

# The impact of Suicide Contagion, Clusters in remote Indigenous communities in Northern Territory, Australia.

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## Abstract

Australia is a vast country but has only twenty-five million population, with just one percent living in the Northern Territory (NT) of Australia, one third of whom are Indigenous people. Indigenous suicide accounts for fifty percent of total suicide in the NT but this was not always the case, as suicide was almost unheard of in Indigenous people in the top end of Australia only three decades ago. As the incidence of suicide has escalated within traditional Indigenous communities it has dramatically impacted on youth and young adults, with clusters of attempted and completed suicide in this population. This has left an aging Indigenous population bereft and perplexed as to why suddenly their children and grandchildren are “taking their life away”. A pattern of suicide contagion was observed with several imitative suicide attempts which were then punctuated by a completed suicide, followed by several completed suicides producing clusters of completed suicide, with this pattern repeating or echoing over time, resulting in “echo clusters”. This rare phenomenon is original research, and they appear in a community or setting when the intensity of attempted and completed suicide reaches a critical threshold and when the community is unable to respond to the frequency of suicides and contain them. Examination of imitative suicide within suicide clusters in Indigenous settings largely supports a contagion effect operating and validates my original hypothesis. The “Echo Cluster Model” represents this process and pattern of echo clusters.

## Introduction

In Indigenous settings it became clear that suicide contagion has been a consistent feature over the past three decades and has persisted over time. Because of the absolute increase in Indigenous suicide in the Northern Territory, in a considerably short period of time, it was possible to identify a number of factors that establish suicide as an adopted means of coping with stress and distress. The main factors identified were imitation, unemployment, serious substance abuse, exclusion, poverty, boredom and truancy and are further explored in the “Vulnerabilities model” (Hanssens 2010) (Hanssens 2011).

Suicide contagion, imitation and repetition often occur within family groups, kinship groups and friendship groups, the unemployed and within close knit Indigenous communities with dense social networks. But why the contagion effect is so dramatic within youth and young adults, and how and why the older generation is protected from the contagion has the subject of this research. The experience of suicide contagion is different in Indigenous peoples in NT as it halts dramatically around the age of fifty which points to a protective factor within Indigenous Elders which is not available to Indigenous youth and young adults (Hanssens 2007) (Hanssens 2008).

Indigenous suicide is almost exclusively by hanging, especially in the very young, and the social issues that determine suicide in Indigenous settings, are indicative of a troubled youth and young adult Indigenous population. The negative social, spiritual and cultural impact of suicide and the resultant imitation and contagion within Indigenous communities, conspire to disrupt appropriate responses and support for bereavement rituals to contain suicide clusters, yet it is essential that the rituals and responses are performed (Reser 1989) (Chandler & Lalonde 1998) (Hanssens 2008) (Hanssens 2011).

Therefore the aim of the research was to identify the cause of the sudden escalation of suicide in Indigenous settings including urban, rural, remote deserts, and islands across in the NT. Data was obtained from Coroner’s files in the NT and from the National Coroners Information System, Victorian Institute of Forensic Medicine. Analysis provided evidence that there were few Indigenous suicides over the age of fifty, eighty-two percent were aged fifteen to thirty-five, most suicides were by hanging, and were mostly unemployed males (Hanssens & Hanssens 2007). From this data I began exploring whether a suicide contagion was operating within indigenous settings and whether it was a robust risk factor for Indigenous suicide. Imitative suicide was identified and was found to be a strong predictor of suicide contagion, resulting in cluster suicides. This robust contagion appeared

to have spread from middle aged adults, then to young adult Indigenous population, to Indigenous youth and children within just three decades of exposure (Hanssens & Hanssens 2007) (Hanssens 2008b) (Hanssens 2010) (Hanssens 2011).

## Suicide Contagion and Imitation

Close examination of imitation within clusters of suicide in Indigenous communities supports the notion that there is an individual and a collective vulnerability to the 'idea' and 'act' of suicide within Indigenous settings, which then becomes contagious. Imitative suicide is a strong predictor of suicide contagion in Indigenous settings which is expressed in the method of completing suicide. Hanging is the recurrent method used and as such appears to have become a behavioural contagion. Research has suggested the notion that suicide has become a cultural contagion because hanging has become culturally scripted for particular communities and geographic regions, and copied virtually to the exclusion of other methods (Hanssens & Hanssens 2007) (Hanssens 2010) (Kral 2011) (Hanssens 2011).

Suicide contagion, imitation and repetition have occurred within Indigenous family groups, kinship groups, friendship circles and close knit communities, and also across geographically / tribally related communities. Some of the geographical settings for suicide have been referred to as 'remote ghettos' or settings inhabited by 'impoverished urban fringe dwellers', and it is within these settings that the contagion rapidly spreads. The spread of this contagion has reached our most vulnerable in the population, Indigenous children and youth (Hanssens 2007) (Hanssens 2010) (Hanssens 2011).

With the growing use of modern technologies, children and youth are more vulnerable to news of a recent suicide with cyber bullying, blaming, guilt and shame contributing to the risk of imitation and contagion. The reach of news of a suicide spreads across the age continuum, with children, youth and adults copying the behaviour of relatives and friends, which then rapidly spreads across huge geographical spaces, so that the suicidal behavioural contagion is communicated in both life and death (Hanssens 2010) (Hanssens 2011).

The pattern to suicide observed is producing widespread suicide contagion within family groups, kinship / skin groups, and close knit communities. These dense social networks and strong kinship systems involve responsibility and reciprocity and can inadvertently support the contagion effect, thus making Indigenous people vulnerable. But

conversely, if skilfully utilised these strong relationships can provide the key to successful interventions to contain suicide contagion (Hanssens 2007a) (Hanssens 2008b).

Contagion, that is, social, cultural, emotional, behavioural, familial, and intergenerational contagion, appear to be integral to the process of clustering for both attempted and completed suicide. The negative social and cultural determinants of suicide and the resultant imitation and contagion within Indigenous communities conspire to make it difficult to plan appropriate responses and support bereavement rituals to contain suicide clusters, yet it is essential that the rituals and responses are performed (Chandler & Lalonde 1998) (Hanssens 2011).

Timely postvention support, which includes grief and pastoral counselling can mediate the expression of grief in a culturally safe and spiritually reconciling and restorative environment, and is fundamental to healing and forgiveness. Postvention response plans developed with members of the community, that include suicide prevention life promoting brief interventions, 'contact tracing' of those vulnerable to internalising the idea of suicide and who are already troubled and consequently at risk of suicide, are then necessary to identify suicide contagion, respond to and contain contagion, thereby preventing further suicides (Hanssens 2008) (McCoy 2008).

The suicide contagion effect within Indigenous communities is a tragic account reflecting the impact of social, emotional, spiritual, cultural, generational and physical changes and the vulnerability of Indigenous people, families and communities to these changes. Urgent collaborative interventions are needed to prevent this robust contagion from spreading. Suicide contagion can be reduced, contained and extinguished with appropriate and timely interventions and actions (Hanssens 2010) (McCoy 2010) (Kral 2011).

## What is suicide contagion?

- Contagion effect is the social and interpersonal transmission of suicidality from one person to another or one group to another.
- There are different aspects of suicide contagion in Indigenous settings including the social, behavioural, emotional, cultural, familial, and intergenerational.
- Suicide rates vary proportionally to the extent, intensity and content of exposure to the contagion of attempted and completed suicide Hanssens (2011).

## What types of suicide contagion are we seeing in Indigenous settings?

<p>Social contagion</p> <ul style="list-style-type: none"> <li>Dense social networks within isolated geographic regions</li> <li>Overcrowded housing and outstations</li> <li>Support the “reach of news” of previous suicide</li> <li>Communication networks – multimedia, word of mouth, support suicide repetition</li> <li>Socially contiguous groups e.g. “drinking circles”, unemployed men, and single parent families</li> <li>Socio-economic deprivation</li> </ul>
<p>Behavioural contagion</p> <ul style="list-style-type: none"> <li>Hanging method of suicide</li> <li>Location of suicide / place of incident</li> <li>Self-harm and imitative behaviour</li> <li>Frenzy of repetitive suicidal activity</li> <li>Age and gender of cohort</li> <li>Substance abuse, high risk behaviour, impulsivity</li> <li>Complex interpersonal relationships and relationship breakdown</li> <li>Child and adolescent sexual abuse and exploitation</li> </ul>
<p>Emotional contagion</p> <ul style="list-style-type: none"> <li>Infectious mood - highly charged emotional atmosphere</li> <li>Heightened levels of anxiety, fear, despair and boredom</li> <li>Untreated depression suicide ideation</li> <li>Debilitating grief and loss</li> <li>Shame and blame</li> <li>Vicarious trauma, burnout</li> <li>Emotional bankruptcy spiritual void</li> <li>Victimization, nepotism, corruption</li> </ul>
<p>Familial contagion</p> <ul style="list-style-type: none"> <li>Large family networks</li> <li>Family violence, instability and dysfunction</li> <li>Children and youth modelling method of suicide behaviour of adults e.g. hanging method</li> <li>Filial (sibling) suicides and Dyads (father / son, uncle /nephew) suicides</li> <li>Collective nature of mourning, risk of further self-destruction</li> <li>Lowering of suicide threshold within individual, family and community</li> </ul>
<p>Cultural contagion</p> <ul style="list-style-type: none"> <li>Breakdown of kinship systems</li> <li>Cultural norms are confused</li> <li>Cultural safety and security is absent</li> <li>Cultural mourning rites</li> </ul>

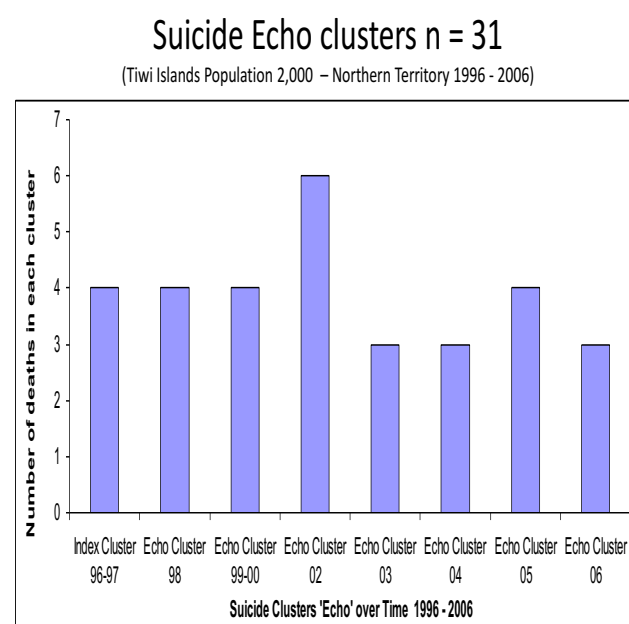
- Weakening respect, reciprocity and responsibility
- Low participation in traditional ceremonies
- Suicide – culturally learned idea and behaviour
- Lack of problem solving skills

- Intergenerational contagion
- Intergenerational self-harm, suicide
  - Intergenerational segregation > 50 & < 50
  - Intergenerational incarceration
  - Intergenerational unemployment
  - Fewer Elders > 50 years
  - Spiritual void < 50 years

## Data

The evidence of cluster suicides in the graph three demonstrates “Suicide Echo Clusters” (n= 31), an example of contagion on the Tiwi Islands which contributed to identifying the “echo cluster” phenomenon and developing the “Echo Cluster” model. The data also represents a cohort effect in the life of Indigenous communities bonded by two decades of intense suicidal activity. The cohort, have shared generational experiences many of which put them at continued risk of suicide contagion, and as a result have a lifetime risk for suicide (Measey, Li, Parker & Wang 2006) (Hanssens 2007) (Hanssens 2008) (Legislative Assembly of the Northern Territory 2012)

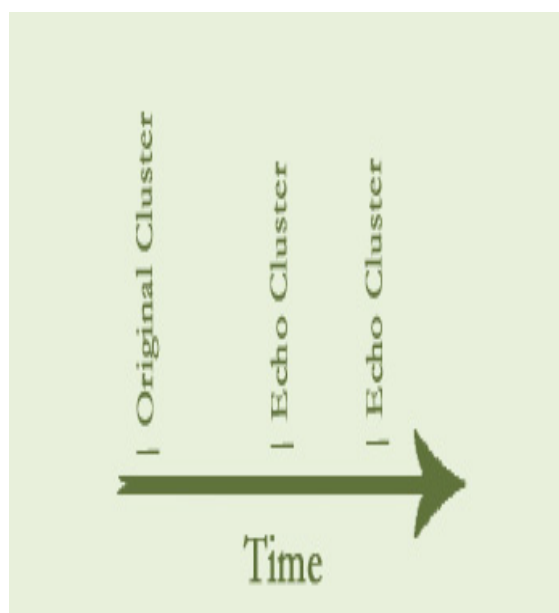
## Graph 1. Suicide contagion on Tiwi Islands – Echo clusters



## Echo Cluster Model (2007 / 2008)

The “Echo Cluster” Model below represents the unique difference of the suicide experience in Indigenous settings when multiple factors and determinants converge producing contagion, imitation and cluster suicides. Echo clusters usually appear where there are imitative suicide attempts punctuated by a completed suicide, followed by several completed suicides producing a cluster of completed suicides. The original cluster pattern is then followed by echo clusters, repeating or echoing over time. This rare phenomenon is original research, and they appear in a community or setting when the intensity of attempted and completed suicide reaches a critical threshold and when the community is unable to respond to the frequency of suicides and contain them (Hanssens 2010).

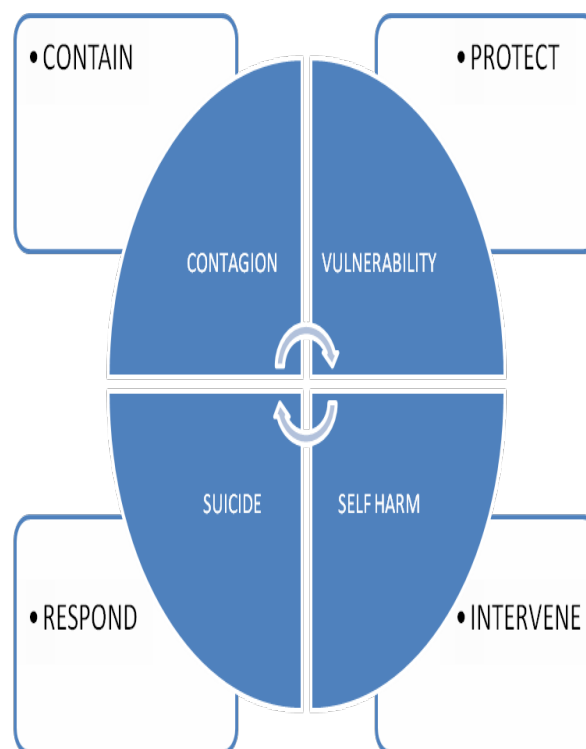
**Figure 1. Echo Cluster Model**



The “Echo Cluster Model” above is based on Graph 1 ‘Suicide contagion on the Tiwi Islands’; it is an outcome of this research and identifies a rare and unique phenomenon. The model represents the “Echo Clusters”, which appear as subsequent but distinct clusters of completed suicide occurring after the initial or original suicide cluster, with further clusters of suicide repeating or echoing over time. These echo clusters occur in circumstances where a community has exhausted all resources within it, to respond to and contain the rampant suicide contagion (Hanssens 2010) (Hanssens 2011).

Promote Life NT Model 2 (2011) developed the suicide contagion containment model further which offers a postvention response plan for organisations, agencies and the community. Below is the Promote Life NT Model 4 (2012) on how to contain, manage or extinguish suicide contagion.

**Figure 2. Promote Life NT Model 4**



The Promote Life NT Model 4 above provides the blue print for intervention and postvention to prevent suicide, intervene when suicide occurs and provide postvention support in the aftermath of a completed suicide or attempted suicide. The Promote Life NT Model 1 (2011) identifies vulnerabilities in Indigenous settings and within individuals and families. The Promote Life NT Model 2 (2011) develops the suicide contagion containment model further and offers a postvention response plan for organisations, agencies and the community.

In conclusion, suicide contagion has been explored as a strong predictor of imitative suicide in Indigenous settings resulting in cluster suicides and “echo clusters”. Six aspects of suicide contagion in Indigenous settings have been identified including the social, behavioural, emotional, cultural, familial, and intergenerational contagion. It is possible to contain, manage and even extinguish contagion by identifying the contagion operating and using appropriately funded postvention responses.

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