

## Prevalence of Harm to Children in Aotearoa New Zealand

Count of injury mortality, by primary cause (ages 0-19)

This analysis presents what we know about harm to children and young people in Aotearoa through a data-driven lens. The indicators start to provide a picture of how safe children in Aotearoa are, and how this is tracking over time. A true picture of the current level of harm to children in Aotearoa is unknown.



Number of victims reporting to NZ Police (ages 0-19)

Reported acts intended to cause injury have generally increased over time for young people aged 0-19, with the largest year-on-year increase occurring in the 12 months ending June 2021 (approximately 15% increase), following which there was a 3% decrease from that number in the 12 months ending June 2022. Reported sexual assaults and related offences in the 12 months ending June 2021 increased by 26%, before decreasing by 5% in the 12 months ending June 2022.



#### The number of injury mortality for young people aged 0-19 has been decreasing slightly since 2015. Self-harm is the primary cause of injury mortalities for those aged 15-19. UNICEF stated that New Zealand's youth suicide rate is the secondworst in the OECD with 14.9 deaths per 100,000

### Number of children and young people with a substantiated abuse or neglect finding (ages 0-17)



The number of children and young people with a substantiated abuse or neglect finding has been decreasing since 2013, and remained relatively stable between 2019 and 2021, before decreasing in the 12 months ending June 2022. Covid-19 affected the number of harm notifications to Oranga Tamariki - reports from education and health providers dropped in this time in line with a decrease in interaction with these groups.



### Potentially avoidable hospitalisations (ages 0-17)

Note: potentially avoidable hospitalisations include all potentially avoidable hospitalisations that could occur in public hospitals in Aotearoa New Zealand. This includes respiratory conditions gastroenteritis, skin infections, and vaccine-preventable illnesses. It also includes unintentional injuries and hospitalisations due to assault or self-harm.





Source: StatsNZ Integrated Data Infrastructure (IDI) + Note: Counts are for where a child or young person is recorded in a family harm investigation. There can be multiple people per incident of family harm and there can be multiple unique incidences per person. Police family harm count data are derived from Police victimisation data available in the IDI. The family harm definition captures all investigations recorded in the data where the primary offen noted is part of a specific list of denose (such as domesic casasual) for where the offender is identified as in a familial relationship with the victim (including parents, caregivers, partners and noted is part of specific list of denose (such as domesic casasual) for where the offender is identified as in a familial relationship with the victim (including parents, caregivers, partners and

The number of children and young people with police investigations for family harm has been decreasing substantially over time from 2,733 in 2015, to 1,401 in 2021. Reductions in the number of children and young people with police investigations for family harm were particularly marked for the 10-13 and 14-17 age groups and especially so between 2019 and 2021. The significant reduction in Police family harm investigations is likely related to changes in reporting that occurred during Covid-19 and the pandemic lockdowns.



# **Protective Factors**

The below presents a range of protective factors that indicate good wellbeing for children and young people.

### Proportion of 0-4 Year-Olds Participating in Early Childhood Education



The proportion of 0-4 year-olds participating in Early Childhood Education has remained relatively steady over the past decade, but seen a general decrease in more recent years. Between 2019 and 2022, participation decreased from 64% to 59%. The sector has stated that this could be because of Covid-19, teachers, and service provider despondency in a 2018 survey, and an increase in ECE services placed on official notice or who had licences withdrawn for not meeting regulatory standards.



Percent without Cavities (Dental Caries), by Age Group

The proportion of school children in year eight without cavities increased between 2013 and 2019, following which there was a year of decrease, and then a significant increase in 2021. In 2021, 71% of year-eight children did not have cavities. Comparatively, the proportion of 5-year old children without cavities has remained relatively stable over time.

#### Childhood Immunisation Coverage – percent full immunised



There has been a general decline in the immunisation coverage for children in New Zealand over the past two years. This is similar to observed global trends, with childhood immunisations dropping during the Covid-19 pandemic. One reported cause has been a lack of access and outreach programmes, with resources reallocated during the pandemic to the Covid-19 vaccine rollout and issues around availability.



### 'What About Me?' Youth Survey Responses (Score out of 10)

### 'What About Me?' Youth Survey Responses (Percentage of Young People)



The 2021 'What About Me?' Youth Survey collected data regarding a range of risk and protective factors from schoolaged children. The above data shows the proportion of children that reported the presence of three different protective factors in their lives. More than half of children surveyed reported the presence of these protective factors in their lives, however. responses were well below 100%, meaning many did not.