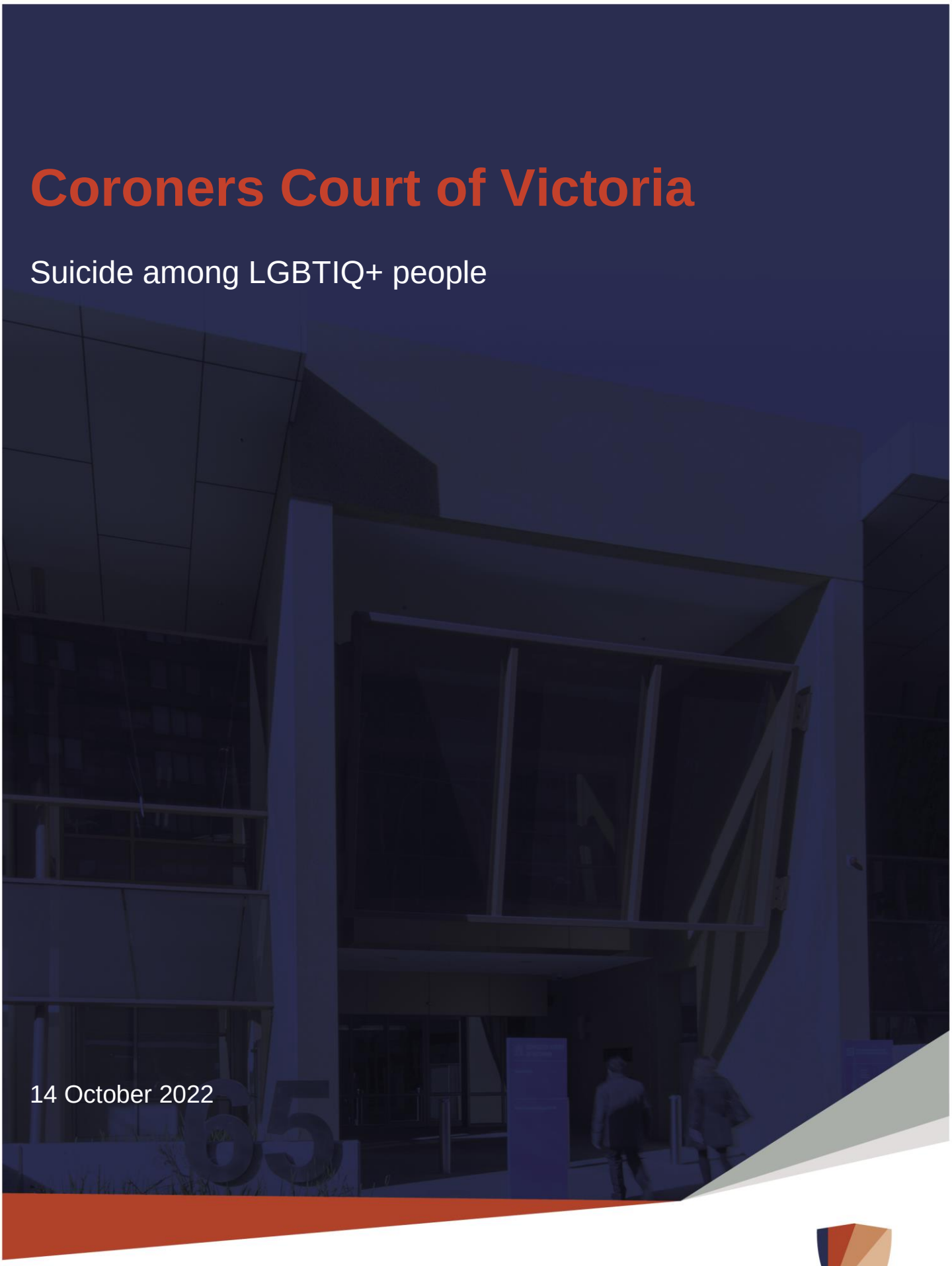
Coroners Court of Victoria

Suicide among LGBTIQ+ people



14 October 2022

Coroners Court of Victoria

WARNING: This following report includes information on suicides.

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Switchboard (https://www.switchboard.org.au) & Rainbow Door (https://www.rainbowdoor.org.au/) on 1800 729 367 or text 0480 017 246 or email support@rainbowdoor.org.au

Lifeline (https://www.lifeline.org.au) on 13 11 13 or text 0477 13 11 14

Beyondblue (www.beyondblue.org.au) on 1300 224 636

Queerspace (www.queerspace.org.au) on 9663 6733

Thorne Harbour Health (https://thorneharbour.org/lgbti-health/mental-health/counselling/) on 1800 134 840

Resources are also available through https://www.charlee.org.au/

Suicide in LGBTIQ+ people in Victoria

1. Background

LGBTIQ+ people are at higher risk of suicidal behaviours[1] than the general population in Australia,[2] and this risk may have been amplified during the coronavirus pandemic, which is suspected to have a disproportionate impact on the mental health and wellbeing of LGBTIQ+ people.[3]

The Coroners Court of Victoria has historically been cautious about publishing data on Victorian suicides among LGBTIQ+ people, primarily because the Court is aware of issues with its ability to identify LGBTIQ+ people among deaths investigated by Victorian coroners. Incomplete or inaccurate data may only offer limited insight into suicide among LGBTIQ+ communities and could potentially be unhelpful (and even damaging) to prevention efforts. Sharing such data may also exacerbate the emotional impacts experienced by LGBTIQ+ communities who have been affected by suicide loss.

In the context of current Victorian initiatives to promote equality and inclusion for LGBTIQ+ people[4], Victoria's State Coroner, Judge John Cain, determined that the Court might be able to play a more active role in this area. In particular, through releasing data the Court holds on suicide among LGBTIQ+ people - and being open about the underlying challenges the Court has faced in collating this data - new opportunities may be created for dialogue between the Court, LGBTIQ+ and public health organisations to better understand the suicides and prevention opportunities.

This report represents an initial step in the dialogue process and has been developed in close consultation with the Victorian Office of the Commissioner for LGBTIQ+ Communities and the Victorian Department of Health.

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1 Suicidal behaviour includes suicidal ideation, suicide attempts and completed suicide.

2 Royal Commission into Victoria's Mental Health System, *Interim Report*, East Melbourne: Parliament of Victoria, November 2019, pp.47-48; LGBTIQ+ Health Australia, *Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy 2021-2026*, 1 November 2021, <https://www.lgbtiqhealth.org.au/beyond_urgent_national_lgbtiq_mhsp_strategy>, accessed 9 February 2022; Royal Australian and New Zealand College of Psychiatrists, "Recognising and addressing the mental health needs of the LGBTIQ+ population", August 2021, <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/mental-health-needs-lgbtiq>, accessed 9 February 2022.

3 See for example Carman C, et al, *COVID-19: impacts for LGBTIQ communities and implications for services*, Bundoora: Rainbow Health Victoria, April 2020; Equality Australia, *LGBTIQ+ Communities and COVID-19: Report on the impacts of COVID-19 on Australian LGBTIQ+ communities and building a strong response*, 2020, <http://equalityaustralia.org.au/covid-report/>, accessed 2 February 2022; Hill AO, et al, *Private Lives 3: The health and wellbeing of LGBTQ people in Victoria: Victoria summary report*, ARCSHS Monograph Series No 130, Melbourne, Australian Research Centre in Sex, Health and Society, La Trobe University, 2021.

4 Particularly the *Pride in our future: Victoria's LGBTIQ+ strategy 2022-32* led by the Victorian Department of Families, Fairness and Housing. The strategy is accessible via <https://www.vic.gov.au/pride-our-future-victorias-lgbtiq-strategy-2022-32>.

2. Challenges in identifying the suicides

In Victoria all deaths from suspected non-natural causes including suspected suicides are required to be reported to the Coroners Court of Victoria. The Court reviews newly reported deaths each day to identify those that occur in circumstances consistent with suicide and adds these deaths to the Victorian Suicide Register (VSR).

The contents of the VSR are regularly revised and updated as coroners' investigations progress; and a range of information is coded about each deceased including any evidence that they were an LGBTIQ+ person.

For the VSR coder to know that a deceased person was an LGBTIQ+ person, this information needs to be documented in the coronial material: for example, by members of Victoria Police who submit the initial report of death, or by the coroner's investigator, also a member of Victoria Police, who gathers witness statements and evidence.

There are many reasons why information about a deceased person's LGBTIQ+ identity may not be obtained or may not be documented during the coroner's investigation. In consultation with Victorian Office of the Commissioner for LGBTIQ+ Communities and the Victorian Department of Health, the Court has documented the following challenges in capturing accurate data on LGBTIQ+ suicides:

- Witnesses may not wish to disclose information to police members and the Court about the deceased's LGBTIQ+ identity. A reason for this might be a desire to protect the privacy of the deceased, especially for people who may be newly identifying as LGBTIQ+ or may not be out to their families or work colleagues. A related reason might be fear of stigmatising the deceased.

- Family members and other witnesses with whom the coroner's investigator engages, may not be aware or accepting of the deceased's LGBTIQ+ identity, and therefore this information is not provided in their witness statements.

- Police members writing reports for the coroner may omit information on the deceased's LGBTIQ+ identity because they deem it not to be relevant; or may use broad terms and vague language which does not explicitly communicate the deceased's LGBTIQ+ identity.

- Consulting stakeholders have informed the Court that, due in part to negative historical interactions between LGBTIQ+ people and police, communicating with police and coroners following a suicide can be a deeply traumatic process. This might be a reason why the deceased's LGBTIQ+ identity might not be disclosed to police.

- When police attend the scene of a death to be reported to the Court, they are required to fill out a form titled *Initial Report of Death to the Coroner*. This initial report of death does not prompt the police member to ask any questions about the deceased's gender and sexual identity.

- There can be inconsistencies and ambiguities in the coronial material regarding the deceased person's gender and sexual identity. Additionally, gender and sexual identity themselves are complex and deeply personal, such that the deceased's loved ones may struggle to express these in communications with police.

It is difficult to establish how frequently information about the deceased's LGBTIQ+ identity might be missed or omitted. As such, it is hard to gauge the extent to which the VSR data under-counts suicide among Victoria's LGBTIQ+ communities. Therefore, the data presented here should be interpreted with caution.

3. Suicide frequency and proportion by age group

Table 1 shows the annual frequency of Victorian suicides among LGBTIQ+ people by age group for the period 2012 to 2021. The highest frequency was in 2014 (34 deaths) and the lowest frequency was in 2017 (10 deaths).

Table 1: Annual suicide frequency among LGBTIQ+ people by age group, Victoria 2012-2021.

Age group	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Under 18 years	4	-	-	2	-	-	1	-	2	1
18 to 24 years	2	8	9	2	4	1	1	5	2	8
25 to 34 years	10	2	9	6	8	6	7	4	9	5
35 to 44 years	7	5	6	9	3	3	4	2	-	2
45 to 54 years	-	2	7	7	2	-	1	3	3	5
55 to 64 years	2	1	3	1	-	-	2	1	2	2
65 years and over	1	1	-	2	-	-	-	-	1	-
Total	**26**	**19**	**34**	**29**	**17**	**10**	**16**	**15**	**19**	**23**

Most of the suicides in table 1 were in younger age groups. To explore this further, table 2 shows the proportion of suicides (as a percentage) by age group among the LGBTIQ+ cohort compared to all Victorian suicides during the period 2012-2021. The LGBTIQ+ people who died by suicide were overall substantially younger, with 56.7% of the suicides occurring in those aged 34 years or under, compared to 32.4% in all Victorian suicides.

Table 2: Overall proportion (%) by age group of suicides among LGBTIQ+ people and all suicides, Victoria 2012-2021.

Age group	LGBTIQ+ people	All suicides
Under 18 years	4.8	2.8
18 to 24 years	20.2	10.6
25 to 34 years	31.7	19.1
35 to 44 years	19.7	18.6
45 to 54 years	14.4	19.1
55 to 64 years	6.7	14.5
65 years and over	2.4	15.4
Total	**100.0**	**100.0**

While acknowledging the data clearly shows a high percentage of suicides among younger LGBTIQ+ people, caution is urged in interpreting this finding. In consultation with the Victorian Office of the Commissioner for LGBTIQ+ Communities on this data, the Court has been advised that older LGBTIQ+ people are less likely to be 'out' than younger people, and generational contexts to LGBTIQ+ social acceptance and experiences of discrimination may mean that the gender and sexual identities of older LGBTIQ+ people who suicide are less well known and documented in coronial investigations. This reinforces the importance of putting in place processes to improve the identification and understanding of suicide among LGBTIQ+ people in Victoria, so that appropriately targeted interventions can be developed.

4. Next steps

The Court recognises the challenges in identifying all suicides among LGBTIQ+ people in the state and urges readers to exercise caution when interpreting the data tabulated in Section 3 because it is likely to represent an undercount.

By consulting on and documenting the reasons for shortcomings in LGBTIQ+ suicide data, the Court hopes to open dialogue with relevant organisations to improve the accuracy and completeness of this data.

In the future, it is hoped that a more reliable dataset can provide a better understanding of the intersections between LGBTIQ+ identity and other elements of a person's lived experience and identity. Applying an intersectional lens to the elements contributing to suicide within these communities can highlight the particular vulnerabilities affecting these groups, leading to improvements in targeted prevention initiatives.