



Aboriginal and Torres Strait Islander Suicide Prevention Fact Sheet 6

Coronial Findings on the Deaths of Young People in the Kimberley Region

The Western Australian Coroner investigated the deaths of 13 Aboriginal children and young persons in the Kimberley Region together because there were similar circumstances that appeared to have contributed to the deaths. The Coroner adopted a longitudinal approach in determining causation for the deaths – that traced contributing events across the life courses of the young people. In her final report (2019), the Coroner (Rosalinda Fogliani) determined that 12 of the 13 deaths occurred by suicide, with one an open finding.

Prior to birth

The Coroner confirmed that legacies of colonisation and dislocation from family and country and its impacts on contemporary circumstances, including transgenerational trauma, was a key driver of the suicide deaths of young people. The trauma was transmitted down the generations by behaviours that are themselves symptomatic of trauma. Among the 12 young people who died by suicide the Coroner found that:

- **Seven had witnessed domestic violence in the home, some severe and chronic**
- **Almost all grew up in homes where they witnessed high levels of alcohol misuse**

The Coroner also suspected that developmental impacts relating to Foetal Alcohol Spectrum Disorder (FASD) may have played a role in the deaths. Although none of the children had been diagnosed with FASD the Coroner found there was a sufficient history of maternal alcohol misuse and Prenatal Alcohol Exposure and early developmental difficulties to support that conclusion. Six of the children had been diagnosed with failure to thrive in the prenatal period which is often due to exposure to toxic agents in utero.

The Coroner determined that the shared context of the deaths was underlying vulnerabilities relating to intergenerational trauma

Adverse childhood experiences

The early life experiences of the children and young people indicate a continuing pattern of adverse, potentially traumatising events

Further, the early life experiences of the children and young people indicate a continuing pattern of adverse, potentially traumatising events:

- Most were informally placed into the care of other family members for extended periods
- Two of the male children allegedly experienced extra-familial child sexual abuse
- Several young people experienced alcohol or other drug misuse from a young age
- Some of the children and young persons had voiced threats of self-harm more frequently in the setting of alcohol intoxication
- Most had previously voiced suicidal ideation or intent prior to death
- As young adults, three young people also experienced domestic violence in their own relationships

The Coroner found that despite their experiences, most of the children and young people had no contact with the mental health services prior to their death. Further, most of their friends and family had not understood the seriousness of the challenges facing the person and had not known who to turn to for help.

Most of the young people had no contact with the mental health services prior to their death

Only two of the deaths by suicide were attributed to impulsivity

Immediate causes and means

The immediate circumstances and causes for the deaths included family fights, relationship breakdowns, and being shamed.

While impulsivity is discounted in all but two of the deaths, in seven of the cases there was significant alcohol use in the lead up to the deaths, and at least two of the young persons had very high blood alcohol levels when they died.

All of the suicide deaths occurred by hanging, which makes it difficult to use restricting access to means as a suicide prevention strategy.

Recommendations

The recommendations are well considered and far reaching. They highlight the importance of addressing alcohol through the development of a **holistic approach to alcohol, drugs and mental health**. The Coroner highlighted the need to provide wrap around services for families, addressing the social determinants impacting on people's lives; and mental health treatment plans for Aboriginal persons that offer the inclusion of traditional cultural healing; as well as the expansion of the [Yiriman Project](#) which recognises the importance of supporting connection to culture and country. In all, the Coroner made a total of 42 Recommendations. In Recommendation 42 the Coroner stated that:

- The principles of self-determination and empowerment be given emphasis in initiatives, policies and programs relating to Aboriginal people in WA and that the WA Government introduce measures to enable Aboriginal people and organisations to be involved in setting and formulating policy that affects their communities;
- That in developing such measures, consideration be given to negotiating mutually agreed outcomes, with service delivery responsibilities between the WA Government and Aboriginal people and organisations; and
- The WA Government develop a state-wide Aboriginal cultural policy that recognises the importance of cultural continuity and cultural security to the wellbeing of Aboriginal people in this State.

[CBPATSISP](#) support that this **overarching recommendation** should guide the implementation of the remaining 41 recommendations. See: [Coroner's Report¹](#)

Professor Pat Dudgeon, Project Director, CBPATSISP, commended the WA Government's commitment to implement the majority of the Recommendations.

"I am encouraged that the WA government's response to the Coroner's findings, and to the earlier Message Stick report, promises Indigenous leadership in both immediate interventions to address the current suicide crisis and in the longer term to build on our cultural strengths and restore the resilience of our people and communities." See [media release²](#)

More information about suicide prevention and fact sheets are available on the [CBPATSISP](#) website.

References:

1. WA Coroner's Report - [Inquest into the deaths of: Thirteen Children and Young Persons in the Kimberley Region, WA \(2019\)](#)
2. Dudgeon P, Media release - [Indigenous Youth Suicide](#)

Suggested citation: Dudgeon P, Holland C & Walker R. (2019). Fact Sheet 6 *Coronial Findings on the Deaths of Young People in the Kimberley Region*. Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP); Poche Centre for Indigenous Health, School of Indigenous Studies, University of Western Australia.