



Australian Institute of Health and Welfare:

Response to Written Questions on Notice from the Senate Standing References Committee on Legal and Constitutional Affairs regarding the Inquiry into Missing and Murdered First Nations Women and Children.

June 2024 submission¹

¹ Original submission in September 2022. Submission updated in June 2024.

Question 1: Murdered women and children

1. Please provide the committee with:

- a) information on the *number* of Australian women and children who have been murdered, disaggregated by state/territory and by year (1980 - present if available).
- b) information on the *number* of First Nations women and children who have been murdered, disaggregated by state/territory and by year (1980 - present if available).
- c) information on the *number* of non-First Nations women and children who have been murdered, disaggregated by state/territory and by year (1980 - present if available).
- d) information on the *rate* of:
 - i) First Nations women and children,
 - ii) non-First Nations women and children,
 - iii) Australian (both First Nations and non-First Nations) women and children, and
 - iv) all Australians

who have been murdered by state/territory and by year (1980 – present if available).

e) If you are unable to provide this information, please explain the reasons for not being able to do so (e.g. certain data isn't collected in a particular state or territory, or isn't captured by your agency etc.). Are there other sources that may reliably record this information? If so, what are they?

Response

General information

The AIHW National Mortality Database (NMD) includes data on homicide.

- The NMD holds records for deaths in Australia from 1964. It comprises information about causes of death and other characteristics of the person, such as sex, age at death, area of usual residence and Indigenous status.
- The data are provided to the AIHW by the Registrars of Births, Deaths and Marriages in each state and territory, with additional information about coroner-certified deaths sourced from the National Coroner Information System. The cause of death information in the data is coded by the ABS, using the International Classification of Diseases (ICD).
- Deaths data is subject to a revisions process. In responses to these questions, in general, deaths registered in 2019 and earlier are based on the final version of cause of death data; deaths registered in 2020 are based on the revised version; deaths registered in 2021 and 2022 are based on the preliminary version. Revised and preliminary versions are subject to further revision by the ABS.
- Homicide deaths are defined in the data presented here as a cause of death in the following ICD-10 codes X85–Y09.

See Box A1 for some key data caveats and limitations.

Box A1: Data caveats and limitations

Due to concerns around data quality of the Indigenous status information, the AIHW publishes mortality rates by Indigenous status for 5 jurisdictions (excluding Tas, ACT and Vic) from 1998 onwards

Changes in data quality and in the identification of Indigenous status in deaths data, as well as the census-based population estimates (used as denominators for calculating mortality rates) have a major bearing on the interpretation of the findings. Due to changes in Indigenous identification over time, trends over longer time periods need to be interpreted with caution.

The NMD provides counts of deaths – to calculate rates, ABS population estimates must be used for the denominator. The most recent population estimates available for the Aboriginal and Torres Strait Islander population are those based on the 2016 Census². Backcast population estimates based on the 2016 Census are available from 2001, but the ABS advises that the backcast population estimates prior to 2016 should be used with caution, especially for years prior to 2006. Backcasting introduces uncertainty to the historical population estimates, with that uncertainty increasing with time from base year (which in this case is 2016).

As a consequence of the availability and reliability of population denominators, rates of homicide by Indigenous status are presently only possible from 2001, and should be interpreted with caution prior to 2006.

Other sources of homicide data include:

- Australian Institute of Criminology (AIC) [National Homicide Monitoring Program](#): a national data collection on homicide incidents, victims and offenders, available from 1989–90. The program uses two key sources of data: offence records obtained from each Australian state and territory police service and state coronial records from the National Coronial Information System.
- ABS [Recorded Crime—Victims](#): presents statistics relating to victims of crime for a selected range of offences as recorded by police agencies within each state and territory. Offences are classified using the Australian and New Zealand Standard Offence Classification (ANZSOC) and as such 'homicide and related offences' includes murder, attempted murder and manslaughter but excludes driving causing death (from 2008 onwards). Data was first published in 1993 and has since been released annually.

The scope, collections methods and criteria for identifying homicide differs between data sources. These collections are not directly comparable but complement each other as statistical sources.

Data based on the AIHW NMD are provided in the pages that follow. The data presented are based on published tables, with some of the analysis re-run using a more recent extract of the data. New analysis was not possible in the timeframes but could be provided at a later date if required (see response to question 1e).

The AIHW recommends that the questions are referred to the ABS and the AIC for responses based on their data holdings.

² The ABS has published preliminary estimates for the Indigenous population based on the 2021 Census. However, these estimates are for 30 June 2021 only, with time series data expected to be available on 24 July 2024. As such, 2016 Census-based estimates and projections are used for the rate calculations in these responses.

Question 1a)

a) information on the *number* of Australian women and children who have been murdered, disaggregated by state/territory and by year (1980 - present if available).

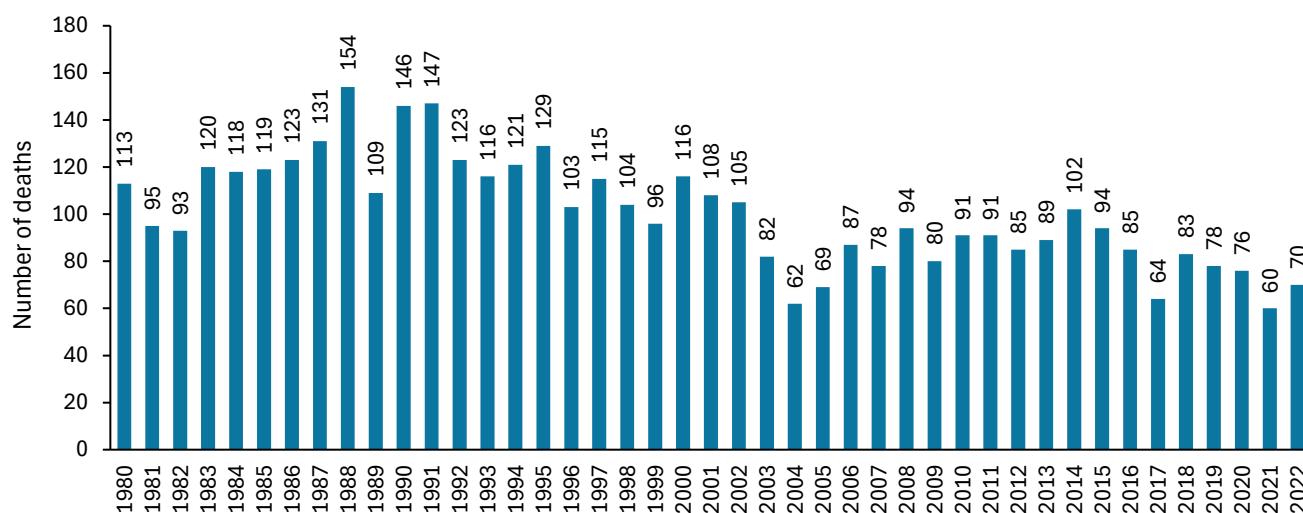
Data for this question are based on tables published in the AIHW [General Record of Incidence of Mortality \(GRIM\) books](#), but using a more recent extract of the data (due to database revisions, numbers shown here may differ to what is published).

Nationally, in 2022, based on the NMD, there were 70 homicide deaths of females in Australia (that is, where the cause of death was recorded as assault; ICD-10 codes X85-Y09) – consisting of 64 deaths of females aged 15 and over, and 6 deaths of girls aged under 15. There were also 12 homicide deaths of boys aged under 15, bringing the total number of children aged under 15 who were victims of homicide in 2022 to 18.

Looking over a longer period, between January 1980 and December 2022, analysis of the NMD shows there were 4,324 homicide deaths of Australian females (of all ages) (Table A1). Over the 43-year period, this equates to an average of 101 deaths per year.

Nationally, over the period 1980–2022, there were 1,048 homicide deaths of Australian children aged under 15, equating to an average of 24 deaths per year. Children aged between 0–4 accounted for 61% (643) of these homicide deaths (Table A2).

Figure A1: Number of female homicide victims based on the NMD, 1980 to 2022



Source: AIHW National Mortality Database – see Table A1.

Question 1b) and 1c)

b) information on the *number* of First Nations women and children who have been murdered, disaggregated by state/territory and by year (1980 - present if available).

c) information on the *number* of non-First Nations women and children who have been murdered, disaggregated by state/territory and by year (1980 - present if available).

Data for this question are based on tables published in the [Aboriginal and Torres Strait Islander Health Performance Framework](#) website, [Community Safety measure](#), but updated to include data for 2022, and using a more recent extract of the data (due to database revisions, numbers shown here may differ to what is published).

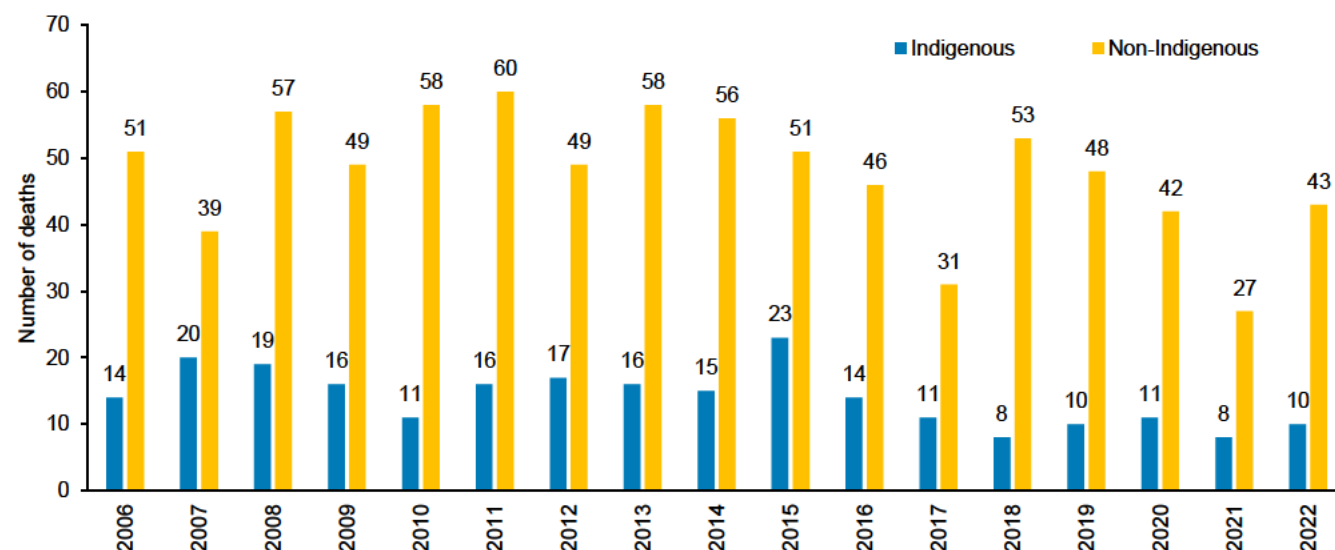
Although the NMD is a national collection, reporting by Indigenous status is usually limited to 5 jurisdictions: New South Wales, Queensland, Western Australia, South Australia and the Northern Territory. Indigenous status data for the other jurisdictions is not considered of sufficient quality for national reporting.

In 2022, based on NMD data, in NSW, Qld, WA, SA and the NT combined:

- there were 10 homicide deaths among Indigenous females (that is, deaths where the cause of death was assault).
- there were 43 homicide deaths among non-Indigenous females
- Indigenous females accounted for 19% of total female homicide deaths (after excluding homicide deaths where Indigenous status was 'not stated') (see Table A3).

Over the period 2006 to 2022, there were a total of 239 homicide deaths among Indigenous females in these 5 jurisdictions, or an average of about 14 homicides per year. Indigenous females represented 23% of all female homicide deaths in this period (excluding deaths where Indigenous status was not stated³).

Figure A2: Number of female homicide deaths based on the NMD, by Indigenous status, NSW, Qld, WA, SA and NT combined, 2006 to 2020



Source: AIHW National Mortality Database – see Table A3.

³ In the period 2006 to 2022, 1.9% of all homicide deaths among females in NSW, Qld, WA, SA and NT combined had a 'not stated' Indigenous status (21 out of 1,078 female deaths from homicide).

Question 1d)

d) information on the *rate* of:

- i) First Nations women and children,
- ii) non-First Nations women and children,
- iii) Australian (both First Nations and non-First Nations) women and children, and
- iv) all Australians

who have been murdered by state/territory and by year (1980 – present if available).

Data for this question are based on tables published in the Aboriginal and Torres Strait Islander Health Performance Framework website, [Community Safety measure](#), and the [General Record of Incidence of Mortality \(GRIM\) books](#). Where possible, tables were updated to include 2022 data, and to use a more recent extract of the data (due to database revisions, numbers shown here may differ to what is published).

Based on the NMD, in 2022, there were 2.5 deaths per 100,000 population among Indigenous females based on crude rates. In comparison, among non-Indigenous females, there were 0.5 homicide deaths per 100,000 population (Table A3).

Crude rates for Indigenous females over time are shown in Figure A3, from 2006 to 2022. Linear regression analysis indicates a 63% decline in the homicide rate among Indigenous females between 2006 and 2022 (Table A3). For non-Indigenous females, there was a 41% decline in the crude rate over this period, based on linear regression analysis.

Age-standardised rates for Indigenous females could not be published in all years due to small numbers and associated concerns about the reliability of the rate. Aggregation of data for multiple years allows comparison of age-standardised rates – see Box A2.

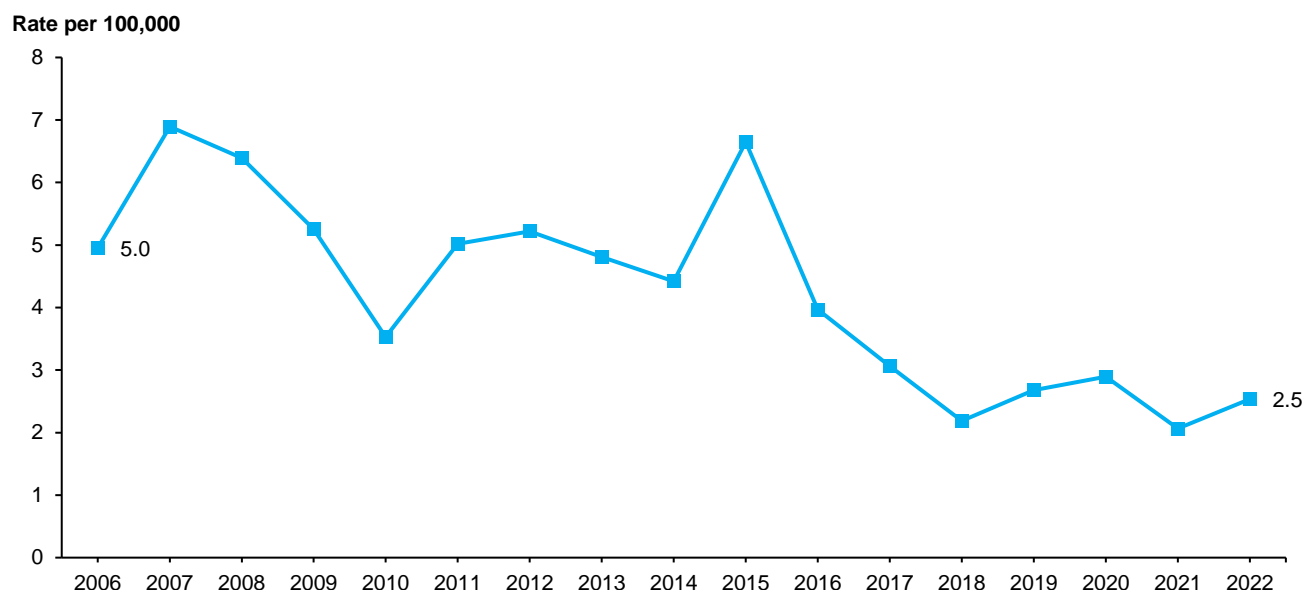
Box A2: Comparison of homicide rates for Indigenous and non-Indigenous females using data aggregated for a 5-year period

Figures A1 and A3 shows that there is year-to-year variability in the number and rate of homicide deaths. The AIHW commonly combines 5 years of mortality data when reporting on mortality of Indigenous Australians.

Based on aggregated data for the period 2018 to 2022, there were 2.5 assault deaths per 100,000 among Indigenous females, compared with 0.5 assault deaths per 100,000 among non-Indigenous females (crude rates, Table A4).

Combining the data over this longer period means that numbers are large enough to support age-standardisation. Based on age-standardised rates, which adjust for differences in the age structure of the 2 populations, Indigenous females were about 6 times as likely to die from assault as non-Indigenous females (2.8 compared with 0.5 per 100,000).

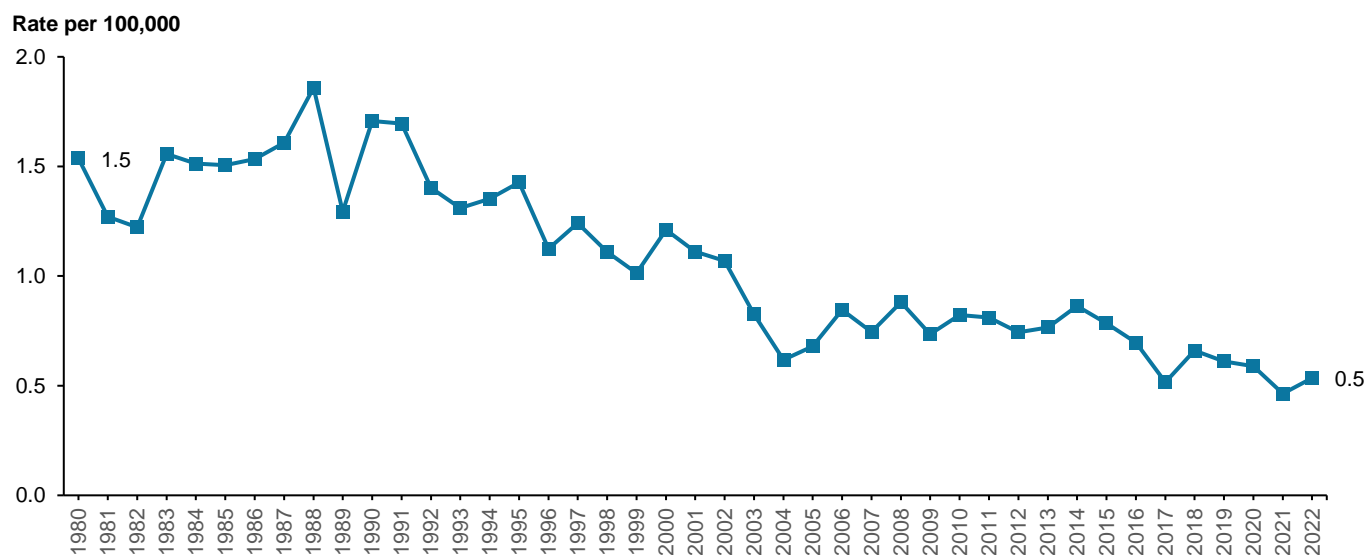
Figure A3: Homicide rate among First Nations females (crude rates), 2006 to 2022



Source: AIHW National Mortality Database – see Table A3.

Rates of homicide for all Australian females are available over a longer time period – see Figure A4. Between 1980 and 2022, the crude homicide rate among females has trended downwards. Age-standardised rates show a similar trend (see Table A1 for the age-standardised data).

Figure A4: Homicide rate among all Australian females (crude rates), 1980 to 2022



Source: AIHW National Mortality Database – see Table A1.

Question 1e)

e) If you are unable to provide this information, please explain the reasons for not being able to do so (e.g. certain data isn't collected in a particular state or territory, or isn't captured by your agency etc.). Are there other sources that may reliably record this information? If so, what are they?

The AIHW notes that for this inquiry children are defined as under 18. In the responses provided, children have been defined as under 15 – this is because it's based on previously published data, where 5-year age groups have been used. Also, data on homicide for females not been published by both Indigenous status and age (reflecting relatively small numbers).

Single year of age is available in the NMD, and so data for children aged under 18 by Indigenous status could potentially be extracted, as could additional time trend and jurisdictional data (noting the caveats in Box A1). However, this would be subject to considerations around reliability and confidentiality of the data, and clearance by the data custodian.

Question 2: Hospitalised women and children due to assault

2. Please provide the committee with:

a) information on the *number* of Australian women and children who have been hospitalised due to assault, disaggregated by state/territory and by year (1980 - present if available).

b) information on the number of First Nations women and children who have been hospitalised due to assault, disaggregated by state/territory and by year (1980 - present if available).

c) information on the number of non-First Nations women and children who have been hospitalised due to assault, disaggregated by state/territory and by year (1980 - present if available).

d) information on the rate of:

i) First Nations women and children,

ii) non-First Nations women and children,

iii) Australian (both First Nations and non-First Nations) women and children, and who have been hospitalised due to assault by state/territory and by year (1980 – present if available).

who have been hospitalised due to assault by state/territory and by year (1980 – present if available).

e) If you are unable to provide this information, please explain the reasons for not being able to do so (e.g. certain data isn't collected in a particular state or territory, or isn't captured by your agency etc.). Are there other sources that may reliably record this information? If so, what are they?

Response

General information

Data on hospitalisations due to assault are available from the National Hospital Morbidity Database. The data presented are from published sources. New analysis was not possible in the timeframes but could be provided at a later date if required (see response to question 1e).

See Box A1 for caveats associated with these data.

Box A1: Data caveats and limitations

- Changes in reporting practices over time impact the comparability of data across years. Data from 2017–18 are not directly comparable to previous years, as a change in admission policy in New South Wales in 2017–18 resulted in an artificial change in assault and other injury cases
- Changes in data quality and in the identification of Indigenous status in hospitals data, as well as the census-based population estimates (used as denominators for calculating hospitalisation rates) have a major bearing on the interpretation of the findings.
- Based on an assessment of the data quality of the Indigenous status item in the hospitals collection, the AIHW usually only publishes data by Indigenous status from 2004–05 for 6 jurisdictions (excluding Tas and ACT), with national data published from only 2010–11.
- The most recent population estimates available for the Aboriginal and Torres Strait Islander population are those based on the 2016 Census. Backcast population estimates based on the 2016 Census are available from 2001, but the ABS advises that the backcast population estimates prior to 2016 should be used with caution, especially for years prior to 2006. Backcasting introduces uncertainty in the historical population estimates, with that uncertainty increasing with time from base year (which in this case is 2016).
- As a consequence of the availability and reliability of population denominators, rates of hospitalisations by Indigenous status are only possible from 2001, and should be interpreted with caution prior to 2006.

Question 2a)

a) information on the *number* of Australian women and children who have been hospitalised due to assault, disaggregated by state/territory and by year (1980 - present if available).

The response to this question is based on tables published in the AIHW [Injury in Australia](#) web report.

In 2021–22, there were:

- 7,622 hospitalisations for assault injuries among Australian females, including 7,372 for females aged 15 and over, and 249 for girls aged under 15
- 645 hospitalisations for assault injuries among Australian children aged under 15, of which, 249 were for females and 396 for males (see Table B1).

Question 2b)

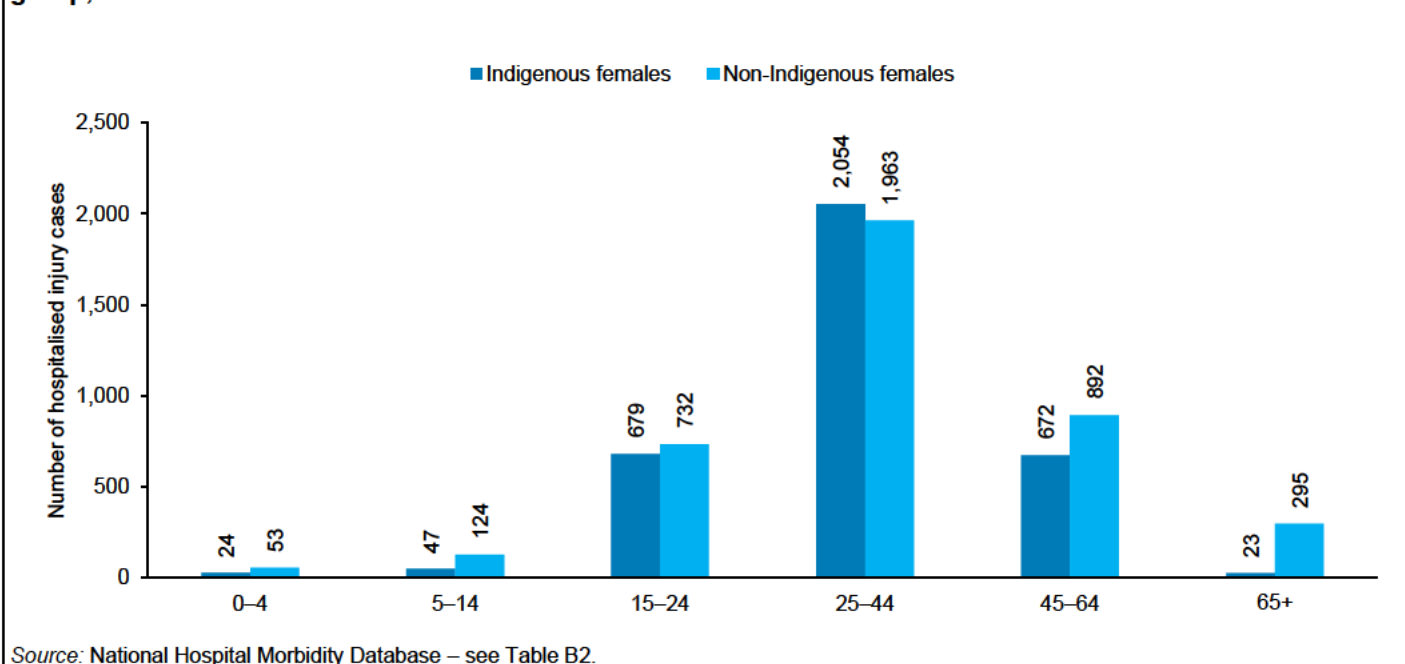
b) information on the number of First Nations women and children who have been hospitalised due to assault, disaggregated by state/territory and by year (1980 - present if available).

The response to this question is based on tables published in the AIHW [Injury in Australia](#) web report.

In 2021–22, there were:

- 3,499 hospitalisations for assault injuries among Indigenous females, including 3,428 for females aged 15 and over (Figure B1; Table B2)
- 172 hospitalisations for assault injuries among Indigenous children aged under 15, of which 71 were females and 101 for males (see Table B2).

Figure B1: Number of hospitalised assault injuries among Indigenous and non-Indigenous females, by age group, 2021–22



Question 2c)

c) information on the number of non-First Nations women and children who have been hospitalised due to assault, disaggregated by state/territory and by year (1980 - present if available).

The response to this question is based on tables published in the AIHW [Injury in Australia](#) web report. In 2021–22 there were:

- 3,882 hospitalisations for assault injuries among non-Indigenous females aged 15 and over
- 464 hospitalisations for assault injuries among non-Indigenous children aged under 15, of which 287 were for males and 177 for females (see Table B2).

Question 2d)

d) information on the rate of:

- i) First Nations women and children,
- ii) non-First Nations women and children,
- iii) Australian (both First Nations and non-First Nations) women and children, and who have been hospitalised due to assault by state/territory and by year (1980 – present if available).

The response to this question is based on tables published in the AIHW [Injury in Australia](#) web report, and in the [Aboriginal and Torres Strait Islander Health Performance Framework](#) website, [Community Safety measure](#).

For Indigenous Australians, in 2021–22:

- the crude rate of hospitalised assault injuries among Indigenous females (of all ages) was 796.1 hospitalisations per 100,000 population. Across age groups, females aged 25–44 had a higher rate of hospitalised assault injuries (1,808.7 per 100,000) than other age groups.
- Indigenous children (males and females) aged 0–4 and 5–14 were hospitalised for assault injuries at rates of 62 and 59.2 per 100,000 population, respectively (see Table B3).

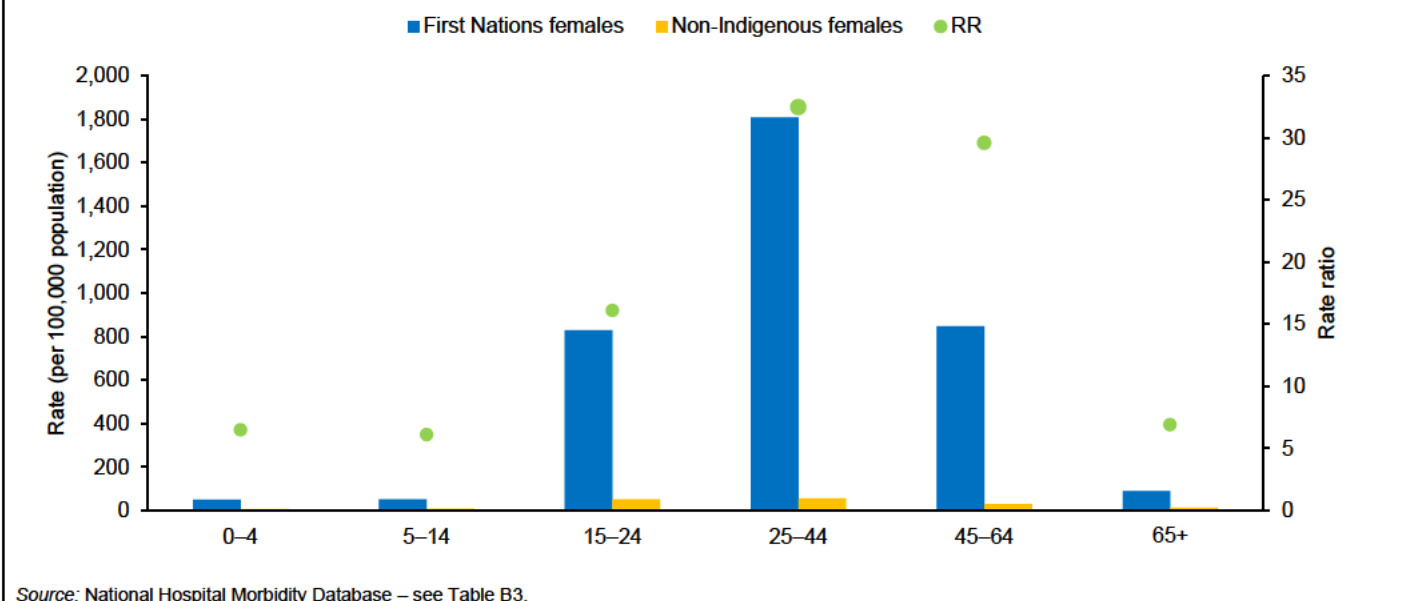
For non-Indigenous Australians, in 2021–22:

- the crude rate of hospitalised assault injuries among non-Indigenous females (of all ages) was 32.5 hospitalisations per 100,000 population. Across age groups, females aged 25–44 had a higher rate of hospitalised assault injuries (55.7 per 100,000) than other age groups.
- non-Indigenous children (males and females) aged 0–4 and 5–14 were hospitalised for assault injuries at rates of 8.1 and 11.5 hospitalisations per 100,000 population respectively (Table B3).

Comparing rates for Indigenous and non-Indigenous Australians:

- Based on crude rates, Indigenous females were 24.5 times as likely to be hospitalised for assault as non-Indigenous females (Table B3).
- When using age-standardised rates, which adjust for differences in the age-structures of the two populations, Indigenous Australians were 14.3 times as likely as non-Indigenous Australians to be hospitalised for assault (Table B3).
- Across age groups, the rate of hospitalised injuries for Indigenous females ranged between 6.1 and 32.5 times as high as that for non-Indigenous females (Figure B2). The rate of hospitalised assault was 7.7 times as high for Indigenous children as for non-Indigenous children among those aged 0–4, and 6.1 times as high for those aged 5–14.

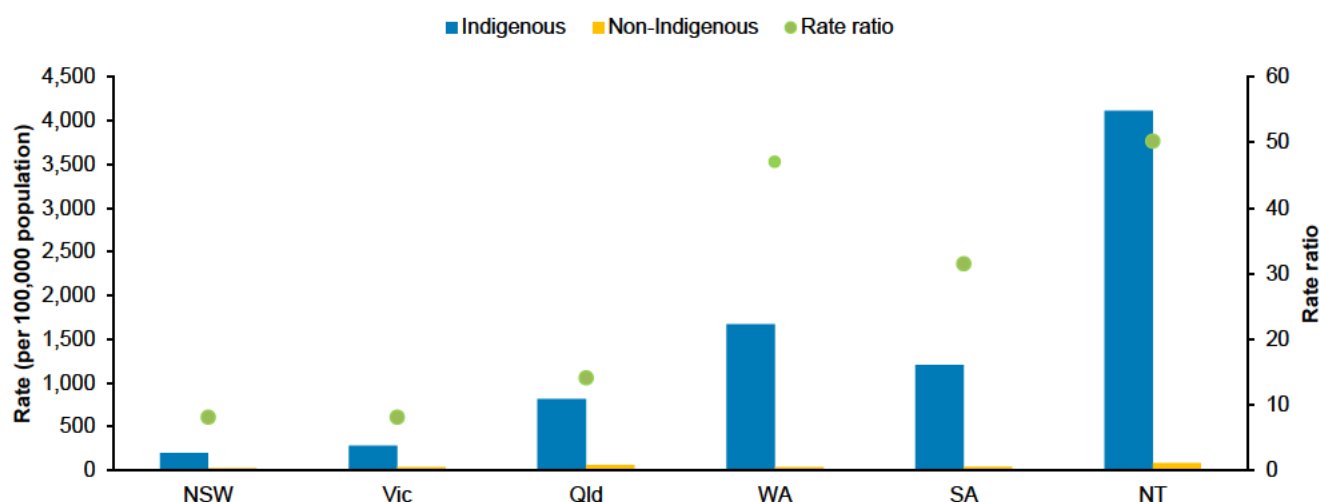
Figure B2: Rate of hospitalised assault injuries among Indigenous and non-Indigenous females, by age group, 2019–20 (per 100,000 population)



Data for the 2-year period July 2017 to June 2019 shows that among Indigenous females, the age-standardised rate of hospitalisation for assault was at least twice as high among females living in the Northern Territory than in the other 5 jurisdictions for which data could be published (4,115 per 100,000 population – compared with between 198 and 1,672 per 100,000 population) (Figure B3). The rate of assault hospitalisations was higher for Indigenous Australians than non-Indigenous Australians in all 6 jurisdictions. (Age-standardised rates for Tasmania and the Australian Capital Territory were not published for reliability reasons).

Over the period 2009–10 to 2018–19, the rate of hospitalisations due to assault for Indigenous females increased by 18% (based on age-standardised rates), while the rate for non-Indigenous females increased by 24% (Table B5). Note that changes in reporting practices over time impact the comparability of data across years. Data from 2017–18 are not directly comparable to previous years, due to a change in admission policy in New South Wales in 2017–18. Data from 2009–10 to 2016–17 indicate an upwards trend for both First Nations and non-Indigenous Australians (Table B5). There are insufficient data points from 2017–18 to 2018–19 to determine trends from 2017–18 (more recent time trends by Indigenous status are not yet published).

Figure B3: Age-standardised rate of hospitalised assault injuries among Indigenous and non-Indigenous females, by state/territory of usual residence, 2017–19 (per 100,000 population)



Notes: Rates are directly age-standardised using the Australian 2001 standard population, and expressed per 1,000 population (rather than per 100,000 as in other figures). Slightly different specifications are used for this analysis than those in Figures B1 and B2. See attachment table footnotes for relevant specifications.

Source: National Hospital Morbidity Database – see Table B4.

Considering data for all Australians (question iii), in 2021–22, the rate of hospitalised injuries for females was 58.9 per 100,000 population. Children (males and females combined) aged 0–4, 5–9, and 10–14 were hospitalised for assault injuries at rates of 11.7, 5 and 23.8 per 100,000 population respectively (Table B7).

There was a gradual upward trend in hospitalised assaults between 2012–13 and 2016–17 for all females (57.6 to 65.1 per 100,000 population, based on age-standardised rates) (Table B6). From 2017–18 to 2020–21, the age-standardised rate for females increased from 67.1 to 70.6 per 100,000 population, with a lower rate of 62.4 per 100,000 in 2021–22 (Table B6).

Question 2e)

e) If you are unable to provide this information, please explain the reasons for not being able to do so (e.g. certain data isn't collected in a particular state or territory, or isn't captured by your agency etc.). Are there other sources that may reliably record this information? If so, what are they?

The AIHW notes that for this inquiry children are defined as under 18. In the responses provided, children have been defined as under 15 – this is because it's based on published data, where 5-year age groups have been used.

Single year of age is available in the NHMD, and so data for children aged under 18 by Indigenous status could potentially be extracted, as could additional time trend and jurisdictional data (noting the caveats in Box A1). However, this would be subject to considerations around reliability and confidentiality of the data, and clearance by custodians.

Question 3: Assaulted women and children

3. Please provide the committee with:

a) information on the *number* of Australian women and children who have been assaulted, disaggregated by state/territory and by year (1980 - present if available).

b) information on the *number* of First Nations women and children who have been assaulted, disaggregated by state/territory and by year (1980 - present if available).

c) information on the *number* of non-First Nations women and children who have been assaulted, disaggregated by state/territory and by year (1980 - present if available).

d) information on the *rate* of:

i) First Nations women and children,

ii) non-First Nations women and children,

iii) Australian (both First Nations and non-First Nations) women and children, and

iv) all Australians

who have been assaulted by state/territory and by year (1980 – present if available).

e) If you are unable to provide this information, please explain the reasons for not being able to do so (e.g. certain data isn't collected in a particular state or territory, or isn't captured by your agency etc.). Are there other sources that may reliably record this information? If so, what are they?

Response

General

The AIHW does not hold any collections that capture total assault in Australia. However, the AIHW's Child Protection National Minimum Data Set (CP NMDS) captures information on substantiated cases of child abuse or neglect among children aged 0-17 who received child protection services.

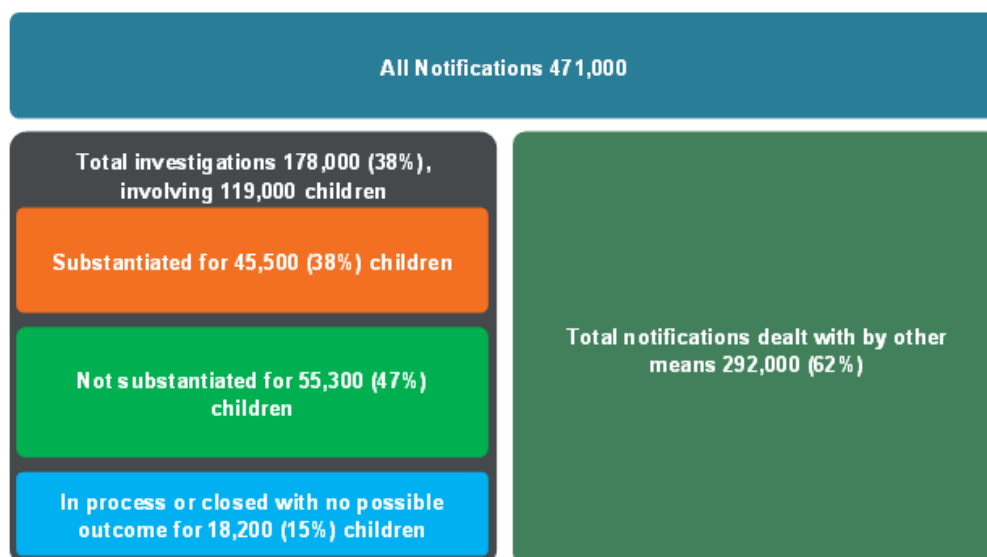
The CP NMDS is an annual collection of information on child protection in Australia. It contains data on children who come into contact with State and Territory departments responsible for child protection. The CP NMDS collection was implemented in 2012–13. Prior to that a national aggregate child protection data collection was used for national child protection reporting – data for this collection began in 1990–91.

This document provides relevant published data based on the CP NMDS. In addition, general information is also provided about ABS data sources that provide data on assault more broadly. The AIHW suggest these questions are referred to the ABS for more detailed information.

Data on substantiations in child protection services

Notifications, investigations and substantiations are the entry point for children into the child protection system. These components are sequential, with an initial notification of child maltreatment made to a child protection department, followed by an investigation of the alleged maltreatment (if required), and concluding with a substantiation decision (Figure C1)

Figure C1: Overview of notifications, investigations and substantiations, 2021–22



In 2021–22, there were 45,500 children who were the subjects of substantiations – a rate of 8.0 substantiations per 1,000 children. The rate of children who were the subjects of substantiations remained stable over the period 2016–17 to 2020–21 at around 9 per 1,000 children, decreasing to 8.0 per 1,000 children in 2021–22.

The primary type of abuse or neglect reported for a substantiation is the one considered most likely to place the child at risk or be more severe in the short term. In 2021–22, around 45,500 children were subject to substantiated abuse or neglect. Emotional abuse was the most common primary type of abuse or neglect substantiated for all children (57% of children subject to substantiated abuse or neglect) (Figure C2, Table C1 – see also Tables C2–C7 for equivalent data from 2015–16 to 2020–21).

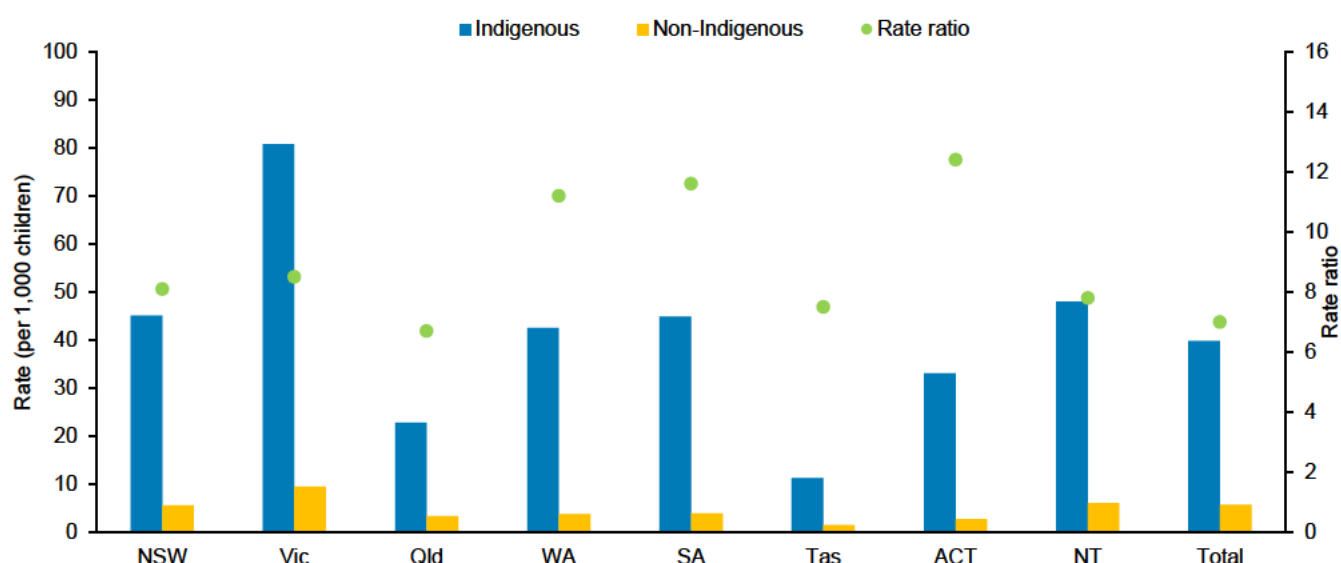
In 2021–22, children in younger age groups were more likely to be the subjects of substantiations than those in older age groups (Table C8).

Infants (children aged under one) were most likely (15 per 1,000 children) to be the subjects of substantiations, and those aged 15–17 least likely (4.8 per 1,000). This pattern was consistent across jurisdictions (Table C8).

Aboriginal and Torres Strait Islander children who were the subject of substantiations

In 2021–22, around 13,600 Aboriginal and Torres Strait Islander children were the subject of a substantiation. This is a rate of 40 per 1,000 compared with 5.7 per 1,000 for non-Indigenous children (Figure C2).

Figure C2: Children who were the subjects of substantiations of notifications received during 2021–22, by Indigenous status and state or territory (rate)



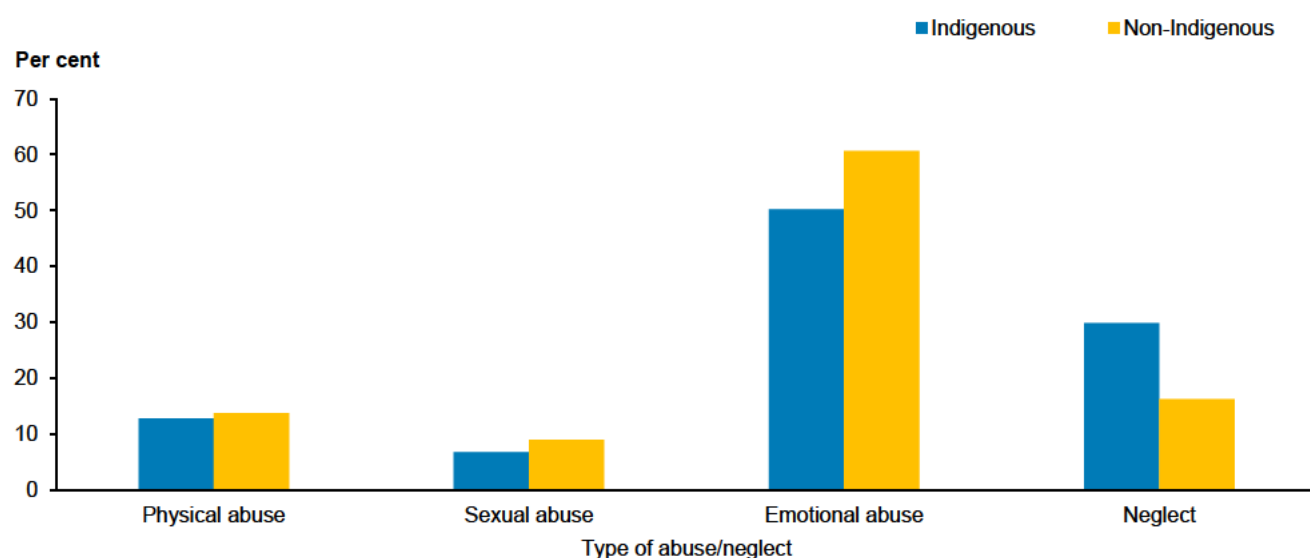
Notes

1. Data presented in this figure are not comparable across jurisdictions due to differences in the way jurisdictions collect and report data on notifications, investigations and substantiations. See [Appendix B](#) of *Child protection Australia 2021–22* for more information.
2. In Tasmania, the reliability of these data is affected by the proportion of children with an unknown Indigenous status at investigation.
3. See *Technical notes* of *Child protection Australia 2021–22* for the method used to calculate rates.

Source: Supplementary data table S3.9 of *Child protection Australia 2021–22*, AIHW Child Protection Collection 2021–22.

In 2021–22, emotional abuse was the most common primary type of substantiated abuse for Aboriginal and Torres Strait Islander children (50%, 6,800 children) followed by neglect (30%, 4,100 children), physical abuse (13%, 1,700 children) and sexual abuse (6.8%, 920 children) (Figure C3, Table C1).

Figure C3: Children who were the subject of substantiations of notifications, by Indigenous status and primary type of abuse or neglect, 2021–22 (per cent)



Note: If a child was the subject of more than one type of abuse or neglect as part of the same notification, the type of abuse or neglect reported is the one considered by the child protection workers to cause the most harm to the child. Where a child is the subject of more than one substantiated notification during the year, the primary type of abuse or neglect reported relates to the substantiation with the earliest notification date during the year. Source: Supplementary data table S3.10 of *Child protection Australia 2021–22*, AIHW Child Protection Collection 2021–22.

Broader information about assault in Australia

There are 2 key national data sources for which the Australian Bureau of Statistics (ABS) is data custodian, which provide time-series data on assault in Australia:

1. The **ABS Personal Safety Survey (PSS)** provides data on the prevalence of different types of violence experienced by women and men aged 18 and over. Prevalence is either lifetime (ever since age of 15) or during the last 12 months.
 - Data are available from the 2005, 2012, 2016 and 2021-22 for physical assault, sexual assault and total assault for both men and women (assault here excludes threat). Data on violence (physical, sexual and total) including assault and threat are also available.
 - For 12-month prevalence, data from 2005, 2012 and 2016 can also be disaggregated by respondent's demographics (at time of survey), including age and state and territory.
 - Data from 2021-22 on experiences of physical and sexual violence by women in the last two years can also be disaggregated by state and territory.
 - Data are not available by Indigenous status from the PSS.
 - Published data can be found [here](#)⁴ on the ABS website.
2. The **ABS Recorded Crime – Victims collection** includes data on crimes that were recorded by police during a 12-month reference period.
 - These data does not reflect a unique count of people assaulted, but the number of assault incidents recorded by police within the annual reference period.
 - Both assault (physical) and sexual assault, as classified by the Australian and New Zealand Standard Offence Classification (ANZSOC) are included in this collection.
 - Data are able to be disaggregated by sex, age and state and territory.
 - Assault and sexual assault data for Indigenous Australians are presented for New South Wales, Queensland, South Australia and the Northern Territory. Based on an ABS data quality assessment, Indigenous status data for other jurisdictions are not of sufficient quality for national reporting within the Recorded Crime – Victims collection.
 - See table below for proportion of victims of assault and sexual assault with 'not stated' Indigenous status in 2021

Proportion of victims with an Indigenous status of 'not stated', Selected states and territories, 2022

Offence	NSW	Qld	SA	NT
Assault	4.3	1.8	2.8	8.3
Sexual assault	21.4	3.5	5.7	11.6

Source: [Recorded Crime - Victims methodology, 2021](#)

- Extended time series data are available from 1993. However, due to data availability and changes in offence scope, offence classification, and recording and reporting rules, time-series data are often restricted to 2010 onwards. Time series data by Indigenous status for assault and sexual assault are available from 2010 to 2022 [here](#)⁵ (Table 23).
- Published data can be found [here](#)⁶ on the ABS website.

⁴ <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release#key-statistics>

⁵ <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/2022#aboriginal-and-torres-strait-islander-victims-of-crime>

⁶ <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/latest-release>

- Care should be taken when interpreting these results over time, as a change may reflect a change in reporting behaviour.

In addition, both the [National Aboriginal and Torres Strait Islander Social Survey](#) (NATSISS) and [National Aboriginal and Torres Strait Islander Health Survey](#) (NATSIHS) conducted by the ABS collect data on experiences of physical violence (including assault and threat). The latest National Aboriginal and Torres Strait Islander Health Survey (NATSIHS, 2018–19) showed that 2 in 3 (67% or 20,800) First Nations people aged 15 and over who had experienced physical harm in the 12 months before the survey reported the perpetrator was a family member (a former or current intimate partner or other family member) ([ABS 2019](#)).

The NATSISS was last conducted in 2014-15 and is considered the current leading data source for monitoring violence against Aboriginal and Torres Strait Islander people over time. The survey population is 15 years and over.

The [ABS Crime Victimisation Survey](#) (CVS), a topic on the Multipurpose Household Survey (MPHS) conducted by the ABS may also collect relevant information (e.g. see some published results [here](#)⁷ including physical assault experienced by males and females aged 15 and over, in the last 12 months); however these data are not available by Indigenous status.

The AIHW has a dedicated website that reports the latest nationally consistent data on:

- [family and domestic violence](#)
- [intimate partner violence](#)
- [sexual violence](#)
- [child sexual abuse](#).

⁷ <https://www.abs.gov.au/statistics/people/crime-and-justice/crime-victimisation-australia/latest-release>

Attachment tables: Question 1

Table A1: Deaths of Australian females due to assault, Australia, 1980 to 2022

Year	Deaths	Crude rate (per 100,000)	Age-standardised rate (per 100,000)	Comparability factor adjusted ASR (per 100,000)
1980	113	1.5	1.5	1.6
1981	95	1.3	1.3	1.3
1982	93	1.2	1.3	1.3
1983	120	1.6	1.6	1.6
1984	118	1.5	1.5	1.6
1985	119	1.5	1.5	1.5
1986	123	1.5	1.5	1.6
1987	131	1.6	1.6	1.6
1988	154	1.9	1.8	1.9
1989	109	1.3	1.3	1.3
1990	146	1.7	1.7	1.7
1991	147	1.7	1.6	1.7
1992	123	1.4	1.4	1.4
1993	116	1.3	1.3	1.3
1994	121	1.4	1.3	1.4
1995	129	1.4	1.4	1.4
1996	103	1.1	1.1	1.1
1997	115	1.2	1.3	1.3
1998	104	1.1	1.1	1.1
1999	96	1.0	1.0	1.0
2000	116	1.2	1.2	1.2
2001	108	1.1	1.1	1.1
2002	105	1.1	1.1	1.1
2003	82	0.8	0.8	0.8
2004	62	0.6	0.6	0.6
2005	69	0.7	0.7	0.7
2006	87	0.8	0.9	0.9
2007	78	0.7	0.8	0.8
2008	94	0.9	0.9	0.9
2009	80	0.7	0.7	0.7
2010	91	0.8	0.8	0.8
2011	91	0.8	0.8	0.8
2012	85	0.7	0.7	0.7
2013	89	0.8	0.8	0.8
2014	102	0.9	0.9	0.9
2015	94	0.8	0.8	0.8
2016	85	0.7	0.7	0.7
2017	64	0.5	0.5	0.5
2018	83	0.7	0.6	0.6
2019	78	0.6	0.6	0.6
2020	76	0.6	0.6	0.6
2021	60	0.5	0.4	0.4
2022	70	0.5	0.5	0.5

Notes

1. Australian deaths data for 1979–1996 are coded to the ICD-9 and deaths from 1997 onward are coded to the ICD-10. To adjust for this break in time series, a comparability factor can be applied to the ICD-9 coded data. The factor, when applied to ICD-9 coded deaths, adjusts the distribution of causes to reflect that which would have arisen if ICD-10 was used.

2. Categories are based on the ICD-10 10th Revision (World Health Organization). Includes ICD-10 codes X85–Y09.

Source: AIHW National Mortality Database

Table A2-a: Deaths of children aged under 15 due to assault, by sex and year, Australia, 1980 to 2022

Year	Males	Females	Persons
1980	21	10	31
1981	16	11	27
1982	25	12	37
1983	16	11	27
1984	17	15	32
1985	16	13	29
1986	15	18	33
1987	15	14	29
1988	15	22	37
1989	8	22	30
1990	19	18	37
1991	11	18	29
1992	3	13	16
1993	26	17	43
1994	15	18	33
1995	17	16	33
1996	12	13	25
1997	18	11	29
1998	18	11	29
1999	17	11	28
2000	15	11	26
2001	16	11	27
2002	11	9	20
2003	11	16	27
2004	4	3	7
2005	10	7	17
2006	17	7	24
2007	12	5	17
2008	10	5	15
2009	10	10	20
2010	7	6	13
2011	3	8	11
2012	14	9	23
2013	11	3	14
2014	11	10	21
2015	13	14	27
2016	15	12	27
2017	7	8	15
2018	10	12	22
2019	5	7	12
2020	9	7	16
2021	6	6	12
2022	12	6	18

Table A2-b: Deaths of children aged under 15 due to assault, by sex and age group, Australia, 1980 to 2022

Age group	Males	Females	Persons
0–4	359	284	643
5–9	114	104	218
10–14	89	98	187
Total under 15	562	486	1,048

Notes for Table A2-a and A2-b

1. Australian deaths data for 1979–1996 are coded to the ICD-9 and deaths from 1997 onward are coded to the ICD-10.

2. Categories are based on the ICD-10 10th Revision (World Health Organization). Includes ICD-10 codes X85–Y09.

Source: AIHW National Mortality Database.

Table A3: Mortality rates due to assault (ICD-10 X85–Y09), by Indigenous status and sex, NSW, Qld, WA, SA and NT, 2006 to 2022

																		2006–2022		2013–2022	
	2006	2007	2008	2009	2010 ^(a)	2011	2012	2013	2014	2015 ^(b)	2016	2017	2018	2019	2020	2021	2022	Annual change ^(c)	% change over period ^(d)	Annual change ^(c)	% change over period ^(d)
Indigenous deaths																					
Males	24	14	21	15	32	23	26	24	24	29	21	21	18	23	15	18	23	-0.1	-7.4	-0.7	-25.9
Females	14	20	19	16	11	16	17	16	15	23	14	11	8	10	11	8	10	-0.5*	-47.0*	-1.1*	-55.6*
Persons	38	34	40	31	43	39	43	40	39	52	35	32	26	33	26	26	33	-0.6	-25.1	-1.8*	-38.2*
Non-Indigenous deaths																					
Males	102	89	96	123	93	96	121	105	100	107	99	86	105	112	98	81	91	-0.5	-7.9	-1.5	-12.8
Females	51	39	57	49	58	60	49	58	56	51	46	31	53	48	42	27	43	-0.9	-25.8	-2.2*	-35.1*
Persons	153	128	153	172	151	156	170	163	156	158	145	117	158	160	140	108	134	-1.4	-14.1	-3.6	-20.5
Indigenous crude rate (per 100,000)																					
Males	8.6	4.9	7.1	5.0	10.4	7.3	8.1	7.3	7.1	8.4	6.0	5.9	4.9	6.2	4.0	4.7	5.8	-0.2	-32.8	-0.3*	-38.6*
Females	5.0	6.9	6.4	5.3	3.5	5.0	5.2	4.8	4.4	6.6	4.0	3.1	2.2	2.7	2.9	2.1	2.5	-0.2*	-62.5*	-0.4*	-63.7*
Persons	6.8	5.9	6.8	5.1	6.9	6.1	6.6	6.0	5.8	7.5	5.0	4.5	3.6	4.4	3.4	3.4	4.2	-0.2*	-45.9*	-0.3*	-48.9*
Non-Indigenous crude rate (per 100,000)																					
Males	1.5	1.3	1.3	1.7	1.2	1.3	1.6	1.3	1.3	1.3	1.2	1.0	1.3	1.3	1.1	0.9	1.0	-0.02*	-25.8*	-0.03*	-21.4*
Females	0.7	0.5	0.8	0.7	0.8	0.8	0.6	0.7	0.7	0.6	0.6	0.4	0.6	0.6	0.5	0.3	0.5	-0.02*	-40.6*	-0.03*	-42.4*
Persons	1.1	0.9	1.1	1.2	1.0	1.0	1.1	1.0	1.0	1.0	0.9	0.7	0.9	0.9	0.8	0.6	0.8	-0.02*	-31.0*	-0.03*	-28.7*
Indigenous age-standardised rate (per 100,000)^(e)																					
Males	10.7	n.p.	9.8	n.p.	11.2	8.5	9.2	7.7	8.2	8.6	6.2	7.9	n.p.	8.1	n.p.	n.p.	5.9	n.p.	n.p.	n.p.	n.p.
Females	n.p.	6.7	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	7.2	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Persons	7.7	6.0	8.6	5.8	7.6	6.9	7.2	6.1	6.6	7.9	5.3	5.6	4.3	5.4	3.9	3.9	4.5	-0.2*	-45.2*	-0.3*	-43.6*
Non-Indigenous age-standardised rate (per 100,000)^(e)																					
Males	1.5	1.2	1.3	1.6	1.2	1.3	1.6	1.3	1.2	1.3	1.2	1.1	1.3	1.3	1.2	0.9	1.1	-0.02*	-24.3*	-0.03*	-20.2*
Females	0.7	0.5	0.8	0.7	0.8	0.8	0.6	0.7	0.7	0.6	0.5	0.3	0.6	0.5	0.5	0.3	0.5	-0.02*	-44.3*	-0.03*	-45.0*
Persons	1.1	0.9	1.0	1.1	1.0	1.0	1.1	1.0	1.0	1.0	0.9	0.7	0.9	0.9	0.8	0.6	0.8	-0.02*	-31.6*	-0.03*	-29.0*
Rate ratio^(f)																					
Males	7.3	n.p.	7.6	n.p.	9.0	6.8	5.9	5.8	6.6	6.6	5.1	7.4	n.p.	6.2	n.p.	n.p.	5.5	..	..	..	..
Females	n.p.	12.2	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	11.1	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	..	..	..	..
Persons	7.0	6.7	8.2	5.1	7.6	6.8	6.6	5.9	6.8	8.1	6.0	8.0	4.6	5.8	4.8	6.3	5.9	..	..	..	..
Rate difference^(g)																					
Males	9.2	n.p.	8.5	n.p.	9.9	7.3	7.7	6.4	7.0	7.3	5.0	6.8	n.p.	6.8	n.p.	n.p.	4.8	n.p.	n.p.	n.p.	n.p.
Females	n.p.	6.1	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	6.5	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Persons	6.6	5.1	7.5	4.7	6.6	5.9	6.1	5.1	5.6	6.9	4.4	4.9	3.4	4.4	3.1	3.3	3.7	-0.2*	-47.5*	-0.3*	-46.2*

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the selected periods.

(a) Data for 2010 have been adjusted for the additional deaths arising from outstanding registrations of deaths in Queensland in 2010. For further information see the methodology notes in ABS Causes of Deaths, Australia, 2019 reference period (<https://www.abs.gov.au/methodologies/causes-death-australia-methodology/2019>).

- (b) Since 2015, the Queensland Registry of Births, Deaths and Marriages used both medical certificate information and death registration form information to derive Indigenous status. This approach has been used in South Australia, Western Australia, Tasmania, the Northern Territory and the Australian Capital Territory since 2007. If either source indicates that the deceased was an Aboriginal and/or Torres Strait Islander person, they are recorded as such. In New South Wales and Victoria, only information from the death registration form is used. For further information see the methodology notes in ABS Causes of Deaths, Australia, 2019 reference period (<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>).
- (c) Annual change is determined using linear regression analysis.
- (d) Per cent change is based on the annual change over the period.
- (e) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.
- (f) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous Australians.
- (g) Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous Australians.

Notes

1. Cause of Death Unit Record File data are provided to the AIHW by the Registries of Births, Deaths and Marriages and the National Coronial Information System (managed by the Victorian Department of Justice) and include cause of death coded by the Australian Bureau of Statistics (ABS). The data are maintained by the AIHW in the National Mortality Database
2. Deaths registered in 2019 and earlier are based on the final version of cause of death data; deaths registered in 2020 are based on the revised version; deaths registered in 2021 and 2022 are based on the preliminary version. Revised and preliminary versions are subject to further revision by the ABS.
3. Cause of death information are based on underlying cause of death and are classified according to the International Classification of Diseases and Related Health Problems (ICD). Deaths registered in 1997 onwards are classified according to the 10th revision (ICD-10).

Source: AIHW National Mortality Database.

Table A4: Deaths from assault (homicide), by Indigenous status and sex, NSW, Qld, WA, SA and NT, 2018–2022

	Indigenous			Non-Indigenous			Rate ratio ^(b)	Rate difference ^(c)
	Deaths	Crude (per 100,000)	Age-standardised rate (per 100,000) ^(a)	Deaths	Crude (per 100,000)	Age-standardised rate (per 100,000) ^(a)		
Males	97	5.1	6.0	487	1.1	1.1	5.2*	4.8*
Females	47	2.5	2.8	213	0.5	0.5	6.0*	2.3*
Persons	144	3.8	4.4	700	0.8	0.8	5.4*	3.6*

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

Notes

- Categories are based on the ICD-10 10th Revision (World Health Organization). Includes ICD-10 codes X85–Y09.
- Cause of Death Unit Record File data are provided to the AIHW by the Registries of Births, Deaths and Marriages and the National Coronial Information System (managed by the Victorian Department of Justice) and include cause of death coded by the Australian Bureau of Statistics (ABS). The data are maintained by the AIHW in the National Mortality Database.
- Deaths registered in 2019 and earlier are based on the final version of cause of death data; deaths registered in 2020 are based on the revised version; deaths registered in 2021 and 2022 are based on the preliminary version. Revised and preliminary versions are subject to further revision by the ABS.
- Population estimates for non-Indigenous Australians were derived by subtracting Aboriginal and Torres Strait Islander backcast population estimates and projections (series B) based on the 2016 Census from the total Australian Estimated Resident Population.
- Data are reported for 5 jurisdictions combined—New South Wales, Queensland, Western Australia, South Australia and the Northern Territory. These jurisdictions are considered to have adequate levels of Indigenous identification in mortality data.
- These data exclude 7 registered deaths where the Indigenous status was not stated over the period 2018–2022.
- Data are grouped for 2018–2022 because of small numbers each year. For rate calculations, the numerator is the total number of deaths and the denominator is the combined population over the time period.
- Deaths for which the age at death was not recorded were excluded from the calculation of age-standardised rates.
- Deaths are counted according to year of registration of death, and state or territory of usual residence.

Source: AIHW National Mortality Database

Attachment tables: Question 2

Table B1: Number of hospitalised injury cases with an external cause of assault, all Australians, by age group and sex, Australia, 2021–22

Sex	0–4	5–14	15–24	25–44	45–64	65+	All ages
Males	100	296	2,950	5,923	2,777	525	12,572
Females	77	172	1,430	4,046	1,575	321	7,622
Persons	177	468	4,381	9,972	4,354	846	20,200

Notes

1. Assault injury cases defined as follows:

- A principal diagnosis ICD-10-AM code between S00 - T76, or T79, and an external cause of X85–Y09. In the case where multiple external causes are recorded for a single case, the first recorded external cause is used.
- Limiting to standard separations (excludes records where care type is newborn with unqualified days only (7.3), organ procurement - posthumous (9), or hospital boarder (10))
- Excluding records where the admission mode is admitted patient transferred from another hospital (1)
- Excluding records where the admission mode is statistical admission (2) and care type is not acute (1, 7.1, 7.2)
- Excluding records where 'care involving use of rehabilitation procedures' (ICD-10-AM code Z50) appears as an additional diagnosis and care type is not acute (1, 7.1, 7.2)
- Excluding records where the external cause of injury is Complications of medical and surgical care (Y40-Y84), sequelae of external causes of morbidity and mortality (Y85–Y89), or contact with allergens, except contact with animals (Y37.0-Y37.5 and Y37.7-Y37.9)

2. Rates are calculated using ABS backcast population estimates and projections based on the 2016 Census.

Source: AIHW National Hospital Morbidity Database (as published in Table A1 at <https://www.aihw.gov.au/reports/injury/injury-in-australia/data>)

Table B2: Number of hospitalised injury cases with an external cause of assault, by Indigenous status, age group and sex, Australia, 2021–22

Indigenous status	Sex	0–4	5–14	15–24	25–44	45–64	65+	All ages
Indigenous	Males	37	64	613	1,489	629	30	2,862
	Females	24	47	679	2,054	672	23	3,499
	Persons	61	111	1,292	3,544	1,302	53	6,363
Non-Indigenous	Males	61	226	2,291	4,317	2,107	491	9,494
	Females	53	124	732	1,963	892	295	4,059
	Persons	114	350	3,023	6,282	3,000	786	13,556

Notes

1. Assault injury cases defined as follows:

- A principal diagnosis ICD-10-AM code between S00 - T76, or T79, and an external cause of X85–Y09. In the case where multiple external causes are recorded for a single case, the first recorded external cause is used.
- Limiting to standard separations (excludes records where care type is newborn with unqualified days only (7.3), organ procurement - posthumous (9), or hospital boarder (10))
- Excluding records where the admission mode is admitted patient transferred from another hospital (1)
- Excluding records where the admission mode is statistical admission (2) and care type is not acute (1, 7.1, 7.2)
- Excluding records where 'care involving use of rehabilitation procedures' (ICD-10-AM code Z50) appears as an additional diagnosis and care type is not acute (1, 7.1, 7.2)
- Excluding records where the external cause of injury is Complications of medical and surgical care (Y40-Y84), sequelae of external causes of morbidity and mortality (Y85–Y89), or contact with allergens, except contact with animals (Y37.0-Y37.5 and Y37.7-Y37.9)

2. Rates are calculated using ABS backcast population estimates and projections based on the 2016 Census.

Source: AIHW National Hospital Morbidity Database (as published in Table A4 at <https://www.aihw.gov.au/reports/injury/injury-in-australia/data>).

Table B3: Rate of hospitalised injury cases with an external cause of assault, by Indigenous status, age group and sex, Australia, 2021–22 (per 100,000 population)

Indigenous status	Sex	0–4	5–14	15–24	25–44	45–64	65+	All ages: crude	All ages: age- standardis ed ^(a)
Indigenous	Males	73.3	66.7	717.1	1,295.7	886.0	139.1	651.2	741.6
	Females	50.1	51.4	829.9	1,808.7	849.2	89.7	796.1	890.4
	Persons	62.0	59.2	772.3	1,551.1	867.3	112.3	723.9	815.2
Non-Indigenous	Males	8.4	14.4	151.4	123.8	69.9	24.6	77.1	80.1
	Females	7.7	8.4	51.5	55.7	28.7	13.0	32.5	34.0
	Persons	8.1	11.5	103.0	89.6	49.0	18.4	54.6	57.1

(a) Age-standardised to the 30 June 2001 Australian population, using the direct method with 5-year age group from 0–4 to 65+

Notes:

1. Injury cases defined as follows:

- A principal diagnosis ICD-10-AM code between S00 - T76, or T79, and an external cause of X85–Y09. In the case where multiple external causes are recorded for a single case, the first recorded external cause is used.
- Limiting to standard separations (excludes records where care type is newborn with unqualified days only (7.3), organ procurement - posthumous (9), or hospital boarder (10))
- Excluding records where the admission mode is admitted patient transferred from another hospital (1)
- Excluding records where the admission mode is statistical admission (2) and care type is not acute
- Excluding records where 'care involving use of rehabilitation procedures' (ICD-10-AM code Z50) appears as an additional diagnosis and care type is not acute (1, 7.1, 7.2)
- Excluding records where the external cause of injury is Complications of medical and surgical care (Y40–Y84), sequelae of external causes of morbidity and mortality (Y85–Y89), or contact with allergens, except contact with animals (Y37.0–Y37.5 and Y37.7–Y37.9)

2. Rates are calculated using ABS backcast population estimates and projections based on the 2016 Census

Source: AIHW National Hospital Morbidity Database (as published in Tables A5 and A6 at <https://www.aihw.gov.au/reports/injury/injury-in-australia/data>).

Table B4: Hospitalisations for injury and poisoning (based on principal diagnosis) with a first reported external cause of assault, by Indigenous status, sex and jurisdiction, Australia, July 2017 to June 2019 ^{(a)(b)(c)(d)}

June 2010

	Indigenous		Non-Indigenous		Rate ratio ^(b)	Rate difference ^(c)
	Number	Age-std. rate (per 100,000) ^(a)	Number	Age-std. rate (per 100,000) ^(a)		
NSW						
Males	903	365.3	5,475	73.3	5.0	291.9
Females	497	197.7	1,857	24.4	8.1	173.2
Persons ^(d)	1,400	279.9	7,332	48.9	5.7	231.0
Vic						
Males	182	320.0	6,007	95.3	3.4	224.7
Females	152	282.6	2,242	34.8	8.1	247.7
Persons ^(d)	334	301.6	8,250	65.1	4.6	236.5
Qld						
Males	1,777	871.0	5,955	130.9	6.7	740.1
Females	1,739	814.9	2,662	57.7	14.1	757.2
Persons ^(d)	3,516	840.4	8,617	94.0	8.9	746.3
WA						
Males	1,173	1,223.5	2,296	94.1	13.0	1,129.3
Females	1,608	1,671.6	861	35.5	47.0	1,636.1
Persons ^(d)	2,781	1,439.2	3,157	65.1	22.1	1,374.1
SA						
Males	363	996.2	1,439	91.5	10.9	904.6
Females	462	1,205.3	606	38.3	31.5	1,167.1
Persons ^(d)	825	1,102.5	2,045	64.9	17.0	1,037.6
Tas ^(e)						
Males	n.p.	221.0	n.p.	109.8	2.0	111.1
Females	n.p.	n.p.	n.p.	31.8	n.p.	n.p.
Persons ^(d)	n.p.	134.0	n.p.	70.7	1.9	63.3
ACT ^(e)						
Males	n.p.	351.4	n.p.	68.6	5.1	282.8
Females	n.p.	n.p.	n.p.	35.1	n.p.	n.p.
Persons ^(d)	n.p.	289.0	n.p.	52.0	5.6	237.0
NT ^(e)						
Males	n.p.	2,461.1	n.p.	239.7	10.3	2,221.3
Females	n.p.	4,115.2	n.p.	82.1	50.2	4,033.2
Persons ^(d)	n.p.	3,266.5	n.p.	164.3	19.9	3,102.2
Australia ^(f)						
Males	6,408	874.3	22,998	98.3	8.9	776.1
Females	7,653	1,028.6	8,865	37.5	27.4	991.1
Persons ^(d)	14,061	951.0	31,865	67.9	14.0	883.1

(a) Age-standardised (age-std.) rates have been calculated using the direct method, with 2001 Australian population by 5-year age groups (up to 75+) as the standard population.

(b) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous Australians.

(c) Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous Australians.

(d) Persons data includes sex not stated and indeterminate.

(e) The number of hospitalisations in Tasmania, the Australian Capital Territory and the Northern Territory are not published for privacy reasons.

(f) Includes other territories, overseas residents and unknown state of residence.

Notes

1. Data are from public and private hospitals in all jurisdictions.

2. Rates are calculated using ABS population projections (series B) based on the 2016 Census.

3. Data are reported by jurisdiction of usual residence of the patient hospitalised.

4. Categories are based on the ICD-10-AM 10th edition (Australian Consortium for Classification Development 2017). Causes of injury are based on the first reported external cause as 'Assault' ICD-10-AM codes X85–Y09, where the principal diagnosis was 'Injury, poisoning and certain other consequences of external causes' (S00–T98).

5. Data exclude hospitalisations for Newborns without qualified days, Hospital boarders and Posthumous organ procurement.

6. Data exclude hospitalisations in WA with a contracted patient status of 'Inter-hospital contracted patient to private sector hospital', to adjust for hospitalisations recorded on both sides of contractual care arrangements.

Source: AIHW analysis of National Hospital Morbidity Database (as published in Table D2.10.5 at <https://www.indigenoushpf.gov.au/measures/2-10-community-safety>).

Table B5: Age-standardised hospitalisation rates among females for a principal diagnosis of injury and poisoning and a first reported external cause of assault, by Indigenous status, NSW, Vic, Qld, WA, SA and NT, 2009–10 to 2018–19 (per 100,000 population)

	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2009–10 to 2018–19	
											Annual change ^(b)	% change over period ^(c)
Indigenous females	862.3	927.3	967.9	985.5	929.9	879.6	986.4	1,033.2	1,112.4	1,015.4	17.9	18.1
Non-Indigenous females	30.8	31.2	32.1	29.8	30.2	30.8	33.4	36.7	35.4	38.0	0.8	23.9
Rate ratio ^(d)	28.0	29.8	30.2	33.1	30.8	28.5	29.5	28.2	31.4	26.7	..	..
Rate difference ^(e)	831.5	896.2	935.8	955.8	899.6	848.8	953.0	996.6	1,076.9	977.4	..	..

(a) Age-standardised rates have been calculated using the direct method, with 2001 Australian population by 5-year age groups (up to 75+) as the standard population.

(b) The annual change in rates was determined using linear regression analysis.

(c) The per cent change is based on the annual change over the period, using linear regression analysis.

(d) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous Australians.

(e) Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous Australians.

Notes

1. Data reflect the state or territory of each patient's usual residence, rather than the state or territory of the hospital they were admitted to, and exclude patients admitted to private hospitals in Tasmania, the Australian Capital Territory or the Northern Territory.

2. Rates are calculated using ABS backcast population estimates and projections (series B) based on the 2016 Census.

3. Categories are based on the ICD-10-AM 10th edition (Australian Consortium for Classification Development 2017) and previous editions. Causes of injury are based on the first reported external cause as 'Assault' ICD-10-AM codes X85–Y09, where the principal diagnosis was 'Injury, poisoning and certain other consequences of external causes' (S00–T98).

4. Data exclude hospitalisations for Newborns without qualified days, Hospital boarders and Posthumous organ procurement.

5. Data exclude hospitalisations in WA with a contracted patient status of 'Inter-hospital contracted patient to private sector hospital', to adjust for hospitalisations recorded on both sides of contractual care arrangements.

6. From July 2015, a revision in the Australian Coding Standard ACS 2104 Rehabilitation was introduced to the ICD-10-AM. From July 2015, where patients were admitted to hospital specifically for rehabilitation, the principal diagnosis assigned is the condition which led to the need for rehabilitation, and Z50.9 was now assigned only as an additional diagnosis (prior to this, Z50.9 was assigned as the principal diagnosis with the reason for rehabilitation as the first additional diagnosis). This resulted in an increase in number of hospitalisations for disease principal diagnoses (for example, injury and poisoning).

7. A change in the emergency department admission policy in New South Wales in 2017–18 caused a reduction in the number of admissions recorded for injury and poisoning in New South Wales between 2016–17 and 2017–18.

Source: AIHW analysis of National Hospital Morbidity Database.

Table B6: Hospitalised assault injury cases, by sex, Australia, 2012–13 to 2021–22

	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22
Number										
Males	14,765	13,811	12,762	13,345	14,442	14,078	14,000	13,739	14,322	12,572
Females	6,359	6,290	6,251	7,025	7,624	7,964	8,131	8,512	8,654	7,622
Persons	21,124	20,101	19,013	20,370	22,069	22,043	22,132	22,252	22,981	20,200
ASR (per 100,000)										
Males	131.4	121.1	110.9	114.9	123.1	118.2	116	112.2	116.3	102.7
Females	57.6	56	54.9	61.0	65.1	67.1	67.4	69.9	70.6	62.4
Persons	94.7	88.7	83	88	94.1	92.7	91.8	91	93.5	82.6

Notes

1. Assault injury cases defined as follows:

- A principal diagnosis ICD-10-AM code between S00 - T76, or T79, and an external cause of X85–Y09. In the case where multiple external causes are recorded for a single case, the first recorded external cause is used.
- Limiting to standard separations (excludes records where care type is newborn with unqualified days only (7.3), organ procurement - posthumous (9), or hospital boarder (10))
- Excluding records where the admission mode is admitted patient transferred from another hospital (1)
- Excluding records where the admission mode is statistical admission (2) and care type is not acute (1, 7.1, 7.2)
- Excluding records where 'care involving use of rehabilitation procedures' (ICD-10-AM code Z50) appears as an additional diagnosis and care type is not acute (1, 7.1, 7.2)
- Excluding records where the external cause of injury is Complications of medical and surgical care (Y40–Y84), Sequelae of external causes of morbidity and mortality (Y85–Y89), or contact with allergens, except contact with animals (Y37.0–Y37.5 and Y37.7–Y37.9)
- Cases recognised as possibly being due to assault-but where doubt remains-may therefore be coded as Undetermined intent.
- Injuries inflicted through legal interventions and operations of war (Y35 – Y36) are included under the assault category but do not form part of the perpetrator analysis.

2. Rates are calculated estimated resident population (ERP) as at 30 June to create a 31 December population for the year of interest

3. Data from 2017–18 should not be compared to previous years, as a change in admission policy in New South Wales in 2017–18 resulted in an artificial change in injury cases

ASR=age-standardised rate. Directly age-standardised to the 2001 Australian Standard Population using 5-year age group from 0–4 to 85+.

Source: AIHW National Hospital Morbidity Database (as published in Tables C1 and C3 at <https://www.aihw.gov.au/reports/injury/injury-in-australia/data>).

Table B7: Hospitalised assault injury cases, by age group and sex, Australia, 2021–22

Sex	0–4	5–9	10–14 ^b	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	75–79	80–84	85–89	90–94	95+	Total	ASR
Males	12.9	5.4	30.0	159.0	207.6	182.2	166.1	156.9	151.0	125.0	105.4	75.7	47.9	28.7	24.2	24.8	22.4	28.0	32.3	n.p.	98.6	102.7
Females	10.5	4.6	17.2	76.2	112.3	117.4	120.5	107.8	97.4	86.0	58.7	30.7	18.2	11.6	13.8	11.2	14.6	19.2	26.4	n.p.	58.9	62.4
Persons	11.7	5.0	23.8	118.9	161.5	150.2	143.1	132.2	123.8	105.4	81.8	52.8	32.6	19.8	18.8	17.7	18.2	22.9	28.6	28.0	78.6	82.6

Notes

1. Assault injury cases defined as follows:

- A principal diagnosis ICD-10-AM code between S00 - T76, or T79, and an external cause of X85–Y09. In the case where multiple external causes are recorded for a single case, the first recorded external cause is used.
- Limiting to standard separations (excludes records where care type is newborn with unqualified days only (7.3), organ procurement - posthumous (9), or hospital boarder (10)
- Excluding records where the admission mode is admitted patient transferred from another hospital (1)
- Excluding records where the admission mode is statistical admission (2) and care type is not acute (1, 7.1, 7.2)
- Excluding records where 'care involving use of rehabilitation procedures' (ICD-10-AM code Z50) appears as an additional diagnosis and care type is not acute (1, 7.1, 7.2)
- Excluding records where the external cause of injury is Complications of medical and surgical care (Y40–Y84), Sequelae of external causes of morbidity and mortality (Y85–Y89), or contact with allergens, except contact with animals (Y37.0–Y37.5 and Y37.7–Y37.9)
- Cases recognised as possibly being due to assault-but where doubt remains-may therefore be coded as Undetermined intent.
- Injuries inflicted through legal interventions and operations of war (Y35 – Y36) are included under the assault category but do not form part of the perpetrator analysis.

2. Rates are calculated estimated resident population (ERP) as at 30 June to create a 31 December population for the year of interest

ASR=age-standardised rate. Directly age-standardised to the 2001 Australian Standard Population using 5-year age group from 0–4 to 85+.

Source: AIHW National Hospital Morbidity Database (as published in A2 and A3 at <https://www.aihw.gov.au/reports/injury/injury-in-australia/data>).

Attachment tables: Question 3

Table C1: Children who were the subjects of substantiations of notifications received during 2021–22, by primary type of abuse or neglect, Indigenous status and state or territory, 2021–22 (number and per cent)

Primary type of abuse or neglect	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT ^(b)	NT ^(c)	Total
Number									
Indigenous children									
Physical abuse	692	193	383	121	84	n.p.	n.p.	237	1,733
Sexual abuse	553	58	101	94	53	n.p.	n.p.	56	924
Emotional abuse	1,829	1,653	1,003	1,109	494	50	64	607	6,809
Neglect	2,129	128	787	427	181	50	25	324	4,051
Not stated	6	0	0	8	10	9	3	0	36
Total	5,209	2,032	2,274	1,759	822	133	100	1,224	13,553
Non-Indigenous children									
Physical abuse	1,604	1,505	570	274	167	n.p.	n.p.	36	4,221
Sexual abuse	1,414	648	303	216	124	n.p.	n.p.	30	2,751
Emotional abuse	3,569	10,655	1,967	1,258	722	56	147	130	18,504
Neglect	2,684	467	868	476	330	64	53	27	4,969
Not stated	19	0	0	7	28	4	3	0	61
Total	9,290	13,275	3,708	2,231	1,371	155	253	223	30,506
Unknown Indigenous Status									
Physical abuse	130	0	48	0	5	11	0	0	194
Sexual abuse	302	0	21	0	3	4	0	0	330
Emotional abuse	396	0	157	2	22	43	0	0	620
Neglect	255	0	41	0	4	41	0	0	341
Not stated	0	0	0	0	0	4	0	0	4
Total	1,083	0	267	2	34	103	0	0	1,489
All children									
Physical abuse	2,426	1,698	1,001	395	256	51	48	273	6,148
Sexual abuse	2,269	706	425	310	180	19	10	86	4,005
Emotional abuse	5,794	12,308	3,127	2,369	1,238	149	211	737	25,933
Neglect	5,068	595	1,696	903	515	155	78	351	9,361
Not stated	25	0	0	15	38	17	6	0	101
Total	15,582	15,307	6,249	3,992	2,227	391	353	1,447	45,548
Per cent									
Indigenous children									
Physical abuse	13.3	9.5	16.8	6.9	10.2	n.p.	n.p.	19.4	12.8
Sexual abuse	10.6	2.9	4.4	5.3	6.4	n.p.	n.p.	4.6	6.8
Emotional abuse	35.1	81.3	44.1	63.0	60.1	37.6	64.0	49.6	50.2
Neglect	40.9	6.3	34.6	24.3	22.0	37.6	25.0	26.5	29.9
Not stated	0.1	0.0	0.0	0.5	1.2	6.8	3.0	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table C1 continued

Primary type of abuse or neglect	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT ^(b)	NT ^(c)	Total
Non-Indigenous children									
Physical abuse	17.3	11.3	15.4	12.3	12.2	n.p.	n.p.	16.1	13.8
Sexual abuse	15.2	4.9	8.2	9.7	9.0	n.p.	n.p.	13.5	9.0
Emotional abuse	38.4	80.3	53.0	56.4	52.7	36.1	58.1	58.3	60.7
Neglect	28.9	3.5	23.4	21.3	24.1	41.3	20.9	12.1	16.3
Not stated	0.2	0.0	0.0	0.3	2.0	2.6	1.2	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
All children									
Physical abuse	15.6	11.1	16.0	9.9	11.5	13.0	13.6	18.9	13.5
Sexual abuse	14.6	4.6	6.8	7.8	8.1	4.9	2.8	5.9	8.8
Emotional abuse	37.2	80.4	50.0	59.3	55.6	38.1	59.8	50.9	56.9
Neglect	32.5	3.9	27.1	22.6	23.1	39.6	22.1	24.3	20.6
Not stated	0.2	0.0	0.0	0.4	1.7	4.3	1.7	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) In Tasmania, the reliability of these data is affected by the proportion of children with an unknown Indigenous status at investigation.

(b) In the Australian Capital Territory, the proportion of Indigenous children who were the subjects of substantiations should be interpreted with caution due to small numbers.

(c) In the Northern Territory, due to recording issues, sexual exploitation is under-reported. This has been addressed and it is expected that numbers in this area will be similar to those of other jurisdictions in future years.

Notes

1. Data presented in this table are not comparable across jurisdictions due to differences in the way jurisdictions collect and report data on notifications, investigations and substantiations. See Appendix B for more information.

2. Finalised investigations, and thus substantiations, refer only to cases that were notified during the year, not to the total number of investigations finalised by 31 August 2022.

3. If a child was the subject of more than one type of abuse or neglect as part of the same notification, the type of abuse or neglect reported is the one considered by the child protection workers to cause the most harm to the child. Where a child is the subject of more than one substantiated notification during the year, the primary type of abuse or neglect reported relates to the substantiation with the earliest notification date during the year.

4. Percentages in the table may not add to 100 due to rounding.

Source: AIHW Child Protection Collection 2021–22.

Table C2: Children who were the subject of a substantiation of a notification received during 2020–21, by primary type of abuse or neglect, Indigenous status and state or territory

Primary type of abuse or neglect	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT ^(b)	NT ^(c)	Total
Number									
Indigenous children									
Physical abuse	842	242	394	129	90	13	13	320	2,043
Sexual abuse	639	67	103	118	53	6	0	79	1,065
Emotional abuse	1,980	1,774	912	1,108	481	55	62	591	6,963
Neglect	2,467	101	740	452	225	55	24	422	4,486
Not stated	10	0	0	3	24	2	0	0	39
Total	5,938	2,184	2,149	1,810	873	131	99	1,412	14,596
Non-Indigenous children									
Physical abuse	1,642	1,764	612	330	216	29	40	30	4,663
Sexual abuse	1,784	812	279	249	163	11	12	7	3,317
Emotional abuse	4,011	10,966	2,015	1,381	737	70	122	117	19,419
Neglect	3,278	404	1,030	492	361	62	52	34	5,713
Not stated	26	0	0	12	25	8	0	0	71
Total	10,741	13,946	3,936	2,464	1,502	180	226	188	33,183
Unknown Indigenous Status									
Physical abuse	140	0	53	0	9	5	3	0	210
Sexual abuse	410	0	25	0	13	13	0	0	461
Emotional abuse	552	0	169	0	31	45	8	0	805
Neglect	311	0	63	0	15	25	1	0	415
Not stated	12	0	0	0	1	7	0	0	20
Total	1,425	0	310	0	69	95	12	0	1,911
All children									
Physical abuse	2,624	2,006	1,059	459	315	47	56	350	6,916
Sexual abuse	2,833	879	407	367	229	30	12	86	4,843
Emotional abuse	6,543	12,740	3,096	2,489	1,249	170	192	708	27,187
Neglect	6,056	505	1,833	944	601	142	77	456	10,614
Not stated	48	0	0	15	50	17	0	0	130
Total	18,104	16,130	6,395	4,274	2,444	406	337	1,600	49,690
Per cent									
Indigenous children									
Physical abuse	14.2	11.1	18.3	7.1	10.3	9.9	13.1	22.7	14.0
Sexual abuse	10.8	3.1	4.8	6.5	6.1	4.6	0.0	5.6	7.3
Emotional abuse	33.3	81.2	42.4	61.2	55.1	42.0	62.6	41.9	47.7
Neglect	41.5	4.6	34.4	25.0	25.8	42.0	24.2	29.9	30.7
Not stated	0.2	0.0	0.0	0.2	2.7	1.5	0.0	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Non-Indigenous children									
Physical abuse	15.3	12.6	15.5	13.4	14.4	16.1	17.7	16.0	14.1
Sexual abuse	16.6	5.8	7.1	10.1	10.9	6.1	5.3	3.7	10.0
Emotional abuse	37.3	78.6	51.2	56.0	49.1	38.9	54.0	62.2	58.5

Table C2 continued

Primary type of abuse or neglect	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT ^(b)	NT ^(c)	Total
Per cent									
Non-Indigenous children									
Neglect	30.5	2.9	26.2	20.0	24.0	34.4	23.0	18.1	17.2
Not stated	0.2	0.0	0.0	0.5	1.7	4.4	0.0	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
All children									
Physical abuse	14.5	12.4	16.6	10.7	12.9	11.6	16.6	21.9	13.9
Sexual abuse	15.6	5.4	6.4	8.6	9.4	7.4	3.6	5.4	9.7
Emotional abuse	36.1	79.0	48.4	58.2	51.1	41.9	57.0	44.3	54.7
Neglect	33.5	3.1	28.7	22.1	24.6	35.0	22.8	28.5	21.4
Not stated	0.3	0.0	0.0	0.4	2.0	4.2	0.0	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) In Tasmania, the reliability of these data is affected by the proportion of children with an unknown Indigenous status at investigation.

(b) In the Australian Capital Territory, the proportion of Indigenous children who were the subjects of substantiations should be interpreted with caution due to small numbers.

(c) In the Northern Territory, due to recording issues, sexual exploitation is under-reported. This has been addressed and it is expected that numbers in this area will be similar to those of other jurisdictions in future years.

Notes

1. Data presented in this table are not comparable across jurisdictions due to differences in the way jurisdictions collect and report data on notifications, investigations and substantiations. See [Appendix A](#) of Child Protection in Australia for more information.

2. Finalised investigations, and thus substantiations, refer only to cases that were notified during the year, not to the total number of investigations finalised by 31 August 2021.

3. If a child was the subject of more than one type of abuse or neglect as part of the same notification, the abuse and/or neglect reported is the one considered by the child protection workers to cause the most harm to the child. Where a child is the subject of more than one substantiation during the year, the type of abuse reported in this table is the type of abuse and/or neglect associated with the substantiation decision relating to the earliest notification during the year.

4. Percentages in the table may not add to 100 due to rounding.

5. Percentages for all children include children whose Indigenous status was unknown.

Source: AIHW Child Protection Collection 2020–21

Table C3: Children who were the subject of a substantiation of a notification received during 2019–20, by type of abuse or neglect, Indigenous status and state or territory

Type of abuse or neglect	NSW	Vic	Qld	WA	SA	Tas ^{(a)(b)}	ACT ^(c)	NT ^(d)	Total
Number									
Indigenous children									
Physical abuse	786	294	475	150	95	n.p.	2	216	2,018
Sexual abuse	605	97	72	99	44	n.p.	0	52	969
Emotional abuse	1,765	1,816	992	1,219	427	n.p.	24	447	6,690
Neglect	2,444	134	876	589	202	n.p.	16	270	4,531
Not stated	22	0	0	10	10	n.p.	0	0	42
Total	5,622	2,341	2,415	2,067	778	73	42	985	14,323
Non-Indigenous children									
Physical abuse	1,604	1,892	566	342	208	n.p.	42	33	4,687
Sexual abuse	1,758	929	263	254	131	n.p.	3	8	3,346
Emotional abuse	3,700	11,056	1,908	1,440	689	n.p.	121	85	18,999
Neglect	3,344	495	1,126	615	350	n.p.	46	39	6,015
Not stated	20	1	0	7	41	n.p.	1	0	70
Total	10,426	14,373	3,863	2,658	1,419	122	213	165	33,239
Unknown Indigenous Status									
Physical abuse	102	0	44	0	3	n.p.	6	0	155
Sexual abuse	130	0	34	0	3	n.p.	0	0	167
Emotional abuse	345	0	123	0	10	n.p.	12	0	490
Neglect	228	0	58	1	2	n.p.	7	0	296
Not stated	3	0	0	0	2	n.p.	0	0	5
Total	808	0	259	1	20	211	25	0	1,324
All children									
Physical abuse	2,492	2,186	1,085	492	306	34	50	249	6,894
Sexual abuse	2,493	1,026	369	353	178	29	3	60	4,511
Emotional abuse	5,810	12,872	3,023	2,659	1,126	171	157	532	26,350
Neglect	6,016	629	2,060	1,205	554	141	69	309	10,983
Not stated	45	1	0	17	53	31	1	0	148
Total	16,856	16,714	6,537	4,726	2,217	406	280	1,150	48,886
Per cent									
Indigenous children									
Physical abuse	14.0	12.6	19.7	7.3	12.2	n.p.	4.8	21.9	14.2
Sexual abuse	10.8	4.1	3.0	4.8	5.7	n.p.	0.0	5.3	6.8
Emotional abuse	31.4	77.6	41.1	59.0	54.9	n.p.	57.1	45.4	46.9
Neglect	43.5	5.7	36.3	28.5	26.0	n.p.	38.1	27.4	31.8
Not stated	0.4	0.0	0.0	0.5	1.3	n.p.	0.0	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Non-Indigenous children									
Physical abuse	15.4	13.2	14.7	12.9	14.7	n.p.	19.7	20.0	14.2
Sexual abuse	16.9	6.5	6.8	9.6	9.2	n.p.	1.4	4.8	10.1
Emotional abuse	35.5	76.9	49.4	54.2	48.6	n.p.	56.8	51.5	57.4

Table C3 continued

Type of abuse or neglect	NSW	Vic	Qld	WA	SA	Tas ^{(a)(b)}	ACT ^(c)	NT ^(d)	Total
Per cent									
Non-Indigenous children									
Neglect	32.1	3.4	29.1	23.1	24.7	n.p.	21.6	23.6	18.2
Not stated	0.2	0.0	0.0	0.3	2.9	n.p.	0.5	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
All children									
Physical abuse	14.8	13.1	16.6	10.4	13.8	8.4	17.9	21.7	14.1
Sexual abuse	14.8	6.1	5.6	7.5	8.0	7.1	1.1	5.2	9.2
Emotional abuse	34.5	77.0	46.2	56.3	50.8	42.1	56.1	46.3	53.9
Neglect	35.7	3.8	31.5	25.5	25.0	34.7	24.6	26.9	22.5
Not stated	0.3	0.0	0.0	0.4	2.4	7.6	0.4	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Tasmania has adopted a policy to suppress numbers below 5 and AIHW has applied additional suppression.

(b) In Tasmania, the reliability of these data is affected by the proportion of children with an unknown Indigenous status at investigation.

(c) In the Australian Capital Territory, the proportion of Indigenous children who were the subjects of substantiations should be interpreted with caution due to small numbers.

(d) In the Northern Territory, due to recording issues, sexual exploitation is under-reported. This has been addressed and it is expected that numbers in this area will be similar to those of other jurisdictions in future years.

Notes

1. Data presented in this table are not comparable across jurisdictions due to differences in the way jurisdictions collect and report data on notifications, investigations and substantiations. See [Appendix A of Child Protection in Australia](#) for more information.

2. Finalised investigations, and thus substantiations, refer only to cases that were notified during the year, not to the total number of investigations finalised by 31 August 2020.

3. If a child was the subject of more than one type of abuse or neglect as part of the same notification, the abuse and/or neglect reported is the one considered by the child protection workers to cause the most harm to the child. Where a child is the subject of more than one substantiation during the year, the type of abuse reported in this table is the type of abuse and/or neglect associated with the substantiation decision relating to the earliest notification during the year.

4. Percentages in the table may not add to 100 due to rounding.

5. Percentages for all children include children whose Indigenous status was unknown.

Source: AIHW Child Protection Collection 2019–20.

Table C4: Children who were the subject of a substantiation of a notification received during 2018–19, by type of abuse or neglect, Indigenous status and state or territory

Type of abuse or neglect	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT ^(b)	NT ^(c)	Total
Number									
Indigenous children									
Physical abuse	564	276	414	178	76	18	9	194	1,729
Sexual abuse	507	116	76	125	49	9	1	28	911
Emotional abuse	1,225	1,772	974	1,211	276	42	20	424	5,944
Neglect	1,741	114	851	590	229	47	27	359	3,958
Not stated	10	11	0	7	5	5	0	0	38
Total	4,047	2,289	2,315	2,111	635	121	57	1,005	12,580
Non-Indigenous children									
Physical abuse	1,272	2,283	583	325	187	34	31	47	4,762
Sexual abuse	1,270	1,328	258	287	112	9	6	4	3,274
Emotional abuse	2,584	12,400	1,589	1,297	419	92	113	81	18,575
Neglect	2,543	511	1,034	681	326	55	41	25	5,216
Not stated	11	72	0	16	28	6	0	0	133
Total	7,680	16,594	3,464	2,606	1,072	196	191	157	31,960
Unknown Indigenous Status									
Physical abuse	403	0	56	0	3	32	0	1	495
Sexual abuse	485	0	16	0	10	18	0	0	529
Emotional abuse	936	0	134	0	14	129	0	4	1,217
Neglect	571	0	62	0	9	67	0	0	709
Not stated	9	0	0	0	2	15	0	0	26
Total	2,404	0	268	0	38	261	0	5	2,976
All children									
Physical abuse	2,239	2,559	1,053	503	266	84	40	242	6,986
Sexual abuse	2,262	1,444	350	412	171	36	7	32	4,714
Emotional abuse	4,745	14,172	2,697	2,508	709	263	133	509	25,736
Neglect	4,855	625	1,947	1,271	564	169	68	384	9,883
Not stated	30	83	0	23	35	26	0	0	197
Total	14,131	18,883	6,047	4,717	1,745	578	248	1,167	47,516
Per cent									
Indigenous children									
Physical abuse	13.9	12.1	17.9	8.4	12.0	14.9	15.8	19.3	13.7
Sexual abuse	12.5	5.1	3.3	5.9	7.7	7.4	1.8	2.8	7.2
Emotional abuse	30.3	77.4	42.1	57.4	43.5	34.7	35.1	42.2	47.2
Neglect	43.0	5.0	36.8	27.9	36.1	38.8	47.4	35.7	31.5
Not stated	0.2	0.5	0.0	0.3	0.8	4.1	0.0	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Non-Indigenous children									
Physical abuse	16.6	13.8	16.8	12.5	17.4	17.3	16.2	29.9	14.9
Sexual abuse	16.5	8.0	7.4	11.0	10.4	4.6	3.1	2.5	10.2
Emotional abuse	33.6	74.7	45.9	49.8	39.1	46.9	59.2	51.6	58.1

Table C4 continued

Type of abuse or neglect	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT ^(b)	NT ^(c)	Total
Per cent									
Non-Indigenous children									
Neglect	33.1	3.1	29.8	26.1	30.4	28.1	21.5	15.9	16.3
Not stated	0.1	0.4	0.0	0.6	2.6	3.1	0.0	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
All children									
Physical abuse	15.8	13.6	17.4	10.7	15.2	14.5	16.1	20.7	14.7
Sexual abuse	16.0	7.6	5.8	8.7	9.8	6.2	2.8	2.7	9.9
Emotional abuse	33.6	75.1	44.6	53.2	40.6	45.5	53.6	43.6	54.2
Neglect	34.4	3.3	32.2	26.9	32.3	29.2	27.4	32.9	20.8
Not stated	0.2	0.4	0.0	0.5	2.0	4.5	0.0	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) In Tasmania, the proportion of children whose Indigenous status is unknown impacts the reliability of these data.

(b) In the Australian Capital Territory, the proportion of Indigenous children who were the subjects of substantiations should be interpreted with caution due to small numbers.

(c) In the Northern Territory, due to recording issues, sexual exploitation is under-reported. This has been addressed and it is expected that numbers in this area will be similar to those of other jurisdictions in future years.

Notes

1. Data presented in this table are not comparable across jurisdictions due to differences in the way jurisdictions collect and report data on notifications, investigations and substantiations. See [Appendix A](#) of *Child Protection in Australia* for more information.

2. Finalised investigations, and thus substantiations, refer only to cases that were notified during the year, not to the total number of investigations finalised by 31 August 2019.

3. If a child was the subject of more than one type of abuse or neglect as part of the same notification, the abuse and/or neglect reported is the one considered by the child protection workers to cause the most harm to the child. Where a child is the subject of more than one substantiation during the year, the type of abuse reported in this table is the type of abuse and/or neglect associated with the substantiation decision relating to the earliest notification during the year.

4. Percentages in the table may not add to 100 due to rounding.

5. Percentages for all children include children whose Indigenous status was unknown.

Source: AIHW Child Protection Collection 2019.

Table C5: Children aged 0–17 who were the subjects of substantiations of notifications received during 2017–18, by type of abuse or neglect and Indigenous status, states and territories

Type of abuse or neglect	NSW ^(a)	Vic	Qld	WA	SA	Tas ^{(b)(c)(d)}	ACT ^(e)	NT ^(f)	Total
Number									
Indigenous children									
Physical	n.a.	207	416	227	111	15	2	217	1,195
Sexual	n.a.	118	84	183	36	5	4	21	451
Emotional	n.a.	1,561	816	1,038	178	38	24	524	4,179
Neglect	n.a.	107	866	574	185	27	27	742	2,528
Not stated	n.a.	11	0	15	0	6	0	0	32
Total	n.a.	2,004	2,182	2,037	510	91	57	1,504	8,385
Non-Indigenous children									
Physical	n.a.	2,101	574	313	272	36	35	42	3,373
Sexual	n.a.	1,523	214	427	147	5	4	14	2,334
Emotional	n.a.	11,026	1,564	1,202	237	69	105	122	14,325
Neglect	n.a.	503	1,040	532	390	61	76	59	2,661
Not stated	n.a.	63	0	15	2	8	0	0	88
Total	n.a.	15,216	3,392	2,489	1,048	179	220	237	22,781
Unknown Indigenous status									
Physical	n.a.	4	61	0	33	70	0	0	168
Sexual	n.a.	3	23	1	7	24	0	0	58
Emotional	n.a.	13	141	2	12	170	0	3	341
Neglect	n.a.	5	85	1	39	149	0	0	279
Not stated	n.a.	0	0	0	0	19	0	0	19
Total	n.a.	25	310	4	91	432	0	3	865
All children									
Physical	n.a.	2,312	1,051	540	416	121	37	259	4,736
Sexual	n.a.	1,644	321	611	190	34	8	35	2,843
Emotional	n.a.	12,600	2,521	2,242	427	277	129	649	18,845
Neglect	n.a.	615	1,991	1,107	614	237	103	801	5,468
Not stated	n.a.	74	0	30	2	33	0	0	139
Total	n.a.	17,245	5,884	4,530	1,649	702	277	1,744	32,031
%									
Indigenous children									
Physical	..	10.3	19.1	11.1	21.8	n.p.	3.5	14.4	14.2
Sexual	..	5.9	3.8	9.0	7.1	n.p.	7.0	1.4	5.4
Emotional	..	77.9	37.4	51.0	34.9	n.p.	42.1	34.8	49.9
Neglect	..	5.3	39.7	28.2	36.3	n.p.	47.4	49.3	30.2
Not stated	..	0.5	0.0	0.7	0.0	n.p.	0.0	0.0	0.3
Total	..	100.0	100.0	100.0	100.0	n.p.	100.0	100.0	100.0
Non-Indigenous children									
Physical	..	13.8	16.9	12.6	26.0	n.p.	15.9	17.7	14.8
Sexual	..	10.0	6.3	17.2	14.0	n.p.	1.8	5.9	10.3
Emotional	..	72.5	46.1	48.3	22.6	n.p.	47.7	51.5	63.1

Table C5 continued

Type of abuse or neglect	NSW ^(a)	Vic	Qld	WA	SA	Tas ^{(b)(c)(d)}	ACT ^(e)	NT ^(f)	Total
%									
Non-Indigenous children									
Neglect	..	3.3	30.7	21.4	37.2	n.p.	34.5	24.9	11.5
Not stated	..	0.4	0.0	0.6	0.2	n.p.	0.0	0.0	0.4
Total	..	100.0	100.0	100.0	100.0	n.p.	100.0	100.0	100.0
All children									
Physical	..	13.4	17.9	11.9	25.2	17.2	13.4	14.9	14.8
Sexual	..	9.5	5.5	13.5	11.5	4.8	2.9	2.0	8.9
Emotional	..	73.1	42.8	49.5	25.9	39.5	46.6	37.2	58.8
Neglect	..	3.6	33.8	24.4	37.2	33.8	37.2	45.9	17.1
Not stated	..	0.4	0.0	0.7	0.1	4.7	0.0	0.0	0.4
Total	..	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) New South Wales (NSW) substantiation data unavailable for 2017–18. Substantiation data therefore should not be compared to previous iterations of Child protection Australia. NSW has implemented a new client management system in 2017-18 and has provided limited data. With the new system, NSW is making efforts to improve quality and completeness of data to have a comprehensive set of data for future reporting.

(b) In Tasmania, Indigenous status is no longer being cross-checked with data from other databases. As a result, the proportion of clients with an 'unknown' Indigenous status is larger than in previous years. Therefore data from 2017–18 are not comparable with data for previous years and any comparisons should be made with extreme caution.

(c) For Tasmania, Indigenous and non-Indigenous proportions are not calculated due to the high proportion of clients with an 'unknown' Indigenous status which affects the reliability of data disaggregated by Indigenous status.

(d) Due to changes in the way in which notifications have been defined in Tasmania, the number of notifications reported for 2015–16 onwards is not comparable with data for earlier years. Tasmania has moved from a caller to an agency defined approach to the counting of notifications.

(e) In the Australian Capital Territory, the proportion of Indigenous children who were the subjects of substantiations should be interpreted with caution due to small numbers.

(f) In the Northern Territory, due to recording issues, sexual exploitation is under-reported. This has been addressed and it is expected numbers in this area will be similar to those of other jurisdictions in future years.

Notes

1. Finalised investigations, and thus substantiations, refer only to cases that were notified during the year, not to the total number of investigations finalised by 31 August 2018.

2. If a child was the subject of more than one type of abuse or neglect as part of the same notification, the abuse and/or neglect reported is the one considered by the child protection workers to cause the most harm to the child. Where a child is the subject of more than one substantiation during the year, the type of abuse reported in this table is the type of abuse and/or neglect associated with the substantiation decision relating to the earliest notification during the year.

3. Due to the high proportion of Tasmanian clients with an 'unknown' Indigenous status in 2017–18, Indigenous and Non-Indigenous proportions for the total have been recalculated excluding Tasmania. Therefore, Indigenous and Non-Indigenous proportions for the total should not be compared to previous iterations of Child protection Australia.

4. Percentages for all children include children whose Indigenous status was unknown.

5. Percentages in the table may not add to 100 due to rounding.

Source: AIHW Child Protection Collection 2018.

Table C6: Children aged 0–17 who were the subjects of substantiations of notifications received during 2016–17, by type of abuse or neglect and Indigenous status, states and territories

Type of abuse or neglect	NSW	Vic	Qld	WA ^(a)	SA	Tas ^{(a)(b)}	ACT ^(b)	NT ^(c)	Total
Number									
Indigenous children									
Physical	754	251	364	221	129	16	11	271	2,017
Sexual	746	96	76	180	22	3	6	12	1,141
Emotional	1,809	1,393	773	1,026	116	76	40	632	5,865
Neglect	2,180	107	821	569	200	33	29	756	4,695
Not stated	0	11	0	12	2	6	0	0	31
Total	5,489	1,858	2,034	2,008	469	134	86	1,671	13,749
Non-Indigenous children									
Physical	2,327	2,142	573	399	243	82	33	51	5,850
Sexual	2,420	1,516	171	440	87	27	6	12	4,679
Emotional	4,689	9,462	1,570	1,031	219	184	107	112	17,374
Neglect	3,925	438	1,132	730	398	133	85	64	6,905
Not stated	0	67	0	23	0	17	0	0	107
Total	13,361	13,625	3,446	2,623	947	443	231	239	34,915
Unknown Indigenous status									
Physical	4	1	51	0	31	35	0	0	122
Sexual	1	1	18	0	14	7	0	0	41
Emotional	27	3	113	2	24	66	0	0	235
Neglect	37	0	105	0	41	58	0	0	241
Not stated	0	0	0	0	0	12	0	0	12
Total	69	5	287	2	110	178	0	0	651
All children									
Physical	3,085	2,394	988	620	403	133	44	322	7,989
Sexual	3,167	1,613	265	620	123	37	12	24	5,861
Emotional	6,525	10,858	2,456	2,059	359	326	147	744	23,474
Neglect	6,142	545	2,058	1,299	639	224	114	820	11,841
Not stated	0	78	0	35	2	35	–	0	150
Total	18,919	15,488	5,767	4,633	1,526	755	317	1,910	49,315
%									
Indigenous children									
Physical	13.7	13.5	17.9	11.0	27.5	11.9	12.8	16.2	14.7
Sexual	13.6	5.2	3.7	9.0	4.7	2.2	7.0	0.7	8.3
Emotional	33.0	75.0	38.0	51.1	24.7	56.7	46.5	37.8	42.7
Neglect	39.7	5.8	40.4	28.3	42.6	24.6	33.7	45.2	34.1
Not stated	0.0	0.0	0.0	0.6	0.4	4.5	0.0	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Non-Indigenous children									
Physical	17.4	15.7	16.6	15.2	25.7	18.5	14.3	21.3	16.8
Sexual	18.1	11.1	5.0	16.8	9.2	6.1	2.6	5.0	13.4
Emotional	35.1	69.4	45.6	39.3	23.1	41.5	46.3	46.9	49.8

Table C6 continued

Type of abuse or neglect	NSW	Vic	Qld	WA ^(a)	SA	Tas ^{(a)(b)}	ACT ^(b)	NT ^(c)	Total
%									
Non-Indigenous children									
Neglect	29.4	3.2	32.8	27.8	42.0	30.0	36.8	26.8	19.8
Not stated	0.0	0.5	0.0	0.9	0.0	3.8	0.0	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
All children									
Physical	16.3	15.5	17.1	13.4	26.4	17.6	13.9	16.9	16.2
Sexual	16.7	10.4	4.6	13.4	8.1	4.9	3.8	1.3	11.9
Emotional	34.5	70.1	42.6	44.4	23.5	43.2	46.4	39.0	47.6
Neglect	32.5	3.5	35.7	28.0	41.9	29.7	36.0	42.9	24.0
Not stated	0.0	0.5	0.0	0.8	0.1	4.6	0.0	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) In Tasmania, the proportion of substantiations for children with an unknown Indigenous status affects the reliability of these data.

(b) In Tasmania and the Australian Capital Territory, the proportion of Aboriginal and Torres Strait Islander children who were the subjects of substantiations should be interpreted with caution due to small numbers.

(c) In the Northern Territory, due to recording issues, sexual exploitation is under-reported. This has been addressed and it is expected numbers in this area will be similar to those of other jurisdictions in future years.

Notes

1. Finalised investigations, and thus substantiations, refer only to cases that were notified during the year, not to the total number of investigations finalised by 31 August 2017.

2. If a child was the subject of more than one type of abuse or neglect as part of the same notification, the abuse and/or neglect reported is the one considered by the child protection workers to cause the most harm to the child. Where a child is the subject of more than one substantiation during the year, the type of abuse reported in this table is the type of abuse and/or neglect associated with the substantiation decision relating to the earliest notification during the year.

3. Percentages for all children include children whose Indigenous status was unknown.

4. Percentages in the table may not add to 100 due to rounding.

Source: AIHW Child Protection Collection 2017.

Table C7: Children aged 0–17 who were the subjects of substantiations of notifications received during 2015–16, by type of abuse or neglect and Indigenous status, states and territories

Type of abuse or neglect	NSW	Vic	Qld	WA ^(a)	SA	Tas ^{(b)(c)}	ACT ^{(b)(c)}	NT ^(d)	Total
Number									
Indigenous children									
Physical	729	292	377	300	111	11	11	239	2,070
Sexual	634	132	78	167	31	4	3	39	1,088
Emotional	1,786	1,180	618	768	157	78	47	427	5,061
Neglect	2,138	104	851	556	283	59	51	620	4,662
Not stated	0	0	0	17	0	5	0	0	22
Total	5,287	1,708	1,924	1,808	582	157	112	1,325	12,903
Non-Indigenous children									
Physical	2,044	2,681	575	447	237	80	44	56	6,164
Sexual	2,225	1,331	171	527	114	27	20	15	4,430
Emotional	4,149	7,951	1,419	784	238	243	151	122	15,057
Neglect	3,505	479	1,279	611	381	161	79	56	6,551
Not stated	0	0	0	9	1	15	0	0	25
Total	11,923	12,442	3,444	2,378	971	526	294	249	32,227
Unknown Indigenous status									
Physical	3	2	62	3	35	13	9	0	127
Sexual	9	0	18	2	7	4	1	0	41
Emotional	26	2	86	6	19	55	27	0	221
Neglect	34	0	87	1	27	35	6	0	190
Not stated	0	0	0	0	0	5	0	0	5
Total	72	4	253	12	88	112	43	0	584
All children									
Physical	2,776	2,975	1,014	750	383	104	64	295	8,361
Sexual	2,868	1,463	267	696	152	35	24	54	5,559
Emotional	5,961	9,133	2,123	1,558	414	376	225	549	20,339
Neglect	5,677	583	2,217	1,168	691	255	136	676	11,403
Not stated	0	0	0	26	1	25	0	0	52
Total	17,282	14,154	5,621	4,198	1,641	795	449	1,574	45,714
%									
Indigenous children									
Physical	13.8	17.1	19.6	16.6	19.1	7.0	9.8	18.0	16.0
Sexual	12.0	7.7	4.1	9.2	5.3	2.5	2.7	2.9	8.4
Emotional	33.8	69.1	32.1	42.5	27.0	49.7	42.0	32.2	39.2
Neglect	40.4	6.1	44.2	30.8	48.6	37.6	45.5	46.8	36.1
Not stated	0.0	0.0	0.0	0.9	0.0	3.2	0.0	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Non-Indigenous children									
Physical	17.1	21.5	16.7	18.8	24.4	15.2	15.0	22.5	19.1
Sexual	18.7	10.7	5.0	22.2	11.7	5.1	6.8	6.0	13.7
Emotional	34.8	63.9	41.2	33.0	24.5	46.2	51.4	49.0	46.7

Table C7 continued

Type of abuse or neglect	NSW	Vic	Qld	WA ^(a)	SA	Tas ^{(b)(c)}	ACT ^{(b)(c)}	NT ^(d)	Total
%									
Non-Indigenous children									
Neglect	29.4	3.8	37.1	25.7	39.2	30.6	26.9	22.5	20.3
Not stated	0.0	0.0	0.0	0.4	0.1	2.9	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
All children									
Physical	16.1	21.0	18.0	17.9	23.3	13.1	14.3	18.7	18.3
Sexual	16.6	10.3	4.8	16.6	9.3	4.4	5.3	3.4	12.2
Emotional	34.5	64.5	37.8	37.1	25.2	47.3	50.1	34.9	44.5
Neglect	32.8	4.1	39.4	27.8	42.1	32.1	30.3	42.9	24.9
Not stated	0.0	0.0	0.0	0.6	0.1	3.1	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) The definition of emotional abuse in Western Australia has been broadened to include children witnessing family and domestic violence from 2015–16. WA has substantially improved reporting on Indigenous identification, reducing the number of children reported as having unknown Indigenous status compared to years prior to 2015–16.

(b) In Tasmania and the Australian Capital Territory, the proportion of substantiations for children with an unknown Indigenous status affects the reliability of these data.

(c) In Tasmania and the Australian Capital Territory, the proportion of Aboriginal and Torres Strait Islander children who were the subjects of substantiations should be interpreted with caution due to small numbers.

(d) In the Northern Territory, due to recording issues, sexual exploitation is under-reported. This has been addressed and it is expected numbers in this area will be similar to those of other jurisdictions in future years.

Notes

1. Finalised investigations, and thus substantiations, refer only to cases that were notified during the year, not to the total number of investigations finalised by 31 August 2016.

2. If a child was the subject of more than one type of abuse or neglect as part of the same notification, the abuse and/or neglect reported is the one considered by the child protection workers to cause the most harm to the child. Where a child is the subject of more than one substantiation during the year, the type of abuse reported in this table is the type of abuse and/or neglect associated with the substantiation decision relating to the earliest notification during the year.

3. Percentages for all children include children whose Indigenous status was unknown.

4. Percentages in the table may not add to 100 due to rounding.

Source: AIHW Child Protection Collection 2016.

Table C8: Children who were the subjects of substantiations of notifications, by age group and state or territory, 2021–22 (number and rate)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number per 1,000									
<1	12.4	23.4	7.7	10.1	19.6	5.1	7.0	48.2	14.7
1–4	8.4	11.9	5.1	7.1	7.3	2.8	4.2	27.2	8.4
5–9	8.0	10.5	4.8	6.5	6.1	3.3	3.7	21.6	7.7
10–14	8.7	10.6	5.0	5.6	4.4	3.3	3.1	22.1	7.7
15–17	6.2	5.9	3.1	3.0	2.5	1.6	2.2	14.3	4.8
0–17	8.3	10.8	4.8	6.0	6.0	3.0	3.6	23.4	7.7
All children	8.8	10.8	5.2	6.3	6.0	3.4	3.6	23.4	8.0
Children in substantiations (number)	15,582	15,307	6,249	3,992	2,227	391	353	1,447	45,548

Notes

1. The data presented in this table is not comparable across jurisdictions due to differences in the way jurisdictions collect and report data on notifications, investigations and substantiations. See Appendix B for more information.
2. Unborn children may be covered under child protection legislation and are therefore included in this report. However, they are excluded in rate calculations for the 'less than one' and '0–17' categories. Unborn children are included in the 'All children' rates.
3. 'All children' includes children of unknown age.
4. Finalised investigations, and thus substantiations, refer only to cases that were notified during the reporting period, and finalised by 31 August. This excludes finalised investigations that were notified in a previous reporting period.
5. See Technical notes for the method used to calculate rates, and Table P2 for the population data used.

Sources: AIHW Child Protection Collection 2021–22; Table P2.

Australian Institute of Health and Welfare:

Response to Questions on Notice from the Senate Standing
References Committee on Legal and Constitutional Affairs
regarding the Inquiry into Missing and Murdered First Nations
Women and Children

June 2024 submission¹

¹ Original submission in November 2022, following a Public Hearing in October 2022. Submission updated in June 2024.

Question 1: Rates of homicides by remoteness and socio-economic factors

Dr Al-Yaman, you mentioned that some of the differential in the rates of homicides can be explained by socioeconomic and remoteness factors. Could you, if possible, provide us some analysis of that and differentiate between First Nations and non-First Nations peoples in remote communities?

Response

Intentional violence against another person is classified as assault (injury) or homicide (death). Analysis provided below, shows that the rate of homicide deaths among Indigenous females was higher than for non-Indigenous females across all remoteness areas and socioeconomic groups. This analysis is based on the AIHW National Mortality Database where the cause of death is recorded as assault (see 'Data information').

To supplement this analysis, the AIHW has also analysed data for hospitalisations due to assault. This analysis is based on the AIHW National Hospital Morbidity Database (NHMD) (see 'Data information').

Assault deaths by remoteness areas and socioeconomic groups

Due to small numbers occurring in any one year, mortality data have been combined in a 5-year period, 2018 to 2022 (based on calendar years)².

Analysis of mortality data shows that among Aboriginal and Torres Strait Islander females, the rate of homicide deaths were higher in regional and remote areas than in non-remote areas. Over the 5-year period 2018 to 2022:

- 67% of homicide deaths among Indigenous females were people living in regional or remote areas (excluding deaths where remoteness of usual residence was unknown) (29 deaths), and the remaining 33% (14 deaths) were among those living in Major cities
- the rate of homicide deaths among Indigenous females was higher for those living in regional and remote areas (2.2 deaths per 100,000 population) than among those in *Major cities* (1.7 per 100,000 population) (see Figure 1, Table A1).
- for non-Indigenous females, the data shows minimal difference in the rate of homicide death by remoteness – 0.5 in both Major cities and in Regional and remote areas (Table A1).

Indigenous females accounted for 6% of homicide deaths in Major cities (14 of 249 deaths), compared with 27% of deaths in regional and remote areas (29 of 109 deaths) (excluding deaths where Indigenous status was unknown).

In Major cities, the rate of homicide deaths among Indigenous females was 3.3 times as high as for non-Indigenous females (1.7 compared with 0.5 per 100,000 population), while in regional and remote areas, the rate was 4.5 times as high (2.2 compared with 0.5 per 100,000 population) (based on crude rates³).

Looking at rates of homicide deaths across socioeconomic groups, the rate of deaths due to homicide was lower among those living in the highest socioeconomic areas, for both Indigenous and non-Indigenous females. Over the period 2018 to 2022:

- 56% of homicide deaths among Indigenous females were among Indigenous females living in the lowest socioeconomic quintile (24 deaths, excluding deaths where socioeconomic status

² Includes data for all state/territories – this differs to the approach used in other reporting – see Table A1, footnote (c) for details.

³ Age-standardisation was not possible for all remoteness categories due to small numbers of deaths, but AIHW analysis shows that the use of crude rates is adequate when looking at homicide deaths by Indigenous status.

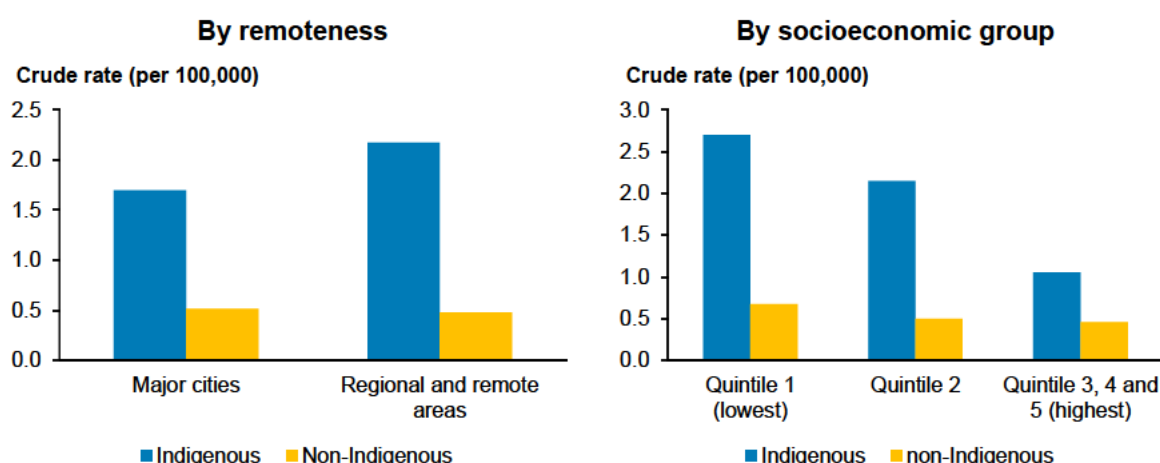
was unknown), 26% were among those living in second lowest socioeconomic quintile (11 deaths), and 19% in the middle and two highest socioeconomic quintiles combined (8 deaths)

- for Indigenous females, the rate of homicide deaths among those living in the lowest socioeconomic quintile was 2.7 per 100,000 population, compared with 2.1 deaths per 100,000 in the second lowest quintile, and 1.1 deaths per 100,000 in the middle and two highest quintiles (see Figure 1, Table A2).
- for non-Indigenous females, the rate of homicide deaths among those living in the lowest socioeconomic quintile was 0.7 deaths per 100,000 population, compared with 0.5 per 100,000 in the other quintiles (see Figure 1, Table A2).

Indigenous females accounted for 4% of total female homicide deaths among those living in the middle and 2 highest socioeconomic quintiles combined (8 of 184 deaths), 15% of homicide deaths those living in the second lowest socioeconomic quintile (11 of 72 deaths), and 24% of homicide deaths in the lowest quintile (24 of 102).

The rate of homicide deaths among Indigenous females ranged between 2.3 and 4.3 times as high as for non-Indigenous females across socioeconomic groups (Table A2).

Figure 1: Rate of homicide deaths among females, by Indigenous status, remoteness area and socioeconomic group, January 2018 to December 2022



Source: AIHW National Mortality Database.

Assault hospitalisations by remoteness areas and socioeconomic groups

Hospitalisations data in this section are presented for the two-year period July 2021 to June 2023 combined (based on financial years). Hospitalisations⁴ due to assault are defined as hospitalisations where the principal diagnosis was recorded as injury and poisoning (ICD-10-AM S00–T98), and the first reported external cause was assault (X85–Y09).

Among Aboriginal and Torres Strait Islander females, both the number and rate of hospitalisations due to assault were higher in remote than non-remote areas. Over the period July 2021 to June 2023:

- of the 7,565 hospitalisations due to assault among First Nations females, 4,314 (57%) were among those living in *Remote and very remote* areas, 1,760 (23%) among those living in *Inner and outer regional* areas, and 1,271 (17%) among those living in *Major cities*.
- the rate of hospitalisations for assault among First Nations females living in *Remote and very remote* areas was 7.4 times as high as for those in *Major cities* (27.5 compared with 3.7 per 1,000 population), and 6.1 times as high as for those living in *Inner and outer regional* areas (27.5 compared with 4.5 per 1,000 population respectively) (Figure 2, Table A3).
- for non-Indigenous females, the differences across remoteness areas were smaller than those observed for First Nations females. The rate of assault hospitalisation was higher for those living *Remote and very remote* (0.6 per 1,000 population) than in *Inner and outer regional* areas or *Major cities* (both 0.3 per 1,000 population).

Between July 2021 to June 2023, First Nations females accounted for 96% of total female assault hospitalisations in *Remote and very remote* areas, 47% in *Inner and outer regional* areas, and 18% in *Major cities* (excluding hospitalisations where Indigenous status was unknown).

In *Remote and very remote* areas, the rate of hospitalisations due to assault among First Nations females was 47 times as high as for non-Indigenous females (27.5 compared with 0.6 per 1,000 population); in *Inner and outer regional* areas, the rate was 14 times as high (4.5 compared with 0.3 per 1,000), and in *Major cities* the rate was 12 times as high (3.7 compared with 0.3 per 1,000) (based on crude rates⁵).

Looking at rates of assault hospitalisations across socioeconomic groups, the rate of hospitalisations due to assault was lower among those living in the highest socioeconomic areas, for both First Nations and non-Indigenous females. Over the period July 2021 to June 2023:

- of the 7,565 hospitalisations due to assault among Indigenous females, 4,256 (56%) were for those living in the lowest socioeconomic quintile, 932 were for those in the second lowest quintile (12%), 1,373 were for those in the middle quintile (18%), and the 780 hospitalisations were for those in the 2 highest socioeconomic quintiles (10%) (percentages exclude hospitalisations where socioeconomic status was unknown).
- the rate of hospitalisations due to assault among First Nations females living in the lowest socioeconomic group was 3.9 times as high as for those living in the highest socioeconomic group (12.5 compared with 3.2 hospitalisations per 1,000 population) and between 1.4 to 2.8 times higher than those living in the middle 3 socioeconomic groups (12.5 compared with 4.4, 8.9 and 4.9 hospitalisations per 1,000 respectively).
- for non-Indigenous females, the rate of assault hospitalisations was 0.2 per 1,000 among those living in the highest socioeconomic group, compared with between 0.3 and 0.4 per 1,000 in the middle 3 socioeconomic groups, and 0.5 per 1,000 in the lowest socioeconomic group (Figure 2, Table A4).

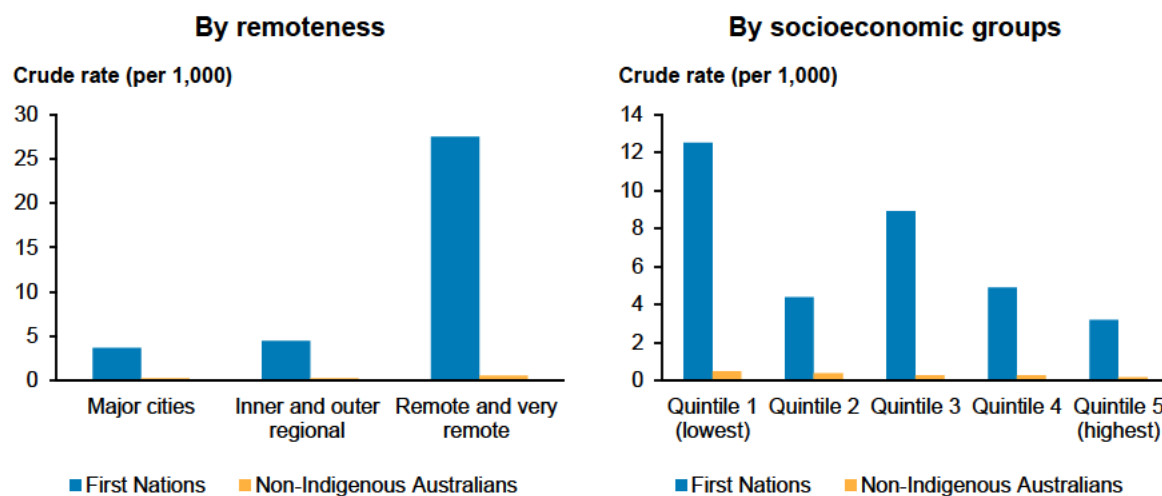
⁴ A hospitalisation is an episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (e.g., from acute care to rehabilitation). Also referred to as a 'separation'.

⁵ Rate ratios based on age-standardised rates are similar to those based on crude rates; see Table A3.

First Nations females accounted for 25% of total assault hospitalisations among females living in the 2 highest socioeconomic quintiles (510 of 1,979 hospitalisations in the second highest quintile, and 270 of 1,179 in the highest quintile). In comparison, First Nations females accounted for 46% of assault hospitalisations for females living in the middle socioeconomic quintile (1,373 of 3,016 hospitalisations), 35% for those living in the second lowest socioeconomic quintile (932 of 2,629 hospitalisations), and 65% among those living in the lowest socio-economic group (4,256 of 6,589 hospitalisations).

The rate of assault hospitalisations among First Nations females ranged between 12 and 30 times as high as for non-Indigenous females across socioeconomic groups (Table A4).

Figure 2: Rate of hospitalisations due to assault among females, by Indigenous status, remoteness area and by socioeconomic group, July 2021 to June 2023



Note: When comparing these graphs, note that the scale of the two graphs differ.

Source: AIHW National Hospital Morbidity Database.

About the data

To answer this question, we have analysed mortality data from the AIHW National Mortality Database (NMD) and hospitalisations data from the National Hospital Morbidity Database (NHMD).

National Mortality Database

The AIHW National Mortality Database (NMD) holds records for deaths in Australia from 1964. The database comprises information about causes of death and other characteristics of the person, such as sex, age at death, area of usual residence and Indigenous status.

Cause of Death Unit Record File data are provided to the AIHW by the Registries of Births, Deaths and Marriages and the National Coronial Information System (managed by the Victorian Department of Justice) and include cause of death coded by the Australian Bureau of Statistics (ABS).

Cause of death information is based on underlying cause of death and classified according to the International Classification of Diseases and Related Health Problems (ICD). Deaths registered in 1997 onwards are classified according to the 10th revision (ICD-10). Homicide deaths are defined in the data presented here as a cause of death in the following ICD-10 codes: X85–Y09.

Generally, mortality data are reported for 5 states and territories—New South Wales, Queensland, Western Australia, South Australia and the Northern Territory. These jurisdictions are considered to have adequate levels of Indigenous identification. For this response, given that remoteness and socioeconomic areas cross state boundaries, deaths by Indigenous status and remoteness were reported for whole of Australia – therefore, totals in this response may differ from those published elsewhere.

For more information about Australian mortality data, including scope and coverage of the collection and a quality declaration, please refer to [Deaths, Australia](#) and [Causes of death, Australia](#) available from the ABS website.

For more information on the AIHW National Mortality Database see [About National Mortality Database](#) available from the AIHW website.

National Hospital Morbidity Database

The National Hospital Morbidity Database (NHMD) is a compilation of episode-level records for admitted patients from essentially all public and private hospitals in Australia.

The data are supplied by jurisdictions to the AIHW based on the National minimum data set (NMDS) for Admitted patient care and include demographic, administrative and length of stay data, as well as data on the diagnoses of the patients, the procedures they underwent in hospital and external causes of injury and poisoning. Comprehensive information on the quality of data is available on the AIHW [MyHospitals](#) website.

Diagnosis, intervention and external cause data for 2021–23 were reported to the NHMD by all states and territories using the 11th and 12th edition of the International statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM) (ACCD 2019⁶).

The Indigenous status data in the NHMD are considered to be of sufficient quality for statistical reporting for all states and territories from 2010–11 onwards. Data are presented for hospitalisations⁷ where the principal diagnosis was recorded as injury and poisoning (ICD-10-AM S00–T98), and the first reported external cause was assault (X85–Y09).

⁶ ACCD (Australian Consortium for Classification Development) 2019a. The international statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM), 11th edn. Tabular list of diseases and alphabetic index of diseases. Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing

⁷ A hospitalisation is an episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (e.g., from acute care to rehabilitation).

Calculating rates

To calculate rates:

- for the remoteness analysis: The ABS has not yet published the necessary population data by Indigenous status to derive denominators. As such, populations by remoteness area were estimated by the AIHW using a Bayesian smoothing of Census counts, followed by Iterative Proportional Fitting of relevant published ABS population estimates, together with ABS geographic correspondences.
- for the socioeconomic analysis: The ABS does not publish the necessary population data by Indigenous status to derive denominators. As such, populations by socioeconomic quintile were estimated by the AIHW using a Bayesian smoothing of Census counts, followed by Iterative Proportional Fitting of relevant published ABS population estimates, together with ABS geographic correspondences.

Remoteness and socioeconomic status definitions

Geographic remoteness is essentially a measure of a location's level of access to services. Larger population centres tend to have a greater level of service provision than small centres. This analysis uses the Australian Statistical Geography Standard [Remoteness Structure](#) classification

Remoteness measures are calculated using Accessibility/Remoteness Index of Australia (ARIA+) scores, which are based on the road distance from a populated locality to the nearest Urban Centre. The lower the ARIA+ score for a populated locality the greater the access to services. For this analysis, is based on area of usual residence—Statistical Local Area Level 2 (SA2)—classified according to *Remoteness Area 2016*. Correspondence files are sourced from Australian Statistical Geography Standard (ASGS): Volume 5 - Remoteness Structure, July 2016 (ABS cat. no. 1270.0.55.005).

Socioeconomic status can be measured using an individual characteristic, such as a person's level of income, education or occupation, or it may be constructed as a composite measure using a range of socioeconomic information. This analysis uses the [ABS Socio-Economic Indexes for Areas](#) (SEIFA) 2016, which consists of four composite measures (indexes) created using social and economic information from the 2016 Census. For this analysis, the SEIFA Index of Relative Socio-economic Disadvantage (IRSD) has been used.

The IRSD classifies individuals according to the socioeconomic characteristics of the area in which they live. It scores each area by summarising attributes of the population, such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations. Areas can then be ranked according to their score. The population living in the 20% of areas with the greatest overall level of disadvantage is described as the 'lowest socioeconomic group'. The 20% at the other end of the scale – the top fifth – is described as the 'highest socioeconomic group'.

Note that the IRSD reflects the overall or average level of disadvantage of the population of an area; it does not show how individuals living in the same area differ from each other in their socioeconomic position. Inequality estimates based on area-level measures of socioeconomic position will underestimate inequalities because of the substantial variation in socioeconomic position within areas (Mather 2014)⁸.

In this analysis, socioeconomic status is based on area of usual residence—Statistical Local Area Level 2 (SA2)—classified into population-based quintiles by using the 2016 IRSD. Correspondence files are sourced from Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016 (ABS cat. no. 2033.0.55.001).

⁸ Mather T, Banks E, Joshy G, Bauman A, Phongsavan P and Korda RJ (2014) 'Variation in health inequalities according to measures of socioeconomic status and age', *Australian and New Zealand Journal of Public Health*, 38(5):436–440, doi:10.1111/1753-6405.12239.

Attachment Tables

Table A1: Number and rates of deaths due to assault (ICD-10 X85-Y09) among females, by Indigenous status and remoteness area, 2018 to 2022

Remoteness area	Indigenous females		Non-Indigenous females		Rate ratio ^(a)
	Deaths	Crude rate (per 100,000)	Deaths	Crude rate (per 100,000)	
Major cities	14	1.7	235	0.5	3.3
Regional and remote areas ^(b)	29	2.2	80	0.5	4.5
Australia^{(c)(d)}	47	2.2	317	0.5	4.3

(a) Rate ratio is calculated as the crude rate for Indigenous females divided by the crude rate for non-Indigenous females. Rates may vary due to rounding numbers.

(b) Data for Inner regional, Outer regional, Remote and Very remote areas have been combined due to small numbers in some areas.

(c) Includes unknown/missing remoteness area.

(d) This includes data for all jurisdictions. However, for general reporting purposes, mortality data is typically reported for 5 states and territories—New South Wales, Queensland, Western Australia, South Australia and the Northern Territory. These jurisdictions are considered to have adequate levels of Indigenous identification in mortality data. Therefore, this total may differ to that shown elsewhere.

Notes

1. Cause of Death Unit Record File data are provided to the AIHW by the Registries of Births, Deaths and Marriages and the National Coronial Information System (managed by the Victorian Department of Justice) and include cause of death coded by the Australian Bureau of Statistics (ABS). The data are maintained by the AIHW in the National Mortality Database
2. Deaths registered in 2019 and earlier are based on the final version of cause of death data; deaths registered in 2020 are based on the revised version; deaths registered in 2021 and 2022 are based on the preliminary version. Revised and preliminary versions are subject to further revision by the ABS.
3. Cause of death information are based on underlying cause of death and are classified according to the International Classification of Diseases and Related Health Problems (ICD). Deaths registered in 1997 onwards are classified according to the 10th revision (ICD-10).
4. Remoteness area is based on area of usual residence—Statistical Local Area Level 2 (SA2)—classified according to Remoteness Area 2016. Correspondence files are sourced from Australian Statistical Geography Standard (ASGS): Volume 5 - Remoteness Structure, July 2016 (ABS cat. no. 1270.0.55.005). Deaths with unknown/missing area of usual residence were excluded in the analysis.
5. Deaths with unknown Indigenous status were excluded from the analysis.
6. Only crude rates are shown. Age-standardised rates are not provided due to small numbers and therefore concerns around reliability of the rates. However, AIHW analysis indicates that crude rates are adequate when comparing rates of assault death.
7. Rates by remoteness were calculated using ABS population estimates and projections based on the 2016 Census.
8. Populations used in calculating rates by socioeconomic quintile were estimated by the AIHW using a Bayesian smoothing of Census counts, followed by Iterative Proportional Fitting of relevant published ABS population estimates, together with ABS geographic correspondences.

Source: AIHW National Mortality Database.

Table A2: Number and rates of deaths due to assault (ICD-10 X85-Y09) among females, by Indigenous status and socioeconomic group, 2016-2020

Socioeconomic group	Indigenous females		Non-Indigenous females		Rate ratio ^(a)
	Deaths	Crude rate (per 100,000)	Deaths	Crude rate (per 100,000)	
Quintile 1 (lowest)	24	2.7	78	0.7	4.0
Quintile 2	11	2.1	61	0.5	4.3
Quintile 3 (middle quintile), 4 and 5 (highest) ^(b)	7	2.1	176	0.5	2.3
Australia^{(c)(d)}	47	2.2	317	0.5	4.3

(a) Rate ratio is calculated as the crude rate for Indigenous females divided by the crude rate for non-Indigenous females.

(b) Data for these three quintiles were combined due to small numbers.

(c) Includes unknown/missing socioeconomic area.

(d) This includes data for all jurisdictions. However, for general reporting purposes, mortality data is typically reported for 5 states and territories—New South Wales, Queensland, Western Australia, South Australia and the Northern Territory. These jurisdictions are considered to have adequate levels of Indigenous identification in mortality data. Therefore, this total may differ to that shown elsewhere.

Notes

1. Cause of Death Unit Record File data are provided to the AIHW by the Registries of Births, Deaths and Marriages and the National Coronial Information System (managed by the Victorian Department of Justice) and include cause of death coded by the Australian Bureau of Statistics (ABS). The data are maintained by the AIHW in the National Mortality Database.
2. Deaths registered in 2019 and earlier are based on the final version of cause of death data; deaths registered in 2020 are based on the revised version; deaths registered in 2021 and 2022 are based on the preliminary version. Revised and preliminary versions are subject to further revision by the ABS.
3. Cause of death information are based on underlying cause of death and are classified according to the International Classification of Diseases and Related Health Problems (ICD). Deaths registered in 1997 onwards are classified according to the 10th revision (ICD-10).
4. Socioeconomic status is based on area of usual residence—Statistical Local Area Level 2 (SA2)—classified into population-based quintiles by using the Socio-Economic Indexes for Areas (SEIFA) 2016 Index of Relative Socio-Economic Disadvantage (IRSD). Correspondence files are sourced from Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016 (ABS cat. no. 2033.0.55.001). Deaths with unknown/missing area of usual residence were excluded in the analysis.
5. Deaths with unknown Indigenous status were excluded from the analysis.
6. Only crude rates are shown. Age-standardised rates are not provided due to small numbers and therefore concerns around reliability of the rates. However, AIHW analysis indicates that crude rates are adequate when comparing rates of assault death.
7. Rates by remoteness were calculated using ABS population estimates and projections based on the 2016 Census.
8. Populations used in calculating rates by socioeconomic quintile were estimated by the AIHW using a Bayesian smoothing of Census counts, followed by Iterative Proportional Fitting of relevant published ABS population estimates, together with ABS geographic correspondences.

Source: AIHW National Mortality Database.

Table A3: Hospitalisations among females for a principal diagnosis of injury and poisoning and a first reported external cause of assault, by Indigenous status, and remoteness area, Australia, July 2021 to June 2023^{(a)(b)(c)}

Remoteness area	First Nations			Non-Indigenous Australians				
	Number	Crude rate (per 1,000)	ASR (per 1,000) ^(d)	Number	Crude rate (per 1,000)	ASR (per 1,000) ^(d)	Rate ratio, based on crude rates ^(e)	Rate ratio, based on ASRs ^(f)
Major cities	1,271	3.7	4.1	5,866	0.3	0.3	11.7	12.9
Inner and outer regional	1,760	4.5	5.2	2,008	0.3	0.4	14.5	14.6
Remote and very remote	4,314	27.5	27.9	187	0.6	0.6	47.1	44.6
Australia	7,565	8.4	9.5	8,484	0.3	0.3	25.3	27.2

ASR=Age-standardised rate

(a) Data includes public and private hospitals in all jurisdictions.

(b) Categories are based on the ICD-10-AM 11th and 12th edition. Causes of injury are based on the first reported external cause as 'Assault' ICD-10-AM codes X85–Y09, where the principal diagnosis was 'Injury, poisoning and certain other consequences of external causes' (S00–T98).

(c) Age-standardised rates (ASR) have been calculated using the direct method, age-standardised by 5-year age groups to 75+.

(d) Directly age-standardised using the Australian 2001 standard population.

(e) Calculated as the crude rate for First Nations females divided by the crude rate for non-Indigenous females.

(f) Calculated as the age-standardised rate for First Nations females, divided by the age-standardised rate for non-Indigenous females.

Notes

1. Populations used to calculate rates by remoteness were estimated by the AIHW using a Bayesian smoothing of Census counts, followed by Iterative Proportional Fitting of relevant published ABS population estimates, together with ABS geographic correspondences.
2. Data exclude separations for Newborns without qualified days, Hospital boarders and Posthumous organ procurement.
3. Data exclude separations where Indigenous status was not stated.
4. Data are reported by remoteness of usual residence, based on the ABS Australian Statistical Geography Standard (ASGS) 2016.

Source: AIHW analysis of National Hospital Morbidity Database.

Table A4: Hospitalisations among females for a principal diagnosis of injury and poisoning and a first reported external cause of assault, by Indigenous status, and socioeconomic group, Australia, July 2021 to June 2023^{(a)(b)(c)}

Socioeconomic group	First Nations			Non-Indigenous Australians				
	Number	Crude rate (per 1,000)	ASR (per 1,000) ^(d)	Number	Crude rate (per 1,000)	ASR (per 1,000) ^(d)	Rate ratio, based on crude rates ^(e)	Rate ratio, based on ASRs ^(f)
Quintile 1 (lowest)	4,256	12.5	14.0	2,333	0.5	0.6	23.0	23.8
Quintile 2	932	4.4	5.0	1,697	0.4	0.4	12.4	13.2
Quintile 3	1,373	8.9	10.0	1,643	0.3	0.3	29.7	32.4
Quintile 4	510	4.9	5.4	1,469	0.3	0.3	18.4	20.0
Quintile 5 (highest)	270	3.2	3.5	909	0.2	0.2	18.6	19.8
Australia	7,565	8.4	9.5	8,484	0.3	0.3	25.3	27.2

ASR=Age-standardised rate

a) Data includes public and private hospitals in all jurisdictions.

b) Categories are based on the ICD-10-AM 11th and 12th edition. Causes of injury are based on the first reported external cause as 'Assault' ICD-10-AM codes X85–Y09, where the principal diagnosis was 'Injury, poisoning and certain other consequences of external causes' (S00–T98).

c) Age-standardised rates (ASR) have been calculated using the direct method, age-standardised by 5-year age groups to 75+.

d) Directly age-standardised using the Australian 2001 standard population.

e) Calculated as the crude rate for First Nations females divided by the crude rate for non-Indigenous females.

f) Calculated as the age-standardised rate for First Nations females, divided by the age-standardised rate for non-Indigenous females.

Notes

1. Populations used to calculate rates by socioeconomic quintile were estimated by the AIHW using a Bayesian smoothing of Census counts, followed by Iterative Proportional Fitting of relevant published ABS population estimates, together with ABS geographic correspondences.
2. Data exclude separations for Newborns without qualified days, Hospital boarders and Posthumous organ procurement.
3. Data exclude separations where Indigenous status was not stated.
4. Data are reported by SEIFA of usual residence, based on the ABS Australian Statistical Geography Standard (ASGS) 2016.

Source: AIHW analysis of National Hospital Morbidity Database.