Intentional Self-Harm Fatalities
Fact Sheet:
Indigenous Australians

NATIONAL CORONIAL INFORMATION SYSTEM
Intentional Self-Harm Fatalities: Indigenous Australians

Intentional self-harm is the 13th leading cause of death in Australia, and accounts for one third (35.9%) of deaths in individuals aged between 15 and 19. In 2014, 2,864 people died from an act of intentional self-harm in Australia. This places a significant economic and social burden on Australia, causing harm to communities and costing approximately $1.7 billion a year.¹

Research has shown that many factors impact on intentional self-harm deaths of Indigenous populations, such as living conditions, alcohol use, secondary trauma and historical context.² Additionally, Aboriginal and Torres Strait Islander Australians who intentionally self-harm have been found to differ from non-Indigenous individuals in characteristics such as marital status, employment status, the presence of mental illness and other factors.

It is important to understand the complexities of Indigenous intentional self-harm deaths in order to develop programs and target individuals with effective prevention strategies. A broad range of recommendations are made by Coroners with regard to new support measures and improvements to existing services.

The Royal Commission into Aboriginal Deaths in Custody (RCIADIC) in 1991 identified the need for a coronial database of reportable deaths. This fact sheet uses the National Coronial Information System (NCIS) to provide information about intentional self-harm fatalities of Indigenous Australians.

Cover image is a derivative of ‘Stand Up Paddle Board SUP_09292009 (49)’ by Michael Dawes used under CC BY-NC 2.0, located at https://www.flickr.com/photos/tk_five_0/3965658118/. Cropped and blurred from original.

More detailed statistical information regarding this research is available upon request from the NCIS.

Intentional Self-Harm Fatalities Fact Sheet: Indigenous Australians

Within this fact sheet the term “Indigenous” will be used to refer to Aboriginal and Torres Strait Islander Australians. We acknowledge that this term is being used to cover a range of kinship groups within Australia, and the term is used for brevity only.

Any data used from this fact sheet must be cited as originating from the NCIS. All NCIS Fact Sheets are available from the NCIS website: www.ncis.org.au. NCIS Fact Sheets do not contain identifying information.

The data contained in this fact sheet is provided by the NCIS. The NCIS is a data repository for mortality data from all Australian State and Territory Coroners and from New Zealand. The NCIS produces publicly available NCIS Fact Sheets (ISSN: 2201-2192) to provide information to the community about mortality trends and changes over time. NCIS Fact Sheets are intended for wide use by the public, including media outlets, to raise awareness of mortality risks and for the development of strategies for the prevention of death. NCIS Fact Sheets are generated for the purpose of presenting statistical evidence only, and the NCIS does not seek to provide interpretation of the data.

This fact sheet does not claim to be representative of all relevant cases within the time period specified. This may be due to; cases still under coronial investigation, missing data, occasional processing and coding errors. The Department of Justice & Regulation accepts no liability for any loss or damage that may arise from any use of or reliance on the data.

This fact sheet references Coronial data only. It does not reference police or corrections data from any state or territory. The data collected throughout a Coronial investigation is for the purposes of that investigation. In instances where the indigenous status of the deceased is not collected as part of the Coronial investigation, for data collection purposes the status is recorded as Indigenous status 'unknown'.

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The NCIS acknowledges the Traditional Owners of Australia. The NCIS office is based on the land of the Traditional Owners, the people of the Kulin Nations. The NCIS acknowledges their history and culture, and pays its respects to their Elders, past and present.
Objective:

The purpose of this fact sheet is to provide information to the Australian public about Indigenous Australian deaths resulting from intentional self-harm. This fact sheet includes closed cases from Australian State and Territory coronial cases from 1 January 2001 to 31 December 2013.

These data are compared across time, age, sex, employment status, marital status, location where the fatal incident occurred, mechanism of death and jurisdiction.

This fact sheet also provides information about coronial recommendations made in cases of Indigenous intentional self-harm deaths. These recommendations are summarised into key themes.

Key Findings:

- **1440** intentional self-harm fatalities involving Aboriginal and Torres Strait Islander Australians were identified.
  - Two deaths per week, on average, over 13 years.
  - 340 fatalities involving persons aged 20 years and under.
- The majority of deceased persons were male.
- Indigenous Australians aged **24 years or under** accounted for more than a third of all fatalities (37.8%), in comparison to 12.6% of non-Indigenous Australians within the same age group.
- The majority of fatalities occurred within the home.
- Indigenous Australians were **over two times more likely** to be unemployed at the time of death (52.5%) compared with non-Indigenous Australians (20.5%).
- The highest difference in the fatality rate per 100,000 persons occurred among those aged 15 to 19 years, with an average of **24.2** fatalities for Indigenous Australians, compared with an average of **6.0** fatalities for non-Indigenous Australians.
- Among Indigenous Australians, those aged **30 to 34 years** had the highest incidence of intentional self-harm fatalities, whilst those aged **40 to 44 years** had the highest incidence among non-Indigenous Australians.
- Hanging was the most common mechanism of injury, leading to death in **83.5%** of cases involving Indigenous Australians, compared with **45.2%** for non-Indigenous Australians.

If this raises any concerns for yourself or someone you know, we urge you to contact **Lifeline on 13 11 14** or the **Suicide Call Back Service on 1300 659 467** ([www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)).

**Kids Helpline** is a service for young people between the ages of 5 and 25 years. **Call 1800 55 1800** (24 hours a day) or talk one-on-one with email counselling ([counsellor@kidshelpline.com.au](mailto:counsellor@kidshelpline.com.au)) or web-chat counselling ([kidshelpline.com.au](http://kidshelpline.com.au)).
Intentional Self-Harm Fatalities by Year:

As demonstrated by Figure 1, the incidence of intentional self-harm deaths per 100,000 persons highlights the increased likelihood of Indigenous Australians dying as a result of intentional self-harm, occurring at approximately twice the rate of non-Indigenous Australians.

The crude per 100,000 rates for persons with an “unlikely to be known” Indigenous status is unable to be calculated, and is not presented here. Rates per 100,000 persons are determined by utilising the estimated resident population provided by the Australian Bureau of Statistics (ABS), and consequently there are no estimations available for unknown status deceased persons.

Although rates per 100,000 persons increase the comparability of Indigenous and non-Indigenous rates of intentional self-harm deaths, it should be noted that these data are not standardised by age and sex.

**Please note:** This graph does not include persons with an unknown status.

**Technical Note:**

The data entered into the NCIS is collected from source material such as the police report of death, autopsy reports, toxicology reports and coronial findings from eight jurisdictions. It is acknowledged that the quality and consistency of these documents may vary between and within each jurisdiction. There are also differences between jurisdictions as to legislation governing the reporting of a death to a Coroner, which can impact on the type, quality and quantity of the information collected and reported by each jurisdiction. These differences will have an impact on the information available in the NCIS. It should also be noted that the NCIS is the result of an administrative data set and data collection is the result of operational processes which differ between jurisdictions. Contributing data to the NCIS is not the primary purpose of the operational processes, which can result in data limitations.
Intentional Self-Harm Fatalities by Age Range:

The disparity between the age-standardised rates of death between Indigenous and non-Indigenous Australians is illustrated by Figure 2. For example, the incidence of fatalities involving Indigenous Australians aged 15 – 44 years old is approximately 3 times higher when compared to non-Indigenous Australians, with an average 31.5 deaths per 100,000 Indigenous Australians to 11.1 such fatalities involving non-Indigenous Australians.

This trend of overrepresentation continues until the 45 – 49 age range, after which the relative difference between intentional self-harm fatality rates decline.

Conclusions should not be drawn from the 10 — 14 age-standardised rate due to a low number of fatalities in this category.

Please note that this graph does not display data on deceased persons with an “Unknown” Indigenous Australian status, which may alter results. No population estimate is available for “Unknown” status deceased persons.
Intentional Self-Harm Fatalities by Sex:

Figure 3 demonstrates both Indigenous and Non-Indigenous Australian males die as a result of intentional self-harm (76.3% and 77.1%, respectively) at approximately three times the frequency of Indigenous and Non-Indigenous Australian females (23.8% and 22.9%).

For more information regarding possible causes for higher rates of intentional self-harm among Indigenous communities, please see reports by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (http://www.atsispep.sis.uwa.edu.au/resources).
Intentional Self-Harm Fatalities by Jurisdiction:

The highest rate of fatalities was observed in the Northern Territory (31.8 deaths per 100,000 persons), followed by Western Australia (29.5) and Queensland (18.3).

New South Wales and Tasmania were the only jurisdictions in which the non-Indigenous rate was higher than the Indigenous intentional self-harm fatality rate.

Please note that this graph does not display data on deceased persons with an “Unknown” Indigenous Australian status, which may alter results. No population estimate is available for “Unknown” status deceased persons.

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Intentional Self-Harm Fatalities by Marital Status:

Figure 5 demonstrates that Indigenous Australians who die from intentional self-harm are more likely to have never married (46.5%) compared to non-Indigenous individuals (29.2%). Additionally, Indigenous Australians were less likely to be divorced (2.1%) compared with non-Indigenous Australians (8.1%).

Please note that the NCIS does not distinguish between registered marriages and de facto relationships.

It is important to also note that the younger age of the Indigenous population is likely a factor in lower marriage reporting rates compared with the non-Indigenous population.
Intentional Self-Harm Fatalities by Employment Status:

Figure 6 indicates that a majority of Indigenous Australians were unemployed at the time of death, highlighting unemployment as a potential marker of vulnerability to intentional self-harm, as suggested in the research literature. Indigenous individuals are greater than two times more likely to be unemployed at the time of death (52.5%) compared to non-Indigenous individuals (20.5%) and those whose status is not known (18.8%).

Figure 7. Intentional Self-Harm Fatalities by Employment Status and Indigenous Status (Prisoners Only)

Figure 7 shows that of the individuals who died by intentional self-harm and whose employment status was recorded as ‘prisoner’, the proportion of Indigenous Australians (2.1%) was four times higher than that of the non-Indigenous Australians (0.5%). This is likely a result of the over-representation of Indigenous Australians in prison relative to non-Indigenous Australians. The 2017 Report on Government Services indicates that the rate of unnatural deaths among Indigenous prisoners was equal or lower than for non-Indigenous prisoners, when adjusted for prison population, over the period covered by this fact sheet. More information on this data is provided in the Research Method section.
Intentional Self-Harm Fatalities by Mechanism of Injury:

As demonstrated by Figure 8, asphyxiation by hanging is the most common mechanism of fatal injury for both Indigenous and non-Indigenous Australians. Notably, Indigenous Australians are almost twice as likely to die as a result of asphyxiation hanging compared to non-Indigenous Australians.

Drug toxicity (substances for human use), self-inflicted shootings and carbon monoxide poisoning were less likely to have involved Aboriginal or Torres Strait Islanders.

The Australian Government Department of Health’s Mindframe National Media Initiative recommends the minimisation of details about the methods and locations involved when reporting on intentional self-harm deaths. The purpose of these guidelines is to reduce the incidence of potential suicides resulting from reporting on specific suicide deaths. In contrast to reporting of individual cases of suicide, particularly among public figures, this fact sheet presents deidentified statistics only and consequently, information relating to the mechanism of injury has been included in this report in an effort to improve understandings of the circumstances in which intentional self-harm deaths occur, and consequently assist in their prevention.
Intentional Self-Harm Fatalities by Incident Location:

As highlighted in Figure 9, the home is the primary location where the fatal incident occurs for both Indigenous Australians (68.5%) and non-Indigenous Australians (69.5%).

Figure 9. Intentional Self-Harm Fatalities by Incident Location and Indigenous Status

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Coronial Recommendations:

A broad range of recommendations were made by Coroners in relation to Indigenous Australian intentional self-harm fatalities. Between 2001—2013, 201 coronial recommendations were made in a total of 52 deaths. These recommendations have been summarised into eleven key categories for the purposes of this fact sheet.

These categories are; regional and remote communities, education and employment, medical care, mental health services, policing, child protection, prison, prisoner health services, alcohol and other drugs, living conditions and housing and other recommendations.

Recurring themes of recommendations made in relation to the following key categories are summarised here.

For the majority of the reference period, there was no legislative requirement for entities to respond to Coronial recommendations. Legislative requirements about responses differ across Australian States and Territories. As a result, identifying responses to recommendations is beyond the scope of this report.

Regional and Remote Communities

A range of recommendations were made stating that greater services need to become available in regional areas. In addition, a large number of recommendations focused on community cohesion and building up regional support staff.

Education and Employment

Education and employment recommendations focused on Indigenous Australian leadership, the creation of specific programs for children with no secondary education and increasing Indigenous employment in the public sector.

Housing

A significant theme of recommendations made in relation to housing services was that Indigenous communities should be consulted in the delivery of housing services, as culturally diverse groups may have different desires and requirements for appropriate housing.

Medical Care

A number of recommendations were made in relation to medical care, particularly with regard to the difficulties of service provision in regional and remote areas. Improving service infrastructure and staffing capacity, as well as increased stakeholder consultation and engagement between central government agencies and regional medical service providers, was identified as a prevalent theme.

Policing

Coroners made recommendations specific to policing in a range of cases. These predominantly focused on information sharing (particularly with child protection), police presence in regions, focus on alcohol and other drugs within policing, recruitment of Indigenous police officers and development of cultural awareness within police services.
Coronial Recommendations Continued:

Mental Health Services

The vast amount of recommendations made were in the area of mental health. The most common recommendations related to mental health were; training for staff, development of mental health action plans/policies/guides/strategies for medical staff, changes to risk assessment procedures to create more intensive assessment, data and information sharing, increased funding for community based services, increased focus on culturally specific mental health and the recruitment of highly qualified mental health staff in Indigenous communities.

Child Protection

Child protection agencies were recommended to improve information sharing with police, in addition to being afforded greater powers in relation to school attendance. Culturally-appropriate policies for child protection workers in Indigenous communities were also recommended.

Prison

A wide range of recommendations were made to prisons as a result of the comparatively higher proportion of Indigenous Australian intentional self-harm deaths occurring whilst in custody. Recommendations mostly related to removing risks such as access to ligatures and hanging points, improvement or changes to risk assessment, increasing staff cultural awareness, information and data sharing with mental health services and increased recruitment of Indigenous staff.

Prison Mental Health Services

In addition to recommendations made to prisons and mental health generally, a range of recommendations were made specifically regarding prison mental health services. The most frequent recommendation revolved around the need to increase prison mental health resources, services and staff. Furthermore, recommendations were made about improving risk assessment and monitoring procedures for at-risk prisoners. This involved information sharing to allow prison staff to be fully aware of prisoner mental health history in order to make fully-informed risk assessments.

Alcohol and Other Drugs

Alcohol and other drugs were a recurring theme in many coronial recommendations. Two main themes emerged which were restrictions and new offences to be created in relation to alcohol. Further government and wider community involvement, in addition to education about alcohol and other drugs, was recommended.
Research Method:
The NCIS is an electronic database of coronial information containing case details from the coronial files of all Australian States and Territories, except Queensland, since 1 July 2000. Queensland data is contained from 1 January 2001. The dataset extracted contained every fatality reported to an Australian Coroner between 01/01/2001 to 31/12/2013 and coded as resulting from an act of intentional self-harm, where the coronial investigation has concluded and the case is closed on the NCIS. Cases where the “Indigenous Origin” field of the deceased was listed any Indigenous status were combined into the category of “Indigenous Australians”.

For comparison, there were 24,770 intentional self-harm fatalities of non-Indigenous Australians and 4,821 fatalities of Australians whose Indigenous Status coded as ‘unknown’ identified during the reference period.

Tables of referenced data are available on request, subject to coronial approval.

Calculation of per 100,000 Rates
Population data was sourced from the Australian Bureau of Statistics 2011 Census Time Series Community Profile. The rate was determined via division of the total number of intentional self-harm fatalities for non-Indigenous and Aboriginal and Torres Strait Islander persons in each year by the population count, and then multiplied by 100,000 to ensure comparability.

Intentional Self-Harm of Prisoners
The classification of a deceased person was determined by the ‘employment status’ field. As a result, the category of “prisoner” includes persons who usually reside in a custodial facility who have been sentenced or are on remand. It does not include persons on a home-based custodial order or in the custody of other agencies, such as police services, or forensic mental health facilities. It should be noted that the Royal Commission into Aboriginal Deaths in Custody in 1991 found that "Aboriginal people in custody do not die at a greater rate than non-Aboriginal people in custody. However, what is overwhelmingly different is the rate at which Aboriginal people come into custody, compared with the rate of the general community" (RCIADIC National Report, Overview and Recommendations, 1991). This over representation of Indigenous Australians in the criminal justice system continues to the present day. Data published in the Report on Government Services shows that the rate of deaths from unnatural causes (which includes self inflicted deaths) for Indigenous prisoners has been equal to or lower than the rate for non-Indigenous prisoners.

Recommendations and Case Summaries
Cases where a Coroner made recommendations were produced from the available coronial findings. The précis of the circumstances of the coronial cases have been produced by NCIS staff, with the best efforts made to accurately summarise the circumstances, findings and recommendations made by the coroner in each case. Despite this, it should be noted that they are not exact replications of coronial findings.

Summaries of cases involving recommendations are available on request from the NCIS, subject to approval.
Limitations:

Identification of Indigenous Australians
The identification of a person as being Aboriginal and/or Torres Strait Islander is problematic within many health data-sets. Coronial data possesses the added complication that there is no possibility for self-identification of the deceased person. On the NCIS database, coronial data entry staff will identify a deceased person as Indigenous if this is included in the documentation available within the Coroner’s file.

In most cases, this information will be sourced from the initial death report from police. In cases where no information about the Indigenous origin of the deceased person is available, the Indigenous origin field on the NCIS database is coded as “Unlikely To Be Known”.

A comparison of Indigenous deaths across jurisdictions must also take into account potential regional differences in the accuracy of the identification of deceased persons’ Indigenous status.

Only Closed Cases Included
Only cases that are closed on the NCIS following coronial investigation are included in this dataset. Therefore it is possible that cases of relevance may still be under coronial investigation and not included in this report.

For more information about case closure rates, please refer to the NCIS Website (http://www.ncis.org.au/data-collection-2/operational-statistics/).

Intent Classification
The determination of the ‘intent’ of a deceased person is subject to the individual determination of the Coroner investigating each fatality. In some cases, a statement as to intent will not be made by the Coroner. In these instances, only where the mechanism of death (e.g. hanging, car exhaust gassing) is highly indicative of an intentional act, or where a suicide note was present, will the death be coded as “Intentional Self-Harm” on the NCIS. The non-standard nature of intent determination may influence the classification of deaths which are identified in this fact sheet.

Quality Assessment of Closed Cases
The NCIS Unit conducts a quality assessment of the coding associated with cases that have been closed. While every effort is made to quality review closed cases in a timely manner, there may be a delay between the case being closed and the completion of the quality review. It cannot be guaranteed that all cases included in this report have been quality assessed.

Mechanism of Fatal Injury Determination
Categories for mechanism of fatal injury were constructed based on a review of case information including cause of death, mechanism of injury and object or substance producing injury fields. In all instances, the primary contributor to the death dictated categorisation (e.g. a death from asphyxiation caused by hanging where the deceased also had knife-related injuries would still be classified as ‘Hanging’).
Data Sources:

Data on the NCIS has been provided by each State and Territory Coroners Office around Australia and New Zealand. Additional codes are provided by the Australian Bureau of Statistics (ABS) and Safe Work Australia.

FUNDING AGENCIES:

Operational funding for the NCIS is provided by the following agencies:

- Each State and Territory Justice/Attorney-General’s Department
- Australian Department of Health
- Australian Institute of Criminology
- Safe Work Australia
- Australian Competition and Consumer Commission
- Australian Department of Infrastructure and Transport
- The New Zealand Ministry of Justice