

**ABORIGINAL SUICIDE
IS
DIFFERENT**

Aboriginal Youth Suicide in New South Wales,
the Australian Capital Territory and New Zealand:
Towards a Model of Explanation and Alleviation

*A Report to the Criminology Research Council
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Prologue

I have approached this report with caution and sensibility. It must be read as a totality. Failure to do so could lead to data and the accounts of individual tragedies being used out of context. Such misuse of the information I present would aggravate the grief of the families of those whose deaths I am trying to help explain. To understand Aboriginal suicide one has to understand Aboriginal history: their way of life has been destroyed, resulting in a loss of structure, cohesion and meaning. The legacy for the present generation is a loss of basic communal values. The continuing effects of that history on today's Aborigines are more important to the understanding of Aboriginal suicide than any psychological, sociological or medical theories. To ignore, or worse, to deny that history is to obfuscate the origins, causes and nature of a current problem and to forestall any possible alleviation.

I found no excitement or intellectual exhilaration in carrying out or reporting on this research. The material is distressing for the bereaved families, for those who work in and with Aboriginal communities, and even for those who have little or no feelings for anything Aboriginal.

Clearly distressing are the prevalence and nature of young death, the seeming senselessness of youth failing to appeal for help, the agony of their decision, and the often painful manner of their death. Equally distressing, though less obvious, are the many unpalatable aspects of contemporary Aboriginal life. After some 38 years of working towards improvement in Aboriginal affairs—in education, health, housing, law, economics, politics, sport—I have been forced to recognise a deterioration in the daily conditions of Aboriginal life.

Aboriginal society has negated its formerly precious social attributes—kinship, reciprocity, mutuality, sharing, care of young and old, incest taboos. People with previously ordered lives now have lives which are disordered. The inevitable outward indicators of despair are evident—alcohol and drug abuse and the attention of the police. In attempting to explain the causes of these disorders, and of their outward manifestations, I have to describe characteristics and behaviours which could be read as reflecting poorly on a people who are, literally, struggling for survival. Herein lies the danger: this material might be used by sensation-seeking media, or by those who, in denying Aboriginal aims and claims, seek to bolster their stereotypes of an inferior people, undeserving of currently available funding and services. I hope that journalistic, academic and party-political integrity will prevail over sensationalist attitudes, spite, or wilful misuse of this material.

'Little is known about suicide and self-harm by Maori'. This is the considered opinion of the Maori Suicide Review Group which explored ways of reducing Maori suicide in custody. Despite this belief, I learned much from the Maori experience, and from researchers dedicated to examining the alarming increase into Maori youth suicide. This information has been incorporated in the report.

Based on earlier experience of life in South Africa, I have a strong belief that alienation can, by contrast, be a spur to achievement. Today's crisis in Aboriginal societies is, indeed, producing immense strength, resolve and courage, especially amongst the women. It is also producing important responses from the non-Aboriginal world: above all, that Aborigines have a continuity in Australian society, a constitutional and social 'validity', a basis on and in land, the right to dignity as citizens, the right to an acknowledgement of past depredations and repression, and the right to be accorded a measure of reparation and restitution. They have a right to life, which most of us understand to include a healthy and happy life of some longevity, assisted by all the services of civilised society which facilitate that span. But this is not yet within their grasp. That so many young Aboriginal people prefer death to life implies a rejection of what we, as a society, have to offer. It reflects our failure, as a nation, to offer sufficient incentives for remaining in life.

Many recommendations arise from this study. Many can be implemented as single issues, requiring small adjustments to existing programs or protocols. Others require a serious re-thinking about major issues: the societal versus the medical approaches to suicide; the concept of youth; the valid need to separate some aspects of Aboriginal life from mainstream society; and the enormous task for Aborigines, and for those who provide their support, of trying to find ways of 'de-conditioning' Aboriginal youth who regard suicide as inevitable.

My original application to the Criminology Research Council described this as a pilot study which, if informative and useful, could lead to an Australia-wide investigation on the same lines. I no longer contemplate any such wider study. As the Hunter-Reser-Baird-Reser report for North Queensland has also been released in 1999, I am now convinced that, while the facts available from studies in other states and the Northern Territory might well add to the margins of the national picture, they would not substantially alter the broad conclusions reported in these two reports. This is not to say that suicide research is complete or conclusive, or that others shouldn't replicate this work to determine its validity. The Hunter-Reser *et al* work is a valuable public health model. Although my report falls within the domain of health, it is, essentially, a model for those outside of public health agencies, such as coroners, magistrates, police, corrective service and juvenile justice staff, teachers, educators, literacy specialists, lawyers, social workers, social scientists, those in political life at federal, state and municipal levels, and the media. Above all, it is an attempt to assist Aborigines and Islanders. They already have more than enough to cope with in their lives. They do not need the additional burden which suicide now imposes on their young and on their grieving families.

I regret that this study does not amount to an *understanding* of suicide from 'within', but is, rather, an explanation from 'without'. The available literature has not provided understanding. I have had to settle for outside or distant explanations which rely on concepts, classifications, comparisons, descriptions, and on the devising of strategies—not for the individual, but for the collective of suicides and would-be suicides.