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(Youth Violence)

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*Better information and statistics
for better health and wellbeing*

AIHW Submission to
**The Inquiry into the impact of violence on young
Australians**

by the

**House of Representatives Standing Committee on
Family, Community, Housing and Youth**

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SUBMISSION

Introduction

The Terms of Reference of the Inquiry relate to reporting on the impact of violence among Young Australians with particular reference to:

- perceptions of violence and community safety among young Australians;
- links between illicit drug use, alcohol abuse and violence among young Australians;
- the relationship between bullying and violence on the wellbeing of young Australians;
- social and economic factors that contribute to violence by young Australians; and
- strategies to reduce violence and its impact among young Australians.

Although the Australian Institute of Health and Welfare (AIHW) cannot address all the terms of reference as specified, it can provide an overall picture of young Australians and how violence impacts on their health and wellbeing.

The Institute has been funded by the Department of Health and Ageing (DoHA) to provide detailed reports on the health and wellbeing of children and young people, and therefore has access to data from extensive sources including external and internal data collections. This information is also available by remoteness, Indigenous status and socioeconomic background. The level of disaggregation of data from data collections is dependent on sample size and data quality.

The AIHW regularly conducts literature reviews in order to stay abreast of any emerging issues or new data sources relating to the health and wellbeing of young Australians.

Relevant AIHW publications include *Australia's Health*, *Australia's Welfare*, *A Picture of Australia's Children*, *Young Australians: their health and wellbeing*, and targeted thematic reports such as *Injury among young Australians*, *2007 National Drug Strategy Household Survey Reports*, and *Making Progress: the health, development and wellbeing of Australia's children and young people*.

This paper presents a statistical overview of assault and violence among young Australians, perceptions of safety among young people, the link between alcohol and illicit drug use and violence, and the extent of violence among Indigenous young people, and those living in regional areas and of lower socioeconomic status.

How many young people are affected by assault

Young people are vulnerable to becoming victims of violence and crime, which can lead to trauma, suicidal ideation and behaviour and depression. It may also affect educational attainment and employment in early adulthood (Arboleda-Florez & Wade 2001; Macmillan & Hagan 2004; Simon et al. 2002). Of major concern is the link between youth victimisation and later victimising of others. Young people who are victims of violent crime are more likely to be subjected to violent crime in the future, as they are likely to remain in groups at risk of future victimisation (Johnson 2005).

Violence among young people harms not only its victims, but also their families, friends and communities. It also adds greatly to the costs of health and welfare services, reduces productivity, decreases the value of property and disrupts a range of essential services (Krug et al. 2002).

In 2005 the Australian Bureau of Statistics (ABS) Crime and Safety Survey, reported that 245,700 young people aged 15-24 years were victims of assault (a victimisation prevalence rate of 9%), with another 28,000 being victims of robbery (a victimisation prevalence rate of 1%). These young people may not have reported these assaults to the police. Young people were also two times as likely to be the victim of assault, and three times as likely to be the victim of robbery, as the general population. Young males were more likely to be the victim of assault or robbery than young females; however, this difference was less pronounced for assault. The Crime and Safety Survey did not publish data on sexual assaults for this age group; however data from the 2003 Recorded Crime report showed that young people had experienced the highest rates of sexual assault (520 and 214 per 100,000 females aged 15-19 years and 20-24 years, respectively). Rates for young males were lower, but still above the rates for older age groups.

It is well known that physical and sexual violence has multi-faceted short- and long-term negative effects on the development of young people and that physical injuries and a history of abuse have been associated with depression, anxiety disorders, and substance abuse (Molnar et al. 2001; Paolucci et al. 2001).

Violence among young people may result in visits to health professionals (such as general practitioners), or may result in hospitalisation or death depending on the severity of the assault. According to the AIHW National Hospital Morbidity Database in 2005-06, there were 7,652 hospitalisations among young people aged 12-24 years due to assault – a rate of 205 per 100,000 young people. Young people account for more than one-third of all hospitalisations for assault. Over the last decade the rate of assault hospitalisations has increased by over a quarter (29% increase for males and a 19% increase for females between 1996-97 and 2005-06). The number of deaths from assault is considerably lower, with 27 deaths among young people aged 12-24 years in 2005- a rate of 0.7 deaths per 100,000 young people. However, rates among young adult males were three times as high as among young adult females (18-24 year olds) (AIHW 2008a).

Young people who are being abused or neglected, or whose parents cannot provide adequate care and protection, may come to the attention of child protection authorities. An investigation of suspected abuse or harm is classified as 'substantiated' if there is reasonable cause to believe that a young person has been, is being or is likely to be abused or neglected or otherwise harmed (AIHW 2007). The rate of children subject to child protection substantiations increased between 2000-01 and 2005-06 – among males rates increased from

3.3 to 4.3 per 1,000 young males, the corresponding rate for young females was 5.5 and 6.9, respectively (AIHW 2007).

Perception of safety among young people

Young people's perception of their safety in the community shows low levels of perception of safety among females. Results from the ABS 2006 General Social Survey indicate that the majority of young people aged 18–24 years (82%) felt safe or very safe at home alone after dark, while half (53%) reported feeling safe or very safe walking alone in the local area at night. For young people 18–24 years males were more likely to feel safe at home after dark than females of the same age (95% and 69% respectively). This difference is more pronounced when comparing how safe young people feel when walking alone in their local area at night, with 76% males and only 27% of females feeling safe or very safe. Males aged 18–24 years were almost twice as likely to be the victim of physical or threatened violence in the last 12 months compared to females.

Alcohol and illicit drug use and violence

There is a strong link between alcohol and other drug consumption and violence. Young people are more likely to be involved in alcohol and other drug-related violence than other Australians, particularly young males. Violence can include physical and verbal abuse, as well as being put in fear by another person all of which can impact on a person's health and wellbeing.

The following information has been drawn from the National Drug Strategy Household Survey, which is the leading survey of licit and illicit drug use in Australia. The 2007 survey (AIHW 2008b) was the ninth conducted under the auspices of the National Drug Strategy. The data collected from these surveys have contributed to the development of policies for Australia's response to drug-related issues.

Illicit drug users, by definition, have committed illegal acts. They are, in part, marginalised and difficult to reach. Accordingly, estimates of illicit drug use and related behaviours are likely to be underestimates of actual practice.

Respondents to the 2007 National Drug Strategy Household Survey were asked if, in the last 12 months, anyone affected by alcohol or illicit drugs, had verbally abused, physically abused or put the respondent in fear. The following information is drawn from the 2007 survey results.

In 2007, one in five Australians aged 14 years or older were the victims of alcohol-related incidents. People aged 20–29 years were most likely to be victims of drug-related incidents in the previous 12 months compared to other age groups. Young people aged 14–19 years who were the victims of physical abuse were most likely to receive bruising and abrasions.

Table 1 presents information on the proportion of Australians aged 14 years and older who have been victims of an alcohol- or illicit drug-related incident in the previous 12 months (AIHW 2008b).

Australians aged 14 years or older were more likely to have been abused or put in fear by someone affected by alcohol (29.6%) than by someone affected by illicit drugs (14.6%) (Table 1). For both alcohol- and illicit drug-related incidents, 'verbal abuse' was reported more often than 'put in fear', which was in turn more likely than 'physical abuse', for every age group and for both males and females. People aged 20–29 years were most likely to be victims of drug-related incidents in the previous 12 months compared to other age groups.

Table 2 presents information on the type of injury sustained as a result of physical abuse by those Australians aged 14 years and older who reported physical abuse in the last 12 months (AIHW 2008c).

In 2007, risk of serious injury varied by age group and type of injury (Table 2). Of those who were physically abused, 39.1% received bruising and abrasions, 10.3% received minor lacerations and 4.4% required hospital admission.

Victims of physical abuse aged 60 years or older were most likely to report no physical injury sustained. Young people aged 14-19 years who were the victims of physical abuse were most likely to receive bruising and abrasions compared to other types of injuries.

Table 1: Victims of drug-related incidents in the previous 12 months, persons aged 14 years or older, by age, by sex, 2007 (per cent)

Influence and incident	Age group				Sex		
	14-19	20-29	30-39	40+	Males	Females	Persons
Alcohol							
Verbal abuse	27.9	39.9	28.8	19.4	29.3	21.5	25.4
Physical abuse	6.9	10.4	4.0	2.3	5.9	3.1	4.5
Put in fear	17.3	20.0	14.6	9.7	12.0	14.1	13.1
<i>Any incident</i>	<i>33.4</i>	<i>45.3</i>	<i>32.6</i>	<i>23.0</i>	<i>32.8</i>	<i>26.5</i>	<i>29.6</i>
Illicit drugs							
Verbal abuse	9.6	17.2	12.1	9.0	13.0	9.1	11.0
Physical abuse	2.8	4.2	2.1	1.1	2.6	1.4	2.0
Put in fear	10.0	11.4	8.9	7.1	7.9	9.0	8.4
<i>Any incident</i>	<i>14.8</i>	<i>21.7</i>	<i>15.3</i>	<i>12.1</i>	<i>16.0</i>	<i>13.2</i>	<i>14.6</i>

Table 2: Most serious injury sustained as a result of alcohol or other drug-related physical abuse, by age, Australia, 2007 (per cent)

Injury	Age group						
	14-19	20-29	30-39	40-49	50-59	60+	14+
Bruising, abrasions	39.5	46.9	34.0	29.8	34.2	29.3	39.1
Burns, not involving hospital admission	1.6	0.5	—	2.7	—	—	0.8
Minor lacerations	10.6	10.8	10.9	8.9	10.0	9.2	10.3
Lacerations requiring suturing, but not hospital admission	0.7	5.9	4.2	3.0	0.9	1.3	3.6
Fractures not requiring hospital admission	4.4	4.1	5.2	5.9	0.6	—	4.0
Sufficiently serious to require hospital admission	3.6	4.0	3.9	6.4	6.3	2.2	4.4
No physical injury sustained	39.6	27.9	41.8	43.3	48.1	58.1	37.7
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: Base in each age group is the number physically abused.

Certain groups of young people are more vulnerable to violent assault than others, including Indigenous young people, people of lower socioeconomic status, and young people living in remote areas. Other factors which also influence a young person's vulnerability are gender and age.

Socioeconomic disadvantage and violence

Reported rates of physical or threatened assault among young people aged 18–24 years increase with increasing socioeconomic disadvantage – the most socioeconomically disadvantaged young people were almost twice as likely to be a victim of physical or threatened violence than the least socioeconomically disadvantaged young people (20% compared with 12%, respectively) (AIHW 2007).

Mortality data supports this finding with young people aged 15–24 years living in the most socioeconomically disadvantaged areas being almost three times as likely to die from assault as those living in the least socioeconomically disadvantaged areas in 2003–05 (age – standardised rates 2.2 per 100,000 young people compared with 0.8) (AIHW 2008a).

Indigenous Australians and violence

Aboriginal and Torres Strait Islander people are much more likely than non-Indigenous people to be victims of violence and to be hospitalised for injuries arising from assault (AHMAC 2006).

During 2005–06, 1,170 Indigenous young people aged 12–16 years were the subject of a child protection substantiation – a rate of 19 per 1,000 young people (15 and 24 per 1,000 for males and females respectively). Indigenous young people were 4 times as likely as other young Australians to be the subject of a substantiation (AIHW 2007).

Indigenous young people were also 6 times as likely as other young Australians to be on care and protection orders and to be placed in out-of-home care. In 2005–06 the rate of Indigenous young people on care and protection orders was 29 per 1,000 young people, compared with 5 per 1,000 for other Australians. Similarly, 25 per 1,000 Indigenous young people were in out-of-home care, compared with 4 per 1,000 for other young Australians (AIHW 2007).

Among Indigenous young people (12–24 years), hospitalisation and death rates due to assault are particularly high – hospitalisation rates are 3 times as high in young Indigenous males and 23 times as high in young Indigenous females compared with other young Australians (in 2004–05 in Qld, WA, SA and public hospitals in NT only). Similarly death rates from assault were 5 times as high among Indigenous young people than non-Indigenous young people (5.1 per 100,000 young people compared with 0.9 in Queensland, Western Australia, South Australia and the Northern Territory only from 2003 to 2005 (AIHW 2008a).

Remoteness and violence

Results from the ABS 2002 General Social Survey indicate that young people aged 18–24 years living in *Inner Regional* areas were more likely to report being the victim of physical or threatened violence (20%) than young people living in *Major Cities* (16%) or other areas (10%).

The age-standardised assault hospitalisation rate for young people aged 15–24 years in *Very remote* areas was 9 times that for young people in *Major Cities* in 2005–2006 (1,820 per 100,000 young people compared with 213). This reflects the high proportion of Indigenous young people living in *Very Remote* areas, who have high rates of hospitalisation for assault (AIHW 2008a).

Data sources

The ability and success of reporting on the health and wellbeing of young people is dependent on the availability of robust, reliable, national and jurisdictional data, which tracks progress over time. The number of data sources that present information on violence among young people is diverse, from national crime surveys, to administrative data sets on recorded crime and child protection statistics, to hospitalisations and mortality from assault.

The data sources that best inform on the impact of violence on young Australians include surveys such as the ABS Crime and Safety Survey, ABS National Health Survey, ABS General Social Survey, and the AIHW National Drug Strategy Household Survey as well as data from the AIHW Morbidity and Mortality databases, Australian Institute of Criminology (AIC) and the National Homicide Monitoring Program (NHMP).

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