Understanding Pedestrian Injuries and Deaths in the Northern Territory as an Issue of Mobility (In)Justice

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Introduction
In the Northern Territory (NT) pedestrian injuries and deaths are notably higher than other states and territories, and - driven by numerous colonial legacies - disproportionately impact First Nations peoples. Driver and pedestrian alcohol use is implicated in 76% of fatalities. Here we apply a mobility justice framework to examine how pedestrian harms are produced in this contextually unique jurisdiction where alcohol policy is frequently politicised.

Methods
We conducted semi-structured interviews with 49 participants: 27 key informants working across alcohol and drug services, road safety, health, housing, emergency response; and 22 community voices interviews with participants with lived or living experience of pedestrian crash harm. Interviews were audio-recorded, transcribed, and analysed thematically. Analysis was iterative and informed by our mobility justice framework.

Results
Three interrelated themes were identified. First, participants described infrastructural disinvestment and historical planning decisions that prioritised high-speed vehicular movement, particularly along high-risk corridors near Aboriginal communities and short-stay accommodation. Second, structural disadvantage, including unstable housing, trauma, and service access shaped pedestrian mobility and exposure to risk. Third, alcohol further compounded harm and heightened the exposure of marginalised people to unsafe roads. Alcohol outlets located near hazardous stretches of road were described as hotspots for harms, while institutional mistrust of police often encouraged unsafe pedestrian practices.

Discussion
Findings demonstrate that pedestrian harm in the NT reflects broader mobility injustices rooted in colonial planning and car-centred transport systems. Alcohol policy and enforcement (particularly regarding public intoxication) further intensified these inequities by shaping unsafe mobility patterns.

Implications on policy and/or First Nations communities: Reforms should include targeted interventions (e.g., addressing pedestrian harm hotspots) as well as structural ones (e.g., increased regulation of alcohol commercial practices and decreased carceral coercion in public spaces).

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