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Healing after experiencing the suicide of a young person:
Aboriginal and Torres Strait Islander perspectives informed
by Indigenous Knowledges

Mercy Rosalie Maria Baird

Qualifications:

Post Graduate Certificate Research Methods, James Cook University, Queensland
Mental Health First Aid Instructor, ORYGEN University of Melbourne, Victoria
Master in Primary Health Care, Flinders University, South Australia

Professional Qualifications

Research Methods
Primary Health Care
Master Aboriginal Mental Health First Aid Instructor

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College of Arts, Society and Education
James Cook University
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Declaration

To the best of my knowledge and belief, this thesis contains no material previously published by any other person except where due acknowledgement has been made. This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

Mercy Baird

2023

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- Doctor Narayan Gopalkrishnan, Course Coordinator, Social Work, College of Arts, Society and Education, Division of Tropical Environments and Societies, James Cook University
- Adjunct Professor Margaret Anne Carter, Chair of Discipline – Australian College of Applied Psychology, Discipline Lead – Counselling Brisbane
- Adjunct Professor Yvonne Cadet-James, Indigenous Education and Research Centre, Office of the Deputy Vice Chancellor, James Cook University
- Adjunct Professor Sue McGinty, College of Arts, Society and Education, James Cook University

Project Advisory Group

I am sincerely grateful to the advisory group for their professional and expert advice, guidance, and assurance to inform the projects' onsite research engagement and data collection with the communities of Yarrabah, Wujal Wujal, and Hopevale.

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- Ms Wendy Wust, Councillor Kowanyama Shire Council, Kowanyama, Cape York
- Mr Bernard David, Social and Emotional Wellbeing Manager, Apunipima Cape York Health Council, Cairns

Participants

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Organisations

- **Gurriny Yealamucka Health Service Aboriginal Corporation, Yarrabah.** Senior Management and Family Wellbeing Unit staff. Transition and Research Unit Staff. Manager: Ms Ruth Fagan
- **Gindaja Alcohol Treatment and Healing Service, Yarrabah.** Treatment Manager: Ms Thelma Yeatman. Drop-in Coordinator: Ms Lyndell Thomas. Client Support Officers: Ms Linda Baird and Ms Tamara Yeatman
- **Hopevale Wellbeing Centre, Apunipima Cape York Health Council.** Centre Manager: Ms Doreen Hart. Women's Health Coordinator: Ms Lyndal Gibson. Men's Health Coordinator: Mr Desmond Bowen
- **Wujal Wujal Justice Group, Wujal Wujal.** Cultural Recreational Program Officers: Billy Harrigan and Maree Creek. Domestic Violence Program Coordinator: Debbie Corbett. DV Client Support Worker: Lila Yougie, Ex: Mayor: Desmond Taylee.
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- **Community Lead Contact Persons.** Ms Mary Kyle: Life Promotion Officer Gurriny Yealamucka Health Service, Yarrabah. Ms Thelma Yeatman: Treatment Manager Gindaja Alcohol Treatment and Healing Service, Yarrabah. Mr Billy Harrigan: Cultural Recreational Officer, Wujal Wujal. Peter and Marilyn Wallace: Shipton Flats Cultural Workers. Ms Doreen Hart: Centre Manager Hopevale Wellbeing Centre, Hopevale

Statement of Contribution of Others

Nature of Assistance	Contribution	Names, Titles (<i>if relevant</i>) and Affiliations of Co-Contributors
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Abstract

The focus of this research was to explore, healing after experiencing the suicide of a young person in Aboriginal and Torres Strait Islander families. This study was undertaken at the urging and support of family members from across three Aboriginal communities in Far North Queensland who had lost their young people to suicide. As a worker and a kinship support person, I had supported them and talked for many years about their lived experiences of suicide and how they desired to help other families with similar experiences. We agreed that conducting research would be the most meaningful and valid way to have their voices heard and experiences written about. The findings would inform and support people in similar situations as their learnings are increased about how they deal with their loss, grief, and healing.

The study used a qualitative research methodology guided by the Indigenist research philosophy and the principles of participatory action research (PAR). This approach was found to be the most meaningful way to engage with the families, kinship, local support workers, and professionals. The local Aboriginal Shire Councils also gave support and approval for the research, as the findings would be used to inform future developments in local government in relation to supporting families and young people and creating safe spaces and places throughout their local government areas.

The key findings of the research were that Indigenous knowledges remain strong within families and communities. Participants acknowledged that the Old People and the elders are seen and respected as traditional knowledge holders and that knowledges are passed down to the younger generations. The findings also identified concerns that the younger generations were not respectful of or did not value Indigenous knowledges and how these knowledges help them learn and practice the old ways of living off the land – which in turn, can prevent unhealthy or harmful population lifestyles, such as alcohol and drug abuse, self-harm, and suicide.

Indigenous knowledges are also about understandings, skills and philosophies developed over time by local communities with a continuous history of experiences and interaction with the natural surroundings. It means that families, kinship, and the wider community learn about their identity, who their families are, and how they connect to each other. It was also a traditional custom whereby young people are taught of their traditional lands, which country they belong to, how to learn and speak their traditional language which connects them back to their sacred places, as well as about the customs, rituals and ceremonies which reinforces their identity and their belonging to country. Aboriginal lore, spirituality, and culture were also acknowledged as important for the younger generation to know of; the older participants knew that embracing these was a diversion away from all the challenges of modern society.

Participants found that it was a big struggle for all to navigate their way through the cultural interface of the old, the new, the ancient, and the modern society together with Aboriginal lore and

Western law. Christianity and spirituality were also a strength for many participants as their faith and talking to God helped families to cope and manage their losses. Western health services were also found to assist individuals and families in the healing journey through mental health and socio-emotional wellbeing health services and psychiatric services and through participation in formal men's, women's groups and elders' groups. Government institutional systems were also found to be rejected and at many times unhelpful in family and child support measures.

Overall, the study found that Indigenous knowledges, culture, customs, and lore featured as prominent in participants' perspectives for healing after the suicide of a young person.

A Note on Terminology

With respect, in this thesis, ‘Aboriginal and Torres Strait Islander peoples’ are referred to as ‘Indigenous’ while recognising the two separate cultural groups each with their own histories, experiences, world views, and cultural values and beliefs. Where either group is referred to separately, then the terms, ‘Aboriginal’ or ‘Torres Strait Islander’ are used.

Table of Contents

<i>Declaration</i>	<i>i</i>
<i>Acknowledgements</i>	<i>ii</i>
<i>Statement of Contribution of Others</i>	<i>iv</i>
<i>Abstract</i>	<i>v</i>
<i>A Note on Terminology</i>	<i>vii</i>
<i>Table of Contents</i>	<i>viii</i>
<i>List of Figures and Tables</i>	<i>x</i>
Chapter 1: The Cornerstones of Indigenous Knowledge	1
Thesis Structure	11
Chapter 2: Literature Review	13
Purpose	13
Methodology	14
Indigenous Australia	15
The Historical Perspective of Aboriginal and Torres Strait Islander People Living in North Queensland	16
Aboriginals Protection and Restriction of the Sale of Opium Act 1897	18
The Problem of Suicide in Post-Colonial Australia	19
Suicide Among Queensland Aboriginal and Torres Strait Islander Young People	22
Healing from Suicide in Far North Queensland Aboriginal Communities	23
Dreamtime Knowledge: Good Medicine	24
The Strength of Indigenous Knowledge	25
Cosmology of Indigenous Knowledge within the Kinship System	28
Conclusion	29
Chapter 3: Methodology	31
Philosophical Perspectives	31
Indigenist Research Methodology as a Theoretical Framework	32
Project Advisory Group	34
Qualitative Research Design	35
Methods	35
Research Rigour	41
Ethical Framework	42
Researcher Wellbeing	45
Limitations of the Research	45
Conclusion	46

Chapter 4: Findings	47
Context	47
Research Sites	48
The Findings	53
Conclusion	70
Chapter 5: Discussion	72
Fireflies as Lights of Knowledge Connecting the Themes	72
Interpretation of the Findings	73
Conclusion	85
References	93
Appendixes	106

List of Figures and Tables

List of Figures

<i>Figure 1: Map of Aboriginal and Torres Strait Islander Communities in Queensland</i>	17
<i>Figure 2: Cosmology of Indigenous Knowledge within Kinship System</i>	28
<i>Figure 3: Overview of Data Analysis Process</i>	40
<i>Figure 4: Map showing the location of the Three Communities</i>	48
<i>Figure 5: World Cloud of Identified Themes: Yarrabah</i>	53
<i>Figure 6: Word Cloud of Identified Themes: Hopevale</i>	61
<i>Figure 7: Word Cloud of Identified Themes: Wujal Wujal</i>	65
<i>Figure 8: Fireflies: Lights of Knowledge</i>	73

List of Tables

<i>Table 1: Aboriginal and Torres Strait Islander persons, 2016 and 2021 census</i>	16
<i>Table 2: Post-Colonial Suicide Data for Aboriginal People</i>	20
<i>Table 3: Participants in Yarning Circles</i>	37
<i>Table 4: Implications and Recommendations for Policy and Practice</i>	87

Chapter 1: The Cornerstones of Indigenous Knowledge

The inspiration for this thesis emerged from my past experiences of family life and work life with many Indigenous communities which gave me the background and opportunity to listen and observe the importance of Indigenous knowledges in everyday life. Through my research, and with the support of families and communities, I explored more deeply the role of Indigenous knowledges and their prominence in healing for families who experiences the loss of a young family member to suicide.

The prominent values that are embedded as cornerstones of Indigenous knowledges are:

1. Indigenous knowledges are deeply rooted within the spirit, mind, emotions, and physical life of Aboriginal and Torres Strait Islander persons.
2. People have the right to express their Indigenous knowledges through various means to inform their healing from suicide.
3. People work together and practice Indigenous knowledges in order to heal.
4. Indigenous peoples' knowledges have the right to exist and live within the colonised world.

It is spiritually and morally significant that Indigenous knowledges are given prominence in helping people find pathways to ground themselves and navigate a way through this world of confusion and suffering.

The following article (Baird, 2020) tells my story with communities in Far North Queensland in the capacity of being both a community member and health worker.

Perspectives of my lived experiences for addressing suicides among aboriginal communities in the North Queensland tropics

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Mercy Baird¹

Abstract

This article contextualises my perspectives of Indigenous knowledge within a cultural cosmology, used to address the suicide epidemic in an Indigenous Community in the Far North Queensland Tropics of Australia. I use my personal narrative from the philosophical standpoint theory of an Indigenous female with first-hand experience of living under the residues of the Queensland Government Act (1897). Through the lens of a social constructivist worldview and theoretical underpinnings of Indigenist research, I give honour to Indigenous knowledge, cultural values and privilege the voices of local people. As a PhD researcher at James Cook University, I apply to my research, “Healing after experiencing the suicide of a young person—Aboriginal and Torres Strait Islander perspectives informed by Indigenous Knowledges” with three Aboriginal and Torres Strait Islander Communities. This research also aligns itself to the JCU Strategic Intent, Peoples and Society in the Tropics.

Keywords

Aboriginal, knowledge, community, culture, suicide, healing

The Yarrabah experience

The Yarrabah Life Promotion Program is described by Mitchell (2000) and Prince et al. (2018) as a community strategy used to employ and achieve a process of change, to prevent suicide through a cultural community-controlled framework. The community-controlled strategy used is recognised as a success story in community empowerment, affirming positive lifestyles and being strategic decision-makers to achieve a no more suicide future. The primary leaders of the Program were led by the Yarrabah Shire Council but instigated and driven by the whole Community (Hunter et al., 2000).

Suicides were out of control, families and service providers demanded meaningful interventions. There was an urgent need to secure financial resources from relevant agencies to develop a sustainable prevention programme. I was employed by the Yarrabah Shire Council in 1995 as a Project Officer over a 6-month period to consult with key Community members such as, Elders, traditional owners, survivor families and local services to collect their ideas about how to stop the suicides. The community engagement process, which is discussed later in this article, evolved through collective collaboration and sharing of valued knowledge, belief and determination to create a local cultural knowledge framework rooted in the cultural continuity ethos (Chandler and Lalonde, 1998; Parker & Milroy, 2014).

The report of the Community’s ideas was a first stage of the project which was given by the Yarrabah Shire Council to government funders. The Council were successful in their submission and secured funding from Queensland Mental Health Services, Queensland Government.

Introduction

North Queensland, from Ingham to the Tip of Cape York at Punsund Bay is known for its natural beauty. On the Eastern Northern Australia, we live in the Wet Tropics, the World Heritage Rainforest, the Great Barrier Reef and to the West are the Wetlands Lagoons of the Savannah with its red soil, marine swamplands and the ancient rocky landscapes of the Western Gulf Country of Queensland. Local Indigenous people existed in this vast beautiful natural landscape over many thousands of years (Malaspinas et al., 2016).

¹James Cook University, Australia

Corresponding author:

Mercy Baird, College of Arts, Society and Education (CASE), Graduate Research School, James Cook University, PO Box 6811, Cairns, QLD 4870, Australia.
Email: mercy.baird@my.jcu.edu.au

It is home to all sorts of creatures of the air, land, sea and sky, all of which live and die in this natural world. It is full of botanicals, minerals, fresh water, saltwater and marine medicine. These bathe our senses and cleanse our physical, psychological and spiritual life through its' colours, smells, touch, noises and taste (Diamond, 2013, p. 181). This natural world also has a rhythm which syncs to the natural cycle of life, death, life through the continuous changing seasons of summer, winter, spring and autumn in which we as Indigenous people continue to survive and strive (Nakashima, 2000; Spencer & Gillen, 1899).

It is against this geographical and cultural landscape that the once tranquil life of Indigenous people was disrupted in 1876, with the establishment of official settlements in the north, (Loos, 1982) and the colonisation of its people (Loos, 1982). The existence of Indigenous people in the tropics on their rich fertile lands was to be no more, as pioneers, pastoralist, miners and government possessed the land through any means possible. Frontier wars described by Bottoms (2013) became an everyday occurrence, whereby the Queensland government passed legislation for the protection of Indigenous people. Thus, began the end of traditional life and the birth of living under the regime of colonisation as described in detail by the then Chief Protector Edmund Roth (1904) "... the main aim being to civilise the natives to the white way of life ... teaching the moral values, the colonial way of living and rejecting and denouncing tribal ways of life through language, art and lifestyles." These words are written into the official *Aboriginals Protection and Restriction of the Sale of Opium Act (1897)* which ensured the creation of reformatory schools or missions across Queensland (Frankland, 1994; Kidd, 1997). These schools would receive both adults and, especially children, also called inmates, who were forcefully removed and or separated from their parents, tribes and traditional country then sent to mission stations usually operated by the Churches.

One of these mission stations is the Aboriginal Community of Yarrabah South East of Cairns. It was established in 1892 first, as a place for church missionary work, whereby the Reverend John Gribble from the Anglican Church sought to establish a safe sanctuary from the onslaught of colonisation eventually working with the Queensland Government who asserted its involvement through the *Aboriginals Protection and Restriction of the Sale of Opium Act (1897)*, (Loos, 1982). So, began a journey and struggles of hardship, loss, grief and trauma for Indigenous people. One hundred and seventeen years later, the descendants of those forcefully removed, remain in the Community, in which they have made their place of belonging. Yet unresolved trauma and grief remain, and at times, ripping at the minds, hearts and spirits of descendants.

In our cultural knowledge, the pain reminds us of how we interact with our natural surroundings and how incidents with nature speak to us about everyday life. In this case, we are familiar with a wait-a-while vine, it is a tropical plant that looks like a harmless palm leaf, but a closer look reveals sharp small thorns, on the thicker branch where the palm leaf is attached, thick hooked spines grow covering both sides of the branch. The wait-a-while vine easily hooks onto our clothes and body, so that when one tries to move it

off, it grabs onto more areas, becoming more fixed and at times tearing at the skin deeply causing pain. These thorns and the pain it can inflict to the body is a mirror image of the taunting memories of the spiritual, emotional and psychological scars of intergenerational trauma carried in the memories of our Elders. In the field of psychology, it is suggested that trauma is passed on in the genes from victims to children and future generations (Bowers & Yehuda, 2016; Herringa, 2017). Therefore, as descendants, we carry their stories of pain and struggles and pursue to find consolation for them, us and future generations.

The impact of colonisation has scarred many deeply (Bringing Them Home Report, 1997) as we reflect on our ancestors' stories about their sadness, losses, grief and pining. As descendants, we see and know that it is our basic human rights and obligations to heal for them, for us and for our children's future. The reconnecting with their lost history, finding their families and all their kinship by going back to their country, learning their language, their tribal structures and ceremonies are proven to support healing. A snapshot of a cultural healing experience is through the Dadarri program (Ungunmerr 1988). We strongly want our knowledge of our spiritual and cultural heritage to be safe with us, but it seems that every time we move forward, the thorns of colonisation, especially through the current political landscape latch onto us and we become like the living wounded.

It is a demanding challenge to decolonise our thinking, attitudes (Smith, 1999) and perceive an outlook on life beyond the safety of our families and homelife. It is a significant ongoing issue, perceiving history as the toxin that continually impacts our health, mental health, socio-emotional, spiritual and cultural wellbeing, justice and human rights. Von Thater-Braan (2001), when speaking of healing from historical oppression, quotes First Nation scholars, Marie Battise and James (Sa'Ke') Youngblood Henderson (2000) in the following words, "Do not be afraid to put the past in front of you, not behind you. We are all at different places in our awareness, and, historical analysis is an important tool for liberating and healing" (p. 8).

As I write this article, I have a growing awareness and desire to reflect on my own personal experiences as a descendant of my great-grandparents of the stolen generation, and a survivor of "living under the act", experiencing first-hand, family and kinship cohesiveness together with social disadvantages from government control and their sudden departure from our Community. Whereby Local Community Elders were left to take the political reins to manage, control and lead us into the future. I was also a church worker (1984–2010), a volunteer, a paid local government worker (1994–2002), a senior Indigenous Mental Health Coordinator in Queensland Mental Health Service, Cairns (2002–2012), and now a PhD researcher.

My personal history tells me that I am a fourth-generation descendant of my great-grandparents who were forcefully removed to Yarrabah from Cooktown and Herberton in 1900 and 1904. Both ancestors had Aboriginal mothers and European fathers, so the colour of their skin made them easy targets for authorities to define their lives. My great-grandmother's mother came from the

Umpila Tribe of Cape Sidmouth, south of Lockhart River on Eastern Cape York. My great-grandfather's mother came from the Yirganydji and Tjapukai people of the Barron Delta and surrounding Barron Valley on which the city of Cairns was established in 1876. My family history records reveal that the Chief Protector Edmund Roth (1904, p. 10) had authorised their removal, like so many of their peers, an who lived under this regime until the year of my birth 1960.

On 1 July 1960, the Queensland Government officially took control of the Yarrabah Mission, after 68 years, being controlled and cared for by the Anglican Church. When this change came, the Church remained in the role of pastoral care, protecting and caring for the spiritual lives of the Community as the Parish of Saint Albans under the Diocese of North Queensland. These years were times of learning with all our Elders, how to live under the control regime of the Department of Aboriginal and Islander Affairs (DAIA), with their routine house inspections, handing out rations of sugar, flour, dripping, sago and meaty bones every week. Even when travelling out of the community, our Elders were required to get permission and approval with strict rules from the local superintendent, to travel into Cairns and back home again on the boat by 5 p.m., such was our lives.

Continuing impact of colonisation

A significant event I recall in the Community was the day of the 1967 Referendum:

sitting with my young friends on an old tractor under a one-hundred-year-old fig-tree in the park on a fine Saturday afternoon. We watched the adults coming and going down to the Department of Aboriginal and Islander Affairs (DAIA) office to vote for the first time. (Baird, personal recollections, 2019)

This scene gave us a sense of hesitant pride and lingering questions after hearing all the kitchen talk from our Elders about having the right to vote, thinking that we were now equal with white people. Even though, we did not fully understand what this all meant, our child minds knew deep down that our skin colour could and would never change anyway so how can we be equal or the same?

I also now know that the voting meant that the Australian people voted overwhelmingly for the Commonwealth to amend the Constitution and include Aboriginal people in the census (National Archives of Australia).

The time period of the early 1970s were years of hard questions and a nagging fear when hearing talk between our kinship Elders, that families, who worked for the Department of Aboriginal and Torres Strait Islander Affairs (DAIA), would leave us in the community to look after ourselves. Many of us young people in our early teens, talked among ourselves thinking about our future when sitting on the beach, climbing up a coconut tree or sitting in a flatty boat fishing, "how will we look after ourselves", the future really looked cloudy. My knowledge now tells me that our minds were truly colonised and emotionally

dependant on the local white people who we saw as holding our future. We did not know anything else.

When the Department of Aboriginal and Torres Strait Islander left our Community, the legacy they left for us was the local beer canteen that would sell alcohol to make money. This would be the main source of income with approximately thousands of dollars a month, until the mid-1990s when the then Yarrabah Shire Council decided to close the canteen and minimise access to alcohol.

Changing times and suicide

It was during these years that one of the most shocking incidents occurred; in 1974 to be exact, was the first ever suicide of a young man witnessed by many of us. My personal story describes what occurred:

On a fine and sunny Saturday afternoon, I and my friends sat in the backyard of their house watching a game of football. A young man was a bit intoxicated, somehow got hold of a rifle and shot himself in front of all to see. Immediately the world stopped still with a deafening silence, I fainted and when I came around some minutes later, I recall the screaming, crying and wailing and so much people running over to attend to the young man, his family and myself as well. That afternoon was the longest and slowest ever, the following days, weeks, months and years, life was never the same again, it appears a black spiritual cloud hung over our Community. We as a people were at a loss of what to do and how, we have never been this way before as a whole Community.

It was a time that we "walked on eggshells" not knowing who would be next, when, where and why? The memories of that fatal day still haunted us, when further waves of suicides occurred from 1985 to 1995. This truly took us over the edge in some ways, but it was also a turning point, a catalyst in our lives as a Community, whereby, we concluded that we would take control of the problem ourselves with the help of outsiders. The crisis became the breaking point for our colonised mindsets, and we set our collective minds to change the status quo.

Historically, suicide was an unknown concept, hard to understand or perceive in the local community. Hunter et al. (2000) notes, "it was also separated by far more from the world which preceded it in which, there was no precedent, no means for understanding such events let alone integrating them into the fabric of community life" (p. 49). Historical literature also highlights that suicide was an unknown concept in traditional Aboriginal society; ethnographer Smyth (1878) comments, "As may be suppose, there were no insane persons and no idiots among the Australians, and suicide was unknown when they were living in their wild state."

In a North Western Australian station near Roebourne, an inquest was held by Coroner Cleland regarding a case of a Strange Hari-Kiri. A young 24-year-old male committed the act with a wound to the throat and stomach, but it is not stated what he used to inflict his wounds. Police stated that it was a "rare happening" and an Elder of the Community expressed surprise, stating, "that he heard of Japanese and whites killing themselves but never an Aborigine" (TROVE,

2019). Knowing this history highlights that suicide was an unknown concept, it re-enforces that traditional knowledge, lifestyles and culture was at its grandest, fullest and strongest time. Importantly that knowledge still remains, and I hope that my research will draw out the specifics of life, death and healing values and beliefs from our knowledge holders.

Alcoholism

The introduction of, and easier access to alcohol and sly grogging (Craig, 1979) caused the Community to experience the widespread negative impact of alcoholism, abuse and misuse. There was an increase of violence impacting families and the wider community, in turn causing the justice and health systems to react and respond to ensure justice, safety and care to all. The Community became more familiar with the Coroner, from this time on, especially due to the increasing suicide deaths, whereby, local deaths in the police watch-house were referred to the Royal Commission into Aboriginal Deaths in Custody (RCLADIC) Dalton, (1999). A war of cultural values and beliefs against increasing mental health problems and social justice were becoming intense across Indigenous communities (Reser, 1989), especially drug induced psychosis, becoming a common occurrence with increased incidents and referral responses to the mental health system.

Reflecting back into this past our leaders remained strong and optimistic for the people and their future.

Self-determination and self-management

By the 1980s, change in the Community was intensive, the local beer canteen, even though it was a thorn in our side, became the major source of financial income. The local Queensland police service was established and began employing local men under a Queensland Police Service Senior Constable, a local Aboriginal Health Workers programme was operating in the Community alongside Queensland Health hospital services, and Education Queensland was employing local Indigenous workers as Teacher's Aids.

In 1984, the Yarrabah Community Council finally took on the role and the responsibility of governing through elected members of the Community. This was guided by the regional and state-wide Secretariat, the Aboriginal Coordinating Council (ACC) which supported Aboriginal local government as a Deed of Grant in Trust Community in Queensland (DOGIT). The Secretariat supported the system of community-level land trust which was established to administer former reserves and missions. It was different from local government structures as its character was that the Aboriginal Councils owned the land they administered on behalf of the Community.

Falling back on our cultural epistemologies

The past is always with us, just as the landscape of ancient mountain ranges, the reef and rainforest of the Tropics

exist, Indigenous knowledge continues. This knowledge holds insights into our existence of life, therefore, when we find ourselves standing in unknown places, we stop, reflect, embrace and lean on our traditional knowledge to lead us forward (Leenaars et al., 1999; Parker & Milroy, 2014; Wanganeen, 1998).

The local rapid social changes was a time to allow our knowledge to guide us in our response to the new problem of suicide; mainstream knowledge was not strong enough to break the continual cycle of suicide and other social problems.

The notion of Community, meaning togetherness, was a fundamental cornerstone which helped us to move forward. Even though there were existing internal conflicts with different groups or families, the problem of suicide affected all; therefore, people put aside their differences to participate in healing process to find answers. The actions are detailed in a sequenced process guided by the hand of the traditional Indigenous knowledge of the Community.

Method: community action

Community as carer and counsel

Individuals belong to families, families connect with kinship, kinship belongs across clans, clans belong within tribes or nations.

Traditionally, people lived within their kinship groups on their traditional lands (Diamond, 2013; Parker & Milroy, 2014). Therefore, it was meaningful in our time of collective despair and sorrow, belongingness within the Gathering was the beginning of our healing journey. The bringing together of the people would be the opportunity to talk and listen to each other, allowing for meaningful conversations about a common problem that affected us all. It also became a challenge for all, to create a vision for the future.

The gathering

The following description provides an illustration of how our Gathering provided the forum to create the vision through talking, planning and designing our no suicide future.

On 16 February 1995, approximately 300 concerned members of the Community gathered together at the James Noble Sport Complex for 3 days, where they talked and cried about their losses and what could be done to stop the suicides. All this happened with the support and leadership of the Yarrabah Community Council with the assistance of the then ACC, the Queensland Local Government Secretariat for Aboriginal and Torres Strait Islander Councils.

Key organisations were invited to attend; these were the State Tripartite Forum, Queensland Mental Health Services, the local Queensland Police Service and the Rose Education Unit of the Jensen Newman Institute of Counselling and Applied Psychotherapy from Sydney. Important too was the Yarrabah Council calling a Stop Work to all its staff including their Community Development Employment Program (CDEP), the local residents who worked for the dole, to attend the Community Gathering.

After the 2 days of collective togetherness of weeping, talking, expressing anger, silence and prayers, the acknowledgement of the trauma brought relief and a sense of resolution and letting go. On the third day, the people felt

strong enough to decide on their future (Hunter et al., 2000, pp. 57–61) and how it will be actioned for a safer community.

The action plan

The Action Plan had a two-pronged intent, these were, primarily to address the immediate crisis of suicide and, second, to develop a long-term Aboriginal community-controlled primary health care service. Its aim would be to enhance and sustain life affirming futures designed, developed and owned by the Community.

Objectives

A major decision was made to establish a coordinated response, through a strong governing body whose role would be to

1. Lead, oversee and monitor self-harming risk-related issues in the Community;
2. Ensure that local people are recruited to be workers in suicide prevention, life promotion and family support;
3. Provide a 24-hr, 7-day a week safe place to support and care for those experiencing distress or crisis;
4. Work towards a community empowerment approach to take control of health.

In this case, health was valued as all-encompassing and evolving definition, described by Swan and Raphael (1995) as

Health does not just mean the physical well-being of the individual but refers to the social, emotional and cultural well-being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities.

Intent one: implementation of crisis interventions

The coordinated response became the social mechanism through which the Crisis Intervention Group was established in December 1995. The role of this group was to support the local workers through advice, guidance and professional support. The Crisis Intervention Group became a community space to monitor and oversee the crisis and risk factors. The Group was continually strengthened in the process of stakeholder's communication, planning and implementation to the local setting.

The Group also maintained its focus on continually developing innovative and strategic initiatives in achieving a culturally safe Community Space for decisions and choices. The key stakeholders of this group is presented in Diagram 1.

Members of the Crisis Intervention Group included two Yarrabah Council representative, Council Family Support Officers, the Beer Canteen Manager, locally trained counsellors and support workers, survivors of suicide loss,

parents, siblings, grandparents, local Queensland Health members, local Queensland Police Members, local Education QLD senior staff, the local Priest and two members of the congregation, Community Elders, Traditional Owners representatives, Yarrabah Council Health, the Department of Aboriginal and Torres Strait Islander Affairs, Cairns Office and the local Community Justice Officers.

A vacant seat was allowed for visitors, like Corrective Services, the Magistrate Courts, Technical and Further Education (TAFE), James Cook University (JCU) and the Office of Aboriginal and Torres Strait Islander Health (OATSIH).

A local 24/7 safe place

Members of the Gathering ensured that individuals and families in crisis would be cared for by professionals, especially Queensland Health, which was achievable due to the fact that staff were available 24/7. A list of local people's names was also kept at the hospital, whereby individuals would be asked who they trusted to support them in the safe room. The trusted person/s would remain with the individual until they settled down or taken to their home or to other trusted families or persons. Importantly, the individual would be followed up by the Life Promotion Officers once daily for 2 weeks post-crisis, depending on the scale of risk.

Keeping connected with families or local trusted persons when someone is unwell or sick is also a trait of traditional Aboriginal life as noted by a Bishop of the Catholic Church in 1871 in his observations of the local people in the church's care:

His disease has baffled the doctor's skill and care and as a last resource, the native is consigned to his relatives or friends by whom he was bought to be taken to the woods and there, by them taken care of in their own way. If a European in the case of that native, had been sent to the open air in the bush, surely, he would have died a few days, nay, a few hours after, yet, that dying native a few weeks afterwards and whom, when everyone that knew him in his dying state believes him to be already dead and buried, there he is, as healthy and as strong as ever having perhaps travelled already fifty or more miles on foot. (Salvado, 1871, p. 1)

Locally trained counsellors and support workers

The term Life Promotion Officers was a more culturally safe and sensitive term as opposed to the title of suicide prevention workers. The Crisis Intervention Group perceived the words as a negative message to the Community and agreed to use a "solution focused concept" which promoted life and influenced life affirming attitudes and lifestyles, thence the name Yarrabah Life Promotion Officers. Their key roles were to work with other support persons to maintain connection with individuals and families. In situations where they saw them walking down the street, at the beach fishing, in the shops or just drop in for a yarn at their home.

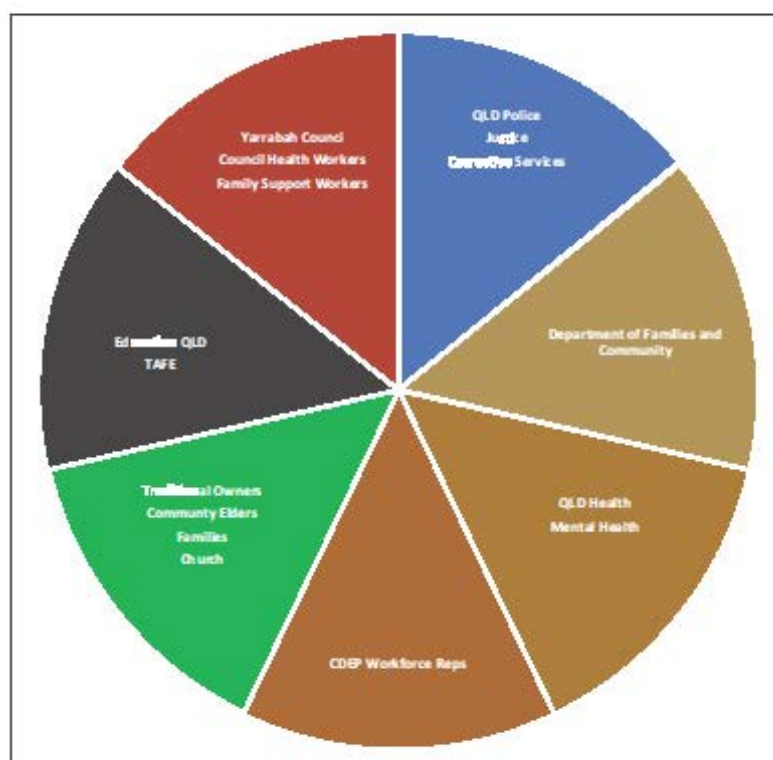


Diagram 1. The Yarrabah Crisis Intervention Group (1995).

This type of support re-enforced that care, counselling, yarning and a type of buddy support connection was culturally appropriate and sensitive to the needs of the individual or families in crisis. According to the Solutions that Work Report (Dudgeon et al., 2016), “a culturally safe service environment and access to Indigenous or culturally competent staff for Indigenous people in a vulnerable state may also be important to the success of an intervention or response” (p. 12).

Intent two: implementation of community-controlled primary health care service

The Gathering also perceived the current Government services of that time, as not being competently culturally appropriate, sensitive or meaningful. This meant that the Community wanted the right to make decisions, implement, own and take control of maintaining and sustaining all future health developments. The following words from an Elder of Wujal Wujal Community, a previous government-controlled community, spoke of the government insensitivity in all our DOGIT communities in the following words:

When the DAIA was in our community and they left us without any support, we were all like a sick tree. Alcohol & drug misuse, crimes, bad gambling, suicides, self-harm and

sickness. We had no strong culture, because it was taken away from many of us. We were dry with no life! The roots of the sick tree are all swelled up and dry, that’s what happens to us when we don’t know our culture, identity and spiritual life in culture and with God. In Aboriginal way, trees can tell us a lot of things about life. (Baird, 2005, p. 26)

It is no wonder that the movement towards Community Control became the determination for all Indigenous Australians throughout the last seven decades.

Lead by people of culture

The vision for our community-controlled primary health care service was, first, to develop a holistic Community Development Suicide Prevention model to heal individuals and promote family life. This was to be implemented using a bottoms-up approach, from community development policies to secure governance structures and plans. This ensured the voice of the people remained continually, ethically and within legislated frameworks through the national body such as the Office of the Register of Indigenous Corporation, now known as ORIC, directly affiliated with the Australian Government.

The Community was adamant that the health service would have a tribal name given by the local Traditional Owners, the name they agreed to was Gurriny Yealamuck Health Service Aboriginal Corporation, Gurriny meaning "good" Yealamucka meaning "healing waters." Yealamucka is also a name of a local spring water on the beach where people would bathe in for healing in the company of a traditional owner.

Health promotion, health education, family and community empowerment occurred by facilitating attitudes and behaviours among the local people, assist and guiding help seeking behaviours. The socio-emotional and spiritual wellbeing of families were advocated for and supported through cultural activities, education and awareness of traditional history.

Another emerging support was a local Men's Group which was finally funded in 1997, led by Yarrabah Council Life Promotion Officer, supported by the Yarrabah Health feasibility research project (Percy et al., 1998) and the local Queensland Health male workers. Their weekly meetings on public notices always had these words, "we need your voice to heal ourselves" (Baird, 1997 personal notes).

This statement once again highlighted the determination of the Community to address the crisis and unconsciously becoming "agents of change" as a collective. Social Justice Commissioner, June Oscar of Fitzroy Crossing in Western Australia reminds us that it is important for Communities to "build on the existing cultural and social capital and their resilience especially in crisis situations (Fitzpatrick et al., 2012). In the Yarrabah Story, we see the very similar principles applied 20 or so years earlier to control the crisis and empower the people.

Twenty-five years later, in April 2019, the Community of Yarrabah has achieved their goals in preventing suicides, established sustainable and effective social environments for promising futures. The most notable achievement is taking control of primary health care and socio-emotional wellbeing services in partnership with Queensland Health whose responsibility now is to control and manage Accidents and Emergency Services in the local Community multi-purpose health facility.

Keeping research close to our hearts

A major concern among Community members from the early years of 1980–1995 was the awareness that well-meaning researchers and the helping profession from outside our Community provided help and support, but had also been writing about us and our problems in the past years. This raised up underlying issues of past experiences for Elders about their parents and other ancestors having their heads and whole bodies being measured, pieces of their hair clipped and taken away and other inhumane experiences.

Taking hair clippings was a big deal for our Elders, in traditional cultural contexts, hair is considered sacred and known to be used for practices like black magic, sorcery in many places; it is also considered bad luck as it takes away power and strength from one's body. So, fear suspiciousness and being caution always remained with the Elders and

passed down to today's generation. Interestingly, I received a phone call in early 2019, informing me that the hair clippings of my ancestors taken by researchers in 1938 would be returned to our family after 82 years in the not-too distant future.

It has only been these last three to four decades that the residents of Yarrabah, gradually understood what researching Indigenous communities was all about with its benefits, to the people's future and as well as possible downsides.

We totally understand Indigenous researchers' standpoint of research, such as Lester-Irabinna Rigney (1997, p. 4) who says, "my peoples' interests, experiences and knowledges must be at the centre of research methodologies and the construction about us" and Maori scholar, Linda Tawahni Smith (1999), "The word itself, 'research', is probably one of the dirtiest words in the indigenous world's vocabulary. When mentioned in many indigenous contexts, it stirs up silence, it conjures up bad memories, it raises a smile that is knowing and distrustful." This silent suspicion and fear still lurch in the minds of Our Elders and sometimes the younger generation who are becoming confident in their cultural heritage and identity.

This brings me to highlighting the importance of the National Health and Medical Research Council (2015), *Keeping Research on Track*, a guideline for Aboriginal and Torres Strait Islander people about health research ethics. The Community wanted to keep our information close to our hearts, meaning that the powerful foundational value of Spirit and Integrity would ensure that our traditional knowledge and values was protected and not be exploited as in the past. It also kept us connected to our resilience and survival of our collective histories between our past, present and future. Canadian scholars Chandler and LaLonde (1998) refer to this as "cultural continuity", to sustain our knowledge and empower us as a people. These principles connect to other perpetual values of reciprocity, respect, equality, responsibility, survival and protection.

Conclusion

My research project aims to capture the cornerstones of our Aboriginal and Torres Strait Islander culture especially with a focus on continuity within the human landscape, across the three participant Communities in the Tropics. Through the application of a similar consultative research enquiry used in Yarrabah, I will engage with families, kinship and communities into their perspectives of "Healing after experiencing the suicide of a young person—Aboriginal and Torres Strait Islander perspectives informed by Indigenous Knowledges."

Knowingly, when our Communities experience the good or bad, it has a ripple effect across all which influences long-term socio-emotional, cultural wellbeing and lifestyle changes across the vast landscape of human networks within the region of the North Queensland Tropics.

Finally, as the Tropics are known for its' ever-changing landscapes through storm time with our the first rains and cyclone time, then cool time with dew on the ground, windy time and hot time, building up for our storm time again new

knowledge and those hidden cultural world views will emerge through this research for individuals, families, kinship, Community and academia.


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ORCID ID

Mercy Baird  <https://orcid.org/0000-0001-9306-4289>

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Thesis Structure

The key research question for this thesis is, "How do families use Indigenous knowledge to heal after the death of a young person to suicide?" This thesis outlines the process and findings that have led to a deeper knowledge of how three communities worked towards healing after those deaths.

In Chapter 2: Literature Review, I explore the literature written about Indigenous knowledges, suicide, and healing. The literature shows that suicide was found not to be that common, but now there is a spate of young people taking their own lives. It is obvious that suicide is linked to colonisation and continues to have effects on Aboriginal and Torres Strait Islander people across all aspects of life, including socio-emotional, mental, spiritual, cultural, and physical health and wellbeing. Communities are positioned within the Australian Western political systems scarred with all types of wounds of intergenerational trauma including impacts on health, education, justice, access to basic services, racism, equity, equality, and the overall health of Indigenous nations. This is similar for Indigenous people around the world, as highlighted in international studies. With this national social fabric of Western systematic ideologies, Aboriginal peoples' voices have been hushed and gaps remain overlooked. It is only in the last two to three decades that the Indigenous voice is being heard.

Chapter 3: Methodology explores how this study was a unique quest for a better understanding of suicide and healing emerging from Indigenous families who have lived experience of suicide. Their loss and grief were a catalyst to align themselves with others who had experienced similar tragedies. They bound themselves together to use their Indigenous knowledges in their local communities as a form of healing therapy for families and communities as a collective. To collect the data from families, I was privileged to hear stories of the personal and collective grief, loss and healing through yarning circles and opportunistic interviews. I transcribed them and entered the transcripts into NVivo 12 which generated word clouds. Using Indigenous knowledges from my experience and reading, codes emerged and was used to label and organise data to identify different themes and the relationship between them. Major themes highlighted slightly different emphasis in each community because of the history of the people and their stories.

In Chapter 4: Findings, I describe what participants shared. Their deep knowledge and understanding of healing demonstrate that Indigenous knowledges are still valued as a prized possession. Indigenous knowledges are informed by Aboriginal lore passed down through generations, with threads of knowledge, skills, and practices bounded by spiritually. The findings reveal that each community honours their Indigenous knowledges and, at times, unconsciously applies them in their everyday lives.

In Chapter 5: Discussion, I use Indigenous knowledges to interpret the findings. I found that Indigenous knowledges still exists in various forms in the three communities studied. Indigenous knowledges are used along with other healing beliefs and values, especially Indigenous spiritual values alongside Christian values and influences. Key aspects of Indigenous knowledges emerged, as

the people have learnt to embrace together by talking and having a sense of place and kinship. Resilience, empowerment, and identity were also key themes that emerged in each of the communities. In this chapter, I use the fireflies' metaphor as an illustration of how their lights glow in the dark. I use this metaphor because communities are familiar with the insect and the light it shines. It is important to use familiar icons of nature, as they are user-friendly and culturally safe for seers (seers are those people who interpret natural phenomena for spiritual meanings in the Indigenous ways of thinking) and readers of all ages. The thesis ends with a call to policymakers and influencers to recognise Indigenous knowledges in programs for healing.

Chapter 2: Literature Review

“We study the past to understand the present; we understand the present to guide the future.” (Lund, 2013)

The suicide rate of Indigenous Australians has risen over the years, with current statistics from the Australian Bureau of Statistics (2021a) revealing that suicide was the second leading cause of death for males in 2021 and 7th cause for Aboriginal and Torres Strait Islander females. Notably, the age group of interest for this study were those between the ages of 5 to 17, but this group are not presented in the ABS (2021a) data sets for Indigenous people. It is stated that, “Suicide deaths in the 0–14-year age group have been excluded because of the small number of deaths that occur within this age group” (ABS, 2021a p.90). However, the Australian Institute of Health and Welfare (2022), reported that young Indigenous Australians aged between 24 years and under, within the five-year period from 2017 – 2021 committed suicide and were (16.6 per 100,000) or 3 times as high as their non-Indigenous peers.

The impact of suicide takes its toll on families, kinship groups, and whole communities, leaving deep catastrophic scars on all aspects of individual, family, and community life. Senator Pat Dodson re-enforces that there is a need to “*Address the clear sense of suffering, hopelessness and disillusionment that is being felt*” [emphasis added] (Wahlquist, 2019). Programs that provide meaningful and culturally appropriate outcomes for healing are limited or even non-existent. The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) report states that, “...there is surprisingly little or no evidence about what works in the general population...let alone within an Indigenous context” and questions “what is effective culturally appropriate healing?” (Dudgeon et al., 2016, p. 16). Therefore, there is a greater need for further research about factors directly relating to ways of healing for families, kinship and community which is embedded within Indigenous knowledge systems.

Purpose

Aboriginal and Torres Strait Islander young people and how familial-related methods of healing help people heal after the loss of young people. The focus is on Aboriginal and Torres Strait Islander peoples’ concept of healing within the context of colonization and intergenerational trauma, and, through a cultural lens as described by Lutschini (2005): “Aboriginal health is holistic, encompassing mental health and physical, cultural, and spiritual health. Land is central to wellbeing. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal ill health will persist.”

Methodology

The literature review was carried out using a range of databases and search engines. The main sources were Google Scholar for peer-reviewed academic journal articles and James Cook University Library OneSearch. Other materials were identified by searching national government websites and relevant cited reports. Titles and abstracts of potentially relevant studies were reviewed and assessed.

Exclusion criteria included articles not published in English; sources focused on suicide in the general Australian population; clinical studies and evaluation of suicides, intervention, and healing; and Western interpretations of Indigenous suicide and healing. The search identified an estimated twenty studies discussing Indigenous suicide but not in the context of culture and Indigenous knowledge.

Thirty sources (dated from 1840 to 1942) were reviewed and nineteen were chosen. These included historical sources referring to Indigenous people's survival, including Commonwealth and Queensland legislation which resulted in the dispossession of land and forced family separations. Aboriginal ill health, suicide, mental health, and social, emotional, cultural, and spiritual wellbeing were key search words used.

From government sources, approximately 100 documents were reviewed (dating from 1970 to 2016), using twenty-seven keywords including Indigenous suicide, Indigenous deaths in custody, social justice, human rights and equal opportunity, mental health and wellbeing, custodial control settings, suicide in community settings, meaning of suicide for Indigenous males and females suicide prevention, intervention and aftercare.

Other search words included, young people and child suicide, the impact of suicide on families, kinship and community, socio-emotional wellbeing, preventing suicide, whole of community approach, community empowerment, cultural continuity, Aboriginal societies, value of Indigenous knowledges, social structures, kinship, skin-group, moiety, global Indigenous people, suicide, traditional healing, suicide prevention – what works, and effective cultural programs dealing with suicide.

Of the approximately 100 peer-reviewed sources (dating between 1990 and 2017), forty-three were chosen. Key terms used included community empowerment, traditional Indigenous knowledge systems, pattern thinking, cultural strength, Indigenous healing, holistic approaches to child, family and community, kinship, moiety, ecological systems and child development.

Founding documents of the 19th century in Australia were the primary sources used to identify first contact and the treatment and social justice for Aboriginal and Torres Strait Islander people throughout the 1800s. Further insight was sought through government reports to identify the health and social and emotional wellbeing status over generations and how traditional Indigenous knowledge can enhance healing for families and kinship now and for future generations.

Indigenous Australia

Aboriginal people and Torres Strait Islanders are recognized as the two First Nations groups in Australia. Aboriginal people living on the mainland are identified by their ancestral ties to their traditional lands defined by significant landscape icons with the knowledge passed down from generation to generation. While the majority of Torres Strait Islanders live on the islands in the Torres Strait located between the top of North Queensland on mainland Australia and the country of Papua New Guinea, some of the population also reside throughout mainland Australia. The Torres Strait Islands are divided into clusters and Islanders identify with ties to their individual ancestral island/s and the broader cluster of islands where their ancestral island/s are located (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2022b).

Aboriginal and Torres Strait Islander people have existed on the vast land now known as Australia for many thousands of years. In the context of scientific knowledge, the genomic study by (Malaspina et al., 2016), confirms the longevity of Aboriginal people in Australia as one of the oldest living cultures on earth. The ABS (2008) estimated that the population of Indigenous people in Australia was between 315,000 to over 1,000,000 in pre-colonial times. But this figure is probably an underestimate as there could have been one to five million people accessing various locations throughout the geographical land mass of Sahul, the Sunda Straits, and mainland Australia when the sea level was low enough for people to cross. As Crabtree et al, (2021) state, “Archaeological data and demographic modelling suggest that the peopling of Sahul required substantial populations, occurred rapidly within a few thousand years and encompassed environments ranging from hyper-arid deserts to temperate uplands and tropical rainforests” (p. 1). These scientific findings of existence shed light on the continuity of Indigenous knowledge of the ancestors as an ancient living culture. There has been much reflection on how the ancestors and their culture not only survived but thrived throughout the ages. Their traditional knowledge and cultural visioning have been instrumental in sustaining future generations.

The recent ABS (2022a) census reported that the number of Aboriginal and Torres Strait Islander people was estimated to be 984,000, which translates to 3.8% of the population as of 30th June 2021. Increases in the Aboriginal and Torres Strait Islander population over a five-year period from 2016 to 2021 is shown in Table 1 below. This increase is most likely due to increased efforts to ensure that Aboriginal and Torres Strait Islander people participate in the census, a possible increase in births being recorded, and more people identifying as an Aboriginal and/or Torres Strait Islander person.

Table 1: Aboriginal and Torres Strait Islander persons, 2016 and 2021 census

State	2016	2021
New South Wales	216,176	278,043
Victoria	47,788	65,646
Queensland	186,482	237,303
South Australia	34,184	42,562
Western Australia	75,978	88,693
Tasmania	23,572	30,186
Northern Territory	58,248	61,115
Australian Capital Territory	6,508	8,949
Australia	649,171	812,721

Source: ABS (2022a)

According to the June (ABS, 2021e) census data, of the 812,721 to 984,000 people who identified as Indigenous, 91.4% identified as being Aboriginal, 4.2% identified as Torres Strait Islander and 4.4% identified as both Aboriginal and Torres Strait Islander. Nationally, the median age of Aboriginal and Torres Strait Islander young people has increased over a decade from 21 years of age in 2011 to 23 in 2016 and 24 in 2021, but the median age for non-Indigenous people remains within the 38-years-of-age range.

Notably, the under-15-years-of-age population accounted for one-third or 33.2% of the total Aboriginal and Torres Strait Islander population. Furthermore, the Australian Institute of Health and Welfare (2022) reported that those over 15 years of age maintain strong connections to their family, community, and culture by remoteness, and at least 314,200 people nationally identified with a tribal group, language, clan, mission, or regional group. Approximately, 344,800 live in major cities, 395,900 live in inner and outer regions and 155,600 live in remote and very remote areas.

The Historical Perspective of Aboriginal and Torres Strait Islander People Living in North Queensland

One hundred and three years after Captain Cook and the Endeavor crew travelled through the north-east coast of Queensland, official government exploration occurred in 1873 by Inspector Robert Johnson and explorer George Dalrymple. Their mission was to explore the north-eastern coastland up to Cooktown, where they witnessed evidence of Indigenous occupation and existence on country (Frere, 1946; Cole, 2002). It was a rude awakening for local Indigenous people to learn that they were not alone in their own country and homelands. So began the fight to defend their country through whatever means necessary, to live on and protect themselves and their ancient lands. Frontier wars, massacres, murders, and all forms of cruelties were a daily occurrence. In many locations across the north, Indigenous people fought for their rights with boomerangs, spears, woomeras, and fire; white

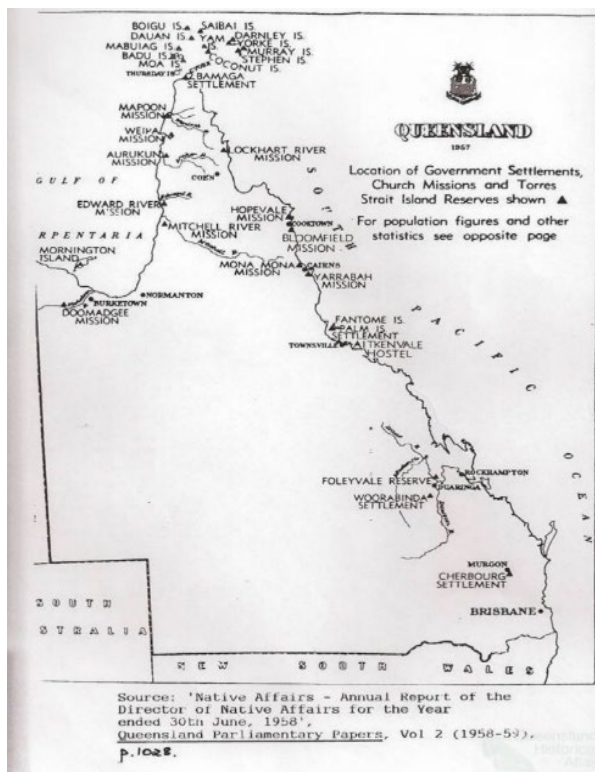
settlers responded with the more powerful weapon of guns and poisoning their food and waterholes (Bottoms, 2013).

To manage and control warfare between Indigenous people and free settlers, the Aboriginal Protection and Restriction of the Sale of Opium Act (1897) was legislated by the Queensland government and enacted by various ‘Protectors’ appointed to manage Aboriginal and Torres Strait Islander people and all their affairs between 1897 to 1984 (Frankland, 1994). Dovetailing with this act was the creation of the Queensland Reformatory Schools, whereby Indigenous children were forcefully removed from their parents, tribes, and traditional country onto reserve lands or church-run mission stations (Kidd, 1997). Dudgeon et al. (2010) also describes this in the following words:

Colonization has had many negative consequences. One of the most profound has been the removal of Aboriginal children from their families. Most Aboriginal families have experienced removal of children or displacement of entire families onto missions, reserves, or other institutions. (p. 7–10)

The sole purpose of these missions was to ‘civilise’ Indigenous people and cut them off from their traditional lifestyles, culture, country, customs, and languages (Roth, 1904). The map below (Figure 1) identifies the Indigenous communities established across Queensland since 1897. It shows the locations where those forcefully removed and separated from their families and country of origin were relocated.

Figure 1: *Map of Aboriginal and Torres Strait Islander communities in Queensland*



Source: Queensland Government (2022b)

Aboriginals Protection and Restriction of the Sale of Opium Act 1897

While white Australia advanced into the traditional lands of Queensland's First people, families and their children who were forcefully separated from homelands were sent to any of the missions the Chief Protector decided. He ruled "where they could live, who they married, what they did with their money and whether they could keep their own children" (Wicks, 2005 p.76). It is through the Bringing Them Home Enquiry (Australian Rights Commission, 1997) that their voices were finally heard, and the public was given insight into their unspeakable experiences and layers of intergenerational trauma which continues to impact today and will continue to impact future generations.

The lived reality of childhood life in the dormitory meant that the government of the day controlled all aspects of their lives; children were fatherless and motherless, and fathers were forced to work away from their families. The young girls and boys were treated badly as slaves, including child sexual abuse, child rape, and for many young girls, early pregnancy as reported by, "Archbishop Donaldson, visiting Barambah in 1915, noted that of the girls sent out to service `over 90% come back pregnant to a white man" (Kidd, 1994, p. 273). Furthermore, those who contracted venereal disease could find themselves labelled immoral and removed yet again as punishment (Bringing them Home Report, 1997)

An elderly woman shares her memories of how she and her mum slept on a mat on the hard floor in the dormitory. At the age of four, she needed the closeness and comfort of her mum's warm body where she felt love and safety. One day, this closeness and spiritual comfort was ripped from her by the matron and replaced with a chicken-wire fence through which she sat every day to get a glimpse of mum:

I would sit at the grill waiting and hoping to see my mother walk through the door ...
but she, mum, wouldn't because it hurt her to see me on the other side. I ate on the
other side; I could not show emotions for my mother, or we would get into trouble.
(Australian Rights Commission, 1997, p. 404)

This was the norm in dormitory life, its impact reaching deep and far onto descendants who are embedded with loneliness and deep despair in their psychological, spiritual, and genetic lives. In a study of the intergenerational effects of forced separation on the wellbeing of children, Silburn et al. (2006) found that 29.5% of primary caregivers who were forcefully separated from their natural family had mental health issues. Sadly too, the children of primary caregivers were found to have clinically significant emotional and behavioural difficulties.

These experiences are mirrors of the trauma of other Indigenous people across Queensland and Australia, along with other colonised countries throughout the world. In the field of psychology, it is believed that trauma is passed on in the genes from victims to children and future generations.

Fromm (2012) indicates that in the psycho-analyst literature field, the traumatic effect of the Holocaust is conveyed early to the next generation through,

Unconscious identifications which carry in their wake the parents' perception of an everlasting life-threatening inner and other reality...children's minds' have been impregnated with mental representations of the atrocities of the Holocaust deposited by their parents, carrying within themselves powerful feelings of loss, humiliation, guilt and aggression (pp. 5–6).

Furthermore, children of trauma tend to feel compelled to act out their parents' suppressed traumas, in doing so giving voice to the pain of their past generations. Thus, for Indigenous people, this results in an array of mental health problems, psychiatric disorders, dark emotions, forms of illnesses and diseases, and includes high-risk and death-defying behaviours like suicide.

The Problem of Suicide in Post-Colonial Australia

Academic literature suggests that suicide was never a practice of Australian Indigenous culture (Cawte, 1964; Eastwell, 1998; Tatz, 1999; DeLeo et al., 2011). Reviewing the historical literature, sources reveal that between 1878 and 1935 suicide among Aboriginal people was very rare. In the Northwest town of Roebourne in Western Australia, a constable and an elderly Aboriginal man from a nearby station reported suicide as *a rare happening*: “Old native expressed surprise at the young man's action and ‘said that he heard of Japanese and whites killing themselves but never an Aborigine” (Stove, 1936). Judge Stove (1936), who ruled over the inquest, was also surprised by the young Indigenous man's suicide. Adelaide-based Professor Cleland (1943) stated at an inquest of a Aboriginal man who suicided that it was the first on his records. Interestingly, a statistician, Dr MinoEue (1935) pointed out to a conference in early Brisbane that he assumed Aboriginal person/s were more passive and resigned to adversity than the Chinese, English, Scots, and Irish.

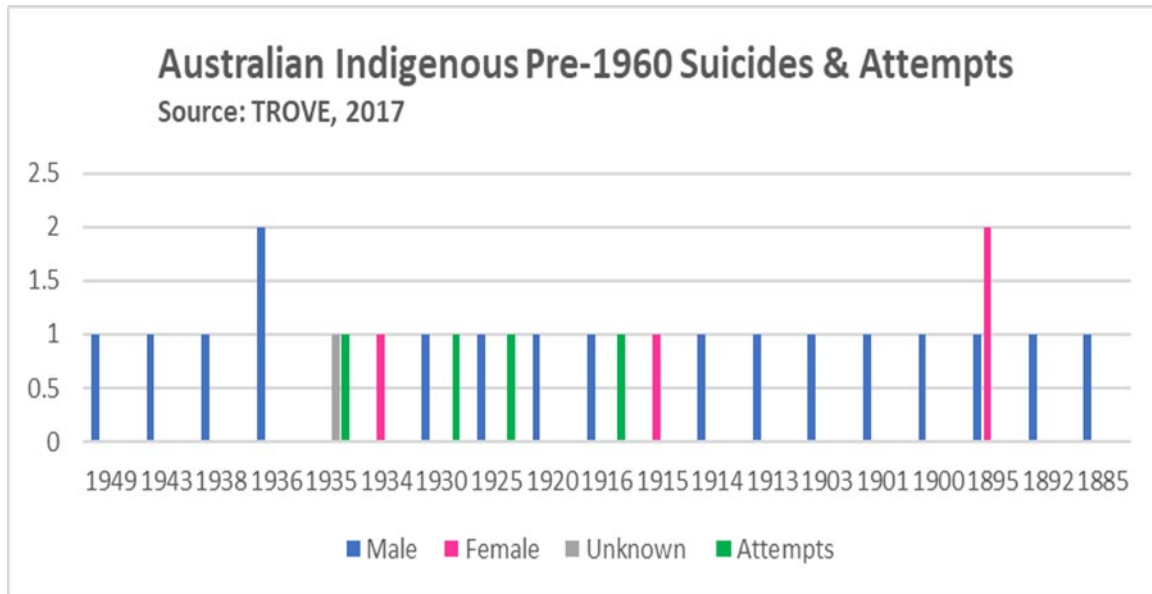
An ethno-psychiatry study conducted by Cawte (1964) in the isolated Aboriginal community of Kalumburu in northwest Australia found that local tribes held strong beliefs and values that all types of death occurred because of the unseen world of spirits or demons. Cawte (1964) observed that the local Aboriginal people had no concept of suicide or intentionally killing themselves. He indicated that the community's perspective and interpretation of illness, disease, strange behavior, and everyday life were understood and conceived as being caused by *tjagolo* meaning sorcery and *tjimi* meaning evil beings (Cawte, 1964, p. 4).

Eastwell (1988) provided further insight explaining that suicide among ‘full blooded’ Aboriginal Yolngu people in the Northern Territory, was scarce; over a thirty-year period, there were only two incidents recorded. Hunter (1988), in his research into the mortality patterns in the Kimberleys of Western Australia, found that in the years between 1957 and 1986, a total of fifteen suicides had occurred. Psychiatrist John Clayer reported that between 1950 and 1964, the suicide rate

for Australian Indigenous people was 3 per 100,000, a quarter of that of the white population (*The Canberra Times*, 1991).

The following table (Table 2) provides a glimpse of the suicides of Indigenous Australians pre-1960. It is also highly likely that, given the breadth of the population in geographical areas and the method of keeping records at the time, many other incidents were not reported (see Appendix 1 for detailed information).

Table 2: Post-Colonial Suicide Data for Aboriginal People



Source: Aboriginal suicides recorded in Australian newspapers and periodicals (see Appendix 1)

Six decades on, the rate of suicide among Aboriginal and Torres Strait Islander people has increased catastrophically, so much so that the Australian Institute of Health and Welfare (2022) data for the years 2016 to 2020 highlighted that the rate of death of Indigenous people by suicide accounted for 16.7% of the 0–24 years age group and 45.7% of the 25–44 years age group. These rates are 3.2 and 2.8 times higher than non-Indigenous Australians. In the current socio-political climate within Australia today, the suicide phenomenon is a hot topic that is positioned at the cultural interface space, contested between the two knowledge systems of Aboriginal cultural philosophies and Western philosophies of white Australia (Nakata, 2002).

Traditionally for many Aboriginal people, pre-colonization death and dying were part of existence which were practiced and maintained by a highly complex ritualistic system dictated by the lore of spirituality, relationships, obligations, reciprocity, and respect of how everyone interacts with each other, the land, the waters, animals, the sky, the wind, or their whole universe (Shapiro, 1979). In contrast, in the context of Western philosophies, suicide was a known practice in the old world of Europe. The word suicide comes from the Latin word *sui* meaning oneself and *cidium* meaning a killing or death (Merriam-Webster, 2022).

A well-known example of suicide in Western philosophy was that of Socrates, a Greek philosopher in the year 399 BC. After being punished by authorities for apparently poisoning the minds of the young with his new teachings such as the question of ethics and critique the status quo of the society and ancient philosophy (Britannica, Invalid Date). He was offered by the Council of the day, the choice of renouncing his beliefs or drinking the extremely poisonous plant hemlock. He chose the drink. Interestingly, during these times of antiquity, suicide was an act of the noble elite and was known as not being for the weak at heart (McCulloch, 2012). This changed in the Middle Ages, when Augustine of Hippo and Thomas Aquinas (Kelly and Dale 2011) both took a firm stance on the issue and influenced the laws and politics within social life through adopting the beliefs and values of Christianity.

In 1823, a discourse occurred from traditional religious philosophies through the emerging global field of Western research (Ferngren, 2000). In this process, knowledge increased as to why people suicided, and a new epistemology emerged through the study of society by the likes of Emile Durkheim with his sociologist theory (Selkin, 1983), Van Orden et al.'s (2021) interpersonal theory of suicide, and Webb's (2013) medical perspective of suicide.

The changing theoretical framework of suicide throughout the world was especially influenced by colonial Wales and England with The Suicide Act (1961). Suicide was then classified as a criminal offence. These laws were policed in their colonized countries, one being Australia. Individuals who killed themselves received no Christian burial, all their properties were either given away or destroyed, and at times, families were held accountable for the deed of their dead family member. Those who attempted to kill themselves were also charged and excommunicated from the Church.

Most suicides in today's world are being understood across a range of theoretical stances; this includes the value of human life as questioned from an anthropological perspective (Munster & Broz, 2015). Suicide as a public health issue has been supported by the World Health Organization (2022), as a non-communicable disease that is highly preventable among humans in society. In Australia today, the context used to position Aboriginal and Torres Strait Islander suicides is highly complex and links across three major domains; these are the International Classification of Disease, Australian Modification (ICD-10-AM, 2022), a public health problem, and the emerging field of the impact of Australia's colonial landscape.

The ICD-10-AM 12th Edition is the coding system for narrative descriptions of diseases, injuries, and procedures contained in medical records into alphanumeric codes (Independent Health and Aged Care Pricing Authority, 2022). It classifies any intentional self-harm as external causes of morbidity such as hanging, using the codes X60–X84. Under this classification, it is an external injury with knowledge of the intent. As a public health issue, suicide may take on the trend of individual or cluster suicides influenced by social environments and societal collective attitudes and mindsets. This is also the domain where Indigenous suicides are most complex (Leckning et al., 2019), due to the

ongoing impact of colonization and intergenerational trauma, the current political landscapes linked to racism, and other health disparities. In Australia and across different states over different years, the act of suicide has been decriminalized. This occurred in the Australian Capital Territory (ACT) in 1990; New South Wales (NSW) in 1990; Queensland (QLD) in 1974; South Australia (SA) in 1932; Tasmania (TAS) in 1924; Victoria (VIC) in 1958; and Western Australia (WA) in 1913. Another factor to consider is that in the Northern Territory (NT), it is also a criminal offence to assist an individual to commit suicide or attempt to commit suicide (Hassan, 1996).

A glimpse into the past reveals that suicide was the norm for people of the First Fleet at Sydney Cove. Colonization brought with it the colonialist and authoritative culture of England (Eckermann et al., 2010), along with the English convict culture. Information regarding the first suicide of the Fleet was on the land of the Gadigal people of the Eora Nation (Heiss & Gibson, 2013), now Port Jackson, NSW. It was supposedly by an 82-year-old convict, Dorothy Handland in 1787 (Queensland Government, 2018). Whether or not it was witnessed by the Indigenous population and how they may have perceived the incident is not known. The English culture ruthlessly penetrated an ancient Indigenous culture whose people not only survived but thrived in harmony with the land, waters, air, animals, and plants for eons (Malispina et al., 2015; Blyton, 2015).

The colonists introduced a new way of life that would attempt to destroy the Indigenous population (Roberts, 2005) with either the rifle, the rum (Kelly, 1993), violence (Broome, 1988) and the rope (Hunter et al., 2000). A news article in the Victorian Express (1881) reported,

The natives of this colony have not been slow to adopt the habit of their Christian invaders. They smoke, drink and swear as if, “to the manner born” they have adopted many of our politer vices, and now it seems, they are determined to include suicide amongst their accomplishments. (p. 3)

The rapidly changing political environment fertilized the socio-cultural landscape where Indigenous people began to learn and practice the ways of colonization, through the forced transmission of ideas, meanings, and values, including the use of alcohol and the act of suicide. The life of traditional Indigenous people was now disintegrating and detached away from their previous isolated but secure life. Along with the new behavior of suicide, came introduced diseases, destructive behaviors, and psychological, emotional, and spiritual ill health which could not be fixed by tribal medicine or the traditional lore - law of the land (Blyton, 2015).

Suicide Among Queensland Aboriginal and Torres Strait Islander Young People

The Every Life: The Queensland Suicide Prevention Plan 2019–2029 (Queensland Mental Health Commission 2019 p.9) reported that the suicide rate for Indigenous Queenslanders is twice that of the non-Indigenous population. It also reported that suicide is the “number 1 cause of death in young

Aboriginal and Torres Strait Islander Queenslanders aged 15-34.” In the early year of 2017, it was reported that the suicide rate for young people was over four times their non-Indigenous peers, with those under the age of 15 years dying at a rate of 12 times their non-Indigenous peers (Skerrett et al., 2018). Uncovering the Queensland scenario further, updated data from the Queensland Family and Children Commission (2021) reported that for the 2020 to 2021 reporting years, 71 Indigenous deaths occurred: 41 from natural causes, 16 from external causes, 3 unexplained, and 11 were still pending a cause at the time of reporting. Over a 3-year average (2016–17 to 2020–21), Indigenous children in the 0–17 years age group were also over-represented in the death of children, with 69.6 deaths per 100,000. In comparison, non-Indigenous children died at a rate of 29.6 per 100,000. In total, there were 398 deaths in 2020–2021, of which 53 were known to Child Safety in the 12 months before they died. These figures raise concern for Indigenous families left behind to deal with loss and grief of such proportion. While I have the statistics for the three communities involved in this study, I have not included the data in this thesis due to my consideration and respect regarding the sensitive nature of suicides and the loss and grief experiences of families, kinship, and communities as a whole.

It is deplorable to know that high suicide rates continue with such a small population of 4.6%, given the fact that Queensland’s economy is built on mining, tourism, and agriculture worth at least \$360 billion (Queensland Government, 2022a), noting that many of these activities take advantage of Indigenous lands and culture to create income. The country of Australia was the 12th largest economy in the world in 2022 and has a total population of 25,890,773 people. Of this figure, Australian Indigenous people make up approximately 812,000 to 984,000 or 3.2% of Australia’s total. The wealth of Australia is one of the main reasons why Indigenous leader Dr. Tom Calma AO criticized the government’s lack of support to make any meaningful progress toward better health outcomes for Indigenous Australians, “It is not credible to suggest that one of the wealthiest nations in the world cannot solve a health crisis affecting less than 3% of its citizens”, (Holland, 2016 p.1).

Healing from Suicide in Far North Queensland Aboriginal Communities

The phenomena of suicide in both adults and young people made headlines in the 1990s. It plagued Indigenous communities of the North Queensland tropics, including Yarrabah, Wujal Wujal, and Hopevale. This phenomenon became the catalyst for change, as families, kinship groups, and communities set their collective agendas to address the issue and begin the healing journey. Whilst well-meaning services from external organizations provided opportunities for counselling and other therapeutic interventions, the suicide continued, and the trauma of loss and grief increased (Hunter et al., 2000).

The communities considered their situation and concluded that the healing and solutions of prevention, intervention and postvention would emerge from within their unique communities as a collective. Healing approaches were built on the values and beliefs of the Indigenous axiology of “the recovery and application of traditional methods of healing embedded in spiritual and subsistence

activities that serve to integrate the community and provide meaning to make sense of suffering was needed” (McKendrick et al., 2013 p. 33). This way of healing would not be accessed from external sources, but from within their own circle of local resources of cultural capital (Lin, 1999). This approach values and honors internal and grounded local knowledge, spirituality, a sense of belonging to the local community, and the passed-down wisdom of the Ancestors and the Old People.

Dreamtime Knowledge: Good Medicine

There are two layers of Indigenous knowledge systems; one is local knowledge or bicultural knowledge for communicating between two worlds. This knowledge is understood to have been used to navigate peoples’ lifestyles through past and current socio-emotional and political landscapes of rapid social change. In contrast, there is the wisdom of the Old People. The Old People are custodians of information that has been passed down from generation to generation and this knowledge is held by certain individuals, families, and kinship groups for traditional social order. Information includes things such as the rules of the kinship system that governs relationships, learn to live the rules in everyday life. This means that traditionally, children were taught how to be responsible within their society to others and their environment and all living creatures and nature itself as traditional custodianship of the land. Which in turn keeps cultural continuity alive through a continuous cycle of life-death-life, the traditional means of wellbeing and healing of the people (Gooda et al., 2013).

A Canadian experience of family and community healing after suicides shows a similar approach to the local situation. Chandler and Lalonde (1998) found that First Nation communities were able to heal and prevent suicides through privileging their traditional cosmologies, preserving culture, developing leadership through self-government, and securing community control over their own health, education, child protection, and the justice system. Knowledge employed by local communities is based on the age-old, epistemological practices of group dialogue and group action, usually obligated by traditional laws and customs.

Some of these principles are reflected in the modern-day principles for engagement with Indigenous people, *Keeping Research on Track* (National Health and Medical Research Council, 2018b). When these principles are integrated into practice through social activity and collaborative interactive practice, a community will experience increased positive outcomes for the wellbeing of the whole community (Centre for Rural and Remote Mental Health, 2009). In the context of preventing and intervening in suicides, individuals work together to create change within the social structures and relationships of their local communities. Their main objective is to assert their rights to participate and make decisions about issues affecting them at the place-based location. In this space, they do not allow themselves to be dictated to by Western colonialism any longer.

This is the process of decolonizing the mindsets of the collective (Smith, 1999). This means liberation of the oppressed mindsets, and reembracing of identity, language, ceremonial practices,

dances, songlines, storylines, lands, and territory. It is about the freedom and the voice of research participants to construct their own Indigenous knowledge ideas about healing after suicide loss.

Tsey et al. (2010) emphasize the importance of empowerment and community participation to address issues of poverty, health inequities, and social injustice. Inclusiveness of the local peoples' confidence and abilities will increase as their efforts contribute to managing diseases, adopting healthier lifestyles, and being confident. The concept of cultural continuity or new thinking about old ways (Liddle et al., 2021) in the face of a suicide phenomenon, means that activities will assist community members to identify, maintain, and apply traditional Indigenous knowledges to heal and address their grief and loss. This is one of many strategies that can and will inspire collective identities, confidence, strength, and pride for healing and addressing suicide.

Healing concepts within the community empowerment framework encompass the holistic concept of health which enmeshes all aspects of being Indigenous. This includes understanding and believing health is intrinsically entwined and connected with body, mind, kinship, culture, spirituality, community, and the physical. It is shadowed with the environment, political, social, and historical factors of life (Gupta et al., 2020).

This is applied to interventions that rely on social relationships and social structure for community-wide healing. Healing of body, mind, and spirit after suicide loss requires a more defined focus on everyone within kinship groups, concentrating on socio-emotional and psychological healing (Dudgeon et al., 2016). This practice will strengthen peoples' confidence and ability to engage with the healing process from their own epistemological perspective.

The Strength of Indigenous Knowledge

For civilizations to survive, knowledge is required. This includes the meaning of values and beliefs and their application through life skills and knowledge of respectful relationships, access to food, resources for shelter and clothing, reading of the climate and weather, tribal boundaries, and future planning. Human societies across the globe have developed rich sets of experiences and explanations relating to the environments in which they live (WIPO, 2015).

Nakashima (2000) says that Indigenous knowledge systems are known as local knowledge, folk knowledge, people's knowledge, traditional wisdom, or traditional science, which 'possess a cultural logic of its 'own' (p. 432). Indigenous knowledge systems are also described as a collaborative way of transmitting ancient knowledges throughout the generations (Von Thater-Bran, 2001).

The home of Indigenous knowledges belongs with Indigenous people in all corners of Australia. In various regional and local locations, each tribe and culture have their own systems which govern how they live their everyday lives. Importantly, local groups have structures and processes in place to protect, access, and use the knowledge appropriately (Spencer & Gillen, 1899; Diamond,

2013). In the case of healing after a suicide in today's society, Indigenous knowledges are explained further in the following stories.

An Elder in Arnhem Land, Dhayirra Yunupingi, talks about his personal healing experiences after losing two of his sisters to suicide ten years apart. He shared that it was like,

... being plunged into a pothole, filled with rubbish, unable to breathe and come out to get fresh air, it was pushing us down all the time ... I pull the word suicide out from under an umbrella, and I put the word under the sun, in an open area (Terzon, 2015 p.1).

He is also committed to "cyclone proofing the minds of future generations" (Ibid, 2015). This was their healing time, accepting their loss and moving to the future. He tells readers that when they finally came up to breathe, working with other people and maintaining their cultural heritage connection to traditional lands and sea country was most healing.

A Yirrkala Elder, Djalinda Ulamari, speaks his mind in the following exert from the Elder's Report:

Balana (white people) can give us medicine from the hospital, ... Yolngu way of healing is by having family, the whole family and community there for support. Sometimes we need to go out of the community and heal ourselves. We need to go somewhere, where we can sit down and learn who we are again. (Gooda et al., 2013, p. 41)

A similar echo is heard about the rich goodness of country from the rocky red landscape of the North-West Kimberley of Western Australia. Elder Dean Gooda of Fitzroy Crossing says,

Our main role is to maintain Aboriginal lore and culture in Kimberley. We support kids going on country with the Elders -the right people on the right country. We see young people going out to country and returning as completely changed people. (Gooda et al., 2013, p. 17)

These are narratives of a knowledge landscape embedded with deep spiritual connection and relationship to the land, sea and sky itself, including its healing power for those who understand. It is built on the system of Aboriginal lore, all of which are the bedrock of being Indigenous and supported by all domains and elements of Aboriginal society, especially the moiety structure which keeps and maintains knowledge continuity through society for everyday living. More specifically, moiety is the first level of family systems, where relationships are defined for marrying and the continuation of life and culture. The moiety system defines kinship relationships in terms of identity and authority within a specific traditional land and sea estate (Northern Land Council, 2017; Spencer & Gillen, 1899).

The system is made up of many domains like skin-group, totems, name, language, lore, arts, and crafts by which families identify and live their everyday lives. This social unit can be understood

to be the most appropriate choice when caring for and nurturing individuals and groups through issues of trauma, grief, and loss, especially in the face of suicide. This structure gives justice for human support, especially for those recognized as elders, traditional healers (Clarke, 2008), law men and women, women's groups, and men's groups (McCalman et al., 2010) to counsel, guide, and teach.

Hanssens (2008) suggests that, for families, talking about suicide loss within the kinship or moiety can be a difficult task. The reasons are that death by suicide at most times is unexpected and saying the person's name is a cultural taboo. Spiritual beliefs about the afterlife and the law of customary rituals of death and dying (Symth, 1897) may have been broken, therefore families and kinship may be ostracized by the wider community for the individual suicide. Yet, families and kinship cannot seek to heal without talking about the suicide death.

This is where kinship and moiety become relationship facilitators to accommodate those who are affected from the first knowledge of death, the family grieving processes, the burial plans, and the actual burial. In the time after burial, kinship and significant others will support the family through various means until families show they are stronger and more settled within themselves. This healing time can go on for months or years, but support from kinship and significant others is always available.

Healing within traditional Indigenous culture has always been associated with individuals and groups (Dudgeon et al., 2020), especially those who have special knowledge of Aboriginal lore in tribal life, and who understand ways to bring relief to pain and deal with specific situations like mental or spiritual wellbeing. In traditional life, kinship and moiety would surround the afflicted with understanding or at times accompany the individual's choice to go walkabout in the bush as a safe place:

If...as a last resource, the native is consigned to his relatives or friends by whom he was bought to be taken to the woods and there, by them taken care of in their own way... everyone that knew him in his dying state believes him to be already dead and buried, there he is, as healthy and as strong as ever having perhaps travelled already fifty or more miles on foot. (Salvado, 1871 p.2).

Its strong threads of relationship connections are shared by Wadjulabinna Doomadgee (1996), a Gungalidda leader from the Gulf of Carpentaria, as she gives insight into the kinship system:

All people with the same skin grouping as my mother are my mothers'... They have the right to watch over me, to control what I am doing, to make sure that I do the right thing. It's an extended family thing... It is a wonderful secure system. (as cited in Kwaymullina, 2005).

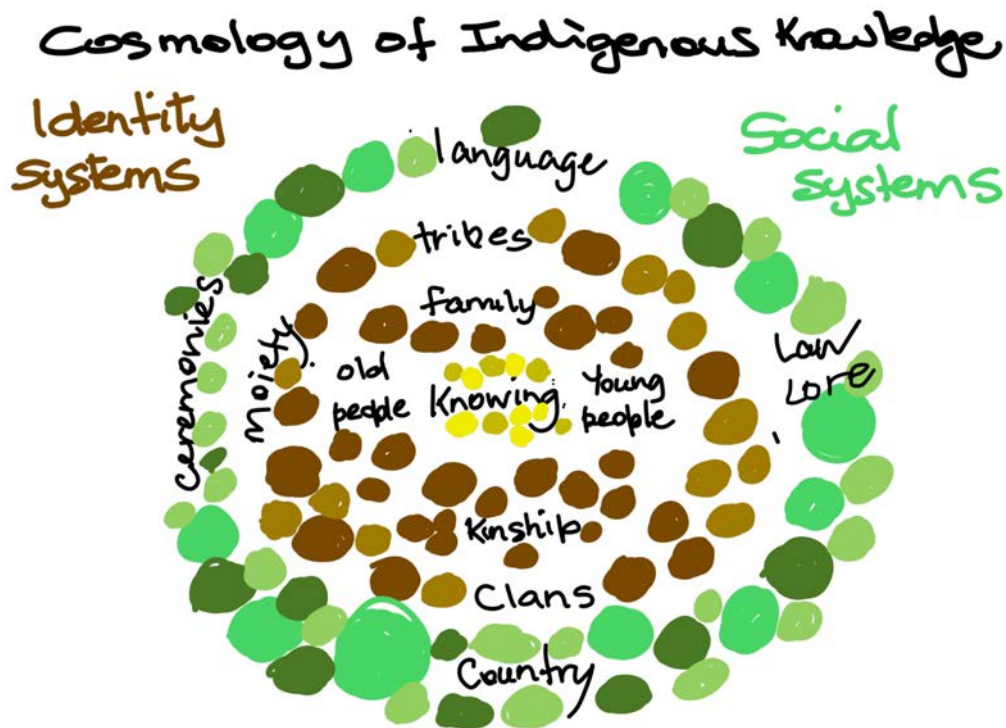
Indigenous elders and families understand what works to keep their children and each other safe, raising them to be active contributors to family and community life. This re-enforces the right to reclaim cultural identity and the strength of family inter-dependency in rearing up young people. The

structure of kinship and moiety acts as a protective force for children and families, strengthened by a continual living knowledge system (Lohar et al., 2014).

Cosmology of Indigenous Knowledge within the Kinship System

The diagram below (Figure 2) shows how Indigenous knowledges have embedded themselves within Indigenous communities. I use the term cosmology due to the circle symbol which is a common feature for Indigenous people and known to be used to represent wholistic perspectives of life. In this case, Indigenous knowledges. I use two domains to indicate how Indigenous knowledges inform and continually support the cultural elements of identity and the social systems driven by the traditional reciprocity cycle of communication. The green dots represent the continual cycle of Indigenous knowledge which travels through social systems of language, law/lore, ceremonies, and country. The brown dots represent the identity systems of moiety, tribes, clans, kinship, the Old People, families, and young people. The yellow dots of Knowing, at the center, are like a spring or knowledge continuity of Aboriginal lore that cyclically flows out into the whole circle, first to the identity circle which then feeds into the social system and vice versa. These are the ancient ways of keeping knowledge alive.

Figure 2: Cosmology of Indigenous Knowledge within the Kinship System



Source: Baird (2022)

Aboriginal and Torres Strait Islander people are becoming increasingly aware that suicide is not a wound or ill feeling that can be fixed or healed by tribal law or traditional medicines from sacred waters, leaves, roots, rocks, gums, or land animal and sea creatures' oils, organs, or sharing of blood. We are dealing with a silent killer that lurks hidden in the minds and emotions of young Indigenous millennials, who at times will allow this dark knight to leap out and create havoc in their mental, emotional, and spiritual world, family, kinship and community life. It results in fatality with no coming back, which, in turn, leaves immeasurable loss and grief that forever leaves psychological and spiritual scars on the hearts and minds of families, kinship groups, tribes, and Nations.

Today, much effort is being invested into reviving, retaining, and restoring a safe cultural systematic environment with the aim to support children and families to thrive and become strong in body, mind, and spirit, even during all the challenges and struggles families and communities continue to face today (Family Matters Queensland, 2017). Similarly, within the First Nations communities of Metis and Inuit, Carriere and Richardson (2013) reinforce that Indigenous knowledges are highly effective when caring for and supporting each other through relatedness and connectedness all of which empowers the practice of resilience for healing after trauma.

Conclusion

Suicide has emerged as a major cause of premature death for Indigenous young people over the past fifty years and has contributed to the life expectancy gap and lingering trauma for families and communities. The phenomenon has also been a catalyst for positive changes within communities and has driven everybody, including government and other service providers, to contribute to and implement policies, such as financial support and other meaningful types of resources (Queensland Mental Health Commission, 2019).

This approach recognises that suicide prevention is everyone's business and that it is only through collaborative and well-coordinated efforts that suicide rates can be reduced. Historical literature reminds us that suicide was never a practice in traditional Aboriginal and Torres Strait Islander societies before colonization. During the post-colonization years up to the 1950s, the occurrence was rare ('Aboriginal suicides on the increase', *The Canberra Times*, 1991). Suicides within Aboriginal and Torres Strait Islander communities began to increase into the 1990s, with a rapid surge in the phenomenon. The changes also resulted in a slow decrease in the suicides of Indigenous adults and an extreme increase among young Indigenous people throughout the 2000s until this current decade (Australian Institute of Health and Welfare, 2022).

The search for answers continues as everybody concerned reflects, reviews, and considers policies and plans to prevent suicides, minimize harm and heal from the trauma of suicide (Leske et al., 2022; Queensland Family and Child Commission., 2021; Dudgeon et al., 2016). Clinical approaches, alternative medicines, and therapies contributed to healing for Indigenous people. However, the people strongly voice the need for healing perspectives and advocate for a wholistic

approach that is enmeshed and defined with Indigenous knowledge of Aboriginal lore. They also identify that traditional customs and rituals, relationship systems and structures, and spiritual connections will inform a resilient community. There is a social realization among the collective Indigenous people that the traditional knowledge of culture, was needed to fill the void, because loss and grief affected individuals and families as a whole in body, mind, spirit, emotions, and relationship-wise.

Indigenous knowledge for healing meant finding comfort and compassion, with families and kinship going out on home country to experience a sense of safety and belonging. This will counteract the unsettled or insecure mindset by embracing spiritual and sacred or special places to heal. This includes interaction with resources like bathing in medicine waters and feeling the warm sand and rocks; learning language, talking, singing, and dancing on country; and using natural resources like making boomerangs or painting ochre and clay onto bodies.

While Indigenous people continue to use Indigenous knowledges in their local settings, not much is known about how it is utilized by the people to heal among families after the suicide of a young person. This raises the need for research on this matter; my research and the findings on this are presented in subsequent chapters.

This chapter has provided a psychological map and brief history to understand the collective Aboriginal and Torres Strait Islander conscious within a backdrop of Western colonized knowledges. Indigenous knowledges are steeped in the cultural landscape of Indigenous epistemologies, ontologies, and axiology. They are continually expressed through communication and practice gained over a long period of time by people connected to each other and the environment, and through the complex rules and principles of moiety and kinship which governs the existence of Aboriginal and Torres Strait Islander people.

Chapter 3: Methodology

In this chapter, I present the methodology used in the research and the ways I conducted the coding, categorising of concepts, and created themes found through participants' stories.

This study aimed to identify how Aboriginal and Torres Strait Islander families use Indigenous knowledges to heal after experiencing the loss of a young person to suicide. The specific objectives for this study were to:

- investigate Aboriginal and Torres Strait Islander peoples' concept of healing through a cultural lens, within the context of colonization and intergenerational trauma.
- investigate the perceptions of professionals and support workers regarding their observations of how Aboriginal and Torres Strait Islander people use their kinship and knowledges to heal after the death of young persons to suicide.

This field of research is advocated for by Dudgeon, Calma, and Holland (2017) who state that:

Overall, there is a need for significant new investment in research into the causes of Indigenous suicide and in particular the potential association between intergenerational trauma and trauma, life stressors, racism, and suicide within the context of a different national approach to Indigenous suicide prevention. (p. 8)

This chapter describes the methodology applied to achieve the aim of the study, including a philosophical and research paradigm, the theoretical framework, research design, data collection and analysis, ethical considerations, research rigor, and limitations.

Philosophical Perspectives

The study applied a qualitative research design conducted from an Indigenist research standpoint which also served as the theoretical framework for the study. Indigenist research has been revolutionising work by Indigenous Australian scholars over the past quarter century (Nakata, 1998; Smith, 1999; Ma Rhea & Rigney, 2002; Martin, 2003). This has allowed Indigenous researchers and scholars to question colonised philosophies and theories in favour of honouring their own epistemological, ontological, and axiological informed philosophies and theories.

As noted by Rigney (2003), "Increasingly the dominance of Western-orientated discourse is being challenged by proactive Indigenist research approaches." This ensures that the once-silenced voices of Aboriginal and Torres Strait Islander people are heard and given prominence. This is especially so in the context of empowerment, equality, and its uniqueness among the cosmos of knowledges and intellect in the world of human societies. In honouring Indigenous knowledges, Nakata (1998) states that, "We need to develop strategies that can help us to read knowledge in relation to our history, our current position and ourselves" (p. 2).

Indigenist Research Methodology as a Theoretical Framework

This study was guided by the principles of Indigenist research which honors Indigenous knowledges. Rigney (2003) states that:

Indigenist research seeks to chart our own political and social agendas for liberation from the colonial domination of research and society. Indigenist research is research that upholds the political integrity of Indigenous peoples as sovereign First Nations Australians. Indigenist research is research which gives voice to the voiceless (p. 17).

As an Indigenous researcher, Indigenist research was the most meaningful way for me to demonstrate a philosophical stance for validating Indigenous knowledge, values, and beliefs giving voice to an Indigenous healing paradigm. Rigney (1999), highlights that:

Resistance as the emancipatory imperative in Indigenist research, has been a catalyst for Aboriginal and Torres Strait Islander peoples. Research is undertaken as part of the struggle of Indigenous Australians for recognition of the right of self-determination and de-colonization (p. 116).

Opportunities were provided to participants to share their stories of loss, grief, and healing and debrief about their struggles to give honour and recognition to their voices, traditions, values, and knowledges as a means of self-determination for healing from suicide.

This research facilitated a process for participants to embrace their traditional Indigenous knowledge systems as a way of healing and claiming their right to practice culture in the struggle for self-determination. Indigenist research supports this process and, in this study, promoted self-reflection by the participants as a spirit of liberation whereby, it gave honour and recognition to participants' voices, traditions, values, and knowledges. It also gave power to the participants in a world where political integrity has not been the experience of Aboriginal and Torres Strait Islander people. Furthermore, Rigney (1999, p.118) states that, "Indigenist research is research by Indigenous Australians whose primary informants are Indigenous Australians and whose goals are to serve and inform the Indigenous struggle for self-determination". This was an important undertaking in this study with myself as an Aboriginal researcher, key stakeholders in the three communities and the majority of participants Aboriginal and/or Torres Strait Islander people and a member of my academic supervisory panel, an Aboriginal person. With this Indigenous lens underpinning the research it served to inform the research outcomes in a way that contributes to the struggle for self-determination.

The use of Participatory Action Research (PAR) was the intended approach to guide this research. PAR is distinct, in that, it allowed and facilitated equal relationships between researcher, participants and the wider local community (Baum, 2006), as opposed to unequal power relationships between all involved in the research. The key principles of PAR are about driving social change that enhances collaborative actions to lead, to change, and to address a particular phenomenon or issue. An

important aspect is the participation of participants and other local stakeholders in driving the research agenda. This action facilitates empowerment of the people through the collective power of participants, researcher, and stakeholders' knowledge through a collaborative process whereby, new insights and ideas emerges that are used to improve the problem under study (Baum et al., 2006). The collaboration of all stakeholders, working together to bring about change must be through a continuous research planning, implementation and evaluation cycle (Beckwith et al., 2023).

This study commenced with initial onsite consultations with all three communities to gain support for the research and to put in place a two-way feedback strategy given, the remoteness of the communities and issues of digital connections. This approach became more difficult due to COVID-19, and not being able to travel to communities, plus communities having to deal with the pandemic and other competing priorities. However, setting up the initial communication was an important achievement between myself, participants in each community and key stakeholders. This helped facilitate the principles of PAR and I continued to provide progress reports to all key stakeholders through these key communicators in each community and did manage some visits to each site.

Potential participation of local families and kinship was planned and followed by extensive discussions with key stakeholders. This was due to the sensitive nature of the study and the proposed methodology to ensure that ownership was in the hands of the communities. Key contacts were identified in each community who were willing to be the communicator between myself, as the researcher, and the participants, to keep the participants updated about the progress of the study, and to check on their wellbeing. This was particularly important given many participants did not have access to emails, phones, or credit for phones. Participants were not only involved in providing data and validation of the data but were also involved in identifying solutions based on their traditional knowledges, therefore, initiating their own family, political, and social agendas. It was gratifying that several key stakeholders from each community attended my confirmation and exit seminars, either in person or by video appearance, and reaffirmed the importance of the study and the findings.

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Project Advisory Group

An advisory group was established to assist in guiding the research to ensure that ethical and cultural sensitivity was addressed along with the sensitive nature of the topic. Representatives included a mental health and suicide prevention expert consultant; an Indigenous mental health professional from Queensland Mental Health Service; a community Elder and member of the Kowanyama Shire Council; and the Manager Social and Emotional Wellbeing Team, Apunipima Cape York Health Council. Importantly, each member of the PRG had extensive professional and lived experiences of living and working in communities across North Queensland and in particular, the field of suicide prevention, intervention, family support and youth development.

Terms of Reference for the group included providing advice to the researcher regarding:

- research design including methodology.
- ethical issues including managing the sensitive nature of the study, and
- the researcher's wellbeing given the sensitivity of the study to work performance.

The group's meetings were set to coincide with major milestones in the study, initially regarding methodology, then at different stages of analysis and feedback to communities.

The first Project Advisory Group meeting occurred in August 2019 at the Indigenous Educational and Research Centre (IREC) James Cook University Campus, Smithfield, where all agreed that meetings occurred after key milestones were achieved.

The official meetings would occur every two (2) months such as October, December 2019, then, February, April, June, September and November of 2020. Unfortunately, the onset of COVID-19 interrupted any realistic and meaningful engagements over these times, but I sent out feedback reports to the PAG members, community councils and each local organisation who supported the project. In late 2021, I also attempted to connect to the three communities to provide feedback via videoconferencing and phone to the Councils but to no avail.

Key principles for building relationship and engagement with members were due to each person being identified and known to had extensive experience of working within Communities across North Queensland. They had worked in the specific field of suicide prevention, intervention and aftercare, family supports, life and health promotion, community development and research that benefited the Indigenous people.

Members of the group approved that the research was needed as most of them were front lines workers including academics and given that the idea came from the local people. A few were Indigenous members who were leaders in their community or held key position in Indigenous health and community governance role but also had lived experiences of suicide among families or the wider kinship system.

Qualitative Research Design

Qualitative research design was chosen because it is known as an appropriate means of capturing the stories, experiences and feelings of people, in this case how Aboriginal and/or Torres Strait Islander people use traditional knowledge to heal from experiencing the suicide of a young person. Qualitative research is not concerned with numerical representation, but with gaining a deep understanding about a specific topic or issue. The objective of the qualitative methodology was to produce in-depth and illustrative information in order to understand the various dimensions of the topic or issue under analysis. In this case, as suicide is a sensitive topic, especially when it is about young people, this research provided the opportunity to understand the various complex dimensions from participants perspectives.

Qualitative research is therefore concerned with aspects of reality that cannot be quantified, focusing on the understanding and explanation of the dynamics of social relations. Maxwell (2013) advocates that qualitative research works with the universe of meanings, motives, aspirations, beliefs, values and attitudes, which corresponds to a deeper space of relationships, processes and phenomena that cannot be reduced to the operationalization of variables. In this sense participants in the research responded positively to the invitation to share their cultural values and practices and inner deep spiritual thoughts and beliefs.

Qualitative research design in this study provided a strong and meaningful position for participants to identify issues facing individuals, families and communities which results in high-risk behaviours, self-harm and suicide and potential solutions through the use of traditional knowledges. Smith (1999) speaks for many Indigenous people as she describes Indigenous peoples' experience with research. She states, "...research, is probably the dirtiest word in the Indigenous worlds' vocabulary...It stirs up silence, it conjures up bad memories, it raises a smile that is knowing and distrustful" (p. 1). In response, qualitative research methodology informed by the principles of Indigenist research provided the opportunity for participants to speak freely and allowed for the sharing of stories with deep local meaning to emerge untainted by Western interpretations.

Methods

Participants

Participants were Aboriginal and Torres Strait Islander Australians over the age of 18, male and female, with ages ranging from 20 to 80 from the communities of Yarrabah, Wujal Wujal and Hopevale (community details in Chapter 4). They were family members, kinship members, community members, elders, health professionals, health-related professionals, and support workers, also included local Aboriginal health workers, life promotion officers/suicide prevention workers, police liaison officers, youth workers, and justice group workers. In total, there were 51 participants, of these, 47 participated in yarning circles, 2 via interviews, and 1 with an art expression. I also point

out that most people in these communities are related through these genealogical ties or had chosen to live in and or work in the community. A list of participants, their background and role in the communities is attached in appendix 8.

Informed Consent and Participants' Wellbeing

When onsite with potential participants, I provided PowerPoint presentations with an overview of the research project. This allowed participants to ask questions to familiarise themselves with the project and, therefore, I gained support for the study. The potential participants were involved in face-to-face verbal discussions and provided with an information sheet explaining the study, its aim, the proposed outcomes, participants' rights, risks to participants, confidentiality, and how findings would be used in the future.

There was also time for questions or clarification, being mindful that English may not have been the first language and also providing more clarity on issues. Participants were also asked permission for my notetaking and audio recording during yarning circles and interviews. They were advised that participation was voluntary and that they could withdraw from the research at any time without having to give a reason or feel judged about their decision.

Confidentiality was reinforced with people not being named in the study or any reports or publications; however, participants were advised that because people were involved in yarning circles, kinship relationships and the smallness of communities would mean that others would likely know who had participated in the study. Participants were then asked to complete and sign an informed consent form. They were again reminded that participation was voluntary and that they could withdraw consent at any time. This reminder occurred at all contact stages of the study.

I approached this research with great sensitivity, ensuring transparency, pausing when necessary to give participants a break and time to reflect, and providing debriefing and access to counselling services. For those who participated, I regularly checked in with them either through face-to-face meetings, phone calls or through their support organisations in the community. This continued during the engagement process, data collection and after the completion of the research. Participants were informed of support services available in the community such as the wellbeing centres, health clinics, or Lifeline phone service.

Data Collection

Data were collected by conducting yarning circles and individual unstructured interviews. Participants were also given the option of using art expressions as their voice.

Yarning Circles

Table 3: Participants in Yarning Circles

Community	Men	Women	Total
Hopevale	10	24	34
Yarrabah	0	9	9
Wujal Wujal	4	4	8
All	14	37	51

A detailed list of the number of participants, genders, their roles with de-identified names of participants from their communities, is attached in Table 4 Appendix 8.

Data collection from participants was through dynamic and interactive conversations within the yarning circles. According to Bessarab and Ng'andu (2010), the yarning circle is known for its credibility in supporting an unstructured interviewing space, providing rich description of peoples' stories. It also provides people with the strength to enable them to tell their stories through life's journeys from an Indigenous holistic concept of life (Swan & Raphael, 1995). Yarning circles have cultural integrity for cultural safety, where the voices of Indigenous people are heard without criticism, respected and protected in a safe space of belonging (Nguyen & Gardener, 2008). It is a method that promotes a better understanding of the participants' reality of the social phenomenon in their community (Braun & Clarke, 2013).

There are three components to yarning: social yarning, research yarning, and therapeutic yarning. Social yarning allowed me to sit with the participants and we would introduce ourselves using cultural conversations of finding out what country the person comes from (their traditional lands) and their tribal and clan group. This was valuable for rapport building and respecting each other within the circles' social and kinship rules. This also gave us the time to catch up on what was happening, any gossip, and of course fishing stories. With people feeling relaxed, we then moved into the research yarning. I gave an overview of the research, the format, risks, voluntary participation, and that participants could withdraw at any time with counselling support if needed. Participants then engaged in telling their stories freely and safely. The last phase, therapeutic yarning, was about debriefing due to the sensitive nature of the topic and ensuring that participants knew of resources and contacts within the community. Participants made comments about how simply telling their stories was a way of healing for them, especially in a supportive group with similar experiences and with an Indigenous researcher who understood their experiences.

Rigney (2003) emphasises that research by an Indigenous researcher empowers the engagement process with families, kinship, elders, community, and services providers. This process aligns with what Canadian First Nation's academics Bird-Naytowhow et al. (2017) refer to as "ceremonies of relationship" emphasising that it signifies "...a sacred character to knowledge generation as well as relationship building with youth, community members, parents, elders, and community-based organizations" (pp. 6–8).

In Yarrabah and Wujal Wujal, there were two yarning circles held in each community. This included the first yarning circles used to collect the data and a return visit to conduct the second yarning circle for feedback to communities and for clarification purposes. Eight participants took part in each yarning circle in Yarrabah and five in Wujal Wujal. In Hopevale, ten men took part in yarning circles in the first session to collect data and the second to provide feedback and gain clarification. Also, in Hopevale, twenty-four female participants took part in two yarning circles, the first to collect data and the second for feedback and clarification. In Yarrabah and Wujal Wujal, each yarning session took approximately two hours as per participants' needs to express themselves and was held in venues arranged by the participants at the social and emotional wellbeing centres, cultural recreational community centres, and outdoor locations. In Hopevale, because the women wanted to have their yarning circle as part of their women's group meeting, the yarning circle became more of a yarning workshop with up to twenty-one women attending for some or all of the session over the five hours, incorporating cooking, serving of food, and eating a meal together.

As with the Aboriginal way of communication, not every person verbally participates in meetings, focus groups, or yarning circles; however, participation is also recognised by attending, listening, and nodding of heads. This was the case for several people in the yarning circles. Prompts for the yarning circles included opening statements such as:

- I would like to hear your story or see your art expression of what helped you in your healing journey after experiencing the loss of a young person to suicide.
- Did you call on kinship and Indigenous knowledges to help you to heal and in what way?
- Are there any other ways you coped with the loss?

With permission from participants, notes were taken and audio recordings were made during the yarning circles.

Interviews

Hutchinson, Wilson and Wilson (1994) state that,

Interviews are a fundamental data collection method used in qualitative health research to help understand people's responses to illness or a particular situation. ...the benefits PAR include catharsis, self-acknowledgement, sense of purpose, self-awareness,

empowerment, healing, and providing a voice for the disenfranchised as the sometimes-unanticipated benefits reported by interview participants. (p. 1)

For these reasons, participants were offered to participate in individual interviews rather than yarning circles. Only two participants chose to be involved in the interviews, which took place at locations identified by the participants. The duration of the interviews was up to one and a half hours depending on the participants' needs. Questions were not overly structured, with participants being invited to share their stories:

- Would you like to tell me your story?
- Can you think about your work and any observations you have made of how people cope and heal after experiencing the suicide of a young person' with prompts to flesh out details related to responses?

Art Expression

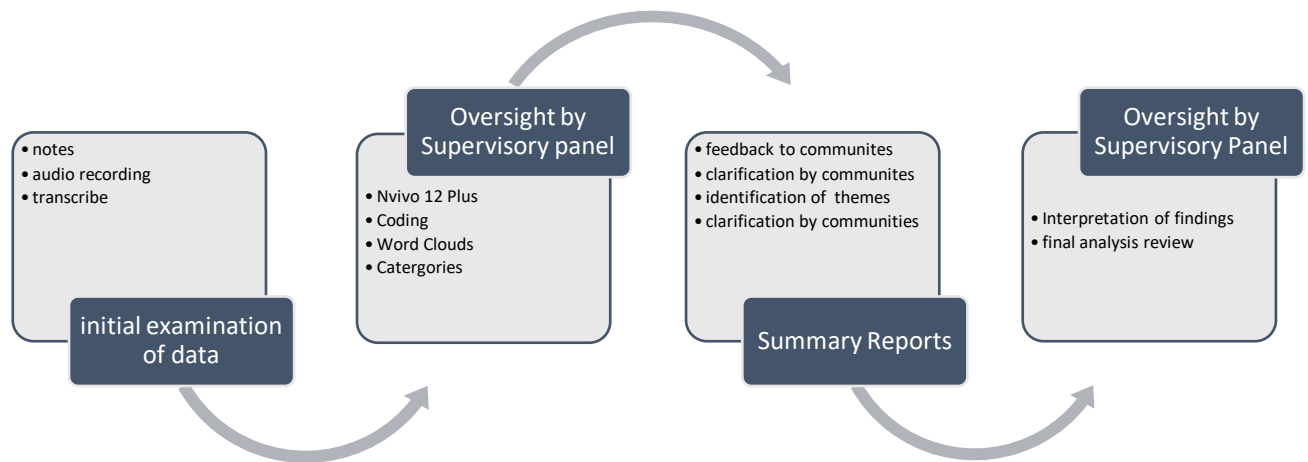
The study offered the use of visual art as a method for participants to express their lived realities about healing. Visual art expression is discussed by Morphy and Perkins (2006). They suggest that an anthropology of art “opens the way to understanding the processes of creativity and creative action. It can provide insights into human cognitive systems, how people conceptualize components of their everyday life and how they construct representations of their world” (Morphy & Perkins, 2006, p. 22). Furthermore, Cameron (2015) speaks of the visual expression through art for Aboriginal people as “a symbol of visual forms of knowledge that express cultural intellect” (p. 68). This is reinforced by Somerville (2013), who states that, “it is a way of passing on information including history, lore and laws” (p. 13). One adult female participant chose the option of artwork as she saw this as a therapeutic way to heal. She provided a narrative of the work which was included in the analysis and findings.

Data Management

Data for this study was managed in accordance with James Cook University's (JCU) Data Management Policy for students enrolled in higher degrees by research and stored in the Tropical Data Hub (TDH). Written notes were transferred to a computer and the written notes were then destroyed. All work was stored on a password-protected computer.

Data Analysis

Figure 3: Overview of Data Analysis Process



Thematic Analysis was used to analyze data for this qualitative research study. According to Clarke and Braun (2014 p. 1948), it:

...is a method used to identify and analyze patterns of meanings (themes) in qualitative data and it also provides a structured process of rigor for ...pinpointing, examining, and recording patterns or themes from the raw data to elicit the description of the phenomenon.

Thematic analysis “is a process for encoding information” and interpreting aspects of the research topic (Boyatzis, 1998. p. 20). Coding is a key aspect in data analysis; it allows for labelling and organising data to identify the different themes and the relationship between them.

NVivo 12 was used to assist with the organization and coding of the data. The value of this tool is proven to support data collection, especially from qualitative research projects. It assists in organizing and analyzing a variety of research data in a systematic process (Edwards-Jones, 2014). It also works more effectively with the classification of data text analysis queries, making it easier to explore text in the coding process. This then supports coding, allowing for deepening the analysis process by connecting, linking, and grouping the data. A key outcome of this process is that data is reimagined through coding and themes. Regarding Indigenous research, NVivo 12 created easy-to-read visuals, texts, and word clouds in this study directly linked to the information that participants shared, allowing 360-degree feedback on their information.

In relation to the six phases of data analysis, the following process was conducted which included familiarization of data, generating initial codes, theme development, reviewing themes, and final analysis (Braun & Clarke, 2012). Familiarization of the data involved reading and re-reading notes, listening to audio recordings, and making notes of initial significant information. Data from the yarning circles, interviews, and art expressions were then transcribed. After this, the transcribed data

were read again in detail and further notes taken, assisting in identifying obvious topics which were emerging.

NVIVO was used to organize and code the data through a systematic process, labelling relevant features of the data relating to the research questions. Coding was the first step in the process to highlight patterns in the data grouped together and identify categories. Theme development required further analysis which emerged from the categories, clustering the codes together to create a map of key patterns. The themes were then carefully reviewed against the notes taken during the initial familiarization of the data, the transcripts, and identified categories in accordance with the research aim and objectives which informed the final analysis, Clarke & Braun (2014 p. 1949).

Research Rigour

Data Triangulation

Triangulation of data in qualitative research is “the use of multiple methods or data sources in qualitative research to develop a comprehensive understanding of phenomena” (Patton, 1999, p. 34). In this study, I used different methods of data collection: yarning circles, interviews, and art expression. Although only two participants chose interviews and one art expression, this provided some level of data triangulation. This was complimented by different data sources from three different communities involving different tribal and clan groups, elders, women and men, community, and family members ranging in age, as well as key organization stakeholders, health and health-related professionals, and support staff.

Reliability and Validity

“Reliability and validity are conceptualized as trustworthiness, rigor and quality in qualitative paradigm. That can be achieved by eliminating bias and increasing the researcher’s truthfulness of a proposition about some social phenomenon using triangulation” (Bashir et al., 2008). Rigor in research is about its strength, sustainability, reliability, validity, and trustworthiness, and the all-inclusiveness of the research topic, questions, researchers’ skills and knowledge, ethical requirements, and in this case, staying true to the principles of Indigenist research.

Deep thought went into deciding what methods were most appropriate for the study to ensure integrity and that the findings accurately reflected the data. Given the topic and use of a qualitative research design informed by an Indigenist research standpoint, yarning circles, interviews, and art expression were all acknowledged as appropriate research methods in Indigenous research. To ensure research reliability, there was consistency in the analysis with a continual review of data along the analysis process in accordance with the research aims and objectives. Of importance was the need to define Indigenous knowledges and understand its scope to ensure that the way this was portrayed by the participants was captured and interpreted accurately. To assist with validity and reliability, data triangulation with different methods and data sources was employed, as explained above, along with

respondent validation, the testing of findings with participants to confirm that findings were accurate from their perspective, especially regarding Indigenous knowledges.

Addressing Insider Researcher Status

The insider researcher is a member of the group or organization where the researcher is conducting the study. Saidin (2016) states that:

Being an insider researcher could help the researcher to have more understanding about their research and the phenomena being studied. ...Some argue that becoming an insider researcher could lead to a loss of objectivity and bias, while others found that it has potential to balance the ways issues are being researched. (p. 20)

Kwame (2017 p.2) refers to the insider researcher as a person who has the responsibility of being “accountable and sensitive to other people’s ways of knowing, and as well as in seeing reality as being multiple.”

The benefits for me as an insider researcher were that I was known personally, through kinship and professionally, as a counsellor by several of the participants and community stakeholders, so I had established trust and rapport. I also had lived experience as an Aboriginal person who had experienced suicide. However, I was aware of the potential for myself to be biased towards my own experiences and knowledge, rather than having an open mind and listening to the stories of participants from their perspectives. I was mindful of this when collecting, analyzing, and interpreting the data and relied on the participants to provide confirmation at the feedback sessions. I also looked to my supervisory team and project advisory group for guidance and to discuss any concerns.

To address potential bias, I reflected continuously on my research practice and interpretation of the findings as I aimed to ensure that my interpretation aligned with the research participants’ perspectives. Given my professional and kinship positioning within the research, I knew that I must be honest and open to self-reflection to ensure that my perspectives and lived experience were not clouding my judgement regarding the stories of the participants, which may not always have been the same as my experience.

Ethical Framework

The study received ethical approval from James Cook University – Approval No. H7570. Councils in each community gave approval for this study to proceed in their communities. The following ethical policies and guidelines informed this study:

- National Health and Medical Research Council (NHMRC):
 - National statement on ethical conduct in human research (2007, updated 2018)
 - Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities: Guidelines for researchers and stakeholders (2018)

- Keeping research on track 11: A guide for Aboriginal and Torres Strait Islander communities involved in health research ethics (2018)
- Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Code of Ethics for Aboriginal and Torres Strait Islander Research (2020)
- United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP) (2014).

In accordance with the key elements of the NHMRC document, Ethical conduct in research with Aboriginal and Torres Strait Islander people: Guidelines for researchers and stakeholders (2018), the following ethical considerations were addressed.

Spirit and Integrity

Community decision making based on shared values. (NHMRC, 2018, p. 4)

The focus of this study was on community ownership of the research, starting with a request from participants for me to conduct the study, followed by creating mechanisms for continual feedback and checking in with participants through key stakeholders in each community. Community decision making was based on shared history, values, beliefs, experiences, and knowledges with commonalities and some differences across the three communities. This was done through participants gaining confidence and strength through sharing their stories and voicing potential solutions to assist those healing from the loss of a young person to suicide.

Cultural Continuity

Cultural continuity contributes to a sense of strong, shared and enduring individual and collective identities. It also includes responsibilities in respect of spiritual domains. (NHMRC, 2018, p. 4)

This study honoured individual and collective identities by acknowledging the right for people to have an individual voice as well as having a shared identity with that of their clans and tribal groups. Giving participants the opportunity to be interviewed individually or as part of a yarning circle was a means of accomplishing this. Respect for spiritual domains was acknowledged throughout the study with participants freely describing their values, beliefs, and practices in relation to culture, kinship, country, and death. There was also respect for participants who practised both Indigenous and Western spiritual beliefs and felt free to tell their stories.

Equity

Equality affirms Aboriginal and Torres Strait Islander People's right to be different. Demonstrated commitment to distributive fairness and justice. Please demonstrate the ways that participating communities are included in the research processes of your project. (NHMRC, 2018, p. 6)

To ensure that the research was culturally appropriate and respectful, participants were included in decision making about the methodology, feedback mechanisms, dates, times and venues for data collection visits, and how to provide feedback to communities. Participants were also involved in providing feedback to me as the researcher, especially during the analysis stages. This was always seen to be a community-owned and directed study, with the request for the study coming from the families and communities of Yarrabah, Hopevale, and Wujal Wujal.

Reciprocity

To ensure that research outcomes include equitable benefits of value to Aboriginal and Torres Strait Islander communities or individuals. (NHMRC, 2018, p. 7)

Over the years through my work in the mental health field, I was approached by family groups, key stakeholders, and shire councils in several communities to start the conversation about suicide and how people deal with loss from suicide. I feel honoured to now be in a position to make this a reality through my study, giving back to communities. Support for the project remains strong with several representatives from different communities attending my confirmation and exit seminars and publicly stating how important the research is to them. This project privileged the voices of the local Indigenous people, providing a safe place for them to talk about suicide and pay respect to their Indigenous knowledges in addressing loss from suicide.

Respect

Respectful research relationships acknowledge and affirm the right of people to have different values, norms and aspirations. (NHMRC, 2018, p. 9)

This study recognised the diversity within groups and within and across the three communities involved in the study. It allowed participants to tell their personal stories which were informed by their historical experiences and cultural values and beliefs. The diversity in responses to how participants dealt with suicide loss was considered important and encouraged to understand the extent of the role of Indigenous knowledges in healing.

Responsibility

Recognition of core responsibilities – to do no harm, transparent accountability.
(NHMRC, 2018, p. 11)

Transparency for this study was addressed by ensuring that communities and participants had sufficient and appropriate information to make informed decisions about engaging in the study. Regular two-way feedback between myself and the participants assisted in ensuring transparency. Because of the sensitive nature of the topic, care was taken to ensure that participants felt safe and had adequate counselling support where necessary. It was reinforced to participants at different stages of the study that participation was voluntary and that they could withdraw at any time without

consequence. Participants were informed about confidentiality but also told that this could not be assured in yarning circles. Project progress reports were provided regularly to communities and participants. Plans for the dissemination of findings and publications will be confirmed with participants and communities. All reports and publications will be provided to key stakeholders in each community for approval prior to publishing.

Researcher Wellbeing

The nature of the research exposed me to a range of challenging issues given that I had been in kinship and professional relationships with several of the participants, providing counselling in times of grief as a result of suicide. Personally, I had also been affected by family members who had taken their lives by suicide. Because of this, and on the advice of my supervisory panel, I took the time to make sure that I was prepared by identifying what emotions and feelings I might encounter, which allowed me to put in place a plan to deal with such feelings. Feng et al. (2019) highlight the importance of being prepared to undertake sensitive research and state that the

...key element of preparation is to be aware that engaging with such research may elicit emotional responses. This requires a degree of reflection on the part of the researcher and an ability to be aware of their strengths, weaknesses, and trigger points. (p. 9)

A key strategy was to undertake some self-reflection on how I would engage in such a sensitive topic and identify my strengths, areas of potential concern, and trigger points. My strengths were my identity as an Indigenous person and my lived and professional experience with suicide. Areas of concern were the grief I experience, which never really goes away. I became more aware of trigger points during the research when some aspects of participants' stories would touch me deeply. During one stage of the analysis, I found myself suddenly overwhelmed and cried for some time. Strategies included drawing on my faith, both my Aboriginal spirituality and my Western Christian faith. Regular reflection on how I was coping, along with time out, and debriefing sessions with my supervisory panel, project advisory group, elders and family and kinship members were important in assisting me to take care of my own wellbeing. A major de-stressor for me was providing feedback and getting clarity and confirmation from the participants that the study was important. There was also comfort in knowing that I accurately captured their stories, which has the possibility of assisting people and communities in healing from the loss of someone to suicide.

Limitations of the Research

The main limitation of the research is that the study was restricted to three communities in Far North Queensland with their own history, experiences, and perspectives, so the findings do not represent the views of other Aboriginal and Torres Strait Islander communities across Australia.

Challenges undertaking the study included working in rural and remote Indigenous communities, competing priorities for Indigenous communities, and COVID-19. The challenges of working in rural and remote communities included scheduling access to communities by road travel from Cairns. For example, travel from Cairns to Hopevale was five hours drive each way with limited access in the wet season. Other challenges were the limited accommodation in some communities and the cost of hiring vehicles and fuel.

Another challenge was the competing priorities for local families and participants; this was especially so when planned meetings had to be cancelled due to the death/s of family/community members and then the 'sorry business' period including time out for relevant ceremonies that support the healing process. Even when meetings were scheduled, upon arriving in the community, I would be informed that there was sorry business or that a key staff member was not at work for a few days as planned. This meant having to return at another time. I also had to compete with the many services and visitors to the communities all wanting the time of community people.

The challenge of COVID-19 as a new pandemic spreading among our North Queensland communities and towns impacted both my personal life and academic life due to the uncertainty of the virus's spread. COVID community lockdowns restricted the number of visits to provide community feedback and further discuss findings and recommendations. Attempting to do this by technology, for example Zoom or Teams meetings, proved too difficult due to lack of technology and or connectivity in rural and remote areas.

Conclusion

This chapter described the methodology in this study that applied qualitative research design informed by an Indigenist Research methodological approach that acknowledges the struggles of Indigenous people, due to the ongoing impact of colonisation and which gives voice to Indigenous people, their culture, and knowledges. The study was conducted in the communities of Yarrabah, Hopevale, and Wujal Wujal at the request of families in these communities who had previous personal, kinship, and professional relationships with the researcher. Participants were Aboriginal and/or Torres Strait Islander people who had directly or indirectly been affected by the loss of a young person to suicide. Methods included yarning circles, individual interviews, and art expression. Forty-three participants participated in yarning circles, two in interviews, and one in art expressions. Data analysis was by thematic analysis, coding, identification of categories and themes, and interpretation of the meaning of the data.

Due to the sensitive nature of the study, ethical considerations were crucial and included transparency, identification of risks to participants, debriefing, identification of local community contacts in each community, and ensuring that participants had access to counselling services. A project advisory group was also established to provide guidance and advice and to support the researcher's wellbeing because of the sensitive topic and relationship with the participants and

communities. The main limitation of the research was the restriction of the study to three communities in North Queensland. Further research will need to take place to situate the findings of this study in the broader picture of suicide for Aboriginal and Torres Strait Islander people across the nation. The methodology was chosen because it honoured the work of Indigenous scholars in profiling decolonising research methods to give voice to Aboriginal and Torres Strait Islander people, their culture, and knowledges.

Chapter 4: Findings

This chapter presents and describes the results of the study in answer to the research question: How do Aboriginal and Torres Strait Islander people use Indigenous knowledges to support each other through the healing journey after experiencing the suicide of a young person?

Context

Definitions of traditional knowledge, Aboriginal kinship, and Aboriginal lore provided in previous chapters have been presented again below because of their specific application to the findings in this chapter.

Indigenous traditional knowledges are informed by and connected to Aboriginal lore and kinship. For this study, traditional knowledge is referred to as, “it is a living body of knowledge that is developed, sustained and passed on from generation to generation within a community, often forming part of its cultural or spiritual identity” (WIPO 2015 p.1). Aboriginal lore “is usually extended to embrace all things in heaven and earth so that it is totemic in nature, bringing man and nature into a common scheme, which is animistic or even ‘personal’ in character” (Diamond, 2013, p. 181). Aboriginal kinship is defined as a complex system of social organizations as “a system that determines how people relate to one another and their surroundings, with the aim of creating a cohesive and harmonious community... through marriage, ceremony, funeral roles and behaviour patterns” (Watarrka Foundation, 2023 p.1). Therefore, Indigenous traditional knowledges, Aboriginal lore, and kinship are the strength of Aboriginal existence and the longevity of culture (Malspinas et al., 2016).

This chapter provides a reminder of the background of the three communities involved, as some commonalities and differences have relevance to the commonalities and differences in the findings across the three communities. The focus of the chapter is the presentation of the findings using participants’ stories. These findings are presented under the headings of the themes which emerged from the data analysis.

Research Sites

Three communities in Far North Queensland participated in the study; these were Yarrabah, Hopevale, and Wujal Wujal.

Figure 4: Map showing the location of the Three Communities



Source: Santhanam (2005)

Setting the Scene

While details about the three communities are provided in Chapter 2, a brief description of the colonized history of each community is outlined here because of the relevance to the findings.

Crucial to what informed the findings, all communities were impacted by colonization with the introduction and implementation of legislation and government policies resulting in loss of land rights through the declaration of Terra Nullius, massacres, treatment as slaves and prisoners, the introduction of alcohol, opium and disease, denial of culture and language, and the breakdown of family, kinship and societal structures. The Queensland Aborigines Protection and Restriction of the Sale of Opium Act (1897) denied basic freedom of peoples' movement, removed people from their lands onto reserves, removed children from families, and imprisoned people who did not comply with the rules.

Other significant historical developments were the Queensland Government taking control of Aboriginal and Torres Strait Islander affairs, and the moving of church responsibilities to government administration from 1960 onwards when Queensland formally adopted the Assimilation Policy. At the

time, 'half-caste' was a term used to describe children usually of Aboriginal mothers and white fathers. The children would be absorbed through individuals intermarrying with each other with the aim of losing their Aboriginal 'full blood' status (Anti-Discrimination Commission Queensland, 2017). In 1967, the Commonwealth held a constitutional referendum that Aboriginal and Torres Strait Islander people be counted in the census as Australian citizens (Anti-Discrimination Commission Queensland, 2017). This meant that Australia became a pluralistic society where many different groups and political parties were allowed to exist.

However, the state of Queensland maintained its policies to control Aboriginal people and maintained some legal control and restrictions on Indigenous Queenslanders living on reserves until 1982 (Kelly & Lenthall, 1997). Further changes occurred in 2005; Aboriginal and Torres Strait Islander communities in Queensland became local government entities which meant they had equal status to non-Indigenous towns and cities across Queensland and the nation. Then in 2007, Australia's Prime Minister Kevin Rudd gave a public apology to Aboriginal and Torres Strait Islander people acknowledging the Stolen Generation and saying sorry.

Yarrabah

Yarrabah is an Aboriginal community located 55 kilometers from Cairns with a population of approximately 2,505 (ABS, 2021d). The Traditional Owners are the Gunggandji people and languages spoken are Gunggandji and Yidinji. The local tribal language now spoken is a basic Yidinji with some traditional Gunggai words and much English.

At first contact with white people, the Gungunndji people observed the crew of the Endeavor from far off. Local campfire stories from the elders tell that the Gunganndji people watched 'gutcha' (ghost, white spirits, white men), that is, Captain James Cook and his two botanists from the Endeavor who went ashore looking for water. This was also confirmed by the Townsville Daily Bulletin (Frere, 1946). The people recorded cave paintings of the Endeavor and soldiers with guns, but there was no face-to-face contact at that time (Yarrabah Shire Council, 2022). There was also awareness of transient seamen who frequented the bay now and then. While there were records of frontier wars and massacres across Queensland, there were no records of frontier wars and massacres of people in the Yarrabah area.

The community of Yarrabah was established as a Church of England mission in 1892. The Government used the Aborigines' Protection and Restriction of the Sale of Opium Act 1897 to 'protect' but restrict people's movement who became wards of the state under the control of the Chief Protector of Aboriginal people. People were usually removed from Yarrabah as punishment, or individuals were sent away to work in the outside world for white people. Government records summarised by Bostock, (2019) of early Yarrabah, reveal that there was a total of 969 removals of people since the early 1900s to Yarrabah from all over Queensland, and 243 people were recorded as being removed from Yarrabah to Palm Island, Mona Mona, Woorabinda, Cherbourg, and Frazer

Island. In total, throughout the years from 1892 to the late 1960s, 80% of people in Yarrabah came from an estimated 43 different tribes across Queensland, as recorded by Tindale in 1938.

Even though alcohol and opium were widely spread and accessed by Indigenous people in nearby Cairns and smaller towns, records indicate that both substances were never used in Yarrabah by the residents, but stories passed down from the elders indicate that at times, both were used secretly keeping church and government workers in the dark. People were also always at risk of introduced diseases. In Yarrabah in 1919, the Spanish flu affected 200 people with one death (Cluff, 2020).

The Yarrabah Mission was constructed over time using mostly Aboriginal people as unpaid labour. Many residents were forced to work for white people, usually for no financial gain but instead paid with shelter, clothing, tea, flour, and sugar. Money that should have been paid to 'employees' instead went to the government to pay for public roads, schools, and hospitals. Timber and fishing were the main industries that occurred in the Yarrabah area. In the early years, the killings of two white men took place because they took timber from the country (Gribble, n.d.). As time progressed, the fishing industry meant employment for the local men; however, working conditions were poor and payment was questionable. The first known fight for rights and equal pay in Yarrabah was the Yarrabah Strike in 1958. The strike leaders, together with 200 others, were excommunicated and given immediate orders to leave Yarrabah. This then led to the Queensland Government taking full control of the community from the Anglican church, but with the church remaining to provide Christianity to the people.

Hopevale

Hopevale is an Aboriginal community 46 kilometers northwest of Cooktown and is located in a valley surrounded by tropical native bushlands, mountain ranges, and pristine and diverse flora and fauna. It has a population of approximately 976 (ABS, 2021b). Hopevale is home to thirteen clan groups who have maintained their Guggu Yimidirr language as well as speaking English.

At first contact with white people, the Guggu Yimidirr people observed the crew of the Endeavor from far off, prior to landing when first face-to-face contact was made. There were several frontier wars and massacres on Guggu Yimidirr Country with disastrous massacres taking place at Cape Bedford and another place known by locals as Battle Camp (Pohlner, 1986). Years later, in the 1870s, the discovery of gold on the Palmer River brought with it the rapid expansion of white settlement through the easily accessible port of now Cooktown. This greatly impacted the traditional way of life and the traditional country of the Guugu Yimidirr people. The community of Cape Bedford, now Hopevale, was established as a Lutheran Church Mission in 1881. The primary purpose for the establishment of the mission was to control people's movement (Close, 2009) and to free up land for white pastoralists who could take up land for their businesses.

As white settlement increased, the local people tried desperately to fight off the miners, pastoralists, timber cutters and beech-de-mer (sea cucumber) fishermen from Flinders Islands and Cape Melville in the north, to Palmer River in the west and the Daintree in the south (Cole, 2002). The gun, poisoning of water holes, alcohol, opium, and the massacres resulted in overwhelming losses (Cole, 2002).

Under the Aborigines' Protection and Restriction of the Sale of Opium Act (1897), people's movements were restricted to the mission and they became wards of the State under the control of the Chief Protector of Aborigines. There were a small number of people moved off the mission as punishment and some for outside work. Because of the close location to Cape Bedford and Cooktown, some people from tribes in Cape York were moved onto the mission. People were used as labour for white households with payment mostly in shelter, clothing, and basic food.

Mining, pastoral, and fishing businesses were the main industries that impacted the Guggu Yimidirr people. Due to the wide-open geography of the region, white settlements saw opportunities to grow wealth and industries that would benefit them. Developments of these industries also gave the opportunity for employment as well as the exploitation of Aboriginal people as station hands and guides to mines. The fishing industry also meant employment for the local men and especially young men in the beech-de-mer (sea cucumber) industry. However, their treatment on boats and wages was questionable (Pohlner, 1986).

In 1942, families of the Cape Bedford mission were forcefully transported and removed 1,500 kilometres south to Woorabinda by the Australian army, due to the authorities' fear that they may collaborate with the Japanese as guides on Australian country. The intervention came from the Federal government at that time. People were totally unprepared, bundled up, and sent to Cooktown where they waited without food or water to be taken by train to Rockhampton and then to Woorabinda. Many returned home again nine years later; however, some died in Woorabinda far from their traditional lands (Cole, 2002, p.47).

Wujal Wujal

Wujal Wujal is an Aboriginal community located 60 kilometres south of Cooktown, located on the Bloomfield River. It has an estimated population of 276 (ABS, 2021c). Wujal Wujal was formerly known as the Bloomfield River Mission and the people are members of the Guggu Yalandji Nation.

In 1819, the Guggu Yalandji people observed Europeans as they explored the Bloomfield River (Queensland Government, 2022b). In 1875, contact was made, and conflict occurred when white miners were attacked and chased back to Cooktown (Queensland Government, 2022b). There were no records of massacres in the Wujal Wujal area; however, there were confrontations, such as when 150 Aboriginal people attacked a white expedition. During the 1880s, there was a gradual change in government policy to take the country by lethal force. Aboriginal people were removed onto missions to be controlled and become a form of cheap labour. This resulted in the establishment

of two Aboriginal reserves in the Cooktown district: one at Cape Bedford and the later, at Bloomfield River (Ganter, 2009).

The Bloomfield River Mission was established as an extended arm of the Cape Bedford mission in 1886. Those on the mission were from the local Yalandji tribe within a 200-kilometre radius of their home country under the control of the Chief Protector of Aborigines and the responsibility of the Lutheran Church Mission. People who were moved off the land from Bloomfield River were usually done so as a result of being punished for wrongdoing. Child safety issues were a concern, especially for many 'half-caste' children in the community who had 'full blood' mothers and white fathers and lived in the blacks' camps (Copland, 2005). Authorities believed it was safer for them to be away from the environment.

People were exploited, being used as labour for white people with little or no payment, instead being given basic food and shelter. Mining, timber, cattle, and fishing were major industries in close proximity to the mission. Yalandji people not living on the mission were forced to relocate, hide in the thick rainforest, or go to the mission as their land was being taken over by pastoralists or mining. The fishing industry employed local people who in turn sometimes benefited from this work but again wages and safety on boats were questionable (The Queenslander 1890 p. 439).

In 1901, there was concern that Christianity was not being taken up by Aboriginal people and the Evangelical Lutheran Immanuel Church withdrew from the mission. In 1902, the mission was closed. The Aboriginal people stayed in the area in camps, living what seemed to be a good life with a ready supply of food. However, in 1957, due to complaints that the children were living in unclean conditions and found to have hookworm, the government gave the Lutheran Church a grant to reopen the mission (Qld Government 2015 p.3).

Summary: Colonisation across the Three Communities

First contact with white people was around the same time for the three communities, although face-to-face contact differed slightly. Similar events were experienced across the three communities, with the establishment of Church missions, forced introduction of Christianity, and control over the people by the Chief Protector of Aborigines. The removal of people from Yarrabah and the removal of people from other tribes to Yarrabah was more prominent than what happened in Hopevale and Wujal Wujal. It was common for children to be sent to Yarrabah from many places throughout Queensland, from approximately 45 tribes in all.

All communities experienced the forced removal of children, resulting in what has become known as the Stolen Generations. Hopevale as a community was severely affected by being rounded up and sent to Woorabinda during the war. Several massacres were reported in Hopevale, but no records were found for Yarrabah and Wujal Wujal. The exploitation of people as slave labour occurred in all three communities, with people working for little or no money and being paid in basic food and shelter, with any wages being used by the Government to fund public needs such as roads,

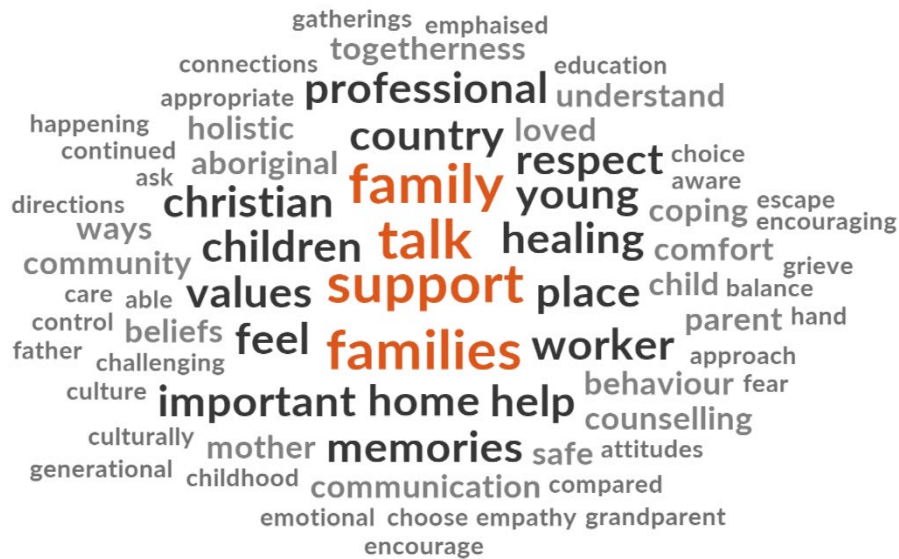
schools and hospitals. This history and impact of colonisation have resulted in the long-term loss of land, culture, language, livelihood and created intra-generational trauma.

The Findings

Yarrabah Community

Coding and Themes. Codes are presented in the word cloud below. Twenty codes were identified and the themes that emerged were: Talk, Healing, Place, Families, Support, and Children.

Figure 5: World Cloud of Identified Themes: Yarrabah



Voices of Yarrabah Community

Talk and Healing. Talk was a major theme, with participants describing how it helped them in the healing process. Talking helped them at different times and in different ways. As one mother shared:

I can talk more openly about the boys now especially within the last two to five years. Before I just continued to cry. It's been 20 years for the older boy and 8 years for the younger brother, I cried a lot it just doesn't leave us.

(Participant 43)

This mother experienced multiple losses at different times; her grief is overwhelming, but with the support of families and kinship, she slowly finds ways to talk through her sorrow towards healing. Sorry business, a term used to describe a time of mourning after someone dies, is expressed through wailing, body art, songs, dances, smoking ceremonies, and sacred activities relevant to the group. In some groups and communities, everyone joins and shares the grief because of kinship ties and

obligations and to strengthen those ties and relationships. In the case of this mother, this is how she is nurtured to become stronger, to talk more freely about her loss and hurt in a safe space.

When I talk about it [the suicide] at home among my family, they say mum why talk about it? They're still hurting too, the pain never goes away, the memories are always present. No matter whose children, my sisters, the pain is still with me.

(Participant 44).

Pain and memories are natural human experiences for families when someone dies from natural causes, but when an Indigenous child dies from suicide it is a different experience. It is entwined in complexities with families' lived experiences of intergenerational trauma and the demands of a rapid changing society in the millennium. Memories can be a double-edged sword, as on one hand they can be an effective healing experience (Participant 45), to keep the loved one alive in their family stories. In contrast, it can conjure up deep sorrow and grief that is embedded into a person's whole being. This causes a great burden on one's spirit, therefore, even finding the strength to talk can be an overwhelming task. As told by Participant 44,

Our heart still hurts. Now I can talk about it, before I just continued crying.

A grandmother said that while she was able to say her granddaughter's name immediately, it was overwhelming.

I found her, my granddaughter, in her room.

I went straight to get help from my neighbor across the road.

I looked at her, my neighbor, and she knew, and I just said her name and my neighbor knew and called the police. I didn't want anyone to say her name.

Family asked if they could have their birthday party at my house, when the birthday party happened and having family around was when I said her name.

(Participant 50)

Talking to address any trauma, including suicide, is a recognised therapeutic way of healing. The difference for some participants was their spiritual beliefs about connection after death.

For one participant, talk took on a spiritual essence; even though her son had passed on, she was still connected to him by spirit in the context of Aboriginal lore, as she believed that it was her motherly right to keep the connection because they are still one. She shared,

They [the persons who committed suicide] are still part of me, they come from my body. I am in their body as well.

(Participant 44)

In Western biology, for example, permeable means that the walls of cells are membranes that allow fluids and nutrients to get into the cells for nourishment (Biology Online, 2021). In the same manner, part of our spirits go with the loved ones to the afterlife. It is why the pain continues throughout the healing journey and why families, kinship, and communities are crucial in compassionately supporting those who are grieving. The mother's story relates to deep feelings of spirituality and the connection between people, the land, and the environment.

Unspoken grief can become like a knot inside which over time can become twisted and heavy, drawing energy from one's whole being of socio-emotional, mental, spiritual, and cultural wellbeing. Customs can also have an impact on the behavior of the grieving. Traditionally, a deceased person's name cannot be said for a period of time, so as not to interrupt the person's journey to its next stage and leave the spirit to linger and perhaps cause trouble to those involved.

In the context of healing after the suicide of a young person, talk and healing go hand in hand. However, the difficulty is often in being able to come to a place to be able to talk about the experience. Feelings of shame, stigma, guilt, and also blame impact being able to talk as a part of healing. The right to talk for many of the elderly participants can also be colonization-bound with the suppression of emotions and feelings due to their lived experiences under the Act.

Talking can also be culturally bound. Talking about family loss and the individual is managed according to the local cultural protocols, customs and rituals about death and dying, and the healing process. The mourning time is when kinship obligations and commitments are discussed and how the gap left behind by the person who died will be addressed. When it is a young person who has died because of suicide, this highlights the need for consideration of succession plans and the family, kinship, and community focus on future generations.

Place. Several participants acknowledged the meaning of place and country when finding healing after the suicide of their loved ones. A participant spoke about how she saw the crucial relationship between place and healing, in this case the beach family campsite on their traditional land, which remains etched in her memories, as this is where her son died.

Healing for me is out in nature, camping at the place where we would go as a family, at the same place and the same location, I even draw the campsite and the coconut trees near the place.

(Participant 43)

Being on country at the family campsite allows for connection to the place of the child's death where she knows that his spirit and living memories remain; this is her consolation within her healing journey.

Another participant spoke about her work with families and how those she works with told her that going on country is healing for them. It is a way of connecting with each other, the land, and the environment which gives them strength.

With me, working with families who have suffered being affected by suicide. When I ask them about like what will make you feel good inside?

They say aww when we go fishing, going back on country and stuff. So that's where a lot of our people get their strength because what they gotta get themselves away from all the bumbling and conflicts that's happening in the community and get away from everything. All stress that brings them down and when they go down, that's when they go into that sorrow of losing that loved one.

Skills and knowledge are important to be able to deal with the issue. Life Promotion Officers – we don't have a designated counselling room – beach is an open and safe place to talk.

(Participant 45)

This worker highlights again the value of being on place and country with loved ones needing help, and time out to reflect and become stronger in their healing journey. In traditional Aboriginal lore, place means home or belonging to country since ancient times. People are linked to place, country, homelands and camps through song lines, totems, and creation stories. Traditionally a woman will go to her birth country, give birth to her child, and bury the placenta in that land, where it remains. Traditionally, the person would be buried on the same land. This is where the spirit leaves the dead body and makes the journey to the next 'life'. In the reciprocity process, the placenta or the dead body will nurture the soil, families will eat from the food that grows there, or eat the animals that live off the land, and so the circle of life goes on. This is the lore of the land and its people and why place is a significant part of life, especially in healing and for Aboriginal people.

Families. Participants spoke about the importance of the bond and support from families and the physical and spiritual connection as important for healing. A grandmother expressed her motherly instincts and obligations in caring and keeping the memories alive, keeping them in the stories, the Aboriginal way of remembering.

I am a mother, grandmother and father at times, I didn't even know what a grandmother role was.

I had to change my ways and attitudes. Talking about loved ones is healing.

Family gatherings, laughing about their memories is a good thing – keep them in the stories. The anniversary of their death is a sad time.

(Participant 45)

Traditionally, roles within the kinship system were very structured and clear, some of which are still continued today. However, with the impact of colonisation on the breakdown of family structure,

denial of practising culture, and the impact of the Stolen Generations, family roles and practices were affected.

Participants spoke about how, despite the many challenges in their lives including sometimes more than one experience of suicide, families are resilient and full of strength.

I've been affected by my own family through my niece and aunty.

Aboriginal and Torres Strait Islander people resilience we are strong with our strengths.

We need to know how grief affects us; I always see myself as a professional person.

(Participant 48)

One of the counsellors made a point that connection and a holistic approach is the key to healing because people can get caught up in blaming themselves.

It's all-around connections, what strengthens our wellbeing?

Holistic approach. It's a different type of grief compared to loss from old age and loss from suicide. We blame ourselves, 'why didn't we see it coming?'

(Participant 47)

In relation to placing blame, a participant warned that people need to take care of themselves in order to be able to provide care and support to others.

Everyone is affected by suicide; we grieve and feel for families.

We automatically support and comfort families. Togetherness and yarning is a good thing. Important to respect their space for privacy.

We look for comfort in each other. We show empathy and compassion.

Organizations show support as well.

Our presence with those grieving is more valuable than we think.

Be aware of people's burdens.

There are generational issues: strengths, weaknesses and taking responsibility.

We need to sharpen ourselves up with self-care to help others.

(Participant 46)

Family connections through kinship, links people to place, country, homelands, traditions, and customs. In the context of this study, families are the centre of life: they talk, hurt, cry, laugh, pray, guide, support, and care. Many times, family members can be so caring that they overlook or neglect the need to care for themselves when confronted with issues such as losing a loved one to suicide, so support is needed. Family support has not always been there for those who were removed from their lands, removed from family, or isolated from families within their own communities due to

government policies, and this still affects people today. Unity in providing support can assist those during their healing process.

Support. Support workers identified that help for families during the healing process is important. This is a natural response within the kinship system of Aboriginal and Torres Strait Islander communities, knowing there are clear responsibilities and obligations in caring for and supporting each other. Kinship obligations and commitments benefit the collective as well as individual families. Among Torres Strait Islander families, the traditional system is that within marriages, the in-laws (the marrigets) are traditionally obligated to support the families of the dead person by ordering food, flowers, arranging catering, venues, organising food, cooking, and other requirements of families in grief (Personal communication, January 2022).

Participants highlighted the need to seek and provide different types of support for those experiencing loss from suicide. Compassion was highlighted as important for those providing support, as stated by a grandmother participant,

Make sure you got support, go and look for support and someone who has compassion.
Look for compassion especially when someone takes their life, it's so scary.

Takes time to find that beautiful compassion.

(Participant 50)

This was reiterated by another participant:

We automatically support and comfort families.

Togetherness and yarning is a good thing.

Important to respect their space for privacy.

We look for comfort in each other, we show empathy and compassion.

(Participant 46)

A counsellor participant acknowledged that she can learn from families with lived experiences of suicide and can teach the workforce to better understand and more effectively support someone through the healing journey. She said:

Aunty, we'll never know your pain, but your story will help us understand what others may be experiencing and as professionals we can help and support you better and better understand others through their loss, grief, and healing journey.

These learnings can only come from families who experienced first-hand trauma.

(Participant 48)

To be more effective in providing support and care, health professional participants stressed the importance of learning about suicide. They emphasised how their role in providing support to families and communities was based on their learnings from dealing with suicide. As one participant said,

As professionals we can help and support you better and better understand others through their loss, grief and healing journey.

These learnings can only come from families who experienced first-hand trauma from suicide.

(Participant 48)

There is no doubt that support is important to help those affected by suicide, as identified by the participants. Kinship obligations and commitments provide a process for this to happen; however, this puts pressure on those who are healing from multiple family deaths, which Aboriginal and Torres Strait Islander people experience on an ongoing basis. Also, people are still suffering from intra-generational trauma from the impact of colonisation. All these things make healing complex for people, another reason why learning from those who experienced suicide will assist counsellors and health professionals in their roles.

Children (Young People). Young people are seen as the future of the community and there was concern expressed about the influences on them in modern society which makes them take risks and put themselves in harm. A counsellor expressed such concerns:

It is serious when they act on the thought or ideas.

Many times, they choose to redirect their voices through criminal behavior and other anti-social activities.

Overcrowding is a big issue as well; young people may decide it's better to escape from home and mix with peers experiencing the same thing.

They feel they are safer out on the streets than staying at home with overcrowding.

It's difficult for them to find directions for themselves.

How do we growl our children? It's an individual choice.

In home situations if there is overcrowding, young people feel pressured there then.

They're out with others – peer pressure is there as well.

(Participant 47)

Concerns about issues for young people were reinforced by another counsellor:

Children lack coping skills. This generation and modern technology is a big diversion away from traditional family values. Balancing and walking the right track.

Communication: how we talk to each other.

Children can be stressed from the time they are born.

Encourage young peoples' vision, back seat counselling our children, get down to their level.

(Participant 48)

Among the many issues that face communities is the situation of overcrowding in housing and, as pointed out by a counsellor, this has consequences for young people as they are being influenced by peers instead of having family structure and support. Also pointed out is the effect that technology has on young people, for example gaming and bullying on Facebook and jealousy through spreading of rumors through social media.

Yarrabah Summary. In summary, Yarrabah participants' responses focused on talk, place, family, support, and young people. Talk was seen as important in the healing journey; however, participants reported on the difficulty in talking about the experience and how long it took for some to be able to talk freely. Participants also spoke about what place meant to them, linking back to ancestral ties to the land and how being on land with the spiritual connection to kinship, animals, and the environment help them in their healing journey. This was also linked to the role that families play in a holistic approach to care for family members affected by suicide and the danger of self-blame when suicides happen. Support for those affected by suicide was highlighted as a major factor along with the pressure that this places on people and the need for self-care and learning from experiences. Young people were seen as the future, but concerns were expressed about what is happening in today's society and the impact of social issues such as displacement because of house overcrowding, technology versus culture, and problems caused by social media. Generally, people relied on their traditional knowledge, customs, and practices to support them to heal after the death of a young person to suicide.

Hopevale Community

Coding and Themes. Codes are presented in the word cloud below. Twenty-five codes were identified. The key themes that emerged were Language, Talk, Country, Community, and Young People.

Figure 6: Word Cloud of Identified Themes: Hopevale



Voices of Hopevale Community

Language and Talk. Language and talk were two main themes that emerged from the Hopevale yarning circles, reflecting the cultural connection to identity for kinship groups. Language is a part of culture and there is pride in being able to speak ‘true’ language in its original form. Each language is specific to a person’s traditional lands, and it is seen as important to pass on that language to generations. An Elder shared his passion for his language and connection to his identity and country:

We don’t know the language of the river only our parents knew the right name.
My country is from’ Battle Camp’ I’m boss for my language, I talk my own language.
Today I hear them young fellas walking on the street talking my language, I tell them that’s my language, they talk light language, I talk heavy language. When I talk my own language, I go move deep down inside and talk, them fella on the street I tell them, what you fella talk about, man boss here for that language.

(Participant 15)

In this case, the Elder was concerned that young people are not speaking the ‘true’ language and he makes the point that he is the knowledge holder for the language. A participant who is a spiritual leader reminded people that,

English is not your first language; it is far easier to speak and understand between yourselves your own Guggu Yimitthur language.

(Participant 17)

Unfortunately, many languages have been lost as a result of people being denied the right to speak their traditional languages, so not everyone has the knowledge to speak the language or to speak it correctly. To add to the problem, poor education has meant that many Aboriginal people are unable

to communicate well in English which affects their ability to access information, education, and employment. During one of the yarning circles, a participant talked about a conversation between two community members:

One tells the other that he got a job. The other asked how, he tells him that he was helped with his writing in applying for the job. The other Bama (person) feels down and disappointed that he couldn't get the same help and apply for the job as well. He also feels a lot of anger and low self-esteem, no good which can lead to him thinking about self-harm or even killing himself.

(Participant 11)

Language is not only important to communicate but to have a sense of who a person is and their connection to country. A person's traditional language is not something by itself, it is part of culture, traditions, customs and knowledge, so this loss impacts a person's spirit as an Aboriginal person.

Country. The term 'Country' for an Aboriginal person means the ancestral home for a person to where they trace their ancestors. Aboriginal people have a special connection to and responsibility to the land, waters, sky, plants, animals, and environment. Colonisation saw many Aboriginal people forced from their lands which meant that they lost that connection and could not carry out their responsibilities. An Elder, who was moved with others to Woorabinda during the war because the authorities feared they would help the Japanese, shared his sadness about being removed from his country. Today the hurt remains.

When Hopevale people were forced to go to Woorabinda it was a big loss leaving country. When talking to the boys, asked ourselves, where is the centre of Hopevale? Is it under the Tree of Knowledge in the centre of town where we all sit down and yarn?

(Participant 16)

Another participant, a health professional, stressed the importance of culture through being on country and acknowledged the loss of this when people were removed to Woorabinda. There is need to celebrate the return to country.

Holding onto culture is important, especially with community events like the celebrations for the anniversary of people returning from Woorabinda to Hopevale coming up next month to experience country and homelands.

(Participant 31)

On the 9th of April we're having the anniversary of people returning back from Woorabinda Celebration in 1949. They got slides and there will be re-enactments of couple of fellas carrying water from the creek in the old ways.

(Participant 11)

Culture includes traditional knowledge, traditions, customs, and rituals, so it is important to ensure that culture is maintained, and, in this case, this is through celebrations on country. Maintaining culture is making sure that young people learn their culture and experience being on country.

A participant spoke about the importance of young people being on country instead of being in prison or rehabilitation centers. This is something that was generally communicated by Indigenous people who participated in the Elders Project telling stories of elders and their aspirations.

When we had the Elders Report, 2013 project ... we all said the same thing: 'we want our young people on country'. We got our land back here, (but) our young people either sitting in Lotus or in the Rehab centre, no one's on the land. We need them on the land, how do we get them out there, in the 1990s, it took two years to get the Government to provide support out there.

(Participant 11)

The concern here is for lack of culture and traditional knowledge which gives people a sense of identity, helps with wellbeing and gives people the strength to deal with life crises and to heal after any loss. A female participant shared the story of her grandmother being taken away from country and young ones wanting to experience being on country:

Our grandmother's story how they were chained to the legs like dogs, when we tell that story to the young ones it's still a cry. Most things what come out of their mouths, can we go back country?

(Participant 22)

She also stated:

In 2010, I did my healing through art, my fear is with the younger generation.

(Participant 22)

Sadness was expressed about people being removed from country and being denied their culture through connection to country. Concern was expressed for the next generations of young people not knowing their culture and having that knowledge of and connection to their country which impacts on them being able to use traditional knowledge to stay strong and well.

Community. Aboriginal communities are different to mainstream communities as they are made up of one or more tribal groups each with several clan (family) groups, so many of the people are related through kinship systems. This means that issues do not just affect one family group but in many cases most of the community. A support worker participant highlighted challenges that impact the community.

I'm concerned about basic numeracy and literacy for the community, overcrowding is also a big problem of concern in our community.

No secured work is a big issue in the community as well people feel degraded and down all the time.

(Participant 11)

A combination of issues being experienced impacts peoples' social and emotional wellbeing, which can lead to a sense of hopelessness across the whole community. A family member participant likened community life to prison when experiencing trauma:

Bama with numbing and shock it can take years to heal.

Men's shame lingers about the family, people might be talking about your family.

Gotta get outta Community, it's like 4 walls, people looking at you all the time.

Think they no good in head, no one knows what's in their skin, a silent suffering especially in Bama.

(Participant 22)

The participant went on to encourage community and family to try and protect people from suicide:

Families walk beside him not tell him go and do it.

(Participant 22)

This may be difficult to do when signs are not there, when there is that feeling of hopelessness, and when people may be in an ongoing state of shock due to their daily living circumstances and/or the number of deaths they experience each year. As mentioned by the participants, a lack of understanding of culture means a lack of in-depth knowledge of traditional means to be strong and survive and heal.

Young People. Young Aboriginal people have many challenges in life from the impact of colonisation, living between two worlds, social and cultural factors, and racism. Knowledge of how past generations were treated is passed on to the younger generations. A participant shared a young person's perception of the police:

Bully man, young boy went to school in Townsville and called a policeman a bully man, the teacher told him to stop calling them a bully man, but the young boy knows that the police bully people, this is the knowledge passed on from the Old People.

(Participant 12)

A health worker participant highlighted issues in community that arise out of traditional practices and cultural obligations which also impact young people exposed to everyday tribal life:

A lady shared about her learning of a young girl from another state, always poking herself with a pen until she bled. When asked by the RFDS worker why, she said that her dad died and now mum must marry his brother, but she didn't want to. The young

girl was feeling the stress of the old tribal lore and the new ways of modern times. She was torn between two worlds, as there were cultural obligations to keep Aboriginal cultural law system continuing.

(Participant 40)

When life is challenging for young people, they need the strength of cultural goodness and identity to grow and be confident in what they want to achieve. This can be impacted by the confusion of living between two worlds, their perceptions, and how they are treated by society.

Hopevale Summary. In summary, Hopevale participants highlighted the need for people to know their culture through connection to country and how this was denied because past generations were removed off country. To participants, country means home, traditional lands and a place to belong to, feeling safe and being grounded with the strength of kinship connectedness and spirituality. It was acknowledged that there is collective community unresolved trauma and grief from being forcefully removed from country and this has an ongoing impact. Issues that impacted the community as a whole were highlighted, particularly those which had an effect on people’s social and emotional wellbeing. Participants acknowledged that children are the future and need to understand their culture and be on country to learn and have that connection.

Hopevale participants did not directly talk about suicide and how they used traditional knowledges to help them to heal from the loss of a young person to suicide. They did, however, focus on the impact of colonisation and the importance of culture and traditional knowledges to deal with collective community trauma and grief to prevent a sense of hopelessness and possible suicide.

Wujal Wujal Community

Coding and Themes. Codes were identified and presented in the word cloud below. Fifteen key codes were identified and the major themes that emerged were Learn Strong Culture, Young People, and Family Life and Community.

Figure 7: Word Cloud of Identified Themes: Wujal Wujal



Voices Of Wujal Wujal People

Learn Strong Culture. Being strong in culture is valued by Aboriginal people which is seen and explained in many different ways by individuals. This participant, a family man and elder, spoke of the strength of living on country and used the analogy of a tree to explain this concept:

We had set principles before white people came.

Living on country is our strength, we learn from the tree.

This tree here is twisted because over the decades the wind blows through from the south, east and west and north causing the old bark off and so new bark grows, getting stronger and stronger. At the same time, the wind spirals down continually making the root stronger each time. The energy comes down like an arm around the tree grounding it stronger. Fire comes through and burns it but it still comes back to life.

(Participant 1)

The participant went on to explain how he learnt traditional knowledge from the Old People, his ancestors and elders.

We study the birds and see what trees feed them.

For example: the Torres Strait pigeon comes in August, the kingfisher and them other small birds let each other know when the hawk is coming.

The Old People learn from the kingfisher, they watched for police, and everybody try to hide in the bush.

(Participant 1)

Connection to the land as something that was living was described along with separating 'lore' and 'law' and spiritual meaning also acknowledging Christian beliefs.

The local people taught me about Story Places on the coast.

Run along the reef in a boat, taught me about the stonefish.

The land is alive, plotted out before us like a document to guide us.

We have lore and the law.

Spiritual life is important as well: God is a big man, we like little ants, pray about everything.

(Participant 1)

The participant continued with how he learnt traditional knowledge.

At Cedar Bay when standing in the water stingrays swam around me, pins sticking out.

Had to remember what the Old People taught me, stand still.

Respect and learn from the Old People who have local knowledge.

Culture sustained Old People, eat certain things, caring sharing and hunting gathering.

(Participant 1)

This participant highlighted his deep knowledge of culture and lore. His story showed that traditional knowledge remains strong, taught by the elders who desire to share with younger generations to learn and become strong in cultural ways. The analogy of the tree is an example of how Aboriginal people teach and learn, linking everything back to country and their connection with the land, plants, animals, and elements. Elements of nature were described as learning tools for people to learn about their own lives, such as the Old People learning from the kingfisher about when the police were around the place. Another example is the wind as a teacher; it can reflect how problems in life, the old attitudes, values, and beliefs can be discarded like the old bark so new bark grows back. Concern was, therefore, expressed for how technology is taking over from cultural learning for young people.

Young People. Two support workers shared the same view about how technology is impacting young people's lives:

New technology coming in now, coming in and these young people forgetting about their culture, languages and all that uumm. But this new technology I think that's with our people they'll get im in all kinds strife, especially in a fight, get in fight everyone on Facebook so and so.

(Participants 2 and 3)

The support workers also referred to the possibility of risky drug use and its anti-social behaviour in the community with elders, suggesting healthier lifestyles associated with traditional cultural business.

You see this one here fight, did you see this? And everyone sorta mesmerized with all this, that's the thing you know that boils up with drugs, lucky we haven't got umm ice here or petrol sniffing in this community because if we do find out anyone doing, our justice group pretty strong and plus we'll kick them out, doesn't matter they family or not, either way get treatment or don't come back here.

That's why I tell all them young people you know, there's better things to life, go back down, jump in a boat like when ... and I were kids and have family weekends.

(Participant 2)

Concern was also expressed about not passing on culture and knowledge in modern times and the feeling of losing identity through what was seen as a lack of motivation by community members.

What you bin pass down through our generation we will see these young people.

Old people wanna take them back out but naah we got too busy on the phone or it's just that you know. Here coming in you know these young people they are forgetting about their culture, languages and all that. These days aww wannna go get giddi or pig or come they say, 'aww what we got supermarket there for, IGA you know.

We are losing our identity and culture, 'we're killing ourselves' we are letting us do it and you know.

(Participant 1)

Young people were at the forefront of community concerns due to the many challenges and struggles in the rapidly changing society. Culture was seen to be taken over by what the modern world has on offer. While community members believe the best is for young people to embrace their traditional culture, they also recognised that the teaching of culture needs to be a priority and become part of community life.

Family Life and Community. The lives of families and communities are affected by what has happened in the past and, in the case of Aboriginal communities, the ongoing impact of colonisation is a huge factor. A participant spoke about the lingering trauma and hurt from treatment by police in the removal of children from their families and the removal of adults to missions and reserves.

Local clan, our Old People lived in the bush. When the police came my tribe

Clan and families got charcoal and clay to change the color of their skin so they won't be taken away.

All the problems from back then is still in our hearts today making us angry.

The dirt road out there where the vehicles drive pass, has been estimated by anthropologists to be the oldest in the world, the Old People used it all the time.

(Participant 6)

It is well recognised that the impact of any major traumatic event on a country or community can be linked to self-harm, risky behaviours, and/or suicide. A participant commented on how people may be dealing with suicide other than talking about it and the need for empowerment.

A lady from in the community said lately that nobody talking about suicide like before, but people still drink a lot. The Storyline of Shifton Flats our Cultural Program is to empower our mob, through traditional Indigenous knowledge.

(Participant 6)

A participant, a support worker, spoke of his hope for all in the community to learn and embrace the old way of life in a more harmonised lifestyle:

It's not community-based like Bama here used to all live you know, harmoniously.

Here now you got, you know friction going on and this latest technology with computerized system and you know some of the Old People they still got the old habit you know they don't wanna change you know

(Participant 2).

The participant also spoke about the old ways of family and community life and using traditional knowledges to survive.

Just like everything now, just like in the main town now, you know what I mean.

There was no alcohol in the place, no drugs in our place, everyone go jump in a boat, go down to beach, go down a river, camping out you know, family way. You know, you just go hunt, fish just live off the land again. When the season different fruit, different animals come, instead of the strong family values back everyone can take the kids down the beach without this new technology.

I know you can't live without it (new technology) our people these days but you know just go back to basics, fishing, hunting, you know that true hunter gatherer like our ancestors used to do. Like our people was in the early days, you know we got beautiful countries, every clan group and language throughout whole of Australia you know.

(Participant 2)

The same participant reinforced the importance of learning and having a sense of identity from being on and connection to country:

When you stand up strong about it, this is where we need more older people to put it down the line. I don't know this new technology coming in. I suppose you can't stop technology, you know for Bama way, still have that yarning way and passion of how your forefathers before done it. So today we got this man and woman group here now to put people on country, get the few violent ones that keep im outta jail and that giving all that back to them to sorta do what mumma and dada done before us you know.

(Participant 2)

A local government worker participant made the point that:

The information given from this research must benefit this community in the long-term future.

(Participant 7)

All participants acknowledged that continuing to learn the traditional culture in modern society is an ongoing journey that requires all to work together to achieve for future generations.

Wujal Wujal Summary. In summary, Wujal Wujal participants strongly acknowledged that the Old People are knowledge holders and teachers of lore and traditional knowledges including, beliefs, customs, rituals, language, and kinship connections. Analogies used by participants to describe traditional teachings related to connections with the land and all parts of the environment, a natural way for Aboriginal people to view the world. Participants expressed their desire for young people to learn about their traditional culture so they will know how to survive and exist on their tribal country in the midst of a rapidly changing world. Concerns were also raised that the young people of today have wandered away from the old way of life, especially with the obsession with technology, social media, and all that the modern world has to offer.

All participants acknowledged that country is highly important and valuable and that community members need to provide cultural teaching to the young ones, which was seen as lacking. However, the establishment of men's and women's groups hopes to bring about change.

Conclusion

Similar events were experienced by all three communities at around the same time in history. Terra Nullius resulted in the taking of people's land for white gain in establishing towns, businesses, mining, cattle industry, fishing, and the timber industry. All three communities experienced the removal of people off their traditional lands and/or had foreign tribal people moved onto their land. This impacted their responsibility to care for traditional lands and carry out cultural responsibilities. Yarrabah was a mission where people from 43 tribes across Queensland were relocated. Denial of traditions, culture, and speaking of language, along with restricted movement on missions, meant a breakdown in family and kinship structures and access to live off the land.

Forced removal of children, now known as the Stolen Generations, was reported in all three communities. Hopevale as a community was rounded up with people sent to Woorabinda in the south of Queensland being displaced physically and culturally from their land. The exploitation of people being made wards of the state under the control of the Chief Protector of Aborigines and used as slave labour in poor working conditions and any wages being used by the Government as public money was common across the three communities. The impact of colonisation is ongoing and linked to poor social and emotional wellbeing and mental health, intergenerational trauma, and suicide.

Findings across the Three Communities

There were similar themes that emerged from the findings across the three communities: talk/language, place/country, culture, family/community, support, and young people. Participants from Yarrabah and Wujal Wujal focused more on culture, the spiritual connection to land, and the environment and ancestral ties as important in the healing journey after experiencing the loss of a young person to suicide. Participants from Hopevale did not directly speak about suicide or the use of traditional knowledges; instead, they focused on the impact of colonisation and community issues.

They did acknowledge the importance of culture and traditional knowledges to deal with intergenerational trauma and community issues.

Yarrabah participants spoke directly about the experience of suicide and how healing was helped by talking, but this took time with people being overwhelmed by grief. Participants also spoke about their beliefs about spiritual connections in the afterlife to those who had died. All three communities' participants talked about the importance of place and country, and the need to be on country and have that connection to culture for overall wellbeing.

Wujal Wujal participants spoke about the Old People as the knowledge holders as well as the Aboriginal way of using analogies to teach of culture and knowledge, which directly relates to the connection to land and the environment. All three communities' participants saw young people as the future and all expressed concern about the challenges for young people with technology, and social issues such as housing overcrowding, alcohol and drugs, and other risky behaviours. A major concern was the lack of passing on of culture and knowledges to young people, either through disinterest by young people or lack of motivation by the older generation, although there were attempts to better engage more young people.

The experience of colonisation across the three communities was similar, with one major difference being Hopevale where the community as a whole was moved to Woorabinda with the return of people some nine years later. This was a major traumatic event, different to the trauma experienced by Yarrabah and Wujal Wujal communities who at least had a sense of still being on country. This might be the reason why participants in Hopevale focused more on colonisation and being removed, community issues, and a sense of hopelessness.

The findings show the complex challenges faced by Aboriginal people given the history, the ongoing impact of colonisation such as intergenerational trauma and unresolved grief, the social determinants of health and wellbeing, alcohol and drugs, and the reality of modern living with technology. A combination of these challenges has been identified as a risk factor for suicide. Country, culture, and traditional knowledges are acknowledged as the main factors in helping to prevent suicide and to help people in their healing journey from the loss of a young person to suicide. However, it was also acknowledged that this was often lacking due to other interests of young people such as technology and the lack of opportunity or motivation of older people to pass on culture and knowledge.

Providing these findings to communities will be important for them to determine how they wish to move forward in addressing these challenges at a local level. Providing findings to those in policy, program, and service delivery areas has the potential to influence them to think differently in their approach to supporting people and helping them heal from suicide, and importantly in helping prevent suicide.

Chapter 5: Discussion

This chapter discusses the research findings in the context of the literature on Indigenous knowledges and their role in the healing of families after the suicide of a young person. While this study was initially focused on whether and how Indigenous knowledges were used to assist in the healing of families, kinship and communities, the results also showed a broader picture which encompassed how Indigenous knowledges are being used or should be being used in preventing suicide within the social community context.

The findings were unique; revealing the deep cultural values and beliefs embedded within Aboriginal lore passed on through generations, forming strong cultural and spiritual identity (Nassa, 2003), underpinned healing for participants in this study. It is therefore considered important that Indigenous knowledges are protected to keep the history, culture, and lore alive through the practice of traditional knowledge custodian systems and cultural continuity. This will allow families, children, young people, and the wider community to know and understand the role of Indigenous knowledges and how it can be better harnessed to help families heal after the suicide of a young person within contemporary times.

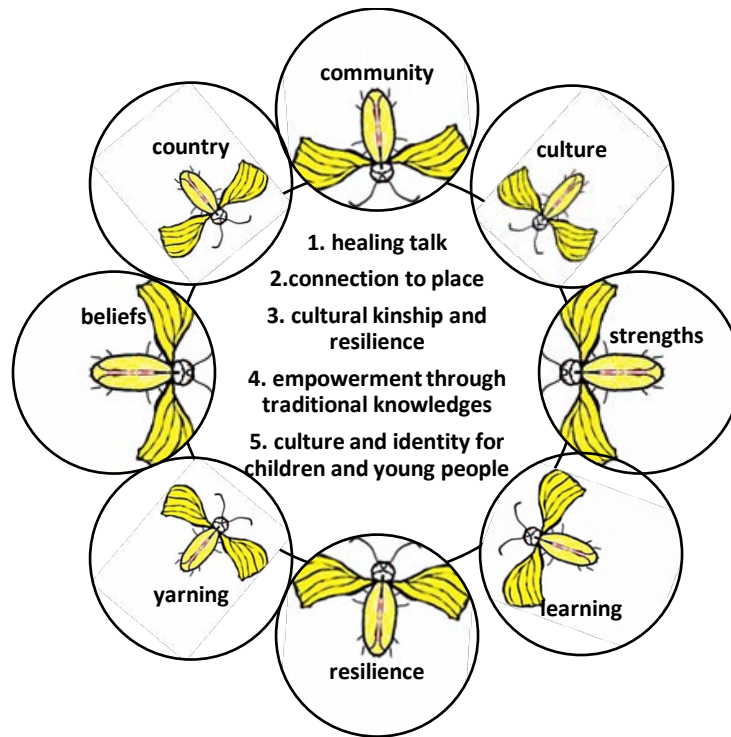
From the findings of this study emerged new information regarding Indigenous knowledges and how they inform healing practices including healing talk, connection to place; cultural kinship and resilience; empowerment through traditional knowledges and culture and identity for children and young people. These are presented in the following pages through the analogy of fireflies as lights of knowledge. The fireflies in Figure 8 represent the lights of knowledge that connect the themes.

Fireflies as Lights of Knowledge Connecting the Themes

The imagery of fireflies is used to capture the connectivity between the themes arising from the findings. One particular tribe, the Kuku Yalanji people of the Mossman to Wujal Wujal area, have a language name for the firefly which is 'bularr' (Kuku Yalangi Dictionary, 2021). Participants and the wider Indigenous communities know how fireflies can give light in the darkness when placed in a clear bottle. Many together in a glass can create a much brighter light. This togetherness signifies the connection and collective beliefs of many people and the strength that comes from the knowledge of interconnectedness with each other, the land, the animals and the environment.

The symbolic light also represents increased cultural knowledge, hope and empowerment which strengthens connection for familial kinship, clans, tribes and community (Grant, 1998), brightening the darkness of their lives when they are experiencing challenging issues such as loss and grief after the suicide of their young people.

Figure 8: Fireflies: Lights of Knowledge



Source: Baird (2021)

The Fireflies

The larger fireflies represent parents, kinship carers, and elders; the smaller ones represent children and young people. The interfacing circles represent interwoven threads of spirituality, the invisible life source that protects and preserves the cycle of continuity. Highlighted within the imagery are eight major categories: community, culture, strengths, resilience, country, yarning, learning, and beliefs. These emerged as significant from participants' perspectives. The fireflies face inward as a collective focusing the reader's attention on six major themes which emerged from the analysis of people's stories of Indigenous healing knowledge. These are Healing Talk; Connection to Place; Cultural Kinship and Resilience; Empowerment through Traditional Knowledges and Culture and Identity for Children and Young People.

Interpretation of the Findings

Different Ways of Healing

Just as the fireflies represent lights of knowledge that reflect the interconnectedness of the different aspects of healing, participants also recognized that the interconnectedness extended to different ways of healing. This study found that the participants use Indigenous knowledges in a range of ways to heal from the loss of a young person to suicide. It was evident that the history and experiences of people in the different communities informed how they used Indigenous knowledges, shown by commonalities and differences in the findings across the three communities.

The communities of Yarrabah and Wujal Wujal provided responses to how they used traditional knowledge to heal from the loss of a young person to suicide. However, in Hopevale participants did not directly talk about suicide and the use of traditional knowledges, instead focusing on being removed from their land and the impact of colonization. Across all three communities, strength and resilience were highlighted as important for people to enable them to deal with the past and issues being experienced in the present. When speaking of resilience, however, contemporary definitions were found to be lacking as described by Usher et al. (2021) who state that, “Contemporary definitions of resilience refer to an individual's positive adaptation to the experience of adversity. Indigenous resilience is a complex phenomenon which relies on the positive adaptation of the individual, the community, and the environment to adversity” (p. 9).

Understanding this complexity is vital for communities and those who work with or collaborate with them, especially in the area of healing from the loss of someone to suicide. Strategies built on community strengths and capacity are needed. Protective factors such as connection to land, culture, and the environment are necessary for strengthening resilience for individuals and the community collective so they can identify their issues and solutions to those concerns and bring about change (Whiteside et al., 2011). It is the community engaged as a collective that creates community strength, as all work together, just as many fireflies sync together to generate aurora and strong light.

For some participants, Indigenous knowledges incorporated Western knowledges such as Christian beliefs, values and practices, with participants also seeking support from Western health care services in their healing journey. Common principles between the two religious/spiritual belief systems are recognised by some Aboriginal and Torres Strait Islander people, as stated by Southwell (2020).

Uncle Vince Ross [an Aboriginal man] explains that from a young age his Aboriginal grandparents and aunts imbued a spiritual awareness and understanding of beliefs that long predate Christianity – an awareness and understanding Vince believes complements rather than contradicts the teachings of the Bible. (p. 1)

All three communities experienced exposure to forced Christianity through different church dominations, with Aboriginal spiritual beliefs seen as heathen beliefs and practices (Roth, 1904). Over time, many Aboriginal people adopted Christianity as their sole religion or felt comfortable practising Christianity and their Aboriginal spiritual beliefs. For example, the founding of Yarrabah by church missionaries on the 17th of June 1892 is remembered with church services, corroborees, and traditional activities of arts and crafts on a yearly basis. In Hopevale, the church calendar of All Souls Day is acknowledged by church services, the cleaning of graves and sending off driftwood with the names of loved ones and singing hymns in Guggu Yimidirr language. In Wujal Wujal, songs are sung in Guggu Yalanjdi language in church services and during funerals at the request of families. The people very much practice their Aboriginal spiritual beliefs as a show of strength and resilience.

People may use elements of different beliefs to assist them in their healing. McKendrick et al (2013), in reviewing healing programs that work, acknowledge the value of applying both knowledge systems: “Aboriginal and Torres Strait Islander communities are healing themselves through the incorporation of traditional practices and aspects of western methodologies in healing programs” (p. 2). This approach brings a different perspective to community development and self-determination where communities take control of how they respond to the impact of colonisation through programs that value both knowledge systems. This approach should be supported by those involved in policy and program development, implementation and evaluation.

The increasing suicide rate in all three communities became a catalyst for the creation and employment of workers in family support and healing, which proved to be very successful in suicide prevention and the promotion of life-enhancing initiatives. They were local residents who understood the value of working with both Aboriginal and Western values, beliefs, and knowledge systems. The programs proved to be highly successful; part of the initiative was a whole-of-community approach to suicide. Unfortunately, the community can become complacent over time and their attention shifts away to other priorities, this can create gaps in suicide prevention programs which unintentionally allows the recurrences of suicides. On a positive note, due to the efforts of community intervention and plans, numbers remained lower than previous rates due to the impact of family and community alertness and the increase of skills and knowledge to ensure safe environments. This shows that there is a need to revisit a whole-of-community approach by the very people who are on the ground, close to observing what is happening and watching for potential signs associated with suicide.

Suicide within the Context of Colonisation

While this study asked how Aboriginal and Torres Strait Islander people use Indigenous knowledges to heal from the suicide of a young person, some participants also spoke about healing from the impact of colonisation. Participants in Hopevale focused on the removal from land and the ongoing impact of colonisation, rather than specifically addressing suicide and healing. This may be explained by the collective loss felt when the whole community was forcibly removed from their traditional land to Woorabinda, a foreign land belonging to another tribal group and far away from home.

McKendrick et al, (2013) argue that colonisation has had a profound impact, resulting in intergenerational trauma, poverty, limited educational opportunities, employment, and a range of other disparities. Given the history, Aboriginal and Torres Strait Islander communities are at risk of a growing suicide culture among young people (Tatz, 1999). To counteract this, communities must use their collective resilience in collaborative working agreements with governments and service providers that strengthen community capacity and support place-based initiatives.

Many of the participants shared that it is memories of these past brutalities that cause anger and despair which impacts young people. While traumatic memories of the past injustices greatly impact older generations and the Stolen Generations (Human Rights and Equal Opportunity

Commission, 1997), an underlying diminished sense of wellbeing and stability is passed on to younger Aboriginal and Torres Strait Islander children in today's society. Fromm (2012) articulates a similar impact on the descendants of the Holocaust, explaining that trauma memories are carried in the subconscious, which is passed down by parents from generation to generation; children are predisposed in their whole being to an internal everlasting life-threatening inner reality.

This phenomenon results in risky behaviours, as spoken about by participants in all three communities, such as witnessing or experiencing first-hand self-harm, lateral violence, relationship violence, the use of alcohol and drugs, and distraction from technology. In addition, there was concern by participants that young people did not have the protective factor of their culture because of other life distractions or a lack of opportunity to learn. While participants voiced their concerns about young peoples' lifestyles, consideration must be given to the constraints of living in remote locations, inappropriate services, lack of job opportunities, the cycle of boredom, and in some cases, violent environments (Soole et al., 2014).

Displacement from homes due to overcrowding can also expose young people to a lack of positive family and kinship supports in home environments. In this scenario, there is a lack of collective strength to guide families and young people due to system failure, which then impacts community and family collective power to overcome issues.

Such complex issues require a comprehensive approach to addressing the issues developed by, or at least in conjunction with the people who know and understand the issues as lived experiences. This has been an ongoing criticism of the government and those who fund and/or develop programs based on Western world views without any knowledge of or acceptance of Indigenous world view (Gooda et al., 2013). If suicide is to be taken seriously, then all the causes need to be considered and addressed within a collective community approach.

Emotional Impact of Suicide

Nine participants shared that those directly impacted by suicide experience a range of conflicting emotions, mental stress, and perceived 'self-stigmatisation' (Schurack, 2015) of familial guilt, blame, shame, and perceptions that the wider community may be talking about the family as the cause of, or not preventing, the suicide. This was emphasised by one participant who talked about the shame that lingers and how it takes years to heal after the loss of a person to suicide. Families may believe and feel that friends or the wider community are avoiding the usual normal healthy relationship contact with them, due to these concerns and worries.

Families are also bound by cultural rules around death and dying with many trying to make sense of the act of suicide. This is an extremely traumatic experience, especially for elders as it contradicts and contrasts with their traditional knowledge of the Dreamtime. As highlighted by Hanssens and Hanssens (2007),

Suicide in Indigenous communities in the Northern Territory has so rapidly disrupted and destroyed Indigenous families, culture, and communities that it has been impossible for Indigenous Elders to make sense of and incorporate this phenomenon into Indigenous Dreaming or Law. (p. 32).

The Dreaming or Dreamtime is the foundation of Aboriginal religion and culture. In this context, it is the time when dreams become real, like fireflies waking from a deep sleep and in togetherness creating strong light showing order. It is the living story of how the universe came to be, how human beings were created and how the Creator intended for humans to function within the world as they knew it (Southwell, 2020). Suicide was not part of this world view, so people find it difficult to understand, which makes it difficult to address, as it is not part of Aboriginal culture.

As a community member who has experienced and witnessed the loss of young people to suicide, and as someone who has worked in the field, I continually see people at a loss to make sense of suicide and how this affects them. I am regularly asked to support and help with counselling families. There is confusion about why suicide happens, resulting in conflicting emotions for individuals, families, and communities, especially when it occurs more than once. The social stigma that people face after experiencing a family member's suicide is well documented, as stated by Murphy (2019 p.1),

One of the things that shocked me the most, and this is horrific, is stigma. It's not lack of awareness. It is real stigma. It's self-stigma, which I kind of call shame, its other people's attitudes, which is societal stigma, and it's actual structural stigma, and I call that discrimination – it's [fear] of what happens to me if I disclose this.

Blame becomes contentious within the mindsets and attitudes of families, kinships, and communities. It is an age-old emotional, mental, and spiritual cycle against a psychological landscape of Western Christian values (McEwan & Tsey, 2009) and traditional cultural beliefs of the unseen world of spirits, demons, sorcery, black magic, pointing the bone (condemning someone to death by pointing a sharpened bone at them) which are strongly associated with Aboriginal beliefs (Cawte, 1964).

One of the counsellors alludes to the firefly analogy of interconnectedness between people, land, and culture and that a holistic approach is the key to healing after suicide because people can get caught up in blaming themselves. The point was made that suicide evokes a different type of grief compared to dying from old age and people blame themselves and ask, 'why didn't we see it coming?' There was also recognition and concern for those left behind who are affected by the loss of someone to suicide and the need to have compassionate support which takes time. The Head of the National Aboriginal Community Controlled Health Organisation expressed his concerns and reinforced how those left behind are always vulnerable: "As anyone who has experienced a friend or family member committing suicide will know, the effects are widespread and devastating and healing can be elusive for those left behind" (Calma, 2012, p. 1). In this case, the light from the fireflies

becomes dim and needs time to regenerate. Even though the rate of suicide within Aboriginal and Torres Strait Islander communities was unknown in traditional life, it is now becoming more common. This raises the need for a better and more meaningful understanding of the problem and the creation of innovative culturally safe and meaningful strategies for the younger generation, families, and communities.

Healing Talk

Healing talk can be likened to many fireflies being together in a glass jar, with light creating warmth and comfort. As a collective, the light gets stronger, shines brighter, and is calming for all. Talking or yarning about common experiences of loss and grief in togetherness is a therapeutic way of healing. Through conversations, people learn of each other's strengths and create empowerment within themselves, between individuals, or in a group. For Aboriginal and Torres Strait Islander people, who may not access formal therapeutic healing, unstructured yarning often occurs around the campfire or other relaxed places in the backyard, on the beach, or even sitting in a boat fishing. These places are the perfect environment to join together. Using the symbol of a group of fireflies shining brightly, these places become a haven for people to come together and shine light on what is impacting them. This type of healing talk is likened to narrative therapy (Wingard & Lester, 2001); it maintains that as we come to know the truth, we learn to see the world in which we live through new lenses. We question our lives in our journey and begin to see many selves as we move forward.

Talking or yarning is a meaningful and effective way to express pain and grief through face-to-face therapeutic conversations when seeking healing after losing a young person to suicide (Maple et al., 2010; Bessarab & Ng'andu, 2010). Talking in the context of spirituality meant that some participants found healing and strength as they talked to God about their losses and also when they reflected upon the teachings of the 'Old People' – elders who go back in time – about spirituality (Grieves, 2009). Furthermore, the findings of this thesis similarly identified that talking about loss may also be processed within Christian beliefs and values that, at times, overlap with traditional knowledges and Aboriginal spirituality. Spirituality was also highlighted by several participants as an important aspect of healing for any improvement in health. This is also consistent with the findings by McEwan and Tsey (2009b), who explored the role of spirituality within the Family Wellbeing Program over a larger population of participants.

Hanssens (2008) emphasises that talking about loss can be complex and a difficult task. This is especially challenging for communities where traditional Aboriginal lore and cultural beliefs are deeply embedded within the life of the community. The rule of local tribal lore informs and controls what can be said, relationship obligations, spiritual beliefs of clans and tribes, and often the suspicion and taboo nature of suicide. For instance, there is a time and cultural reason why a person's name is not spoken after they die. These factors need to be taken into consideration in the healing journey. Talking to address any trauma, including suicide, is a recognised therapeutic way of healing; however,

the process may vary for different cultural groups. In any case, people suffering from suicide loss need to be really listened to when they are ready to talk, heard with no judgement, and have the opportunity to tell their stories as often as they need to without time limits.

Talking also takes on a deeper meaning and connection to spirituality when it is about a loved one who has died. Talking allows a verbal, emotional, and spiritual journey, knowing that the spirit lives on in the unseen spiritual world. Many believe that the individual will be reborn in another form and that they can still hear and see people talking. Monroe (2013) states, “Death is seen as a transition rite ensuring the continuance of the cycle, the main emphasis being on essentially an unchanging panoramic view of life” (p. 1). At times I am asked to go to the relevant community as a professional in healing after a suicide and be available over a period of time to engage in healing talk with community members. Although there may be professional people for counselling in communities, some people do not feel comfortable talking to them, especially if they feel their Aboriginal spiritual needs are not understood. Having more trained Aboriginal people in social, emotional, and spiritual wellbeing and employed in community is an effective way to help with suicide prevention as well as engage people in healing talk when there is a loss of someone to suicide.

Connection to Place

Knowing about Country and connection to place for healing grounds people and families with strength and confidence. Linking back to the analogy of fireflies, fireflies are only found in some locations and are clearly connected to those places. Similarly, communities have a sense of connection to place. There should be a celebration of life for continuity on place, country, and homelands.

Connection to place is of major importance for Indigenous people, as it grounds and creates security for a person’s whole being. It is their place of origin, it is the spiritual, sacred place of tribal creation, and it is where their ancestors have existed since creation time. This is where the afterbirth of generations is buried in the ground and where grieving families will find consolation, their strength, and a spirit of belonging. However, this was disrupted due to the impact of colonisation and the associated government policies. Forced removals were common everyday occurrences. People’s traditional land was stolen by white colonisers. As a result, tribes, clans, and families have been basically left homeless in their own country and detached from meaningful cultural grieving processes. That is why suicide can be seen as one symptom of the impact of colonisation (Dudgeon et al., 2016) and why healing occurs by connecting back to country where families and kinship are strengthened spiritually, emotionally, mentally, and physically.

This study highlighted participants’ perception of place in the context of their local Indigenous knowledges and the significance of being on country for healing and wellbeing. References were made by participants to areas and sites which have special meaning to them regarding feelings of belonging and connection. Sangha et al., (2015) affirms the notion of the

importance of the role that being on country plays in healing and wellbeing: “Traditions, history, and people’s relationship with sites are passed on from one generation to another and are of paramount importance in the well-being of an Indigenous society” (p. 200). Being on country has deep-seated meaning for Indigenous people informed by creation stories, songlines, sacred sites, cultural beliefs and practices, and relationships with animals and the environment. It is known to provide a deep personal and familial spiritual connection for healing (Ungunmerr, 2002).

Families also identified these sites as memorial sites where they find peace and consolation in their grief (Maple et al., 2013). Place was valued in the context of Aboriginal lore which is based on a holistic concept of health and wellbeing (Swan & Raphael, 1995) as learnt through passed-on knowledge about country and culture. Participants strongly advocated that education and awareness about country were crucial to ground young people in their sense of identity as a form of prevention away from risky behaviours and suicide.

In this study, an example of awareness and understanding about country was explained using the tree as an analogy. The tree shows growth and how it experiences the forces of climate change, human disruption and regrowth:

We had set principles before white people came.

Living on country is our strength, we learn from the tree.

This tree here is twisted because over the decades the wind blows through from the south, east and west and north causing the old bark off and so new bark grows, getting stronger and stronger. At the same time, the wind spirals down continually making the root stronger each time. The energy comes down like an arm around the tree grounding it stronger. Fire comes through and burns it, but it still comes back to life.

(Participant 1).

The message here is that one’s physical, spiritual, mental, and emotional life slowly heals over time. The spiralling wind is seen as his lived experience and makes the person stronger and stronger. Although, there was recognition that for some total healing never occurred, but rather people learnt to live with the sadness. The experience is like being in a fire that burnt through his life, but he became stronger, grounded, and came back to life. This means that the Elder participant has learnt to live with his loss and enjoy his life with family, friends, kinship, and the wider community. Encouraging people to tell their stories through the use of analogies and metaphors enriches their connection with land and the environment. Listening to this participant’s analogy of the tree had special meaning for myself as an Aboriginal person, as it gave me a visual connection to the tree and how it is a picture of resilience and healing. I could feel a calmness in thinking about the impact of families and friends who suicided, and my mind and emotions became aware and enlightened, just like lights from the fireflies growing brighter and stronger.

Cultural Kinship and Resilience

In Aboriginal and Torres Strait Islander societies, kinship governs social organisation and behaviour. It is viewed holistically and sets rules about relationships, responsibilities, obligations, and connections through creation stories, lore, song-lines, and cultural beliefs and practices (Diamond, 2013). Kinship systems provide structure for the physical, social, cultural, and spiritual care of each child by a group of their relatives in their clan and tribal structures. A breakdown in the kinship system brought about by colonisation, removal of people from their traditional lands, and denial of kinship and cultural practices has meant a breakdown in many families through a lack of kinship support structures (Lohar et al., 2014). The modern practice of the removal of children from their families under 'child protection' is seen as a continuation of the 'Stolen Generation' era (Douglas & Walsh, 2013).

In responding to this challenge, many Indigenous groups and communities are engaged in focusing on or rekindling kinship structures and cultural practices (Barker et al., 2017). Ancestors and elders, sometimes referred to as the 'Old People', are the knowledge holders of culture, having sustained it since time began. The Victorian Aboriginal Heritage Council (2021) states that:

Cultural Heritage is our lifeblood. As Traditional Owners, our Heritage is our relationship to Country – land and waters, the rocks, soil, plants, animals and all the things on it. Our Heritage connects us with each other. We look after Country, and it looks after us – body, heart and spirit. We want to make sure that the Culture is living, vital and continuing for many generations to come. We have that responsibility. It is our inherited and fundamental right, as custodians of the oldest living Culture on earth, to practice Culture and to set a vision for a strong future for our Cultural Heritage (p. 1).

For Aboriginal and Torres Strait Islander families, cultural kinship connections, resilience and empowerment are cornerstones that support their healing journey. Kinship connection strengthens the spirit of belonging and compassion. It shows families experiencing grief are not alone in their struggles, Connected families practice respect and express empathy as one. Cultural kinship connection was acknowledged by participants as critical. As Dudgeon et al., (2017) also show, cultural kinship is recognised as a source of resilience and protection for the healing journey from trauma within Indigenous communities.

Kinship connections and resilience walk hand in hand. Keeping those who have passed on in the family through memories, often expressed by various symbols or rituals, creates comfort for the families who believe that the spirits of the dead know that they still belong to family. Fireflies, for some, represent the spirits of those who have passed into the next stage of existence and symbolise the light which guides people through life and death.

Maple et al., (2013, p. 63) study with parents of young people who have died recognised this as an important healing milestone: "their child remained an active and dynamic force in the parent's

life. Parents did not see that not ‘finalising’ their grief or their ongoing connection with their child as unusual, morbid, or harmful” (p. 63). Examples are when families celebrate the deceased person’s birthday every year and share good times and sad times through yarnning, video recordings, and going to the graveside with friends and families. If the deceased person was a traditional dancer, a sister, brother, nephew, niece or cousin may take his or her place as the dancer at celebrations. In many communities, this may occur after a certain period and decisions by the ‘Old People’ as to who can dance, but only after the traditional sorry business cycle is completed within the continual healing journey.

Lived experiences, education, and awareness about the collective strength of the community must be locally designed to build culturally appropriate and meaningful resilient pathways to support families as a collective. The creation of these pathways includes footprints of community recognition of the need for change, finding ways to strengthen community communication, action, monitoring, and ensuring a cycle of measuring outcomes together with local families, kinships, clans, tribes, and communities. This is consistent with the literature that shows support for emotional, mental, spiritual, and cultural wellbeing as a collective is important for anyone healing from experiencing suicide (Tezron, 2015; Szabo, 2017; Dudgeon et al., 2021).

Challenges in developing pathways are a consideration for the complexities of Aboriginal lore and cultural customs such as taboo relational communication, avoidance relationships where there is forbidden contact between certain clan members and in-laws, and obligations and commitments of kinship members (Hanssen, 2008). The pathways need to build on local Indigenous knowledges according to the needs of each community in collaboration with service providers, non-government organisations (NGOs), and the government to support community initiatives.

Empowerment through Traditional Knowledges

Empowerment is recognised as the key to communities being able to identify and deal with their own issues. Using the symbol of fireflies, when all join as one, the many little lights become one big light, symbolising the strength of unity as Indigenous people take control over their own decisions. The movement of empowerment comes from within the community (Tsey et al., 2010; Chandler & La Londe, 1998). It is the idea and action of the people themselves who develop local strategies to address issues such as suicide and healing. McEwan and Tsey (2009) give an example of such a program based on Indigenous ways of knowing, being and doing:

Family Wellbeing was developed by Indigenous Australians conducting their own inquiry into their personal experiences, needs and solutions, then looking outward to enrich this base with what they deemed most useful from the mainstream. This is important to the emergence of a health evidence base from an Indigenous frame of reference. (p. 6)

The empowerment approach takes into consideration social, emotional, mental, spiritual, and physical wellbeing which is important in addressing the complexities of the emotional impact of suicide. It is an holistic approach to healing and wellbeing. Building or strengthening strong and resilient families and communities is an essential requirement for existence in this modern rapidly changing society. There needs to be a whole-of-government and community approach to achieve better outcomes in the future, as outlined in the Our Way strategy (Family Matters Queensland, 2017).

This study confirmed that it was important for families to feel empowered to make healthy decisions that embrace a holistic approach to family and community wellbeing and decrease risky behaviour and suicide. Indigenous knowledges were identified as key elements that would support the building of strong families and communities in their efforts to secure safe and promising futures for children and young people of tomorrow. The findings from this study were consistent with the literature showing that family support is important for anyone healing from experiencing suicide as it provides continued support for healing and emotional, mental, spiritual, and cultural wellbeing, (Lohar et al., 2014). For participants in this study, this extended to kinship and community support. Given the complexities of the kinship system, many people within a community are related to each other so feel the pain of suicide but are also there to support each other. Compassion and empathy were highlighted as important for those with lived experiences. Compassion and empathy touch the emotions and psychological distress, and also the spiritual life in times of great despair and sorrow of the people involved.

Health professional participants stressed their role in providing support to families and communities based on their learnings from dealing with suicide. Several participants emphasised the need for better support for young people, particularly support programs that are based on Indigenous knowledges. This links with what participants said about the significance of connection to place for healing. Needing to feel empowered to address suicide and other issues was discussed by participants. A participant added how people may be dealing with suicide in ways other than talking about suicide itself. That is why there is a need for empowerment within the wider community, but with an emphasis on using traditional knowledges and practices.

Culture and Identity for Children and Young People

In this context, the strong lights of the fireflies symbolize the protective shield, inscribed with cultural elements of storylines, song-lines, dances, ceremonies, totems, rituals and customs. It is created to increase the protection of young minds against the strong winds of suicide and other harmful situations. Participants shared great concern for young people and children. They observe their challenges and struggles within modern remote communities. The risk of suicide is always present (National Rural Health Alliance, 2019) and the upheaval of social life is a real struggle. It is acknowledged that culture strengthens identity and grounds the younger generations with a protective shield around them. We are reminded of elder Dhayirra Yunupingi, from the Tiwi Islands, talks of his

work with young people as “cyclone proofing the minds of future generations” (cited in Tezron, 2015, p. 1).

The result of this study supports the literature, showing that too often children and young people are exposed to volatile environments within the communities of North Queensland (Davis et al., 2016). The Queensland Suicide Register Report (2020) also substantiates this study’s findings that risk for children and young people in communities is strongly impacted by the broader historical impact of colonization. Another finding that was supported by the literature is that support must be provided by families and kinship connections that teach young people to be strong in their lore, identity, culture, and language by knowing their traditional country and maintaining traditional knowledge (Sivak et al., 2019).

Soole et al. (2014) support these claims, highlighting that a history of problems with the law, familial conflicts, relationship problems, interpersonal problems, school problems, childhood trauma and bereavement are life events that stand out for young Indigenous people. Social issues also affect communities and, in particular, young people. An example is overcrowding in houses (Dudgeon et al., 2021). As one participant of this study stated:

Overcrowding is a big issue as well; young people may decide it’s better to escape from home and mix with peers experiencing the same thing. In home situations if there is overcrowding, young people feel pressured there. They’re out with others, peer pressure is there as well, they feel they are safer out on the streets then staying at home. It’s difficult for them to find directions for themselves.

How do we growl our children? It’s an individual choice.

(Participant 47)

The literature also emphasises that social living and learning environments must be created by families, kinship, and community to support children and young people in making healthy choices in life for the future. An example is the Family Wellbeing Program where children and young people are supported to build confidence, skills, and hope for the future, enabling them to identify and address the issues in their lives (McKendrick et al., 2013).

A family man, an elderly participant, highlighted that being and living on country and participating in meaningful cultural activities is crucial to knowing culture and identity. He laments that this is not happening. The Kimberley Aboriginal Law and Cultural Centre, Youth Wellbeing Program (2022) promotes that when young people are strong in their culture and identity, this becomes a protective factor in suicide prevention.

Families, kinships, and communities are faced with the challenges of passing on culture and knowledge of the old ways in modern times and the participant shared his distress that this is not always happening. The Aboriginal and Torres Strait Islander Suicide Evaluation Project (2016) affirms elders’ perspectives on the importance of young people knowing their culture:

Unanimously, the Elders and community representatives interviewed attributed the increase in self-harm to the loss of connection to culture and the encroachment of non-Indigenous lifestyles and ideals. One speaker noted - if they lose language and connection to culture, they become a nobody inside and that's enough to put them over the edge. (Dudgeon et al., 2016)

In cases like this, children and young people can express their internal struggles through actions of non-suicidal self-injury leading to further actions resulting in more self-harm and suicidal behaviours. Hanssen (2007) states that,

In dealing with Aboriginal children, one must not overlook the tremendous social problems they face. They are growing up in an environment of confusion. They see many of their people beset with the problems of alcohol; they sense conflict and dilemma within; they find the strict but community-based cultural traditions of their people, their customs and philosophies set in competition with the more tempting short-term inducements of our society. (p. 32)

This confirms the complexity of the issues impacting many Indigenous communities and families. Mick Dobson (2002b) as Social Justice Commissioner outlined the reality of these issues and the reality of social justice:

Social justice is what faces you in the morning. It is awakening in a house with adequate water supply, cooking facilities and sanitation. It is the ability to nourish your children and send them to school where their education not only equips them for employment but reinforces their knowledge and understanding of their cultural inheritance. It is the prospect of employment, good health, a life of choices and opportunities, free from discrimination.

In order for change, there is a need for a review of current policies, programs, and practices and a need for an alternative way of thinking, one which is not solely steeped in Western knowledge based on a colonising framework. Crucial for success is community understanding, education, strength, and resilience, and the community being given a voice in determining how to bring about sustainable change.

Conclusion and Recommendations

The findings of this study confirm that participants across the three communities use Indigenous knowledge in their everyday lives. This study highlights the role of Indigenous knowledges in the prevention of suicide and the healing from the loss of someone to suicide. Stories shared revealed commonalities but also knowledge and beliefs unique to each community. This knowledge is passed on by elders and knowledge holders. One of the concerns some participants had was a disruption to this passing on of knowledge due to the impact of colonisation, including the denial of the practice of

culture and language, the impact of removals from traditional lands, and the devaluing of Indigenous knowledges by Western society. In correlation with these concerns, families, elders, and communities are dealing with the complexity of everyday life and the lack of motivation to teach and/or to learn about traditional knowledges. In response, participants called for traditional owners, elders, and knowledge holders to be more active in taking responsibility for cultural programs and activities, especially for young people in communities.

The participants emphasised the need for Indigenous-led programs through community leadership forums and the establishment of partnerships with institutions, organisations, and agencies. This would create opportunities for two-way capacity strengthening to create innovative and respectful ways to work together on social issues, opportunities for education, employment, and training. This also requires raising awareness and education of those who work with Indigenous people regarding Australian history, world views and Indigenous knowledges and their value as a protective factor in addressing the impact of colonisation, and the associated social determinants of health and wellbeing.

The need for Indigenous-informed social and emotional wellbeing programs in addition to mental health programs was seen as important, as were mental health programs specifically for young people, provided by trained professionals in this area. Having locally informed resources developed by community for community was also identified as a strategy to build on community strengths and promote ownership.

Each community is like a strong tree that faces the winds of the rapidly changing socio-political, climatic, and environmental landscape. But regardless of these changes, their roots are planted in the ancient bedrock of Aboriginal lore and continue to exert their rights as Indigenous people in different ways depending on history, experiences, threats, opportunities, and capacity. Light from the fireflies is brighter and more sustainable when they form a collective, coming together to signify the connection and collective beliefs of many people and the strength that comes from the knowledge of interconnectedness with each other, the land, the animals, and the environment. This light can become even brighter when it includes those who work with Indigenous people becoming part of that collective

Implications and Recommendations for Research, Policy and Practice

While this study aimed to focus on investigating how Aboriginal and Torres Strait Islander people used Indigenous knowledges to heal from the loss of a young person to suicide, participants also focused on the use of Indigenous knowledges to prevent suicide and to heal from the impact of colonisation. Therefore, the findings, implications, and recommendations reflect this.

- Place-based research whereby local stakeholders can come together to lead the research through a collaborate approach which produces research outcomes that benefits and have meaning for the community.

- Better understanding of communities’ perceptions of empowerment and resilience and how that can be applied to strengthen local suicide prevention initiatives.
- Understanding the role of Community Leadership Forums in bringing about community level change and how this can be applied in suicide prevention.
- Research that builds and strengthens young people’s capacity to drive research which identifies their issues and solutions to those issues, to achieve healthy life affirming behaviours and assist in preventing engagement in risky behaviour which may lead to self-harm and suicide.

Because of the nature of the study and links between findings, there is some cross-referencing across the implications and recommendations indicated in **bold** in Table 4.

Table 4: Implications and Recommendations for Policy and Practice

Findings - Participant Voices	Implications and Recommendations for Policy	Implications and Recommendations for Practice	Implications and Recommendations for Community
<p>There is a need for programs that build and/or strengthen empowerment and resilience for Indigenous people and communities (for example the Family Wellbeing Program now operating in 60 sites across the nation) for all ages including children.</p> <p>Programs that promote healing and assist communities to understand the process of colonisation and resultant behaviours and solutions were seen as crucial.</p> <p>It is important to build the capacity and capability of communities to deliver empowerment and resilience programs to address suicide.</p> <p>There needs to be recognition by policy makers and program developers that these programs work and that</p>	<p>Need for a policy makers and program developers to allocate adequate funding for empowerment and resilience programs for Indigenous people informed by their world view and which are based on evidence.</p> <p>Recommendations: That there is recognition of the value of empowerment and resilience programs for Indigenous people.</p> <p>That there is establishment of, or use of a relevant existing expert panel, body or organisation (such as the Healing Foundation) to advise on, drive and help sustain a process for a different model of funding allocation which is informed by Indigenous knowledges and based on evidence.</p>	<p>Need for an adequately trained culturally competent workforce which:</p> <p>Understands the historical position of Indigenous people and the impact of colonisation and respond to their needs by providing appropriate services.</p> <p>Supports Indigenous staff.</p> <p>Where relevant, provides empowerment and resilience programs that are localised, place-based and evaluated for their effectiveness.</p> <p>Recommendations: That organisations invest in: Cultural competency programs for staff so that they understand history and the ongoing impact of colonisation for Indigenous people and Indigenous ways of knowing, being and doing which should inform their practice.</p>	<p>Need for awareness of Communities about what empowerment and resilience programs and resources are available to them and their value and success in other communities.</p> <p>Need for leadership within communities to form relevant partnerships to access and engage with empowerment and resilience programs.</p> <p>Recommendations: That there is a community approach to empowerment and resilience through the establishment of a representative community group or an existing community group to drive the planning process.</p> <p>That communities invest in local community members being trained in the provision</p>

<p>there is evidence to support this in the literature.</p>		<p>Empowerment and resilience programs for staff particularly for Indigenous staff who may require healing due to their circumstances to be able to assist clients more effectively.</p> <p>Empowerment and resilience programs for clients and community members to understand the true history of colonisation, its impact and resultant behaviours and strengthen their capacity for healing and self-determination.</p>	<p>and evaluation of empowerment and resilience programs.</p> <p>That there is a commitment to embed empowerment and resilience programs as part of core business of organisations where relevant.</p> <p>That communities develop partnerships with relevant stakeholders for advocacy, delivery and evaluation of programs, funding opportunities and ongoing community development.</p>
<p>A whole of government and community approach to suicide is crucial.</p>	<p>Need for a new model of how policy is developed and reviewed that includes representatives from government, funding bodies, relevant Indigenous organisations that sit at the table to develop the policy together taking into consideration Indigenous worldviews and traditional knowledges about suicide.</p> <p>Need for adequate funding to implement the model across relevant departments, organisations and communities.</p> <p>Needs for an evaluation component regarding the effectiveness of the model.</p> <p>Recommendations: Relevant stakeholders to lobby on a national level for change.</p>	<p>Organisations to adopt a whole of government and community approach to service delivery in the area of trauma and suicide.</p> <p>Recommendations: That organisations and community work together through a structured process.</p> <p>That a framework is developed to implement a whole of government and community approach and an implementation and evaluation plan to inform changes in practice to accommodate a whole of government and community approach.</p> <p>That young people are involved in the process and supported to form their own leadership group.</p>	<p>Organisations and communities to build and/or strengthen their capacity and take leadership roles in the implementation and evaluation of whole of government and community model.</p> <p>Recommendations: That community organisations and key community stakeholders have a unified stance on this approach by using existing representative groups (such as the Leadership Forum in Yarrabah) or establishing a new group.</p> <p>That there are leadership programs for young people for succession planning.</p> <p>That communities develop partnerships with relevant stakeholders such as universities to advocate, provide advice, assist in</p>

	<p>That there is a local stand by organisations and communities regarding funding agreements.</p> <p>That there is a commitment by policy makers for change.</p>		<p>strengthening leadership in taking on this approach and evaluate the model.</p>
<p>Need for an increased understanding of traditional knowledges and their role in all aspects of Indigenous life.</p> <p>There is a need for community education programs for suicide and better understanding of prevention and healing initiatives using Indigenous knowledges for suicide and healing initiatives.</p> <p>Resources for those who have experienced loss of a young person to suicide need to be provided.</p> <p>Yarning circles and physical healing places for families and communities who have experienced suicide are important.</p>	<p>Need for increasing recognition and understanding of traditional knowledges and its value in assisting those healing from trauma and suicide and its role in wellbeing.</p> <p>Recommendations: Those Indigenous studies including traditional knowledges are incorporated as part of the curriculum in all primary and secondary school, TAFE and University courses.</p> <p>That policy makers and funding bodies should invest in Cultural competency programs for staff so that they understand history Indigenous knowledges and the ongoing impact of colonisation for Indigenous people and Indigenous ways of knowing, being and doing which informs their practice.</p> <p>That funding is made available for the education of communities in better understanding of suicide, its prevention and healing initiatives using Indigenous knowledges.</p>	<p>Need for a culturally competent workforce who is well informed about Indigenous knowledges and its role in assisting with the prevention of suicide and in healing after the loss of a person to suicide.</p> <p>Need for adequately funding community education programs and resources regarding Indigenous knowledges and its role in assisting with the prevention of suicide and in healing after the loss of a person to suicide.</p> <p>Recommendations: That organisations invest in the education of a culturally competent workforce with an understanding of the role of Indigenous knowledges in suicide prevention and healing.</p> <p>That when planning services and programs organisations work with Indigenous Elders and other knowledge holders and key stakeholders to incorporate Indigenous knowledges in service and program delivery.</p>	<p>Need for communities to take a leadership role in advocating for the role of Indigenous knowledges to be better understood by service providers and by communities.</p> <p>Need for organisations to incorporate Indigenous knowledges in their service delivery.</p> <p>Need for communities to develop local place-based resources for those healing from the loss of suicide including the provision of yarning circles and physical healing places.</p> <p>Recommendations: Communities to establish or use an existing leadership group (such as the Yarrabah Leadership Forum) to address how to increase understanding of Indigenous knowledges and how it can be incorporated in organisation and community plans.</p> <p>Communities to take the initiative in a community collaborative approach in developing resources and identifying suitable areas and content for yarning circles and healing places which have local significance and that young</p>

			people are involved in relevant ways.
<p>Funded programs that address the social and cultural determinants of health and wellbeing is needed.</p> <p>There is a need for community, parent, and youth programs that address risky behaviours, parenting in difficult environments, displacement and protective behaviours.</p> <p>School cultural programs which involve community teaching about culture, country, identity and language community/culture programs/language/activities on country/elders as facilitators/rekindling kinship roles and responsibilities are important.</p>	<p>Need for more attention on the link between colonisation, social determinants, youth risky behaviours, parenting issues and behaviours such as addictions and violence and the need for a multi-level and multi-strategy approach with a focus on community strengths and resilience and cultural determinants as a protective factor.</p> <p>Need for a serious approach to addressing the social determinants such as housing, sanitation, water and community infrastructure.</p> <p>Need for identification of the issues and causes being experienced in a specific community along with mapping of services and resources to inform strategies and address the issues.</p> <p>Need to identify and build on stakeholder strengths and support for adequate funding and resources to address the issues through a planned and phased whole of government and whole of community multi-level and multi-strategy approach.</p> <p>Recommendations: That partnerships and alliances of key stakeholders be</p>	<p>Need for education of government and service provider workforce and community regarding the impact of colonisation and the social determinants and the role and value of traditional knowledges, kinship and culture as protective factors.</p> <p>Recommendations: That Indigenous studies and traditional knowledges are incorporated as part of the curriculum in all primary and secondary school, TAFE and University courses.</p> <p>That organisations invest in community induction programs, cultural competence programs and mentorship programs which focus on a two-way learning approach.</p> <p>That communities identify and work with elders and local knowledge holders such as the Ranger Programs to provide local cultural programs and activities for community members, especially young people.</p> <p>That schools invest in incorporating cultural education in the school curriculum and work with elders and other knowledge holders.</p>	<p>Need for Families and communities to take a lead role in the design, implementation and evaluation of a community-led model of addressing risky behaviours, parenting in difficult situations, displacement and protective behaviours.</p> <p>Recommendations: That communities form partnerships with relevant stakeholders - universities (such as the JCU/Yarrabah Family Wellbeing Research Partnerships Program and the CQU/Yarrabah Improving systems to better cater for mental health of young people) to advocate, provide advice, assist in capacity building and strengthening leadership in taking on this approach and to evaluate the model.</p> <p>That communities engage with the ANU Mayi Kuwayu Study of culture and health and wellbeing to understand culture as a protective factor.</p> <p>That communities are empowered to take the initiative in leading and designing place-based programs focusing on local knowledge and practices.</p> <p>That communities form partnerships with schools so students' cultural education is</p>

	<p>established inclusive of government, funding organisations, parent and young people representatives, community leaders, service providers to provide direction in addressing the issues on a short- and long-term basis, including monitoring and evaluation.</p> <p>That there is support for a community-led model based on traditional knowledges to address risky behaviours, parenting in difficult environments, displacement and a focus on cultural determinants as protective behaviours.</p>		<p>valued as well as a Western education and that their culture is celebrated along with fostering a strong sense of identity.</p> <p>That communities take a lead role in implementing safe places for young people in community.</p> <p>That communities play a lead role in community events like NAIDOC, Survival Days, Mental Health Week, Community Foundation Day and support local sporting and other activities especially relevant for young people.</p>
<p>Social and Emotional Wellbeing and Mental health services which specifically cater for young people with trained specialist professionals are needed.</p>	<p>Need for Government, funding bodies, service providers to prioritise social and emotional wellbeing and mental health services for young people especially in rural and remote communities.</p> <p>Recommendations: Review the evidence regarding the status of social and emotional and mental health for young people and where necessary undertake new research given recent events such as COVID.</p> <p>Continue to support Indigenous-led Social and Emotional Wellbeing programs in addition to mental health programs and services for young people.</p>	<p>Need for service providers to prioritise age and culturally responsive programs for young people.</p> <p>Need for education of government and service provider workforce and community regarding the impact of colonisation and the social determinants and the role and value of traditional knowledges, kinship and culture as protective factors.</p> <p>Recommendations: That Indigenous studies and traditional knowledges are incorporated as part of the curriculum in all primary and secondary school, TAFE and University courses.</p>	<p>Need for service providers and community to work together to promote and provide programs and activities that enhance the social, emotional and mental health of communities, especially for young people, through formal and informal means.</p> <p>Need for community education programs to build social capital to address social, emotional and mental health incorporating traditional knowledges.</p> <p>Recommendations: That there is a whole of community strategy and approach to social, emotional, and mental health, especially for young people, which is not confined to business hours but</p>

	<p>Acknowledge and support Indigenous youth-led organisations and programs which provide services to young people such as Deadly Inspiring Young People Doing Good (DIYDG) in Cairns.</p>	<p>That services work with community key stakeholders to provide and support appropriate programs for young people.</p> <p>That Indigenous youth-led organisations are consulted for advice regarding the provision of age and culturally responsive programs for young people.</p>	<p>uses traditional knowledges, kinship structures and cultural activities as core components.</p> <p>That communities support Indigenous youth groups and engage them in relevant community matters.</p>
<p>Building/Strengthening the capacity of Aboriginal and Torres Strait Islander organisations and communities to lead and/or be involved in research that identifies issues and solutions which can address the impact of colonisation, social determinants and suicide prevention and healing.</p>	<p>Need for research funding bodies to support organisational and community research capacity and capability building/strengthening through policies and funding criteria.</p> <p>Recommendations: That research funding bodies continue to:</p> <p>Require researchers to demonstrate how they will engage in two-way capacity and capacity building and strengthening.</p> <p>Support research to improve Indigenous health as a priority.</p> <p>Have Indigenous representation on all committees.</p>	<p>Need for education of researchers, organisations and communities regarding guidelines for the conduct of research with Aboriginal and Torres Strait Islander people especially in relation to building/strengthening capacity.</p> <p>Recommendations: That researchers complete relevant courses and programs in Indigenous research and are supervised and mentored throughout their research career.</p> <p>That researchers invest in community researchers as part of research projects to strengthen capacity in research, employment and training.</p> <p>That organisations and communities invest in Inservice and training to build/strengthen their research capacity and capability.</p>	<p>Need for organisations and communities to build/strengthen their capacity to play a led role in the research and/or participate in the research and to be able to make informed decisions regarding all aspects of the research.</p> <p>Recommendations: That communities form partnerships with relevant stakeholders - universities and research institutions to advocate, provide advice, assist in capacity building and strengthening leadership in developing and leading their own research agenda.</p> <p>That, where relevant, Aboriginal and Torres Strait Islander organisations and communities approach researchers to conduct research based on their research agenda rather than that of the researchers.</p> <p>That young people are exposed to research as a means to solve issues and as a potential career.</p>

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Appendixes

Appendix 1: Tables Showing Suicide Data for Indigenous Australians, 1949–1885

Appendix 2: Letter to Shire Councils in Yarrabah, Hopevale and Wujal Wujal

Appendix 3: Ethics: Information Sheet (Professional and Support Workers)

Appendix 4: Ethics: Informed Consent Sheet (Professional and Support Workers)

Appendix 5: Ethics: Information Sheet (Family Kinship and Elders)

Appendix 6: Ethics: Informed Consent Sheet (Family, Kinship and Elders)

Appendix 7: Yarning Circles and Interviews Communication Guide

Appendix 8: Project Advisory Group: Terms of Reference

Appendix 1

Tables: Suicide Data for Indigenous Australians, 1949–1885 (see Ch.2 p. 22?)

Table 1

Year	Gender	Method	Cause	Location	Source	Comments
1949	Male	Shotgun	Relationship issues with female.	Port Pearce, SA	The Sydney Morning Herald, NSW 11/12/49. The Argus, Melbourne, Victoria 12/12/49	
1943	Male (FB)	Hanging by rag	Dead in prison cell with a rag tied tightly around his neck.	Prison Cell, SA	News, Adelaide, SA. 24/09/43 The Newcastle Sun, NSW 25/09/43	Professor of Pathology AU, Prof. J.B Cleland A first record of a full blood suicide that he knew. The individual was a fully tribalized native. Crimes: escape from custody, attempted rape, house breaking and larceny.
1938	Male (A)	Cut his throat	Jealously	Perth, WA.	The Western Australian, Perth. WA.	Shot and wounded a South Sea Island male over a woman.
1938	Male (FB) Father Male (FB) Son	Gashed throat with a razor.	Overnighted in a police station custodial setting. The tracker found the boy dead and father with a deep gash to his throat.	Police Cells, Forsyth, QLD.	The Australian Abo Call, National 01/09/38 Sydney Morning Herald, NSW. 18/06/38 The Australian Abo Call, National 01/09/38	Both individuals were being escorted by a native tracker. En-route to Fathom Is. Doctor attended, and medical aid given to the father.

Table 2

Year	Gender	Method	Cause	Location	Source	Comments
1936	Male (FB)	Hari-kari: wound to throat and stomach	A native station worker, concerned he had contracted diseases.	On a station near Roebourne in North Western Australia	The Evening News, Rockhampton, QLD 05/10/36 The Sun, Sydney, NSW 04/10/36	Constable said 'a rare happening', Old native expressed surprise at the young man's action and 'said that he heard of Japanese and whites killing themselves but never an Aborigine'.
1936	Male(FB)	Shot gun	He received a letter that a young half- caste girl rejecting him as a suitor. Maybe the cause of his suicide.	Laverton, WA	The West Australian 16/05/36	Employed at sheep station, brought up the property.
1935	Male (FB)	With a blunt knife	Believed that 'his black enemies been pointem bone alonga me and sing alonga me'.	On a Darwin Beach	Daily Mercury, Mackay, QLD 12/05/35 The Central Queensland Herald, Rockhampton, QLD 06/06/35	Attempted Found naked by a Constable on beach with a gash in his throat
1935	Not stated	Not stated	Assumption that an Aboriginal is more passive and resigned to adversity than the Chinese, English, Scots and Irish. He also suggested that suicide is more common in spring and summer than autumn and winter.	Not stated	The Courier Mail, Brisbane QLD 11/06/35 In Suicide in Australia Statistics MJA	Reported by statistician Dr. S.J. MinoEue
1934	Female (FB)	Shotgun	Shot self after shooting her half- cast partner after living together for 15 years.	Occurred in a house in a slaughter yard. Trundle, NSW.	Western Star and Roma Advertiser, Toowoomba, QLD. 14/03/34	
1930	Male (A)	He couldn't bear the shame or loss of the girl, so he chose to let himself go.	Sick with pneumonia, laid on the beach sand	An Aboriginal community in NQ.	Jean Delaney, Bird of Paradise. 1945.	Wife left him, so he fell in love with another younger woman and she had a child. Because of this, she was sent away, and he was punished at a public trial with workless Saturdays.

Table 3

Year	Gender	Method	Cause	Location	Source	Comments
1925	Male (FB)	Razor to throat	Black tracker said that other blacks threatened to kill him, he tried to get in first.	Perth police Stables, WA	Tweed Daily, Murwillumbah, NSW 15/04/25	This was a second attempt He tried to cut his throat with a piece of glass 6 months previously.
1925	Male (FB)	A razor which caused a deep wound to the throat.	Unknown	Was In a bark hut in a paddock near Grafton NSW	The Richmond River Express and Casino Kyogle Advertiser, NSW (03/07/25)	Found by the police, no other marks of violence. Razor found by police under his right hand. Inquiry found that death was not suspicious.
1920	Male (A)	Shotgun	Observed as recently rejected by his suitor and jealously alone.	Mount Hope Station, NSW	Bowen Independent, QLD 12/10/20	
1916	Male (HC)	Cut his throat with a pocketknife	Jealously and killing of his previous partner using a pocketknife. He was hospitalised but Recovered	Rolland's Plains, Aboriginal Reserve, NSW	The Port Macquarie News & Hasting River Advocate, NSW 15/01/16	Attempted suicide
1915	Female (FB) & Baby	Drowning	Sent in from outstation to the hospital due to being feverish.	Gulf waters opposite the State Railway Station, Port Augusta. SA	Transcontinental, Port Augusta, SA 05/06/15	In the evening, she appeared to be normal then at 4 am the following morning, she was missing. She and child were found by two boys in the afternoon.
1914	Male (A)	Used a strap	14 days imprisonment for causing trouble with the police and escaping from the lock-up.	Cairns jailhouse, Police Custody. QLD	The Northern Herald, Cairns 23/01/14	
1913	Male (A)	Razor: cut his throat and two long cuts on his wrist.	Unknown	Station at Beaudesert District, QLD	Second Edition. Daily Standard, Brisbane 21/06/13	
1903	Male (FB)	Secured the Constable's revolver and shot himself in the head	Arrested for stealing.	In police custody, QLD	The Age, Melbourne, Victoria. 29/09/03	Being brought from Normanton to Georgetown.

1901	Male (A)	Swallowed pills (strychnine)	Admitted to police for killing a 22 years old female with his nickel handle knife at the cemetery.	In a camp at Markland's Station near Taroom, QLD	Barrier Miner, Broken Hill. NSW. 10/08/01	Suspicion was attached to the male who lived on a nearby station. Stated to the police that he 'no touch girl' at the same time snatched up a pill box containing strychnine
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Table 4

Year	Gender	Methods	Causes	Location	Source	Comments
1895	Male (FB)	Cut his throat	Under arrest for a capital offence	Wee Waa In police custody, NSW	Western Herald, Bourke, NSW 07/08/1895	Two women copied him
1895	Female (FB)	Cut her throat	Observed male	Wee Waa In police custody, NSW	Western Herald, Bourke, NSW 07/08/1895	Possibly grief stricken and traumatised
1892	Male (FB)	Hanging	Unwell and stated that if he doesn't get well soon, he would kill himself.	Croydon, QLD	The Telegraph, Brisbane, QLD, 02/03/1892.	
1885	Male (FB)	Hanging	Double charged and sentenced to two years hard labour. Removed to Kojonup and safely locked up in his cell. About two hours later, he was found hanging. Inquest held and found no blame to the police	In the custodial setting. Kojonup, WA	The Sun, Sydney. NSW 01/10/1885 The Daily News, Perth, WA 01/10/1885	Charged with stealing a gun and deserting the service of his lawful employer.

Appendix 2

Letter to Shire Councils requesting support for the Study

This administrative form
has been removed

Appendix 3

Ethics: INFORMATION SHEET (Professional and Support Workers)

Project Title: Healing after experiencing the suicide of a young person – Aboriginal and Torres Strait Islander perspectives informed by Indigenous knowledges.

Background

You are invited to take part in this study which aims to explore suicide and its impact on Aboriginal and Torres Strait Islander families and kinship. This project is being conducted by Mercy Baird as part of her PhD degree at James Cook University.

Why this study is important?

It focuses on understanding how Indigenous people use Indigenous knowledges to heal from the loss of a young person.

You are invited to

1. Participate in face to face interviews in a location of your choice. The interview will be over a period of 1-2 hours or
2. Participate in a small Yarning Circle with your colleges, held at a location which suites your group. Yarning Circles will be over a period of 1-2 hours.

Questions

Can you think about your work and any observations you have made of how people cope and heal after experiencing the suicide of a young person'?

Confidentiality and Your Rights

Your responses and contact details will be strictly confidential/anonymous. You will not be identified in any way in any publications of this study. Your participation is voluntary, and you can withdraw at any time without reason or feeling judged about your decision to not participate.

What are the Risk to You!

This is a very sensitive study and as a researcher I understand that you may relive your own experiences as a Professional in supporting families and kinships. You may also be personally affected as a professional and a member of the local Community, therefore, you will be offered support or counselling by myself, another counsellor or mental health professional. I will regularly check in with you during and after completion of the research. I also understand that your organisation will offer your support if needed.

What will happen to the findings?

The study findings will be provided to participants and community stakeholders in the form of a community report. The findings will be used in my PhD thesis, research publications in academic journals and conference presentations. It is hoped that the findings will help Indigenous people healing from suicide and improve suicide policy and programs

If you have any questions about the study, please contact – **Mercy Baird the Principal Investigator and Supervisor: Dr. Narayan. Gopalkrisnan.**

Principal Investigator

Name: Mercy Baird
College: College of Arts, Society and Education
James Cook University
Phone:
Email: mercy.baird@my.jcu.edu.au

Supervisor

Name: Dr. Narayan Gopalkrishnan
Course Coordinator, Bachelor of Social Work
College of Arts, Society and Education
Division of Tropical Environments and Societies
James Cook University, PO Box 6811
Phone:
Email: Narayan.gopalkrishnana@jcu.edu.au

If you have any concerns regarding the ethical conduct of the study, please contact:

Human Ethics, Research Office

James Cook University, Townsville, Qld, 4811 Phone: (07) 4781 5011 (ethics@jcu.edu.au)

Appendix 4

Ethics: INFORMED CONSENT FORM – Professional and Support Workers

PRINCIPAL INVESTIGATOR Mercy Baird	
PROJECT TITLE: Healing after experiencing the suicide of a young person – Aboriginal and Torres Strait Islander perspectives informed by Indigenous knowledges.	
COLLEGE: College of Arts, Society and Education	CASE

I understand the aim of this research study is to better understand how Indigenous people heal from the loss of a young person to suicide. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written information sheet to keep.

I understand that my participation will involve an interview or participation in a yarning circle with other colleagues and I agree that the researcher may use the results as described in the information sheet.

I acknowledge that:

- any risks and possible effects of participating the study has been explained to my satisfaction;
- taking part in this study is voluntary and I am aware that I can stop taking part in it at any time without having to give a reason or feel judged about my decision and to withdraw any unprocessed data I have provided;
- that any information I give will be kept strictly confidential/anonymous unless I participate in a yarning circle with others. Living in a small community may also result in others knowing that I have participated in the study.
- My name and the name of my community will not appear in any reports, publications or presentations.

(Please tick to indicate consent)

I consent to be interviewed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I consent for the interview to be audio taped	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I consent to participate in a yarning circle	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I consent to the yarning circle to be audio taped	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Name: <i>(printed)</i>	
Signature:	Date:

Appendix 5

Ethics: Information Sheet (Family, Kinship and Elders)

Project Title: Healing after experiencing the suicide of a young person – Aboriginal and Torres Strait Islander perspectives informed by Indigenous knowledges.

Background

You are invited to take part in this study which aims to explore how Aboriginal and Torres Strait Islander people heal after the loss of a young person to suicide by using Indigenous kinship and knowledges. This project is being conducted by Mercy Baird as part of her PhD degree at James Cook University, Cairns.

Why this study is important?

This study is important to learn more about how Aboriginal and Torres Strait Islander people heal after experiencing loss of a young person to suicide. Having a better understanding can be used to help others and make changes in policy and programs.

Inclusion

Your participation in this research will be valuable as an adult who has been experiencing healing for more than two years; has been sharing your story of healing to your community and other external groups. You have actively participated and shown Eldership and leadership in developing empowering healing initiatives for other parents, families, kinship and young people.

You are invited to:

1. Participate in a face-to-face interview to be held in a location of your choice. The interview will be over a period of 1 to 2 hours. or
2. Participate in a yarning circle made up of a small group of people to be held at a location which suits the group. Yarning circles will be over a period of 1 to 2 hours. or
3. Express your story through artwork and provide a verbal or written explanation of the art. This will be at a location which suits you and over a period which is negotiated by yourself and the researcher.

Your Story:

I would like to hear your story or see your art expression of what helped you in your healing journey after experiencing the loss of a young person to suicide. Did kinship and Indigenous knowledges help you to heal and in what way.

Confidentiality and Your Rights:

Your participation in the study is voluntary and you can withdraw from the study at any time without having to give a reason or feel judged about your decision to not participate. Your name, responses and contact details and names of your community will be strictly confidential except in the case of participating in yarning circles because others in the group will know that you have participated. If you wish your name to be provided for any artwork you supply, then people will know that you have participated. Also because of the smallness of some communities' others may know that you have participated in the study. You will not be identified in any way in any reports, publications or presentations.

What are the Risk to you?

This is a very sensitive study and as the researcher I understand that you are likely to be experiencing ongoing grief and loss and through this study maybe relieving sad experiences. Participation will be at your pace, stopping as necessary or your withdrawal from the study if necessary. I will be in contact

with you at various times during and after the study to see how you are going and if you need any assistance. I will also let the local health services know of this study and that local members may be in need of counselling. Other support of counselling services which you may wish to contact includes your local church, health service, social and emotional wellbeing workers or Lifeline on 131114.

What will happen to the findings?

The study findings will be provided to participants and community stakeholders in the form of a community report. The findings will be used in my PhD thesis, research publications in academic journals and conference presentations. It is hoped that the findings will help Indigenous people healing from suicide and improve suicide policy and programs.

If you have any questions about the study, please contact:

Principal Investigator

Name: Mercy Baird

College: College of Arts, Society and Education
James Cook University

Phone:

Email: mercy.baird@my.jcu.edu.au

Supervisor

Name: Professor Yvonne Cadet-James

College: Indigenous Education & Research Centre
College of Arts, Society and Education
James Cook University (or other institution)

Phone:

Email: yvonne-cadetjames@jcu.edu.au

If you have any concerns regarding the ethical conduct of the study, please contact:

Human Ethics, Research Office

James Cook University, Townsville, Qld, 4811

Phone: (07) 4781 5011 (ethics@jcu.edu.au)

Appendix 6

Ethics: Informed Consent Form – Elders and Family Members

PRINCIPAL INVESTIGATOR Mercy Baird	
PROJECT TITLE: Healing after experiencing the suicide of a young person – Aboriginal and Torres Strait Islander perspectives informed by Indigenous knowledges.	
COLLEGE: College of Arts, Society and Education	CASE

I understand the aim of this research study is to better understand how Indigenous people heal from the loss of a young person to suicide. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written information sheet to keep.

I understand that my participation will involve an interview or participation in a yarning circle or expressing myself through art and I agree that the researcher may use the results as described in the information sheet.

I acknowledge that:

- any risks and possible effects of participating the study has been explained to my satisfaction;
- taking part in this study is voluntary and I am aware that I can stop taking part in it at any time without having to give a reason or feel judged about my decision and to withdraw any unprocessed data I have provided;
- that any information I give will be kept strictly confidential unless I participate in a yarning circle with others or give permission for any art work to be associated with my name. Living in a small community may also result in others knowing that I have participated in the study.
- my name and the name of my community will not appear in any reports, publications or presentations.

(Please tick to indicate consent)

I consent to be interviewed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I consent for the interview to be audio taped	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I consent to participate in a yarning circle	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I consent to the yarning circle to be audio taped.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I consent to providing an art expression of my experience.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I consent to providing an oral or written interpretation of my art expression	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Name: <i>(printed)</i>	
Signature:	Date:

Appendix 7

Yarning Circles and Interview Communication Guide

Invitations to Share Stories

Questions to participants were not structured but rather invitations to share stories for those who have experienced the loss of a young person, starting with *'Would you like to tell me your story/ies'* and prompts to find out specifics as the story progresses regarding how participants used Indigenous knowledge and kinship support to heal after suicide of a young person.

For professionals and support workers, *'Can you think about your work and any observations you have made of how people cope and heal after experiencing the suicide of a young person'* with prompts to flesh out details related to responses. Questions were not structured but rather invitations to share stories for those who have experienced the loss of a young person, starting with *'Would you like to tell me your story/ies'* and prompts to find out specifics as the story progresses regarding how participants used Indigenous knowledge and kinship support to heal after suicide of a young person.

Appendix 8

Table 5: Legend Participants, Gender and Roles

Role	Role
P: Parent GM: Grandmother	PC: Professional Counsellor
LSW: Local Support Worker	A&DC: Alcohol and Drug Counsellor
S: Sibling	FWBC: Family Wellbeing Counsellor
WHP: Women's Group Participant	FWBC: Family Wellbeing Coordinator
MGP: Men's Group Participant	LGW: Local Government Worker
M: Manager	RAW: Receptionist/Admin Worker

Participant	Gender	Age	Role	Participant	Gender	Age	Role
1	M	75-80	P	23	F	25-30	WGP
2	M	75-80	LSW	24	F	50-55	WGP
3	F	75-80	LSW	25	F	25-30	WGP
4	F	75-80	P	26	F	25-30	WGP
5	F	50-55	PC	27	F	50-55	WGP
6	F	25-30	LSW	28	F	60-65	WGP
7	M	50-55	PC	29	F	60-65	WGP
8	M	50-55	LGW	30	F	25-30	WGP
9	F	60-65	PC	31	F	25-30	WGP
10	F	45-50	LSW	32	F	25-30	WGP
11	F	45-50	FWBC	33	F	25-30	WGP
12	F	35-30	LSW	34	F	50-55	WGP
13	F	70-75	P&GM	35	F	50-55	WGP
14	F	60-65	GM	36	F	25-30	WGP
15	F	60-65	GM	37	F	50-55	WGP
16	F	70-75	GM	38	F	25-30	WGP
17	F	60-65	M	39	F	60-65	WGP
18	F	20-25	LSW	40	F	20-25	WGP
19	F	40-45	FWBC	41	F	35-40	WGP
20	F	40-45	S	42	M	60-65	MGP
21	F	70-75	P	43	M	25-30	MGP
22	F	60-65	RAW	44	M	40-45	MGP

Participant	Gender	Age	Role	Participant	Gender	Age	Role
45	M	65-70	MGP	49	M	50-55	MGP
46	M	60-65	MGP	50	M	45-50	MGP
47	M	50-55	MGP	51	M	70-75	P
48	M	50-55	MGP				

Appendix 9

Project Advisory Group: Terms of Reference

Terms of Reference

Terms of Reference for the Group included providing advice to the researcher regarding:

- Research design including methodology,
- Ethical issues including managing the sensitive nature of the study, and
- The researcher's wellbeing given the sensitivity of the study.

The Group's meetings were set to coincide with major milestones in the study, initially regarding methodology, then at different stages of analysis and feedback to communities.

Members:

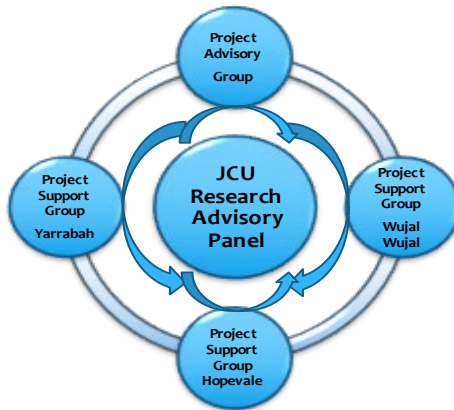
Name	Profession	Organisation
Professor Ernest Hunter	Expert/ Psychiatrist	Adjunct Professor, James Cook University
Ms Travis Shorey	Social Worker	QLD MHS, Cairns & Hinterland hsd
Ms Wendy Wust	Community Member/ Councillor	Kowanyama Shire Council
Mr Bernard David	SEWB Manager	Apunipima Cape York Health Council
Ms Mary Kyle	Life Promotion Officer	Yarrabah
Ms Doreen Hart	Manager	Hopevale
Mr Billy Harrigan	Cultural Recreational Officer	Wujal Wujal

Project Advisory Group June 2019 – December 2020

Communication Strategy

Members

- JCU Academic Advisory Panel
- PAG
- Local Project Support Groups



Guiding Frameworks

This study aligns with the following initiatives:

1. James Cook University Statement of Strategic Intent: Peoples and Societies in the Tropics Revised May 2019. <https://www.jcu.edu.au>
2. National Health and Medical Research Council (NHMRC) Road Map 3: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research 2018-2021. <https://www.nhmrc.gov.au/about-us/publications/road-map-3-strategic-framework>
3. Healing Foundation Strategy 2018 <https://healingfoundation.org.au>
4. National Aboriginal and Torres Strait Islander Health Plan 2013-2023: Closing the Gap on Indigenous Advantage. <https://www.ruralhealth.org.au/>
5. Solutions that Work: What the Evidence and Our People Tell Us. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report (2016). https://www.atsispep.sis.uwa.edu.au/_data/assets/pdf_file
6. National Suicide Prevention Strategy (2016). <https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-nsp>
7. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023. https://pmc.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf
8. Shifting minds: Queensland Mental Health Commission, Alcohol and Other Drugs Strategic Plan 2018-2023. <https://www.qmhc.qld.gov.au/shiftingminds>