

Aboriginal Road Trauma: Key informant views of physical and psychological effects

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helping support groups & individuals



... windows of opportunity.

*Providing meaningful services to
Self Help and Support Group
communities in Western Australia.*





ConnectGroups involvement in the Project -

1. To address a Community Need
2. To bring to public notice the issues for Aboriginal people in relation to road safety, road trauma, and post crash services



Aboriginal people are:

- 2.9 times more likely to die than other Australians if involved in a car crash
- Aboriginal pedestrians are 5.5 more times at risk
- The extended nature of Aboriginal families means that a large number of people are affected by the injury /fatal injury of an Aboriginal individual
- Aboriginal people may require support to access services to assist recovery



Methodology

Five Aboriginal men were interviewed to ascertain their views about road trauma and in particular post crash services.

Interviews were conducted using a semi structured process that allowed the respondents to provide their own views and experiences of road trauma.

Vignettes describing the situations were developed to ensure anonymity and to adopt a culturally appropriate way of presenting the stories provided by the participants.

Results

Towards Good Practice

A range of effects were described by the participants for Aboriginal people who had experienced road trauma, as a primary victim, as a family member or friend, and as a perpetrator.

Both mental health issues and physical recovery issues were presented.

Effects for mental health include:

The mental health issues raised by participants were similar across all three groups (primary victims, family members and friends, and perpetrators)

- Acting out
- Self medication / Alcohol and drug abuse
- Bad behaviour (anti social and/or criminal)
- Stress (balancing personal / family/ community needs)
- Symptoms of Depression and PTSD (often undiagnosed)



Effects for physical health include:

- Lack of follow up with appointments resulting in poor recovery and potentially increased disability and a reduction in life satisfaction
- Self medication / Alcohol and drug abuse
- Physical effects of stress and other mental health disorders such as depression and PTSD



Other Effects

- Financial costs of the injury (to both the primary victim and the family)
- Inability to work
- Transport issues

Conclusion

Road trauma affects Aboriginal individuals in a range of ways that affect their financial, physical and mental health resulting in lower levels of overall wellbeing.

Negative effects of road trauma extend to family and community members.

A proposal that a Road Trauma Support Service be established in Western Australia was supported by participants.

Any service must meet the cultural needs of Aboriginal Western Australians.

Vignette

Tom is an elder and lost a son almost twenty years ago in a traffic crash. Tom feels like it just happened yesterday and is very angry about his son's untimely death. To relieve the pain of his loss, Tom drinks a lot of alcohol which often results in him becoming violent.

When he is like this he often assaults his wife, who as the mother of the son is still also grieving. Tom has realised that he is still grieving the loss of his son, but does not know where to go for help or how he can move forward. He knows that he will never forget the loss. He also does not like it when he assaults his wife.

Despite his readiness to explore his feelings, Tom feels inhibited by not knowing where to go for help, especially help that understands his culture and beliefs and what he has experienced.



Vignette

Rosemary is a 25 year old Aboriginal woman from a remote community in the Kimberley. She sustained severe leg injuries when she was run over as a pedestrian. Due to the severity of her injuries she was flown to Royal Perth Hospital (RPH) and later to Shenton Park for rehabilitation. She has been in Shenton Park for nearly four months. **[not in country]**

Rosemarie has not seen her family as they do not have the resources to travel to Perth to see her. She has spoken with her sister a few times on the telephone. Her sister is caring for Rosemary's young children aged seven and five. **[family support]**

Rosemary is not sure what will happen when she is discharged from Shenton Park. She has been told that she will require to attend a range of appointments to make sure that she recovers fully and that on release she will still not be able to walk well. **[getting to appointments]**



Vignette - Rosemarie cont'd

One difficulty is that these services are only provided in regional centres and she cannot drive. **[lack of services]**

She will therefore require to arrange for someone from her community to drive her the 400 miles to and from treatment. **[family/community support]**

She is not sure that she will be able to attend the treatment, finding a local driver is difficult and costly. **[if she does not attend - will she fully recover?]**

Rosemary is also worried about her children. How will she be able to look after them? Her sister will need to return to her own family and community shortly. **[family/community support]**



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Thank you

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