


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

Mercy Baird¹ 

AlterNative
2020, Vol. 16(3) 211–219
© The Author(s) 2020
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/1177180120952895
journals.sagepub.com/home/aln


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 Yirrganydji 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 Torre 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 approximatly 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 (RCIADIC) 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.

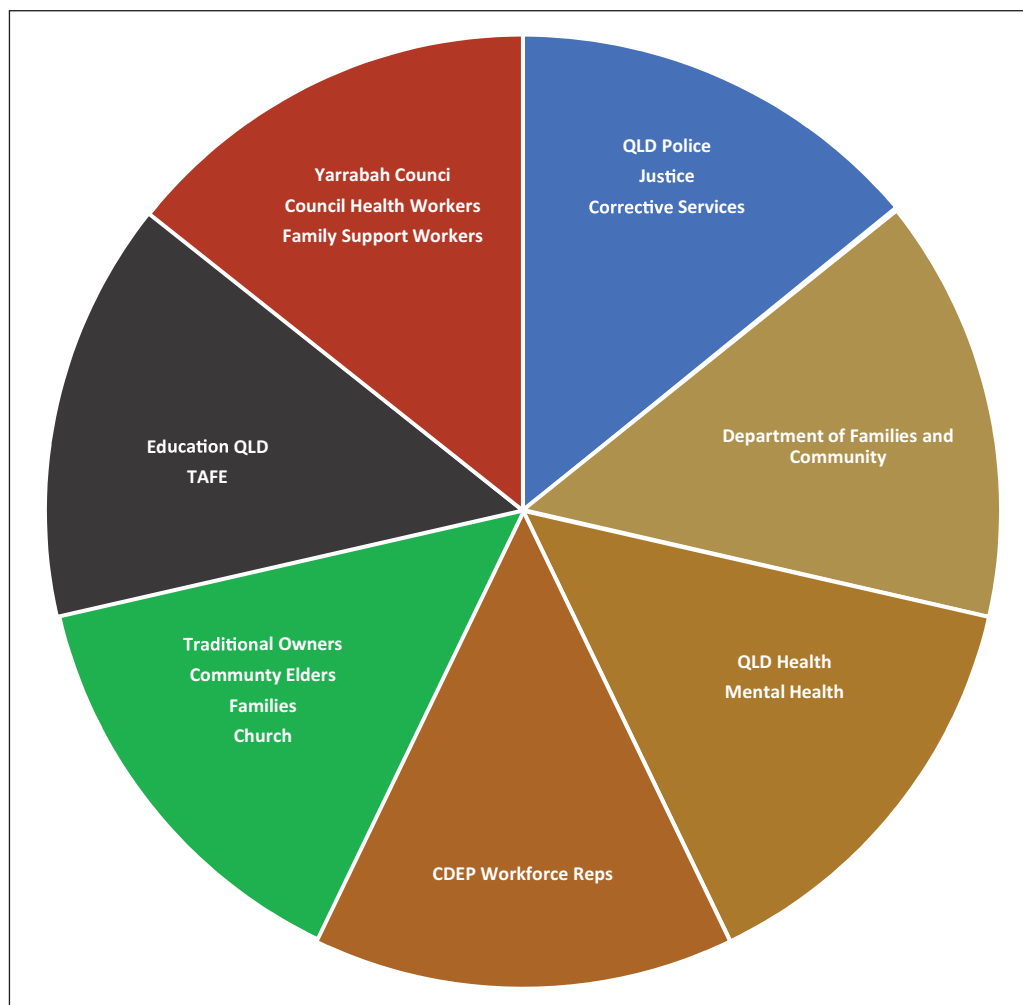


Diagram I. The Yarrabah Crisis Intervention Group (1995).

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 swivelled 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.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship and/or publication of this article.

ORCID iD

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

References

- Baird, M. (2005). *Yarrabah Shire council life promotion planning workshop report* (Unpublished document, p. 11).
- Battise, M., & Henderson, J. Y. (2000). *Protecting indigenous knowledge and heritage* (4th ed.). A Global Challenge Purich Publishing.
- Bottoms, T. (2013). *Conspiracy of silence: Queensland's frontier killing times*. Allen & Unwin.
- Bowers, M. E., & Yehuda, R. (2016). Intergenerational transmission of stress in humans. *Neuropsychopharmacology: Official Publication of the American College of Neuropsychopharmacology*, 41(1), 232–244. <https://doi.org/10.1038/npp.2015.247>
- Bringing Them Home Report. (1997). *National inquiry into the separation of aboriginal and Torres Strait Islander children from their families*. Human Rights and Equal Opportunity Commission, Commonwealth of Australia. Personal Stories.
- Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's first nations. *Transcultural Psychiatry*, 35(2), 191–219. <http://journals.sagepub.com/doi/abs/10.1177/136346159803500202>
- Craig, D. (1979). *The social impact of the state on an aboriginal reserve in Queensland, Australia* [English thesis]. <https://trove.nla.gov.au/work/17758711>
- Dalton, V. (1999). *126 suicide in prison 1980 to 1998: National overview*. Australian Institute of Criminology Trends and Issues in Crime and Criminal Justice.
- Diamond, A. S. (2013). *Primitive law, past and present: Anthropology and ethnography*. Routledge; Taylor & Francis Group. <https://www.amazon.com/Primitive-Law-Past-Present-Diamond-ebooks>
- Dudgeon, P., Milroy, D. J., Calma, T., Luxford, Y., Ring, I., Walker, R., Cox, A., Georgatos, G., & Holland, C. (2016). *Solutions that work: What the evidence and our people tell us*. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report (p. 12). Australian Government. http://www.atsispep.sis.uwa.edu.au/___data/assets/pdf_file/0006/2947299/ATSISPEP-Report-Final-Web.pdf
- Fitzpatrick, J. P., Elliot, E. J., Latimer, J., Carter, M., Oscar, J., Ferreira Olson, H. C., Lucas, B., Doney, R., Saltner, C., Peardon, E., Hawkes, G., & Hand, M. (2012). *The Liliwan project: Study protocol for a population-based active case ascertainment study of the prevalence of fetal alcohol spectrum disorders (FASD) in remote Australian communities*. <https://www.ncbi.nlm.nih.gov/pubmed/22556161>
- Herringa, R. J. (2017). Trauma, PTSD, and the developing brain. *Current Psychiatry Reports*, 19(1), 69–77. <https://doi.org/10.1007/s11920-017-0825-3>
- Hunter, E., Reser, J., Baird, M., & Reser, P. (2000). *An analysis of suicide in Indigenous communities of North Queensland: The historical, cultural and symbolic landscape*. Commonwealth of Australia.
- Kidd, R. (1997). *The way we civilize: Aboriginal affairs, the untold story*. University of Queensland Press.
- Leenaars, A., Brown, C., Lucien, T., Anowak, J., & Hill-Keddie, T. (1999). Genocide and suicide among indigenous people: The north meets the south. *The Canadian Journal of Native Studies*, 14(2), 337–363. http://www3.brandonu.ca/cjns/19.2/cjns19no2_pg337-363.pdf
- Loos, N. (1982). *Invasion and resistance*. Australian National University Press. <https://openresearch-repository.anu.edu.au/bitstream/1885/114712/2/b12627793.pdf>
- Malaspinas, A. S., Westaway, M. C., Muller, C., Sousa, V. C., Lao, O. I., & Willerslev, E. (2016). A genomic history of Aboriginal Australia. *Nature*, 538(7624), 207–214. <https://doi.org/10.1038/nature18299>
- Mitchell, P. (2000, October). Yarrabah, a success story in community development (Youth Suicide Prevention Bulletin No.4, pp. 16–23). Australian Institute of Family Studies, Commonwealth of Australia.
- Nakashima, D. (2000). *What relationship between scientific and traditional systems of knowledge? Some introductory remarks* [Meeting]. Thematic Meeting 11.12 Science and Other Systems of Knowledge. <http://www.unesco.org/new/en/natural-sciences/priority-areas/links/biodiversity/events/science-and-other-systems-of-knowledge/>
- National Health and Medical Research Council. (2015). *Keeping research on track: A guide for aboriginal and Torres Strait Islander peoples about health research ethics* (Revised 2018). Australian Government. https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/e65.pdf
- Parker, R., & Milroy, H. (2014). Chapter 2, Part, 1: Aboriginal and Torres Strait Islander mental health: An overview. <https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-1-chapt-2-final.pdf>
- Percy, F., Ramsamy, L., & Baird, L. (1998). *Yarrabah community multi-purpose primary health care feasibility study final report*. Yarrabah Aboriginal Shire Council.
- Prince, J. N., Baird, L., Kingsburra, S., & Tipiloura, B. (2018). *Stories from community: How suicide rates fell in two Indigenous communities*. https://link.springer.com/chapter/10.1007/978-3-030-22325-0_7
- Queensland ANNO SEXAGESIMO PRIMO VICTORIAE REGIAE No.17 Preamble Aboriginals Protection and Restriction of the Sale of Opium Act (1897). Queensland Government.
- Reser, J. (1989). Aboriginal deaths in custody and social construction: A response to the view that there is no such thing as Aboriginal suicide. *Australian Aboriginal Studies*, 2, 43.
- Rigney, L. I. (1997). Chapter 3: Indigenous frameworks and methods for research. In *Part A: Indigenous health research in context* (pp. 45–46). <https://www.lowitja.org.au/sites/default/files/docs/researchers-guide/43-64-Chapter3.pdf>

- Roth, E. (1904). *Annual Report of the Chief Protector of Aboriginals for 1904*. https://aiatsis.gov.au/sites/default/files/docs/digitised_collections/remove/63513.pdf
- Salvado, R. (1871). *Information respecting the habits and customs of the aboriginal inhabitants Western Australia. Compiled from various sources* (p. 1, Presented to the Legislative Council by His Excellency's Command). Perth Government Printer.
- Smith, L. T. (1999). *Decolonizing Methodologies Research and Indigenous Peoples* (p. 1). Zed Books.
- Smyth, B. E. (1878, p.5) The ethnologist of Victoria. The aborigines of Victoria. *The Australasian (Melbourne, Victoria: 1864-1946)*. <https://trove.nla.gov.au/newspaper/result?q=aboriginal+suicides>
- Spencer, B., & Gillen, F. J. (1899). *The native tribes of Central Australia, Chapter 2*. <https://ebooks.adelaide.edu.au/spencer/baldwin/s74n>
- Swan, P., & Raphael, B. (1995). *Ways forward. National consultancy report on aboriginal and Torres Strait Islander mental health part 1*. National Mental Health Strategy. Commonwealth of Australia.
- TROVE (2019) Coroner told suicide by natives rare (1943 p. 6) *News*. <https://trove.nla.gov.au/newspaper/result?q=aboriginal+suicide>
- Ungunmerr, M.-R. (1988). Dadarri inner deep listening and quite still awareness a reflection by Miriam-Rose Ungunmerr. *Miriam Rose Foundation*. <https://www.miriamrosefoundation.org.au/about-dadirri>
- Von Thater-Braan, R. (2001, July 10). *The six directions: A pattern for understanding native American educational values, diversity and the need for cognitive pluralism* [Plenary session]. SECME Summer Institute Plenary Session, Tucson, AZ, United States.
- Wanganeen, R. (1998). *Connecting across cultures for loss and grief. Grief and loss unit*. University of Queensland.