

Suicides of Aboriginal and Torres Strait Islander people

Victoria, 2018—2022

22 February 2023

Prepared by:

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Coroners Prevention Unit



Coroners Court
of Victoria



Warning

Aboriginal and Torres Strait Islander people are respectfully warned that the following report includes information associated with deceased persons from events that have occurred on Aboriginal land in Victoria.

No names, voices or direct events are recorded within this report; however, the sensitive nature of the information is associated with the commencement of dreaming for many Aboriginal people and may impact some readers.

For help or information contact:

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- **Lifeline on 13 11 14.**

Acknowledgement

The Coroners Court of Victoria (CCOV) acknowledges the traditional owners of the land on which it is located, the Wurundjeri and Boon Wurrung Peoples. Furthermore, the CCOV respectfully acknowledges all traditional owners across Victoria and pays respect to all Elders, past, present and emerging.

We acknowledge all families and communities who have been impacted by the loss of a loved one and provide our deepest condolences and respect at this time.



Purpose

This report provides an overview of suicides of Aboriginal and Torres Strait Islander people in Victoria between 1 January 2018 and 31 December 2022.

This report was compiled to provide an update about the frequency and circumstances of suicides within Aboriginal and Torres Strait Islander communities across the state. Accurately recording and reporting on suicides of Aboriginal and Torres Strait Islander people in Victoria is critical to inform program development and other initiatives aiming to reduce suicide rates across Victorian Aboriginal communities.

The report contains three main sections:

- Section 1 comprises a basic overview of suicides among Aboriginal and Torres Strait Islander people in Victoria between January 2018 and December 2022, including the number of suicides each year, the sex and age group of those who passed, and where the fatal incidents occurred.
- Section 2 highlights some distinctive features of suicide among Aboriginal and Torres Strait Islander people compared to non-Indigenous people in Victoria.
- Section 3 provides a basic overview of some of the themes emerging from the suicides, as well as contexts in which they occurred. The data in this section is drawn from suicides that occurred between January 2018 and December 2021; data from 2022 was not included because many passings are still under coronial investigation and evidence about them is still in the process of being gathered.

This is the fourth in a series of reports about suicide among Aboriginal and Torres Strait Islander people, which have been prepared by the Coroners Aboriginal Engagement Unit in collaboration with the Coroners Prevention Unit. Previous reports are available to view and download on the CCOV website.¹

¹ See <<https://www.coronerscourt.vic.gov.au/forms-resources/publications>>

1. Suicides in Victoria

The following data pertains to Aboriginal and Torres Strait Islander people who passed by suicide, and whose passing was reported to CCOV between 1 January 2018 and 31 December 2022.

1.1. Annual frequency by sex and age group

Table 1 shows the annual suicide frequency by deceased sex and age group, among Aboriginal and Torres Strait Islander people in Victoria during the period 2018 – 2022.

Table 1: Annual suicide frequency by sex and age group among Aboriginal and Torres Strait Islander people, Victoria 2018 –2022.

Sex and age group	2018	2019	2020	2021	2022	Total
Male						
Under 18 years	1	1	1	-	-	3
18 to 24 years	2	2	-	7	1	12
25 to 34 years	1	3	5	8	4	21
35 to 44 years	3	2	1	5	3	14
45 to 54 years	3	4	5	4	4	20
55 to 64 years	-	-	2	-	1	3
65 years and older	-	-	-	-	-	-
Total	10	12	14	24	13	73
Female						
Under 18 years	-	-	-	2	-	2
18 to 24 years	2	3	4	3	-	12
25 to 34 years	-	3	3	2	5	13
35 to 44 years	2	-	-	-	-	2
45 to 54 years	-	1	1	3	-	5
55 to 64 years	-	1	-	-	-	1
65 years and older	-	-	-	-	-	-
Total	4	8	8	10	5	35
All people						
Under 18 years	1	1	1	2	-	5
18 to 24 years	4	5	4	10	1	24
25 to 34 years	1	6	8	10	9	34
35 to 44 years	5	2	1	5	3	16
45 to 54 years	3	5	6	7	4	25
55 to 64 years	-	1	2	-	1	4
65 years and older	-	-	-	-	-	-
Total	14	20	22	34	18	108

1.2. Monthly frequency

Tables 2a and 2b show the monthly frequency and monthly aggregate² frequency respectively of suicides among Aboriginal and Torres Strait Islander people in Victoria. Most suicides occurred in the first half of 2022, following on from the elevated frequency in the second half of 2021.

Table 2a: Monthly suicide frequency among Aboriginal and Torres Strait Islander people, Victoria, January 2018 to December 2022.

Month	2018	2019	2020	2021	2022
January	-	1	2	2	2
February	-	1	3	2	2
March	-	1	3	4	3
April	3	1	-	-	2
May	1	4	2	2	1
June	2	4	1	2	3
July	1	1	1	4	1
August	-	-	5	4	1
September	1	1	-	3	-
October	1	2	1	3	1
November	4	3	2	4	1
December	1	1	2	4	1

Table 2b: Monthly aggregate suicide frequency among Aboriginal and Torres Strait Islander people, Victoria, January 2018 to December 2022.

Month	2018	2019	2020	2021	2022
January	-	1	2	2	2
February	-	2	5	4	4
March	-	3	8	8	7
April	3	4	8	8	9
May	4	8	10	10	10
June	6	12	11	12	13
July	7	13	12	16	14
August	7	13	17	20	15
September	8	14	17	23	15
October	9	16	18	26	16
November	13	19	20	30	17
December	14	20	22	34	18

- 2 The aggregate monthly frequency is the sum of frequencies for all months so far in each year. For example, the aggregate monthly frequency in March of a year is the sum of the monthly frequencies in January, February and March for that year.



1.3. Location

Table 3 shows the annual frequency of suicides among Aboriginal and Torres Strait Islander people according to the location where the fatal incident occurred: in Metropolitan Melbourne or regional Victoria.

Table 3: Annual suicide frequency among Aboriginal and Torres Strait Islander people according to the location of fatal incident, Victoria 2018—2022.

Fatal incident location	2018	2019	2020	2021	2022	Total
Metropolitan Melbourne	7	10	9	16	9	51
Regional Victoria	7	10	13	18	9	57
Total	14	20	22	34	18	108

The majority of suicides (57 of 108, 52.8%) occurred in regional Victoria. The Victorian local government areas (LGAs) with the highest suicide frequencies (five or more during the period) were Darebin, Greater Shepparton, Latrobe, Mildura, Merri-bek (formerly Moreland) and Wyndham.

The Coroners Court of Victoria respectfully acknowledges that the footprint of each passing impacts multiple communities – not just the place where the passing occurred.

2. The suicides in context

The previous section of this report focused specifically on Aboriginal and Torres Strait Islander people who passed by suicide. In this section, comparison data is presented to highlight some of the ways that suicide among Aboriginal and Torres Strait Islander people is distinct from suicide among non-Indigenous people in Victoria.

2.1. Average annual suicide rates

Table 4 shows the annual frequency and proportion of suicides among Aboriginal and Torres Strait Islander people compared to others in Victoria. On average, between 2018 and 2022 Aboriginal and Torres Strait Islander people comprised 3.1% of Victoria's suicide deceased.

Table 4: Annual frequency and proportion (%) of suicides among Aboriginal and Torres Strait Islander people and non-Indigenous people, Victoria 2018—2022.

Identity	2018	2019	2020	2021	2022	Total
Frequency						
Aboriginal and Torres Strait Islander	14	20	22	34	18	108
Non-Indigenous	683	680	669	659	738	3429
Total	697	700	691	693	756	3537
Proportion						
Aboriginal and Torres Strait Islander	2.0	2.9	3.2	4.9	2.4	3.1
Non-Indigenous	98.0	97.1	96.8	95.1	97.6	96.9
Total	100.0	100.0	100.0	100.0	100.0	100.0

The above frequencies were used as the basis for calculating crude average annual suicide rates,³ so that suicide prevalence among Aboriginal and Torres Strait Islander people could be meaningfully compared to non-Indigenous people. Drawing on the most recent available estimate of the Aboriginal and Torres Strait Islander and non-Indigenous Australian populations at June 2021,⁴ the rates were calculated as follows:

- For Aboriginal and Torres Strait Islander people, the total frequency of suicides during the five-year period (108) was divided by the June 2021 estimate of Victoria's Aboriginal and Torres Strait Islander population (78,698 people), multiplied by 100,000 then divided by five years. This yielded a crude average annual rate of 27.4 suicides per 100,000 population of Aboriginal and Torres Strait Islander people between 2018-2022.

3 The crude rate (dividing total cases by overall population, without accounting for features and factors that may be distributed differently between the cases and the population) was used because when the suicides among Aboriginal and Torres Strait Islander people were disaggregated by sex and age group, the frequencies were too low (in absolute terms) to ensure reliable age-specific and sex-specific rate calculations.

4 Australian Bureau of Statistics, "Estimates of Aboriginal and Torres Strait Islander Australians", <<https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/latest-release>>, 21 September 2022, accessed 11 January 2023.



- For non-Indigenous people, the total frequency of suicides during the five-year period (3429) was divided by the June 2021 estimate of Victoria's non-Indigenous population (6,469,342 people), multiplied by 100,000 then divided by five years. This yielded a crude average annual rate of 10.6 suicides per 100,000 population of non-Indigenous people between 2018-2022.

The results indicate that between 2018 and 2022 in Victoria, Aboriginal and Torres Strait Islander people died by suicide at a rate nearly three times higher than non-Indigenous people.

NOTE: The above must be interpreted with caution because the calculations rely on the accuracy of population estimates at the time this report was prepared. Even so, the results leave little doubt that the suicide rate among Aboriginal and Torres Strait Islander people in Victoria is far higher than among non-Indigenous people.

2.2. Age distribution

Table 5 shows the overall frequency and proportion of suicides by age group among Aboriginal and Torres Strait Islander people, compared to non-Indigenous people, for Victoria during 2018-2022. The suicides in Aboriginal and Torres Strait Islander people were more prevalent in younger age groups, with 58.3% of the deceased being aged under 35 years (compared to 32.1% in the non-Indigenous people).

Table 5: Overall suicide frequency and proportion by age group, among Aboriginal and Torres Strait Islander people and non-Indigenous people, Victoria 2018—2022.

Age group	Aboriginal and Torres Strait Islander		Non-Indigenous	
	N	%	N	%
Under 18 years	5	4.6	89	2.6
18 to 24 years	24	22.2	358	10.4
25 to 34 years	34	31.5	652	19.0
35 to 44 years	16	14.8	611	17.8
45 to 54 years	25	23.1	621	18.1
55 to 64 years	4	3.7	513	15.0
65 years and older	-	-	585	17.1
Total	108	100.0	3429	100.0

This finding was also reflected in the average ages of the deceased. The average age of male Aboriginal and Torres Strait Islander people was 36.1 years, compared to 46 years in non-Indigenous males. The difference was even more pronounced in females: the average age of female Aboriginal and Torres Strait Islander people was 29.8 years, compared to 46.1 years in non-Indigenous females.



2.3. Location

Table 6 shows the overall frequency and proportion of suicides by fatal incident location in Victoria during 2018—2022 among Aboriginal and Torres Strait Islander people, compared to non-Indigenous people. While 47.2% of suicides among Aboriginal and Torres Strait Islander people occurred in Metropolitan Melbourne, the proportion was 65.7% for non-Indigenous people.

Table 6: Overall suicide frequency and proportion by fatal incident location, among Aboriginal and Torres Strait Islander people and non-Indigenous people, Victoria 2018—2022.

Fatal incident location	Aboriginal and Torres Strait Islander		Non-Indigenous	
	N	%	N	%
Metropolitan Melbourne	51	47.2	1902	65.7
Regional Victoria	57	52.8	992	34.3
Total	108	100.0	2894	100.0

The higher proportion of Aboriginal and Torres Strait Islander suicides in regional Victoria potentially reflects, at least in part, the places where communities are situated. Approximately three-quarters of Victoria’s overall population resides in Metropolitan Melbourne, however for Aboriginal and Torres Strait Islander people this figure is much lower, with approximately 54% residing in regional Victoria.⁵

5 Victorian Public Sector Commission, “Aboriginal Victoria Today”, 28 June 2022, <<https://vpssc.vic.gov.au/workforce-programs/aboriginal-cultural-capability-toolkit/aboriginal-victoria-today/>>, accessed 11 January 2022.



3. Contextual analysis of passings in 2018-2021

This section presents an overview of contexts - mental health history, stressors, and justice system engagement - within which the passings by suicide of Aboriginal and Torres Strait Islander people occurred.

The contextual analysis draws upon the Victorian Suicide Register's enhanced dataset, which captures detailed information about the circumstances in which suicides occurred; stressors the person may have been experiencing; medical history including mental health history; contacts with medical and social and legal services; and other information. The enhanced dataset is coded after the Court has received the Coronial Brief of Evidence and any other material (for example medical records and witness statements) the coroner requires for the investigation.

Coroners are awaiting the Coronial Brief of Evidence in several suicides that occurred during 2022, which means enhanced Victorian Suicide Register data about them is not yet coded and available. Therefore, the following contextual analysis focuses only on suicides between 1 January 2018 and 31 December 2021. Of the 90 relevant passings during this period, the enhanced dataset has been coded and is available for analysis in 88 cases.

3.1. Diagnosed and suspected mental ill health

Table 7 shows the prevalence of diagnosed and suspected mental ill health among the 88 Aboriginal and Torres Strait Islander people who suicided during 2018-2021 and for whom the enhanced dataset has been coded. Most people (71 of 88, 80.7%) had been diagnosed as experiencing mental ill health.

Table 7: Prevalence of diagnosed and suspected mental ill health among 88 Aboriginal and Torres Strait Islander people who passed by suicide.

History of mental ill health	N	%
Diagnosed	71	80.7
Suspected but not diagnosed	10	11.3
Neither diagnosed nor suspected	7	8.0
Total	88	100.0

The most prevalent mental ill health diagnoses were mood and affective disorders (56 of 88, 63.6%), neurotic, somatoform, or delusional disorders (45 of 88, 51.1%), and mental and behavioural disorders due to psychoactive substance use (abbreviated from here as substance use disorder) (34 of 88, 38.6%).



3.2. Stressors

Table 8a shows the prevalence of selected interpersonal stressors identified among the suicides of Aboriginal and Torres Strait Islander people. Please note that an individual person could have experienced multiple interpersonal and/or contextual stressors, which is why the frequencies of specific stressors in the two tables sum to greater than the total.

Table 8a: Major interpersonal stressors identified among 88 Aboriginal and Torres Strait Islander people who passed by suicide.

Interpersonal stressors	N	%
Any interpersonal stressors identified	88	100.0
Separation from partner	48	54.5
Conflict with partner	43	48.9
Family violence with partner ⁶	43	48.9
Conflict with family members	48	54.5
Family violence with family members ⁷	40	45.5
No interpersonal stressors identified	0	0.0
Total	88	100.0

Table 8b: Major contextual stressors identified among 88 Aboriginal and Torres Strait Islander people who passed by suicide.

Contextual stressors	N	%
Any contextual stressors identified	86	97.7
Substance use	77	87.5
Experience of abuse ⁸	75	85.2
Legal issues	51	58.0
Work-related	34	38.6
Financial	39	44.3
No contextual stressors identified	2	2.3
Total	88	100.0

A theme that emerged in the interpersonal stressors was a childhood history of exposure to family violence (30 of 88, 34.1%), including circumstances where the deceased witnessed family violence within the family unit and/or experienced family violence in childhood. Additionally, there was evidence of a family breakdown in 42 cases (47.7%), where the deceased experienced a separation from one or both parents, and/or their sibling(s), following a relationship breakdown within the family home.

6 This includes family violence where the deceased is the perpetrator and/or experienced family violence.
7 This includes family violence where the deceased is the perpetrator and/or experienced family violence.
8 This includes abuse where the deceased is the perpetrator and/or experienced family violence.



3.3. Intersection between mental ill health and substance use

As shown in table 8b above, substance use was identified as a contextual stressor in 77 (87.5%) of the 88 suicides of Aboriginal and Torres Strait Islander people. To explore this finding further, table 9 shows the prevalence of diagnosed mental ill health tabulated against history of substance use for the 88 suicides. Overall, 63 (71.6%) of the people had both diagnosed mental illness and a history of substance use.

A history of substance abuse is defined as evidence that a person used substances regularly and/or in way that caused them harm. A substance abuse disorder is a formal diagnosis given by a clinician.

Table 9: History of diagnosed mental illness and substance use among 88 Aboriginal and Torres Strait Islander people who passed by suicide.

Diagnosed mental illness	History of substance use	
	Yes	No
Yes	63 (71.6%)	8 (9.1%)
No	14 (15.9%)	3 (3.4%)

The same analysis as in table 9 was then undertaken, except examining history of diagnosed substance use disorder rather than mental illness more generally. Table 10 shows the results of the analysis. In summary, while the majority of the 88 Aboriginal and Torres Strait Islander people had histories of substance use, less than half were diagnosed and treated for a substance use disorder.

Table 10: History of diagnosed substance use disorder and substance use among 88 Aboriginal and Torres Strait Islander people who passed by suicide.

Diagnosed substance use disorder	History of substance use	
	Yes	No
Yes	34 (38.6%)	N/A
No	43 (48.9%)	11 (12.5%)



3.4. Contact with legal system

Tables 11a, 11b and 11c show the prevalence of contact with the main parts of Victoria's legal system within 12 months of passing, among the 88 Aboriginal and Torres Strait Islander people who passed by suicide.

Table 11a: Contact with Victoria Police within 12 months of passing, among 88 Aboriginal and Torres Strait Islander people who passed by suicide.

Contact with Victoria Police	N	%
Any contact within 12 months	66	75.0
Contact within six weeks	25	28.4
Contact outside six weeks	41	46.6
No contact within 12 months	22	25.0
Total	88	100.0

Table 11b: Contact with the Courts system within 12 months of passing, among 88 Aboriginal and Torres Strait Islander people who passed by suicide.

Contact with Courts	N	%
Any contact within 12 months	46	52.3
Contact within six weeks	13	14.8
Contact outside six weeks	33	37.5
No contact within 12 months	42	47.7
Total	88	100.0

Table 11c: Contact with the Corrections system within 12 months of passing, among 88 Aboriginal and Torres Strait Islander people who passed by suicide.

Contact with Corrections	N	%
Any contact within 12 months	29	33.0
Contact within six weeks	3	3.4
Contact outside six weeks	26	29.5
No contact within 12 months	59	67.0
Total	88	100.0



3.5. Post-mortem toxicological profile

Table 12 shows the prevalence of suicide where alcohol, illegal and/or pharmaceutical drugs were detected in the post-mortem toxicology, among the 88 Aboriginal and Torres Strait Islander people who passed by suicide. Please note that multiple types of substances can be detected in a single case.

Table 11: Detection of alcohol, illegal and/or pharmaceutical drugs in post-mortem toxicology, among 88 Aboriginal and Torres Strait Islander people who passed by suicide.

Substances detected in post-mortem toxicology	N	%
Any substances detected	79	89.8
Alcohol	31	35.2
Illegal drugs	41	46.6
Pharmaceutical drugs	59	67.0
No substances detected	9	10.2
Total	88	100.0

Pharmaceutical drugs were detected in the post-mortem toxicology in the majority of cases (59 of 88, 67%); and illegal drugs were detected in nearly half of cases (41 of 88, 46.6%).