

Review of injury among Indigenous peoples



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Injury from a variety of sources presents a significant burden of ill-health among Indigenous people. Assessing the total impact of injury is difficult, however. The vast majority of injuries do not result in hospitalisation or death and there are few systematic data on them other than those collected as part of population surveys, such as the ABS National Health Surveys. As a result, they may not be brought to the attention of health policy-makers and program managers [1] [2] [3].

Even for injuries that are serious enough to be recorded in the routine data collections or are identified by specific studies, there are some issues with their classification. The classification of injury has generally followed the World Health Organization's International Classification of Diseases (ICD), which includes particular attention to the external cause and intention of the injury. This system is followed in this section, but it has its limitations (for more details, see [4]).

Understanding of the proximal factors contributing to most types of injury among Indigenous people is limited, but the levels and types of injury need to be seen within a broad context including: disruption to cultural, environmental, and lifestyle variables; socioeconomic disadvantage; geographical isolation; increased road usage; exposure to hazardous environment(s); substance abuse; violence; social and familial dysfunction; risky behaviour; risky home environments; and limited access to health and social support services [1] [2] [5] [6] [7].

Extent of injury among Indigenous people

Data from the 2001 NHS indicate that self-reported health conditions 'as a result of an injury or accident' were reported more frequently by Indigenous people than by non-Indigenous people across all age groups [8]. Reporting of injury increased significantly in Indigenous adults over the age of 25 years, and peaked among Indigenous adults between the ages of 45-55 years. Within this age group, 22% of Indigenous and 18% of non-Indigenous people reported a health condition as a result of an injury or accident.

One-quarter of Indigenous people reported in the 2002 NATSISS that they had been a victim of physical or threatened violence in the previous 12 months, a level nearly double that reported in the 1994 NATSIS (13%) [9]. ¹After taking account of the different age structures of the two populations, the level of victimisation among Indigenous people was more than twice the level among non-Indigenous people [10]. Victimisation was mainly among younger Indigenous people, with males aged 15-24 years having the highest reported level (36%).

In 2002-03, injuries were responsible for more than 17,000 hospital separations for Indigenous people across Australia - more than 13% of all Indigenous separations (excluding those of renal dialysis) [11]. The separation rate of 41 per 1,000 for Indigenous people was around 1.9 times that of 22 per 1,000 for non-Indigenous people. Information about the specific types of injury responsible for the hospital separations is not available for 2002-03, but in 2000-01 assault was the most common cause of external injury resulting in Indigenous hospitalisation (responsible for 23% of injury separations for Indigenous males, and 31% for Indigenous females), followed by accidental falls (17% males, 15% females), medical and surgical complications (10% males, 14% females), and transport-related injuries (11% males, 7% females) [derived from 12].

Injury was the underlying cause of death for 15.6% of all Indigenous deaths registered in Australia in 2002, compared with 5.6% of non-Indigenous deaths [13]. ² From the more detailed data available for 1997-2001, the numbers of deaths from injury among Indigenous people living in WA, SA, and the NT were around three times the number expected for males and more than six times the number expected for females (Table 1) [3]. (Based on the estimated completeness of Indigenous identification for WA, SA, and NT the actual numbers and ratios could be up to 30% higher - see 'Limitations of the sources of Indigenous health information'.)

Table 1: Injury: numbers of Indigenous deaths and SMRs, WA, SA and the NT, 1997-2001 ²

Injury type Number	Males		Females	
	SMR	Number	SMR	Number

Source: Thomson and Brooks, 2003 [3], derived from data from the AIHW mortality database

Notes:

1. SMRs (standardised mortality ratios) have been calculated by dividing the numbers of Indigenous deaths for each sex by the numbers expected from the rates for non-Indigenous people of the same sex

Land transport (V01-V89)	172	3.3	78	6.7
Motor vehicle crashes (V10-V79)	90	2.3	35	3.8
Pedestrians (V01-V09)	62	8.0	33	32.5
Other land transport (V80-V89)	20	4.4	10	0.1
Intentional self-harm (X60-X84)	140	2.2	32	2.5
Assault (X85-Y09)	48	8.5	48	22.3
Other external causes	171	3.5	85	7.5
All types	531	3.2	243	6.4

Intentional self-harm was the leading specific cause of injury death among Indigenous males living in WA, SA and the NT in 1997-2001 (responsible for 26% of injury deaths), followed by motor-vehicle crashes (17%) and deaths of pedestrians (12%) [3]. Among Indigenous females, one-fifth of injury deaths were the result of assault, with the other major causes being motor-vehicle crashes and deaths of pedestrians (each 14%), and intentional self-harm (13%).

The numbers of Indigenous deaths were much higher than expected from non-Indigenous rates – for all injury categories and for both sexes (see SMRs in the Table). ² The Indigenous numbers were particularly high for pedestrian deaths (eight times higher than expected for males and 33 times higher for females) and for assault (nine times higher for males and 22 times higher for females). The numbers of Indigenous deaths from intentional self-harm were higher than the numbers expected, by similar ratios for males (2.2) and females (2.5) (see also 'The extent of mental illness and mental health problems among Indigenous people').

Death rates from injury for Indigenous males and females were higher than those for their non-Indigenous counterparts in every age group. An indication of the enormous impact of injury on Indigenous females is the fact that their age-specific rates were higher generally than those for non-Indigenous males.

References

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Endnotes

1 It is possible that some of this increase may reflect under-reporting by respondents to the 1994 NATSIS.

2 Caution needs to be exercised in interpretation of the various death rates presented in this report, most of which are based on the numbers of deaths registered as Indigenous. These numbers underestimate the actual numbers of Indigenous deaths, with the level of underestimation varying by jurisdiction (see 'Limitations of the sources of Indigenous health information'). The 'projected' death rates take into account the estimated incompleteness of Indigenous identification in each jurisdiction. It is likely that the true death rates for Indigenous people will be closer to these rates than to those based solely on death registrations.