

Aboriginal and Torres Strait Islander Suicide

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<http://www.auseinet.com/suiprev/occpapers/>*

Citation: Hunter, E. (2001) Aboriginal and Torres Strait Islander Suicide, Available:
<http://www.auseinet.com/suiprev/occpapers/> (accessed date/month/year)

Suicide within the Aboriginal and Torres Strait Islander populations of Australia has only within the last two decades emerged as an issue of public health concern. While willed or self-willed death associated with sorcery or physical debility in traditional Indigenous societies might be considered a 'suicide equivalent' phenomenon, it is in sharp contrast to the deaths by hanging of young men which has now captured national attention. Both, however, in different ways are meaningful, the former as a socially understood and affirmed consequence of behaviour (transgression) or circumstance (debility), the latter as statement and communication that is meaningful in the particular intercultural political context of Australian society in the 1990s. Considering Indigenous suicide thus necessarily demands understanding the historical context in which this change is located. However, before doing this the following presents an overview of Indigenous suicide in the 1990s from one State, Queensland.

The enumeration of the Indigenous population of Australia and collection of reliable suicide statistics remains problematic (Tatz, 1999). However, most recent estimates indicate a total Aboriginal and Torres Strait Islander population of 386,049, 2.1% of all Australians. The State of Queensland is home to 104,817 people of Indigenous descent, being 27% of the national total and constituting 3% of the State's population (Australian Bureau of Statistics, 1998). The Queensland suicide rate for the period 1990 to 1995 is 14.5 per 100,000, with the Aboriginal and Torres Strait Islander rate being 23.6. The elevated rate is entirely accounted for by the increased Indigenous male suicides which are concentrated in the 15 to 24 (112.5 per 100,000) and 25 to 34 (72.5 per 100,000) year age periods. These are 3.6 and 2.2 times the rates of these male age-groups for the State as a whole (Baume, Cantor & McTaggart, 1998), these age-groups comprising 84% of all Indigenous suicides. Because of the problems with identification of Aboriginality in death records, these figures are almost certainly an underestimate.

Indigenous suicide is not only concentrated among young adult males, it is also unevenly distributed geographically. The far north of the State contains approximately one half of the Indigenous people living in Queensland but accounts for 63% of the Indigenous suicides. However, within that area suicide is further concentrated; three communities constituting less than 20% of the region's Aboriginal Torres Strait population account for 40% of the deaths by suicide. Furthermore, these communities contribute to this excess at different times, there appearing to be overlapping 'waves' of suicides suggesting a condition of community risk that varies by location and time (Hunter, Reser, Baird & Reser, 1999). Finally, these aggregate figures do not convey temporal changes; the number of Indigenous suicides for Queensland has increased nearly four-fold between 1992 and 1996. This increase is entirely accounted for by an increased number of deaths of young men by hanging.

These findings are representative of changes across the country. As noted at the outset, Aboriginal and Torres Strait Islander suicide was, until two decades ago, very uncommon. Understanding why that is no longer the case demands developing an historical context that foreground a period of enormous transition across the country that

occurred, roughly, through the 1970s. Previously, Indigenous lives and communities had been controlled through draconian controls and racist legislation which began to lift with little planning or preparation in the late 1960s. The next decade, a period of 'deregulation' (Hunter, 1999), was characterised by political and social instability, the lifting of restricted access to alcohol, rapidly increasing rates of violence and accidents, high rates of incarceration, and many other manifestations of continuing disadvantage and underlying turmoil, all with very serious consequences for the stability of communities and family life. Sadly, much of this has continued. The contemporary context also includes markedly elevated rates of morbidity and mortality from most causes, including a homicide rate that is higher by factor of ten (Strang, 1992), with life expectancy less by nearly two decades than that expected for non-Indigenous Australians.

Against this background, Indigenous suicide began to be recognised as an issue through the late 1980s. At that time suicides tended to occur in non-remote settings among non-traditional groups and was often associated with the acute effects of alcohol consumption (Hunter, 1993). At the end of that decade a national inquiry, the Royal Commission into Aboriginal Deaths in Custody, was convened to investigate Indigenous deaths in police and prison custody, a significant proportion of which was suicide by hanging. The national media focus on the Royal Commission provided for the development of political understandings of hanging that foregrounded the effects of colonisation and oppression. Thus the contemporary 'meaningfulness' of hanging by young Indigenous people whose manifest disadvantage by comparison to the wider society is often experienced as a result of oppression and discrimination. Since the Commission suicide has continued to increase in the wider Aboriginal and Torres Strait Islander population, with hanging being by far the most common method.

Those taking their lives are usually young men who have grown to maturity during or since the period earlier referred to as 'deregulation'. They are members of the first generation to be exposed to the developmental consequences of widespread community and family instability, much of which reflects the indirect effects of heavy alcohol use (particularly on paternal roles and, consequently, for the construction of Indigenous male identity). There also appears to be a cohort effect as this group ages. Indigenous suicide may now be becoming more common at somewhat later age; some 40% of the male suicides in the Queensland study (Baume, Cantor & McTaggart, 1997) were of men twenty five years of age or older. Furthermore, no indigenous settings are unaffected by the processes of social change, and indigenous suicide now appears to be generalising and becoming more common in certain remote and 'traditional' populations, sometimes taking on 'traditional' meanings (Parker, 1999). This picture of suicide in the indigenous populations of Australia bears distinct similarities to that among indigenous populations in similar mainstream cultures elsewhere in the world, for instance in Canada (Canadian Royal Commission on Aboriginal Peoples, 1995). These and other health parallels suggest the importance of common experiences of colonisation and its consequences (Kunitz, 1994). They also reinforce the centrality of history and meaning in any analysis of indigenous suicide.

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