



Coroners Court of Victoria - Suicides of Aboriginal and Torres Strait Islander people in Victoria, 2020-2024

5 March 2025

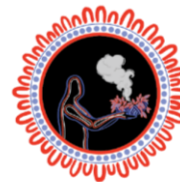


Yirramboi Murrup
Coroners Aboriginal
Engagement Unit



Coroners Court
of Victoria

Suicides of Aboriginal and Torres Strait Islander People in Victoria, 2020-2024



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.

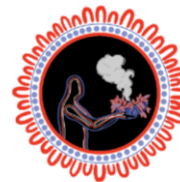
For help or information contact:

- **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 Woi Wurrung Peoples of the Kulin Nation. Furthermore, the CCOV 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 2020 and 31 December 2024.

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.

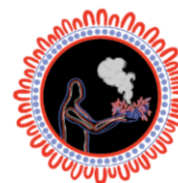
The report contains three main sections:

- Section 1 comprises a basic overview of suicides among Aboriginal and Torres Strait Islander people in Victoria between January 2020 and December 2024, 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 2020 and December 2023; data from 2024 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 sixth in a series of reports about suicide among Aboriginal and Torres Strait Islander people, which have been prepared by the Yirramboi Murrup 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>>

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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 2020 and 31 December 2024.

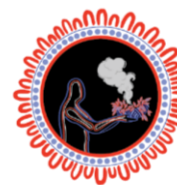
1.1. Annual frequency by sex and age group

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 2020 – 2024.

Table 1: Annual suicide frequency by sex and age group among Aboriginal and Torres Strait Islander people, Victoria 2020 –2024.

Sex and age group	2020	2021	2022	2023	2024	Total
Male						
Under 18 years	1	-	-	-	1	2
18 to 24 years	-	7	1	1	2	11
25 to 34 years	5	8	4	6	6	29
35 to 44 years	1	6	3	4	4	18
45 to 54 years	4	4	4	4	2	18
55 to 64 years	2	-	1	2	4	9
65 years and older	-	-	-	1	-	1
Total	13	25	13	18	19	88
Female						
Under 18 years	-	2	-	-	-	2
18 to 24 years	3	3	1	3	3	13
25 to 34 years	3	2	5	-	2	12
35 to 44 years	-	-	-	1	2	3
45 to 54 years	1	2	-	-	-	3
55 to 64 years	-	-	-	-	1	1
65 years and older	-	-	-	-	-	-
Total	7	9	6	4	8	34
All people						
Under 18 years	1	2	-	-	1	4
18 to 24 years	3	10	2	4	5	24
25 to 34 years	8	10	9	6	8	41
35 to 44 years	1	6	3	5	6	21
45 to 54 years	5	6	4	4	2	21
55 to 64 years	2	-	1	2	5	10
65 years and older	-	-	-	1	-	1

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Total	20	34	19	22	27	122
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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.

Table 2a: Monthly suicide frequency among Aboriginal and Torres Strait Islander people, Victoria, January 2020 to December 2024.

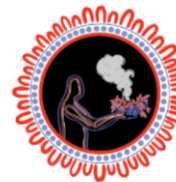
Month	2020	2021	2022	2023	2024
January	2	2	2	1	3
February	3	3	3	3	4
March	2	4	2	1	-
April	-	-	2	1	3
May	2	2	2	3	-
June	1	2	3	1	2
July	1	4	1	3	4
August	5	4	1	1	2
September	-	3	-	2	3
October	1	2	1	1	2
November	1	5	1	3	2
December	2	3	1	2	2

Table 2b: Monthly aggregate suicide frequency among Aboriginal and Torres Strait Islander people, Victoria, January 2020 to December 2024.

Month	2020	2021	2022	2023	2024
January	2	2	2	1	3
February	5	5	5	4	7
March	7	9	7	5	7
April	7	9	9	6	10
May	9	11	11	9	10
June	10	13	14	10	12
July	11	17	15	13	16
August	16	21	16	14	18
September	16	24	16	16	21
October	17	26	17	17	23
November	18	31	18	20	25
December	20	34	19	22	27

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.

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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.

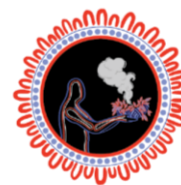
Table 3: Annual suicide frequency among Aboriginal and Torres Strait Islander people according to the location of fatal incident, Victoria 2020—2024.

Fatal incident location	2020	2021	2022	2023	2024	Total
Metropolitan Melbourne	7	15	10	10	13	55
Regional Victoria	13	19	9	12	14	67
Total	20	34	19	22	27	122

The majority of suicides (67 of 122, 54.9%) occurred in regional Victoria. The Victorian local government areas (LGAs) with the highest suicide frequencies (five or more during the period) were Greater Shepparton, Mildura, Yarra, East Gippsland, Frankston, Greater Bendigo, Greater Geelong, Latrobe, Mornington Peninsula.

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

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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 2020 and 2024 Aboriginal and Torres Strait Islander people comprised 3.3% 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 2020—2024.

Identity	2020	2021	2022	2023	2024	Total
Frequency						
Aboriginal and Torres Strait Islander	20	34	19	22	27	122
Non-Indigenous	647	642	750	772	750	3561
Total	667	676	769	794	777	3683
Proportion						
Aboriginal and Torres Strait Islander	3.0	5.0	2.5	2.8	3.5	3.3
Non-Indigenous	97.0	95.0	97.5	97.2	96.5	96.7
Total	100.0	100.0	100.0	100.0	100.0	100.0

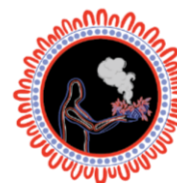
The above frequencies were used as the basis for calculating crude average annual suicide rates,³ so that suicide prevalence among Aboriginal and Torres Strait Islander people could be compared meaningfully to non-Indigenous people. Drawing on the most recent available estimate of the Aboriginal and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

- For Aboriginal and Torres Strait Islander people, the total frequency of suicides during the five-year period (122) was divided by the July 2024 estimate of Victoria's Aboriginal and Torres Strait Islander population (78,696 people), multiplied by 100,000 then divided by five years. This yielded a crude average annual rate of **31.0** suicides per 100,000 population of Aboriginal and Torres Strait Islander people between 2020-2024.

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 and Projections, Aboriginal and Torres Strait Islander Australians", <<https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/latest-release>>, 24 July 2024, accessed 13 February 2025.

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- For non-Indigenous people, the total frequency of suicides during the five-year period (3561) was divided by the July 2024 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 **11.0** suicides per 100,000 population of non-Indigenous people between 2020-2024.

The results indicate that between 2020 and 2024 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

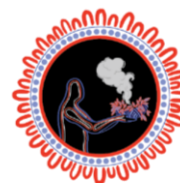
Table 5 shows the overall frequency and proportion of suicides by age group among Aboriginal and Torres Strait Islander people, compared to non-Indigenous people, for Victoria during 2020-2024. The suicides in Aboriginal and Torres Strait Islander people were far more prevalent in younger age groups, with 56.6% of the deceased being aged under 35 years (compared to 30.2% 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 2020—2024.

Age group	Aboriginal and Torres Strait Islander		Non-Indigenous	
	N	%	N	%
Under 18 years	4	3.3	89	2.5
18 to 24 years	24	19.7	344	9.7
25 to 34 years	41	33.6	643	18.1
35 to 44 years	21	17.2	670	18.8
45 to 54 years	21	17.2	653	18.3
55 to 64 years	10	8.2	532	14.9
65 years and older	1	0.8	630	17.7
Total	122	100.0	3561	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 37.0 years, compared to 46.9 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 29.6 years, compared to 45.7 years in non-Indigenous females.

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2.3. Location

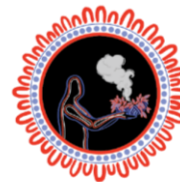
Table 6 shows the overall frequency and proportion of suicides by fatal incident location in Victoria during 2020—2024 among Aboriginal and Torres Strait Islander people, compared to non-Indigenous people. While 45.1% of suicides among Aboriginal and Torres Strait Islander people occurred in Metropolitan Melbourne, the proportion was 66.0% 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 2020—2024.

Fatal incident location	Aboriginal and Torres Strait Islander		Non-Indigenous	
	N	%	N	%
Metropolitan Melbourne	55	45.1	2349	66.0
Regional Victoria	67	54.9	1210	34.0
Total	122	100.0	3559	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/workforce-programs/aboriginal-cultural-capability-toolkit/aboriginal-victoria-today/>>, accessed 17 February 2025.



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 2024, 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 2020 and 31 December 2023. There were 95 relevant passings during this time period and the enhanced coding dataset is available for all cases.

3.1. Diagnosed and suspected mental ill health

Table 7 shows the prevalence of diagnosed and suspected mental ill health among the 95 Aboriginal and Torres Strait Islander people who suicided during 2020-2023. Most people (72 of 95, 75.8%) had been diagnosed as experiencing mental ill health.

Table 7: Prevalence of diagnosed and suspected mental ill health among 95 Aboriginal and Torres Strait Islander people who passed by suicide.

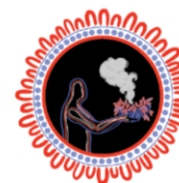
History of mental ill health	N	%
Diagnosed	72	75.8
Suspected but not diagnosed	15	15.8
Neither diagnosed nor suspected	8	8.4
Total	95	100.0

The most prevalent mental ill health diagnoses were mood and affective disorders (53 of 95, 55.8%), neurotic, somatoform, or delusional disorders (44 of 95, 46.3%), and mental and behavioural disorders due to psychoactive substance use (abbreviated from here as substance use disorder) (36 of 95, 37.9%).

While comparative Victorian data for non-Indigenous people is not available for the period 2020-2023 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.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.

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

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

Interpersonal stressors	N	%
Any interpersonal stressors identified	95	100.0
Separation from partner	61	64.2
Conflict with partner	48	50.5
Family violence with partner ⁷	55	57.9
Conflict with family members	51	53.7
Family violence with family members ⁸	58	61.1
No interpersonal stressors identified	0	0.0
Total	95	100.0

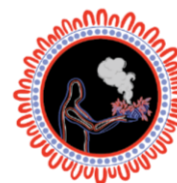
Table 8b: Major contextual stressors identified among 95 Aboriginal and Torres Strait Islander people who passed by suicide.

Contextual stressors	N	%
Any contextual stressors identified	93	97.9
Substance use	80	84.2
Experience of abuse ⁹	82	86.3
Legal issues	48	50.5
Work-related	29	30.5
Financial	39	41.1
No contextual stressors identified	2	2.1
Total	95	100.0

A theme that emerged in the interpersonal stressors was a childhood history of exposure to family violence (38 of 95, 40.0%), 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 (55.8%), 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.

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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 80 (84.2%) of the 95 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 95 suicides. Overall, 63 (66.3%) 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 95 Aboriginal and Torres Strait Islander people who passed by suicide.

Diagnosed mental illness	History of substance use		Total
	Yes	No	
Yes	63 (66.3%)	9 (9.5%)	72 (75.8%)
No	17 (17.9%)	6 (6.3%)	23 (24.2%)
Total	80 (84.2%)	15 (15.8%)	95 (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 95 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 95 Aboriginal and Torres Strait Islander people who passed by suicide.

Diagnosed substance use disorder	History of substance use		Total
	Yes	No	
Yes	35 (36.8%)	1 (1.1%)	36 (37.9%)
No	45 (47.4%)	14 (14.7%)	59 (62.1%)
Total	80 (84.2%)	15 (15.8%)	95 (100.0%)

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

Table 11a: Contact with Victoria Police, among 95 Aboriginal and Torres Strait Islander people who passed by suicide.

Contact with Victoria Police	N	%
Any contact	75	78.9
Contact within six weeks	36	37.9
Contact outside six weeks	39	41.1
No contact	20	21.1
Total	95	100.0

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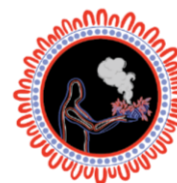


Table 11b: Contact with the Courts system, among 95 Aboriginal and Torres Strait Islander people who passed by suicide.

Contact with Courts	N	%
Any contact	56	58.9
Contact within six weeks	21	22.1
Contact outside six weeks	35	36.8
No contact	39	41.1
Total	95	100.0

Table 11c: Contact with the Corrections system, among 95 Aboriginal and Torres Strait Islander people who passed by suicide.

Contact with Corrections	N	%
Any contact	33	34.7
Contact within six weeks	6	3.8
Contact outside six weeks	27	26.0
No contact	62	65.3
Total	95	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.

3.5. 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 95 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 95 Aboriginal and Torres Strait Islander people who passed by suicide.

Substances detected in post-mortem toxicology	N	%
Any substances detected	84	88.4
Alcohol	30	31.6
Illegal drugs	56	58.9
Pharmaceutical drugs	54	56.8
No substances detected	11	11.6
Total	95	100.0

Illegal drugs were detected in the post-mortem toxicology in the majority of cases (56 of 95, 58.9%); followed by pharmaceutical drugs (54 of 95, 56.8%).