‘I Can’t Even Talk to My Parents About It’: South Sudanese Youth Advocates’ Perspectives on Suicide Through Reflexive Discussions and Collaborative Poetic Inquiry

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Article

'I Can't Even Talk to My Parents about It': South Sudanese Youth Advocates' Perspectives on Suicide through Reflexive Discussions and Collaborative Poetic Inquiry

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Abstract: The issue of suicide has garnered considerable attention in refugee scholarship, where research examines how unique forced migration and resettlement challenges exacerbate risks and vulnerabilities to suicide. However, there are gaps in understanding the social and cultural factors shaping the lived experience of suicide in refugee communities. Using the example of African-background young people in Australia, this paper presents a collaboration among two academics and two South Sudanese youth advocates to explore the sociocultural factors impacting suicidality through reflexive discussions and collaborative poetry. This combined approach offered a unique and nuanced conceptual and methodological framework to contribute culturally specific narratives to critical suicide studies and challenge western-centric and biomedical perspectives on suicide. The process highlighted (i) the lack of dialogue about suicide in the South Sudanese community, and (ii) an absence of community-based support structures to address suicide. This paper provides useful insights on the culturally specific context of suicide, adding refugee perspectives to the discipline of critical suicide studies.

Keywords: critical suicide studies; collective poetic inquiry; suicide; reflexive discussion; youth advocates; South Sudanese

1. Introduction

The topic of suicide has been a global preoccupation for centuries, well before early philosophical discussions in Ancient Greece (Battin, 2015; Silverman, 2021). Since the 20th century, debates on suicide have expanded in western societies and in nations colonised by western powers, noting that it is harder to trace similar historical accounts in contexts with oral traditions (Battin, 2015). Suicide research has expanded in the west over the past 60 years in disciplines such as sociology, psychiatry, philosophy, public health, and implementation science (Silverman, 2021). This is because suicide is a global issue of concern and a leading cause of death worldwide, with over 700,000 people each year taking their own lives (World Health Organization [WHO], 2023). For everyone who dies by suicide, up to 135 people are affected (Procter et al. 2023). Despite this accumulating body of knowledge, the overall worldwide suicide rate has remained the same over the past few decades (Silverman, 2021). Importantly, while almost 80% of suicides occur in low- and middle-income countries (WHO, 2023), most of the literature relates to western perspectives in high income contexts including white-majority settler colonial nations such as Australia, Canada, and the United States.

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Despite vastly diverse views on the causes of suicide across contexts and previous sociological advances on the nuanced nature of suicide (e.g., Emile Durkheim's work in Le Suicide, 1897), western perspectives on the topic dominate and remain strongly anchored in the medical model. This model typically views suicide through the lens of individual pathology, where suicide is mostly understood as a mental health issue that requires diagnosis and treatment or prevention (Chandler et al., 2022; White et al., 2016; Chung, 2012). In positivist research on suicide, the focus is on mental health disorders such as depression and anxiety, and on medical interventions, such as psychiatric treatment and medication (Cesar Riani Costa & White, 2024, this special issue). The medicalisation of suicide has overshadowed other meanings attached to suicide, which are often deeply contextual and sociocultural (Chandler & Wright, 2023; White, 2017).

Contextual and sociocultural approaches focus on the role of social, economic, and cultural factors in shaping suicidal behaviours and how suicide is understood and addressed in different cultural and sociopolitical landscapes (Author 2023; White et al. 2016). Sociocultural perspectives acknowledge that suicidality is not merely an individualised issue but is deeply embedded in social and cultural contexts and might be linked to issues such as social isolation, family conflict, or economic hardship (Chandler et al. 2022). For instance, a recent discussion paper on reducing suicide risks in the state of New South Wales (NSW) in Australia identified several 'drivers of distress', most of which were not health related. These were: housing stress; financial distress and cost of living; relationship dysfunction or breakdown; unemployment; alcohol and other drugs; loneliness; intergenerational trauma; stigma and discrimination; gambling; legal circumstances; natural disasters; violence; adverse childhood experiences; living in regional, rural and remote areas; living with disability; personal history of self-harm including suicide attempt; psychological distress; bereavement by suicide; and psychological hazards in the workplace (NSW Government, 2024).

The dominant western-centric biomedical lens that examines suicide purely as a health issue has been challenged in recent times, including in the discipline of critical suicide studies (discussed below). One way to contribute to this agenda is to prioritise the perspectives of people from refugee backgrounds in white-majority, western countries such as Australia on the sociocultural factors that impact suicide. This would not only yield previously unexplored understandings of suicide but also counter the tendency to rely solely on white, western and medicalised approaches to suicidality and how to address it (see X & polanco, 2021). Expanding the literature on sociocultural perspectives of suicide can generate scholarly spaces that consider a broader set of responses and interventions than acute clinical services alone.

This paper contributes new knowledge on factors such as cultural beliefs, social norms, and community dynamics in relation to suicide in the South Sudanese community in Australia. The insights are based on the perspectives of South Sudanese youth advocates (Author 3 and Author 4) who shared their views on the major barriers to addressing suicidality and the lack of intervention models to support members of their local community. These views were collected through reflexive discussions and a poem from Author 3, and a collaborative analysis among all authors. First, we outline the literature on suicide among refugee-background communities followed by the reflexive methodology that guided this article. We then present the key themes from our discussions and the poem and highlight the implications of exploring perspectives from refugee communities for critical suicide studies.

2. Suicide Research and Refugee Communities

Refugee-background people around the world face heightened risks of suicide due to the compounding effects of forced displacement, resettlement challenges and intergenerational trauma (Author, 2024; Haase et al., 2022; Vijayakumar, 2016a). Forced migration challenges are particularly salient for young refugees aged 15 to 29 (as per the United Nations definition of youth used in our research) who face significant hardships and difficulties adapting to new roles and contexts, contributing to feelings of uncertainty and hopelessness and to suicidal behaviours (Basu et al. 2022). The trauma of displacement, exposure to violence, and the stress of adapting to a new socio-cultural environment contribute to this compounded vulnerability (Colucci & Lester 2020).

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In Australia, while suicide rates for detained asylum seekers are documented (e.g., Procter et al. 2018), data on resettled refugees are lacking as visa status is not recorded in suicide statistics. Recently, the Australian Institute of Health and Welfare (AIHW, 2023) has shifted its approach and begun identifying ethnicity in suicide statistics. The organisation indicated higher rates of death by suicide among refugee-background people who experienced 1.7 times the rate of suicide compared to 'Other permanent migrants'.

Refugee studies abound with empirical research that assesses and measures mental health, which shows a disproportionate concern with biomedical perspectives (Author, 2023). Insights from research with a sociocultural lens can be more useful to contextualise this project. For example, research on the mental health experiences of refugee-background young people in Australia have focused on the impact of factors such as unemployment, poverty, and inadequate housing, racial trauma, pre-migration and resettlement challenges (Brough et al., 2003; Mwanri & Pulveranti, 2014). These conditions can lead to suicidal ideation, especially among young people struggling to reconcile their hopes and aspirations with the complex and compounding realities of forced migration and adapting to new environments (Davidson et al., 2004; Lau et al., 2018). Intergenerational trauma and conflict within families can yield significant distress and social isolation as leading causes of suicide among refugee-background young people (Colucci et al., 2012; Lenzi et al., 2012). Importantly, despite growing evidence on the benefits of lived experience-led suicide research (e.g., Boydell et al. 2023; Krysinska et al. 2023), young refugees' viewpoints and experiences of suicide are absent from the literature on this profoundly difficult topic. Recent scholarship reveals additional challenges to suicide research in refugee communities, including the lack of refugee-specific data and the complex nature of suicide as a research topic (Author, 2023; Canetto et al., 2023).

Research on suicide in forced migration contexts requires different paradigms that acknowledge multidimensionality, complexities, and cultural nuances (Colucci et al., 2017). This includes the need for more qualitative research models to counter the dominance of quantitative and pathologising frameworks (Author, 2023). Narratives of suicide cannot be understood outside of the broader structural and sociopolitical landscapes that refugee-background young people and communities navigate as part of forced migration and resettlement experiences. Thus, the discipline of critical suicide studies better contextualises the central importance of culture when discussing this topic.

2.1. Critical Suicide Studies

Critical suicide studies is a relatively new discipline that both expands and problematises conventional biomedical approaches by engaging with lived experience, power relations, social justice, and the histories that frame knowledge on suicidality (Chandler et al. 2022; White et al., 2016). Critical suicidologists advocate for a creative and compassionate exploration of suicide beyond a medical diagnosis, to engage with the broader social, historical, cultural, and political contexts that influence suicidal behaviours (Chandler & Wright, 2023). This approach to suicide research recognises the value of contexts and asks analytical questions that are often considered peripheral when using medical or psychiatric lenses (Author, 2023).

An important element of critical suicide studies is its attention to cultural and sociopolitical factors shaping lived experiences of suicide. This is most evident in First Nations suicide research (e.g., Dudgeon et al. 2016; Zantingh et al., 2024), which challenges colonial notions and western examinations and understandings of suicidality (see also X & polanco, 2021) and centres cultural safety as a key concept. Culturally safe research models are attuned to cultural norms and knowledge as determined by those most affected by lived experience of an issue (Author, 2022; Papps & Ramsden, 1996). Cultural frames of reference also feature prominently in suicide research in majority world countries such as Indonesia (Setiyawati et al. 2024), Sri Lanka (Marecek & Senadheera, 2023) and Nepal (Canetto et al., 2023) and inform the development of national intervention strategies to reduce the incidence of suicide (e.g., Onie et al., 2023).

As one of several intersecting factors that impact suicidality, culture is crucial in understanding lived experiences of suicide. Culture provides the framework through which societies reproduce themselves and attach meaning to various phenomena (Wexler & Gone, 2012). Despite its

 doi:10.20944/preprints202409.1520.v

importance, culture has been a neglected topic in suicide studies (White, 2017) although recent publications counter this trend (e.g., Marecek & Senadheera, 2023; Menon et al., 2024; Setiyawati et al. 2024). Previous research has highlighted the need to explore how cultural values, beliefs, religion, and spirituality affect suicidality among refugee groups (Boyd & Chung, 2012; Lenzi et al., 2012). Culturally specific meanings linked to suicidality differ across groups, offering diverse explanatory frameworks that can inform more effective interventions (Stoor et al., 2015; Vijayakumar, 2016b).

Cultural frameworks should be better contextualised in the broader structural and sociopolitical landscapes that impact suicidality among refugee-background people. For instance, refugee-background people often experience intersecting factors such as displacement, trauma, systemic discrimination, and socio-economic marginalisation, which contribute to increased suicide risks (Author, 2023; Lenzi et al., 2012). A culturally nuanced understanding of suicidality among refugee communities should account for these intersectional factors, recognising that suicidality cannot be disentangled from the historical, political, and economic contexts of displacement and marginalisation (Stoor et al., 2015; Vijayakumar, 2016b). An intersectional approach leads to more tailored and culturally safe interventions that address both the immediate and underlying causes of suicidality among refugee communities.

3. Methodology

This project used a collaborative inquiry framework (Antonacopoulou et al., 2023), where we combined reflexive discussions with collective poetic inquiry to explore the perspectives of Authors 3 and 4 who are South Sudanese youth advocates on suicide in their local community. This represents a unique conceptual and methodological approach to broaden understandings of suicide and challenge western-centric and biomedical perspectives, moving away from survey- or interview-based methodologies to achieve a different, more culturally responsive outcome. Our co-authorship demonstrates the crucial importance of disrupting research and publication norms that often exclude important views on issues of global concern. The contributions discussed here are co-produced, but the main aim is to highlight the importance of first-hand perspectives. The principles of co-development, collaboration and co-creation of knowledge were at the heart of this approach and are highly valued in critical suicide studies (Ward et al., 2024; White, 2017).

3.1. Reflexive Discussion and Collective Poetic Inquiry as a Collaborative Approach

Reflexive discussions create a useful platform to articulate perceptions of suicide, fostering candid and open dialogue (Antonacopoulou et al., 2023). This method supports critical thinking to gain deeper insights into complex issues, experiences, feelings, and practices that may otherwise be missed using different approaches (Block et al., 2013). Reflexive discussions are particularly effective for exploring sensitive topics such as suicide to articulate thoughts and emotions in a supportive and self-paced environment (Sankofa, 2023). When combined with collective poetic inquiry, a method Authors 2 and 3 have used previously (see Author, 2023), this approach was ideal to support the expression of perceptions and cultural nuances in contextual discussions on suicide.

3.2. Design

Authors 1, 3 and 4 recorded a two-hour reflexive discussion in 2024 on the social and cultural factors associated with lived experiences of suicide (i.e., personal experiences of suicidal thoughts or attempts, caring for suicidal persons, or being bereaved or affected by suicide in any way). They identify as youth advocates on various issues affecting African-background young people and families in Australia, including suicide. Open-ended reflexive prompts guided this reflexive conversation to share stories, anecdotes, and views on suicide in the South Sudanese and other African communities in Australia. They drew on their experiences as practitioners, community advocates and engaged scholars to guide their contributions. Author 2 did not participate in the conversation so that the process would be youth-led and to minimise power imbalances. Author 2

 doi:10.20944/preprints202409.1520.v

identified initial themes from the recording, which other authors confirmed as the main points to discuss in this paper.

As Author 3 is a poet, we used her poem (below) on the experiences of young people and families from her community to draw additional insights and complement the reflexive discussion. The value of this creative approach (see Author, 2023) reinforces the need for methodologies that challenge a western normative in suicide research. Our collaborative approach was trauma-informed, showing sensitivity, empathy, and understanding to the possibility that trauma may be part of people's experiences and may shape their present context (Knight, 2015). Authors 3 and 4 could choose what stories to bring into the discussion on their own terms and in their own time (Author, 2019) using any method (e.g., poetry, narration, or short story).

I can't talk to my South Sudanese parents.

At the start of every conversation
aggression flares in your eyes
And I inhale your trauma
When will you try ma
Enslaved to your toxicity
Poisonous words dance at the tip of your tongue
while apologies hide in your palate.
Swatting my emotions
The walls in my room quiver
as my silent screams awaken the dead
Shield with paranoia, the stench of neglect
ooze from the strands of my hair
Heir to your thrown I'd carry bags filled silence
Listen to the songs of your broken child
stalked by schizophrenia
I draw skits in my minds arena
Nursing my pronouns
And sleeping with bottles I can't even pronounce
Coke cans laced with placebo
I console the voices in my head
I'm afraid I'll not rise with the sun
Yet you believe I have no reason to die young
Ma as you'll marry your beliefs
Mary, I'll pray to
for a merry day.

Author: Author 3, 2023.

Author 1 transcribed, coded and analysed the data from the discussion and the poem using reflexive thematic analysis. Reflexive thematic analysis is a dynamic, creative, and systematic approach to generating themes from qualitative data (Braun & Clarke, 2019). It recognises researcher bias and subjectivity as valuable analytic resources. Themes are understood as patterns of shared meaning, cohering around a central concept (Braun & Clarke, 2019). Our analysis followed six phases: (1) data familiarisation; (2) initial code generation; (3) initial theme generation from coded data; (4) theme review; (5) theme defining and naming; and (6) report writing. During the data familiarisation and initial coding phases, Authors 1 and 2 listened to the recording and read the transcripts multiple times, identifying potential themes and patterns related to the project's topic. Through an iterative and reflexive process, we identified themes informed by our social constructionist orientation (see

 doi:10.20944/preprints202409.1520.v

below). This approach emphasised the importance of language, discourse, and the production of knowledge through relational processes.

3.3. Rationale

Our approach was culturally safe, which meant that it deconstructed top-down power relations inherent to research that can diminish and even silence narratives and worldviews that would otherwise provide rich and nuanced understandings (Author, 2022). Indeed, researchers engaging ethically with community advocates should co-develop parts or sections of the process (Kamp & Kelly, 2014). Authors 3 and 4 provided feedback on the design and the interpretation of findings.

We developed a social constructionist framework, based on the assumption that there is no singular reality or unquestionable truth. All knowledge is socially constructed, and every practice occurs within specific cultural, historical, and sociopolitical contexts (Burr, 2015). In other words, beliefs on life, death, suicide, and identity are not fixed or self-evident but are products of social interaction bound up in power relations (Burr, 2015; White, 2017). Attention to power relations and positionality are important aspects that cannot be overlooked in discussions on suicide and in the co-creation of knowledge on this topic. Reflexivity is an ongoing process where researchers and collaborators consciously reflect on how their assumptions shape research relationships, processes, and outcomes (Author, 2022). We include here the authors' positionality statements and state how our privileges and identities affected our approach, followed by the findings.

3.4. Positionality

Author 1: I am a migrant man from the Democratic Republic of Congo, living and working on the lands of the Turrbal and Jagera peoples in Brisbane, and partly educated on the land of the Gadigal peoples, both unceded territories. I have firsthand experiences of armed conflict and forced displacement. I have privileges as a man in a full-time academic role, living in an affluent suburb and country. I am committed to an engaged scholarship that prioritises the voices, experiences and knowledge of marginalised young people, families and communities.

Author 2: I am an uninvited first-generation migrant settler living and working on colonised and unceded Aboriginal land since 2005, with English as a second language. I am a woman with brown skin, a 'visible minority' in a white-majority country. I have privileges as an academic in a full-time, ongoing role, living in an affluent suburb and country. My lived experiences differ greatly from that of the people I collaborate with in refugee research. I value participatory methodologies because of my commitment to anti-colonial research.

Author 3: I am a South Sudanese refugee who has been living on the land of the Darug Nation since 2005. As a first-generation Australian, I am living through the second-hand experience of trauma and identity crises as a result of what my family, both extended and immediate, and the rest of South Sudanese community have endured for many years. Through my poetry, I have become the voice and storyteller, unearthing atrocities that have long been buried by my people.

Author 4: I am a community advocate working closely with young people and families in Australia. My background includes extensive work creating support structures for marginalised communities, particularly focusing on mental health and cultural integration.

4. Findings

The two main findings from the reflexive discussion and collective poetic inquiry were: (i) lack of dialogue about suicide, and (ii) the absence of community-based support structures to address suicidality.

4.1. Lack of Dialogue about Suicide

The lack of dialogue about suicide was due to three factors: culture shock, intergenerational trauma, and emotional disconnect, denial, and trauma competition in the family.

 doi:10.20944/preprints202409.1520.v

First, suicide (and other mental health issues) was identified as a topic that is never discussed openly in South Sudanese communities in Australia. The reflexive discussion highlighted the lack of opportunities to dialogue about the topic for both people experiencing suicidal thoughts and those concerned about rising suicide rates. This silence about suicide was seen as a major concern for local South Sudanese communities. Authors 3 and 4 identified culture shock as the leading barrier to any conversation regarding suicide in South Sudanese families, as exemplified in the following quote:

> In the Western world, we don't face the same challenges as in our traditional cultures, but this is where the struggle lies - being caught between two cultures. We find ourselves navigating Western and traditional [South Sudanese] values, which can be difficult. From what I've observed, children often grapple with issues they can't disclose to their parents or that their parents can't fully understand. They often turn to people online to share their problems […] which often leads to further harm, like online bullying or even abuse from those they confide in (Author 4).

This quote highlights cultural tensions that South Sudanese young people faced in relation to the conflict between their parents' traditional values and western values in Australia, resulting in communication barriers. Consequently, many young people who could not communicate their struggles to their parents due to these cultural tensions turned to online platforms for support. This often increased vulnerability to online risks such as bullying and abuse, which could in turn heighten risks of suicidality among young people.

Second, trauma and intergenerational trauma were compounding factors intersecting with culture shock and hindering any opportunity for dialogue about suicide:

> The majority of the time, it's individuals who choose to behave the way they behave. And because of their cultural background, that particular behaviour is automatically associated with the culture. In that, obviously, I think in a lot of Sudanese [….] there's a lot of trauma. And I think everyone is very, very much hurt. And I think our parents are way more hurt than we are. They've experienced a lot more than we have. And so, because they have not dealt with that hurt...it's a lot easier for them to shut down and not talk about it...and I think we have a role as young people as well to actually check in on our parents because we think our parents have to be the ones to check in on us. But it's like, at the same time, we have to be slightly more considerate. These are people that have left their parents. It's pretty much affected their whole identity. They're really hurt, and all they want is for their kids to have a better life (Author 3).

This quote highlights how culture, trauma, and unaddressed emotional pain significantly hindered any opportunity for dialogue about suicide among parents and children in the family context. It emphasises that older generations, especially parents, had endured severe trauma that they might not have processed, leading them to shut down emotionally and avoid discussing their pain. The intergenerational trauma and emotional isolation resulting from this situation significantly contributed to distress due to a lack of communication about suicide. The lack of open communication and emotional support within families, especially when older generations were deeply hurt and unable to express their feelings, could exacerbate feelings of loneliness and despair.

The poem echoed this absence of dialogue, and potential invalidation of suicidal thoughts. It referred to feelings of despair and helplessness of a young person who cannot communicate with their mother about suicidal thoughts. In the lines "I'm afraid I'll not rise with the sun", the young person explicitly expressed the fear of not surviving until the next day, which indicates a sense of hopelessness and the possibility of death by suicide. This points to intergenerational gaps in the way South Sudanese young people and older adults or parents thought of and responded to suicidal thoughts. During the reflexive conversation, Authors 3 and 4 noted that there are no corresponding words for depression, anxiety or suicide in South Sudanese languages and older adults often and indistinctively refer to these words as [being] 'sick' or 'crazy' rather than 'depressed' (and 'suicidal').

Further, intergenerational trauma as a barrier to discussing suicide reflected the challenges of conflicting cultural norms and values among parents or adults and young people. In particular, the reflexive discussion suggested that young people held stronger western-centric worldviews

 doi:10.20944/preprints202409.1520.v

(including views on suicide) than their parents and communicated about suicide differently from parents. Author 3 reflected:

> I think having grown up here and knowing that you have to have these conversations with our parents…They [parents] don't have the tools that we have. So, we have to start off these discussions regardless of how they act. And I know that it doesn't matter how old an individual is; there are certain topics that they might not be comfortable discussing because it's something they've never discussed before. And so, knowing how to manoeuvre around a topic until they feel comfortable enough actually to open up is very important (Author 3).

Author 4 agreed:

> The kids are here thinking that we could have that conversation in those households. But then our parents don't know how to do that, so I think for us, it's like we have to take responsibility as well. We can't just keep saying our parents…know how to communicate [about suicide]. We need to start doing better and actually start engaging with our parents (Author 4).

These quotes highlight insights on how South Sudanese communities could overcome intergenerational barriers to suicide-related dialogue. Young people had developed contextual communication skills in Australia to express their thoughts more clearly than their parents, and as a result, the language young people used to discuss feelings and frustrations was lacking among parents. This is why Authors 3 and 4 suggested that, while parents were traditionally expected to engage with young people, it is the younger generation that could take a more proactive role in initiating communication with elders.

Third, emotional disconnect within households was identified as another barrier to suicide-related dialogues and a marker of 'denial' about the existence of suicide as a major issue of concern for the local community. For instance:

> There are instances where five people are living in a house together, and one is going through a lot, and that person isn't gonna open up…there are people who live in the same household and only share a last name, and that's it. I think this gap plays a massive role, and it's the main issue…because if that gap was bridged, then…proper dialogue can begin, and with dialogue, there is understanding, and once there is understanding, and there's a lot of empathy, connection and once that connection is there…opening up will be a lot easier than it is right now (Author 3).

This quote illustrates emotional disconnect as a unique barrier to communicating about suicide among close family members even when they were living in the same house. Author 3's words highlight a lack of meaningful emotional connection and of open communication and understanding about issues affecting family members. This lack of communication was attributed to resettlement challenges such as family breakdown, changes in gender roles, drug and alcohol addiction, and harsh socioeconomic circumstances requiring parents to work several jobs to make ends meet.

Authors 3 and 4 also identified suicide denial and trauma competition as barriers to suicide-related dialogues, which were mostly relevant to parents who had experienced traumatic events in a way that younger people had not. Here, trauma competition means where parents implicitly compared their own past hardships with their children's struggles in resettlement, leading to a lack of empathy and open communication on young people's feelings and experiences. As a result, most parents questioned the legitimacy of young people's suicidal thoughts. They saw this as something that happens to others, not to their children. Author 4 explained:

> And I think parents are probably just like, you know what? It's not going to be my child. I know that my child wouldn't do these types of things, but then again, parents don't know their children [can have problems] and it's gonna continue to happen until we actually just open up and talk about the things that we do go through at school at work or elsewhere (Author 4).

Author 3 added:

 doi:10.20944/preprints202409.1520.v

I mean…what I've heard is it's always: Why would that person do that when they have, like they have nothing to actually be depressed about? Because the parents are paying their bills, they're living in Australia. What actually do you have to be sad about? (Author 3).

These extracts illustrate the intergenerational disconnect resulting from denial and trauma competition between South Sudanese adults and young people. Parents minimised or dismissed the struggles and emotional pain of younger individuals, perhaps because they believed that the challenges their children faced were insignificant compared to their own experiences. In the first quote, the idea that parents are in denial about their children's problems because they assume "it's not going to be my child" highlights a lack of recognition of children's experiences and emotional needs. This denial seems rooted in parents' belief that their own past struggles were more significant than what their children might be experiencing, as they 'have nothing to be sad or depressed about'. Trauma competition in this context was contributing to a generational disconnect, where the emotional struggles of the younger generation were not fully acknowledged or addressed due to parents' focus on their own past trauma. The poem also articulated a contrast between young people's suicidal thoughts [fear of not making it through the night] and parents' [mother's] belief that there is no reason for them to feel this way.

4.2. Absence of Community-Based Support Structures to Address Suicidality

The absence of community-based support structures to address suicide was due to two factors: (i) culture of silencing, blaming, and stigmatising people with lived experience of suicide, and (ii) limited recognition of suicide as an issue of concern in South Sudanese communities living in Australia.

First, Authors 3 and 4 noted a lack of structures, both formal and informal, to support someone who were suicidal in local South Sudanese communities. Speaking of available support, Author 3 said, "It doesn't exist"; "there is nothing there". There were no informal models or frameworks for responding to suicide, suicide attempts, self-harm, or other mental health issues. When a suicide occurred, there was a tendency to assign blame. The news of a suicide was used as an insult towards other members of the community to denote weakness:

The point is always to blame the victim, their parents, clan and aunties. That's one thing probably, which is kind of common. To blame the poor, that hang around that person, to blame the parents of the child, to blame all that stuff. Whereas if it was something that was more, let's say, if it was the conflict at home or the disagreement at home, then that's when the uncles and aunties will come in and just talk to them, you know, and see where to really mediate the whole situation. But when it comes to suicide itself, there's no one there. So, it's always, always looking for someone to blame. I think the reason that there is nothing there is because people don't open up and so people don't actually know how to cater to individuals that are suicidal (Author 4).

This quote suggests that in South Sudanese communities, the culture of assigning blame often takes precedence over addressing the root causes of suicide. Several lines from the poem also reiterated 'blame', 'social stigma' and 'silencing' as the everyday experiences of young people disclosing suicidal thoughts, for example, the lines "enslaved to your toxicity"; "poisonous words dance at the tip of your tongue"; and "while apologies hide in your palate". Likewise, the lines "I console the voices in my head"; "I'm afraid I'll not rise with the sun"; and "Yet you believe I have no reason to die young" best represent the silencing and invalidating of suicidal thoughts.

The reflexive discussion suggested that some people might be more comfortable speaking to religious and community leaders than their own relatives or mental health clinicians. However, community leaders (including religious leaders) and organisations are seen as patriarchal and ineffective in addressing rising suicide trends in local communities. It might be because leaders are afraid of being judged or labelled or having their own problems exposed. Turning to religious leaders (e.g., church pastors) did little to address the roots of the problem. There was an element of 'blame [suicide/suicidal thoughts] on the devil' that limited the kinds of conversations that someone who was suicidal could have. For example, Author 4 noted that:

 doi:10.20944/preprints202409.1520.v

when you go to the pastor, it's gonna be as if, you know…let's pray. But that's not gonna address the real issue. Then, they'll tell you to keep praying and come to church and all that stuff…but still not really dealing with what's happening on the inside, you know…so they can either…put the blame on the devil but not dealing with the root causes such as what's going on in your relationship, what happened back home or anything like that. (Author 4).

This extract indicates that traditional and religious leaders whose guidance might be sought are often ill-equipped to provide meaningful support in these matters. Turning to medical professionals was not an option. Author 4 explained: "We don't go to see a GP [general practitioner] at all" and "We don't go to a hospital". Authors 3 and 4 also highlighted that it was hard to discuss suicide with anyone when brought up in an environment where such topics are taboo. It is unclear why suicide is taboo in the local South Sudanese community, which makes it difficult to know how to address suicidality, especially when engaging adults and elders in finding solutions.

Second, the limited recognition of suicide as a major issue of concern was another barrier to implementing community-based structures. The priority for many South Sudanese people seemed to be to support family members overseas to the detriment of issues of concern in Australia, as reflected in the following quote from Author 4:

[At] one of the conferences I went to, they invited three elders from back home to Australia here, and one of them was speaking and he said, you know, you guys do all this to support us back home, but you also have your own issues you should be dealing with here in Australia. And this is someone coming all the way from the village [in South Sudan] to remind people in Australia, to really get the priorities straight.

The tendency to prioritise family connections in South Sudan rather than focus on major issues of concern in Australia seemed to be at odds with opportunities to respond to suicide. Many South Sudanese parents preferred to 'sugar-coat' circumstances in resettlement, even though there seems to be fewer suicides in South Sudan compared to Australia (anecdotally, Authors 3 and 4 estimated that they had heard of between 20-60 suicide in Melbourne over the past five to six years).

Accordingly, Author 3 highlighted the unique way in which the neglect of suicide, lack of support structure, and prioritising family members overseas over family in Australia affected children and young people from the South Sudanese community:

When it comes to households, there are no structures at all. The young people are left to try and make their own structures that could go against their parents' culture. And that's when problems again arise because there's no adult figure to provide support [….] basically. The moms are always working two jobs, three jobs, and then that leaves the children to fend for themselves basically. So, with no adult to act as a support structure, the children are left to just wonder and do whatever it is that they want. And I think from there, they can get into a lot of troubles. And I think family breakdown plays a massive role in young people taking their lives.

Author 3's quote encapsulates several critical points, including family breakdown and the harsh socioeconomic circumstances requiring parents to work several jobs to make ends meet and earn money to support family members overseas. This absence of adult support structures due to parents who were overburdened with work left young people to navigate life on their own. Without parental guidance, young people created their own ways of coping, which clashed with their parents' cultural expectations and led to conflict. This lack of adult support contributed to family breakdowns, left young people vulnerable to engaging in harmful behaviours and, in some cases, led to tragic outcomes such as suicide.

4. Discussion

Findings on the lack of dialogue about suicide and the absence of community-based support structures in South Sudanese communities in Australia are deeply intertwined with intersecting cultural, generational, and socio-political dynamics. These themes resonate with previous research on the challenges that resettled refugee communities face in addressing suicide and other mental health issues (e.g., Schweitzer et al., 2018; Murray et al., 2008) in two ways. First, the silence about

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suicide within the South Sudanese community is deeply entrenched in shame, cultural taboos, and social stigma, often leading to denial and avoidance of the topic (Hjelmeland & Knizek, 2017; Sheehan et al., 2016). Intergenerational trauma stemming from the community's experiences of war, forced displacement, and resettlement challenges might exacerbate this stigma and silencing (Schweitzer et al., 2006).

Second, the lack of culturally safe community-based services for refugee communities often leaves suicidal individuals without the support they need (Colucci et al., 2015) and contributes to minimising the extent of the problem. This lack of support is compounded by reliance on community and religious leaders, who may not have the training or resources to address suicidality effectively (Author, 2024; Kewley, 2018; Tol et al., 2020). As our findings highlight, religious leaders often attributed suicide and suicidal thoughts to spiritual causes rather than recognising the complex interplay of sociocultural dynamics, which can further stigmatise those seeking help. This attribution of suicide solely to spiritual forces risks oversimplifying complex experiences and neglecting broader sociocultural factors. Leading critical suicide studies scholars (e.g., Marsh, 2010; White, 2016) argue that attributing suicide solely to spiritual or individual factors may reinforce social stigma and marginalisation of people with lived experience. Thus, a more holistic stance that integrates individual, relational, cultural and structural factors can better inform culturally safe community-based interventions.

The themes of silence and absence of support that were central to the experiences of South Sudanese young people, resonate strongly with contemporary advances in critical sui-cide studies. Baril (2023) coined the term 'suicidism' as a form of oppression and silencing in response to someone's suicidal thoughts, motivated by a belief that this person cannot be thinking of taking their own life. This form of violence harms suicidal people, especially those who are multiply marginalised, with consequences extending well beyond the moment of be-ing silenced "because they prevent marginalized groups living with distress from reaching out for help and from having transparent conversations about their suicidality for fear of experi-encing more violence" (p. 10). This is why suicide largely remains taboo and continues to in-crease. If this tendency to silence those who bring up suicidal thoughts were reversed, Baril (2023) argues, more people would seek appropriate support rather than carry out their plans. The paradox of silencing suicidal people while insisting that they should reach out for support is a conundrum that the discipline of critical suicide studies aims to address. This paradox was apparent in our reflexive discussion of South Sudanese parents' denial and silencing and in the poem.

While silencing means that suicidal people avoid sharing their thoughts, Baril (2023) also argues that "being honest [about suicidal thoughts] has huge costs" (p. 4) and that "sui-cidal individuals who reach out for help do not always find the care promised" (p. 14). It be-comes unsafe to reach out for support. In this context, lingering in silence (or self-silencing) can become a strategy to avoid suicidism and insensitive responses (Baril, 2023). The reflex-ive discussion and poem highlighted similar disappointing outcomes when South Sudanese young people attempted to discuss their suicidal thoughts.

Further, the lack of community-based support networks could benefit from advances in critical suicide studies, especially in First Nations research, where there is emerging evidence of locally designed and community-driven models that can significantly reduce suicide risks (e.g., Wexler & Gone 2016). Adapting such approaches to South Sudanese communities in Australia would involve creating support networks that acknowledge and incorporate cultural values while fostering open and culturally safe dialogue about suicide. Interventions could include training community leaders and members, including religious figures, in suicide awareness and providing them with resources to offer practical support rather than spiritual or punitive responses. Positioning suicide as a major issue of concern in South Sudanese communities in Australia would necessitate raising the issue as a top priority on community and policy agendas. Previous research suggests that community engagement and education are crucial for raising community awareness on addressing suicidal behaviour effectively (Grattidge et al., 2023; Morgan et al., 2022). Initiatives could include awareness campaigns that highlight the prevalence and impact of suicide, along with culturally safe educational

programs. These programs should aim to shift the focus from blame to understanding and support, involving community members in creating and implementing suicide prevention strategies.

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