Experience of family violence among people who died by suicide in Tasmania

2016 - 2020

March 2026

Magistrates Court of Tasmania
Coronial Division

Contents

1. Purpose

The Magistrates Court of Tasmania – Coronial Division prepared this report as a submission for the Standing Committee on Social Policy and Legal Affairs' federal parliamentary inquiry into the relationship between domestic, family and sexual violence and suicide.

This report provides an overview of data from the Tasmanian Suicide Register (TSR) pertaining to the experience of family violence among people who died by suicide that occurred between 2016 and 2020. Section 2 outlines the operation of the TSR, including the data extracted for this submission and its limitations. Section 3 presents findings from the overall dataset, followed by findings for three sub-cohorts: individuals identified as perpetrators of family violence, those identified as victims of family violence, and those identified as both victims and perpetrators (victim-perpetrators). Section 4 identifies opportunities for improvement in suicide data collection and analysis, and death investigations.

This submission was prepared following consultation with the Coroners Prevention Unit at the Coroners Court of Victoria.

2. Tasmanian Suicide Register

2.1. Background

The TSR was established in 2017 as a collaboration between the Tasmanian Department of Justice and Department of Health. The TSR, as adapted from the Victorian Suicide Register,[1] is a data repository containing information on suicide deaths in Tasmania that have been reported to the coroner. The TSR is managed by the Coronial Division of the Magistrates Court of Tasmania (the Coronial Division).

The TSR contains information on suspected suicides (open cases) and confirmed suicides (closed cases). Information that are available for suspected suicides include name, age, sex, date of birth, incident and resident locations, and Aboriginal and Torres Strait Islander status. These are known as the 'core dataset' and its information is extracted from the Police Report of Death. Suspected suicides are preliminary classifications based on the available information at the time of initial reporting and are subject to confirmation through coronial investigation.

Once a death is determined as 'intentional self-harm' by the coroner, a comprehensive and detailed coding process is undertaken by a TSR coder based on the available coronial materials. Source materials typically include police reports, medical records, toxicology and autopsy reports, statements from family and friends and the coronial finding. The 'enhanced dataset' encompasses several domains, including:

- Socio-demographic (e.g. country of birth, employment and relationship status),
- Physical health (e.g. physical illness, pain, injury and treatment),
- Mental health (e.g. mental health diagnosis and treatment),
- Intent (e.g. any verbal and written expressions of intent to suicide and history of suicidality),
- Interpersonal stressors (e.g. experiences of conflict and violence with partner and family members, separation with partner, and family and partner health issues),
- Contextual stressors (e.g. work or employment related, financial, legal, substance use)
- Service contacts (e.g. Centrelink, government and non-government services, legal contacts)
- Method-specific information

At the time of writing, enhanced dataset on the TSR is available for suicides that occurred between 1 January 2012 and 31 December 2020. Enhanced coding for suicide cases from 2021 onwards are underway.

[1] The Victorian Suicide Register is managed by the Coroners Prevention Unit at the Coroners Court of Victoria.

2.2. Data on partner and family violence

The TSR contains three enhanced dataset fields that are relevant to this submission, namely: 'Violence between deceased and partner', 'Violence between deceased and family member' and 'Experience of abuse (as victim or perpetrator)'. These fields are ticked when the coder identifies any evidence of violence between deceased and their (current or former) intimate partners and/or other family members. This includes (but not limited to) physical abuse, sexual abuse, verbal abuse, emotional abuse, financial abuse, stalking, exposure to family violence during childhood and childhood neglect. Further, the coder adds free-text notes to describe any available evidence regarding the deceased's experiences of partner and family violence and its source material, including whether the deceased was a victim or perpetrator, when it occurred, and the nature of the violence.

To prepare this submission, data relating to partner and family violence were extracted from the TSR for suicides between 2016 and 2020. While TSR enhanced dataset is available from 2012 and 2020, the extracted data required further collation and processing to enable analysis. Due to limited resources and time constraints, data from 2016 to 2020 is presented to provide insights into experiences of family violence among people who died by suicide in Tasmania. Additional data may be requested from the Coronial Division, subject to approval from Chief Coroner Olivia McTaggart and are contingent on available resources.

For the purposes of this report and hereafter, the term "family violence" refers to both intimate partner violence and violence involving other family members.[2]

2.3. Limitations

As previously described, the information in the TSR is sourced from coronial records gathered from various sources, including police and forensic reports, medical records, and statements from family and friends. Information can therefore vary in depth and quality of evidence. For example, in some circumstances, evidence of family violence may be present, however there is insufficient details to confirm the nature of the violence, including whether the deceased was a victim or a perpetrator, and the forms of violence. It is important to note that a lack of evidence of family violence and stressors does not guarantee that it was not present. Conversely, the presence of a stressor does not indicate that it was a contributor to the death.[3]

Additionally, as coding is based on any recorded evidence of family violence, the available data may not capture broader patterns or context of family violence. This limitation is important to acknowledge, particularly given the well-documented issue of perpetrator misidentification.[4] It is especially relevant for individuals coded as both victims and perpetrators, as such

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[2] The *Family Violence Act 2004* (Tas) defines "family violence" as violence committed directly or indirectly against an individual's current or former intimate partner, and recognises the impact of such violence on children. For the purposes of this report, the definition of "family violence" is defined more broadly to include violence committed against an individual's children and other family members.

[3] A Clapperton *et al.* "Identifying typologies of persons who died by suicide: Characterizing suicide in Victoria, Australia". *Archives of Suicide Research*, 2020, 24(1):18–33.

[4] Australia's National Research Organisation for Women's Safety (2020). *Accurately identifying the "person most in need of protection" in domestic and family violence law: Key findings and future directions* (Research to policy and practice, 23/2020). Sydney: ANROWS.

classifications may not fully reflect the dynamics of abuse, including situations where acts of family violence occur in retaliation or in the context of ongoing victimisation.

3. Family violence in Tasmanian suicides

3.1. Evidence of family violence in suicides

Between 2016 and 2020, 418 suicides were reported to the Tasmanian Coronial Division.[5] Among these, 43.1% had evidence of family violence, including evidence of perpetration, victimisation or both. Table 1 shows that females had a slightly higher proportion of family violence compared to males (45.5% and 42.3% respectively).

Table 1: Number and proportion of suicides by evidence the deceased experienced family, by sex, Tasmania 2016-2020.

Evidence of family violence	Male		Female		Total	
	N	%	N	%	N	%
Evidence identified	134	42.3	46	45.5	180	43.1
No evidence	177	55.8	54	53.5	231	55.3
Evidence unclear	6	1.9	1	1.0	7	1.7
Total	**317**	**100.0**	**101**	**100.0**	**418**	**100.0**

3.2. Role of the deceased in family violence

Table 2 shows notable sex differences in the role of the deceased in family violence. For example, 45.5% of males were identified solely as perpetrators of family violence compared to 6.5% of females. In contrast, 67.4% of females were solely identified as victims of family violence compared to 23.9% of males. Overall, 28.3% of individuals who died by suicide with evidence of family violence were identified as both victims and perpetrators, with a slightly higher proportion among males than females (29.1% and 26.1% respectively).

Table 2: Number and proportion of suicides among people who had experienced family violence, by role in family violence and sex, Tasmania 2016-2020.

Role in family violence	Male		Female		Total	
	N	%	N	%	N	%
Perpetrator only	61	45.5	3	6.5	64	35.6
Victim only	32	23.9	31	67.4	63	35.0
Both perpetrator and victim	39	29.1	12	26.1	51	28.3
Unknown	2	1.5	0	0.0	2	1.1
Total	**134**	**100.0**	**46**	**100.0**	**180**	**100.0**

[5] Excluding three cases that have recently been closed but not yet coded on the TSR.

3.3. Suicide among family violence perpetrators

3.3.1. Family violence perpetrators by age group

Table 3 shows the distribution of family violence perpetrators by age group and sex, alongside all suicides in the Tasmanian population as a comparator group. Among male family violence perpetrators, the highest proportion was observed in the 35 to 44 age group (29.5%), followed by the 55 to 64 age group (23.0%). These proportions are higher than those observed among male suicides in the same age groups in Tasmania (17.0% and 16.4% respectively).

Table 3: Number and proportion of suicides among family violence perpetrators (and all Tasmanian suicides), by age group and sex, Tasmania 2016-2020.

Age group	Perpetrators of family violence				All Tasmanian suicides			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
< 18 to 24	5	8.2	0	0.0	29	9.1	5	5.0
25 to 34	6	9.8	0	0.0	45	14.2	12	11.9
35 to 44	18	29.5	1	33.3	54	17.0	23	22.8
45 to 54	11	18.0	2	66.7	64	20.2	18	17.8
55 to 64	14	23.0	0	0.0	52	16.4	16	15.8
Over 65	7	11.5	0	0.0	73	23.0	27	26.7
Total	**61**	**100.0**	**3**	**100.0**	**317**	**100.0**	**101**	**100.0**

Note: Figures for female perpetrators are to be interpreted with caution due to small numbers.

3.3.2. Relationship of deceased perpetrators to their victims

Table 4 shows that 63.9% of males perpetrated family violence against their current and/or former partners only. This was followed by 23.0% of males who perpetrated violence against both their partners and other family members.

Table 4: Number and proportion of suicides among family violence perpetrators, by relationship to victim and sex, Tasmania 2016-2020.

Deceased's relationship to their victims	Male		Female		Total	
	N	%	N	%	N	%
Partners only	39	63.9	2	66.7	41	64.1
Other family members only	8	13.1	1	33.3	9	14.1
Both partners and other family members	14	23.0	0	0.0	14	21.9
Total	**61**	**100.0**	**3**	**100.0**	**64**	**100.0**

Note: Figures for female perpetrators are to be interpreted with caution due to small numbers.

3.3.3. Proximity of family violence to death among perpetrators

Table 5 shows that 41.0% of male perpetrators had perpetrated family violence within the six weeks prior to death. More than half (52.5%) had perpetrated family violence within the 12 months prior to death.

Table 5: Number and proportion of suicides among family violence perpetrators, by proximity of family violence to death and sex, Tasmania 2016-2020.

Proximity to death	Male (n=61)		Female (n=3)		Total (n=64)	
	N	%	N	%	N	%
≤ 6 weeks	25	41.0	0	0.0	25	39.1
≤ 12 months	32	52.5	1	33.3	33	51.6
> 12 months	28	45.9	2	66.7	30	46.9

Note: Proportions are calculated using the respective denominators. Individuals may have perpetrated family violence during multiple periods; therefore, percentages do not sum to 100%. Figures for female perpetrators are to be interpreted with caution due to small numbers.

3.3.4. Forms of family violence among perpetrators

Table 6 shows that physical abuse was the most common form of family violence used by male perpetrators (54.1%), followed by verbal abuse (50.8%). Evidence for physical, verbal and emotional abuse was identified among female perpetrators.

Table 6: Number and proportion of suicides among family violence perpetrators, by form of violence and sex, Tasmania 2016-2020.

Form of family violence	Male (n=61)		Female (n=3)		Total (n=64)	
	N	%	N	%	N	%
Physical abuse	33	54.1	1	33.3	34	55.7
Verbal abuse	31	50.8	2	66.7	33	54.1
Emotional abuse	22	36.1	1	33.3	23	37.7
Sexual abuse	6	9.8	0	0.0	6	9.8
Financial abuse	3	4.9	0	0.0	3	4.9
Stalking	1	1.6	0	0.0	1	1.6
Unknown	3	4.9	0	0.0	3	4.9

Note: Proportions are calculated using the respective denominators. Individuals may have perpetrated one or more forms of family violence; therefore, percentages do not sum to 100%. Figures for female perpetrators are to be interpreted with caution due to small numbers.

3.3.5. Mental health diagnosis among perpetrators

Table 7 shows that among male perpetrators, 77.0% had evidence of at least one mental health diagnosis in their lifetime. This proportion is higher than that observed among all males who died by suicide in Tasmania (69.4%).

Table 7: Number and proportion of suicides among family violence perpetrators (and all Tasmanian suicides), by mental health diagnosis and sex, Tasmania 2016-2020.

Mental health diagnosis	Perpetrators of family violence				All Tasmanian suicides			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	47	77.0	2	66.7	220	69.4	81	80.2
No	14	23.0	1	33.3	97	30.6	20	19.8
Total	**61**	**100.0**	**3**	**100.0**	**317**	**100.0**	**101**	**100.0**

Note: Figures for female perpetrators are to be interpreted with caution due to small numbers.

3.3.6. Contextual stressors among perpetrators

Table 8 shows that most male perpetrators of family violence had evidence of substance use prior to their suicide (65.6%). The most predominant substance was alcohol as identified in 59.0% of male perpetrators (36 cases). The proportion for substance use is higher than that observed among all male suicides in Tasmania (54.6%). The prevalence of the remaining three stressors – financial, work and legal – was also higher among male family violence perpetrators compared to all male suicides in Tasmania.

Table 8: Number and proportion of suicides among family violence perpetrators (and all Tasmanian suicides), by contextual stressor and sex, Tasmania 2016-2020.

Contextual stressor	Perpetrators of family violence				All Tasmanian suicides			
	Male (n=61)		Female (n=3)		Male (n=317)		Female (n=101)	
	N	%	N	%	N	%	N	%
Substance use	40	65.6	2	66.7	173	54.6	39	38.6
Financial	26	42.6	2	66.7	112	35.3	38	37.6
Work	25	41.0	2	66.7	117	36.9	32	31.7
Legal	23	37.7	0	0.0	90	28.4	12	11.9

Note: Proportions are calculated using the respective denominators. Individuals may have experienced more than one contextual stressor; therefore, percentages do not sum to 100%. Figures for female perpetrators are to be interpreted with caution due to small numbers.

3.4. Suicide among family violence victims

3.4.1. Family violence victims by age group

Table 9 shows that almost one in three (28.1%) of male family violence victims were aged between 45 and 54 at the time of suicide. This proportion is higher than that observed among all male suicides of the same age group in Tasmania during this period (20.2%). Among female victims, the highest proportion was in the 35 to 44 age group with 38.7%, which is also higher than that observed among all female suicides of the same age group in Tasmania (22.8%).

Table 9: Number and proportion of suicides among family violence victims (and all Tasmanian suicides), by age group and sex, Tasmania 2016-2020.

Age group	Victims of family violence				All Tasmanian suicides			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
<18 to 24	5	15.6	1	3.2	29	9.1	5	5.0
25 to 34	5	15.6	4	12.9	45	14.2	12	11.9
35 to 44	4	12.5	12	38.7	54	17.0	23	22.8
45 to 54	9	28.1	8	25.8	64	20.2	18	17.8
55 to 64	6	18.8	3	9.7	52	16.4	16	15.8
Over 65	3	9.4	3	9.7	73	23.0	27	26.7
Total	**32**	**100**	**31**	**100**	**317**	**100**	**101**	**100**

3.4.2. Relationship of deceased victims to their perpetrators

As shown in Table 10 (over the page), the majority (84.4%) of family violence among male victims was perpetrated by other family members only. Similarly, the highest proportion of family violence among female victims was perpetrated against other family members only (48.4%); however, the proportion is lower than that observed among males. The proportion of family violence perpetrated by partners only and both partners and other family members among females were higher than males (22.6% and 29.0% respectively for females, compared with 9.4% and 6.3% for males).

Table 10: Number and proportion of suicides among family violence victims, by relationship to perpetrator and sex, Tasmania 2016-2020.

Deceased's relationship to their perpetrators	Male		Female		Total	
	N	%	N	%	N	%
Partners only	3	9.4	7	22.6	10	15.9
Other family members only	27	84.4	15	48.4	42	66.7
Both partners and other family members	2	6.3	9	29.0	11	17.5
Total	**32**	**100.0**	**31**	**100.0**	**63**	**100.0**

3.4.3. Proximity of family violence to death among victims

Table 11 shows that the majority of victims were subjected to family violence more than 12 months prior to death (87.5% for males and 90.3% for females). This includes three-quarters (75.0%, 24 cases) of male victims who were subjected to family violence during childhood (under 18). Similarly, most female victims were also subjected to family violence during childhood; however, the proportion was lower (61.3%, 19 cases). These findings may suggest the adverse impact of childhood trauma among family violence victims who died by suicide.

Table 11: Number and proportion of suicides among family violence victims, by proximity of family violence to death and sex, Tasmania 2016-2020.

Proximity to death	Male (n=32)		Female (n=31)		Total (n=63)	
	N	%	N	%	N	%
≤ 6 weeks	2	6.3	3	9.7	5	7.9
≤ 12 months	6	18.8	8	25.8	14	22.2
> 12 months	28	87.5	28	90.3	56	88.9
Unknown	1	3.1	0	0.0	1	1.6

Note: Proportions are calculated using the respective denominators. Individuals may have been subjected to family violence during multiple periods; therefore, percentages do not sum to 100%.

3.4.4. Forms of family violence among victims

Table 12 (over the page) shows that the most common form of family violence experienced by victims was physical abuse, with a slightly higher prevalence among females (61.3%) than males (56.3%). Similar proportions of emotional abuse were reported among both male and female victims with 31.3% and 32.3% respectively.

Verbal abuse was more common among male victims (31.3%) than female victims (19.4%), whereas sexual abuse was more common among female victims (32.3%) than male victims (18.8%). The prevalence of childhood neglect and exposure to family violence during childhood was higher among males (21.9% and 18.8% respectively) than females (9.7% and 6.5% respectively).

Table 12: Number and proportion of suicides among family violence victims, by form of family violence and sex, Tasmania 2016-2020.

Form of family violence	Male (n=32)		Female (n=31)		Total (n=63)	
	N	%	N	%	N	%
Physical abuse	18	56.3	19	61.3	37	58.7
Emotional abuse	10	31.3	10	32.3	20	31.7
Verbal abuse	10	31.3	6	19.4	16	25.4
Sexual abuse	6	18.8	10	32.3	16	25.4
Childhood neglect	7	21.9	3	9.7	10	15.9
Exposure to family violence during childhood	6	18.8	2	6.5	8	12.7
Stalking	1	3.1	0	0.0	1	1.6
Unknown	2	6.3	3	9.7	5	7.9

Note: Proportions are calculated using the respective denominators. Individuals may have been subjected to one or more forms of family violence; therefore, percentages do not sum to 100%.

3.4.5. Mental health diagnosis among victims

As shown in Table 13, the majority of family violence victims had at least one mental health diagnosis prior to death, with a higher prevalence observed among females (93.5%) compared to males (84.4%). The prevalence of mental health diagnosis was higher among victims of family violence than among all Tasmanian suicides during the same period (69.4% for males and 80.2% for females).

Table 13: Number and proportion of suicides among family violence victims (and all Tasmanian suicides), by mental health diagnosis and sex, Tasmania 2016-2020.

Mental health diagnosis	Victims of family violence				All Tasmanian suicides			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	27	84.4	29	93.5	220	69.4	81	80.2
No	5	15.6	2	6.5	97	30.6	20	19.8
Total	**32**	**100.0**	**31**	**100.0**	**317**	**100.0**	**101**	**100.0**

3.4.6. Contextual stressors among victims

Table 14 shows that substance use was the most prevalent stressor among both male and female victims; however, the proportions are higher among females than males (58.1% and 50.0% respectively). The most common substance used among victims was alcohol as identified in 48.4% of females (15 cases) and 40.6% of males (13 cases). The proportion of substance use for female victims is also higher than all female suicides in Tasmania (38.6%).

Table 14: Number and proportion of suicides among family violence victims (and all Tasmanian suicides), by contextual stressor and sex, Tasmania 2016-2020.

Contextual stressor	Victims of family violence				All Tasmanian suicides			
	Male (n=32)		Female (n=31)		Male (n=317)		Female (n=101)	
	N	%	N	%	N	%	N	%
Substance use	16	50.0	18	58.1	173	54.6	39	38.6
Financial	13	40.6	10	32.3	112	35.3	38	37.6
Work	11	34.4	13	41.9	117	36.9	32	31.7
Legal	7	21.9	7	22.6	90	28.4	12	11.9

Note: Proportions are calculated using the respective denominators. Individuals may have experienced more than one contextual stressor; therefore, percentages do not sum to 100%.

3.5. Suicide among family violence victim-perpetrators

3.5.1. Family violence victim-perpetrators by age group

As shown in Table 15, over a third (35.9%) of male victim-perpetrators were aged between 45 and 54 at the time of death. Among female victim-perpetrators, the highest proportion was aged between 35 and 44 at the time of death (41.7%). Both proportions are higher than those observed in the same age groups among male and female suicides in the Tasmanian population (20.2% and 22.8% respectively).

Table 15: Number and proportion of suicides among family violence victim-perpetrators (and all Tasmanian suicides), by age group and sex, Tasmania 2016-2020.

Age group	Victim-perpetrators of family violence				All Tasmanian suicides			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
<18 to 24	5	12.8	0	0.0	29	9.1	5	5.0
25 to 34	5	12.8	2	16.7	45	14.2	12	11.9
35 to 44	9	23.1	5	41.7	54	17.0	23	22.8
45 to 54	14	35.9	2	16.7	64	20.2	18	17.8
55 to 64	2	5.1	2	16.7	52	16.4	16	15.8
Over 65	4	10.3	1	8.3	73	23.0	27	26.7
Total	**39**	**100**	**12**	**100**	**317**	**100**	**101**	**100**

3.5.2. Relationship of deceased victim-perpetrators to their perpetrators and victims

Table 16 (over the page) shows that:

- Among the 39 males who were identified as victim-perpetrators, 66.7% perpetrated violence against their partners only.
- Among male victims of intimate partner violence, the majority (92.3%) perpetrated violence against their partners only.
- Among male victims of violence by other family members, half (50.0%) perpetrated violence against their partners only, while over a third (37.5%) perpetrated violence against other family members.

Table 16: Number and proportion of suicides among male victim-perpetrators of family violence, by relationship to victims and perpetrators, Tasmania 2016-2020.

Deceased's relationship to their victims	Deceased's relationship to their perpetrators							
	Partners only		Other family members only		Both		Total	
	N	%	N	%	N	%	N	%
Partners only	12	92.3	12	50.0	2	100.0	26	66.7
Other family members only	1	7.7	9	37.5	0	0.0	10	25.6
Both partners and other family members	0	0.0	3	12.5	0	0.0	3	7.7
Total	**13**	**100.0**	**24**	**100.0**	**2**	**100.0**	**39**	**100.0**

Table 17 shows the relationship between female victim-perpetrators of family violence with their perpetrators and victims.

Table 17: Number and proportion of suicides among female victim-perpetrators of family violence, by relationship to victims and perpetrators, Tasmania 2016-2020.

Deceased's relationship to their victims	Deceased's relationship to their perpetrators							
	Partners only		Other family members only		Both		Total	
	N	%	N	%	N	%	N	%
Partners only	3	75.0	2	66.7	1	20.0	6	50.0
Other family members only	1	25.0	1	33.3	3	60.0	5	41.7
Both partners and other family members	0	0.0	0	0.0	1	20.0	1	8.3
Total	**4**	**100.0**	**3**	**100.0**	**5**	**100.0**	**12**	**100.0**

Note: Figures are to be interpreted with caution due to small numbers.

3.5.3. Period of occurrence and proximity of family violence to death among victim-perpetrators

Due to the complex and often overlapping patterns of family violence among victim-perpetrators, data on its timing among victim-perpetrators are challenging to present in tabular format. However, findings from TSR data highlight patterns of intergenerational family violence, showing that individuals who experienced family violence in childhood also appear among those who perpetrated family violence in adulthood:

- Among the 39 male victim-perpetrators, just over half (51.3%, 20 cases) were subjected to family violence during childhood (under 18) and later perpetrated family violence as adults. Further, one in four (25.6%, ten cases) were victims of childhood violence and perpetrated family violence as adults within the six weeks prior to death.

- Among the 12 female victim-perpetrators, half (50.0%, six cases) were subjected to family violence during childhood and subsequently perpetrated family violence in adulthood. Further, 16.7% (two cases) were victims of childhood family violence and perpetrated violence within the six weeks prior to death as adults.

Moreover, some victim-perpetrators experienced family violence exclusively in adulthood, with similar proportions among both males (41.0%, 16 cases) and females (41.7%, five cases). Approximately one-third of male victim-perpetrators (30.8%, 12 cases) and female victim-perpetrators (33.3%, four cases) were both victims and perpetrators of family violence occurring outside of the six weeks prior to death.

3.5.4. Forms of family violence among victim-perpetrators

Similarly, the overlapping and diverse forms of family violence among victim-perpetrators are difficult to present meaningfully in tabular format. However, there are several key findings to highlight:

- Overall, physical abuse was the most common form of family violence that the deceased both perpetrated against and were subjected to, regardless of sex. Among 39 male victim-perpetrators, this was identified in 10 cases (25.6%). Among 12 female victim-perpetrators, this was identified in 5 cases (41.7%).
- Among male victim-perpetrators, 17.9% (7 cases) reported exposure to family violence during childhood and later perpetrated physical violence in adulthood.

3.5.5. Mental health diagnosis among victim-perpetrators

As shown in Table 20, the majority of male victim-perpetrators had a mental health diagnosis (87.2%), while all female victim-perpetrators had a mental health diagnosis (100%). The prevalence of mental health diagnosis among victim-perpetrators of family violence was higher than that observed among all male and female suicides in the Tasmanian population (69.4% for males and 80.2% for females).

Table 20: Number and proportion of suicides among family violence victim-perpetrators (and all Tasmanian suicides), by mental health diagnosis and sex, Tasmania 2016-2020.

Mental health diagnosis	Victim-perpetrators of family violence				All Tasmanian suicides			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	34	87.2	12	100.0	220	69.4	81	80.2
No	5	12.8	0	0.0	97	30.6	20	19.8
Total	**39**	**100.0**	**12**	**100.0**	**317**	**100**	**101**	**100**

3.5.6. Contextual stressors among victim-perpetrators

Table 21 shows that the most prevalent contextual stressor among male and female victim-perpetrators was substance use (74.4% and 83.3% respectively). Alcohol was the most commonly used substance as observed in 69.2% of males (27 cases) and 75.0% of females (nine cases). This was followed by cannabis as observed among 53.8% of males (21 cases) and 50.0% of females (six cases). The proportions of substance use are more prevalent among male and female victim-perpetrators than among male and female suicides in Tasmania (54.6% and 38.6% respectively). Overall, the proportions for all contextual stressors among male victim-perpetrators are higher than all male suicides in Tasmania.

Table 21: Number and proportion of suicides among family violence victim-perpetrators (and all Tasmanian suicides), by contextual stressor and sex, Tasmania 2016-2020.

Contextual stressor	Victim-perpetrators of family violence				All Tasmanian suicides			
	Male (n=39)		Female (n=12)		Male (n=317)		Female (n=101)	
	N	%	N	%	N	%	N	%
Substance use	29	74.4	10	83.3	173	54.6	39	38.6
Financial	20	51.3	8	66.7	112	35.3	38	37.6
Work	22	56.4	1	8.3	117	36.9	32	31.7
Legal	19	48.7	2	16.7	90	28.4	12	11.9

Note: Proportions are calculated using the respective denominators. Individuals may have experienced more than one contextual stressor; therefore, percentages do not sum to 100%.

4. Improvement opportunities

4.1. Suicide data collection and analysis

As evident from the data overview section (Section 3), the enhanced dataset of the TSR is useful in providing a better understanding into suicide deaths in Tasmania, the context of the suicides and the relevant stressors. The coding of the enhanced dataset, however, is a resource-intensive process. This process (as described in Section 2) involves a coder examining the coronial brief, which contains documents from multiple sources and coding the relevant information into the TSR. Cases vary in complexity; for example, if the deceased was extensively engaged with mental health services proximate to their death, the process of examining and coding of medical records can be lengthy. Coding a case can therefore vary from 3-4 hours to more than a day. Due to resource constraints, the enhanced dataset on the TSR has been completed for cases reported between 2012 and 2020.

At the time of writing this submission, resourcing for the TSR has recently increased from 1 FTE to 1.5 FTE following additional funding from the Tasmanian Department of Health. While this addition is welcomed and reflects the recognition of the importance of the TSR, the existing case backlog, combined with the growing use of TSR data to inform coronial investigations and suicide prevention policy, underscores the need for further resourcing. Increased staffing capacity is essential to ensure the effective operation of the TSR, including timely data collection (for new and historical cases), data management, analysis and reporting.

In the context of suicides involving family violence, the individual, relational and systemic factors are often complex and highly nuanced, requiring specialist expertise to ensure appropriate and careful analysis of data. This is discussed further below.

4.2. Family violence death review

Tasmania is the only Australian jurisdiction without a specialist family violence death review mechanism. Current and previous evidence has shown that this mechanism can play a critical and important role in the investigations of related reportable deaths in Tasmania, including suicide and homicide deaths. As outlined earlier, data from the TSR indicate a considerable proportion (43.1%) of suicide deaths in Tasmania with evidence of family violence. Data from Victoria show that evidence of family violence was identified in 24.5% of suicides that occurred between 2009 and 2016.[6] While not directly comparable, the higher prevalence identified among suicides in Tasmania highlights family violence as a significant issue in the state. In addition, in the period 2010-2018, Tasmania had the third highest number of intimate partner violence (IPV) homicides among all states and territories (1.8 IPV homicides per 100,000 population), exceeding the national rate of 1.5 IPV homicides per 100,000 population.[7]

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[6] Coroners Court of Victoria (2024). *Experience of family violence among people who suicided, Victoria 2009-2016*. 30 July 2024. Coroners Court of Victoria. https://www.coronerscourt.vic.gov.au/sites/default/files/2024-09/Coroners%20Court%20of%20Victoria%20Experience%20of%20family%20violence%20among%20people%20who%20suicided%202009-20016.pdf

[7] Australian Domestic and Family Violence Death Review Network & Australia's National Research Organisation for Women's Safety (2022). *Australian Domestic and Family Violence Death Review*

The broad objective of family violence death reviews is to identify potential areas for improvement in systemic responses to domestic and family violence.[8] Across Australia, family violence death review teams are located within coroners courts, ombudsman's offices or government agencies and comprise members with specialist expertise in the analysis of family violence. An establishment of a Tasmanian family violence death review mechanism within the Coronial Division would broaden the scope of coronial investigations on relevant deaths. This would encompass the development and promotion of family violence intervention and prevention strategies to reduce the likelihood of deaths occurring in similar circumstances in the future. It would also help to improve responses to family violence more generally to better protect victims and shape perpetrator interventions. As distinct from coronial inquests, death reviews specifically consider all the systems, services and communities that had an impact on the individual prior to their death, and not just factors proximate to death.

A family violence death review mechanism also provides both a qualitative (individual case) and quantitative review function. It identifies issues, trends and patterns across cases, highlights the gaps in service delivery and subsequently supports coronial recommendations. While the current data report is the first of its kind in Tasmania prepared for the purposes of the federal parliamentary inquiry, other jurisdictions (including New South Wales, Victoria, the Australian Capital Territory and Queensland) have published recurring and ad hoc reports on family violence-related deaths within their respective jurisdiction.

Further, in 2011 the Australian Domestic and Family Violence Death Review Network (the Network) was established to enable collaboration between the death review mechanisms across Australia.[9] The Network brings together representatives from each of Australia's established family violence death review teams. The purpose of the Network is to reduce family violence deaths in Australia by improving knowledge on the prevalence, nature, themes and patterns of family violence deaths. It also seeks to identify practice and systems changes to improve the outcomes for people affected by family violence, and analyse and compare family violence death review findings and recommendations. The Network, in partnership with the Australia's National Research Organisation for Women's Safety, has also published national data reports on family violence-related deaths, including on IPV homicide and filicide.[10] In the absence of a family violence death review mechanism, Tasmania is currently the only jurisdiction that is not actively participating in the Network.

Over the years, the Coronial Division has sought funding from the Tasmanian Government to establish a family violence death review mechanism within the Court; however, these efforts

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Network Data Report: Intimate partner violence homicides 2010–2018 (2nd ed.; Research report 03/2022). ANROWS; It is important to note that IPV data for Tasmania and the Australian Capital Territory (ACT) were obtained from the National Coronial Information System due to the absence of an operational death review process in these jurisdictions at the time of the report. Data for Tasmania and the ACT were therefore excluded from certain analysis of the report, whereby specialised information regarding histories of violence was not available. The ACT has since established a family violence death review mechanism in 2021.

8 Ibid.

9 Ibid.

10 Ibid.; Australian Domestic and Family Violence Death Review Network & Australia's National Research Organisation for Women's Safety (2024). *Australian Domestic and Family Violence Death Review Network data report: Filicides in a domestic and family violence context 2010–2018* (1st ed.; Research report, 06/2024). ANROWS.

have been unsuccessful. These attempts include the submission of several funding proposals under the Tasmanian Government's *Safe Homes, Families, Communities* budget in 2019 and 2021, as well as a recommendation to establish a specialist death review unit through the Coronial Services Plan, which was submitted to the Department of Justice and the Attorney-General in 2023.

More recently, the Coronial Division reiterated the growing need for a specialist family violence death review mechanism (among other considerations) in a briefing paper to the Attorney-General, following a legislative amendment requiring mandatory public inquests in cases where the coroner suspects that family violence contributed to the death.[11]

Given the prevalence of family violence among Tasmanians who have died by suicide, as outlined in this report, establishing a Tasmanian family violence death review mechanism presents a critical opportunity to strengthen intervention and prevention strategies. It would bring Tasmania into line with every other Australian jurisdiction and enable active participation in the Australian Domestic and Family Violence Death Review Network, strengthening the state's capacity to address family violence and suicide through shared national insight and evidence.

[11] The *Justice and Related Legislation (Miscellaneous Amendments) Act 2024* (Tas) amended Section 24 of the *Coroners Act 1995* (Tas).