

# Suicides of Aboriginal and Torres Strait Islander people

Victoria, 2018—2023

7 March 2024

Prepared by:

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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:**

- **13YARN on 13 92 76**
- **beyondblue on 1300 224 636**
- **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 2023.

This report was compiled to update organisations 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 which aim 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 2023, 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 2022; data from 2023 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 fifth 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.<sup>1</sup>

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<sup>1</sup> 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 2023.

## 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 2018–2023.

**Table 1:** Annual suicide frequency by sex and age group among Aboriginal and Torres Strait Islander people, Victoria 2018–2023.

Sex and age group	2018	2019	2020	2021	2022	2023	Total
<b>Male</b>							
Under 18 years	-	1	1	-	-	-	2
18 to 24 years	2	2	-	7	1	1	13
25 to 34 years	1	3	5	8	4	7	28
35 to 44 years	3	2	1	6	3	6	21
45 to 54 years	3	4	5	4	4	5	25
55 to 64 years	-	-	2	-	1	2	5
65 years and older	1	-	-	-	-	1	2
<b>Total</b>	<b>10</b>	<b>12</b>	<b>14</b>	<b>25</b>	<b>13</b>	<b>22</b>	<b>96</b>
<b>Female</b>							
Under 18 years	-	-	-	2	-	-	2
18 to 24 years	2	3	3	3	-	3	14
25 to 34 years	-	3	3	2	5	-	13
35 to 44 years	2	-	-	-	-	1	3
45 to 54 years	-	1	1	2	-	2	6
55 to 64 years	-	-	-	-	-	-	-
65 years and older	-	-	-	-	-	-	-
<b>Total</b>	<b>4</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>5</b>	<b>6</b>	<b>38</b>
<b>All people</b>							
Under 18 years	-	1	1	2	-	-	4
18 to 24 years	4	5	3	10	1	4	27
25 to 34 years	1	6	8	10	9	7	41
35 to 44 years	5	2	1	6	3	7	24
45 to 54 years	3	5	6	6	4	7	31
55 to 64 years	-	-	2	-	1	2	5
65 years and older	1	-	-	-	-	1	2
<b>Total</b>	<b>14</b>	<b>19</b>	<b>21</b>	<b>34</b>	<b>18</b>	<b>28</b>	<b>134</b>

## 1.2. Monthly frequency

Tables 2a and 2b show the monthly frequency and monthly aggregate<sup>2</sup> frequency respectively of suicides among Aboriginal and Torres Strait Islander people in Victoria.

**Table 2a:** Monthly suicide frequency among Aboriginal and Torres Strait Islander people, Victoria, January 2018 to December 2023.

Month	2018	2019	2020	2021	2022	2023
January	1	1	2	2	2	2
February	-	1	3	3	3	3
March	-	1	2	4	2	2
April	3	1	-	-	2	1
May	-	4	2	2	1	4
June	2	3	1	2	3	1
July	1	1	1	4	1	3
August	-	-	5	4	1	1
September	1	1	-	3	-	3
October	1	2	1	2	1	2
November	4	3	2	5	1	4
December	1	1	2	3	1	2

**Table 2b:** Monthly aggregate suicide frequency among Aboriginal and Torres Strait Islander people, Victoria, January 2018 to December 2023.

Month	2018	2019	2020	2021	2022	2023
January	1	1	2	2	2	2
February	1	2	5	5	5	5
March	1	3	7	9	7	7
April	4	4	7	9	9	8
May	4	8	9	11	10	12
June	6	11	10	13	13	13
July	7	12	11	17	14	16
August	7	12	16	21	15	17
September	8	13	16	24	15	20
October	9	15	17	26	16	22
November	13	18	19	31	17	26
December	14	19	21	34	18	28

- 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—2023.

Fatal incident location	2018	2019	2020	2021	2022	2023	Total
Metropolitan Melbourne	7	9	8	15	9	12	60
Regional Victoria	7	10	13	19	9	16	74
<b>Total</b>	<b>14</b>	<b>19</b>	<b>21</b>	<b>34</b>	<b>18</b>	<b>28</b>	<b>134</b>

The majority of suicides (74 of 134, 55.2%) occurred in regional Victoria. The regional Victorian local government areas (LGAs) with the highest suicide frequencies (five or more during the period) were Darebin, Greater Geelong, Greater Shepparton, Latrobe, Mildura, Moreland, Mornington Peninsula 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 2023 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—2023.

Identity	2018	2019	2020	2021	2022	2023	Total
<b>Frequency</b>							
Aboriginal and Torres Strait Islander	14	19	21	34	18	28	134
Non-Indigenous	684	678	655	647	745	774	4183
<b>Total</b>	<b>698</b>	<b>697</b>	<b>676</b>	<b>681</b>	<b>763</b>	<b>802</b>	<b>4317</b>
<b>Proportion</b>							
Aboriginal and Torres Strait Islander	2.0	2.7	3.1	5.0	2.4	3.5	3.1
Non-Indigenous	98.0	97.3	96.9	95.0	97.6	96.5	96.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

The above frequencies were used as the basis for calculating crude average annual suicide rates,<sup>3</sup> so that suicide prevalence among Aboriginal and Torres Strait Islander people could be compared meaningfully 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,<sup>4</sup> the rates were calculated as follows:

- For Aboriginal and Torres Strait Islander people, the total frequency of suicides during the six-year period (134) 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 six years. This yielded a crude average annual rate of **28.4** suicides per 100,000 population of Aboriginal and Torres Strait Islander people between 2018–2023.

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 31 January 2024.



- For non-Indigenous people, the total frequency of suicides during the six-year period (4183) was divided by the June 2021 estimate of Victoria's non-Indigenous population (6,469,342 people), multiplied by 100,000 then divided by six years. This yielded a crude average annual rate of **10.8** suicides per 100,000 population of non-Indigenous people between 2018–2023.

The results indicate that between 2018 and 2023 in Victoria, Aboriginal and Torres Strait Islander people died by suicide at a rate nearly three times higher than non-Indigenous people.

**Please note:** Calculations rely on the accuracy of population estimates at the time this report was prepared. The above calculations are based on the most recent available data on First Nations people in Australia (Australian Bureau of Statistics, "Estimates of Aboriginal and Torres Strait Islander Australians", reference period 30 June 2021, released 31 August 2023).

## 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 2018–2023. The suicides in Aboriginal and Torres Strait Islander people were far more prevalent in younger age groups, with 53.7% of the deceased being aged under 35 years (compared to 31.8% 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 2018–2023.

Age group	Aboriginal and Torres Strait Islander		Non-Indigenous	
	N	%	N	%
Under 18 years	4	3.0	113	2.7
18 to 24 years	27	20.1	426	10.2
25 to 34 years	41	30.6	790	18.9
35 to 44 years	24	17.9	770	18.4
45 to 54 years	31	23.1	761	18.2
55 to 64 years	5	3.7	624	14.9
65 years and older	2	1.5	699	16.7
<b>Total</b>	<b>134</b>	<b>100.0</b>	<b>4183</b>	<b>100.0</b>

This finding was also reflected in the average ages of the deceased. The average age of male Aboriginal and Torres Strait Islander people was 37.4 years, compared to 45.9 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 29.3 years, compared to 45.8 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 2018–2023 among Aboriginal and Torres Strait Islander people, compared to non-Indigenous people. While 44.8% of suicides among Aboriginal and Torres Strait Islander people occurred in Metropolitan Melbourne, the proportion was 65.9% 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—2023.

Fatal incident location	Aboriginal and Torres Strait Islander		Non-Indigenous	
	N	%	N	%
Metropolitan Melbourne	60	44.8	2756	65.9
Regional Victoria	74	55.2	1427	34.1
<b>Total</b>	<b>134</b>	<b>100.0</b>	<b>4183</b>	<b>100.0</b>

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.<sup>5</sup>

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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 information regarding passings

This section presents an overview of certain 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 (medical records, witness statements or so on) the coroner requires for the investigation.

Coroners are awaiting the Coronial Brief of Evidence in several suicides that occurred during 2023, 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 2022. Of the 106 relevant passings during this period, the enhanced dataset has been coded and is available for analysis in 104 cases.

#### 3.1. Diagnosed and suspected mental ill health

Table 7 shows the prevalence of diagnosed and suspected mental ill health among the 104 Aboriginal and Torres Strait Islander people who suicided during 2018–2022 and for whom the enhanced dataset has been coded. Most people (85 of 104, 81.7%) had been diagnosed as experiencing mental ill health.

**Table 7:** Prevalence of diagnosed and suspected mental ill health among 104 Aboriginal and Torres Strait Islander people who passed by suicide.

History of mental ill health	N	%
Diagnosed	85	81.7
Suspected but not diagnosed	11	10.6
Neither diagnosed nor suspected	8	7.7
<b>Total</b>	<b>104</b>	<b>100.0</b>

The most prevalent mental ill health diagnoses were mood and affective disorders (66 of 104, 63.5%), neurotic, somatoform, or delusional disorders (55 of 104, 52.9%), and mental and behavioural disorders due to psychoactive substance use (abbreviated from here as substance use disorder) (37 of 104, 35.6%).

While comparative Victorian data for non-Indigenous people is not available for the period 2018–2022 the CCOV previously prepared a report for the Royal Commission into Victoria's Mental Health System, which showed that approximately 54% of all Victorians who suicided between 2009 and 2015 had a diagnosed mental illness.<sup>6</sup> Assuming this proportion has remained relatively steady over time, the data presented here indicates that the prevalence of diagnosed mental ill health among Aboriginal and Torres Strait Islander people who suicided is far higher than among Victorians generally who suicided.

6 Royal Commission into Victoria's Mental Health System, *Interim Report*, Parliamentary Paper 87 (2018-2019), p.325.

## 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 104 Aboriginal and Torres Strait Islander people who passed by suicide.

Interpersonal stressors	N	%
<b>Any interpersonal stressors identified</b>	<b>104</b>	<b>100.0</b>
Separation from partner	59	56.7
Conflict with partner	53	51.0
Family violence with partner <sup>7</sup>	52	50.0
Conflict with family members	55	52.9
Family violence with family members <sup>8</sup>	50	48.1
<b>No interpersonal stressors identified</b>	<b>0</b>	<b>0.0</b>
<b>Total</b>	<b>104</b>	<b>100.0</b>

**Table 8b:** Major contextual stressors identified among 104 Aboriginal and Torres Strait Islander people who passed by suicide.

Contextual stressors	N	%
<b>Any contextual stressors identified</b>	<b>102</b>	<b>98.1</b>
Substance use	92	88.5
Experience of abuse <sup>9</sup>	90	86.5
Legal issues	57	54.8
Work-related	38	36.5
Financial	43	41.3
<b>No contextual stressors identified</b>	<b>2</b>	<b>1.9</b>
<b>Total</b>	<b>104</b>	<b>100.0</b>

A theme that emerged in the interpersonal stressors was a childhood history of exposure to family violence (38 of 104, 36.5%), including circumstances where the deceased witnessed family violence within the family unit and/or was a victim of family violence in childhood. Additionally, there was evidence of a family breakdown in 53 cases (51.0%), where the deceased experienced a separation from one or both parents, and/or their sibling(s), following a relationship breakdown within the family home.

7 This includes family violence where the deceased is the perpetrator and/or is the victim.

8 This includes family violence where the deceased is the perpetrator and/or is the victim.

9 This includes abuse where the deceased is the perpetrator and/or is the victim.



### 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 92 (88.5%) of the 104 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 104 suicides. Overall, 76 (73.1%) of the people had both diagnosed mental illness and a history of substance use.

**Table 9:** History of diagnosed mental illness and substance use among 104 Aboriginal and Torres Strait Islander people who passed by suicide.

Diagnosed mental illness	History of substance use		Total
	Yes	No	
Yes	76 (73.1%)	9 (8.7%)	85 (81.7%)
No	16 (15.4%)	3 (2.9%)	19 (18.3%)
<b>Total</b>	<b>92 (88.5%)</b>	<b>12 (11.5%)</b>	<b>104 (100.0%)</b>

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 104 Aboriginal and Torres Strait Islander people had histories of substance use, less than half were diagnosed with a substance use disorder.

**Table 10:** History of diagnosed substance use disorder and substance use among 104 Aboriginal and Torres Strait Islander people who passed by suicide.

Diagnosed substance use disorder	History of substance use		Total
	Yes	No	
Yes	37 (35.6%)	NA	37 (35.6%)
No	55 (52.9%)	12 (11.5%)	67 (64.4%)
<b>Total</b>	<b>92 (88.5%)</b>	<b>12 (11.5%)</b>	<b>104 (100.0%)</b>

### 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 among the 104 Aboriginal and Torres Strait Islander people who passed by suicide.

**Table 11a:** Contact with Victoria Police, among 104 Aboriginal and Torres Strait Islander people who passed by suicide.

Contact with Victoria Police	N	%
<b>Any contact</b>	<b>79</b>	<b>76.0</b>
Contact within six weeks	30	28.8
Contact outside six weeks	49	47.1
<b>No contact</b>	<b>25</b>	<b>24.0</b>
<b>Total</b>	<b>104</b>	<b>100.0</b>



**Table 11b:** Contact with the Courts system, among 104 Aboriginal and Torres Strait Islander people who passed by suicide.

Contact with Courts	N	%
<b>Any contact</b>	<b>55</b>	<b>52.9</b>
Contact within six weeks	16	15.4
Contact outside six weeks	39	37.5
<b>No contact</b>	<b>49</b>	<b>47.1</b>
<b>Total</b>	<b>104</b>	<b>100.0</b>

**Table 11c:** Contact with the Corrections system, among 104 Aboriginal and Torres Strait Islander people who passed by suicide.

Contact with Corrections	N	%
<b>Any contact</b>	<b>31</b>	<b>29.8</b>
Contact within six weeks	4	3.8
Contact outside six weeks	27	26.0
<b>No contact</b>	<b>73</b>	<b>70.2</b>
<b>Total</b>	<b>104</b>	<b>100.0</b>

The information in these tables highlights the importance of embedding appropriate support and engagement opportunities for Aboriginal and Torres Strait Islander people within the justice system.

### 3.5. Post-mortem toxicological profile

Table 12 shows the prevalence of suicide where alcohol, illicit and/or pharmaceutical drugs were detected in the post-mortem toxicology, among the 104 Aboriginal and Torres Strait Islander people who passed by suicide. Please note that multiple types of substances could have been detected in a single case.

**Table 11:** Detection of alcohol, illegal and/or pharmaceutical drugs in post-mortem toxicology, among 104 Aboriginal and Torres Strait Islander people who passed by suicide.

Substances detected in post-mortem toxicology	N	%
<b>Any substances detected</b>	<b>93</b>	<b>89.4</b>
Alcohol	36	34.6
Illegal drugs	56	53.8
Pharmaceutical drugs	65	62.5
<b>No substances detected</b>	<b>11</b>	<b>10.6</b>
<b>Total</b>	<b>104</b>	<b>100.0</b>

Pharmaceutical drugs were detected in the post-mortem toxicology in the majority of cases (65 of 104, 62.5%); and illegal drugs were detected in just over half of cases (56 of 104, 53.8%).