

16 Injuries

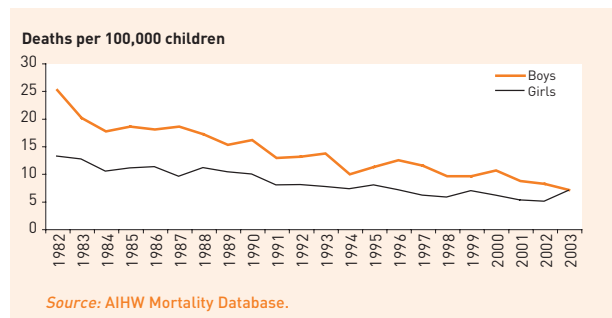
Injury and poisoning is the leading cause of death and a major cause of disability among children in Australia. For every child who dies from injury, many more are admitted to hospital for treatment, and others are treated in emergency departments. Injuries can have lasting effects, such as disability or disfigurement, which can impair a child's development and future wellbeing. In addition, disability or death from injury significantly affects on a child's family.

The typical causes of childhood injury vary according to their developmental stage (AIHW NISU: Pointer et al. 2003; AIHW NISU: Moller & Kreisfeld 1997). As children develop and their mobility increases, the hazards they are exposed to change. For example, the risk of hospitalisation for falls increases with age, but for other conditions, such as poisoning, children under 5 years have the highest risk of hospitalisation (AIHW NISU: Steenkamp & Cripps 2001). Before children have the ability to properly assess the risks involved in new activities and avoid potential dangers, they are particularly vulnerable to injury.

Childhood mortality and morbidity as a result of injury are preventable and can be effectively reduced through the implementation of prevention strategies. To minimise deaths and disability as a result of injury, Injury Prevention and Control was identified as one of seven National Health Priority Areas. The National Public Health Partnership *Draft National Injury Prevention Plan: 2004 Onwards* (SIPP 2004) identifies children as a major priority area for injury prevention. Childhood injury prevention initiatives focus on falls, drowning and near drowning, and accidental poisoning. Some of the strategies for preventing childhood injury include child-resistant closures to prevent accidental poisoning, compulsory use of seatbelts in private vehicles, and pool fencing to prevent drowning.

'Injury and poisoning is the leading cause of death and a major cause of disability among children in Australia'

Figure 16.1: Injury death rates for children aged 0–14 years, 1982–2003



- There was a significant reduction in the injury death rates for children over the period 1982 (714 deaths) to 2003 (276 deaths) (Figure 16.1). In 1982 the rates for boys and girls were 25.1 per 100,000 and 13.1 per 100,000 respectively. The corresponding rates in 2003 were 7.0 per 100,000 for boys and 6.9 per 100,000 for girls.
- Between 1982 and 2003, boys had an injury mortality rate consistently higher than the rate for girls, though the gap between the sexes narrowed over the period.

Hospitalisations for injuries

In 2002–03 injury was the second most common reason for hospitalisations for children aged 1–14 years, responsible for approximately 66,000 hospitalisations. The most common groups of external causes of injury recorded for hospitalisations of children aged 0–14 years are shown in Table 16.1.

- In 2002–03, there were 65,651 hospitalisations for injury. Falls were the most common external cause of hospitalisation for injury among children at a rate of 628.1 per 100,000 children, followed by pedal cycle accidents (98.1 per 100,000 children) and accidental poisonings (80.8 per 100,000 children).

Table 16.1: Hospitalisation rates for children aged 0–14 years for specific external causes of injuries, 2002–03 (rate per 100,000 children)

	Age group	Falls	Transport accident—pedal cyclist	Accidental poisoning	Burns and scalds	Transport accident—pedestrian	Assault	All injuries
Boys	<1	365.1	0.0	83.2	124.3	3.2	69.7	1,169.0
	1–4	683.8	43.2	255.9	152.5	35.2	18.1	2,141.1
	5–9	835.4	133.8	19.7	18.4	29.8	11.3	1,784.2
	10–14	793.6	273.6	16.4	36.3	27.6	38.9	2,282.1
	0–14	752.2	149.4	83.6	65.8	28.8	26.1	2,006.3
Girls	<1	332.8	0.0	79.2	86.7	0.8	64.2	950.0
	1–4	539.6	19.0	236.3	99.1	18.2	14.6	1,624.7
	5–9	654.6	61.8	14.4	22.6	15.6	7.5	1,271.3
	10–14	339.8	53.8	20.7	10.5	18.0	14.7	1,055.2
	0–14	497.6	44.1	77.9	42.3	16.1	15.4	1,268.8
All children	0–14	628.1	98.1	80.8	54.3	22.6	20.9	1,646.8

Source: AIHW National Hospital Morbidity Database.

- There were distinct differences in the age patterns for different types of injury hospitalisation. For example, hospitalisation rates for assault were much more common among infants than children aged 1–14 years. In contrast hospitalisations for accidental poisoning and burns and scalds among were most common among children aged 1–4 years. Children aged 5–9 years had the highest hospitalisation rates for falls, while pedal cycle accidents were most common among children aged 10–14 years.
- Hospitalisation rates for injury were higher among boys than girls in all age groups. Overall, boys had an injury hospitalisation rate of 2,006.3 per 100,000 compared with a rate of 1,268.8 per 100,000 for girls.
- Infants had the lowest hospitalisation rates for injury among both boys and girls. Among boys, the age group with the highest hospitalisation rate was 10 to 14 years at 2,282.1 per 100,000 children. For girls, the highest hospitalisation rate was among those aged 1 to 4 years with a rate of 1,624.7 per 100,000 children.

Indicators

- **Injury death rate for children aged 0–14 years.**
- **Road transport accident death rate for children aged 0–14 years.**
- **Accidental drowning death rate for children aged 0–14 years.**
- **Hospitalisation rate for children aged 0–14 years for injuries from assault**
- **Hospitalisation rate for children aged 0–14 years for accidental injuries (poisoning, burns and scalds, pedestrian accidents, pedal cycling).**
- **Assault death rate for children aged 0–14 years.**
- **Suicide death rate for children aged 10–14 years.**

Table 16.2: Injury death rate for children aged 0–14 years, 2001–03 (rate per 100,000 children)

	Age group	Transport accident	Drowning	Assault	Falls	Suicide	All injuries
Boys	<1	1.8	1.6	3.1	0.3	0.0	17.0
	1–4	3.6	3.7	0.9	0.3	0.0	11.2
	5–9	2.5	0.8	0.5	0.1	0.0	5.1
	10–14	4.3	0.3	0.1	0.1	0.8	6.7
	0–14	3.3	1.4	0.6	0.2	0.3	8.0
Girls	<1	0.6	2.8	3.3	0.3	0.0	16.2
	1–4	3.0	2.3	0.7	0.2	0.0	8.5
	5–9	1.9	0.2	0.3	0.3	0.0	3.2
	10–14	1.9	0.2	0.3	0.1	0.8	4.0
	0–14	2.1	0.9	0.6	0.2	0.3	5.6
All children	0–14	2.7	1.2	0.6	0.2	0.3	6.8
All children (N)		327	139	73	20	31	815

(N) Total Number.
Source: AIHW Mortality Database.

Mortality

In 2003, injury was the leading cause of death among children aged 0–14 years accounting for 15% of all deaths of children (or 276 deaths). The rates for five of the most common external causes resulting in death over the period 2001–03 are presented in Table 16.2.

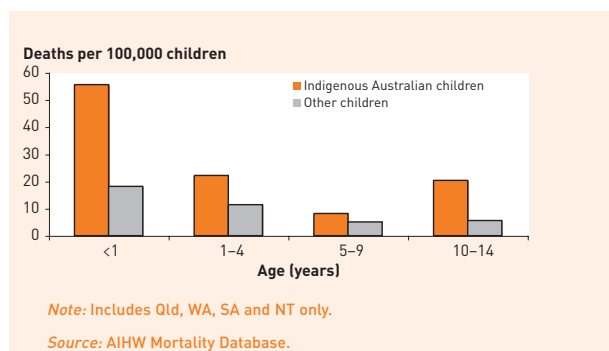
- Between 2001 and 2003, there were 815 deaths as a result of injury. The most common external causes of death from injury were transport accidents (2.7 per 100,000 children), followed by drowning (1.2 per 100,000 children) and assaults (0.6 per 100,000 children).

Population differences

Certain factors, such as sex and socioeconomic background, affect a child's risk of injury at all developmental stages. For most types of childhood injury, and for every age after infancy, boys are at a higher risk of injury than girls. The difference between boys and girls may be related to differences in socialisation, operating even at an early age, that lead to greater risk taking behaviour among boys (Wilson et al. 1991).

Children from low socioeconomic backgrounds and Indigenous Australian children also have a higher risk of injury and death from injury than other Australian children. Children from low socioeconomic groups are more likely to suffer injury from certain causes, such as house fire or assault, which are more often fatal than other causes of injury. The likelihood of a child being injured or killed has also been associated with single parenthood, low maternal education, young maternal age at birth, poor housing, large family size, and parental drug or alcohol abuse (UNICEF 2001).

Figure 16.2: Average injury death rates for Indigenous and other Australian children aged 0–14 years, 2001–03



- During the period 2001–03, in Queensland, Western Australia, South Australia and the Northern Territory, a total of 61 Indigenous Australian children died due to injury or poisoning. Indigenous children aged 0–14 years had a higher average injury mortality rate than other children. Among Indigenous children the average injury mortality rate was 19.0 per 100,000 children. The corresponding rate for other Australian children was 7.7 per 100,000 children.
- Although injury mortality rates were greater for Indigenous children than other children in all age groups, the pattern across age groups was similar. The age groups showing the largest difference in mortality rate was infancy. Indigenous infants had an average injury mortality rate three times the rate for other Australian infants. The average injury mortality rate among Indigenous infants was 55.6 per 100,000 infants. The corresponding rate for other Australian infants was 18.2 per 100,000 infants.
- During the period 2001–03 the leading causes of injury deaths among both Indigenous and other Australian children were transport accidents and accidental drowning.

17 Child abuse and neglect

Child abuse and neglect is an issue that causes more public concern than almost any other public health issue in the Australian community. The relationship between child abuse and neglect, and child health and wellbeing, is complex and is related to the type, severity and duration of the abuse or neglect and to the context in which it occurs. The more frequent, the more prolonged and the more serious the abuse or neglect, the more damaging it will be for the child.

Children in need of protection are of concern to health professionals because of the profound negative impact abuse and neglect can have on children's health and wellbeing. Abuse and neglect can have both short-term and long-term adverse consequences for children. Physical and sexual abuse can have an immediate damaging effect on children's health through the injuries that children incur. In addition, children who have been abused or neglected often have poor developmental outcomes, such as lower social competence, poor school performance and impaired language ability. The longer term effects of abuse and neglect are primarily related to a child's mental health and include depression, anxiety disorders and suicidal and self-injurious behaviours (Shonkoff & Phillips 2000).

In extreme cases, child abuse and neglect can lead to serious harm or injury. One measure for such extreme cases is the rate of hospital separations due to assault. These data are presented in Chapter 16.

Child abuse and neglect is associated with multiple risk factors including social and economic disadvantage, family disruption, domestic violence and substance abuse (AIHW 2005; Families Australia 2004). The presence or absence of other risk factors also influences the effects on the child. For example, the effects of abuse or neglect have been found to be less harmful if the child receives emotional support from another important adult in his or her life (Shonkoff & Phillips 2000). The negative effects of child abuse and neglect are likely to be compounded as the number of risk factors increases.

'Abuse and neglect can have a profound negative impact on children's health and wellbeing'

What constitutes abuse and neglect?

Child abuse and neglect is generally classified into one of the following four categories: physical abuse, sexual abuse, emotional abuse, or neglect (AIHW 2005), although many children are the victims of more than one type of abuse. Children who are in need of protection include those who have been abused, neglected or otherwise harmed, and/or whose parents cannot provide adequate care and protection for them.

Definitions of child abuse and neglect have generally broadened over time. For example, physical punishments that were once considered appropriate discipline for children by many in the community are now suspected to jeopardise aspects of normal mental and emotional development (UNICEF 2003) and are therefore considered inappropriate.

Prevalence and data issues

There are no reliable measures of the prevalence of child abuse and neglect in Australia, mainly due to the difficulties in both defining and measuring abuse and neglect. Prevalence rates can vary considerably depending on the definitions used.

The only available data relate to situations where children have come to the attention of the child protection authorities in each jurisdiction. These administrative statistics represent only a proportion of all abuse and neglect cases that occur within the community.

In Australia, child protection is the responsibility of the state and territory governments. The AIHW collects national data on child protection notifications, investigations and substantiations, children on care and protection orders, and children in out-of-home care. The following section provides data on children who were the subject of a child protection substantiation and children on care and protection orders.

Child protection substantiations

Overall the administrative data tend to suggest an increase in the numbers of children who were the subject of child protection substantiations over the last decade (AMA 2004) (Table 17.1). However, these apparent trends over time need to be interpreted with great caution because this type of data can reflect changes in policies and practices within the child protection system as well as changes in the actual prevalence of child abuse and neglect.

One possible explanation for the noted rise is an increase in reporting by professionals of suspected abuse as a result of the mandatory reporting requirements in most jurisdictions. Another possible reason is that the rise is due to an increased awareness in the community about child abuse and neglect and the role of community services departments in this area. The final reason is an increase in the incidence of child abuse and neglect or inadequate parenting causing harm to a child and resulting in an increase in the number of children who require a child protection response.

Rates of children who were the subject of substantiations generally decreased with age. In all jurisdictions, children

aged under 1 year were the most likely to be the subject of a substantiation and children aged 10–14 years the least likely. Age is one of the factors that child protection workers take into consideration when determining the time taken to respond to a notification, the type of response and whether a notification will be substantiated, with younger children being regarded as the most vulnerable.

Care and protection orders

Most children and families who come into contact with the child protection authorities through the substantiation process or through other avenues are referred to various support services. Such services include parenting education, family mediation and counselling, and in-home family support. In situations where further intervention is required in order to protect a child, the child protection authority may apply to the relevant court for a care and protection order. Recourse to the court is generally a last resort and is used in situations where supervision and counselling are resisted by the family, where other avenues for resolution of the situation have been exhausted, or where removal of a child into out-of-home care requires legal authorisation.

Table 17.1: Children aged 0–14 years who were the subject of child protection substantiation, 1997–98 to 2003–04 (rate per 1,000 children)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1997–98	5.2	6.2	5.5	2.5	4.8	1.0	5.0	5.8	5.1
1998–99	4.6	6.2	5.2	2.7	5.5	0.9	5.4	n.a. ^(a)	4.8
1999–00	4.0	6.5	6.0	2.5	5.4	0.5	2.6	6.5	4.8
2000–01	4.4	6.8	7.8	2.6	5.4	0.8	3.0	6.1	5.4
2001–02	4.9	6.7	9.0	2.6	5.6	1.2	2.9	6.2	5.8
2002–03	7.9 ^(b)	6.6	10.8	2.0 ^(c)	6.2	1.7	3.8	6.3	7.2
2003–04	n.a. ^(d)	6.9	15.1	2.2	6.5	2.4	7.2	9.5	n.a.

(a) Northern Territory could not provide data for 1998–99 and was not included in the totals for that year.

(b) The data for 2002–03 and previous years should not be compared. New South Wales implemented a modification to the data system to support legislation and practice changes during 2002–03 which would make any comparison inaccurate.

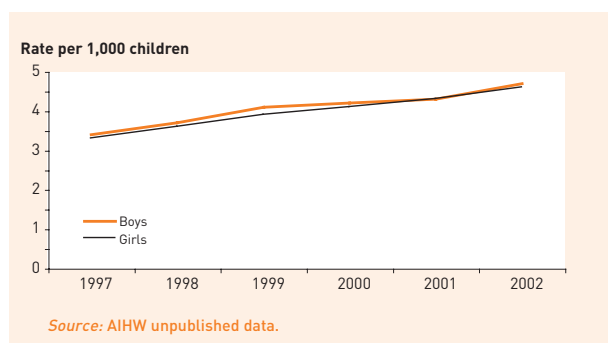
(c) The decline in the number of notifications for 2002–03 is associated with organisational and practice changes.

(d) In 2003–04 New South Wales was unable to provide data due to the ongoing implementation of the new data system. In addition, because NSW accounts for the largest number of substantiations, no national total can be calculated for this time period.

Source: AIHW unpublished data.

Children on orders are those children for whom there are more serious concerns about their safety and wellbeing. A care and protection order provides the community services department with greater authority and responsibility for the child. These orders include guardianship and custody orders as well as supervision orders. The data on children on care and protection orders show the total number of children on these orders at 30 June of each year and are therefore a measure of the prevalence of children on orders at a point in time (Figure 17.1).

Figure 17.1: Children aged 0–14 years on care and protection orders at 30 June, 1997–2003 (rate per 1,000 children)

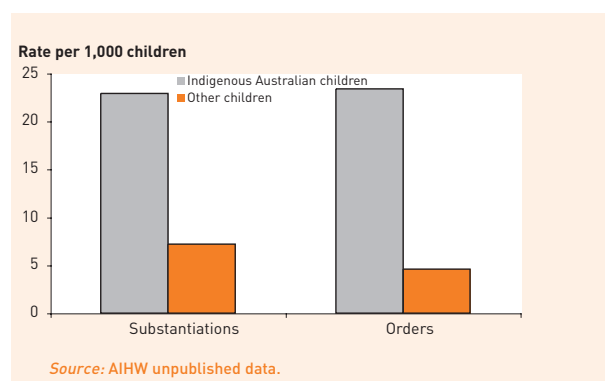


- The rate of children aged 0–14 years on care and protection orders at 30 June each year increased by 47% between 1997 and 2003.
- The number of orders was similar for boys and girls. In 2003 the rate for boys was 4.7 per 1,000 children and 4.6 per 1,000 for girls.

Aboriginal and Torres Strait Islander children

Indigenous Australian children are over-represented in the child protection system. This is despite a recognised under-reporting of violence in Indigenous communities (Memmott et al. 2001) (Figure 17.2). There are a number of different reasons for the over-representation of Indigenous children in the child protection system, including the intergenerational effects of the ‘stolen generation’ such as separation from family and culture (HREOC 1997), the poor socioeconomic status of Indigenous families, and cultural differences in child rearing practices.

Figure 17.2: Child protection substantiations and care and protection orders for Indigenous and other Australian children aged 0–14 years, 2002–03 (rate per 1,000 children)



- The rate of Indigenous Australian children aged 0–14 years in substantiations in 2002–03 was 22.9 per 1,000, compared with 7.2 for other Australian children.
- The rate of Indigenous children on care and protection orders at 30 June 2002 was 23.4 per 1,000, compared with 4.6 for other Australian children.

Indicators

- **Rate of children aged 0–14 years who are the subject of a child protection substantiation.**
- **Rate of children aged 0–14 years who are the subject of care and protection orders.**

18 Children as victims of violence

Victims of violence are often reluctant to report crimes to the police and therefore the true estimation of the level of crime experienced is often thought to be underestimated. Data show that many victims of violence do not report matters because they believe the police cannot do anything or because they think the violence they have experienced is too trivial to be reported (Carcach 1997; Williams & Bryant 2000). Moreover, children in particular, may feel intimidated and reluctant to report personal crimes if the perpetrator is known to the victim or is in a position of power (perhaps because they are older or an authority figure).

Crime victim surveys generally indicate that crimes against the person, particularly crimes of violence, are more heavily under-reported than property crimes. For instance, the 2002 ABS survey of crime and safety estimated that only 31% of assaults and 20% of female sexual assaults are reported to the police (ABS 2003f). By contrast around 85% of all property crimes are reported to the police.

While crime victim surveys are used to measure the extent of unreported or hidden victimisation, no Australian surveys currently include children under 15 in their sample (ABS 2004d). The two main sources of reporting criminal victimisation of those under 15 are derived from administrative data sets: recorded crime statistics, and substantiations of child abuse. Since 1993, the ABS has published an annual publication of recorded crime statistics collected by the police in each state and territory, according to standard offence classifications.

'Victims of physical assault and sexual assault not only experience harm in the short-term, but are at risk of further harm or harming others later in life'

Outcomes of victimisation

Adverse outcomes for young victims of violent crime can range from injuries to suicidal ideation behaviour (Simon et al. 2002), and depression (Arboleda-Florez & Wade 2001). A large body of international research suggests that physical and sexual abuse has multi-faceted short- and long-term negative effects on childhood development (Paolucci et al. 2001).

Victims of assault and sexual assaults not only experience harm in the short-term, but are at risk of further harm or harming others later in life. A key concern is that children who are victimised are at a greater risk of later victimising others (Lauritsen et al. 1991; Weatherburn & Lind 1997). Other research suggests that victimisation among young people can lead to diminished educational attainment and wide-ranging effects on socioeconomic attainment in early adulthood (Macmillan & Hagan 2004).

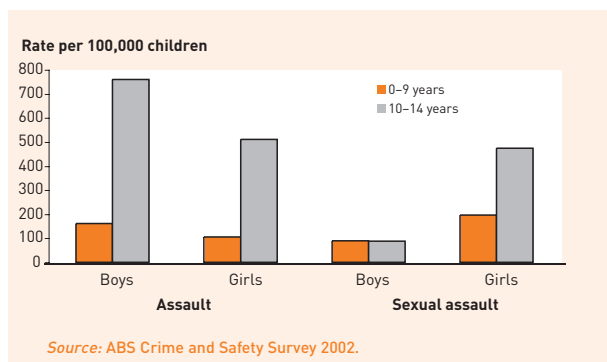
The overlap between victim and offender populations, and instances of intergenerational family violence, are cited as evidence of the cycle of violence, and of the need to break that cycle through the prevention of child abuse (Regoeczi 2000:494).

Victims of reported violence

Australian data show that children are sometimes victims of extreme violence. On average, 25 Australian children are killed by their parents each year (Mouzos & Rushforth 2003). Indermaur (2001) reported that up to one-quarter of young people in Australia have witnessed an incident of physical or domestic violence against their mother or stepmother.

In addition, and despite under-reporting, thousands of assaults and sexual assaults against children are reported to police each year. Data on crimes reported to the police are collated annually by the ABS and are presented here in Figure 18.1.

Figure 18.1: Victims of assault and sexual assault, by sex and age, 2003 (rate per 100,000 children)



- Over 12,000 victims of all types of assault were recorded by police in 2003.
- Boys aged 10–14 years (800 per 100,000 children) were assaulted more than any other group of children.
- Boys were assaulted at higher rates than females in both the age groups.
- However, rates of reported sexual assault against girls aged 10–14 years were higher than those recorded for boys. Rates of sexual assault among these girls were five times those recorded for boys (475 compared with 88 per 100,000).
- Girls aged 10–14 years were sexually assaulted at twice the rate of girls aged 0–9 years. The rate of sexual assaults for boys was similar for both age groups and was consistently lower than the rate for girls.

Aboriginal and Torres Strait Islander children

Indigenous Australians are over-represented as victims of violence (NCP 2001) and Indigenous Australian children are no exception. While national data on the number of Indigenous children who are victims of violence are not available, data collected in New South Wales give some indication of the high rates of violence experienced by Indigenous children compared with other Australian children. For example, in 2001 rates of reported assault and sexual assaults among Indigenous children aged 0–14 years were between two and three times the rate for assaults and sexual assaults among the total NSW child population (NSW Bureau of Crime Statistics and Research, unpublished data).

Indicator

- **Rate of children aged 0–14 years who have been the victim of physical and sexual assault.**

19 Homelessness

Homelessness is a complex problem, arising from a combination of personal and societal factors. Poverty, unemployment, discrimination and a shortage of adequate and affordable housing are major societal factors contributing to homelessness in Australia. Personal problems such as domestic violence, drug and alcohol abuse, relationship and family breakdown, and mental health problems also increase a person's likelihood of becoming homeless.

A range of government services are available to homeless people, including programs designed specifically for people experiencing, or at risk of, homelessness. The Supported Accommodation Assistance Program (SAAP) is a major government response to homelessness, providing recurrent funding to agencies offering a variety of support services to homeless people.

Children in homeless families

A high rate of family homelessness has meant a significant proportion of Australia's homeless population are now children. In 2002–03, 53,700 children aged 17 years or less accompanied a parent or guardian seeking SAAP assistance. Of these children, 44% were under 5 years of age. Clients with children made up 25% of SAAP support periods² in 2002–03 (AIHW 2004e). The majority (84%) of these clients were single women with children, 12% were couples with children and 4.4% were single men with children. Support to accompanying children makes up 30% of the total number of occasions of support provided by SAAP each day (AIHW 2003c).

Children experience a number of negative educational, social and health consequences as a result of being homeless. Homeless children spend less time in school,

have lower immunisation rates, display behavioural problems such as aggression, and experience psychological problems such as depression and low self-esteem (Efron et al. 1996; Molner et al. 1990). Parents in homeless families are also likely to be suffering from depression or stress which may mean they are unable to give their children adequate attention or affection. A high proportion of homeless children may also have witnessed or experienced domestic violence and are at a greater risk of becoming a victim of crime or involved in criminal activities themselves (AIHW 2004e; NCP 1999).

Measuring homelessness

Obtaining an accurate count of homeless people is difficult for practical reasons. People often move in and out of homelessness and may never be counted. In an attempt to count homeless people, changes were made to the ABS Australian Census of Population and Housing to make it possible to count homeless people staying temporarily with others and those in improvised dwellings or sleeping on the street (ABS 2003g). In a recent analysis of 2001 census data combined with SAAP data, it was estimated that on census night 9% of homeless households were families and homeless families included one-quarter of the homeless population. The study showed there were 9,941 homeless children under 12 years, making up 10% of the homeless population and 0.3% of the Australian population under 12 years of age.

Another source of information about people that were homeless over a given period of time is to count the number of people seeking assistance from a SAAP agency. As SAAP services are provided not only to clients but also to the children who accompany them, these data are valuable in attempting to measure childhood homelessness (Table 19.1). However, a major limitation in using SAAP data as a measure of homelessness is that it does not include homeless people who do not seek SAAP assistance. The data do, however, include children who sought accommodation from SAAP services with their parents or guardian but were turned away. For example, in 2002–03, on an average day, 127 children seeking SAAP accommodation were turned away. This was 62% of all children seeking accommodation on an average day (AIHW 2004e).

Indicator

- **Rate of children aged 0–15 years accompanying a parent or guardian seeking assistance from Supported Accommodation Assistance Program.**

² A support period is the duration in which a SAAP agency is providing support to a client. A support period may vary from less than a day to several years and a client may have multiple support periods.

Table 19.1: Children aged 0–15 years accompanying a parent or guardian seeking assistance from Supported Accommodation Assistance Program, 2002–03 (per cent)

Age group	Boys		Girls		Total	
	Number	Per cent of children ^(a)	Number	Per cent of children ^(a)	Number	Per cent of children ^(a)
0–4	12,090	1.9	11,730	1.9	23,810	1.9
5–12	11,710	1.1	11,520	1.1	23,240	1.1
13–15	2,270	0.5	2,540	0.6	4,810	0.6
Total	26,070	1.2	25,790	1.2	51,860	1.2

Note: The number of accompanying children in the above table does not include children accompanying SAAP clients to agencies that have a high volume of clients as these agencies do not record details of accompanying children.

(a) As a proportion of the total age-specific Australian child population.

Source: SAAP data collection 2002–03.

Data collected about children seeking assistance from SAAP agencies are presented in Table 19.1. The states and territories are responsible for managing the SAAP program, while services are provided largely by independent agencies. Approximately 1,300 non-government, community or local government organisations are funded nationally under the program. Such organisations range from small stand-alone agencies with single outlets to larger auspice bodies with multiple outlets. These statistics are collected and collated by the AIHW.

- From 1 July 2002 to 30 June 2003, 1.2% of all children in Australia accompanied their parent or guardian seeking support from a SAAP agency.

Table 19.2: SAAP support periods: main reason for seeking assistance, unaccompanied children aged less than 15 years, 2002–03 (per cent)

	Proportion
Relationship/ family breakdown	24.9
Time out from family/ other situation	17.1
Domestic violence	10.7
Inter-personal conflicts	9.8
Usual accommodation unavailable	9.5
Eviction/ previous accommodation ended	7.3
Other	20.7

Source: SAAP data collection 2002–03.

- There was no difference in the rates for accompanying male children and accompanying female children.
- Younger children accompanied their parents or guardians at a higher rate than older children. While 1.9% of children aged 0–4 years accompanied their parent or guardian to a SAAP service, only 0.6% of children aged 13–15 years did so.

Causes of childhood homelessness

In a small number of cases children are made homeless after becoming estranged from their family. In 2002–03, 1,800 children aged under 15 years presented at a SAAP service unaccompanied by an adult (AIHW 2003c). Among these children, the most common reason for seeking assistance was family breakdown—24.9% of children indicated it was their main reason for seeking assistance. For a further 17.1%, the main reason for seeking assistance was time out from a family or other situation. In the majority of cases, however, children become homeless because their parents are homeless.

Parents may become homeless due to a combination of factors including domestic violence, marriage or other family breakdown, poverty and the increasing cost of housing. The most common reason for seeking assistance among SAAP clients with children is domestic violence. In 2002–03, 67% of child support periods were for children accompanying clients seeking support due to domestic violence (AIHW 2004e). In 51.8% of support periods for women presenting alone with children, domestic violence was the main reason for seeking assistance.

Table 19.3: SAAP support periods: main reason for seeking assistance, female with accompanying children, 2002–03 (per cent)

	Proportion
Domestic violence	51.8
Eviction/ previous accommodation ended	9.1
Relationship/ family break down	7.1
Usual accommodation unavailable	5.8
Financial difficulty	5.1
Physical/ emotional abuse	4.5
Other	16.6

Source: SAAP data collection 2002–03.

Population differences

There is a higher rate of homelessness among the Indigenous Australian population than among the other Australian population. While 2.4% of the Australian population identify as Indigenous, 9% of the homeless population at the last ABS Census were Indigenous (ABS 2003g). Indigenous people were also over-represented among SAAP clients during 2002–03, making up 17.7% of all SAAP clients for that period (AIHW 2003c). A higher proportion of Indigenous people were represented among SAAP clients with accompanying children (22%), and the proportion of support periods for Indigenous clients accompanied by five or more children was more than twice that of other Australian-born clients (AIHW 2004e).

‘A high rate of family homelessness has meant a significant proportion of Australia’s homeless population are now children’