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Introduction

The First Nations Centre recognized that Injury Prevention is a major public health concern for First Nations peoples and communities. This document provides a list of Injury Prevention resources and literature relevant to First Nations and Aboriginal Peoples. The literature is categorized by provincial/territorial, national, international and global relevance. Some of the summaries include direct text taken from the documents. The following includes information on the seriousness of the issue:

- Injuries is one of the leading causes of death in First Nations people, and is responsible for approximately one quarter of all deaths and over half the Potential Years of Life Lost.¹
- Aboriginal Canadians had nearly a 4 times greater risk of severe trauma than the non-Aboriginal population.²
- Substantial increase in fracture risk among Canadian First Nations people.³
- The disparity between Aboriginal and non-Aboriginal rates of disability corresponds to disparities in rates of injury, accident, violence, self-destructive or suicidal behaviour and illness (such as diabetes) that can result in permanent impairment.⁴
- First Nations in lower-income households are at greater risk of injury.⁵
- Existing literature does not adequately examine the health issue of injury in Aboriginal populations in Canada.⁶
- Suicide accounts for roughly one quarter of all injury deaths, and rates are 3 to 4 times the Canadian average – with far greater differences in some geographical areas, and at particular ages.⁷

¹ Health Canada. *Unintentional and Intentional Injury Profile for Aboriginal People in Canada 1990-1999*. Minister of Public Works and Government Services Canada, 2001. p. vi.

² Karmali, S., Lauplaud, K., Harrop, A.R., Findlay, C., Kirkpatrick, A., Winston, B., Kortbeek, J., Crowshoe, and M. Hameed. Epidemiology of severe trauma among status Aboriginal Canadians: a population-based study. *Canadian Medical Association Journal*. 12 April 2005, Vol 172 (8):1007-1011.

³ Leslie, W., Derksen, S., Metge, C., Lix, L., Salamon, E., Steiman, P., and L. Roos. Fracture risk among First Nations people: a retrospective matched cohort study. *Canadian Medical Association Journal*. 12 Oct 2004, Vol 171(8):869-73.

⁴ Royal Commission on Aboriginal Peoples. *Report of the Royal Commission of Aboriginal Peoples*. 1996. p.148.

⁵ First Nations Regional Health Survey National Steering Committee. *First Nations Regional Longitudinal Health Survey 2002/2003 The Peoples Report*. National Aboriginal Health Organization. 2005. p.23.

⁶ T. Kue Young. Review of research on Aboriginal populations in Canada: relevance to their health needs. *BMJ*. Vol. 327, 23 August 2003. p.419-22.

⁷ Health Canada. *Unintentional and Intentional Injury Profile for Aboriginal People in Canada 1990-1999*. Minister of Public Works and Government Services Canada, 2001. p. vi.

- First Nations adults reported injuries requiring treatment; a rate two times the Canadian average.⁸
- Health experts maintain that inadequate housing can be associated with a host of health problems. For example, crowded living conditions can lead to the transmission of infectious diseases such as tuberculosis and hepatitis A, and can also increase risk for injuries, mental health problems, family tensions and violence.⁹

What are injuries?

According to the World Health Organization (2002), an injury is defined as “physical damage to the body. Injuries may result from “road traffic collisions, burns, falls, poisonings and deliberate acts of violence against oneself or others. More technically speaking, injuries result from acute exposure to various kinds of energy – mechanical, thermal, electrical, chemical or radiant – in amounts that exceed the threshold of physiologic tolerance”.¹⁰

Injuries are divided into two categories: “unintentional injuries,” that include most injuries resulting from traffic collisions, burns, falls, and poisonings; and “intentional injuries” that are injuries resulting from deliberate acts of violence against oneself or others.¹¹

Unintentional injuries may include: poisoning; firearm related – hunting injuries; suffocation; motor vehicle accidents; skidoo vehicle accidents; bicycle accidents; water related deaths and injuries; fire deaths and injuries; traffic related deaths and injuries; dog /animal injuries; falls/ hip fractures; sports injuries; impaired driving; playground injuries; and, spinal cord injuries.

Intentional injuries may include: homicides; physical assault (by partner or stranger); physical fighting; rape or attempted rape; sexual assault and violence; child abuse / child maltreatment; shooting; and, suicide.

⁸ First Nations Regional Health Survey National Steering Committee. *First Nations Regional Longitudinal Health Survey 2002/2003 The Peoples Report*. National Aboriginal Health Organization. 2005. p.22.

⁹ Health Canada. *A second diagnostic on the health of First Nations and Inuit people in Canada*. Ottawa: Health Canada, 1999. p.14

¹⁰ World Health Organization. 2001. Facts about Injuries: Preventing Global Injuries. Department of Injuries and Violence Prevention & NMH Communications,

¹¹ World Health Organization. 2001. Facts about Injuries: Preventing Global Injuries. Department of Injuries and Violence Prevention & NMH Communications,

Injuries may result in real life consequences of injuries such as death or disability. The effects of disabilities resulting from injuries may also lead to depression, alcohol and substance abuse, eating and sleeping disorders and a range of unhealthy activities.

In recent years, injuries are no longer being seen as simply unavoidable accidents. They are being viewed as largely preventable.¹² Additional resources and research is needed on First Nations Injury and Injury Prevention. More information is needed on effective community-based injury prevention programs and surveillance systems to reduce the burden of injuries among First Nations.

¹² World Health Organization. *Injury: A Leading Cause of the Global Burden of Disease 2000*. Geneva, Switzerland. 2002. p. 1.

Literature Sources

PROVINCIAL/TERRITORIAL

Aboriginal People in Manitoba 2000. Manitoba. Canada.

Summary: This document is a joint initiative of Canada and the Province of Manitoba. It provides a snapshot of Manitoba's Aboriginal population in the late 1990s and is intended to: serve as a resource for policy makers; provide general information for those who want to learn about Aboriginal Manitobans; provide factual information to aid in eliminating misinformation and stereotypes; and provide baseline information for measuring program results.

Aboriginal Occupant Restraint Toolkit. Insurance Corporation of British Columbia, 2005. Website: http://www.cha-bc.org/index_main.htm

Summary: This Toolkit was produced to assist Aboriginal communities interested in organizing seat belt awareness programs. It offers practical guidance to communities on education, publicity, enforcement, and incentive campaigns. This Toolkit was produced by the Insurance Corporation of British Columbia, in partnership with Health Canada, Community Health Associates of B.C., the B.C. Ministry of Health Services, and the First Nations Chiefs' Health Community.

Alberta Centre for Injury Control and Research. Fact Sheet: First Nations Injuries. March 2002. Website: <http://www.med.ualberta.ca/acicr/index.htm>

Summary: This fact sheet provides information on First Nations injuries in Canada and Alberta. It was done by the Alberta Centre for Injury Control and Research, in partnership with Health Canada Medical Services Branch and Alberta Municipal Affairs.

Alberta Centre for Injury Control and Research. Injury-Related Health Services Use by First Nations in Alberta: Hospital Admissions, 2000 and Emergency Department Visits, 2000. December 2005. Website: <http://www.med.ualberta.ca/acicr/index.htm>

Summary: This report examines injury-related health services use (hospital admissions and emergency department visits) by First Nations residents compared to injury related health services use by matched non-First Nations residents. The objective is to support local stakeholders in the development of coordinated, evidence-based programs and strategies to reduce and prevent injuries through disseminating injury data.

Barrs, Peter. *Research and Community FACT. Cree Board of Health and Social Services of James Bay, the Direction de la santé publique de Montréal-Centre, the ministPre de la Santé et des Services sociaux du Québec (public Health Grants Program), Quebec. 1998.*

Summary: Includes a series of fact sheets as useful resources, which provide injury prevention information on several topic areas. Each fact sheet describes the injury problem by using data specific to the Cree communities of Eeyou Istchee in Québec. They also provide practical information on how to prevent such injuries. These fact sheets were prepared and distributed as part of an Injury Prevention Series and are titled as follows: Suicide in Cree Communities of Eastern James Bay: A ten year study; Injuries from falls in Cree communities of Eeyou Istchee, Québec, Canada: A ten year study; Drowning deaths among the Cree of Eeyou Istchee, Québec, Canada: A ten year study; and, Injuries from guns in Cree communities of Eeyou Istchee, Québec, Canada: A ten year study.

BC First Nations Health Handbook: A Companion document to the BC Health Guide. British Columbia. Website: <http://www.healthservices.gov.bc.ca/aboriginal>

Summary: This handbook was created by the BC Ministry of Health Planning in partnership with the First Nations Chiefs' Health Committee to assist First Nations families and communities with their healthcare. This handbook is meant as a user-friendly health guide reference for First Nations communities. It addresses the unique health care challenges of First Nations and share resources to aid the process of self-determination with respect to health.

BC Injury Research and Prevention Unit . *Injuries Among First Nations People within British Columbia. First Nations & Inuit Health Branch Pacific Region, Health Canada. March 2006. Website: <http://www.healingourspirit.org/pages/programs/08injuryprevention/08index.php>*

Summary: This report provides mortality and hospitalization data describing injuries among First Nations people in B.C. and compares their injury rates with those of the other residents of B.C. The injury trends and patterns among B.C.'s First Nations people are described, as well as the leading causes of injury mortality and hospitalization. Recommendations for the prevention of injury among First Nations people are provided, aimed at organizations and agencies that can support injury prevention through policy, infrastructure, resource and programming.

BC Injury Research and Prevention Unit. *Injury Prevention Fact Sheets. Website: <http://www.healingourspirit.org/pages/programs/08injuryprevention/08index.php>*

Summary: This is a series of 13 Fact Sheets on the following topics: 1) Injury

Prevention for Children & Youth; 2) Injury Prevention for Seniors; 3) Motor Vehicle Crash & Injury Prevention; 4) Falls Injury Prevention; 5) Poisoning Prevention; 6) Drowning Prevention; 7) Fire & Burn Prevention; 8) Alcohol & Injury Prevention; 9) Violence Prevention; 10) Suicide Prevention; 11) Injury Prevention in Aboriginal Communities; 12) Community-Based Injury Surveillance; and 13) Injury Prevention.

British Columbia, Provincial Health Officer. *Report on the Health of British Columbians Provincial Health Officer's Annual Report 2001: The Health and Well-being of Aboriginal People in British Columbia.* Victoria, B.C: Ministry of Health Planning, 2002. Website:

<http://www.healthservices.gov.bc.ca/aboriginal/>

Summary: This report provides an update on the progress towards improving the health of Aboriginal peoples, as well as information to support development of specific objectives and targets for Aboriginal health. In addition, this report features examples of programs and strategies that are innovative and effective in improving the health of Aboriginal people, in British Columbia or elsewhere in the world. The report was developed with input and assistance from the Provincial Aboriginal Health Services Strategy Steering Committee, other Aboriginal groups and organizations, and others involved in the Aboriginal health field.

Cree Board of Health. *Injury Series (Ten Year Studies on Injuries From Guns) (Injuries from Falls)* Regional De la Sante Des and Services. 1998.

Summary: This fact sheet was created after a ten year study giving relevant information on injuries from guns in the Cree communities of Eeyou Istchee Quebec. The purpose is to distribute a tool with practical information on how to prevent these type of injuries.

Daojun Mo. Injury mortality risk assessment and targeting the subpopulations for prevention in the Northwest Territories, Canada. *International Journal of Circumpolar Health.* 2001 Aug; 60(3):391-9. Website:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11590879&dopt=Abstract

Summary: The intention of this case study is to provide information on the high numbers on injury mortality within the population in the Northwest Territories and to initiate injury programs in their communities. The high rate of injury mortality within these people, and even at greater risk for males over age 14, living in remote communities, living in the far north, and being aboriginal, justifies the need to improve prevention programs of injury mortality in isolated communities.

Faelker, T., Pickett, W., and R. Brison. Socioeconomic differences in childhood injury: a population based epidemiologic study in Ontario, Canada. *Injury Prevention* 2000;6:203-208. Website:
<http://ip.bmjournals.com/cgi/content/short/6/3/203>

Summary: This article provides the findings of a study to determine whether risks for childhood injury vary according to socioeconomic gradients. Their findings indicated a consistent relation between poverty and injury. Socioeconomic differences in childhood injury parallel mortality and morbidity gradients identified in adult populations. The results suggest the need for targeted injury prevention efforts among children from economically disadvantaged populations, although the exact requirements of the optimal prevention approach remain elusive.

Health Canada. *Injuries Among Saskatchewan First Nations: An Analysis of 1997/98 Hospital and 1998/99 Physician.*

Summary: This report is the first of its kind in Canada to use and report on First Nations injury morbidity data.

IMPACT The Injury Prevention Centre of Children's Hospital. *IMPACT on Injuries: Manitoba's Injury Prevention Newsletters.* Website:
<http://www.hsc.mb.ca/impact/publications.htm>

Summary: Spring 2004 – Injuries & First Nations People; Winter 2004-2005 Injuries & First Nations People: Drowning; Winter 2004-2005 Injuries & First Nations People: Falls, Injuries and Deaths; Winter 2004-2005 Injuries & First Nations People: Motor Vehicle Collisions; and Winter 2004-2005 Injuries & First Nations People: Fire and Burn Injuries

IMPACT The Injury Prevention Centre of Children's Hospital. *Manitoba Aboriginal Injury Prevention Strategy (Draft). 2002.* Website:
http://www.hsc.mb.ca/impact/aboriginal_injury_preve.htm

Summary: This draft was created by the Ad-hoc Injury Prevention Committee of the Manitoba Community Wellness Working Group (MCWWG) in 2002 to approach the matter of intentional and unintentional injuries in Manitoba and to provide information. Their goal is to; present draft of the *Aboriginal Injury Prevention Strategy* to the Manitoba Community Wellness Working Group for review and comment, to choose and recommend an infrastructure option to support the establishment of a First Nations-centered injury prevention body and to develop objectives, key activities and timelines associated with the selected infrastructure option which are all enumerated in this draft.

The Injury Prevention Centre of Alberta, now known as the Alberta Centre for Injury Control and Research. *Aboriginal Injury Surveillance Tool*. 1998

Summary: This document resulted from a pilot project that tested an injury surveillance tool for use by Aboriginal communities that was practical, appropriate and community-based. The project resulted from a need to address the limited availability of timely and relevant injury data to guide injury prevention programming efforts at the community level. The Aboriginal Injury Surveillance Tool was designed to enable communities to independently collect and analyze injury-related data specific to their community. Through monitoring injury problems, communities will increase their knowledge and understanding of injury circumstances by knowing when, where, why and to whom injuries are happening.

Injury Prevention Centre of Alberta, now known as the Alberta Centre for Injury Control and Research. *Injury Prevention: A Guide for Aboriginal Communities*. 1995. Website:

Summary: This document is a practical resource manual that examines the issues surrounding injuries. It was developed and distributed as a national resource addressing a national need for capacity building in injury prevention through education. It outlines ten steps to community-based injury prevention programming, as well as, provides descriptions of two community-based injury prevention initiatives addressing the problems of suicide and drowning.

Injury Prevention Centre of Alberta, now known as the Alberta Centre for Injury Control and Research. *Injury Prevention Resources for Aboriginal Communities*. 1995.

Summary: This document provides a directory of key resource documents and materials from provincial and national organizations involved and or supportive of injury prevention activities. The purpose of this document is to assist practitioners in communities in obtaining culturally relevant injury prevention and community development resources in Canada.

Karmali, S., Lauplaud, K., Harrop, A.R., Findlay, C., Kirkpatrick, A., Winston, B., Kortbeek, J., Crowshoe, and M. Hameed. Epidemiology of severe trauma among status Aboriginal Canadians: a population-based study. *Canadian Medical Association Journal*. 12 April 2005, Vol 172 (8):1007-1011. Website: <http://www.cmaj.ca/cgi/content/abstract/172/8/1007>

Summary: This research was completed by health professionals. They compiled significant statistics associated to trauma affecting Aboriginal Canadians and the population of Calgary's Health Region.

Leslie, W., Derksen, S., Metge, C., Lix, L., Salamon, E., Steiman, P., and L. Roos. **Fracture risk among First Nations people: a retrospective matched cohort study.** *Canadian Medical Association Journal*. 12 Oct 2004, Vol 171(8):869-73
Website: <http://www.cmaj.ca/cgi/content/full/171/8/869>

Summary: This research provides information on the risk of fractures among First Nations in the province of Manitoba as compared to the non-First Nations population. Results revealed that First Nations people had significantly higher rates of any fracture.

Many Guns Traditional Consulting. *Urban Aboriginal Injury and Injury Prevention Study.* Aboriginal Health Council Aboriginal Injury Prevention Committee. July 2002. Website: <http://www.crha-health.ab.ca/aboriginal/Injury%20Study.htm>

Summary: This report provides an analysis of information about urban Aboriginal injuries in the Calgary, including the Tsuu T'ina Reserve. It examines trends, where possible, for injury rates, type and nature of injury for both intentional and unintentional injury. It includes a literature review and identifies all relevant major reports on Aboriginal and First Nations injuries. This report also presents and summarizes injury prevention strategies directed to Aboriginal communities provincially, nationally and internationally.

Northwest Territories Health and Social Services. *Injury in the Northwest Territories: A Descriptive Report.* November 2004.

Summary: This report is intended to provide insight into the incidence and patterns of injury in the Northwest Territories. It is not meant to be exhaustive in the analysis of the data, but rather aims to provide a look at the extent and nature of injuries in the Northwest Territories. It indicates the extent to which injuries are a public health problem in the territory, injuries are compared to other causes of death and hospitalization. Moreover, mortality and hospitalization rates for unintentional and intentional injuries are compared with Canadian rates.

Trumper Consulting Services. *Health Status and Health Needs of Aboriginal Children and Youth Literature Review.* Southern Alberta Child & Youth Health Network and the Calgary Health Region Aboriginal Health Program. August, 2004. Website: <http://www.calgaryhealthregion.ca/hecomm/aboriginal/aboriginal.htm>

Summary: This review synthesizes current literature on the health of Aboriginal children and youth in Canada with a focus on the southern Alberta area. It was commissioned by

the Southern Alberta Child & Youth Health Network (SACYHN) and the Calgary Health Region – Aboriginal Health Program (AHP). Contextual information was provided, current health status information was reviewed, and factors contributing to health status were discussed. Promising strategies, recommendations from the literature and areas for further study were identified.

NATIONAL

Auer, A.M., and R. Andersson. Canadian Aboriginal communities: a framework for injury surveillance. *Health Promotion International*, Vol. 16, No. 2; 2001:169-77. Oxford University Press. 2001. Website:
<http://heapro.oxfordjournals.org/cgi/content/full/16/2/169>

Summary: This study addresses the injury data deficiency facing Canadian Aboriginal communities. The study proposes an Aboriginal injury surveillance model to enable community action that is based on community ownership and management of its injury surveillance system, in partnership with data sources. The research explains numerous factors that account for why Aboriginal communities have minimal or no access to resources.

Caron, N. Getting to the root of trauma in Canada's Aboriginal population. *Canadian Medical Association Journal*. 12 April, 2005 Vol 172 (8):1023-23. Website: <http://www.cmaj.ca/cgi/content/full/172/8/1023>.

Summary: This article refers to Aboriginal Canadians and issues that influence injury and illness in their communities. The statistics in this study show that these individuals are at higher risk than most people. The goal of this study is to sensitize health care professionals and researchers to facilitate Aboriginal communities while giving accurate components regarding data sources to prevent traumatic injury and death in these specific communities.

Department of Indian and Northern Affairs Development. *Gathering Strength: Canada's Aboriginal Action Plan*. Ottawa, Canada. 1998. Website:
http://www.ainc-inac.gc.ca/gs/chg_e.html

Summary: This publication was intended to regenerate the relationship with the Aboriginal people of Canada by its principles: mutual respect, mutual recognition, mutual responsibility and sharing. The action plan acknowledges mistakes and injustices of the past; moves to a Statement of Renewal that expresses a vision of a shared future for Aboriginal and non-Aboriginal people; and synopsis four key objectives for action to begin immediately. It is viewed as an essential key to establish efficient working relationships between the Government of Canada and Aboriginal people: "Partnership".

Durst, Douglas. *Urban Aboriginal Persons with Disabilities: Triple Jeopardy*. Regina. University of Regina. 2001. Website:

<http://www.google.ca/search?hl=en&sa=X&oi=spell&resnum=0&ct=result&cd=1&q=douglas+durst+and+urban+aboriginal+persons+with+disabilities&spell=1>

Summary: This major project was created to resolve issues regarding Aboriginal/ First Nations urban disabled persons by giving four specific courses of action to gain accessibility to health and social services in their community. With these realistic steps, they have a high chance to gain independency and enhance their lifestyle.

First Nations and Inuit Regional Health Survey National Steering Committee. *First Nations and Inuit Regional Longitudinal Health Survey National Report 1999*. National Aboriginal Health Organization. Ottawa 1999. Website:

http://www.naho.ca/firstnations/english/initial_data1997.php

Summary: The objectives of this report are for a better understanding of the changes of lifestyles and social environments within First Nations and Inuit people in Canada and to improve the health status in their communities. To do so, longitudinal health studies (studies that are designed to follow a group of people over a long period of time) were done specifically to the First Nations living on reserves, and Inuit communities in the provinces. Fundamental topics correspond to the report such as 1) Children Health, 2) An Examination of Residential Schools and Elder Health, 3) Chronic Diseases, 4) Tobacco Report, 5) Activity Limitations and the need for Continuing, 6) The Search of Wellness, 7) Health and Dental Services for Aboriginal People.

First Nations Regional Health Survey National Steering Committee. *First Nations Regional Longitudinal Health Survey 2002/2003 The Peoples Report*. National Aboriginal Health Organization. 2005. Website:

http://www.naho.ca/firstnations/english/regional_health.php

Summary: This report is a summary of the information gathered from the First Nations Regional Health Survey (RHS) 2002/03. It provides health information on adults, youth and children. The information is presented in the context of a culturally appropriate First Nations interpretive framework. This report is intended to be user-friendly and useful for communities. The RHS is a First Nations designed and controlled survey that was completed in August 2002 and November 2003. Specific questions were asked in those regions of life that are associated to the health of First Nations Peoples. The survey intends to support First Nations health by providing scientifically and culturally valid information. Its primary goal is to improve First Nations health. A specific section on injuries among First Nations is included in their text. Over 22 000 First Nations were surveyed (adult, children, youth) about their health from 238 First Nations communities across Canada.

Health Canada. *Acting on what we know: preventing youth suicide in First Nations*. 2003. Website: http://www.hc-sc.gc.ca/fnih-spni/pubs/suicide/prev_youth-jeunes/index_e.html

Summary: This voluminous report discloses explanations and prevention tools in relation with suicidal acts regarding First Nations youth. Statistics confirm the high rate of suicide among this age group in comparison with non-Aboriginal people. The Suicide Prevention Advisory Group developed four main themes of recommendations to help cease youth suicides occurring in First Nations communities across Canada. Numerous appendices are included in this report that demonstrate examples of proposed suicide prevention programs and much more.

Health Canada. *A second diagnostic on the health of First Nations and Inuit people in Canada*. Ottawa: Health Canada, 1999. Website:

Summary: This document aims primarily to describe the health status of First Nations and Inuit people across the country, thereby raising awareness of some of the key issues that have an impact on the health of that population. Analysis of key health indicators and determinants may also provide direction to Federal and Provincial governments, Aboriginal organizations and other organizations interested in Native health issues in identifying needs, setting goals and priorities, developing programs and services, and formulating policies.

Health Canada. *A Statistical Profile on the Health of First Nations in Canada for the year 2000*. 2005. Website: http://www.hc-sc.gc.ca/fnih-spni/pubs/gen/stats_profil_e.html

Summary: This report aims to improve First Nations health by maximizing available information to health professionals, researchers, community leaders and policy makers. The incorporation of detailed statistics and diagrams represent various health related topics. The study also examines some sensitive aspects such as, high rates of tobacco use and incidence of injury among First Nations as well as non-medical factors affecting their health: education, employment, housing conditions, water quality and sewage treatment.

Health Canada. *First Nations and Inuit Injury Prevention Initiatives: Best Practices in the Making*. Ottawa, Canada. 2001. Website: http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-bless/2001_prevention/index_e.html

Summary: This report presents the National First Nations and Inuit Injury Prevention Framework as an essential guide for planning discussions and decision-making activities. Four keys areas of focus include: injury data; capacity building, communication and research. The framework focuses on community as the primary beneficiary and essential

stream of all efforts and accomplishments for injury prevention specifically towards the First Nations and Inuit population.

Health Canada. *Keeping Track: Looking at Injuries and how they can be prevented.* Ministry of Public Works and Government Services Canada, 2002. Website: http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-bleess/2002_prev/index_e.html

Summary: This brief document includes relevant information on injury prevention. It focuses on how injury surveillance “information gathering system” can be helpful within communities. Injury surveillance works on four related parts: 1) Collecting Injury Information 2) Analyzing the Information 3) Interpreting and Understanding Information and 4) Getting Information to People in Your Community.

Health Canada. *Unintentional and Intentional Injury Profile for Aboriginal People in Canada 1990-1999.* Minister of Public Works and Government Services Canada, 2001. Website: http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-bleess/2001_trauma/index_e.html

Summary: The purpose of this document is to present information on injury-related mortality and morbidity within Aboriginal people, to show trends, and to compare injury rates and patterns with those of the non-Aboriginal population in Canada. It mainly includes information on Aboriginal people in general, but does include a section specifically on First Nations.

McDonald, R.J. *Injury Prevention and First Nations: A Strategic Approach to Prevention.* Assembly of First Nations Health Secretariat. March 2004. Website: not posted

Summary: This document provides a First Nations perspective and understanding of the meaning of injury. The document includes information on the different types of injuries, definitions, statistics, and a variety of sources. It serves as valuable resource and learning tool for First Nations on injury prevention. It supports that injury is the leading cause of death among First Nations people.

National Association of Friendship Centres. *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion. Participatory Research: Working Together for the Inclusion of Aboriginal Families of Children with Disabilities.* Ottawa, Ontario. Feb 2006. Website: <http://www.nafc-aboriginal.com/>

Summary: This document includes important information on urban Aboriginal families

of children with physical disabilities. The research focused on site visits and interviews in major Canadian cities including Regina, Montreal, Toronto, Vancouver and Halifax. It includes practical solutions for policy makers and service providers to help eliminate or overcome these obstacles

National Indian and Inuit Community Health Representatives Organization (NIICHRO). First National Aboriginal Injury Prevention Conference 2004 held in Winnipeg. *In Touch- Injury Prevention*. Vol. 28, Fall Issue. Ottawa, Ontario. 2004. Website: <http://www.niichro.com/library.html#anchor327987>

Summary: This newsletter is a brief documentation on intentional and unintentional injuries, showing statistics, stating strategies, presentations, graphics and much more that were introduced during the conference. It is an outcome of the First National Aboriginal Injury Prevention Conference held in Winnipeg from June 9th to June 12th, 2004.

NIICHRO. New Approaches to Injury Prevention. *In Touch - Injury Prevention*. Vol. 7 No.3 Winter Issue. Ottawa, Ontario. 1997. Website: <http://www.niichro.com/Injury/Injury1.html>

Summary: This newsletter on injury prevention contains a few explanations on injury prevention techniques, risk factors, strategies to injury prevention and a table demonstrating the rates of deaths of status Indians from injury.

NIICHRO. Accidents Waiting to be Prevented. *In Touch - Injury Prevention*. Vol. 7 No.3 Winter Issue. Ottawa, Ontario. 1997. Website: <http://www.niichro.com/Injury/Injury2.html>

Summary: This newsletter focuses on unintentional injuries among Aboriginal people and prevention programs that can minimize these type of injuries. It presents information on the leading causes of unintentional injury and includes a brief explanation of each cause.

NIICHRO. Intentional Injuries: Suicide. *In Touch - Injury Prevention*. Vol. 7 No.3 Winter Issue. Ottawa, Ontario. 1997 Website: <http://www.niichro.com/Injury/Injury3.html>

Summary: This newsletter focuses on intentional injuries such as suicide among Aboriginal people. It includes a short story on the suicide incidents that happened in Big Cove in 1992 and 1993, and the actions that their community performed to prevent these incidents in their environment. This newsletter also gives a profile of a typical suicidal victim, statistics, community problems and solutions, a list of prevention projects in

aboriginal communities that have shown most success and an identified list of warning signs of suicide.

NIICHRO. Intentional Injuries: Family Violence. *In Touch - Injury Prevention*. Vol. 7 No.3 Winter Issue. Ottawa, Ontario. 1997 Website:
<http://www.niichro.com/Injury/Injury4.html>

Summary: This newsletter addresses family violence. Its main intention is to provide information on intentional injuries to spouses/partners, children (including several risk factors for fatal child abuse), and elder abuse. It also provides information on existing programs and projects.

NIICHRO. Injury Prevention Needs Assessment. *In Touch - Injury Prevention*. Vol. 7 No.3 Winter Issue. Ottawa, Ontario. 1997. Website:
<http://www.niichro.com/Injury/Injury5.html#anchor38541>

Summary: This newsletter presents information from a report produced by NIICHRO titled *Injury Prevention Needs Assessment*. The needs assessment was conducted from December 1st, 1996 to January 6th, 1997 with the goal of collecting information about injury prevention programs and training needs in their area.

NIICHRO. Injury Prevention. *In Touch – What are we Doing about Injury Prevention*. Vol. 18 Winter Issue. Ottawa, Ontario. 2001. Website:
http://www.niichro.com/injury_b/injury_b10.html

Summary: This newsletter is centered on intentional and unintentional injuries within Aboriginal communities worldwide. This issue is published with such importance due to the fact that Aboriginal people have a higher rate of injuries in comparison with the rest of the population, it is shown in this newsletter by phenomenal statistics.

NIICHRO. Injury Prevention Projects. *In Touch – What are we Doing about Injury Prevention*. Vol. 18 Winter Issue. Ottawa, Ontario. 2001. Website:
http://www.niichro.com/injury_b/injury_b11.html

Summary: This newsletter focuses on injury prevention projects. It makes note that many awareness projects are centered on Aboriginal people and not particularly concentrated on First Nations and Inuit people in Canada. It includes a list of national milestones that are centered on establishing impulse among First Nations and Inuit people. The national milestones incorporate workshops, reference documents and guides, projects and conferences. They also provide information on existing successful youth programs on injury prevention.

NIICHRO. Injury-Related Deaths in Aboriginal Peoples in Canada. *In Touch - FAS/FAE -Fetal Alcohol Syndrome/Effects*. Vol. 21, Winter Issue. Ottawa, Ontario. 2001. Website: http://www.niichro.com/fas/fas_14.html

Summary: This newsletter created by the National Indian and Inuit Community Health Representatives Organization (NIICHRO). Injuries are common causes to death among Aboriginal people. The purpose of this newsletter is to hand out information to the public on the primary factors of intentional and unintentional injuries that can lead to death and are described briefly while including interesting statistics specific to Aboriginal people.

NIICHRO. Falls and the Elderly. *In Touch – Inspired by Elders*. Vol. 27, Summer Issue. Ottawa, Ontario. 2004. Website: http://www.niichro.com/inspired/ibe_7.html

Summary: This newsletter includes an article specifically on falls. Falls are common injuries affecting elders. It explains why the elderly are more at risk for falls and provides pointers on what can be done to prevent such falls. Information is also included on the Falls Prevention Project in Ontario.

NIICHRO. *Towards Community Action on Aboriginal Injuries: First Nations Aboriginal Injury Prevention Conference June 9-12, 2004, Winnipeg, Manitoba, Canada*. Kahnawake, Quebec. September 2005. Website: not posted.

Summary: In 2005, a complete report was completed by NIICHRO which includes highlights from the First National Aboriginal Injury Prevention Conference that was held in Winnipeg Manitoba from June 9th to June 12th, 2004. The purpose of this report is to provide a reference and guiding tool available to the public on this significant issue.

National First Nations and Inuit Injury Prevention Working Group. Meeting Briefs. June 7-8, 2000 Ottawa; February 6-7, 2001 Ottawa; June 21-22, 2001 Ottawa; and October 11-12, 2001 Ottawa. Website: http://www.hc-sc.gc.ca/fnih-spni/pubs/promotion_e.html#injury-bless_meetings-reunion

Summary: These include summaries of the meetings of the National First Nations and Inuit Injury Prevention Working Group including June 7-8, 2000; February 6-7, 2001; June 21-22, 2001; and October 11-12, 2001. The issue of injuries and injury prevention among First Nations and Inuit communities is addressed.

Pless, B., and W. Millar. *Unintentional Injuries in Childhood: Results from Canadian Health Surveys*. Health Canada. 2000. Website: <http://www.phac-aspc.gc.ca/dca-dea/pdfa-zenglish.html>

Summary: The principal goal of this report is to describe what has been learned about childhood injuries from recent Canadian health surveys. Four national population based surveys have been analyzed to this end – the General Social Survey (GSS), the National Population Health Survey (NPHS), the National Longitudinal Survey of Children and Youth (NLSCY), and the Health Promotion Survey (HPS). Information from these studies is analyzed to permit a description of the characteristics of the children who are injured and the circumstances of their injuries. A secondary goal is to obtain some further details about possible risk factors. The ultimate objective, of course, is for these data to help inform policies and programs aimed at prevention. Finally, we hope that these analyses will underscore some of the shortcomings in how these surveys deal with the problem of injuries so that these limitations can be overcome in the future.

Public Health Agency website information on Injury Prevention. <http://www.phac-aspc.gc.ca/inj-bles/index.html>

Summary: This website is completed with relevant information on injury prevention. It includes facts, information on childhood, adolescence and senior injuries and ways to cease such trauma. A few prevention centers are numerated as well.

Royal Commission on Aboriginal Peoples. *Report of the Royal Commission of Aboriginal Peoples*. 1996. Website: http://www.ainc-inac.gc.ca/ch/rcap/index_e.html

Summary: This book introduces you to some of the main themes and conclusions in the final report of the Royal Commission on Aboriginal Peoples. That report is a complete statement of the Commission's opinions on, and proposed solutions to, the many complex issues raised by the 16 point mandate set out by the government of Canada in August 2001. It was not possible to include in this book the great wealth of information, analysis, proposals for action and recommendations that appear in the report. Each of five volumes presents the Commission's thoughts and devoted the major topics such as treaties, economic development, health, housing, Métis perspectives, and the North. Volume 5 draws all the recommendations together in an integrated agenda of change. The five volumes are entitled: 1) Looking Forward, Looking back, 2) Restructuring the Relationship, 3) Gathering Strength, 4) Perspectives and Realities, 5) Renewal: A Twenty-year Commitment. The five chapters in this book correspond to the five volumes of the report.

Saylor, K. Injuries in Aboriginal children. *Paediatrics and Child Health* Vol. 9, No. 5 May/June 2004:312-14. Website: http://www.pulsus.com/Paeds/09_05/Pdf/sayl_ed.pdf

Summary: This article was formulated by an Aboriginal pediatrician. It includes information on the epidemiology of injuries among Aboriginal children, the causes of injuries and intentional injuries among this population with explanations of such high rates and the implications for practitioners. All this information is to sensitize the public and health professionals on the safety of Aboriginal children.

Smart Risk. *Ending Canada's Invisible Epidemic: A Strategy for Injury Prevention*. 2005. Website: <http://www.timeforaction.ca>

Summary: This paper sets out the rationale for a pan-Canadian injury prevention strategy, examines successful approaches in other jurisdictions to reducing the incidence of injury, and makes recommendations for the strategy's components in the areas of leadership structures, surveillance, research, policy development, public information and education, and prevention programming.

Statistics Canada. *Aboriginal Peoples Survey 2001 - Initial findings: Well-being of the non-reserve Aboriginal population*. (Catalogue no. 89-589-XIE). Ottawa ON: Ministry of Industry. 2003. Website: <http://www.statcan.ca/cgi-bin/downpub/listpub.cgi?catno=89-589-XIE2003001>

Summary: This report is a statistical portrait of the well-being of the Aboriginal population living in non-reserve areas across Canada. It applies various indicators such as physical, mental/intellectual, emotional and spiritual aspects of well-being.

Statistics Canada. *The health of the off-reserve Aboriginal population*. Health Reports (supplement) Vol. 13, 2002. Website: <http://www.statcan.ca/Daily/English/020827/d020827a.htm>

Summary: This report compares off-reserve Aboriginal population with the rest of the Canadian population in terms of health status, health behaviors, and health care utilization. Compiled statistics are used to have accurate outcomes on these health issues.

Stout, M.D. and G.D. Kipling. *Emerging priorities for the health of First Nations and Inuit Children and Youth*. 1999. Website: http://www.hc-sc.gc.ca/fnih-spni/pubs/develop/1999_priorit-child-enfant/index_e.html

Summary: This document focuses on improving the health and well-being of First Nations and Inuit children and youth. This document inquires key health issues and concerns pertaining to this particular population. Reviewing, synthesizing and analyzing

relevant documents and recommendations that have been produced in recent years by federal, provincial and territorial governments, First Nations and Inuit organizations, and NGOs are present in this issue, and identifying current and emerging opportunities for action that will serve to enhance the health and well-being of First Nations and Inuit children and youth.

National Clearinghouse on Family Violence. *Beginning a Long Journey: A Review of Projects Funded by the Family Violence Prevention Unit, Health Canada, Regarding Violence in Aboriginal Families.* Ministry of Public Works and Government. 1997. Website: http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/famvio_e.html

Summary: The National Clearinghouse on Family Violence is a Canadian national resource center for information on family violence. Their duties are to collect, develop and disseminate resources on prevention, protection and treatment. Their goal is to increase awareness in Canadian communities. This report demonstrates the outcome of 15 projects that were created and put together by Aboriginal people.

National Clearinghouse on Family Violence. *Family Violence in Aboriginal Communities: An Aboriginal Perspective.* 1997. Website: http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/famvio_e.html

Summary: The National Clearinghouse on Family Violence is a Canadian national resource center for information on family violence. Their duties are to collect, develop and disseminate resources on prevention, protection and treatment. Their goal is to increase awareness in Canadian communities. This paper introduces family violence in Aboriginal communities. It outlines how several Aboriginal communities approach the issue and label factors that can give opportunities on improving this matter within their population.

Whitehead, S. & Henning J. *Injuries Due to Falls In the Sioux Lookout Zone, 1994-199 Sioux Lookout.* Health Canada. 1997

Summary: *Need to locate document* (Found a document similar but not exactly as mentioned above-Health Canada couldn't find the document)

Young, T. Kue. Review of research on Aboriginal populations in Canada: relevance to their health needs. *BMJ.* 23 August 2003: Vol. 327:419-422. 2003. Website: <http://bmj.bmjournals.com/content/vol327/issue7412/#PAPERS>

Summary: The main purpose of this paper is to determine whether or not health research adequately examines the health needs of the aboriginal population of Canada. With their

study, the results conclude that researchers have not adequately examined several important health needs of Aboriginal population.

Yacoub, W. *The Aboriginal Injury Problem: Are you part of the solution?* 2nd Annual Aboriginal Conference Presentation. Health Canada, Medical Services Branch, May 1999.

Summary: This fact sheet relates to injuries and the leading causes of death within these injuries among First Nations population in Canada and in Alberta.

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American Academy of Pediatrics. *The Prevention of Unintentional Injury Among American Indian and Alaska Native Children: A Subject Review. Pediatrics. Vol. 104 No. 6; December 1999:1397-99. Website:*
<http://pediatrics.aappublications.org/content/vol104/issue6/index.shtml#ARTICLE>

Summary: This article concerns ethnic groups in the United States. American Indian (AI) and Alaska Native (AN) children experience the highest rates of injury mortality and morbidity. The Indian Health Service (IHS) recognized an international injury prevention program to suppress the risk of injury death while including explicit risk factors. Recommendations are also numerated to help reduce the high rate of childhood injury morbidity and mortality within AI/AN people.

Berger, L.R. *Injury prevention and indigenous peoples. Injury Prevention. 7 June 2006:175-176. Website:* <http://ip.bmjournals.com/cgi/content/full/8/3/175>

Summary: This paper outlines two articles on injury prevention that applies specifically towards Indigenous people around the world. It is proven that this population has uncommonly higher injury rates compared with the non-Indigenous people. There are many downfalls on many life aspects among Indigenous people. These articles reveal a mission: to obtain international recognition and protection for their peoples and cultures.

Clapham, K., Stevenson, Mark., and S. Kai Lo. *Injury profiles of Indigenous and non-Indigenous people in New South Wales. The Medical Journal of Australia. Vol. 184, No. 5; 6 March 2006:217-20. Website:*
http://www.mja.com.au/public/issues/184_05_060306/cla10672_fm.html

Summary: This research was realized to compare injury profiles of the Indigenous people in New South Wales with the non-Indigenous population. Data was collected on a variety of aspects regarding this issue to compare injury-related rates among these populations.

Lapidus, J. Smith, N., Ebel, B., and F. Romero. Restraint Use Among Northwest American Indian Children Traveling in Motor Vehicles. American Journal of Public Health. Nov 2005, Vol. 95, No. 11:1982-88. Website:
<http://www.ajph.org/cgi/content/abstract/95/11/1982>

Summary: The purpose of this study was to estimate motor vehicle passenger restraint use among Northwest American Indian children eight years old or younger and to identify factors associated with using proper (i.e., age and weight appropriate) passenger restraint systems.

National Center for Injury Prevention and Control. *Injuries among Native Americans: Fact Sheet*. Atlanta, GA. Website:
<http://www.cdc.gov/ncipc/factsheets/nativeamericans.htm>

Summary: This fact sheet illustrates and provides relevant information on injuries among Native American population. Injuries are the leading cause of death in accordance to this population. This sheet includes common groups that are at risk and risk factors that lead to injuries

Patel, R., Wallace, D., and L. Paulozzi. *Atlas of Injury Mortality Among American Indian and Alaska Native Children and Youth, 1989-1998*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, and the National Center for Injury Prevention and Control. March 2005. Website: http://www.cdc.gov/ncipc/pub-res/American_Indian_Injury_Atlas/default.htm

Summary: The *Atlas* focuses on the problem of injuries among Native American children and youth (ages 0–19 years) residing in Indian Health Service (IHS) Areas. The purpose of the *Atlas* is to provide background information and data to public health practitioners and policy makers to help identify critical injury problems and set intervention priorities for intervention among this vulnerable population. The *Atlas* contains composite maps of all IHS Area rates and individual Area maps for eight causes of injury death. It includes study results of Native American children and youth (0–19 years) who live in one of the twelve IHS Areas. The *Atlas* provides information on several causes of injury deaths: motor vehicle related, pedestrian-related, firearm-related, suicide, homicide, drowning, fire, and suffocation.

Peden, M., McGee, K., and E. Krug, (Eds). *Injury: A Leading Cause of the Global Burden of Disease, 2000*. World Health Organization, Geneva, Switzerland, 2002. Website:

http://www.who.int/violence_injury_prevention/publications/other_injury/injury/en/index.html

Summary: This document is dedicated to policy makers, health officials, researchers and the general public to instruct about the significance of injuries to simplify the understanding of its meaning and the decision-making to this eloquent public health problem.

Peden, M., McGee, K., and G. Sharma. *The injury chart book: a graphical overview of the global burden of injuries*. World Health Organization, Geneva, Switzerland, 2002. Website:

http://www.who.int/violence_injury_prevention/publications/other_injury/chartbook/en/index.html

Summary: *The injury chartbook* outlines the constitution and magnitude of injury mortality and morbidity by illustrating tables and charts. The importance of this chartbook is to create awareness against injuries associated with the public health issue to accomplish effective prevention programs.

Traumatic Brain Injury Among American Indians/Alaska Natives – Unites States, 1992-1996. *Journal of the American Medical Association*, July 3, 2002, Vol. 288, No. 1:37-40. American Medical Association, Centers for Disease Control and Prevention. 2002. Website: <http://jama.ama-assn.org/content/vol288/issue1/index.dtl>

Summary: The topic of this article is related to Traumatic Brain Injury (TBI). TBI is a major cause of morbidity and mortality in the Unites States. It is the second leading cause of death among American Indians/Alaska Natives. These are the main reasons why it's such an significant topic. This article suggests prevention strategies focusing mainly on the leading causes of TBI hospitalizations, including motor crashes, assaults, and falls. Relevant data is used to acknowledge and resolute the problem.

World Health Organization. *Facts About Injuries, Burns*. 2004. Geneva, Switzerland. Website:

http://www.who.int/violence_injury_prevention/publications/factsheets/en/index.html

Summary: This brief fact sheet explains well the problem of injury burns. It gives information to the public on how tragedies such as burns can be prevented, the care and cost of burns, the role of the public health, the mangitude of the problem, who it affects, where burns occur and risk factors that lead to burns.

World Health Organization. *Facts About Injuries, Drowning*. 2003. Geneva, Switzerland. Website:

http://www.who.int/violence_injury_prevention/publications/factsheets/en/index.html

Summary: This document hands out facts on drowning. Drowning is known as a second leading cause of death of unintentional injuries death globally after road traffic injuries. This is why the World Health Organization prepared this document to hand out information to the public about the magnitude of the problem, the risk factors that come into the lead of drowning, interentions that can help prevent drowning, the role of the public health and the limitations of the issue.

World Health Organization. *Injury Facts*. 2001. Geneva, Switzerland. Website:

http://www.who.int/violence_injury_prevention/publications/factsheets/en/index.html

Summary: The World Health Organization (WHO) department of Injuries and Violence Prevention (VIP) work as a team to collect data, information, etc., to develop policies and programs for injury prevention worldwide. Their mission is to create a world in which all people can live in a safe environment. This two page document includes significant facts on injuries.

World Health Organization. *Child and Adolescent Injury Prevention: A Global Call to Action*. Geneva, Switzerland. 2005. Website:

http://www.who.int/violence_injury_prevention/media/news/29_11_2005/en/index.html

Summary: This document was put together by UNICEF and professionals. Their goal is to sensitize policy-makers and donors about injuries among children and adolescents and to find solutions to prevent the problem.

World Health Organization. *Milestones of a Global Campaign for Violence Prevention 2005: Changing the Face of Violence Prevention*. Geneva, Switzerland, 2002. Website:

http://www.who.int/violence_injury_prevention/publications/violence/en/index.html

Summary: This report describes the many activities that have been organized as part of the Global Campaign for Violence Prevention, since its launch in 2002. The document reviews global activities coordinated by WHO and its collaborators, provides regional reports on recent developments and promising new programs, and surveys the work of

the Violence Prevention Alliance and its progress in building global commitment to violence prevention.

World Health Organization. *World Report on Violence and Health*. Geneva, Switzerland, 2002. Website:
http://www.who.int/violence_injury_prevention/publications/violence/en/index.html

Summary: The document provides conceptual, policy and practical suggestions on how to implement each of the six country-level activities, and promotes a multi-sectoral, data-driven and evidence-based approach. Should the resources for achieving certain aspects of the recommendations be lacking, the information contained in the guide will still be useful for planning purposes.

World Health Organization. *Fact Sheets from the World Report on Violence and Health*. Geneva, Switzerland, 2002. Website:
http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/index.html

Summary: The World Health Organization launched the first *World report on violence and health* on October 3rd, 2002. The goals of the report are to raise awareness about the problem of violence globally, to make the case that violence is preventable, and to highlight the crucial role that public health has to play in addressing its causes and consequences. Facts sheet topics include: Child Abuse; Collective Violence; Elder Abuse; Intimate Partner Abuse; Self-Directed Violence; Sexual Violence; and, Youth Violence.

World Health Organization. *World Report on Road Traffic Injury Prevention*. Geneva, Switzerland. 2004. Website: http://www.who.int/world-health-day/2004/infomaterials/world_report/en/

Summary: This report insists on prevention related to road traffic injuries seeing that road traffic systems are the most complex and the most dangerous facing this issue whom people have to deal with on daily basis. This report is primarily intended for people responsible for road safety policies and programmes at the national level and those most closely in touch with road safety problems and needs at the local level.

World Health Organization. *Fact Sheets from the World Report on Road Traffic Injury Prevention*. Geneva, Switzerland. 2004. Website:
http://www.who.int/world-health-day/2004/infomaterials/world_report/factsheets/en/

Summary: Fact sheets on the following topics: Alcohol, Helmets, Safety Restraints and Speed Visibility.

World Health Organization. *Developing Policies to Prevent Violence and Injuries: Guidelines for Policy-makers and Planners.* Geneva, Switzerland. 2006.

Website:

http://www.who.int/violence_injury_prevention/publications/en/index.html

Summary: These guidelines cover all the steps that are necessary for developing injury and violence prevention policies up to and including approval by governmental and political authorities. It also explains the rationale behind the need for such tools, the importance of the health sector in their development and the link between policies and legislation.

World Health Organization. *Fact Sheets on Interpersonal Violence and Alcohol.* Geneva, Switzerland. 2006. Website:

http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/index.html

Summary: Fact sheets on the following topics: Child Maltreatment, Youth Violence, Intimate Partner Violence, and Elder Abuse

World Health Organization. *Violence and Disasters.* Geneva, Switzerland. 2005.

Website:http://www.who.int/violence_injury_prevention/publications/factsheets/en/index.html

Summary: The World Health Organization created a document in regards to a serious issue facing communities: violence affected by natural disasters. This document is a fact sheet containing recent available data on violence and disasters. It incorporates factors that may contribute to increase violence after disasters, what types of violence are likely to increase after a disaster and what can be done to prevent violence after these traumatic disasters.