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

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Abstract

Introduction: Aboriginal car occupants involved in a car crash are 2.9 times more likely to die than other Australians. Indigenous 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.

Methods: Five Aboriginal men were recruited using a snowballing technique and were interviewed to ascertain their views about an Aboriginal Road Trauma Service. All worked in health related positions in Perth, Western Australia. The interviewers employed a semi structured process that allowed respondents to provide their own views and experiences of road trauma.

Results: Respondents indicated that a culturally appropriate road trauma support service should be made available to assist Aboriginal people who had experienced road trauma, both as a primary or secondary victim. Vignettes were developed to present the issues that can affect Aboriginal people as a result of road trauma.

Conclusion: A range of culturally appropriate services dealing with both physical and emotional issues in relation to road trauma would be beneficial. All respondents indicated that consultation across the State with communities was essential to ensure that any proposed service would meet the local needs of each community.

Keywords
Road trauma, Aboriginal Australians, needs

Introduction

A range of sources indicate that Aboriginal Australians are more highly involved in road traffic crashes and are more likely to die or be seriously injured as a result (Thomson, Krom, & Rice, 2009). Despite representing three per cent of the Western Australian population, nine percent of crashes in which death or serious injury occurs involve an Aboriginal driver (State Government of Western Australia, 2009). In Australia, nationally, road trauma is the second leading cause of fatal injury and the fourth leading cause of serious injury among Aboriginal Australians (AIHW, Henley & Harris, 2010). Rates for fatal injury vary according to the nature of the crash, with Aboriginal car occupants 2.9 times more likely to die than other Australians and Aboriginal pedestrians 5.5 more times at risk (AIHW, Henley & Harris, 2010). These figures are most likely understated as Aboriginal status is not always recorded (AIHW, Henley & Harris, 2010). In Western Australia, Aboriginal people "were 3.6 times more likely to die, 2.9 times more likely to be hospitalised, and 2.8 times more likely to present to an emergency department compared to non-Aboriginal people" (Cercarelli, 2011, p. 4). The most common cause of death for Aboriginal people according to Cercarelli was from road trauma at 33% with alcohol contributing to 24% of traffic deaths; suggesting that if the use of alcohol is addressed, there may be beneficial effects for road trauma. Additionally, people living in the most disadvantaged areas were 9.1 times more likely to die, and 3.1 times more likely to be hospitalised, than people living in areas of least disadvantage. Cercarelli suggested that for general injury prevention strategies, the demographics of Aboriginality, age, gender, geographic location and alcohol use are risk factors that should be taken into consideration for the development of interventions.

Location of traffic crashes in rural and remote areas is one factor that contributes to the higher incident of Aboriginal death and injury, and this increases with the remoteness (AIHW, Henley & Harris, 2010). Over one quarter of fatal and serious injuries were the result of single vehicle rollover crashes and this may be due to overcrowding in vehicles (AIHW, Henley & Harris, 2010). In metropolitan areas, rates of injury between Aboriginal and other Australians are similar (AIHW, Henley & Harris, 2010); suggesting that factors in relation to remoteness affect the outcomes of road trauma. Road safety interventions and opportunities that are available in larger towns and metropolitan areas are often not applicable to rural and remote drivers in general and Aboriginal drivers in particular. Additionally, prior research indicates different issues in different regions. In the Western Australian Goldfields, speed was the highest cited factor in serious crashes, in the Pilbara drink driving, and lack of restraint use was the highest contributor to serious injuries; and single vehicle crashes are highest in the Wheatbelt South (Data Analysis Australia Pty Ltd, 2006). These regional differences require different interventions based on the behaviours that are involved in serious crashes. Whereas some of the above factors can affect all residents in rural and remote communities, Aboriginal people are mostly located in such areas (70% in Western Australia, Cercarelli, Ryan, Knuiman & Donovan, 2000) and therefore by virtue of location are more likely to suffer more serious road trauma.

The work reported in this paper was the result of pressure on the Western Australian State Government to investigate the opportunity for the development of a Road Trauma Service. The mainstream work is reported in (Breen, O'Connor, Le, & Clarke, 2011). It was however identified that information about Aboriginal involvement in road trauma should also be considered, and a separate report on the current interventions and potential establishment of a road trauma service for Aboriginal people was undertaken. This paper reports on the process of identifying the needs of Aboriginal people for a post crash trauma service.

Methods

A range of activities within this research was used to demonstrate the specific needs of Aboriginal people. A literature review provided information on how Aboriginal people view health which is quite different to a Western cultural perspective. The international literature informed on a range of physical and emotional effects of road trauma across all cultures which the researchers then viewed in terms of their acquired knowledge of Aboriginal views of physical and mental health. The researchers also sought to locate examples within Aboriginal communities of activities that appeared to be culturally appropriate. Examples are detailed in the following paragraph. No evaluations of the effectiveness of these interventions have been located. This is not unusual in such interventions and is a gap that will need to be addressed at some time.

Culturally Based Community Activities

Living Black a program on SBS (televised on Sunday 3rd April, 2011) highlighted a community in South Australia in which a young promising footballer had died in a car crash. As part of the grieving process and as a memorial to this young man, the community painted a range of paintings that were subsequently compiled for an exhibition and all sold providing the community with money with which to continue the art activity. This appeared to be a culturally acceptable way in which to engage grieving community members with the additional benefit of generating funds, some of which were intended for use to support other promising community members by way of a grant bearing the deceased's name.

Finding ways in which to attract the attention of Aboriginal people to road safety needs to be based in interventions that are attractive to them and appear to be culturally appropriate. Other examples of culturally appropriate interventions include Muttacar Sorry Business and the Barunga Road Safety Song Competition in the Northern territory which has been run annually for several years and offers a prize of $1,500 (Fuller, 2011).

The Muttacar Sorry Business is a free performance and workshop package that tackles the issues of drink driving, risk taking behaviours, non-wearing of seatbelts, and overcrowding in vehicles. Muttacar is designed to be performed in the bush by Indigenous people for Indigenous people and has been performed in both Western Australia and the Northern Territory (http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=468).

In addition to the desk research that informed the research, the researchers endeavoured to use networks to talk with Aboriginal people across Western Australia. However, this proved to be too difficult in the short time frame of the research. This is not uncommon in the conduct of such research; it is well known by those who work with Indigenous people that strong personal relationships are important. Vicary and Westerman (2004) reported having spent 18 months talking to Aboriginal communities prior to conducting their research. As a result of the short time frame (less than six months) and the challenges faced, it was decided that the researchers would endeavour to talk with Aboriginal people in the Perth Metropolitan area.

Ethics

This research was undertaken by a not for profit organisation that does not have a formal Ethics Committee. On this occasion the organisation's board which comprises a range of individuals from a variety of backgrounds and with many working in the area of social justice reviewed the research proposal. An Aboriginal liaison officer was to be recruited however this did not occur mostly due to the difficulty in recruiting an appropriate person in the short time available. A research assistant who worked on the project has worked extensively across her career with Aboriginal people and is part of an Aboriginal family (although not

Aboriginal herself) and the researcher has worked with Aboriginal people in other contexts with positive outcomes.

Participants

The initial plan was to make contact with Aboriginal communities throughout Western Australia through local intermediaries. This did not occur for a variety of reasons. It was then decided that local participants would be recruited. Using a snowball recruitment method, five Aboriginal men who work in health related domains agreed to talk to the researchers. Several of the respondents had previously worked in rural and remote locations and one had extensive connections state wide. The interviewees suggested that in general similar issues would be present for Aboriginal people across the state. As the researchers listened to the stories and information provided, it was clear that this subject had the potential to evoke a strong emotional response. Under these circumstances, it was considered appropriate not to engage general members of the Aboriginal community in the research as the ethical issues of managing strong emotions was outside the remit of the research and may have created at the very least discomfort in some participants and possibly exacerbated negative emotions in others: which in many cases, according to our informants often resulted in 'acting out' or 'self medicating' in some way.

Procedure

Potential participants were emailed to seek participation and were informed that the Health Department in Western Australia was seeking evidence for the need for a State Road Trauma Service which would assist those involved in a traffic crash and provide culturally appropriate services to address the needs of Aboriginal people.

The interviews were conducted at times and locations convenient for the interviewee. Some were interviewed at their own place of work and others attended the offices of ConnectGroups WA where a private interview room was available. The interviewees were advised before the interview that two interviewers would be present and that they were welcome to bring other Aboriginal people with them. Only one interviewee brought another person with them. The interviewers introduced themselves and the topic. Neither of the interviewers were Aboriginal however both have experience in working with Aboriginal people and were aware of a potential power imbalance. A narrative and iterative approach to the interview was adopted. This allowed the respondents to impart what was important to them.

"Narrative forms reveal individuals' construction of past and future life events at given moments in time" (Sandelowksi, 1991, p. 164). The research was iterative in so far as questions could be altered from one interview to the next depending upon the interviewers' reflections on what was understood from the previous interview (Kerssens-van Drongelen, 2001). Interviews were not audio recorded as it was considered inappropriate and the interviewers took brief notes of key points raised during the interview, allowing them to focus on what was being imparted by the interviewee.

An analysis of each interview was conducted within 24 hours of the interview. There was no evidence during each interview of discomfort on the part of the respondents. The interviewers independently reviewed their notes and then made comparisons to ensure clarity and understanding. The iterative approach allowed the interviewers to scaffold later interviews and ask different questions if necessary. This however was not required, except that each interview was a different conversation and following the stories of the participants resulted in

differing orders of questions and questions of clarification on what was said. The interviewers endeavoured to clarify the attitudes of the respondents to road safety and the interviewees were all explicitly asked about the need for and potential use of a State Aboriginal Road Trauma Service.

It had been intended that follow up interviews be conducted with several participants to ensure understanding and to confirm the findings that would be included in the research report. Unfortunately this meeting was cancelled and a suitable time was not available to follow this process within the time span of the research. In depth conversations lasting on average an hour with each of these men confirmed the researchers' knowledge about how to progress relationships with Aboriginal people. Some of the interviewees had direct experience of the loss of a close family member through a traffic crash and therefore spoke from an informed personal position. Others did not indicate any direct, personal experience of such loss, but did indicate that most Aboriginal people knew of someone affected by road trauma and that the community issues for such losses were important. The findings from these interviews are presented below and one of the series of vignettes produced from the findings is provided at the end of the paper.

Results and Findings of the Research

Although our respondents indicated that they all knew Aboriginal people affected by road trauma, they did not reveal any knowledge of the statistics in relation to crashes in which Aboriginal people were injured or fatally injured. However, our respondents indicated that the strength of family relationships in Aboriginal families and communities is considerably stronger than the relationships in non-Aboriginal families and thus the connections to a victim could be extensive and include a large number of people who would consider themselves saddened in the event of injury or fatal injury. One respondent indicated that although he had not personally known a family involved in a serious crash just a few weeks before his interview for this research, he felt for them in their time of sorrow, saying "we are all connected".

The findings were developed from the data provided and the issues were not pre determined. Thematic analysis of the interviews provided the basis for the analyses. The findings relate to several different types of involvement with road trauma. Different groups were identified as likely to have differing needs and are described as perpetrators (those who caused or were responsible for the death or injury of another); victims who have been seriously injured; and family, friends and communities who have lost someone, or who are supporting someone seriously injured.

Perpetrators

Issues of shame and guilt were described by our informants in terms of Aboriginal people who had been responsible for the death or serious injury of another. Often those people (mainly males) responsible for a traffic crash found it difficult to express remorse and this sometimes placed them as 'outsiders' within their own families and communities. Given the importance of family and community to Aboriginal people, this exclusion could have further reaching effects on the mental health of a perpetrator. Psychological and behavioural responses to the crash and the post crash effects involved 'acting out' or 'self medicating' with alcohol or drugs, which often resulted in additional negative outcomes such as violence and/ or other criminal activity.

Therefore psychological issues that diminish the mental health of perpetrators may arise and have an effect on the perpetrator's ability to meet personal and community obligations.

Seriously injured Victims

As well as dealing with the physical and psychological trauma of serious injuries, victims were often disadvantaged by the medical system and processes that were supposed to provide support. Again 'acting out' behaviours and 'self medicating' with alcohol and drugs were reported. Victims often refused assistance from others and did not attend follow up appointments for a range of reasons. Victims often appeared to display symptoms of depression and/or post traumatic stress disorder which often remained undiagnosed and untreated.

For seriously injured victims physical and psychological issues arise that may affect their ability to maintain personal and community relationships. Diminished physical and mental health may also be affected by a reduction in their ability to work and therefore financial issues may also impact on their lives.

Family members and friends of Victims - Injury

Often family members were caught between 'a rock and a hard place' to meet their own personal needs, those of other family members, and those of the injured person. The inability to meet all the pressing needs causes additional stress on family who try to juggle all responsibilities.

These responsibilities may place the family member or friend in difficult situations which diminish the mental health of this group. There may be cultural, psychological and financial issues that arise.

Family members and friends of Victims – Fatal Injury

Several informants indicated that 'acting out' or 'self medicating' were the results of such trauma. Families were described as 'shutting down' when such a death occurred. There appears to be reluctance within Aboriginal communities in expressing emotions associated with grief and loss. This was cited in relation to men and in particular young men who 'acted out', rather than display the emotions that they were feeling. One participant indicated that conversations amongst the women in a family were 'shut down' by a senior male family member because he did not want his wife to become distressed; and partly because he did not want to express his own emotions. This reluctance was also associated with the notion that grief and loss are a "normal" and "constant" part of Aboriginal life and, as such, do not induce specific attention in the psyche of contemporary Aboriginal people.

Again cultural, psychological, and financial issues may arise. The unexpected death of a family member incurs funeral costs and loss of income that place the family under even greater stress.

Aboriginal Specific Road Safety Interventions

The interviews focused on post crash services. However, not one of the five respondents indicated that they were aware of specific road safety interventions for Aboriginal people. One did indicate that at one stage there was a proposal in a medium sized country town for an Aboriginal driving instructor to address the issue of unlicensed drivers and to ensure that

Aboriginal people had the opportunity to learn to drive. It is believed that this proposal did not proceed as the proposed instructor left the area. This lack of knowledge on the part of our respondents may be due to many of the recent road safety interventions being conducted in remote and rural Aboriginal communities whereas our respondents were currently living within the metropolitan area of Perth.

Our respondents did however suggest that education in schools could make an excellent contribution to knowledge and alter attitudes within young people. The School Drug Education and Road Aware (SDERA) is part of the Education Department in Western Australia and provides road safety information suitable for different ages which schools can deliver to students. It was also suggested that delivery of road safety programs within prisons might also be relevant. However such programs needed to focus not only on licensing but responsibility and safe driving issues. The only program available to prisoners within Western Australia allows them to begin the process of licensing. There are no specific programs to address safe driving.

Proposal for a Western Australian Aboriginal Road Trauma Service

All respondents indicated that a culturally appropriate State Aboriginal Road Trauma Service would be most useful. One respondent who had lost a close relative in a crash some years prior indicated that such a facility would have been most useful for him at the time of his loss. Others discussed the challenges in providing such a service Statewide, but indicated that this was a necessity despite the financial costs and challenges. Ease of access to post trauma services was an issue, both in relation to the proposed counselling service and services to deal with physical injury.

The follow up of clients was raised. Most respondents were of the opinion that "post" hospital services were basically non-existent and that Aboriginal people upon release from formal medical treatment were basically "dumped". The lack of services, or the difficulties in accessing them due to distance in remote communities or simply lack of transport in regional or the metropolitan areas was raised by respondents. Additionally, the cost of transport and the ability to organise transport can also impact on Aboriginal patients' interaction with post hospital services.

It was made explicit on several occasions by our respondents that support was required for the family and the community when a road trauma, particularly one resulting in death occurred and that counselling services should take account of these needs. The transfer of trauma to the mental health system was also raised. It is well documented that trauma can lead to mental health issues. The suggestion for support not only for the crash victim but their family and community was made also in the context of financial savings. Culturally appropriate and readily available post-crash trauma counselling may cost more initially; but save money with reduced later in-patient care. The cost of funerals was also raised by some respondents. The unexpected death places families in more difficult financial situations which can exacerbate the grieving process.

Another issue raised was that of rehabilitation services being based in Perth (e.g. Shenton Park Rehabilitation Hospital). The removal of trauma patients from their country and families in order to receive appropriate medical assistance placed emotional, financial, and cultural stress on both the patient and their family. Quite often these patients speak English as an additional language and/or Aboriginal English and do not easily have their needs or concerns understood as a result of language difficulties. Aboriginal patients may have issues with

change in diet, experience cultural difficulties in terms of care (e.g. an Aboriginal woman being bathed by a male nurse) and may spend months without seeing their children or other family members. Often those injured and transferred out of country had to rely on family and/or friends to help with their responsibilities and this placed these helpers in stressful situations.

Each of the men interviewed confirmed the traumatic effects of road crashes on Aboriginal people and also confirmed that counselling would be a great benefit for Aboriginal individuals, families, and communities. The main outcomes of the interviews were that there was a definite need for a State Aboriginal Road Trauma Service that addressed both physical and psychological issues associated with the road trauma; and that the service needed to be available for all those who were affected by the trauma, not just the primary victim.

Respondents also intimated the necessity of community involvement to garner support for a State Aboriginal Road Trauma Service and to determine other specific community needs in relation to road safety and potential interventions. All respondents indicated that community consultation was required over a period of time to investigate how the proposed State Aboriginal Road Trauma Service might work. Although all respondents agreed that the Service needed to be Statewide (and possibly mobile, suggesting a need for face to face support), it was suggested that initial consultation with the Aboriginal Health Officers at the North and South Metro and Country Public Health Units in Perth should be conducted to establish how a State Aboriginal Road Trauma Service should operate. This is something that needs to be followed up as due to time constraints on this research, there was insufficient time to arrange even an initial meeting.

Limitations of this research

This research has a range of limitations. First, only a small number of key informants provided the basis of this research. This occurred mainly as a result of the short time frame provided for the conduct of the research (less than six months). Appointments were made with other potential informants, however appointments were often cancelled or remade as a result of the work pressures of these potential respondents and some did not participate. Additionally, as the researchers are not Aboriginal, they needed to generate goodwill to gain the trust of respondents. A further limitation was that the funding provided to conduct the research did not allow for travel opportunities to discuss the issue with those in remote communities. Initially, the research planned to use networks such as the Western Australian Local Government network of road safety officers. However this network did not provide the expected contacts. As expected, other attempts to engage Aboriginal people 'at a distance' did not work. The short time frame also did not allow a more extended consultation period even within the Perth network.

Discussion

This research had a dual purpose of providing a summary of road safety interventions for Aboriginal communities and the potential establishment of a Road Trauma Support Service in Western Australia which would attend to the needs of Aboriginal people. A mainstream report was also provided at the same time by Breen, O'Connor, Le, and Clarke (2011). This paper reported on the perceived needs of Aboriginal people through a small number of respondents.

In considering the cultural, physical, psychological, and financial issues that arise when an Aboriginal person or family is involved in a road crash, it was evident that cultural

perspectives and the holistic Aboriginal view of health in general may increase the risk of negative outcomes for a range of involved individuals.

The involvement of Aboriginal people in road trauma may be related to other health issues. Drink driving is part of a larger problem within some Aboriginal communities as alcohol is often used to self-medicate and often indicates other underlying mental health issues. As reported in Cercarelli (2011) 24% of traffic deaths were related to alcohol use. The suggestion is that if alcohol use is addressed, there would be consequences for drink driving with a reduction in that behaviour also. Road safety interventions need to be integrated with a range of other health promoting activities, especially drink driving which is linked to alcohol use.

The poor use of seatbelts and other restraints by Aboriginal people appears to also link to cultural issues of transporting large families to a range of important events, in particular across rural parts of Australia. Therefore for Aboriginal people the road trauma that results from poor safety practices is underpinned by general social disadvantage and cultural needs and practices; and the location in which people live. This is supported by the statistics that reveal similar rates of injury between Aboriginal and non-Aboriginal people in metropolitan areas.

O'Brien, Phillips, et al. (2009) indicated that four principles need to be included to support Aboriginal healing. These principles were to address the causes of community dysfunction, not the symptoms; to acknowledge the importance of ownership, design and evaluation of initiatives; the design on interventions must be based on Aboriginal worldviews; and positive, strength-based approaches are required. These principles were evident in the information provided by the informants in this research. Each of the respondents clearly indicated that a culturally appropriate service would require considerable negotiation with communities across the State and that differences across the State may be revealed which would impact upon the nature of the services required. How such a service may look was not fully considered, however our respondents indicated that it should be available to all and there was an assumption that it should be face to face despite the higher financial costs and other challenges of delivery to remote communities.

The range of issues that were presented included cultural, physical, psychological, and financial. This suggests that a case management approach to any such service may be beneficial to all parties. A case manager may be able to provide support to support Aboriginal people while they are hospitalised; ensure that follow up medical appointments are maintained and that if travel arrangements need to be made, that suitable transport is available. This may alleviate stress for both the primary victim of the crash and their family and friend support network who are also placed in difficult situations in taking care of the injured individual.

A case management approach would also allow for individual, family, and community needs to be addressed through the provision of a range of services which would include a range of practical services required (such as assisting with hospital visits, family care, funeral arrangements, travel) counselling or psychological services for all those who were involved in the crash and those who are also involved as family, friends, and community members.

Although there is evidence of education programs and interventions within Aboriginal communities there is no evidence of post trauma supportive services. Support is provided by families who are themselves most likely suffering from trauma. In relation to the proposed State Aboriginal Road Trauma Service, the implications of what was imparted by the

Aboriginal people to whom the researchers talked, was that the service should be face to face and have the ability to be mobile. The other important aspect was that any person who considered themselves affected by a road trauma should be able to use the service. This is important for the extended family connections and other relationships within Aboriginal communities.

Conclusion

This small study highlighted the benefits for the provision of a culturally appropriate post-crash trauma service for Aboriginal people. From information available to the researchers, services to this population are not available, do not meet cultural needs, or are poorly delivered for a range of reasons. The short time frame (less than six months) and location of this research (Perth) meant that the required consultation with a range of Aboriginal communities was not undertaken. However, five Aboriginal men provided a perspective on this subject. Further consultative research with Aboriginal communities across the State will be required if the Western Australian State Government decide to progress this idea.

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Vignette

Story telling is an important aspect of Aboriginal culture (Tsey, 2010). Therefore, the themes generated in the interviews have been presented in a series of vignettes (one of which is shown below) which tell a short story of an individual's circumstances. Vignettes are a useful method for conveying personal stories that preserve the anonymity of the persons involved. They also enable a demonstration of a range of interrelated themes and the complexity of circumstances under which people live. The vignettes presented here have been developed from interviews with Aboriginal people. They have been constructed with pseudo names to preserve anonymity of the individual, they are composite stories.

The vignette presented below describes the issues of an Aboriginal woman transferred to Perth for treatment due to the severity of her injuries.

Vignette 1 – Rosemary

Rosemary is a 45 year old Aboriginal woman from a small remote community in the Kimberley. She sustained severe leg injuries in a traffic crash in which she was run over as a pedestrian. Due to the severity of her injuries she was transported to Royal Perth Hospital (RPH) and later to Shenton Park for rehabilitation. She has been in Shenton Park for nearly four months.

Since she arrived in Perth, she 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 has taken upon the role of caring for Rosemary's young children aged seven and nine.

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 has the best chance of healing and that she will still not be able to walk well. One difficulty is that these services are only provided in regional centres and she cannot drive. She will therefore require to arrange for someone from her community to drive her the 400 miles for treatment. She is not sure that she will be able to attend the treatment, finding a local driver is difficult and costly. 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.