tolan, P. and P. Thomas (1995) 'The implications of age of onset for delinquency risk II: Longitudinal data', *Journal of Abnormal Child Psychology* 23: 157–181.

Tremblay, R., Nagin, D., Séguin, J., Zoccolillo, M., Zelazo, P., Boivin, M., Perusse, D. and C. Japel (2004) 'Physical Aggression During Early Childhood: Trajectories and Predictors', *Pediatrics* 114: e43–e50.

Trevethan, S., Moore, J., Auger, S., MacDonald, M. and J. Sinclair (2002) 'Childhood experiences affect Aboriginal offenders', *Forum on Corrections Research* 14: 7–9.

Trigger, D. (1986) 'Blackfellas and Whitefellas: the Concepts of Domain and Social Closure in the Analysis of Race-Relations', *Mankind* 16(2): 99–117.

Trigger, D. and C. Dalley (2010) 'Negotiating Indigeneity: Culture, Identity, and Politics', *Reviews in Anthropology* 39(1): 46–65.

Tyler, W. (1993) 'Postmodernity and the Aboriginal condition: the cultural dilemmas of contemporary policy', *Journal of Sociology* 29(3): 322–342.

Ungar, M. (2008) 'Resilience across cultures', *British Journal of Social Work* 38(2): 218–235.

van der Woerd, K., Cox, D. and T. McDiarmid (2006) 'A Preliminary Look at Aggressive and Violent Behaviour in Aboriginal Adolescent Girls', *Pimatisiwin* 4: 119–134.

van Dijk, T. (1992) 'Discourse and the Denial of Racism', *Discourse & Society* 3(1): 87–118.

Vicary, D. and B. Bishop (2005) 'Western psychotherapeutic practice: Engaging Aboriginal people in culturally appropriate and respectful ways', *Australian Psychologist* 40: 8–19.

VicHealth (2012) *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities Experiences of Racism Survey: A Summary*. Melbourne: VicHealth, State Government of Victoria.

Vos, T., Barker, B., Begg, S., Stanley, L., A. Lopez (2009) 'Burden of disease and injury in Aboriginal and Torres Strait Islander Peoples: the Indigenous health gap', *International Journal of Epidemiology* 38(2): 470–477.

Wakschlag, L., Lahey. B., Loeber, R., Green, S., Gordon, R. and B. Leventhal (1997) 'Maternal smoking during pregnancy and the risk of conduct disorder in boys', *Archives of General Psychiatry* 54: 670–676.

Walker, J. and D. McDonald (1995) 'The over-representation of indigenous people in custody in Australia', *Trends and Issues in Crime and Criminal Justice* 47: 1–6.

Walker, R. and C. Shepherd (2008) *Strengthening Aboriginal family functioning: What works and why?* (AFRC Briefing No. 7). Melbourne: Australian Family Relationships Clearinghouse, Australian Institute of Family Studies.

Walter, M. (2005) 'Using the 'power of the data' within Indigenous research practice', *Australian Aboriginal Studies* 2005(2): 27.

Walter, M. (2010) 'The Politics of the Data: How the Australian Statistical Indigene is Constructed', *International Journal of Critical Indigenous Studies* 3(2): 45–56.

Walter, M. and C. Andersen (2013) *Indigenous Statistics: a quantitative research methodology.* Walnut Cree, CA: Left Coast Press.

Walters, D., White, J. and P. Maxim (2004) 'Does Postsecondary Education Benefit Aboriginal Canadians? An Examination of Earnings and Employment Outcomes for Recent Aboriginal Graduates', *Canadian Public Policy / Analyse de Politiques* 30(3): 283–301.

Weisbrot, D. (2014, Sep 23) 'Can a DNA test reveal if you're an indigenous Australian?', *Sydney Morning Herald,* URL [http://www.smh.com.au/technology/sci-tech/can-a-dna-test-reveal-if-youre-an-indigenous-australian-20140923-10l08c.html].

Weissman, M., Warner, V., Wickramaratne, P. and D. Kandel (1999) 'Maternal smoking during pregnancy and psychopathology in offspring followed to adulthood', *Journal of the American Academy of Child & Adolescent Psychiatry* 38: 892–899.

Whitehead, R. (2002) 'Trends and Indicators: Educational Attainment and Income', *Connection, New England's Journal of Higher Education* 16(4): 36.

WHO (1997) *CIDI-Auto Version 2.1: Administrator's Guide and Reference*. Sydney: Training and Reference Centre for WHO CIDI, World Health Organisation.

WHO (2011) 'Closing the Gap: Policy into Practice on Social Determinants of Health (Discussion Paper)', *World Conference on Social Determinants of Health*, 19–21 October. Rio de Janeiro, Brazil: World Health Organization.

WHO (2015) 'Public Health' *World Health Organisation*, URL [http://www.who.int/trade/glossary/story076/en/]

Wikström, P. (1985) *Everyday violence in contemporary Sweden: Situational and ecological aspects.* Stockholm: National Council for Crime Prevention.

Williamson, A., Redman, S., Dadds, M., Daniels, J., D'Este, C., Raphael, B., Eades, S. and T. Skinner (2010) 'Acceptability of an emotional and behavioural screening tool for children in Aboriginal Community Controlled Health Services in urban NSW', *The Australian and New Zealand Journal of Psychiatry* 44: 894–900.

Wilson, S. (2008) *Research is ceremony: Indigenous research methods*. Winnipeg: Fernwood.

Wise, S. (2003) *Family structure, child outcomes and environmental mediators: An overview of the Development in Diverse Families study* (Research Paper No. 30). Melbourne: Australian Institute of Family Studies.

Wolfe, B. and R. Haveman (2001) 'Accounting for the Social and Non-Market Benefits of Education', pp. 97–131 in OECD and HRDC (eds.) *The Contribution of Human and Social Capital to Sustained Economic Growth and Well-Being: International Symposium Report.* Paris: The Organisation for Economic Co-operation and Development (OECD).

Yankauer, A. (1987) 'Hispanic/Latino – What's in a Name?', *American Journal of Public Health* 77(1): 15–17.

Ypinazar, V., Margolis, S., Haswell-Elkins, M., and K. Tsey (2007) 'Indigenous Australians' understandings regarding mental health and disorders', *Australian and New Zealand Journal of Psychiatry* 41(6): 467–478.

Ziersch, A., Gallaher, G., Baum, F., and M. Bentley (2011a) 'Responding to racism: Insights on how racism can damage health from an urban study of Australian Aboriginal people', *Social Science & Medicine* 73(7): 1045–1053.

Zubrick, S., Lawrence, D., Silburn, S., Blair, E., Milroy, H., Wilkes, E., Eades, S., D'antoine, H., Read, A., Ishiguchi, P. and S. Doyle (2004) *The Western Australian Aboriginal Child Health Survey: The Health of Aboriginal Children and Young People*. Perth: Telethon Institute for Child Health Research.

Zubrick, S., Lawrence, D., Silburn, S., Blair, E., Milroy, H., Wilkes, E., Eades, S., D'antoine, H., Read, A., Ishiguchi, P. and S. Doyle (2005) *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People.* Perth: Curtin University of Technology and Telethon Institute for Child Health Research.

Zubrick, S., S. Silburn, J. De Maio, C. Shepherd, J. Griffin, R. Dalby, F. Mitrou, D. Lawrence, C. Hayward, G. Pearson, H. Milroy, J. Milroy and A. Cox (2006) *The Western Australian Aboriginal Child Health Survey: Improving the Educational Experiences of Aboriginal Children and Young People.* Perth: Curtin University of Technology and Telethon Institute for Child Health Research.

Zubrick, S., Silburn, S., Burton, P., and E. Blair (2000) 'Mental health disorders in children and young people: scope, cause and prevention', *Australian and New Zealand Journal of Psychiatry* 34(4): 570–578.

Appendix I

THE UNIVERSITY OF QUEENSLAND
**Institutional Approval Form For Experiments On Humans
Including Behavioural Research**

Chief Investigator:	Ms Sophie Hickey
Project Title:	Health Outcomes Of Indigenous Australians In An Urban Setting: A Longitudinal Study
Supervisor:	Jake Najman
Co-Investigator(s)	None
Department(s):	School of Social Science
Project Number:	2011001237
Granting Agency/Degree:	PhD
Duration:	31st December 2013

Comments:

Name of responsible Committee:-
Behavioural & Social Sciences Ethical Review Committee
This project complies with the provisions contained in the *National Statement on Ethical Conduct in Human Research* and complies with the regulations governing experimentation on humans.

Name of Ethics Committee representative:-
Associate Professor John McLean
Chairperson
Behavioural & Social Sciences Ethical Review Committee

Date 6/12/2011   Signature *JPMcC*

Appendix II

Ethical clearance for qualitative component

THE UNIVERSITY OF QUEENSLAND
Institutional Human Research Ethics Approval

Project Title:	Growing Up Murri: Health Issues Of Aboriginal People Living In Brisbane
Chief Investigator:	Ms Sophie D. Hickey
Supervisor:	Prof Jake Najman, Prof David Trigger, A/Prof Reza Hayatbakhsh
Co-Investigator(s):	None
School(s):	School of Social Science
Approval Number:	2012001281
Granting Agency/Degree:	PhD
Duration:	31st December 2013

Comments:

Note: if this approval is for amendments to an already approved protocol for which a UQ Clinical Trials Protection/Insurance Form was originally submitted, then the researchers must directly notify the UQ Insurance Office of any changes to that Form and Participant Information Sheets & Consent Forms as a result of the amendments, before action.

Name of responsible Committee:
Behavioural & Social Sciences Ethical Review Committee
This project complies with the provisions contained in the *National Statement on Ethical Conduct in Human Research* and complies with the regulations governing experimentation on humans.

Name of Ethics Committee representative:
Associate Professor John McLean
Chairperson
Behavioural & Social Sciences Ethical Review Committee

Signature _____ Date _7/2/2013_

Appendix III

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Growing up Murri

Social factors and health issues for Aboriginal and non-Aboriginal people living in Brisbane

School of Social Science, University of Queensland

UQ Ethic Clearance No.: 2012001281

Participant information sheet

Some 30 years ago your mother agreed to be in our study, the Mater-University Study of Pregnancy (MUSP). This is the only study of its type ever done and has followed you and your mother for 30 years. We thank you for your ongoing help!

Now, you are invited to participate in a follow up study of the social factors that might impact on the health and development of Aboriginal and non-Aboriginal people from birth to adulthood.

My project aims to investigate whether there are differences in the life of Aboriginal and non-Aboriginal children who are reared in an urban setting and how these might change or continue and impact health through childhood and adolescence to adulthood.

If you decide to participate in today's study, you will take part in an interview, either face-to-face or over the phone. We will ask about what is was like growing up in your family and going to school, what was important to you and how you overcome challenges. **You don't have to answer any question you don't want to.**

The interview will take about one hour or more depending on how much you wish to share. To help me keep a good record of the stories you share with me, I will ask your permission to record the conversation.

Participation in this study is completely voluntary so you don't have to participate in it if you don't want to. You can choose to pull out from the study at any time, for any reason.

Importantly, all information you share with me will be kept **confidential**. You will not be identified in any resulting academic publications. We are committed to maintaining your privacy.

You will be reimbursed with a Coles Myer gift voucher of $25 for your time.

You can follow the progress of the study online a www.growingupmurri.blogspot.com.au

If you have any questions, please feel free to ask me. If you have other questions at a later point in time, please contact Sophie Hickey using the details provided below.

This study has been cleared by the Ethics Committee of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. If you have any concerns you wish to raise, you are free to contact my research supervisors listed over the page, or if you would like to speak to an office of the University not involved in the study, you may contact the UQ Ethics Officer, University of Queensland (ph: (07)3365 5924)

Ms Sophie Hickey
PhD Candidate, School of Social Science
University of Queensland
M: 0478 720 261
E: sophie.hickey@uq.edu.au

This information sheet is for you to keep

</div>

Prof Jake Najman
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Research and Education Centre
Professor of Sociology
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Appendix IV

Participant consent form for qualitative component

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Growing up Murri

Social factors and health issues of Aboriginal and non-Aboriginal people living in Brisbane

School of Social Science, University of Queensland

UQ Ethic Clearance No.: 2012001281

Participant Consent Form

I _____ agree to take part in a

research project entitled *Growing up Murri: Social factors and health issues of Aboriginal and non-Aboriginal people living in Brisbane.* It is being conducted by Sophie Hickey, a PhD candidate from the University of Queensland.

I agree to take part because:

☐ I have read the participant information sheet and the researcher has talked about the research with me. I know what I am expected to do and what this involves.

☐ I am satisfied with the answers I have received to my questions about this study. I understand that I can ask more questions whenever I like.

☐ I understand that I do not have to participate if I don't want to. I know that I don't have to answer any questions that I don't like.

☐ I can pull out of the study at any time without getting into trouble with the researchers or anyone else. If I pull out, none of the information I have given to the researcher can be used.

☐ I understand that the project may not be of direct benefit to me.

☐ I agree that the researcher can record the interview and/or write down what I say.

☐ I can request a transcript of my interview.

☐ I understand that the researcher will write about the research in a report, articles in an academic journal and other research products.

☐ I agree to the publication of results from this study provided details that might identify me are removed.

☐ I can obtain a summary of the results of the study when it is completed.

Signed by the participant: _____ Date: _____

Signed by the researcher: _____ Date: _____

</div>

Qualitative interview guide

Cultural identity

- What is your cultural/ethnic background?
- Do you have Aboriginality somewhere in your family background?
- Do you identify as an Aboriginal and/or Torres Strait Islander person?

Childhood

- What was your childhood like?
- What type of family environment did you grow up in?
- Where did your parents grow up?
- Who did you live with? Who did you stay with?
- Looking back at your youth, what were some good memories?
- Was there ever hard times? Who helped you in these times?
- What was important to you as a kid?

  [If not raised, prompt for: size of family, kind of household, poverty, pressures]

School

- What type of school did you go to? Was it private or public, big or small? Multicultural?
- What did you think about school?
- What did you like about school?
- What didn't you like about school?
- How did you go at school?
- How did you get on with your teachers?
- How did you get on with the other students?
- What did you do on week days after school?
- Did someone help you with your homework?
- What did you think about what they taught you at school?
- What is important to you about school?
- What grade of school did you complete? Have you finished any courses since school?

  [If not raised, prompt for: Aboriginal and non-Aboriginal friends, racism, encouragement or discouragement to study, truancy]

Teenage years

- What were your teenage years like?

- Did you regularly attend community events?

- How did you keep out of trouble?

- What helped you out of difficult or challenging situations? What kept you strong?

- What was important to you as a teenager?

  [If not raised, prompt for: trouble with police, poverty]

Nowadays

- How old are you?

- Currently in a relationship? (Married, single, divorced…)

- Do you have any children?

- Employed, studying? Main source of income

- Type of accommodation (owned, rented, parents house, other)

- How would you describe your physical health now, excellent, good, fair, or poor?

- How about your mental health? Have you been down? Problems sleeping?

- How often do you smoke? How often do you drink alcohol? Other drugs?

- When did you first start using alcohol/tobacco/other drugs? Social context?

- Was there ever a period in your life when you used alcohol/tobacco/other drugs most? Social context?

- How often have you used alcohol/tobacco/other drugs in the past year? Frequency and quantity of use

- Family medical history (chronic disease?). Visits to hospital?

- Stolen generations?

- Who do you talk to when you've got a problem?

- What type of community services do you access? (including Health service)

- What are your spiritual beliefs?

- Any life turning points, significant events?

- What does being healthy mean to you?

- What keeps you going? What makes you happy?

- Advice or message to youngfellas

- How do you feel being part of MUSP?

Indigenous Risk Impact Screen (IRIS)*

1. In last 6 months needed more to get effects you want?

2. When cut down or stopped are there are any symptoms?

3. How often drink or use more than expected?

4. Do you feel out of control with drinking or drug use?

5. How difficult to cut down or stop?

6. What time of day start drinking or drug use?

7. How often do you find entire day involved drinking or drug use?

8. How often do you feel down in the dumps?

9. How often do you feel that life is hopeless?

10. How often do you feel scared or nervous?

11. Do you worry much?

12. How often do you feel restless and that you can't sit still?

13. Do past events still affect your wellbeing today?

* adapted from Schlesinger et al. (2007).

Supplementary tables

Supplementary Table 1: Attrition analysis at 14 years for Chapter 2

	Lost to follow-up at 14 years (N=7,223)		Odds ratio[a] (95% CI)	Difference in means[b] (SE)
	Yes (n=2,038)	No (n=5,185)		
Aboriginal status, %				
Non-Aboriginal	27.7	72.3	Ref	
Aboriginal	42.9	57.1	1.96 (1.50–2.56)	
Consistent poverty (birth to 5yrs), %				
Mid/high income	91.1	95.3	Ref	
Consistent poverty	8.9	4.7	1.96 (1.39–2.77)	
Maternal educational attainment at FCV, %				
Completed year 10	78.3	83.2	Ref	
Did not complete year 10	21.7	16.8	1.37 (1.21–1.56)	
Maternal marital status at FCV, %				
Married	63.2	79.9	Ref	
Not married	36.8	20.1	2.32 (2.07–2.60)	
Age of mother at birth, mean (SE)				
Years	24.6 (0.11)	25.8 (0.07)		1.13 (0.13)
Dyadic adjustment (birth to 5yrs)[c], mean (SE)				
Score	42.4 (0.19)	43.0 (0.06)		0.59 (0.19)
Problems with police (birth to 5yrs), %				
No	83.9	90.4	Ref	
Yes	16.1	9.6	1.80 (1.42–2.28)	
Maternal tobacco use (FCV to 5yrs), mean (SE)				
Score	0.67 (0.02)	0.50 (0.01)		0.17 (0.02)
Maternal alcohol use (FCV to 5yrs), mean (SE)				
Score	0.15 (0.01)	0.15 (<0.01)		<0.01 (<0.01)

* n may vary in some cells due to missing values. All significant at $p<.001$ except maternal alcohol use.

SE = Standard error; CI = Confidence interval; Ref = reference category.

Note: Higher dyadic adjustment mean score = better quality of marital relationship; Higher tobacco/alcohol mean score = more cigarettes/drinks consumed.

[a] Unadjusted logistic regression was used to present odds ratios for dichotomous independent variables by lost to follow-up at 14 years; p-value corresponds to the null hypothesis that odds are equal.

[b] T-tests were used to present the difference in means of continuous independent variables by lost to follow-up at 14 years; p-value corresponds to the null hypothesis of equal means.

[c] n = 599 were excluded from this analysis due to mothers being unpartnered.

Supplementary Table 2: Attrition analysis at 21 years for Chapter 3

	Lost to follow-up at 21 years (N=7,223)		Odds ratio[a] (95% CI)	Difference in means[b] (SE)
	Yes (n=3,445)	No (n=3,778)		
Aboriginal status, %				
Non-Aboriginal	47.1	52.9	Ref	
Aboriginal	66.81	33.2	2.26 (1.71–3.00)	
Gender of child, %				
Female	42.8	57.2	Ref	
Male	52.2	47.8	1.46 (1.33–1.61)	
Age of mother at birth, %				
20 years and over	45.9	54.1	Ref	
Less than 20 years old	59.0	41.0	1.70 (1.48–1.95)	
Consistent poverty (birth to 5yrs), %				
Mid/high income	33.6	66.4	Ref	
Consistent poverty	46.1	53.9	1.69 (1.30–2.20)	
Maternal educational attainment at FCV, %				
Completed year 10 or higher	46.2	53.8	Ref	
Incomplete year 10	54.1	45.9	1.37 (1.22–1.55)	
Maternal marital status at FCV, %				
Married	43.3	56.7	Ref	
Not married	60.7	39.3	2.02 (1.81–2.26)	
Maternal partner change (birth to 5yrs), %				
No	33.9	66.1	Ref	
Yes	43.3	57.0	1.47 (1.27–1.70)	
Dyadic adjustment (birth to 5yrs), mean (SE)				
Score	42.7 (0.10)	43.0 (0.07)		0.28 (0.12)
Problems with police (birth to 5yrs), %				
No	33.8	66.2	Ref	
Yes	47.6	52.4	1.78 (1.49–2.14)	

* n may vary in some cells due to missing values. All significant at p<.001. SE = Standard error; CI = Confidence interval; Ref = reference category. Note: Higher dyadic adjustment mean score = better quality of marital relationship.

[a] Unadjusted logistic regression was used to present odds ratios for dichotomous independent variables by lost to follow-up at 21 years; p-value corresponds to the null hypothesis that odds are equal.

[b] T-tests were used to present the difference in means of continuous independent variables by lost to follow-up at 21 years; p-value corresponds to the null hypothesis of equal means.