

FAST FACTS

AUSTRALIA

In comparison to non-Aboriginal people, **Aboriginal and Torres Strait Islander peoples experience 3x the rate of injuries burden** in Australia.⁽¹⁾

WESTERN AUSTRALIA

831 Aboriginal and Torres Strait Islander peoples died as a result of injury between 2006 and 2015.

68% of these fatalities were male.⁽³⁾

In 2012 Aboriginal and Torres Strait Islander peoples accounted for:⁽²⁾

- 6.6%** of injury fatalities
- 9.1%** of injury hospitalisations
- 8.7%** of emergency department injury presentations

Injury is defined as the intentional or unintentional harm to a person resulting from contact with an object, substance or another person, either through excessive energy or the sudden absence of vital elements, such as oxygen.⁽⁵⁾

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES AND INJURY OVERVIEW

In Australia between 2011 and 2015, injury was the second most common cause for hospital admissions among Aboriginal and Torres Strait Islander peoples, and injury and poisoning was the third leading cause of death (15% of all fatalities within Aboriginal and Torres Strait Islander peoples).⁽⁴⁾ Further, injury was the second highest burden of disease for Aboriginal and Torres Strait Islander peoples in Australia in 2011, contributing to 28,790 disability-adjusted life years (DALY).⁽¹⁾

Multiple health improvements are occurring for Aboriginal and Torres Strait Islander peoples, including improved psychological wellbeing and increased social inclusion.⁽⁴⁾ Injury and community safety continue to disproportionately influence the health of Aboriginal and Torres Strait Islander peoples compared to non-Aboriginal Australians.⁽⁴⁾ As displayed in Figure 1, in 2015 the leading causes of Aboriginal and Torres Strait Islander peoples injury fatalities were; suicide, land transport and poisonings.⁽⁶⁾

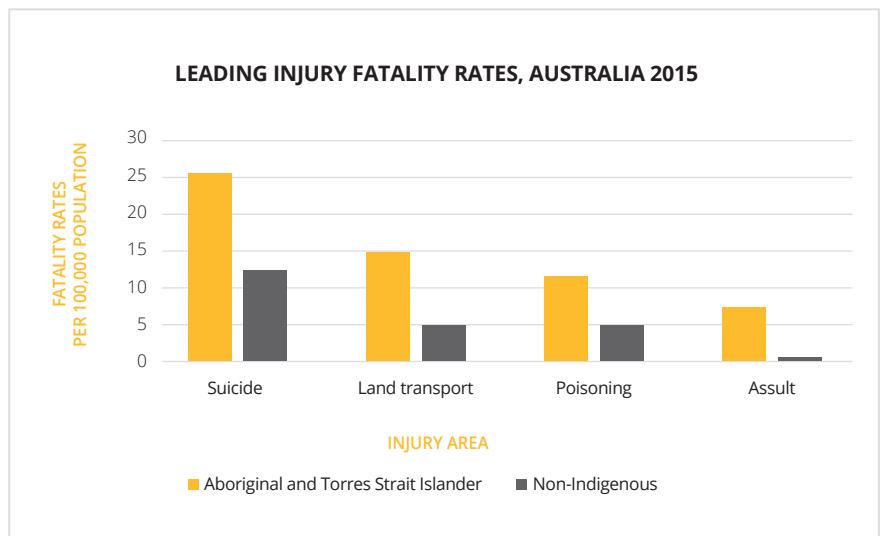



FIGURE 1. The rate of injury-related fatalities in Australia in 2015. Adapted from ABS 2015 Causes of Death data.⁽⁶⁾

We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of this country and its waters and wish to pay our respects to Elders past and present.

INJURY ACROSS THE LIFESPAN FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES IN AUSTRALIA

 Injury contributed to **54%** of all fatalities among 1-4 year old Aboriginal and Torres Strait Islander children and was the leading cause of fatality for Aboriginal and Torres Strait Islander children aged 5-14 years, contributing to 63% of fatalities from 2011 to 2015. ⁽⁷⁾

Overall **INJURY HOSPITALISATION** rates for Aboriginal and Torres Strait Islander peoples **PEAK IN THE 25-54 YEAR AGE GROUP.** ⁽⁷⁾

SUICIDE/SELF-INFLICTED HARM, TRANSPORT AND VIOLENCE INJURIES are leading causes of disease burden for Aboriginal and Torres Strait Islander peoples **AGED 15-44.** ⁽¹⁾

For Aboriginal and Torres Strait Islander peoples aged 45 years and older, falls were the only injury area categorised as a **top ten** cause of disease burden in Australia. ⁽¹⁾



INJURIES IN ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES IN WA

Eight hundred and thirty one people died in WA as a result of injury between 2006 and 2015, contributing to 18.6% of all fatalities to Aboriginal peoples between 2006 and 2015. ⁽³⁾

In WA between July 2013 and June 2015, 10,165 Aboriginal and Torres Strait Islander peoples were hospitalised with injury as a principle diagnosis, this is 2.5 times the rate of injury presentations compared to non-Aboriginal Australians. ⁽⁴⁾ Trends show a 11% increase in injury hospitalisation rates for Aboriginal and Torres Strait Islander peoples from 2004 to 2014 (448 per 1,000 in 2004-05 to 471 per 1,000 in 2014-15). ⁽⁴⁾ Table 1 outlines hospitalisations per injury area for Aboriginal and Torres Strait Islander peoples in WA.

CAUSATION OF HOSPITALISATION	NUMBER OF HOSPITALISATIONS	PERCENTAGE (%) OF INJURY HOSPITALISATIONS
Assult	3,013	29.6%
Falls	1,682	16.5%
Complications of medical/surgical care	1,295	12.7%
Exposure to inanimate mechanical forces	1,157	11.4%
Transport	816	8.0%
Other accidental exposures	569	5.6%
Intentional self-harm	542	5.3%
Exposure to animate mechanical forces	466	4.6%
Exposure to electric current/smoke/fire/venomous animals and plants/forces of nature	296	2.9%
Accidental poisoning by and exposure to noxious substances	180	1.8%
Other external causes	149	1.5%

TABLE 1. Number and percentage of injury-related hospitalisations for Aboriginal and Torres Strait Islander peoples in WA between July 2013 and June 2015. Adapted from AIHW, Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: Western Australia. ⁽⁴⁾

INJURY COSTS IN WA FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

Aboriginal and Torres Strait Islander peoples accounted for 7.7% of injury costs in WA in 2012, despite only making up 3.6% of the WA population. ⁽²⁾ The total lifetime costs of injury to Aboriginal and Torres Strait Islander peoples in WA in 2012 was estimated at \$742 million which includes health care costs, long-term care needs, loss in paid productivity and quality of life lost. ⁽²⁾

LEADING INJURY AREAS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE IN WA

SUICIDE AND SELF-HARM

In 2016, the rate of suicide among Aboriginal and Torres Strait Islander peoples in WA was 43.9 per 100,000 people compared to 12.2 per 100,000 in non-Aboriginal people.⁽⁸⁾ This was ranked as the third leading cause of death among Aboriginal and Torres Strait Islander peoples (47 fatalities).⁽⁸⁾ The suicide fatality rate is even higher in regional areas of WA, with research indicating it is one of the highest fatality rates in the world for Indigenous peoples, at 74 persons per 100,000 people annually.⁽⁹⁾

Aboriginal and Torres Strait Islander peoples in WA were hospitalised due to intentional self-harm at a rate of 3.0 per 1,000 people, which was lower than the National Aboriginal and Torres Strait Islander peoples rate of 3.2 hospitalisations per 1,000 people, between July 2013 to June 2015.⁽⁴⁾

Higher rates of suicide and self-harm to Aboriginal and Torres Strait Islander peoples compared to non-Aboriginal Australians has been attributed to social factors associated with colonisation, policies that enabled racial discrimination, and the breakdown of culture including; social isolation⁽¹⁰⁾, socioeconomic disadvantage^(10,11), limited access to culturally appropriate services^(11,12), transgenerational trauma⁽¹²⁾, alcohol misuse⁽¹¹⁾, regional residency⁽¹¹⁾, violence^(11,13), and poor mental and physical health.⁽¹⁰⁾ As a protective factor, Aboriginal and Torres Strait Islander culture and community has shown to be a large influence in preventing suicide and self-harm, this includes strong family bonds and community connectivity.⁽¹⁴⁾

ROAD TRAUMA

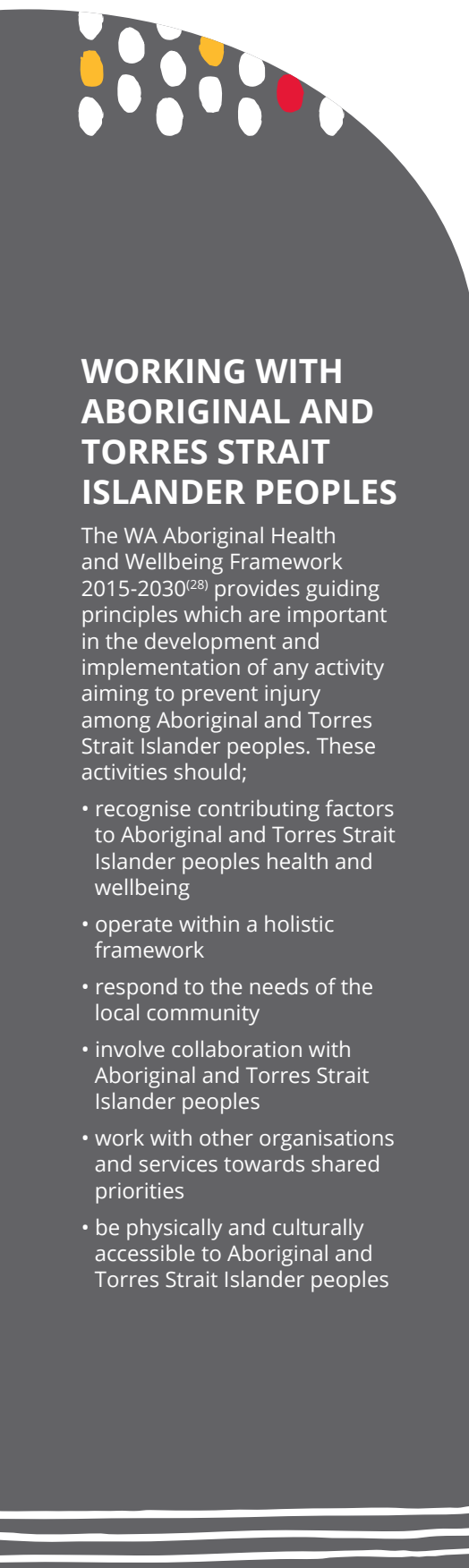
The Aboriginal and Torres Strait Islander peoples population in WA experienced higher transport hospitalisations (4.2 per 1,000 people) compared to the National Aboriginal and Torres Strait Islander peoples population (3.6 per 1,000 people) between July 2013 to June 2015.⁽⁷⁾ In 2016, land transport was the sixth highest cause of fatality for Aboriginal and Torres Strait Islander peoples (23 fatalities), while non-Aboriginal land transport fatalities ranked twenty first in WA.⁽⁸⁾ Contributing factors associated with higher rates of transport mortality for Aboriginal and Torres Strait Islander peoples include speeding⁽¹²⁾, unsurfaced roads⁽¹²⁾, long travel distances⁽¹²⁾, lower seatbelt use⁽¹⁵⁾, and driving in vehicles with lower safety standards.⁽¹⁵⁾

Greater rates of road trauma within Aboriginal and Torres Strait Islander peoples may be contributed to difficulty in obtaining driver licenses, influenced by financial barriers, lack of culturally appropriate programs, lower literacy levels, reduced access to drivers licensing education⁽¹⁵⁾, and a lack of confidence.⁽¹⁶⁾ Other challenges to obtaining driver licencing for Aboriginal and Torres Strait Islander peoples include systemic inequalities, such as hardship to produce proof of identity documents, and an inability to meet licencing requirements (e.g. practice times and obtaining a suitable vehicle).^(16,17)

VIOLENCE

In WA, 48 Aboriginal and Torres Strait Islander peoples died as a result of assault between 2009 and 2013 (30.8% of all WA fatalities were due to assault).⁽³⁾ The National rate of Aboriginal and Torres Strait Islander peoples hospitalised due to assault was 8.9 per 1,000 people, in July 2013 to June 2015, which is considerably lower than the WA rate of 17.7 hospitalisations per 1,000 Aboriginal and Torres Strait Islander peoples.⁽⁴⁾ Risk factors for family and community violence in the Aboriginal and Torres Strait Islander population include; family hardships⁽¹²⁾, trauma due to colonisation, separation from traditional culture, previous experiences of violence, low socio-economic status, poor physical and mental health, high levels of alcohol misuse and illicit drug use.⁽¹⁸⁾ However many elements of Aboriginal and Torres Strait Islander culture can be protective against violence, including strong social connection and integrated family structures, as well as high levels of trust, self-esteem and resilience.⁽¹⁹⁾



A large, dark grey curved shape on the left side of the page, containing a pattern of white, yellow, and red dots.

WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

The WA Aboriginal Health and Wellbeing Framework 2015-2030^(2B) provides guiding principles which are important in the development and implementation of any activity aiming to prevent injury among Aboriginal and Torres Strait Islander peoples. These activities should;

- recognise contributing factors to Aboriginal and Torres Strait Islander peoples health and wellbeing
- operate within a holistic framework
- respond to the needs of the local community
- involve collaboration with Aboriginal and Torres Strait Islander peoples
- work with other organisations and services towards shared priorities
- be physically and culturally accessible to Aboriginal and Torres Strait Islander peoples

DETERMINANTS THAT IMPACT ON INJURY WITHIN ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

LOW SOCIOECONOMIC STATUS

Research indicates that low socio-economic status is associated with an increased risk of injury.^(20,21) In WA in 2016, the median weekly income for Aboriginal and Torres Strait Islander peoples aged 15 years and over was \$398, compared to the WA State median of \$724.⁽¹⁷⁾ A lower median weekly income can heighten Aboriginal and Torres Strait Islander people's injury risk due to increased poverty-related stressors, poorer housing conditions, low health literacy, lower working conditions, and reduced access to medical care.^(20,22)

REMOTE GEOGRAPHICAL LOCATION

In Australia between 2014 and 2015, the hospitalisation rate for Aboriginal and Torres Strait Islander peoples increased with remoteness from 38 per 1,000 in major cities to 74 per 1,000 in remote and very remote areas.⁽²³⁾ This is attributed to limited access to prevention, treatment and rehabilitation services, poor environmental conditions, and occupations with a higher injury risk.⁽¹⁾

ALCOHOL CONSUMPTION

Due to the impact alcohol has on risk-taking behaviour and psychomotor performance, even at moderate doses, the volume of alcohol consumed and the pattern of drinking overtime can influence injury risk.⁽²⁴⁾ In WA from 2000 to 2008, alcohol contributed to over 22% of all Aboriginal and Torres Strait Islander peoples injury hospitalisations, which was twice the rate of non-Aboriginal people.⁽²⁵⁾ Due to the influence of alcohol consumption on injury risk, higher rates of alcohol consumption among Aboriginal and Torres Strait Islander peoples can influence the rate of injury particularly for violence, suicide, falls and transport injuries.⁽²⁵⁾

RACIAL DISCRIMINATION

Aboriginal and Torres Strait Islander peoples are inequitably affected by racism, which can influence injury risk through reduced access to healthcare, long-term psychological stress, prejudice, mental health, alcohol consumption and substance abuse.⁽⁴⁾ Results from the 2014-15 National Aboriginal and Torres Strait Islander Social Survey indicate that 37% of Western Australian Aboriginal and Torres Strait Islander peoples felt they had been unfairly treated at least once in the previous 12 months because they were Aboriginal and/or Torres Strait Islander.⁽²⁶⁾ Racial discrimination towards Aboriginal and Torres Strait Islander peoples has directly resulted in violent incidents, increasing the rate of assault hospitalisations and fatalities across Australia.^(4,7) Racism has been attributed to lower levels of education, employment and living conditions, all of which have been associated with higher levels of injury risk.^(7,22,27)

REFERENCES

1. Australian Institute of Health and Welfare. Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011 [Internet]. Canberra, ACT: Australian Institute of Health and Welfare; 2016 [cited 2017 Apr 7]. Available from: <https://www.aihw.gov.au/getmedia/e31976fc-adcc-4612-bd08-e54fd2f3303c/19667-bod7-atsi-2011.pdf.aspx?inline=true>
2. Hendrie D, Miller T, Randall S, Brameld K, Moorin R. Incidence and costs of injury in WA 2012. Perth: Chronic Disease Prevention Directorate Department of Health WA; 2016.
3. Data generated using HealthTracks Reporting, by the Epidemiology Branch, WA Department of Health in collaboration with the Cooperative Research Centre for Spatial Information (CRC-SI), March 2017.
4. Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: Western Australia. Canberra: AIHW; 2017.
5. National Public Health Partnership. The National Injury Prevention and Safety Promotion Plan: 2004-2014. Canberra: Commonwealth of Australia; 2005 Jul. Report No.: 3738 (JN 9220).
6. Australian Bureau of Statistics. Causes of Death, Australia, 2015 [Internet]. 2016. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2015~Main%20Features~Summary%20of%20findings~1>
7. Australian Health Ministers' Advisory Council. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report [Internet]. Canberra: AHMAC; 2017. Available from: <http://www.dpmc.gov.au/sites/default/files/publications/2017-health-performance-framework-report.pdf>
8. Australian Bureau of Statistics. Underlying causes of death, Leading causes by Aboriginal and Torres Strait Islander status and Sex, WA, 2016 [Internet]. 2017. Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02016?OpenDocument>
9. McHugh C, Campbell A, Chapman M, Balaratnasingam S. Increasing Indigenous self-harm and suicide in the Kimberley: an audit of the 2005–2014 data. *Med J Aust.* 2016 Jul 4;205(1):33.
10. Australian Government. Australian Government Response to: Before it's too late: Report on the inquiry into early intervention programs aimed at reducing youth suicide. 2013.
11. Australian Government Department of Health and Ageing. Promoting Good Practice in Suicide Prevention - Activities Targeting Men [Internet]. Canberra: Australian Government Department of Health and Ageing; 2008. Available from: https://www.livingwell.org.au/wp-content/uploads/2012/11/MensSuicidePrevention_dev05.pdf
12. Boufous S, Ivers R, Senserrick T, Martiniuk A. Underlying causes and effects of injury in Australian Aboriginal populations: a rapid review. Wollongong, NSW: University of Wollongong; 2010.
13. Dudgeon P, Milroy J, Calma T, Luxford Y, Ring I, Walker R, et al. Solutions that work what the evidence and our people tell us: Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project report [Internet]. Crawley, WA: School of Indigenous Studies, University of Western Australia; 2016 [cited 2017 Feb 7]. Available from: <http://www.atsisep.sis.uwa.edu.au>
14. Dudgeon P, Milroy H, Walker R, Telethon Institute for Child Health Research, Kulunga Research Network, University of Western Australia, et al. Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice. 2014.
15. Department of Health and Ageing. National Aboriginal and Torres Strait Islander Health Plan 2013-2023 [Internet]. Canberra, ACT: Dept. of Health and Ageing; 2013 [cited 2017 May 26]. Available from: <http://www.health.gov.au/natsihp>
16. Cullen P, Clapham K, Hunter K, Treacy R, Ivers R. Challenges to driver licensing participation for Aboriginal people in Australia: a systematic review of the literature. *Int J Equity Health.* 2016 Aug 31;15:134.
17. Australian Bureau of Statistics. Census Quickstats Western Australian, People: employment, viewed 3 January 2018 [Internet]. 2016. Available from: http://www.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/5
18. Olsen A, Lovett R. Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: Key findings and future directions [Internet]. New South Wales: Australia's National Research Organisation for Women's Safety Limited; 2015. Available from: <http://www.thelookout.org.au/sites/default/files/ANROWS-Compass-January-2016.pdf>
19. Closing the Gap Clearinghouse (Australia), Australian Institute of Health and Welfare, Australian Institute of Family Studies. Family violence prevention programs in Indigenous communities [Internet]. Canberra, A.C.T.: Closing the Gap Clearinghouse; 2016 [cited 2018 Feb 5]. Available from: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129557831>
20. Kruihof N, de Jongh MAC, de Munter L, Lansink KWW, Polinder S. The effect of socio-economic status on non-fatal outcome after injury: A systematic review. *Injury* [Internet]. 2016. Available from: www.sciencedirect.com/science/article/pii/S002013831730013X
21. Blas E, Kurup AS, World Health Organization, editors. Equity, social determinants, and public health programmes. Geneva, Switzerland: World Health Organization; 2010. 291 p.
22. Laflamme L. Explaining socio-economic differences in injury risks. *Inj Control Saf Promot.* 2001 Sep 1;8(3):149–53.
23. Australia, Steering Committee for the Review of Government Service Provision, Productivity Commission. Overcoming Indigenous disadvantage key indicators 2016: report [Internet]. Melbourne, Vic.: Productivity Commission; 2016 [cited 2017 Feb 7]. Available from: <http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/2016>
24. Macdonald S, Greer A, Bubacher JR, Cherpitel C, Stockwell T, Zeisser C. Chapter 19: Alcohol consumption and injury. In: *Alcohol* [Internet]. Oxford: Oxford University Press; 2013. Available from: ProQuest Ebook Central
25. Ballestas T, Xiao J, McEvoy S, Somerford P. The Epidemiology of Injury In Western Australia, 2000 - 2008. Perth: Department of Health WA; 2011.
26. Australian Bureau of Statistics. 2014-15 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) [Internet]. 2017. Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4714.02014-15?OpenDocument>
27. Clapham K, Senserrick T, Ivers R, Lyford M, Stevenson M. Understanding the extent and impact of Indigenous road trauma. *Injury.* 2008 Dec 1;39:S19–23.
28. Department of Health, Government of Western Australia. WA Aboriginal Health and Wellbeing Framework 2015–2030 [Internet]. Western Australia: Department of Health; 2015. Available from: http://ww2.health.wa.gov.au/-/media/Files/Corporate/general%20documents/Aboriginal%20health/PDF/12853_WA_Aboriginal_Health_and_Wellbeing_Framework.ashx