

DESIRED OUTCOMES

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

Safety

INTRODUCTION

Safety is fundamental: 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.

Reducing interpersonal violence in families and communities is critical to people's safety. 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.⁹⁹

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. 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 causes anxiety and reduces people's 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 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.¹⁰⁰ The final indicator is road casualties.

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

HEALTH

KNOWLEDGE AND SKILLS

PAID WORK

ECONOMIC STANDARD OF LIVING

CIVIL AND POLITICAL RIGHTS

CULTURAL IDENTITY

LEISURE AND RECREATION

PHYSICAL ENVIRONMENT

SAFETY

SOCIAL CONNECTEDNESS

Assault mortality

DEFINITION

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

RELEVANCE

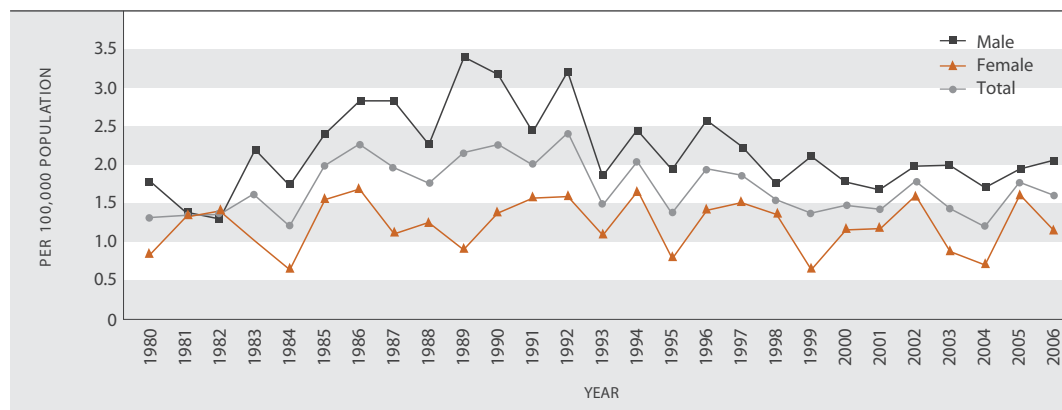
Reducing interpersonal violence in families and communities is critical to social and personal wellbeing. This indicator measures deaths resulting from violence, the tip of the violence pyramid. Young children and youth are particularly vulnerable.

CURRENT LEVEL AND TRENDS

In the five years to 2006, 307 people died as the result of an assault. This was more than the 284 people in the five-year period 1997–2001, but fewer than the 319 people in 1992–1996, and the 339 people in 1987–1991.

The provisional age-standardised assault mortality rate for the year 2006 was 1.6 per 100,000 population, down from 1.8 per 100,000 in 2005. 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, 1980–2006



Source: Ministry of Health

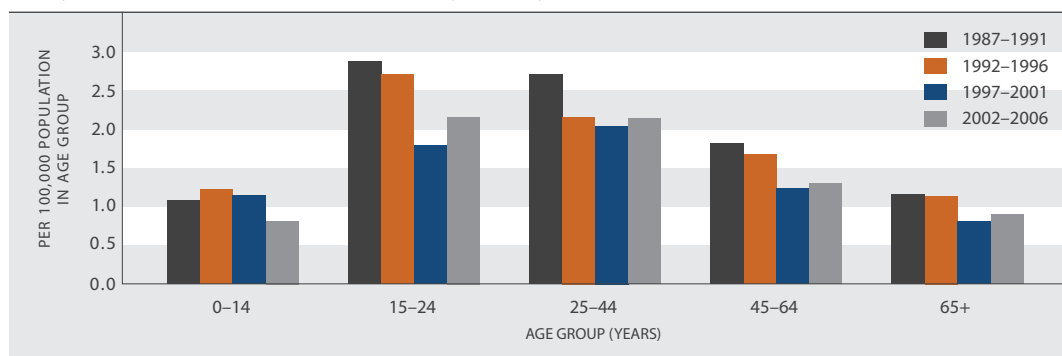
Notes: (1) 2006 data is provisional (2) Age-standardised to the WHO standard world population

AGE AND SEX DIFFERENCES

Five-year average annual assault death rates for the period 2002–2006 were highest among youth aged 15–24 years (2.2 deaths per 100,000), followed by adults aged 25–44 years (2.1 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 2006, the assault death rate for children under 5 years was 1.8 deaths per 100,000, more than four times higher than the rate for 5–14 year olds (0.4 per 100,000). In all age groups, rates were lower in the period 2002–2006 than they had been in the late-1980s.

Males are more likely than females to die from an assault. The provisional 2006 age-standardised death rate was 2.1 per 100,000 for males, and 1.2 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 rate, by age, 1987–1991 to 2002–2006**



Source: Ministry of Health
 Note: 2006 data is provisional

ETHNIC DIFFERENCES

Māori are significantly more likely than non-Māori to die as the result of an assault. In 2006, the age-standardised rate for Māori was 4.7 deaths per 100,000 compared with 1.0 per 100,000 for non-Māori. The age-standardised rate for Māori males (5.7 per 100,000) was higher than the rate for Māori females (3.9 per 100,000).

In the five years from 2002 to 2006, Māori children aged under 15 years died from an assault at an average annual rate of 1.6 per 100,000 children. Over the same period, non-Māori children died at an average annual rate of 0.5 per 100,000 children.

INTERNATIONAL COMPARISON

OECD homicide death rates are standardised to the 1980 OECD population and differ from the rates shown in this indicator. The most recent data is for the years 2003–2007. The median homicide death rate for 28 OECD countries over this five-year period was 1.2 per 100,000 for males and 0.7 per 100,000 for females. New Zealand’s homicide death rates in 2005 were higher than the OECD medians for males (1.9 per 100,000) and considerably higher for females (1.6 per 100,000). New Zealand’s male homicide death rate was higher than Australia’s (1.0 per 100,000 males) and the United Kingdom’s (0.5 per 100,000), lower than Canada’s (2.3 deaths per 100,000) and substantially lower than the male homicide death rate in the United States (9.9 per 100,000). New Zealand had a higher female homicide death rate than Canada (0.9 deaths per 100,000 females), Australia (0.6 per 100,000) and the United Kingdom (0.3 per 100,000), but a lower rate than the United States (2.5 per 100,000).¹⁰¹

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

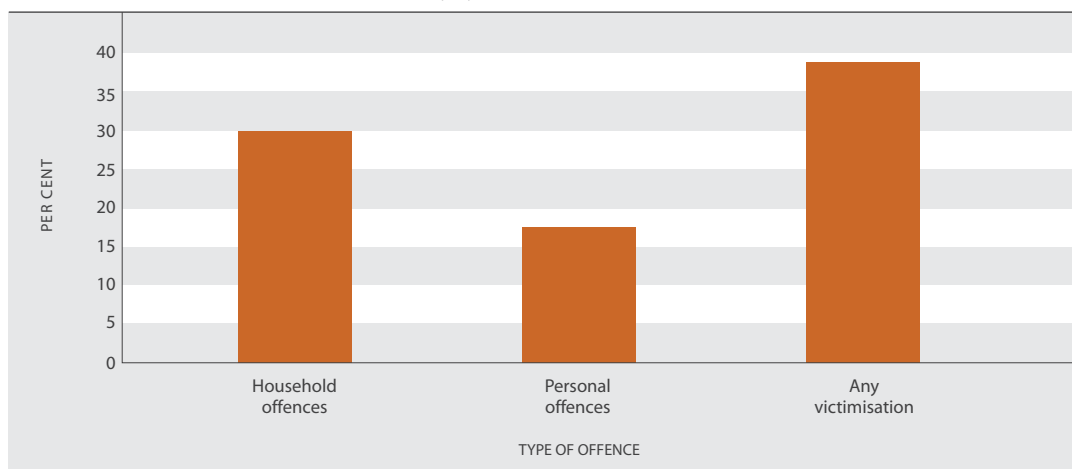
The criminal victimisation rate provides a broad measure of personal safety and wellbeing. Surveys of criminal victimisation generally provide a more comprehensive picture of victimisation than police data, as not all offending is reported to or recorded by the police.

CURRENT LEVEL

The survey data shows 39 per cent 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.¹⁰²

Thirty per cent of households had been victims of some kind of household crime in 2005. The most common offences were burglaries (14 per cent) and vandalism to household property (9 per cent). Over the same period, 18 per cent of individuals had been victims of some type of personal offence, the most common being assaults and threats (both 9 per cent). A relatively small number of people accounted for the majority of victimisations: just 6 per cent of people had been victimised five or more times during the survey period but they experienced 51 per cent 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 per cent were victims of either personal or household offences in 2005. This compares with 46 per cent of 25–39 year olds, 37 per cent of 40–59 year olds and 20 per cent of those aged 60 years and over. Young people aged 15–24 years also had the highest rates of victimisation for confrontational offences: 13 per cent were victims of confrontational offences committed by partners, 10 per cent were victimised by people who were well known to them, and 16 per cent by other offenders.

The overall rate of victimisation did not vary by sex, with 39 per cent 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 per cent compared with 7 per cent for women). However, women experienced more offences than men did (26 incidents per 100 women, compared with 18 incidents per 100 men).¹⁰³ Prevalence rates did not differ by sex for offences committed by people well known to the victim (5 per cent for both men and women), but men were more likely than women to be victims of confrontational offences by other offenders (9 per cent compared with 6 per cent).

Women were around twice as likely as men to be the victims of sexual offences (4 per cent compared with 2 per cent), with the highest rate experienced by women aged 15–24 years (12 per cent). 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 per cent had experienced some form of criminal victimisation in 2005. This compared with 43 per cent of Asians and 37 per cent 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 per cent for offences committed by partners, and 11 per cent 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 per cent compared with 6 per cent 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 per cent had experienced some form of criminal victimisation in 2005), students and people living with flatmates (57 per cent and 54 per cent, respectively), people who were single or in de facto relationships (50 per cent and 49 per cent), people who rented their homes either from private landlords or public agencies (49 per cent and 45 per cent), those who were unemployed and/or on benefits (48 per cent), and those who lived in the most deprived fifth of New Zealand areas (45 per cent, compared to 35 per cent of those living in the least deprived neighbourhoods). 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 per cent 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 per cent) scored its effect at 4–7, while 7 per cent 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 per cent of females and 34 per cent of males scoring its effect at 4 or above on the impact scale. Thirty-seven per cent of females and 28 per cent of males reported a moderate impact (scoring it at 4–7), while 8 per cent of females and 6 per cent 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 per cent, 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 per cent), while Māori and Pacific peoples fell in the middle of the range, at 47 per cent. Asians also had the largest proportion of any group rating the impact of fear of crime on their quality of life as high (18 per cent). 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 peoples	13	33	47
Asian	18	43	60

Source: Mayhew and Reilly (2007a) Table B21

Note: Combined scores may not add up because of rounding

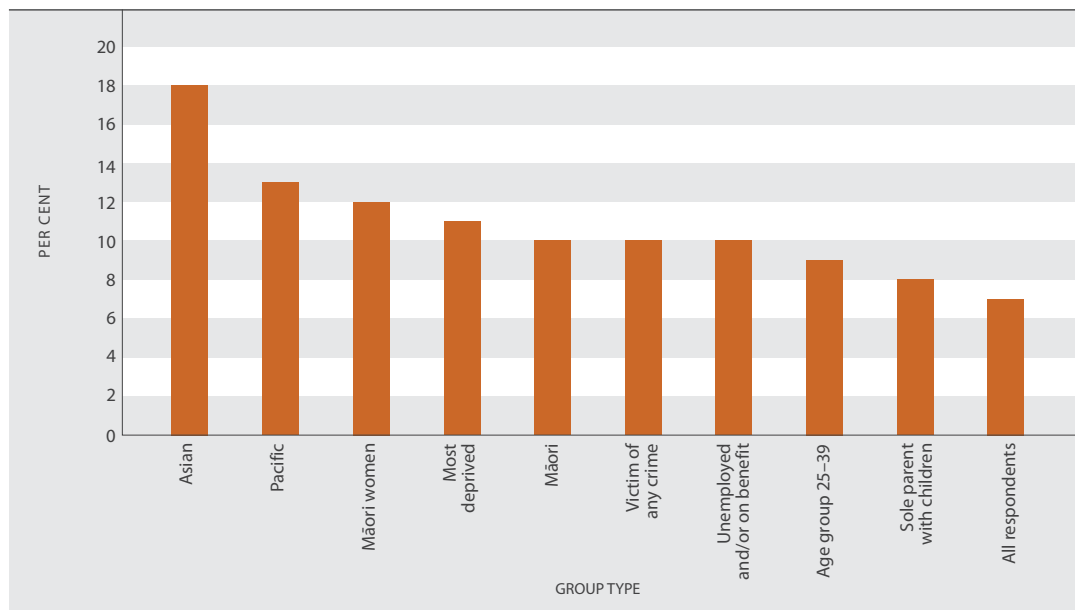
SOCIO-ECONOMIC DIFFERENCES

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 per cent) than those living in the least deprived areas (33 per cent). 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 per cent and 5 per cent, 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 per cent), followed by couples with children (44 per cent). People living alone (38 per cent) and couples without children (34 per cent) 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

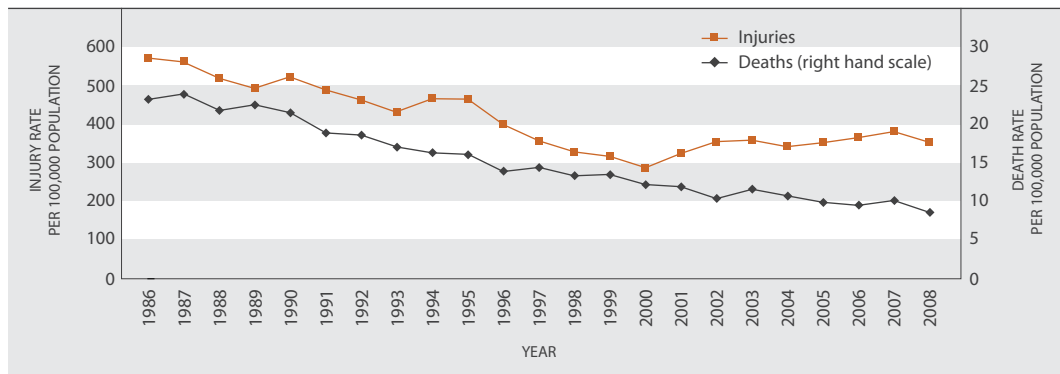
Motor vehicle crashes are a major cause of premature death, especially among younger age groups. Deaths, injuries and disability resulting from motor vehicle crashes inflict considerable pain and suffering on individuals, families and communities, as well as on other road users, emergency service providers,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

CURRENT LEVEL AND TRENDS

In 2008, 365 people died as a result of motor vehicle crashes, a rate of 8.6 deaths per 100,000 population. Provisional reported injury data for 2008 shows a further 15,022 people were injured, a rate of 352 injuries per 100,000 population.¹⁰⁴ In 2007, the death rate was 10.0 per 100,000 and the injury rate was 379 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 52 per cent lower in 2008 than it was in 1986. Although the number of people injured has risen since 2000 (partly because of better recording by police), there were 20 per cent fewer people injured in 2008 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, 1986–2008



Source: Ministry of Transport

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

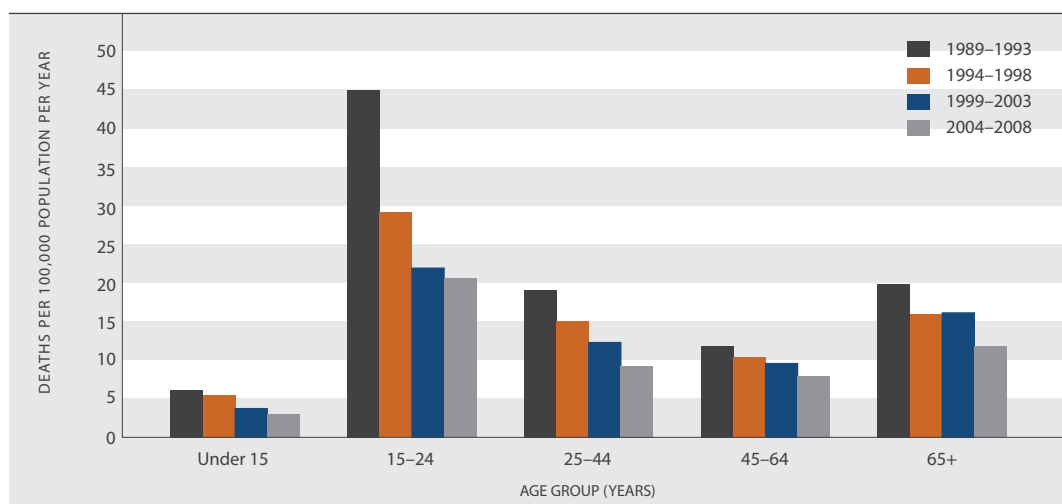
AGE AND SEX DIFFERENCES

Young people aged 15–24 years are at a far higher risk of death from motor vehicle crashes than any other age group. Death rates for 15–24 year olds are more than double those of 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 2004–2008, a big improvement on the average annual rate of 45 deaths per 100,000 for the 1989–1993 period.

Males are much more likely than females to be killed in motor vehicle crashes. Between 2004 and 2008, the average annual death rate for males was 13 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 1989–1993 period (28 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, 1989–1993 to 2004–2008**



Source: Ministry of Transport, rates derived by the 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 road death rate of 21 per 100,000 population in 2006. In comparison, the provisional road death rate for non-Māori in 2006 was 8 per 100,000.

Table SS4.1 **Land transport accident death rates, by ethnicity, 2000–2006**

Year	Age-standardised rate per 100,000 population		
	Māori	Non-Māori	Total
2000	22	12	13
2001	18	12	13
2002	21	11	12
2003	25	11	13
2004	21	10	12
2005	21	9	11
2006	21	8	10

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) 2006 data is provisional (3) Age-standardised to the WHO standard world population

Māori and Pacific peoples are less likely to drive than Europeans, but when they do they are at a greater risk of injury and death. 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.¹⁰⁵

INTERNATIONAL COMPARISON

Using the most recent data for the years 2005–2007, New Zealand was ranked 18th out of 27 OECD countries, with a road death rate of 10.0 per 100,000 people. This was slightly higher than the OECD median of 9.2 deaths per 100,000. The Netherlands had the lowest road death rate (4.3 per 100,000), followed by Iceland (4.9 per 100,000) and Switzerland (5.1 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 (9.2 per 100,000), Australia (7.7 per 100,000) and the United Kingdom (5.4 per 100,000).¹⁰⁶