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Indigenous child safety

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Indigenous child safety

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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
CNOS	Canadian National Occupancy Standard
ICD-10-AM	International statistical classification of diseases and related health problems, 10th revision, Australian modification
ICG	Indigenous and Children's Group
JJ NMDS	Juvenile Justice National Minimum Data Set
NAGATSIHID	National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
NHMD	National Hospital Morbidity Database
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
SHSC	Specialist Homelessness Services Collection
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Summary

National data show that Aboriginal and Torres Strait Islander children are over-represented in various aspects of child safety compared with their non-Indigenous counterparts. In particular, Indigenous children have higher rates of hospitalisations and deaths due to injury, and more frequently come into contact with child protection and youth justice systems.

Indigenous children have higher hospitalisation and mortality rates for injury

The rate of injury hospitalisations among Indigenous children aged 0–17 was 1.3 times that for non-Indigenous children between July 2010 and June 2012. The most common cause of these hospitalisations were accidental falls, followed by transport accidents and assault. The hospitalisation rate for assault for Indigenous children was more than 5 times the rate for non-Indigenous children.

In 2007–2011, more than one-quarter (26%) of all deaths among Indigenous children aged 0–17 were due to external causes of injury. The death rate due to external causes of injury for Indigenous children was more than three times the rate for non-Indigenous children (21 deaths per 100,000 children compared with 6 per 100,000).

They are more likely to be victims of child abuse, neglect and sexual assault

During 2011–12, Indigenous children aged 0–17 were nearly 8 times as likely as non-Indigenous children to be the subject of substantiated child abuse or neglect (42 per 1,000 children compared with 5 per 1,000).

In 2012, rates of sexual assault reported to police among Indigenous children aged 0–9 in New South Wales, Queensland, South Australia and the Northern Territory were 2 to 4 times higher than rates among non-Indigenous children in these jurisdictions.

They are over-represented among specialist homelessness services clients and in the youth justice system

In 2012–13, almost 1 in 3 (31%) children aged 0–17 who received assistance from a specialist homelessness agency was Indigenous; by comparison, Indigenous children comprise 5.5% of the total Australian child population.

On an average day in 2012–13, 39% of all males and 45% of all females aged 10–17 under youth justice supervision were Indigenous. Over-representation was highest in younger age groups; of all children aged 10–13 under supervision, 61% were Indigenous.

Indigenous young people aged 10–17 were 17 times as likely to be under youth justice supervision as non-Indigenous young people. This over-representation was even higher for those in detention—Indigenous young people were 28 times as likely to be detained as non-Indigenous young people.

However, their rate of youth justice supervision has fallen over time

In 2012–13, Indigenous young people aged 10–17 were supervised at a rate of 225 per 10,000, down from 233 per 10,000 in 2008–09.

1 Introduction

1.1 National indicators of child health

The safety of children is intrinsically related to the security of their families and communities, as well as the accessibility of appropriate support systems. Safe and secure family and community environments can protect children from physical and emotional harm, and promote health and wellbeing across the life span (AIHW 2012a; COAG 2009a). Various factors increase the risk of harm: social and economic disadvantage, exposure to substance misuse, family conflict or violence, inadequate housing, social isolation, racism, low self-esteem, and a lack of accessible support systems (AIFS 2013).

Key national indicators of child health, development and wellbeing were developed by the AIHW in consultation with the National Child Information Advisory Group in 2005. Several of these indicators specifically monitor child safety and security (Table 1.1). Referred to collectively as the National Indicator Framework, they include indicators relating to injuries in children, child abuse and neglect, children as victims of violence, child homelessness, and children and crime. Trends in some of these areas show that injury mortality and morbidity have decreased over time for all Australian children.

In 2005, the Australian Health Ministers' Conference and the Community and Disability Services Ministers' Conference approved a project to develop a set of national headline indicators in the priority areas of health, early education and care, and family and community. A subset of 19 indicators from the National Indicator Framework were chosen as the Children's Headline Indicators. Two of the Headline Indicators relate to child safety and security—namely, injury mortality and child protection substantiations. These are marked with an asterisk in Table 1.1.

Table 1.1: Indicators of child safety and security in the National Indicator Framework

Risk/outcome area	Indicator
Injuries	Age-specific death rates from all injuries for children aged 0–14*
	Road transport accident death rate for children aged 0–14
	Accidental drowning death rate for children aged 0–14
	Assault (homicide) death rate for children aged 0–14
	Injury hospitalisation rate for children aged 0–14
	Assault hospitalisation rate for children aged 0–14
	Intentional self-harm hospitalisation rate for children aged 10–14
Child abuse and neglect	Rate of children aged 0–12 who were the subject of a child protection substantiation in a given year*
	Rate of children aged 0–12 who were the subject of care and protection orders
Children as victims of violence	Rate of children aged 0–14 who have been the victims of physical assault
	Rate of children aged 0–14 who have been the victims of sexual assault
Homelessness	Rate of accompanying children aged 0–14 attending agencies funded under the National Affordable Housing Agreement
Children and crime	Rate of children aged 10–14 who are under juvenile justice supervision on an average day

* Children's Headline Indicator.

Source: AIHW 2012a.

A recent review of indicators in 15 national frameworks and agreements for children and young people showed that many include aspects of child safety and security. For example, the topic of shelter is included in 7 frameworks and agreements, abuse and neglect indicators are included in 6 frameworks, victims of violence is included in 4 frameworks, and crime committed by children and young people is included in 3 frameworks (AIHW 2014c).

1.2 Indicators for Indigenous children

Indicator frameworks have also sought to specifically monitor the welfare of Indigenous children and highlight areas where there are opportunities for further improvements in Indigenous health and welfare (AIHW 2012a).

Aboriginal and Torres Strait Islander children have higher rates of hospitalisations due to injury, higher rates of injury mortality and more frequent contact with child protection and youth justice systems than non-Indigenous children. The disparities between Indigenous and other children observed in child protection and juvenile justice data are often greater than those observed in other areas such as health and education.

Child abuse, youth offending and injury hospitalisation can be interrelated and have implications for the safety of the children involved. Children in substantiated abuse cases have been found to experience higher rates of injury-related hospital admissions (O'Donnell et al. 2010). Further, young people who commit violent offences often cause injury to their victims (Vitacco et al. 2007) and have high rates of injury mortality themselves (Coffey et al. 2003). Research also suggests that children who experience abuse are more likely to engage in youth offending (Stewart et al. 2002).

The Aboriginal Child Placement Principle (which outlines a preference for the placement of Aboriginal and Torres Strait Islander children with other Indigenous people when they are placed outside their family) was developed to keep Indigenous children connected to their family, community, culture and country. Those connections are core to the safety of Indigenous children (SNAICC et al. 2014).

1.3 Structure of this paper

This paper is the second on the topic of child safety in the Indigenous Observatory series of papers. It updates information presented in *Aboriginal and Torres Strait Islander child safety* (AIHW 2011).

The paper presents key measures that were adapted from the National Indicator Framework to provide an overview of the safety and security of Aboriginal and Torres Strait Islander children. Data are presented on the following topics:

- children who were hospitalised for injuries and who died from injuries
- children who were the subject of substantiated abuse or neglect
- children who were victims of sexual assault
- children who were homeless
- children who were under youth justice supervision.

Age range

The standard age range for children in the National Indicator Framework is 0–14 years. However, in this paper, children are typically defined as aged 0–17 to align with the definition used in child protection and homelessness. Data on youth justice are reported for young people aged 10–17 years, which relates to the age range for which young people in Australia can be supervised under the youth justice system.

1.4 Data sources

The data sources used in this paper include the following AIHW sources: National Hospital Morbidity Database, National Mortality Database, National Child Protection Data Collection, Specialist Homelessness Services Collection, and the Juvenile Justice National Minimum Data Set. Data about children who were victims of sexual assault were sourced from the Australian Bureau of Statistics (ABS) publication *Recorded crime—victims, Australia* (ABS 2013b). See Appendix A for information on these data sources.

Currently, there are no national data available on cases reported to police of children who were victims of physical assault by Indigenous status.

Data about the number of Aboriginal and Torres Strait Islander children, as presented in Section 2 of this paper, came from the recently released ABS Indigenous population projections based on the 2011 Census (ABS 2014). However, it should be noted that rates presented in this paper were calculated using the previous Indigenous population series as the denominator which were based on the 2006 Census (ABS 2009). This is because those rates were mainly sourced from AIHW reports published before the release of the population projections based on the 2011 Census.

2 How many Indigenous children are there?

There were an estimated 289,668 Aboriginal and Torres Strait Islander children aged 0–17 in Australia in 2013, comprising 5.5% of the total child population (Table 2.1). The gender distribution of Indigenous children was the same as for all Australian children (51% boys and 49% girls).

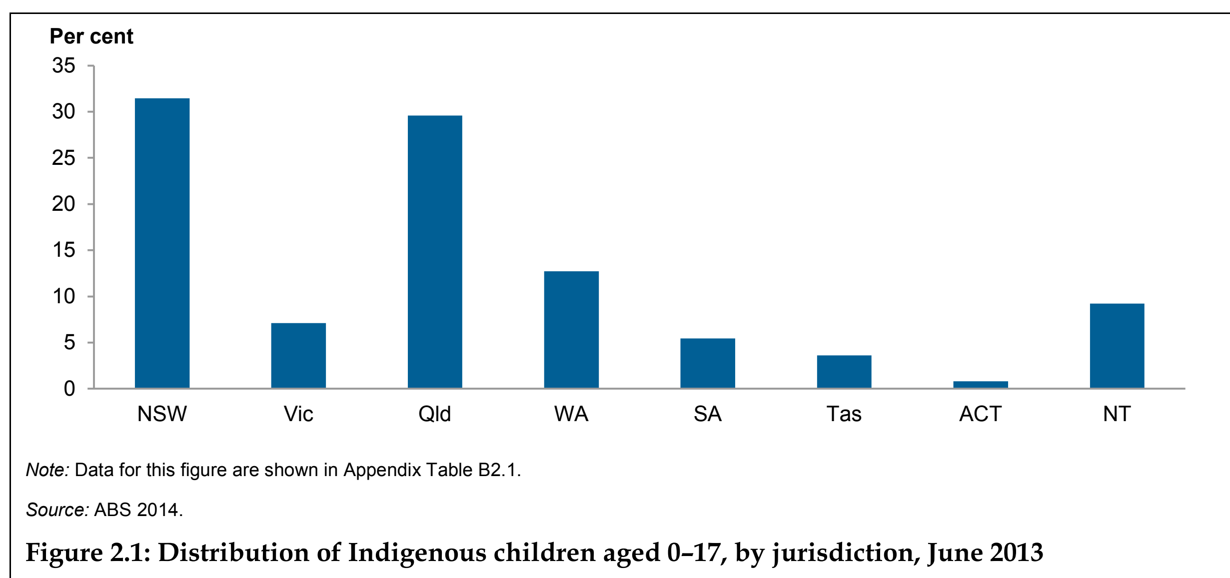
The Indigenous population has a much younger age structure than the non-Indigenous population (AIHW 2014a forthcoming). This reflects the higher fertility rate among Indigenous women compared with all women in Australia (2.7 births compared with 1.9 in 2012) (ABS 2013a), as well as the shorter life expectancy of Indigenous Australians (ABS 2012a). Although Indigenous children comprise a small proportion of the total Australian child population, they represented 41% of the Indigenous population in 2013 (ABS 2014).

Table 2.1: Number of children aged 0–17, by Indigenous status, 2013

	Indigenous		Non-Indigenous	
Age group (years)	Number	Per cent of age group	Number	Per cent of age group
Less than 1	17,168	5.5	293,982	94.5
1–4	66,359	5.5	1,140,282	94.5
5–9	81,483	5.6	1,374,186	94.4
10–14	78,152	5.6	1,320,258	94.4
15–17	46,506	5.4	814,207	94.6
Total: 0–17	**289,668**	**5.5**	**4,942,915**	**94.5**

Source: ABS 2014.

In 2013, the majority of Indigenous children (83%) lived in four jurisdictions: New South Wales (31%), Queensland (30%), Western Australia (13%) and the Northern Territory (9%) (Figure 2.1).



Note: Data for this figure are shown in Appendix Table B2.1.

Source: ABS 2014.

Figure 2.1: Distribution of Indigenous children aged 0–17, by jurisdiction, June 2013

3 Injuries

Injury is a major cause of preventable death, distress and disability across the Australian population (Department of Health 2009). Children and young people are particularly vulnerable to certain types of injury depending on their stage of development (NPHP 2004a). 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 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.

Injury mortality and morbidity are key national indicators of child safety. Hospitalisation data provide an indication of the incidence of the more severe injuries reported in hospital settings (AIHW 2010). However, injuries can also be attended to in primary care settings or without admission to hospital, such as in emergency departments and outpatients clinics. In other cases, injuries can go undetected or unreported. As a result, hospitalisation data are likely to significantly underestimate injury occurrences in children and thus should be interpreted with caution when used as a measure of injury incidence. In this section, hospital separations are referred to as hospitalisations (see Appendix A for the definition of a hospital separation).

3.1 Injury hospitalisation

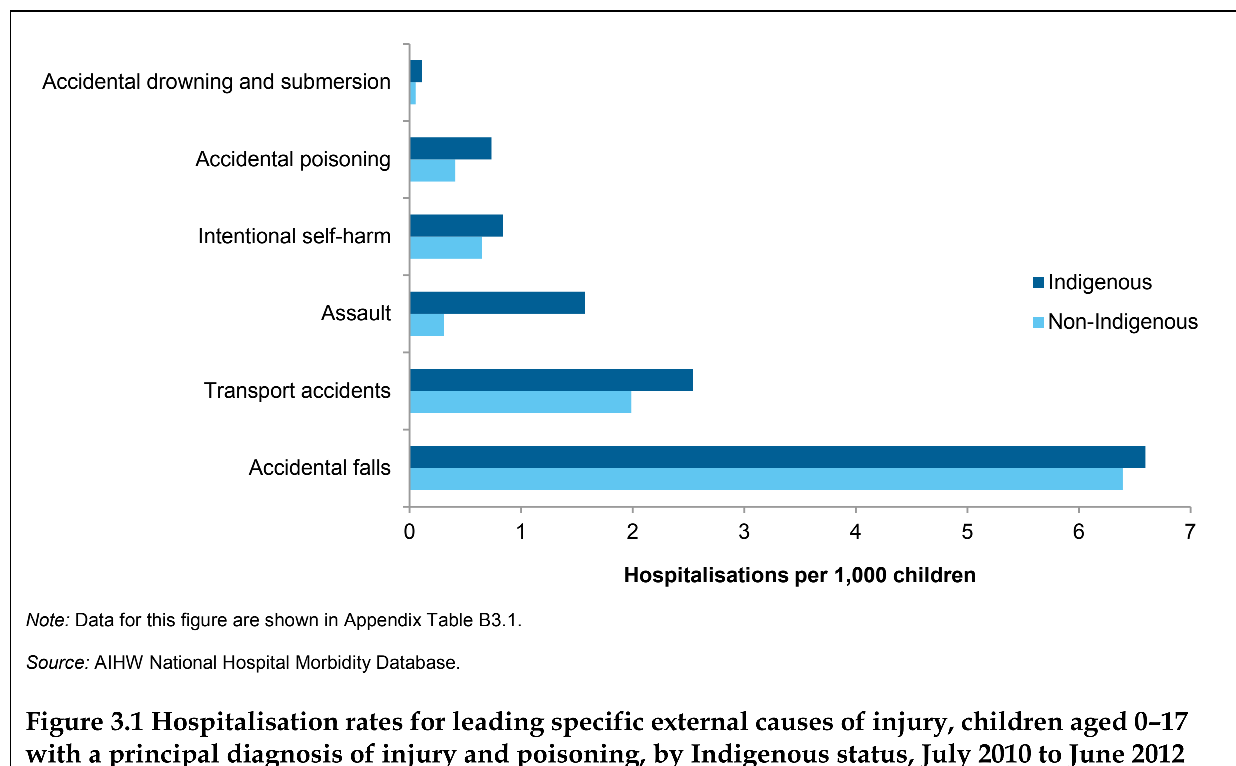
Between July 2010 and June 2012, there were 228,550 hospitalisations among children aged 0–17 for the category of 'injury, poisoning and certain other consequences of external causes'. Around 16,000 of these hospitalisations were for Indigenous children.

The most common external cause that led to injury hospitalisations among Indigenous children aged 0–17 was accidental falls (reported as a cause in 26% of all injury hospitalisations), followed by transport accidents (10%), assault (7%), intentional self-harm and accidental poisoning (both around 3%).

The overall hospitalisation rate for 'injury, poisoning and certain other consequences of external causes' among Indigenous children was 1.3 times the rate for non-Indigenous children (Table B3.1). Hospitalisation rates for accidental falls, the most common type of injury for both Indigenous and non-Indigenous children, were similar during the period July 2010 to June 2012 (6.6 and 6.4 per 1,000 children respectively). However, for most other types of injury hospitalisations, rates for Indigenous children were higher than for non-Indigenous children (Figure 3.1). For example, for Indigenous children the hospitalisation rate for:

- assault was more than 5 times higher than for non-Indigenous children,
- accidental poisoning, and accidental drowning and submersion, was around twice the rate of non-Indigenous children.

While more recent data are not available, a study of hospital morbidity data from July 1999 to June 2005 found that Indigenous children were hospitalised for head injury due to assault between 8 to 15 times the rates of non-Indigenous children (Jamieson et al. 2008).



Note: Data for this figure are shown in Appendix Table B3.1.

Source: AIHW National Hospital Morbidity Database.

Figure 3.1 Hospitalisation rates for leading specific external causes of injury, children aged 0–17 with a principal diagnosis of injury and poisoning, by Indigenous status, July 2010 to June 2012

Burns are also a serious concern for Indigenous children aged under 5. For example, data from Western Australia indicate that hospitalisation rates of Indigenous children aged under 5 for burn injury were 3 times as high as for non-Indigenous children during the period 1983 to 2008 (Duke et al. 2011).

3.2 Deaths from injury

Between 2007 and 2011, 1,210 children aged 0–17 died from external causes of injury in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined, which equated to 18% of all child deaths in these jurisdictions. Of these deaths, 217 were of Indigenous children. Deaths due to external causes of injury contributed more than one-quarter (26%) of all deaths among Indigenous children aged 0–17. The Indigenous child death rate from injury was 3.6 times that of non-Indigenous children (Table 3.1).

Land transport accidents were the most common cause of death from external causes of injury for Indigenous children (7.9 per 100,000 children) (Table 3.1). The death rate due to such accidents for Indigenous children was 3.1 times the rate for non-Indigenous children. Indigenous over-representation for land transport accident deaths was substantially higher for children aged 0–4 (4.5 times) and 5–9 (3.9 times), but not as high for children aged 10–14 (1.5 times) (AIHW: Henley & Harrison 2010).

Intentional self-harm was the second most common cause of death from external causes of injury for Indigenous children (5.7 per 100,000 children). The death rate for Indigenous children from this cause was nearly 7 times the rate for non-Indigenous children (Table 3.1). This includes deaths from suicide, which were reported to be almost 3 times as high for the overall Indigenous population (4.2%) compared with the total Australian population (1.6%) in 2010 (ABS 2012b). As noted in Box 3.1, ascertaining intentional self-harm in children is not straightforward.

Indigenous children were more than 6 times as likely as non-Indigenous children to die from accidental poisoning by, and exposure to, noxious substances (Table 3.1).

Table 3.1: Deaths due to external causes of injury among children aged 0–17, by Indigenous status, NSW, Qld, WA, SA & NT combined, 2007–2011

	Indigenous		Non-Indigenous		Rate ratio[(b)]	Rate difference[(c)]
	Number	Rate[(a)]	Number	Rate[(a)]		
Land transport accidents	83	7.9	431	2.5	3.1	5.4
Intentional self-harm	60	5.7[(d)]	143	0.8[(d)]	6.8	4.9
Accidental drowning and submersion	26	2.5	139	0.8	3.0	1.7
Assault/homicide	14	1.3	70	0.4	3.2	0.9
Other accidental threats to breathing	10	1	60	0.4	2.7	0.6
Accidental poisoning by, and exposure to, noxious substances	9	0.9	23	0.1	6.3	0.7
Event of undetermined intent	6	0.6	52	0.3	1.9	0.3
Exposure to smoke, fire and flames	6	0.6	36	0.2	2.7	0.4
Accidental exposure to other and unspecified factors	3	0.3	11	0.1	4.4	0.2
Total[(e)]	**217**	**20.7**	**965**	**5.7**	**3.6**	**15.0**

(a) Deaths per 100,000 children.

(b) Rate ratio is calculated by dividing the Indigenous rate by the non-Indigenous rate.

(c) Rate difference is calculated by subtracting the non-Indigenous rate from the Indigenous rate.

(d) Death rates due to intentional self-harm are likely to be an underestimate as they are calculated by dividing the number of deaths due to this cause by the total child population aged 0–17. Since intentional self-harm is defined as happening in older children (due to intention in younger children being hard to determine), the total population of interest is actually smaller and therefore the rate will be higher. For this reason, the rates of intentional self-harm for children aged 0–17 should be interpreted with caution.

(e) Total includes data that are not published on deaths due to: water, air and space transport accidents; falls; exposure to inanimate and animate mechanical forces; exposure to electric current, radiation etc. and exposure to forces of nature.

Notes

1. Data include New South Wales, Queensland, Western Australia, South Australia and the Northern Territory only as these 5 jurisdictions are considered to have adequate identification of Indigenous deaths in their registration systems for the reporting period.
2. Cause of death data for 2010 and 2011 are revised and preliminary, respectively, and subject to revision by the ABS.

Source: AIHW National Mortality Database.

Box 3.1: Ascertaining intentional self-harm

In very young children, ascertaining whether an injury was due to intentional self-harm can be difficult and may involve a parent or caregiver's perception of the intent. Ability to form an intention to inflict self-harm and to understand the implications of doing so requires a degree of maturation that is absent in infancy and early childhood. The age at which self-inflicted acts can be interpreted as intentional self-harm is not well-defined and is the subject of debate. Such sources of uncertainty about the assignment of intent limit the certainty of any estimates of intentional self-harm based on hospital and mortality data.

3.3 Factors contributing to injury rates

The relatively high rates of preventable injuries in Indigenous communities have been attributed to a range of factors including the ongoing effects of colonisation, social

disadvantage, high rates of drug and alcohol misuse, high rates of violence, high stress levels, residence in remote areas, poor safety standards, unsafe roads and lack of access to primary health care (Freemantle & McAullay 2009; Harrison et al. 2001; Helps et al. 2002; Moller 2003). External causes are also more likely to be the cause of death in Indigenous children with a child protection history than those without (33% compared with 16%) (NSW CDRT 2014). Strategies that attempt to mitigate these risk factors are addressed through a number of injury prevention initiatives (see Box 3.2).

Box 3.2: Child injury initiatives

The importance of preventing injuries to all children, as well as Indigenous children in particular, has been formally recognised in both the National Injury Prevention and Safety Promotion Plan 2004–2014 and the companion National Aboriginal and Torres Strait Islander Safety Promotion Strategy (NPHP 2004a, 2004b). Research and practice has identified key areas for effective intervention, including:

- legislation and awareness to reduce speeding and drink driving, and requirements for child car restraints
- promotion of smoke alarms
- legal requirements for limited temperatures on hot water delivery systems
- regulating the materials in children's clothing and pyjamas to reduce flammability
- public health campaigns to reduce drownings
- increased regulations for pool fencing (Harvey et al. 2009; Richards & Leeds 2012).

While there are examples of Indigenous-specific programs and resources, such as the *Safety for our little fellas* resources from Kidsafe Victoria (2014), there is little statistical information on their impact in reducing either child mortality rates or risk factors such as hospitalisation rates for children under the age of 5.

Senate inquiry into suicide at all ages

In response to the over-representation of Indigenous people in reported suicide rates, a recent Senate inquiry report into suicide recommended the development of a separate suicide prevention strategy for Indigenous communities within a new National Suicide Prevention Strategy (SCACS 2010). The Australian Government supported this recommendation in its response at the time, noting its relationship to the Closing the Gap initiative (DoHA 2010).

4 Child abuse and neglect

Aboriginal and Torres Strait Islander people are more likely to experience problems such as alcohol abuse and domestic violence, which are associated with increased risk for child abuse and neglect (Scott & Nair 2013). Data show that Indigenous children are consistently and significantly over-represented across the child protection system (AIHW 2013a). This section contains information on substantiations, care and protection orders, and out-of-home care for children aged 0–17 (see Box 4.1 for definitions).

In Australia, statutory child protection is a state and territory government responsibility. Assistance is provided to vulnerable children who are suspected of being abused, neglected or harmed, or whose parents are unable to provide adequate care or protection. The rate of substantiation of child abuse and neglect has been identified as a key national indicator of child safety. Reducing this rate is a clearly identified priority in programs, policies and legislation across all Australian jurisdictions.

Box 4.1: Substantiations, care and protection orders, and out-of-home care

Substantiations refer to child protection notifications made to relevant authorities that were investigated and a conclusion drawn that there was reasonable cause to believe that the child had been, was being, or was likely to be, abused, neglected or otherwise harmed. Substantiations may also include cases where there is no suitable caregiver, such as children who have been abandoned or whose parents are deceased. In this paper, substantiation data are from the 2011–12 financial year.

Care and protection orders are legal or administrative orders or arrangements that give child protection departments some responsibility for a child's welfare. There are various types of care and protection orders including finalised guardianship, custody, third-party parental responsibility, and supervisory orders, interim and temporary orders, and administrative arrangements. The data in this paper refer to care and protection orders for children at 30 June 2012.

Out-of-home care provides alternative overnight accommodation for children and young people who are unable to live with their parents. These arrangements include foster care, placements with relatives or kin, and residential care. The data in this paper refer to children in out-of-home care at 30 June 2012.

4.1 Children in child protection systems

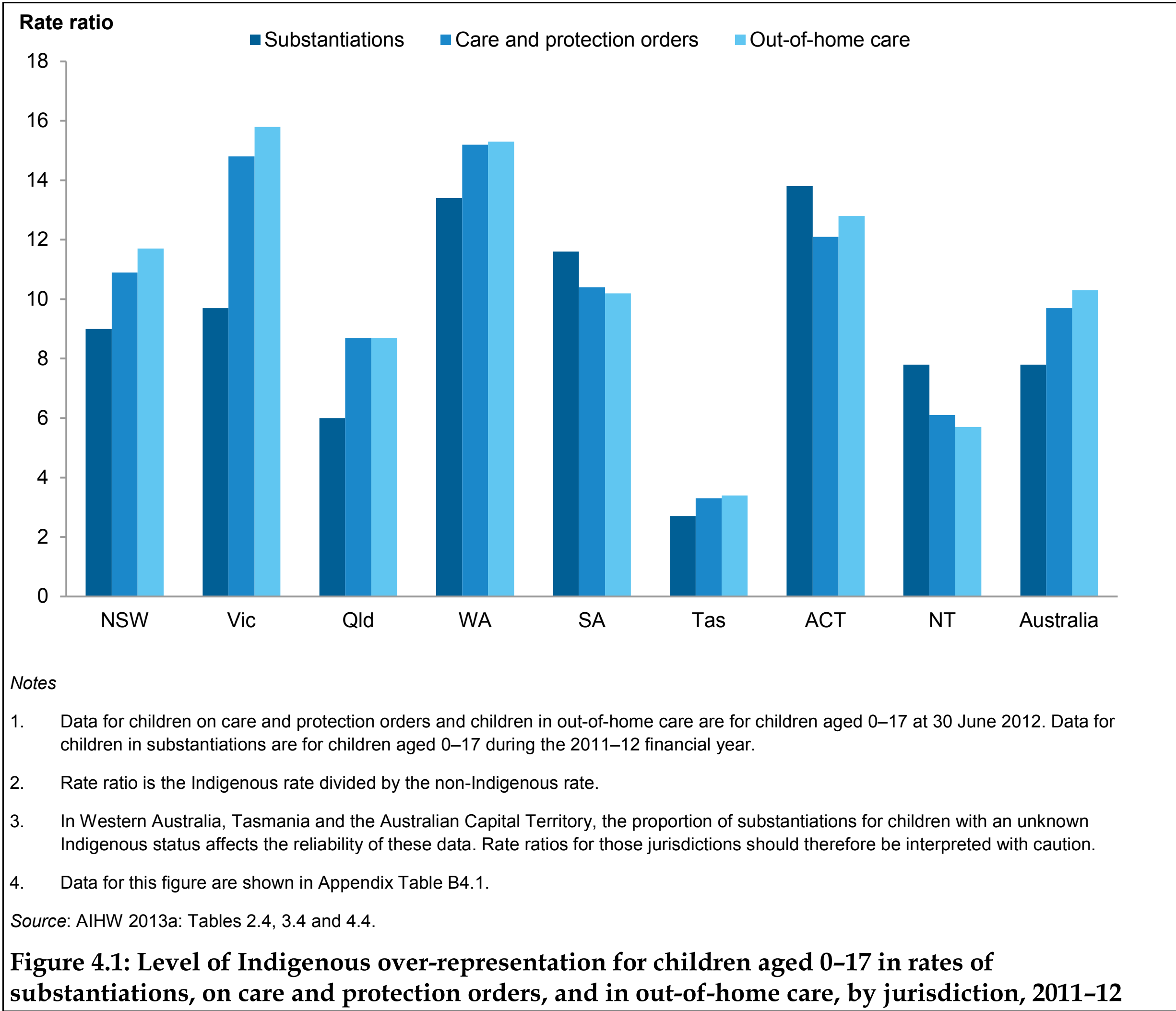
In 2011–12, there were 252,962 notifications involving 173,502 children aged 0–17, a rate of 34.0 per 1,000 children in Australia. Of these notifications, 48,420 (19%) involving 37,781 children (22%) were substantiated following investigation (a rate of 7.4 per 1,000 children). In this period, 10,058 Indigenous children (41.9 per 1,000) were the subject of a child protection substantiation (AIHW 2013a).

During 2011–12, Indigenous children were more likely than non-Indigenous children to be the subject of a substantiation, to be on care and protection orders and to be placed in out-of-home care. This is consistent with findings from previous years, and across all jurisdictions, although rates varied somewhat (AIHW 2013a).

Across Australia (Figure 4.1), Indigenous children were:

- 7.8 times as likely as non-Indigenous children to be the subject of a substantiation of a notification (41.9 and 5.4 per 1,000 children, respectively)
- 9.7 times as likely as non-Indigenous children to be on care and protection orders (54.9 and 5.6 per 1,000 children, respectively)
- 10.3 times as likely as non-Indigenous children to be in out-of-home care (55.1 and 5.4 per 1,000 children, respectively).

Note that children can and do move between various parts of the child protection system. For example, those who are the subject of a substantiation may be placed on care and protection orders and/or be placed in out-of-home care when they are unable to live with their parents.



Notes

1. Data for children on care and protection orders and children in out-of-home care are for children aged 0–17 at 30 June 2012. Data for children in substantiations are for children aged 0–17 during the 2011–12 financial year.
2. Rate ratio is the Indigenous rate divided by the non-Indigenous rate.
3. In Western Australia, Tasmania and the Australian Capital Territory, the proportion of substantiations for children with an unknown Indigenous status affects the reliability of these data. Rate ratios for those jurisdictions should therefore be interpreted with caution.
4. Data for this figure are shown in Appendix Table B4.1.

Source: AIHW 2013a: Tables 2.4, 3.4 and 4.4.

Figure 4.1: Level of Indigenous over-representation for children aged 0–17 in rates of substantiations, on care and protection orders, and in out-of-home care, by jurisdiction, 2011–12

Type of abuse

Across all abuse types, Indigenous children had higher rates of substantiations than non-Indigenous children. The rate of Indigenous children who were the subject of a substantiation of neglect was 12 times the rate for non-Indigenous children. The rate of substantiated physical, emotional and sexual abuse for Indigenous children was between 5–7 times the rate for non-Indigenous children.

For Indigenous children, the most common type of abuse was neglect; for non-Indigenous children, the most common type was emotional abuse (Table 4.1). Further data and information are available in *Child protection Australia 2011–12* (AIHW 2013a).

Table 4.1: Children aged 0–17 who were the subject of a substantiation received during 2011–12, by type of abuse or neglect and Indigenous status

	Indigenous children		Non-Indigenous children	
Type of abuse or neglect	**Number**	**Per cent**	**Number**	**Per cent**
Neglect	3,990	39.7	6,519	24.9
Emotional abuse	3,303	32.8	10,220	39.1
Physical abuse	1,829	18.2	5,845	22.3
Sexual abuse	935	9.3	3,574	13.7
Total[(a)]	**10,058**	**100.0**	**26,183**	**100.0**

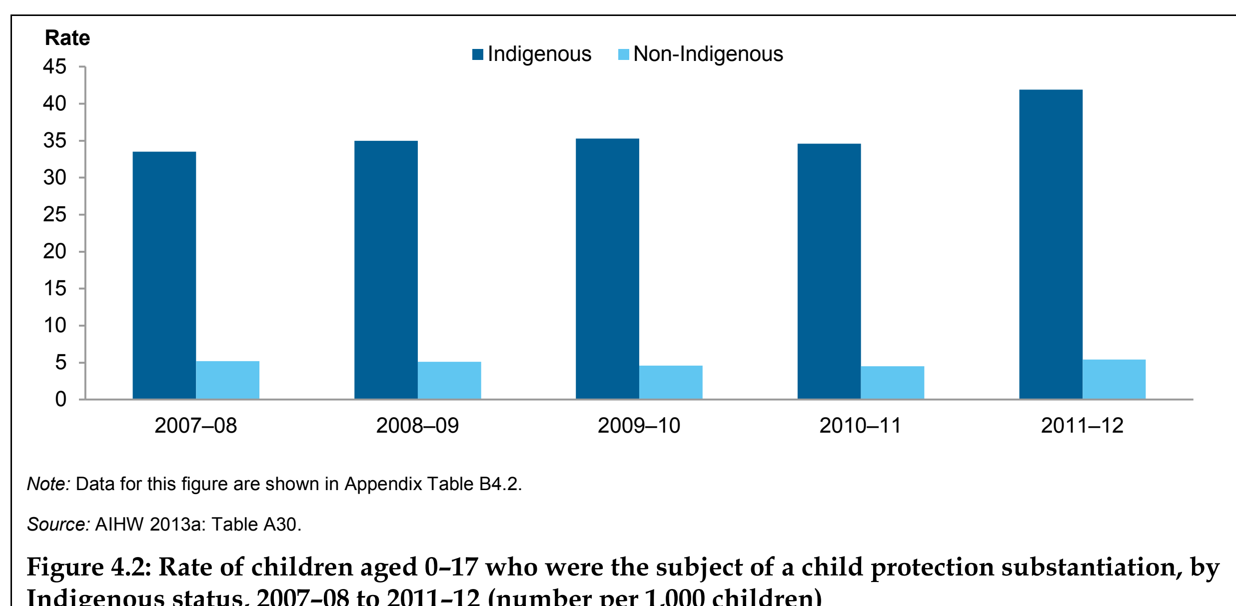
(a) Totals may not equal the sum of categories because the abuse type for some substantiations was recorded as 'not stated' and could not be mapped to physical, sexual, emotional or neglect. These substantiations are included in the totals.

Note: If a child was the subject of more than one type of abuse or neglect as part of the same notification, the type of abuse or neglect reported is the one considered by the child protection workers to cause the most harm to the child. Where a child is the subject of more than one substantiation during the year, the type of abuse or neglect reported is the one associated with the first substantiation decision during the year.

Source: AIHW 2013a.

Rates of substantiation over time

From 2007–08 to 2011–12, substantiation rates increased for both Indigenous and non-Indigenous children, from 33.5 to 41.9 per 1,000 and from 5.2 to 5.4 per 1,000, respectively (Figure 4.2). Over the same period, the overall number of notifications declined from around 318,000 to 253,000 (AIHW 2013a). While substantiation rates have increased for both Indigenous and non-Indigenous children during this period, the increase was greater for Indigenous children. The rate ratio of Indigenous to non-Indigenous children rose, from 6.4 in 2007–08 to 7.8 in 2011–12.



Note: Data for this figure are shown in Appendix Table B4.2.

Source: AIHW 2013a: Table A30.

Figure 4.2: Rate of children aged 0–17 who were the subject of a child protection substantiation, by Indigenous status, 2007–08 to 2011–12 (number per 1,000 children)

4.2 Factors contributing to Indigenous over-representation

The reasons for the over-representation of Indigenous children in the child protection system are complex but may include the legacy of past policies of the forced removal of some Aboriginal children from their families, intergenerational cycles of poverty, and cultural differences in child-rearing practices (HREOC 1997, Scott & Nair 2013). Other factors such as disadvantaged socioeconomic status, violence, drug and alcohol abuse, and inadequate housing may be associated with greater risk of child abuse and neglect (Scott & Nair 2013).

A number of national initiatives have been implemented to tackle issues for Indigenous children and young people in the child protection system (see Box 4.2). The Aboriginal Child Placement Principle, which states the preferred order of placement for an Aboriginal and Torres Strait Islander child who has been removed from their birth family, was developed to keep Indigenous children connected to their family, community, culture, and country (SNAICC 2013). Those connections are considered to be vital to ensure children who cannot live at home with their parents are protected from abuse, are able to seek help and are safe.

Box 4.2: Child protection initiatives

- **The Aboriginal Child Placement Principle** outlines a preference for the placement of Aboriginal and Torres Strait Islander children with other Aboriginal and Torres Strait Islander people when they are placed outside their family (Lock 1997). All jurisdictions have now adopted this Principle in both legislation and policy although the actual wording and effect of the Principle varies (SNAICC 2013).
- **The National Framework for Protecting Australia's Children (2009–2020)** aims to substantially reduce child abuse and neglect across Australia and to reduce the over-representation of Indigenous children in child protection systems. To focus effort and actions under the Framework, six supporting outcomes have been developed, one outcome being that Indigenous children are supported and safe in their families and communities (COAG 2009a, 2009b). The Framework is being implemented through a series of 3-year plans. The Second Action Plan (2012–15) focuses on working collaboratively across government and non-government sectors. It also seeks to develop local partnerships in recognition that Indigenous and culturally and linguistically diverse families and communities require strategies that are culturally sensitive and specific to their needs (FaHCSIA 2012).

5 Children as victims of violence

Physical and sexual assault can have a range of short- and long-term negative effects on the physical and psychological health of children, including their sense of safety and security. These effects include physical injury, anxiety, diminished educational attainment and social participation in early adulthood, suicidal ideation and behaviour, depression, disability and even death. Children who are victims of violence are also at a greater risk of perpetrating violence (AIHW 2012a).

Indigenous children experience disproportionately high levels of violence compared with non-Indigenous children (Davis et al. 2010; SCRGSP 2011; Willis 2011). However, statistics on physical and sexual assault rates for Indigenous and non-Indigenous children are limited.

5.1 Physical assault

No reliable data are available on how rates of physical assault of children reported to police vary by Indigenous status. While the extent of physical assault among Indigenous children is unclear, overall rates of assault are higher among the Indigenous population than the non-Indigenous population in the 3 states and territories for which data are available. In 2012, Indigenous people experienced assault victimisation at more than 6 times the rate of non-Indigenous people in South Australia, more than 5 times the rate in the Northern Territory and almost 4 times the rate in New South Wales (ABS 2013b).

5.2 Sexual assault

This section presents information on the rates of Indigenous children aged 0–14 who have been the victims of sexual assault in the 4 jurisdictions with available data: New South Wales, Queensland, South Australia and the Northern Territory. The available data only include sexual assault cases that have been reported to police. Less than 30% of sexual assaults are estimated to be reported to police, and the rate of reporting among people living in Indigenous communities is estimated to be even lower (Stanley et al. 2003; Willis 2011).

In 2012, 593 Indigenous children aged 0–14 and 3,681 non-Indigenous children were reported as victims of sexual assault in New South Wales, Queensland, South Australia and the Northern Territory combined (ABS 2013b). Rates among Indigenous children aged 0–9 were 2 to 4 times as high as rates for non-Indigenous children, depending on the jurisdiction, and rates among Indigenous children aged 10–14 were 2 to 3 times as high (Table 5.1).

Table 5.1: Rates of reported sexual assault among children aged 0–9 and 10–14, by Indigenous status, NSW, Qld, SA and NT, 2012 (number per 1,000 children)

	Children aged 0–9			Children aged 10–14		
	Indigenous	Non-Indigenous	Rate ratio[a]	Indigenous	Non-Indigenous	Rate ratio[a]
NSW	2.6	1.0	2.5	9.1	3.1	3.0
Qld	1.4	0.7	1.9	8.1	2.7	3.0
SA	1.8	0.5	4.0	5.9	1.9	3.2
NT	1.7	0.4	4.0	5.2	2.5	2.0

(a) Rate ratio is the Indigenous rate divided by the non-Indigenous rate.

*Source:*AIHW analysis of ABS 2013b and ABS population projections for 2012.

5.3 Hospitalisations for assault

Data on hospitalisations for assault indicate serious incidents of intentional harm inflicted by other people and may include hospitalisations for injuries due to domestic violence or child abuse (AIHW 2008).

From July 2010 to June 2012, around 1,100 hospitalisations of Indigenous children aged 0–17 were due to assault (representing 7% of all injury hospitalisations for Indigenous children). Indigenous children were over 5 times as likely to be hospitalised for assault than non-Indigenous children during this period (see Section 3.1 for more information on child injury hospitalisations).

6 Homelessness

Homelessness can have a detrimental effect on children's health and wellbeing such as causing developmental delays in younger children, and stress, anxiety, mental health problems and behavioural disorders in older children. Children who are homeless are also more likely to continue being disadvantaged in adulthood (AIHW 2012a).

Governments across Australia fund a range of specialist homelessness services, with these services delivered by non-government organisations. These services support both those who have become homeless and those who are at imminent risk of homelessness. Data about the use of specialist homelessness services shown in this section are from the Specialist Homelessness Services Collection (SHSC); in this collection, information on Indigenous status is only provided by agencies if clients have given explicit consent for this information to be reported. In 2012–13, Indigenous status was not reported for 15% of clients (or 36,830 people).

6.1 Homelessness among Indigenous children

The ABS definition of 'homelessness' for use in its statistical collections considers a person to be homeless if they do not have suitable accommodation alternatives and their current living arrangement:

- is in a dwelling that is inadequate (is unfit for human habitation or lacks basic facilities such as kitchen and bathroom facilities), or
- has no tenure, or if their initial tenure is short and not extendable, or
- does not allow them to have control of, and access to, space for social relations (including personal—or household—living space, ability to maintain privacy and exclusive access to kitchen and bathroom facilities) (ABS 2012c).

Due to the last dot point above, people who are living in severely crowded dwellings are also considered to be homeless. A 'severely crowded dwelling' is defined as one that needs 4 or more extra bedrooms to accommodate the people who usually live there, according to the Canadian National Occupancy Standard (CNOS) (see Appendix B in AIHW 2014b forthcoming for further information about the CNOS).

Based on Census data, an estimated 4 in 10 (42%) Indigenous people experiencing homelessness were aged 18 or under on Census night in 2011. By comparison, fewer than 1 in 4 (23%) non-Indigenous homeless people were aged 18 or under. In the same year, Indigenous children aged under 12 were 15 times as likely as non-Indigenous children to be homeless (477 per 10,000 population compared with 31 per 10,000 respectively) (AIHW 2014b forthcoming).

Further information on homelessness in the Indigenous population is available in *Homelessness among Indigenous Australians* (AIHW 2014b forthcoming).

6.2 Use of homelessness services

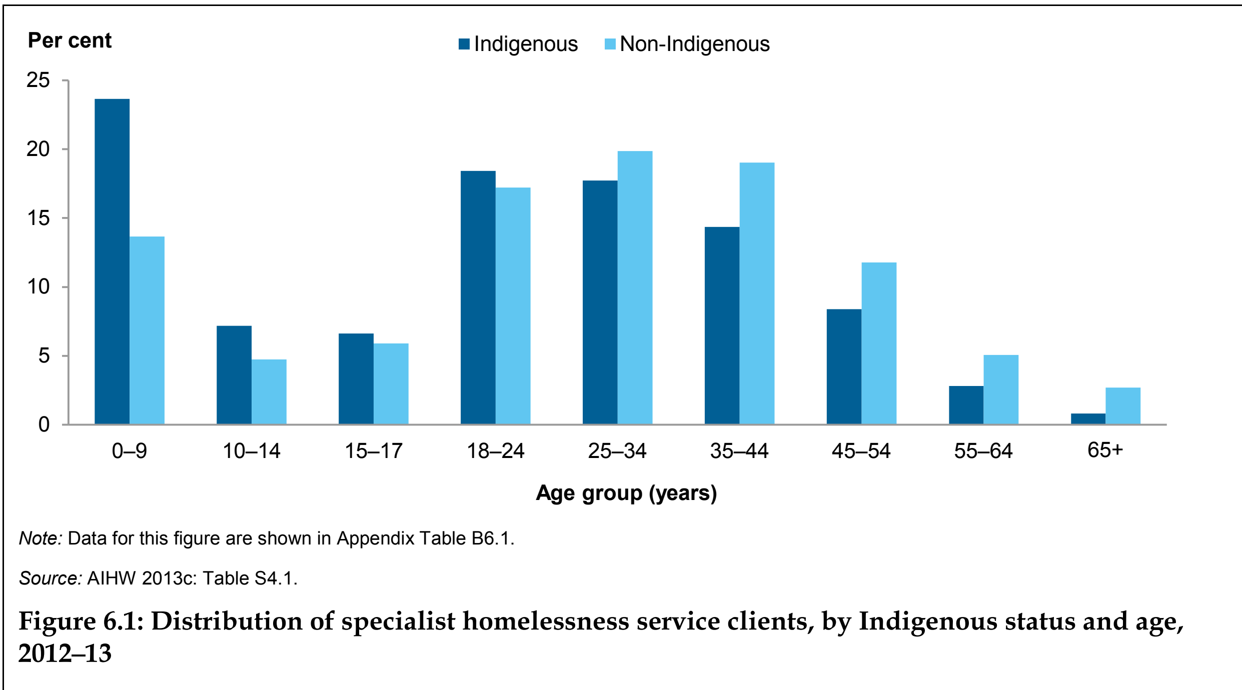
People who seek services from specialist homelessness agencies may do so individually, or as part of a family or other group of people. When presenting as part of a family or other group, each individual (including children) is counted as a separate client in the SHSC.

Children who present at specialist homelessness agencies usually present as a member of a family, especially at younger ages.

In 2012–13, an estimated 54,885 clients of specialist homelessness services were Indigenous (AIHW 2013c, 2014b forthcoming). Although they represent 3% of the total Australian population, Indigenous people represented 22% of those accessing specialist homelessness services.

Indigenous children aged 0–17 were also over-represented among specialist homelessness service clients relative to their proportion of the population (AIHW 2012a, 2013b). In 2012–13, almost 1 in 3 children aged 0–17 (31%) who received assistance from a specialist homelessness agency were Indigenous, which was higher than the 5.5% of the Australian child population they represent (AIHW 2013c).

Indigenous clients of specialist homelessness services tend to be younger than non-Indigenous clients, which reflects the overall younger age structure of the Indigenous population in Australia. The age group with the largest proportion of Indigenous clients in 2012–13 was children aged 0–9 (24% of the Indigenous client population), whereas the largest age group in the non-Indigenous client population was adults aged 25–34 (Figure 6.1). The rate of Indigenous children receiving assistance from a specialist homelessness agency was 9 times that for non-Indigenous children aged 0–17 (72 compared with 8 per 1,000 children, respectively) (AIHW 2013c).



Note: Data for this figure are shown in Appendix Table B6.1.

Source: AIHW 2013c: Table S4.1.

Figure 6.1: Distribution of specialist homelessness service clients, by Indigenous status and age, 2012–13

In 2012–13, about 1 in 3 (34%) Indigenous people receiving assistance from specialist homelessness agencies had experienced domestic and family violence, compared with 30% of non-Indigenous clients. In the same year, about 38% of Indigenous specialist homelessness services clients aged under 15 had experienced domestic and family violence. Note that the situation of younger children who use specialist homelessness services often reflects their parent's situation. For more information on domestic and family violence experienced by homelessness clients see *Homelessness among Indigenous Australians* (AIHW 2014b forthcoming).

7 Children and crime

The rate of youth justice supervision is a key national indicator of child safety (see Box 7.1 for information about Australia's youth justice system). Indigenous children are over-represented in youth justice supervision and, as a result, are likely to have poorer social, emotional and health outcomes (AIHW 2012a, 2013d).

Indigenous young people are also more likely to reappear as adults in the justice system. A study in New South Wales found that of all young people who first appeared in a juvenile court in 1995, 68% reappeared in the court system within the next 8 years, and 13% ended up in an adult prison (Chen et al. 2005). The study also found that more than 90% of young Indigenous offenders aged 16 at their first court appearance subsequently appeared at least once in an adult court.

Box 7.1: Youth justice in Australia

In Australia, responsibility for youth justice lies with the state and territories and involves both youth justice agencies and other justice agencies such as the police and courts. In all states and territories, a young person is deemed to have criminal responsibility if they are aged 10 or over. In most states and territories, the maximum age of treatment as a young person for criminal responsibility is 17; however, it is possible for young people over the age of 17 to be supervised by a youth justice agency. This can occur if the offence was committed when the young person was aged 17 or under, if supervision was continued after they reached the age of 18, or if they were deemed vulnerable or immature. Also, in Victoria, some young people aged 18–20 may be sentenced to detention in a youth facility (known as the 'dual track' sentencing system).

Young people first enter the youth justice system when they are investigated by police for allegedly committing a crime. Legal action taken by police may include court actions (the laying of charges to be answered in court) and non-court actions (such as cautions, conferencing, counselling or infringement notices). Courts may decide to dismiss the charge, divert a young person from further involvement in the system, or transfer them to specialist courts or programs. If the matter proceeds and the charge is proven, the court may hand down any of a number of orders, either supervised or unsupervised.

One major aspect of youth justice is therefore the supervision of young people, both in their communities and in secure detention facilities. Most young people under supervision in Australia are supervised in the community.

Diversion

An important feature of the youth justice system in Australia is diversion. Diversion involves any process that prevents young people from entering or continuing in the formal criminal justice system; it typically involves pre-court processes such as police cautioning or conferencing (AIC 2010). In most states and territories, both the police and courts can divert young people from the youth justice system.

The Indigenous-specific diversion programs currently operating are almost exclusively targeted towards offenders who have committed drug offences or those whose offending has been clearly linked with their substance-use behaviour. Participants highlighted that most programs adopted a holistic approach and it was possible to refer offenders to types of treatment other than those for drug and alcohol use (AIC 2008).

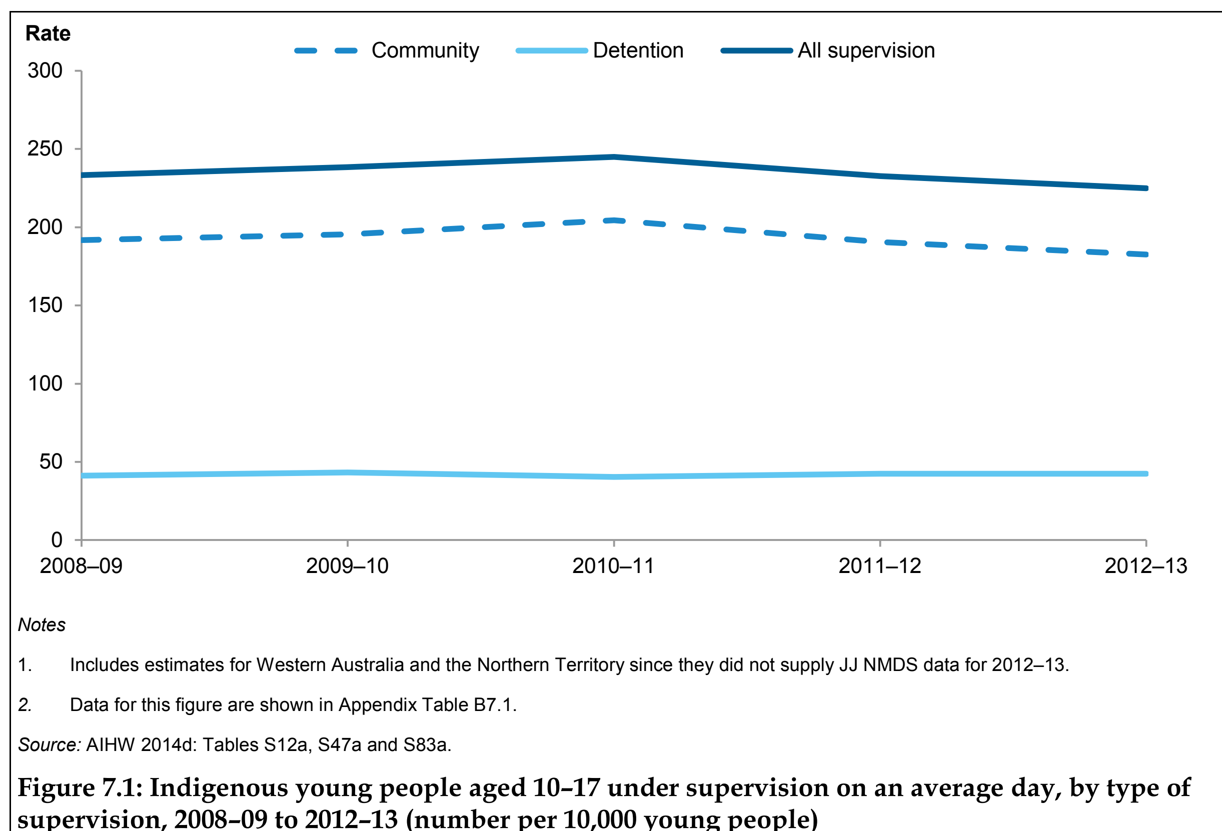
For more information on youth justice see *Youth justice in Australia 2012–13* (AIHW 2014d).

7.1 Young people under supervision

Indigenous young people aged 10–17 are over-represented in the youth justice system. Although around 5% of young people are Indigenous, on an average day in 2012–13, 39% (2,076) of males and 45% (480) of females under youth justice supervision were Indigenous. Overall, on an average day in 2012–13, Indigenous young people were:

- 17 times as likely as non-Indigenous young people to be under supervision (225.0 compared with 13.0 per 10,000)
- 16 times as likely to be under community-based supervision (182.7 compared with 11.4 per 10,000)
- 28 times as likely to be in detention (42.4 compared with 1.5 per 10,000) (AIHW 2014d).

The overall rate of Indigenous young people under supervision on an average day declined from 233 per 10,000 in 2008–09 to 225 in 2012–13 (Figure 7.1). Most of this was due to the fall in the rate of community-based supervision from 192 to 183 per 10,000. The rate also fell for non-Indigenous young people over the same period (16 to 13 per 10,000), however this fall was greater than that for Indigenous young people (15% compared with 5%).



Notes

1. Includes estimates for Western Australia and the Northern Territory since they did not supply JJ NMDS data for 2012–13.
2. Data for this figure are shown in Appendix Table B7.1.

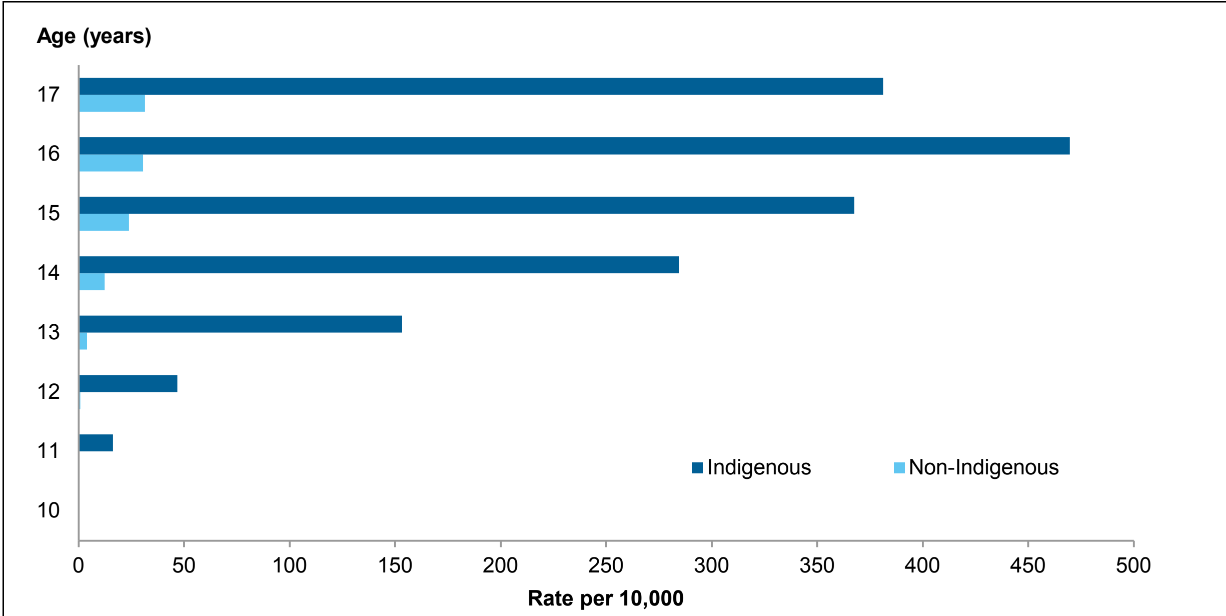
Source: AIHW 2014d: Tables S12a, S47a and S83a.

Figure 7.1: Indigenous young people aged 10–17 under supervision on an average day, by type of supervision, 2008–09 to 2012–13 (number per 10,000 young people)

Excluding Western Australia and the Northern Territory, for which data were not available, Indigenous young people were particularly over-represented in the younger age groups under supervision. On an average day in 2012–13:

- 61% of children aged 10–13 under supervision were Indigenous, while 35% were non-Indigenous (the remainder were of unknown Indigenous status).
- 36% of those aged 14–17 were Indigenous while 59% were non-Indigenous.

The rates of Indigenous young people under supervision were also much higher than for non-Indigenous young people for all ages (Figure 7.2).



Notes

1. Western Australia and the Northern Territory did not supply JJ NMDS data for 2012–13.
2. In most states and territories, the maximum age of treatment as a young person for criminal responsibility is 17; however, it is possible for young people over the age of 17 to be supervised by a youth justice agency.
3. Data for this figure are shown in Appendix Table B7.2.

Source: AIHW 2014d: Table S6a.

Figure 7.2: Young people aged 10–17 under supervision on an average day, by age and Indigenous status, Australia (excluding WA and NT), 2012–13 (number per 10,000 population)

Experience of supervision

Not only are Indigenous young people over-represented in youth justice supervision, but their experiences also differ (AIHW 2012b).

Time spent under supervision

In 2012–13, Indigenous young people aged 10–17 tended to complete shorter periods of supervision than non-Indigenous young people (median duration 64 days compared with 79). However, when all time spent under supervision during the year is considered, Indigenous young people spent just over 2 weeks longer under supervision than non-Indigenous young people, on average (195 days compared with 180). Indigenous young people spent more time in both community-based supervision (182 days compared with 176) and in detention (71 days compared with 63).

Multiple supervision

Indigenous young people were more likely to complete multiple periods of supervision than non-Indigenous young people. In 2012–13, 22% of Indigenous young people had completed more than one period of supervision in that year, compared with 14% of non-Indigenous young people.

7.2 Inquiry into Indigenous young people in the criminal justice system

In response to the continuing high rate of Indigenous young people in detention, a recent House of Representatives inquiry examined the range and complexity of issues involved. It concluded that contact with the youth justice system was a symptom of the chronic social and economic disadvantage experienced by many Indigenous young people (House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs 2011).

Issues identified as contributing to this over-representation included family and community violence, child abuse and neglect, alcohol and drug abuse, inadequate housing, poor health, low educational and training achievement, and a lack of employment opportunities.

These findings are supported by research demonstrating the social and economic disadvantage of Indigenous people in contact with the justice system (Kenny & Nelson 2008; Snowball & Weatherburn 2006). The committee also noted that this disadvantage may be further exacerbated by the loss of cultural values, norms and knowledge resulting from historical events such as dispossession, colonisation and the forced removal of Indigenous children from their communities.

The inquiry made 40 recommendations to reduce the over-representation of Indigenous young people, including in social development, health, education and training, the youth justice system, and broader government policy directions. The importance of empowering Indigenous communities and elders, and delivering coordinated initiatives focusing on early intervention and the wellbeing of Indigenous young people were emphasised. All of the recommendations of the inquiry were accepted by the Australian Government at the time, either in whole, in principle, or in part.

Information about initiatives targeted to Indigenous young people in the youth justice system is presented in Box 7.2.

Box 7.2: Youth justice initiatives

The states and territories have a number of initiatives targeted at Indigenous young people in the criminal justice system. These include:

- specialist Indigenous staff who work with young people in detention and post-release
- programs and support services such as drug and alcohol programs
- programs to reduce the incidence of family and inter-generational violence
- Indigenous and cultural specific programs, including numeracy and literacy
- Indigenous art and counselling (AIHW 2012b).

Diversion programs available to Indigenous young people include mainstream and Indigenous-specific programs and, in some jurisdictions, youth-specific programs. Some diversion programs for young Indigenous offenders have generally been found to be effective in reducing reoffending among those who complete the program (Closing the Gap Clearinghouse 2013a). For example, about 3 in 4 graduates (76%) of the juvenile pre-court diversion program in the Northern Territory were found to have not reoffended in the following 12 months, and the majority of participants under police diversion were also found to have not reoffended in the 12 to 18 months after being cautioned.

(continued)

Box 7.2 (continued): Youth justice initiatives

However, not all diversion programs for young Indigenous offenders have been successful. Diversion programs that have been found to be effective for Indigenous young people are those that target individual needs, work across multiple social settings, deal with multiple risk factors, are culturally competent, consider other cultural issues, and take a minimal interventionist approach with first-time offenders (Closing the Gap Clearinghouse 2013a).

8 Conclusion

Indigenous children are over-represented in areas where child safety and security are compromised. They have higher rates of hospital separations and deaths due to injury than non-Indigenous children; they are more likely to be victims of child abuse, neglect and sexual assault; and they are over-represented in homelessness and youth justice statistics.

Homelessness is a leading area of concern for Indigenous children; in 2011, 48 per 1,000 children aged under 12 and 43 per 1,000 children aged 12–18 were homeless. Child protection substantiation, and youth supervision rates for 2011–12 were also high, affecting 42 per 1,000 children aged 0–17 and 23 per 1,000 aged 10–17, respectively. During July 2010 to June 2012, there were about 26 hospitalisations for injury per 1,000 children aged 0–17, and the rate of Indigenous child deaths caused by injury was around 21 deaths per 100,000 children in 2007–2011 (or 0.2 per 1,000) in the 5 jurisdictions with adequate mortality data for reporting on Indigenous Australians.

Protecting Indigenous children requires a multi-pronged approach that tackles the various factors that contribute to the vulnerability of Indigenous children and their families. These factors include social and economic disadvantage, lack of access to, or provision of social support systems, exposure to substance misuse and family violence, and inadequate housing.

A number of national initiatives have been implemented to deal with these issues, in addition to strategies implemented by individual states and territories. Strategies that show promise include those that prioritise cultural safety, are managed by Indigenous agencies, target vulnerable families, are based on social inclusion and crime prevention principles, and empower families to make decisions that protect children and keep them safe (Closing the Gap Clearinghouse 2013b).

Evidence shows that the inclusion of cultural connection factors contributes to the safety of Aboriginal and Strait Islander children. Children who are removed from, or become isolated from, their cultural and community networks are more vulnerable to abuse and less able to seek help (SNAICC et al. 2014).

Aboriginal and Torres Strait Islander organisations have an important role in supporting and promoting safety for children. Their strengths to do so are grounded in their cultural knowledge and strong relationships with the communities they serve. Building capacity in these agencies contributes to broader community capacity for responding to Indigenous child safety issues. Community development also creates stronger communities to care for children and respond to child and family needs (SNAICC et al. 2014).

Appendix A: Data sources

Child protection data

The AIHW collects annual statistics on child protection in Australia for children aged 0–17. Up to and including the 2011–12 financial year, aggregate data were provided by the state and territory departments responsible for child protection and were used to produce *Child protection Australia* (AIHW 2013a). These data were also provided to the Productivity Commission for the *Report on government services* (SCRGSP 2014). There were 6 separate child protection sub-collections: child protection notifications, investigations and substantiations; children on care and protection orders; children in out-of-home care; foster carers; relative/kinship carers; and intensive family support services. From 2012–13 onwards, data will be provided to the AIHW at unit record (child) level as part of the revised national data collection, now known as the Child Protection National Minimum Data Set.

Overall, the quality and coverage of data in the child protection data collection are good. However, data availability issues mean fully national data is not always provided; and in some jurisdictions there is a high proportion of children whose Indigenous status is unknown in relation to substantiated child abuse and neglect.

Homelessness data

The Specialist Homelessness Services Collection collects information on people who receive services from agencies that receive funding under the National Affordable Housing Agreement or the National Partnership Agreement on Homelessness to provide specialist homelessness services.

SHSC data are collected by specialist homelessness agencies for all clients and reported each month to the AIHW. Data are collected about the characteristics and circumstances of a client when they first present at an agency, and further data—on the assistance the client receives and their circumstances at the end of the month—are collected at the end of every month in which the client receives services and at the end of the support period. Some data are also collected about people who seek assistance from a specialist homelessness agency but who do not receive assistance.

Information on Indigenous status is only provided by agencies if clients have given explicit consent for this information to be reported. In 2012–13, Indigenous status was not reported for 15% of clients (or about 36,800 people).

Further information about the SHSC is in the AIHW report *Specialist homelessness services 2012–13* (AIHW 2013c: see Appendix A for the data quality statement).

Hospital data

Hospitalisation data have been extracted from the AIHW's National Hospital Morbidity Database (NHMD), which is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals in each state and territory. Information on the characteristics, diagnoses and care of admitted patients in public and private hospitals is provided annually to the AIHW by state and territory health departments. The data presented here do not include patients in emergency departments and outpatient clinics who were not admitted to hospital.

Hospitalisation data are presented for the 2-year period from July 2010 to June 2012. An aggregate of 2 years of data has been used, because the number of hospitalisations for some conditions is likely to be small for a single year. Separations with a principal diagnosis of injury, poisoning and certain other consequences of external causes were selected (S00–T98), and then analysed by external cause of injury and poisoning codes. An external cause is defined as the environmental event, circumstance or condition that was the cause of injury, poisoning or adverse event.

Statistics on admitted patients are compiled when an admitted patient (a patient who undergoes a hospital's formal admission process) completes an episode of admitted patient care and 'separates' from the hospital. This is because most of the data on the use of hospitals by admitted patients are based on information provided at the end of a patient's episode of care, rather than at the beginning. The length of stay and the procedures carried out are then known and the diagnostic information is more accurate. The principal diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care.

Hospital records are for 'separations' and not individuals, and as there can be multiple admissions for the same individual, hospital separation rates do not usually reflect the number of people who were hospitalised. For example, it is not possible to identify whether one patient was admitted 5 times or 5 patients were admitted once.

In 2011–12, diagnoses and external causes of injury were recorded using the 7th edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2010). It comprises classifications of diseases and external causes of injuries and poisoning, based on the World Health Organization's version of ICD-10. The ICD-10-AM classification is hierarchical, with 20 summary disease chapters divided into a large number of more specific disease groupings.

Separations with a care type of 'newborn' (without qualified days) and records for 'hospital boarders' and 'posthumous organ procurement' have been excluded from the analyses presented in this paper.

Hospital separation rates are presented for Indigenous and non-Indigenous Australians; separations for which Indigenous status was 'not stated' have been excluded from analyses presented in this paper.

From 2010–11 onwards, Indigenous status information within hospital separations data from all jurisdictions were of sufficient quality for statistical reporting purposes (AIHW 2013b). An AIHW study found an estimated 88% of Indigenous patients were correctly identified in Australian public hospital admission records in 2011–12. Analyses in this paper are therefore performed on all jurisdictions.

The complete data quality statement for the NHMD is available online at <www.aihw.gov.au/hospitals/>.

The selection criteria for child injury numbers used in this paper differ from those used in the AIHW's injury statistics series, where estimated case numbers are used rather than hospitalisations with a primary diagnosis of injury. For this reason, the respective results are not comparable.

Mortality data

Mortality data have been extracted from the AIHW's National Mortality Database. Data are sourced from the Registrars of Births, Deaths and Marriages in each state and territory and from the National Coronial Information System, and compiled and coded by the ABS. The ABS codes the cause of death using the International Statistical Classification of Diseases and Related Health Problems and passes the data to the AIHW for inclusion in the National Mortality Database. Although the database includes multiple causes of death, only the underlying (or primary) cause is used in the analyses presented in this paper.

Mortality data are presented for New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined as these jurisdictions are considered to have adequate levels of identification of Indigenous people in their death registration systems for analyses from 2001 onwards.

In order to accommodate small numbers and year to year variability in some cause of death data for Indigenous Australians, most of the analyses were conducted on combined deaths for the 5 year period 2007 to 2011 rather than on 2011 data alone.

Deaths registered in 2010 for individuals with a usual residence of Queensland have been adjusted to exclude deaths registered in 2010 that occurred prior to 2007. This is to minimise the impact of late registration of deaths due to recent changes in the timeliness of death registrations in Queensland.

For more information about deaths in Australia and data quality, refer to ABS *Deaths, Australia* (ABS cat. no. 3302.0) and ABS *Causes of death, Australia* (ABS cat. no. 3303.0), which are available from <http://www.abs.gov.au>.

Victims of violence data

Data on children as victims of violence were taken from the *Recorded crime—victims, Australia* (ABS 2013b), which is an annual ABS publication that presents national crime statistics relating to victims of a selected range of both completed and attempted offences that police have recorded. These statistics provide indicators of the level and nature of recorded crime victimisation in Australia and are a basis for measuring change over time. The statistics for the publication are derived from administrative systems maintained by state and territory police. Offences reported on include homicide, assault, sexual assault, kidnapping/abduction, and robbery; however, national data for assault is not available from this publication. Indigenous data are limited to 4 jurisdictions—New South Wales, Queensland, South Australia and the Northern Territory.

Youth justice data

Information on the young people supervised by youth justice agencies in Australia is obtained from the AIHW's Juvenile Justice National Minimum Data Set (JJ NMDS). This collection contains information about all young people who were supervised by state and territory youth justice agencies in Australia, both in the community and in detention.

Two measures of the number of young people under supervision are available from the JJ NMDS:

- **average day**—calculated by summing the number of days each young person spends under supervision during the year and dividing this total by the total number of days in the financial year
- **during the year**—calculated by counting each distinct young person under supervision during the year only once, even if they entered and exited supervision multiple times.

The average day measure reflects the number of young people under supervision on a typical day during the year, and gives an indication of the average number of young people supported by the supervision system at any one time. It is a summary measure that reflects both the number of young people supervised and the amount of time they spent under supervision. In contrast, the 'during the year' measure is a count of the number of unique individuals who were supervised at any time during the year. Differences between the average day and during the year measures generally reflect differences in the amount of time spent under supervision.

Western Australia and the Northern Territory did not provide JJ NMDS data for 2008–09 to 2011–12. Estimated national totals were calculated, where possible, using non-standard data.

For more information about this collection, including details of the data and methods used in reporting, see <http://www.aihw.gov.au/youth-justice/data-quality>.

Appendix B: Additional tables

Table B2.1: Distribution of Indigenous children aged 0–17, by jurisdiction, June 2013

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia[(a)]
Number	91,079	20,547	85,673	36,873	15,814	10,500	2,396	26,683	**289,565**
Per cent	31.5	7.1	29.6	12.7	5.5	3.6	0.8	9.2	**100.0**

(a) Excludes external territories.

Source: ABS 2014.

Table B3.1: Hospitalisation rates for leading specific external causes of injury, children aged 0–17 with a principal diagnosis of injury and poisoning, by Indigenous status, July 2010 to June 2012 (number per 1,000 children)

External cause	Indigenous rate[(a)]	Non-Indigenous rate[(a)]	Rate ratio[(b)]
Accidental falls	6.6	6.4	1.0
Transport accidents	2.5	2.0	1.3
Assault	1.6	0.3	5.1
Intentional self-harm	0.8	0.6	1.3
Accidental poisoning	0.7	0.4	1.8
Accidental drowning and submersion	0.1	0.1	2.1[(c)]
Other external causes	10.1	8.3	1.2
All injury, poisoning and certain other consequences of external causes	**26.2**	**20.2**	**1.3**

(a) Hospitalisations per 1,000 children.

(b) Rate ratio is calculated by dividing the Indigenous rate by the non-Indigenous rate.

(c) Rate ratio does not equal 1 due to rounding of corresponding Indigenous and non-Indigenous rates.

Notes

1. Exposure to animate and inanimate mechanical forces and accidental exposure to other and unspecified factors were also leading causes of injury hospitalisation for children and youth. These categories are diverse and are not useful for reporting purposes.
2. Population estimates for Indigenous children and youth were derived from ABS *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* (ABS 2009). Estimates for non-Indigenous children and youth were derived from estimated resident population data.

Source: AIHW National Hospital Morbidity Database.

Table B4.1: Level of Indigenous over-representation for children aged 0–17 in substantiations, on care and protection orders, and in out-of-home care, by jurisdiction, 2011–12 (rate ratio)

	Substantiations	Care and protection orders	Out-of-home care
NSW	9.0	10.9	11.7
Vic	9.7	14.8	15.8
Qld	6.0	8.7	8.7
WA	13.4	15.2	15.3
SA	11.6	10.4	10.2
Tas	2.7	3.3	3.4
ACT	13.8	12.1	12.8
NT	7.8	6.1	5.7
Total	**7.8**	**9.7**	**10.3**

Notes

1. Data for children on care and protection orders and children in out-of-home care are for children aged 0–17 at 30 June 2012. Data for children in substantiations are for children aged 0–17 during the 2011–12 financial year.
2. Rate ratio is the Indigenous rate divided by the non-Indigenous rate.
3. In Western Australia, Tasmania and the Australian Capital Territory, the proportion of substantiations for children with an unknown Indigenous status affects the reliability of these data. Rate ratios for those jurisdictions should therefore be interpreted with caution.

Source: AIHW 2013a: Tables 2.4, 3.4 and 4.4.

Table B4.2: Rate of children aged 0–17 who were the subject of a child protection substantiation, by Indigenous status, 2007–08 to 2011–12 (number per 1,000 children)

Year	Indigenous	Non-Indigenous
2007–08	33.5	5.2
2008–09	35.0	5.1
2009–10	35.3	4.6
2010–11	34.6	4.5
2011–12	41.9	5.4

Source: AIHW 2013a: Table A30.

Table B6.1: Distribution of specialist homelessness services clients, by Indigenous status and age, 2012–13 (per cent)

Age group (years)	Indigenous	Non-Indigenous
0–9	23.6	13.7
10–14	7.2	4.7
15–17	6.6	5.9
18–24	18.4	17.2
25–34	17.7	19.9
35–44	14.4	19.0
45–54	8.4	11.8
55–64	2.8	5.1
65+	0.8	2.7
Total	**100.0**	**100.0**

Note: Totals may not sum to 100 due to rounding.

Source: AIHW 2013c: Table S4.1.

Table B7.1: Indigenous young people aged 10–17 under supervision on an average day, by type of supervision, 2008–09 to 2012–13 (number per 10,000 young people)

Year	Community	Detention	All supervision
2008–09	191.9	41.3	233.2
2009–10	195.5	43.3	238.3
2010–11	204.5	40.4	244.9
2011–12	190.6	42.4	232.7
2012–13	182.7	42.4	225.0

Note: Includes estimates for Western Australia and the Northern Territory since they did not supply JJ NMDS data for 2012–13.

Source: AIHW 2014d: Tables S12a, S47a and S83a.

Table B7.2: Young people aged 10–17 under supervision on an average day by age and Indigenous status, Australia (excluding WA and NT), 2012–13

	Age group (years)							
	10	**11**	**12**	**13**	**14**	**15**	**16**	**17**
Number								
Indigenous	4	16	46	149	277	359	460	377
Non-Indigenous	1	6	20	96	296	578	753	794
Not stated	—	1	2	9	22	38	62	64
Total	*5*	*23*	*68*	*255*	*595*	*976*	*1,276*	*1,235*
Rate (per 10,000 population)								
Indigenous	n.p.	16.4	46.8	153.3	284.5	367.5	469.7	381.3
Non-Indigenous	n.p.	0.3	0.8	4.0	12.3	23.8	30.6	31.4

— nil or rounded to zero

n.p. not publishable because of small numbers, confidentiality or other concerns about the quality of the data

Note: Number of young people on an average day may not sum to total due to rounding.

Source: AIHW 2014d: Tables S5a and S6a.

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Indigenous children are over represented in areas where child safety and security are compromised. This report shows that Indigenous children aged 0–17 have higher rates of hospitalisations and deaths due to injury than non Indigenous children; are more likely to be victims of child abuse, neglect and sexual assault; and are over represented in homelessness and youth justice statistics.