Could there be a link between genocide and suicide?

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Legacies of genocidal phases have scarred the Aboriginal psyches. AAP/Neda Vanovac

Genocide and suicide are connected in some contexts. Sometimes the connection is direct; occasionally it is indirect.

This relationship hardly figures in suicide studies. Only a handful of case studies are to hand – and they tell us little. We can start with Namibia (1904 to 1906), then the Armenian genocide (1915 to 1923), move to the Holocaust (1933 to 1945), and then to Rwanda and Bosnia in the 1990s.

We know very little about suicide and suicide attempts during modern genocides. But we do know there is an aftermath of suicide among victims.

Namibia

Namibia – formerly German South-West Africa – has 2 million people. In one year (2013–14), 477 people took their lives and 1,305 attempted suicide (that are known). Speculation as to why ranges from broken relationships to fears of AIDS.
Herero women refused to procreate for at least a decade following their sexual degradation by German troops between 1904 and 1906. That was a form of collective genocide-suicide, a self-imposed extinction by non-reproduction.

**Turkey**

Armenian women killed themselves rather than surrender to Turkish rape. And during the death marches into Syria, many Armenian women threw themselves into rivers rather than face their torment to come.

Rape was a systematic form of sexual humiliation. Torture, forced marriages and prostitution were part of the attack on women and their “Armenianness”.

Akin to Holocaust survivor families, there is a pall over Armenians — even today, a century later. There is a deprivation of pleasure, a suffusion and suffocation from a dark history.

It is an abiding history, fuelled daily by the ferocity of the Turkish denial, which insists that nothing genocidal ever happened to that Christian minority.

**The Holocaust**

Konrad Kwiet wrote that suicide was the “ultimate refuge” for German Jews during the Holocaust. Some 10,000 of 550,000 German Jews killed themselves between 1925 and 1945 — a huge number at an inordinate rate.

At first it was the boycott of Jewish businesses, then the “outing” of those baptised who had believed they were Christians but were suddenly exposed as having Jewish origins, and then those who took their lives rather than have the Nazis take them.

Suicide is not a cultural or religious phenomenon in Jewish life. Two precepts stand out: first, one may suicide rather than betray the faith, and second, born out of the Warsaw Ghetto, one may take one’s life rather than have someone else take it. This was seen as resisting and defiant suicide.

Later came the torment of survivor guilt and the suicides that resulted. A mantra was “we will outlive them” – the seemingly relentless determination to stay alive no matter what. But that turned out not to be universal.

**Rwanda**

A 2014 study in Rwanda found a consistently high suicide rate among those who were convicted of genocide crimes.

Being a survivor, or a member of a family with a first-degree relative killed, or having been a victim of sexual abuse, did not emerge as a suicide risk. This is surprising. But again, we have a study that set out to look for “mental health issues” – in this case, evidence of epidemic post-traumatic stress disorder. Most of these studies begin with that premise.
There is no mention of shame, dishonour, or guilt – the more usual emotional responses to what they did and how they were punished. And again, there was no attempt to probe the overall impact and legacy of the events of 1994.

**Bosnia**

Surprisingly, perhaps, one study shows that the Serbian war on Bosnia-Herzegovina between 1992 and 1995 did not affect the suicide rates. The one exception is that the rates for women in Sarajevo increased.

There was a marked increase in suicide rates among Serbs who were involved in the genocide, particularly of those indicted for trial.

The few suicide scholars who write in this field suggest stress from economic depression. But they ought to look beyond that immediacy.

**Australia**

Among Aboriginal Australians, from the end of the 19th to the start of the 21st centuries, some 2.9% of the population endured physical killings, forcible child removals, and regimes of incarceration on government-run settlements and church mission agencies that caused them serious bodily and mental harm. These are three of the five actions defined as genocide in the UN genocide convention and the Rome Statute of the International Criminal Court.

The legacies of genocidal phases have scarred the Aboriginal psyches. Once highly ordered societies have become disordered in many instances.

The social, political, legal, geographical and historical contexts have led not only to anomie and alienation, but to violent behaviour towards others – and, more particularly, towards selves. Homicide has a flip-side: suicide.

Aboriginal youth today are taking their lives at extraordinary rates. Very dark shadows surround Aboriginal life. Youth take in their their kin history by osmosis, and Aborigines are renowned for their quite remarkable oral history tradition.

**What all this means**

Italian suicide scholar Marzio Barbagli defines two kinds of suicide: those who do it for themselves and sometimes for others, and those who do it against others. The Armenian and Jewish experiences are revelatory of both categories. They saved themselves from barbarisms, and they resisted their perpetrators’ objectives by such defiance.

After 25 years studying Aboriginal suicide, mainly that of youth, my conclusion is that much of it is “political” – that is, an exercise of power over the one thing they possess: their bodies.
Do Aboriginal or Native American or Inuit youth know the details of their genocidal history? As likely not. Do they live in a deep daily shadow, and do they osmose sadness? Certainly – at least in my experience.

Jewish grandchildren know of their grandparental tattoos, and Aboriginal generations know that their parents were in assimilation homes – in which they were incarcerated after forcible removal from parents – where they were always known by their numbers, never by their names.

Searching for factors involved in youth suicide is, assuredly, less of a speculation than finding a depression gene, a suicide gene, or a chemical imbalance in the brain. For one thing, there is a lot more source material for the “genocidal gene” than there is for the “mental issue gene” in the case of ethnic minorities with that kind of history.

If you or someone you know need someone to talk to, for any reason, call Lifeline on 13 11 14 – 24 hours a day.

This piece is based on a presentation delivered on June 29, 2017, to the Critical Suicidology 2.0 Conference.

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