Chapter 2

THE EMOTIONAL AND BEHAVIOURAL HEALTH OF ABORIGINAL **CHILDREN AND YOUNG PEOPLE**

Summary	25
Mental health and social and emotional wellbeing	27
Emotional or behavioural difficulties	30
Proportion of children with emotional or behavioural difficulties	30
Age of child	31
Sex of child	33
Age and sex of child.	34
Birth mother	34
LORI and age	34
LORI and sex.	35
ATSIC region	37
Categories of socio-economic disadvantage	37
Birth mother status and aboriginal status of primary carer	37
Multivariate modelling – age, sex and LORI	38
Relationship between the SDQ and problem behaviours in Aboriginal children aged 4–17 years	41
Specific emotional or behavioural difficulties	
Emotional symptoms	45
Conduct problems	46
Hyperactivity	47
Peer problems	48
Prosocial behaviour	49
Carer reports of the impact of emotional or behavioural difficulties	50
Endnotes	54
Detailed tables	56





Chapter 2

THE EMOTIONAL AND BEHAVIOURAL HEALTH OF ABORIGINAL CHILDREN AND YOUNG PEOPLE

Social and emotional wellbeing is an essential part of the more holistic view of health held by Aboriginal people. Aboriginal concepts of health encompass spiritual, physical, social and emotional dimensions that recognise their traditional and historical connections with the Australian land and its history both prior to and following colonisation. This chapter describes the distribution of emotional and behavioural difficulties as part of a more general description of the social and emotional wellbeing of Aboriginal children aged 4–17 years. Particular attention is given to the distribution of emotional and behavioural difficulties by age, sex and Level of Relative Isolation, and characteristics of the birth mother. Specific emotional or behavioural difficulties are also discussed. These measures form the foundations for the subsequent chapters in this volume.

SUMMARY

This is the first attempt to systematically assess proportions of children at high risk of clinically significant emotional or behavioural difficulties in a large representative sample of Western Australian Aboriginal children and young people using carer reports. Emotional or behavioural difficulties experienced by Western Australian Aboriginal children aged 4–17 years as documented in this chapter are based on carer responses to the Goodman's Strengths and Difficulties questionnaire (Goodman's SDQ). The same questionnaire was administered to the carers of non-Aboriginal children aged 4–17 years to enable comparisons between Aboriginal and non-Aboriginal child populations.

In respect of 4–17 year-old Aboriginal children:

- ♦ The proportion at high risk of clinically significant emotional or behavioural difficulties is significantly higher than in the non-Aboriginal child population. Almost one quarter (24.0 per cent) of Aboriginal children aged 4–17 years were at high risk of clinically significant emotional or behavioural difficulties, a proportion significantly above the 15.0 per cent found among the state's general child population. This compares with data collected by the New South Wales Health Department using Goodman's parent-reported SDQ, from which it is estimated that 22.9 per cent of Aboriginal children in that state are at high risk of emotional or behavioural difficulties.
- ◆ A greater proportion of younger children are at high risk of clinically significant emotional or behavioural difficulties. The proportion of Aboriginal children at high risk declined with increasing age, with children aged 15–17 years 62 per cent less likely to be at high risk compared with children aged 4–7 years. This contrasts with proportions found in the general child population, which began to decline from age 11 and showed no significant difference in the level of high risk experienced by younger and older children.
- Males were twice as likely as females to be at high risk of clinically significant emotional or behavioural difficulties. A greater proportion of male Aboriginal children were at high risk of clinically significant emotional or behavioural difficulties than female Aboriginal children and, after taking into account

SUMMARY (continued)

the age of the child and their level of relative isolation, were twice as likely as females to experience such difficulties. For non-Aboriginal children, there was no significant difference in the proportion of males and females at high risk of clinically significant emotional or behavioural difficulties.

- ◆ Extreme isolation may be a factor protecting against high risk of clinically significant emotional or behavioural difficulties. Aboriginal children living in the most isolated areas of the state were significantly less likely to be at high risk of clinically significant emotional or behavioural difficulties. In areas of extreme isolation, children were 83 per cent less likely than Aboriginal children living in the Perth metropolitan area to be at high risk. While there are a number of factors influencing this finding, it is nevertheless evident that in areas of extreme isolation, adherence to Aboriginal culture and traditional ways of life may be protective against high risk of clinically significant emotional or behavioural difficulties. The lowest proportions of children at high risk of clinically significant emotional or behavioural difficulties were recorded in the Warburton and Broome ATSIC regions, while the highest proportions were recorded in the ATSIC regions of South Hedland, Perth and Geraldton.
- ◆ Conduct problems and hyperactivity were significantly more common than in non-Aboriginal children. The specific emotional or behavioural difficulty affecting the highest proportion of Aboriginal children aged 4–17 years was conduct problems. Nearly one third of children (33.9 per cent) were at high risk of clinically significant conduct problems compared with 15.8 per cent of non-Aboriginal children. In respect of hyperactivity problems, 15.3 per cent of Aboriginal children were at high risk compared with 9.7 per cent for non-Aboriginal children. The proportions of children with conduct problems and hyperactivity were lowest in areas of extreme isolation.
- ◆ Impairment of function as a result of being at high risk of clinically significant emotional or behavioural difficulties was lower compared with non-Aboriginal children. This survey assessed the level of impact (or functional impairment) that the presence of emotional or behavioural difficulties has on the home life, friendships, learning and leisure activities of the child. Of those Aboriginal children at high risk of clinically significant emotional or behavioural difficulties, 30.9 per cent were at high risk of clinically significant functional impairment as a result of these difficulties. In the non-Aboriginal child population, the proportion was higher at 40.6 per cent.

Among all Aboriginal children, 10.4 per cent were at high risk of clinically significant functional impairment, compared with 9.3 per cent of all non-Aboriginal children. Although the proportion of non-Aboriginal children at high risk of clinically significant emotional or behavioural difficulties was significantly lower than that for Aboriginal children, non-Aboriginal children were at higher risk of clinically significant functional impairment as a result of these difficulties. As a result the overall proportions of children at high risk of clinically significant functional impairment were about the same.



MENTAL HEALTH AND SOCIAL AND EMOTIONAL WELLBEING

The Social Health Reference Group specifically differentiates social and emotional wellbeing from definitions of mental health and of social health. Mental health, social and emotional wellbeing and social health represent three nested concepts.

- ◆ Poor mental health refers to the range of mental health issues, problems and diagnoses that may affect an individual when their social and emotional wellbeing is so compromised that the individual can no longer function to the satisfaction of themselves or the community. It is generally dealt with by mainstream mental health services.¹
- Mental health represents one part of the concept of social and emotional wellbeing. Social and emotional wellbeing reflects a holistic Aboriginal definition of health and includes mental health; suicide and self harm; emotional, psychological and spiritual wellbeing and issues impacting specifically on wellbeing in Aboriginal and Torres Islander communities such as grief, loss, trauma and issues surrounding the forced separation of children from their families.
- The social and emotional wellbeing of each individual contributes to the social health of the community, where social health is used to cover a wide range of issues including social and emotional wellbeing, substance use, family and community violence and child abuse.

Data describing the social and emotional wellbeing of children aged 4–17 years are the subject of this chapter. The data were gathered from carers of all survey children aged 4–17 years. Interviews conducted with carers canvassed information about their children that included difficulties with emotions, feelings and behaviours; specific episodes of self-harm or attempted suicide; cultural and spiritual engagement and family experiences of grief, loss and trauma. In addition to questions about the overall social and emotional wellbeing of children, interviewers also administered a version of the Strengths and Difficulties Questionnaire. ^{2,3} This questionnaire, used throughout the world to measure emotional or behavioural difficulties in children and young people, was specifically modified for Aboriginal children in this survey.

The same information was requested separately from young people aged 12–17 years. These youth self report data are documented in chapters 4 and 5.

MEASURING EMOTIONAL AND BEHAVIOURAL DIFFICULTIES IN ABORIGINAL CHILDREN

In this survey, the Strengths and Difficulties Questionnaire (SDQ) was used to measure emotional or behavioural difficulties in Aboriginal children. The SDQ comprises twenty-five items probing five areas of psychological adjustment in children. While the SDQ is widely used in research, pilot testing with Australian Aboriginal families indicated that some modifications were needed, particularly with respect to the wording of some items and to the response scale. Permission was obtained from the author of the SDQ to undertake these modifications. All SDQ data reported in this volume are based upon this modified instrument.



MEASURING EMOTIONAL AND BEHAVIOURAL DIFFICULTIES IN ABORIGINAL CHILDREN (continued)

Administration and Content

Respondents were the carers in the household who knew the most about the child. For the most part, this person was the mother of the child. The SDQ was conducted in a face-to-face interview with the carer. A range of information related to the child's health, behaviours and emotions, social and environmental circumstances was gathered.

Carers were shown a prompt card that illustrated the response categories of No, Yes or Sometimes. These categories were given numerical values of 0, 2 and 1 respectively in order to score the SDQ. Administration followed a standard procedure in which respondents were asked: 'Thinking about (child's name) behaviour over the past 6 months, that is since (calendar event or month), has the child:

- A been considerate of other people's feelings +
- В been restless, overactive, cannot stay still for long
- C often complained of headaches, stomach aches or sickness
- D readily shared with other children (lollies, toys, pencils, etc.) +
- Е often had temper tantrums
- F tended to play by him/herself
- G usually done what adults told him/her to do
- Η often seemed worried
- Ι been helpful if someone is hurt, upset or feeling ill +
- J constantly been fidgeting or squirming
- K had at least one good friend
- L been in fights with other children or has he/she bullied them
- M often been unhappy, sad or tearful
- N generally been liked by other children
- 0 been easily distracted or had poor concentration
- P been nervous or clingy in new situations, easily lost confidence
- O been kind to younger children +
- R often lied or cheated
- S been picked on or bullied by other children
- Т often volunteered to help others (parents, teachers, other children) +
- U been able to stop and think things over before acting
- V stolen from home, school or elsewhere
- W been getting on better with adults than with other children
- Χ been fearful, easily scared
- Y had good attention and finished the things he/she starts'



⁺A prosocial behaviour score item which is not included in calculating the SDQ total score. See commentary box Measuring Specific Emotional or Behavioural Difficulties — The Strengths and Difficulties Questionnaire (SDQ) Scale Scores below for more information about the prosocial behaviour score.

MEASURING EMOTIONAL AND BEHAVIOURAL DIFFICULTIES IN ABORIGINAL CHILDREN (continued)

Measures derived from the SDQ

Several measures may be derived from the SDQ. Three of them are used extensively in this report:

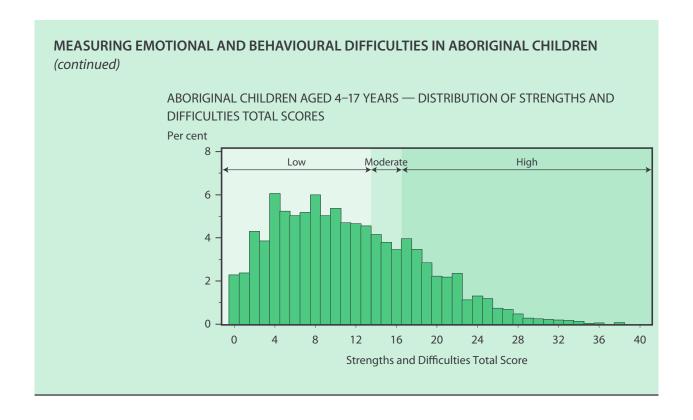
- 1. The *strengths and difficulties total score* is a continuous measure derived by summing 20 of the 25 SDQ items. For children in the WAACHS, the strengths and difficulties total score ranged from zero to 38 (the maximum score possible was 40) and had a mean of 11.3 (CI: 10.9–11.7).
- 2. The strengths and difficulties total score can be grouped into three ranges the *normal* range (0–13), *borderline* range (14–16) and *abnormal* range (17–40). These categories and their ranges are described by Goodman.²
- 3. The strengths and difficulties total score can be grouped into a two level (i.e. binary) variable that combines scores in the normal and borderline ranges (0–16) and allows their comparison with scores in the abnormal range (17–40).

Classification of the SDQ total score into normal, borderline and abnormal ranges is typically used within a clinical setting by mental health professionals to help identify and diagnose specific emotional or behavioural difficulties amongst children. In clinical settings, the SDQ may be used in conjunction with other techniques to assess an individual child in accordance with recognised diagnostic standards.

In household-based population surveys such as the WAACHS, where it is not possible to conduct comprehensive clinical assessments of individual children, the SDQ is more appropriately used to assess *risk status* for clinically significant emotional or behavioural difficulties. Thus, groups of children with SDQ scores in the range 0–13 are identified as having a *low risk*, those in the range 14–16 as having a *moderate risk* and those in the range 17–40 as having a *high risk* of clinically significant emotional or behavioural difficulties.

The following graph shows the distribution of the SDQ total scores. Additional details about the reliability and validity of the SDQ will be published in a forthcoming technical paper. See our web site: www.ichr.uwa.edu.au for details of the release of this technical paper.





EMOTIONAL OR BEHAVIOURAL DIFFICULTIES

The following sections describe the relationship between risk of clinically significant emotional or behavioural difficulties and the age and sex of the child, location with respect to LORI and ATSIC region, and characteristics of the carer. SDQ scores calculated from carer responses for each of the survey children were used as the basis for the estimates in this chapter.

PROPORTION OF CHILDREN WITH EMOTIONAL OR BEHAVIOURAL DIFFICULTIES

Almost one quarter (24.0 per cent; CI: 21.9%-26.1%) of Aboriginal children aged 4-17 years were assessed from carer responses to the SDQ as being at high risk of clinically significant emotional or behavioural difficulties. Another one in every ten children (11.4 per cent; CI: 10.3%–12.6%) were assessed to be at moderate risk of clinically significant emotional or behavioural difficulties (Table 2.1).



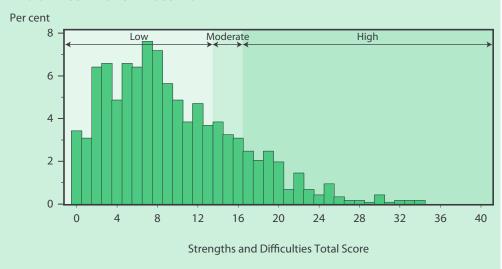
EMOTIONAL OR BEHAVIOURAL DIFFICULTIES IN NON-ABORIGINAL CHILDREN

The SDQ with the modifications described earlier has never been administered before in Western Australia. In order to provide a benchmark for comparing the results from the WAACHS, a survey of 1,200 carers of children aged 4–17 years in WA was commissioned by the WAACHS survey team. The sample was selected randomly from the Electronic White Pages and conducted in September 2004 using Computer Assisted Telephone Interviewing (CATI) by the Survey Research Centre at the University of Western Australia.

In addition to administering the SDQ, the age and sex of the survey child and postcode of usual residence were also collected. These variables were used to compare the sample obtained from the CATI survey with the distribution of children aged 4–17 years in WA in the 2001 Census. These results showed no sign of any bias in the survey sample by age, sex or place of usual residence. Postcodes were also grouped according to levels of socio-economic advantage and disadvantage, and no sign of response bias was found.

Based on this CATI survey, the proportion of non-Aboriginal children aged 4–17 years in WA at high risk of clinically significant emotional or behavioural difficulties was estimated to be 15.0 per cent (CI: 12.9%–17.0%), substantially lower than the 24.0 per cent found among Aboriginal children. A further 10.2 per cent (CI: 8.4%–11.9%) of children were at moderate risk of clinically significant emotional or behavioural difficulties (Table 2.2). Results from the CATI survey are included in the commentary and tables for this chapter.

NON-ABORIGINAL CHILDREN AGED 4–17 YEARS — DISTRIBUTION OF STRENGTHS AND DIFFICULTIES TOTAL SCORES



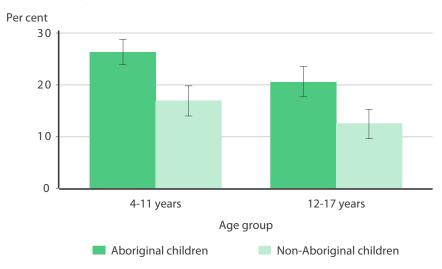
AGE OF CHILD

In terms of age groups, 26.3 per cent (CI: 23.9%–28.8%) of Aboriginal children aged 4–11 years were at high risk of clinically significant emotional or behavioural difficulties compared with 20.5 per cent (CI: 17.7%–23.6%) of children aged 12–17 years. A further 12.8 per cent (CI: 11.5%–14.2%) of 4–11 year-olds were at moderate



risk compared with 9.4 per cent (CI: 7.5%-11.5%) of 12-17 year-olds (Table 2.1). By way of comparison, the CATI survey of non-Aboriginal children found that 16.9 per cent (CI: 14.0%-19.8%) of non-Aboriginal children aged 4-11 years and 12.5 per cent (CI: 9.6%-15.3%) of non-Aboriginal children aged 12-17 years were at high risk of clinically significant emotional or behavioural difficulties (Figure 2.1).

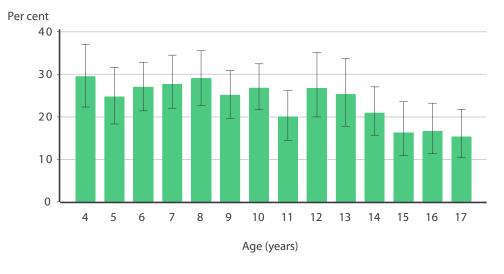
FIGURE 2.1: ABORIGINAL AND NON-ABORIGINAL CHILDREN AGED 4-17 YEARS — PROPORTION AT HIGH RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY AGE GROUP



Source: Tables 2.1 and 2.2

The proportions of Aboriginal children aged 4–14 years at high risk of clinically significant emotional or behavioural difficulties were estimated to be in the range 20 per cent to 30 per cent. The proportions for 15-17 year-olds were markedly lower at around 16 per cent.

FIGURE 2.2: ABORIGINAL CHILDREN AGED 4–17 YEARS — PROPORTION AT HIGH RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY AGE

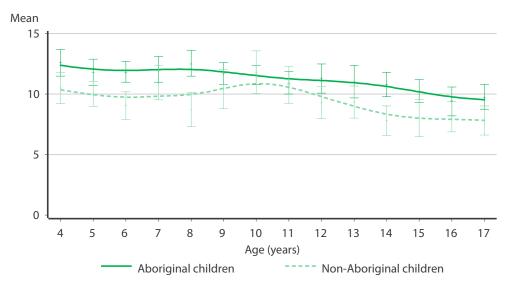


Source: Table 2.3



The mean strengths and difficulties total score for Aboriginal children aged 4–17 years declined consistently with increasing age, the mean scores for 16 and 17 year-olds being significantly lower than the mean scores for children aged up to 10 years. For non-Aboriginal children, mean strengths and difficulties total scores for younger children remained at around 10, the highest score occurring at 10 years of age. Beyond this age, there was a consistent downward trend (Figure 2.3).

FIGURE 2.3: ABORIGINAL AND NON-ABORIGINAL CHILDREN AGED 4–17 YEARS — MEAN STRENGTHS AND DIFFICULTIES TOTAL SCORE, BY AGE



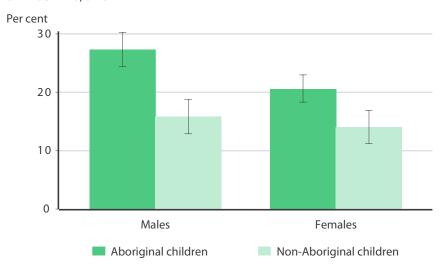
Source: Table 2.4

SEX OF CHILD

Over one quarter (27.3 per cent; CI: 24.4%–30.3%) of male Aboriginal children aged 4–17 years were assessed as being at high risk of clinically significant emotional or behavioural difficulties. This was significantly higher than the proportion of females (20.5 per cent; CI: 18.3%–23.0%). There was no significant difference in the proportions of males compared with females (Table 2.5) who were at moderate risk. For non-Aboriginal children aged 4–17 years, there was no significant difference in the proportion of males and females at high risk (males 15.8 per cent; CI: 12.9%–18.8%; females 14.0 per cent; CI: 11.2%–16.9%) (Table 2.6).



FIGURE 2.4: ABORIGINAL AND NON-ABORIGINAL CHILDREN AGED 4–17 YEARS — PROPORTION AT HIGH RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY SEX



Source: Tables 2.5 and 2.6

AGE AND SEX OF CHILD

The highest proportions of emotional or behavioural difficulties occurred in Aboriginal males aged 4–11 years with almost three in every ten (29.6 per cent; CI: 26.2%–33.3%) at high risk of clinically significant emotional or behavioural difficulties compared with 22.6 per cent (CI: 19.9%–25.6%) of Aboriginal females aged 4–11 years. Nearly one quarter (23.5 per cent; CI: 19.6%–27.9%) of males aged 12–17 years were assessed from carer responses to the SDQ to be at high risk of clinically significant emotional or behavioural difficulties, while only 17.5 per cent (CI: 14.0%–21.5%) females in this age group were at high risk (Table 2.7).

Results from the CATI survey of non-Aboriginal children aged 4–17 years showed a similar trend for males and females in the 4–11 year age group, although the differences were not statistically significant. Of 4–11 year-old males 18.1 per cent (CI: 14.0%–22.1%) were at high risk of clinically significant emotional or behavioural difficulties compared with 15.6 per cent (CI: 11.6%–19.6%) of 4–11 year-old females. For 12–17 year-olds, the proportions for males and females were similar (males 12.8 per cent; CI: 8.8%–16.9% compared with females 12.1 per cent; CI: 8.1%–16.1%) (Table 2.8).

BIRTH MOTHER

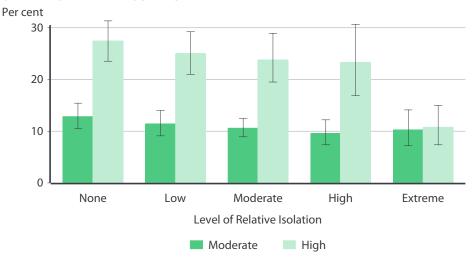
There was no statistically significant difference in the proportions at high risk of clinically significant emotional or behavioural difficulties for children either cared for, or not cared for, by their birth mother. This was true for both younger and older children (Table 2.9).

LORI AND AGE

The proportion of Aboriginal children at high risk of clinically significant emotional or behavioural difficulties was significantly lower in the most isolated areas of the state. In areas of extreme isolation, just over one in ten children (10.8 per cent; CI: 7.4%–15.0%) were at high risk compared with 23.3 per cent (CI: 16.9%–30.6%) in areas of high isolation and 27.4 per cent (CI: 23.5%–31.3%) in the Perth metropolitan area (Table 2.10).



FIGURE 2.5: ABORIGINAL CHILDREN AGED 4–17 YEARS — PROPORTION AT MODERATE OR HIGH RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY LEVEL OF RELATIVE ISOLATION



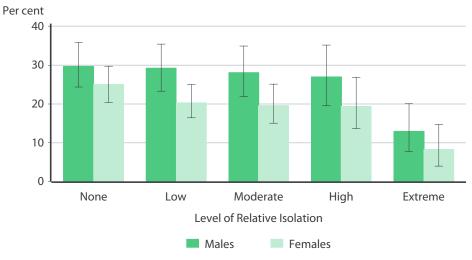
Source: Table 2.10

Across all levels of relative isolation, there was a trend towards a higher proportion of children aged 4–11 years being at high risk of clinically significant emotional or behavioural difficulties than 12–17 year-olds. This difference was significant only in areas of extreme isolation — 15.6 per cent (CI: 10.4%–22.0%) of younger children compared with 4.6 per cent (CI: 2.0%–8.7%) of older children (Table 2.10).

LORI AND SEX

For each level of relative isolation, a higher proportion of Aboriginal males aged 4–17 years were at high risk of clinically significant emotional or behavioural difficulties than Aboriginal females, particularly in areas of low, moderate and high isolation, although the differences were not statistically significant (Table 2.11).

FIGURE 2.6: ABORIGINAL CHILDREN AGED 4–17 YEARS — PROPORTION AT HIGH RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY LEVEL OF RELATIVE ISOLATION AND SEX



Source: Table 2.11



EMOTIONAL OR BEHAVIOURAL DIFFICULTIES AND LEVEL OF RELATIVE ISOLATION

Our observation that the proportion of children at high risk of clinically significant emotional or behavioural difficulties is lowest in areas of extreme isolation may surprise some people in light of the periodic media attention given to specific problems in some remote areas. Several points should be borne in mind regarding these findings:

- ◆ Levels of relative isolation have been defined specifically for this survey, and differ from the standard remoteness areas used by the ABS (see *Level of Relative Isolation* in Chapter 1). As described in Volume One, areas of extreme relative isolation are predominantly communities with strong ties to traditional culture and limited contact with non-Aboriginal people or which have a history of contact with a very select group of non-Aboriginal people (e.g. clergy or missionaries). Communities close to rural towns are rated as less isolated. In this survey, some locations that the ABS classifies as very remote are classified as being of moderate or high relative isolation. The proportion of children at high risk of clinically significant emotional or behavioural difficulties was found to be high in areas of moderate and high relative isolation.
- While problems such as petrol sniffing and suicide in specific Aboriginal communities have received much publicity, there are other extremely isolated Aboriginal communities that, on balance, function well.
- ◆ It is not possible to rule out the effects of culture and language on survey responses. While translators and interpreters were used wherever appropriate, issues of privacy and cultural respect could have affected the willingness of some respondents to discuss emotional or behavioural difficulties in their children.⁴
- ♦ Some of the behaviours that are measured in the SDQ have less relevance in some traditional Aboriginal communities. For instance, where there is a culture of community ownership, the concept of stealing has less meaning. Where all members of a small community are known to one another, and the community becomes almost like an extended family, children may have limited opportunities to interact with people not familiar to them. Children in extremely isolated communities may have less experience of the western cultural values upon which some of the SDQ items are based.
- The proportion of children at high risk of clinically significant emotional or behavioural difficulties in extremely isolated areas seems low in comparison to the high proportions in other areas, but when compared with the state estimates for non-Aboriginal children they are not statistically significantly different.

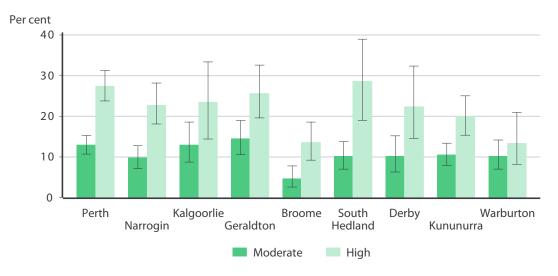
Taking these factors into account, it is evident that the proportions of Aboriginal children at high risk of clinically significant emotional or behavioural difficulties are high in areas of moderate and high isolation. However, in areas of extreme isolation it appears that adherence to Aboriginal culture and traditional ways of life is protective against these problems.



ATSIC REGION

The lowest proportions of children at high risk of clinically significant emotional or behavioural difficulties were recorded in the Warburton (13.3 per cent; CI: 8.2%–21.0%) and Broome (13.6 per cent; CI: 9.2%–18.6%) ATSIC regions. Regions recording the highest proportions were South Hedland (28.6 per cent; CI: 19.0%–39.0%), Perth (27.4 per cent; CI: 23.8%–31.3%) and Geraldton (25.6 per cent; CI: 19.6%–32.6%) (Table 2.12).

FIGURE 2.7: ABORIGINAL CHILDREN AGED 4–17 YEARS — PROPORTION AT MODERATE OR HIGH RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY ATSIC REGION



Source: Table 2.12

CATEGORIES OF SOCIO-ECONOMIC DISADVANTAGE

Nine in ten Aboriginal children aged 4–17 years were living in areas classified in the bottom 50 per cent on the index of relative socio-economic disadvantage (see *Glossary*), with approximately one in four living in areas classified in the bottom 5 per cent. Across the five categories of socio-economic disadvantage, there were no statistically significant differences in the proportions of 4–17 year-olds at high risk of clinically significant emotional or behavioural difficulties (Table 2.13).

BIRTH MOTHER STATUS AND ABORIGINAL STATUS OF PRIMARY CARER

The proportion of 4–17 year-old Aboriginal children in the primary care of their birth mother who were at high risk of clinically significant emotional or behavioural difficulties (24.1 per cent; CI: 21.8%–26.6%) was not significantly different from children whose primary carer was not their birth mother (23.5 per cent; CI: 19.5%–27.9%). Similarly, there was no significant difference in the proportion of Aboriginal children at high risk whether their primary carer was Aboriginal or non-Aboriginal (Table 2.14).



While the majority (66.4 per cent; CI: 64.0%–68.8%) of 4–17 year-old Aboriginal children were in the primary care of an Aboriginal birth mother, another 19.9 per cent (CI: 18.0%-22.0%) were cared for by an Aboriginal carer who was not their birth mother. A further 10.5 per cent (CI: 8.8%-12.3%) were in the care of a birth mother who was non-Aboriginal. Only a very small proportion of children (2.4 per cent; CI: 1.5%-3.7%) had as their primary carer a person who was not their birth mother and also not Aboriginal (Figure 2.8). For further information on the demographics of children and their birth mothers, see Volume One of WAACHS results.

FIGURE 2.8: ABORIGINAL CHILDREN AGED 4-17 YEARS — BIRTH MOTHER STATUS AND ABORIGINAL STATUS OF THE CHILD'S PRIMARY CARER

Birth mother status and Aboriginal status of primary carer	%	95% CI
Birth mother		
Aboriginal	66.4	(64.0 - 68.8)
Non-Aboriginal	10.5	(8.8 - 12.3)
Not stated	0.6	(0.3 - 1.0)
Not birth mother		
Aboriginal	19.9	(18.0 - 22.0)
Non-Aboriginal	2.4	(1.5 - 3.7)
Not stated	0.2	(0.0 - 0.4)
Total children	100.0	

MULTIVARIATE MODELLING — AGE, SEX AND LORI

The association between the child's age, sex, LORI, location (ATSIC region), and carer characteristics (i.e. birth mother and Aboriginal status) and being at high risk of clinically significant emotional or behavioural difficulties was further investigated using multivariate logistic regression modelling (see Glossary). An initial multivariate model indicated that the association between carer characteristics (both birth mother status and Aboriginal status) and likelihood of the child being at high risk of clinically significant emotional or behavioural difficulties was not statistically significant. Also, once LORI was accounted for, ATSIC region did not significantly predict likelihood of being at high risk. These variables were subsequently deleted from the model and likelihood of being at high risk was fitted in a multivariate model along with the child's age, sex and LORI (Figure 2.9). This allows an assessment of each of these variables after adjusting for the effects of the other variables on likelihood of being at high risk.

The strongest difference by age was found in young people aged 15-17 years who were 62 per cent less likely (Odds Ratio 0.38; CI: 0.22-0.65) to be at high risk of clinically significant emotional or behavioural difficulties when compared with children aged 4-7 years. Children living in extremely remote areas were 83 per cent less likely (Odds Ratio 0.17; CI: 0.06-0.49) to be at high risk than those children living in the Perth metropolitan area. Relative to females, males were twice as likely to be at high risk (Odds Ratio 2.03; CI: 1.56-2.63).



FIGURE 2.9: ABORIGINAL CHILDREN AGED 4–17 YEARS — LIKELIHOOD OF BEING AT HIGH RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, ASSOCIATED WITH CHILD AGE GROUP, SEX AND LEVEL OF RELATIVE ISOLATION

Parameter	Odds Ratio	95% CI
Age group (years)—		
4–7	1.00	
8–11	0.90	(0.65 - 1.23)
12–14	0.93	(0.64 - 1.36)
15–17	0.38	(0.22 - 0.65)
Sex—		
Male	2.03	(1.56 - 2.63)
Female	1.00	
Level of Relative Isolation—		
None	1.00	
Low	0.70	(0.43 - 1.14)
Moderate	0.98	(0.50 - 1.89)
High	0.56	(0.19 - 1.67)
Extreme	0.17	(0.06 - 0.49)

EMOTIONAL OR BEHAVIOURAL DIFFICULTIES IN ABORIGINAL CHILDREN

This is the first attempt to systematically assess the proportion of Aboriginal children and young people at high risk of clinically significant emotional or behavioural difficulties in a large representative sample using carer reports. The findings show that about one quarter of Aboriginal children were at high risk (24.0 per cent; CI: 21.9%–26.1%). Another one in ten (11.4 per cent; CI: 10.3%–12.6%) were at moderate risk. In non-Aboriginal children these proportions were 15.0 per cent (CI: 12.9%–17.0%) and 10.2 per cent (CI: 8.4%–11.9%) respectively.

After adjusting for age and LORI, Aboriginal males were about twice as likely to be at high risk compared with females. In contrast, there was no significant difference in proportions at high risk of clinically significant emotional or behavioural difficulties between non-Aboriginal males and females.

Proportions of Aboriginal children at high risk declined with increasing age — with a particularly dramatic drop for young people aged 15–17 years. In contrast, while the proportion of 12–17 year-old non-Aboriginal children at high risk was lower than for non-Aboriginal children aged 4–11 years, this difference was not significant, nor was there a significant drop in proportions for 15–17 year-olds.

Finally, a higher proportion of Aboriginal children were at high risk in the metropolitan area than in areas of extreme relative isolation. No differences were observed among children cared for by Aboriginal and by non-Aboriginal primary carers, nor were differences observed for children in the care of their birth mother or someone else.



EMOTIONAL OR BEHAVIOURAL DIFFICULTIES IN ABORIGINAL CHILDREN (continued)

These findings show a substantial increase in the proportion of Aboriginal children at high risk relative to non-Aboriginal children. Unlike non-Aboriginal children, the proportion of Aboriginal children at high risk appears to significantly decline with age — although at 20.5 per cent (CI: 17.7%–23.6%) for 12–17 year-olds, this proportion is still significantly above the proportion of non-Aboriginal 12–17 year-olds and is comparable to that found in American Indian adolescents.⁵

The fact that a smaller proportion of Aboriginal children aged 15–17 years was at high risk of clinically significant emotional or behavioural difficulties may reflect other sources of variation:

- ◆ It may reflect a true difference in proportion of children at high risk of clinically significant emotional or behavioural difficulties as Aboriginal children develop and get older. The proportion of younger Aboriginal children at high risk is very high. Lower proportions in older Aboriginal children may occur because of reductions in adverse exposures through departures from home, community settings or school.
- ◆ It may reflect a relative lack of carer knowledge of young people compared with their knowledge of younger children. Carers may simply lack sufficient and sustained contact with older Aboriginal children and young people and are thus less able to reliably observe and report on social and emotional behaviours for this age group.
- Finally, both of these factors may contribute to the lower proportion of older Aboriginal children assessed as being at high risk.

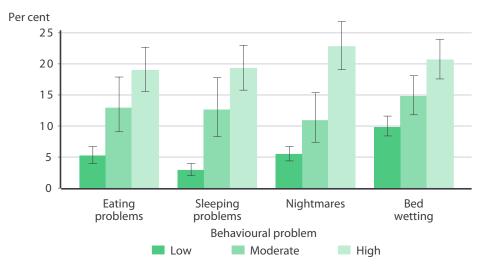
The significantly lower proportion of children at high risk of clinically significant emotional or behavioural difficulties in areas of extreme isolation should also be noted. When adjusted for age and sex, there was an 83 per cent reduction (Odds Ratio 0.17; CI: 0.06–0.49) in the likelihood of children being at high risk living in areas of extreme isolation compared with children living in the Perth metropolitan area. This may reflect a real lower risk for children living in extremely isolated areas where there are fewer stresses arising from interactions with mainstream settings and expectations, a greater preservation of traditional cultural practices, more intact family structures, and a greater number of carers involved in child rearing. The lower proportion at high risk may also reflect issues arising from the use of the SDQ in extremely isolated settings where English was not commonly spoken and the probes, questions and translations were not appropriate to the context or well understood by the respondents.

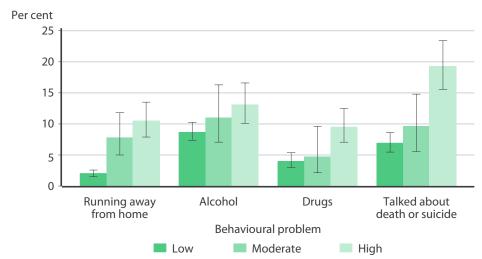


RELATIONSHIP BETWEEN THE SDQ AND PROBLEM BEHAVIOURS IN ABORIGINAL CHILDREN AGED 4–17 YEARS

Carers were asked about a number of problem behaviours such as eating and sleeping problems, drinking alcohol or using other drugs. Responses to these questions were used to assess how well the SDQ correlated with these behavioural problems. Figure 2.10 shows the proportion of children who had each particular problem by whether their SDQ scores indicated that they were at low, moderate or high risk of clinically significant emotional or behavioural difficulties. A higher proportion of children at high risk were reported to have problem behaviours compared with children who were at low risk. Out of all the problem behaviours, only alcohol consumption did not show a statistically significant increase in proportion, but it followed the same trend as the other problem behaviours. For children who experienced nightmares, there was a significant difference between all three levels of risk, while among young people who have talked about suicide, there was a significant difference between the proportion at moderate risk (9.6 per cent; CI: 5.6%–14.8%) and those at high risk (19.3 per cent; CI: 15.6%–23.4%).

FIGURE 2.10: ABORIGINAL CHILDREN AGED 4–17 YEARS — PROPORTION WITH BEHAVIOURAL PROBLEMS, BY RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES





Source: Table 2.15



SPECIFIC EMOTIONAL OR BEHAVIOURAL DIFFICULTIES

In addition to the strengths and difficulties total score, the 25 items comprising the SDQ can be used to derive 5 underlying scale scores that measure specific symptoms, problems and behaviours. These specific scale scores are:

- Emotional symptoms score
- Conduct problems score
- Hyperactivity score
- Peer problems score
- Prosocial behaviour score.

MEASURING SPECIFIC EMOTIONAL OR BEHAVIOURAL DIFFICULTIES — THE STRENGTHS AND **DIFFICULTIES QUESTIONNAIRE (SDQ) SCALE SCORES**

The 25 items of the SDQ can be used to derive the five specific scale scores. Scale scores range from 0 to 10 and can be grouped into three categories — *normal*, borderline or abnormal. However, for reasons described previously in this chapter (see the commentary box Measuring Emotional or Behavioural Difficulties in Aboriginal Children), it is more appropriate to identify children in these ranges as having low risk, moderate risk or high risk (respectively) of clinically significant emotional symptoms, conduct problems, hyperactivity, peer problems or problems with prosocial behaviour.

The scale scores, together with the criteria for categorising each of them to low, moderate or high risk, are described below.

Emotional symptoms score

Children and young people who are overly sad, fearful, worried or nervous may be displaying significant emotional problems. They may also complain of physical symptoms even when these are shown to have no physical cause. Five items are used to measure emotional symptoms:

Has often complained of headaches, stomach aches or sickness

Has often seemed worried

Has often been unhappy, sad or tearful

Has been nervous or clingy in new situations, easily lost confidence

Has been fearful, easily scared

Emotional symptoms scores are classified as *low risk* (0–3), *moderate risk* (4) or high risk (5-10).



MEASURING SPECIFIC EMOTIONAL OR BEHAVIOURAL DIFFICULTIES — THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ) SCALE SCORES (continued)

Conduct problems score

Lying, stealing, and fighting, along with temper tantrums and disobedience, comprise those behaviours that are referred to as conduct problems. Unlike some problems that children and young people have, conduct problems are often readily observable by carers and others. Five items are used to measure conduct problems:

Has often had temper tantrums

Has usually done what adults told him/her to do*

Has been in fights with other children or has bullied them

Has often lied or cheated

Has stolen from home, school or elsewhere

Conduct problem scores are classified as *low risk* (0-2), *moderate risk* (3) or *high risk* (4-10).

Hyperactivity score

Some children and young people show signs of significant problems with restlessness, fidgeting and are easily distracted and often unable to stop and think things through or finish what they have started. These symptoms may be important signs of hyperactivity. Five items are used to measure hyperactivity:

Has been restless, overactive, cannot stay still for long

Has constantly been fidgeting or squirming

Has been easily distracted or had poor concentration

Has been able to stop and think things over before acting*

Has had good attention and finished the things he/she starts*

Hyperactivity scores are classified as *low risk* (0-5), *moderate risk* (6) or *high risk* (7-10).

Peer problems score

Not having friends, not being liked, or alternately being picked on or playing alone or preferring adult company to the company of peers, may indicate problems with peers. Five items are used to measure peer problems:

Has tended to play by him/her self

Has had at least one good friend *

Has generally been liked by other children*

Has been picked on or bullied by other children

Has been getting on better with adults than with other children

Peer problems scores are classified as *low risk* (0-3), *moderate risk* (4) or *high risk* (5-10).

* Conduct problems, Hyperactivity and Peer problems items marked with an asterisk (*) have been reverse coded to be consistent with the other items in each score.



MEASURING SPECIFIC EMOTIONAL OR BEHAVIOURAL DIFFICULTIES — THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ) SCALE SCORES (continued)

Prosocial behaviour score (not included in the SDQ total score)

Social skills that entail being considerate, sharing, helpful and kind are abilities that are important at home, in school, and at work and in recreation. Five items are used to measure prosocial behaviour:

Has been considerate of other people's feelings

Has readily shared with other children (lollies, toys, pencils, etc.)

Has been helpful if someone is hurt, upset or feeling ill

Has been kind to younger children

Has often volunteered to help others (parents, teachers, other children)

Prosocial behaviour scores are classified as *low risk* (6-10), *moderate risk* (5) or *high risk* (0-4).

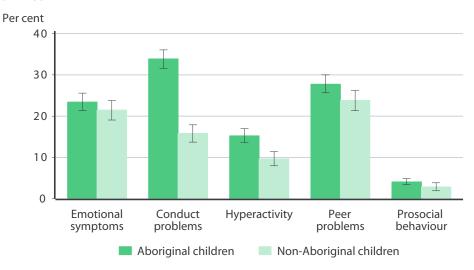
Of the specific emotional or behavioural difficulties, a significant proportion of Aboriginal children aged 4–17 years were at high risk of clinically significant conduct problems (33.9 per cent; CI: 31.6%–36.1%), peer problems (27.8 per cent; CI: 25.7%–30.0%) and emotional symptoms (23.4 per cent; CI: 21.4%–25.6%) (Table 2.16). For non-Aboriginal children aged 4–17 years, the greatest proportions of children at high risk were for peer problems (23.8 per cent; CI: 21.3%–26.2%) and emotional symptoms (21.5 per cent; CI: 19.1%–23.8%) (Table 2.17).

In terms of being at high risk of clinically significant specific difficulties, Aboriginal children aged 4–17 years differed significantly from non-Aboriginal children in that age range in respect of:

- ◆ conduct problems, where 33.9 per cent (CI: 31.6%–36.1%) of Aboriginal children were at high risk of clinically significant conduct problems compared with 15.8 per cent (CI: 13.7%–17.9%) of non-Aboriginal children
- ♦ hyperactivity, which was experienced by 15.3 per cent (CI: 13.6%–17.0%) of Aboriginal children compared with 9.7 per cent (CI: 8.0%–11.4%) of non-Aboriginal children.



FIGURE 2.11: ABORIGINAL AND NON-ABORIGINAL CHILDREN AGED 4–17 YEARS — PROPORTION AT HIGH RISK OF CLINICALLY SIGNIFICANT SPECIFIC DIFFICULTIES, BY DIFFICULTY



Source: Tables 2.16 and 2.17

Because of the known variability in the specific symptoms, problems and behaviours as measured by the five scale scores, findings on children at high risk of each of these specific emotional or behavioural difficulties are provided in the sections that follow.

EMOTIONAL SYMPTOMS

Age of child

Just under one quarter (23.4 per cent; CI: 21.4%–25.6%) of Aboriginal children aged 4–17 years were assessed from carer responses to the SDQ as being at high risk of clinically significant emotional symptoms. This proportion was similar to the 21.5 per cent (CI: 19.1%–23.8%) of non-Aboriginal children also assessed from carer SDQ responses as being at high risk of clinically significant emotional symptoms.

There was little variation in the proportion 4–17 year-old Aboriginal children at high risk across all individual ages and age groups. This was also the case for the proportion of Aboriginal children at moderate risk which was estimated to be 11.2 per cent (CI: 9.9%–12.6%). For non-Aboriginal children, a higher proportion of 4–11 year-olds were at high risk of clinically significant emotional symptoms (23.9 per cent; CI: 20.6%–27.2%) compared with 12–17 year-olds (18.3 per cent; CI: 15.0%–21.7%) although the difference was not statistically significant (Tables 2.18, 2.19 and 2.20).

Age and sex of child

There was no significant difference in proportions of Aboriginal children at high risk of clinically significant emotional symptoms both within and between younger and older male and female children (Table 2.21).



LORI and age

There were no significant LORI or age effects with respect to the proportion of Aboriginal children and young people at high risk of clinically significant emotional symptoms. About one in four (26.8 per cent; CI: 23.2%–30.8%) children in the Perth area were assessed as being at high risk. These proportions were 18.7 per cent (CI: 13.4%–25.6%) in areas of high isolation and 20.8 per cent (CI: 12.6%–31.1%) in areas of extreme isolation. Within each Level of Relative Isolation, there was little difference in the proportion of younger and older age groups at high risk (Table 2.22).

ATSIC region

The proportions of children at high risk of clinically significant emotional symptoms were similar across most of the ATSIC regions. However, the lowest proportion at high risk was recorded for children living in the Broome ATSIC region (11.1 per cent; CI: 3.9%–21.2%) — a proportion significantly lower than that for children living in the Perth ATSIC region (26.8 per cent; CI: 23.3%–30.6%) (Table 2.23).

Aboriginal status of the primary carer

There was no statistically significant difference in the proportions of children at high risk of clinically significant emotional symptoms according to whether their primary carer was either Aboriginal or non-Aboriginal (Table 2.24). Note that four in five non-Aboriginal primary carers were also the child's natural mother.

CONDUCT PROBLEMS

Age of child

Just over one third (33.9 per cent; CI: 31.6%–36.1%) of Aboriginal children aged 4–17 years were assessed as being at high risk of clinically significant conduct problems. This proportion is significantly above the overall proportion at high risk of clinically significant emotional or behavioural difficulties of 24.0 per cent (CI: 21.9%–26.1%) and the highest of the specific types of emotional or behavioural difficulties surveyed. It is also significantly higher than the 15.8 per cent (CI: 13.7%–17.9%) of non-Aboriginal children assessed from carer responses to the SDQ as being at high risk of clinically significant conduct problems.

A higher proportion of Aboriginal children aged 4–11 years were at high risk of clinically significant conduct problems (35.5 per cent; CI: 33.0%–38.2%) compared with children aged 12–17 years (31.4 per cent; CI: 28.0%–34.7%) due mainly to the lower proportions of 16 and 17 year-olds at high risk (around 22 per cent). A higher proportion of younger non-Aboriginal children were also at high risk (18.0 per cent; CI: 15.0%–20.9%) compared with older non-Aboriginal children (13.1 per cent; CI: 10.1%–16.0%) (Tables 2.25, 2.26 and 2.27).

Age and sex of child

The proportion of Aboriginal males aged 4–17 years at high risk of clinically significant conduct problems (38.6 per cent; CI: 35.6%–41.6%) was much higher than that for Aboriginal females (28.9 per cent; CI: 26.3%–31.6%).



The proportion of males at high risk was greater than that for females for both younger and older children. High risk of clinically significant conduct problems was found in 40.4 per cent (CI: 36.9%–44.1%) of younger males compared with 30.2 per cent (CI: 27.0%–33.5%) of younger females while, for 12–17 year-olds, the proportions were 35.6 per cent of males (CI: 31.2%–40.2%) and 27.1 per cent of females (CI: 22.8%–31.5%) (Table 2.28).

LORI and age

Proportions of children at high risk of clinically significant conduct problems varied significantly by LORI. Aboriginal children living in areas of extreme isolation had the lowest proportion (20.9 per cent; CI: 15.8%–26.8%). The proportion in other areas ranged from 37.2 per cent (CI: 33.4%–41.4%) in the Perth area to 31.7 per cent (CI: 25.1%–39.5%) in areas of high isolation.

In the Perth area, there was no difference in the proportion of 4–11 year-olds and 12–17 year-olds at high risk of clinically significant conduct problems (both 37 per cent). This contrasts with proportions of younger and older children in extremely isolated areas of the state -27.7 per cent (CI: 19.8%–36.2%) and 12.2 per cent (CI: 6.0%–20.0%) respectively (Table 2.29).

ATSIC region

Relative to other ATSIC regions, the proportion of children at high risk of clinically significant conduct problems was lowest for those living in the Warburton (19.0 per cent; CI: 13.1%–25.4%) and Broome (22.8 per cent; CI: 17.9%–28.2%) ATSIC regions (Table 2.30).

Aboriginal status of the primary carer

There was no statistically significant difference in the proportions of children at high risk of conduct problems according to whether their primary carer was either Aboriginal or non-Aboriginal (Table 2.31).

HYPERACTIVITY

Age of child

The proportion of Aboriginal children aged 4–17 years who were at high risk of clinically significant hyperactivity was 15.3 per cent (CI: 13.6%–17.0%), while a further 9.3 per cent (CI: 8.2%–10.6%) were at moderate risk. A significantly higher proportion of Aboriginal children were at high risk compared with non-Aboriginal children aged 4–17 years, where one in ten (9.7 per cent; CI: 8.0%–11.4%) were at high risk of clinically significant hyperactivity.

High risk of clinically significant hyperactivity was more common in Aboriginal children aged 4–11 years (17.1 per cent; CI: 15.2%–19.1%) than children aged 12–17 years (12.5 per cent; CI: 10.0%–15.1%). The proportions tend to decrease from the early teens with 8.0 per cent (CI: 3.0%–16.8%) of 16 year-olds and 9.3 per cent (CI: 5.5%–14.4%) of 17 year-olds at high risk. High risk of clinically significant hyperactivity was also more common in younger non-Aboriginal children (12.2 per cent; CI: 9.7%–14.7%) compared with non-Aboriginal children aged 12–17 years (6.4 per cent; CI: 4.3%–8.6%) (Tables 2.32, 2.33 and 2.34).



Age and sex of child

A significantly higher proportion of male Aboriginal children aged 4–17 years were at high risk of clinically significant hyperactivity (18.0 per cent; CI: 15.7%–20.7%) compared with females (12.3 per cent; CI: 10.6%–14.2%). There was also a higher proportion of males at moderate risk of clinically significant hyperactivity compared with females — 11.3 per cent (CI: 9.6%–13.2%) compared with 7.2 per cent (CI: 5.9%–8.7%) (Table 2.35).

LORI and age

Higher than average proportions of Aboriginal children at high risk of clinically significant hyperactivity were found in the Perth metropolitan area (18.8 per cent; CI: 15.6%–22.3%) and areas with low isolation (17.5 per cent; CI: 14.6%–20.9%). The lowest proportion at high risk were living in areas of extreme isolation (5.2 per cent; CI: 2.5%–9.2%).

The most noticeable differences in the proportions of younger and older children at high risk of clinically significant hyperactivity occurred in areas of moderate isolation — 16.4 per cent (CI: 13.3%–19.9%) and 6.9 per cent (CI: 2.8%–15.4%) respectively; and areas of extreme isolation — 7.2 per cent (CI: 3.3%–13.0%) and 2.6 per cent (CI: 1.0%–5.6%) respectively (Table 2.36).

ATSIC region

Proportions of children at high risk of clinically significant hyperactivity were lowest in the ATSIC regions of Broome (4.8 per cent; CI: 2.7%–7.6%) and Warburton (3.5 per cent; CI: 1.6%–7.1%). These proportions were significantly lower than those of children in the Perth ATSIC region (19.0 per cent; CI: 16.0%–22.4%) (Table 2.37).

Aboriginal status of the primary carer

There was no statistically significant difference in the proportions of children at high risk of clinically significant hyperactivity according to whether their primary carer was either Aboriginal or non-Aboriginal (Table 2.38).

PEER PROBLEMS

Age of child

After conduct problems, peer problems was the second most common specific difficulty experienced by Aboriginal children, with 27.8 per cent (CI: 25.7%–30.0%) at high risk of clinically significant peer problems. This proportion is comparable to that for non-Aboriginal children (23.8 per cent; CI: 21.3%–26.2%), with peer problems (together with emotional symptoms) being the most commonly occurring specific difficulty in non-Aboriginal children.

A higher proportion of younger Aboriginal children were at high risk of clinically significant peer problems than older Aboriginal children, with around one third (31.6 per cent; CI: 28.9%–34.4%) of children aged 4–11 years being at high risk compared with 22.2 per cent (CI: 19.4%–25.3%) of children aged 12–17 years. A higher proportion of non-Aboriginal children aged 4–11 years were at high risk of clinically significant peer problems than older non-Aboriginal children (26.5 per cent; CI: 23.1%–29.9% compared with 20.3 per cent; CI: 16.8%–23.8%) although the difference was not statistically significant (Tables 2.39, 2.40 and 2.41).



Age and sex of child

High risk peer problems were experienced equally by males and females. This was also true within each age group (Table 2.42).

LORI and age

The lowest proportion of Aboriginal children at high risk of clinically significant peer problems was found in areas of extreme isolation (17.1 per cent; CI: 13.1%–22.1%). Proportions in other areas were consistently higher. This pattern of high risk of clinically significant peer problems was also reflected within each age group, where a lower proportion of younger and older children in areas of extreme isolation were at high risk compared with younger and older age groups (respectively) in other areas.

With the exception of areas of extreme isolation, a lower proportion of 12–17 yearolds in the remaining four levels of relative isolation were at high risk of clinically significant peer problems than younger children. In areas of extreme isolation, the proportions of children at high risk in these age groups were similar (Table 2.43).

ATSIC region

The lowest proportions of children at high risk of clinically significant peer problems were found in the ATSIC regions of Broome (18.5 per cent; CI: 11.1%–27.9%), Kununurra (21.3 per cent; CI: 16.0%–27.2%), Warburton (21.4 per cent; CI: 15.0%–28.4%) and Derby (21.8 per cent; CI: 14.3%–30.8%). ATSIC regions in which carers reported elevated proportions of children at high risk were Kalgoorlie (35.0 per cent; CI: 23.3%–48.0%), South Hedland (34.3 per cent; CI: 26.6%–41.9%) and Perth (31.0 per cent; CI: 27.2%–35.2%) (Table 2.44).

Aboriginal status of the primary carer

There was no statistically significant difference in the proportions of children at high risk of clinically significant peer problems according to whether their primary carer was either Aboriginal or non-Aboriginal (Table 2.45).

PROSOCIAL BEHAVIOUR

The vast proportion of Aboriginal children aged 4–17 years were assessed from carer responses to the SDQ as being at low risk of clinically significant problems with prosocial behaviour (92.6 per cent; CI: 91.5%–93.6%). Small proportions of Aboriginal children were assessed as being at moderate risk (3.3 per cent; CI: 2.6%–4.0%) or at high risk (4.1 per cent; CI: 3.4%–4.9%) (Table 2.46).

There was no significant difference in these proportions for younger children compared with older children or when compared with proportions of non-Aboriginal children. No significant variation in the proportions of children at high risk of clinically significant problems with prosocial behaviour were observed for older and younger Aboriginal children living in areas of differing isolation, for children living in different ATSIC regions, or for children living with Aboriginal and non-Aboriginal carers.



SUMMARY OF SPECIFIC EMOTIONAL OR BEHAVIOURAL DIFFICULTIES

The most common specific emotional or behavioural difficulties experienced by Aboriginal children were conduct problems followed by peer problems and emotional symptoms.

Nearly one third of Aboriginal children were assessed as being at high risk of clinically significant conduct problems (33.9 per cent; CI: 31.6%-36.1%) compared with 15.8 per cent (CI: 13.7%–17.9%) of non-Aboriginal children. A significantly higher proportion of Aboriginal children were at high risk of clinically significant hyperactivity (15.3 per cent; CI: 13.6%–17.0% compared with 9.7 per cent; CI: 8.0% - 11.4%).

Almost one quarter of Aboriginal children (23.4 per cent; CI: 21.4%-25.6%) were at high risk of clinically significant emotional symptoms, the proportions comparable for both 4-11 year-olds and 12-17 year-olds. In contrast, significantly larger proportions of 4–11 year-old children than young people aged 12–17 years were at high risk of clinically significant hyperactivity or peer problems.

The proportions of males at high risk of clinically significant conduct problems and hyperactivity were greater than for females while males and females had similar proportions at high risk of clinically significant emotional problems and peer problems.

The distribution of specific difficulties across regions showed notable variation. Children living in areas of extreme isolation were assessed as having the lowest proportions at high risk of clinically significant conduct problems, peer problems and hyperactivity. Children living in the Perth metropolitan region had the highest proportion at high risk of clinically significant hyperactivity. At the ATSIC region level, the Broome ATSIC region had consistently low rates of all of the specific difficulties. The Warburton region also had particularly low proportions of children at high risk of clinically significant conduct and peer problems and hyperactivity.

CARER REPORTS OF THE IMPACT OF EMOTIONAL OR BEHAVIOURAL DIFFICULTIES

When they are present, emotional or behavioural difficulties may impact upon carers, other individuals both within and outside of the immediate family, and on the dayto-day functioning of the child or young person themselves. Carers were asked if they thought their children had trouble with emotions, concentration, behaviour or getting on with people and, if so, were asked questions about the duration of these difficulties, the nature of the distress that they caused and about any social impairment and burden to others.



MEASURING THE IMPACT OF EMOTIONAL OR BEHAVIOURAL DIFFICULTIES — THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ) IMPACT SCORE

Carers were asked to rate the level of impact that emotional or behavioural difficulties had on the home life, friendships, learning, and leisure activities of their children. These ratings were made in accordance with the scoring instructions for the Impact Score of the Strengths and Difficulties Questionnaire.²

Impact questions were asked immediately following the administration of the SDQ items.

Five questions were used to calculate an Impact Score. The first question asked if carers thought their child had trouble with emotions, concentration, behaviour or getting on with people. Rating categories were: 'No', 'Only a little', 'Quite a lot' or 'Very much'. The first two categories were scored zero (0) and the third and fourth categories received scoring values of one (1) and two (2). Children of carers who reported that the child had 'No' difficulties with emotions, concentration, behaviour or getting on with people were assigned an Impact Score of zero (0) and were not asked the remaining four questions. Carers who reported 'Only a little' (0), 'Quite a lot' (1) or 'Very much' (2) to this question were asked the four remaining questions: That is, whether these troubles caused difficulties at home, with friends, in learning and in leisure activities. Carers could choose from one of four response categories: 'No', 'Only a little', 'Quite a lot' or 'Very much'. As before, the first two categories were scored zero (0) and the third and fourth categories received scoring values of one (1) and two (2). Thus, Impact Scores summed across these five questions could range from 0 to 10.

Goodman provides levels and ranges for Impact Scores that are considered to be in the normal range (0), borderline range (1) and abnormal range (2–10).³ However, for reasons described previously in this chapter, it is more appropriate to identify children in these impact ranges as having low risk, moderate risk or high risk of clinically significant functional impairment.

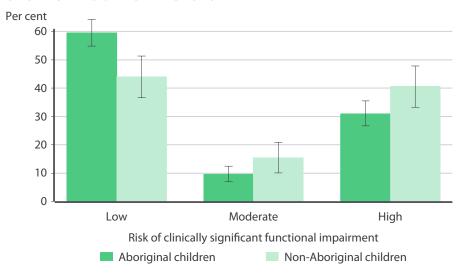
Of the 5,490 children (CI: 5,020-5,980) aged 4-17 years who were estimated to be at high risk of clinically significant emotional or behavioural difficulties, just over three in ten (30.9 per cent; CI: 26.7%–35.5%) were assessed from carer SDQ responses to be at high risk of clinically significant functional impairment. Another 9.6 per cent (CI: 7.0%-12.5%) were at moderate risk of clinically significant functional impairment (Table 2.47).

In respect of non-Aboriginal children and young people, about four in ten (40.6 per cent; CI: 33.3%-47.8%) were at high risk of clinically significant functional impairment while another 15.4 per cent (CI: 10.1% –20.8%) were at moderate risk (Table 2.48).

Among all Aboriginal children, 10.4 per cent (CI: 9.0%-11.9%) were at high risk of clinically significant functional impairment, compared with 9.3 per cent (CI: 7.7%-11.0%) of non-Aboriginal children. Although the proportion of non-Aboriginal children at high risk of clinically significant emotional or behavioural difficulties was significantly lower than that for Aboriginal children, a greater proportion of non-Aboriginal children were at high risk of clinically significant functional impairment as a result of these difficulties. As a consequence, the overall proportions of children at high risk of clinically significant functional impairment were about the same.



FIGURE 2.12: ABORIGINAL AND NON-ABORIGINAL CHILDREN AGED 4–17 YEARS AT HIGH RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES — RISK OF CLINICALLY SIGNIFICANT FUNCTIONAL IMPAIRMENT



Source: Tables 2.47 and 2.48

EMOTIONAL OR BEHAVIOURAL DIFFICULTIES IN ABORIGINAL CHILDREN AND YOUNG **PEOPLE**

The data in this chapter reveal that a higher proportion of Aboriginal children aged 4-17 years were at high risk of clinically significant emotional or behavioural difficulties compared with non-Aboriginal children.

Reser, in his review of Australian Aboriginal mental health,⁶ noted that the first professional descriptions of Aboriginal mental health commenced in the 1960s and early 1970s and among these studies there were scant references to the prevalence of mental health disorders in Australian Aboriginal children. Where they do exist, they are principally on accidental samples, or samples of small numbers of children, or both.⁷⁻⁹ While the sampling and methods of ascertaining mental health status in these early studies prohibit meaningful comparison to the current survey, there is some Australian evidence that suggests that this current estimate may indeed be a reasonable estimate across jurisdictions.



EMOTIONAL OR BEHAVIOURAL DIFFICULTIES IN ABORIGINAL CHILDREN AND YOUNG PEOPLE (continued)

In conducting the child and adolescent component of the Australian National Mental Health Survey, Sawyer *et al* gathered a small sample of 161 Aboriginal children as part of the total random sample. Using the parent-reported Child Behavior Checklist, Sawyer *et al* found the prevalence of behaviour problems in the clinical range for Aboriginal children to be 21.0 per cent with higher reported rates of clinically significant externalising problems (25.2 per cent) as opposed to internalising problems (18.2 per cent). These proportions are higher than those reported for non-Aboriginal children — Total Behaviour Problem prevalence for non-Aboriginal children was 14.1 per cent with lower rates of Internalising and Externalising problems – 12.8 per cent and 12.9 per cent respectively.

The New South Wales Health Department collects information on children aged 5–15 years using Goodman's parent-reported Strengths and Difficulties Questionnaire and Computer Assisted Telephone Interviewing. These random samples contain a proportion of carers of Aboriginal children. The Department's version of the SDQ has some modifications to the wording of some questions for Australian usage but otherwise maintains the original scale as published by Goodman. Using these data, it is estimated that 22.9 per cent (CI: 10.4%–35.3%) of Aboriginal children in New South Wales are at high risk of clinically significant emotional or behavioural difficulties.

The National Survey of Child and Adolescent Mental Health and Well Being contained very few Aboriginal children and the instrument (i.e. the Child Behaviour Checklist) is substantially different from the SDQ — although there is good evidence to suggest that the CBCL and SDQ total scores are highly correlated (r = 0.87). The New South Wales Health Department data are based upon random samples drawn during Computer Assisted Telephone Interviewing. In addition to having an Aboriginal population restricted to less isolated areas, it is not known how telephone sampling would affect the representativeness of the Aboriginal sample with respect to the population of Aboriginal people living in New South Wales. Finally, neither of these samples were based upon pilot studies that sought to determine the appropriateness of these measures for their use in Aboriginal populations.

While these are significant qualifications to the above observations, they do suggest that, regardless of the instrument used, the prevalence of emotional or behavioural difficulties in Australian Aboriginal children is higher by a factor of about 1.5 to 2.0. There is also the suggestion that externalised problems (such as conduct problems and hyperactivity) are more predominant in Aboriginal children.

It is noteworthy that while the overall proportion of Aboriginal children at high risk of clinically significant emotional or behavioural difficulties was higher than that for non-Aboriginal children, the proportion of these children at high risk of clinically significant functional impairment was lower than that for non-Aboriginal children. In fact, overall the proportions of Aboriginal and non-Aboriginal children at high risk of clinically significant functional impairment were about the same.



EMOTIONAL OR BEHAVIOURAL DIFFICULTIES IN ABORIGINAL CHILDREN AND YOUNG PEOPLE (continued)

There may be several reasons for this. First, carers of Aboriginal children and young people may not be as strict, particularly with younger children and this may reflect the benefits stemming from traditional cultural practices and access to extended kinship and family support that buffer the effects of adverse behaviours and distress in children. Alternately, Aboriginal carers may be sensitive to lesser degrees of social and emotional distress in their children. This could be the result of other sources of stress upon the carer, such as higher levels of poverty, lower levels of social support, and neighbourhood or community circumstances such as violence. Third, a lack of access to, or provision or use of, services in health, education and community services may result in lower levels of reported functional impairment from these agencies back to the carers themselves. It may be that all of these effects are involved. The WAACHS data do not have the ability to provide a definitive answer as to why carer responses to the SDQ show lower proportions of clinically significant functional impairment in Aboriginal children at high risk of clinically significant emotional or behavioural difficulties. However, what the WAACHS has done is to provide a foundation for further research into Aboriginal child social and emotional wellbeing.

Finally, to what extent are the present findings on Australian Aboriginal children and young people comparable to those found in Aboriginal populations elsewhere in the world? Unfortunately, there are very few international comparisons that can be made with data comparably collected on Aboriginal children living elsewhere. A 1992 report noted the paucity of available information on Canadian native children, although what was available indicated significant mental health morbidity. Respondents in the Canadian First Nations and Inuit Regional Health Survey reported that about 17 per cent of their children had behavioural and emotional problems in the past six months. A similar question in the Ontario First Nations Regional Health Survey revealed 22.2 per cent of carers thought their children to be similarly affected.

ENDNOTES

- 1. Social Health Reference Group. Consultation paper for development of the Aboriginal and Torres Strait Islander National Strategic Framework for Mental Health and Social and Emotional Well Being 2004-2009. Canberra: Commonwealth Department of Health and Ageing; 2003.
- 2. Goodman R, Ford T, Simmons H, Gatward R, Meltzer H. Using the Strengths and Difficulties Questionnaire (SDQ) to screen for child psychiatric disorders in a community sample. *British Journal of Psychiatry* 2000;177:534-9.
- 3. Goodman R. The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry* 1999;40:791-801.
- 4. Donovan RJ, Spark R. Towards guidelines for survey research in remote Aboriginal communities. *Australian and New Zealand Journal of Public Health* 1997;21:89-94.
- 5. Beals J, Piasecki J, Nelson S, Jones M, Keane E, Dauphinais P, Shirt RR, Sack W, Manson S. Psychiatric disorder among American Indian adolescents: Prevalence in Northern Plains youth. *Journal of the American Academy of Child and Adolescent Psychiatry* 1997;36:1252-9.



- Reser JP. Aboriginal mental health: conflicting cultural perspectives. In: Reid J, Trompf P, editors
 The health of Aboriginal Australia. Sydney: Harcourt Brace Janovich Publishers; 1991. p. 218-91.
- 7. Cawte JE, Nurcombe B. Patterns of behaviour disorder amongst the children of an Aboriginal population. *Australian and New Zealand Journal of Psychiatry* 1967;1:119-33.
- 8. Gault EI. Psychiatric and behavioural disturbances in adolescent Aborigines in Victoria. *Australian and New Zealand Journal of Psychiatry* 1968;2:128-33.
- 9. Kamien M. Behaviour disorders in Bourke Aboriginal children. *Medical Journal of Australia* 1976;2:6-11.
- 10. Sawyer MG, Arney FM, Baghurst PA, Clark JJ, Graetz BW, Kosky RJ, Nurcombe B, Patton GC, Prior MR, Raphael B, Rey J, Whaites LC, Zubrick SR. The National Survey of Mental Health and Wellbeing: The mental health of young people in Australia. Canberra: Commonwealth Department of Health and Aged Care; 2000.
- 11. Sawyer MG, Arney FM, Baghurst PA, Clarke JJ, Graetz BW, Kosky RJ, Nurcombe B, Patton GC, Prior MR, Raphael B, Rey JM, Whaites LC, Zubrick SR. The mental health of young people in Australia: key findings from the child and adolescent component of the National Survey of Mental Health and Wellbeing. *Australian and New Zealand Journal of Psychiatry* 2001;35:806-14.
- 12. Sawyer MG, Kosky RJ, Graetz BW, Arney F, Zubrick SR, Baghurst P. The National Survey of Mental Health and Wellbeing: the child and adolescent component. *Australian and New Zealand Journal of Psychiatry* 2000;34:214-20.
- 13. Achenbach TM. *Manual for the child behaviour checklist/4-18 and 1991 profile*. Burlington: University of Vermont Department of Psychiatry; 1991.
- 14. Goodman R. Psychometric properties of the Strengths and Difficulties Questionnaire (SDQ). *Journal of the American Academy of Child and Adolescent Psychiatry* 2001;40:1337-45.
- 15. NSW Department of Health. NSW Population Health Survey (HOIST) 2003 and 2004. Centre for Epidemiology and Research, NSW Department of Health; 2005.
- 16. Goodman R, Scott S. Comparing the Strengths and Difficulties Questionnaire and the Child Behavior Checklist: Is small beautiful? *Journal of Abnormal Child Psychology* 1999;27:17-24.
- Kirmayer LJ, Gill K, Fletcher C, Ternar Y, Boothroyd L, Quesney C, Smith A, Ferrara N, Hayton B. Emerging trends in research on mental health among Canadian Aboriginal peoples (Report No 2). Montreal: Culture and Mental Health Research Unit of the Institute of Community and Family Psychiatry and the Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University; 1994.
- 18. MacMillan H, Walsh C, Jamieson E, Crawford A, Boyle M. Children's health: First Nations and Inuit Regional Health Survey. [Online] Centre for Studies of Children at Risk, McMaster University: Hamilton, Ontario. 1999 [cited 2004 Sep 21]; Available from URL: http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/aboriginalhealth/reports_summaries/regional_survey.htm
- 19. MacMillan H, Walsh C, Faries E, MacMillan A, McCue H, Wong M, Offord D. *Ontario First Nations Regional Health Survey: Final report.* Ontario: Centre for Studies of Children at Risk, Hamilton Health Sciences Corporation, Faculty of Health Sciences, McMaster University; 1998.



DETAILED TABLES

EMOTIONAL AND BEHAVIOURAL DIFFICULTIES

TABLE 2.1: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY AGE GROUP

Risk of clinically significant emotional or behavioural difficulties	Number	95% CI	%	95% CI
		4–11 year	rs	
Low	8 420	(7 960 - 8 880)	61.0	(58.3 - 63.6)
Moderate	1 760	(1 570 - 1 960)	12.8	(11.5 - 14.2)
High	3 620	(3 270 - 3 980)	26.3	(23.9 - 28.8)
Total	13 800	(13 300 - 14 200)	100.0	
		12–17 yea	rs	
Low	6 380	(5 960 - 6 810)	70.1	(66.5 - 73.4)
Moderate	850	(680 - 1 060)	9.4	(7.5 - 11.5)
High	1 870	(1 590 - 2 170)	20.5	(17.7 - 23.6)
Total	9 100	(8 660 - 9 560)	100.0	
		Total		
Low	14 800	(14 300 - 15 300)	64.6	(62.2 - 66.9)
Moderate	2 610	(2 360 - 2 890)	11.4	(10.3 - 12.6)
High	5 490	(5 020 - 5 980)	24.0	(21.9 - 26.1)
Total	22 900	(22 800 - 22 900)	100.0	

TABLE 2.2: NON-ABORIGINAL CHILDREN AGED 4–17 YEARS (a) — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY AGE GROUP

Risk of clinically significant emotional or behavioural difficulties	Number	95% CI	%	95% CI
	4–11 years			
Low	144 000	(134 000 - 154 000)	70.5	(67.0 - 74.0)
Moderate	25 800	(20 400 - 31 100)	12.6	(10.1 - 15.2)
High	34 500	(28 400 - 40 600)	16.9	(14.0 - 19.8)
	12–17 years			
Low	128 000	(118 000 - 138 000)	80.5	(77.1 - 83.9)
Moderate	11 200	(7 600 - 14 800)	7.0	(4.8 - 9.2)
High	19 900	(15 100 - 24 600)	12.5	(9.6 - 15.3)
		Total		
Low	272 000	(263 000 - 281 000)	74.9	(72.4 - 77.4)
Moderate	36 900	(30 700 - 43 200)	10.2	(8.4 - 11.9)
High	54 300	(46 900 - 61 700)	15.0	(12.9 - 17.0)

(a) Source: Computer-Assisted Telephone Interview (CATI) survey conducted for the WAACHS by the Survey Research Centre at the University of Western Australia.



TABLE 2.3: ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY AGE

	Risk of clinically significant				
Age (years)	emotional or behavioural	Number	95% CI	%	95% CI
rige (years)	difficulties	rianioe.	2370 CI	,,,	2370 CI
	Low	960	(760 - 1 190)	57.6	(49.7 - 65.4)
4	Moderate	210	(150 - 290)	12.9	(9.3 - 17.6)
	High	490	(360 - 650)	29.5	(22.3 - 37.1)
	Total	1 660	(1 420 - 1 930)	100.0	
	Low	1 120	(930 - 1 330)	63.1	(56.0 - 69.6)
_	Moderate	220	(160 - 280)	12.2	(9.1 - 15.8)
5	High	440	(310 - 590)	24.7	(18.3 - 31.7)
	Total	1 770	(1 540 - 2 010)	100.0	
	Low	1 100	(960 - 1 250)	62.4	(56.5 - 68.1)
	Moderate	190	(140 - 250)	10.6	(7.8 - 13.7)
6	High	480	(360 - 610)	27.0	(21.4 - 32.9)
	Total	1 770	(1 580 - 1 960)	100.0	
	Low	1 060	(870 - 1 270)	61.3	(54.1 - 68.0)
	Moderate	190	(120 - 280)	11.0	(7.3 - 15.9)
7	High	480	(370 - 610)	27.7	(22.0 - 34.5)
	Total	1 730	(1 510 - 1 980)	100.0	
	Low	980	(820 - 1 170)	56.1	(49.3 - 62.9)
	Moderate	260	(200 - 350)	14.9	(11.1 - 19.3)
8	High	510	(390 - 650)	29.0	(22.6 - 35.6)
	Total	1 750	(1 550 - 1 970)	100.0	
	Low	1 070	(870 - 1 290)	62.9	(55.8 - 69.3)
	Moderate	200	(140 - 290)	12.0	(7.9 - 16.9)
9	High	430	(330 - 530)	25.1	(19.6 - 30.9)
	Total	1 700	(1 480 - 1 950)	100.0	
	Low	1 020	(880 - 1 180)	57.8	(51.8 - 63.5)
	Moderate	270	(200 - 360)	15.4	(11.7 - 20.1)
10	High	480	(380 - 590)	26.8	(21.7 - 32.5)
	Total	1 770	(1 580 - 1 970)	100.0	
	Low	1 110	(950 - 1 290)	66.9	(60.6 - 72.9)
	Moderate	220	(170 - 270)	13.0	(10.2 - 16.3)
11	High	330	(240 - 460)	20.0	(14.5 - 26.2)
	Total	1 660	(1 470 - 1 870)	100.0	
	Low	1 070	(900 - 1 280)	64.5	(56.9 - 71.9)
40	Moderate	140	(110 - 200)	8.7	(6.2 - 11.7)
12	High	440	(320 - 610)	26.7	(20.0 - 35.1)
	Total	1 660	(1 440 - 1 900)	100.0	
	Low	1 100	(900 - 1 310)	66.7	(57.9 - 74.6)
13	Moderate	130	(70 - 210)	8.0	(4.5 - 13.2)
	High	420	(280 - 590)	25.3	(17.8 - 33.8)
	Total	1 650	(1 420 - 1 910)	100.0	
14	Low	1 100	(940 - 1 270)	68.6	(61.6 - 75.5)
	Moderate	170	(90 - 300)	10.5	(5.7 - 17.1)
	High	330	(250 - 450)	20.9	(15.7 - 27.1)
	Total	1 600	(1 400 - 1 820)	100.0	
	Low	1 070	(910 - 1 250)	73.4	(65.3 - 80.1)
	Moderate	150	(80 - 260)	10.3	(5.6 - 16.9)
15	High	240	(150 - 350)	16.2	(10.9 - 23.6)
	Total	1 450	(1 260 - 1 660)	100.0	



TABLE 2.3 (continued): ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY AGE

Age (years)	Risk of clinically significant emotional or behavioural difficulties	Number	95% CI	%	95% CI
	Low	1 070	(920 - 1 240)	75.2	(66.9 - 82.6)
16	Moderate	120	(50 - 210)	8.2	(4.1 - 14.1)
16	High	240	(150 - 350)	16.6	(11.4 - 23.2)
	Total	1 420	(1 230 - 1 630)	100.0	
	Low	980	(820 - 1 160)	74.1	(65.5 - 80.9)
17	Moderate	140	(70 - 250)	10.6	(5.7 - 19.0)
17	High	200	(140 - 300)	15.3	(10.4 - 21.8)
	Total	1 320	(1 130 - 1 540)	100.0	
Total	Low	14 800	(14 300 - 15 300)	64.6	(62.2 - 66.9)
	Moderate	2 610	(2 360 - 2 890)	11.4	(10.3 - 12.6)
	High	5 490	(5 020 - 5 980)	24.0	(21.9 - 26.1)
	Total	22 900	(22 800 - 22 900)	100.0	

TABLE 2.4: ABORIGINAL AND NON-ABORIGINAL CHILDREN AGED 4-17 YEARS — MEAN STRENGTHS AND DIFFICULTIES QUESTIONNAIRE TOTAL SCORE, BY AGE.

Age (years)	Aboriginal children		Non-Aboriginal children (a)	
	Mean SDQ score	95% CI	Mean SDQ score	95% CI
4	12.6	(11.5 - 13.7)	10.5	(9.2 - 11.8)
5	11.8	(10.7 - 12.9)	10.0	(9.0 - 11.1)
6	11.8	(11.0 - 12.7)	9.1	(7.9 - 10.2)
7	12.0	(11.0 - 13.1)	11.0	(9.5 - 12.4)
8	12.5	(11.5 - 13.6)	8.7	(7.3 - 10.2)
9	11.7	(10.8 - 12.6)	10.4	(8.8 - 12.1)
10	11.6	(10.8 - 12.4)	11.8	(10.1 - 13.6)
11	10.9	(10.0 - 11.9)	10.8	(9.2 - 12.3)
12	11.3	(10.1 - 12.5)	9.3	(8.0 - 10.6)
13	11.0	(9.7 - 12.4)	9.3	(8.0 - 10.7)
14	10.8	(9.8 - 11.8)	7.8	(6.6 - 9.0)
15	10.2	(9.3 - 11.2)	8.0	(6.4 - 9.6)
16	9.4	(8.2 - 10.6)	8.1	(6.9 - 9.4)
17	9.7	(8.7 - 10.8)	7.8	(6.6 - 9.0)
Total	11.3	(10.9 - 11.7)	9.5	(9.1 - 9.9)

⁽a) Source: Computer-Assisted Telephone Interview (CATI) survey conducted for the WAACHS by the Survey Research Centre at the University of Western Australia.



TABLE 2.5: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY SEX

Risk of clinically significant emotional or behavioural difficulties	Number	95% CI	%	95% CI
		Males		
Low	7 170	(6 720 - 7 640)	61.1	(57.9 - 64.3)
Moderate	1 360	(1 190 - 1 540)	11.6	(10.2 - 13.2)
High	3 200	(2 840 - 3 580)	27.3	(24.4 - 30.3)
Total	11 700	(11 300 - 12 200)	100.0	
		Females		
Low	7 630	(7 210 - 8 060)	68.3	(65.5 - 71.0)
Moderate	1 250	(1 070 - 1 460)	11.2	(9.6 - 13.0)
High	2 290	(2 030 - 2 590)	20.5	(18.3 - 23.0)
Total	11 200	(10 800 - 11 600)	100.0	
		Total		
Low	14 800	(14 300 - 15 300)	64.6	(62.2 - 66.9)
Moderate	2 610	(2 360 - 2 890)	11.4	(10.3 - 12.6)
High	5 490	(5 020 - 5 980)	24.0	(21.9 - 26.1)
Total	22 900	(22 800 - 22 900)	100.0	

TABLE 2.6: NON-ABORIGINAL CHILDREN AGED 4-17 YEARS (a) — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY SEX

Risk of clinically significant emotional or behavioural difficulties	Number	95% CI	%	95% CI
		Males		
Low	136 000	(126 000 - 146 000)	73.2	(69.6 - 76.7)
Moderate	20 500	(15 700 - 25 300)	11.0	(8.5 - 13.5)
High	29 500	(23 800 - 35 200)	15.8	(12.9 - 18.8)
		Females		
Low	136 000	(126 000 - 146 000)	76.7	(73.2 - 80.1)
Moderate	16 500	(12 100 - 20 800)	9.3	(6.9 - 11.7)
High	24 800	(19 600 - 30 100)	14.0	(11.2 - 16.9)
		Total		
Low	272 000	(263 000 - 281 000)	74.9	(72.4 - 77.4)
Moderate	36 900	(30 700 - 43 200)	10.2	(8.4 - 11.9)
High	54 300	(46 900 - 61 700)	15.0	(12.9 - 17.0)

⁽a) Source: Computer-Assisted Telephone Interview (CATI) survey conducted for the WAACHS by the Survey Research Centre at the University of Western Australia.



TABLE 2.7: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY AGE GROUP AND SEX

Sex	Risk of clinically significant emotional or behavioural difficulties	Number	95% CI	%	95% CI
			4–11 yea	rs	
	Low	4 110	(3 770 - 4 460)	57.1	(53.5 - 60.8)
Malaa	Moderate	950	(820 - 1 090)	13.2	(11.5 - 15.1)
Males	High	2 130	(1 860 - 2 440)	29.6	(26.2 - 33.3)
	Total	7 190	(6 790 - 7 590)	100.0	
	Low	4 3 1 0	(3 960 - 4 680)	65.2	(61.9 - 68.4)
Famalas	Moderate	810	(680 - 960)	12.2	(10.3 - 14.4)
Females	High	1 490	(1 300 - 1 710)	22.6	(19.9 - 25.6)
	Total	6 610	(6 220 - 7 010)	100.0	
	Low	8 420	(7 960 - 8 880)	61.0	(58.3 - 63.6)
Takal	Moderate	1 760	(1 570 - 1 960)	12.8	(11.5 - 14.2)
Total	High	3 620	(3 270 - 3 980)	26.3	(23.9 - 28.8)
	Total	13 800	(13 300 - 14 200)	100.0	
			12–17 yea	ars	
	Low	3 060	(2 750 - 3 400)	67.5	(62.8 - 71.9)
Males	Moderate	410	(310 - 540)	9.0	(6.8 - 11.8)
Males	High	1 070	(870 - 1 300)	23.5	(19.6 - 27.9)
	Total	4 540	(4 180 - 4 920)	100.0	
	Low	3 320	(3 040 - 3 620)	72.7	(68.1 - 76.9)
Females	Moderate	440	(310 - 610)	9.7	(6.9 - 13.1)
remaies	High	800	(630 - 1 010)	17.5	(14.0 - 21.5)
	Total	4 560	(4 230 - 4 910)	100.0	
	Low	6 380	(5 960 - 6 810)	70.1	(66.5 - 73.4)
Total	Moderate	850	(680 - 1 060)	9.4	(7.5 - 11.5)
TOTAL	High	1 870	(1 590 - 2 170)	20.5	(17.7 - 23.6)
	Total	9 100	(8 660 - 9 560)	100.0	



TABLE 2.8: NON-ABORIGINAL CHILDREN AGED 4-17 YEARS (a) — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY AGE GROUP AND SEX

Sex	Risk of clinically significant emotional or behavioural difficulties	Number	95% CI	%	95% CI
			4–11 year	S	
	Low	72 300	(64 000 - 80 600)	67.9	(63.0 - 72.9)
Males	Moderate	14 900	(10 800 - 19 000)	14.0	(10.3 - 17.7)
	High	19 200	(14 600 - 23 900)	18.1	(14.0 - 22.1)
	Low	71 400	(63 100 - 79 700)	73.2	(68.4 - 78.1)
Females	Moderate	10 900	(7 300 - 14 400)	11.1	(7.7 - 14.6)
	High	15 200	(11 000 - 19 400)	15.6	(11.6 - 19.6)
	Low	144 000	(134 000 - 154 000)	70.5	(67.0 - 74.0)
Total	Moderate	25 800	(20 400 - 31 100)	12.6	(10.1 - 15.2)
	High	34 500	(28 400 - 40 600)	16.9	(14.0 - 19.8)
			12–17 yea	rs	
	Low	64 000	(56 000 - 71 900)	80.2	(75.3 - 85.0)
Males	Moderate	5 590	(3 030 - 8 150)	7.0	(3.9 - 10.1)
	High	10 200	(6 800 - 13 700)	12.8	(8.8 - 16.9)
	Low	64 300	(56 300 - 72 200)	80.9	(76.0 - 85.7)
Females	Moderate	5 590	(3 030 - 8 150)	7.0	(3.9 - 10.2)
	High	9 620	(6 300 - 13 000)	12.1	(8.1 - 16.1)
	Low	128 000	(118 000 - 138 000)	80.5	(77.1 - 83.9)
Total	Moderate	11 200	(7 600 - 14 800)	7.0	(4.8 - 9.2)
	High	19 900	(15 100 - 24 600)	12.5	(9.6 - 15.3)
			Total		
	Low	136 000	(126 000 - 146 000)	73.2	(69.6 - 76.7)
Males	Moderate	20 500	(15 700 - 25 300)	11.0	(8.5 - 13.5)
	High	29 500	(23 800 - 35 200)	15.8	(12.9 - 18.8)
	Low	136 000	(126 000 - 146 000)	76.7	(73.2 - 80.1)
Females	Moderate	16 500	(12 100 - 20 800)	9.3	(6.9 - 11.7)
	High	24 800	(19 600 - 30 100)	14.0	(11.2 - 16.9)
	Low	272 000	(263 000 - 281 000)	74.9	(72.4 - 77.4)
Total	Moderate	36 900	(30 700 - 43 200)	10.2	(8.4 - 11.9)
	High	54 300	(46 900 - 61 700)	15.0	(12.9 - 17.0)

⁽a) Source: Computer-Assisted Telephone Interview (CATI) survey conducted for the WAACHS by the Survey Research Centre at the University of Western Australia.



TABLE 2.9: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY WHETHER THE PRIMARY CARER WAS THE BIRTH MOTHER AND THE AGE GROUP OF THE CHILD

Age group	Risk of clinically significant emotional or behavioural difficulties	Number	95% CI	%	95% CI
			Not the birth r	nother	
	Low	1 580	(1 340 - 1 850)	62.4	(56.4 - 68.0)
4 11	Moderate	320	(240 - 410)	12.6	(9.6 - 16.1)
4–11 years	High	630	(490 - 810)	25.0	(20.0 - 30.7)
	Total	2 530	(2 220 - 2 880)	100.0	
	Low	1 790	(1 520 - 2 080)	68.1	(61.1 - 74.7)
12 17	Moderate	260	(160 - 410)	9.8	(6.1 - 15.0)
12–17 years	High	580	(420 - 770)	22.1	(16.5 - 28.5)
	Total	2 620	(2 300 - 2 960)	100.0	
	Low	3 370	(3 000 - 3 780)	65.3	(60.5 - 69.9)
Total	Moderate	580	(450 - 740)	11.2	(8.7 - 14.0)
Total	High	1 210	(990 - 1 480)	23.5	(19.5 - 27.9)
	Total	5 160	(4 690 - 5 640)	100.0	
			Birth moth	ner	
	Low	6 840	(6 370 - 7 320)	60.7	(57.6 - 63.7)
4 11	Moderate	1 440	(1 270 - 1 630)	12.8	(11.3 - 14.4)
4–11 years	High	2 990	(2 660 - 3 330)	26.5	(23.8 - 29.4)
	Total	11 300	(10 800 - 11 800)	100.0	
	Low	4 600	(4 240 - 4 970)	70.9	(67.0 - 74.7)
12 17	Moderate	590	(460 - 750)	9.2	(7.1 - 11.5)
12–17 years	High	1 290	(1 060 - 1 550)	19.9	(16.6 - 23.4)
	Total	6 480	(6 070 - 6 900)	100.0	
	Low	11 400	(10 900 - 12 000)	64.4	(61.8 - 67.0)
Total	Moderate	2 040	(1 820 - 2 280)	11.5	(10.2 - 12.8)
Total	High	4 280	(3 870 - 4 730)	24.1	(21.8 - 26.6)
	Total	17 700	(17 300 - 18 200)	100.0	

TABLE 2.10: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY LEVEL OF RELATIVE ISOLATION (LORI) AND AGE GROUP

Age group	Level of risk	Number	95% CI	%	95% CI
			LORI — None	e	
	Low	2 700	(2 400 - 3 030)	57.8	(52.4 - 62.9)
4 44	Moderate	650	(520 - 790)	13.9	(11.1 - 16.9)
4–11 years	High	1 320	(1 090 - 1 580)	28.3	(23.7 - 33.5)
	Total	4 670	(4 350 - 5 000)	100.0	
	Low	1 980	(1 730 - 2 260)	62.8	(56.6 - 69.0)
10.17	Moderate	360	(240 - 520)	11.3	(7.4 - 15.9)
12–17 years	High	820	(640 - 1 050)	25.9	(20.4 - 31.9)
	Total	3 160	(2 850 - 3 480)	100.0	
	Low	4 680	(4 360 - 5 030)	59.8	(55.6 - 64.0)
-	Moderate	1 000	(830 - 1 210)	12.8	(10.5 - 15.4)
Total	High	2 140	(1 850 - 2 470)	27.4	(23.5 - 31.3)
	Total	7 830	(7 680 - 7 980)	100.0	
					Continued



TABLE 2.10 (continued): ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY LEVEL OF RELATIVE ISOLATION (LORI) AND AGE GROUP

Age group	Level of risk	Number	95% CI	%	95% CI
			LORI — Lo	ow	
	Low	2 050	(1 780 - 2 360)	59.4	(54.1 - 64.7)
	Moderate	440	(340 - 550)	12.6	(10.1 - 15.6)
4–11 years	High	970	(790 - 1 180)	28.0	(23.6 - 32.7)
	Total	3 460	(3 090 - 3 860)	100.0	
	Low	1 500	(1 260 - 1 770)	70.4	(62.2 - 78.2)
	Moderate	200	(120 - 320)	9.4	(5.8 - 14.7)
12–17 years	High	430	(290 - 600)	20.2	(14.4 - 27.5)
	Total	2 130	(1 840 - 2 440)	100.0	
	Low	3 550	(3 170 - 3 970)	63.6	(58.6 - 68.2)
	Moderate	640	(500 - 800)	11.4	(9.1 - 14.0)
Total	High	1 400	(1 140 - 1 680)	25.0	(21.0 - 29.2)
	Total	5 590	(5 100 - 6 100)	100.0	
			LORI — Mod	erate	
	Low	1 690	(1 380 - 2 040)	60.2	(55.2 - 64.8)
4 11	Moderate	370	(290 - 470)	13.3	(11.0 - 15.8)
4–11 years	High	740	(580 - 940)	26.5	(21.8 - 31.4)
	Total	2 800	(2 360 - 3 330)	100.0	
	Low	1 380	(1 110 - 1 690)	73.7	(65.9 - 80.9)
	Moderate	120	(80 - 180)	6.5	(4.3 - 9.2)
12–17 years	High	370	(250 - 550)	19.8	(14.2 - 27.2)
	Total	1 870	(1 540 - 2 260)	100.0	
	Low	3 070	(2 550 - 3 670)	65.6	(60.4 - 70.6)
	Moderate	490	(390 - 610)	10.6	(8.9 - 12.5)
Total	High	1 110	(850 - 1 430)	23.8	(19.5 - 28.9)
	Total	4 680	(3 940 - 5 480)	100.0	
			LORI — Hi	gh	
	Low	1 030	(750 - 1 420)	64.7	(56.3 - 72.3)
4 11 200 200	Moderate	170	(110 - 260)	10.8	(7.9 - 14.5)
4–11 years	High	390	(250 - 580)	24.5	(17.4 - 33.5)
	Total	1 600	(1 170 - 2 090)	100.0	
	Low	680	(480 - 930)	71.1	(61.5 - 79.2)
12 17 years	Moderate	70	(40 - 120)	7.6	(4.3 - 12.6)
12–17 years	High	200	(120 - 300)	21.2	(14.2 - 29.7)
	Total	960	(710 - 1 260)	100.0	
	Low	1 710	(1 260 - 2 280)	67.1	(59.3 - 74.6)
Total	Moderate	250	(170 - 340)	9.6	(7.4 - 12.2)
Total	High	590	(390 - 840)	23.3	(16.9 - 30.6)
	Total	2 550	(1 910 - 3 270)	100.0	
			LORI — Extr	eme	
	Low	940	(670 - 1 260)	74.1	(66.5 - 80.3)
4–11 years	Moderate	130	(80 - 200)	10.4	(7.1 - 14.7)
1 11 years	High	200	(110 - 330)	15.6	(10.4 - 22.0)
	Total	1 270	(920 - 1 740)	100.0	
	Low	840	(600 - 1 130)	85.2	(76.6 - 91.1)
12–17 years	Moderate	100	(40 - 200)	10.2	(4.7 - 18.1)
, 5015	High	50	(20 - 90)	4.6	(2.0 - 8.7)
	Total	990	(730 - 1 320)	100.0	
	Low	1 780	(1 290 - 2 350)	78.9	(72.6 - 84.7)
Total	Moderate	230	(140 - 350)	10.3	(7.2 - 14.1)
. 5 (4)	High	240	(140 - 380)	10.8	(7.4 - 15.0)
	Total	2 260	(1 670 - 3 020)	100.0	

TABLE 2.11: ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY LEVEL OF RELATIVE ISOLATION (LORI) AND SEX

Cov	Risk of clinically significant emotional or behavioural	Number	050/ CL	%	050/ CI
Sex	difficulties	Number	95% CI	%0	95% CI
	unneunes		LORI — No	one	
	Low	2 230	(1 950 - 2 530)	56.3	(50.1 - 62.0)
	Moderate	550	(440 - 680)	14.0	(11.1 - 17.2)
Males	High	1 180	(940 - 1 440)	29.7	(24.4 - 35.8)
	Total	3 960	(3 670 - 4 260)	100.0	
	Low	2 460	(2 190 - 2 750)	63.5	(57.9 - 68.7)
	Moderate	450	(320 - 620)	11.6	(8.3 - 15.7)
Females	High	970	(780 - 1 170)	25.0	(20.4 - 29.7)
	Total	3 870	(3 580 - 4 180)	100.0	
	Low	4 680	(4 360 - 5 030)	59.8	(55.6 - 64.0)
	Moderate	1 000	(830 - 1 210)	12.8	(10.5 - 15.4)
Total	High	2 140	(1 850 - 2 470)	27.4	(23.5 - 31.3)
	Total	7 830	(7 680 - 7 980)	100.0	, ,
			LORI — Lo	DW	
	Low	1 770	(1 510 - 2 060)	60.3	(53.8 - 66.2)
Mala -	Moderate	310	(230 - 400)	10.5	(8.0 - 13.7)
Males	High	860	(660 - 1 090)	29.2	(23.3 - 35.4)
	Total	2 940	(2 600 - 3 300)	100.0	
	Low	1 780	(1 540 - 2 050)	67.3	(61.2 - 72.7)
- 1	Moderate	330	(230 - 460)	12.4	(8.9 - 16.9)
Females	High	540	(420 - 690)	20.3	(16.4 - 25.0)
	Total	2 650	(2 340 - 2 980)	100.0	
	Low	3 550	(3 170 - 3 970)	63.6	(58.6 - 68.2)
-	Moderate	640	(500 - 800)	11.4	(9.1 - 14.0)
Total	High	1 400	(1 140 - 1 680)	25.0	(21.0 - 29.2)
	Total	5 590	(5 100 - 6 100)	100.0	
			LORI — Mod	erate	
	Low	1 460	(1 140 - 1 830)	62.4	(54.3 - 69.6)
Malaa	Moderate	220	(160 - 290)	9.5	(7.2 - 12.2)
Males	High	660	(490 - 880)	28.1	(21.9 - 34.9)
	Total	2 340	(1 930 - 2 810)	100.0	
	Low	1 610	(1 320 - 1 940)	68.8	(63.4 - 73.6)
	Moderate	270	(210 - 350)	11.6	(9.2 - 14.4)
Females	High	460	(330 - 620)	19.6	(15.0 - 25.1)
	Total	2 330	(1 950 - 2 760)	100.0	
	Low	3 070	(2 550 - 3 670)	65.6	(60.4 - 70.6)
T	Moderate	490	(390 - 610)	10.6	(8.9 - 12.5)
Total	High	1 110	(850 - 1 430)	23.8	(19.5 - 28.9)
	Total	4 680	(3 940 - 5 480)	100.0	
					Continued



TABLE 2.11 (continued): ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY LEVEL OF RELATIVE ISOLATION (LORI) AND SEX

Sex	Risk of clinically significant emotional or behavioural difficulties	Number	95% CI	%	95% CI
			LORI — Hi	gh	
	Low	820	(580 - 1 110)	63.6	(53.5 - 72.3)
Males	Moderate	120	(70 - 190)	9.3	(5.9 - 13.8)
iviales	High	350	(240 - 510)	27.0	(19.6 - 35.2)
	Total	1 290	(970 - 1 680)	100.0	
	Low	890	(640 - 1 220)	70.6	(62.2 - 78.1)
Females	Moderate	130	(80 - 180)	10.0	(7.1 - 13.2)
remaies	High	240	(150 - 360)	19.4	(13.6 - 26.8)
	Total	1 260	(940 - 1 670)	100.0	
	Low	1 710	(1 260 - 2 280)	67.1	(59.3 - 74.6)
Total	Moderate	250	(170 - 340)	9.6	(7.4 - 12.2)
Total	High	590	(390 - 840)	23.3	(16.9 - 30.6)
	Total	2 550	(1 910 - 3 270)	100.0	
			LORI — Extr	eme	
	Low	880	(640 - 1 170)	74.2	(64.9 - 82.6)
Males	Moderate	150	(90 - 260)	12.8	(8.2 - 18.8)
iviales	High	160	(80 - 270)	13.0	(7.8 - 20.1)
	Total	1 190	(860 - 1 590)	100.0	
	Low	900	(650 - 1 200)	84.3	(76.4 - 90.5)
Females	Moderate	80	(40 - 140)	7.4	(4.2 - 11.6)
remaies	High	90	(40 - 170)	8.3	(4.0 - 14.7)
	Total	1 060	(770 - 1 430)	100.0	
	Low	1 780	(1 290 - 2 350)	78.9	(72.6 - 84.7)
Total	Moderate	230	(140 - 350)	10.3	(7.2 - 14.1)
Total	High	240	(140 - 380)	10.8	(7.4 - 15.0)
	Total	2 260	(1 670 - 3 020)	100.0	



TABLE 2.12: ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY ATSIC REGION

Risk of clinically significant emotional or	Number	95% CI	%	95% CI	
behavioural difficulties		Perth ATSIC re	agion		
Low	4 930	(4 600 - 5 280)	59.7	(55.6 - 63.6)	
Moderate	1 060	(880 - 1 270)	12.9	(10.7 - 15.3)	
High	2 270	(1 960 - 2 590)	27.4	(23.8 - 31.3)	
Total	8 260	(8 150 - 8 370)	100.0	(23.0 31.3)	
Total	8 200	Narrogin ATSIC			
Low	2 130	(1 860 - 2 430)	67.4	(61.1 - 73.1)	
Moderate	310	(220 - 430)	9.8	(7.2 - 12.8)	
High	720	(540 - 930)	22.7	(18.1 - 28.2)	
Total	3 150	(2 780 - 3 540)	100.0	,	
		Kalgoorlie ATSIC	region		
Low	740	(480 - 1 130)	63.6	(50.9 - 75.1)	
Moderate	150	(90 - 250)	12.9	(8.8 - 18.6)	
High	270	(150 - 460)	23.5	(14.4 - 33.4)	
Total	1 170	(780 - 1 660)	100.0		
		Geraldton ATSIC	region		
Low	1 350	(1 040 - 1 720)	59.8	(52.6 - 66.5)	
Moderate	330	(220 - 460)	14.5	(10.6 - 19.0)	
High	580	(410 - 800)	25.6	(19.6 - 32.6)	
Total	2 260	(1 800 - 2 780)	100.0		
		Broome ATSIC	_		
Low	980	(640 - 1 450)	81.8	(76.0 - 87.1)	
Moderate	60	(30 - 110)	4.7	(2.6 - 7.8)	
High	160	(100 - 260)	13.6	(9.2 - 18.6)	
Total	1 200	(770 - 1 760)	100.0		
	South Hedland ATSIC region				
Low	1 260	(870 - 1 750)	61.2	(50.1 - 70.9)	
Moderate	210	(130 - 310)	10.2	(7.0 - 13.8)	
High	590	(340 - 920)	28.6	(19.0 - 39.0)	
Total	2 060	(1 460 - 2 750)	100.0		
Low	1 020	Derby ATSIC re	_	(55 4 77 5)	
Low Moderate	150	(670 - 1 530) (80 - 260)	67.4 10.2	(55.4 - 77.5) (6.3 - 15.2)	
High	340	(200 - 570)	22.4	(14.6 - 32.4)	
Total	1 520	(1 010 - 2 170)	100.0	(1.1.0 32.1)	
Total	1 320	Kununurra ATSIC			
Low	1 290	(880 - 1 770)	69.5	(62.4 - 75.7)	
Moderate	190	(130 - 280)	10.5	(8.0 - 13.4)	
High	370	(250 - 540)	20.0	(15.4 - 25.1)	
Total	1 850	(1 310 - 2 520)	100.0		
		Warburton ATSIC	region		
Low	1 100	(740 - 1 580)	76.5	(68.9 - 82.9)	
Moderate	150	(90 - 230)	10.2	(7.0 - 14.2)	
High	190	(90 - 320)	13.3	(8.2 - 21.0)	
Total	1 430	(960 - 2 000)	100.0		
		Western Aust	ralia		
Low	14 800	(14 300 - 15 300)	64.6	(62.2 - 66.9)	
Moderate	2 610	(2 360 - 2 890)	11.4	(10.3 - 12.6)	
High	5 490	(5 020 - 5 980)	24.0	(21.9 - 26.1)	
Total	22 900	(22 800 - 22 900)	100.0		



TABLE 2.13: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY CATEGORIES OF SOCIO-ECONOMIC DISADVANTAGE

	Categories of	Risk of clinically significant				
	Socio-economic	emotional or behavioural	Number	95% CI	%	95% CI
	disadvantage	difficulties				
		Low	4 050	(3 420 - 4 760)	67.7	(62.3 - 72.7)
	Bottom 5%	Moderate	680	(530 - 850)	11.3	(9.3 - 13.7)
	BOLLOIII 5%	High	1 250	(960 - 1 630)	21.0	(16.8 - 25.9)
		Total	5 980	(5 140 - 6 910)	100.0	
		Low	1 920	(1 490 - 2 400)	64.3	(59.4 - 69.3)
	F0/ 100/	Moderate	310	(230 - 420)	10.6	(8.0 - 13.5)
	5%-10%	High	750	(560 - 970)	25.1	(20.5 - 29.9)
		Total	2 980	(2 380 - 3 620)	100.0	
		Low	3 590	(3 040 - 4 180)	62.4	(57.9 - 66.6)
	100/ 050/	Moderate	690	(570 - 840)	12.1	(10.2 - 14.1)
10%-25%	10%-25%	High	1 470	(1 180 - 1 810)	25.5	(21.6 - 29.8)
		Total	5 750	(4 960 - 6 580)	100.0	
		Low	3 790	(3 250 - 4 410)	62.8	(58.0 - 67.4)
	250/ 500/	Moderate	700	(540 - 890)	11.6	(9.3 - 14.3)
	25%-50%	High	1 550	(1 240 - 1 920)	25.6	(21.7 - 30.0)
		Total	6 040	(5 240 - 6 910)	100.0	
		Low	1 460	(1 000 - 2 060)	67.3	(57.9 - 76.3)
	T F00/	Moderate	230	(120 - 400)	10.5	(5.6 - 17.0)
	Top 50%	High	480	(290 - 750)	22.2	(14.6 - 31.0)
		Total	2 160	(1 550 - 2 930)	100.0	
		Low	14 800	(14 300 - 15 300)	64.6	(62.2 - 66.9)
	Total	Moderate	2 610	(2 360 - 2 890)	11.4	(10.3 - 12.6)
	Total	High	5 490	(5 020 - 5 980)	24.0	(21.9 - 26.1)
		Total	22 900	(22 800 - 22 900)	100.0	



TABLE 2.14: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY WHETHER THE PRIMARY CARER WAS THE BIRTH MOTHER AND OF ABORIGINAL DESCENT

Aboriginal status of primary carer	Level of risk	Number	95% CI	%	95% CI
			Not the birth m	other	
	Low	2 970	(2 610 - 3 350)	65.0	(60.1 - 69.8)
A la la vitartica a l	Moderate	530	(400 - 690)	11.6	(8.9 - 14.7)
Aboriginal	High	1 070	(870 - 1 310)	23.4	(19.3 - 27.9)
	Total	4 560	(4 130 - 5 030)	100.0	
	Low	370	(220 - 590)	66.4	(46.8 - 81.4)
	Moderate	50	(20 - 100)	8.8	(3.7 - 15.8)
Non-Aboriginal	High	140	(50 - 290)	24.8	(10.7 - 44.9)
	Total	560	(350 - 850)	100.0	
	Low	30	(0 - 90)	80.0	(2.5 - 100.0)
	Moderate	0	(0 - 60)	0.0	(0.0 - 84.2)
Not stated	High	10	(0 - 20)	20.0	(0.0 - 97.5)
	Total	30	(10 - 100)	100.0	
	Low	3 370	(3 000 - 3 780)	65.3	(60.5 - 69.9)
	Moderate	580	(450 - 740)	11.2	(8.7 - 14.0)
Total	High	1 210	(990 - 1 480)	23.5	(19.5 - 27.9)
	Total	5 160	(4 690 - 5 640)	100.0	(13.3 27.3)
	Total	3 100	Birth mothe		
	Low	9 860	(9 300 - 10 400)	64.8	(62.0 - 67.5)
	Moderate	1 760	(1 570 - 1 980)	11.6	(10.3 - 13.0)
Aboriginal	High	3 590	(3 190 - 4 010)	23.6	(21.1 - 26.2)
	Total	15 200	(14 600 - 15 800)	100.0	(= : : : = : : - ;
	Low	1 490	(1 200 - 1 850)	62.3	(54.1 - 69.8)
	Moderate	260	(170 - 390)	11.1	(7.2 - 16.0)
Non-Aboriginal	High	640	(460 - 850)	26.6	(19.7 - 34.1)
	Total	2 400	(2 010 - 2 820)	100.0	(15.7 5 1.1)
	Low	80	(20 - 180)	57.4	(25.1 - 80.8)
	Moderate	10	(0 - 20)	4.9	(0.7 - 18.2)
Not stated	High	50	(30 - 90)	37.7	(15.2 - 64.6)
	Total	140	(70 - 240)	100.0	(13.2 31.0)
	Low	11 400	(10 900 - 12 000)	64.4	(61.8 - 67.0)
	Moderate	2 040	(1 820 - 2 280)	11.5	(10.2 - 12.8)
Total	High	4 280	(3 870 - 4 730)	24.1	(21.8 - 26.6)
		17 700	(17 300 - 18 200)		(21.0 - 20.0)
	Total	17 700	All primary ca	100.0	
	Low	12 800	(12 300 - 13 400)	64.9	(62.4 - 67.3)
	Moderate	2 290	(2 060 - 2 550)	11.6	(10.4 - 12.9)
Aboriginal	High	4 660	(4 210 - 5 130)	23.5	(21.4 - 25.9)
	Total	19 800	(19 300 - 20 200)	100.0	(2111 2317)
	Low	1 860	(1 530 - 20 200)	63.1	(55.8 - 70.0)
	Moderate	310	(210 - 450)	10.6	(7.3 - 14.7)
Non-Aboriginal	High	780	(570 - 1 030)	26.3	(20.0 - 33.2)
	Total	2 960	(2 520 - 3 450)	100.0	(20.0 33.2)
	Low	110	(40 - 210)	62.1	(38.4 - 83.7)
	Moderate	10	(40 - 210)	3.9	(0.5 - 13.7)
Not stated	High	60	(30 - 90)	34.1	(13.9 - 54.9)
	Total	170	(100 - 290)	100.0	(13.5 37.9)
	Low	14 800	(14 300 - 15 300)	64.6	(62.2 - 66.9)
	Moderate	2 610	(2 360 - 2 890)	04.0 11.4	(10.3 - 12.6)
Total	High	5 490	(5 020 - 5 980)	24.0	(21.9 - 26.1)
	Total				(21.3-20.1)
	iotal	22 900	(22 800 - 22 900)	100.0	



TABLE 2.15: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, ASSOCIATED WITH SPECIFIC PROBLEM BEHAVIOURS

Risk of clinically significant emotional or behavioural difficulties	Number	95% CI	%	95% CI	
		Eating probl	ems		
Low	770	(580 - 980)	5.2	(4.0 - 6.7)	
Moderate	340	(230 - 480)	12.9	(9.1 - 17.9)	
High	1 040	(850 - 1 280)	19.0	(15.6 - 22.7)	
		Sleeping prob	olems		
Low	430	(290 - 590)	2.9	(2.0 - 4.0)	
Moderate	330	(210 - 480)	12.6	(8.3 - 17.8)	
High	1 060	(850 - 1 300)	19.3	(15.8 - 23.0)	
		Nightmar	es		
Low	810	(650 - 1 000)	5.5	(4.4 - 6.7)	
Moderate	280	(190 - 410)	10.9	(7.4 - 15.4)	
High	1 250	(1 020 - 1 520)	22.8	(19.1 - 26.8)	
		Bedwettir			
Low	1 460	(1 220 - 1 710)	9.8	(8.4 - 11.6)	
Moderate	390	(310 - 480)	14.8	(11.8 - 18.1)	
High	1 140	(960 - 1 350)	20.7	(17.6 - 24.0)	
		Running away fro		()	
Low	300	(230 - 390)	2.0	(1.5 - 2.6)	
Moderate	200	(130 - 320)	7.8	(5.0 - 11.8)	
High	570	(430 - 750)	10.5	(7.9 - 13.5)	
	1 200	Alcohol consur	•	(7.4.40.2)	
Low	1 290	(1 090 - 1 520)	8.7	(7.4 - 10.3)	
Moderate	290	(180 - 450)	11.0	(7.1 - 16.3)	
High	720	(540 - 940)	13.1	(10.1 - 16.6)	
Low	600	Other dru (440 - 790)	4.0	(3.0 - 5.4)	
Moderate	120	(50 - 240)	4.0	(2.2 - 9.6)	
High	520	(380 - 700)	9.5		
riigii	520 (380 - 700) 9.5 (7.1 - 12.5) Talked about death or suicide				
Low	1 030	(810 - 1 280)	6.9	(5.5 - 8.6)	
Moderate	250	(150 - 410)	9.6	(5.6 - 14.8)	
High	1 060	(840 - 1 320)	19.3	(15.6 - 23.4)	



SPECIFIC EMOTIONAL OR BEHAVIOURAL DIFFICULTIES

TABLE 2.16: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT SPECIFIC EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY SPECIFIC DIFFICULTY

Risk of clinically significant specific difficulties	Number	95% CI	%	95% CI
		Emotional sym	ptoms	
Low	15 000	(14 400 - 15 500)	65.4	(63.1 - 67.7)
Moderate	2 560	(2 270 - 2 880)	11.2	(9.9 - 12.6)
High	5 370	(4 910 - 5 860)	23.4	(21.4 - 25.6)
		Conduct prok	olems	
Low	12 400	(11 900 - 13 000)	54.2	(51.8 - 56.6)
Moderate	2 730	(2 440 - 3 040)	11.9	(10.6 - 13.3)
High	7 750	(7 250 - 8 270)	33.9	(31.6 - 36.1)
	Hyperactivity			
Low	17 300	(16 800 - 17 700)	75.4	(73.4 - 77.4)
Moderate	2 130	(1 870 - 2 420)	9.3	(8.2 - 10.6)
High	3 490	(3 120 - 3 890)	15.3	(13.6 - 17.0)
		Peer proble	ems	
Low	13 600	(13 100 - 14 200)	59.5	(57.1 - 61.8)
Moderate	2 910	(2 600 - 3 230)	12.7	(11.3 - 14.1)
High	6 380	(5 890 - 6 880)	27.8	(25.7 - 30.0)
	Prosocial behaviour			
Low	21 200	(21 000 - 21 400)	92.6	(91.5 - 93.6)
Moderate	750	(600 - 930)	3.3	(2.6 - 4.0)
High	940	(780 - 1 110)	4.1	(3.4 - 4.9)

TABLE 2.17: NON-ABORIGINAL CHILDREN AGED 4-17 YEARS (a) — RISK OF CLINICALLY SIGNIFICANT SPECIFIC EMOTIONAL OR BEHAVIOURAL DIFFICULTIES, BY SPECIFIC DIFFICULTY

Risk of clinically significant specific difficulties	Number	95% CI	%	95% CI
		Emotional sym	ptoms	
Low	245 000	(236 000 - 255 000)	67.5	(64.8 - 70.2)
Moderate	40 000	(33 500 - 46 600)	11.0	(9.2 - 12.8)
High	77 900	(69 400 - 86 500)	21.5	(19.1 - 23.8)
		Conduct prob	olems	
Low	263 000	(254 000 - 273 000)	72.5	(69.9 - 75.0)
Moderate	42 500	(35 800 - 49 200)	11.7	(9.9 - 13.6)
High	57 400	(49 800 - 65 000)	15.8	(13.7 - 17.9)
	Hyperactivity			
Low	301 000	(293 000 - 309 000)	82.9	(80.7 - 85.1)
Moderate	27 000	(21 500 - 32 500)	7.4	(5.9 - 8.9)
High	35 100	(28 900 - 41 200)	9.7	(8.0 - 11.4)
		Peer proble	ems	
Low	236 000	(226 000 - 246 000)	65.0	(62.2 - 67.7)
Moderate	41 000	(34 400 - 47 600)	11.3	(9.5 - 13.1)
High	86 300	(77 400 - 95 200)	23.8	(21.3 - 26.2)
	Prosocial behaviour			
Low	345 000	(341 000 - 350 000)	95.0	(93.8 - 96.3)
Moderate	7 450	(4 500 - 10 400)	2.1	(1.2 - 2.9)
High	10 600	(7 100 - 14 100)	2.9	(1.9 - 3.9)

⁽a) Source: Computer-Assisted Telephone Interview (CATI) survey conducted for the WAACHS by the Survey Research Centre at the University of Western Australia.



EMOTIONAL SYMPTOMS

TABLE 2.18: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL SYMPTOMS, BY AGE GROUP

Risk of clinically significant emotional symptoms	Number	95% CI	%	95% CI
		4–11 yea	rs	
Low	8 910	(8 450 - 9 370)	64.6	(61.8 - 67.3)
Moderate	1 550	(1 330 - 1 800)	11.3	(9.7 - 13.0)
High	3 340	(2 990 - 3 720)	24.2	(21.8 - 26.7)
Total	13 800	(13 300 - 14 200)	100.0	
		12–17 yea	ars	
Low	6 070	(5 640 - 6 510)	66.7	(63.3 - 69.9)
Moderate	1 010	(830 - 1 210)	11.0	(9.1 - 13.3)
High	2 030	(1 770 - 2 320)	22.3	(19.6 - 25.3)
Total	9 100	(8 660 - 9 560)	100.0	
		Total		
Low	15 000	(14 400 - 15 500)	65.4	(63.1 - 67.7)
Moderate	2 560	(2 270 - 2 880)	11.2	(9.9 - 12.6)
High	5 370	(4 910 - 5 860)	23.4	(21.4 - 25.6)
Total	22 900	(22 800 - 22 900)	100.0	

TABLE 2.19: NON-ABORIGINAL CHILDREN AGED 4–17 YEARS (a) — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL SYMPTOMS, BY AGE GROUP

Risk of clinically significant emotional symptoms	Number	95% CI	%	95% CI
		4–11 year	'S	
Low	132 000	(122 000 - 142 000)	64.7	(61.0 - 68.3)
Moderate	23 300	(18 200 - 28 400)	11.4	(9.0 - 13.8)
High	48 700	(41 600 - 55 800)	23.9	(20.6 - 27.2)
		12–17 yea	rs	
Low	113 000	(104 000 - 123 000)	71.2	(67.2 - 75.1)
Moderate	16 800	(12 400 - 21 100)	10.5	(7.9 - 13.2)
High	29 200	(23 500 - 34 800)	18.3	(15.0 - 21.7)
		Total		
Low	245 000	(236 000 - 255 000)	67.5	(64.8 - 70.2)
Moderate	40 000	(33 500 - 46 600)	11.0	(9.2 - 12.8)
High	77 900	(69 400 - 86 500)	21.5	(19.1 - 23.8)

⁽a) Source: Computer-Assisted Telephone Interview (CATI) survey conducted for the WAACHS by the Survey Research Centre at the University of Western Australia.



TABLE 2.20: ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL SYMPTOMS, BY AGE

Age (years)	Risk of clinically significant emotional symptoms	Number	95% CI	%	95% CI
	Low	1 050	(850 - 1 270)	63.0	(54.8 - 70.8)
	Moderate	190	(130 - 250)	11.2	(7.9 - 15.5)
4	High	430	(300 - 590)	25.8	(19.0 - 33.7)
	Total	1 660	(1 420 - 1 930)	100.0	(1510 5517)
	Low	1 170	(1 000 - 1 360)	66.2	(59.2 - 72.9)
	Moderate	200	(140 - 280)	11.3	(8.1 - 15.3)
5	High	400	(260 - 560)	22.4	(16.0 - 30.3)
	Total	1 770	(1 540 - 2 010)	100.0	(1010 0110)
	Low	1 170	(1 030 - 1 330)	66.4	(60.1 - 72.3)
	Moderate	190	(110 - 310)	10.6	(6.4 - 17.1)
6	High	410	(320 - 510)	23.0	(18.3 - 28.2)
	Total	1 770	(1 580 - 1 960)	100.0	(10.5 20.2)
	Low	1 100	(940 - 1 280)	63.7	(55.5 - 70.8)
	Moderate	170	(940 - 1 280)	9.8	(5.6 - 15.7)
7	High	460	(320 - 640)	26.5	(19.7 - 34.7)
	Total	1 730	(1 510 - 1 980)	100.0	(15.7 51.7)
	Low	1 100	(940 - 1 290)	63.0	(56.2 - 69.7)
	Moderate	180	(130 - 250)	10.3	(7.1 - 14.0)
8	High	470	(350 - 620)	26.6	(20.7 - 33.7)
	Total	1 750	(1 550 - 1 970)	100.0	(20.7 33.7)
	Low	1 090	(900 - 1 310)	64.4	(57.5 - 71.3)
	Moderate	190	(120 - 280)	11.3	(7.4 - 16.3)
9	High	410	(320 - 540)	24.3	(18.7 - 30.4)
	Total	1 700	(1 480 - 1 950)	100.0	(10.7 30.4)
	Low	1 080	(950 - 1 230)	61.3	(55.6 - 66.7)
	Moderate	240	(170 - 330)	13.5	(9.8 - 18.1)
10	High	450	(350 - 570)	25.3	(20.4 - 30.8)
	Total	1 770	(1 580 - 1 970)	100.0	(20.1 30.0)
	Low	1 140	(970 - 1 330)	68.5	(62.1 - 74.7)
	Moderate	200	(150 - 270)	12.0	(8.7 - 15.9)
11	High	320	(230 - 440)	19.5	(14.1 - 25.4)
	Total	1 660	(1 470 - 1 870)	100.0	(11.1 23.1)
	Low	1 080	(900 - 1 280)	64.8	(56.9 - 71.7)
	Moderate	200	(140 - 270)	12.2	(8.7 - 16.7)
12	High	380	(270 - 530)	23.0	(16.7 - 30.5)
	Total	1 660	(1 440 - 1 900)	100.0	(10.7 - 30.5)
	Low			66.9	(504 743)
	Moderate	1 100 190	(900 - 1 340) (100 - 310)	11.3	(58.4 - 74.2)
13	High	360	(260 - 480)	21.8	(6.0 - 18.1) (15.8 - 28.4)
	Total	1 650	(1 420 - 1 910)	100.0	(13.0 - 20.4)
					(60.1 73.4)
	Low	1 070	(910 - 1 260)	67.1 10.7	(60.1 - 73.4)
14	Moderate	170 350	(110 - 250) (250 - 470)	10.7	(7.1 - 14.8)
	High		(250 - 470)	22.2	(16.5 - 28.5)
	Total	1 600	(1 400 - 1 820)	100.0	(FC A 74 C)
	Low	940	(790 - 1 110)	64.4	(56.4 - 71.8)
15	Moderate	160	(90 - 260)	10.8	(5.9 - 17.2)
	High	360	(260 - 490)	24.8	(18.4 - 32.6)
	Total	1 450	(1 260 - 1 660)	100.0	Continued



TABLE 2.20 (continued): ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL SYMPTOMS, BY AGE

Age (years)	Risk of clinically significant emotional symptoms	Number	95% CI	%	95% CI
	Low	980	(840 - 1 140)	68.9	(61.2 - 75.9)
	Moderate	140	(80 - 230)	9.7	(5.6 - 15.8)
16	High	300	(200 - 430)	21.4	(15.1 - 28.8)
	Total	1 420	(1 230 - 1 630)	100.0	
	Low	900	(750 - 1 090)	68.4	(60.1 - 76.3)
4=	Moderate	150	(100 - 220)	11.5	(7.6 - 16.3)
17	High	270	(170 - 390)	20.1	(13.6 - 28.1)
	Total	1 320	(1 130 - 1 540)	100.0	
Total	Low	15 000	(14 400 - 15 500)	65.4	(63.1 - 67.7)
	Moderate	2 560	(2 270 - 2 880)	11.2	(9.9 - 12.6)
	High	5 370	(4 910 - 5 860)	23.4	(21.4 - 25.6)
	Total	22 900	(22 800 - 22 900)	100.0	

TABLE 2.21: ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL SYMPTOMS, BY AGE GROUP AND SEX

Sex	Risk of clinically significant emotional symptoms	Number	95% CI	%	95% CI
	emotional symptoms		4–11 year	'S	
	Low	4 630	(4 300 - 4 980)	64.4	(60.8 - 68.1)
	Moderate	770	(610 - 970)	10.7	(8.5 - 13.3)
Males	High	1 790	(1 540 - 2 070)	24.9	(21.7 - 28.3)
	Total	7 190	(6 790 - 7 590)	100.0	
	Low	4 280	(3 940 - 4 630)	64.7	(61.1 - 68.1)
- 1	Moderate	780	(660 - 930)	11.9	(10.0 - 14.0)
Females	High	1 550	(1 330 - 1 790)	23.5	(20.5 - 26.7)
	Total	6 610	(6 220 - 7 010)	100.0	
	Low	8 910	(8 450 - 9 370)	64.6	(61.8 - 67.3)
+	Moderate	1 550	(1 330 - 1 800)	11.3	(9.7 - 13.0)
Total	High	3 340	(2 990 - 3 720)	24.2	(21.8 - 26.7)
	Total	13 800	(13 300 - 14 200)	100.0	
			12–17 yea	rs	
	Low	3 180	(2 840 - 3 550)	70.2	(65.6 - 74.5)
Males	Moderate	420	(320 - 560)	9.4	(6.9 - 12.3)
Males	High	930	(760 - 1 120)	20.5	(16.7 - 24.5)
	Total	4 540	(4 180 - 4 920)	100.0	
	Low	2 890	(2 620 - 3 170)	63.2	(58.6 - 67.7)
Females	Moderate	580	(450 - 730)	12.7	(10.0 - 15.7)
remaies	High	1 100	(900 - 1 330)	24.0	(20.1 - 28.4)
	Total	4 560	(4 230 - 4 910)	100.0	
	Low	6 070	(5 640 - 6 510)	66.7	(63.3 - 69.9)
Total	Moderate	1 010	(830 - 1 210)	11.0	(9.1 - 13.3)
iotai	High	2 030	(1 770 - 2 320)	22.3	(19.6 - 25.3)
	Total	9 100	(8 660 - 9 560)	100.0	
			Total		
	Low	7 820	(7 360 - 8 290)	66.7	(63.5 - 69.8)
Males	Moderate	1 190	(1 000 - 1 430)	10.2	(8.5 - 12.1)
Males	High	2 720	(2 390 - 3 070)	23.2	(20.5 - 26.0)
	Total	11 700	(11 300 - 12 200)	100.0	
	Low	7 160	(6 760 - 7 590)	64.1	(61.1 - 66.9)
Females	Moderate	1 360	(1 170 - 1 570)	12.2	(10.6 - 14.0)
i elliales	High	2 650	(2 360 - 2 970)	23.7	(21.2 - 26.3)
	Total	11 200	(10 800 - 11 600)	100.0	
	Low	15 000	(14 400 - 15 500)	65.4	(63.1 - 67.7)
Total	Moderate	2 560	(2 270 - 2 880)	11.2	(9.9 - 12.6)
iotai	High	5 370	(4 910 - 5 860)	23.4	(21.4 - 25.6)
	Total	22 900	(22 800 - 22 900)	100.0	



TABLE 2.22: ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL SYMPTOMS, BY LEVEL OF RELATIVE ISOLATION (LORI) AND AGE GROUP

Age group	Risk of clinically significant emotional symptoms	Number	95% CI	%	95% CI
	emotional symptoms		LORI — No	ne	
	Low	2 890	(2 590 - 3 210)	62.0	(56.8 - 67.0)
	Moderate	510	(360 - 680)	10.8	(7.8 - 14.3)
4–11 years	High	1 270	(1 050 - 1 530)	27.2	(22.7 - 32.2)
	Total	4 670	(4 350 - 5 000)	100.0	
	Low	2 030	(1 780 - 2 310)	64.3	(58.2 - 70.2)
	Moderate	300	(180 - 440)	9.4	(5.9 - 13.9)
12–17 years	High	830	(650 - 1 040)	26.3	(21.0 - 32.1)
	Total	3 160	(2 850 - 3 480)	100.0	
	Low	4 930	(4 600 - 5 250)	62.9	(58.8 - 66.9)
	Moderate	800	(620 - 1 020)	10.2	(8.0 - 13.1)
Total	High	2 100	(1 820 - 2 420)	26.8	(23.2 - 30.8)
	Total	7 830	(7 680 - 7 980)	100.0	
			LORI — Lo	W	
	Low	2 230	(1 960 - 2 530)	64.5	(59.2 - 69.6)
4 11 years	Moderate	380	(280 - 500)	10.9	(8.2 - 14.1)
4–11 years	High	850	(670 - 1 080)	24.6	(20.0 - 29.6)
	Total	3 460	(3 090 - 3 860)	100.0	
	Low	1 420	(1 190 - 1 690)	66.8	(60.0 - 73.1)
12 17	Moderate	280	(200 - 390)	13.1	(9.1 - 17.9)
12–17 years	High	430	(310 - 570)	20.1	(15.0 - 25.9)
	Total	2 130	(1 840 - 2 440)	100.0	
	Low	3 660	(3 280 - 4 050)	65.4	(60.9 - 69.6)
Total	Moderate	660	(510 - 820)	11.7	(9.3 - 14.4)
iotai	High	1 280	(1 050 - 1 550)	22.9	(19.4 - 26.8)
	Total	5 590	(5 100 - 6 100)	100.0	
			LORI — Mod	erate	
	Low	1 810	(1 470 - 2 190)	64.4	(58.6 - 70.1)
1 11 years	Moderate	370	(250 - 510)	13.1	(9.5 - 17.5)
4–11 years	High	630	(480 - 800)	22.5	(18.1 - 27.2)
	Total	2 800	(2 360 - 3 330)	100.0	
	Low	1 250	(980 - 1 560)	66.9	(59.2 - 74.0)
12–17 years	Moderate	210	(130 - 310)	11.3	(7.3 - 16.4)
	High	410	(290 - 550)	21.8	(16.8 - 27.8)
	Total	1 870	(1 540 - 2 260)	100.0	
	Low	3 060	(2 520 - 3 650)	65.4	(59.8 - 70.8)
Total	Moderate	580	(420 - 790)	12.4	(9.4 - 16.1)
iotal	High	1 040	(810 - 1 330)	22.2	(18.4 - 26.7)
	Total	4 680	(3 940 - 5 480)	100.0	
					C +!

Continued....



TABLE 2.22 (continued): ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL SYMPTOMS, BY LEVEL OF RELATIVE ISOLATION (LORI) AND AGE GROUP

Age group	Risk of clinically significant	Number	95% CI	%	95% CI
rige group	emotional symptoms	rvarrioci	3370 CI	70	75 70 CI
			LORI — Hi	gh	
	Low	1 080	(790 - 1 440)	67.8	(59.6 - 75.8)
4 11 years	Moderate	190	(120 - 290)	12.1	(8.2 - 16.6)
4–11 years	High	320	(190 - 490)	20.0	(13.7 - 27.0)
	Total	1 600	(1 170 - 2 090)	100.0	
	Low	670	(470 - 930)	70.3	(61.2 - 78.8)
12 17	Moderate	130	(70 - 190)	13.3	(8.7 - 19.4)
12–17 years	High	160	(100 - 250)	16.5	(10.2 - 25.1)
	Total	960	(710 - 1 260)	100.0	
	Low	1 760	(1 290 - 2 300)	68.7	(61.2 - 75.3)
Total	Moderate	320	(220 - 440)	12.5	(9.6 - 16.0)
Total	High	480	(300 - 720)	18.7	(13.4 - 25.6)
	Total	2 550	(1 910 - 3 270)	100.0	
			LORI — Extr	eme	
	Low	890	(640 - 1 200)	70.3	(59.4 - 79.5)
4 11	Moderate	110	(60 - 190)	8.7	(5.3 - 13.9)
4–11 years	High	270	(120 - 470)	20.9	(11.7 - 32.1)
	Total	1 270	(920 - 1 740)	100.0	
	Low	690	(490 - 940)	70.2	(58.7 - 79.7)
12 17	Moderate	90	(50 - 170)	9.2	(4.9 - 16.5)
12–17 years	High	200	(100 - 350)	20.6	(12.0 - 31.6)
	Total	990	(730 - 1 320)	100.0	
	Low	1 580	(1 160 - 2 110)	70.3	(60.8 - 79.0)
Total	Moderate	200	(120 - 320)	8.9	(5.7 - 12.8)
Total	High	470	(260 - 820)	20.8	(12.6 - 31.1)
	Total	2 260	(1 670 - 3 020)	100.0	

TABLE 2.23: ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL SYMPTOMS, BY ATSIC REGION

Risk of clinically significant emotional symptoms	Number	95% CI	%	95% CI
		Perth ATSIC r	egion	
Low	5 210	(4 890 - 5 550)	63.1	(59.1 - 66.9)
Moderate	830	(650 - 1 040)	10.1	(7.9 - 12.7)
High	2 210	(1 920 - 2 520)	26.8	(23.3 - 30.6)
Total	8 260	(8 150 - 8 370)	100.0	
	Narrogin ATSIC region			
Low	2 180	(1 890 - 2 500)	69.1	(63.7 - 74.0)
Moderate	310	(220 - 440)	9.9	(7.0 - 13.4)
High	660	(520 - 840)	21.1	(17.2 - 25.4)
Total	3 150	(2 780 - 3 540)	100.0	
	Kalgoorlie ATSIC region			
Low	750	(470 - 1 110)	64.2	(51.1 - 77.1)
Moderate	180	(80 - 320)	15.0	(8.7 - 24.5)
High	240	(130 - 390)	20.8	(13.6 - 29.0)
Total	1 170	(780 - 1 660)	100.0	

Continued....



TABLE 2.23 (continued): ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL SYMPTOMS, BY ATSIC REGION

Risk of clinically significant emotional symptoms	Number	95% CI	%	95% CI
, , , , , , , , , , , , , , , , , , ,		Geraldton ATSI		
Low	1 410	(1 110 - 1 760)	62.5	(56.9 - 68.1)
Moderate	290	(210 - 400)	13.0	(9.9 - 16.9)
High	550	(390 - 790)	24.5	(18.5 - 31.0)
Total	2 260	(1 800 - 2 780)	100.0	
		Broome ATSIC	region	
Low	910	(570 - 1 340)	76.2	(68.1 - 82.9)
Moderate	150	(100 - 230)	12.7	(9.3 - 16.9)
High	130	(40 - 280)	11.1	(3.9 - 21.2)
Total	1 200	(770 - 1 760)	100.0	
		South Hedland AT	SIC region	
Low	1 270	(890 - 1 720)	61.7	(51.7 - 71.5)
Moderate	310	(180 - 500)	14.9	(9.6 - 21.8)
High	480	(280 - 770)	23.3	(16.4 - 32.4)
Total	2 060	(1 460 - 2 750)	100.0	
		Derby ATSIC r	egion	
Low	1 020	(660 - 1 510)	67.0	(54.3 - 78.4)
Moderate	140	(80 - 240)	9.4	(6.0 - 14.5)
High	360	(190 - 670)	23.6	(13.6 - 36.6)
Total	1 520	(1 010 - 2 170)	100.0	
		Kununurra ATSI	C region	
Low	1 190	(810 - 1 640)	64.5	(54.9 - 73.4)
Moderate	210	(120 - 350)	11.2	(6.7 - 16.9)
High	450	(270 - 680)	24.3	(16.8 - 32.5)
Total	1 850	(1 310 - 2 520)	100.0	
		Warburton ATSI	•	
Low	1 030	(660 - 1 510)	71.7	(61.4 - 80.1)
Moderate	140	(70 - 240)	9.5	(5.3 - 15.4)
High	270	(160 - 430)	18.8	(12.6 - 27.4)
Total	1 430	(960 - 2 000)	100.0	
	Western Australia			
Low	15 000	(14 400 - 15 500)	65.4	(63.1 - 67.7)
Moderate	2 560	(2 270 - 2 880)	11.2	(9.9 - 12.6)
High	5 370	(4 910 - 5 860)	23.4	(21.4 - 25.6)
Total	22 900	(22 800 - 22 900)	100.0	

TABLE 2.24: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT EMOTIONAL SYMPTOMS, BY ABORIGINAL STATUS OF PRIMARY CARER

Risk of clinically significant emotional symptoms	Number	95% CI	%	95% CI
		Aborigina	I	
Low	13 100	(12 500 - 13 600)	66.0	(63.5 - 68.4)
Moderate	2 210	(1 940 - 2 490)	11.2	(9.8 - 12.6)
High	4 520	(4 070 - 4 980)	22.8	(20.7 - 25.1)
Total	19 800	(19 300 - 20 200)	100.0	
		Non-Aborigi	nal	
Low	1 830	(1 500 - 2 200)	61.8	(54.1 - 69.3)
Moderate	340	(200 - 530)	11.4	(7.0 - 16.9)
High	790	(580 - 1 050)	26.8	(20.2 - 33.6)
Total	2 960	(2 520 - 3 450)	100.0	



CONDUCT PROBLEMS

TABLE 2.25: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT CONDUCT PROBLEMS, BY AGE GROUP

Risk of clinically significant conduct problems	Number	95% CI	%	95% CI
		4–11 year	rs .	
Low	7 160	(6 700 - 7 630)	51.9	(49.0 - 54.7)
Moderate	1 740	(1 500 - 2 010)	12.6	(10.9 - 14.5)
High	4 900	(4 520 - 5 300)	35.5	(33.0 - 38.2)
Total	13 800	(13 300 - 14 200)	100.0	
		12–17 yea	rs	
Low	5 260	(4 870 - 5 680)	57.8	(54.3 - 61.3)
Moderate	990	(810 - 1 180)	10.8	(9.0 - 13.0)
High	2 850	(2 530 - 3 210)	31.4	(28.0 - 34.7)
Total	9 100	(8 660 - 9 560)	100.0	
		Total		
Low	12 400	(11 900 - 13 000)	54.2	(51.8 - 56.6)
Moderate	2 730	(2 440 - 3 040)	11.9	(10.6 - 13.3)
High	7 750	(7 250 - 8 270)	33.9	(31.6 - 36.1)
Total	22 900	(22 800 - 22 900)	100.0	

TABLE 2.26: NON-ABORIGINAL CHILDREN AGED 4-17 YEARS (a) — RISK OF CLINICALLY SIGNIFICANT CONDUCT PROBLEMS, BY AGE GROUP

Risk of clinically significant conduct problems	Number	95% CI	%	95% CI
		4–11 year	S	
Low	140 000	(130 000 - 150 000)	68.5	(64.9 - 72.0)
Moderate	27 600	(22 100 - 33 100)	13.5	(10.9 - 16.2)
High	36 600	(30 400 - 42 900)	18.0	(15.0 - 20.9)
		12–17 yea	rs	
Low	124 000	(114 000 - 133 000)	77.6	(74.0 - 81.2)
Moderate	14 900	(10 800 - 19 000)	9.4	(6.8 - 11.9)
High	20 800	(16 000 - 25 600)	13.1	(10.1 - 16.0)
		Total		
Low	263 000	(254 000 - 273 000)	72.5	(69.9 - 75.0)
Moderate	42 500	(35 800 - 49 200)	11.7	(9.9 - 13.6)
High	57 400	(49 800 - 65 000)	15.8	(13.7 - 17.9)

⁽a) Source: Computer-Assisted Telephone Interview (CATI) survey conducted for the WAACHS by the Survey Research Centre at the University of Western Australia.



TABLE 2.27: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT CONDUCT PROBLEMS, BY AGE

Age (years)	Risk of clinically significant	Number	95% CI	%	95% CI
3 - 0	conduct problems				
	Low	820	(660 - 1 020)	49.7	(41.1 - 57.6)
4	Moderate High	200 630	(130 - 310) (470 - 830)	12.1 38.2	(7.6 - 17.4) (30.0 - 46.5)
					(30.0 - 40.3)
	Total	1 660	(1 420 - 1 930)	100.0	(42.6 57.4)
	Low	890	(720 - 1 080)	50.2	(42.6 - 57.4)
5	Moderate	250 630	(150 - 390)	14.1	(9.0 - 21.3) (29.1 - 42.6)
	High		(500 - 770)	35.6	(29.1 - 42.0)
	Total	1 770	(1 540 - 2 010)	100.0	(500 505)
	Low	1 000	(870 - 1 140)	56.7	(50.8 - 62.5)
6	Moderate	190	(120 - 270)	10.7	(7.3 - 15.4)
	High	570	(460 - 710)	32.6	(26.9 - 38.4)
	Total	1 770	(1 580 - 1 960)	100.0	
	Low	940	(760 - 1 160)	54.7	(47.1 - 61.8)
7	Moderate	220	(140 - 340)	12.7	(8.1 - 18.9)
	High	560	(460 - 680)	32.7	(26.4 - 39.0)
	Total	1 730	(1 510 - 1 980)	100.0	
	Low	800	(650 - 980)	45.9	(39.2 - 53.0)
8	Moderate	240	(170 - 330)	13.8	(9.8 - 18.6)
0	High	700	(580 - 850)	40.2	(33.7 - 46.8)
	Total	1 750	(1 550 - 1 970)	100.0	
	Low	920	(730 - 1 140)	53.9	(46.0 - 61.1)
9	Moderate	200	(120 - 310)	11.9	(7.5 - 17.9)
9	High	580	(480 - 700)	34.2	(28.3 - 40.8)
	Total	1 700	(1 480 - 1 950)	100.0	
	Low	870	(740 - 1 030)	49.4	(43.7 - 55.3)
10	Moderate	220	(160 - 300)	12.5	(9.1 - 17.0)
10	High	670	(560 - 800)	38.0	(32.7 - 43.8)
	Total	1 770	(1 580 - 1 970)	100.0	
	Low	910	(760 - 1 080)	54.6	(47.7 - 61.2)
11	Moderate	220	(140 - 320)	13.0	(8.6 - 18.6)
11	High	540	(430 - 660)	32.4	(26.6 - 38.6)
	Total	1 660	(1 470 - 1 870)	100.0	
	Low	860	(680 - 1 080)	51.5	(43.3 - 59.1)
12	Moderate	100	(60 - 160)	6.3	(3.5 - 9.8)
12	High	700	(570 - 860)	42.2	(35.0 - 50.2)
	Total	1 660	(1 440 - 1 900)	100.0	
	Low	890	(730 - 1 080)	54.0	(45.7 - 62.4)
	Moderate	190	(120 - 270)	11.3	(7.6 - 16.5)
13	High	570	(400 - 780)	34.7	(26.3 - 43.9)
	Total	1 650	(1 420 - 1 910)	100.0	
	Low	940	(770 - 1 130)	58.7	(51.9 - 65.3)
	Moderate	160	(100 - 250)	10.0	(6.0 - 15.3)
14	High	500	(410 - 610)	31.3	(25.6 - 37.5)
	Total	1 600	(1 400 - 1 820)	100.0	
	Low	830	(710 - 970)	57.0	(49.1 - 64.8)
	Moderate	160	(90 - 260)	10.8	(6.1 - 16.9)
15	High	470	(340 - 640)	32.2	(24.5 - 40.2)
	Total	1 450	(1 260 - 1 660)	100.0	,
	10141	1 130	(. 200 000)	100.0	



TABLE 2.27 (continued): ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT CONDUCT PROBLEMS, BY AGE

Age (years)	Risk of clinically significant conduct problems	Number	95% CI	%	95% CI
	Low	900	(760 - 1 060)	63.2	(55.0 - 70.8)
16	Moderate	210	(130 - 310)	14.7	(9.8 - 20.8)
16	High	310	(220 - 430)	22.2	(16.2 - 29.2)
	Total	1 420	(1 230 - 1 630)	100.0	
	Low	850	(690 - 1 030)	64.5	(56.8 - 71.3)
47	Moderate	170	(120 - 240)	13.0	(9.3 - 17.5)
17	High	300	(200 - 410)	22.6	(16.1 - 30.3)
	Total	1 320	(1 130 - 1 540)	100.0	
Total	Low	12 400	(11 900 - 13 000)	54.2	(51.8 - 56.6)
	Moderate	2 730	(2 440 - 3 040)	11.9	(10.6 - 13.3)
	High	7 750	(7 250 - 8 270)	33.9	(31.6 - 36.1)
	Total	22 900	(22 800 - 22 900)	100.0	

TABLE 2.28: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT CONDUCT PROBLEMS, BY AGE GROUP AND SEX

Sex	Risk of clinically significant	Number	95% CI	%	95% CI	
Sex	conduct problems	Number	95% CI	%0	95% CI	
	4–11 years					
	Low	3 420	(3 090 - 3 760)	47.5	(43.8 - 51.3)	
	Moderate	870	(710 - 1 050)	12.0	(9.9 - 14.5)	
Males	High	2 910	(2 610 - 3 210)	40.4	(36.9 - 44.1)	
	Total	7 190	(6 790 - 7 590)	100.0		
	Low	3 740	(3 420 - 4 090)	56.6	(53.0 - 60.2)	
- 1	Moderate	870	(700 - 1 070)	13.2	(10.7 - 16.0)	
Females	High	2 000	(1 770 - 2 240)	30.2	(27.0 - 33.5)	
	Total	6 610	(6 220 - 7 010)	100.0		
	Low	7 160	(6 700 - 7 630)	51.9	(49.0 - 54.7)	
+	Moderate	1 740	(1 500 - 2 010)	12.6	(10.9 - 14.5)	
Total	High	4 900	(4 520 - 5 300)	35.5	(33.0 - 38.2)	
	Total	13 800	(13 300 - 14 200)	100.0		
			12–17 yea	rs		
	Low	2 370	(2 080 - 2 700)	52.3	(47.6 - 57.0)	
Malaa	Moderate	550	(440 - 680)	12.1	(9.7 - 15.0)	
Males	High	1 620	(1 400 - 1 860)	35.6	(31.2 - 40.2)	
	Total	4 540	(4 180 - 4 920)	100.0		
	Low	2 890	(2 620 - 3 180)	63.3	(58.7 - 67.9)	
Familia	Moderate	440	(320 - 580)	9.6	(7.1 - 12.5)	
Females	High	1 240	(1 030 - 1 480)	27.1	(22.8 - 31.5)	
	Total	4 560	(4 230 - 4 910)	100.0		
	Low	5 260	(4 870 - 5 680)	57.8	(54.3 - 61.3)	
	Moderate	990	(810 - 1 180)	10.8	(9.0 - 13.0)	
Total	High	2 850	(2 530 - 3 210)	31.4	(28.0 - 34.7)	
	Total	9 100	(8 660 - 9 560)	100.0		
					Continued	



TABLE 2.28 (continued): ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT CONDUCT PROBLEMS, BY AGE GROUP AND SEX

Sex	Risk of clinically significant conduct problems	Number	95% CI	%	95% CI
			Total		
	Low	5 790	(5 350 - 6 240)	49.4	(46.2 - 52.6)
Malaa	Moderate	1 420	(1 220 - 1 640)	12.1	(10.4 - 13.9)
Males	High	4 520	(4 160 - 4 910)	38.6	(35.6 - 41.6)
	Total	11 700	(11 300 - 12 200)	100.0	
	Low	6 630	(6 230 - 7 040)	59.3	(56.4 - 62.2)
Females	Moderate	1 310	(1 110 - 1 530)	11.7	(9.9 - 13.7)
remaies	High	3 230	(2 920 - 3 560)	28.9	(26.3 - 31.6)
	Total	11 200	(10 800 - 11 600)	100.0	
Total	Low	12 400	(11 900 - 13 000)	54.2	(51.8 - 56.6)
	Moderate	2 730	(2 440 - 3 040)	11.9	(10.6 - 13.3)
	High	7 750	(7 250 - 8 270)	33.9	(31.6 - 36.1)
	Total	22 900	(22 800 - 22 900)	100.0	

TABLE 2.29: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT CONDUCT PROBLEMS, BY LEVEL OF RELATIVE ISOLATION (LORI) AND AGE GROUP

Age group	Risk of clinically significant conduct problems	Number	95% CI	%	95% CI
			LORI — No	ne	
	Low	2 260	(1 970 - 2 590)	48.4	(42.9 - 53.7)
4 11	Moderate	670	(510 - 870)	14.4	(11.0 - 18.2)
4–11 years	High	1 740	(1 500 - 1 990)	37.2	(32.2 - 42.2)
	Total	4 670	(4 350 - 5 000)	100.0	
	Low	1 640	(1 410 - 1 900)	51.9	(45.6 - 58.3)
10 17	Moderate	340	(230 - 480)	10.8	(7.4 - 15.0)
12–17 years	High	1 180	(960 - 1 430)	37.3	(31.2 - 43.6)
	Total	3 160	(2 850 - 3 480)	100.0	
	Low	3 900	(3 570 - 4 240)	49.8	(45.6 - 53.9)
	Moderate	1 020	(820 - 1 230)	13.0	(10.5 - 15.8)
Total	High	2 920	(2 610 - 3 240)	37.2	(33.4 - 41.4)
	Total	7 830	(7 680 - 7 980)	100.0	
			LORI — Lo	w	
	Low	1 820	(1 550 - 2 130)	52.6	(46.9 - 58.1)
	Moderate	360	(270 - 480)	10.5	(7.8 - 13.6)
4–11 years	High	1 280	(1 070 - 1 510)	36.9	(31.8 - 41.9)
	Total	3 460	(3 090 - 3 860)	100.0	
	Low	1 210	(1 010 - 1 440)	56.7	(49.7 - 63.6)
	Moderate	220	(150 - 320)	10.5	(7.2 - 14.4)
12–17 years	High	700	(520 - 900)	32.8	(25.9 - 40.2)
	Total	2 130	(1 840 - 2 440)	100.0	
	Low	3 030	(2 670 - 3 410)	54.2	(49.6 - 58.9)
Total	Moderate	590	(470 - 730)	10.5	(8.4 - 12.8)
	High	1 970	(1 670 - 2 290)	35.3	(31.1 - 39.8)
	Total	5 590	(5 100 - 6 100)	100.0	
					Continued

TABLE 2.29 (continued): ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT CONDUCT PROBLEMS, BY LEVEL OF RELATIVE ISOLATION (LORI) AND AGE GROUP

Age group	Risk of clinically significant	Number	95% CI	%	95% CI
	conduct problems		LORI — Mod	erate	
	Low	1 390	(1 130 - 1 690)	49.4	(43.8 - 55.2)
	Moderate	440	(330 - 580)	15.5	(12.4 - 19.2)
4–11 years	High	980	(760 - 1 240)	35.0	(29.6 - 40.8)
	Total	2 800	(2 360 - 3 330)	100.0	(
	Low	1 040	(820 - 1 310)	55.8	(48.1 - 63.4)
	Moderate	230	(140 - 350)	12.1	(7.7 - 18.0)
12–17 years	High	600	(430 - 800)	32.1	(25.0 - 39.6)
	Total	1 870	(1 540 - 2 260)	100.0	
	Low	2 430	(2 010 - 2 910)	52.0	(47.0 - 57.1)
	Moderate	660	(510 - 850)	14.2	(11.6 - 17.0)
Total	High	1 580	(1 250 - 1 980)	33.9	(29.0 - 39.3)
	Total	4 680	(3 940 - 5 480)	100.0	
			LORI — Hi	gh	
	Low	910	(640 - 1 250)	56.9	(48.3 - 64.7)
4 11	Moderate	130	(90 - 200)	8.4	(5.8 - 11.7)
4–11 years	High	560	(390 - 770)	34.7	(27.4 - 42.2)
	Total	1 600	(1 170 - 2 090)	100.0	
	Low	600	(410 - 850)	62.8	(52.0 - 73.8)
12 17	Moderate	100	(60 - 150)	10.4	(6.7 - 15.0)
12–17 years	High	260	(160 - 370)	26.7	(18.6 - 36.8)
	Total	960	(710 - 1 260)	100.0	
	Low	1 510	(1 100 - 2 030)	59.1	(50.8 - 67.4)
Total	Moderate	230	(160 - 320)	9.2	(6.9 - 11.8)
IOLAI	High	810	(560 - 1 120)	31.7	(25.1 - 39.5)
	Total	2 550	(1 910 - 3 270)	100.0	
			LORI — Extr	eme	
	Low	790	(560 - 1 050)	61.8	(52.0 - 71.5)
4–11 years	Moderate	130	(30 - 320)	10.5	(3.6 - 23.6)
4-11 years	High	350	(210 - 540)	27.7	(19.8 - 36.2)
	Total	1 270	(920 - 1 740)	100.0	
	Low	770	(550 - 1 060)	78.1	(68.8 - 85.0)
12–17 years	Moderate	100	(50 - 150)	9.7	(5.7 - 14.9)
	High	120	(60 - 220)	12.2	(6.0 - 20.0)
	Total	990	(730 - 1 320)	100.0	
	Low	1 550	(1 130 - 2 080)	68.9	(60.2 - 76.1)
Total	Moderate	230	(110 - 410)	10.2	(5.3 - 16.3)
iotai	High	470	(310 - 690)	20.9	(15.8 - 26.8)
	Total	2 260	(1 670 - 3 020)	100.0	



TABLE 2.30: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT CONDUCT PROBLEMS, BY ATSIC REGION

Risk of clinically significant conduct problems	Number	95% CI	%	95% CI
misk of climically significant conduct prooferns	rumeer	Perth ATSIC re)3 /o Ci
Low	4 100	(3 770 - 4 440)	49.6	(45.6 - 53.6)
Moderate	1 080	(890 - 1 310)	13.1	(10.8 - 15.9)
High	3 080	(2 760 - 3 400)	37.3	(33.4 - 41.1)
Total	8 260	(8 150 - 8 370)	100.0	(5511 1111)
1000	3 2 3 3	Narrogin ATSIC		
Low	1 810	(1 550 - 2 080)	57.3	(51.4 - 62.8)
Moderate	330	(250 - 430)	10.4	(7.9 - 13.5)
High	1 020	(800 - 1 270)	32.3	(26.9 - 38.2)
Total	3 150	(2 780 - 3 540)	100.0	(20.5 00.2)
Total	3 130	Kalgoorlie ATSI		
Low	650	(410 - 960)	55.8	(44.1 - 67.2)
Moderate	130	(50 - 280)	11.5	(4.8 - 20.2)
High	380	(220 - 590)	32.7	(23.4 - 43.0)
Total	1 170	(780 - 1 660)	100.0	(23.1 13.0)
Total	1170	Geraldton ATSI		
Low	1 120	(850 - 1 440)	49.4	(42.2 - 56.7)
Moderate	250	(170 - 340)	11.1	(8.3 - 14.6)
High	890	(650 - 1 170)	39.5	(32.3 - 47.0)
Total	2 260	(1 800 - 2 780)	100.0	
		Broome ATSIC	region	
Low	820	(520 - 1 210)	68.1	(59.7 - 76.5)
Moderate	110	(60 - 200)	9.0	(5.3 - 14.3)
High	270	(170 - 430)	22.8	(17.9 - 28.2)
Total	1 200	(770 - 1 760)	100.0	
		South Hedland AT	SIC region	
Low	1 050	(700 - 1 460)	50.9	(40.5 - 60.4)
Moderate	270	(170 - 420)	13.1	(9.1 - 18.0)
High	740	(460 - 1 090)	36.0	(26.5 - 46.7)
Total	2 060	(1 460 - 2 750)	100.0	
		Derby ATSIC r	egion	
Low	740	(470 - 1 100)	48.6	(38.7 - 58.5)
Moderate	210	(100 - 400)	13.6	(7.8 - 22.2)
High	580	(380 - 860)	37.8	(29.3 - 46.4)
Total	1 520	(1 010 - 2 170)	100.0	
		Kununurra ATSI	C region	
Low	1 140	(780 - 1 580)	61.4	(52.6 - 70.4)
Moderate	190	(120 - 290)	10.4	(7.6 - 14.1)
High	520	(320 - 780)	28.2	(20.8 - 36.5)
Total	1 850	(1 310 - 2 520)	100.0	
		Warburton ATSI	C region	
Low	1 010	(660 - 1 470)	70.1	(60.5 - 78.4)
Moderate	160	(90 - 250)	10.9	(6.8 - 16.3)
High	270	(160 - 410)	19.0	(13.1 - 25.4)
Total	1 430	(960 - 2 000)	100.0	
	Western Australia			
Low	12 400	(11 900 - 13 000)	54.2	(51.8 - 56.6)
Moderate	2 730	(2 440 - 3 040)	11.9	(10.6 - 13.3)
High	7 750	(7 250 - 8 270)	33.9	(31.6 - 36.1)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 2.31: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT CONDUCT PROBLEMS, BY ABORIGINAL STATUS OF PRIMARY CARER

Risk of clinically significant conduct problems	Number	95% CI	%	95% CI
		Aborigina	al	
Low	10 700	(10 200 - 11 300)	54.3	(51.8 - 56.9)
Moderate	2 340	(2 070 - 2 620)	11.8	(10.5 - 13.2)
High	6 700	(6 220 - 7 210)	33.9	(31.5 - 36.3)
Total	19 800	(19 300 - 20 200)	100.0	
		Non-Aborig	inal	
Low	1 580	(1 280 - 1 950)	53.5	(45.8 - 60.8)
Moderate	370	(230 - 570)	12.5	(8.0 - 18.2)
High	1 000	(770 - 1 270)	34.0	(27.2 - 41.0)
Total	2 960	(2 520 - 3 450)	100.0	

HYPERACTIVITY

TABLE 2.32: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT HYPERACTIVITY, BY AGE GROUP

Risk of clinically significant hyperactivity	Number	95% CI	%	95% CI
		4–11 yea	rs	
Low	10 100	(9 600 - 10 500)	72.9	(70.5 - 75.3)
Moderate	1 380	(1 170 - 1 610)	10.0	(8.5 - 11.6)
High	2 360	(2 080 - 2 650)	17.1	(15.2 - 19.1)
Total	13 800	(13 300 - 14 200)	100.0	
		12–17 yea	rs	
Low	7 210	(6 780 - 7 650)	79.2	(76.1 - 82.1)
Moderate	760	(610 - 940)	8.3	(6.7 - 10.3)
High	1 130	(910 - 1 400)	12.5	(10.0 - 15.1)
Total	9 100	(8 660 - 9 560)	100.0	
		Total		
Low	17 300	(16 800 - 17 700)	75.4	(73.4 - 77.4)
Moderate	2 130	(1 870 - 2 420)	9.3	(8.2 - 10.6)
High	3 490	(3 120 - 3 890)	15.3	(13.6 - 17.0)
Total	22 900	(22 800 - 22 900)	100.0	

TABLE 2.33: NON-ABORIGINAL CHILDREN AGED 4-17 YEARS (a) — RISK OF CLINICALLY SIGNIFICANT HYPERACTIVITY, BY AGE GROUP

Risk of clinically significant hyperactivity	Number	95% CI	%	95% CI
		4–11 year	'S	
Low	163 000	(153 000 - 174 000)	80.1	(77.0 - 83.1)
Moderate	15 800	(11 600 - 20 100)	7.8	(5.7 - 9.8)
High	24 800	(19 600 - 30 100)	12.2	(9.7 - 14.7)
		12–17 yea	rs	
Low	138 000	(128 000 - 148 000)	86.5	(83.6 - 89.5)
Moderate	11 200	(7 600 - 14 800)	7.0	(4.8 - 9.2)
High	10 200	(6 800 - 13 700)	6.4	(4.3 - 8.6)
		Total		
Low	301 000	(293 000 - 309 000)	82.9	(80.7 - 85.1)
Moderate	27 000	(21 500 - 32 500)	7.4	(5.9 - 8.9)
High	35 100	(28 900 - 41 200)	9.7	(8.0 - 11.4)

⁽a) Source: Computer-Assisted Telephone Interview (CATI) survey conducted for the WAACHS by the Survey Research Centre at the University of Western Australia.



TABLE 2.34: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT HYPERACTIVITY, BY AGE

AGL	Risk of clinically significant				
Age (years)	hyperactivity	Number	95% CI	%	95% CI
	Low	1 140	(940 - 1 360)	68.8	(60.4 - 76.4)
	Moderate	160	(70 - 290)	9.8	(5.0 - 18.0)
4	High	360	(250 - 490)	21.4	(15.5 - 28.7)
	Total	1 660	(1 420 - 1 930)	100.0	
	Low	1 260	(1 060 - 1 490)	71.5	(64.6 - 77.8)
	Moderate	180	(110 - 280)	10.4	(6.6 - 16.2)
5	High	320	(230 - 430)	18.0	(13.2 - 23.7)
	Total	1 770	(1 540 - 2 010)	100.0	
	Low	1 290	(1 140 - 1 460)	73.1	(67.0 - 78.7)
	Moderate	180	(120 - 270)	10.3	(6.7 - 14.5)
6	High	290	(200 - 410)	16.6	(11.9 - 22.4)
	Total	1 770	(1 580 - 1 960)	100.0	
	Low	1 270	(1 070 - 1 490)	73.4	(67.1 - 79.3)
	Moderate	150	(100 - 210)	8.5	(5.7 - 12.3)
7	High	310	(220 - 430)	18.0	(13.3 - 24.2)
	Total	1 730	(1 510 - 1 980)	100.0	
	Low	1 250	(1 070 - 1 450)	71.5	(65.5 - 76.8)
	Moderate	230	(170 - 300)	12.9	(9.5 - 17.0)
8	High	270	(190 - 370)	15.6	(11.4 - 20.9)
	Total	1 750	(1 550 - 1 970)	100.0	
	Low	1 260	(1 060 - 1 480)	74.0	(67.5 - 79.7)
	Moderate	130	(80 - 200)	7.8	(5.0 - 11.9)
9	High	310	(220 - 420)	18.1	(13.2 - 24.5)
	Total	1 700	(1 480 - 1 950)	100.0	
	Low	1 310	(1 160 - 1 480)	74.2	(68.7 - 79.4)
4.0	Moderate	170	(120 - 250)	9.7	(6.6 - 13.5)
10	High	280	(210 - 390)	16.1	(12.0 - 21.2)
	Total	1 770	(1 580 - 1 970)	100.0	
	Low	1 280	(1 100 - 1 470)	76.9	(71.1 - 82.5)
4.4	Moderate	170	(100 - 260)	10.2	(6.2 - 15.3)
11	High	210	(150 - 300)	12.9	(9.0 - 17.5)
	Total	1 660	(1 470 - 1 870)	100.0	
	Low	1 290	(1 110 - 1 490)	77.7	(69.4 - 85.1)
12	Moderate	130	(40 - 280)	7.6	(2.3 - 15.7)
12	High	240	(150 - 360)	14.7	(9.6 - 21.3)
	Total	1 660	(1 440 - 1 900)	100.0	
	Low	1 220	(1 010 - 1 460)	73.9	(65.9 - 80.3)
10	Moderate	150	(110 - 210)	9.4	(6.4 - 12.9)
13	High	280	(170 - 430)	16.7	(10.4 - 24.4)
	Total	1 650	(1 420 - 1 910)	100.0	
	Low	1 210	(1 040 - 1 400)	75.8	(69.5 - 81.7)
1.4	Moderate	170	(120 - 240)	10.7	(7.4 - 14.5)
14	High	220	(130 - 330)	13.5	(8.6 - 20.1)
	Total	1 600	(1 400 - 1 820)	100.0	
	Low	1 160	(980 - 1 350)	79.7	(72.8 - 85.2)
15	Moderate	130	(70 - 220)	9.1	(5.0 - 14.7)
15	High	160	(100 - 240)	11.2	(7.1 - 16.3)



TABLE 2.34 (continued): ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT HYPERACTIVITY, BY AGE

Age (years)	Risk of clinically significant hyperactivity	Number	95% CI	%	95% CI
	Low	1 150	(990 - 1 330)	81.2	(73.9 - 87.6)
16	Moderate	150	(110 - 210)	10.9	(7.8 - 14.7)
16	High	110	(40 - 260)	8.0	(3.0 - 16.8)
	Total	1 420	(1 230 - 1 630)	100.0	
	Low	1 180	(1 000 - 1 390)	89.2	(84.2 - 93.2)
47	Moderate	20	(10 - 40)	1.6	(0.9 - 2.9)
17	High	120	(70 - 190)	9.3	(5.5 - 14.4)
	Total	1 320	(1 130 - 1 540)	100.0	
Total	Low	17 300	(16 800 - 17 700)	75.4	(73.4 - 77.4)
	Moderate	2 130	(1 870 - 2 420)	9.3	(8.2 - 10.6)
	High	3 490	(3 120 - 3 890)	15.3	(13.6 - 17.0)
	Total	22 900	(22 800 - 22 900)	100.0	

TABLE 2.35: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT HYPERACTIVITY, BY AGE GROUP AND SEX

Sex	Risk of clinically significant hyperactivity	Number	95% CI	%	95% CI
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4–11 year	rs .	
	Low	4 900	(4 560 - 5 250)	68.2	(64.6 - 71.6)
	Moderate	870	(700 - 1 070)	12.1	(9.7 - 14.6)
Males	High	1 420	(1 200 - 1 670)	19.7	(16.9 - 22.8)
	Total	7 190	(6 790 - 7 590)	100.0	
	Low	5 160	(4 790 - 5 540)	78.1	(75.1 - 80.9)
	Moderate	510	(400 - 640)	7.7	(6.1 - 9.5)
Females	High	940	(790 - 1 110)	14.3	(12.0 - 16.6)
	Total	6 610	(6 220 - 7 010)	100.0	
	Low	10 100	(9 600 - 10 500)	72.9	(70.5 - 75.3)
	Moderate	1 380	(1 170 - 1 610)	10.0	(8.5 - 11.6)
Total	High	2 360	(2 080 - 2 650)	17.1	(15.2 - 19.1)
	Total	13 800	(13 300 - 14 200)	100.0	
			12–17 yea	rs	
	Low	3 380	(3 050 - 3 730)	74.5	(69.8 - 78.8)
	Moderate	460	(340 - 590)	10.1	(7.7 - 13.2)
Males	High	700	(530 - 910)	15.4	(11.9 - 19.8)
	Total	4 540	(4 180 - 4 920)	100.0	
	Low	3 830	(3 520 - 4 150)	83.9	(80.3 - 87.0)
e 1	Moderate	300	(210 - 420)	6.6	(4.6 - 9.2)
Females	High	430	(320 - 590)	9.5	(6.9 - 12.5)
	Total	4 560	(4 230 - 4 910)	100.0	
	Low	7 210	(6 780 - 7 650)	79.2	(76.1 - 82.1)
Total	Moderate	760	(610 - 940)	8.3	(6.7 - 10.3)
	High	1 130	(910 - 1 400)	12.5	(10.0 - 15.1)
	Total	9 100	(8 660 - 9 560)	100.0	
					Continued



TABLE 2.35 (continued): ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT HYPERACTIVITY, BY AGE GROUP AND SEX

Sex	Risk of clinically significant hyperactivity	Number	95% CI	%	95% CI
			Total		
	Low	8 280	(7 850 - 8 720)	70.6	(67.7 - 73.4)
Malaa	Moderate	1 330	(1 120 - 1 570)	11.3	(9.6 - 13.2)
Males	High	2 120	(1 820 - 2 440)	18.0	(15.7 - 20.7)
	Total	11 700	(11 300 - 12 200)	100.0	
	Low	8 990	(8 570 - 9 420)	80.5	(78.2 - 82.6)
Famolos	Moderate	810	(660 - 970)	7.2	(5.9 - 8.7)
Females	High	1 380	(1 190 - 1 600)	12.3	(10.6 - 14.2)
	Total	11 200	(10 800 - 11 600)	100.0	
Total	Low	17 300	(16 800 - 17 700)	75.4	(73.4 - 77.4)
	Moderate	2 130	(1 870 - 2 420)	9.3	(8.2 - 10.6)
	High	3 490	(3 120 - 3 890)	15.3	(13.6 - 17.0)
	Total	22 900	(22 800 - 22 900)	100.0	

TABLE 2.36: ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT HYPERACTIVITY, BY LEVEL OF RELATIVE ISOLATION (LORI) AND AGE GROUP

Age group	Risk of clinically significant hyperactivity	Number	95% CI	%	95% CI
			LORI — None	2	
	Low	3 160	(2 850 - 3 480)	67.6	(62.6 - 72.4)
4 11	Moderate	570	(430 - 740)	12.2	(9.1 - 15.7)
4–11 years	High	940	(750 - 1 170)	20.2	(16.1 - 24.6)
	Total	4 670	(4 350 - 5 000)	100.0	
	Low	2 290	(2 010 - 2 590)	72.4	(66.6 - 77.8)
10.17	Moderate	340	(250 - 470)	10.9	(7.8 - 14.4)
12–17 years	High	530	(380 - 720)	16.7	(12.0 - 22.1)
	Total	3 160	(2 850 - 3 480)	100.0	
	Low	5 440	(5 130 - 5 770)	69.5	(65.6 - 73.3)
	Moderate	920	(740 - 1 120)	11.7	(9.4 - 14.2)
Total	High	1 470	(1 220 - 1 750)	18.8	(15.6 - 22.3)
	Total	7 830	(7 680 - 7 980)	100.0	
			LORI — Low		
	Low	2 470	(2 170 - 2 800)	71.5	(66.7 - 76.0)
	Moderate	330	(230 - 450)	9.5	(6.8 - 12.8)
4–11 years	High	660	(520 - 820)	19.1	(15.7 - 23.0)
	Total	3 460	(3 090 - 3 860)	100.0	
	Low	1 630	(1 390 - 1 900)	76.8	(69.8 - 83.0)
	Moderate	180	(110 - 260)	8.3	(5.3 - 12.2)
12–17 years	High	320	(210 - 470)	15.0	(10.5 - 20.9)
	Total	2 130	(1 840 - 2 440)	100.0	
	Low	4 110	(3 710 - 4 530)	73.5	(69.4 - 77.2)
	Moderate	500	(380 - 650)	9.0	(7.0 - 11.5)
Total	High	980	(790 - 1 190)	17.5	(14.6 - 20.9)
	Total	5 590	(5 100 - 6 100)	100.0	
					Continued

TABLE 2.36 (continued): ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT HYPERACTIVITY, BY LEVEL OF RELATIVE ISOLATION (LORI) AND AGE GROUP

Age group	Risk of clinically significant hyperactivity	Number	95% CI	%	95% CI
	risperaetivity		LORI — Mod	erate	
	Low	2 070	(1 700 - 2 480)	73.7	(69.5 - 77.7)
	Moderate	280	(210 - 370)	10.0	(7.7 - 12.6)
4–11 years	High	460	(350 - 580)	16.4	(13.3 - 19.9)
	Total	2 800	(2 360 - 3 330)	100.0	
	Low	1 610	(1 310 - 1 970)	85.9	(77.4 - 92.0)
10.17	Moderate	130	(60 - 270)	7.1	(3.2 - 14.0)
12–17 years	High	130	(50 - 300)	6.9	(2.8 - 15.4)
	Total	1 870	(1 540 - 2 260)	100.0	
	Low	3 670	(3 060 - 4 330)	78.6	(74.0 - 82.6)
	Moderate	410	(290 - 580)	8.8	(6.5 - 11.8)
Total	High	590	(410 - 800)	12.6	(9.2 - 16.5)
	Total	4 680	(3 940 - 5 480)	100.0	
			LORI — Hi	gh	
	Low	1 300	(950 - 1 750)	81.4	(73.3 - 87.4)
4 11	Moderate	90	(50 - 140)	5.5	(3.4 - 8.3)
4–11 years	High	210	(120 - 340)	13.1	(7.9 - 20.3)
	Total	1 600	(1 170 - 2 090)	100.0	
	Low	760	(560 - 1 030)	79.8	(71.3 - 86.8)
12 17	Moderate	60	(30 - 110)	6.4	(2.9 - 11.4)
12–17 years	High	130	(70 - 220)	13.8	(8.0 - 22.8)
	Total	960	(710 - 1 260)	100.0	
	Low	2 060	(1 530 - 2 700)	80.8	(73.7 - 86.3)
Total	Moderate	150	(90 - 240)	5.8	(3.5 - 8.9)
Total	High	340	(210 - 540)	13.4	(8.5 - 19.7)
	Total	2 550	(1 910 - 3 270)	100.0	
			LORI — Extr	eme	
	Low	1 070	(770 - 1 430)	84.3	(74.0 - 92.0)
4 11 400 40	Moderate	110	(30 - 250)	8.5	(3.1 - 17.0)
4–11 years	High	90	(40 - 190)	7.2	(3.3 - 13.0)
	Total	1 270	(920 - 1 740)	100.0	
	Low	920	(660 - 1 240)	92.9	(88.9 - 95.9)
12–17 years	Moderate	50	(20 - 80)	4.6	(2.5 - 8.1)
	High	30	(10 - 50)	2.6	(1.0 - 5.6)
	Total	990	(730 - 1 320)	100.0	
	Low	1 990	(1 460 - 2 620)	88.0	(81.5 - 92.5)
Total	Moderate	150	(70 - 280)	6.8	(3.8 - 11.6)
Total	High	120	(50 - 220)	5.2	(2.5 - 9.2)
	Total	2 260	(1 670 - 3 020)	100.0	



TABLE 2.37: ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT HYPERACTIVITY, BY ATSIC REGION

Risk of clinically significant hyperactivity	Number	95% CI	%	95% CI	
nisk of clifficulty significant hyperactivity	Number	Perth ATSIC re		93% CI	
Low	5 720	(5 420 - 6 040)	69.3	(65.4 - 72.9)	
Moderate	970	(790 - 1 170)	11.7	(9.5 - 14.1)	
High	1 570	(1 320 - 1 850)	19.0	(16.0 - 22.4)	
Total	8 260	(8 150 - 8 370)	100.0	(10.0 - 22.4)	
Total	8 200				
Law	2.460	Narrogin ATSIC	_	(72.0.02.1)	
Low Moderate	2 460 220	(2 160 - 2 790)	77.9	(73.0 - 82.1)	
	470	(150 - 330) (360 - 620)	7.1 14.9	(4.9 - 9.9) (11.6 - 18.9)	
High Total	3 150	,		(11.0 - 10.9)	
Total	3 130	(2 780 - 3 540)	100.0		
	020	Kalgoorlie ATSI		(50.0 01.0)	
Low	830	(540 - 1 240)	71.5	(59.9 - 81.9)	
Moderate	140 190	(70 - 250)	12.2	(6.6 - 19.7)	
High		(100 - 340)	16.3	(8.7 - 25.6)	
Total	1 170	(780 - 1 660)	100.0		
		Geraldton ATSIC	_	(111)	
Low	1 660	(1 310 - 2 080)	73.5	(66.9 - 79.4)	
Moderate	220	(140 - 310)	9.6	(6.6 - 13.2)	
High	380	(270 - 540)	17.0	(12.7 - 22.0)	
Total	2 260	(1 800 - 2 780)	100.0		
		Broome ATSIC	3		
Low	1 080	(690 - 1 590)	89.8	(84.8 - 93.5)	
Moderate	70	(30 - 140)	5.5	(2.1 - 11.7)	
High	60	(30 - 100)	4.8	(2.7 - 7.6)	
Total	1 200	(770 - 1 760)	100.0		
		South Hedland AT	_		
Low	1 500	(1 070 - 2 050)	72.8	(63.2 - 81.1)	
Moderate	210	(90 - 370)	10.0	(5.5 - 16.6)	
High	350	(180 - 590)	17.2	(9.8 - 27.3)	
Total	2 060	(1 460 - 2 750)	100.0		
		Derby ATSIC r	_		
Low	1 250	(830 - 1 800)	82.1	(74.4 - 88.5)	
Moderate	70	(20 - 210)	4.8	(1.2 - 11.1)	
High	200	(110 - 350)	13.1	(7.4 - 20.3)	
Total	1 520	(1 010 - 2 170)	100.0		
		Kununurra ATSI	•	(=	
Low	1 480	(1 040 - 2 050)	80.1	(74.1 - 85.4)	
Moderate	150	(100 - 210)	8.0	(5.8 - 10.8)	
High	220	(130 - 350)	11.9	(7.8 - 17.5)	
Total	1 850	(1 310 - 2 520)	100.0		
		Warburton ATSI	•		
Low	1 290	(850 - 1 810)	90.1	(83.2 - 95.3)	
Moderate	90	(40 - 180)	6.4	(3.2 - 11.6)	
High	50	(20 - 100)	3.5	(1.6 - 7.1)	
Total	1 430	(960 - 2 000)	100.0		
	Western Australia				
Low	17 300	(16 800 - 17 700)	75.4	(73.4 - 77.4)	
Moderate	2 130	(1 870 - 2 420)	9.3	(8.2 - 10.6)	
High	3 490	(3 120 - 3 890)	15.3	(13.6 - 17.0)	
Total	22 900	(22 800 - 22 900)	100.0		



TABLE 2.38: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT HYPERACTIVITY, BY ABORIGINAL STATUS OF PRIMARY CARER

Risk of clinically significant hyperactivity	Number	95% CI	%	95% CI
		Aborigina	al	
Low	15 000	(14 500 - 15 600)	76.0	(73.8 - 78.1)
Moderate	1 810	(1 560 - 2 080)	9.1	(7.9 - 10.5)
High	2 930	(2 590 - 3 300)	14.8	(13.1 - 16.7)
Total	19 800	(19 300 - 20 200)	100.0	
		Non-Aborig	inal	
Low	2 110	(1 750 - 2 520)	71.4	(64.4 - 77.6)
Moderate	300	(210 - 430)	10.2	(7.0 - 14.1)
High	540	(380 - 770)	18.4	(13.1 - 24.9)
Total	2 960	(2 520 - 3 450)	100.0	

PEER PROBLEMS

TABLE 2.39: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT PEER PROBLEMS, BY AGE GROUP

			•	
Risk of clinically significant peer problems	Number	95% CI	%	95% CI
		4–11 year	'S	
Low	7 690	(7 240 - 8 150)	55.7	(52.8 - 58.5)
Moderate	1 750	(1 530 - 1 990)	12.7	(11.1 - 14.4)
High	4 360	(3 960 - 4 790)	31.6	(28.9 - 34.4)
Total	13 800	(13 300 - 14 200)	100.0	
		12–17 yea	rs	
Low	5 930	(5 530 - 6 350)	65.1	(61.8 - 68.3)
Moderate	1 160	(970 - 1 360)	12.7	(10.8 - 14.8)
High	2 020	(1 740 - 2 320)	22.2	(19.4 - 25.3)
Total	9 100	(8 660 - 9 560)	100.0	
		Total		
Low	13 600	(13 100 - 14 200)	59.5	(57.1 - 61.8)
Moderate	2 910	(2 600 - 3 230)	12.7	(11.3 - 14.1)
High	6 380	(5 890 - 6 880)	27.8	(25.7 - 30.0)
Total	22 900	(22 800 - 22 900)	100.0	

TABLE 2.40: NON-ABORIGINAL CHILDREN AGED 4-17 YEARS (a) — RISK OF CLINICALLY SIGNIFICANT PEER PROBLEMS, BY AGE GROUP

Risk of clinically significant peer problems	Number	95% CI	%	95% CI
		4–11 year	rs .	
Low	124 000	(115 000 - 134 000)	61.0	(57.3 - 64.8)
Moderate	25 500	(20 100 - 30 800)	12.5	(10.0 - 15.0)
High	54 000	(46 600 - 61 400)	26.5	(23.1 - 29.9)
		12–17 yea	rs	
Low	111 000	(102 000 - 121 000)	70.0	(66.0 - 73.9)
Moderate	15 500	(11 300 - 19 700)	9.7	(7.2 - 12.3)
High	32 300	(26 400 - 38 200)	20.3	(16.8 - 23.8)
		Total		
Low	236 000	(226 000 - 246 000)	65.0	(62.2 - 67.7)
Moderate	41 000	(34 400 - 47 600)	11.3	(9.5 - 13.1)
High	86 300	(77 400 - 95 200)	23.8	(21.3 - 26.2)

⁽a) Source: Computer-Assisted Telephone Interview (CATI) survey conducted for the WAACHS by the Survey Research Centre at the University of Western Australia.



TABLE 2.41: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT PEER PROBLEMS, BY AGE

Age (years)	Risk of clinically significant peer problems	Number	95% CI	%	95% CI
	Low	910	(730 - 1 130)	54.6	(46.0 - 62.8)
	Moderate	220	(150 - 320)	13.5	(9.1 - 18.8)
4	High	530	(390 - 700)	31.9	(24.6 - 39.8)
	Total	1 660	(1 420 - 1 930)	100.0	
	Low	990	(810 - 1 190)	56.3	(49.1 - 63.2)
	Moderate	260	(180 - 350)	14.5	(10.3 - 19.4)
5	High	520	(390 - 670)	29.2	(23.2 - 36.2)
	Total	1 770	(1 540 - 2 010)	100.0	
	Low	960	(830 - 1 100)	54.5	(48.6 - 60.3)
	Moderate	220	(160 - 300)	12.3	(8.8 - 16.3)
6	High	590	(470 - 720)	33.2	(27.7 - 39.1)
	Total	1 770	(1 580 - 1 960)	100.0	
	Low	930	(790 - 1 080)	53.7	(45.7 - 61.0)
	Moderate	180	(130 - 240)	10.4	(7.3 - 13.9)
7	High	620	(450 - 840)	35.9	(28.3 - 44.4)
	Total	1 730	(1 510 - 1 980)	100.0	
	Low	940	(780 - 1 130)	53.8	(46.8 - 60.6)
	Moderate	270	(200 - 360)	15.7	(11.7 - 20.2)
8	High	540	(420 - 680)	30.6	(24.4 - 37.2)
	Total	1 750	(1 550 - 1 970)	100.0	
	Low	960	(810 - 1 130)	56.6	(48.9 - 63.9)
	Moderate	240	(150 - 350)	13.9	(9.1 - 20.3)
9	High	500	(370 - 680)	29.5	(22.5 - 37.3)
	Total	1 700	(1 480 - 1 950)	100.0	
	Low	1 020	(890 - 1 160)	57.6	(51.6 - 63.2)
	Moderate	200	(140 - 270)	11.1	(8.0 - 14.9)
10	High	550	(440 - 690)	31.2	(26.1 - 36.7)
	Total	1 770	(1 580 - 1 970)	100.0	
	Low	980	(820 - 1 150)	58.7	(51.9 - 65.3)
	Moderate	170	(120 - 220)	10.0	(7.3 - 13.1)
11	High	520	(400 - 660)	31.2	(24.7 - 37.9)
	Total	1 660	(1 470 - 1 870)	100.0	
	Low	1 030	(850 - 1 240)	61.8	(54.8 - 68.7)
	Moderate	250	(170 - 370)	15.3	(10.5 - 21.8)
12	High	380	(280 - 490)	22.8	(17.6 - 29.1)
	Total	1 660	(1 440 - 1 900)	100.0	
	Low	1 070	(880 - 1 270)	64.8	(55.8 - 73.1)
	Moderate	220	(140 - 340)	13.2	(8.1 - 19.3)
13	High	360	(230 - 550)	22.0	(14.3 - 30.8)
	Total	1 650	(1 420 - 1 910)	100.0	
	Low	1 040	(890 - 1 200)	64.9	(57.8 - 71.4)
14	Moderate	180	(130 - 240)	11.0	(8.0 - 15.0)
	High	380	(270 - 540)	24.1	(17.9 - 31.8)
	Total	1 600	(1 400 - 1 820)	100.0	
	Low	1 040	(880 - 1 220)	71.4	(63.4 - 78.1)
	Moderate	160	(110 - 230)	11.1	(7.5 - 15.5)
15	High	250	(150 - 390)	17.5	(11.2 - 25.5)
	Total	1 450	(1 260 - 1 660)	100.0	



TABLE 2.41 (continued): ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT PEER PROBLEMS, BY AGE

Age (years)	Risk of clinically significant peer problems	Number	95% CI	%	95% CI
	Low	940	(790 - 1 110)	66.1	(59.5 - 72.0)
1.0	Moderate	190	(130 - 260)	13.2	(9.3 - 17.7)
16	High	290	(220 - 390)	20.7	(15.4 - 26.6)
	Total	1 420	(1 230 - 1 630)	100.0	
	Low	820	(660 - 1 010)	62.1	(53.9 - 69.8)
47	Moderate	160	(100 - 240)	11.9	(7.6 - 17.8)
17	High	340	(250 - 460)	26.0	(19.6 - 33.9)
	Total	1 320	(1 130 - 1 540)	100.0	
Total	Low	13 600	(13 100 - 14 200)	59.5	(57.1 - 61.8)
	Moderate	2 910	(2 600 - 3 230)	12.7	(11.3 - 14.1)
	High	6 380	(5 890 - 6 880)	27.8	(25.7 - 30.0)
	Total	22 900	(22 800 - 22 900)	100.0	

TABLE 2.42: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT PEER PROBLEMS, BY AGE GROUP AND SEX

Sex	Risk of clinically significant peer problems	Number	95% CI	%	95% CI
			4–11 year	'S	
	Low	3 910	(3 580 - 4 250)	54.4	(50.5 - 58.2)
	Moderate	950	(770 - 1 150)	13.2	(10.8 - 15.8)
Males	High	2 330	(2 040 - 2 640)	32.4	(28.9 - 36.3)
	Total	7 190	(6 790 - 7 590)	100.0	
	Low	3 780	(3 460 - 4 110)	57.2	(53.5 - 60.7)
	Moderate	810	(690 - 930)	12.2	(10.4 - 14.0)
Females	High	2 030	(1 760 - 2 320)	30.7	(27.2 - 34.3)
	Total	6 610	(6 220 - 7 010)	100.0	
	Low	7 690	(7 240 - 8 150)	55.7	(52.8 - 58.5)
	Moderate	1 750	(1 530 - 1 990)	12.7	(11.1 - 14.4)
Total	High	4 360	(3 960 - 4 790)	31.6	(28.9 - 34.4)
	Total	13 800	(13 300 - 14 200)	100.0	
			12–17 yea	rs	
	Low	2 980	(2 670 - 3 310)	65.6	(61.1 - 69.9)
	Moderate	590	(470 - 720)	12.9	(10.4 - 15.7)
Males	High	980	(780 - 1 200)	21.5	(17.4 - 26.1)
	Total	4 540	(4 180 - 4 920)	100.0	
	Low	2 950	(2 670 - 3 240)	64.7	(60.2 - 68.9)
	Moderate	570	(440 - 720)	12.5	(9.8 - 15.6)
Females	High	1 040	(850 - 1 260)	22.8	(19.2 - 26.9)
	Total	4 560	(4 230 - 4 910)	100.0	
Total	Low	5 930	(5 530 - 6 350)	65.1	(61.8 - 68.3)
	Moderate	1 160	(970 - 1 360)	12.7	(10.8 - 14.8)
	High	2 020	(1 740 - 2 320)	22.2	(19.4 - 25.3)
	Total	9 100	(8 660 - 9 560)	100.0	
					Continued



TABLE 2.42 (continued): ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT PEER PROBLEMS, BY AGE GROUP AND SEX

Sex	Risk of clinically significant peer problems	Number	95% CI	%	95% CI
			Total		
	Low	6 890	(6 440 - 7 340)	58.7	(55.6 - 61.9)
Malaa	Moderate	1 530	(1 310 - 1 770)	13.1	(11.2 - 15.1)
Males	High	3 310	(2 960 - 3 680)	28.2	(25.4 - 31.3)
	Total	11 700	(11 300 - 12 200)	100.0	
	Low	6 730	(6 340 - 7 140)	60.2	(57.4 - 63.1)
Famalas	Moderate	1 370	(1 200 - 1 570)	12.3	(10.7 - 14.0)
Females	High	3 070	(2 740 - 3 420)	27.5	(24.7 - 30.2)
	Total	11 200	(10 800 - 11 600)	100.0	
Total	Low	13 600	(13 100 - 14 200)	59.5	(57.1 - 61.8)
	Moderate	2 910	(2 600 - 3 230)	12.7	(11.3 - 14.1)
	High	6 380	(5 890 - 6 880)	27.8	(25.7 - 30.0)
	Total	22 900	(22 800 - 22 900)	100.0	

TABLE 2.43: ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT PEER PROBLEMS, BY LEVEL OF RELATIVE ISOLATION (LORI) AND AGE GROUP

Age group	Risk of clinically significant	Number	95% CI	%	95% CI
3 3 1	peer problems				
			LORI — No		
	Low	2 480	(2 200 - 2 800)	53.2	(47.6 - 58.8)
4–11 years	Moderate	560	(420 - 710)	12.0	(9.2 - 15.2)
1 11 years	High	1 630	(1 370 - 1 930)	34.9	(29.5 - 40.2)
	Total	4 670	(4 350 - 5 000)	100.0	
	Low	1 960	(1 710 - 2 250)	62.1	(55.8 - 68.2)
12 17 102 15	Moderate	390	(290 - 510)	12.2	(9.2 - 16.1)
12–17 years	High	810	(620 - 1 040)	25.7	(20.2 - 31.7)
	Total	3 160	(2 850 - 3 480)	100.0	
	Low	4 450	(4 110 - 4 800)	56.8	(52.4 - 61.0)
-	Moderate	940	(780 - 1 140)	12.1	(9.9 - 14.5)
Total	High	2 440	(2 130 - 2 790)	31.1	(27.0 - 35.3)
	Total	7 830	(7 680 - 7 980)	100.0	
			LORI — Lo	ow .	
	Low	1 900	(1 640 - 2 180)	54.9	(49.1 - 60.8)
4 44	Moderate	480	(370 - 610)	13.7	(10.7 - 17.3)
4–11 years	High	1 080	(850 - 1 360)	31.3	(25.7 - 37.3)
	Total	3 460	(3 090 - 3 860)	100.0	
	Low	1 390	(1 170 - 1 650)	65.5	(58.5 - 71.8)
10 17	Moderate	300	(210 - 400)	14.0	(10.1 - 19.0)
12–17 years	High	440	(300 - 600)	20.5	(15.1 - 27.4)
	Total	2 130	(1 840 - 2 440)	100.0	
	Low	3 290	(2 920 - 3 690)	58.9	(53.9 - 63.8)
	Moderate	770	(600 - 970)	13.8	(10.9 - 17.0)
Total	High	1 520	(1 250 - 1 840)	27.2	(22.8 - 31.8)
	Total	5 590	(5 100 - 6 100)	100.0	
					Continued

TABLE 2.43 (continued): ABORIGINAL CHILDREN AGED 4–17 YEARS — RISK OF CLINICALLY SIGNIFICANT PEER PROBLEMS, BY LEVEL OF RELATIVE ISOLATION (LORI) AND AGE GROUP

Age group	Risk of clinically significant peer problems	Number	95% CI	%	95% CI
	peer prooiems		LORI — Mode	erate	
	Low	1 540	(1 250 - 1 890)	54.8	(48.6 - 60.6)
	Moderate	310	(240 - 390)	11.0	(9.0 - 13.2)
4–11 years	High	960	(750 - 1 200)	34.2	(29.1 - 39.8)
	Total	2 800	(2 360 - 3 330)	100.0	
	Low	1 220	(980 - 1 500)	65.4	(58.3 - 71.7)
	Moderate	260	(160 - 390)	13.8	(9.1 - 19.4)
12–17 years	High	390	(270 - 540)	20.9	(15.0 - 27.3)
	Total	1 870	(1 540 - 2 260)	100.0	
	Low	2 760	(2 290 - 3 290)	59.0	(54.0 - 63.9)
	Moderate	570	(430 - 730)	12.1	(9.6 - 14.9)
Total	High	1 350	(1 050 - 1 690)	28.8	(24.5 - 33.4)
	Total	4 680	(3 940 - 5 480)	100.0	
			LORI — Hig	gh	
	Low	930	(690 - 1 260)	58.3	(50.8 - 65.3)
4 11	Moderate	210	(130 - 310)	12.8	(9.1 - 17.2)
4–11 years	High	460	(310 - 670)	28.9	(22.7 - 36.1)
	Total	1 600	(1 170 - 2 090)	100.0	
	Low	650	(450 - 880)	67.6	(57.1 - 76.5)
12 17	Moderate	90	(50 - 150)	9.2	(5.3 - 15.5)
12–17 years	High	220	(140 - 340)	23.2	(15.7 - 32.5)
	Total	960	(710 - 1 260)	100.0	
	Low	1 580	(1 170 - 2 090)	61.7	(54.5 - 68.4)
Total	Moderate	290	(190 - 420)	11.5	(8.3 - 15.4)
Total	High	680	(480 - 960)	26.8	(20.7 - 33.0)
	Total	2 550	(1 910 - 3 270)	100.0	
			LORI — Extre	eme	
	Low	840	(590 - 1 170)	66.0	(57.2 - 73.9)
4 11 years	Moderate	200	(100 - 370)	16.1	(8.2 - 26.7)
4–11 years	High	230	(130 - 350)	17.9	(12.4 - 24.5)
	Total	1 270	(920 - 1 740)	100.0	
	Low	700	(490 - 980)	71.3	(62.4 - 79.8)
12 17 102 2	Moderate	120	(70 - 210)	12.7	(6.9 - 19.7)
12–17 years	High	160	(100 - 250)	16.0	(10.4 - 23.5)
	Total	990	(730 - 1 320)	100.0	
	Low	1 540	(1 110 - 2 100)	68.3	(61.9 - 74.1)
Total	Moderate	330	(200 - 540)	14.6	(8.9 - 21.6)
Total	High	390	(260 - 550)	17.1	(13.1 - 22.1)
	Total	2 260	(1 670 - 3 020)	100.0	



TABLE 2.44: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT PEER PROBLEMS, BY ATSIC REGION

Risk of clinically significant peer problems	Number	95% CI	%	95% CI
		Perth ATSIC r	egion	
Low	4 670	(4 330 - 5 030)	56.6	(52.4 - 60.7)
Moderate	1 020	(850 - 1 220)	12.4	(10.3 - 14.8)
High	2 560	(2 240 - 2 900)	31.0	(27.2 - 35.2)
Total	8 260	(8 150 - 8 370)	100.0	
		Narrogin ATSIC	region	
Low	1 930	(1 660 - 2 240)	61.3	(55.2 - 66.9)
Moderate	410	(310 - 520)	12.9	(10.2 - 16.2)
High	810	(630 - 1 030)	25.8	(20.7 - 31.5)
Total	3 150	(2 780 - 3 540)	100.0	
		Kalgoorlie ATSI	C region	
Low	630	(410 - 920)	53.6	(41.2 - 65.7)
Moderate	130	(50 - 280)	11.4	(5.0 - 23.3)
High	410	(210 - 670)	35.0	(23.3 - 48.0)
Total	1 170	(780 - 1 660)	100.0	
		Geraldton ATSI	C region	
Low	1 270	(980 - 1 620)	56.3	(48.9 - 63.9)
Moderate	360	(230 - 520)	15.7	(11.0 - 21.7)
High	630	(450 - 850)	28.0	(22.1 - 34.8)
Total	2 260	(1 800 - 2 780)	100.0	
	Broome ATSIC region			
Low	900	(570 - 1 290)	74.8	(67.3 - 81.2)
Moderate	80	(50 - 130)	6.7	(4.3 - 9.9)
High	220	(110 - 420)	18.5	(11.1 - 27.9)
Total	1 200	(770 - 1 760)	100.0	
		South Hedland AT	SIC region	
Low	1 030	(710 - 1 430)	49.8	(41.9 - 58.1)
Moderate	330	(200 - 480)	15.9	(11.4 - 21.1)
High	710	(470 - 1 040)	34.3	(26.6 - 41.9)
Total	2 060	(1 460 - 2 750)	100.0	
		Derby ATSIC i	_	
Low	1 020	(640 - 1 520)	67.4	(56.0 - 76.9)
Moderate	160	(90 - 280)	10.8	(6.5 - 16.4)
High	330	(190 - 520)	21.8	(14.3 - 30.8)
Total	1 520	(1 010 - 2 170)	100.0	
		Kununurra ATSI	9	
Low	1 250	(860 - 1 710)	67.4	(60.4 - 74.1)
Moderate	210	(90 - 390)	11.3	(5.9 - 19.8)
High	390	(260 - 590)	21.3	(16.0 - 27.2)
Total	1 850	(1 310 - 2 520)	100.0	
	Warburton ATSIC region			
Low	920	(600 - 1 360)	64.3	(56.5 - 71.3)
Moderate	210	(120 - 340)	14.3	(9.4 - 21.2)
High	310	(210 - 450)	21.4	(15.0 - 28.4)
Total	1 430	(960 - 2 000)	100.0	
	Western Australia			
Low	13 600	(13 100 - 14 200)	59.5	(57.1 - 61.8)
Moderate	2 910	(2 600 - 3 230)	12.7	(11.3 - 14.1)
High	6 380	(5 890 - 6 880)	27.8	(25.7 - 30.0)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 2.45: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT PEER PROBLEMS, BY ABORIGINAL STATUS OF PRIMARY CARER

Risk of clinically significant peer problems	Number	95% CI	%	95% CI
		Aborigina	I	
Low	11 700	(11 200 - 12 300)	59.3	(56.9 - 61.8)
Moderate	2 570	(2 280 - 2 880)	13.0	(11.6 - 14.6)
High	5 470	(5 020 - 5 940)	27.7	(25.4 - 29.9)
Total	19 800	(19 300 - 20 200)	100.0	
		Non-Aborigi	nal	
Low	1 830	(1 490 - 2 190)	61.8	(53.9 - 68.9)
Moderate	310	(200 - 450)	10.6	(7.2 - 15.2)
High	820	(580 - 1 090)	27.6	(20.6 - 35.1)
Total	2 960	(2 520 - 3 450)	100.0	

PROSOCIAL BEHAVIOUR

TABLE 2.46: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT PROBLEMS WITH PROSOCIAL BEHAVIOUR, BY AGE GROUP AND SEX

Sex	Risk of clinically significant problems with prosocial behaviour	Number	95% CI	%	95% CI
	ochavioui		4–11 yea	'S	
	Low	6 540	(6 140 - 6 940)	90.9	(88.9 - 92.7)
	Moderate	300	(200 - 430)	4.1	(2.7 - 5.8)
Males	High	360	(280 - 450)	4.9	(3.9 - 6.3)
	Total	7 190	(6 790 - 7 590)	100.0	
	Low	6 200	(5 820 - 6 600)	93.8	(92.1 - 95.1)
	Moderate	190	(140 - 260)	2.9	(2.1 - 3.9)
Females	High	220	(150 - 320)	3.4	(2.3 - 4.8)
	Total	6 610	(6 220 - 7 010)	100.0	
	Low	12 700	(12 300 - 13 200)	92.3	(90.9 - 93.5)
	Moderate	490	(370 - 630)	3.5	(2.7 - 4.5)
Total	High	580	(460 - 710)	4.2	(3.4 - 5.1)
	Total	13 800	(13 300 - 14 200)	100.0	
			12–17 yea	rs	
	Low	4 150	(3 800 - 4 520)	91.4	(88.5 - 93.8)
Malaa	Moderate	180	(120 - 260)	4.0	(2.6 - 5.8)
Males	High	210	(130 - 330)	4.6	(2.7 - 7.0)
	Total	4 540	(4 180 - 4 920)	100.0	
	Low	4 330	(4 000 - 4 680)	94.8	(93.3 - 96.2)
- 1	Moderate	90	(50 - 140)	1.9	(1.2 - 3.0)
Females	High	150	(100 - 200)	3.3	(2.3 - 4.5)
	Total	4 560	(4 230 - 4 910)	100.0	
	Low	8 480	(8 030 - 8 930)	93.1	(91.5 - 94.5)
Total	Moderate	270	(190 - 360)	2.9	(2.1 - 4.0)
Total	High	360	(260 - 480)	3.9	(2.8 - 5.3)
	Total	9 100	(8 660 - 9 560)	100.0	
					Continued



TABLE 2.46 (continued): ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT PROBLEMS WITH PROSOCIAL BEHAVIOUR, BY AGE GROUP AND SEX

Sex	Risk of clinically significant problems with prosocial behaviour	Number	95% CI	%	95% CI
			Total		
	Low	10 700	(10 200 - 11 100)	91.1	(89.4 - 92.7)
Mala	Moderate	480	(340 - 630)	4.1	(2.9 - 5.4)
Males	High	560	(440 - 710)	4.8	(3.8 - 6.1)
	Total	11 700	(11 300 - 12 200)	100.0	
	Low	10 500	(10 100 - 10 900)	94.2	(93.0 - 95.2)
-	Moderate	280	(210 - 360)	2.5	(1.9 - 3.2)
Females	High	370	(280 - 480)	3.3	(2.6 - 4.3)
	Total	11 200	(10 800 - 11 600)	100.0	
Total	Low	21 200	(21 000 - 21 400)	92.6	(91.5 - 93.6)
	Moderate	750	(600 - 930)	3.3	(2.6 - 4.0)
	High	940	(780 - 1 110)	4.1	(3.4 - 4.9)
	Total	22 900	(22 800 - 22 900)	100.0	

CARER REPORTS OF THE IMPACT OF EMOTIONAL OR BEHAVIOURAL DIFFICULTIES

TABLE 2.47: ABORIGINAL CHILDREN AGED 4-17 YEARS — RISK OF CLINICALLY SIGNIFICANT FUNCTIONAL IMPAIRMENT, BY RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES

Risk of clinically significant emotional or behavioural difficulties	Risk of clinically significant functional impairment	Number	95% CI	%	95% CI
	Low	14 200	(13 600 - 14 700)	95.6	(94.6 - 96.5)
Laur	Moderate	270	(170 - 420)	1.9	(1.2 - 2.8)
Low	High	370	(290 - 460)	2.5	(2.0 - 3.1)
	Total	14 800	(14 300 - 15 300)	100.0	
	Low	2 180	(1 950 - 2 420)	83.4	(79.2 - 87.2)
Marilanata	Moderate	120	(80 - 190)	4.8	(3.0 - 7.0)
Moderate	High	310	(210 - 420)	11.9	(8.4 - 15.9)
	Total	2 610	(2 360 - 2 890)	100.0	
	Low	3 270	(2 920 - 3 650)	59.5	(54.8 - 64.2)
112.1	Moderate	530	(380 - 700)	9.6	(7.0 - 12.5)
High	High	1 690	(1 410 - 2 010)	30.9	(26.7 - 35.5)
	Total	5 490	(5 020 - 5 980)	100.0	
Total	Low	19 600	(19 200 - 20 000)	85.6	(83.8 - 87.2)
	Moderate	930	(740 - 1 150)	4.0	(3.2 - 5.0)
	High	2 380	(2 060 - 2 730)	10.4	(9.0 - 11.9)
	Total	22 900	(22 800 - 22 900)	100.0	



TABLE 2.48: NON-ABORIGINAL CHILDREN AGED 4–17 YEARS (a) — RISK OF CLINICALLY SIGNIFICANT FUNCTIONAL IMPAIRMENT, BY RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES

Risk status for clinically significant emotional or behavioural difficulties	Risk of clinically significant functional impairment	Number	95% CI	%	95% CI
	Low	258 000	(249 000 - 267 000)	94.9	(93.4 - 96.3)
Low	Moderate	7 450	(4 500 - 10 400)	2.7	(1.7 - 3.8)
	High	6 520	(3 760 - 9 280)	2.4	(1.4 - 3.4)
	Low	25 800	(20 400 - 31 100)	69.7	(61.5 - 78.0)
Moderate	Moderate	5 900	(3 270 - 8 530)	16.0	(9.4 - 22.5)
	High	5 280	(2 790 - 7 770)	14.3	(8.0 - 20.6)
	Low	23 900	(18 700 - 29 100)	44.0	(36.6 - 51.4)
High	Moderate	8 380	(5 300 - 11 500)	15.4	(10.1 - 20.8)
	High	22 000	(17 100 - 27 000)	40.6	(33.3 - 47.8)
Total	Low	308 000	(300 000 - 315 000)	84.7	(82.6 - 86.8)
	Moderate	21 700	(16 800 - 26 700)	6.0	(4.6 - 7.3)
	High	33 800	(27 800 - 39 900)	9.3	(7.7 - 11.0)

⁽a) Source: Computer-Assisted Telephone Interview (CATI) survey conducted for the WAACHS by the Survey Research Centre at the University of Western Australia.

