

SUMMISSION TO THE SENATE COMMUNITY AFFAIRS COMMITTEE INQUIRY INTO SUICIDE IN AUSTRALIA 2009

This submission will address the impact of suicide and need for postvention model of response for Indigenous communities in the Northern Territory. It will address the following Terms of Reference of the Senate Inquiry with particular reference to: (a) (b) (c) (e) and (g).

(a) Indigenous communities undergoing rapid social change and members of those communities can show increased vulnerability particularly when they enter into a situational crisis. The person at risk is not receiving adequate feedback or warnings from family and friends that their actions are leading them on a pathway to suicide. The probable consequences of the behaviour are not realized by the person at risk because they are not used to the warnings or expectations of the collective in which they are now living. This is because the community has dramatically changed its social structure. Therefore they are more susceptible to, for example, contagion and imitative suicide than those living in a situation or society that they are familiar with.

Once the community adapts to new circumstances and changes within their collective their health and wellbeing can improve but this may take a generation or more to occur. Family solidarity is an important factor in building and maintaining resilience to buffer the family and community against the negative aspects of social change. As rapid changes are made in Indigenous communities particularly in the Northern Territory with pressure to move quickly, besides the concerns for environmental pollution an understanding must include the human pollution these changes can produce. The boom and bust approach can have major social fallout on the local Indigenous people, for example, community disintegration, family breakdown, alcohol and substance abuse and suicidal behaviour.

(b) The accuracy of suicide reporting Australia, factors that may impede accurate identification and recording of possible suicides.

The accuracy of suicide reporting in regional and remote Australia is fraught with difficulty and contributes to underreporting of suicide. Reporting of Indigenous suicide is particularly problematic as increasing Indigenous rates may be hidden within statistics of overall suicide rates of jurisdictions that appear stable. This is because non-Indigenous suicide rates are falling, and which contributes to the anomaly. Indigenous status is usually well recorded in health system demographic data in the Northern Territory but the Indigenous (Aboriginal) status is not recorded in the National Coroners Information System demographic data and as yet there is no requirement for, or ability to record Indigenous status. All jurisdictions in Australia are now using the Victorian Institute of Forensic Medicine's National Coroners Information System (NCIS) electronic database but it requires manual examine each electronic record to determine Indigenous status and therefore is a barrier to accurate research and reporting of Indigenous suicide in each jurisdiction in Australia. It is a grave disadvantage for rural and remote Australian

Indigenous people who have had dramatically high rates of suicide which have occurred virtually unnoticed by the mainstream decision makers.

The increasing trend of Indigenous suicide is currently stabilizing with some annual fluctuations but overall the rate of Indigenous suicide is still four times the Australian national rate. The underreporting of the antecedents of Indigenous suicide is problematic. Suicide contagion, particularly behavioral contagion is endemic particularly substance abuse, and familial contagion appears to be universal in most Indigenous communities, even the urban settings. This contagion results in imitative suicides which then produce suicide clusters.

When suicide occurs in such close knit communities the ‘reach of news’ is widespread and is quickly communicated, which also spreads the contagion. The consequences of underreporting mean that the postvention support systems and services that could be set in place are not activated and imitative suicides ensue and clusters occur.

(c) The appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide.

The role of agencies in responding and assisting people at risk of suicide or in the aftermath of suicide requires a seamless and systematic. The Inter-Agency Suicide Response Task Group (I-ASRTG) developed in collaboration with the Northern Territory Coroner’s Office 1999 – 2006 provides a model of response to include persons at risk, families who have lost loved ones to suicide, groups and communities. The Indigenous Postvention Response and Suicide Safe Community (Hanssens 2008) is a model of response that links with I-ASRTG for suicide response and bereavement support Indigenous communities.

(e) The efficacy of suicide prevention training and support for frontline health and community workers providing services to people at risk.

The training and support for frontline workers in Indigenous settings is inadequate and staff are at real risk of suicide themselves with high levels of burnout, blame and vicarious trauma. They require critical incident debriefing regularly but as a rule rarely receive it, and yet are consistently at the coal face even when finished their daily work because of the high rates of attempted suicides in the Indigenous settings where they can be called upon at any time, night or day. Therefore the risk for these frontline workers and their families is manifold as they often live in a community “at risk” and contagion is always a factor.

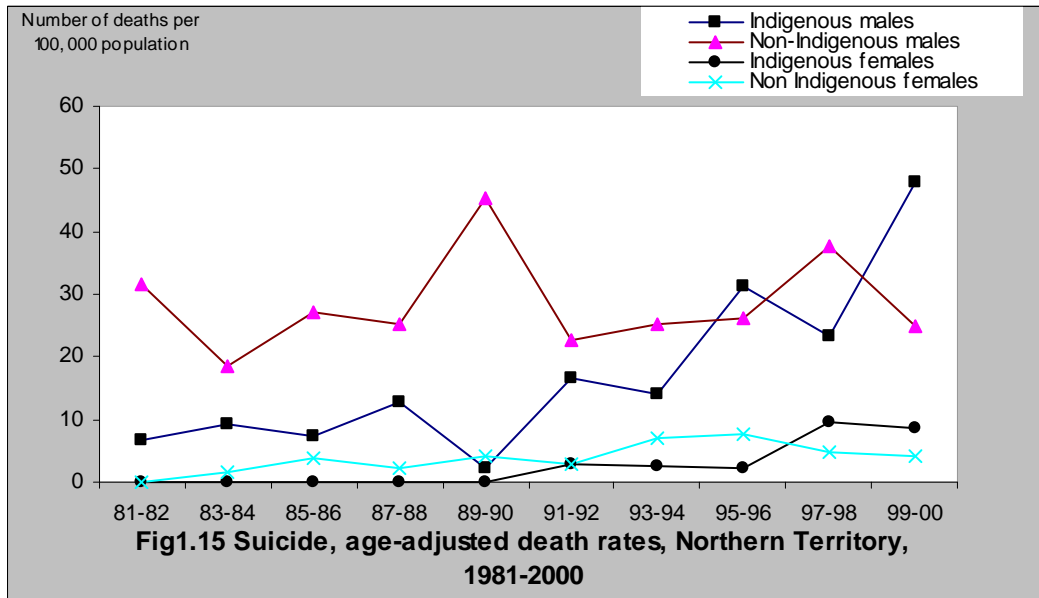
As frontline workers they are being exposed to “sorry business” grief and loss in the most existential way yet there is no systematic process for the postvention response and self care guidelines to safeguard them from burnout and vicarious suicide risk.

(g) The adequacy of the current programs of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy.

There is a dearth of research into suicide contagion and clustering of suicides particularly in traditional Indigenous communities across Australia. There appears to be a reluctance to investigate the suicide deaths that are occurring in the Northern Territory particularly since the rates of suicide have accelerating dramatically.

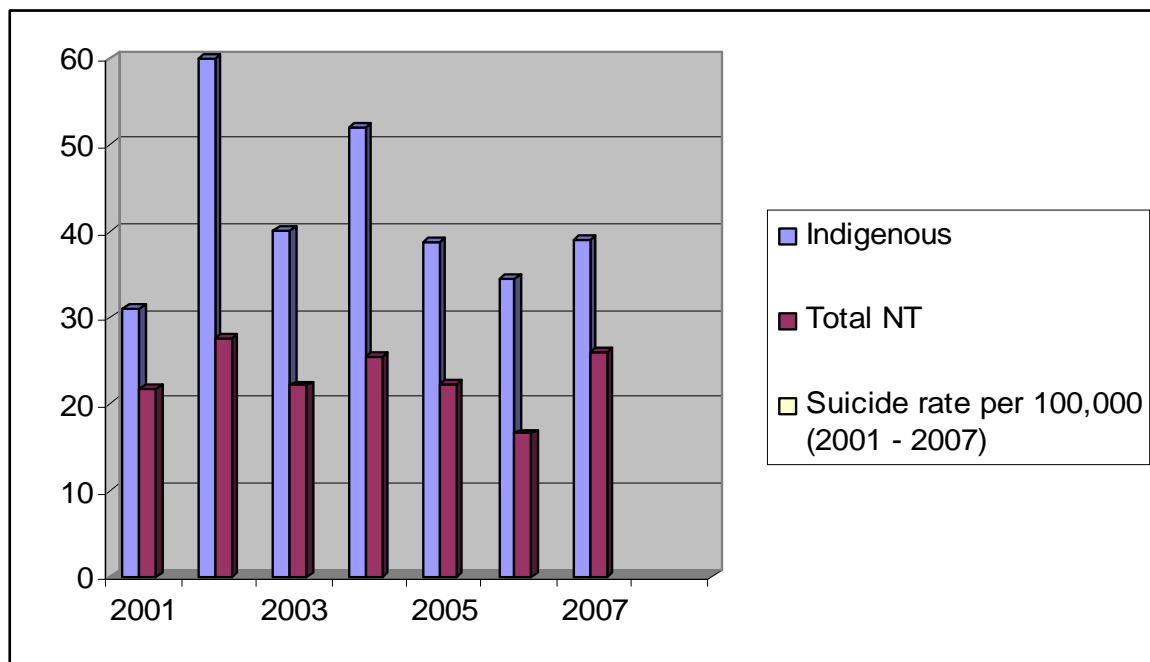
The Coronial Inquest in the Kimberley region has provided some invaluable insight into the antecedents of Indigenous suicide in that region. While there are some recommendations from coronial inquests that make it into policy, the transfer of knowledge from academic research and coronial inquests into policy is still inadequate. It is unfortunate that the National Coroners Information System (NCIS) is not utilized more effectively to provide timely analysis of suicide data particularly for Indigenous settings. NCIS data should be accessible to researchers with or without the approval and / or support of the local coroner in each jurisdiction. Only then can there be transparency and the timely reporting of the impact of suicide in each jurisdiction which can then have an immediate impact on policy decisions. For example, reduce alcohol availability in certain situations (during 'sorry business' related to suicide or sudden unexpected deaths), increase policing in certain jurisdictions, increased mental health personnel, increase grief & trauma counselors and critical incident debriefing in postvention support.

Fig 1. Suicide, age-adjusted death rate per 100,000 population, two-year average, Northern Territory population, 1981-2000



*Sources of the data: 1981-1999 death registration data, unpublished; 2000 used NT coroner’s data, unpublished.

Fig 2. Suicide death rate per 100,000 population Northern Territory population, 2000 – 2007.



* Source of data: 2001 - 2007 National Coroners Information System. Hanssens L. 2010 **“Echo Clusters” – are they a unique phenomenon of Indigenous attempted & completed suicide?** Aboriginal & Islander Health Worker Journal. January / February. 34 (1) (in print).

Indigenous Postvention Response and Suicide Safe Community			
Crisis intervention committee – coordinates	Primary (Whole of community)	Secondary (Monitor at-risk groups)	Tertiary (High risk individuals identified)
Prevention (Population approach: broad community education, promote help seeking)	Broad education for community: night patrol, youth groups, schools, clinics, prisons, probation and parole, community groups and church groups.	Identify groups at risk and workers remain on suicide risk alert: Aboriginal (mental) health workers, Aboriginal community police officers, youth workers, teachers, nurses and doctors.	Clear protocols for risk assessment and admission: for emergency department staff, ambulance officers, police officers, clinical psychiatric nurses, doctors and allied health staff.
Intervention (Skills training undertaken for community members and professional gatekeepers)	Suicide-aware trained: community members, groups, agencies, organisations, voluntary groups and church groups.	Applied suicide interventions skills training (ASIST) Aboriginal (mental) health workers, Aboriginal community police officers, youth workers, teachers, etc	Clinical suicide risk assessment skills: emergency department staff, clinical psychiatric nurses, ambulance, police, psychiatrist, psychologist.
Postvention (Support for bereaved with sorry camps, healing circles, support groups or other bereavement services)	General bereavement information, support, training in listening skills for community supporters and crisis intervention committee members	Active support for the bereaved from Aboriginal mental health workers and Aboriginal community police officers – give assistance and referral if necessary	Referral pathway to agencies for bereaved families with complicated grief; suicide watch and risk assessment if necessary for those 'at risk' of self-harm.
(Adapted from the Top End Life Promotion Program TEMHS DHCS 1999 – 2006 Northern Territory) (Hanssens 2007)			

*Source of table: Hanssens L. (2008) **Clusters of Suicide, The need for a comprehensive postvention response to Sorrow in Indigenous communities in the Northern Territory.** Aboriginal & Islander Health Worker Journal. March / April. 32 (2) 25 – 33.

Review of Indigenous Suicide in Katherine Region 1991 - 2007

Introduction:

A chronological review of Northern Territory Coroners Office paper based records and National Coroners Information System electronic records was used to develop a socio-demographic community profile of Indigenous suicide Katherine Region and associated communities and camps in the urban area 1991 – 2007.

Background:

Katherine and Barkley have Indigenous tribes that move between Tennant Creek, Borroloola, Mataranka, Ngukurr, Timber Creek, Lajamanu and Katherine to mention only the larger communities. The Walpri tribe appears to be the most mobile for even though their homelands are around Alice Springs quite a large group live in and around Katherine.

In this region there had been two child hangings one of an nine year old in front of a group of young children and another a six year old who was had an accidental death by hanging.

In February 1994 a twenty-two year old indigenous male from Daly River completed suicide by firearms.

In September 1994 an Indigenous male aged twenty-six years from Katherine completed suicide by drowning in a river.

In December 1994 an indigenous male aged thirty-two from Elliott completed suicide a knife – sharp instrument.

In June 1996 an Indigenous male from Borroloola twenty-three years old completed suicide by hanging.

In January 1998 an Indigenous male from Jilkmingin, Katherine, twenty-one years old completed suicide by hanging.

In August 1998 an Indigenous female from Ngukurr aged seventeen years old died by solvent poisoning – fly spray.

In November an Indigenous male from Beswick attempted suicide, by jumping from top of power pole – survived as a paraplegic but died soon after. This was during the Katherine floods when this outlying community was flood bound.

In December 1998 an Indigenous male from Beswick aged fifteen years old completed suicide by hanging. This was during the Katherine floods when this outlying community was flood bound.

In December 1998 an Indigenous male from Beswick aged twenty-three years old completed suicide by hanging. Again it was when his community was flood bound. This was the third suicide in a cluster with contagion of method by hanging in two suicides.

In February 2001 an Indigenous male from Borroloola completed suicide
In August 2001 an Indigenous male from Ngukurr aged twenty-four completed suicide by hanging.

In December 2001 an Indigenous male from Borroloola aged twenty-four completed suicide by hanging.

In September 2002 an Indigenous female from Daly River aged twenty-five completed suicide by hanging.

In July 2002 an Indigenous male from Katherine aged twenty-nine years completed suicide by jumping from the Katherine bridge and falling from a height.

In August 2002 an Indigenous male from Beswick aged twenty-five years old completed suicide by hanging.

In October 2002 an Indigenous male from Timber Creek (Larjamanu) aged thirty-three years old completed suicide by hanging.

In March 2003 an Indigenous male from Ngukurr aged sixteen years old completed suicide by hanging.

In March 2003 an Indigenous male from Katherine aged thirty-three years completed suicide by stabbing himself with a knife – sharp instrument.

In October 2003 an Indigenous male from Katherine aged thirty-nine years old completed suicide by hanging.

In February 2004 an Indigenous male from Katherine aged twenty-six years old completed suicide by stabbing himself with a sharp knife.

In March 2004 an Indigenous female from Batchelor aged fifteen years old completed suicide by drug overdose.

In June 2004 an Indigenous male from Merryvale Station aged thirty-one completed suicide by hanging.

In June 2004 an Indigenous male from Mutitjula aged twenty-one years old completed suicide by solvent abuse of hydrocarbon.

In July 2004 an Indigenous male from Katherine aged eighteen years old completed suicide hanging.

In October 2004 an Indigenous male from Lajamanu aged twenty-three years old completed suicide by hanging.

In December 2004 an Indigenous male from Katherine aged twenty-three years old completed suicide by hanging.

In January 2005 an Indigenous male from Belyuen aged nineteen years old completed suicide by hanging.

In November 2005 an Indigenous male from Mt Allen aged twenty-one years old completed suicide by hanging.

In June 2006 an Indigenous male from Barunga aged eighteen years old completed suicide by hanging.

Katherine Region

Case Study: Serious Suicide Attempt, Kybrook Farm, via Pine Creek NT.

Federal Intervention Government Manager spoke briefly regarding the young person's serious attempted suicide on the 4th February, 2008. The young person is now in Batchelor and commencing studies with BIITE Faculty of Education as a teacher. The young person spoke informally with clinic staff along with the mother, who had just arrived back into Pine Creek after having been to Darwin for a medical check up. The young person appeared very subdued but stated that was now feeling calm and safe, and that the impulsive decision to attempt suicide was as a result of fights over money with extended family, particularly the grandmother. It was a situational crisis, which resulted in making an attempt to take his / her own life, but she now realises that it was a reaction to the pressure he / she was under about the money in the family.

The young person was hungry and had no money herself, and the mother was in Darwin at the time. The pressure was building within the community because visitors (extended family) to the community began applying pressure for money, which is always limited. On one such occasion this Indigenous young person, eighteen years of age, was being harassed and blamed for not having any money to give to grandmother. The pressure was applied to pay drug debts that had accumulated by others within the community which now urgently needed to be paid, as threats had been made. He / She felt strongly obliged (both for cultural and familial reasons) to give the grandmother money but could not because the mother had not given any money before leaving. A younger sibling was sent to stay with another family along with the mother's 'Handicard' to provide for the children. An adult (grandmother) applied pressure to the young person to demand money from the extended family.

The adult then blamed the adolescent for not receiving money from the family who was looking after them. This built tension and animosity between the young woman and her whole extended family and she felt caught in the middle. Meanwhile she was hungry and

feeling more and more alienated and desperate. The young person became overwhelmed by the situation and she felt “something come over her” and she could not remember why, but she decided to hang herself in her mother’s house. Some of the neighbours were alerted to her behaviour and broke into the house which was locked, climbing through some louvers, and rescued the young person. The young person was then taken into their care until the mother’s return. She was visited by a psychiatric nurse the following week but refused to speak with them stating that she was all right now. The mother explained that since the young person’s suicide attempt the pressure and anger towards the young person had defused and that everyone was sorry.

The Federal Intervention manager spoke about arranging follow-up counselling for the young person at Batchelor with Top End Association for Mental Health (TEAM Health). Pine Creek clinic staff support that decision. He also suggested that the young person has a Centrelink referral to discuss gaining own income through ABSTUDY/ Youth Allowance.

This suicide was attempted within a ‘community in crisis’ situation and was not just the situational crisis of an individual. The suicide attempt occurred, with a backdrop of legal proceedings relating to the serious sexual molestation and assault of seven young girls aged 10 – 14 in the past twelve months in that community. As a result a twelve-year-old girl is currently pregnant and about to give birth. The mother of the young person, who attempted to take own life, was one of the main strong women instrumental in attempting to wipe out the sexual abuse within her community. She fought and lost through the legal system as four of the cases were thrown out of court. Many (approximately ninety per cent) of the young women in the community have been sexually compromised and often it is done to force them into becoming sexually active (personal communication CEO Kybrook Farm).

From my discussions with the young person, a picture emerged of frightening proportions. These young people are under intense pressure; pressure through sexual exploitation, financial exploitation, and family and cultural exploitation. Blaming is intense and leads to violence; this intense pressure accumulates and ignites the fuse of impulsivity towards suicide. They often don’t know what drives them or are not even aware of what pushes them into the final act of taking their own lives. They are often so confused that they are not cognisant of their actions or have the capacity to make a decision. The family who rescued her said she had a strange expression on her face and it frightened them, it was almost a smile or a sneer and she did not look like the same person.

There are premeditated suicides and impulsive suicides, and Young (1992) states that in over 90% of all premeditated suicides a major psychological disorder is present, for example, substance abuse disorder, depression or schizophrenia. Whereas, with impulsive suicide there are feelings of hopelessness, desperation, intoxication or severe pain either emotional or physical, affecting the person (Young 1992:50). Within these categories of suicide, there are concerns, for example, with premeditated suicide, was it talked about? What was the mode or method used to attempt or complete suicide or what was the

reason for death? Whereas with impulsive suicide or suicide attempt, did they do it suddenly? What was the timing of death in relation to other events?

Leonore Hanssens, Suicide Researcher Northern Territory.

TRACKING CLUSTERS INDIGENOUS SUICIDE KATHERINE & TOP END WEST REGION

December								Δ(Δ)			▽					◇ **	
November								Δ *				■			◇	◇ ***	
October																○	◇ ◇
September				○								○	○				
August								☀			☀	△		■			◇
July				◇										○			△ ○
June													■				
May													◇				
April																	
March													☀ ○				
February										▽		▽					○
January								○									
Month / Year	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007

LEGEND – Completed Suicides

Daly River	=	◇
Timber Ck/Lajamanu	=	■
Katherine	=	○
Bulman / Beswick	=	△
Ngukurr	=	☀
Borroloola	=	▽

(Δ) Serious suicide attempt, jumped from top of power pole – survived as a paraplegic but died some time later

* Katherine Floods had an immediate impact on attempted and completed suicide

** Adelaide River completed suicide of 14 yr old male child by hanging

*** Outstation via Daly River completed suicide of male child on his 12th birthday

**** Katherine Aboriginal Alcohol Rehabilitation, accidental death by hanging of a 9-year-old female child, witnessed by a group of children.

***** Aboriginal community via Katherine, accidental death by hanging of a 6-year-old male while playing with another child, witnessed by family.

Review of Indigenous Suicide on the Tiwi Islands 1989 - 2008

Introduction:

A chronological review of Northern Territory Coroners' Office paper based records and National Coroners Information System electronic records has been undertaken to develop a community profile of Indigenous suicide on the three major communities and main outstation of the Tiwi Islands 1989 – 2008.

Background

The Tiwi Islands consist of the twin islands of Melville and Bathurst Islands with two communities, Milikapiti and Pirlangimpi on Melville Island, and one main community, Nguiu, and a substantial outstation Wurankuwu on Bathurst Island. In the past three decades there has been an increasing consumption of alcohol and other substances, especially cannabis on the island communities with concomitant family and community violence, anti-social and self-harming behaviour, suicide attempts and completed suicide (Hanssens 2007). Many of the completed suicides have been preceded by a previous attempt and the recidivism rate has been extraordinarily high with up to seven serious attempts in per week at the height of the contagion (Bates 2006) (Scott & Levy 2006) (Hanssens 2009).

A more detailed chronology of suicide on the Tiwi Islands has been documented below to allow for patterns and underlying problems to emerge rather than investigating each suicide as a separate incident (Grieger & Greene 1998). The first two suicides from 1991 – 1995, occurred in 1992 and 1993, in the context of a significant increase in self-harm and suicide attempts of young men on the Tiwi Islands (Parker 1999). The third suicide in 1996 was a 'Death in Custody' but the recommendations from the Coronial Inquest, as stated by the Coroner was that it:

“Did not justify, on the grounds of relevance, an investigation into the excessive consumption of alcohol within the community, and in particular the problems being generated by the Nguiu Social Club on Bathurst Island”.

It could be suggested that this is an example of the trivialisation of leadership as illustrated above by the coronial inquest and recommendation from this death in custody of a Tiwi Islander. The president of the community at the time called for an urgent “reduction in alcohol availability on the island and in particular from the Nguiu Social Club”. The Nguiu council president in 1996 was known and respected for his strong leadership and gave evidence at the coronial inquest that alcohol abuse substantially contributed to the increasing suicide attempts at Nguiu. The evidence was ignored along with the request for an increased police presence at Nguiu. It was also ‘not recommended’ at the inquest that a non-Indigenous Police Officer be stationed at Nguiu to support the Aboriginal Community Police Officers, a community based scheme, because of issues relating to “self-determination and management” of the Tiwi people. This recommendation was not reversed until many years later when domestic violence, homicide and suicide escalated dramatically on the island community.

The underlying systemic issues in Indigenous communities and the institutional problems of excessive governance and nepotism at all levels conspire to create clusters of vulnerable Indigenous people, particularly men. It is naïve to assert that the lack of leadership in Indigenous communities is the reason for high rates of suicide in these communities because strong leadership has been a feature of Indigenous people, their tribes and communities for generations. It is more appropriately described as undermined and trivialized leadership

because Indigenous people know their families, communities and environments very concretely and can astutely distil the problems and articulate ways of remedying them. The following chronology and discourse analysis provides an account of the unfolding tragedy on the Tiwi Islands. It outlines the interplay of some factors and influences that have contributed to the disaster and the urgent need for a comprehensive postvention critical incident response and a time of healing.

The first Aboriginal Mental Health Worker (AMHW) on the Tiwi Islands was employed in Milikapiti in 1995, and worked closely with the visiting Mental Health Nurse based in Darwin. In 1996 they developed a model of community based service working together to share information however “not all Aboriginal skill and knowledge can be shared with non-Aboriginal people, (because) it is not available to those outside of certain cultural systems” hence the need for AMHW’s (Raye 1998).

From 1996 - 2000 clusters of suicide began to appear with the subsequent deaths of the “Tiwi Four” in 1998 and at the Coronial Inquest which ensued, the Nguiu community president called again for an increased police presence on the island because of the alcohol related violence. Widespread use of cannabis among all ages from twelve years of age and older was also mentioned throughout the inquest. There was also the suicide death of an Aboriginal Health Worker (1999) who had been helping (counselling) his family member who had been threatening suicide throughout the week prior to his death. The AHW completed suicide after drinking at the Nguiu Social Club on the Saturday night, a poignant example of the vicarious trauma associated with his job and the accumulated stress of having both the workload of those threatening suicide and then the distress of suicidal family. The Tiwi for Life counsellor (Life Promotion Officer) also suffered vicarious trauma, exhaustion and “burnout” according to a mental health nurse (in 2003) who visited the island regularly (personal communication Norris).

After the deaths in 1998 of the “Tiwi Four” a unique phenomenon developed that required a new definition to describe the pattern of these unique cluster suicides now referred to as “echo clusters”. It is “subsequent but distinct clusters of completed suicide occurring after an initial cluster of suicide”. It has emerged as a distinct phenomenon of Indigenous suicide on the Tiwi Islands fuelled by an extremely high consumption of alcohol and cannabis, high levels of tension in the community resulting in severe domestic violence situations, mental distress and at times psychosis propelling many into attempted suicide. Many see suicide as a way of communicating severe distress (personal communication RN Milikapiti) because all other forms of communication have been lost or have become ineffective. The young men have lost the capacity to communicate when they feel sad or distressed and have no alternative strategy to deal with feelings of rejection. Many don’t see the finality of their actions and act out their despair through impulsive violence, particularly to themselves and loved ones with death being the ultimate outcome (personal communication RN Milikapiti). Most of the youths who provided information to the Coronial inquest of the “Tiwi Four” identified relationship problems as one of the motivations for suicide but that these relationship problems were often in the context of serious threats and sometimes violent drug seeking behaviour. That is, the relationships between family members were being strained by constant requests for money to buy alcohol and cannabis and it was the drug seeking behaviour that was being rejected not the person himself. It also meant that people with paid jobs and / or money from other sources were constantly obliged culturally to give money to the drug seeking youth, providing an “uneasy juxtaposition between Western ideas and Aboriginal culture” (“Tiwi Four” 1998:11).

The services that mainland townships took for granted to manage alcohol related violence and anti-social behaviour, for example, adequate police presence, women's shelters, youth refuges, mental health and drug & alcohol services were not available or accessible to this community (see Coronial Inquests into DIC 1996 and the "Tiwi Four" 1998:1-96). The Aboriginal Community Police Officers at that time were the "only permanent police presence on Bathurst Island" and "who are part of the extended family on the islands (and) do little to enforce, as the evidence suggests, the law in relation to consumption of cannabis and domestic violence" ("Tiwi Four" 1998:12).

The community collectively perceived the issues to be linked to increasing alcohol consumption but after two coronial inquests they felt that their plea for control of the alcohol was falling on deaf ears. The Living With Alcohol Program THS provided a strategic framework for alcohol management on Indigenous communities with the "Care, Culture and Control" paradigm but all three components failed to respond to the emergent issues on the Tiwi Islands. Tiwi people felt they had not been provided with the appropriate services commensurate with dramatically increasing need resulting from ever-rising per capita consumption of alcohol. The suicide deaths, and other sudden deaths from external causes, usually violence, were escalating rapidly. There had been an ongoing request from a succession of Nguui council presidents, the Tiwi Land Council and the Police stationed on the islands to reduce the alcohol consumption, to increase police numbers on the Tiwi Islands to cope with the violence in the context of alcohol and other drug (cannabis) abuse. Investigating the **forty-four suicides** of Tiwi Island people over the past decade or more show patterns emerging of the majority of suicides were by hanging in the context of alcohol abuse, cannabis abuse, drug-seeking and antisocial behaviour, severe family threats and disputes, relationship breakdown, domestic violence, homicide / homicide attempts, and suicide / suicide attempts. There have been ongoing requests for more mental health services and drug and alcohol services to contend with the increasing alcohol consumption; anti-social behaviour and violence; mental health problems; suicidal behaviour, increasing self-harm and completed suicide; and social and emotional distress within the three communities.

From 2001 – 2005 clusters of suicide continued to occur with 2002 being a devastating year with a total of ten Tiwi people completing suicide either on the Tiwi Islands (six) or on the mainland (four). Aputimi (2007) who has worked as an Aboriginal Mental Health Worker on the island for several years stated that:

"Our culture is developing in response to the environment and if the environment changes rapidly, our culture has difficulty in adapting and we suffer from stress".

"Changes are happening all the time and this effects our cultural life – for instance alcohol and marijuana are big problems – the Tiwi don't know many ways of dealing 'culturally' with the gunja (cannabis) or the grog problem".

She went on to say that:

"Suicide is becoming a common way for people to deal with their problems on the Tiwi Islands. Some of the causes we have identified include fighting, jealousy, domestic violence, gambling, card games, money problems, drugs and alcohol abuse".

"In the midst of a conflict, a common response from the men is to threaten: 'I'll hang myself' and an element of imitation has been identified in this pattern of response to difficult issues, family conflict and times of crisis"

From 2006 onwards some of the interventions and changes which have taken place have resulted in rates of suicide falling within these communities. In May 2006 SBS Video Journalist, Angela Bates, produced a story on "Suicide in Aboriginal Communities" and it

highlighted some of the major issues on the Tiwi Islands. The story was shown on national television, SBS Living Black on 17th May 2006 Series 5: Episode 11. As a PhD candidate with Charles Darwin University I was interviewed to provide the research background on the Indigenous suicide in the Northern Territory. Since the SBS story went to air three interventions resulting in structural changes have occurred. Firstly, in 2006 recommendations were made by the Director of Psychiatry to the Liquor Commission to reduce the availability and per capita consumption of alcohol on the islands. The decision was made by the Tiwi Land Council to allow only mid-strength and light beer at the Nguiu Social Club with no take away sales allowed. Secondly, tertiary psychiatric services that were previously unavailable as support to the Aboriginal Mental Health Workers (AMHW's) on the Tiwi Islands were then set in place as a reliable referral pathway for their Indigenous Tiwi clients into the mental health system. Thirdly, an increased non-Indigenous police presence has been provided on the Tiwi Islands to support the Aboriginal Community Police Officers at Nguiu police station.

The SBS story was the turning point for Indigenous suicide and self harm and since late 2006 an experienced psychiatric nurse was then permanently based on the Island and a psychiatrist began visiting on a regular basis. The provision of 'tertiary' psychiatric services to support and compliment the 'secondary' existing mental health services (Aboriginal Mental Health Workers) and 'primary' community based services (Night Patrol and Community Safety Committee) on the island have resulted in the suicides dramatically decreasing. The increase in police presence on the Tiwi Islands has allowed for greater interdiction policing for illegal drug smuggling and sly grog running onto the islands.

Another interview was conducted by the same journalist with the local Aboriginal Community Police Officer (ACPO) on the island in May 2006 and he reported the widespread use of cannabis and commented on the impact of alcohol from when it was first introduced thirty years ago. The ACPO stated that "the people in their twenties and thirties in this community were children when the alcohol was first introduced in the 1970's and the impact of the alcohol coupled with domestic violence has been heavily destructive and has resulted in a lack of direction from parents to their children".

Then suddenly, "while conducting the interview with the Aboriginal Community Police Officer at Nguiu on Tiwi Islands, and half way through the interview a Tiwi man stormed past (them) and yelled, 'I'm going to kill myself!'. He was headed towards the sea! The Aboriginal Community Police Officer ran straight to the police station and a few of the police officers jumped in a van and drove straight after him. At least 15 people all started making their way down to the bloke and the mental health team turned up also. They managed to grab the man and took him for an assessment". It was a complete shock to the journalist and she wrote in the same email: "You are so right about not becoming complacent" (Email communication 12th October, 2006).

Other issues are also mentioned by the ACPO, but the number of critical incidents, which police and other support services such as nurses and youth workers are dealing with, is extraordinary and relentless. As one nurse on Milikapiti who left the islands after three very difficult years from 2002 - 2005 stated that "there was just one too many stabbings and I knew I had to leave" (personal communication RN). Another nurse arrived on the Tiwi Islands also in 2002 but she remains today because she is Tiwi Islander herself and her mother is a traditional Aboriginal woman from Melville Island. She said it is now her aim to give back to her traditional Tiwi people and help in every way she can to restore hope and safety to her people. She and her sister who is the sport and recreation officer on the island and coach

for the Tiwi Bombers have committed their lives to the future of their Tiwi people. Another person who has responded in this time of crisis is the Youth Development Officer who is a non-Indigenous man but grew up on the Tiwi Islands, speaks their language fluently and who is pouring all his energy into the youth of the islands to ensure the young men do not lose their way into drugs and alcohol. He is a committed Christian and offers them hope and life through his deep spirituality and love of his fellow man.

An Aboriginal Mental Health Worker presented her experiences working in suicide and mental health on the Tiwi Islands at Post Vention Conference Sydney in May 2007 and again at the Aboriginal Capacity Building for Suicide Prevention Conference Alice Springs in June 2007. She has also communicated informally her experiences and Tiwi way of life:

“The Tiwi people live a traditional and a western way of life. We go out bush and hunt for wallabies, fish, mangrove worms, carpet snakes, possums, sugar bags (honey bees), palm nuts and oysters. We cook most of these foods on hot coals. The palm nuts we pound up after they are cooked and make a pancake and then take them to the stream and put them in a basket and then rinse them in the stream. Three days later we collect them and then they are ready to eat and make good medicine”.

“Also we have football competitions on Saturdays and Sundays. There are seven teams and many famous football players have come from the Tiwi Islands. Every year we have our Tiwi Grand Final and people come from all over the Northern Territory and even from other parts of the world to watch the Grand Final and a medal is presented to the best player”.

“On the island a ferry comes in from Darwin three times every week and a barge takes cars and people from Bathurst to Melville Island. Another barge brings supplies from Darwin twice a week. Small airplanes visit every day. Tiwi people have their own special art and many people paint carve and weave and our art is very beautiful. Changes are happening all the time and this affects our cultural life – for instance alcohol and marijuana are big problems – the Tiwi have no strategies to deal ‘culturally’ with the gunja or grog problems”. (Apuatimi 2007)

A total of **forty-four Tiwi Islanders completed suicide** from 1989 – 2008 with the majority (thirty-eight) in just over a decade, between 1996 and 2006. Some victims completed suicide away from the island in other communities or in other urban settings but nearly all were buried back on the Tiwi Islands with a Christian requiem mass and Tiwi ritual ceremony. Had these deaths occurred in just one day, similar to the Port Arthur Massacre in Tasmania resulting in 40 deaths, there would surely have been a national outcry. Sadly it has not produced the same national emergency resulting in changes to legislation and gun laws. There appears to have been a passive response to the Tiwi Islanders deaths and instead of identifying the nemesis or “gun” which has destroyed so many lives, in which case on the Tiwi Islands has been purported to be the “grog and gunja”, the response has been simply inadequate.

A blame the victim mentality also developed, where while the council president was asking for less alcohol to be available from all liquor outlets, permits and all other sources with interdiction policies to curtail the supply, importation or growing of cannabis on the island, yet the opposite was allowed to occur. There was an increase in the number of (legal) liquor outlets and liquor permits to individuals from 1996 to 2006, which meant that the islands were awash with an ever-increasing amount of alcohol. Yet black marketeering and sly grog

running by boat from the mainland continued to be big business for local Indigenous and non-Indigenous men who were opposed to and “actively worked against any reform of alcohol laws, regardless of the terrible consequences” (Adlam 2006). Adlam (2006) also quoted a local psychiatrist who suggested that it was poor leadership on the Tiwi Islands but with the Coroners, Police and the Liquor Commission, actively supporting the status quo and the Alcohol & Other Drugs Program and Mental Health Services not speaking out strongly enough at the time, the tragedy has simply been allowed to continue. Along with the highest suicide rate in Australia the Tiwi Islands have had the highest per capita consumption of alcohol, and most was legally consumed through the social clubs, not counting the amount consumed through liquor permits and sly grog running. The communities were also under a cloud of cannabis with many locals aware of who was selling the cannabis but powerless to intervene or report them to police since they were senior members of their own Tiwi community. Nepotism within the communities is deeply entrenched, and although the number of Tiwi Island people who have died by suicide along with their future generations having been lost forever, the blaming still continues. In 2007 a decision was made to reduce the per capita consumption of alcohol (only mid-strength beer available from social clubs) which has been one strategy to successfully reduce the suicide rate on the Tiwi Islands. More recently though, there have been moves afoot by the Social club licensees to sabotage that achievement to increase alcohol availability (Cunningham 2008).

A recommendation from Parker’s (NT Psychiatrist) dissertation in 1999 was for a tracking of suicides through coronial records using a system of surveillance similar to the Western Australian Coronial database. A national electronic system was developed in 2000 and implemented by the National Coroners Information System (NCIS), Victorian Institute Forensic Medicine. The recommended surveillance has commenced as a result of this current research at Charles Darwin University with access granted to the NCIS database from 2006 - 2009, which has allowed the tracking of all suicides in the Northern Territory but in particular Indigenous suicide. The tracking of suicides has influenced some policies, and has enabled the monitoring of changes in policies and their impact on communities, for example, the reduction in alcohol consumption on the Tiwi Islands in 2006 / 2007; the introduction of non-Indigenous police presence on Nguiu; and the presence of a psychiatric nurse on Nguiu with referral pathways into Acute Mental Health Inpatient Unit and follow-up services. The latest of these interventions and policy decisions mentioned above can now be tracked, and policy modifications made with immediate results being reflected in the NCIS death data.

Chronology of completed suicide

In 1989 two suicides occurred with one man hanging himself with a garden hose tied to a mahogany tree overlooking an idyllic white sand beach. Another man completed suicide by the same method. These were the index suicides for the Tiwi Islands and the brother of one of the victims has continued to work as an Aboriginal Mental Health Worker on the Tiwi Islands since these suicides occurred.

In 1992 a completed suicide of an Indigenous Tiwi man, aged twenty-five years occurred on the Tiwi Islands, at Nguiu on Bathurst Island and who completed suicide by hanging. He had history of treatment for a psychiatric disorder, and history of petrol sniffing.

In 1993 a completed suicide of an Indigenous man aged thirty years occurred on the Tiwi Islands, at Pirlangimpi, Melville Island and completed suicide by hanging. He had a long

history of alcohol abuse and had a previous history of a serious suicide attempt, shooting himself in the abdomen in 1991. Just prior to his death he threatened to kill himself after family refused him more money for alcohol and this was often his behaviour when severely intoxicated.

In 1996 May, a Tiwi Islands Indigenous man aged forty-two years old was a “Death in Custody” at Nguuu goal, Bathurst Island and was heavily intoxicated at the time of his completed suicide by hanging. The Coronial Inquest stated there was “an unfortunate background of alcohol abuse and domestic violence in the relationship” with his wife. They lived in Nguuu and his wife had taken out domestic violence and restraining orders on her husband but had since withdrawn them. The deceased and his wife had attended the Nguuu Social club prior to his suicide and he had consumed a substantial amount of beer. His wife had said he had been “full drunk” and on post mortem blood alcohol was 228mg per 100ml. The Aboriginal Community Police Officer (ACPO’S) and the deceased’s brother put the man into the cell after a domestic disturbance but were both unaware that the deceased would take his own life by hanging. The Town clerk of Nguuu stated that “about 90% of the problems in any Aboriginal community are alcohol related and those wider needs and issues need to be considered than simply the provision of (police) cells”. The cell was in poor condition with available hanging points, understaffed by ACPOS and no non-Indigenous police officers based at Nguuu.

In 1996 September, another death occurred on Pirlangimpi (Melville Island) a young Indigenous man twenty-three years old completed suicide by jumping from a moving motor vehicle (MVA) and sustained head injuries in the context of chronic alcohol poisoning**.

In 1997 May, a Tiwi Islands Indigenous man completed suicide by hanging at Nguuu, Bathurst Island he was twenty-three years old. He had attempted suicide and had been admitted to Mental Health Services psychiatric ward for treatment. He had been discharged from hospital with no recorded follow-up and during a power failure in the community and in the resulting darkness hung himself.

In 1997 September, a Tiwi Island Indigenous man aged twenty years old completed suicide by hanging in the context of Cannabinoid intoxication. He was also known to abuse alcohol and suffered from drug induced psychosis and was known to hallucinate about standing on snakes but with no evidence of snake bite. His mother had seen him just after he returned from Nguuu Social Club and then she left to play cards and returned home in the early morning to find him hanging by nylon clothes line***.

In 1998 August 21st, the first of the “Tiwi Four” and the subject of a Coronial Inquest, a Tiwi Island Indigenous man aged eighteen years old completed suicide by hanging in the context of alcohol intoxication. He abused cannabis and was also heavily using alcohol and was admitted for psychiatric assessment and treated for drug-induced psychosis. The young man also had cultural obligations to attend a funeral on another nearby community, Croker Island, to take part in ceremonies and was fearful of the consequences if he did not attend the funeral. His fears of payback or sorcery were legitimate but may have been exacerbated by his psychosis. He hung himself after an argument with his family about the failure of not being able to raise the money to attend the funeral. He had previously attempted suicide by hanging just days prior to his completed suicide.

In 1998 August 22nd, the second of the “Tiwi Four” and the subject of a Coronial Inquest, a Tiwi Island Indigenous man aged twenty-five years old completed suicide by hanging in the context of acute and severe alcohol intoxication, longstanding alcohol abuse and cannabis abuse. He had previously attempted suicide by hanging and was rescued by his girlfriend and often attempted suicide when angry with her. He had been drinking at the Nguiu Social Club just prior to his completed suicide with his girlfriend and in the context of a domestic disturbance, argument, and then domestic violence as he attempted to hang himself off the fan in their bedroom in front of his girlfriend who tried to stop him. He then completed suicide after she left to get help. This suicide was within 24 hours of the previous suicide by hanging on the island with the strong possibility of contagion effect occurring.

In 1998 October 28th, the third of the “Tiwi Four” and the subject of a Coronial Inquest, a Tiwi Island Indigenous woman aged twenty-two years old from Nguiu was pronounced dead as a result of a fall from a power pole in the context of acute alcohol intoxication. She was threatening to jump but fell instead. She had a prior history of suicidal ideation, anxiety and agitation when she was stressed but had not previously attempted suicide. She had a domestic disturbance and argument with her boyfriend who was about to leave her and return to his community of origin. She had sought help from family but was not helped sufficiently and proceeded to climb the power pole. The power was turned off and in the darkness she fell from the power pole and died. This may have been an accidental death but the level of risk, threats to suicide and subsequent “copycat” suicides imitating this method as a behavioural contagion, have been extensive and beg the question as to whether in fact this death was deliberate self-harm.

In 1998 November 30th, the fourth of the “Tiwi Four” and the subject of a Coronial Inquest, a Tiwi Island Indigenous man aged thirty-two years old completed suicide by hanging in the context of heavy alcohol intoxication. He had previously attempted suicide by shooting himself in the arm in the context of his marriage breakdown and lack of contact with his children who lived in another Tiwi community. He was known to abuse both alcohol and cannabis and previously threatened to complete suicide and just prior to his death he had woken his friend and tried to talk to his friend about his problems but his friend went back to sleep.

In 1999 29th October, a Tiwi Island Indigenous man from Nguiu Bathurst Island completed suicide by hanging in the context of alcohol intoxication. He was an Aboriginal Health Worker at the Nguiu health clinic and had been called out several times during the week to counsel a family member who was threatening suicide. He had also a personal history of threatening suicide, his brother had completed suicide two years previously, and therefore had a cumulative risk with familial contagion and vicarious trauma being current risk factors***.

In 1999 31st October, a Tiwi Island Indigenous man twenty-three years old from Milikapiti Melville Island completed suicide by hanging in the context of alcohol intoxication. The deceased had previously made threats to kill himself. Prior to his death the deceased commented on a recent death by hanging of an Indigenous man on Nguiu, and made a direct reference to the recent suicide when he stated that “he probably had woman troubles”. This is a strong indication of contagion as he may have been influenced by this previous suicide. He had been drinking at home then went to the club on Milikapiti when it opened and on leaving the club with others, they took 11 cans of beer away with them to drink. After a domestic violence episode where he attacked his wife, punched her unconscious he then hung himself in their bedroom off the fan*.

In 1999 December, a Tiwi Island Indigenous man twenty-eight year's old completed suicide by hanging in the context of cannabinoid intoxication. He hung himself on the rotating fan in the house. The suicide death was in the context of domestic violence and culminated after an attack on his girlfriend with a knife and scissors, causing serious bodily harm and which resulted in her collapse. She regained consciousness and left the house and was taken to the health clinic where she informed staff that her boyfriend's had hung himself.

In 2000 January, a Tiwi Island Indigenous man aged twenty-six years completed suicide by hanging in the context of alcohol intoxication and domestic violence. He had been drinking during the day then after drinking at the club that evening he had argument with his wife and hit her and she left the house. He requesting some food from family, instead of eating went into his room locked the door and decided to end his own life. Photos of his friends and family were located near him. He had the same family name as a man who completed suicide on Milikapiti in late 1999 but he was a year older*.

In 2000 November, A Tiwi Island Indigenous man aged thirty-two years who usually resided in Pirlangimpi Melville Island completed suicide in Darwin by motor vehicle accident while jumping into oncoming traffic on Vanderlin Drive. His medical record showed that he had previously attempted suicide several times on Melville Island but had been rescued by family members. He had previously attempted to hang himself, but was cut down by his nephew and resuscitated; then he had attempted to drown himself in deep water but was again rescued by family members. On this occasion he had been heavily intoxicated with alcohol, cannabinoids were detected in his urine from toxicology results, and he was involved in a domestic violence dispute with his wife striking her on the head and back. He then stated that he was going to kill himself and ran off towards the busy road. His wife had attempted to run after him and stop him but failed. He jumped in front of a car, the ambulance attended, all resuscitation attempts failed and he died in hospital that evening.

In 2001 a Tiwi Island Indigenous man aged thirty-three years from Milikapiti, Melville Island completed suicide by hanging in the context of alcohol intoxication and domestic violence. He had punched and attacked his wife with a knife, while they were both drinking at home, and she sustained serious injuries, after they had been drinking at the Milikapiti Club in the late afternoon. They had also attended the funeral earlier that same day of a cousin of the deceased. The deceased had been involved as a coach of one of the Tiwi football team and had selected players for the Community's grand final football team at the club that evening. He completed suicide at his next-door neighbours house and "may have been depressed about what had occurred with his wife a short time before. It is certain ... that the deceased was intoxicated at the time of his death and this was a contributing factor to the suicide".

In 2002 January 27th a Tiwi Island man aged twenty-eight years who normally resided on Nguui, Bathurst Island completed suicide by hanging in the context of cannabis and alcohol toxicity. He had been separated from his wife who normally lived in Darwin but had been visiting his wife and two children and then the whole family went to Bathurst Island stayed for a short period over Christmas holidays. The deceased was receiving treatment for schizophrenia at Cowdy Ward TEMHS for drug induced psychosis in the context of heavy cannabis use, but was not non-compliant with his medication and continued to use cannabis. He had been married 'traditional way' to his wife for approximately 15 years and since he was only 28 years old at his death he had been betrothed quite young****.

In 2002 February 8th a Tiwi Island Indigenous man twenty year old, related to family on Milikapiti Melville Island completed suicide by hanging in the context of alcohol intoxication while living in Palmerston. He was concerned about his marriage breakdown, domestic violence issues with his wife related to his drinking and a domestic violence order against him from his wife. He had a young male relative of the same family name who completed suicide by hanging on Tiwi Islands in 1996. His father attempted suicide by hanging the evening before, and had been taken to Mental Health Cowdy Ward. This was just prior to the deceased completing suicide by hanging early the next morning. The contagion from both events, particularly his father's attempted suicide, obviously impacted on the decision to end his life. The death was in the context of the relationship breakdown and restraining order and a note was left that he intended his actions**.

In 2002 February 13th a Tiwi Island Indigenous man thirty-nine years of age who normally resided in Darwin completed suicide by hanging in the context of cannabis intoxication and drug-induced psychosis. He had a history of alcohol and cannabis abuse over a number of years and a tendency to self-harm. He had been admitted to Cowdy Ward TEMHS after attempting suicide in 2001 and Royal Darwin Hospital with haematemesis from chronic alcoholism. His close friend died by suicide in late January and he then admitted himself to FORWAARD alcohol rehabilitation unit but completed suicide by hanging twenty-four hours after his admission at the rehab unit.*****

In 2002 May, a Tiwi Island Indigenous man twenty-two years of age from Nguiu, Bathurst Island completed suicide by climbing a power pole, jumping off and falling from a height. He was a heavy cannabis user and at times displayed irrational behaviour. Just prior to his death that morning he awoke and his behaviour was irrational and he appeared to be intoxicated or in withdrawals at that time and he was upset and angry with his mother and father. He ran from his home and climbed a power pole and in spite of attempts from numerous members of his family to talk to him and encouraging him to come down he indicated he did not wish to talk. He climbed further up the power pole and then jumped backwards, landing on his back on the ground.

In 2002 May a Tiwi Island Indigenous woman from Nguiu Bathurst Island completed suicide by cutting her own throat with a pair of sharp scissors in the context of known cannabis abuse. She had made previous suicide attempts often in the context of domestic violence, cannabis abuse, unhappiness and rumours about her within the community. She had some paranoid thinking in the context of cannabis use or more likely withdrawal, as there were no traces of the drug found after forensic testing and toxicology results. She had been living in a serious and ongoing domestic violence situation in her relationship with her partner and was often receiving treatment for her injuries from the local clinic though none were life threatening.

In 2002 July a Tiwi Island Indigenous man eighteen years old from Milikapiti Melville Island completed suicide by hanging in Nguiu, Bathurst Island after being allegedly involved in the sale of cannabis in the community. He was also a gambler and he had a confirmed heavy use of cannabis. He had unpaid drug debts with no way of paying and was being threatened by the supplier of the drugs. He had spent the morning with his cousins and friends in the community but came home just before midday. He was found hanging by his Aunty about an hour later. He had used a nylon rope, to hang himself with in the bedroom of his Auntie's house.

In August 2002 a Tiwi Island Indigenous man from Milikapiti, Melville Island who had been spending time living at Bagot community just prior to his completed suicide by hanging. He had been drinking heavily with his brother and had been 'humberging' for more 'moselle'. His brother was about to give him more when the deceased said as he walked off "I'm gonna go hang myself for that moselle you won't give me". His brother did not think he would carry through with his threat and remained at his house. He was acutely intoxicated and this contributed to his death. Some Bagot people as they drove along within the Bagot community, saw the deceased suspended from a large Banyan tree in a large open field and stopped the car. They used a broken bottle to cut the deceased down and laid him on the ground and called for help. He had been forced to leave Tiwi Islands after accusations and allegations of sexual abuse from family and banned from returning, and this was weighing heavily on his mind.

In 2002 September 1st a Tiwi Island Indigenous man from Milikapiti, Melville Island, twenty-nine years of age completed suicide by hanging. He was recently separated, acutely intoxicated with alcohol and had been using cannabis as cannabinoids were detected in his blood. He had been drinking at the Milikapiti Social Club and then continued drinking an unknown quantity of Victoria Bitter (full strength) beer. He went to speak with his ex-defacto and said "Goodnight mother one, I won't humbug you any more" and returned to the campfire and began to sing and dance around the campfire. Sometime later he then hung himself under the elevated house nearby. He had a propensity to self-harm in the past when intoxicated with alcohol and cannabis.

In 2002 September 4th a Tiwi Island Indigenous man from Nguuu, Bathurst Island, forty-seven years of age completed suicide by hanging. He was acutely and heavily intoxicated with alcohol with both blood and urine contained large detectable amounts of alcohol. His blood was also screened for other drugs and it indicated the presence of cannabinoids. He was employed as a bookkeeper and married.

In 2003 January a Tiwi Island Indigenous man from Nguuu, Bathurst Island, thirty-seven years of age completed suicide by hanging at Karingal Flats, Fannie Bay. He had been drinking alcohol, in and around the Karingal Flats, the Waratah Football oval and the Fannie Bay shops. He began a physical fight with his brother and won the fight and there was apparently no animosity between the brothers after the fight. They continued to drink alcohol and sometime later during the night the deceased while heavily intoxicated with alcohol, tied a rope around his neck and hung himself from a palm tree.

In 2003 July a Tiwi Island Indigenous man from Nguuu, Bathurst Island, twenty-three years of age completed suicide by hanging. He was acutely intoxicated with alcohol. He had a previous serious attempt climbing a power pole and then using a T-shirt around his neck tried to hang himself with family members being able to prevent this suicide attempt. On the day of his death he had been drinking at the Nguuu Social Club until closing time and then returned home to family and was soon involved in a domestic disturbance. He was fighting with his friend over money owing for cannabis and then began threatening family members with a shotgun. Relatives disarmed him and then he ran off into the bushland behind his house and was not seen alive again. His body was located in the early hours of the morning hanging from a tree. His body was then removed and brought to the house where the police attended after being notified of the death.

In 2003 September a Tiwi Island Indigenous man from Milikapiti, Melville Island, eighteen years of age completed suicide by hanging. He was acutely intoxicated with alcohol and had been drinking at the Milikapiti Social Club and also consumed more alcohol at his brother's house prior to his death. He had also been smoking cannabis, and while at his brother's a fight started between them and he was knocked to the ground twice. He then left and went home and told his family about the fight and they all left to go to his brother's place to talk about the fight but while his father was talking to both parties about the fight the deceased left them and appeared to return home. He was later found at home by his family hanging by a shoelace on the rail in the cupboard. After this tragic death of such a young man the Milikapiti Club management limited the number of cans that can be bought while the club was open to six cans of beer per person.

In 2003 October a Tiwi Island Indigenous man from Nguuu, Bathurst Island, twenty-six years of age completed suicide by cutting his throat in the context of alcohol and cannabis intoxication. He died in Malak and was a "Death in Custody" as police were attempting to take him into custody at the time of his death. The deceased was known to be a loving husband and father but his abuse of alcohol and cannabis resulted in much anger, family disturbance and violence. Before he died he told his wife that he felt ostracised and hated by members of his own family. He was on a full non-contact domestic violence order and was not supposed to be with his wife or children but she had just returned from Bathurst Island and the deceased was waiting at her home for her and the children. He began drinking on the premises, smoking cannabis and talking about everyone hating him and she asked him to leave but he refused. She then stated, "I don't hate you. You know, you've got to stop drinking. You've got to stop smoking (cannabis). You've got to help yourself first if you want to get back with the kids and me. So just leave all the things you've got with your family". That brought a final response from the deceased who told her, "Alright, I'm going to kill myself". It was not the first time he had threatened suicide and his wife said he would say it "when he was like, when he was drunk. But he wouldn't say it when he was sober, just when he was drunk and he was smoking (cannabis)". He kept threatening to take his own life and his wife and children went into the safe room in the house and all was quiet until the deceased declared "I've got a knife, I'm going to kill myself". He cut his own throat and was sitting in a cupboard when the police arrived to disarm him but he was already bleeding profusely and was taken out of the cupboard and physically restrained. During the restraint and as he thrashed around he was having difficulty breathing from a three inch neck wound across his trachea and made grunting noises and was heard to say several times "you are holding me too tight. I can't breathe". He lost a great deal of blood as the police officers were unable to stop the bleeding, the ambulance officers were unable to effect complete resuscitation because of the extent of injuries to the trachea and he died on the way to hospital. There was some concern over comments made by the arresting police suggesting frustration and helplessness in the face of such a waste of a human life in brutally horrifying circumstances.

In 2003 December a Tiwi Island Indigenous man from Nguuu Bathurst Island, thirty-five years of age, completed suicide by hanging after attending the Nguuu Social Club. No alcohol was detected in his blood analysis but cannabinoids were detected from recent use of cannabis. The deceased had a prior suicide attempt in 2001 in the context of cannabis-induced psychosis, where he climbed a power pole and then fell suffering multiple injuries requiring many weeks in hospital. He was then partially paralysed and confined to a wheelchair. He completed suicide at home using a sock around his neck to hang himself on a rail in the toilet. He was found by a family member (his nephew) the next morning intending to use the toilet. A local doctor was called but the deceased was pronounced dead at the scene.

In 2004 September 2nd / 3rd a Tiwi Island Indigenous man from Nguiu Bathurst Island, thirty-one years of age was found hanging in bushland behind the Nguiu community. His death was in the context of being acutely intoxicated with alcohol as he had been drinking at the Nguiu Social Club the previous evening and had argued with his wife. There was a domestic dispute and family violence where the deceased had punched his wife and later was seen walking into the bushland. He was found during the day, after an extensive search of the bushland, under a tree with a rope around his neck.

In 2004 September a Tiwi Island Indigenous young man who had grown up in Karama, Darwin but was now living in Nguiu Bathurst Island and had apparently been sent there to attend initiation ceremonies and to get out of a gang of which he was a member – “Karama Ghetto Boys”. He was seventeen years of age and completed suicide by hanging at Wurankuwu outstation approximately forty kilometres from Nguiu. He had been involved in fights that had developed after the previous suicide in Nguiu and as a result the Nguiu Social Club had been closed. He had been sent out to Ranku to escape from some threats relating to ‘gunja’ cannabis and that the person had intended to scare him because he had reneged on his promise to supply him with ‘gunja’. The person who made the threats and was taken into custody but the deceased did not know this as the time of his death.

In 2004 November a Tiwi Island Indigenous man from Wurankuwu, Bathurst Island, twenty-one years of age completed suicide by hanging in the context of being acutely intoxicated with alcohol. He had been drinking with his sister at the Ranku Club where he was drinking VB full strength beer but was not regarded as a heavy drinker. He left the club with his father and then went to talk with his uncle about being teased because he was gay and also disclosed that he intended to end his life because of the teasing. His uncle talked to the deceased and telling him told him strongly not to do it and walked home with him. Once at home he became violent and throwing things at his sister but also pleading with his sister to “help me” but she said she could not help him while he was drunk but would talk to him when he was sober. He left the house very angry and didn’t return but was found the following morning hanging at a landmark site (Telstra radio compound) in the community. The Ranku clinic staff attended but he was deceased. It appears the he had become “overwhelmingly upset by feelings that he was being discriminated against by others in the community because of his sexuality” as he identified as a “Sister Girl” a term used by the Tiwi to describe homosexuality. While heavily intoxicated with alcohol he was overwhelmed with these feelings of rejection and he took his own life.

In 2005 June a Tiwi Island Indigenous man from Nguiu Bathurst Island, twenty-one years of age was found hanging in the context of substance use, cannabis withdrawal and was very angry. There was an argument / domestic disturbance in which an off duty police officer came to the house and intervened but he was not threatening self-harm. The mother was able to leave the house and the deceased remained in the home with his brother. Later the deceased found his mother and the argument continued it was supposedly about cleaning the house. Much later the deceased was found hanging in the home with an electrical cord wrapped around his neck hanging from the rafters. His death was a tragic loss of life based on an impulsive act driven by his anger. Later on towards evening he did threaten self-harm in front of family members who had tried to talk him out of it and then left him alone and while alone he hung himself.

In 2005 October a Tiwi Island Indigenous man from Nguiu Bathurst Island, twenty-five years of age was found hanging in bushland behind the Nguiu community. He was acutely intoxicated with alcohol and cannabis at the time of his death and it was in the context of an argument / domestic disturbance with his mentally ill brother that he took his own life. He stated to his mother that “I am going to hell for ever and ever” and leaving the family home with a plastic cord in his hand he did not return that night. He was found dead in the bushland next morning on the ground with the cord tied around his neck and suspended to a tree branch. It appeared that the deceased had become overwhelmed by his own anger, and with his judgement impaired and affected by the alcohol, decided to take his own life. He was a fit active young man who worked as a labourer for Tiwi Islands Local Government (TILG) and played football for the Nguiu Bulldogs.

In 2005 November a Tiwi Island Indigenous young man living at Nguiu Bathurst Island, twenty-one years of age was found hanging in bushland behind the Nguiu community. He was acutely intoxicated with alcohol at the time of his death and this may have contributed to his impulsive decision. He was a trainee Aboriginal health worker for two years prior to his death and was almost finished his training. He had no known history of depression or mental illness but had some personal problems relating to his sexual identity and was sensitive about it. He was a male who identified as a female and the expression used for this on Bathurst Island is “Sister Girl”. His cousin a ‘Sister Girl’ had completed suicide the previous year and he had disclosed to one of his friends that he “wanted to be like his cousin”. His friends followed him, tried to find him and a search was conducted in the bushland but without success. He was later found hanging high up in a tree. Familial contagion resulting in imitation and cluster suicide.

In 2005 November (body found in December) a Tiwi Island Indigenous twenty-seven year old young man living at Milikapiti Community, Melville Island and was found hanging. The decomposed body of the deceased man was reportedly found in a disused accommodation building using a shirt around his neck to suspend himself. He had been at the Milikapiti Social Club drinking and dancing to music but had later argued over money. The deceased was known as a “Sister Girl” a group of Tiwi men who although biologically male, identify as female, and before he died he felt others hated him because he was “different”. Two months prior to his death he had attempted to climb a power pole, a common method of suicide in the Tiwi Islands. He fell and injured his ankle but did not disclose his suicide attempt to the nurse, because he would have been banned from drinking alcohol at the Social Club. Subsequently he did not receive a referral to the mental health team on the islands for assessment and he completed suicide two months later.

In 2006 January a Tiwi Island Indigenous man from Nguiu Bathurst Island, twenty-eight years of age was unexpectedly found hanging from a rafter under the veranda at his home. He had used an extension electrical power cord to hang himself. He had a history of substance-induced psychosis due to polysubstance abuse (petrol, cannabis and alcohol). He had been admitted to the psychiatric hospital (Cowdy Ward) in May the previous year (2005), after threatening suicide and unpredictable behaviour. It appears since then that he had not been regularly compliant with his prescribed antipsychotic medication. On the day of his death he had presented at the Nguiu clinic with stomach cramps (somatic symptoms) but no other complaints and been given his antipsychotic medication that day as well as panadol. He was seen later talking to family at the shops and then walking home but was found later at home hanging. He had in the past spoken of killing himself or threatening to kill others when having a psychotic episode, but there was no indication on this occasion that he was intending to

harm himself. His toxicology results showed that none of the drugs alcohol, amphetamines, benzodiazepines, opiates, cannabinoids and other common drugs were found in his blood except for paracetamol, which he had received at the clinic that morning.

In 2006 April a Tiwi Island Indigenous man from Nguiu Bathurst Island, thirty-four years of age, climbed a power pole and then jumped off. The cause of death was multiple injuries received in a deliberate fall from a height. At the time of death he was acutely intoxicated with alcohol and had been in a “bad mood” according to his partner and wanting to fight anyone including friends and family. His anger and intoxication contributed to his impulsive decision to climb the power pole and then jump off in spite of others trying to stop him or talk him down.

In July / August 2006 a Tiwi Island Indigenous young woman completed suicide in Perth WA. She was the daughter of a senior Indigenous man from Milikapiti and he was a respected footballer. She had been living in Perth for some years after leaving the Tiwi Islands but had returned to the islands from time to time. She completed suicide by hanging and her memorial service on Tiwi Islands, one year later in August 2007, drew a large crowd of mourners.

In March 2007 Tiwi Island Indigenous man thirty-five years old from Milikapiti (Snake Bay), Melville Island completed suicide by hanging. He had been involved in an argument with his family. It is not known at this stage if drugs or alcohol were involved prior to taking his own life. His body was found time later in a decomposed state.

In November 2007 a **non-Indigenous man** who lived at Nguiu, Bathurst Island completed suicide by hanging in the context arguments and relationship problems with his girlfriend. He was a schoolteacher at the Catholic School at Nguiu and his **Tiwi girlfriend**, who was pregnant, lived on Melville Island at Garden Point. The psychiatric nurse and the AMHW have since visited his Tiwi girlfriend to support her. It is not known at this stage if drugs or alcohol were involved prior to taking his own life.

In February 2008 an Indigenous man completed suicide on the Tiwi Islands. He was thirty-three years of age and married with a family. His decomposed body was found some days after his death. He was a respected elder on the Tiwi Islands.

Interview Transcripts:

Transcript from interview with ACPO at Nguiu Bathurst Island 2006.

Transcript from Living Black “Aboriginal suicide in communities” 2006

Transcript of Dr Trish Nagel & AMHW’s 2006

Interview with Dr. Robert Parker Psychiatrist and Nigel Adlam NT News 2006.

ECHO CLUSTERS TIWI ISLANDS (Population 2,400) Indigenous Suicides (n = 41)

December									Δ			Δ		Δ				
November								Δ		◇		Δ		Δ			Δ**	
October								Δ	Δ ◇			Δ	Δ*		Δ			
September						◇	Δ					Δ ◇ Δ	◇	Δ Δ***				
August								Δ Δ				◇ Δ					◇	
July												◇ Δ	Δ		60			
June												Δ			Δ			
May						Δ	Δ					Δ Δ Δ						
April			◇								◇	Δ				Δ	Δ	
March		Δ										Δ				Δ	◇	
February												◇*◇*				Δ		Δ
January									Δ			Δ*	Δ			Δ		
	9 1	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008

LEGEND: Clustering of Completed Suicides on Tiwi Islands communities

Nguiu = Δ Wuranku = Δ
 Milikapiti = ◇ Pirlimgimpi = ◇

- * did not complete suicide on Tiwi Islands but contagion verified
- ** non-Indigenous partnered with Indigenous Tiwi Islander
- *** Tiwi youth grew up in Darwin but completed suicide on Tiwi Islands

Examples of Clustering of Attempted Suicides in 2002 and

July 2005 – April 2006
 7 attempts per week = Δ
 60 attempts in July 2005 = 60

Review of Indigenous Suicide in Central Australia 1991 - 2008

Introduction

A chronological review of Northern Territory Coroners' Office paper based records and National Coroners Information System electronic records was undertaken to develop a community profile of Indigenous suicide in Central Australia - Alice Springs and associated communities and camps in the urban area and other ABS statistical local areas 1991 – 2007. Familial contagion was identified within four family groups but these were not the only families to have contagion occurring.

Background

In the late nineteen eighties, prior to suicide being a feature of Indigenous communities, Dunlop (1988) conducted a study of Aboriginal communities in and around Alice Springs including some remote communities. She identified about 200 disturbed individuals whose behaviour caused problems in the communities of Central Australia. This study appears to identify the precursors to the dramatic escalation of violent deaths, particularly homicide and suicide deaths in the mid nineteen nineties in Central Australia. It outlines the degrees of mild, serious and severe problems, of a subgroup of disturbed people known to be displaying antisocial behaviour and violence. From the two hundred disturbed people in the study she identified three groups:

1. One third was a group of people who had mild problems and they might not be able to look after themselves properly. They might sometimes do strange things, but they were not particularly dangerous and they did not interfere with other people or other people's belongings. These people might get into fights and sometimes get angry, but they do not do this all the time.
2. Another third was a group of disturbed people who cause some serious problems because they would be quite disruptive to other people. The issues were that people found it hard to sleep in the same house with someone who talked and smoked all night long; that the person might get food and throw it around the house; give away their money and then always ask people for more money; break up other people's camps, steal cars and break into the clinic and other buildings; always being rude to other people, and never helping if their family asks them to get firewood or do anything to contribute to the family or community.
3. Final third were the most difficult people with severe problems and were the most violent and most disruptive. So much so, that they would always be hitting their family; chasing other people; and sometimes becoming really dangerous and threatening with a rifle or a knife. These people also have other unusual behaviour like the people in the other groups, or they might think strange thoughts, and do things that no-one can understand" (Sometimes these people would break traditional laws and speak about things that should not be spoken about).

This research by Dunlop (1988) did not distinguish between the disturbed behaviour of substance abusers, for example, alcohol abuse, petrol sniffing, cannabis abuse and the disturbed behaviour of people from other causes, because substance abusers were the vast majority of disturbed people. When the study did exclude the substance abusers from the study the same characteristics emerged from non-substances abusers. It could be suggested from the results of the study that other stressors impacting on the Indigenous culture and that were brought to bear on individuals in Indigenous communities were producing the same disturbed and disruptive behaviour and that substance abuse may simply intensify and increase the proportion of people in distress. It also looked at the overall effect of disturbed

behaviour and how Indigenous people at the time viewed these people and what their needs and services were and made recommendations to that effect. It did not make recommendations to address the substance abuse, particularly alcohol abuse, cannabis abuse and petrol sniffing and its effect on the individual, family and community or the social disintegration.

During the first five-year period of the nineteen nineties from 1991 – 1995 the vast majority of completed suicides in Central Australia were non-Indigenous suicides with several recorded in 1991 and 1992 mostly by firearms and occasionally by hanging. The first Indigenous suicide recorded for that same five year period in Central Australia was in 1993 and then another followed in 1994, both completing suicide by firearms. Indigenous suicide began to escalate rapidly from 1996 onwards and a death in custody in 1998 appears to have triggered a familial contagion that has continued for a decade and will be explored and investigated in this research. In Alice Springs three main families were involved in the contagion, “Family One”, “Family Two”, “Family Three” and “Family Four” with combinations of these family names occur throughout the data. But there are two other family names also involved in this tragedy. The strong women of these families are now undertaking the writing of their own story and investigating why and how these suicides have occurred in their families. Many other Indigenous suicides began to occur from 1996 in town camps surrounding Alice Springs as the propensity to harm themselves and others has escalated. In 1998 / 1999 Christmas an unprecedented number of suicides occurred in Alice Springs and resulted in the development of an Interagency Suicide Response Task Group.

From 2001 – 2005 the pattern of strong familial contagion continued among families who were drinkers and who lived in fringe camps in Alice Springs or in near-by communities. Alcohol abuse and antisocial behaviour was rampant in Alice Springs particularly along the Todd River bed but interventions appeared unsuccessful in containing and reversing the effects of binge and habitual drinking and cannabis abuse.

In the early nineteen nineties the number of liquor outlets increased with the introduction of “wet canteens” or clubs, which served alcohol in remote communities (Crundall 1994). Prior to that alcohol was only delivered to communities to those who had liquor licences or permits but “climbing through a window of opportunity” a decision was undertaken to trial social clubs permitted to sell alcohol. This trial of introducing “wet canteens” into otherwise “dry” communities was a social experimentation which has backfired on Indigenous people both in the Top End and Central regions of the NT. The increasing number of liquor outlets only increased the number of litres of alcohol sold per capita particularly to Indigenous people thereby increasing alcohol consumption to vulnerable people.

Chronology of completed suicide

In 1993 the first recorded or index Indigenous suicide in the Alice Springs region in the decade of the nineteen nineties was by firearms. He was a young male, twenty-one years of age. The suicide occurred in October at the beginning of the summer.

In 1994 approximately twelve months later another Indigenous male thirty-three years of age completed suicide using the same method of firearms. He used a “short barrelled gun which was in his hands” when he was found by family “his face looked like it had been shot away”. Prior to his death he was living with his sister, her defacto husband and their three children. Also living at the house was another sister of the deceased and her daughter. He had been

concerned about his sister “being stressed out and whingeing about money”. The deceased had been with his ex-girlfriend overnight and he had seemed a “bit down” so he spent time with her but without drinking alcohol. No one in the family was aware that the deceased had owned a gun and there had been no firearms kept at the residence prior to the deceased moving into live with them. His suicide was a surprise to the family and friends but had had a recent relationship breakdown.

Note: Further non-Indigenous suicides occurred from 1993 onwards and were concurrently escalating with mostly males using very lethal methods, that is, firearms, hanging and carbon monoxide poisoning.

In January 1996 an Indigenous male aged twenty-four completed suicide by hanging in Alice Springs.

In February 1996 an Indigenous male aged thirty completed suicide by hanging. He was found in a toilet block hanging from a length tied to a roof strut. He was intoxicated with alcohol at the time of his death. The forensic pathologist found that “there was no evidence of fresh injury other than that related to hanging” and “was entirely consistent with self suspension”. No other information in relation to the antecedents of this suicide were available.

In July 1996, an Indigenous male aged fifty-seven completed suicide by gunshot wound to the head. He lived at and had previously worked on an outback cattle station in the Simpson Desert. From the coronial record it had been noted that he had been mildly depressed over the preceding days and on the day of his death he was found lying on his bed at the station with a bullet wound to his head. The coroner found that the bullet wound was self inflicted and in the context of recent alcohol consumption.

In December 1996, an Indigenous male aged thirty-nine, completed suicide by driving his motor vehicle off a bridge north of Alice Springs. He was heavily intoxicated at the time and police alleged he drove his car off the bridge with the intention of “committing suicide”. No other information in relation to the antecedents of this suicide are available.

In 1997 an Indigenous male aged thirty-seven years completed suicide by hanging in the context of a diagnosis of schizophrenia and charges laid with the criminal justice system. He lived in Alice Springs but in a separate dwelling to his defacto wife although the relationship was intact and they had three children. His wife had not seen him for several days and reported it to the police. He was found hanging with an electrical cord around his neck and suspended from under the staircase of his unit. He had allegedly inflicted grievous bodily harm on another person and had been summoned. A note was left and read simply “Don’t hate me, Alan”.

In 1997 an Indigenous male aged twenty-nine years completed suicide by hanging in the context of alcohol intoxication and in the front yard of his home at Charles Camp, Alice Springs. He was depressed and felt deeply alone at the time of his death since his parents were living in Maningrida and his grandmother whom he was close to was visiting interstate. He had been drinking all day and requested cigarettes from a neighbour who observed that he was “drunk and off his head”. He was found hanging by his neck from a strap connected to a basketball hoop with a chair kicked away nearby. He had also been a heavy smoker.

In January 1998 a completed suicide of an Indigenous person.

In February 1998 a completed suicide of an Indigenous person.

In March 1998 a 'Death in Custody' occurred of a sixteen-year-old Indigenous male who was intoxicated with alcohol was found hanging in the Alice Springs Watchhouse. He was from Amoonguna Community and used his mother's surname ("Family One") as his parents separated when he was a child. He was the first suicide in a familial contagion amongst three families of Alice Springs urban, rural and remote communities. The Coronial Inquest revealed, "underlying the death of this juvenile are the great social problems in Alice Springs caused by alcohol and cultural stress. The sad antecedents and history of the deceased juvenile are not unusual. These problems cannot be underestimated and are evidenced by, amongst other things, (1) this death (in custody) and (2) the simple fact that the relatively small town of Alice Springs has one of the busiest police Watchhouses in the country handling, by way of care, approximately two thousand drunks each month of which the vast majority are Aboriginal. In terms of Aboriginal youth detention in the Watchhouse the huge adult figures are fortunately not replicated" in youth figures that reveal only ten juvenile detentions during the first three months of the year (1998). The Human Rights and Equal Opportunity Commission attended the inquest and made submissions. This young man had been involved in the juvenile justice system since he was thirteen and was sentenced to twenty-one months in a detention centre in 1995. The sentence was appealed in the Supreme Court and reduced to a good behaviour bond. But the Chief Justice stated 1995 that the case "was alarming, absolutely alarming ... I mean, he should never have been in custody ... he is a thirteen year old boy ... what understanding would a 13 yr old boy with this kids background, practically no education have when he signs ... a bond..? Its nonsense really". He also stated that he was "uncontrolled ... waif and a stray ... abandoned by his parents ... lived hand to mouth a wild animal on the streets of Alice Springs .. there is nothing that can be done for you .. no organisation .. bereft of parents .. bereft of uncles .. the government will have to do something about you .. I'm going to put you in detention". (This suicide appears to have triggered an avalanche of contagion suicides within this extended and interrelated family group). He also stated "surely we have not reached the stage of sending the children to prison ...to be cared for ... where it appears there is no one else prepared to accept that responsibility .. if that is the case there is a need for drastic re-ordering of resources (because) confinement is for punishment". After an appeal in the Supreme Court he was placed in the care of a woman at Willowra Community and he was initiated into Aboriginal culture in 1996 when he was aged fourteen, two years prior to his death. He was also in court for many more offences and before the Supreme Court for failing to comply with court orders to do with his good behaviour bond as predicted by the Chief Justice in 1995. A Supreme Court warrant for apprehension was issued but he failed to comply. He was completely unaware and was not fully cognizant of the seriousness of the court orders and he stated to his Community Corrections Officer that he just had to pay off fines (Coronial Inquest DIC 1998:5). On the night of his arrest he was placed in the Female section of the watchhouse as he was a juvenile and within 15 minutes of being locked up he had hung himself by using his jumper tied onto the cell door. Even though there was the Alice Springs Youth Accommodation & Support Services ASYASS which would accept intoxicated youth 15 – 18 years of age he was not taken there as an alternative to placing him into police cells. The Tangentyere Night Patrol is another alternative to finding parents and returning a juvenile to their community, however this service was not used either. The sister of the deceased had spoken to a friend that he sometimes stayed with in her unit and told her that he was going to kill himself. His sister said it was because he was sad due to the neglect that he had received

from his parents and family during his upbringing. His friend had to move out of her unit due to “sorry reasons” because the deceased regularly resided there with her.

In April 1998 a completed suicide of an Indigenous suicide person.

In May 1998 a completed suicide of an Indigenous suicide person.

In March 1999 a completed suicide of an Indigenous suicide person.

In August 1999 an Indigenous man aged thirty-three years completed suicide in Walpiri Camp, Alice Springs in the context of severe alcohol intoxication. He was considered “full drunk” by relatives on the afternoon of his death and was still grieving the death of his grandmother a few weeks prior in Yuendumu. He was unemployed and married traditionally to his wife and was from time to time involved in ceremonial activities in his community of Yuendumu. He had an argument with his wife over alcohol and then had verbally threatened to “suicide” to family and then attempted to cut himself. He then left the house and was found hanging from a tree at the gates of the camp.

In August 1999 a completed suicide of an Indigenous suicide person.

In September 1999 an Indigenous young man from Titkikala Community aged twenty-two years completed suicide by hanging in the context of acute alcohol intoxication. He had begun drinking after lunch both moselle and beer and was soon in an argumentative mood. He had an argument with his wife about his drinking and coming home late which then developed into a domestic violence incident when he hit his wife. After this he stated to his father that he was going to hang himself but his father did not believe him as he had made similar threats in the past but never carried out the threats. His father was concerned the next morning when he did not come home the previous night and tracked him following his footsteps to a tree located about 300 meters from the house. He found him hanging from the tree with a noose made out of a car seat belt. Clinic and Police were called to the scene.

In October 1999 an Indigenous man aged forty-two years completed suicide by hanging in the context of acute alcohol intoxication. He lived in Alice Springs and was unemployed which caused him anxiety and under the care of the mental health team at the Alice Springs hospital. He had a breakdown in August and sought help from mental health prior to his death and was prescribed medication. He had a domestic dispute with his wife and she left the premises under the protection of the police. He later rang her and threatened to complete suicide but she did not take him seriously because he had done so before but had not followed through with his threats. He tied a rope around his neck and around the railing of his unit and hung himself.

In January 2000 an Indigenous female suicide victim aged twenty-two years of age died by hanging in the stockyards of the Maryvale Station. She came from Titjikala Community and the night prior to her death she had been out all night consuming alcohol and was in an intoxicated state. She had an argument with her mother about carrying some groceries and then she walked off. The mother was concerned because of the depressed state of her daughter did not see her daughter alive again. She had been sexually assaulted two months prior to her death and investigations were still continuing.

In January 2000 an Indigenous male suicide victim nineteen years old died by hanging and resided at Finke Community. He had been diagnosed with a schizophreniform psychosis after

threatening and psychotic behaviour, suicide threats and substance abuse (petrol sniffing). He was admitted to the psychiatric inpatient unit after he attempted suicide. Just prior to his death he appeared in good spirits and spoke with the Aboriginal community police officer and then walked away talking to himself. He was later found hanging from the verandah beam by a rope.

In May 2000 an Indigenous twenty-four year old male suicide victim who was found hanging by a garden hose on the gate brace inside the cattle yards. He was a drummer in the local Maryvale Community Band and was looking forward to playing again. He was a member of the football team. He was known to have sniffed petrol in the past, toxicology testing revealed that he was intoxicated with alcohol at the time of his death.

In September 2000 an eighteen years old Indigenous male suicide victim was found hanging from a tree with a flexible plastic pipe tied around his neck and the other end around a branch. He was originally from Tjukula but resided in Kintore. He died in the Todd Riverbed after coming to Alice Springs to visit his father. He was married and his wife was visiting her family in Western Australia. It was unknown what caused him to take his own life.

In October 2000 an unmarried twenty –five year old Indigenous male suicide victim hung himself. He was part of a drinking circle at Imanpa Community but became very sad as he increasingly became intoxicated and left the group and went to a nearby tree. He tied a rope to a low branch and tied a noose around his neck. He was found by friends and an ambulance was called but resuscitation failed.

In March 2001 an unemployed Indigenous male suicide victim twenty-five years of age stabbed himself with a broken jagged bottleneck. He had been in a drinking circle with his wife, brother and friends at Anthepe Camp when a fight broke out among the group. They were very intoxicated and the fight went on for some time though no one sustained any major injuries. His family attempted to get help for him arranging for an ambulance to transport to hospital and he died soon after.

In July 2001 an employed Indigenous thirty-three year old suicide victim hung himself with a black plastic flexible pipe tied around a branch of a gum tree behind his house. He was intoxicated at the time of his death and “when he was drunk he was always a very down man and very unhappy mood” and after an argument with his wife he decided to take his own life. He

In August 2001 an unemployed Indigenous male aged thirty-nine years of age suicide victim from Jervois Central Australia. He had formed a relationship with a woman but recently it had ended and she had a restraining order against him. He was sent to prison after breaching orders and for other offences. He was in Darwin at One Mile Dam Camp and after another altercation with his ex-partner he hung himself with a synthetic rope on the branch of a tree.

In October 2001 a seventeen year old Indigenous female suicide victim died by asphyxia with a curtain cord around her neck at a high school dormitory in Darwin. She had been sent to school in Darwin from her home in Santa Theresa community. She had recently broken up with her boyfriend and was agitated and depressed about it wanting answers from her friends and staff about why her boyfriend did not want the relationship any longer. She was a high achiever and intelligent and was expected to complete high school with top grades.

In November 2001 a twenty-five year old Indigenous male suicide victim died by hanging from a tree with an electrical cord in the context of alcohol toxicity. He had been drinking with his ex-wife and some friends and family and was also intoxicated after smoking cannabis. He had appeared happy, telling stories and laughing that day but during the night he had gone outside carrying a rope. He spoke briefly with his ex-wife and stated his intention and she replied to stop smoking cannabis as it was making him mad and she returned to bed. He was found dead the next morning.

In January 2002 an Indigenous male suicide victim died by hanging from a ceiling fan with a rope around his neck. He had previously attempted suicide particularly when he was intoxicated and depressed. He was worried about someone who had threatened him with violence. He was also reported to have had a fight with family late the evening before his death. After his wife had gone to bed he went to an another unused house and locked himself within and hung himself

In February 2002 an Indigenous male aged thirty-four years completed suicide by hanging in Darwin while living in the "Long grass" around Darwin. His mother came from an outstation via Utopia and his father from an outstation via Yuendumu. He was unemployed and lived an itinerant life style, was a loner but was not a trouble maker. He had witnessed a fatal assault of an Indigenous person and he was a witness in the prosecution with rumours of payback on him circulating prior to his death. He was also related to the family of a suicide victim ("Family Four") in Alice Springs with familial contagion being possible.

In February 2002 a thirteen year old boy completed suicide by hanging. On the day he died he said to his family that he was depressed and always felt that he was being blamed for things. He attended the local Nyrippi School via Alice Springs and frequently got into trouble and on the day of his death he had an argument with others and was sent home from school. His mother gave him lunch and then she went to play cards; when she returned she found her son hanging by a shoe lace from a security screen.

In March 2002 a completed suicide of an Indigenous person.

In May 2002 an Indigenous male suicide victim aged twenty years, from Ilparpa Camp Alice Springs, married with his wife expecting their second child. He died hanging from a tree by an electrical cord and was a know petrol sniffer, was depressed and intoxicated at the time of his death. After a fight with his wife where he assaulted her he had attempted to hang himself earlier that day with a belt strap and was rescued by his wife. He had been upset about the recent death of his uncle who was struck by a motor vehicle a week prior to his death. Familial contagion with members of his uncle's family also completing suicide.

In May 2002 an Indigenous male suicide aged twenty-nine years died by gunshot wound at home in Tennant Creek. He was a know heavy drinker and he had a quarrel with his family and was found in the kitchen with his suitcase packed and a .22 Rifle between his legs and a gunshot wound to his head. Toxicology results showed he was heavily intoxicated at the time of his death.

In May 2002 an Indigenous male suicide victim aged twenty years, unemployed from Tara community died by hanging from the rafters of a house by a belt. There had been a family disagreement shortly beforehand and on the night he spoke to his father and said "there is something wrong with me". He then walked off. He was known to have been drinking on the

day of his death. He had no other relevant medical history. Clinic and police attended but found no signs of life.

In August 2002 a completed suicide of an Indigenous person.

In September 2002 an Indigenous female suicide from Three Bore Community, Utopia. She had a gunshot wound to the face and died immediately. There were signs of recent injury with marked swelling with some bruising of the eyelids of both eyes. She had been drinking prior to her death.

In October 2002 Hanging in context of alcohol and cannabis (Family Three)

In October 2002 an Indigenous male suicide aged thirty-seven years unemployed and was found hanging by a cord from a clothesline at the rear of the home. He began binge drinking with his family the previous day and in the afternoon had an argument with his wife. She left to visit relatives in hospital and did not see him alive again. Toxicology results detected acute alcohol toxicity.

In October 2002 an Indigenous male suicide victim aged twenty-four years, and was found in a decomposed condition in a car near Areyonga community. He had a long history of sniffing petrol and died as a result of the intentional consequences of inhalation of petrol.

In November 2002 a young female was found hanging at a college where her brother and wife were staying (Family Three).

In November 2002 an Indigenous male suicide victim aged twenty-eight years, unemployed and married and found hanging at Dump Camp, Tennant Creek. He was involved in a drinking circle and was acting strangely and seemed very unhappy. He had a history of attempting suicide and was taken to hospital but absconded before treatment was given. He was having delusions and threatened to "kill you all" but he found a electrical cord and wrapped it around his neck and suspended himself from the verandah. Toxicology results detected acute alcohol toxicity.

In December 2002 an Indigenous male suicide victim aged twenty-four year, unemployed, married with two children and from Wuppa Camp, Tennant Creek. He died by hanging from a tree at the drinking circle area near his house. He had been drinking heavily at the drinking circle and was arguing with his wife and had assaulted her and police were called. Toxicology results detected acute alcohol toxicity.

In February 2003 an Indigenous male suicide aged twenty-three years found hanging from a tree with a garden hose around his neck. He had arguing with his wife and been violent towards her and she stated, "acting strange towards her". It was an impulsive act with no threats to take his life.

In March 2003 an Indigenous male aged fifteen years completed suicide by hanging in the context of toxic vapour inhalation (volatile organic solvent - petrol) at Papunya community. The deceased was a petrol sniffer and the night he died he used a rubber cord to hang himself off the fence around the water tower in the community. Beside him at the scene of death was a small plastic container of petrol. Familial contagion ("Family Two").

In April 2003 an Indigenous male suicide aged twenty-one years found hanging by a cord from the rafters on the verandah. He had a history of petrol sniffing and had been crying for days before death. He was unmarried and unemployed and had lost family members recently with his father sick in hospital at the time of his death.

In May 2003 an Indigenous male suicide aged thirty-seven years found hanging from a rafter using two belts and with heavy intoxication with alcohol. He was an employed married man with four children but had an argument with his brother after a birthday party. He then went off on his own without making threats and hung himself.

In October 2003 an Indigenous male aged twenty-nine years completed suicide at Utopia Community in the context of being acutely intoxicated with alcohol. The deceased was given a large quantity of Tawny Port and brought it back to the community and one of his Aunties had started drinking. His other Aunty was arguing with the Aunt who was drinking because she was getting drunk. The deceased then blamed himself for bringing the alcohol back into the community and threatened self harm by “poking himself”. The deceased then went into the house and took a knife and stabbed himself in the thigh. He immediately lost a large amount of blood, lost consciousness rapidly and then stopped breathing. Resuscitation efforts were unsuccessful. (“Family Three”)

Note: This victim showed a strong remorse for the harm that the alcohol he had brought into the family had done. It resulted in family fighting that he felt responsible for, but he lacked hope for a way out of the situation and to reconcile the relationship between his Aunties. The only solution he appeared to have was to harm himself and remove himself from the situation as a way of breaking with the antisocial behaviour of drinking and fighting in the family group.

In November 2003 an Indigenous male aged eighteen years completed suicide by hanging at Atitjere (Harts Range) Community. He was employed and had a girlfriend and had no other medical history of previous suicide attempts or mental instability. He had been talking and laughing that day at work with no change in his personality and was looking forward to going to Canberra to a football carnival. His death was unexpected. Contagion effect resulted in girlfriends suicide one month later (December). (“Family One”)

In December 2003 an Indigenous female aged fourteen years of age completed suicide by hanging at Campbell’s Block, Jay Creek Outstation. She had previously attempted suicide on the day she received the news that her boyfriend had completed in early November. She was taken to hospital after taking some tablets but discharged after the same day and taken back to her home at Jay Creek Outstation. Since that suicide attempt she became more withdrawn and kept to herself more than usual. She believed she was responsible for her boyfriend’s death. Her family said she appeared happy most of the time but spent most of her time in her bedroom. On the day she died she had some food and drink in the kitchen and returned to her bedroom and hung herself inside her wardrobe suspended on a rail with a nylon rope around her neck. Police found letters written by the deceased in which one of them describes how she wanted “to be with” her dead boyfriend. Contagion effect from her boyfriend’s completed suicide the previous month (November).

In January 2004 an Indigenous male suicide aged twenty-three years found hanging from a tree suspended by a swag belt in the Todd riverbed, and with acute alcohol toxicity. He had been drinking every day with relatives leading up to his death. He was married and had two children and had a car accident some years ago where he sustained extensive injuries. He died

in the dry Todd riverbed. The findings noted that a significant condition relating to his death but **not the condition causing death - acute alcohol toxicity**, appears imperceptive.

In January 2004 an Indigenous male suicide aged thirty-one year old found hanging by a garden hose from the rafters of the verandah and with acute alcohol toxicity at Santa Theresa community. He was involved in a drinking circle on the outskirts of the community becoming very intoxicated. He had an argument which caused a large disturbance and his family made a decision to take out a restraining order on him the next day. He completed suicide that day. He was an employed labourer with the CDEP.

In March 2004 an Indigenous male suicide aged thirty-one years found hanging from a rafter with an electrical cord and with acute alcohol toxicity at Harts Range (Eaglebeak) community. He had a history of threatening to hang himself, but there are no records of him receiving medical attention. He was in a drinking circle and decided to purchase more alcohol but had an argument with his wife about it. They purchased more alcohol and continued drinking and later attempted suicide trying to cut himself but was stopped by his family. He later left and went home and found dead later in the shed.

In April 2004 an Indigenous male suicide aged twenty-nine years found hanging from a tree with acute alcohol toxicity from Karnte Camp, Alice Springs. He was unemployed and had suffered from depression since his father and brother had died in the past few years. He had made verbal threats to take his own life but did not seek any professional intervention. He had been drinking with family and left the drinking party alone and found the next morning hanging.

In April 2004 an Indigenous male aged thirty-three years completed suicide by hanging at Santa Teresa Community and he was acutely intoxicated with alcohol. He hung himself from a tree at a drinking spot called the "Boundary" outside the dry community. He had been married and had an argument with his ex-wife while in a drinking circle. This argument had upset him and he left the drinkers circle and didn't return. A search by Night Patrol and family members was done and he was found hanging a short distance away from where he had been drinking with friends. Familial contagion. ("Family Two")

In April 2004 an Indigenous male aged thirty-four completed suicide by hanging in the context of acute intoxication with alcohol at Amoonguna, Alice Springs. He had a past history of suicide attempts and his last attempt was six months prior to his death where he tried to set fire to himself. He had not sought help and was not taking any medication at the time of his death. He made threats to harm himself to his Aunty and was heavily intoxicated and he used a bed sheet to hang himself from the fan in his flat. Familial contagion ("Family Three" Dixon).

In April 2004 Sudden death stab wound to the thigh, alcohol toxicity, homicide (Family Two).

In June 2004 an Indigenous male aged eighteen years completed suicide by hanging in the context of acute intoxication with alcohol at Lajamanu Community. He had been to Alice Springs and returned to his community just prior to his death. He had been drinking heavily at the Ten Mile drinking circle several kilometres from Lajamanu and had returned to the community with family. He then had an argument with someone and was chasing him with a stick around the community. He was told to go home and sleep but he ignored this and

wandered around the community. He was threatening to kill himself due to relationship problems and was encouraged to calm down but didn't. He took a bed sheet and used it to hang himself over the roof beams of an abandoned burnt out house and it was the children of the community who found him and told family. Familial contagion ("Family Three").

In June 2004 an Indigenous male suicide aged thirty-one years found hanging from a tree and with acute alcohol toxicity. He was from Titjikala community and was described as a recluse and had a history of self-mutilation. He was having marital problems with his wife and told his wife that he would hang himself.

In October 2004 an Indigenous male suicide aged twenty-six years found hanging from a tree with a garden hose and died at Ali Curung community. The deceased had been in drinking in a circle during the day with his wife but he left the drinking circle to sleep overnight at a friend's place while his wife stayed behind. His wife stayed behind and kept drinking with the circle which made him upset and she found him dead the next morning.

In October 2004 an Indigenous male suicide aged forty-seven years found hanging from a tree with an extension cord and with acute alcohol toxicity in Tennant Creek. He had been drinking with family and friends and police had taken his wife to the sobering up shelter. He had threatened to do something to himself and completed suicide after being angry that he could not find his wife who had his money.

In January 2005 Non-Indigenous female completed suicide by firearms in Yamba Station via Alice Springs, related to (Family Two).

In January 2005 an Indigenous male suicide aged twenty-one years found hanging with acute alcohol toxicity. He was married and his wife had just had their second child but they were arguing resulting in him threatening to suicide. He attempted to hang himself earlier the same day but was rescued by his cousin and then continued drinking. He left a drinking circle later that evening again with an electrical cord and was found the next morning hanging.

In April 2005 an Indigenous female suicide aged twenty-six years found hanging with acute alcohol toxicity at Amoonguna community. She had previously attempted suicide and been a victim of assault with hospital admissions, and with thoughts of self-harm on one occasion. She had been dealing with feelings of sadness and anger in her relationship with her husband and persisted in her attempts to end her life.

In May 2005 an Indigenous male suicide aged twenty-two years found hanging from a tree with a garden hose, with acute alcohol toxicity in Tennant Creek. He had been drinking alcohol with family all day and was missing that evening when the rest of the drinking circle were taken into protective custody. There was no apparent reason for his attempted suicide although he had been involved in an argument with the group during the day.

In August 2005 an Indigenous male suicide aged twenty-one years found hanging with acute alcohol toxicity in Tennant Creek. He was diagnosed with schizophrenia after being admitted to the psychiatric unit in Alice Springs and had died within a week of being discharged from the unit. He had been travelling home to Halls creek and stayed with family on the way who noticed he was agitated and withdrawn but hung himself in Tennant Creek.

In August 2005 an Indigenous male aged nineteen years completed suicide by hanging at the Yuendumu Oval Yuendumu Community. He was married and living with his wife and daughter and other family. He would often become sad when intoxicated with alcohol and smoking cannabis and was often involved in fights. He had a past history of petrol sniffing and had attended Mt Theo rehabilitation program. He had been arguing with his brothers prior to his death, was stressed because he had no marijuana (cannabis withdrawal symptoms) and he also appeared upset because of problems with his wife. He was a talented football player but had self-harmed previously and received interventions from police and placed in the care of family. His death resulted in changes to Mt Theo program providing a 'buddy system' for the person withdrawing and at risk and assistance to families caring for them at home. This death is also a familial contagion involving three families in Alice Springs & Tanami. (Familial contagion Family 2 / 3).

In September 2005 an Indigenous male aged twenty-eight years completed suicide by hanging at the Ti Tree Community (6mile) outside Alice Springs. He died in the context of acute alcohol toxicity and cannabis. He was married but the relationship was characterised by arguments and domestic violence against his wife. He had been drinking and arguing prior to his death and he and his wife were taken to separate camps, she by Night Patrol and he by Police. His aunty (familial contagion) offered to look after him and let him sleep off his intoxication. He woke and left her care and went to his cousin's home but during the night he used a garden hose to hang himself with from a gum tree. He had made some comments that he wanted to die like his father but had not explicitly stated his intentions to self-harm to police or family. Familial contagion (Family 2 with Auntie 3 / 4)

In November 2005 an Indigenous male suicide aged twenty-one years found hanging with a power cord from a rafter, with acute alcohol toxicity in Yuelamu community. He had no prior suicide attempts or history of mental illness. The evening before his death he was smoking cannabis and drinking alcohol and he became aggressive towards his wife and she left with her two month old baby and went to stay with relatives for safety.

In March 2006 a completed suicide of an Indigenous person.

In April 2006 a completed suicide of an Indigenous person.

In May 2006 a completed suicide of an Indigenous person.

In August 2006 a completed suicide of an Indigenous person.

In September 2006 a completed suicide of an Indigenous person.

In October 2006 a completed suicide of an Indigenous person.

In November 2006 a completed suicide of an Indigenous person.

In December 2006 a completed suicide of an Indigenous person.

In December 2006 a completed suicide of an Indigenous person.

In January 2007 a completed suicide of an Indigenous person.

In July 2007 a completed suicide of an Indigenous person.

In August 2007 a twenty-seven year old Indigenous male suicide, familial contagion with suicide of youth (Family 1) 'death in custody' in 1998.

In September 2007 a completed suicide of an Indigenous person.

In December 2007 a completed suicide of an Indigenous person.

TRACKING SUICIDE CLUSTERS & FAMILIAL SUICIDE CONTAGION CENTRAL AUSTRALIA

Decem						Δ						Δ	1*		Δ	Δ Δ	Δ
Novem								Δ Δ Δ			Δ	Δ 3	1			Δ	
October			Δ				Δ		Δ	Δ		Δ Δ Δ	3	Δ Δ		Δ	
Septem				Δ					Δ	Δ		Δ			2 (3/4)	Δ	Δ
August									Δ Δ						Δ 2/3	Δ	1
July						Δ Δ	Δ				Δ						Δ
June														3			
May								Δ		Δ		Δ Δ Δ	Δ		Δ	Δ	
April								Δ				Δ	Δ 2	3 2*		Δ	
March								1	Δ		Δ	Δ	2	Δ		Δ	
Februar								Δ				4	Δ				
January						Δ Δ		Δ		Δ Δ		Δ		Δ Δ	2**		Δ
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007

LEGEND:

Alice Springs / Central Australia Suicides = Δ

Completed Suicides and Familial Contagion = Family 1, 2, 3, & 4

Girlfriend of deceased male of Family 1

Female homicide victim of Family 2

Non-Indigenous female of Family 2

Review of Indigenous Suicide in Katherine Region 1991 - 2007

Introduction:

A chronological review of Northern Territory Coroners Office paper based records and National Coroners Information System electronic records was used to develop a socio-demographic community profile of Indigenous suicide Katherine Region and associated communities and camps in the urban area 1991 – 2007.

Background:

Katherine and Barkley have Indigenous tribes that move between Tennant Creek, Borroloola, Mataranka, Ngukurr, Timber Creek, Lajamanu and Katherine to mention only the larger communities. The Walpri tribe appears to be the most mobile for even though their homelands are around Alice Springs quite a large group live in and around Katherine.

In this region there had been two child hangings one of an nine year old in front of a group of young children and another a six year old who was had an accidental death by hanging.

In February 1994 a twenty-two year old indigenous male from Daly River completed suicide by firearms.

In September 1994 an Indigenous male aged twenty-six years from Katherine completed suicide by drowning in a river.

In December 1994 an indigenous male aged thirty-two from Elliott completed suicide a knife – sharp instrument.

In June 1996 an Indigenous male from Borroloola twenty-three years old completed suicide by hanging.

In January 1998 an Indigenous male from Jilkmingin, Katherine, twenty-one years old completed suicide by hanging.

In August 1998 an Indigenous female from Ngukurr aged seventeen years old died by solvent poisoning – fly spray.

In November an Indigenous male from Beswick attempted suicide, by jumping from top of power pole – survived as a paraplegic but died soon after. This was during the Katherine floods when this outlying community was flood bound.

In December 1998 an Indigenous male from Beswick aged fifteen years old completed suicide by hanging. This was during the Katherine floods when this outlying community was flood bound.

In December 1998 an Indigenous male from Beswick aged twenty-three years old completed suicide by hanging. Again it was when his community was flood bound. This was the third suicide in a cluster with contagion of method by hanging in two suicides.

In February 2001 an Indigenous male from Borroloola completed suicide
In August 2001 an Indigenous male from Ngukurr aged twenty-four completed suicide by hanging.

In December 2001 an Indigenous male from Borroloola aged twenty-four completed suicide by hanging.

In September 2002 an Indigenous female from Daly River aged twenty-five completed suicide by hanging.

In July 2002 an Indigenous male from Katherine aged twenty-nine years completed suicide by jumping from the Katherine bridge and falling from a height.

In August 2002 an Indigenous male from Beswick aged twenty-five years old completed suicide by hanging.

In October 2002 an Indigenous male from Timber Creek (Larjamanu) aged thirty-three years old completed suicide by hanging.

In March 2003 an Indigenous male from Ngukurr aged sixteen years old completed suicide by hanging.

In March 2003 an Indigenous male from Katherine aged thirty-three years completed suicide by stabbing himself with a knife – sharp instrument.

In October 2003 an Indigenous male from Katherine aged thirty-nine years old completed suicide by hanging.

In February 2004 an Indigenous male from Katherine aged twenty-six years old completed suicide by stabbing himself with a sharp knife.

In March 2004 an Indigenous female from Batchelor aged fifteen years old completed suicide by drug overdose.

In June 2004 an Indigenous male from Merryvale Station aged thirty-one completed suicide by hanging.

In June 2004 an Indigenous male from Mutitjula aged twenty-one years old completed suicide by solvent abuse of hydrocarbon.

In July 2004 an Indigenous male from Katherine aged eighteen years old completed suicide hanging.

In October 2004 an Indigenous male from Lajamanu aged twenty-three years old completed suicide by hanging.

In December 2004 an Indigenous male from Katherine aged twenty-three years old completed suicide by hanging.

In January 2005 an Indigenous male from Belyuen aged nineteen years old completed suicide by hanging.

In November 2005 an Indigenous male from Mt Allen aged twenty-one years old completed suicide by hanging.

In June 2006 an Indigenous male from Barunga aged eighteen years old completed suicide by hanging.

Katherine Region

Case Study: Serious Suicide Attempt, Kybrook Farm, via Pine Creek NT.

Federal Intervention Government Manager spoke briefly regarding the young person's serious attempted suicide on the 4th February, 2008. The young person is now in Batchelor and commencing studies with BIITE Faculty of Education as a teacher. The young person spoke informally with clinic staff along with the mother, who had just arrived back into Pine Creek after having been to Darwin for a medical check up. The young person appeared very subdued but stated that was now feeling calm and safe, and that the impulsive decision to attempt suicide was as a result of fights over money with extended family, particularly the grandmother. It was a situational crisis, which resulted in making an attempt to take his / her own life, but she now realises that it was a reaction to the pressure he / she was under about the money in the family.

The young person was hungry and had no money herself, and the mother was in Darwin at the time. The pressure was building within the community because visitors (extended family) to the community began applying pressure for money, which is always limited. On one such occasion this Indigenous young person, eighteen years of age, was being harassed and blamed for not having any money to give to grandmother. The pressure was applied to pay drug debts that had accumulated by others within the community which now urgently needed to be paid, as threats had been made. He / She felt strongly obliged (both for cultural and familial reasons) to give the grandmother money but could not because the mother had not given any money before leaving. A younger sibling was sent to stay with another family along with the mother's 'Handicard' to provide for the children. An adult (grandmother) applied pressure to the young person to demand money from the extended family.

The adult then blamed the adolescent for not receiving money from the family who was looking after them. This built tension and animosity between the young woman and her whole extended family and she felt caught in the middle. Meanwhile she was hungry and

feeling more and more alienated and desperate. The young person became overwhelmed by the situation and she felt “something come over her” and she could not remember why, but she decided to hang herself in her mother’s house. Some of the neighbours were alerted to her behaviour and broke into the house which was locked, climbing through some louvers, and rescued the young person. The young person was then taken into their care until the mother’s return. She was visited by a psychiatric nurse the following week but refused to speak with them stating that she was all right now. The mother explained that since the young person’s suicide attempt the pressure and anger towards the young person had defused and that everyone was sorry.

The Federal Intervention manager spoke about arranging follow-up counselling for the young person at Batchelor with Top End Association for Mental Health (TEAM Health). Pine Creek clinic staff support that decision. He also suggested that the young person has a Centrelink referral to discuss gaining own income through ABSTUDY/ Youth Allowance.

This suicide was attempted within a ‘community in crisis’ situation and was not just the situational crisis of an individual. The suicide attempt occurred, with a backdrop of legal proceedings relating to the serious sexual molestation and assault of seven young girls aged 10 – 14 in the past twelve months in that community. As a result a twelve-year-old girl is currently pregnant and about to give birth. The mother of the young person, who attempted to take own life, was one of the main strong women instrumental in attempting to wipe out the sexual abuse within her community. She fought and lost through the legal system as four of the cases were thrown out of court. Many (approximately ninety per cent) of the young women in the community have been sexually compromised and often it is done to force them into becoming sexually active (personal communication CEO Kybrook Farm).

From my discussions with the young person, a picture emerged of frightening proportions. These young people are under intense pressure; pressure through sexual exploitation, financial exploitation, and family and cultural exploitation. Blaming is intense and leads to violence; this intense pressure accumulates and ignites the fuse of impulsivity towards suicide. They often don’t know what drives them or are not even aware of what pushes them into the final act of taking their own lives. They are often so confused that they are not cognisant of their actions or have the capacity to make a decision. The family who rescued her said she had a strange expression on her face and it frightened them, it was almost a smile or a sneer and she did not look like the same person.

There are premeditated suicides and impulsive suicides, and Young (1992) states that in over 90% of all premeditated suicides a major psychological disorder is present, for example, substance abuse disorder, depression or schizophrenia. Whereas, with impulsive suicide there are feelings of hopelessness, desperation, intoxication or severe pain either emotional or physical, affecting the person (Young 1992:50). Within these categories of suicide, there are concerns, for example, with premeditated suicide, was it talked about? What was the mode or method used to attempt or complete suicide or what was the

reason for death? Whereas with impulsive suicide or suicide attempt, did they do it suddenly? What was the timing of death in relation to other events?

Leonore Hanssens, Suicide Researcher Northern Territory.

TRACKING CLUSTERS INDIGENOUS SUICIDE KATHERINE & TOP END WEST REGION

December								Δ(Δ)			▽					◇ **	
November								Δ *				■			◇	◇ ***	
October																○	◇ ◇
September				○								○	○				
August								☀			☀	△		■			◇
July				◇										○			△ ○
June													■				
May													◇				
April																	
March													☀ ○				
February										▽		▽					○
January								○									
Month / Year	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007

LEGEND – Completed Suicides

Daly River	=	◇
Timber Ck/Lajamanu	=	■
Katherine	=	○
Bulman / Beswick	=	△
Ngukurr	=	☀
Borroloola	=	▽

(Δ) Serious suicide attempt, jumped from top of power pole – survived as a paraplegic but died some time later

* Katherine Floods had an immediate impact on attempted and completed suicide

** Adelaide River completed suicide of 14 yr old male child by hanging

*** Outstation via Daly River completed suicide of male child on his 12th birthday

**** Katherine Aboriginal Alcohol Rehabilitation, accidental death by hanging of a 9-year-old female child, witnessed by a group of children.

***** Aboriginal community via Katherine, accidental death by hanging of a 6-year-old male while playing with another child, witnessed by family.

“Echo Clusters” – are they a unique phenomenon of Indigenous attempted & completed suicide?

Paper presented at the 2nd Postvention Conference May 2009 Melbourne.

Abstract

Background: During the analysis of coroners records there appeared to be intensive clustering of completed suicide resulting from contagion. “Echo clusters” have been statistically verified by previous analysis but to what extent attempted suicide and contagion effect was stimulating the phenomenon was yet to be explored.

Method: Review of Coroners reports 1991 – 2007, academic studies, reports from committees of inquiry, grey literature and interviews with front line workers were explored for further evidence of the “Echo cluster” phenomenon.

Results: Twelve clusters involving two to three suicides per cluster, resulting in thirty-three deaths, were identified on one remote island community demonstrating “Echo cluster” phenomenon. They occurred in just over a decade 1997 – 2007, but were in the context of multiple suicide attempts, as many as seven per week, at the height of the contagion. Other regions experienced the same intensity of suicidal activity, for shorter periods of time, but resulting in the same clustering of attempted suicides around a completed suicide, which in turn were part of a cluster of completed suicides. Familial and imitative behavioural contagion was identified in most Indigenous settings contributing to clusters of attempted and completed suicide. Familial contagion was identified as a factor for suicide occurring in town camps surrounding a remote large town and links were established between four families who together lost fifteen members of their family to suicide from 1998 to 2007. A common factor for nearly all deaths was alcohol and substance abuse, with many of the victims either intoxicated or in severe withdrawal when attempting or completing suicide; other main factors were ubiquitous unemployment, and poverty.

Conclusion: Suicides have echoed through communities in the Top End of Australia and it appears from the research that contagion, both familial and imitative behavioural contagion, is integral to the process of clustering for both attempted and completed suicides. “Echo clusters” of completed suicide appear when the intensity of attempted suicide reaches a critical threshold and when the community is no longer able to contain the contagion and respond to the frequency of attempted suicide. Postvention support is necessary to respond to contagion and prevent cluster suicides.

Background

Clustering of suicides is dramatically impacting on Indigenous towns and communities in urban, rural and remote Australia 1,2,3. A suicide cluster refers to an excessive number of suicides, usually two or more, which occur in close temporal and geographic proximity 4. McKenzie (2005) states that assuming the temporal, geographic and interpersonal proximity for reach of news of suicide, these factors can precipitate imitative suicidal behaviour 5. A new phenomenon has been identified through this research into Indigenous suicide in the Northern Territory (NT) referred to as 'Echo clusters', which are subsequent but distinct clusters of completed suicide occurring after the initial suicide cluster 3.

Together with McKenzie (2007) data of completed suicide from Australian Bureau of Statistics and National Coroners Information System was analysed and showed time-space and time-space-method clustering and imitative suicides 6,3. The time-space cluster analysis found imitation at 12.5% but if method is included, (hanging method used by 86% of Indigenous suicide victims) time-space-method clustering rises to about 21% at 360 days and still rising at 540 days, providing indirect evidence of the cluster phenomenon. The still rising estimated percentage of imitative suicides as the time extends beyond 360 days when one would expect it to begin to level off, indicates further imitative suicides and thus persuasive evidence of the 'Echo cluster' phenomenon 7, 6, 3.

There is now evidence emerging that while completed suicides are clustering in Indigenous settings, they occur within a backdrop of intensive clusters of attempted suicide which may contribute to the 'Echo cluster' phenomenon. Gould & colleagues (1994) suggest that the extent to which clusters of attempted suicide occur is a significant problem which requires further research on the nature of clustering of attempted suicides 8. Other factors of concern are the post suicide event violence within communities which is reaching a critical point, often fuelled by alcohol and substance abuse, with women and children often the main recipients. Suicide contagion appears to be intergenerational and emergent in imitation of suicide method, particularly in the very young 9, 10, 11. McKenzie (2005) suggests the extent to which clusters of completed suicide occur is complementary to the clustering of attempted suicide 5, 8.

The research into clusters of suicide and contagion effect within Indigenous communities in the Northern Territory is a tragic account reflecting the impact of social and cultural change for Indigenous families and communities. It has identified several "hotspots" for echo clusters emerging in both the Top End and Central Australian towns and communities in the NT. For example, from the mid nineteen nineties the Tiwi Islands had a dramatic increase in the number of completed suicides, many occurring in clusters, demonstrating the suicide "echo cluster" phenomenon. There have been forty-three completed suicides on the islands but suicide attempts were far more numerous and appear to be the result of a convergence of several factors. The analysis of Indigenous suicide in the Northern Territory offers an explanation for the observed clustering, contagion and imitation in relation to Indigenous suicide, but the converging factors such as geographical isolation, poverty and deprivation, alcohol and illicit drug supply and demand, family and community violence, unremitting 'sorry business', have contributed to these echo clusters 3, 9, 10, 11, 12, 13. These factors exist within the broader context of the social, emotional, physical, cultural, spiritual, economic determinants of Indigenous

suicide. Kickbusch (2008) describes determinants as what predispose, enable and reinforce the social, physical, environmental lifestyle and living conditions impacting on wellbeing and may also reinforce suicidal behaviour 14, 15.

Parker (1999) in his RANZCP dissertation recommended that tracking and monitoring the trends of “Northern Territory suicides through coronial records using a system of surveillance similar to the Western Australian Coronial database” should occur 16. Measey, Parker et al (2006) in a follow-up study, reported that Indigenous male suicide had increased by 800% in two decades 17. The National Coroners Information System (NCIS) electronic database system was developed in 2000 and by utilising this system the recommended surveillance of suicide trends has begun. An Access Agreement from 2006 to 2009 was granted for this research by the Victorian Institute Forensic Medicine (VIFM), which has allowed access to NICS data and the monitoring of Indigenous suicide in the Northern Territory 18. The research also includes retrospective data from 1992 to 2000 from the NT Coroners Office (NTCO). Hunter et al (1999) and (2003) suggests that as the “phenomenon of Indigenous suicide moves rapidly through traditionally-orientated communities of the Northern Territory” a clearer understanding of Indigenous suicide is required to tailor intervention, prevention and postvention strategies “to specific community need” 2,19. The Commonwealth governments Select Committee on Substance Abuse (2003) recommended that “more research is urgently required to ascertain the correlation between substance abuse and suicide in NT communities” 20.

Methods

Exploration of the nature of suicide clustering and whether it is closely connected to the clustering of attempted suicides is being considered by the review of several relevant academic studies, reports and grey literature. The admission of suicide attempters to psychiatric wards often mirrors local experiences in NT Indigenous communities; therefore hospital admission and separation data from various regions in the NT will be examined. The relationship between the clustering of attempted suicides and completed suicides will be explored by tracking attempted and completed suicide data from police reports, coroners’ records and interviews. Suicide contagion and its effect on Indigenous families and communities will be identified through coronial records from NTCO and NCIS to track and identify trends in Indigenous suicide, patterns of clustering and the process of contagion of suicide over time. Personal communications from community leaders and interviews with frontline staff in communities where “echo clusters” have occurred is provided as supporting evidence.

Review of results

Parker (2005) identified Mental Health Inpatient hospital separation data (HSD) for attempted suicide or deliberate self-harm (DSH) per annum for the period between 1992 and 2002. The Barkly region’s rate (including Tennant Creek) was 300 per 100,000; East Arnhem and Central Australian region’s rate was 150 per 100,000 and Darwin Rural rate (including Tiwi Islands) was 100 per 100,000. Here it is important to note that an anomaly exists in the relationship between high rates of attempted and completed suicide on the Tiwi Islands and low rates of admission to the psychiatric inpatient unit at a 100 per 100,000. Parker (2005) also noted in NT urban and rural locations, for example East Arnhem, the significant association between self harming behaviour and completed suicide 21. Overall, the hospital separation data for the period between 1992 and 2002 showed that Indigenous deliberate self harm hospital separations had increased from 100 per 100,000 to 500 per 100,000 in

the NT. Since 2002/2003 the Mental Health Inpatient hospital separation data by Indigenous status per 100,000 for mental and behavioural disorders has increased from 67% (700 per 100,000) to an estimated 86% (1100 per 100,000) by the end of June 2005. The NT Government Submission to the Commonwealth Senate Select Committee on Mental Health (2005) demonstrated that the level of consumption of public mental health services by Indigenous people in the NT had increased by 53% from 1999/2000 to 2004/2005. 21, 22.

Davidson (2003) investigated near-hangings in the Top End of the Northern Territory from 1996 to 2000 and reported 45 near hangings of which 32 were from the Tiwi Islands. She examined the medical evacuations received into Royal Darwin Hospital over the five year period and was alarmed at the number of near hangings from the Tiwi Islands compared to other Indigenous communities. Analysis of coronial data (NTCO & NCIS) showed that there were 8 completed suicides of Tiwi Islanders for the same period 1995 to 2000, in the context of 32 near hangings or serious attempted suicides, requiring medical evacuation 23. (See Figures 1 & 2)

The coronial inquest into four deaths on the Tiwi Islands in 1998 cites a Northern Territory Police Sergeant, who provided evidence at the inquest, "that in the past twelve months he has been called out to over 50 suicide attempts". Of the four deaths, three were by hanging and one from falling from a power pole. In the same twelve months "the power station at Nguiu had to be shut down on over 40 occasions" because of suicide threats or attempts to climb power poles. Kantilla, cited by Apuatimi (2007), stated that on the Tiwi Islands during the height of suicide contagion on the islands between 2000 and 2004, the police, Aboriginal Health Workers and community were responding to seven attempted suicides per week 24. Bates 2006 from SBS Living Black, interviewed a Tiwi Island Aboriginal Community Police Officer who corroborates these statements where he states that many of his own family had attempted suicide multiple times before completing 25. DeLeo (2005) supports this statement where his research found that suicide risk can last a lifetime after the initial suicide attempt 26. Persistently high rates of Indigenous suicide have continued in the Northern Territory, compared with all suicides. (See Table 1) (See Figure 4)

The Tiwi Islands, with a population of almost 2,500 islanders, considers the whole Indigenous community to be related as they are "one people", therefore familial contagion may always be a confounding factor contributing to clustering. From a review of coronial records familial contagion has contributed to forty-four suicides (n = 44) in less than two decades 1989 – 2008 with the majority thirty-eight (n = 38) occurring in just over a decade, between 1996 - 2006. 9. The first two index suicides on the Tiwi Islands occurred prior to 1990 and Robinson (1990) states that the suicide of one of the young men led to a number of suicide attempts by his close friends and relations. Familial contagion occurred sometime later, with the brother of one of the suicide victims attempting suicide by climbing a power pole and was electrocuted, but survived 27. This method was then to be copied multiple times either seriously or as a cry for help for many years to come. A completed suicide followed in 1992 and another in 1993, in the context of a significant increase in self-harm and suicide attempts of young men on the Tiwi Islands 16. The fifth suicide in 1996 was a 'Death in Custody' and appears to be a defining moment for suicide on the Tiwi Islands.

The **first** cluster occurred in 1997 when two suicides occurred; one of the victims was the result of, and produced familial contagion. The victims' father had attempted

suicide earlier in the day and later that same day the victim completed, and his cousin subsequently completed suicide five years later. The **second** cluster occurred in 1998 with the deaths of the “Tiwi Four”, and a unique phenomenon developed that required a new definition to describe the pattern of cluster suicides now referred to as “echo clusters” 3. In 1999 the **third** cluster occurred, a cluster of three suicides, one producing familial contagion in the family of a relative the following year. In 2000 the **fourth** cluster of two suicides occurred including the contagion suicide. During this period from 1996 to 2000 there were 32 “near hangings” medically evacuated from the Tiwi Islands. Only one suicide occurred in 2001, a prominent coach of a Tiwi football team, after which alcohol restrictions were imposed on the Nguiu Social Club. In January and February the first two months of 2002, the **fifth** cluster occurred with three Tiwi Islanders completing suicide. Contagion was established as all three were well known to each other, having grown up together on Tiwi Islands, and with long problematic histories of alcohol and cannabis use. In May 2002, the **sixth** cluster occurred, with a further two suicides in the context of seven suicide attempts per week. In July / August the **seventh** cluster occurred with a further two suicides by hanging. In September 2002 within four days of each other, the **eighth** cluster occurred with another two suicides by hanging, and both victims were heavily intoxicated with both alcohol and cannabis. In January 2003 a Tiwi Islander completed suicide by hanging and in July another suicide by the same method providing evidence of contagion effect. From September to December 2003 the **ninth** cluster occurred with the suicides of three Tiwi Island men, all in the context of heavy intoxication of both alcohol and cannabis with intense violence surrounding their deaths. From September to November 2004, the **tenth** cluster occurred with three suicides all by hanging within a backdrop of escalating and unremitting suicide attempts on the islands. The **eleventh** cluster of three young men under twenty-five who completed suicide from June to November 2005 occurred; all being fit young men but heavily intoxicated with alcohol and cannabis at the time of their deaths. From late 2005 to April 2006 the **twelfth** cluster occurred when three Tiwi Islanders completed suicide in the context of numerous suicides attempts occurring on the islands. While there have been forty-four ($n = 44$) suicides of Tiwi Islanders since 1989, thirty-three ($n = 33$) were directly involved in clusters providing evidence of the ‘Echo cluster’ phenomenon, and almost all could be considered due to contagion. There has been one suicide death of Tiwi Islanders each year in 2007 and 2008, since major reductions in per capita supply and demand of alcohol and cannabis initiated by the Tiwi Islanders, an increased police presence and an increase in psychiatric services with a psychiatric nurse located on the island and a regularly visiting psychiatrist. (See Table 1)

Scott-Clark & Levy (2006) cite the example that after a completed suicide in June 2005, within three weeks there were sixty ($n = 60$) “copycat” attempts. Threats and attempts to complete suicide continued with a completed suicide in October. Another suicide in November was the result of familial contagion, with the deceased’s cousin completing suicide the previous year, and he disclosed to a friend just prior to his death that he “wanted to be like his cousin”. Another suicide victim in November was not discovered until December and in the following January there were five attempted suicides, then a completed suicide followed by another six attempts in early February. 28. This pattern of contagion and imitative suicide attempts punctuated by a completed suicide is exemplified when in 2002 there were five suicides in five months in the context of unremitting attempts (approximately seven attempts per week). The experience on the Tiwi Islands provides evidence of widespread suicide contagion producing “echo clusters”, and appears common during an extreme suicide crisis which continues to exist in some Indigenous communities in regional parts of Australia. Professor Diego DeLeo, quoted by Toy (2009), suggests that the

fear is, that “one event influences the other and the end result is to normalize suicide in that particular group, and suicide should never be normalized at any level” 29. (See Table 1)

Fuller (2005) reported data on police interventions for attempted and completed suicide in a remote town in East Arnhem in the NT between 2002 and 2003. His data showed the intensive clustering of attempted suicide around each of the completed suicides. The numbers of attempted suicides were as many as six or seven, clustering around a completed suicide, which in turn were part of a cluster of completed suicides. An unusually dramatic contagion effect, imitation and clustering of suicides occurred after the significant death by motor vehicle accident, of a traditional land owner, a young man who would be the future leader of his people in the region. The outpouring of grief after this young man’s death was profound and the concomitant suicide attempts and completed suicides persisted in clusters for some nine months after his death 30. In late 2004 early 2005 suicides escalated yet again and included two suicides on the same day when the uncle of a suicide victim completed suicide by firearms after hearing of the suicide by hanging of his nephew that morning. The Select Committee on Substance Abuse (2003) reported that Nhulunbuy had an alcohol related crime rate of 94% during 2001 and most suicides were in the context of high levels of alcohol and cannabis intoxication 20. Families were dealing with overwhelming grief, not only losing their sons to suicide but tragically to motor vehicle accidents through alcohol abuse 31. (See Figure 3) (See Table 2)

In the Katherine region there were three child deaths by hanging under the age of twelve years, with six suicide deaths by hanging in the 10 to 14 year age group for the period of the study. Mishara (1999) suggests that children learn about suicide by watching or discussing suicide with others 32. Attempted suicide by children has been a feature of Indigenous suicide in all regions of the Northern Territory with children as young as eight and nine years attempting to hang themselves. Hunter & Harvey (2002) suggest that:

“Given the cluster occurrence of suicide and the circumstances of indigenous communities, many people, including children, will have witnessed the aftermath of a suicide, such as a hanging body. In this context, suicidal behaviour must necessarily be considered communicative (in life and in death)” 33. (See Table 3)

Familial contagion has been observed within four interrelated and extended families in Alice Springs town camps and adjacent communities over a decade from 1998 to 2007. It resulted in fifteen suicide deaths ($n = 15$) providing evidence of the persistence of risk for suicide in some Indigenous families. The familial contagion occurred in the context of increasing number and frequency of Indigenous suicide in the region from 1993 – 2007 with a total of eighty ($n = 80$) completed suicides for the region. The suicides also occurred in the context of increasing high per capita consumption of alcohol in Alice Springs, as elsewhere in the NT. Chikritzhs et al (2007) stated that the NT was consuming 17.3 liters of pure alcohol per capita (15 years and over) and was 70% higher than the rest of Australia 34. The “Alcohol Toll Reduction Bill” Senate Community Affairs Committee began tackling the rising per capita consumption of alcohol in the NT by investigating the use of restrictions and prohibitions 35. (See Table 4)

Hanssens & Hanssens (2007) analysed NCIS data for completed suicides for the five year period from 2000 - 2005 with Tiwi Islands completed suicide rate at 112 per 100,000; Nhulunbuy 46 per 100,000; Central Australia 55 per 100,000. Hanssens (2007) also provided analysis of ABS CURF data and found that for the period from

1997 – 2000 and 2001 – 2005 death by external causes of mental and behavioural disorders relating to substance abuse, particularly alcohol, had increased in all categories. Hanssens (2007) found a relationship between hanging and alcohol use with 70% of hangings in the context of alcohol use, with 86% of all Indigenous suicides by hanging 9, 10, 11. A similar relationship has been established between cannabis use and hanging with 25% of hangings in the context of cannabis use. Senior & Chenhall (2008) suggest that cannabis use among Indigenous males can be as high as 76%, and intensive and prolonged use with periods of drought contributing to the harmful physical and psychological effects of cannabis 36. (See Figure 5)

Discussion of results

“Echo Clusters” refers to a phenomenon which are subsequent but distinct clusters of suicide occurring after the initial suicide cluster and is original research. A detailed analysis of Indigenous suicide data has been conducted with evidence of suicide clusters and “echo clusters” within various Indigenous settings including urban, rural and remote regional communities. The evidence of clusters within Aboriginal communities around the world is not new and clusters emerge when the breakdown of culture and community infrastructure reaches a critical threshold and Durkheim (1952) suggests that the presence of anomie in certain vulnerable people can be apparent 37. When considering the past four decades of research around the world investigating similar populations and patterns of suicide, that is, 4th world peoples within 1st world countries, the following researchers: Ward & Fox (1977) 38.; O’Carroll & Mercy (1990) 39.; Davies & Wilkes (1993) 40; Gould, Petrie, Kleinman & Wallenstein (1994) 41; Malchy, Enns, Young, Cox (1997) 42; Wilkie, Macdonald & Hildahl (1998) 43; Tousignant (1998) 44; Tatz (1999) 1.; Hunter, Reser Baird & Reser (1999) 2.; Hunter & Harvey (2002) 33, Wissow, Walkup, Barlow, Reid & Kane (2001) 45; Coloma, Hoffman & Crosby (2006) 46; Johansson, Lindqvist & Eriksson (2006) 47, refer to suicide clustering as a constantly reoccurring theme in the literature. Some researchers have referred to waves of suicide, but in this research, a difference was noticed in the patterning of the suicide clusters, in that distinct clusters persisted in the same location and over significant periods of time 3. Hence the term suicide “echo clusters” was used to describe the pattern of suicide in Indigenous communities in the Northern Territory. 3.

The echo clusters within Indigenous communities, a recent phenomenon, began simultaneously in several hotspots, some more dramatically than others, in the Northern Territory. As the suicides echoed through the community they were almost impossible to contain, with the shock, disbelief and fear factors confounding even the most resilient within these communities to respond. From the early 1990’s suicides continued in the context of a significant increase in self-harm and suicide attempts of young men on the Tiwi Islands 16. The fifth suicide in 1996 was a ‘Death in Custody’ but the recommendations from the Coronial Inquest were that it:

“Did not justify, on the grounds of relevance, an investigation into the excessive consumption of alcohol within the community, and in particular the problems being generated by the Nguuiu Social Club on Bathurst Island”.
(Transcript of Coronial Inquest 1999)

The Nguuiu council president in 1996 was known and respected for his strong leadership and gave evidence at the Coronial Inquest in 1999 that alcohol abuse substantially contributed to the increasing suicide attempts at Nguuiu. The council president called for an urgent “reduction in alcohol availability on the Tiwi Islands and in particular from the Nguuiu Social Club”. The evidence was ignored along with the request for an increased police presence at Nguuiu. It was also ‘not recommended’ at

the inquest that a non-Indigenous Police Officer be stationed at Nguiu to support the Aboriginal Community Police Officers, a community based scheme, because of issues relating to “self-determination and self-management” of the Tiwi people. This recommendation was not reversed until many years later when domestic violence, homicide and suicide rates escalated dramatically on the island community.

Familial contagion within Indigenous families, spanning more than 10 years, has been identified as a feature of NT Indigenous suicide and suggests that for some Indigenous families there is a lifetime and intergenerational risk for suicide 3. Coleman (1987) supports this finding in his study which revealed some families are particularly vulnerable to suicide contagion and Jones & Jones (1995) suggest the risk for behavioural contagion increases if someone in the person’s vicinity exhibits the contagious behaviour 48, 49. In 1998 the index suicide for the familial contagion was a male juvenile ‘death in custody’. His death began a decade of familial contagion, with the Coronial Inquest in 1999 revealing that “underlying the death of this juvenile are the great social problems in Alice Springs caused by alcohol and cultural stress”. The coroner continued, what “was absolutely alarming, ... he should never have been in custody” “surely we have not reached the stage of sending children to prison ... to be cared for ... when there is no one else prepared to accept that responsibility”. The contagion effect which subsequently occurred may be as much related to the determinants of suicide, for example, high levels of substance abuse in the context of severe social dysfunction and economic deprivation and others, as the suicide death itself. For example, the NT Select Committee on Substance Abuse Interim Report (2003) found that during 2001 Alice Springs had an alcohol related crime rate of 78%) in the context of high Indigenous unemployment 50. The clustering of suicide attempts around completed suicide depends on the family and communities’ capacity to respond to attempted and completed suicide and their level of vicarious trauma and burnout 12.

Familial contagion was referred to by NT Indigenous representatives and families who had lost two generations of loved ones to suicide, at the Inaugural Postvention Conference in May 2007 Sydney, and again at the Aboriginal Suicide Prevention & Capacity Building Workshop June 2007 in Alice Springs. They were appealing for answers to the contagion effect within their families where loved ones had been so tragically lost to suicide. There was also a re-occurring appeal from the same representatives for steady, realistic, sustainable employment for Indigenous people, in whatever form that takes, so that Indigenous men and women can retrieve and retain their dignity and lift their families out of poverty 50.

There is a strong argument for increased postvention resources in Indigenous settings after suicide, or any trauma, whether it involve collectives within urban, rural or remote towns, Aboriginal communities, prisons, Indigenous tertiary institutions or (boarding) schools. Aboriginal people and families have cumulative grief, loss and trauma which are concurrent with acute bereavement, so cluster suicides may be both the result of, and a risk for, a complicated grief experience, and are often in the context of co-morbid depression, substance use, addictions and other chronic disease conditions. Families and communities need to have the opportunity to resolve the loss through a spiritual ritual and cultural processes to be able to then move on with strength 12.

Healing the family by healing the community

Jiwa, Kelly & Pierre-Hansen (2008) suggest the only way to heal the individual is to heal the community, with Canadian first nation’s communities implicating alcohol in

80% of suicide attempts and 60% of violent episodes 51. Similarly 77% of completed Indigenous suicides in the Northern Territory were in the context of alcohol, and many Indigenous people dying from alcohol related injuries or conditions 10, 11, 34. "Healing circles" are supportive of expressing grief in a safe environment but often families and communities are so traumatised after a suicide or cluster of suicides that the family and community may not be ready for healing or bereavement support 12. Often the social, emotional, cultural, political, spiritual and political determinants of suicide preclude the resolution of grief and lead to a permanent state of "sorry business" and "sense of hopelessness" within communities. 12. This collective depression resulting from complicated grief results in dysfunctional communities and leads to ineffective decision making and cultural restitution. Chandler & Lalonde (1998) suggests providing "a hedge against suicide" in Canada's first nation's peoples through cultural continuity 52. Jiwa, Kelly & Pierre-Hansen (2008) examined the inverse relationship between suicide rates and community efforts towards cultural preservation and community governance and found that as empowerment and self-efficacy increased, the suicides rates declined 51.

Too often attempts to heal communities and support families through bereavement and complicated grief in Indigenous settings are fraught with difficulties, because the level of trauma is so extensive, or unknown 53, 54. But there is a moral imperative to respond and offer bereavement support for Indigenous families and communities who have lost many lives to suicide. The "Promote Life" – Indigenous Postvention model presented at the recent 2nd Postvention Conference in Melbourne, May 2009 provides a platform for further development of suicide postvention. 12. In reality, few models of Indigenous suicide postvention support exist for Indigenous families and communities. Exploration and support of current models would be a practical response to suicide clusters and contagion. The determinants for Indigenous suicide are as complex as there are multi-faceted but are not incomprehensible as human nature and suffering is the same for all peoples. What is lacking is the courage to address the determinants of Indigenous suicide with compassion and healing, and the underlying social disadvantage and poverty which results in so much despair 55.

Conclusion

The research suggests that contagion, both familial and imitative behavioural contagion, is integral to the process of clustering for both attempted and completed suicides. "Echo clusters" of completed suicide appear when the intensity of attempted suicide reaches a critical threshold and when the community is no longer able to contain the contagion and respond to the frequency of attempted suicide. The shattering experience of "echo clusters", a unique phenomenon of Indigenous suicide particularly on the Tiwi Islands, appears to occur within a backdrop of intense attempted & completed suicide. Clustering of suicides, imitation of method and familial contagion, particularly in Alice Springs, has been a trial by suffering and acutest trauma for Indigenous families and communities in the Northern Territory, Australia. Alcohol and substance abuse appears to be a common factor in suicide afflicted communities and from personal observation, communities where the suicide phenomenon is rare, are commonly alcohol restricted communities. Bereavement support for families and close friends and community members of the suicide victim, to prevent subsequent suicides and contain clusters and contagion is urgently required, and needs to be incorporated within a comprehensive postvention response for the bereaved. A cultural and family lens is required to be applied to decisions that affect Indigenous families and communities to heal Indigenous people.

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Figure 1

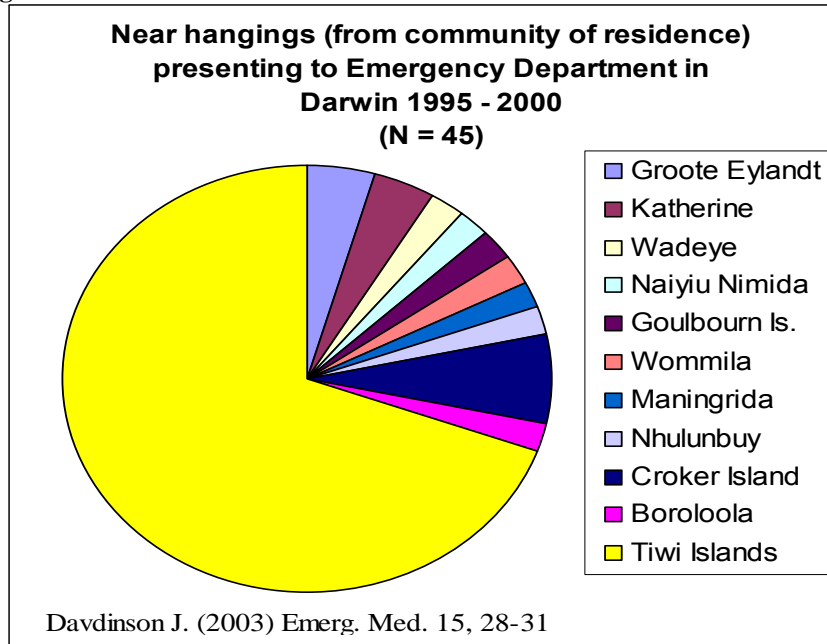


Figure 2

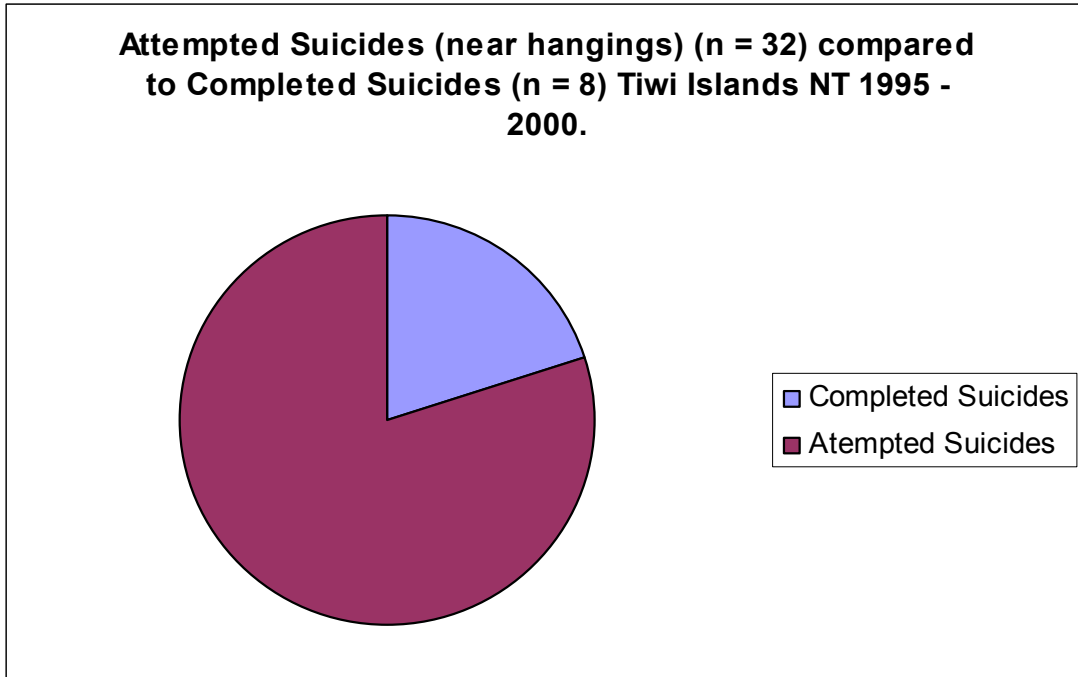


Figure 3

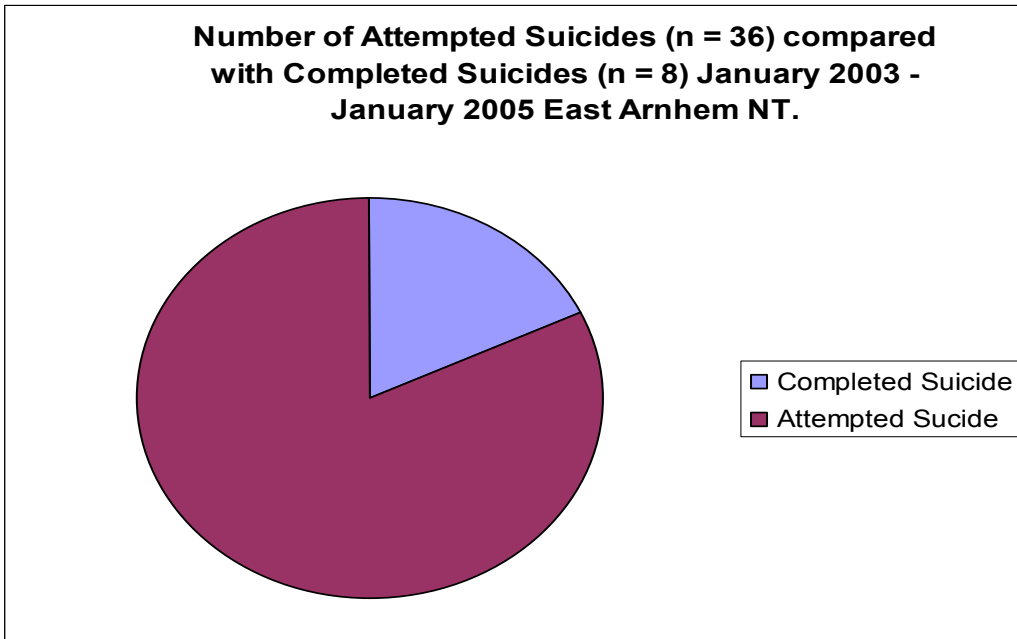


Figure 4

Fuller T (2005) unpublished

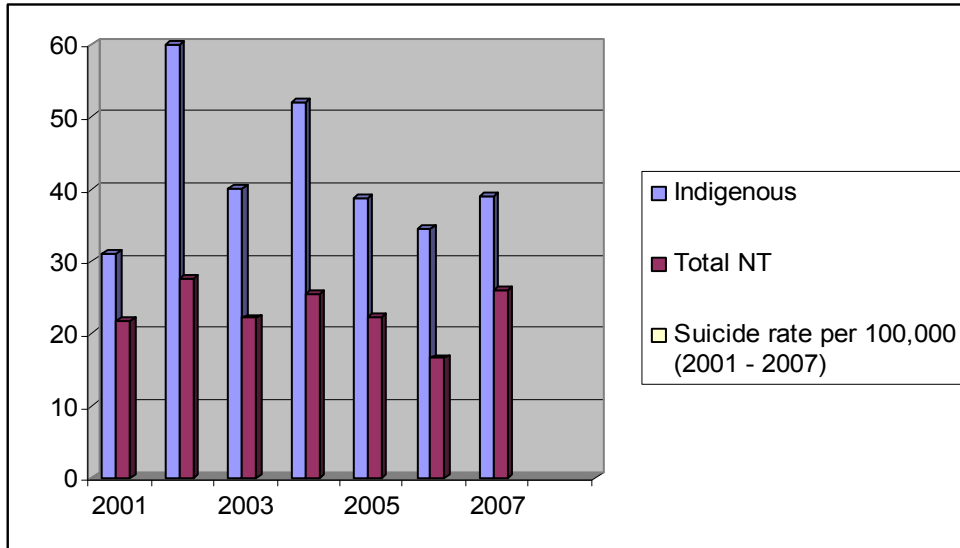
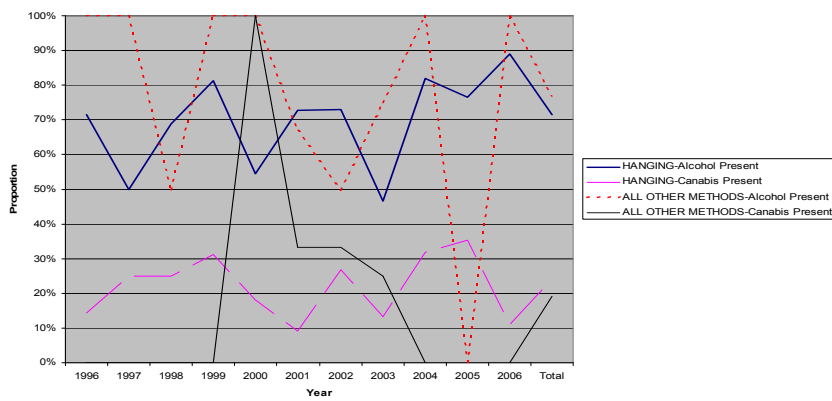


Figure 5 Hangings by Proportion of Alcohol and Cannabis present


































































Examples of Clustering of Attempted Suicides in 2002 and July 2005 – April 2006
 7 attempts per week =  

Table 1

ECHO CLUSTERS TIWI ISLANDS (Population 2,400), Indigenous Suicides (n = 44)

December																 #					
November																			 **		
October														 *							
September																	 ***				
August																					
July																	60				
June																					
May																					
April																					
March																					
February																					
January																					
	89	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008			

**LE
GE
ND**

: Clustering of Completed Suicides on Tiwi Islands communities
 Nguiu =  Wuranku = 
 Milikapiti =  Pirlimgimpi = 

*** did not complete suicide on Tiwi Islands but contagion verified**

**** non-Indigenous partnered with Indigenous Tiwi Islander**

***** Tiwi youth grew up in Darwin but completed suicide on Tiwi Islands # Body found in December**

Table 2		CLUSTERS OF ATTEMPTED & COMPLETED SUICIDE: EAST / WEST ARNHEMLAND																
		1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
November														△△△△	△			
October														△△△△△				
September														△△△	△			
August														△△△△△				
July														△△				
June														△				
May														△△△△	△			
April														△△	△			
March														△△				
February														△△	△			
January														△△△△	△△△			
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	

LEGEND:
 Nhulunbuy Completed Suicides = △
 Nhulunbuy Attempted Suicides 2003 - 2004 = △
 East Arnhem Suicide = △
 West Arnhem Suicide = △

+ MVA of young male but Traditional Land Owner

Actual numbers of Attempted Suicide occurring

TRACKING CLUSTERS INDIGENOUS SUICIDE KATHERINE & TOP END WEST REGION

Table 3

Month / Year	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
September			○					△(△) △*			▽	■			◇	◇**	◇◇
August				○				☆			☆			■			◇
July			○											■			◇
June												◇		■			
May																	
April																	
March											☆	○					
February											▽						○
January								○									

LEGEND – Completed Suicides

- Daly River = ■
- Timber Ck/Lajamanu = ■
- Katherine = ■
- Bulman / Beswick = ■
- Ngukurr = ☆
- Borroloola = ▽

(△) Serious suicide attempt, jumped from top of power pole – survived as a paraplegic but died some time later
 * Katherine Floods had an immediate impact on attempted and completed suicide
 ** Adelaide River completed suicide of 14 yr old male child by hanging
 *** Distraction via Daly River completed suicide of male child on his 12th birthday
 **** Katherine Aboriginal Alcohol Rehabilitation, accidental death by hanging of a 9-year-old female child, witnessed by a group of children
 ***** Aboriginal community via Katherine, accidental death by hanging of a 6-year-old male while playing with another child, witnessed by family.

Table 4

TRACKING SUICIDE CLUSTERS & FAMILIAL SUICIDE CONTAGION CENTRAL AUSTRALIA

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
December																	
November																	
October																	
September																	
August																	
July																	
June																	
May																	
April																	
March																	
February																	
January																	

LEGEND:
 Alice Springs / Central Australia Suicides =
 Completed Suicides and Familial Contagion = Family 1, 2, 3, & 4
 Girlfriend of deceased male of Family 1 =
 Female homicide victim of Family 2 =
 Non-Indigenous female of Family 2 =