

DESIRED OUTCOMES

Everybody enjoys physical safety and feels secure. People are free from victimisation, abuse, violence and avoidable injury.

Safety

INTRODUCTION

Safety is fundamental to wellbeing: violence and avoidable injuries, at their most extreme, threaten life itself. In other cases, they reduce the quality of life for the victim and other people in various ways.

Both safety and security are important. Safety is freedom from physical or emotional harm, while security is freedom from the threat or fear of harm or danger. The desired outcomes recognise threats come in many forms, ranging from deliberate violence to accidental injury.

Violence and injury corrode quality of life in many ways. Physical injury causes pain and incapacity, reducing victims' enjoyment of life and their ability to do things that are important to them.

Property crime, such as burglary, also affects people's wellbeing. In addition to the direct losses associated with crime of this sort, evidence suggests the threat of burglary is a more significant worry for many people than the threat of violence.⁸¹

Psychological effects are often as important as the physical ones. Victims of violence or injury often retain emotional scars long after their physical wounds have healed. They may suffer from depression or face other mental health issues.

Crime affects not only individuals but also society as a whole. The victim's family and friends are likely to suffer grief and anger. They may have to care for someone who is temporarily or permanently incapacitated and who may lose their livelihood. Crime and the fear of crime may also reduce social cohesion within communities.

Crime may restrict people's choices about how to live their lives. For example, they may stay away from certain areas or avoid going out because of a fear of crime.

The costs to society as a whole range from the expense of hospital care and law enforcement to the loss of the victim's input into their work and community. Children who grow up surrounded by violence may themselves become violent adults, perpetuating a negative cycle.

INDICATORS

Four indicators are used in this chapter: intentional injury child mortality, criminal victimisation, perceptions of safety, and road casualties. The first three indicators provide a picture of the level and impact of violence in the community.

Child maltreatment, or child abuse and neglect, causes physical and psychological harm that is often long-lasting.⁸² Child maltreatment varies in its nature and severity. The most severe form of child maltreatment is violence against children that leads to a fatality. The indicator of child maltreatment used in this chapter is the intentional injury child mortality rate.

Measuring criminal victimisation from police records is difficult, as many crimes are not reported to the police. This is particularly true of domestic violence, sexual violence and child abuse. The second indicator uses survey results to give a more comprehensive picture of the level of criminal victimisation in society, including the level of violence.

The third indicator is perceptions of safety. Feeling unsafe harms people's quality of life by producing anxiety and reducing their options in life. However, there is some evidence that fear is not necessarily linked to the actual risk of becoming a crime victim. For example, people may feel unsafe and have their quality of life reduced even when the actual likelihood of their being victimised is relatively small.

People should also be able to live in a society free from the risk of avoidable death or injury. The leading cause of avoidable injury and death is motor vehicle crashes. In economic terms, the social cost of motor vehicle crashes has been estimated at \$3.1 billion annually.⁸³ The final indicator is road casualties.

Workplace accidents are another form of avoidable injury. They are discussed in the chapter on Paid Work.

Intentional injury child mortality

DEFINITION

The number of children under 15 years of age who have died as a result of an intentional injury, per 100,000 children under 15 years.

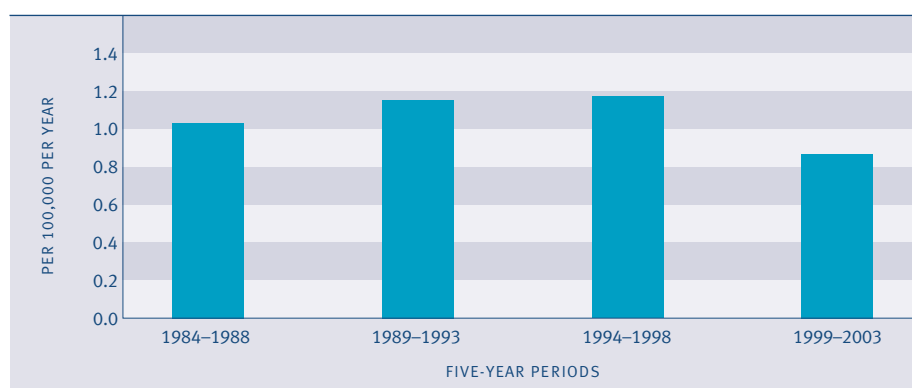
RELEVANCE

Children and young people have a need for, and an entitlement to, safety and security in which to grow and develop. Abuse or violence is the ultimate failure to provide this. This indicator measures violence against children leading to death.

CURRENT LEVEL AND TRENDS

In the five years to 2003, 38 children under 15 years of age died as a result of maltreatment, a decline from 50 in the previous five-year period. The five-year average annual rate increased slightly over the period 1984–1988 to 1994–1998 (from 1.0 to 1.2 per 100,000), and declined to 0.9 per 100,000 in 1999–2003. However, it should be noted that trends are difficult to discern, as rates based on very small numbers are volatile, even when averaged over five years.

Figure SS1.1 **Five-year average annual maltreatment mortality rates for children under 15 years, 1984–1988 to 1999–2003**



Source: Ministry of Health, New Zealand Health Information Service (ICD-9 codes E960–E969, ICD-10 codes X85–Y09); Statistics New Zealand, mean resident population estimates for years ended December

Notes: (1) Causes of death include fight, brawl, rape, corrosive or caustic substances, poisoning, hanging and strangulation, submersion (drowning), firearms and explosives, cutting and piercing instruments, child maltreatment and other assault
(2) Rates are based on small numbers and should be interpreted with caution

AGE AND SEX DIFFERENCES

Rates of death from maltreatment are higher for children under 5 years of age than for older children. In the five years to 2003, the rate for children under five years was 1.7 deaths per 100,000, more than three times higher than the rate for 5–14 year olds (0.5 per 100,000).

There is little difference between the sexes in overall maltreatment death rates.

Table SS1.1 **Five-year average annual maltreatment mortality rates for children under 15 years, by age and sex, 1994–1998 and 1999–2003**

Five-year period	0–4 years			5–9 years			10–14 years		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1994–1998	1.7	2.5	2.1	0.7	0.7	0.7	1.3	0.0	0.7
1999–2003	2.2	1.2	1.7	0.1	1.0	0.5	0.3	0.5	0.4

Source: Ministry of Health, New Zealand Health Information Service

ETHNIC DIFFERENCES

In the five years from 1999 to 2003, Māori children died from maltreatment at an average annual rate of 1.5 per 100,000 children. Over the same period, non-Māori children died at an average annual rate of 0.7 per 100,000 children.

INTERNATIONAL COMPARISON

A UNICEF study of child maltreatment deaths in rich nations in the 1990s reported that New Zealand had the third highest child maltreatment death rate (1.2 per 100,000), behind only the United States and Mexico (both 2.2 per 100,000). This finding should be treated with caution because, in a small country like New Zealand, the very small numbers involved produce highly volatile rates. In addition, although the figures come from the same data source (the World Health Organisation) and use the same international classification of death by cause, there may be differences between countries, and within countries over time, in the classification of death by intention.

Criminal victimisation

DEFINITION

The proportion of the population aged 15 years and over who had been a victim of one or more incidents of criminal offending as measured by the *New Zealand National Survey of Crime Victims 2001*.

RELEVANCE

The criminal victimisation rate provides a broad measure of personal safety and wellbeing. Surveys of criminal victimisation generally provide a more comprehensive picture of victimisation than police data, as not all offending is reported or recorded.

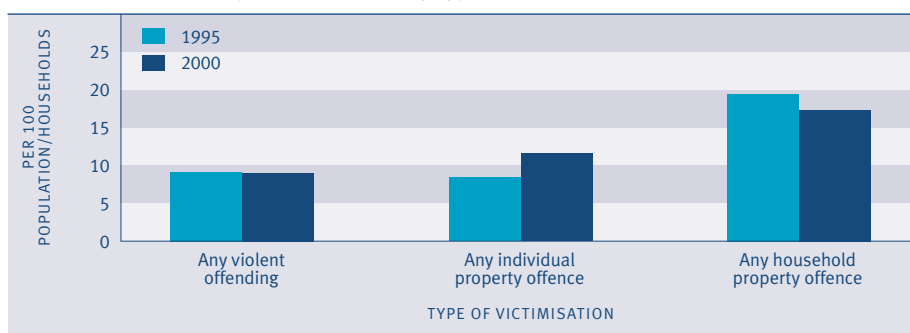
CURRENT LEVEL AND TRENDS

The survey data shows that 30 percent of New Zealand adults aged 15 years and over experienced victimisation during 2000. This is similar to the level in 1995 (31 percent).

A breakdown by the type of offence shows that 9 percent of the adult population reported they were the victim of violent offending in 2000, the same level as in 1995. A small number of people accounted for the vast majority of violent victimisations. Less than 2 percent of the adult population were victims of violence five or more times, but they experienced 55 percent of the violent victimisations. Violent victimisations made up slightly less than half of the total volume of victimisations disclosed for the 2001 survey.

Eleven percent of all people reported they were the victim of an individual property offence, such as theft or wilful damage. This was up from 8 percent in 1995. The proportions of all households which were the victim of a household property offence were 19 percent in 1995 and 17 percent in 2000.

Figure SS2.1 **Criminal victimisation prevalence rate, by type of victimisation, 1995 and 2000**



Source: Morris et al (2003) Tables 2.6, 2.8 and revised 1995 figures

Note: Violent offending and individual property offences are rates per 100 people; household property offences are rates per 100 households

AGE DIFFERENCES

Young adults are more likely than older adults to be victims of crime. In the 2001 survey, 46 percent of 15–24 year olds had experienced victimisation compared with 33 percent of those aged 25–39 years, 28 percent of the 40–59 years age group and 13 percent of those aged 60 years and over. People aged 15–24 years were more than twice as likely to be a victim of violent crime as the 25–39 years age group, the next closest group. Young adults were also more likely than older people to experience an individual property offence, though the difference by age was less pronounced than for violent offences.

Table SS2.1 **Criminal victimisation rate, by major offence type and age, 2000**

Offence type	Rate per 100 persons in each age group				
	15–24	25–39	40–59	60+	Total
Any violent offending (including sexual assault)	23.5	9.5	5.6	1.3	9.0
Any individual property offence	18.3	13.2	10.3	5.0	11.5
Any victimisation (including household victimisation)	45.9	32.9	28.2	12.7	29.5

Source: Morris et al (2003) Tables 2.6, 2.8, 2.13 and additional data

SEX DIFFERENCES

The overall rate of victimisation did not vary by sex. Thirty percent of women and 29 percent of men reported they had experienced victimisation in 2000. This is similar to 1995 when 31 percent of women and 32 percent of men experienced victimisation. While men and women were equally as likely to report being the victim of violence, more men than women disclosed violence by someone not well known to them (12 percent compared with 8 percent).

The survey information on partner violence shows that more than one in four women (26 percent) and just under one-fifth of men (18 percent) had been abused or threatened with violence by a partner at some time in their adult life. Changes in methodology between the 1996 and 2001 surveys on criminal victimisation mean it is not possible to compare changes in partner victimisation over time.⁸⁴

Women's lifetime experience of sexual interference or assault was considerably higher than men's (19 percent compared with 5 percent).

ETHNIC DIFFERENCES

In 2000, Māori were considerably more likely to be victims of crime (41 percent) than Pacific peoples (28 percent) and Europeans (29 percent). The difference was greatest for violent victimisation, with one-fifth of Māori experiencing offending of this type, compared with 11 percent of Pacific peoples and 8 percent of Europeans. Māori were also more likely to experience individual property offences, though the difference was less marked than for violent offending. Pacific peoples were the least likely of any group to be victims of individual property offences.

The proportion of women who had been abused or threatened with violence by a partner at some time during their adult life was markedly higher for Māori women (49 percent) than for European women (24 percent) and Pacific women (23 percent).

Table SS2.2 **Criminal victimisation rate, by major offence type and ethnicity, 2000**

Offence type	Rate per 100 persons aged 15+			
	European	Māori	Pacific	Other
Any violent offending (including sexual assault)	8.4	19.5	11.3	2.6
Any individual property offence	11.5	14.7	8.2	11.9
Any victimisation (including household victimisation)	28.9	40.9	28.3	26.4

Source: Morris et al (2003) Table 2.14

Perceptions of safety

DEFINITION

The proportion of people who reported they felt unsafe walking alone in their neighbourhood at night as measured by the *New Zealand National Survey of Crime Victims 2001*.

People who said they did not walk alone at night were asked how they thought they would feel.

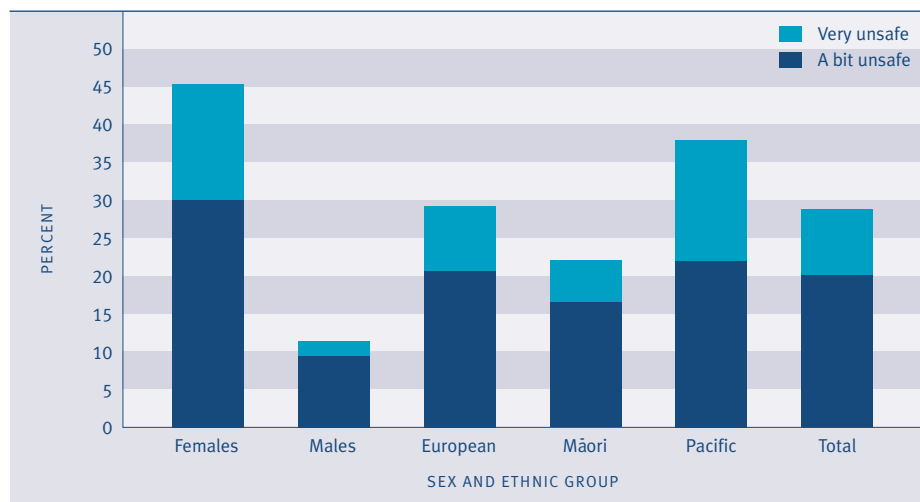
RELEVANCE

Feeling safe is fundamental to wellbeing. Anxiety and worries about victimisation detract from wellbeing, and may cause people to alter their behaviour to avoid being victimised. This limits people's options and can reduce their freedom. However, people's subjective perceptions about safety do not always reflect the actual risk of becoming a crime victim.

CURRENT LEVEL

In 2001, 29 percent of New Zealanders reported feeling unsafe walking alone in their neighbourhood at night. A fifth (20 percent) reported feeling only "a bit unsafe", while 9 percent felt "very unsafe".

Figure SS3.1 **Proportion of the population who felt unsafe walking alone in their neighbourhood after dark, 2001**



Source: Morris et al (2003)

People's perceptions varied widely according to their behaviour. Of people who reported they did not walk alone at night, 30 percent reported feeling it would be "a bit unsafe" and 16 percent said they felt walking alone was "very unsafe". People who reported they walked alone at night were much less likely to feel unsafe. Only 10 percent felt "a bit unsafe" and 1 percent felt "very unsafe".

AGE AND SEX DIFFERENCES

Women were considerably more likely than men to report feeling unsafe about walking alone after dark (45 percent for females and 11 percent for males). Women were over three times more likely than men to report feeling "a bit unsafe" and over eight times more likely to report feeling "very unsafe".

Just over a third (34 percent) of those aged 60 years and over said they felt it would be unsafe to walk alone in their neighbourhood after dark. This compares with 27 percent of people aged 15–24 years. At all ages, women felt less safe than men.

Table SS3.1 **Proportion (%) of adults aged 15 years and over who felt unsafe walking alone in their neighbourhood after dark, by age groups and sex, 2001**

	Age group					Sex	
	15–16	17–24	25–39	40–59	60+	Males	Females
A bit unsafe	17.7	19.6	22.0	18.0	21.5	9.5	30.1
Very unsafe	8.8	7.3	8.0	7.2	12.4	1.7	15.1
Total (a bit unsafe or very unsafe)	26.5	26.9	30.0	25.2	33.9	11.1	45.2

Source: Morris et al (2003)

ETHNIC DIFFERENCES

Pacific peoples were more likely than other ethnic groups to report feeling unsafe about walking alone in their neighbourhood after dark. Over a third (38 percent) of Pacific peoples said they would “feel unsafe”, compared to 29 percent of the European and the Other ethnic groups. The difference is greatest for the proportion of people who felt “very unsafe”. Māori, by way of contrast, generally felt safer than other ethnic groups. Just over one-fifth (22 percent) of Māori said they would “feel unsafe” walking alone after dark in their neighbourhood, while 6 percent stated they would feel “very unsafe”.

Women were more likely than males to report “feeling unsafe” walking alone in their neighbourhood after dark for all ethnic groups. Pacific men were more than twice as likely as European and Māori men to report “feeling unsafe”. In contrast, a similar proportion of Pacific and European women reported they felt unsafe, while the proportion among Māori women was much lower. Pacific women, however, were considerably more likely to report feeling “very unsafe” compared to other groups.

Table SS3.2 **Proportion (%) of adults aged 15 years and over who felt unsafe walking alone in their neighbourhood after dark, by ethnicity and sex, 2001**

	European	Māori	Pacific	Other
A bit unsafe				
Males	9.1	7.9	16.5	12.3
Females	31.2	24.2	27.0	33.5
Total	20.5	16.3	21.9	22.8
Very unsafe				
Males	1.7	1.2	5.1	0.4
Females	15.2	9.7	26.0	13.1
Total	8.6	5.5	15.9	6.7
A bit unsafe or very unsafe				
Males	10.8	9.1	21.6	12.7
Females	46.4	33.9	53.0	46.6
Total	29.1	21.8	37.8	29.5

Source: Morris et al (2003)

Road casualties

DEFINITION

The number of people killed or injured in motor vehicle crashes as a proportion (per 100,000) of the total population.

RELEVANCE

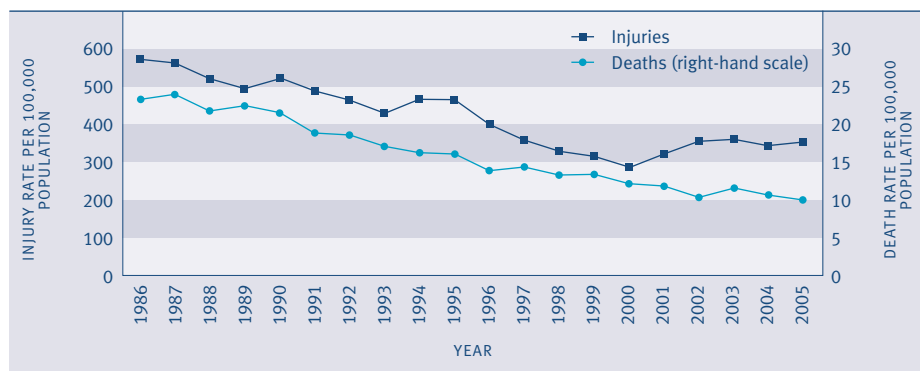
Road deaths are a major cause of premature death, especially among young adults. Deaths, injuries and disability resulting from motor vehicle crashes inflict considerable pain and suffering on individuals, families and communities, as well as on other road users, emergency service providers, health workers and others.

CURRENT LEVEL AND TRENDS

In 2005, 405 people died as a result of motor vehicle crashes, a rate of 9.9 deaths per 100,000 population. A further 14,427 people were injured, a rate of 352 injuries per 100,000 population.⁸⁵ Deaths and injuries from motor vehicle crashes have declined substantially since 1986, when the rates were 23.1 and 569.6 per 100,000, respectively. The number of people killed in motor vehicle crashes was 47 percent lower in 2005 than it was in 1986. Although the number of people injured has risen since 2000, there were 24 percent fewer people injured in 2005 than in 1986.

There is no conclusive evidence on the reasons for the reduction in road casualties since 1986. Better roads and better vehicles, as well as legislation, enforcement and education aimed at reducing road casualties, may all have contributed to an improvement in drivers' attitudes and behaviour.

Figure SS4.1 Road traffic injury and death rates, 1986–2005



Sources: Ministry of Transport (2005); Ministry of Transport, 2006 – forthcoming
Note: 2005 injury data is provisional

AGE AND SEX DIFFERENCES

Young people aged 15–24 years are at a far higher risk of injury or death from motor vehicle crashes than any other age group. Death and injury rates for 15–24 year olds are more than double those of the population as a whole (22 deaths and 794 injuries per 100,000 in 2005). The risk of dying is relatively low in middle age, then increases sharply at older ages, partly because of the increasing fragility of the very old.

Males are much more likely than females to be injured or killed in motor vehicle crashes. In 2005, the injury rate was 406 per 100,000 for males and 295 per 100,000 for females; the death rate was 14.5 per 100,000 for males and 5.4 per 100,000 for females.

Table SS4.1 **Road casualty rates, by age and sex, 2005**

Age	Rate per 100,000 population in each group					
	Reported injury rate			Death rate		
	Males	Females	Total	Males	Females	Total
Under 15	145.3	112.9	130.3	4.6	2.3	3.5
15–24	925.9	652.9	793.6	33.5	10.7	22.3
25–34	519.3	348.7	432.1	15.2	2.5	8.7
35–44	397.5	289.7	342.2	12.3	5.6	8.8
45–54	316.9	234.6	275.4	13.3	5.8	9.5
55–64	253.5	209.6	231.4	8.3	4.3	6.3
65–74	230.9	207.8	219.7	14.8	4.4	9.4
75+	246.8	191.2	213.6	19.3	9.4	13.4
Total	406.2	295.4	352.0	14.5	5.4	9.9

Source: Ministry of Transport, 2006 – forthcoming, Table 5, rates derived by the Ministry of Social Development
 Note: 2005 injury data is provisional

ETHNIC DIFFERENCES

Māori are much more likely than other ethnic groups to die in motor accidents, with an age-standardised death rate of 17 per 100,000 population in 2001. In comparison, the death rate for European and Other ethnic groups was 11 per 100,000 in 2001 and for Pacific peoples, 12 per 100,000. Because of a change in the classification of injury deaths, data for 2000 and 2001 is not comparable with earlier years.

Table SS4.2 **Land transport accident death rates, by ethnicity, 1996–2001**

Year	Age-standardised rate per 100,000 population			
	Māori	Pacific	European and Other	Total
1996	26	14	12	14
1997	25	10	12	14
1998	21	12	12	13
1999	19	8	12	13
2000	22	12	11	13
2001	17	12	11	12

Source: Ministry of Health, New Zealand Health Information Service
 Note: The injury mortality classification changed in 2000

Māori and Pacific peoples are less likely to drive than Europeans, but they are at a greater risk of injury and death from motor vehicle crashes. A 1998 survey showed that, per distance driven, the risk of being hospitalised as a result of a crash was more than three times as high for Māori drivers, and only slightly less than three times as high for Pacific drivers, compared to European drivers.⁸⁶

INTERNATIONAL COMPARISON

In 2003, New Zealand was ranked 17th equal among 29 OECD countries, with a road death rate of 11.5 per 100,000 people.⁸⁷ This was above the OECD median of 10.5 deaths per 100,000. Sweden had the lowest road death rate (5.9 per 100,000), followed closely by Norway and the United Kingdom (each 6.1 per 100,000). The New Zealand road death rate was lower than that of the United States at 14.7 per 100,000, but higher than those of Canada (8.7 per 100,000) and Australia (8.2 per 100,000).