

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.⁹³

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: assault mortality, criminal victimisation, fear of crime and road casualties. The first three indicators provide a picture of the level and impact of violence in the community.

Assault mortality provides a picture of intentional violence across society. Reducing interpersonal violence in families and communities is critical to social and personal wellbeing. This indicator measures deaths resulting from violence, the tip of the violence pyramid. Young children and youth are particularly vulnerable.

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 fear of crime. Feeling unsafe harms people's quality of life by producing anxiety and reducing their options in life. However, there is some evidence 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.⁹⁴ The final indicator is road casualties.

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

Assault mortality

DEFINITION

The number of people who have died as the result of an assault, per 100,000 population.

RELEVANCE

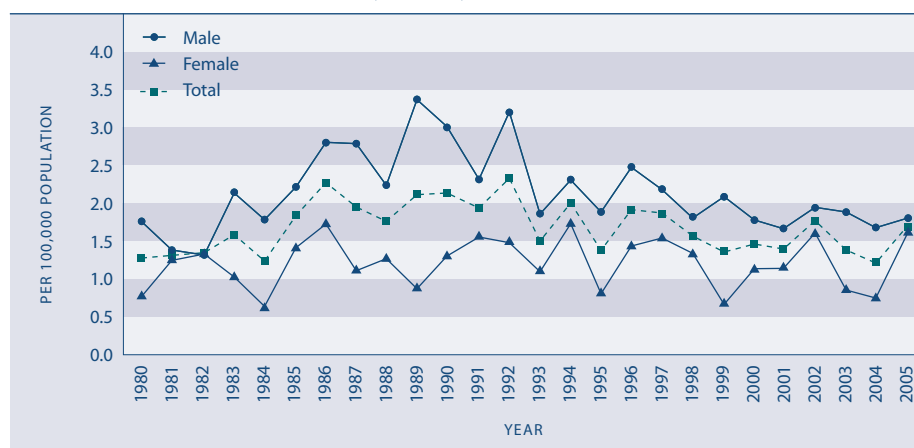
Reducing interpersonal violence in families and communities is critical to social and personal wellbeing. This indicator measures deaths resulting from violence, the tip of the violence pyramid. Young children and youth are particularly vulnerable.

CURRENT LEVEL AND TRENDS

In the five years to 2005, 296 people died as the result of an assault, a decline from 300 people in 1996–2000, 316 people in 1991–1995, and 346 people in 1986–1990.

The provisional age-standardised assault mortality rate for the year 2005 was 1.7 per 100,000 population, up from 1.2 per 100,000 in 2004. In the early-1980s, the assault mortality rate was around 1.5 per 100,000. It increased to around 2.0 per 100,000 between 1986 and 1992, falling back to around 1.5 per 100,000. It should be noted that rates based on small numbers are volatile, and trends can be difficult to discern over the short term.

Figure SS1.1 **Age-standardised assault mortality rate, by sex, 1980–2005**



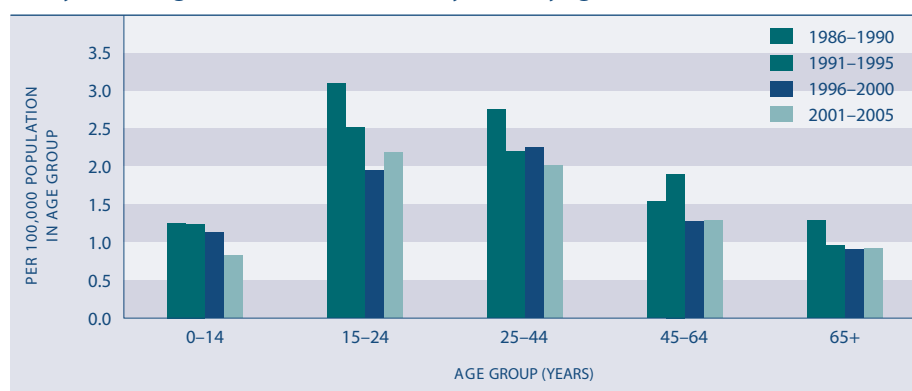
Source: Ministry of Health, New Zealand Health Information Service
Note: 2005 data is provisional

AGE AND SEX DIFFERENCES

Five-year average annual assault death rates for the period 2001–2005 were highest among youth aged 15–24 years (2.2 deaths per 100,000), followed by adults aged 25–44 years (2.0 per 100,000) and those aged 45–64 years (1.3 per 100,000). Children under 15 years and older people aged 65 years and over had the lowest rates (0.8 and 0.9 per 100,000 respectively). For children, the risk of dying from an assault is highest at younger ages. In the five years to 2005, the assault death rate for children under 5 years was 1.6 deaths per 100,000, more than three times higher than the rate for 5–14 year olds (0.5 per 100,000). In all age groups, rates were lower in the period 2001–2005 than they had been in the late 1980s.

Males are more likely than females to die from an assault. The provisional 2005 age-standardised death rate was 1.8 per 100,000 for males, and 1.6 per 100,000 for females. The rise in the assault mortality rate in the late-1980s and early-1990s was the result of an increase in the male rate in that period.

Figure SS1.2 **Five-year average annual assault mortality rates, by age, 1986–1990 to 2001–2005**



Source: Ministry of Health, New Zealand Health Information Service

ETHNIC DIFFERENCES

Māori are considerably more likely than non-Māori to die as the result of an assault. In 2005, the age-standardised rate for Māori was 3.5 deaths per 100,000 compared with 1.2 per 100,000 for non-Māori. The age-standardised rate for Māori males (4.1 per 100,000) was higher than the rate for Māori females (3.0 per 100,000).

In the five years from 2001 to 2005, Māori children aged under 15 years died from an assault 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 0.6 per 100,000 children.

INTERNATIONAL COMPARISON

OECD homicide rates are standardised to the 1980 OECD population and differ from the rates shown in this indicator. In 2003, the average homicide death rate for 27 OECD countries was 1.8 per 100,000 for males and 0.9 per 100,000 for females. New Zealand homicide rates were lower than the OECD average for males (1.7 per 100,000) and higher than average for females (1.1 per 100,000). New Zealand's male homicide rate was the same as Australia's but lower than Canada's (2.0 deaths per 100,000) and higher than the United Kingdom's (0.7 per 100,000). New Zealand had a higher female homicide rate than Canada (1.0 deaths per 100,000), Australia (0.9 per 100,000) and the United Kingdom (0.2 per 100,000). Death rates from homicide are highest in the United States; the rate for males in 2003, at 9.7 per 100,000, was five times greater than the OECD average, while the female rate of 2.6 per 100,000 was three times greater.

International comparison information for child maltreatment deaths is not available on an annual basis. Results of a 2003 UNICEF study of child maltreatment deaths in rich countries in the 1990s showed that New Zealand had the third highest child maltreatment death rate (1.2 per 100,000 children under the age of 15 years).

Criminal victimisation

DEFINITION

The proportion of the population aged 15 years and over who had been victims of one or more incidents of criminal offending in 2005 as measured by the New Zealand Crime and Safety Survey 2006.

RELEVANCE

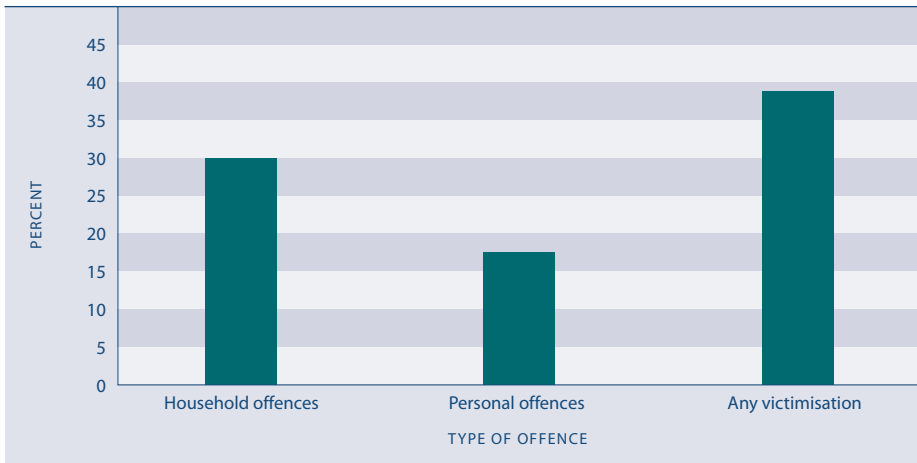
The criminal victimisation rate provides a broad measure of personal safety and wellbeing. Surveys of criminal victimisation generally provide a more comprehensive picture of victimisation than police data, as not all offending is reported to or recorded by the police.

CURRENT LEVEL

The survey data shows 39 percent of New Zealanders aged 15 years and over experienced some form of criminal victimisation in 2005. Comparisons with data from earlier surveys are not possible owing to changes in the survey design.⁹⁵

Thirty percent of households had been victims of some kind of household crime in 2005. The most common offences were burglaries (14 percent) and vandalism to household property (9 percent). Over the same period, 18 percent of individuals had been victims of some type of personal offence, the most common being assaults and threats (both 9 percent). A relatively small number of people accounted for the majority of victimisations: just 6 percent of people had been victimised five or more times during the survey period but they experienced 51 percent of all victimisations.

Figure SS2.1 **Criminal victimisation prevalence rate, by type of victimisation, 2005**



Source: Mayhew and Reilly (2007b) Table 3.1

AGE AND SEX DIFFERENCES

Young people are more likely than others to be victims of crime, and the likelihood of being victimised decreases with age. Among people in the 15–24 years age group, 55 percent were victims of either personal or household offences in 2005. This compares with 46 percent of 25–39 year olds, 37 percent of 40–59 year olds and 20 percent of those aged 60 years and over. Young people aged 15–24 years also had the highest rates of victimisation for confrontational offences: 13 percent

were victims of confrontational offences committed by partners, 10 percent were victimised by people who were well known to them, and 16 percent by other offenders.

The overall rate of victimisation did not vary by sex, with 39 percent of both men and women experiencing some form of criminal victimisation in 2005. The pattern of victimisation by age was also similar for both sexes. With confrontational offences, men were as likely as women to have been victimised at least once by a partner (6 percent compared with 7 percent for women). However, women experienced more offences than men did (26 incidents per 100 women, compared with 18 incidents per 100 men).⁹⁶ Prevalence rates did not differ by sex for offences committed by people well known to the victim (5 percent for both men and women), but men were more likely than women to be victims of confrontational offences by people who were not known to them (9 percent compared with 6 percent).

Women were around twice as likely as men to be the victims of sexual offences (4 percent compared with 2 percent), with the highest rate experienced by women aged 15–24 years (12 percent). Over a third of sexual offences were committed by the victims' current partners.

Table SS2.1 **Criminal victimisation prevalence rate (%), by age and sex, 2005**

Age group	Rate per 100 persons in each group		
	Men	Women	Total
15–24	53	56	55
25–39	44	47	46
40–59	36	37	37
60+	21	19	20
Total	39	39	39

Source: Mayhew and Reilly (2007b) Table C3

ETHNIC DIFFERENCES

The likelihood of being a victim of crime varies by ethnicity. Among both Māori and Pacific peoples aged 15 years and over, 47 percent had experienced some form of criminal victimisation in 2005. This compared with 43 percent of Asians and 37 percent of Europeans. The high rates for Māori and Pacific peoples are likely to be due, at least in part, to these populations having a high incidence of other risk factors associated with victimisation – for instance they are more likely to be young, to be unemployed, to be sole parents and to live in more socio-economically deprived areas.

Māori had a relatively high rate of victimisation for confrontational offences: 14 percent for offences committed by partners, and 11 percent both for offences committed by people well known to them and for offences committed by other offenders. For Māori women, the risk of being assaulted or threatened by a partner was three times the average (18 percent compared with 6 percent for all respondents). Comparable figures for Pacific peoples are not reliable owing to the small size of the sample.

OTHER GROUPS AT RISK

Other groups reporting a high level of victimisation included sole parents with children (60 percent had experienced some form of criminal victimisation in 2005), students and people living with flatmates (57 percent and 54 percent, respectively), people who were single or in de facto relationships (50 percent and 49 percent), people who rented their homes either from private landlords or public agencies (49 percent and 45 percent), those who were unemployed and/or on benefits (48 percent), and those who lived in the most deprived fifth of New Zealand areas (45 percent). Many of these characteristics are closely inter-related.

Fear of crime

DEFINITION

The proportion of the population aged 15 years and over who said fear of crime had a moderate or high impact on their quality of life (scoring its effect at 4 or higher on a scale from 0–10, where 0 is no effect and 10 is total effect on quality of life), as measured by the New Zealand Crime and Safety Survey 2006.

RELEVANCE

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.

CURRENT LEVEL

In 2005, 40 percent of New Zealanders said that fear of crime had a moderate or high impact on their quality of life, scoring its effect at 4 or higher on a 0–10 scale. A third (33 percent) scored its effect at 4–7, while 7 percent scored it at 8–10. People who had been a victim of any crime were more likely than average to report that fear of crime affected their quality of life.

AGE AND SEX DIFFERENCES

Women were more likely than men to report that fear of crime had a moderate or high impact on their quality of life, with 45 percent of females and 34 percent of males scoring its effect at 4 or above on the impact scale. Thirty-seven percent of females and 28 percent of males reported a moderate impact (scoring it at 4–7), while 8 percent of females and 6 percent of males reported a high impact on their quality of life (scoring it at 8–10).

People aged 25–39 years were the most likely to report that fear of crime affected their quality of life, while people aged 60 years and over were the least likely to do so. In all age groups, women were more likely than men to say fear of crime had an impact on their quality of life.

Table SS3.1 **Proportion (%) of the population aged 15 years and over who reported that fear of crime had a moderate or high impact on their quality of life, by age and sex, 2005**

Age group	Males			Females		
	High impact (score of 8–10)	Moderate impact (score of 4–7)	Moderate or high impact (score of 4–10)	High impact (score of 8–10)	Moderate impact (score of 4–7)	Moderate or high impact (score of 4–10)
15–24	4	32	36	8	39	47
25–39	8	31	39	10	44	54
40–59	7	27	33	9	34	43
60+	4	24	29	6	31	37

Source: Mayhew and Reilly (2007a) Table B21

Note: Combined scores may not add up because of rounding

ETHNIC DIFFERENCES

At 60 percent, Asian people were far more likely than other ethnic groups to report that fear of crime affected their quality of life, either moderately or a great deal. Europeans were the least likely to do so (36 percent), while Māori and Pacific peoples fell in the middle of the range, at 47 percent. Asians also had the largest proportion of any group rating the impact of fear of crime on their quality of life as high (18 percent). In each ethnic group, women were more likely than men to report that fear of crime affected their quality of life.

Table SS3.2

Proportion (%) of the population aged 15 years and over who reported that fear of crime had a moderate or high impact on their quality of life, by ethnic group, 2005

	High impact (score of 8–10)	Moderate impact (score of 4–7)	Moderate or high impact (score of 4–10)
European	5	31	36
Māori	10	37	47
Pacific	13	33	47
Asian	18	43	60

Source: Mayhew and Reilly (2007a) Table B21

Note: Combined scores may not add up because of rounding

SOCIO-ECONOMIC DIFFERENCES

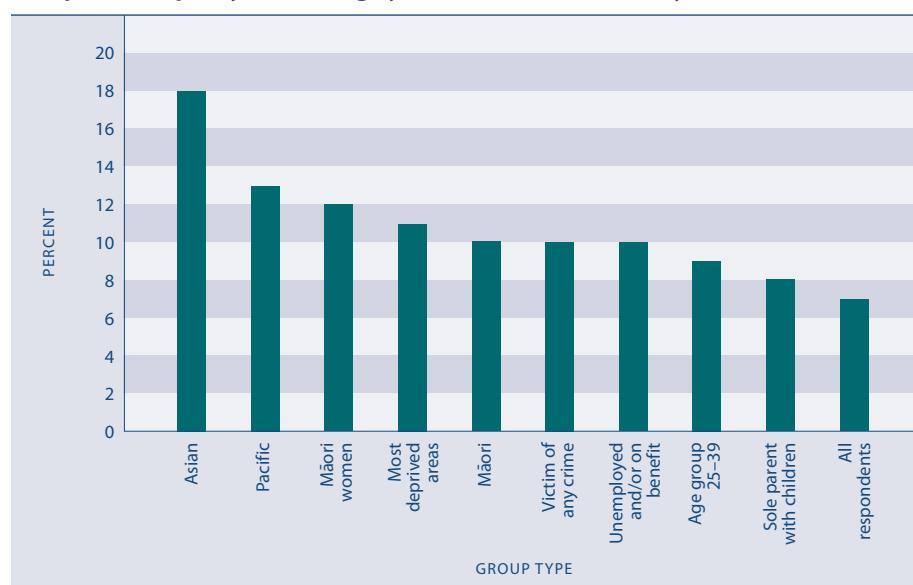
People living in the most deprived areas of New Zealand were much more likely to report that fear of crime affected their quality of life (49 percent) than those living in the least deprived areas (33 percent). People in deprived areas were more than twice as likely as those in the least deprived areas to score the effect of fear of crime on their quality of life at the high end of the scale (11 percent and 5 percent, respectively).

DIFFERENCES BY HOUSEHOLD COMPOSITION

Among households, sole parents living with their children had the highest proportion reporting that fear of crime affected their quality of life (46 percent), followed by couples with children (44 percent). People living alone (38 percent) and couples without children (34 percent) were less likely than average to say fear of crime affected their quality of life.

Figure SS3.1

Groups whose quality of life is highly affected (score of 8–10) by fear of crime, 2005



Source: Mayhew and Reilly (2007a) Table B21

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

Motor vehicle crashes are a major cause of premature death, especially among younger age groups. 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.

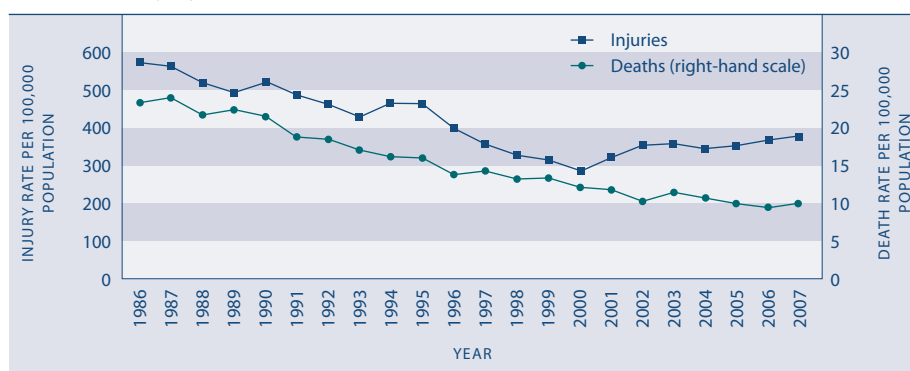
CURRENT LEVEL AND TRENDS

In 2007, 423 people died as a result of motor vehicle crashes, a rate of 10.0 deaths per 100,000 population. Provisional reported injury data for 2007 shows a further 15,902 people were injured, a rate of 376 injuries per 100,000 population.⁹⁷ In 2006, the death rate was 9.4 per 100,000 and the injury rate was 363 per 100,000. Deaths and injuries from motor vehicle crashes have declined substantially since 1986, when the rates were 23.1 and 570 per 100,000 population, respectively. The number of people killed in motor vehicle crashes was 45 percent lower in 2007 than it was in 1986. Although the number of people injured has risen since 2000 (partly because of better recording by police), there were 16 percent fewer people injured in 2007 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, 1986–2007



Source: Ministry of Transport

Note: 2002–2006 data has been revised using new population estimates

AGE AND SEX DIFFERENCES

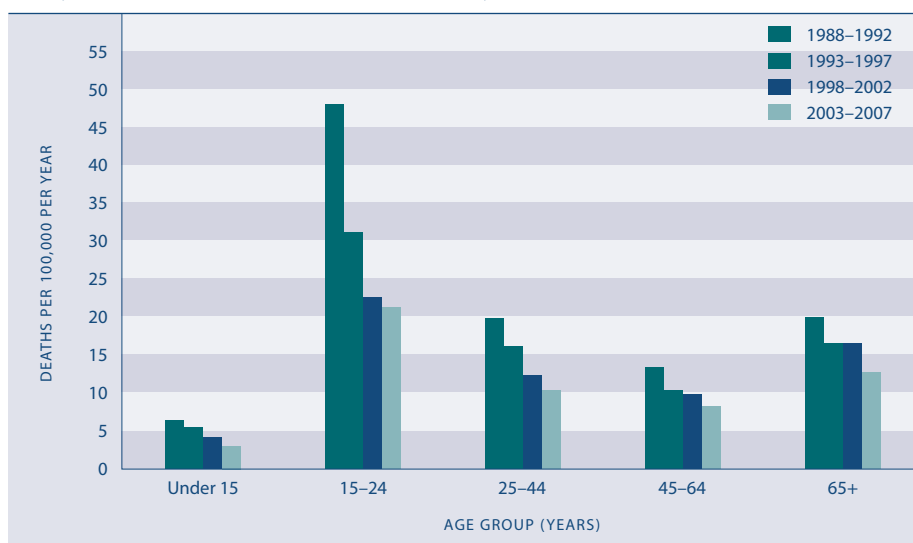
Young people aged 15–24 years have more than double the death rate from motor vehicle crashes than the population as a whole. The risk of dying in a crash is relatively low in middle age, then increases at older ages, partly because the very old are more fragile.

The death rate for all age groups has fallen steadily over the period since 1986. The decline has been particularly marked among 15–24 year olds, who had an average annual rate of 21 deaths per 100,000 in the period 2003–2007, a big improvement on the average annual rate of 48 deaths per 100,000 for the 1988–1992 period.

Males are much more likely than females to be killed in motor vehicle crashes. Between 2003 and 2007, the average annual death rate for males was 14 deaths per 100,000 males, while the rate for females was 6 deaths per 100,000 females. For both sexes this was considerably lower than the average annual rate for the 1988–1992 period (30 deaths per 100,000 for males and 12 per 100,000 for females).

Figure SS4.2

Five-year average annual road death rates, by age, 1988–1992 to 2003–2007



Source: Ministry of Transport, rates derived by Ministry of Social Development

ETHNIC DIFFERENCES

Māori are much more likely than other ethnic groups to die in motor accidents, with a provisional age-standardised death rate of 20 per 100,000 population in 2005. In comparison, the provisional death rate for the European and Other ethnic groups in 2005 was 10 per 100,000 and for Pacific peoples, 9 per 100,000.

Table SS4.1

Land transport accident death rates, by ethnicity, 2000–2005

Year	Age-standardised rate per 100,000 population			
	Māori	Pacific peoples	European and Other	Total
2000	22	12	11	13
2001	17	12	11	12
2002	20	12	10	12
2003	24	9	11	12
2004	20	7	9	11
2005	20	9	10	12

Source: Ministry of Health, New Zealand Health Information Service

Notes: (1) The injury mortality classification changed in 2000 and, as a result, data from earlier years is not comparable
(2) 2005 data is provisional

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.⁹⁸

INTERNATIONAL COMPARISON

In 2006, New Zealand was ranked 16th out of 27 OECD countries, with a road death rate of 9.4 per 100,000 people.⁹⁹ This was similar to the OECD median of 9.3 deaths per 100,000. The Netherlands had the lowest road death rate (4.5 per 100,000), followed by Sweden (4.9 per 100,000). New Zealand's road death rate was lower than that of the United States at 14.7 per 100,000, but higher than those of Canada (9.1 per 100,000), Australia (7.7 per 100,000) and the United Kingdom (5.4 per 100,000). New Zealand's road death rate for youth aged 15–24 years (16.9 per 100,000) ranked 18th, just above the OECD median of 16.0 deaths per 100,000 people aged 15–24 years.