

5. The Prevalence of Aboriginal Suicide—the Data

Scientific studies of suicide have multiplied like flies since the 1920s: clinical investigations, statistical analyses, aspects of this and that, theories of every colour by psychoanalysts, psychiatrists and clinical psychologists, sociologists and social workers, statisticians and medical men; even the insurance companies are in on the act. The contributions to learned journals are unceasing, each year there are new specialised books, most years see another fat volume of essays. As a research subject, suicide, has, as they say, come big; it even has its own name, ‘suicidology’ ... How much the potential suicide has been helped by all this activity is often not obvious.

—A. Alvarez¹

1. The suicide data

Data help delineate the dimension of a problem: they do not necessarily explain the problem, or resolve it. Alvarez, in the quotation above, is not so much berating ‘suicidology’ as lamenting its seeming impotence in the face of great increases in suicide rates in Western societies.

My primary focus is on explanation and alleviation, and, hopefully, some understanding of suicide. It is, nevertheless, important to establish what may be a crude portrait of raw numbers and rates. Those data illustrate the dimension of suicide among Aborigines, and among youth in particular, but it also presents us with something extraordinary: *that youth suicide, unknown amongst Aborigines three decades ago, is now double, perhaps treble, the rate of non-Aboriginal suicide*. What follows is a portrait of Aboriginal suicide in general over the 30-month period. There is also some narrative commentary on suicides in the sample prior to the study period. The method of death is significant, and is discussed below.

**Table II: ABORIGINAL SUICIDES IN NEW SOUTH WALES
January 1996–June 1998**

ABORIGINALITY DOCUMENTED

YEAR	0–14	15–24	25–34	35–50	METHOD	TOWN
1996:						
			M25		Hanging	Bega
		M23			Gunshot	Bourke
			M29		Gunshot	Dubbo
			M31		Hanging	Grafton
		M18			Hanging	Menindee
		F22			Hanging	Tamworth
		M23			Overdose	Walgett
		M16			Train	Wellington
1997:						
		M23			Hanging	Batemans Bay
		M23			Hanging in cells	Bathurst
		M19			Hanging	Bega
			F28		Hanging in cells	Brewarrina
			M31		Hanging	Broken Hill
				M46	Jumped	Casino
		F19			Hanging	Casino
			M33		Hanging	Coffs Harbour
			M27		Hanging	Coffs Harbour
		M20			Hanging	Coffs Harbour
		M19			Hanging	Condobolin
			M29		Gunshot	Dubbo
		M20			Hanging	Dubbo
			M33		Hanging	Dubbo
		M18			Gunshot	Forbes
				M44	Drowning	Inverell
	M14				Gunshot	Lake Cargelligo
				M41	Jumped	Lismore
			M27		Drowning	Macksville
			M34		Hanging	Macksville
(died in Vic.)		M18			Not available	Narooma
			M31		Carbon Monoxide	Nowra
		F15			Hanging	Tamworth
			M32		Hanging in cells	Tamworth
				M36	Hanging	Taree
	M12				Hanging	Wilcannia
			M31		Hanging	Wilcannia
			M29		Drowning	Wilcannia
1998:						
			M29		Gunshot	Bourke
			M29		Gunshot	Dubbo
			F28		Jumped	La Perouse
		M24			Drowning	Macksville
			M34		Hanging	Orange
		M16			Hanging	Wellington
				M46	Hanging	Wollongong

Summaries of Table II:**1(a) Total Male Suicides**

1996	7
1997	25
June 1998	56
	<u>= 38</u>

(b) Total Female Suicides

1996	1	
1997	3	
June 1998	1	
	<u>= 5</u>	
Male + Female		<u>= 43</u>

2. Annual figures:

	Male	Female	
1996	7	1	= 8
1997	25	3	= 28
June 1998	6	1	= 7
	<u>= 38</u>	<u>= 5</u>	<u>= 43</u>

3. Method

	Number	% of total	
Hanging	22	51.2	
Hanging in cells	3	7.0	
Overdose	1	2.3	
Gunshot	7	16.3	
Drowning	4	9.3	
Jumped	3	7.0	
Carbon Monoxide	1	2.3	
Train	1	2.3	
Not available	1	2.3	
	<u>= 43</u>	<u>= 100.0</u>	

**Table III: POSSIBLE ABORIGINAL SUICIDES IN NEW SOUTH WALES
January 1996–June 1998**

ABORIGINALITY UNDETERMINED

YEAR	0–14	15–24	25–34	35–50	METHOD	TOWN
1996:						
			M26		Prescription OD	Armidale
		M19			Hanging	Kempsey
		M23			Hanging	Lismore
		M23			Hanging	Newcastle
		M21			Hanging	Newcastle
			M28		Hanging	Newcastle
		M19			Overdose	Pt Macquarie
				F49	Overdose	Pt Macquarie
				M36	Gunshot	Tamworth
				M40	Hanging	Wilcannia
1997:						
	F8				Drowning	Bourke
			M27		Hanging	Coffs Harbour
		M19			Hanging	Condobolin
			M25		Carbon Monoxide	Dubbo
		M20			Hanging	Dubbo
		M22			Hanging	Dubbo

	M33	Hanging	Dubbo
	M21	Hanging	Forster
	M21	Hanging	Forster
	M18	Train	Kempsey
	M29	Drowning	Kempsey
	M25	Gunshot	Tamworth
	M32	Hanging	Tamworth
		M39	Overdose
		M36	Gunshot
		M40	Overdose
	M23	Overdose	Wee Waa
1998:			
		F37	Overdose
	F28	Hanging	Pt Macquarie
	M24	Hanging	Tamworth
	M33	Overdose	Tamworth

Summaries of Table III:

1(a) Total Male Suicides	1996	9	
	1997	16	
	June 1998	2	<u>≡ 27</u>

(b) Total Female Suicides	1996	1	
	1997	1	
	June 1998	2	<u>≡ 4</u>
	Male + Female		<u>≡ 31</u>

2. Annual figures:	Male	Female	
1996	9	1	
1997	16	1	
June 1998	2	2	
	<u>≡ 27</u>	<u>≡ 4</u>	<u>≡ 31</u>

3. Method	Number	% of total
Hanging	16	51.6
Overdose	8	25.8
Gunshot	3	9.7
Drowning	2	6.4
Carbon Monoxide	1	3.2
Train	1	3.2
	<u>≡ 31</u>	<u>≡ 100.0</u>

There is no doubt that at least 43 Aborigines, between the ages of 12 and 46, committed suicide in the 30-month period between 1 January 1996 and 30 June 1998. In a necessarily superficial analysis of Table III, I estimate that 16 of the 31 suicides were most probably Aboriginal. For purposes of arriving at the conventional rate of suicide as x per 100,000 of the population, I am disregarding Table III.

- There were 43 definite suicides in just over one-third of the Aboriginal population in the study.

- The combined population for the Australian Capital Territory and New South Wales sites in this study is 43,074. Considering the 43 as the numerator, the rate per 100,000 is 99.76 over the 30-month period. Expressed as the more usual annual rate, this result is a *rate of 40 suicides per 100,000*.
- The Aboriginal population in the State in the 15 to 24 age group is 20,592. In 1997, 10 suicides occurred in that age group, which translates as an overall *youth suicide rate of 48.56 per 100,000*, double the current Australian rate of 24 to 26 per 100,000.
- There were 10 male youth suicides in 1997, 8 in the 15 to 24 group and 2 in the 0 to 14 cohort. This produces a male rate, based on a sample of 38 per cent of the State's male youth cohort, *of an alarming 127.8 per 100,000*.
- In the 5 to 14 age cohort, there were two suicides in 1997. Based on a population of 12,800 in that age group in New South Wales, the 'child suicide' rate is 15.6 per 100,000. By contrast, in 13 selected OECD countries, the highest rate for that younger age group is in Canada, at 1.3 per 100,000, but with Manitoba showing a child rate of 5.25.

In the period of this study there was one official coronial finding of Aboriginal suicide in the Australian Capital Territory, a 27-year-old male. However, the former Aboriginal Community Liaison Officer—ACLOs are the men and women employed by the police to assist in their dealings with Aborigines—from Queanbeyan, now working in Canberra, a man with considerable experience in the ACT community, told me of a 21-year-old male who had overdosed in the presence of others, and had left a note. A week earlier, another young male 'took something', fatally, at Ainslie Village. The ACLO's sister, in her 30s, had overdosed at the same place. Another Aboriginal informant, who works with a great many children in a sporting context, asserts that an 8 or 9-year-old male had died by hanging when visiting his grandmother in Belconnen. Together with the 'ombudsman' case, it appears that there have been six Aboriginal suicides since January 1996. The ACT population sample is small, and could be discounted for statistical purposes. However, I believe there have been six suicides since 1996, which would indicate an overall Aboriginal rate of 76 per 100,000.

It has been suggested by some researchers that we should discount figures in rural areas (towns under 100,000) and remote areas (towns under 10,000) because suicide in those areas tends to be more prevalent in the population as a whole. Since the majority of Aborigines live in such rural and remote towns, it would be pointless to do so. As indicated throughout this report, the figures and the decimal points are not all that significant. What must be appreciated is that *there is an undeniably high and abnormal rate of young Aboriginal suicide, particularly among males*, and their tendency to suicide is more prevalent.

[ACT Police Assistant Commissioner Stoll suggests that research ought to be done into the number of Aboriginal graves at the old Riverside cemetery in Queanbeyan, abutting the ACT. Most are buried 'outside' the main cemetery, posing the question of

whether they were buried outside consecrated ground because they were suicides or because they were not considered Christians.]

Suicide was an equally common cause of death for Maori and non-Maori males in 1994, but more common for Maori than non-Maori females.² Maori male suicides doubled, from 17 in 1984 to 31 in 1994, and females doubled from 5 to 12 in that period. The Maori male rate was 16 per 100,000 in 1994, and female rate 6.6, compared with Pakeha rates of 21.7 and 4.9 respectively. Age-specific rates are not available because of the ‘small number of Maori suicide deaths’, and because annual variations ‘may therefore be misleading or invalid’.

2. ‘Hanging’

‘Hanging’ is a misnomer for this manner of death. It is not hanging in the sense of judicial hanging, where the rope and drop procedure causes the odontoid peg to be jerked and to snap through the transverse ligament of the atlas, crushing the spinal cord and almost immediately causing the cessation of breathing. The popular usage of ‘hanging’ is really asphyxiation by strangulation, a slower, and probably far more painful and unpleasant, mode of dying.

The Hunter–Reser *et al* study found that hanging was the chosen method in 73 per cent of the 137 male and 61 per cent of the 18 female suicides from 1990 to 1997. Both are extraordinarily high rates for one method of self-destruction. The North Queensland study devotes considerable space—almost a third of the report—to hanging, its origins amongst Aboriginal communities, images, role, effect on the communities and effectiveness as a ‘weapon’. (The study was originally commissioned as a study of hanging, but was widened to include the historical and cultural aspects of Aboriginal suicide.) They describe it as ‘a symbolic statement [which] can be very political as well as poignant’.³ I do not intend discussing or traversing what the Queensland researchers have done so eloquently and powerfully, other than to briefly summarise those aspects of hanging which, I suggest, apply to New South Wales:

- hanging is dramatic, powerful and confronting;
- it has cultural-specific meanings and associations for Aborigines;
- it has become an institutionalised and pervasive cultural stereotype to which Aborigines are exposed and which they internalise;
- it is often the only method available;
- it is a dramatic model for a potential imitator, carrying as it does symbolic meanings such as martyrdom, injustice, and pathos;
- it carries with it symbols of capital punishment, the legal system, justice and injustice;
- it ‘invites’ a joining in solidarity with deceased kin;
- it features in many commercial films, and in art, song lyrics, plays, and popular

culture generally;

- it is ‘paradoxically an expression and statement of no control at the same time that is a statement of ultimate control’;⁴
- it ‘is a rebuke and statement of uncaring relations, unmet needs, personal anguish and emotional payback’;
- and the deaths in custody phenomenon has left a strong residual legacy.

There is no need to say much more. Michael Dudley *et al* report a radical increase in hanging as the chosen method across Australia in the past ten to fifteen years and ‘hanging is now the most common method of youth suicide in most States’.⁵ Annette Graham’s unpublished paper in Victoria suggests that hanging suicide generally has increased dramatically in the past 18 months: a leap from some 60 to 120 in Victoria.⁶ In our study, the hanging figure is 58.2 per cent of the 43 deaths in the 30-month period.

Two additional comments should be made. First, the Hunter–Reser study has reproduced a number of Aboriginal paintings and drawings depicting suicide by hanging. The cover painting on our report is significant: the artist, who has attempted suicide on several occasions, perceives successful suicide as death by hanging. Second, Hunter and Reser state that ‘the phenomenon of Indigenous suicide is moving rapidly through tradition-oriented communities in the Northern Territory and, appearing, intermittently, in other regions in Australia’. I disagree about ‘intermittent’: our study shows much more than that. The point here, however, is that hanging as a method of suicide does not necessarily spread *pari passu* with suicide. The youth at Milikipati, on Melville Island, have taken to climbing power poles and electrocuting themselves on the lines. In 1997–98, at Yirrkala in the Northern Territory, there were three cases of male youths dousing themselves with petrol. Two survived the attempted immolation, a method which is becoming a new form of self-harm.⁷

‘Hanging, strangulation and suffocation’ is the New Zealand phrasing for this manner of death. It was by far the commonest method of suicide for both males and females aged 15 to 24 in 1994. The Inquests Officer in Wellington states that he has not seen ‘copycat’ Maori hanging from a tree, as depicted in the commercial film ‘Once Were Warriors’. New Zealand law prohibits publication of manner of suicide, lest it suggest methods. Officials generally argue that no teenager needs films or press reports for ‘inspiration’.

3. Comments on individual communities

This study and these tables do not reflect the full picture of Aboriginal suicide in this State. An eight or ten year retrospective would have been more illuminating. However, constraints of time and access precluded a reading of every coronial file in each place visited. Further, staff changes in some towns meant that there were no coroners or police with long service and memory of earlier events. Suicidal behaviour

was present well before our time-frame of January 1996 to June 1998. It is important to portray some of this earlier behaviour, and to comment on a few specific cases in Tables II and III.

An Aboriginal informant, who worked as a mental health counsellor in Newcastle from 1989 to 1992, claims that as many as three in ten Aboriginal patients had attempted suicide and that several females were in the 9, 10 and 11-year-old bracket, pregnant as a result of incest.

Apart from two in Table III, Kempsey had two other possible Aboriginal male deaths in 1997: males aged 28 and 41, both by hanging. There were three definite suicide attempts by girls in 1997–98. Informants say their motives were: (1) to ‘get a buzz’; (2) ‘they didn’t want to live’; and (3) ‘they were sexually abused by fathers’. Of the three, one had a mother who was alcoholic, a second girl’s mother was a removed child, and the mother of the third was a domestic violence victim. The local coroner describes Kempsey as ‘depressing and depressive, with lots of white suicides’. Taree had two attempted suicides by males, aged 21 and 24, in 1997. One attempted hanging, with his football sock, in the A-grade surveillance cells: rather than intervention by the staff meant to view him, he changed his mind and desisted.

Macksville is clearly a key area. Three male suicides in a short period is high for an Aboriginal population of 650 (the combined figure for the three neighbouring towns of Macksville, Nambucca Heads and Bowraville). One of the males, who drowned himself, had a ‘strong connection’ with cannabis, as did a 21-year-old male who suicided in 1988 alongside his own cultivated plot. Another drowned victim was saturated with pharmaceutical sedatives and anti-depressants. There were two attempted youth suicides in Bowraville in 1997.

Informants at Port Macquarie stated that an Aboriginal female hanged herself in the cemetery in 1998 and that a 19-year-old male had overdosed in 1996. We have not recorded either case. There was also one attempted suicide by a male.

In Coffs Harbour, a coroner’s case of an Aboriginal man in 1995 was not listed as suicide: the coroner now regards the case of that man walking in front of an oncoming truck as a suicidal act. Therefore, in a population of almost exactly 1,000, there have been four young suicides in three years. The pregnant girlfriend of a popular 33-year-old sportsman who suicided, attempted suicide shortly after his death.

Nowra may well have the best infrastructure of all small towns in the study. There is an active, energetic and progressive Aboriginal Legal Service, an excellent Young Offenders Program, accomplished Aboriginal health education officers and mental health counsellors, dedicated ACLOs and a Koori Habitat program which collects potentially wayward children from the town streets at night and ensures their safe return home. Although there was only one suicide in 1997, there had been several, all in one family, between 1993 and 1995. An older man hanged himself at Mumbala Village; later, his son did the same thing, with his fingers found hooked under the wire

hanger in an attempt to stop the act. Another relative from Wreck Bay hanged himself. In the same year, a musician, related to these two men, hanged himself with a tea towel. There is an interesting story about this victim. After the senior member had hanged himself, the family received a message from Central Australia that the family had been 'sung'. Thereafter the son killed himself, the musician, a nephew, took his life, and a grandson was murdered. Another son, who had been out on bail, having possibly been involved in three murders, was found dead, after he heard about the first murder in the family, of no known cause. The Nowra ACLO, who knew him well, told me that this man had been drinking straight tequila for almost three days. This death could well have been a suicide.

A young male suicided in the cells in Grafton in 1983, and there may have been a second young male in 1996. There were two serious attempts in Woodenbong, including a female of 16. Bega had one suicide during our study period, and there is also some evidence that a young woman who overdosed had suicided. Wallaga Lake has had several attempted suicides by men under 20. One Wallaga Lake youth, included in Table II, took his life in Victoria. A Lithgow male of 21 committed suicide in Mt Victoria in 1990, as did a 27-year-old male in Wellington. In 1991, Dubbo recorded a male, in his 20s, drowning and a 39-year-old female overdosed in 1995. In Coonabarabran a 20-year-old male deliberately ran in front of a freight truck in the early 1990s. In Broken Hill in 1994, a 24-year-old male hanged himself, as did a 24-year-old in Moree in 1995.

Brewarrina, where a 28-year-old woman hanged herself by her bra in the cells in 1997, had an extraordinary case in the late 1980s. A 16-year-old female consulted the local doctor one morning. He prescribed Digesic, a powerful analgesic. The chemist dispensed a pack of 50 tablets. When the ambulance driver was called that evening, he summoned the doctor for cause of death. He was reported to have said that he 'expected something like this to happen'. She had consulted him about upset at a broken relationship. (This case raises some issues that are discussed in chapter 10.)

The Toomelah community, which has experienced much anguish, trauma and publicity over the years, is generally reluctant to talk about suicidal behaviour. However, there is one young man, aged 16, still in a Sydney hospital following an attempted hanging. He had a serious cannabis 'problem'. As in the Hunter-Reser report, many of these suicides or attempted suicides are associated with alcohol (alcoholism or binge-drinking), or with cannabis, or with a combination of substances. The Wilcannia cases, including the 12-year-old recorded suicide, were associated with petrol-sniffing. Two Aboriginal researchers who have worked in Wilcannia state that '65 per cent of the population has played at suicide'.

The Bourke community has a sad history of death by non-natural causes. In 1991, an Aboriginal man of 37 shot another Aboriginal man, then shot himself. There was another Aboriginal male murder in the same year. In 1993, an Aboriginal male of 20 drowned while intoxicated. In 1996, a male of 23 shot himself, a young chronic alcoholic male died (ostensibly of hypertension), and an Aboriginal male struck another man

over a wine flagon, killing him (but claiming self-defence). In 1997, a 34-year-old female, with toxic levels of alcohol in her blood, died of pneumonia; and an 8-year-old female, a good swimmer, drowned near the wharf, possibly a suicide but she may have been held down in a prank by another child. In 1998, a male of 29 shot himself.

In communities like Murrin Bridge, expressions like ‘there is an attempt every second day’ are doubtless exaggerations. But there is no doubt that risk-taking, dangerous and self-harmful behaviour is a norm among Aboriginal youth. Stengel contends that, in general, non-fatal suicide attempts are estimated at between six and eight times as numerous as suicides. Some North American studies suggest that there are between 50 and 300 attempts for each completed suicide! It is not possible to quantify Aboriginal attempted suicides in this study, but it is an omnipresent feature of contemporary Aboriginal life.

Endnotes 5. The Prevalence of Aboriginal Suicide—the Data

1. Alvarez, 99–100.
2. Ministry of Health, 1997b, 7–13, 24.
3. Hunter, Reser *et al*, 26–56.
4. *Ibid.*, 88.
5. Dudley 1998, 78.
6. Personal communication.
7. Personal communication from Stuart McMillan, Darwin.