



Coroners Court of Victoria - Suicides of Aboriginal and Torres Strait Islander people in Victoria, 2021–2025

24 March 2026



Yirramboi Murrup
Coroners Aboriginal
Engagement 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:

- **13YARN on 13 92 76**
- **beyondblue on 1300 224 636**
- **Lifeline on 13 11 14**

Acknowledgement

The Coroners Court of Victoria (the Court) acknowledges the Traditional Owners of the land on which it is located, the Wurundjeri Woi Wurrung Peoples of the Kulin Nation. Furthermore, the Court respectfully acknowledges all Traditional Owners across Victoria and pays respect to all Elders both past and present.

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 2021 and 31 December 2025.

This report was compiled to update organisations and communities about the number 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.

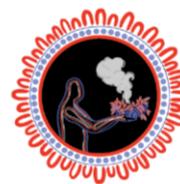
The report contains three main sections:

- Section 1 comprises an overview of suicides among Aboriginal and Torres Strait Islander people in Victoria between January 2021 and December 2025, 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 an 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 2021 and December 2024; data from 2025 was not included because many passings are still under coronial investigation and evidence about them is still being gathered.

This is the seventh in a series of reports about suicide among Aboriginal and Torres Strait Islander people, which have been prepared by the Coroners Prevention Unit in consultation with the Yirramboi Murrup Unit. Previous reports are available to view and download on the Court's website.¹

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

Suicides of Aboriginal and Torres Strait Islander People in Victoria, 2021–2025



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 the Court between 1 January 2021 and 31 December 2025.

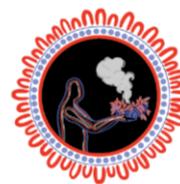
1.1. Annual number by sex and age group

Table 1 shows the annual suicide number by deceased sex and age group, among Aboriginal and Torres Strait Islander people in Victoria during the period 2021–2025.

Table 1: Annual suicide number by sex and age group among Aboriginal and Torres Strait Islander people, Victoria 2021–2025.

Sex and age group	2021	2022	2023	2024	2025	Total
Male						
Under 18 years	-	-	-	1	-	1
18 to 24 years	7	-	1	2	1	11
25 to 34 years	9	4	6	6	7	32
35 to 44 years	6	3	4	3	6	22
45 to 54 years	4	4	4	2	3	17
55 to 64 years	-	1	2	3	-	6
65 years and older	-	-	1	-	-	1
Total	26	12	18	17	17	90
Female						
Under 18 years	2	-	-	-	1	3
18 to 24 years	3	1	3	3	-	10
25 to 34 years	2	5	-	2	1	10
35 to 44 years	-	-	1	1	2	4
45 to 54 years	2	-	-	-	-	2
55 to 64 years	-	-	-	2	-	2
65 years and older	-	-	-	-	-	-
Total	9	6	4	8	4	31
All people						
Under 18 years	2	-	-	1	1	4
18 to 24 years	10	1	4	5	1	21
25 to 34 years	11	9	6	8	8	42
35 to 44 years	6	3	5	4	8	26
45 to 54 years	6	4	4	2	3	19
55 to 64 years	-	1	2	5	-	8
65 years and older	-	-	1	-	-	1
Total	35	18	22	25	21	121

Suicides of Aboriginal and Torres Strait Islander People in Victoria, 2021–2025



1.2. Monthly number

Tables 2a and 2b show the monthly number and monthly aggregate² number respectively of suicides among Aboriginal and Torres Strait Islander people in Victoria.

Table 2a: Monthly suicide number among Aboriginal and Torres Strait Islander people, Victoria, January 2021 to December 2025.

Month	2021	2022	2023	2024	2025
January	3	2	1	3	3
February	3	3	3	3	1
March	4	2	1	-	1
April	-	2	1	3	3
May	2	2	3	-	-
June	2	2	1	2	1
July	4	1	3	4	2
August	4	1	1	2	1
September	3	-	2	2	1
October	2	1	1	2	4
November	5	1	3	1	2
December	3	1	2	3	2

Table 2b: Monthly aggregate suicide number among Aboriginal and Torres Strait Islander people, Victoria, January 2021 to December 2025.

Month	2021	2022	2023	2024	2025
January	3	2	1	3	3
February	6	5	4	6	4
March	10	7	5	6	5
April	10	9	6	9	8
May	12	11	9	9	8
June	14	13	10	11	9
July	18	14	13	15	11
August	22	15	14	17	12
September	25	15	16	19	13
October	27	16	17	21	17
November	32	17	20	22	19
December	35	18	22	25	21

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

Suicides of Aboriginal and Torres Strait Islander People in Victoria, 2021–2025



1.3. Location

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

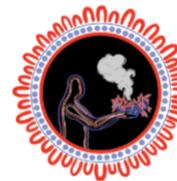
Table 3: Annual suicide number among Aboriginal and Torres Strait Islander people according to the location of fatal incident, Victoria 2021–2025.

Fatal incident location	2021	2022	2023	2024	2025	Total
Metropolitan Melbourne	15	9	10	13	9	56
Regional Victoria	20	9	12	12	12	65
Total	35	18	22	25	21	121

The majority of suicides (65 of 121, 53.7%) occurred in regional Victoria. The Victorian local government areas (LGAs) with the highest suicide numbers (five or more during the period) were Mildura, Greater Bendigo, Greater Shepparton, Darebin, East Gippsland, Frankston, Mornington Peninsula and Wyndham.

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

Suicides of Aboriginal and Torres Strait Islander People in Victoria, 2021–2025



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 number and proportion of suicides among Aboriginal and Torres Strait Islander people compared to others in Victoria. On average, between 2021 and 2025 Aboriginal and Torres Strait Islander people comprised 3.2% of Victorians who passed by suicide.

Table 4: Annual number and proportion (%) of suicides among Aboriginal and Torres Strait Islander people and non-Indigenous people, Victoria 2021–2025.

Identity	2021	2022	2023	2024	2025	Total
Number						
Aboriginal and Torres Strait Islander	35	18	22	25	21	121
Non-Indigenous	628	747	774	751	763	3663
Total	663	765	796	776	784	3784
Proportion						
Aboriginal and Torres Strait Islander	5.3	2.4	2.8	3.2	2.7	3.2
Non-Indigenous	94.7	97.6	97.2	96.8	97.3	96.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

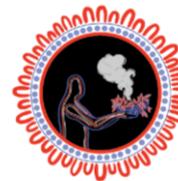
The above numbers were used as the basis for calculating crude average annual suicide rates,³ so that suicide prevalence among Aboriginal and Torres Strait Islander people could be compared meaningfully to non-Indigenous people. Drawing on the most recent available estimate of the Aboriginal and Torres Strait Islander and non-Indigenous Australian populations at June 2023⁴ the rates were calculated as follows:

- For Aboriginal and Torres Strait Islander people, the total number of suicides during the five-year period (121) was divided by the 2023 medium series end of year projection of Victoria's Aboriginal and Torres Strait Islander population (82,030 people), multiplied by 100,000 then divided by five years. This yielded a crude average annual rate of **29.5** suicides per 100,000 population of Aboriginal and Torres Strait Islander people between 2021–2025.

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 numbers were too low (in absolute terms) to ensure reliable age-specific and sex-specific rate calculations.

4 Australian Bureau of Statistics, "Estimates and projections, Australian Aboriginal and Torres Strait Islander population", <<https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-australian-aboriginal-and-torres-strait-islander-population/latest-release>>, 24 July 2024, accessed 11 February 2026.

Suicides of Aboriginal and Torres Strait Islander People in Victoria, 2021–2025



- For non-Indigenous people, the total number of suicides during the five-year period (3663) was divided by the 2023 medium series projection of Victoria's non-Indigenous population (6,775,597 people), multiplied by 100,000 then divided by five years. This yielded a crude average annual rate of **10.8** suicides per 100,000 population of non-Indigenous people between 2021–2025.

The results indicate that between 2021 and 2025 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

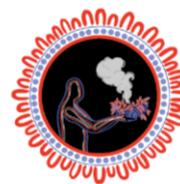
Table 5 shows the overall number and proportion of suicides by age group among Aboriginal and Torres Strait Islander people, compared to non-Indigenous people, for Victoria during 2021–2025. The suicides in Aboriginal and Torres Strait Islander people were far more prevalent in younger age groups, with 55.4% of the deceased being aged under 35 years (compared to 29.4% in non-Indigenous people).

Table 5: Overall suicide number and proportion by age group, among Aboriginal and Torres Strait Islander people and non-Indigenous people, Victoria 2021–2025.

Age group	Aboriginal and Torres Strait Islander		Non-Indigenous	
	N	%	N	%
Under 18 years	4	3.3	91	2.5
18 to 24 years	21	17.4	348	9.5
25 to 34 years	42	34.7	637	17.4
35 to 44 years	26	21.5	707	19.3
45 to 54 years	19	15.7	696	19.0
55 to 64 years	8	6.6	527	14.4
65 years and older	1	0.8	657	17.9
Total	121	100.0	3663	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 36.3 years, compared to 47.1 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 30.2 years, compared to 45.7 years in non-Indigenous females.

Suicides of Aboriginal and Torres Strait Islander People in Victoria, 2021–2025



2.3. Location

Table 6 shows the overall number and proportion of suicides by fatal incident location in Victoria during 2021–2025 among Aboriginal and Torres Strait Islander people, compared to non-Indigenous people. While 46.3% of suicides among Aboriginal and Torres Strait Islander people occurred in Metropolitan Melbourne, the proportion was 66.3% for non-Indigenous people.

Table 6: Overall suicide number and proportion by fatal incident location, among Aboriginal and Torres Strait Islander people and non-Indigenous people, Victoria 2021–2025.

Fatal incident location	Aboriginal and Torres Strait Islander		Non-Indigenous	
	N	%	N	%
Metropolitan Melbourne	56	46.3	2428	66.3
Regional Victoria	65	53.7	1235	33.7
Total	121	100.0	3663	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 and Torres Strait Islander Victoria today", 28 June 2022, Reviewed 27 August 2024, <<https://vpssc.vic.gov.au/leading-public-sector-organisations/supporting-diversity-public-sector/first-nations-people/aboriginal-and-torres-strait-islander-cultural-capability-toolkit/aboriginal-and-torres-strait-islander-victoria-today>> accessed 11 February 2026.



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.

Sections 3.4. and 3.5. are also supported by data from the Aboriginal Passings Register, which captures data relating to all passings of Aboriginal and Torres Strait Islander people in Victoria since 2019. The purpose of the Aboriginal Passings Register is to collate reliable evidence around the issues, themes and factors that might contribute to Aboriginal passings, and to inform and address systemic issues to reduce preventable passings. The Aboriginal Passings Register contains more detailed information regarding custodial settings and contact with specific services. Like the Victorian Suicide Register, enhanced coding is completed for cases in the Aboriginal Passings Register once the Coronial Brief of Evidence and all other materials required for investigation are received.

Coroners are awaiting the Coronial Brief of Evidence in several suicides that occurred during 2025, which means enhanced data about them is not yet coded and available. Therefore, the following contextual analysis focuses only on suicides between 1 January 2021 and 31 December 2024. There were 100 relevant passings during this time period and the enhanced coding dataset is available for all 100 cases.

3.1. Diagnosed and suspected mental ill health

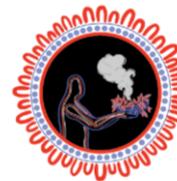
Table 7 shows the prevalence of diagnosed and suspected mental ill health among the 100 Aboriginal and Torres Strait Islander people who suicided during 2021–2024. Most people (78 of 100, 78%) had been diagnosed as experiencing mental ill health.

Table 7: Prevalence of diagnosed and suspected mental ill health among 100 Aboriginal and Torres Strait Islander people who passed by suicide.

History of mental ill health	N	%
Diagnosed	78	78.0
Suspected but not diagnosed	15	15.0
Neither diagnosed nor suspected	7	7.0
Total	100	100.0

The most prevalent mental ill health diagnoses were mood and affective disorders (55 of 100, 55%), neurotic, somatoform, or delusional disorders (47 of 100, 47%), and mental and behavioural disorders due to psychoactive substance use (abbreviated from here as substance use disorder) (43 of 100, 43%).

Suicides of Aboriginal and Torres Strait Islander People in Victoria, 2021–2025



While comparative Victorian data for non-Indigenous people is not available for the period 2021–2024, the Court 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.⁶ 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 higher than among Victorians generally who suicided.

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 stressors, which is why the numbers of specific stressors in the table sum to greater than the total.

Table 8a: Major interpersonal stressors identified among 100 Aboriginal and Torres Strait Islander people who passed by suicide.

Interpersonal stressors	N	%
Any interpersonal stressors identified	100	100.0
Separation from partner	51	51.0
Conflict with partner	40	40.0
Family violence with partner ⁷	48	48.0
Conflict with family members	41	41.0
Family violence with family members ⁸	51	51.0
No interpersonal stressors identified	0	0.0

A theme that emerged in the interpersonal stressors was a childhood history of exposure to family violence (45 of 100, 45%), 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 33 cases (33%), where the deceased experienced a separation from one or both parents, and/or their sibling(s), following a relationship breakdown within the family home.

There was evidence of family violence in 60% of suicides of Aboriginal and Torres Strait Islander people (including 48% for whom there was evidence of violence involving a partner and 51% for whom there was evidence of violence involving other family members). Table 8b (over page) shows the number and proportion of the 100 Aboriginal and Torres Strait Islander people who passed by suicide, by whether there was any evidence the deceased had been a victim and/or perpetrator of family violence.

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

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.

Suicides of Aboriginal and Torres Strait Islander People in Victoria, 2021–2025

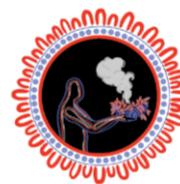


Table 8b: Number and proportion of suicides among 100 Aboriginal and Torres Strait Islander people by sex where there was evidence the deceased had ever been a victim and/or perpetrator of family violence.

Nexus between family violence and suicide	Male		Female	
	N	%	N	%
Any evidence identified	60	82.2	24	88.9
Deceased was victim of family violence	6	8.2	13	48.1
Deceased was perpetrator of family violence	23	31.5	0	0.0
Deceased was both victim and perpetrator of FV	30	41.1	11	40.7
Evidence unclear	1	1.4	0	0.0
No evidence of family violence	13	17.8	3	11.1
Total	73	100.0	27	100.0

There was evidence that just over 80% of Aboriginal and Torres Strait Islander males had ever been a victim and/or perpetrator of family violence, with a larger proportion being perpetrators (72.6% including 41.1% for whom there was evidence they had been both victims and perpetrators) than victims (49.3% including 41.1% for whom there was evidence they had been both victims and perpetrators).

By comparison, there was evidence that nearly 90% of Aboriginal and Torres Strait Islander females had ever been a victim and/or perpetrator of family violence, with a larger proportion being victims than perpetrators (88.9% including 40.7% for whom there was evidence they had been both victims and perpetrators).

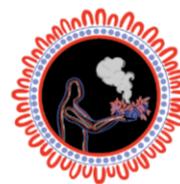
Table 8c shows the prevalence of selected contextual stressors identified among the suicides of Aboriginal and Torres Strait Islander people. Please note that an individual person could have experienced multiple stressors, which is why the numbers of specific stressors in the table sum to greater than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

Table 8c: Major contextual stressors identified among 100 Aboriginal and Torres Strait Islander people who passed by suicide.

Contextual stressors	N	%
Any contextual stressors identified	98	98.0
Substance use	84	84.0
Experience of abuse ⁹	87	87.0
Legal issues	48	48.0
Work-related	32	32.0
Financial	37	37.0
No contextual stressors identified	2	2.0

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

Suicides of Aboriginal and Torres Strait Islander People in Victoria, 2021–2025



3.3. Intersection between mental ill health and substance use

As shown in Table 8c above, substance use was identified as a contextual stressor in 84 (84%) of the 100 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 100 suicides. Overall, 67 (67%) 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 100 Aboriginal and Torres Strait Islander people who passed by suicide.

Diagnosed mental illness	History of substance use		Total
	Yes	No	
Yes	67 (67.0%)	11 (11.0%)	78 (78.0%)
No	17 (17.0%)	5 (5.0%)	22 (22.0%)
Total	84 (84.0%)	16 (16.0%)	100 (100.0%)

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 100 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 100 Aboriginal and Torres Strait Islander people who passed by suicide.

Diagnosed substance use disorder	History of substance use		Total
	Yes	No	
Yes	42 (42.0%)	1 (1.0%)	43 (43.0%)
No	42 (42.0%)	15 (15.0%)	57 (57.0%)
Total	84 (84.0%)	16 (16.0%)	100 (100.0%)

3.4. Contact with legal system

Tables 11a, 11b (over page) and 11c (over page) show the prevalence of contact with the main parts of Victoria's legal system among the 100 Aboriginal and Torres Strait Islander people who passed by suicide.

Table 11a: Contact with Victoria Police, among 100 Aboriginal and Torres Strait Islander people who passed by suicide.

Contact with Victoria Police	N	%
Any contact	81	81.0
Contact within six weeks	38	38.0
Contact outside six weeks	43	43.0
No contact	19	19.0
Total	100	100.0

Suicides of Aboriginal and Torres Strait Islander People in Victoria, 2021–2025



Table 11b: Contact with the Courts system, among 100 Aboriginal and Torres Strait Islander people who passed by suicide.

Contact with Courts	N	%
Any contact	67	67.0
Contact within six weeks	25	25.0
Contact outside six weeks	42	42.0
No contact	33	33.0
Total	100	100.0

Table 11c: Contact with the Corrections system, among 100 Aboriginal and Torres Strait Islander people who passed by suicide.

Contact with Corrections	N	%
Any contact	37	37.0
Contact within six weeks	8	3.8
Contact outside six weeks	29	26.0
No contact	63	63.0
Total	100	100.0

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.

3.4.1. Most recent period of custody and corrections status

Tables 12a, 12b (over page) and 12c (over page) utilise Aboriginal Passings Register data and show proximity of the fatal incident to the deceased's most recent period in police custody, corrections custody, and for those on a corrections order at the time of their passing, their corrections supervision status.

Table 12a: Proximity of fatal incident to most recent period in police custody, among 100 Aboriginal and Torres Strait Islander people who passed by suicide.

Proximity to most recent period in police custody	N	%
Any period of police custody	61	61.0
At time of passing	0	0.0
Within six weeks	17	17.0
Between six weeks and 12 months	14	14.0
More than 12 months	30	30.0
No evidence/unknown	39	39.0
Total	100	100.0

Suicides of Aboriginal and Torres Strait Islander People in Victoria, 2021–2025

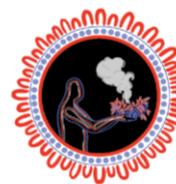


Table 12b: Proximity of fatal incident to the most recent period in corrections custody, among 100 Aboriginal and Torres Strait Islander people who passed by suicide.

Proximity to most recent period in corrections custody	N	%
Any period of corrections custody	31	31.0
At time of passing	1	1.0
Within six weeks	4	4.0
Between six weeks and 12 months	5	5.0
More than 12 months	21	21.0
No evidence/unknown	69	69.0
Total	100	100.0

Table 12c: Corrections supervision status at time of fatal incident, among 100 Aboriginal and Torres Strait Islander people who passed by suicide.

Corrections Supervision status at time of passing	N	%
Currently on bail, parole or supervision order	15	15.0
On bail	6	6.0
On parole	1	1.0
Under Supervision Order	8	8.0
Not applicable	85	85.0
Total	100	100.0

3.5. Contact with specific service providers within 12 months

Table 13 (over page) utilises Aboriginal Passings Register data and shows the prevalence of engagement with specific organisations, services, or programs within 12 months of fatal incident, among the 100 Aboriginal and Torres Strait Islander people who passed by suicide. Please note that an individual person could have contact with multiple service providers.

The information in this table highlights the importance of embedding appropriate support and engagement opportunities for Aboriginal and Torres Strait Islander people within health, legal and other services and programs. Of note, a higher proportion of Aboriginal and Torres Strait Islander people had contact with general health services than Aboriginal health services within 12 months of their passing, which may be in part due to the limited geographical reach of some Aboriginal services. It remains pertinent that general services embed cultural awareness training and cultural safety guidelines in their practices, and that continued investment is made to support existing Aboriginal services to extend their service delivery areas.

Suicides of Aboriginal and Torres Strait Islander People in Victoria, 2021–2025



Table 13: Evidence of engagement with specific organisations, services, or programs within 12 months of fatal incident, among 100 Aboriginal and Torres Strait Islander people who passed by suicide.

Service providers with contact within 12 months of passing	N	%
Aboriginal services		
Aboriginal health service	27	27.0
Aboriginal legal service	4	4.0
Other Aboriginal service	6	6.0
General health services		
Emergency Department	22	22.0
General Practice	44	44.0
Hospital	32	32.0
Maternal and Child Health Service	2	2.0
NDIS	7	7.0
Other health service	5	5.0
Specialist drug and alcohol service	15	15.0
Specialist mental health service	44	44.0
Other general services		
Centrelink	28	28.0
Child Protection	12	12.0
General legal service	4	4.0
Family violence service	7	7.0

3.6. Post-mortem toxicological profile

Table 14 shows the prevalence of suicide where alcohol, illicit and/or pharmaceutical drugs were detected in the post-mortem toxicology, among the 100 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 14: Detection of alcohol, illegal and/or pharmaceutical drugs in post-mortem toxicology, among 100 Aboriginal and Torres Strait Islander people who passed by suicide.

Substances detected in post-mortem toxicology	N	%
Any substances detected	84	84.0
Alcohol	27	27.0
Illegal drugs	59	59.0
Pharmaceutical drugs	54	54.0
No substances detected	16	16.0
Total	100	100.0

Illegal drugs were detected in the post-mortem toxicology in the majority of cases (59 of 100, 59%); followed by pharmaceutical drugs (54 of 100, 54%).