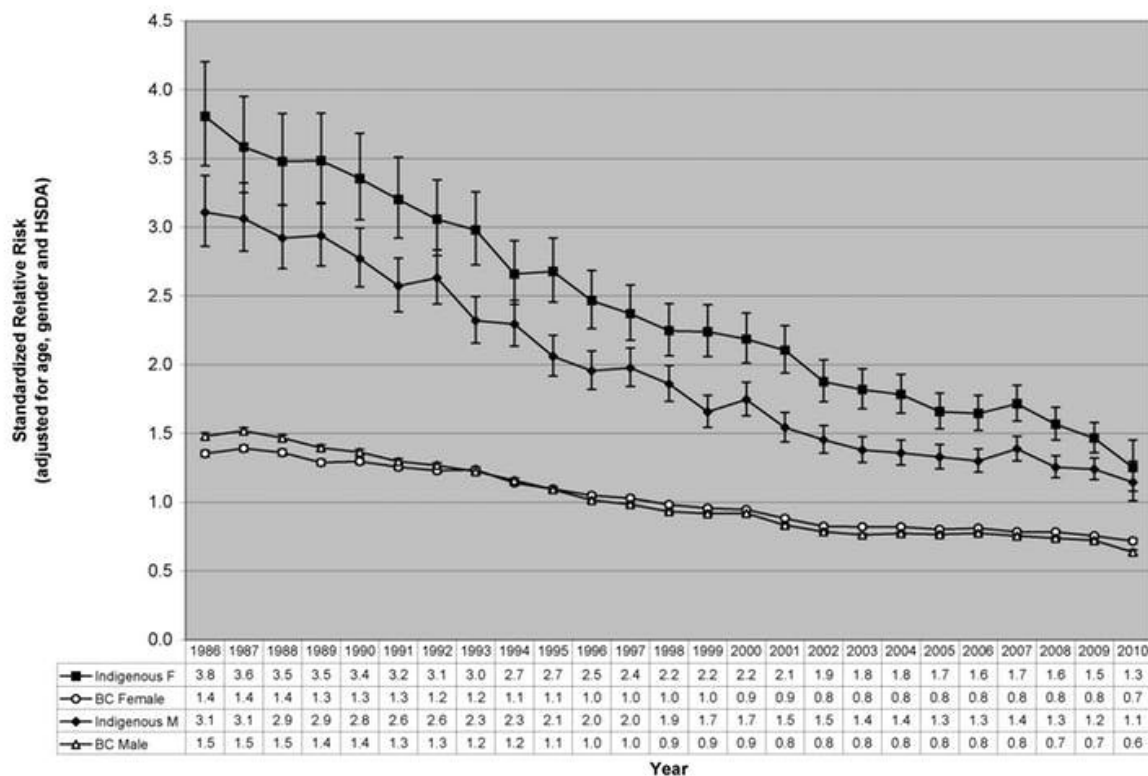


# Indigenous women suffer greatest risk of injury

November 24 2017, by Mariana Brussoni

Figure 1: Injury hospitalizations in British Columbia, 1986-2010, relative risk by gender & year  
Total (All Injuries)



(Jin, George, Brussoni, Lalonde & McCormick), Author provided (No reuse)

Indigenous peoples are more likely to suffer an injury than non-

Indigenous peoples —[in Canada and many other nations](#). This includes injuries at work, falls, transport, suicides, assaults and even injuries resulting from medical errors.

Indigenous women, and those who live on reserve or in rural or remote areas, are at greatest risk of [injury](#), according to results from our research project, [Injury in British Columbia's Aboriginal Communities](#), that we conducted with colleagues Andrew Jin, [Christopher E. Lalonde](#) and [Rod McCormick](#).

This research suggests that addressing inequalities —in income, education, employment, housing conditions and other markers of disadvantage —will help narrow the gap.

It is clear that this gap will not close, however, so long as the effects of [post-colonial trauma](#), [racism](#) and [discrimination](#) persist.

## **Decline in injury hospitalizations**

As part of the ["RISC" research project](#), we studied 25 years of injury hospitalization, primary care and worker's compensation data to learn more about patterns of injury rates across time and among different Indigenous communities and population groups in British Columbia.

The good news is that we found [dramatic reductions over time](#) in rates of injury among the total population and the Indigenous population, in all categories of injury.

Figure 1 shows the decline in overall injury hospitalizations from 1986 to 2010 for male and female Indigenous and total populations in British Columbia.

This pattern applies to [both children and adults](#), [people living in](#)

[metropolitan and non-metropolitan areas](#), [Indigenous people living on- and off-reserve](#) and to major categories of injury including transportation, [falls](#), [injuries resulting from medical errors](#) and [intentional injuries](#) (both self-injury and assaults).

## Indigenous women at greater risk

While these reductions are encouraging, there are still many reasons for serious concern. By the end of our study period in 2010, the Indigenous population remained at [1.1 to 2.8 times greater risk of injury than the total population](#). The exact risk depends on the category of injury.

Indigenous populations living on reserves or in rural or remote areas are at greatest risk of being injured. While the overall difference in risk between Indigenous and total populations has narrowed over time, more recently, progress has stalled.

In all major categories of injury ([falls](#), transportation, [medical errors](#) and [intentional injuries](#)), the disparity between Indigenous females and the total female population is larger than that between Indigenous males and the total male [population](#).

Whatever the factors that put Indigenous people at higher risk, they seem to hurt Indigenous women more than Indigenous men.

## Reduce poverty, increase urbanization

In our research, we investigated the role of socioeconomic factors (such as income, education, employment and housing conditions) and of geographic location and Indigenous ethnic identity as predictors of injury risk. This is the first time an analysis of all of these factors together, and their impacts on injury risk, has been carried out in

Canada.

Our findings suggest that education, income and other socio-economic factors are all linked to injury risk. People with higher education, for example, can make more informed decisions and reduce risky behaviours. People with higher incomes will have better access to safer cars and communities. People with more resources will be more able to fix stairs and other hazards that can lead to falls.

Our findings also suggest that if we can reduce levels of poverty, this would help decrease the likelihood of transport injuries and falls. It would also narrow the gap in risk between the Indigenous and total populations.

These insights offer opportunities. Meaningful policy initiatives could work towards increasing opportunities for high school completion, accessing the work force and otherwise increasing income. This in turn could improve gender and ethnic equity.

The contemporary trend towards increasing urbanization, with more regulated and safer physical environments, and better opportunities for education and employment, will also likely help to reduce risks of falls and transportation injuries.

## **Tackling systemic racism**

But this is only half the story with respect to injury risk among Indigenous people.

Reducing poverty and increasing urbanization would probably still not be enough to close the gap for injuries resulting from [medical errors](#) and intentional injuries. For these types of injury, a major contributing factor is ethnicity.

That is, being Indigenous in itself contributes to high risk for self-injury, assaults and injuries unintentionally caused by inappropriate or low-quality medical or surgical care.

Our research is the first to demonstrate that being Indigenous is a risk factor for injury, regardless of other socio-economic factors. The likely culprit is the systemic racism that Indigenous people experience as part of their daily lives.

It has been well-described that [being Indigenous in Canada](#) means being subjected to cultural, [sexual and personal discrimination](#), [poverty](#), [violence](#), health inequality, loss of opportunity for education and economic well-being, and high risk for social issues such as alcoholism and suicides.

Until Canada deals with the ongoing and systemic racism and post-colonial heritage that [Indigenous populations endure](#), disparities in rates for self-injury, assaults and injuries resulting from medical errors will persist.

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