

## SPEECH AT THE BILLARD SUMMIT

**Mr Stephen Victor Snr, Mrs Dorothy Victor and Mrs Mary Victor O'Reeri**  
**Main People-in-Charge**  
**Billard Aboriginal Community**  
**Other members of the Billard Aboriginal Community**  
**Summit team, volunteers and invited guests**

distinguished guests.

Thank you for inviting me to speak at this important event,  
the Billard Summit.

I am particularly please to be able to support any project  
aimed at providing recommendations on how to build  
community resilience and reduce risk factors for suicide in  
the Kimberley region and to have suicide prevention given  
high priority by governments, state and federal.

As the State Coroner in West Australia I am responsible for  
the investigation for all sudden deaths. In that capacity the  
WA Coroner's Court investigates approximately 300 deaths  
by suicide each year. Last year, for the first time, the  
number exceeded 300.

By comparison, there were 225 motor vehicle deaths for that year.

To put these numbers in a context, I expect to see a new Mortuary Admission Form for death by suicide at least every working day.

Of the categories of sudden non-natural deaths investigated by the Coroner's Court, death by suicide constitutes the largest number.

Clearly many people in our community do not appreciate just how much a problem suicide is for our society.

This problem is particularly bad for the aboriginal people in the Kimberley. Over a 7 year period, the numbers of aboriginal deaths by self harm have been more than four times higher than those of non aboriginal persons in the Kimberley region. Since 2000 there have been at least 96 aboriginal self harm deaths in the Kimberley region.

In 2006 the number of aboriginal self harm deaths reached record proportions. In that year there were 21 deaths in the Kimberley region and the death rate was seven times higher than the non Aboriginal deaths by self harm for the year. This is in spite of the fact that the aboriginal population was slightly smaller than the non aboriginal population.

It should be recognised that even these very large numbers do not entirely reflect the true total of deaths by suicide. There are a large number of deaths which occur by drug overdose or as a result of motor vehicle collisions where it is assumed that the deaths have resulted from accidents, but in some cases it is likely that these deaths were intentional.

The grief and distress associated with so many deaths is immeasurable. The Coroner's Court comes into regular contact with families struggling to come to terms with these deaths, which are always shocking for family and friends. The impact of a death by suicide on a family can be quite drastic, and extended family members, friends and community members can also be very distressed by the

death. As you would be very aware, in country regions a death by suicide can affect an entire community.

In 2008 I conducted an inquest into 22 deaths in the Kimberley region in which drug or alcohol abuse was a factor.

Seventeen of those deaths were suicide deaths, and it was important at that time to review the reasons for high levels of suicide of aboriginal people in the Kimberley region.

### **The Evidence Gathering Process**

When a death occurs by way of suicide in Western Australia an investigation is usually conducted by police who should interview relevant witnesses and obtain information in respect of various issues and explore any possible suspicious circumstances.

In each case the Coroner's Court conducts a review of the information which has been obtained and in most cases the

investigation is finalised by way of a finding based on the papers. In all deaths in custody there is an inquest into the circumstances of the death which involves a close review of the events leading up to the death.

The Coroner's Court, therefore, retains a valuable source of information relating to suicides and information which has been obtained is accessed by various organisations who first make an application to the Coronial Ethics Committee of the Coroner's Court, which is a committee set up under National Health and Medical Research guidelines.

Investigations into the circumstances of deaths by way of suicide often identify recent events which have been a trigger to the suicide. There is often a relationship breakdown, argument or family dispute which has upset the person who has then taken his or her own life. On some occasions investigations reveal more basic causes for the death such as past sexual abuse, family breakdown etc. Factors responsible for suicide can be complex and difficult to identify.

While frequently recorded precipitating causes would include relationship breakdown or issues with family or friends, people wouldn't take their own lives unless they were otherwise extremely unhappy or have low self esteem.

It has been said by one author that a common factor in suicide and all other forms of self harm is distress. It has also been said that *"the author of suicide is pain"*.

In that context it is clear that the very high numbers of aboriginal suicides in the Kimberley result from the fact that many people are very unhappy and live in unsatisfactory and distressing conditions.

### [Alcohol Involvement](#)

The inquest that was conducted in 2008 revealed that there was a very high correlation between death by self harm and alcohol or cannabis abuse. Of the 21 suicide deaths in 2006, there are only two cases in which alcohol or cannabis was not detected by toxicological examination of the blood.

In 16 of the 21 cases the blood alcohol level of the deceased was in excess 0.15%, three times the maximum permissible level for driving a motor vehicle.

In 11 of these cases the blood alcohol level was in excess of 0.2% which is an extremely high reading.

The association between alcohol and suicide has been established by a number of population and clinical studies.

The impact of alcohol abuse in this context should not be underestimated. As well as having a direct involvement in a number of the deaths, problems associated with alcohol abuse impact on every aspect of life for many people.

Alcohol and drugs have provided an escape for many and as such are a symptom of the problems encountered, but have also become a problem in their own right.

The plight of little children caught up in an environment of alcohol abuse is especially pathetic. Many have been born to alcoholic parents and have failed to thrive as a result of being undernourished. For many the future appears bleak. Unless some major changes occur many of these children will fail to obtain a basic education. They live in an environment where they can expect to be the victims of violence and possibly also sexual abuse.

Foetal alcohol syndrome is common, according to witnesses at the inquest, the incidence for aboriginal babies may be as high as 1 in 4 in some locations.

Babies with foetal alcohol syndrome are born very small, sometimes with very small brains. They often suffer from mental retardation and other birth defects and later experience an inability to control their behaviour.

In commenting on this problem of foetal alcohol syndrome Professor Fiona Stanley AC stated at the inquest: *“It’s another stolen generation”*.

It is not surprising that children brought up in such an environment have low self esteem, experience depression and are vulnerable for suicide.

In this context it is pleasing to note that there have been significant changes identified in Fitzroy Crossing following the recent restrictions on availability of full strength take away alcohol. Following those changes, crime rates have been down, school attendances have increased, attendances at the emergency department of the hospital have reduced and suicide numbers are down substantially.

It is important to note that the changes in this regard were driven by aboriginal members of the local community, desperate for change.

I also note that it appears similar changes are taking place in Halls Creek and elsewhere.

## Health

Another major factor impacting on high suicide rates for aboriginal people in the Kimberley region is the poor health of many aboriginal people which impacts on the general wellbeing of those people and also impedes the ability of parents to look after children etc.

The Coroner's Court receives information relating to the poor health of the aboriginal community as a result of large numbers of relatively young people dying from alcohol and diet related conditions such as diabetes and early cardiac disease.

## Depression

Depression is a major issue for many aboriginal people in the Kimberley and the levels of depression are increased by the high numbers of non-natural deaths. In many cases children within a community have found bodies of relatives who have suicided or otherwise suffered sudden death. This trauma adds to the psychological pain for all concerned.

At the inquest a mental health nurse employed by the Kimberley Mental Health and Drug Service Team described a “*huge*” level of depression among the aboriginal population of the areas covered by his team which he believed was linked to unresolved grief.

### Positive Health Programs

There are a number of examples of success stories in the context of aboriginal health. One is the swimming pool study which related to the Burringurrah and Jigalong communities. In each community a swimming pool was put in and the impact of the pool on the community was evaluated.

The results were surprisingly positive. Professor Stanley told the inquest that the results revealed dramatic improvement in skin sores, respiratory infections and ear disease. School attendances were improved. Self esteem was improved and there was less need for antibiotics.

Another example of successful positive health programs has been the encouragement of football with young aboriginal men. According to Professor Stanley, research has revealed that young men involved in football attend school more often and have reduced smoking and drinking.

In this context the Clontarf Foundation, in partnership with the State government, has established a number of football academies in selected schools for the purpose of engaging aboriginal boys in schools through the medium of Australian Rules football.

The efforts of the Clontarf Foundation are a success story in Western Australian of which most people would be aware. The Clontarf Foundation has the additional benefit of encouraging school attendance which is particularly important in this context.

### **School Attendance**

One of the reasons for low self esteem which is a major background problem for many suicides is the fact that there

are serious unemployment problems for aboriginal people in the Kimberley which result largely from the fact that there are also serious education issues.

In almost every case of a self inflicted death the subject of the 2008 inquest, the deceased had achieved a relatively low level of education and was on either unemployment benefits or the CDEP program.

As education and employment would be a pathway out of the cycle of poverty in which most of the deceased persons were living in the time of their deaths, this issue is of fundamental importance in addressing the circumstances surrounding these deaths.

Sadly the level of education attained by most aboriginal students in the Kimberley generally is pathetically low.

At the inquest Margaret Cornes, Acting Executive Director, Teaching and Learning North with the Department of Education and Training, provided a report which revealed

that in the Kimberley only about 30% of aboriginal students leave school with the literacy and numeracy skills required to successfully engage in further training and employment. The percentage is higher in the major centres of Broome and Kununurra and much lower in almost all of the remote community schools.

The main reason for this poor level of education achievement is very high truancy rates and the fact that many children leave school at an early age.

In a number of schools efforts are made to encourage attendance by organising a bus “pick-up” after teachers have identified absent children at the start of the day. In addition breakfasts are often provided on an informal basis to encourage children to attend school.

There are also programs which have been put in place to make school more attractive to students such as excursions, camps and inter-town sporting events.

A major part of the problem results from the fact that many people in the Kimberley do not see education as important. In many communities there are no success stories and no student has attained a high level of education.

Improving the quality of education is one of the matters which needs to be addressed in a holistic way.

It is clear that there needs to be a whole of government approach aimed at addressing truancy and its causes for aboriginal students in the Kimberley.

### **Housing Issues**

Nearly all of the deceased persons the subject of the inquest lived in overcrowded and substandard public housing. In many cases the housing was on land held by the Aboriginal Lands Trust which holds almost 12% of the state land on trust for indigenous people in Western Australia.

In many cases the housing which is available is substandard, in need of urgent maintenance and the interiors of many houses are extremely dirty.

The quality of housing in which many aboriginal people live, often in seriously overcrowded conditions, is relevant to the high levels of distress and dissatisfaction felt by the aboriginal people and is a factor in the high suicide rates.

Recent media reports to the effect that the problems of housing shortage are not yet being addressed are concerning.

### Conclusions

Of particular concern in this context is the fact that evidence available at the 2008 inquest revealed that living conditions are continuing to deteriorate in spite of a considerable investment of funding into services and programs targeted to aboriginal people in Western Australia both by the State and Commonwealth governments.

The inquest revealed that at that time there was almost a complete lack of leadership in the response by government to the disaster of aboriginal living conditions.

The inquest identified extremely serious deficiencies in respect of almost all aspects of the current response to the problem; from the education system, which is failing to produce results, largely as a result of massive truancy rates, to the housing issues, in respect of which it was learnt that until recently there had been very little monitoring of the standard of public housing for aboriginal people and almost no maintenance of that housing.

In the above context I adopt the observation made by the South Australian State Coroner, Mr Wayne Chivell, commenting on the problems faced by aboriginal people in remote regions of Australia was observed:

*“That such conditions should exist among a group of people defined by race in the 21<sup>st</sup> century in a developed nation like Australia is a disgrace and should shame us all”.*

Current aboriginal suicide rates for aboriginal people in the Kimberley are so high as to constitute a disgrace.

Before these excessively high suicide rates can be brought down, however, there is a need for positive and direct action on the part of governments and individuals. There is a need for leadership in government and provision of adequate funding for constructive programs with a realistic chance of success.

There is a need for allocation of responsibility in government and bureaucratic circles. It is important that there should be identifiable individuals who accept the responsibility for change – in each location and community. There have been too many committees and meetings of bureaucrats and too little action.

There is also a need for aboriginal people to embrace change and to make a real commitment to overcoming the difficulties which are faced. The Fitzroy Crossing alcohol restrictions have been successful because the call for

change has come from aboriginal people who are determined that there should be real change. No individual or organisation can turn around the situation unassisted, there is a need for co-operative action and for a holistic approach.

There is a need to address the problems associated with alcohol abuse, cannabis use and solvent sniffing, health issues need to be addressed, education levels need to be improved and more people need to be involved in gainful employment. For the wellbeing gap to be closed between indigenous and non indigenous Australians, it is necessary for aboriginal people to have better health, be better educated and fill more positions in the workforce. In the context of employment, it has been pleasing to see that a number of mining companies have taken positive action to employ young aboriginal people. It is action of this type which is needed for real change to take place.

This summit is an example of what appears to be a real across the board desire for change. While there is a positive

momentum it is important that the desire for changes is translated into action so that houses are built, children go to school, health is improved. Only when the gap is reduced in wellbeing will these unacceptably high suicide rates go down.