

Chapter 3

Indigenous Suicide in Cross-cultural Context: An Overview Statement and Selective Bibliography of Sources Relevant to Indigenous Suicide in Australia, North America, and the Pacific

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Overview

Over the past 15 years, there has been recurrent national and international media coverage of Australian Aboriginal self-injury and suicide. This has ranged from the cover of *Time* magazine, to *Four Corners* and *7:30 Report* programming, to poignant coverage in the *Australian*, the *Age*, the *Sydney Morning Herald*, the *Bulletin*, and a recent seven page expose in the *London Sunday Times*. Aboriginal suicide themes have provided a haunting leitmotif in many past and recent films and documentaries, from 'Jedda' and 'Walkabout' to 'State of Shock,' 'The Fringe Dwellers,' and 'Dead Heart,' and indigenous death by hanging has become a confronting and stock symbol of reactance, hopelessness, and oppression in Aboriginal posters, art, writing, and theatre (e.g., Dunnet, in Sutton, 1989). The media representation and coverage of the phenomenon has moved from watch-houses to prisons, from custody deaths to community 'epidemics.' In a number of regions of Australia, Indigenous suicide figures are as high as or higher than other comparison fourth world contexts in the world, and self injury and suicide have constituted a salient and distressing social problem in some Aboriginal communities since the 1960s. Increasingly, self-injury and suicide are becoming a very real and unprecedented problem in traditional Aboriginal communities in the Northern Territory. Despite this, there has been a remarkable absence of an informed and helpful discussion and review of the nature and parameters of this salient and critical problem.

There is no longer any question that suicide and self injury constitute a major social problem in many Aboriginal communities in Australia (e.g., ABS, 1997; ANAMH, 1980; Baume et al., 1998; CDHFS, 1997; Dalton, 1999; Harrison et al, 1997; Hunter, 1988a,b; Hunter, Reser, Baird & Reser, 1991; McKillop, 1992; Reser, 1989a,b; Tatz, 1999). Sensitivities, at times sensational media coverage, the reluctance of communities and professionals to publicly discuss the problem, concern about suggestion and imitation, and the confounding of deaths in custody with community self injuries and suicides, have conspired to silence the issue. As well, a major impediment to better appreciating and understanding the nature, magnitude, and distribution of the problem has been the absence of reliable Aboriginal and Aboriginal-community-specific epidemiological data, providing cause-of-death statistics and Aboriginal status. Clarity with respect to indigenous suicide is further obscured by the fact that suicide is now the leading cause of death by injury in Australia, and overall the leading cause of death for people under 30 in Australia, with the Aboriginal demographic profile having, proportionally, many more young people (ABS, 1997).

One of the most recent and comprehensive overviews of youth suicide in Australia, which offers comparative data for indigenous youth, is the *Australian Injury Surveillance Unit Bulletin* (Issue 15) of Harrison, Moller, and Bordeaux (1997). They report an age-adjusted rate of 75 per 100,000 for Aboriginal males aged 15 to 19 in South Australia, Western Australia, and the Northern Territory, for 1993 through 1995. It is noteworthy that deaths by drowning and poisoning were responsible for a greater proportion of indigenous deaths (9% versus 6% and 11% versus 5%) in a recent nationwide review of injury and mortality among Aboriginal Australians from 1990 to 1992 (Harrison & Moller, 1994). Such figures are consistent with research evidence suggesting that drowning, the ingestion of petroleum products and solvents, and lying across the road or railroad tracks, are not uncommon

methods of suicide in Aboriginal communities, but are not recorded as such. Single vehicle accidents are undoubtedly responsible for a substantial number of unreported Aboriginal suicide deaths (e.g., Hunter et al, 1999; Tatz, 1999; Wilson, 1988). In Canada, Native American deaths from car accidents are four to five times greater than the national average, and data suggest that as many as 25% of these may be suicide-related (Strickland, 1997).

Cantor & Slater, in a 1994 report on suicide in Queensland, covering the period between 1990 and 1992, suggested an Aboriginal and Torres Strait Islander (ATSI) suicide rate of 20.0 per 100,000 for the Peninsula Region, and 25.0 per 100,000 for the Northern region, as compared with a rate of 15.9 for the State as a whole. These are very conservative rates, as there is a clear under-reporting of Aboriginal suicide deaths in the State, and in Australia as a whole (Harrison & Moller, 1994). What these figures don't tell us is that younger males are dramatically over-represented, with the minimal estimated standardised average rate for males between 15 and 29 being 70.1 per 100,000 (Harrison & Moller, 1994; Queensland Health, 1996). Queensland figures are particularly salient, as the state has one of the largest Aboriginal populations in Australia, it was arguably Aboriginal hanging deaths in custody in Queensland that prompted the Royal Commission inquiry, and disaggregated suicide data for indigenous communities in Queensland has been unavailable until very recently. Queensland had the highest suicide rate in the general population of any state in Australia in 1995, and the highest indigenous suicide rate. In a recently-released study of suicide in Queensland over the six year period from 1990 to 1995 (Baume et al, 1998), the suicide rate calculated for Aboriginal and Torres Strait Islander males aged between 15 and 24 was 112.5 per 100,000. It is particularly noteworthy that 86 of the 96 identified Aboriginal suicide deaths over this six year period were males, and that 85 per cent of these were under the age of 35.

A more adequate understanding of the phenomenon of Aboriginal self-injury and suicide in Australia requires taking a broader, cross-cultural, and historical perspective. The fairer and more informative touchstone for Aboriginal suicide is clearly indigenous suicide elsewhere, particularly in fourth world contexts, not majority culture statistics (e.g., Gergen et al, 1996; Sloan & Montero, 1990). Suicide rates in many indigenous communities are extraordinarily high (Disley & Coggan, 1996; Duclos & Manson, 1994; Hezel, 1987; Hezel, Rubinstein, & White, 1985; Leenaars, 1997; May, 1990; Robillard & Marsella, 1987; Sigurdson, Staley, Matas, Hildahl, & Squair, 1996; Westlake, Van Winkle & May, 1993; Wyche & Rotheram-Borus, 1990), and areas range from Micronesia, to the Arctic, to the American Southwest, to Lapland, to Brazil. Australian Aboriginal suicide and self-injury must also be seen and understood in the local historical and regional contexts in which it is occurring, and in the context of youth suicide generally, in Australia and internationally.

Youth suicide takes on a different character and complexity when considered from a cross-cultural perspective. Clearly cultural factors influence the nature and extent of family conflict and support systems, the challenge of moving from adolescence to adult, the nature of acculturation and identity problems, the nature and magnitude of inter-generational discontinuities for particular cultural groups, the cultural construction and meanings of the act itself, the nature of self and emotion constructions, coping strategies for dealing with emotions, help-seeking behaviours, causal ontologies, etc. (Baumeister, 1986; Bee-Gates, Howard-Pitney, LaFromboise, & Rowe, 1996; Berry, 1990; Brady, 1992; Condon, 1990; Eckersley, 1988; Huffine, 1989; Jessor, 1993; Kim & Berry, 1993; Kitayama & Markus, 1994; Kleinman, 1988; Lee, 1981; Lutz & White, 1986; Marsella & Dash-Scheuer, 1988; O'Neil, 1986; Radley, 1993; Schlegel & Barry, 1991; Stiffman & Davis, 1990; Shweder, 1991; Triandis, 1996). Cultural factors can also dramatically influence definitions, criteria, reporting biases, and suicide statistics (Atkinson, 1978; Diekstra, 1996; Douglas, 1967; Reser, 1989a).

There are important touchstones to be found in the North American experience of indigenous suicide, where most research has been undertaken, and where experience with national and community-based prevention programs spans three decades (NIMH, 1973; While People Sleep, 1973). Youth suicides have been an ubiquitous phenomenon in Native American communities for the past 40 years (Dizman, 1967; Frederick, 1975; Leighton & Hughes, 1955; Levy, 1965; McIntosh & Santos, 1980;

Shore, 1975; Webb & Willard, 1975), and continue to be an arena of considerable anguish and concern (Blum, Harmon, Harris, Bergeisen, & Resnick, 1992; Bechtold, 1988; Berlin, 1987; Duclos & Manson, 1994; Grossman, Milligan, & Deyo, 1991; Kirmayer, 1994; Leenaars, 1997; Malchy, Enns, Young, & Cox, 1997; May & McClosky, 1997; Milligan & Deyo, 1991, OTA, 1990; Potthoff et al, 1998; Royal Commission on Aboriginal Peoples, 1995; Sigurdson et al, 1994; Strickland, 1996; USDHHS, 1989). This experience has included the phenomenon of suicide ‘clusters’ in small remote communities, a situation where a cluster of suicides and suicide attempts occurs over a period of weeks or months, mediated by suggestion, modelling, identification, and other factors, with devastating impact on a community. The many common denominators relating to suicide rates and circumstances among small, rural, indigenous communities in Australia and North America, for example, suggest both shared etiologies and noteworthy differences. Similarities include the preponderance of young male deaths, and, for this cohort, the role of binge drinking, the impulsiveness of the act, the use of guns and hanging, and the diverse regional patterns and frequent cluster character of proximate suicides. Differences include different histories and contexts, and different cultural assumptions, understandings, idioms of distress, situational triggers, and causal attributions with respect to self-injury and substance use and abuse.

Suicide is the second leading cause of death for American Indian adolescents, and suicide deaths among Indian and Alaskan Native youth are two to four times higher than the rates for other groups of the same age in the United States and Canada, though these rates vary considerably by tribe and region (e.g., Keane, Dick, Bechtold, & Manson, 1996; Levy, 1994, 1996; May & Van Winkle, 1994; Shore, 1994). Suicide attempt figures for Native American youth are thought to exceed 20 per cent. Reported age-adjusted suicide rates for Native American and Alaska Native youth vary dramatically with date, group, and region. In a number of recent reports, rates for males 15 to 24 years have approached and exceeded 100 per 100,000 (Benetau, 1988; Cooper, Corrado, Karlberg, & Adams, 1992; Duclos & Manson, 1994; Gessner, 1997; Kirmayer, 1994; Malchy et al, 1997; Westlake et al, 1993). The problem has proven to be a particularly challenging, devastating, and cross-generational phenomenon which shows some surprising similarities with contemporary youth suicide in the general population.

Much of the recent research on suicide assessment and prevention in North America has been undertaken by Native American psychologists, working with or at the American Indian and Alaska Native Mental Health Research Center in Denver, Colorado (e.g., Duclos & Manson, 1994; Fleming, 1994; La Fromboise, 1996; Trimble, 1988). These more recent efforts have focused on more accurately establishing the nature, location, and extent of the phenomenon, on longitudinal cohort studies of school-based youth, on developing, trialing, and validating more applicable diagnostic and screening instruments, on the role and cultural context of substance abuse, and on the development and evaluation of intervention and prevention programs. There now exist a number of standardised and trialed risk assessment and preventive interventions that are widely used in Native American communities (Berlin, 1985; DeBruyn, Hymbaugh, Simpson, Wilkins, & Nelson, 1994; Indian Health Service, 1991; Keane et al., 1996; LaFromboise, 1996; LaFromboise & Howard Pitney, 1994; Levy & Kunitz, 1987; Manson, 1988; Manson, Beals, Dick, & Duclos, 1989; Norton & Manson, 1997), for example, the American Indian Life Skills Development Curriculum, developed by LaFromboise and others.

The following bibliography was compiled in the context of co-authoring an APS Discussion Paper on suicide (Graham et al, 1999). The broader mandate and focus of that paper did not allow for a cross-cultural analysis and consideration of indigenous suicide in Australia. This bibliography has therefore been compiled to assist those readers who wish to selectively explore source material of particular relevance to psychological approaches and considerations and counselling interventions, particularly in the indigenous, fourth world contexts of North America, the Pacific, and Australia. This of course includes the South Pacific and North Australia.

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