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Introduction

Gracelyn Smallwood

This edition of *Yatdjuligin* was written in 2020, the Year of the Nurse and Midwife. It was also written during the first global pandemic for more than 100 years – COVID-19. In this year, while the professions of nursing and midwifery were celebrated, the reality was that nurses and midwives were working in unprecedented times on the front line across the globe.

COVID-19 impacted many of the authors of this textbook. Some of them continued to work on the front line in remote Indigenous communities as they were placed under Biosecurity Acts; other authors had family members who became ill with COVID-19; while yet others navigated the new online realm of nursing and midwifery education. The single goal, however, was to remain focused on producing this textbook to guide the teaching and learning of all student nurses and midwives.

It has been a year of reflection for many. I have been a practising nurse and midwife and retired after 50 years in September 2020. I am a Birrigubba, Kalkadoon and Australian South Sea Islander woman. I grew up in Townsville in a tin shack with hessian bag curtains and a dirt floor with no electricity. I had eighteen siblings. I finished Year 10 and decided to go nursing because nursing was one of the things that was available to Aboriginal people. I completed my four years of general nursing in 1972, then a one-year midwifery course at the Townsville Base Hospital.

My mother and father were both activists. To be an activist is to invite suspicion from white Australia. I have been engaged in a lifelong struggle for my people, the First Peoples of Australia. This book, *Yatdjuligin*, doesn't take the easy path, and reading it isn't always comfortable. It embodies what *Yatdjuligin* means, challenging stereotypes and historically ingrained and accepted ways of working with and caring for Aboriginal and Torres Strait Islander people within health environments. *Yatdjuligin* breaks new ground, and is part of a new activism – one that engages Indigenous nursing and health scholars in shaping what is known about us through the academy.

I encourage you as a student to read the words and savour the knowledge shared through *Yatdjuligin*, then to use it to challenge yourself and others to do your best in your work with Aboriginal and Torres Strait Islander people. Remember that activism does invite suspicion, but know that it is better to challenge and work for change than to see the continued discrimination and injustices faced by my people. I thank you in anticipation.

Nursing Aboriginal and Torres Strait Islander peoples: Why do we need this text?

Within the curriculum for students of nursing and midwifery, learning about the specific health needs of Australia's Aboriginal and Torres Strait Islander peoples is still in its infancy. However, the need for improved approaches to addressing the health

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needs of Indigenous Australians is not new. Practising Aboriginal and Torres Strait Islander nurses and people who work in the Aboriginal and Torres Strait Islander health sector have long recognised the critical need for improved health outcomes for Indigenous Australians. As far back as the 1940s, Aboriginal midwife Sister Muriel Stanley articulated the need for non-Indigenous nurses and midwives to learn about the health crisis facing Indigenous peoples.

As you will read below, the Australian Nursing and Midwifery Accreditation Council has made strong statements about the nursing and midwifery curriculum and content relevant to the health issues of Aboriginal and Torres Strait Islander people. *Yatdjuligin* is now in its third edition and is the only text for nursing and midwifery students entirely authored by Indigenous Registered Nurses and Midwives and Indigenous health authors focusing on the health needs of Indigenous people. Collectively, the authors have more than 200 years of clinical practice experience.

I have waited a long time for a text like this, which provides practical information for student nurses and midwives about working with Aboriginal and Torres Strait Islander clients. I am excited about this text and respectful of the many Aboriginal and Torres Strait Islander nurses and midwives who have come before me. I honour their commitment to the education of nursing and midwifery students.

Gifting of the book's title: *Yatdjuligin*

The name *Yatdjuligin* was gifted to the authors to use as the title of this textbook by Aboriginal Elder Ivy Molly Booth, who is the grandmother of Odette Best.

Yatdjuligin is from the dialect of the Wakgun Clan group of the Gureng Gureng Nation. These clan lands are in the south-western part of the Gureng Gureng Nation in Queensland, and extend north of the Burnett River, west as far as Mundubbera, north to Eidsvold along the Dawes Range to Cania Gorge, then east to Miriamvale and Baffle Creek and south to Mt Perry and the Burnett River. These boundaries are in the stories and songlines of the Gureng Gureng Nation.

Yatdjuligin translates to 'talking in a good way'. For Wakgun people, the process of *Yatdjuligin* is deeply embedded in learning. It belongs to a two-part process in the traditional passing on of knowledge about Country, its resources and their uses. Wakgun people's knowledge of traditional medicines (pharmacopoeia) is well established and continues to be widely practised.

This passing on of knowledge includes you, as student nurses, in your journey to become Registered Nurses and/or Midwives. As students, you will undergo instruction in a range of skills vital to your work as Registered Nurses and/or Midwives. You will be shown these skills, with explanations of why and how to use them. You will participate in laboratory sessions, where you will mimic what you have learnt. The process of your learning links the theory you are taught to your practice.

Importantly, *Yatdjuligin* can be confronting. Passing on knowledge can sometimes be difficult, for many reasons – the knowledge itself may be difficult to understand, people may not want to know it, or they may not be ready to learn it. Learning can cause discomfort. And discomfort should be expected within this textbook. The health of Aboriginal and Torres Strait Islander people historically has been excluded from the

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nursing curriculum (and education more broadly), and you may find that learning about the health of Indigenous Australians is confronting and perplexing. This experience of discomfort is essential within *Yatdjuligin* and should not be shunned. While learning the knowledge may cause discomfort, there is safety in the process within which it occurs. I hope that you are able to embrace the new knowledge contained in this text and incorporate it into your practice.

Chapter 1: **Historical and current perspectives on the health of Aboriginal and Torres Strait Islander peoples** provides the historical context of the life-expectancy gap between Indigenous and non-Indigenous Australians and the health differential crisis that continues today. It emphasises the need for nurses to critically appraise the role of the nurse and midwife as change agents in the field of Indigenous health.

Chapter 2: A history of health services for Aboriginal and Torres Strait Islander people discusses what is known about the pre-invasion health system and the health status of Indigenous Australians. It considers health service provision during the contact period and health status during the separation and protection periods. It also highlights the outcomes for Indigenous health. The chapter discusses the rise of the Aboriginal community controlled health services system. Importantly, each section of this chapter is, where possible, framed within the prism of nursing: it examines the role of nurses historically in the health system and in healthcare delivery.

Chapter 3: The cultural safety journey: An Aboriginal Australian nursing and midwifery context explores the concept of cultural safety as it applies to the Australian nursing and midwifery setting. This chapter discusses ways to understand cultures, with a particular emphasis on encouraging nursing and midwifery students to examine their own beliefs, attitudes and views. The chapter highlights the multiplicity of each individual's cultures and encourages students to consider the potential effects of their cultures while they are caring for Indigenous Australians.

Chapter 4: Torres Strait Islander health and wellbeing critically explores the health and wellbeing needs of Torres Strait Islanders. Aligned with the principles of cultural safety, this chapter uncovers the historical, social and political determinants of health for Torres Strait Islanders, including the ongoing impacts of colonisation and racism. Contemporary health and wellbeing issues for the Torres Strait region are also explored, including climate change and its impact on the social determinants of health, and its role in increasing the risk of some communicable diseases.

Chapter 5: Indigenous gendered health perspectives explores the unique perspectives of what Aboriginal and Torres Strait Islander communities across Australia commonly call 'women's business' and 'men's business'. It breaks down the nuances between men's and women's health, and offers an insight into appropriate nursing and midwifery care. It also explores 'sister girls' within the context of the health needs of Aboriginal and Torres Strait Islander people, and the need for the delivery of healthcare to be underpinned by cultural safety.

Chapter 6: Community controlled health services: What they are and how they work explores the important role of Aboriginal Medical Services in improving health outcomes for Aboriginal and Torres Strait Islander people. The chapter explains the complex development of the sector, explores how the services were conceived and

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More Information

established, and discusses the political reality faced by Aboriginal and Torres Strait Islander people at that time.

Chapter 7: Midwifery practices and Aboriginal and Torres Strait Islander women: Urban and regional perspectives outlines the experiences and needs of urban Indigenous women during pregnancy and birthing. It challenges conventional views about urban Indigenous families and highlights the many issues relevant to understanding the needs of urban Aboriginal and Torres Strait Islander families during pregnancy, birth and early parenting.

Chapter 8: Indigenous birthing in remote locations: Grandmothers' Law and government medicine encourages students to consider the complex issues relevant to midwifery practice in remote areas, both past and present. It questions how current hospital birthing services affect the wellbeing of Aboriginal and Torres Strait Islander women from remote areas who leave their communities to give birth away from Country. This chapter contextualises the effects of the clash between Grandmothers' Law and government medicine on women from remote communities.

Chapter 9: Remote-area nursing practice provides a positive perspective of remote lifestyles and the healthcare needs of Aboriginal and Torres Strait Islander people who live in remote communities. The chapter helps students to evaluate the scope of practice and educational needs required to work as a remote-area nurse. It also describes some of the dynamics in remote communities that influence the ways in which healthcare services are organised and delivered by remote-area nurses.

Chapter 10: Working with Aboriginal and Torres Strait Islander health workers and health practitioners outlines the integral role of Aboriginal and Torres Strait Islander health workers in Indigenous healthcare across the country. Aboriginal and Torres Strait Islander health workers seek to meet the primary healthcare needs of Indigenous Australians. This chapter describes the historical development of the health worker role and helps nursing and midwifery students to understand how to work and collaborate with and delegate to Aboriginal and Torres Strait Islander health workers.

Chapter 11: Indigenous-led qualitative research explores Aboriginal and Torres Strait Islander approaches to research. Research has the potential to support improvements in Aboriginal health by informing and changing both policy and practice. Historically, most research was conducted on, not with, Aboriginal communities. Too often, research was not respectful, did not address Aboriginal priorities and was of no benefit to participating communities. This chapter describes current approaches to Aboriginal and Torres Strait Islander health research and explains the ethical principles that underpin it. It discusses ways in which researchers can develop shared values and priorities, and bring direct health benefits to both Aboriginal and Torres Strait Islander people and to the wider Australian population.

Chapter 12: Aboriginal and Torres Strait Islander quantitative research examines quantitative research methodologies in the Aboriginal and Torres Strait Islander context. It examines the methodological approaches that underpin Indigenous research, with a particular emphasis on quantitative research. The chapter outlines key terms and definitions associated with research and the key differentiations between research methodology and methods. The authors outline what Indigenous methodologies are and how these can be incorporated into research. The theories

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presented in this chapter are supported by case examples of appropriate quantitative research being undertaken with Aboriginal and Torres Strait Islander people.

Chapter 13: Navigating First Nations social and emotional wellbeing in mainstream mental health services presents an introduction intended to help students understand the main principles related this complex topic area. It explores the harmful effects of exposure to racism, trauma and inequality, and discusses how these can erode the integrity of positive individual, intergenerational and community social and emotional wellbeing, resulting in a deterioration of mental health, and leading to mental illness for some First Nations people. It also presents some practical guidance related to providing culturally appropriate person-centred and trauma-informed mental healthcare to First Nations people.

Chapter 14: Cultural understandings of Aboriginal suicide from a social and emotional wellbeing perspective discusses the differences between mental health and social and emotional wellbeing. It does this through exploring the historical and contemporary perspectives of social and emotional wellbeing. It offers alarming statistics about suicide in Indigenous communities across Australia and offers some understanding of the contributing factors. Further, it discusses the needs for culturally safe service provision for Indigenous people's social and emotional wellbeing.

Chapter 15: Indigenous child health helps to provide an understanding of cultural and social considerations in assessing and caring for Aboriginal and Torres Strait Islander children. It explores the issues and impacts of birth registrations and Aboriginal and Torres Strait Islander identification. It further provides the current and historical health status of Aboriginal and Torres Strait Islander children. Importantly, it also engages the student in understanding culturally safe health screening and initiatives aimed at promoting Aboriginal and Torres Strait Islander children's health.

Chapter 16: Caring for our Elders begins by exploring the situations that face Aboriginal and Torres Strait Islander people as they age, including the early onset of chronic disease, a shorter lifespan and the increasing need for aged care packages. The chapter discusses the need for culturally safe aged care. It discusses options for palliative care and explains the cultural reasons why Aboriginal and Torres Strait Islander people may choose to disengage from treatment and return to their home communities.

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1 Historical and current perspectives on the health of Aboriginal and Torres Strait Islander peoples

Juanita Sherwood

With acknowledgement to Lynore K. Geia

LEARNING OBJECTIVES

This chapter will help you to understand:

- How Aboriginal and Torres Strait Islander health is portrayed
- The key events in Australian history that have influenced the health of Aboriginal and Torres Strait Islander peoples, Australia's First Nations peoples
- The health gap that exists between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians
- The current health of Aboriginal and Torres Strait Islander peoples, as well as the policies, and environmental and historical factors, that affect Indigenous health outcomes today
- The role of nurses and midwives as change agents in the field of Australia's First Nations peoples' health

KEY WORDS

Australian Charter of Healthcare Rights
Closing the Gap
colonisation
health gap
racism
social determinants of health
social justice
Stolen Generations
worldview

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Introduction

The health of Australia's First Nations peoples – Aboriginal and Torres Strait Islander peoples – is critically poor and requires urgent and informed attention at both state and national levels. The early days of contact between colonial forces and First Nations peoples saw the onset of the health catastrophe that continues to engulf Australia's Aboriginal and Torres Strait Islander peoples today. This is a catastrophe of death, disease and entrenched social disadvantage. This crisis is real, and it is complicated by our history and the many factors that shape Australia today.

Prior to 1788, there were at least 500 language groups living as autonomous nations across the land that we now call Australia. Australia is now recognised to be the home of the oldest living and surviving cultural groups in the world. They traded with each other and maintained social and educational systems. Archaeological evidence confirms at least 120,000 years of permanent residence in Australia (Broome, 2002). Prior to **colonisation**, each nation lived separately, each with its own language and cultural traditions. But with invasion and subsequent colonisation, the origins of the First Nations peoples and their names for themselves were dismissed as irrelevant (Smith, 1999). Culturally specific, self-assigned names were replaced with the global terms 'Aboriginal' or 'Indigenous', which were from the Western tradition. Colonising forces named the country and named the people who lived there (Smith, 1999).

colonisation In Australia, a political, economic and social system of British imperialism to seize and establish control over land by force. Colonisation is a continuous and ongoing process and impacts every Australian's life through the production of dominant knowledge systems based on a Western worldview and informed by Western interests. (Sherwood, 2010, p. 140)

This chapter provides a perspective on the current health issues facing First Nations peoples in Australia, placed within their historical context. It explores some of the historical factors that underpin the gap between the health of Indigenous and non-Indigenous Australians. It describes the policy environment that established the **Closing the Gap** campaign, and challenges nurses and midwives to consider their personal responsibility for closing the health gap.

The authors of this chapter are Aboriginal women who have worked or are working as nurses and midwives. We specialise in Aboriginal and Torres Strait Islander health and have been privileged to gain and develop our knowledge and expertise in various sectors of Aboriginal and Torres Strait Islander health. We have used our nursing skills and cultural knowledge to advocate for better and more appropriate health services for Australia's First Nations peoples. We are interested in a range of healthcare environments, from community health clinics to hospitals.

We argue that Aboriginal and Torres Strait Islander health is the business of *every* health professional in Australia. We believe that health professionals need to be familiar with the history of Australia's Aboriginal and Torres Strait Islander peoples. Understanding of the historical context helps to put current healthcare needs into perspective. Understanding something about the Country on which you are working and the custodians who care for it is a critical step in working with Aboriginal and Torres Strait Islander peoples towards building a healthier Australia.

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The narrative of Aboriginal and Torres Strait Islander health

racism Expressing overt and covert prejudice, discrimination and/or hostility towards people based on the belief that their race, including their cultural worldview and knowledge systems, is inferior to the race, cultural worldview and/or knowledge systems of the person and/or system with the discriminatory gaze.

social determinants of health Defined by the World Health Organization (WHO) as 'the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.' (WHO, 2020)

Deficit discourse is the construction of a narrative that portrays Indigenous peoples in a negative way. In Indigenous health, many health providers treat Australia's First Nations peoples with discrimination and **racism**, believing that their poor health status is a result of their lack or failure to maintain wellbeing. This is not the case. **Social determinants of health** within the context of ongoing colonisation are key players in health and are often excluded from the discourse because it is always easier to blame the victim.

The dominant public story of Aboriginal and Torres Strait Islander health status is a 'bad news story', or 'a problem to be solved' (Saggers & Gray, 1991). Media stories portray examples of appalling health, social breakdown, housing crises and wasted money. The dominant story is based on its Western truth, so governments continue to make the same decisions in developing policy, programs and services for Australia's First Nations peoples and their communities, and health improvements often do not occur.

The dominant Western perspective has resulted from a lack of balance in presenting the experiences of Australia's First Nations peoples since invasion. Many health professionals have had little opportunity to gain access to this knowledge because, until very recently, it has not been taught in schools or universities. They also have little opportunity to learn and understand the different worldviews and cultures of Aboriginal and Torres Strait Islander peoples. Further, they often don't have an understanding of their own worldviews, unconscious bias and cultures as non-Indigenous Australians, which is crucial for being culturally safe practitioners.

Policy decisions about Aboriginal and Torres Strait Islander peoples' health continue to be made without community partnership. Geia (2012, p. 20) argues that her community commonly sees governments undergoing a repeated process of policy and program development, but presenting it as though it were new:

> New ways of government 'doing consultation' with Aboriginal communities still appear as interventions for purely political ends that are at most culturally inappropriate and inaccessible for Aboriginal families and bearing little sense of ownership by the Aboriginal people because their participation in policy development is at best given lip service. Again it is policy done to Aboriginal people and not genuine partnerships with Aboriginal people.

Government policy-makers and many health professionals fail to appreciate that by continuing the same old policy practices and program development, little will be gained. It is time that health professionals listened to their clients informing them about their health needs and responded appropriately. The prospect of progress and being effective in improving the lives of the people in communities remains, at best, a pipe dream (Geia, 2012, p. 20). The same outcomes continue to be seen, and the burden of ill-health experienced by Aboriginal and Torres Strait Islander peoples continues to grow.

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The stories that health practitioners learn about Aboriginal and Torres Strait Islander people's health – whether through the media or through school, families or connection to communities – influence the ways in which they work with Aboriginal and Torres Strait Islander clients. At the level of patient care, the ways in which nurses and midwives think about, talk about and deliver care to Aboriginal and Torres Strait Islander people will depend on the narrative being played in their heads. Is that story positive or negative? Is it one of hope or hopelessness?

On the whole, these health stories are explored through the narrative of a deficit discourse:

> 'Deficit discourse' is a mode of thinking that frames and represents Aboriginal and Torres Strait Islander people in a narrative of negativity, deficiency and failure (Fforde et al., 2013). It particularly occurs when discussions about disadvantage become so mired in reductionist narratives of failure that Aboriginal and Torres Strait Islander peoples themselves are seen as the problem.
>
> These discussions thus become a continuation of the pejorative and patronising race-based discourses that have long been used to represent Aboriginal and Torres Strait Islander people. Deficit discourse is both a product of, and reinforces, the marginalisation of Aboriginal and Torres Strait Islander people's voices, perspectives and world-views.
>
> It appears likely that deficit discourse impacts on the health and wellbeing of Aboriginal and Torres Strait Islander people in multiple ways. It contributes to forms of external and internalised racism, and shades out solutions that recognise strengths, capabilities and rights.
>
> (Fogarty et al., 2018, p. xi)

We know that nurses and midwives do make value judgements about their clients – whether they intend to or not – and these judgements have invariably been informed through a 'deficit discourse', which will influence the ways in which they deliver patient care (Jongen et al., 2018). It is vital that we all become aware of and reflect upon what messaging we are working from. Is it well informed through an evidence-based First Nations health collaboration or is it furthering discriminatory agendas fuelled by institutional and personal racism?

Knowing the ancient story

Australia's First Nations peoples believe they did not travel to this continent, but originated from their distinct Country. Archaeological evidence suggests that Aboriginal peoples have lived on and cared for the Australian continent for between 60,000 and 120,000 years – a land tenure that outdates that of any other civilisation in the world (Sherwood, 2013). Bruce Pascoe (2014) has researched and delivered an extremely informative text that further substantiates the extensive economies and sophisticated technologies used for the continent's First Nations peoples well before – sometimes many thousands of years before – other civilisations across the world had drawn their first breaths.

Prior to the British invasion, occupation and settlement of Australia in 1788, Aboriginal Australians lived a lifestyle that enhanced their physical, mental, emotional and spiritual wellbeing (Gammage, 2012). First Nations peoples were self-determined,

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with each nation group in control of their lives and sovereignty of their Country. They were economically independent and practised a lifestyle focused upon sustainability and balance. Lore and Law were and are intrinsically connected to Country and recognised the value of all living and non-living beings and matter. The laws facilitated reciprocal, sharing relationships.

Food was hunted and gathered, with some farming (Gammage, 2012). The nutritional content of food was rich. Varied food sources, seasonal farming practices and trade enabled a wide-ranging diet (Reid & Lupton, 1991). Early writings of people on the First Fleet to Australia reported that the First Nations peoples appeared to be very healthy and strong looking (Saggers & Gray, 1991). This was a reference to the First Nations peoples of the Eora, Tharawal and Darug Nations, who were and continue to be the traditional custodians and owners of what is now known as Sydney.

The history that most Australians have not been told

In 1770, Lieutenant James Cook claimed the eastern side of Australia as a British possession. In 1788, British settlers and convicts arrived on the First Fleet under the command of Captain Arthur Phillip. 'Invasion' and 'settlement' are the terms that best describe what occurred once Phillip and the British Army arrived (Connor, 2003, p. xi):

> 26th January 1788 the colony of New South Wales was established and thereafter other parts of Australia were declared colonies, eventually six in all. Aboriginal societies and their territories were overrun by settlers, and in many parts of the continent and its islands, if they survived at all, they did so in much-reduced and horrible circumstances.
> (Langton, 2010, p. xvi)

The British claimed Australia under *terra nullius* (land belonging to no one) (Behrendt, 2012) and immediately commenced their dispossession of the First Nations peoples from their land. British colonial policy handed land that had been Country to countless generations of Aboriginal peoples over to settlers and pardoned convicts. In many circumstances, these were violent colonial acts, undertaken without the consent of Aboriginal Australians. To this day, Aboriginal peoples continue to state that sovereignty of Aboriginal land was never ceded to the British forces. Invasion was followed by frontier warfare over land, which erupted between the British settlers and the Aboriginal peoples. This lasted until 1838, although massacres of large groups of Aboriginal people persisted until the 1930s (Connor, 2003).

Dispossession and ongoing warfare took its toll on the population of Aboriginal peoples. They were also hit hard by diseases that had previously been unknown to them. Since they had had no exposure to these diseases prior to invasion, their immune systems were highly susceptible; infections and disease resulted in the deaths of many. At the same time, the significant disruption in access to traditional foods, Country and traditional practices (such as their ability to undertake vital societal, legal and religious obligations) played heavily upon the First Nations peoples' health and wellbeing (Dudgeon et al., 2014).

As a direct result of the stress of invasion, many Aboriginal peoples died – due to diseases, starvation, poisoning, torture or warfare (Franklin & White, 1991; Reynolds, 1987; Saggers & Gray, 1991). Behrendt (2012, p. 117) notes that historians 'have

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