

# Portrait of Accidental and Intentional Physical Injuries Occurring in First Nations Communities in Quebec

*From 2004 to Today*

## FINAL REPORT



First Nations of Quebec and Labrador  
Health and Social Services Commission

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## Executive Summary

The aim of this research project is to document the current situation in terms of accidental and intentional injuries occurring within First Nations of Quebec since 2004. More specifically, the project will serve 1) To collect information on the number of accidental and intentional injuries at the regional level, 2) To establish local initiatives aimed at reducing accidental and intentional injuries within communities 3) To identify the human and financial resources used by communities to face this problem, 4) To identify best practices in terms of preventing accidental and intentional physical injuries, and 5) To verify the existence of tools to collect information on accidental and intentional injuries.

The report resulting from this research project will allow community stakeholders and injury prevention program managers at the regional and community levels to orient their preventive strategies. The portrait will also afford an opportunity to assess the necessity and possibility of developing a tool to compile data on injuries occurring in communities in cooperation with community leaders.

Information available on the problem indicates that the prevalence of accidental and intentional physical injuries is twice as high among First Nations in Quebec as that among the population of Quebec overall.

Moreover, alcohol and drugs, pathological gambling and games of chance, suicide, safety of premises, safety at work or while practicing sports and recreational activities are also problems targeted as priorities to be addressed.

Natural environmental factors, manual work tools, falls and burns are the causes of injury most frequently encountered at community health centres.

Accidental injuries tend to occur more often in the summer, while intentional injuries seem more prevalent during the months of July and November.

In terms of efforts to prevent accidental and intentional injuries, more than 60% of participating communities have developed an initiative and in the same proportion, different community activities. Additionally, more than 80% of communities have developed and implemented tools to address this problem.

Half of participating health centres identified needs in terms of training and further training on the problem of accidental and intentional injuries. The themes for which training is deemed most important include the prevention of violence and sexual assault, and health and safety at work, at home and in establishments.

Half the communities interviewed use a tool to compile data on injuries on a regular basis.





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# Introduction

1



## Introduction

### 1.1 Research Context

Studies on accidental and intentional injuries show that this problem is considered as one of the leading causes of death and disability among Natives, having significant repercussions on the individual, family, community and society. Yet surprisingly enough, little information is available on the subject concerning First Nations.

To compensate for the lack of information on accidental and intentional injuries among First Nations, and given the limited amount of available information, in the summer of 2006 Health Canada asked the FNQLHSSC to pilot a project to document accidental and intentional injuries among First Nations of Quebec. In November 2006, Health Canada confirmed financial support for the completion of this research project. The Research Department at the FNQLHSSC was mandated to implement the project.

The First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) is a non-profit organization operating in the field of health and social services among First Nations. Its mission is to enhance the physical, mental, emotional and spiritual wellbeing of individuals, families and First Nations communities while respecting their culture and local self-governance. At the present time, the FNQLHSSC is a regional resource expanding into the field of research for First Nations of Quebec. The Commission has completed several research projects now considered models of success including, in particular, the First Nations Regional Longitudinal Health Survey (RHS-RQ).

The aim of this research project is to document the current situation in terms of accidental and intentional injuries occurring within First Nations of Quebec. The report resulting from the study will allow community stakeholders and injury prevention program managers at the regional and community levels to direct their preventive strategies. This portrait will also provide an opportunity to evaluate, in conjunction with community leaders, the need and possibility of developing an injury information compilation tool to track injuries occurring in communities.

The research project is broken down into two phases. The first phase was completed during fiscal year 2006-2007 and is the subject of this report. Phase 1 consisted of collecting information through a questionnaire; the means employed is discussed in the "Method" section of this report. The aim was to brush a portrait of this problem among First Nations of Quebec and use the information gathered to determine the pertinence and desire of communities to develop an injury compilation tool in the second phase of the project.

If a need is expressed by community health and social services workers, the FNQLHSSC and Health Canada will study the possibility of completing the second phase. The aim of Phase 2 will be to develop a data collection tool to compile injuries occurring in communities in the region of Quebec over a one-year period. This phase should materialize during fiscal year 2007-2008.

## 1.2 Characteristics of First Nations of Quebec

In Canada, Aboriginal peoples are divided into three main groups: First Nations, Inuit and Métis. There are ten First Nations in Quebec:

- Abenaki
- Algonquin
- Atikamekw
- Cree
- Huron / Wendat
- Innu
- Malecite of Viger
- Micmac
- Mohawk
- Naskapi

The map that follows illustrates the distribution of the different communities and their nation of affiliation.



Map 1 Aboriginal Communities of Quebec



## Introduction

It is important to mention that many factors may influence the needs of communities in the field of health and social services. They include the degree of isolation (determined by geographic zone), size of the community and language and culture of each nation. This is why the administration of communities is a major challenge, each evolving in a unique context.

The table below indicates the geographic zone, size and language of the Aboriginal communities <sup>1</sup>.

**Table 1: Basic Information on the Aboriginal Communities**

Nation	Community	Geographic Zone	Size (residents)	Language
<b>Abenaki</b>	Odanak	1	Small (299)	French
	Wôlinak	1	Small (71)	French
<b>Algonquin</b>	Eagle Village - Kipawa	2	Small (263)	English
	Kitcisakik	2	Medium (339)	French
	Kitigan Zibi	1	Medium (1496)	English
	Lac Rapide / Barrier Lake	2	Medium (510)	English
	Lac Simon	1	Medium (1239)	French
	Pikogan	1	Medium (554)	French
	Timiskaming	1	Medium (584)	English
	Winneway / Long Point	2	Medium (352)	English
	Wolf Lake	2	Small (13)	English
	<b>Atikamekw</b>	Manawan	2	Large (1973)
Opitciwan		3	Large (1969)	French
Wemotaci		2	Medium (1202)	French
<b>Cree</b>	Chisasibi	3	Large (3530)	English
	Eastmain	3	Medium (607)	English
	Mistissini	2	Large (3274)	English
	Nemaska	3	Medium (591)	English
	Oujé-Bougoumou	2	(n/a)	English
	Waskaganish	4	Large (1950)	English
	Waswanipi	2	Medium (1269)	English
	Wemindji	3	Medium (1201)	English
	Whapmagoostui	4	Medium (798)	English
<b>Huron / Wendat</b>	Wendake	1	Medium (1307)	French
<b>Inuit</b>	Akulivik	4	Medium (506)	English
	Aupaluk	4	Small (146)	English
	Chisasibi	3	Small (97)	English
	Inukjuaq	4	Medium (1338)	English
	Ivujivik	4	Small (244)	English
	Kangiqsualujjuaq	4	Medium (741)	English
	Kangiqsujuaq	4	Medium (558)	English
	Kangirsuk	4	Medium (448)	English
	Kuuujuaq	4	Large (1573)	English
	Kuujuaraapik	4	Medium (474)	English
	Puvirnituq	4	Medium (1338)	English
	Quaqtaq	4	Medium (324)	English

<sup>1</sup> The information was drawn from the *The Nations* map and the *Indian and Inuit Populations in Quebec 2005*, document published by Indian and Northern Affairs Canada in 2006.

Nation	Community	Geographic Zone	Size (residents)	Language
	Salliuit	4	Medium (1142)	English
	Tasiujaq	4	Small (228)	English
	Umiujaq	4	Medium (351)	English
<b>Innu</b>	Betsiamites	1	Large (2725)	French
	Essipit	1	Small (179)	French
	La Romaine / Unamen Shipu	4	Medium (947)	French
	Mashteuiatsh	1	Large (2022)	French
	Matimekush-Lac-John	4	Medium (730)	French
	Ekuanitshit / Mingan	2	Medium (505)	French
	Natashquan	3	Medium (842)	French
	Pakua Shipi	4	Small (295)	French
	Uashat mak Mani-Utenam	1	Large (2824)	French
	<b>Malecite</b>	Cacouna	1	Small (2)
<b>Micmac</b>	Gesgapegiag	1	Medium (554)	English
	Gespeg	1	(0)	English
	Listuguj	1	Large (1917)	English
<b>Mohawk</b>	Kahnawake	1	Large (7376)	English
	Kanesatake	1	Medium (1341)	English
<b>Naskapi</b>	Kawawachikamach	4	Medium (585)	English

In their *Band Classification Manual (2005)*, Indian and Northern Affairs Canada (INAC) use a community isolation classification system with four categories. Communities are classified according to the nearest service centre, the distance separating them from the nearest service centre and type of road access available to a given community. The four categories are as follows:

- **Zone 1 (urban):**  
Zone where a First Nation is located less than 50 km from the nearest service centre via an access road open year round.
- **Zone 2 (rural):**  
Zone where a First Nation is located between 50 and 350 km from the nearest service centre via an access road open year round.
- **Zone 3 (isolated):**  
Zone where a First Nation is located more than 350 km from the nearest service centre via an access road open year round.
- **Zone 4 (special access):**  
Zone where a First Nation does not have an access road open year round to a service centre and incurs higher travels costs as a result of this (INAC, 2005, *Band Classification Manual* and [www.ainc-inac.gc.ca/pr/ra/cwb/res1\\_f.html](http://www.ainc-inac.gc.ca/pr/ra/cwb/res1_f.html)).

In 2003, 35% of registered Indians living on reserve inhabited urban zones, while nearly 17% inhabited special access (zone 4) zones (INAC, Basic Departmental Data, 2004).

Another factor influencing the needs of communities in terms of health and social services is community size. For the purpose of this research project, three sizes were created: small, medium and large. This classification is based on information in Table 1 originating with Indian and Northern Affairs:

- Small: From 1 to 300 residents
- Medium: From 301 to 1499 residents
- Large: 1500 residents or more

### 1.3 Community Health Centres and Nursing Stations

By way of information, following is the list of health centres (HC) and nursing stations (NS) operating in First Nations communities of Quebec<sup>2</sup>.

According to Health Canada, the mission of health centres revolves around prevention and health-promoting activities. The mandate of the health centre is primarily preventive. Nursing stations, on the other hand, focus primarily on nursing, medicine and clinical services offered on a 24-hour basis. The mandate of the nursing station is curative.

In fact, however, most First Nations have replaced the name of nursing station with that of health centre. Yet the mission of these nursing stations remains the same.

Again, according to Health Canada, there are twenty-eight communities served by eleven nursing stations and seventeen health centres. The First Nations and Inuit Health (FNIH) Quebec Region manages five non-transferred communities and administers health programs at the Kitcisakik community health centre.

**Table 2: Community Health Centres and Nursing Stations**

<b>Non-transferred communities managed by FNIH: 2 nursing stations and 4 health centres</b>	
<b>ALGONQUIN</b>	
<b>Barriere Lake</b> Lac Rapide Nursing services	Nursing station Semi-isolated English and French
<b>Eagle Village</b> Kipawa Nursing services	Health centre Not isolated English and French
<b>Long Point</b> Winneway Nursing services	Nursing station Semi-isolated English and French
<b>Timiskaming</b> Notre-Dame du Nord Nursing services	Health centre Not isolated English and French
<b>MOHAWK</b>	
<b>Kanesatake</b> Nursing services	Health centre Not isolated English
<b>KITCISAKIK</b>	
<b>Kitcisakik</b> Grand Lac Victoria	Health centre Isolated French
<b>Communities transferred to First Nations (FN): 9 NS and 13 HC</b>	
<b>ABENAKI</b>	
<b>Odanak</b>	Health centre Not isolated French

<sup>2</sup> Information that follows and information in Table 2 was provided by Health Canada in October 2007.

<b>Wôlinak</b>	Health centre Not isolated French English
<b>Waban-Aki</b>	Office
<b>Abitibiwinni</b> Pikogan	Health centre Not isolated French
<b>Kitigan Zibi</b> Maniwaki	Health centre Not isolated English
<b>Lac Simon</b>	Health centre Not isolated French
<b>ATIKAMEKW</b>	
<b>Manawan</b>	Nursing station Isolated French
<b>Obedjiwan</b>	Nursing station Isolated French
<b>Wemotaci</b>	Nursing station Isolated French
<b>HURON - WENDAT</b>	
<b>Wendake</b>	Health centre Not isolated French
<b>INNU - MONTAGNAIS</b>	
<b>Betsiamites</b>	Nursing station Semi-Isolated French
<b>Ékuanitshit</b> Mingan	Nursing station Semi-Isolated French
<b>Essipit</b> Les Escoumins	Health centre Not isolated French
<b>Mashteuiatsh</b> Pointe-Bleue	Health centre Not isolated French
<b>Matimekush</b> Schefferville	Nursing station Isolated French
<b>Natashquan</b>	Nursing station Isolated French
<b>Pakua Shipi</b> St-Augustin	Nursing station Isolated French and English
<b>Uashat and Mani-Utenam</b> Sept-Iles and Maliotenam	Uashat: Health centre Not isolated French  Mani-Utenam: Health centre Not isolated French
<b>Unamen Shipu</b> La Romaine	Nursing station Isolated French

**Introduction**

<b>Uashat and Mani-Utenam</b> Sept-Iles and Maliotenam	Uashat: Health centre Not isolated French  Mani-Utenam: Health centre Not isolated French
<b>Unamen Shipu</b> La Romaine	Nursing station Isolated French
<b>MICMAC</b>	
<b>Gesgapegiag</b> Maria	Health centre Not isolated French and English
<b>Listuguj</b> Restigouche	Health centre Not isolated English
<b>MOHAWK</b>	
<b>Kahnawake</b>	Health centre Not isolated English

**1.4 Definition of Concepts and Variables**

This research project is about accidental and intentional injuries.

According to Health Canada, an injury involves physical damage whereby the body is called upon to provide levels of energy beyond its capacity or when the body is deprived of a vital element such as air, water or heat. The difference between illness and injury is that the latter occurs very suddenly. A person can be perfectly healthy and within a few seconds be injured, handicapped or mortally injured. An injury is considered to be an « accident », a term that can be misleading, because it suggests that nothing could have been done to prevent it. But in reality, accidents are avoidable (Health Canada, 2007, at <http://www.hc-sc.gc.ca/hl-vs/securit/index-eng.php>).

Again according to the same source, an accidental injury is simply not intentional: it is the result of a motor vehicle accident, a fall, a fire or poisoning. An intentional injury, on the other hand, is self-inflicted (suicide, self-mutilation) or inflicted by others (family violence, violence towards children, assault, murder) (Health Canada, 2007, at <http://www.hc-sc.gc.ca/hl-vs/securit/index-eng.php>).

The following terms used in the questionnaire are also used in this document:

**Self-mutilation:** intentional injury that is self-inflicted to reduce anxiety, anguish or unhappiness (by cutting, burning or hitting oneself, etc.).

**Self-neglect:** voluntary refusal or omission to procure the necessities of life, thereby putting one's own life in danger. For example, refusing to eat, take medication or receive health care.

**Suicide:** death by suicide is the ultimate act of self-destructive behaviour. It includes the deliberate act of putting one's life in danger, leading to death.

**Attempted suicide:** refers to a situation in which a person presents behaviour endangering his or her life, with the real or apparent intent to commit suicide or make others believe that suicide is the intent, but which does not lead to death.

For the purpose of this research project, « accidental » injuries encompass all unintentional injuries not caused by the victim or any other person. The following causes of accidental injury were retained : • Car and truck accidents;

- Bicycle accidents;
- Snowmobile accidents (in season);
- All-terrain vehicle (ATV) accidents;
- Hunting accidents;
- Boating or any other water vessel accidents (in season);
- Falls (excluding bicycling, sports activities and snowmobiling);
- Sports (excluding bicycling, hunting and fishing);
- Bite from a domestic animal;
- Bite from a wild animal;
- Fire, smoke and fumes from fire;
- Burns (of all kinds);
- Natural environmental factors (insect bites, frostbite, broken glass, etc.);
- Drowning or near-drowning (excluding boating or other water vessel accidents);
- Asphyxia;
- Accidental poisoning and intoxication;
- Manual work tools.

Intentional injuries include injuries inflicted by the person himself or herself, or by another person, with the intent to injure or cause death. For the purpose of this research project, the following causes of intentional injury were retained:

- Physical violence at home;
- Physical assault outside the home;
- Sexual assault;
- Self-neglect;
- Self-mutilation;
- Attempted suicide or suicide.

Injuries considered as either intentional or accidental include:

- Fractures;
- Burns;
- Dislocations;
- Strains and sprains;
- Cuts, scrapes and contusions;
- Concussions or other brain trauma;
- Poisoning;
- Injuries to internal organs;
- Hypothermia, frostbite or other injuries caused by exposure to cold.

Finally, injured parts of the body considered include:

- Eyes;
- Head (excluding the eyes);
- Neck;
- Shoulders and upper arms;
- Elbows and forearms;
- Wrists and hands;
- Hips and pelvis;
- Thighs;
- Knees and lower legs (excluding ankles and feet);
- Ankles and feet;
- Upper back and upper spinal column;
- Lower back and lower spinal column;
- Rib cage (excluding the back and spinal column);
- Abdomen (excluding the back and spinal column).

## 1.5 The Situation

### 1.5.1 Injuries from a Statistical Perspective

As previously mentioned, injuries are not random events. In most cases, they are avoidable. It is from this perspective that prevention is essential - in order to decrease prevalence.

#### In Canada

Based on existing statistics concerning First Nations in Canada, the situation regarding injuries is serious. According to the Statistical Profile on the Health of First Nations in Canada, intentional and accidental injuries, including poisoning, are the leading causes of death among Natives aged 44 or under. Moreover, among First Nations, the number of potential years of life lost<sup>3</sup> because of injuries is greater than the total of all other causes of death combined, and nearly 3.5 times higher than the rate for Canadians overall (FNIH, 2007).

Moreover, the Rapport pour les Peuples in the First Nations Regional Longitudinal Health Survey 2002/03 (RHS) stipulates that injuries are some of the leading causes of death: they are responsible for one quarter of all deaths and more than half the number of potential years of life lost. According to this report, in the year preceding the survey, 28.8% of adult members of First Nations reported injuries requiring treatment; a rate double the national average (The First Nations Centre, 2005).

#### In Quebec

A similar situation prevails in Quebec. According to information in the First Nations of Quebec Regional Longitudinal Health Survey 2002 (RHS-QR), 18% of children (aged 0 to 11), 55% of adolescents (aged 12 to 17) and 22% of adults sustained at least one accidental or intentional physical injury in the 12 months preceding the survey (FNQLHSSC, 2006). In comparison, according to the Portrait de santé du Québec et de ses régions 2006, 11% of those aged 12 or older in Quebec sustained injuries resulting in limitations in 2003. According to this same report, 20% of individuals aged 12 to 19 and an average 11% of adults (aged 20 or older) sustained injuries resulting in limitations in 2003 (INSPQ, 2006). Consequently, the prevalence of accidental and intentional physical injuries is twice as high among First Nations of Quebec as that among the population of Quebec overall.

<sup>3</sup> Potential years of life lost is a measure of the relative impact of various illnesses and lethal forces on society resulting in youthful or premature deaths. The calculation of PYLL due to a particular cause is the sum of the years that each individual would have lived had they experienced the normal life expectation for all persons dying from that same cause. (Public Health Agency of Canada, [http://www.phac-aspc.gc.ca/ccdpc-cpmc/cvd-mcv/terms\\_e.html](http://www.phac-aspc.gc.ca/ccdpc-cpmc/cvd-mcv/terms_e.html))



## **Types of Injuries**

According to the Quebec regional and national surveys of the First Nations Regional Longitudinal Health Survey, the types of injury most often reported included serious cuts, grazes and bruises, and bad sprains and fractures (The First Nations Centre, 2005 and FNQLHSSC, 2006). Again, according to these two surveys, the most common causes of trauma among First Nations involved falls, sports-related injuries, incidents involving motor vehicles (automobiles, snowmobiles, ATVs) and violence (family violence or other forms of assault). Finally, among First Nations of Quebec, 18% of those injured the year preceding the survey affirmed that alcohol or drug consumption was involved (FNQLHSSC, 2006).

## **Gender Differences**

Men appear to be more at risk than women. Information drawn from RHS-QR data shows that men sustain most physical injuries. They suffer more injuries attributable to sports and physical assault, while women's injuries are linked primarily to falls and missteps (FNQLHSSC, 2006).

In the same vein, from a national perspective, RHS statistics show that men are much more likely than women to sustain injuries caused by sports, bicycling accidents and environmental factors (insect bites and frostbite) (The First Nations Centre, 2005). Finally, in 2007 injuries and poisoning accounted for 18% (among men) and 9% (among women) of all hospitalizations recorded for First Nations (FNIH, Statistical Profile on the Health of First Nations in Canada, 2007).

## **Young Adults**

Young adults of First Nations seem more at risk of accidental and intentional injuries than other age groups. Indeed, the RHS-QR identifies individuals between 18 and 29 years of age as more at risk (FNQLHSSC, 2006). According to RHS data, men between 18 and 34 years of age (43%) are significantly more numerous in having reported some form of injury over the year preceding the survey (The First Nations Centre, 2005). The Assembly of First Nations (AFN), on the other hand, points to individuals aged 15 to 24 in its document entitled Injury Prevention for First Nations: Press Kit. Young adults represent a population particularly at risk of injury.

### 1.5.2 Injuries from an Analytical Perspective

As previously mentioned, injuries are not random events. In most cases, they are avoidable. It is from this perspective that prevention is essential - in order to decrease prevalence.

In light of this information, the situation of First Nations in terms of accidental and intentional injuries warrants special attention. This is true even more so since, as indicated earlier, it is a problem that could be avoided.

#### The Consequences

Injuries have consequences on health, not only for the injured individual, but for his or her family, community and society as a whole. According to the Secretariat of the Assembly of First Nations, in addition to death and disability, injuries can lead to depression, alcohol and drug abuse, smoking, eating and sleeping problems, HIV and other sexually transmitted diseases (AFN, Injury Prevention for First Nations: Press Kit, 2006).

Again according to the same source, injuries are caused by complex interactions between various factors. From a social standpoint, these factors include low socio-economic status and cultural norms that support and sustain conflict resolution through violence. Based on information from the United Nations (UN) (2001), the AFN made a connection between disability and poverty, stating that most people suffering from a disability lived in isolated rural regions where services needed to help them are non-existent and physical and social barriers are obstacles to their full participation in society (AFN, Injury Prevention for First Nations: Press Kit, 2006).

From a community standpoint, casual safety standards in the workplace, dangerous roads and easy access to firearms favour some injuries. For families, poor parental skills, physical violence and dysfunctional families are also factors underlying injuries. Finally, alcohol and drug abuse is a factor associated with self-inflicted and other types of injuries (AFN, Injury Prevention for First Nations: Press Kit, 2006).

#### The Costs

Injuries are also costly. According to information in the document entitled Economic Burden of Illness in Canada, the direct and indirect costs of injuries exceed \$12.7 billion dollars per year and account for 8% of the total direct and indirect costs of illnesses. From an economic perspective, injuries rank fourth after cardiovascular disease, musculo-skeletal problems and cancer (Health Canada, 1998). At the present time, information on injuries for the Province of Quebec and First Nations is not available. However, based on information for Canada, it is possible to surmise that the costs of emergency room treatment, hospitalization, long-term care and other care must be very high for a population with an injury rate double the national average

### 1.5.3 Injuries from a Preventive Perspective

As mentioned earlier, injuries are not simply chance events. In most cases, they can be avoided. It is from this standpoint that prevention appears essential in order to decrease the prevalence.

#### Factors Influencing Personal Choice

It is interesting to note that according to the Canadian Injury Prevention Strategy, personal choice is influenced by a number of factors:

- Knowledge of behaviour increasing safety and wellbeing and minimizing the risk of injury, including knowledge of injury prevention programs;
- Ability to embrace preventive behaviour and manage risk;
- Motivation to feel good about embracing preventive behaviour and managing risk efficiently, leading to improved self-esteem;
- Opportunity and access, meaning the possibility of upholding preventive behaviour in the face of various life circumstances;
- Supportive environments that facilitate the adoption of preventive behaviour coupled with minimal risk and necessitate policy (legislative approach) and support (physical environments designed to mitigate the risk of injury) (Canadian Injury Prevention Strategy, 2007).
- Knowledge of the behaviours that will increase the safety and well-being and minimize the injury risks, such as knowledge of the injury prevention programs.
- The abilities to adopt preventative behaviours and manage risk;

#### Surveillance

This said, Health Canada, the Canadian Injury Prevention Strategy and the AFN agree that surveillance is a good means of supporting the development and creation of injury-prevention measures. Knowing when they occur, how they occur, who are the individuals most at risk, where injuries occur and why will help communities prevent and even limit their scope. Injury surveillance is an information collection system on accidents occurring within a community. The system serves to explain who, what, when, where and how. Injury surveillance in the community simply means gathering this information and placing it at the disposal of the community, because reliable information can help communities recognize injuries and prevent them (FNIH, 2007, au [HYPERLINK «http://www.hc-sc.gc.ca/fnih-FNIH/pubs/injury-blees/2002\\_prev/index\\_f.html» http://www.hc-sc.gc.ca/fnih-FNIH/pubs/injury-blees/2002\\_prev/index\\_f.html](http://www.hc-sc.gc.ca/fnih-FNIH/pubs/injury-blees/2002_prev/index_f.html) ). Again, according to the same source, injury surveillance involves four interrelated activities:

##### 1. Collecting information on injuries:

Precise, reliable information is needed to prevent accidents and injuries. The most important information to collect includes who was injured, when the injuries occurred, where the injuries occurred, the nature of the injuries and how the accident occurred.

##### 2. Analyzing the information:

Then the information collected must be analyzed. Analyzing is like assembling the pieces of a puzzle. The more pieces assembled, the easier it is to gain insight into the whole for the purpose of identifying trends, constants and patterns.

### 3. Interpreting and understanding information:

It is very important to understand why injuries occur. Considering their causes can help better to understand why they occur. Quality information helps direct attention to certain age groups and certain types of injuries in particular. Understanding who is most affected by the injuries and how they occur can guide stakeholders in the implementation of injury prevention and safety promotion activities.

### 4. Transmitting the information to the community:

Informed individuals are more aware of the injury problem and more motivated when the time comes for involvement in the promotion of safety and a safe lifestyle. Transmitting the information is often the most important aspect of injury surveillance. Precise information helps promote action and brings people together in the search for solutions to injury problems (FNIH, 2007, at [http://www.hc-sc.gc.ca/fnih-FNIH/pubs/injury-bless/2002\\_prev/index\\_f.html](http://www.hc-sc.gc.ca/fnih-FNIH/pubs/injury-bless/2002_prev/index_f.html) ).

This study is in line with this surveillance approach in that it collects data on injuries that will serve in their prevention and reduction.

## Preventive Measures

The AFN refers to the World Health Organization (WHO) when presenting some measures designed to prevent death, disability and impairment:

- Improve the instruction, economic status and social status of less privileged groups.
- Identify types of injuries and impairment and their causes within defined geographic regions.
- Present intervention measures through better health and preventive practices.
- Establish laws and regulations aimed at prevention.
- Change unsafe lifestyles.
- Heighten awareness of environmental dangers and potential for injury.
- Promote better information and strengthen family and community bonds.
- Propose training and regulations aimed at reducing industrial and farming accidents, road-related accidents and accidents at home.
- Control alcohol and drug abuse more carefully (AFN, Injury Prevention for First Nations: Press Kit, 2006).



## **1.6 Aim of the Study**

The aim of this study is to present a portrait of the situation of accidental and intentional injuries occurring in First Nations communities of Quebec since 2004.

## **1.7 Study Goals**

Five goals have been identified in conjunction with the aim of the study:

- To collect information on the number of accidental and intentional injuries at the regional level;
- To establish local initiatives aimed at reducing accidental and intentional injuries within communities;
- To identify the human and financial resources used by communities to face this problem;
- To identify best practices in terms of preventing accidental and intentional physical injuries;
- To verify the existence of tools to collect information on accidental and intentional injuries.





**Method**

**2**

## 2. Method

### 2.1 Research Approach Procedure

The AFNQL research protocol was applied for the duration of this study and the following items complied with:

- Acceptance by community authorities to participate in the project obtained prior to the onset of any research activities.
- The Nursing Committee responsible for First Nations of Quebec was consulted during the planning phase.
- Community contexts, events and cultural agendas were respected.
- Communities agreeing to participate in the study and having completed the questionnaire were considered as partners.
- No nominal information was collected.
- Information collected remained the property of partner communities.
- Raw data from the questionnaires were kept by the FNQLHSSC on behalf of the partner communities.
- Upon request from local community authorities, each partner community could obtain a copy of aggregate data concerning their community.
- A group of experts made up of community health and social services professionals was formed to validate the questionnaire and participate in the interpretation of preliminary results.
- The Regional Study Committee of First Nations of Quebec was informed and invited to table their comments before the publication of this report.
- A regional report on the study was sent to all First Nations communities of Quebec and to Health Canada.

*The Portrait of Accidental and Intentional Physical Injuries Occurring in First Nations Communities in Quebec* is an exercise completed in a spirit of cooperation between First Nations communities, the FNQLHSSC and Health Canada.

This report attempts to present a descriptive and generalized regional portrait of accidental and intentional physical injuries. The report was prepared on the basis of consolidated data in no way allowing identification of respondents, individuals in communities or health centres. The report contains global results regarding accidental and intentional physical injuries, practices aimed at mitigating injuries, stakeholder training and a compilation of data on the subject.

### 2.2 Steps in the Method

#### 2.2.1 Literature Review

A regional literature review was carried out by the FNQLHSSC research team to catalogue previous work and work in progress on accidental and intentional physical injuries occurring among First Nations. The results of this literary review are presented in the « State of the Situation » section.

Publications of the following organizations were consulted:



## Specific to First Nations

- Affaires indiennes et du Nord Canada (AINC) / Indian and Northern Affairs Canada (INAC)  
Assemblée des Premières nations (APN) / Assembly of First Nations (AFN)
- Commission de la santé et des services sociaux des Premières nations du Québec et du Labrador (FNQLHSSC) / First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC)
- The First Nations Centre (CPN) / First Nations Centre (FNC), Organisation nationale de la santé autochtone (ONSA) / National Aboriginal Health Organization (NAHO)
- Santé des Premières nations et des Inuits (FNIH) / First Nations and Inuit Health (FNIH), Health Canada / Health Canada
- Portail des Autochtones au Canada / Aboriginal Canada Portal
- Organisation nationale des représentants indiens et inuit en santé communautaire (ONRIISC) / National Indian and Inuit Community Health Representatives Organization (NIICHO)

## Other Organizations

- Institut national de santé publique du Québec (INSPQ)
- Éco-Santé Québec 2006, INSPQ
- Agence de santé publique du Canada / Public Health Agency of Canada
- Le portail canadien sur la santé / Canada Health Portal, Gouvernement du Canada / Government of Canada
- Centre canadien d'hygiène et de sécurité au travail (CCHST) / Canadian Centre for Occupational Health and Safety (CCOHS)
- Agence de la santé et des services sociaux de la Capitale-Nationale (ASSS)
- Institut de la statistique du Québec (ISQ)
- Ministère de la Santé et des Services sociaux (MSSS)

### 2.2.2 Questionnaire

The FNQLHSSC research team prepared a questionnaire to collect information on injuries. On February 8, 2007, the team held a validation session with health and social services professionals from First Nations communities in Quebec and departments within the FNQLHSSC. In this document, this group is referred to as the Validation Group.

The questionnaire was then translated to make it available in both official languages, French and English.

The questionnaire (Appendices 2 and 3) consists primarily of closed-ended questions. A few open-ended questions allow respondents to express themselves more freely. The questionnaire is divided into nine sections:

1. Injuries;
2. Causes of injuries;
3. Parts of the body;
4. Care outside the community;
5. Specifics of certain intentional injuries;
6. Practices for reducing injuries;
7. Training;
8. Data compilation of injuries;
9. Future action and comments

### 2.2.3 Final Sample

To obtain the most precise possible portrait, all First Nations communities in Quebec were invited to participate in the study, with the exception of the Cree Nation and Inuit. The invitation was extended to thirty communities.

At the end of the selection procedure, the final sample consisted of twenty-one communities. The following table lists participating communities.

**Table 3: Selection of Participating Communities**

Nation	Communities invited to participate	Communities that agreed to participate	Communities that completed the questionnaire
<b>Abenaki</b>	Odanak		
	<b>Wôlinak</b>	√	√
<b>Algonquin</b>	<b>Lac Rapide / Barriere Lake</b>	√	√
	<b>Eagle Village - Kipawa</b>	√	√
	<b>Kitcisakik</b>	√	√
	<b>Kitigan Zibi</b>	√	√
	<b>Lac Simon</b>	√	√
	<b>Pikogan</b>	√	√
	<b>Wolf Lake</b>	√	√
	<b>Timiskaming</b>	√	√
	Winneway / Long Point		
	<b>Atikamekw</b>	Manawan	√
Opitciwan		√	
<b>Wemotaci</b>		√	√
<b>Huron / Wendat</b>	<b>Wendake</b>	√	√
<b>Innu</b>	<b>Betsiamites</b>	√	√
	Ekuanitshit / Mingan		
	<b>Essipit</b>	√	√
	Mashteuiatsh		
	Matimekush-Lac-John	√	
	<b>Natashquan</b>	√	√
	<b>Pakua Shipi</b>	√	√
	<b>Uashat mak Mani-Utenam</b>	√	√
	<b>La Romaine / Unamen Shipu</b>	√	√
<b>Mikmac</b>	<b>Gespeg</b>	√	√
	<b>Gesgapegiag</b>	√	√
	<b>Listuguj</b>	√	√
<b>Mohawk</b>	Kahnawake		
	<b>Kanesatake</b>	√	√
<b>Naskapi</b>	Kawawachikamach		

The map that follows presents the final sample of participating communities, meaning communities that completed the questionnaire.

Method

Map 2 Participating Communities



## 2.3 Data Collection

### 2.3.1 Characteristics

At the end of data collection and among the thirty communities approached, twenty-one completed the questionnaire. Data collection began in March 2007 and ended in July 2007. To achieve this, the questionnaire was sent to key individuals in community health centres involved in the study. These key individuals were health or social services professionals working at community health centres who handled injury cases upon their arrival at the health centre. These individuals completed the questionnaire on behalf of their health centre.

It is important to mention that the information collected is based, for the most part, on respondent perception. This is an important limitation to this study. Therefore, it is impossible to generalize the results obtained for all First Nations communities of Quebec. However, given the fact that very little information is available on injuries occurring within First Nations, this study provides the first portrait of accidental and intentional physical injuries occurring in First Nations communities in Quebec.

The questionnaire was self-administered. The research team mailed the questionnaire to key individuals along with a letter explaining how to complete it. Two members of the FNQLHSSC research team were placed at the disposal of respondents during office hours to answer any questions they might have.

According to Statistics Canada, the self-administered questionnaire is generally less costly than other methods of data collection. This method is also useful in research requiring detailed information because the respondent can refer to personal files. Referral reduces error response because the respondent need not rely solely on memory (Statistics Canada, 2003).

However, again according to Statistics Canada, this method of data collection requires that respondents have a good knowledge of the subject, since they must be self-sufficient enough to answer the questions themselves. Moreover, this method generally results in a lower response rate than other methods because respondents are not pressured into fully completing the questionnaire. The self-administered questionnaire also requires more follow-up measures with respondents to ensure response quality and compliance with deadlines. Thus, the collection period is generally longer (Statistics Canada, 2003).

In this study, key individuals were invited to complete the questionnaire to the best of their knowledge and experience. They were encouraged to refer to information available at their health centre in support of their answers and consult colleagues on subjects with which they were unfamiliar.

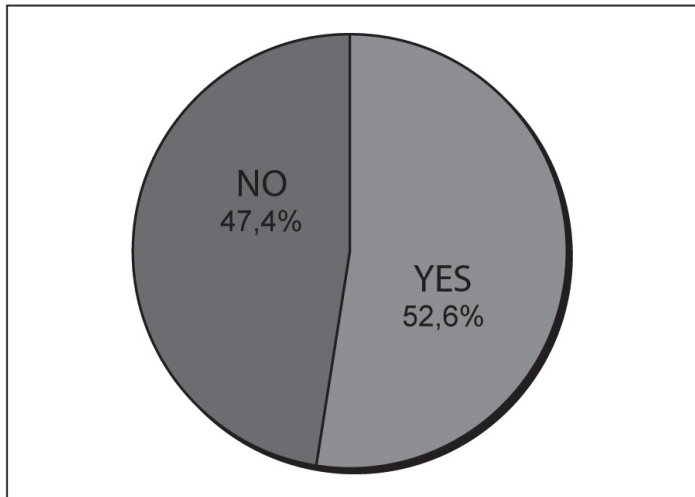
The research team conducted a telephone follow-up to ensure that respondents properly completed and forwarded their questionnaires to FNQLHSSC headquarters within specified deadlines. However, the initial deadline was deferred, which further prolonged the data collection phase.

### 2.3.2 Respondent Profiles

As indicated earlier, because the type of data collection used in this study requires respondents to have good knowledge of the subject, this section presents respondent profiles.

First, more than half of the respondents were members of First Nations of Quebec or Canada.

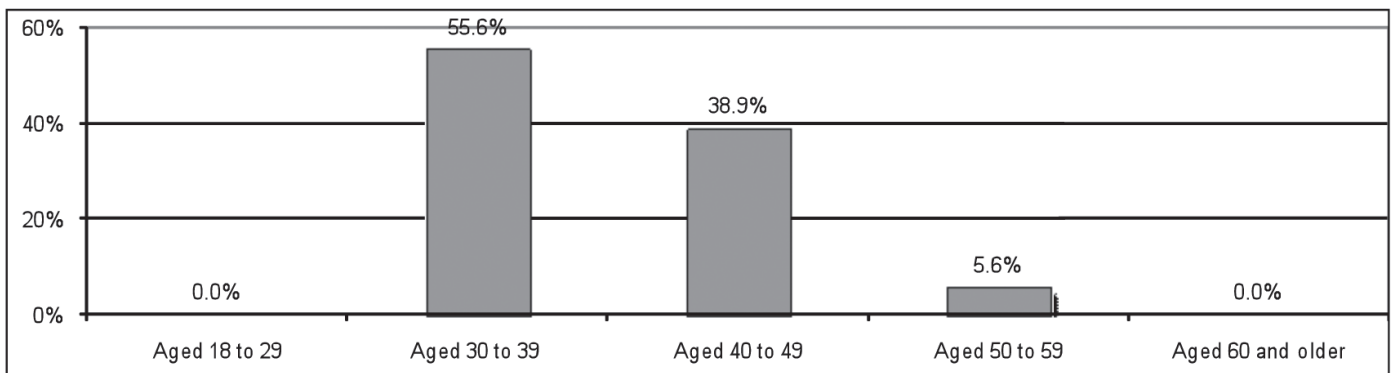
**Chart 1: Respondent Members of a First Nation of Quebec or Canada**



N=19

More than half of all respondents were between 30 and 39 years of age.

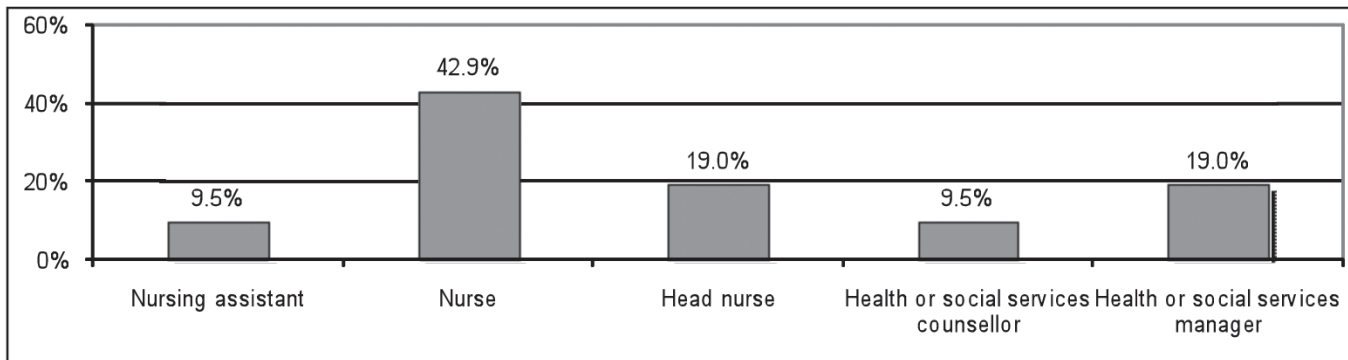
**Chart 2: Respondent Age Groups**



N=18

More than 40% of respondents held a nursing position at their health centre. Some 20% were head nurses and health and/or social services managers. Some 10% were nursing assistants.

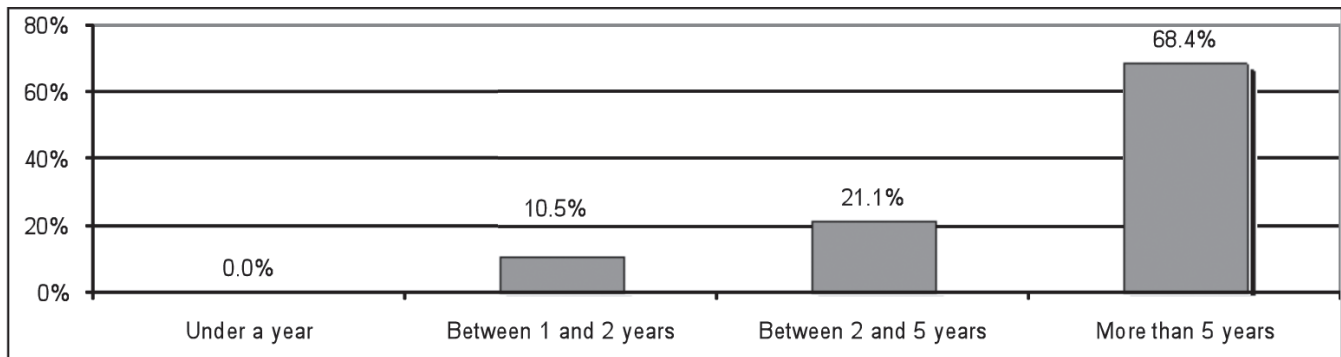
**Chart 3: Positions Held by Respondents at Health Centres**



N=21

Most respondents had been working at their health centre for more than five years.

**Chart 4: Numbers of Years Worked by Respondents at Their Health Centre**



N=19

## 2.4 Data Processing

When the data collection was complete, the paper questionnaires were sent to the FNQLHSSC and computerized to simplify analysis. Statistical Package for Social Sciences (SPSS) software was used for the analytical work.

### 2.4.1 Result Validation

As with the validation of the questionnaires, a result-validation session was organized by the FNQLHSSC. The Validation Group met again October 17, 2007 in Québec City. The preliminary results of the study were presented and participants provided feedback based on their experience and knowledge of the problem.

## 2.4.2 Calculating Totals

Totals were calculated to identify values most often assigned to a given variable and for questions where respondents numbered 2, 3, 5 or 10 values. To achieve this, a number was assigned to each rank and totals were calculated based on these numbers. When a respondent identified values but failed to classify them, an average number was assigned.

Numbers assigned are presented in the tables that follow. N/R means not ranked N/S means not selected.

Rank 1	Rank 2	N/R	N/S
4	2	Average number	0

Rank 1	Rank 2	Rank 3	N/R	N/S
6	4	2	Average number	0

Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	N/R	N/S
10	8	6	4	2	Average number	0

Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7	Rank 8	Rank 9	Rank 10	N/R	N/S
20	18	16	14	12	10	8	6	4	2	Average number	0

For example, Table 5g, which refers to Chart 5:

**Table 5g: Injuries Most Often Encountered Among the Community Population, in Order of Importance**

Injury (N=21)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	N/R*	N/S**	Total
Number assigned	10	8	6	4	2	Average number	0	
<b>Fractures</b>	9.5% (2)	0	38.1% (8)	28.6% (6)	9.5% (2)	14.3% (3)	0	112
<b>Burns</b>	0	4.8% (1)	33.3% (7)	23.8% (5)	23.8% (5)	9.5% (2)	4.8% (1)	82
<b>Dislocations</b>	0	0	4.8% (1)	19.0% (4)	23.8% (5)	0	52.4% (11)	32
<b>Sprains or strains</b>	4.8% (1)	76.2% (16)	0	4.8% (1)	0	14.3% (3)	0	118
<b>Cuts, scrapes or contusions</b>	71.4% (15)	4.8% (1)	4.8% (1)	4.8% (1)	0	14.3% (3)	0	196
<b>Concussions or other brain trauma</b>	0	0	0	4.8% (1)	9.5% (2)	9.5% (2)	76.2% (16)	13
<b>Poisoning</b>	0	0	0	0	9.5% (2)	4.8% (1)	85.7% (18)	6
<b>Injury to an internal organ</b>	0	0	0	0	0	4.8% (1)	95.2% (20)	2
<b>Hypothermia, frostbite or other injury caused by exposure to cold</b>	0	0	0	0	0	0	100.0% (21)	0
<b>Other</b>	0	0	4.8% (1)	0	9.5% (2)	0	85.7% (18)	10
<b>Do not know</b>	0	0	0	0	0	0	0	0
<b>Refuse to answer</b>	0	0	0	0	0	0	0	0

Thus, to calculate the total value for « Fractures », the following was calculated:

$$(2 \times 10) + (0 \times 8) + (8 \times 6) + (6 \times 4) + (2 \times 2) = 96;$$

$96 / (2 + 0 + 8 + 6 + 2) = 5.3$  which is equivalent to the average number;

$96 + (5,3 \times 3) = 112$  which is equivalent to the total.

And so on for each other value of the injury variable.

### 2.4.3 Cross-tabulated Data

The final sample consisted of:

Nations:

- Abenaki: 1 community
- Algonquin: 8 communities
- Atikamekw: 1 community
- Huron / Wendat: 1 community
- Innu: 6 communities
- Mikmac: 3 communities
- Mohawk: 1 community

Zones:

- Zone 1: 13 communities
- Zone 2: 5 communities
- Zone 3: 1 community
- Zone 4: 2 communities

Sizes:

- Large: 3 community
- Medium: 12 communities
- Small: 5 communities
- 1 community with no resident in the community

Given the composition of the final sample, it was not possible to cross-tabulate data based on nation or zone of the community. Indeed, four nations as well as Zone 3 are represented by one community only in the final sample, which poses problems regarding the confidentiality of information collected. Moreover, information resulting from cross-tabulated data according to nation and zone would not be significant, given the difference in composition of each cross-tabulated datum.

This represents a limitation to this study, despite the fact that all First Nations communities were invited to participate. In future studies, it might prove interesting to establish a sample allowing cross-tabulated data based on nation and zone.



However, cross-tabulated data based on community size was carried out when pertinent. To calculate each cross-tabulated datum according to size, a weight was attributed to each category for totals to be comparable among themselves. The weights attributed were as follows:

- Large (3 communities):  $12/3 = 4$ , therefore the weight is 4;
- Medium (12 communities):  $12/12 = 1$ , therefore the weight is 1 (reference weight);
- Small (5 communities):  $12/5 = 2.4$ , therefore the weight is 2.4.

Cross-tabulated totals based on weight were calculated as follows. First, initial totals were calculated according to the method explained in Section 2.4.2. To these initial totals a weight of 4 for large communities, 1 for medium communities and 2.4 for small communities was multiplied.

## 2.5 Results Dissemination

Following the analysis and interpretation of results, the report was presented to First Nations communities of Quebec, Health Canada and the Regional Study Committee of First Nations of Quebec.

At the regional and community levels, results reported may serve as references for stakeholders in injury prevention programs better to direct prevention activities set forth at both the regional and community levels. Moreover, results may be presented during regional and national meetings and forums.

## 2.6 Study Limitations

Twenty-one of thirty communities in Quebec participated in this research, a completely valid rate of participation. However, it is important to note that only one or, in certain cases, two individuals completed the questionnaire. Consequently, the opinions of some thirty health and social services professionals were compiled. Moreover, most of the information is based on perception, thereby giving way to interpretation, oversight, over-representation, under-representation, etc. and possibly biased results. This is why it is impossible to apply the results to all First Nations communities in Quebec.

Accordingly, the results presented in this report are not representative of all communities and cannot be generalized. However, their interest resides in providing a preliminary portrait of accidental and intentional physical injuries occurring in First Nations communities in Quebec. This portrait might be explored in greater depth in additional, more exhaustive research. Also, during the research process, some errors occurred as a result of measurement mistakes, non-responses and processing slip-ups..

During the survey phase, some measurement mistakes occurred as a result of the method chosen to collect data. First, as indicated earlier, the questionnaire was self-administered. Apart from the two members of the FNQLHSSC research team placed at the disposal of respondents to answer any questions they might have, no other measure was implemented to control response quality.

Thus, respondents were free to complete the questionnaire as they saw fit, which could have introduced interpretation bias, response errors and a higher non-response rate.

Likewise, most of the people who completed the questionnaire were health professionals, not social services professionals. This resulted in higher non-response rates in sections dealing with intentional injuries. Therefore, intentional injuries may be under-represented in the results of this report.

As for non-response errors, the length of the questionnaire may also have introduced bias. In their comments, respondents stressed the fact that the questionnaire was too long to complete. This limitation could have resulted in respondents being less focused towards the end of the questionnaire or simply failing to complete the last few questions for lack of time or energy.



Results

3



### 3. Results

This part of the document presents study results. It is divided into nine sections: injuries, causes of injuries, parts of the body, care outside the community, specifics of some intentional injuries, practices for reducing injuries, training, data compilation and future action and comments.

Appendix 1 contains comprehensive tables used in the creation of charts and tables presented in this section to which the reader may refer as needed.

To ascertain the degree of reliability of data collected, the following question was asked at the end of each question in Sections One, Two and Three of the questionnaire:

These answers are :

- <sup>1</sup> estimates based on your experience
- <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

For the questionnaire overall, 86% of respondents indicated having based their answers on their experience, 7% drew answers from a database, precise source or community statistics and 7% based their answers on their experience and a database, precise source or community statistics.

On the basis of this information, it is possible to state that a major portion of the results found in this report are based on respondents' perceptions. Therefore, the degree of reliability is limited to human memory and experience. However, the results are certainly useful in directing interested professionals and providing a preliminary portrait of accidental and intentional physical injuries occurring in First Nations communities in Quebec.

#### 3.1 Injuries

Section 3.1 addresses the following injuries:

- Fractures
- Burns
- Dislocations
- Strains or sprains
- Cuts, scrapes and contusions
- Concussions or other brain trauma
- Poisoning
- Injury to an internal organ
- Hypothermia, frostbite and other injuries caused by exposure to cold

## Salient Facts Regarding Injuries

### The Injuries

- Injuries most reported to community health centres include:
  1. Cuts, scrapes and contusions
  2. Strains and sprains
  3. Fractures
- Small communities:
  - Concussions and other brain trauma seem to occur more frequently in small communities.
  - Dislocations seem to decrease with the size of the community.
- Men:
  - Men are more inclined to suffer injuries.
- There are few differences in the injuries suffered by women and those suffered by men.
- Adults:
  - Adults accounted for most of the injured.
- Children:
  - Burns and cases of hypothermia, frostbite and other injuries caused by exposure to cold were more frequent among children.
- Elders:
  - Fractures were more frequent among elders.

### Accidental Injuries

- Occurring on average once or more a day:
  - Cuts, scrapes and contusions
- Occurring on average once or more a week:
  - Fractures
  - Burns
- Occurring on average once or more a month:
  - Concussions and other brain trauma
- Persons are injured more often:
  1. While working
  2. During sports and physical exercise
  3. During leisure activities and celebrations
- Summer appears to be the season during which accidental injuries occur most often.
- Occurring most often:
  1. At home
  2. On streets in general
  3. At work

**Intentional Injuries**

- Occurring on average once or more a month:
  - Fractures
  - Burns
- July and November are the months during which most intentional injuries occur.
- Occurring most often:
  1. At home
  2. On streets in general
  3. In sports and leisure activity areas

**3.1.1 Injuries**

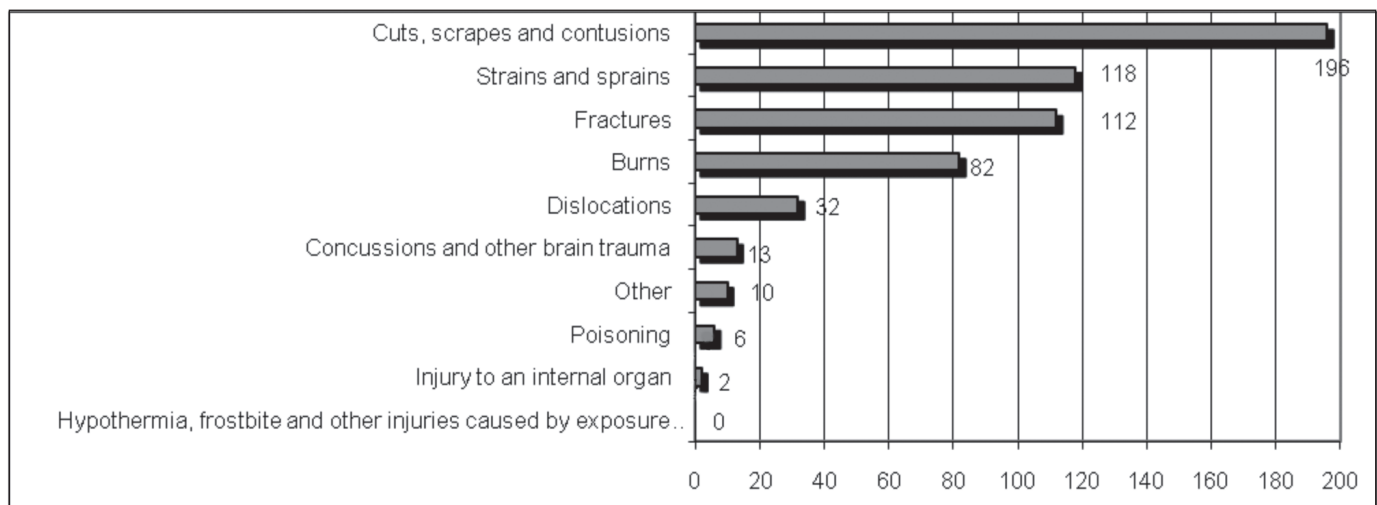
Respondents had to indicate, in order of importance, the five injuries most often encountered in the course of their professional duties among their community population overall.

As illustrated in Chart 5, among accidental and intentional injuries taken together, injuries most often encountered among their community population overall were cuts, scrapes and contusions, sprains and strains, and fractures.

In the « Other » category, dog bites, alcohol or drug-related trauma and foreign objects were mentioned.

This information concurs with that of the First Nations Regional Longitudinal Health Survey (national and Quebec regions) presented earlier, confirming that the types of injuries most often encountered are severe cuts, scrapes and bruises, bad sprains and fractures (The First Nations Centre, 2005 and FNQLHSSC, 2006).

**Chart 5: Injuries Encountered Among Community Populations Overall**

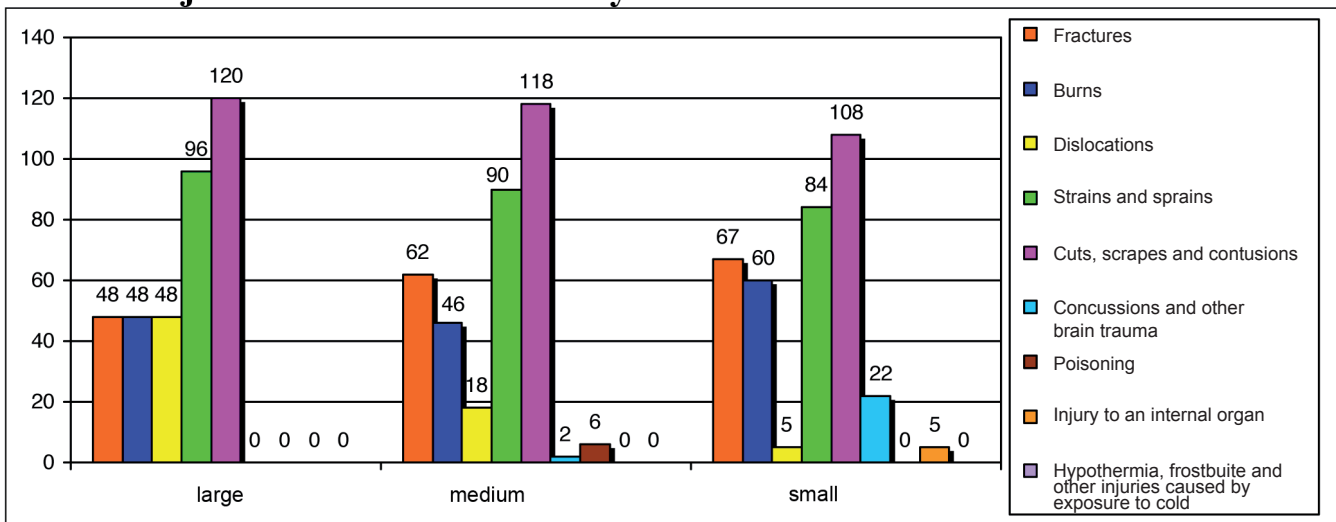


**Results**

Chart 6 presents injuries encountered based on community size. Results indicate very few differences between small, medium and large communities. However, it would appear that concussions and other brain trauma occur more frequently in small communities. Dislocations also seem to decrease with the size of the community.

Nevertheless, it is important to remain prudent when interpreting the following chart, given the difference between the number of large communities (3), the number of medium communities (12) and the number of small communities (5) making up the sample.

**Chart 6: Injuries Based on Community Size**



N=12

**3.1.2 Accidental Injuries**

For this question, respondents had to indicate how often the most prevalent accidental injuries occurred.

According to Table 4, between 45% and 50% of respondents affirmed:

- That cuts, scrapes and contusions occur an average of one or more times per day;
- That fractures and burns occur an average of one or more times per week;
- That concussions and other brain trauma occur an average of one or more times per month.

**Table 4: Frequency of Accidental Injuries Encountered**

Once or more per day	Once or more per week	Once or more per month	Once or more per year or never
<b>Cuts, scrapes and contusions (45.0 %)</b>	<b>Burns (50.0 %)</b>	<b>Concussion or other brain trauma (45.0 %)</b>	<b>Poisoning (57.9 %)</b>
<b>Strains and sprains (20.0 %)</b>	<b>Fractures (47.4 %)</b>	<b>Burns (35.0 %)</b>	<b>Injury to an internal organ (57.9 %)</b>
<b>Burns (10.0 %)</b>	<b>Strains and sprains (40.0 %)</b>	<b>Strains and sprains (35.0 %)</b>	<b>Concussions or other brain trauma (50.0 %)</b>
<b>Dislocations (5.0 %)</b>	<b>Cuts, scrapes and contusions (30.0 %)</b>	<b>Fractures (31.6 %)</b>	<b>Dislocations (40.0 %)</b>
	<b>Dislocations (25.0 %)</b>	<b>Poisoning (31.6 %)</b>	<b>Hypothermia, frostbite and other injuries caused by exposure to cold (31.6 %)</b>
	<b>Hypothermia, frostbite and other injuries caused by exposure to cold (21.1 %)</b>	<b>Injury to an internal organ (31.6 %)</b>	<b>Fracture (21.1 %)</b>
	<b>Poisoning (5.3 %)</b>	<b>Hypothermia, frostbite and other injuries caused by exposure to cold (31.6 %)</b>	<b>Burns (5.0 %)</b>
	<b>Concussions or other brain trauma (5.0 %)</b>	<b>Dislocations (25.0 %)</b>	<b>Strains and sprains (5.0 %)</b>
		<b>Cuts, scrapes and contusions (20.0 %)</b>	<b>Cuts, scrapes and contusions (5.0 %)</b>

Respondents then had to identify two situations during which accidental injuries occurred most often.

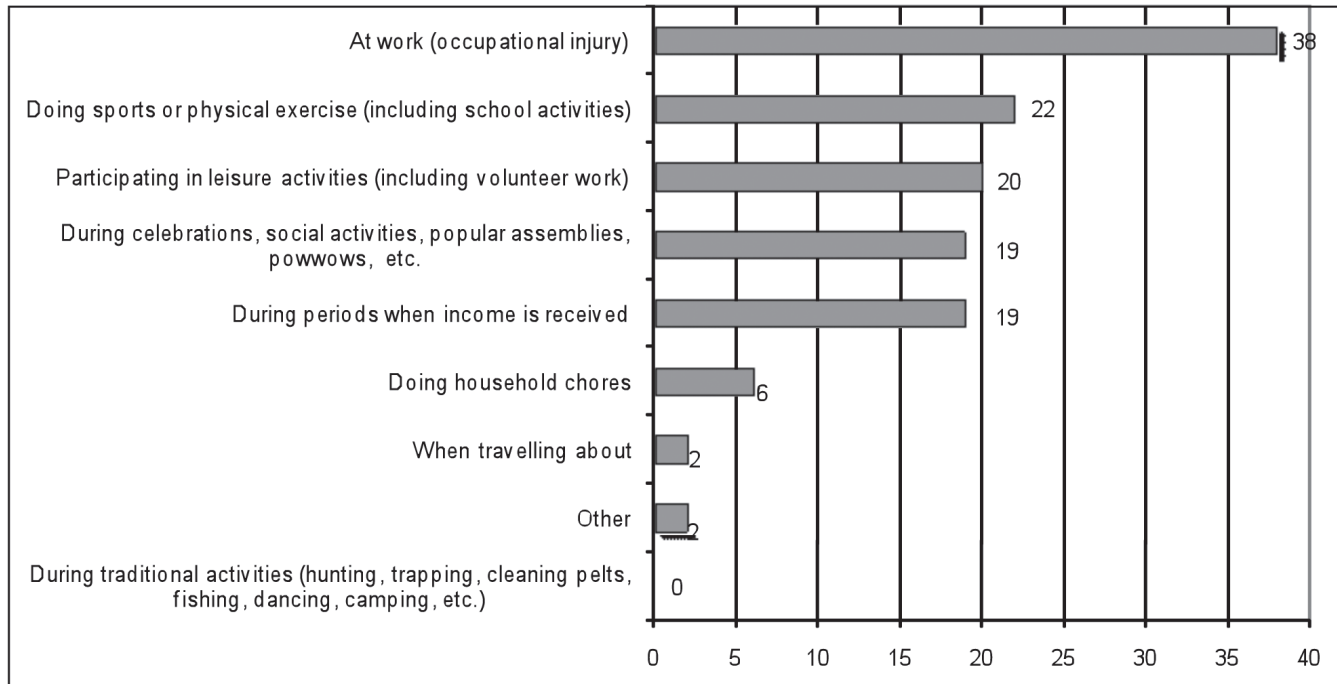
Chart 7 shows that people injure themselves most often at work. However, according to some members of the Validation Group, the concept of work can be interpreted differently (remunerated, volunteer, etc.). In this study, the fact that the questionnaires were self-administered may have effectively induced bias concerning the definition of work. However, the members of the Validation Group added that in their experience, community members often work physically (construction, fishing, hunting, etc.), which might effectively result in a significant number of work-related accidents.

Sports and physical exercise, leisure activities (including volunteer work) celebrations, social activities, popular assemblies, powwows and periods when income is received also present at-risk situations.

In the « Other » category, respondents did not specify the nature of the situation, nor did respondents specify the nature of the sports involved in most injuries.

According to members of the Validation Group, the low score associated with traditional activities may be explained by the fact that people no longer spend as much time at their hunting grounds. Moreover, if the injury is quite severe, people may be going directly to the hospital rather than the health centre.

**Chart 7: Situations Where Accidental Injuries Occur**



N=21

Respondents also identified the three months during which accidental injuries occurred most often.

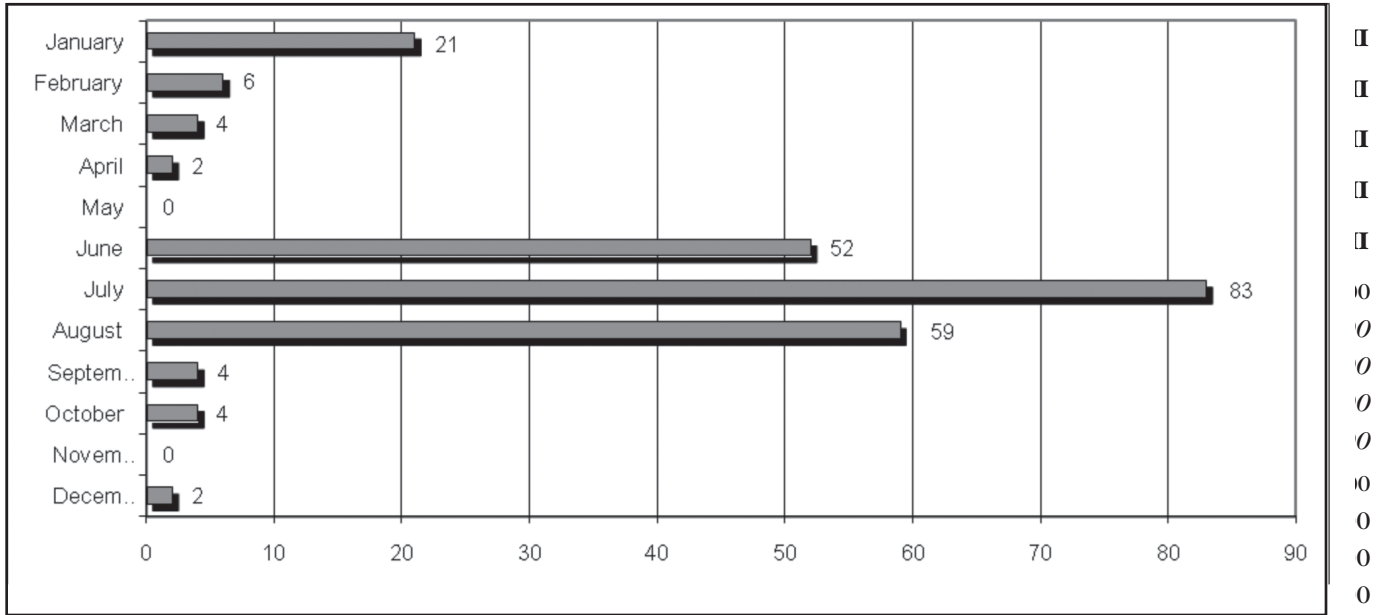
According to Chart 8, summer is the season during which accidental injuries occur most often. It is possible that the popularity of seasonal work in the communities, particularly during summer, explains why this season accounts for more accidental injuries.

January also stands out, but to a lesser degree. The widespread use of snowmobiles and the state of roads (ice, snow, reduced visibility, etc.) may explain the high total recorded for the month of January.



**Results**

**Chart 8: Months During Which Accidental Injuries Occur**

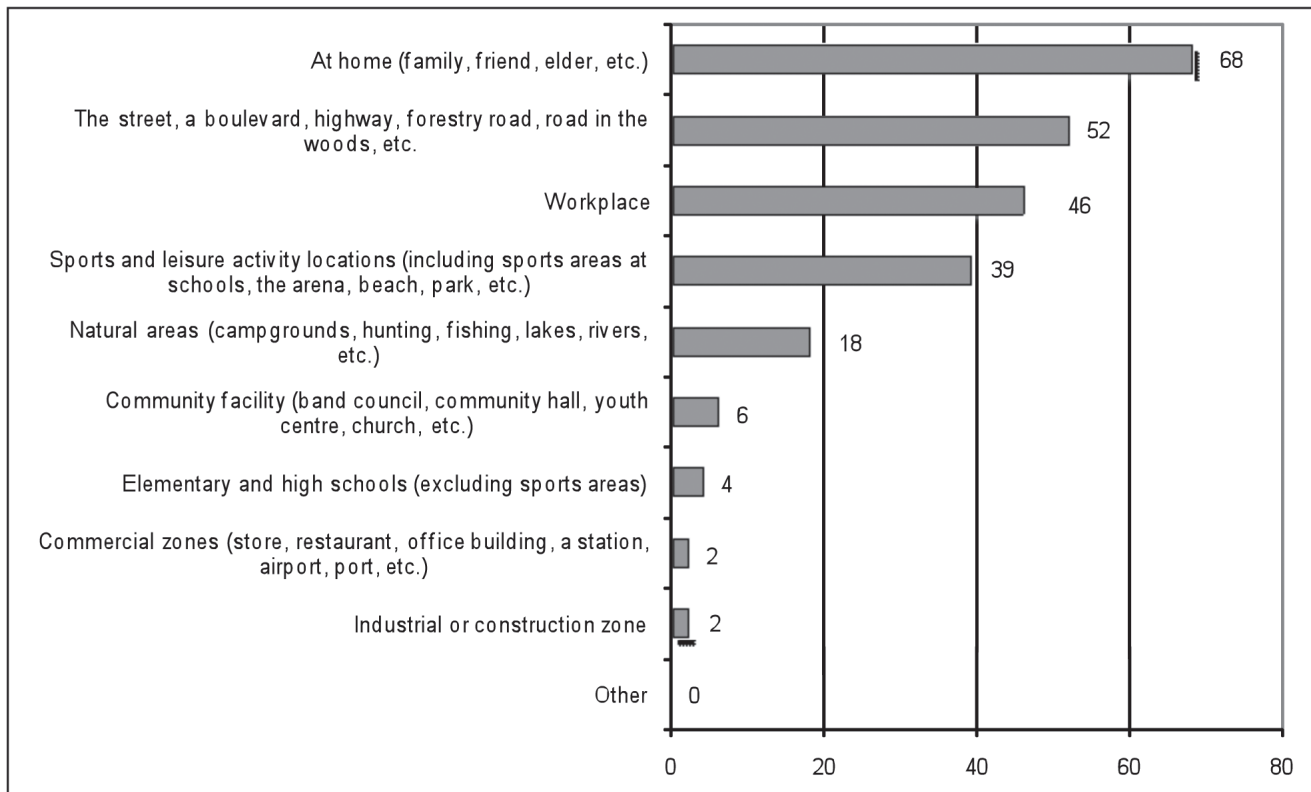


Thereafter, respondents had to identify the three locations where accidental injuries occurred most often.

Chart 9 shows that accidental injuries occur most often at home.

Streets in general, the workplace and sports and leisure activity locations are also places where accidental injuries often occur.

**Chart 9: Locations Where Accidental Injuries Occur**



N=21

### 3.1.3 Intentional Injuries

As was the case in the previous section, respondents had to indicate how often they were faced with the intentional injuries reported

Table 5 shows that:

- One quarter of respondents indicated that cuts, scrapes and contusions occur an average of one or more times per day;
- More than one quarter of respondents indicated that strains and sprains occur an average of one or more times per week;
- Nearly half the respondents indicated that fractures and burns occur an average of one or more times per month.

Moreover, it would seem that the first and fifteenth of the month are the periods during which altercations are more likely to occur.

**Table 5: Frequency of Intentional Injuries Encountered**

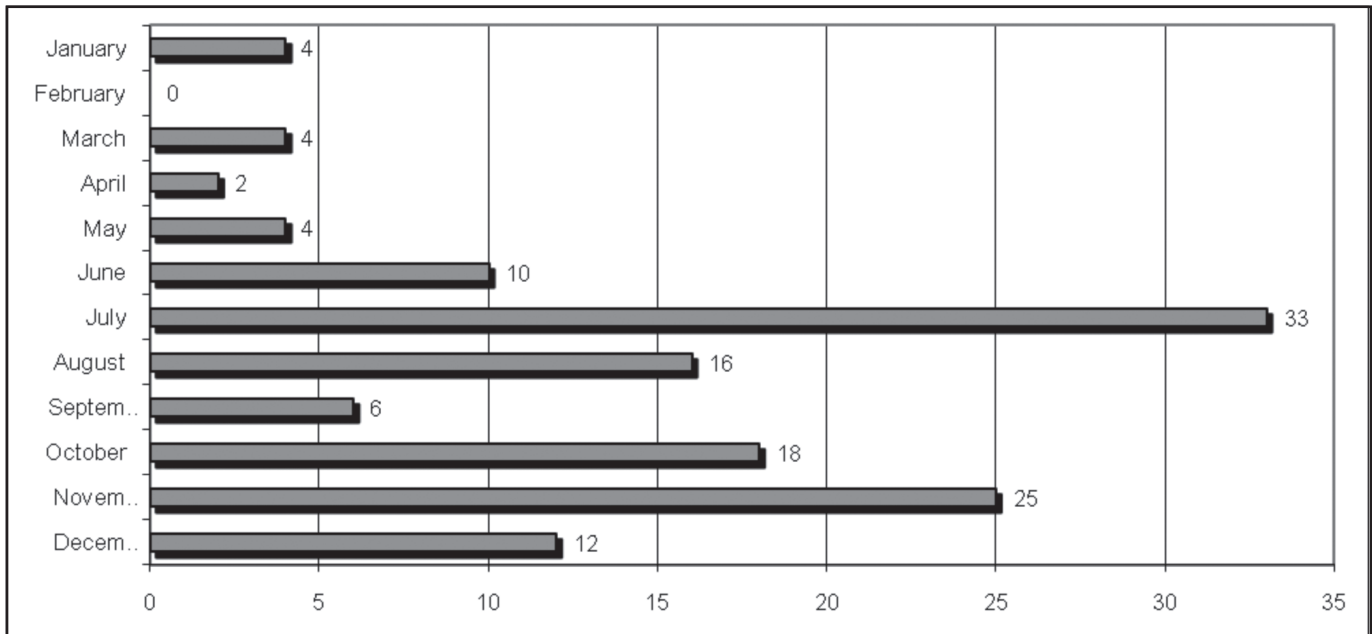
Once or more per day	Once or more per week	Once or more per month	Once or more per year or never
<b>Cuts, scrapes and contusions (25.0%)</b>	<b>Strains and sprains (26.3%)</b>	<b>Fracture (45.0%)</b>	<b>Concussions and other brain trauma (60.0%)</b>
<b>Strains and sprains (15.8%)</b>	<b>Cuts, scrapes and contusions (25.0%)</b>	<b>Burns (45.0%)</b>	<b>Injury to an internal organ (55.0%)</b>
<b>Dislocations (5.0%)</b>	<b>Fracture (20.0%)</b>	<b>Dislocations (35.0%)</b>	<b>Poisoning (50.0%)</b>
	<b>Burns (20.0%)</b>	<b>Poisoning (35.0%)</b>	<b>Dislocations (40.0%)</b>
	<b>Dislocations (5.0%)</b>	<b>Concussions and other brain trauma (25.0%)</b>	<b>Strains and sprains (26.3%)</b>
	<b>Concussions and other brain trauma (5.0%)</b>	<b>Injury to an internal organ (25.0%)</b>	<b>Fracture (25.0%)</b>
		<b>Strains and sprains (21.1%)</b>	<b>Burns (25.0%)</b>
		<b>Cuts, scrapes and contusions (20.0%)</b>	<b>Cuts, scrapes and contusions (10.0%)</b>

Respondents had to indicate the three months during which intentional injuries occurred most often.

July seems to be the month during which most intentional injuries occur. This might be explained by the fact that people are more inactive during this month. Many are on vacation (particularly construction workers) and the consumption of alcohol and drugs seems to increase.

According to Chart 10, November is also a month during which intentional injuries occur. Days are shorter, fall is moving into winter, it rains more often and financial concerns regarding the Holiday Season are factors that may explain the prevalence of intentional injuries in November. This month also signals the end of community projects and less work. Consequently, poverty and family conflict increase, as does the consumption of alcohol and drugs, depression and loneliness. This month is so important that some health centres make special preparations for November.

**Chart 10: Months During Which Intentional Injuries Occur**



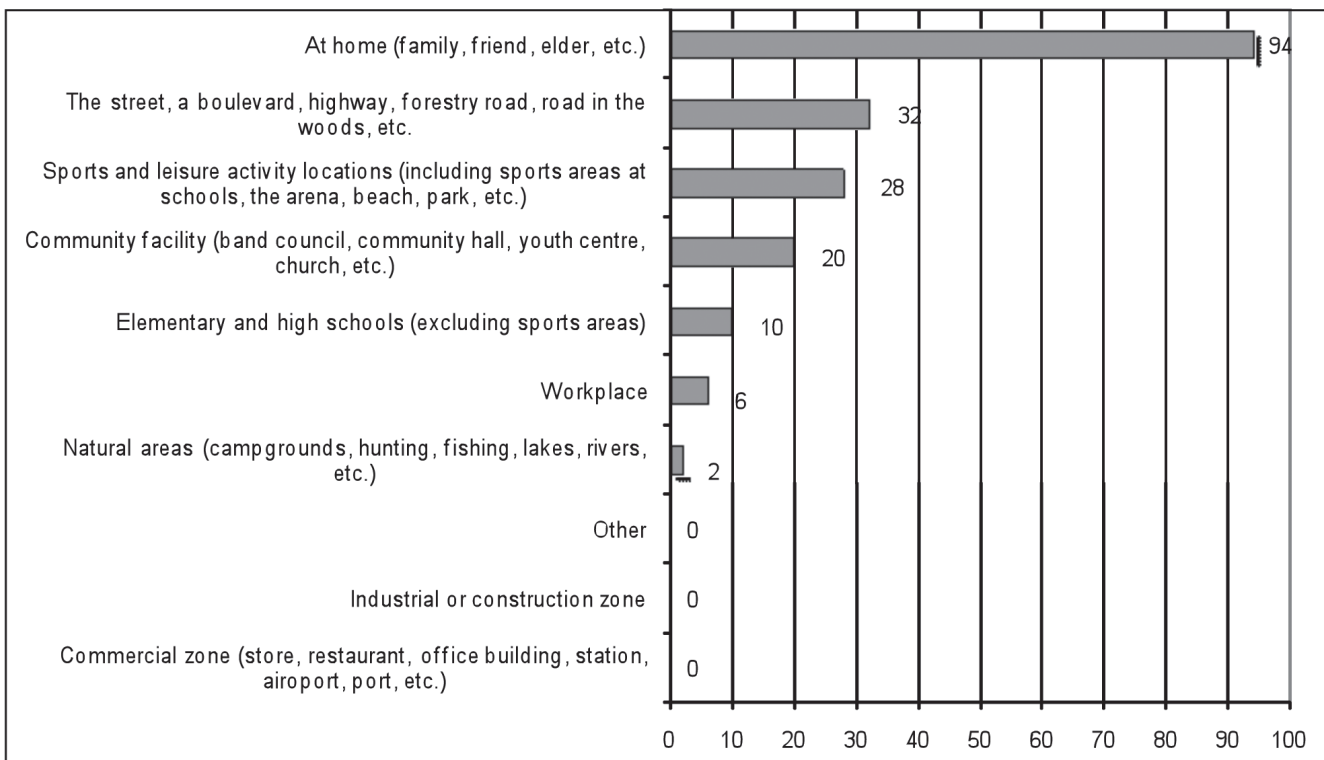
N=20

Thereafter, respondents had to identify the three locations where intentional injuries occurred most often.

Chart 11 shows that intentional injuries occur most often at home.

Streets in general and sports and leisure activity locations are also at-risk places.

**Chart 11: Locations Where Intentional Injuries Occur**



**Results**

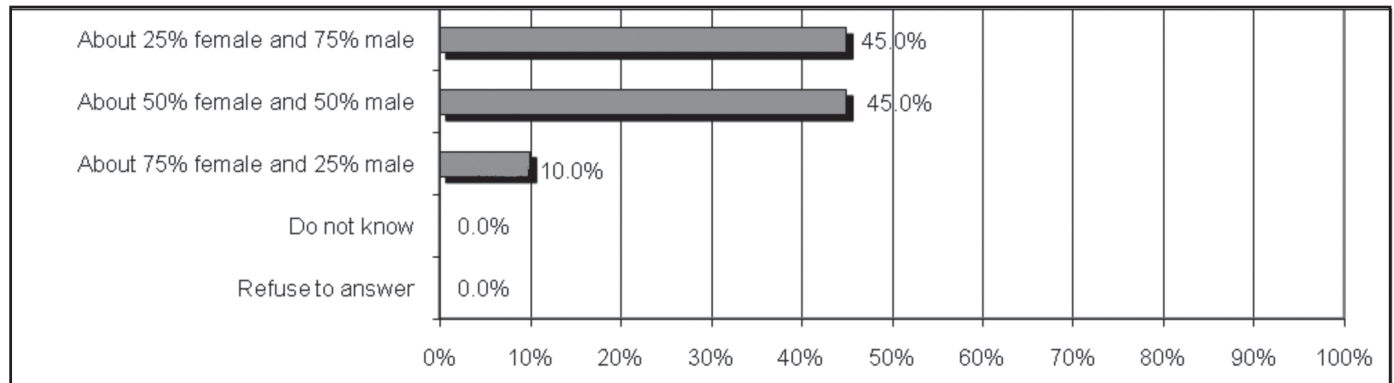
**3.1.4 Injuries Based on Gender**

Respondents then indicated the gender of individuals injured in their community population overall.

Chart 12 shows that for nearly all respondents, 25% to 50% of those injured are female and 50% to 75% are male.

Therefore, it would appear that men are more prone to suffer injuries, confirming the information held by the RHS and RHS-QR cited earlier.

**Chart 12: Gender of Individuals Injured in the Community Overall**

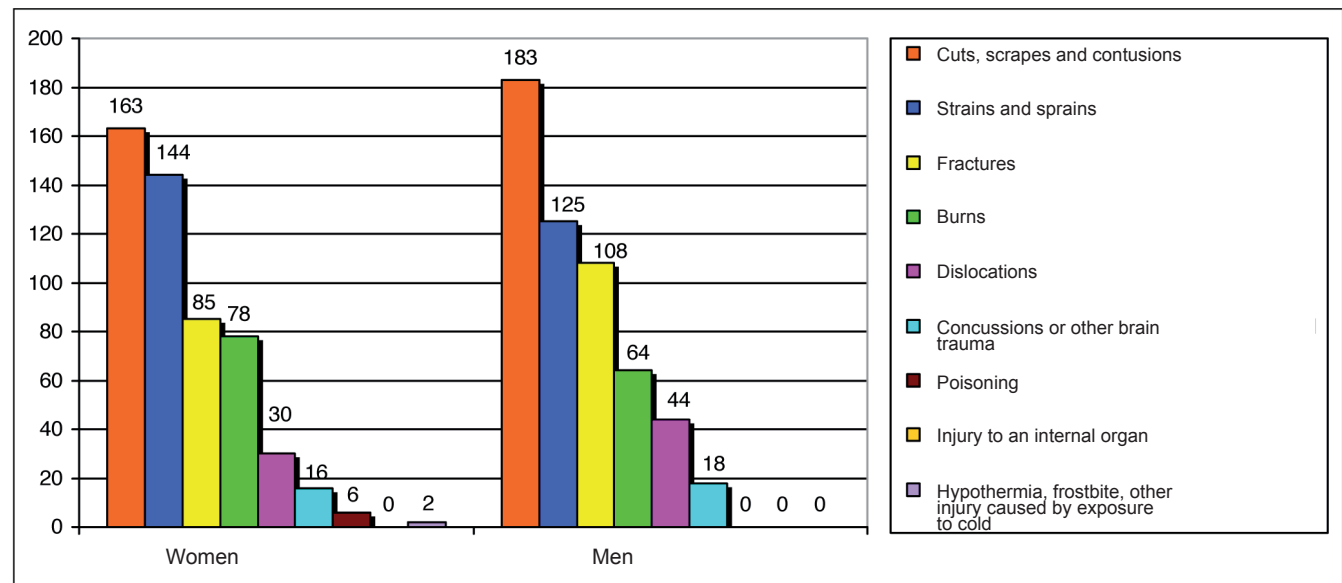


N=20

Respondents then indicated the five most prevalent injuries encountered for each gender.

Chart 13 appears to show that there are few differences in the injuries sustained by men and women.

**Chart 13: Injuries Encountered for Each Gender**



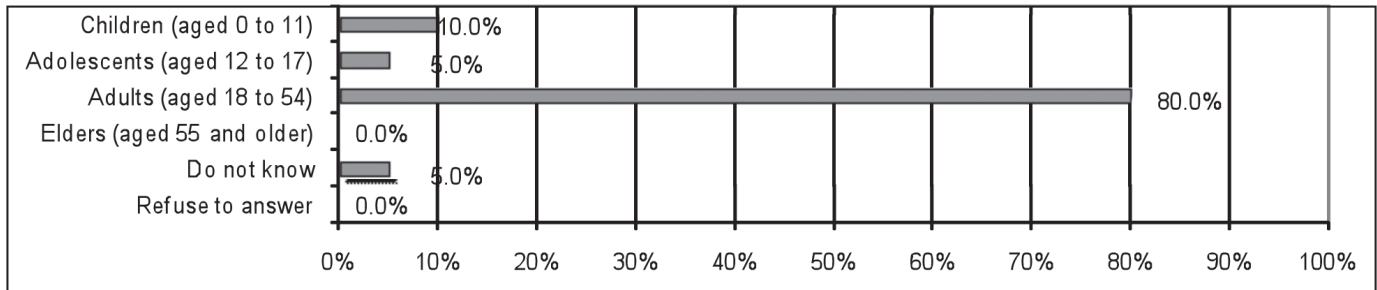
N=20

### 3.1.5 Injuries According to Age Group

Respondents had to indicate the most prevalent age group among injured individuals.

Since 2004, adults account for the most injuries sustained, as shown in Chart 14.

**Chart 14: Age Groups Represented Among Injured Individuals**



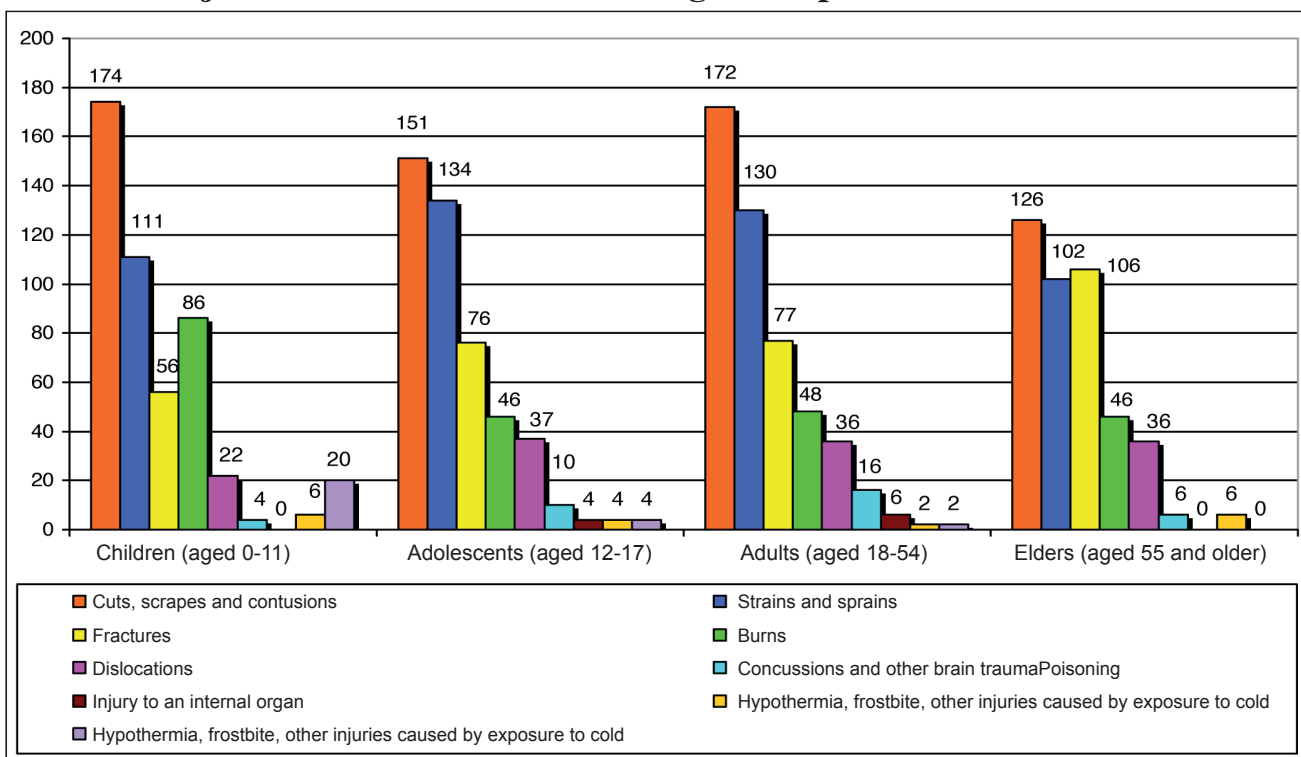
N=20

Respondents then indicated the five most prevalent injuries encountered for each age group.

In addition to cuts, scrapes and contusions, as well as strains and sprains most frequently encountered for all age groups, Chart 15 shows that children tend to suffer more from burns, hypothermia, frostbite and other injuries caused by exposure to cold than other age groups.

Among elders, fractures are more frequent and their frequency seems to increase with age.

**Chart 15: Injuries Encountered for Each Age Group**



N=19

## 3.2 Causes of Injuries

Section 3.2 reports on the following causes of injuries:

### Accidental

- Car and truck accidents
- Bicycle accidents
- Snowmobile accidents (in season)
- All-terrain vehicle (ATV) accidents
- Hunting accidents
- Boat or any other water vessel accidents (in season)
- Falls (excluding bicycling, sports activities and snowmobiling)
- Sports (excluding bicycling, hunting and fishing)
- Bite from a domestic animal
- Bite from a wild animal
- Fire, smoke and fumes from fire
- Burns (all types)
- Natural environmental factors (insect bites, frostbite, broken glass, etc.)
- Drowning or near-drowning (excluding boating or other water vessel accidents)
- Asphyxia
- Accidental poisoning and intoxication
- Manual work tools

### Intentional

- Physical violence at home
- Physical assault outside the home
- Sexual assault
- Self-neglect
- Self-mutilation
- Attempted suicide or suicide

## Salient Facts Regarding Causes of Injuries

### Causes of Injuries

- Most reported:
  1. Natural environmental factors
  2. Manual work tools
  3. Falls
- Large communities:
 

Injuries caused by manual work tools, burns, physical assault outside the home, bite from a domestic animal, suicide or attempted suicide appear to be more frequent in large communities.
- Medium communities:
 

Injuries caused by natural environmental factors, physical violence at home, physical assault outside the home and manual work tools appear to be more frequent in medium communities.
- Small communities:
 

Injuries caused by falls, burns, natural environmental factors, sports, manual work tools, snowmobile accidents, boat or any other water vessel accidents appear to be more frequent in small communities.

- Men:  
Men seem to injure themselves most often using manual work tools and in accidents with vehicles of all kinds.
- Women:  
Women seem to injure themselves mainly as a result of natural environmental factors, physical violence at home, sexual assault, suicide or attempted suicide.
- Children:  
Children seem more inclined to injure themselves as a result of natural environmental factors, burns, falls and bites from domestic animals.
- Adolescents:  
Adolescents seem more inclined to injure themselves taking part in sports, falling, because of natural environmental factors and as a result of sexual assault.
- Adults:  
Adults seem more inclined to injure themselves falling, using manual work tools, as a result of natural environmental factors and physical assault outside the home.
- Elders:  
Elders seem more inclined to injure themselves falling, because of natural environmental factors, as a result of burns and physical violence at home.

### Causes of Accidental Injuries

- Occurring an average of one or more times per week:  
Burns  
Natural environmental factors
- Occurring an average of one or more times per month:  
All-terrain vehicle (ATV) accidents  
Bite from a domestic animal

### Causes of Intentional Injuries

- Occurring an average of one or more times per week:  
Physical violence at home
- Occurring an average of one or more times per month:  
Self-mutilation  
Sexual assault  
Self-neglect  
Attempted suicide or suicide

#### **3.2.1 Causes of Injuries**

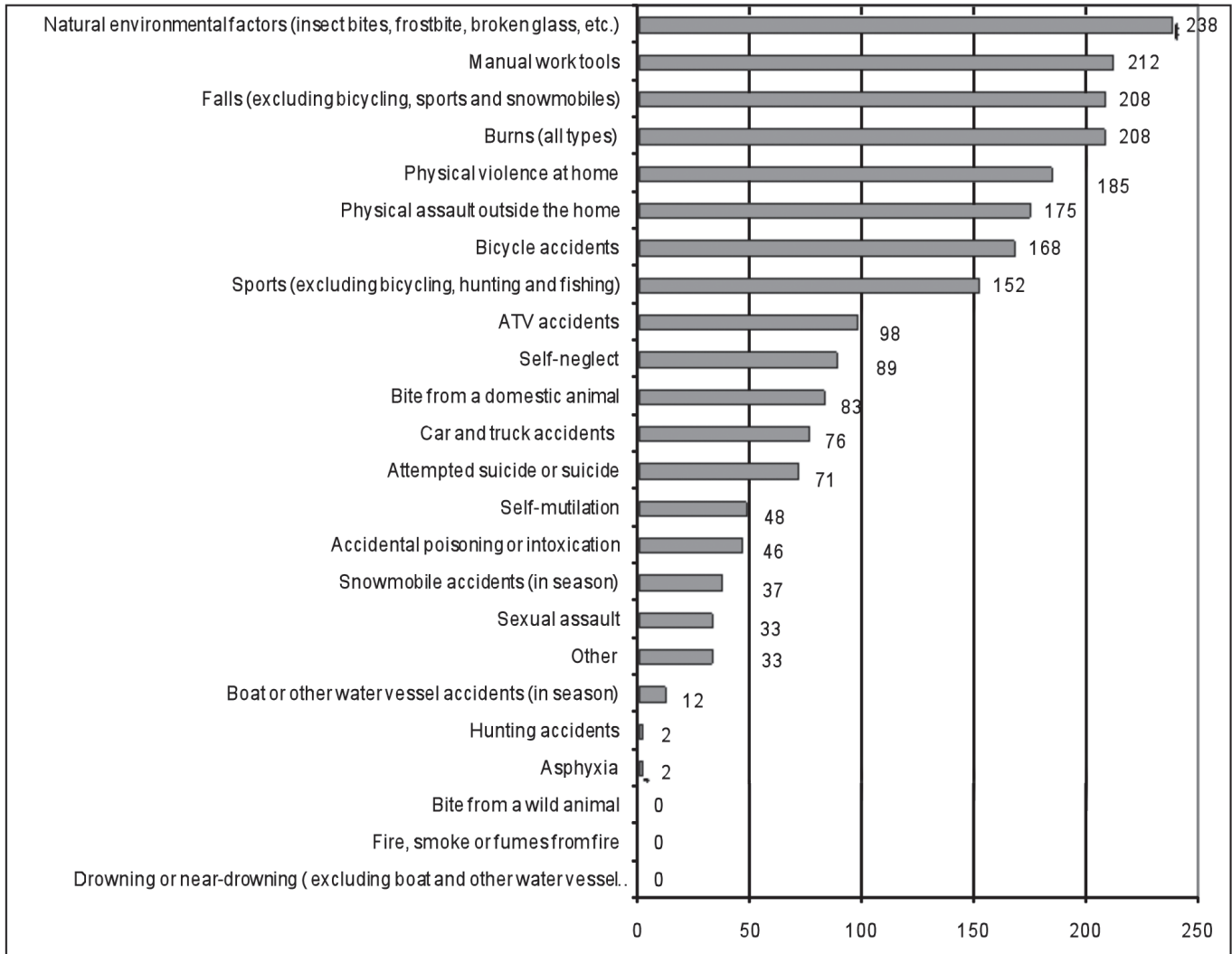
Respondents had to indicate the ten most prevalent causes of injuries occurring in their community population overall, irrespective of their nature (intentional or accidental).

In terms of causes of injuries, the chart that follows shows that natural environmental factors, manual work tools, falls and burns are the causes of injury most mentioned by respondents. These results differ from First Nations Regional Longitudinal Health Surveys at the national and regional levels (Quebec) that identify the most common causes of trauma among First Nations as falls, sports-related injuries, accidents involving motor vehicles (cars, snowmobiles, ATVs) and violence (family and other forms of assault).

**Results**

Respondents also specified that physical assault outside the home occurred in bars, public locations, sheds and streets. In the « Other » category, respondents also indicated that many injuries were related to the consumption of alcohol.

**Chart 16: Causes of Injuries Reported in Community Populations Overall**



N=21

Of the twenty-one individuals who offered an explanation regarding the cause of an injury, 38% indicated that alcohol, negligence, lack of attention and parental skills most prevalently explained the injury. One quarter of respondents identified drugs as the underlying cause. Social problems such as contemplating suicide, job-related accidents and bites from animals were also mentioned.

These data support those of the AFN cited earlier indicating that casual safety standards in the workplace, dangerous roads, easy access to firearms, poor parental skills, physical violence, dysfunctional families, and alcohol and drug abuse favour injuries (AFN, Injury Prevention for First Nations: Press Kit, 2006).



Comparing causes of injuries with community size highlights certain items. However, the reader should remain cautious regarding interpretations in Chart 17, given the difference between the number of large communities (3), the number of medium communities (12) and the number of small communities (5) making up the sample.

In large communities, manual work tools, burns, physical assault outside the home and bites from domestic animals are the most frequent causes of injuries.

In medium communities, the chart that follows indicates that natural environmental factors, physical violence at home, physical assault outside the home and manual work tools seem to be the most frequent causes of injuries.

In small communities, falls, burns, natural environmental factors, sports and manual work tools are the most frequent causes of injuries.

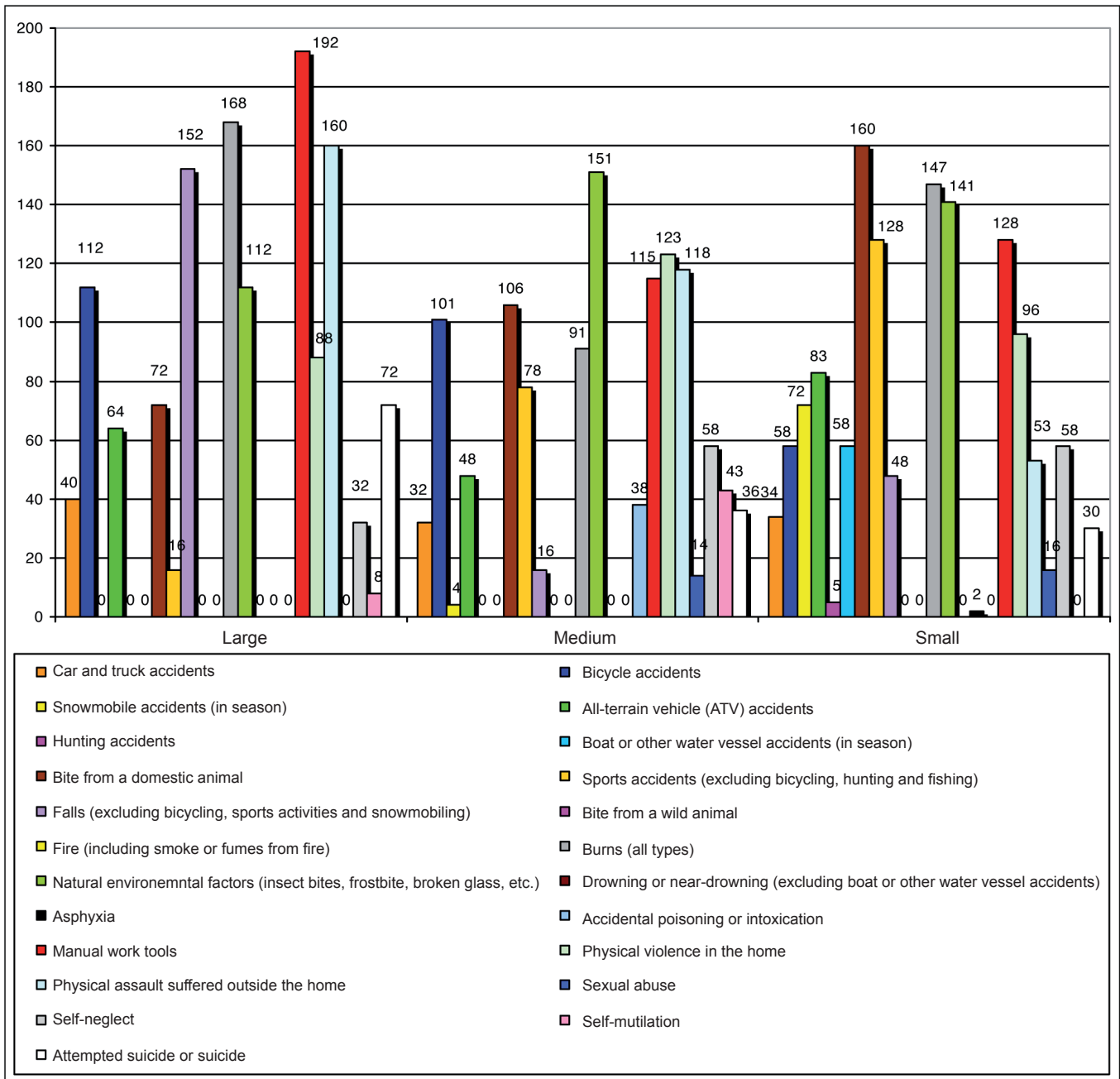
Moreover, small communities rather than medium and large communities account for more injuries caused by snowmobile accidents and boat and other water vessel accidents.

Large communities rather than medium and small communities account for more injuries caused by bites from domestic animals, manual work tools and suicide or attempted suicide.

Finally, bicycling accidents and physical assault outside the home seem to increase with community size. Conversely, falls and sports-related injuries decrease as the size of the community increases.

**Results**

**Chart 17: Causes of Injury Based on Community Size**



N=12

### 3.2.2 Causes of Accidental Injuries

Respondents had to indicate how often they faced the causes of accidental injuries reported.

Table 6 shows that that:

- About one quarter of respondents indicated that accidental injuries due to natural environmental factors, falls, sports and manual work tools occur an average of one or more times per day;
- More than half of the respondents estimated that burns and natural environmental factors occur an average of one or more times per week;
- About half of the respondents indicated that all-terrain vehicle (ATV) accidents and bites from domestic animals occur an average of one or more times per month.

**Table 6: Frequency of Causes of Accidental Injuries**

Once or more per day	Once or more per week	Once or more per month	Once or more per year or never
<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.) (26.3%)</b>	<b>Burns (all types) (66.7%)</b>	<b>All-terrain vehicle (ATV) accidents (52.6%)</b>	<b>Drowning or near-drowning (excluding boat or other water vessel accidents) (78.9%)</b>
<b>Falls (excluding bicycling, sports activities and snowmobiling) (25.0%)</b>	<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.) (52.6%)</b>	<b>Bite from a domestic animal (47.4%)</b>	<b>Asphyxia (78.9%)</b>
<b>Sports accidents (excluding bicycling, hunting and fishing) (25.0%)</b>	<b>Manual work tools (44.4%)</b>	<b>Sports accidents (excluding bicycling, hunting and fishing) (45.0%)</b>	<b>Bite from a wild animal (75.0%)</b>
<b>Manual work tools (22.2%)</b>	<b>Bicycle accidents (35.0%)</b>	<b>Car and truck accidents (40.0%)</b>	<b>Boat or other water vessel accidents (in season) (70.0%)</b>
<b>Burns (all types) (5.6%)</b>	<b>Falls (excluding bicycling, sports activities and snowmobiling) (30.0%)</b>	<b>Bicycle accidents (40.0%)</b>	<b>Fire, smoke or fumes from fire (65.0%)</b>
<b>Car and truck accidents (5.0%)</b>	<b>Sports accidents (excluding bicycling, hunting and fishing) (25.0%)</b>	<b>Snowmobile accidents (in season) (40.0%)</b>	<b>Hunting accidents (63.2%)</b>
<b>Bicycle accidents (5.0%)</b>	<b>Bite from a domestic animal (21.1%)</b>	<b>Falls (excluding bicycling, sports activities and snowmobiling) (35.0%)</b>	<b>Accidental poisoning or intoxication (57.9%)</b>
	<b>All-terrain vehicle (ATV) accidents (15.8%)</b>	<b>Accidental poisoning or intoxication (26.3%)</b>	<b>Car and truck accidents (50.0%)</b>
	<b>Hunting accidents (10.5%)</b>	<b>Manual work tools (22.2%)</b>	<b>Snowmobile accidents (in season) (45.0%)</b>
	<b>Snowmobile accidents (in season) (10.0%)</b>	<b>Hunting accidents (21.1%)</b>	<b>All-terrain vehicle (ATV) accidents (31.6%)</b>
	<b>Accidental poisoning or intoxication (5.3%)</b>	<b>Boat or other water vessel accidents (in season) (20.0%)</b>	<b>Bite from a domestic animal (31.6%)</b>
	<b>Fire, smoke or fumes from fire (5.0%)</b>	<b>Bite from a wild animal (20.0%)</b>	<b>Bicycle accidents (20.0%)</b>
		<b>Fire, smoke or fumes from fire (20.0%)</b>	<b>Burns (all types) (11.1%)</b>
		<b>Burns (all types) (16.7%)</b>	<b>Manual work tools (11.1%)</b>
		<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.) (15.8%)</b>	<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.) (5.3%)</b>
		<b>Drowning or near-drowning (excluding boat or other water vessel accidents) (10.5%)</b>	<b>Falls (excluding bicycling, sports activities and snowmobiling) (5.0%)</b>
		<b>Asphyxia (10.5%)</b>	<b>Sports accidents (excluding bicycling, hunting and fishing) (5.0%)</b>

Respondents had to indicate the time during the week when most accidental injuries reported occurred.

The high number of « Do not know » and « Refuse to answer » indicates that few respondents answered the question. However, Monday to Friday seems to be the busiest period of the week for health centres surveyed.

**Table 7: Time of Week During Which Most Accidental Injuries Occur**

<b>Monday to Friday</b>	<b>Saturday and Sunday</b>
<b>Manual work tools (70.6%)</b>	<b>Car and truck accidents (26.7%)</b>
<b>Burns (all types) (66.7%)</b>	<b>All-terrain vehicle (ATV) accidents (25.0%)</b>
<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.) (52.9%)</b>	<b>Accidental poisoning or intoxication (21.4%)</b>
<b>Falls (excluding bicycling, sports activities and snowmobiling) (50.0%)</b>	<b>Sports accidents (excluding bicycling, hunting and fishing) (20.0%)</b>
<b>Bicycle accidents (50.0%)</b>	<b>Snowmobile accidents (in season) (18.8%)</b>
<b>Sports accidents (excluding bicycling, hunting and fishing) (46.7%)</b>	<b>Bicycle accidents (14.3%)</b>
<b>Bite from a domestic animal (42.9%)</b>	<b>Hunting accidents (14.3%)</b>
<b>All-terrain vehicle (ATV) accidents (25.0%)</b>	<b>Drowning or near-drowning (excluding boat or other water vessel accidents) (13.3%)</b>
<b>Fire, smoke or fumes from fire (21.4%)</b>	<b>Bite from a wild animal (7.1%)</b>
<b>Car and truck accidents (20.0%)</b>	<b>Asphyxia (7.1%)</b>
<b>Snowmobile accidents (in season) (18.8%)</b>	<b>Falls (excluding bicycling, sports activities and snowmobiling) (6.3%)</b>
<b>Hunting accidents (14.3%)</b>	<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.) (5.9%)</b>
<b>Boat or other water vessel accidents (in season) (14.3%)</b>	
<b>Bite from a wild animal (7.1%)</b>	
<b>Asphyxia (7.1%)</b>	
<b>Accidental poisoning or intoxication (7.1%)</b>	

Respondents also had to indicate the time during the day when most accidental injuries reported occurred.

As with the table above, the high number of « Do not know » and « Refuse to answer » indicates that few respondents answered the question. However, it would appear that the busiest time of day at health centres is the afternoon from Noon to 4:59 p.m.

On this subject, members of the Validation Group noted that some health centres are open only during the day from Monday to Friday, which undoubtedly influenced answers to this question. Moreover, as mentioned earlier, the mandate of the centre certainly has an impact on the causes of injuries encountered.

**Table 8: Time of Day During Which Accidental Injuries Occur**

Morning (6 a.m. to 11:59 a.m.)	P.M. (Noon to 16:59 p.m.)	Evening (5 p.m. to 22:59 p.m.)	Night (11 p.m. to 5:59 a.m.)
Hunting accidents (21.4%)	Natural environmental factors (insect bites, frostbite, broken glass, etc.) (53.3%)	Burns (all types) (21.4%)	Car and truck accidents (20.0%)
Bicycle accidents (20.0%)	Manual work tools (53.3%)	All-terrain vehicle (ATV) accidents (20.0%)	Accidental poisoning or intoxication (16.7%)
Falls (excluding bicycling, sports activities and snowmobiling) (18.8%)	Bite from a domestic animal (38.5%)	Fire, smoke and fumes from fire (15.4%)	Snowmobile accidents (in season) (6.3%)
Sports accidents (excluding bicycling, hunting and fishing) (18.8%)	Sports accidents (excluding bicycling, hunting and fishing) (37.5%)	Falls (excluding bicycling, sports activities and snowmobiling) (12.5%)	
Burns (all types) (14.3%)	Bicycle accidents (33.3%)	Asphyxia (8.3%)	
Bite from a domestic animal (7.7%)	Falls (excluding bicycling, sports activities and snowmobiling) (31.3%)	Bite from a domestic animal (7.7%)	
Bite from a wild animal (7.7%)	Burns (all types) (28.6%)	Car and truck accidents (6.7%)	
Car and truck accidents (6.7%)	All-terrain vehicle (ATV) accidents (20.0%)	Bicycle accidents (6.7%)	
All-terrain vehicle (ATV) accidents (6.7%)	Snowmobile accidents (in season) (18.8%)	Natural environmental factors (insect bites, frostbite, broken glass, etc.) (6.7%)	
Natural environmental factors (insect bites, frostbite, broken glass, etc.) (6.7%)	Boat or other water vessel accidents (in season) (15.4%)	Snowmobile accidents (in season) (6.3%)	
Manual work tools (6.7%)	Hunting accidents (14.3%)	Sports accidents (excluding bicycling, hunting and fishing) (6.3%)	
	Drowning or near-drowning (excluding boat and other water vessel accidents) (14.3%)		
	Accidental poisoning or intoxication (8.3%)		
	Bite from a wild animal (7.7%)		
	Fire, smoke and fumes from fire (7.7%)		
	Car and truck accidents (6.7%)		

### 3.2.3 Causes of Intentional Injuries

Respondents had to determine the frequency of intentional causes of injury reported.

Table 9 shows that:

- 15% of respondents affirmed that their health centre treats persons injured as a result of physical assault outside the home and self-neglect an average of one or more times per day;
- Half of the respondents indicated that at their health centre, injuries due to physical violence at home occur an average of one or more times per week;
- Nearly 40% of respondents affirmed that their health centre treats individuals for injuries caused by self-mutilation, sexual assault, self-neglect and attempted suicide or suicide an average of one or more per month.

Moreover, persons intentionally injured do not always go to « nursing » for treatment. Sometimes they go to see a psychologist or social worker, depending on the severity and nature of the injury.

Additionally, the taboo associated with suicide and attempted suicide is such that this problem may be underrepresented in this report. It would also appear that suicide or attempted suicide rates vary significantly from one community to the next.

FNIH agree wholeheartedly with this, affirming that suicide and self-mutilation among Aboriginals in Canada are the leading causes of death among persons aged 44 or under. In 2000, suicide accounted for 22% of all deaths among youths (aged 10 to 19) and 16% of all deaths among young adults (aged 20 to 44), compared to 20.4 % for all young Canadians (FNIH, Statistical Profile on the Health of First Nations in Canada, at <http://www.hc-sc.gc.ca/fnih-spnia/pubs/index-eng.php> ).

[http://www.hc-sc.gc.ca/fnih-spni/pubs/gen/stats\\_profil\\_f.html](http://www.hc-sc.gc.ca/fnih-spni/pubs/gen/stats_profil_f.html).

**Table 9: Frequency of Causes of Intentional Injuries**

Once or more per day	Once or more per week	Once or more per month	Once or more per year or never
Physical assault outside the home (15.0%)	Physical violence at home (50.0%)	Self-mutilation (36.8%)	Attempted suicide or suicide (45.0%)
Self-neglect (15.0%)	Physical assault outside the home (40.0%)	Sexual assault (35.0%)	Self-mutilation (36.8%)
Physical violence at home (5.0%)	Self-mutilation (15.8%)	Self-neglect (35.0%)	Sexual assault (35.0%)
Attempted suicide or suicide (5.0%)	Attempted suicide or suicide (15.0%)	Attempted suicide or suicide (35.0%)	Self-neglect (25.0%)
	Sexual assault (10.0%)	Physical violence at home (20.0%)	Physical violence at home (20.0%)

Respondents had to identify the time during the week when most causes of intentional injuries reported occurred.

Likewise, for the question on intentional injuries, the high number of « Do not know » and « Refuse to answer » indicates that few respondents answered the question. However, it would appear that the weekend is the time when most intentional injuries occur.

Once again, note that some health centres are open only during the day from Monday to Friday, which may have influenced answers to this question. The mandate of the health centre is another factor having influenced answers to this question.

**Table 10: Time During the Week When Causes of Intentional Injuries Occur**

Monday to Friday	Saturday and Sunday
Self-neglect (36.8%)	Physical assault outside the home (68.4%)
Self-mutilation (26.3%)	Physical violence at home (52.6%)
Physical violence at home (21.1%)	Sexual assault (35.0%)
Attempted suicide or suicide (16.7%)	Attempted suicide or suicide (33.3%)
Sexual assault (10.0%)	Self-mutilation (15.8%)
Physical assault outside the home (5.3%)	Self-neglect (10.5%)

Respondents also had to indicate the time during the day when most intentional injuries reported occurred.

As with the question on accidental injuries, the high number of « Do not know » and « Refuse to answer » indicates that few respondents answered the question. However, it would appear that intentional injuries occur most often during the evening and nighttime, from 5 p.m. to 5:59 a.m.

Note also that some health centres are open only during the day from Monday to Friday, which influenced answers to this question. The mandate of the centre is also a factor having influenced answers to this question.

**Table 11: Time of Day During Which Causes of Intentional Injuries Occur**

Morning (6 a.m. to 11:59 a.m.)	P.M. (Noon to 16:59 p.m.)	Evening (5 p.m. to 22:59 p.m.)	Nighttime (11 p.m. to 5:59 a.m.)
Self-neglect (11.8%)	Self-neglect (11.8%)	Physical violence at home (40.0%)	Physical assault outside the home (31.6%)
Attempted suicide or suicide (10.5%)	Self-mutilation (10.5%)	Physical assault outside the home (26.3%)	Sexual assault (30.0%)
Physical violence at home (10.0%)	Attempted suicide or suicide (5.3%)	Attempted suicide or suicide (26.3%)	Physical violence at home (20.0%)
Physical assault outside the home (5.3%)		Self-neglect (17.6%)	Attempted suicide or suicide (15.8%)
Self-mutilation (5.3%)		Self-mutilation (15.8%)	Self-mutilation (10.5%)
Sexual assault (5.0%)		Sexual assault (10.0%)	Self-neglect (5.9%)

### 3.2.4 Causes of Injuries Based on Gender

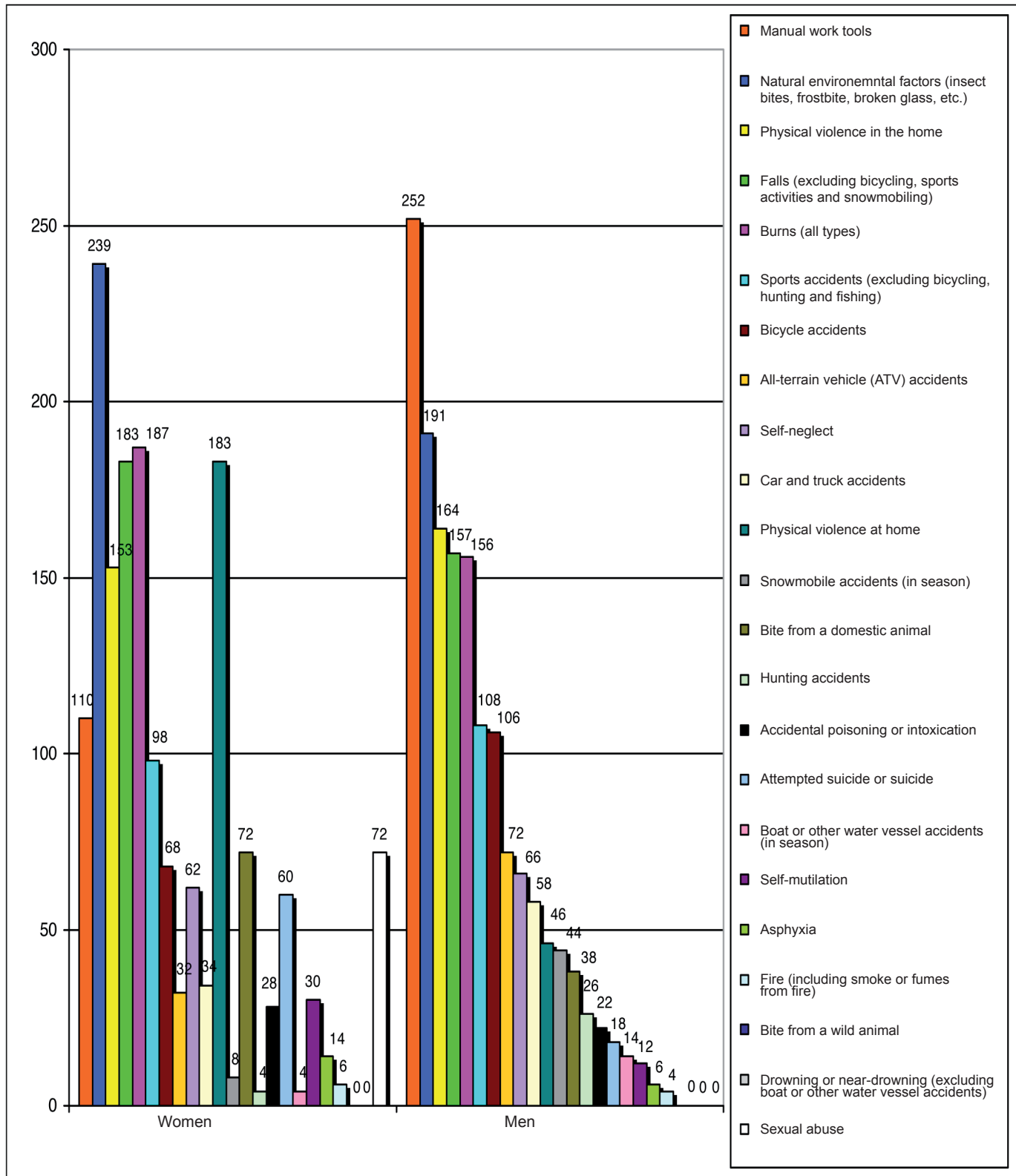
From among causes of accidental and intentional injuries, respondents identified the ten most encountered for each gender.

According to Chart 18, causes of injuries seem to vary according to gender. Indeed, men seem to injure themselves primarily using manual work tools; women because of natural environmental factors.

From a national perspective, RHS data shows that men are considerably more likely to suffer injuries caused by sports, bicycle accidents and natural environmental factors (insect bites and frostbite) (The First Nations Centre, 2005).

From a regional perspective, RHS-QR data indicates that men are more subject to injuries sustained during sports activities and physical assault, while women sustain more injuries due to falls and missteps (FNQLHSSE, 2006).

**Chart 18: Cause of Injuries Based on Gender**



N=21

Sixteen respondents attempted to explain the reason underlying the cause of most frequent injuries sustained by women. Of these, 44% stated that the consumption of alcohol and drugs, and 38% that violence (marital and other) might explain the cause of injuries sustained most frequently by women. Inattentiveness and negligence were also noted in respondents' comments.



Moreover, other causes noted particularly for women compared to men included:

- Physical violence at home (difference of 139 with men)
- Sexual assault (difference of 72 with men)
- Attempted suicide or suicide (difference of 42 with men)
- Bite from a domestic animal (difference of 34 with men)
- Burns (difference of 31 with men)
- Falls (difference of 26 with men)
- Self-mutilation (difference of 18 with men)

Sixteen respondents attempted to explain the reason underlying the cause of most frequent injuries sustained by men. Of these, 38% stated that the consumption of alcohol and drugs, and 31% that job-related accidents might explain the cause of injuries sustained most frequently by men. Violence (marital and other), inattentiveness and negligence were also noted in respondents' comments.

Moreover, other causes noted particularly for men compared to women involved accidents with vehicles of all kinds including:

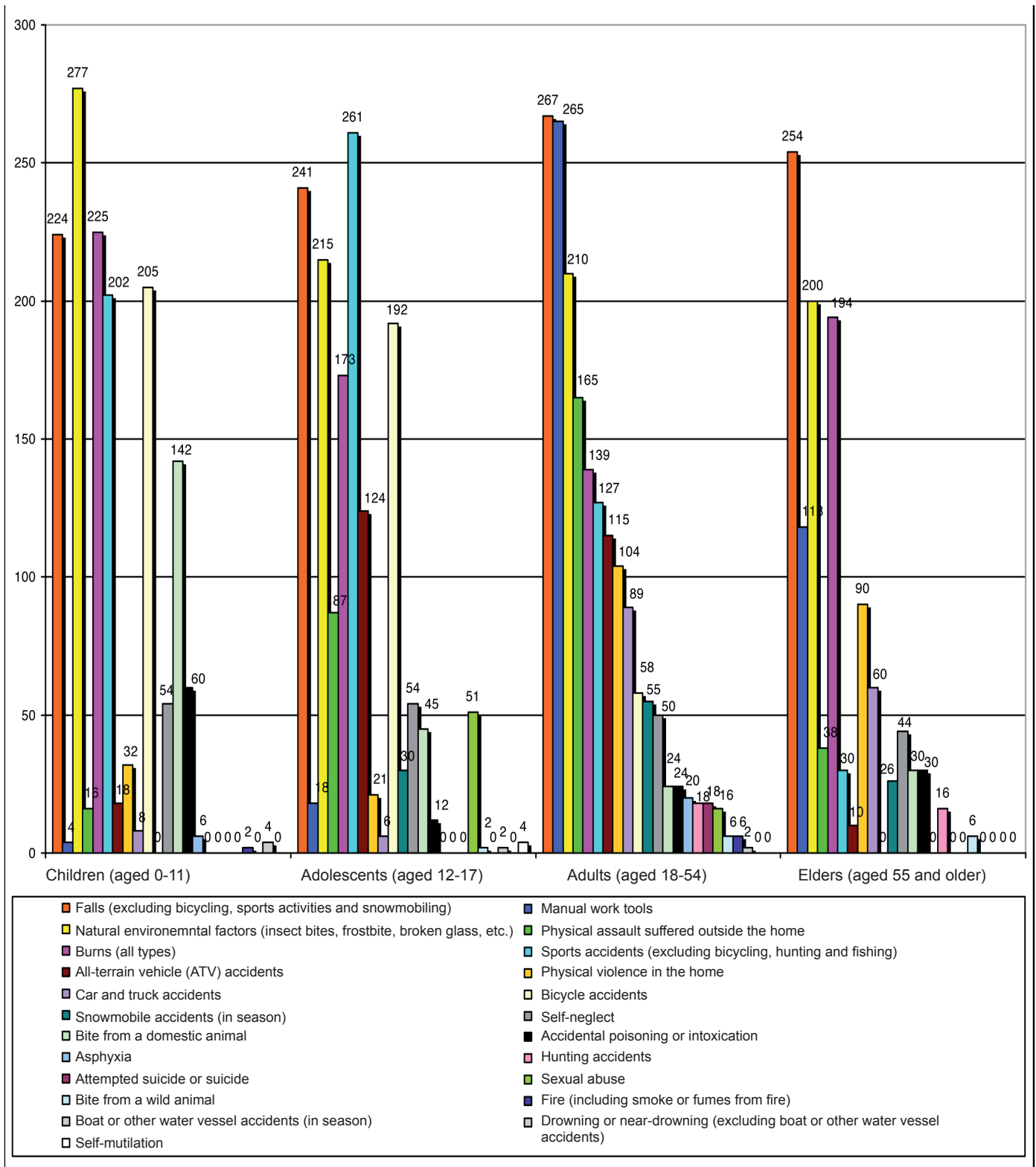
- All-terrain vehicle (ATV) accidents (difference of 40 with women)
- Bicycle accidents (difference of 38 with women)
- Snowmobile accidents (in season) (difference of 36 with women)
- Car and truck accidents (difference of 24 with women)
- Hunting accidents (difference of 18 with women)

### 3.2.5 Causes of Injuries Based on Age Group

Respondents had to indicate the ten causes of injuries most often encountered for each age group.

The chart that follows shows that children are more inclined to injury caused by natural environmental factors, burns and falls. Among adolescents, sports, falls and natural environmental factors often cause injuries. Among adults, falls, manual work tools and natural environmental factors are most often the cause. Finally, among elders, falls, natural environmental factors and burns seem the most frequent causes of injuries. Natural environmental factors also appear to decrease with age groups.

**Chart 19: Causes of Injuries Mentioned of Each Age Group**



N=19

Sixteen respondents attempted to explain the reason underlying the cause of injuries most frequently sustained by children. Of these, 50% affirmed that parental negligence or inattentiveness, and 25% that sports, in particular bicycling, might explain the most frequent cause of injuries sustained by children. Moreover, some causes stood out more particularly for children rather than other age groups:

- Bite from a domestic animal
- Accidental poisoning or intoxication
- Bicycle accidents

Fifteen respondents attempted to explain the reason underlying the cause of the most prevalent injury sustained by adolescents. Of these, 33% affirmed that negligence, lack of safety and inattentiveness, and 27% that alcohol and altercations or violent sports might explain the most prevalent cause of injuries among adolescents. In lower percentages, drugs and excessive speed were also mentioned in comments.

Moreover, the following causes stood out more particularly for adolescents rather than other age groups:

- Sexual assault
- All-terrain vehicle (ATV) accidents
- Bicycle accidents

Fifteen respondents attempted to explain the reason underlying the cause of the most prevalent injury sustained by adults. Among these, 47% affirmed that alcohol, inattentiveness and lack of safety measures, especially in the workplace, and 40% that drugs might explain the most prevalent cause of injuries among adults. In lower percentages, social problems and altercations were also mentioned in comments.

Moreover, the following causes of injuries were more frequent among adults rather than other age groups:

- Physical assault outside the home
- Physical violence at home
- Car and truck accidents
- All-terrain vehicle (ATV) accidents
- Snowmobile accidents

Fifteen respondents attempted to explain the reason underlying the cause of the most prevalent injury sustained by elders. Among these, 53% affirmed that a poorer state of health overall might explain the most prevalent cause of injuries among elders. In lower percentages, alcohol, social problems, inattentiveness and lack of safety measures were mentioned in comments.

Finally, the following causes of injuries stood out more particularly for elders rather than other age groups:

- Physical violence at home
- Car and truck accidents

### 3.3 Parts of the Body

Section 3.3 concerns the following parts of the body:

- Eyes
- Head (excluding the eyes)
- Neck
- Shoulders, upper arms
- Elbows, forearms
- Wrists, hands
- Hips, pelvis
- Thighs
- Knees, lower legs (excluding ankles and feet)
- Ankles, feet
- Upper back or upper spinal column
- Lower back or lower spinal column
- Rib cage (excluding the back and spinal column)
- Abdomen (excluding the back and spinal column)

#### Salient Facts Regarding Parts of the Body

##### Parts of the Body

- Affected most often:
  1. Wrists and hands
  2. Ankles and feet
- Large communities:
 

Wrists, hands, ankles and feet are the parts of the body most often injured in large communities.
- Medium communities:
 

Wrists, hands, ankles, feet, lower back or lower spinal column and the head are the parts of the body most often injured in medium communities.
- Small communities:
 

Ankles, feet, wrists, hands, the head, lower back or lower spinal column and the eyes are the parts of the body most often injured in small communities.
- Men:
 

Among men, the wrists, hands, head and upper back or upper spinal column are the parts of the body most often injured.
- Women:
 

Among women, the wrists, hands, ankles, feet and neck are the parts of the body most often injured.
- Children:
 

Children seem more inclined to sustain injuries to the wrists, hands, elbows, forearms, knees, lower legs and thighs.

- Adolescents:  
Adolescents seem more inclined to sustain injuries to the ankles, feet, hands, elbows, forearms, knees, lower legs, shoulders, upper arms and rib cage.
- Adults:  
Adults seem more inclined to sustain injuries to the wrists, hands, ankles, feet, head, lower back or lower spinal column and eyes.
- Elders:  
Elders seem more inclined to sustain injuries to the wrists, hands, ankles, feet, hips, pelvis, lower back or lower spinal column and thighs.

### Parts of the Body Injured Accidentally

- Most often:
  1. Wrists and hands
  2. Ankles and feet
  3. Knees and lower legs

### Parts of the Body Injured Intentionally

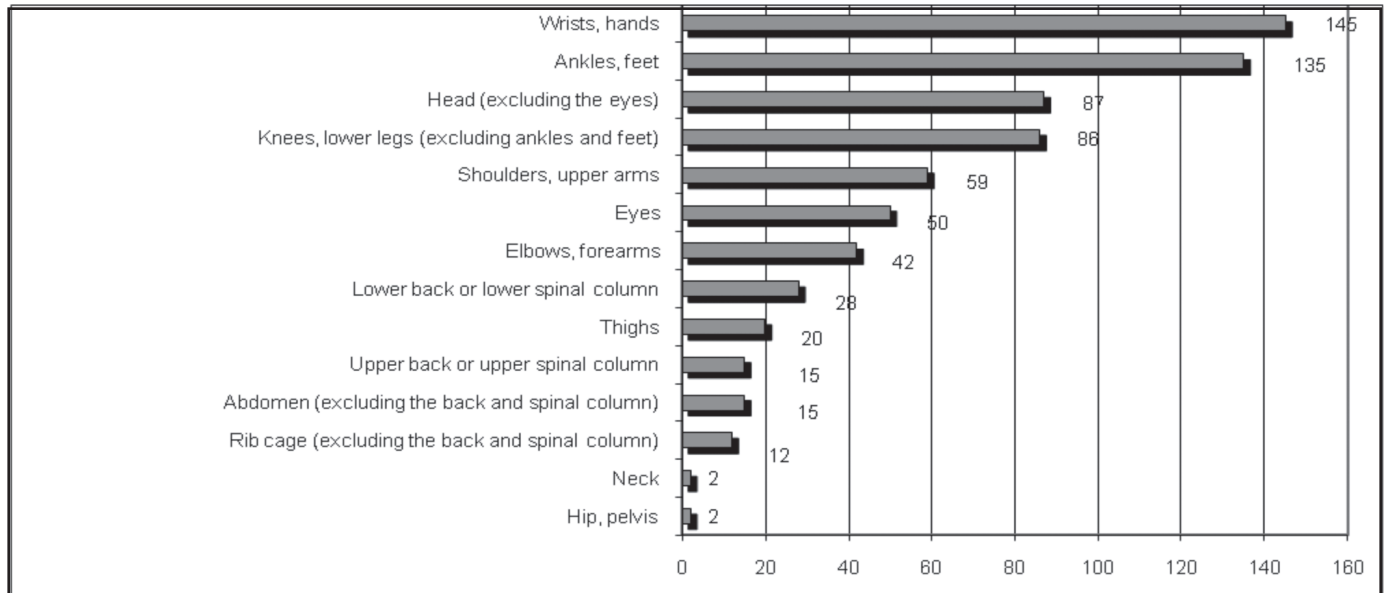
- Most often:
1. Wrists and hands
  2. Head
  3. Shoulders and upper arms

### 3.3.1 Parts of the Body

Respondents first indicated the five parts of the body most often involved in accidental and intentional injuries for the population of their community overall.

Chart 20 shows that wrists, hands, ankles and feet are the parts of the body having sustained the most injuries since 2004 among populations of communities of First Nations of Quebec overall.

**Chart 20: Parts of the Body Sustaining Injuries Among Community Populations Overall**



N=21

Chart 21 presents parts of the body affected according to community size. It shows that in large communities, the wrists, hands, ankles and feet are the parts of the body most often injured.

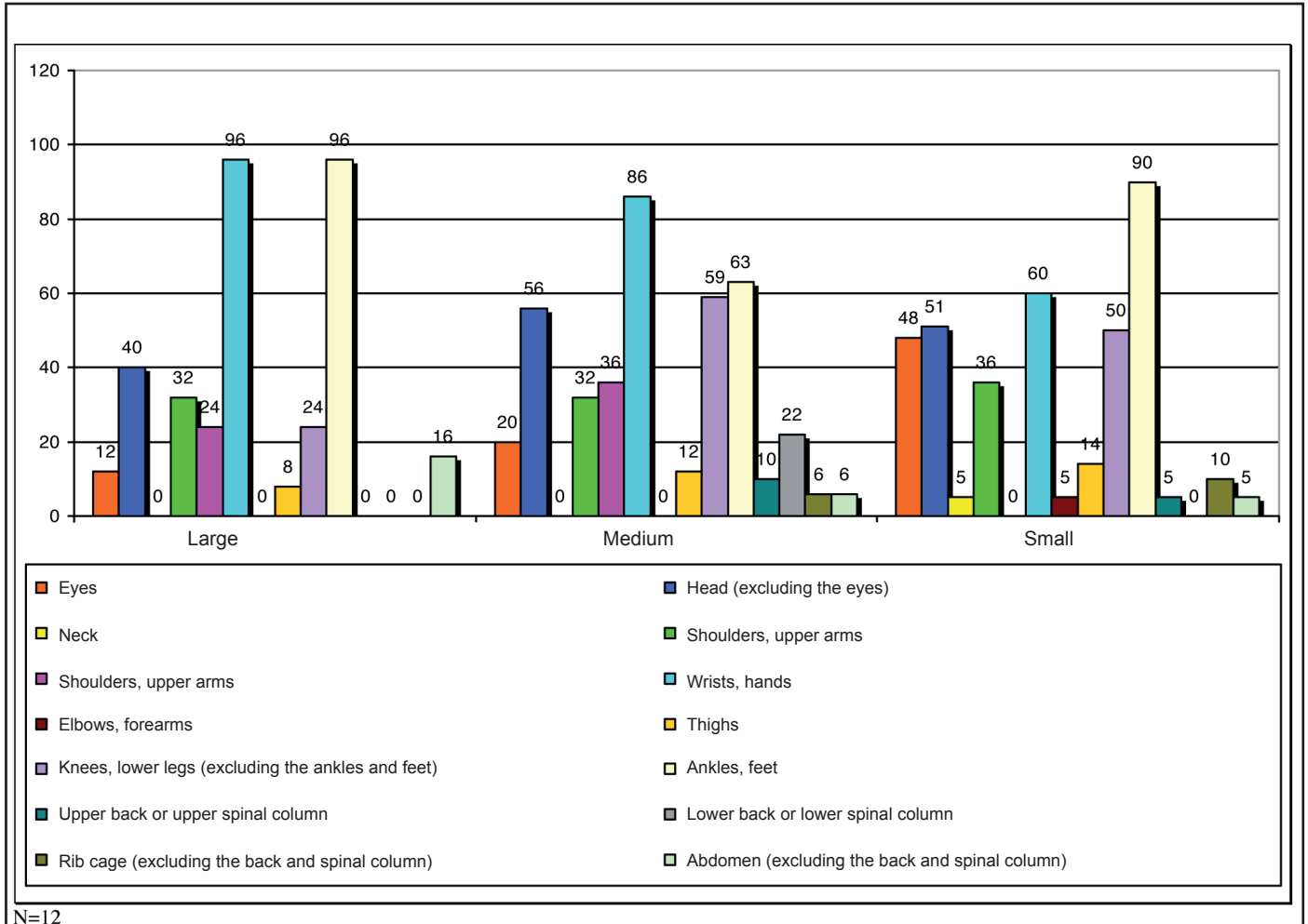
In medium communities, the wrists, hands, ankles, feet, lower back or lower spinal column and the head seem to be the parts of the body most often injured.

In small communities, injuries to the ankles, feet, wrists, hands, head, lower back or lower spinal column and the eyes stand out.

Finally, it would seem that injuries to the eyes increase as the size of the community decreases.

However, it is important to remain prudent when interpreting the contents of Chart 21, given the difference between the number of large communities (3), the number of medium communities (12) and the number of small communities (5) making up the sample.

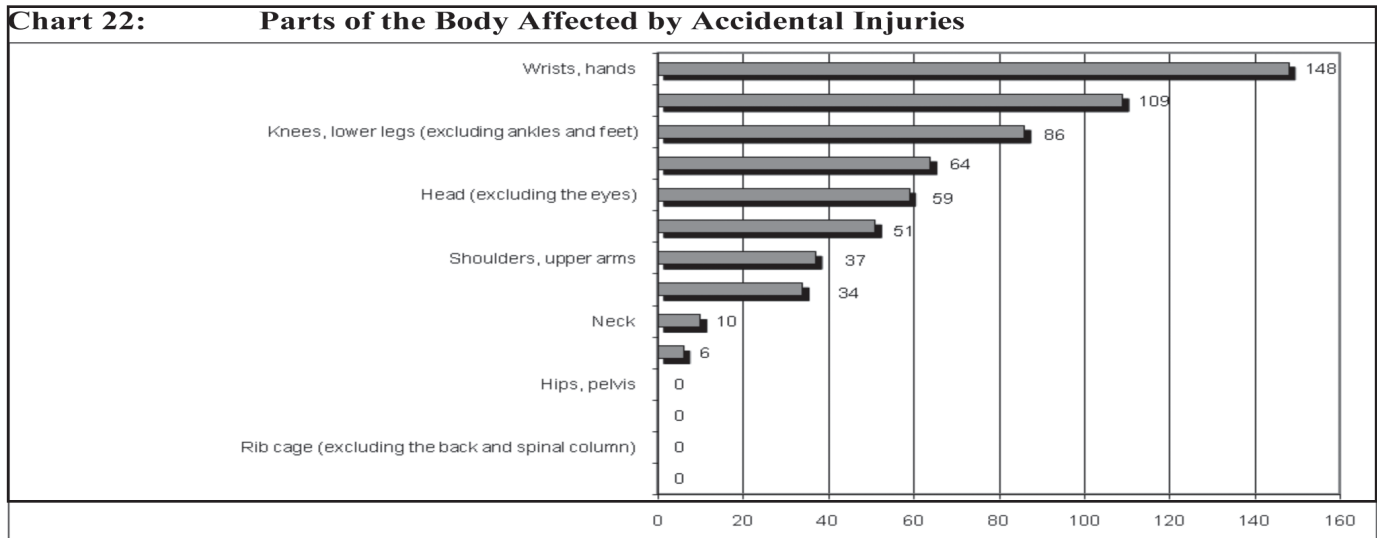
**Chart 21: Parts of the Body Affected Based on Community Size**



### 3.3.2 Parts of the Body Sustaining Accidental Injuries

Respondents also identified the five parts of the body most often sustaining accidental injuries.

According to Chart 22, the wrists, hands, ankles, feet, knees and lower legs are the parts having sustained the most accidental injuries since 2004 among populations of communities of First Nations of Quebec overall.



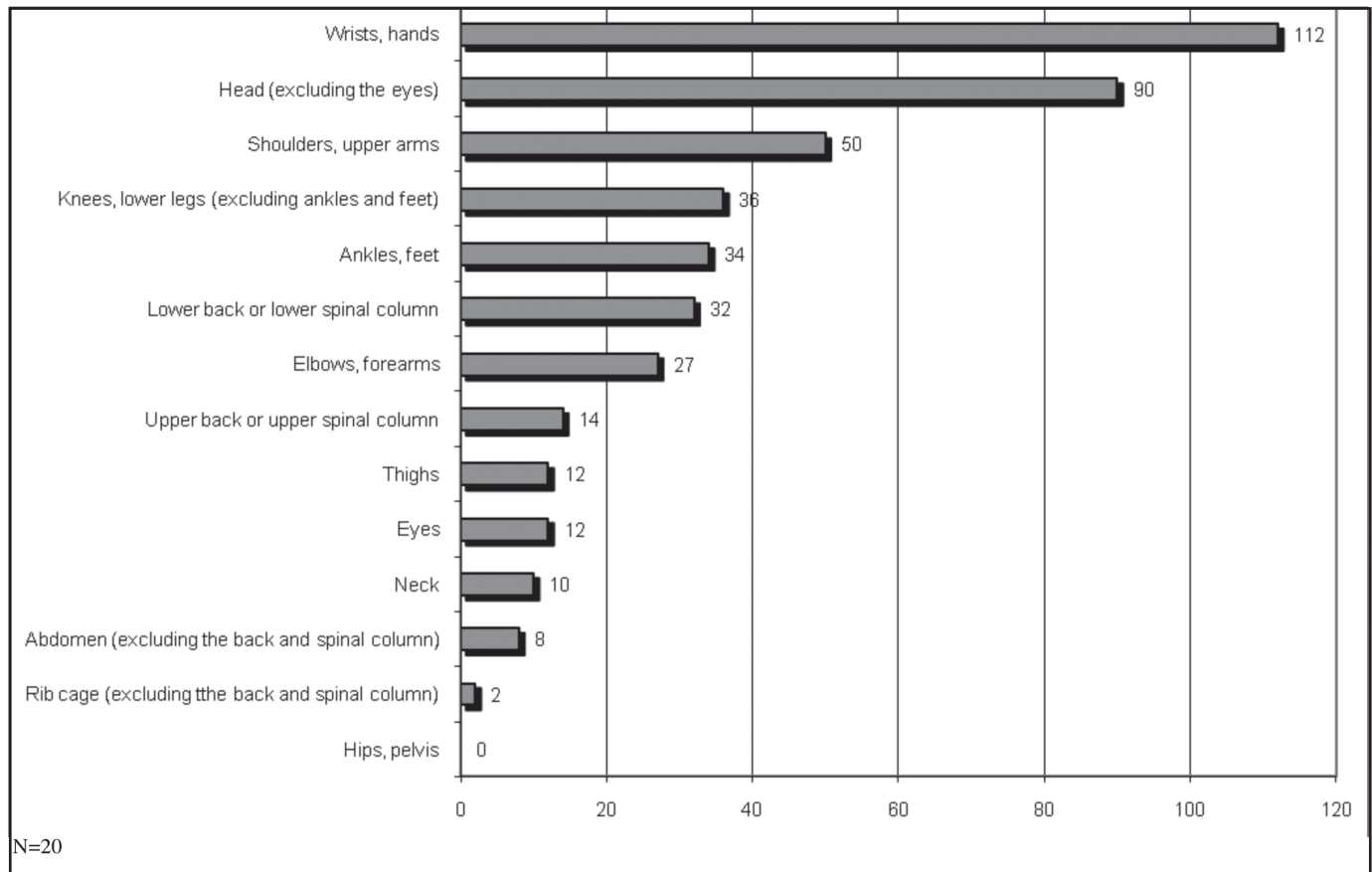
N=20

### 3.3.3 Parts of the Body Affected by Intentional Injuries

Respondents identified the five parts of the body most affected by intentional injuries.

The wrists, hands, head (excluding the eyes), shoulders and arms were the parts of the body most affected by intentional injuries since 2004 among community populations of First Nations of Quebec overall.



**Chart 23: Parts of the Body Affected by Intentional Injuries**

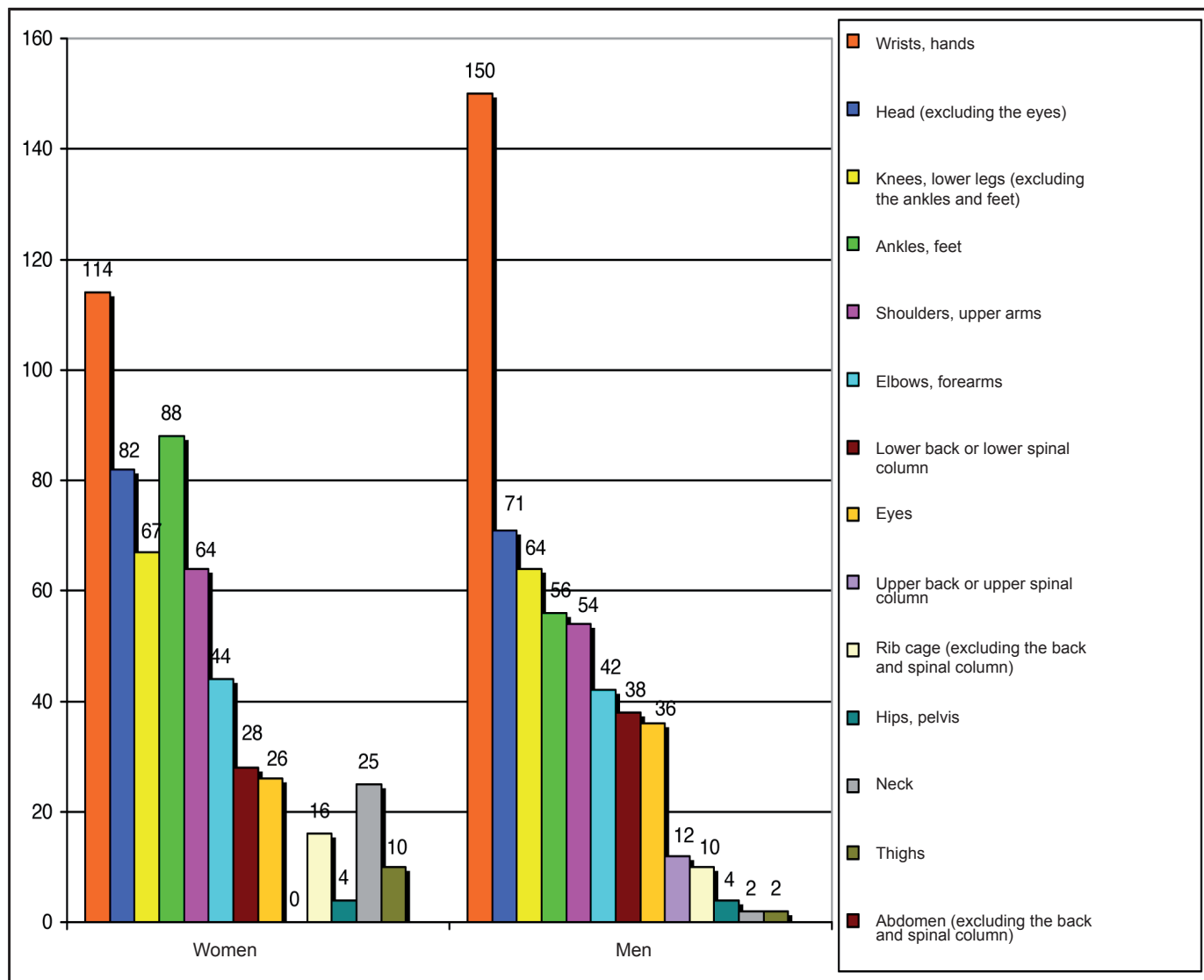
### 3.3.4 Parts of the Body Affected Based on Gender

Respondents had to identify the five parts of the body most affected by injuries for each gender.

According to Chart 24, the wrists and hands are the parts of the body that appear to be the most affected among men and women. Women also appear to injure their ankles and feet quite often. Head injuries figure more prominently among men.

Likewise, the chart reveals important differences between men and women regarding certain parts of the body. Indeed, women suffer more injuries to the neck, while men suffer more injuries to the upper back or upper spinal column.

**Chart 24: Parts of the Body Affected Based on Gender**



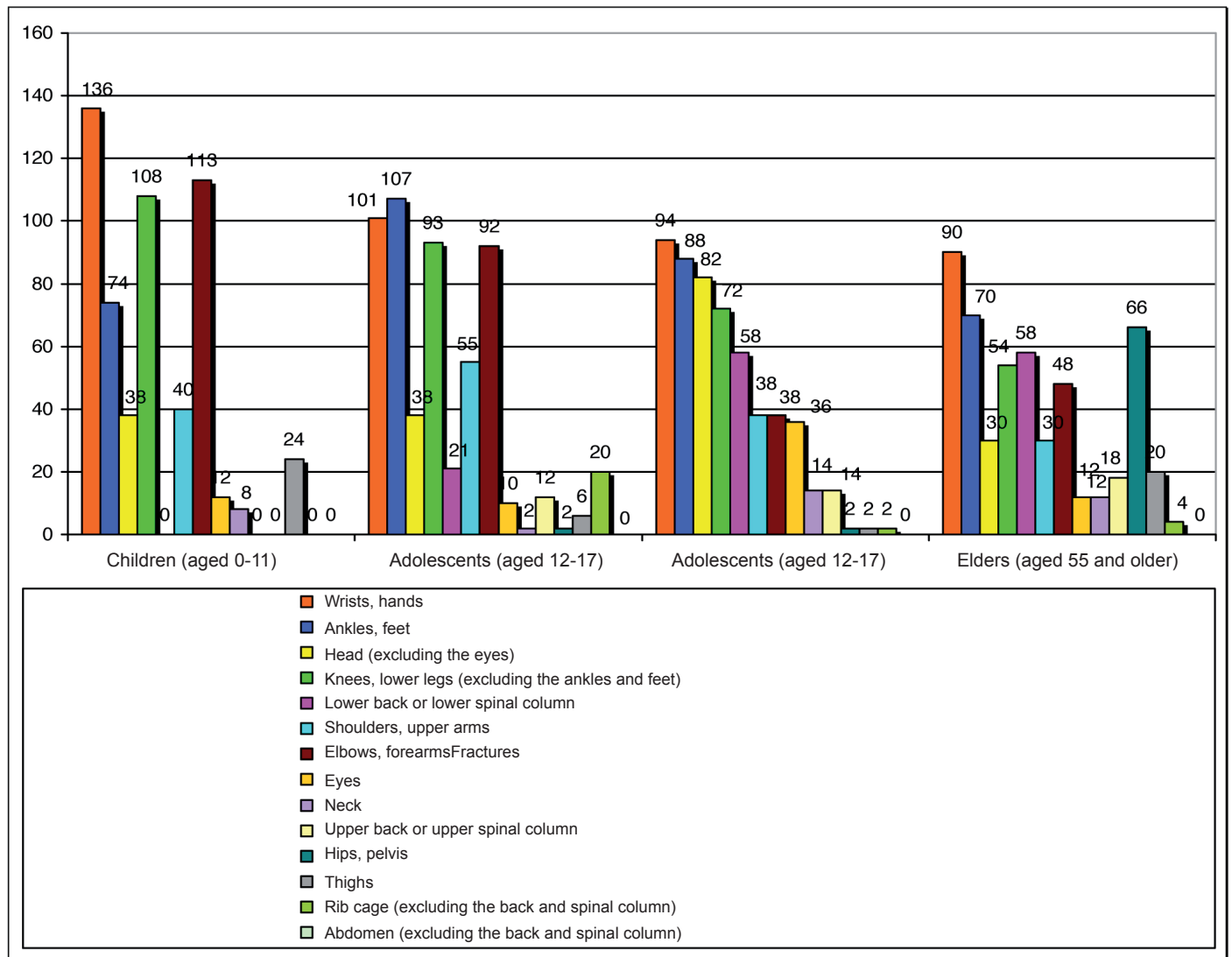
N=20

**3.3.5 Parts of the Body Most Affected by Injuries Based on Age Group**

For each age group, respondents had to indicate the five parts of the body most affected by accidental and intentional injuries.

According to Chart 25, children seem more inclined to injure their wrists and hands, elbows and forearms, knees and lower legs. Among adolescents, ankles and feet, wrists and hands, elbows and forearms, knees and lower legs are the most affected. Among adults, wrists and hands, ankles and feet and the head are most affected. Finally, among elders, the wrists and hands, ankles and feet, hips and pelvis seem to be the parts of the body most often injured. Moreover, injuries to the wrists and hands, and knees and lower legs appear to decrease based on the age group.

**Chart 25: Parts of the Body Affected for Each Age Group**



N=19

Moreover, some parts of the body of children are affected more particularly than other age groups:

- Elbows and forearms
- Knees and lower legs
- Thighs

Among adolescents, the following parts of the body stand out when compared to other age groups:

- Shoulders and upper arms
- Rib cage
- Ankles and feet

In relation to other age groups, injuries to the following parts of the body are more frequent among adults:

- Head
- Lower back or lower spinal column
- Eyes

Finally, among elders, these parts of the body stand out when compared to other age groups:

- Lower back or lower spinal column
- Thighs

### 3.4 Healthcare Outside the Community

#### Salient Facts Regarding Healthcare Outside the Community

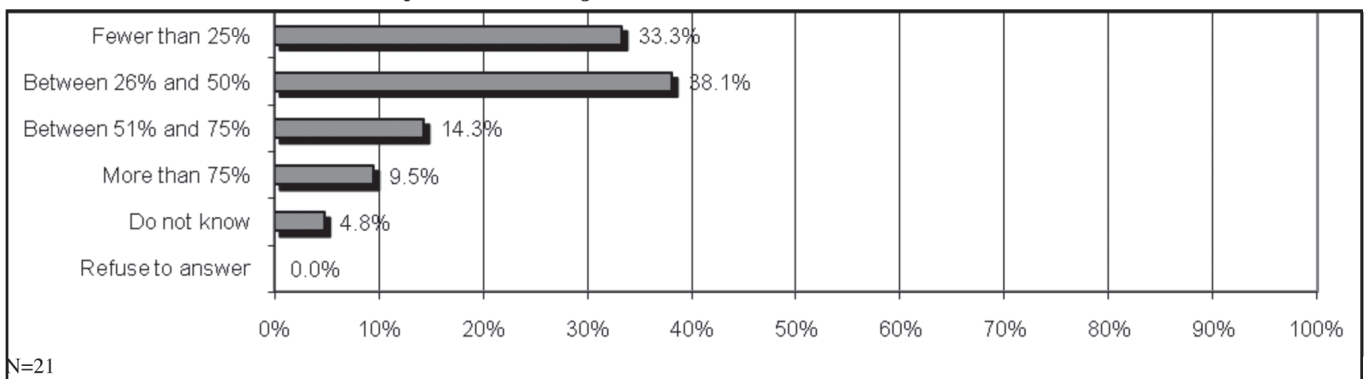
According to respondents, 50% or less of injured individuals had to receive healthcare outside the community because of the severity of their injuries. Fewer than 25% of those injured elected to receive healthcare outside their community.

#### 3.4.1 Healthcare Outside the Community

Respondents had to estimate the proportion of injured individuals requiring healthcare outside the community because of the severity of their injuries.

According to Chart 26, more than one third of respondents estimated that between 26% and 50% of injured individuals had to receive healthcare outside their community because of the severity of their injuries. The majority of respondents also indicated that 50% or less of injured individuals had to receive healthcare outside the community because of the severity of their injuries.

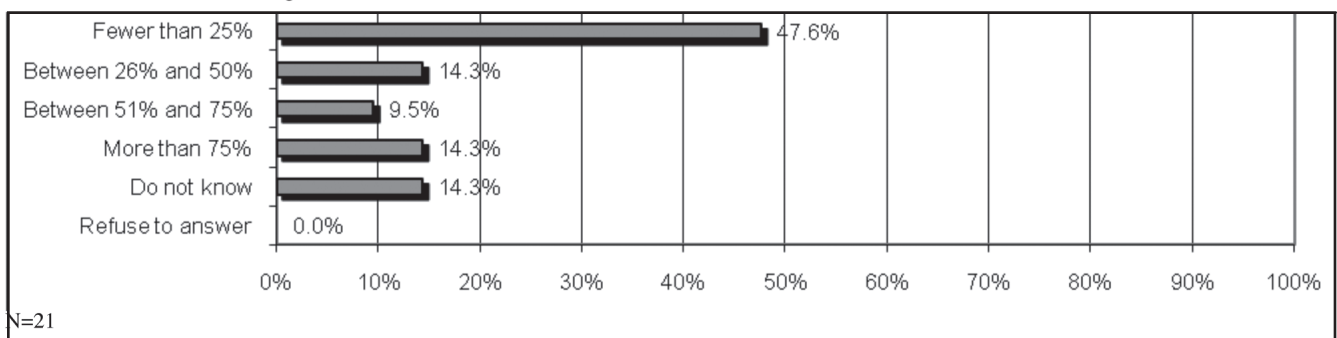
**Chart 26: Injured Individuals Requiring Healthcare Outside the Community Because of the Severity of Their Injuries**



Respondents also had to estimate what proportion of injured individuals chose to obtain healthcare outside the community.

Chart 27 indicates that nearly half the respondents affirmed that fewer than 25% of individuals injured since 2004 in their community had chosen to receive healthcare outside their community.

**Chart 27: Injured Individuals Who Chose to Receive Healthcare Outside the Community**



### 3.5 Details Regarding Certain Intentional Injuries

#### Salient Facts Regarding Certain Intentional Injuries

##### Age Groups

- Adults seem more affected by:
  - Physical violence at home
  - Physical assault outside the home
  - Sexual assault
  - Self-mutilation
  - Attempted suicide or suicide
- Adolescents seem more affected by:
  - Physical assault outside the home
  - Sexual assault
  - Self-mutilation
- Elders seem more affected by:
  - Self-neglect

##### Genders

- Men seem more affected by:
  - Physical assault outside the home
  - Self-neglect
- Women seem more affected by:
  - Physical violence at home
  - Sexual assault
  - Self-mutilation
- It would appear that women attempt to commit suicide more often, and that more men die by suicide.

##### Physical Assault Outside the Home

- Favoured locations:
  1. Bars or discotheques
  2. Public areas
  3. Other people's houses

##### Suicide or Attempted Suicide

- Women
  - Aged 18 or older turn to:
    1. Ingestion of medication
    2. Intoxication through drugs or alcohol
    3. Lacerations
  - More than half the women are intoxicated when they attempt or succeed in committing suicide.
  - Alcohol is used primarily to become intoxicated during attempted or successful suicide.

**Results**

Under 18 turn to:

1. Ingestion of medication
2. Lacerations
3. Intoxication through alcohol or drugs

Alcohol is used primarily to become intoxicated during attempted or successful suicide

• Men

Aged 18 or older turn to:

1. Hanging
2. Ingestion of medication
3. Intoxication through alcohol or drugs

Men resort more frequently to the use of firearms and explosives.

More than half the men are intoxicated when they attempt or succeed in committing suicide.

Alcohol is used primarily to become intoxicated during attempted or successful suicide.

Under 18 turn to:

1. Ingestion of medication
2. Intoxication through alcohol or drugs
3. Hanging

They resort more frequently to the use of firearms and explosives.

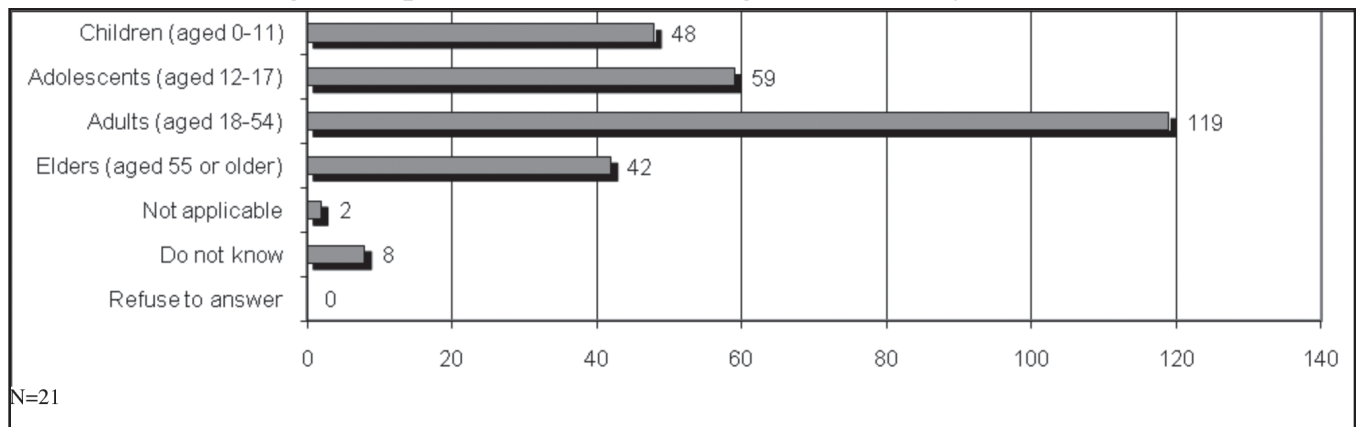
Alcohol is used primarily to become intoxicated during attempted or successful suicide.

**3.5.1 Physical Violence at Home**

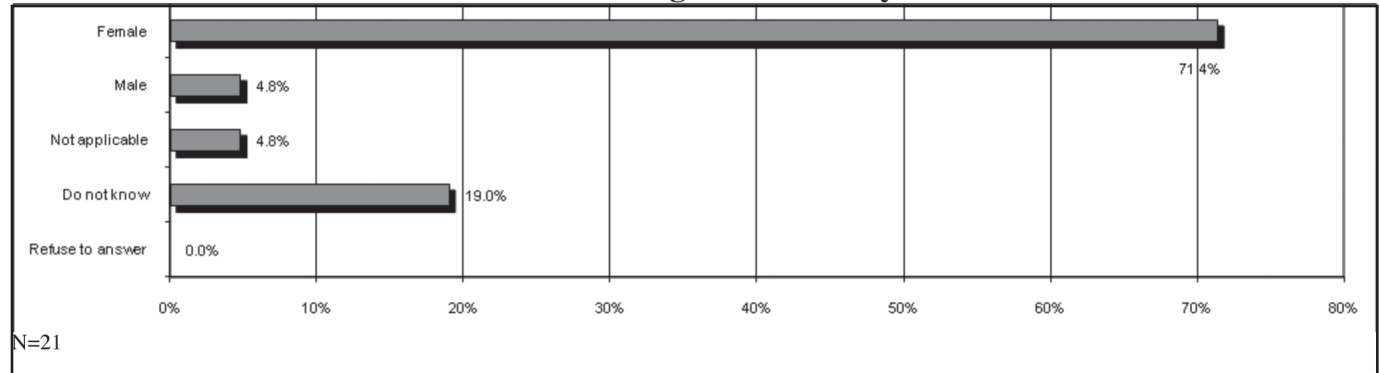
In the following sections, respondents had to classify age groups from the most to the least represented among injured individuals. Then they had to identify the gender most represented among injured individuals.

Charts 28 and 29 show that adults and women account for most individuals having sustained violence at home.

**Chart 28: Age Groups of Individuals Having Sustained Physical Violence at Home**



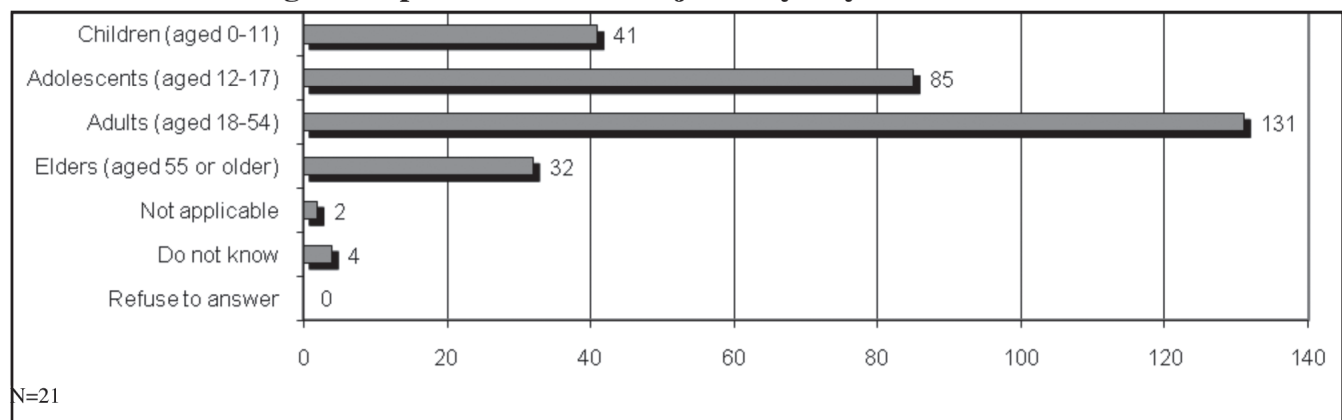
**Chart 29: Gender of Individuals Having Sustained Physical Violence at Home**



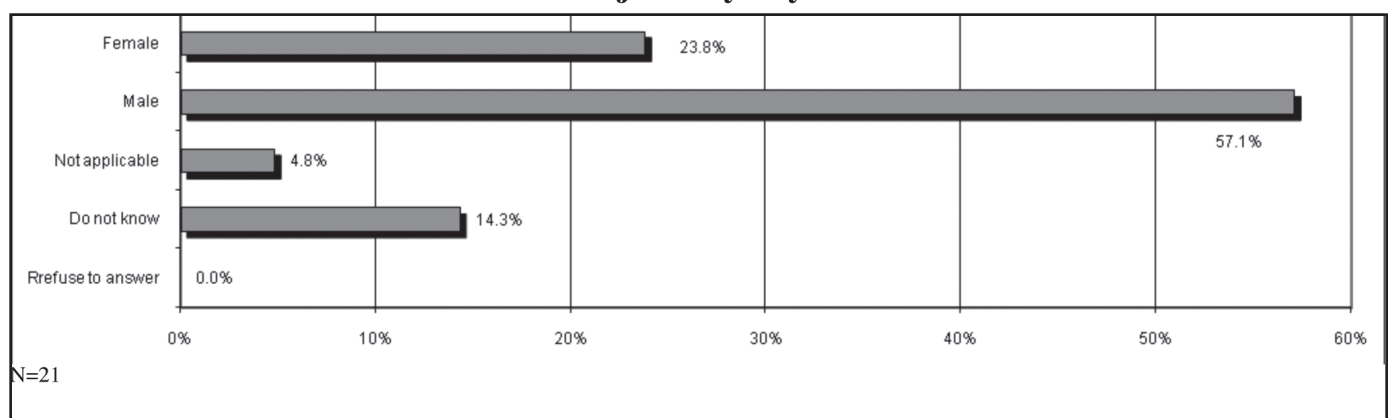
### 3.5.2 Physical Assault Outside the Home

Charts 30 and 31 indicate that adults and men account for most individuals injured as a result of physical assault outside the home. Note also the relatively high number recorded for adolescents.

**Chart 30: Age Groups of Individuals Injured by Physical Assault Outside the Home**



**Chart 31: Gender of Individuals Injured by Physical Assault Outside the Home**

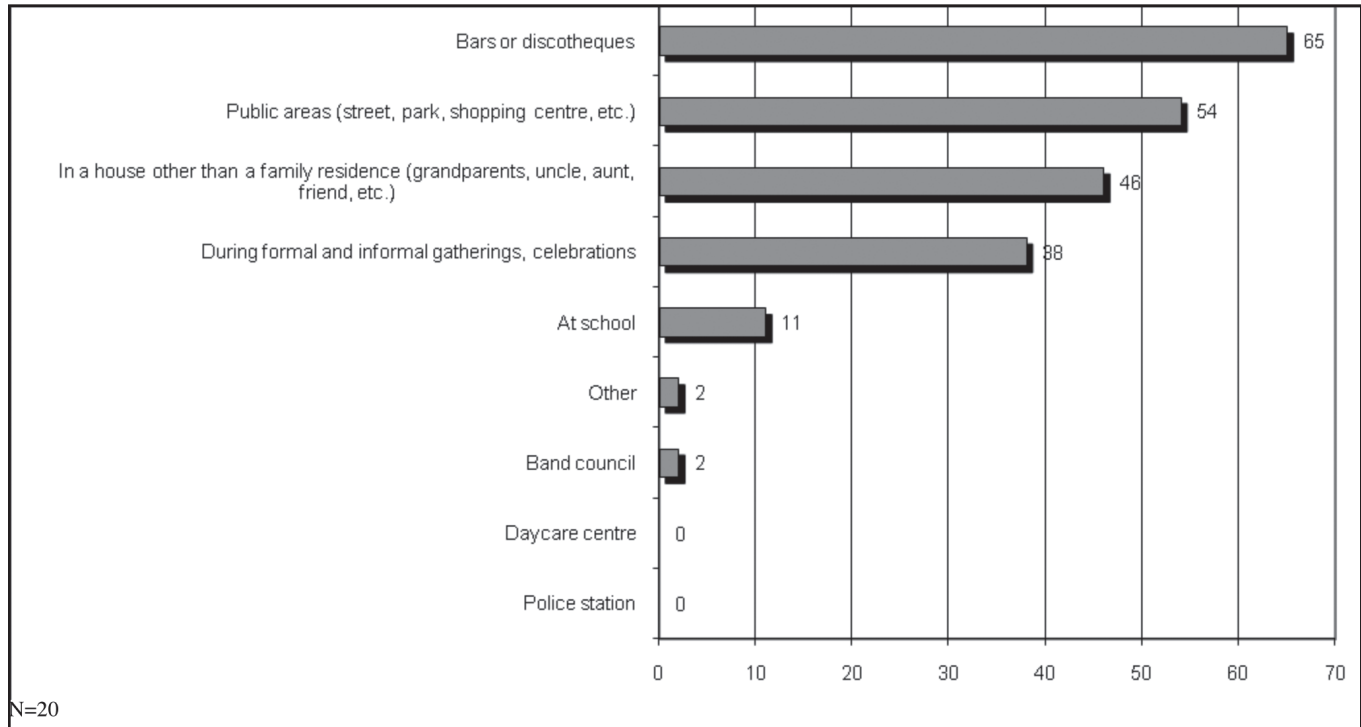


**Results**

Respondents then indicated the three locations where physical assault outside the home occurs most often.

According to Chart 32, it would appear that bars and discotheques are the locations where physical assault outside the home occurs most often. However, public areas, other people’s houses and formal or informal gatherings are also locations conducive to physical assault. In the « Other » category, respondents did not indicate the nature of the locations.

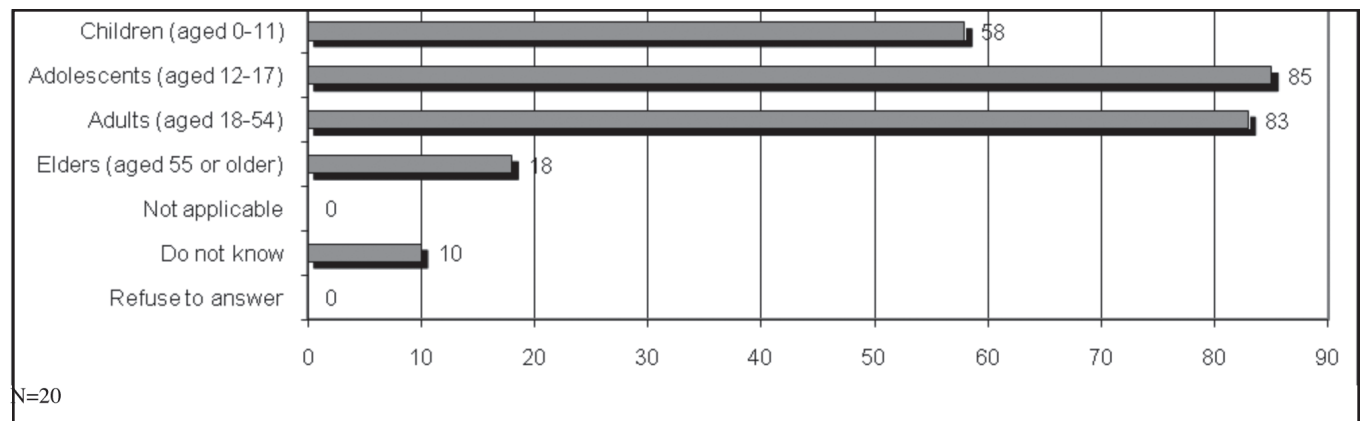
**Chart 32: Locations Where Physical Assault Occurs Outside the Home**



**3.5.3 Sexual Assault**

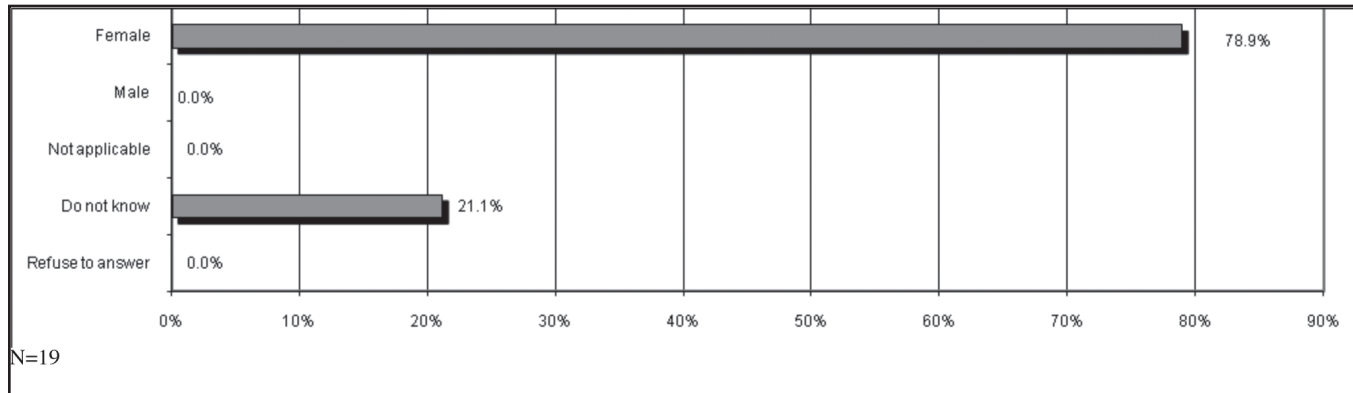
Charts 33 and 34 show that female adults and adolescents are the groups most at risk of sexual assault.

**Chart 33: Age Groups of Individuals Having Been Sexually Assaulted**





**Chart 34: Gender of Individuals Having Been Sexually Assaulted**

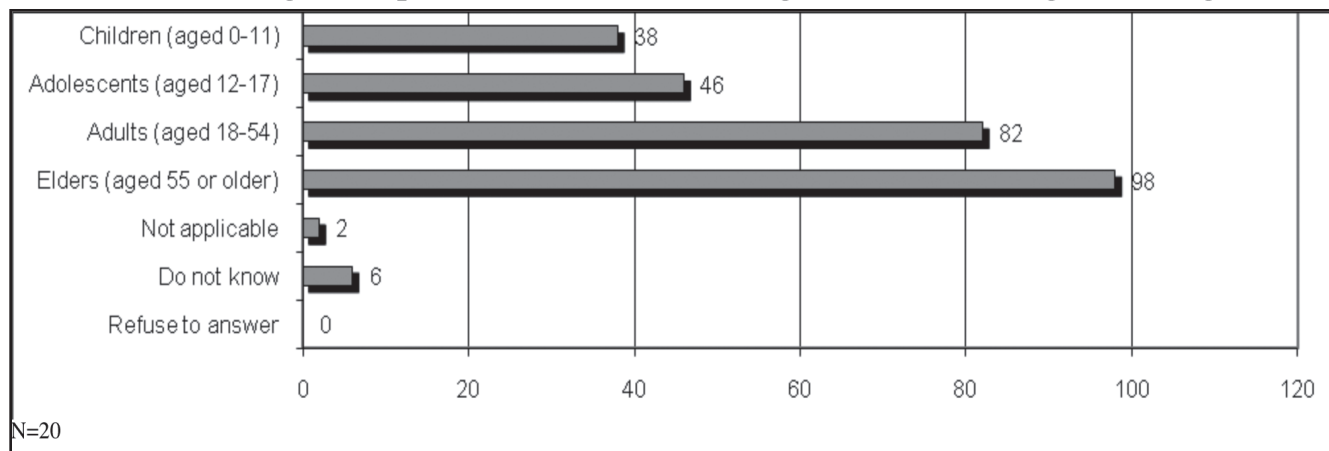


### 3.5.4 Self-neglect

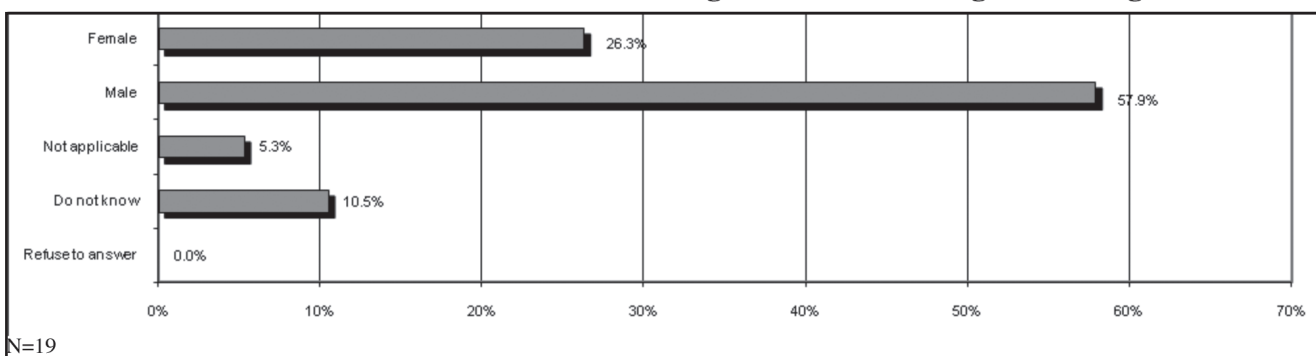
According to Charts 35 and 36, men and elders are the groups more likely to seek healthcare as a result of self-neglect.

These results may be explained by the fact that men consult health and social services professionals less frequently. They wait longer; therefore, their injuries may be more severe. It is also possible that there is a connection between self-neglect among men and the fact that they are less inclined to verbalize their feelings.

**Chart 35: Age Groups of Individuals Consulting Healthcare Owing to Self-neglect**



**Chart 36: Gender of Individuals Consulting Healthcare Owing to Self-neglect**

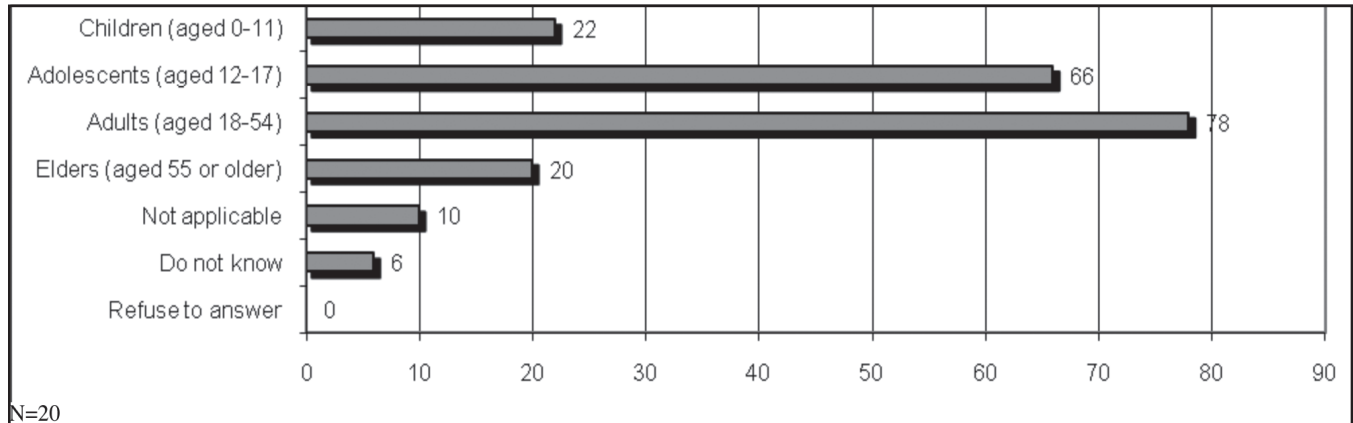


**Results**

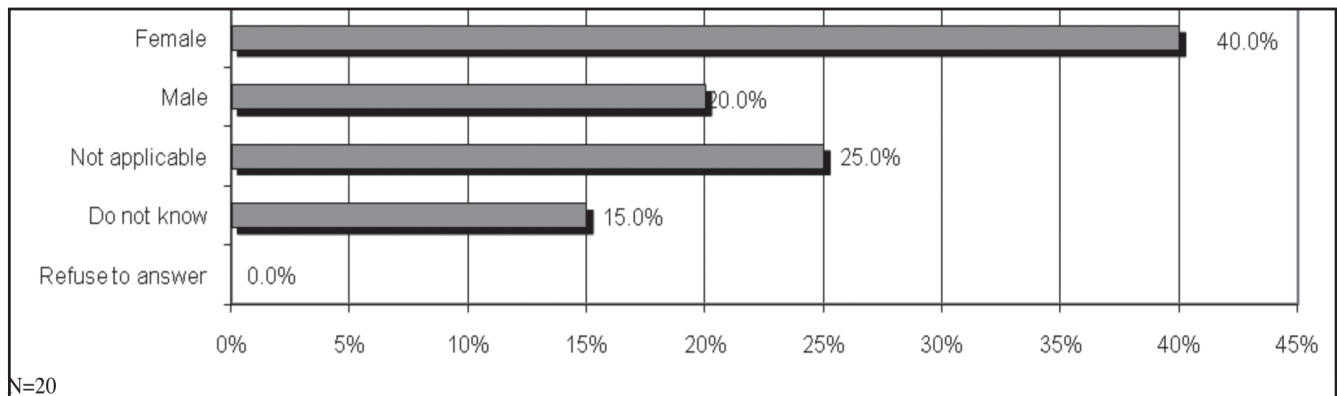
**3.5.5 Self-mutilation**

Adults and adolescents seem more inclined to self-mutilation and the number of women affected seems greater. However, Chart 38 presents high percentages of « Not applicable » and « Do not know » answers, which might explain the taboo associated with self-mutilation.

**Chart 37: Age Groups of Individuals Injured Through Self-mutilation**



**Chart 38: Gender of Individuals Injured Through Self-mutilation**

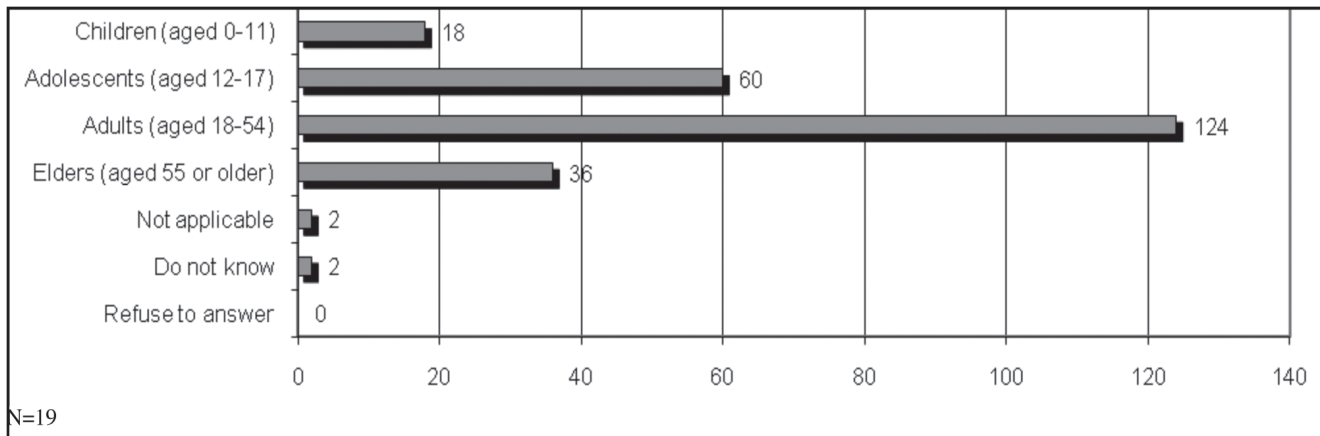


**3.5.6 Suicide or Attempted Suicide**

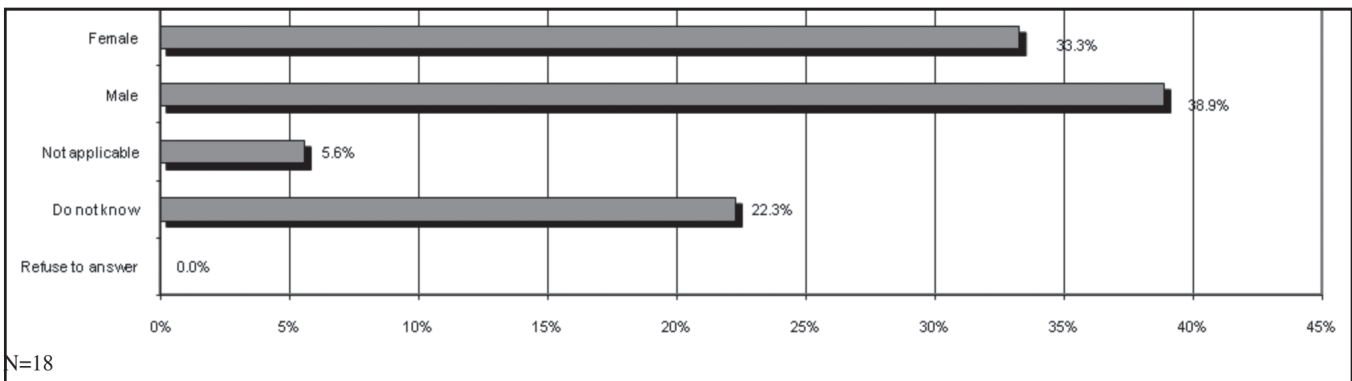
According to Charts 39 and 40, adults appear to be the individuals most often injured by attempted suicide or killed as a result of suicide. However, the results obtained make it difficult to determine if men or women are more inclined to attempt to commit suicide or succeed.

However, it seems that more women attempt to commit suicide and more men actually die as a result of suicide. This statement may explain the results of Chart 40 illustrating suicide or attempted suicide.

**Chart 39: Age Groups of Individuals Injured by Attempted Suicide or Killed as a Result of Suicide**



**Chart 40: Gender of Individuals Injured by Attempted Suicide or Killed as a Result of Suicide**

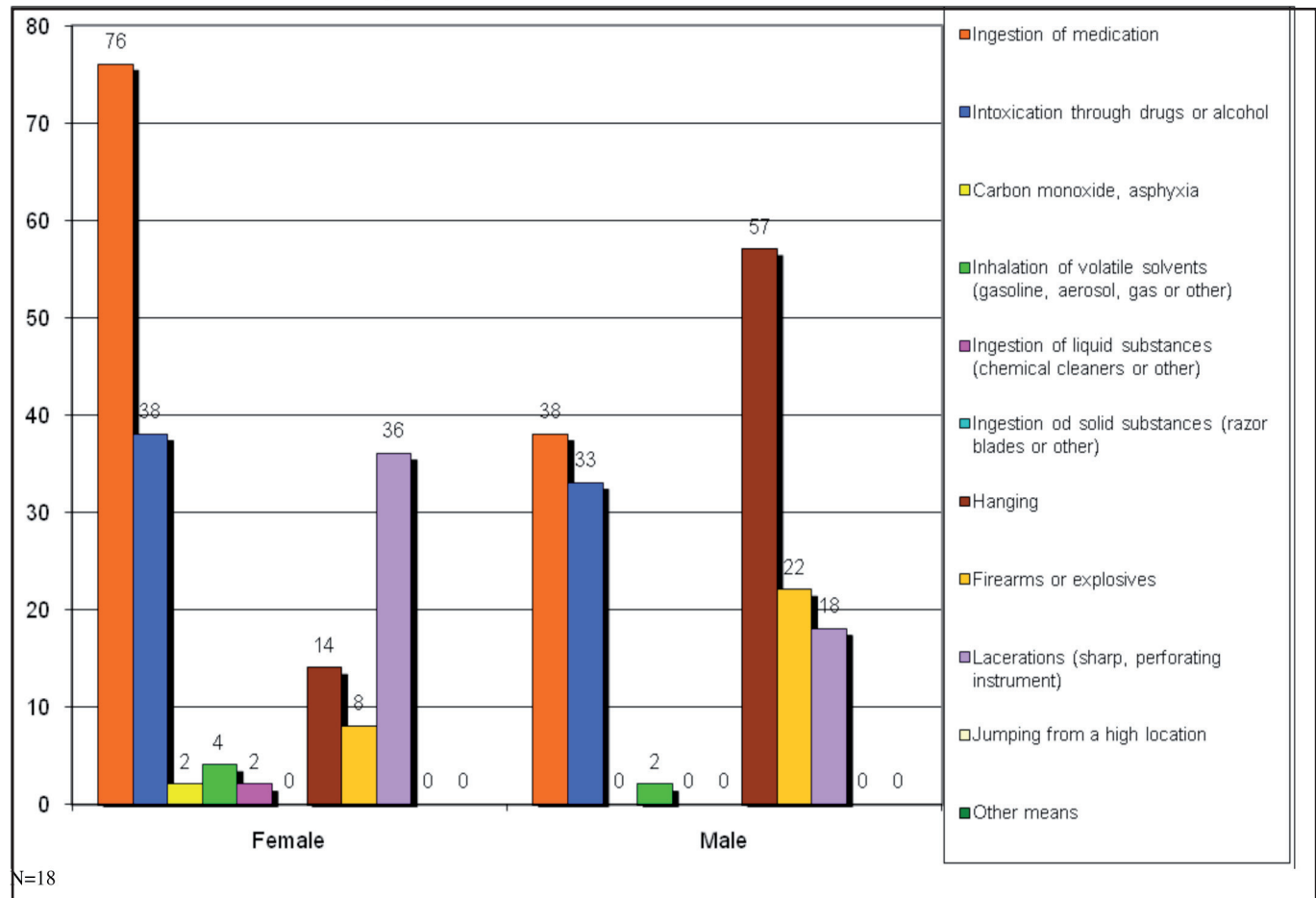


The section that follows excludes those persons having answered « Not applicable » to the question regarding suicide or attempted suicide. Thus, the population involved in the results that follow is N=20.

For each gender and age group, respondents had to identify the three means most used in attempting or committing suicide.

According to Chart 41, women aged 18 or older tend to ingest medication to attempt or succeed in committing suicide, while men aged 18 or older tend to hang themselves.

**Chart 41: Means Used by Individuals, Aged 18 or Older and by Gender, in Attempting or Committing Suicide**



Moreover, one means stands out more particularly among women aged 18 or older than men:

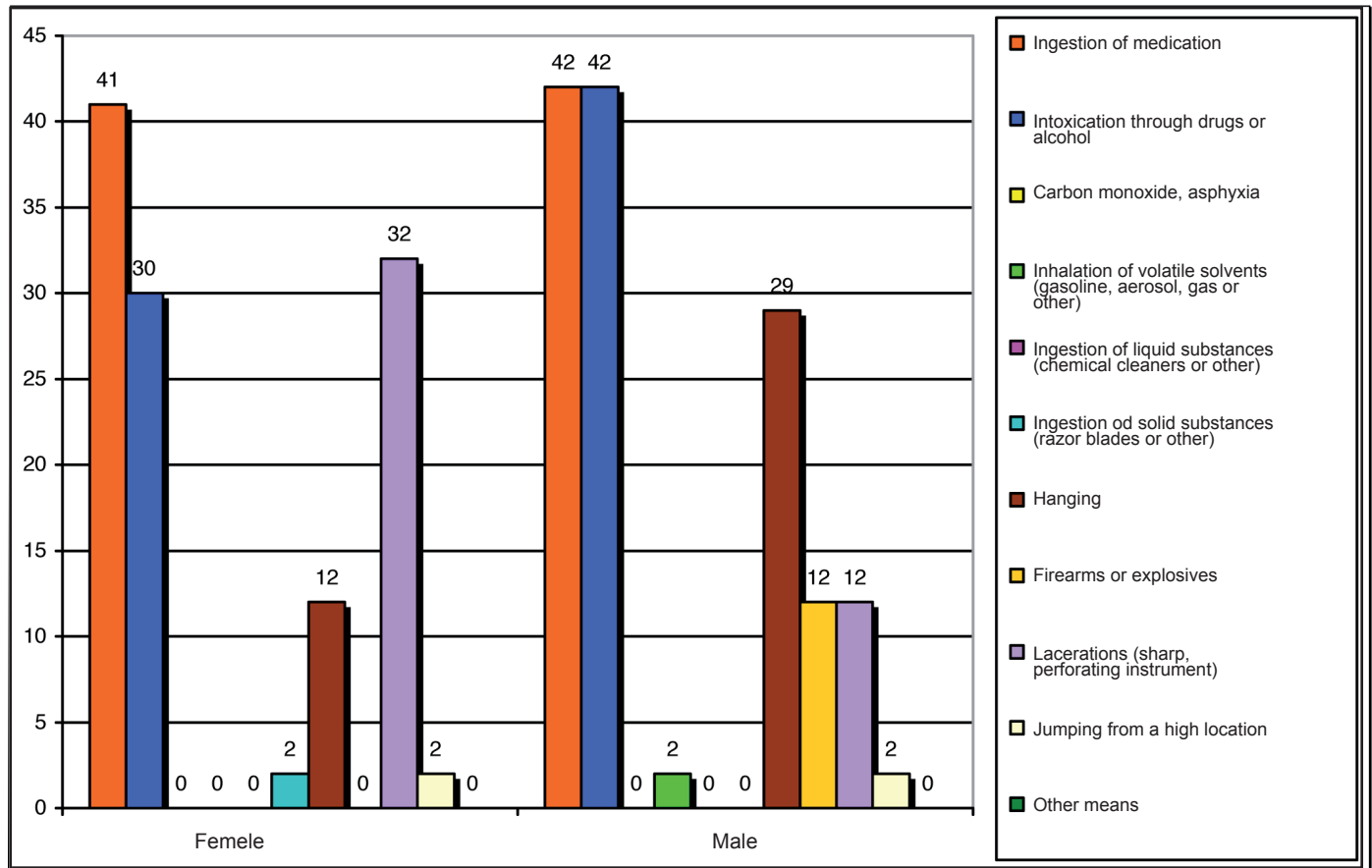
- Lacerations (sharp, perforating instrument)

Among men aged 18 or older, one means also stands out when compared to means used by women:

- Firearms or explosives

Among females under eighteen, the ingestion of medication, lacerations and intoxication through drugs and alcohol seem to be the means employed most to attempt or succeed in committing suicide. Among males under eighteen, the ingestion of medication, intoxication through drugs and alcohol and hanging are resorted to more often.

**Chart 42: Means Used by Individuals, Aged 18 or Older and by Gender, in Attempting or Committing Suicide**



N=17

Among men under eighteen, another means stands out when compared to women’s means:

- Firearms or explosives

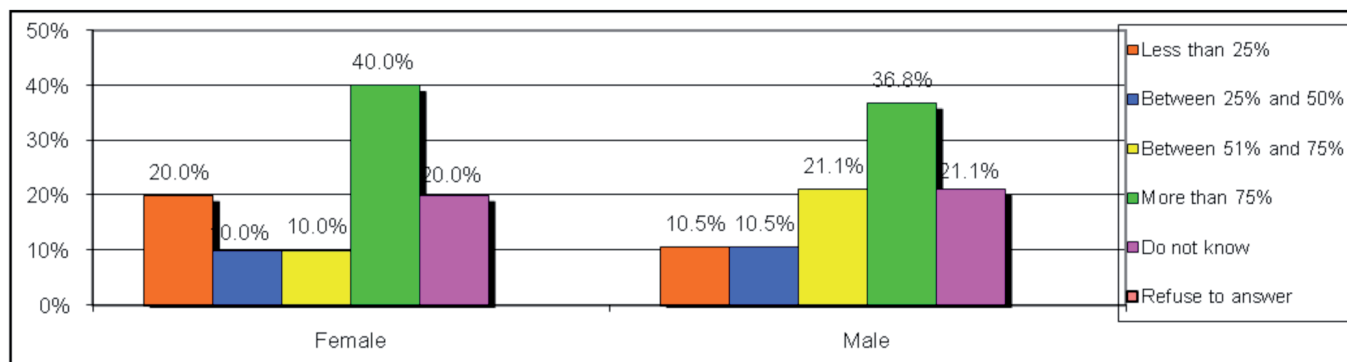
Respondents then indicated for each gender and age category the proportion of individuals who were intoxicated when they attempted or succeeded in committing suicide.

Among individuals aged 18 or older, Chart 43 shows that more than half of all respondents affirmed that in excess of 51% of men and women were intoxicated when they attempted or succeeded in committing.

Therefore, it would appear that among individuals aged 18 or older, intoxication is very much present during attempted or successful suicide.

**Results**

**Chart 43: Individuals Aged 18 or Older and by Gender Who Were Intoxicated When They Attempted or Succeeded in Committing Suicide**



N=20

Among individuals under eighteen, the high percentages of « Not applicable » and « Do not know » answers indicate that few respondents answered the question.

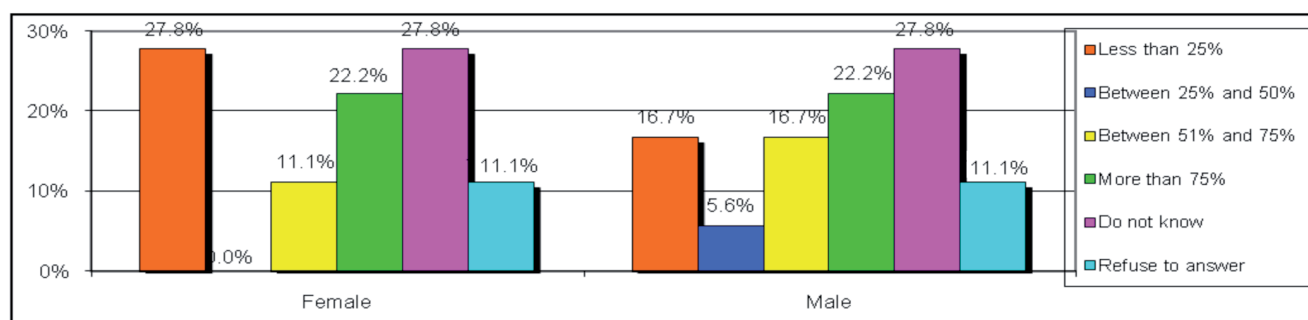
Among women under eighteen, about one quarter of those interviewed affirmed that fewer than 25% of women were intoxicated when they attempted or succeeded in committing suicide.

Among men under eighteen, more than 20% of those interviewed affirmed that more than 75% of men were intoxicated when they attempted or succeeded in committing suicide.

Based on the results presented in Chart 44, it is difficult to determine the proportions of individuals under eighteen who were intoxicated when they attempted or succeeded in committing suicide.

**Chart 44: Individuals under Eighteen and by Gender Who Were Intoxicated When They Attempted or Succeeded in Committing Suicide**

**Suicide**



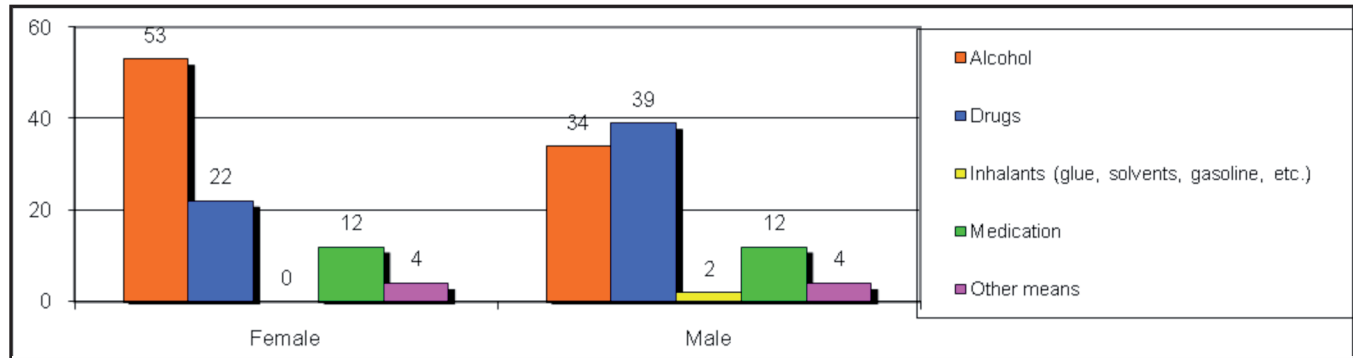
N=18

For each gender and each age group, respondents also indicated the two substances most frequently at cause among intoxicated individuals when they attempted or succeeded in committing suicide.

Among individuals aged 18 or older and intoxicated when they attempted or succeeded in committing suicide, alcohol seemed to be the substance most frequently at cause for women and drugs and alcohol for men. In the « Other » category, respondents did not specify the nature of the substances at cause.

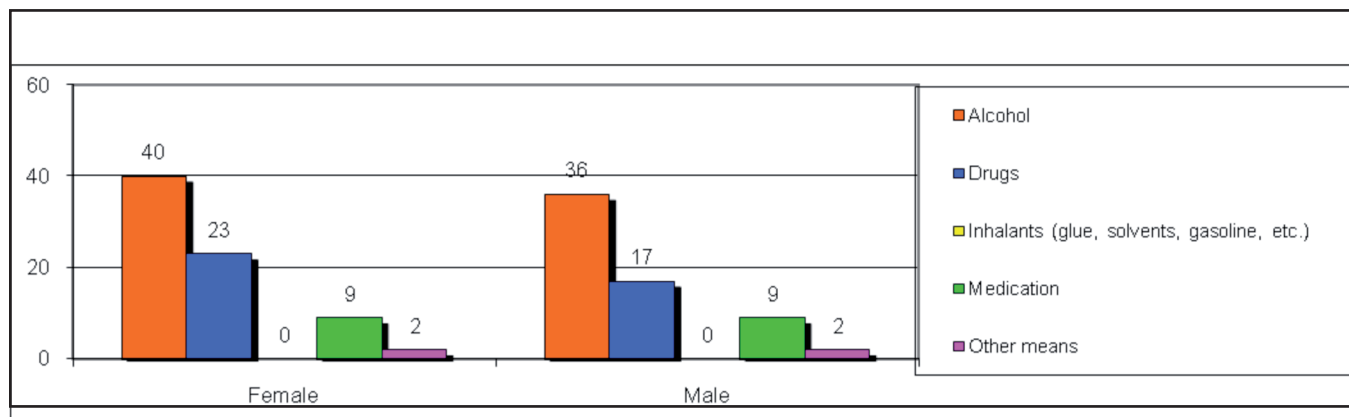
On this subject, it may be surprising to note the low score for medication, given that medication obtained the highest score for means used to attempt or succeed in committing suicide among women aged 18 or older. The question may have been interpreted differently by respondents, which might explain this result

**Chart 45: Substances at Cause Among Intoxicated Individuals Aged 18 or Older and by Gender When They Attempted or Succeeded in Committing Suicide**



Among individuals under eighteen who were intoxicated when they attempted or succeeded in committing suicide, it would seem that alcohol is most often at cause for both women and men. In the « Other » category, respondents did not specify the nature of the substances at cause.

**Chart 46: Substances at Cause Among Intoxicated Individuals Under Eighteen and by Gender When They Attempted or Succeeded in Committing Suicide**



N=18

### 3.6 Practices Aimed at Decreasing Injuries

#### Salient Facts Regarding Practices to Decrease Injuries

##### Initiatives to Prevent Accidental and Intentional Injuries

- It would appear that 62% of communities have developed and implemented an initiative to prevent accidental and intentional injuries.
- Initiatives developed and implemented appear to decrease with the size of the community.
- The following themes were mentioned frequently:
  - Bicycle safety
  - Suicide and crisis situations
  - Accidents in general
  - Alcohol and drugs
- Nearly two-thirds of communities having developed and implemented an initiative affirm that it was adapted to the cultural and traditional values of the community.
- One third of communities having developed and implemented an initiative affirm having assessed it.
- Communities having taken no initiative to prevent accidental and intentional injuries affirm not having the human and financial resources to develop and implement such initiative.

##### Community Activities to Prevent Accidental and Intentional Injuries

###### Accidental Injuries

- It would appear that 65% of communities have developed and implemented community activities aimed at preventing accidental injuries.
- The following themes were mentioned frequently:
  - Safety in general
  - Safety in sports
  - Health and first aid
- Half of the activities were assessed.
- It would appear that 82% of health centres plan to repeat activities in place.

###### Intentional Injuries

- It would appear that 60% of communities have developed and implemented community activities aimed at preventing intentional injuries.
- The following themes were mentioned frequently:
  - Suicide
  - Prevention of intentional injuries in general
  - Social crises
- More than three-quarters of the activities were assessed.
- It would appear that 92% of health centres plan to repeat activities in place.



### Awareness Tools Aimed at the Prevention of Accidental and Intentional Injuries

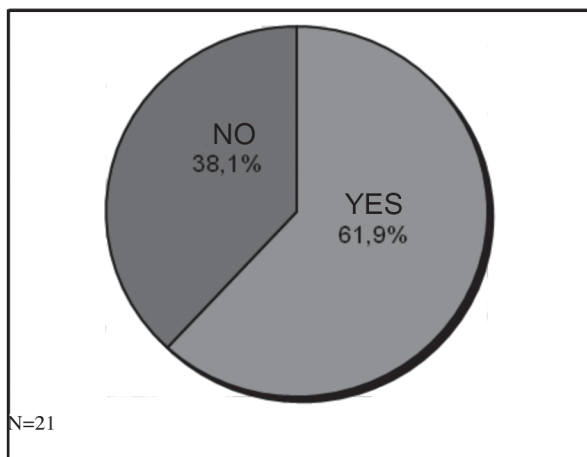
- It would appear that 80% of communities have developed and implemented awareness tools aimed at the prevention of accidental and intentional injuries.
- Tools used most often:
  1. Brochures and information leaflets
  2. Newspaper
  3. Posters
- The targeted clientele consisted most often of the population in general, children, adolescents and adults.
- Only 13% of the tools were assessed.
- Tools that seem to be efficient include radio shows, posters, leaflets, health shows, theatrical presentations, workshops, meetings in small groups, clinics and offering participative prizes in relation to the theme.

#### 3.6.1 Initiatives to Prevent Accidental and Intentional Injuries

Respondents had to indicate if an initiative to prevent accidental and intentional injuries had been developed and implemented in their community.

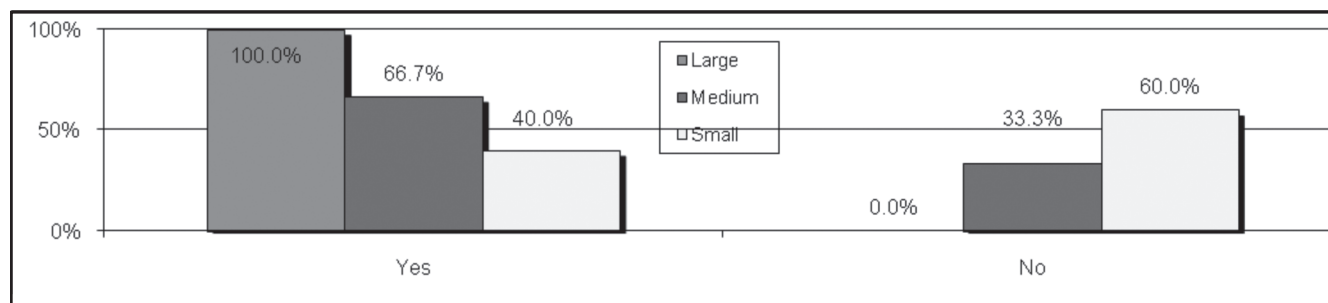
Among those interviewed, thirteen of the twenty-one participating communities had developed and implemented an initiative to prevent accidental and intentional injuries since 2004, or 62% of the communities.

**Chart 47: Communities Having Developed and Implemented an Initiative to Prevent Accidental and Intentional Injuries**



By cross-tabulating initiatives with community size, one notes that initiatives developed and implemented decrease with community size. It is possible that small communities often having fewer staff and modest financial means are less able to develop and implement such initiatives.

**Chart 48: Communities Having Developed and Implemented an Initiative Based on Community Size**



N=12

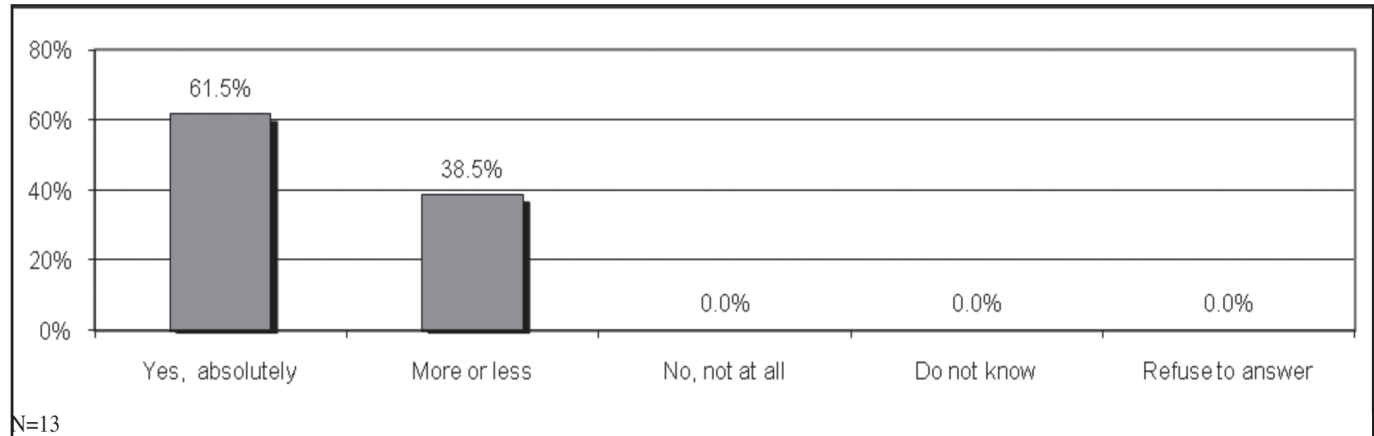
Thirteen individuals provided details regarding initiatives developed and implemented. Themes recurring most often included bicycle safety, suicide, crisis situations, accidents in general and alcohol and drugs. Table 12 presents the complete list of initiatives mentioned by respondents.

**Table 12: Initiatives Developed and Implemented to Prevent Accidental and Intentional Injuries**

General	Sports
Accident prevention days	Annual information sessions on preventing bicycle-related injuries
Preventive and postventive activities	Bicycle safety
Increased police surveillance	Radio show on bicycle accident prevention
Radio shows	Information provided to school children on the prevention of accidents bicycling and doing sports
Theme on preventing accidents at home, the beach, youth centre	Bicycle safety sessions and information sheets presented to a clientele aged 5 up (to elders)
Increased prevention at school	Bicycle clinics
Preventive workshops	<b>Crises and Suicide</b>
Community newspaper	Creation of a committee on suicide (prevention and postvention)
Participation in different activities with health professionals	Training on crisis prevention offered to employees
Safety sessions and information sheets presented to a clientele aged 5 up (to elders)	Suicide prevention theme
Information sessions on preventing injuries among elders	Suicide prevention program
<b>Alcohol and Drugs</b>	<b>Other</b>
Radio show on alcohol abuse	Radio show on driving a vehicle
Prevention of suicide and intoxication through alcohol and drugs presented by NNADAP	Radio show on safety during events ( <i>powwow</i> )
NNADAP Program	Car seat safety sessions and information sheets presented to a clientele aged 5 up (to elders)
	Prevention of injuries caused by cold
	Safety in the workplace
	Meetings with young parents to develop parental skills
	Meetings with high school student to discuss sex education
	Bus safety
	Water safety
	All-terrain vehicles (ATV) clinics
	Baby safety showers

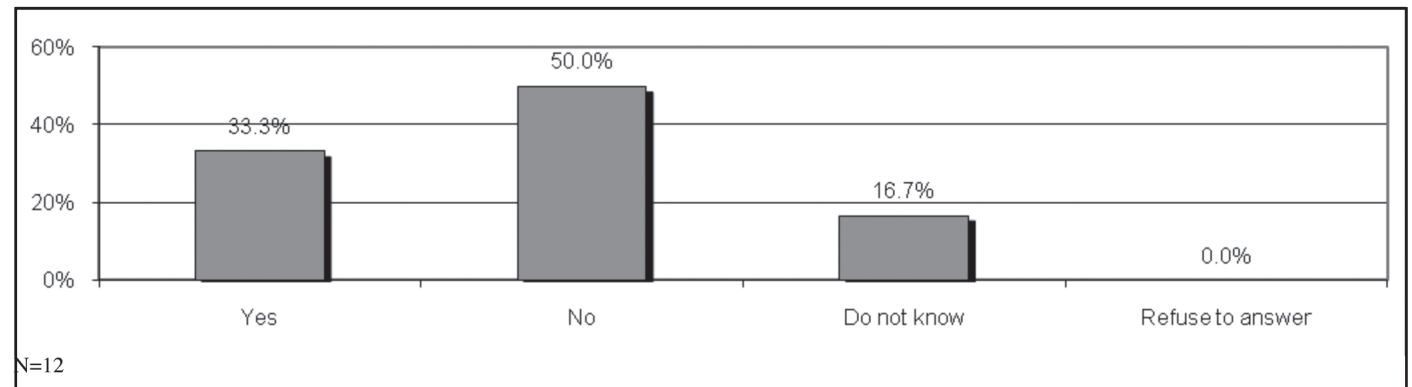
Among communities having developed and implemented an initiative to prevent accidental and intentional injuries, nearly two-thirds affirm that their initiative is completed adapted, meaning that cultural and traditional values of the community are integrated.

**Chart 49: Communities Having an Initiative Adapted Culturally to the Prevention of Accidental and Intentional Injuries**



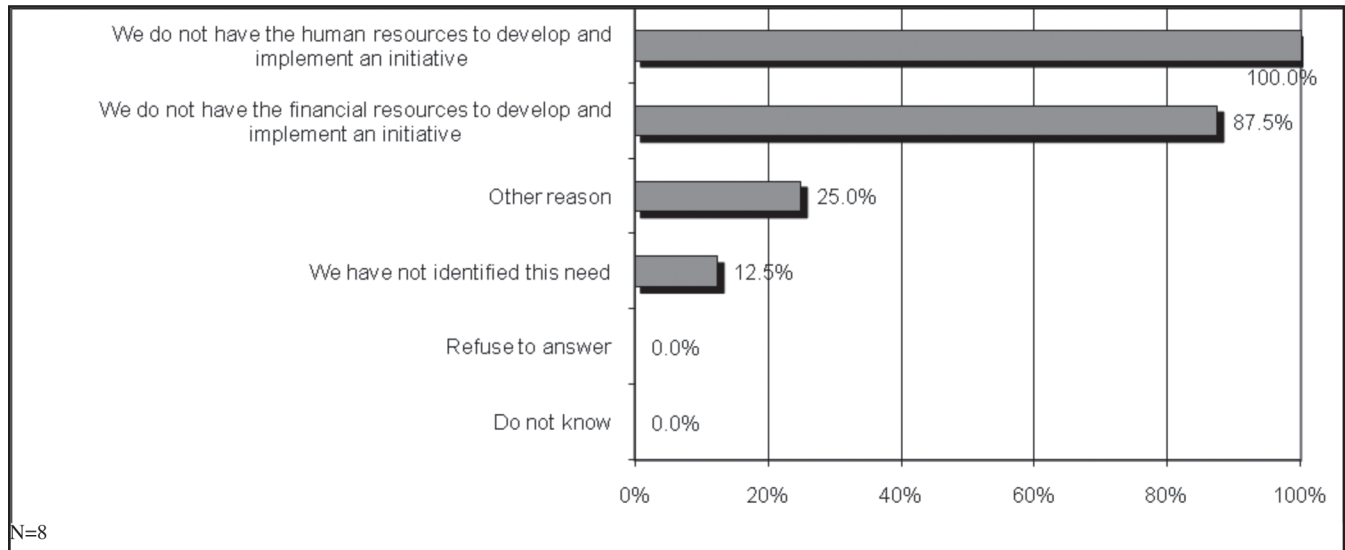
One third of the thirteen communities having developed and implemented an initiative to prevent accidental and intentional injuries affirm having assessed their initiative. Two of four communities indicated that the initiatives were appreciated and necessary. The other two did not answer the question.

**Chart 50: Communities Having Evaluated the Initiative in Place to Prevent Accidental and Intentional Injuries**



The eight communities having affirmed not knowing or not having an initiative to prevent accidental and intentional injuries in their community indicated not having the human resources to develop and implement such an initiative. Moreover, seven of these eight communities (88%) also affirmed not having the financial resources to develop and implement such an initiative.

**Chart 51: Reasons Identified by the Communities That Affirmed Not Having an Initiative in Place to Prevent Accidental and Intentional Injuries**



In the « Other » category, respondents mentioned that the health centre does not have the knowledge or training to develop and implement such initiatives.

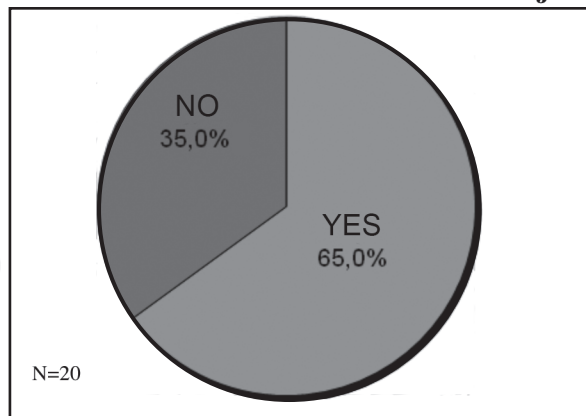
### 3.6.2 Community Activities to Prevent Accidental and Intentional Injuries

Respondents had to indicate if community activities to prevent accidental and intentional injuries had been developed and implemented in their community.

#### Accidental Injuries

According to those interviewed, thirteen of the twenty-one participating communities had developed and implemented community activities to prevent injuries since 2004, or 65% of communities.

**Chart 52: Communities Having Developed and Implemented Community Activities to Prevent Accidental Injuries**



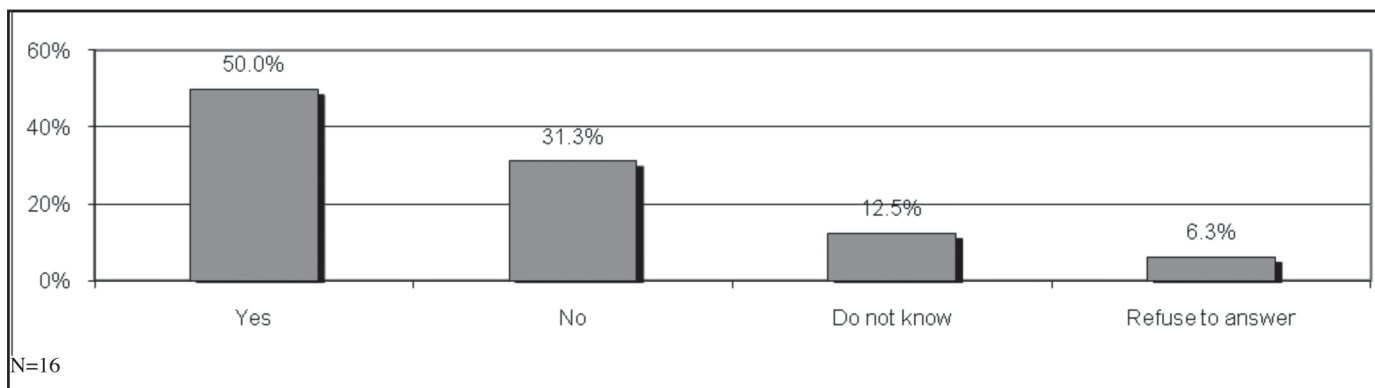
Twenty community activities were listed by the thirteen respondents. Themes mentioned most often included safety in general, safety in sports and health and first aid. Table 13 provides a complete list of the activities.

**Table 13: Community Activities Developed and Implemented to Prevent Accidental Injuries**

General	Health and First Aid
Safety clinics	First aid
Local newspaper	Defibrillator
Radio spots	Emergency intervention
Health and safety show	Heat stroke prevention
Activities for the youth centre, nurses, forestry workers, parents and social workers	First aid course
Accident prevention measures	Prenatal course on safety
Summer accident prevention on the radio, in schools, among police officers	Cardio-pulmonary resuscitation (CPR)
Health salon	Other
Community school lunch	All-terrain vehicle (ATV) activities
Activities on February 14 for social workers, nurses, police officers and firefighters	Baby safety showers
Activities for nurses and police officers in relation to transition houses and rehabilitation in the community (centres d'hébergement et de réinsertion sociale - CHRS) and the Brighter Future Program	Car seat safety
Radio before the start of school	Water safety
Posters prepared by youths on the subject of safety in general	Bus safety
Activities with nurses and community health representatives	Safety in the workplace and tetanus
Sports	Prevention of falls by elders
Bicycle clinics	Evaluating car seats for babies and children
Clinics and information sessions on safety in sports and recreational activities	Car safety
Activity of bicycle safety	Drowning prevention
	Car safety for babies

As shown in Chart 53, half of these activities were assessed. Conclusions mentioned by respondents were that these activities were pertinent, important and appreciated. Participation rates were good and the communities foresaw the possibility of offering these activities to the population at large.

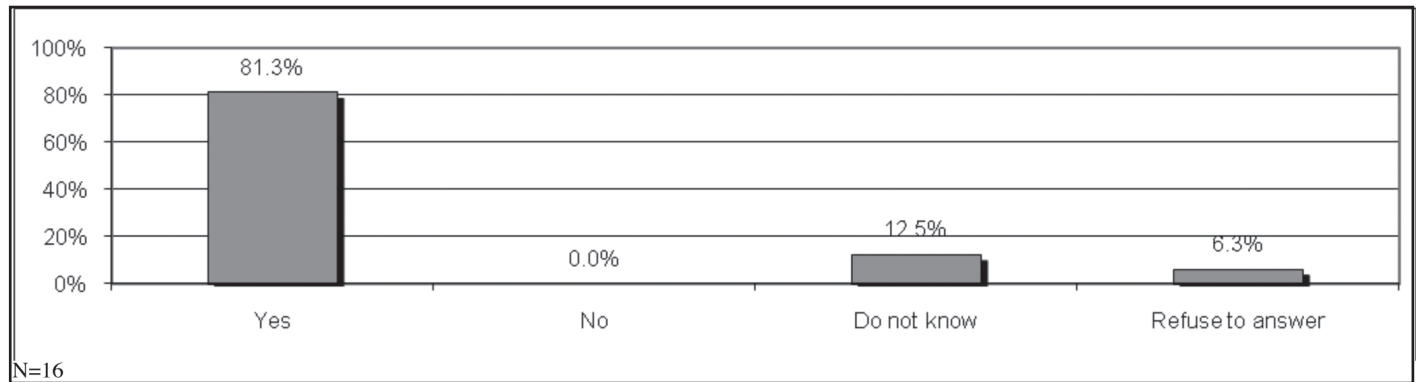
**Chart 53: Communities Having Assessed Community Activities Developed and Implemented to Prevent Accidental Injuries**



**Results**

Moreover, Chart 54 indicates that nearly all respondents, or 82%, affirmed that their health centre planned to repeat the community activities inventoried. For some communities, the pursuit of activities will depend on the time and financing available to them. For others, the activities will take place again because « they work and the message is getting through ». Finally some activities are also carried out on a regular basis.

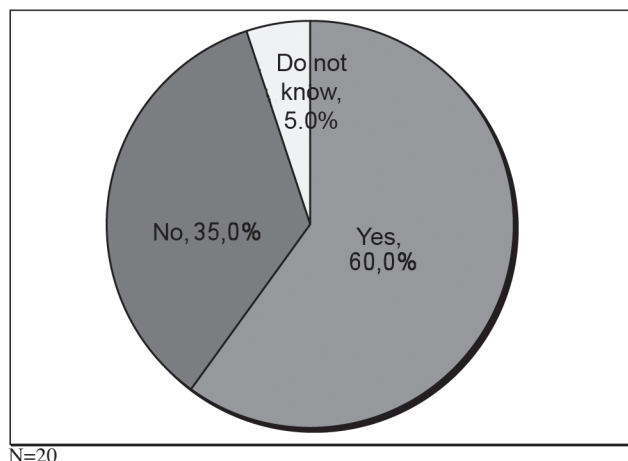
**Chart 54: Communities Planning to Repeat Community Activities Developed and Implemented to Prevent Accidental Injuries**



**Intentional Injuries**

According to those interviewed, twelve of the twenty-one participating communities have developed and implemented community activities to prevent intentional injuries since 2004, or 60% of the communities.

**Chart 55: Communities Having Developed and Implemented Community Activities to Prevent Intentional Injuries**



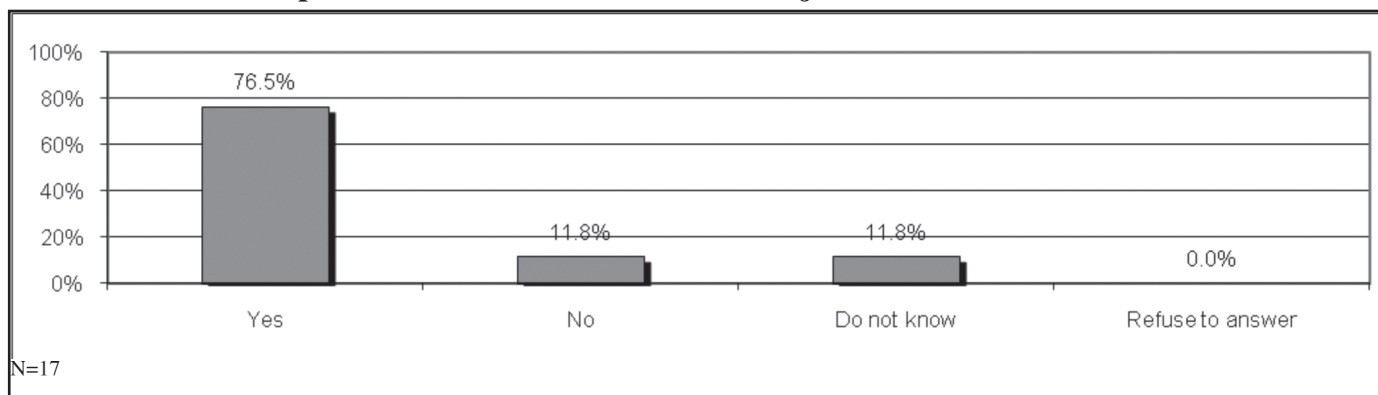
Nineteen community activities were listed by the thirteen respondents. Themes most often explored included suicide, the prevention of intentional injuries in general and social crises. A complete list of activities is provided in Table 14.

**Table 14: Community Activities Developed and Implemented to Prevent Intentional Injuries**

General	Suicide
Community school lunch	Posts on myths related to suicide in the health centre waiting room
Activities on February 14 for social workers, nurses, police officers and firefighters	Awareness tool distributed in all homes within the community
Health and safety show	Activities for the youth centre, nurses, forestry workers, parents and social workers
Health salon	30-minute workshops with children aged 9 to 11 to heighten their awareness about myths regarding suicide
Table on intentional injuries	Suicide prevention committee
Autres	Prevention week with volunteers, police officers and health workers
Activities to occupy people to avoid consumption	Suicide protocol
Activity at the violence abuse centre	Forum on suicide
NNADAP Program	Permanent committee on suicide
Self-esteem workshops	Training in suicide
Information sessions on self-mutilation	Prevention of suicide in the community
Articles in a local newspaper on self-mutilation	Suicide prevention activity
Self-mutilation support group	Training on suicide intervention
Individual meetings on self-mutilation with a therapist	Social crisis
	Preventive social training
	Sentinel
	Community crisis events
	Sentinel training (postvention)
	Crisis team
	Community crisis project

As shown in Chart 56, more than three-quarters of these activities have been assessed. Conclusions mentioned by respondents were that these activities were important and appreciated. Participation rates were good in general and goals were achieved. In certain communities, the suicide rate declined.

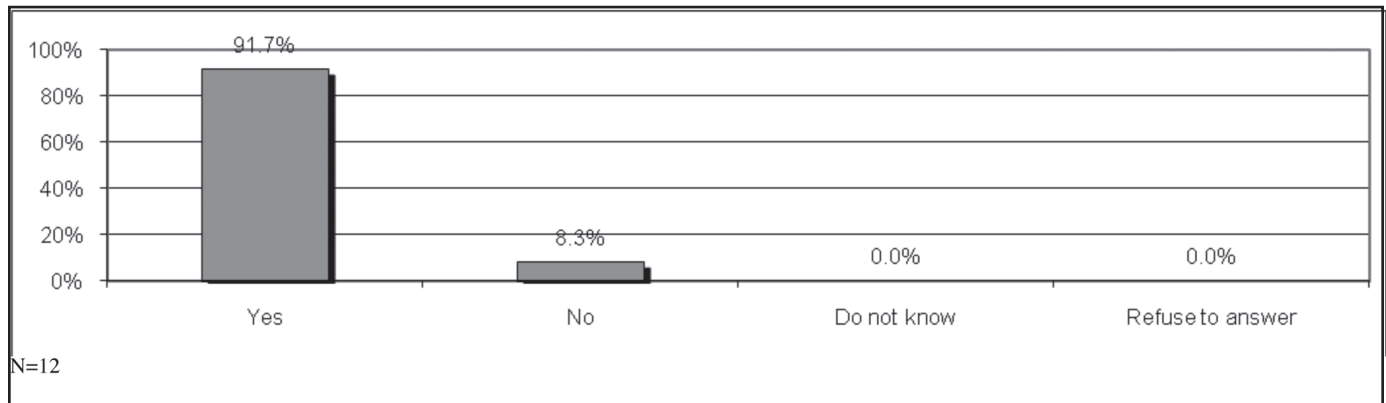
**Chart 56: Communities Having Assessed Community Activities Developed and Implemented to Prevent Intentional Injuries**



**Results**

Moreover, Chart 57 indicates that almost all respondents, or 92%, affirmed that their health centre planned to repeat the community activities listed. For some communities, the pursuit of activities will depend on the time and financing available to them. For others, the activities will take place at popular request or already take place on a regular basis. Finally, some communities observed a decrease in the rate of intentional injuries following the activities. These results encourage them to continue the activities.

**Chart 57: Communities Planning to Repeat Community Activities Developed and Implemented to Prevent Intentional Injuries Communities**

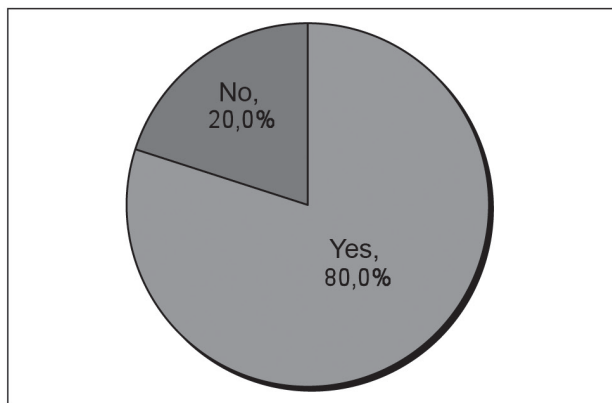


**3.6.3 Awareness Tools to Prevent Accidental and Intentional Injuries**

Respondents had to indicate whether awareness tools to prevent accidental and intentional injuries had been developed and implemented in their community.

Eighty percent of participating communities, equivalent to sixteen communities, affirmed having developed and implemented awareness tools to prevent accidental and intentional injuries since 2004.

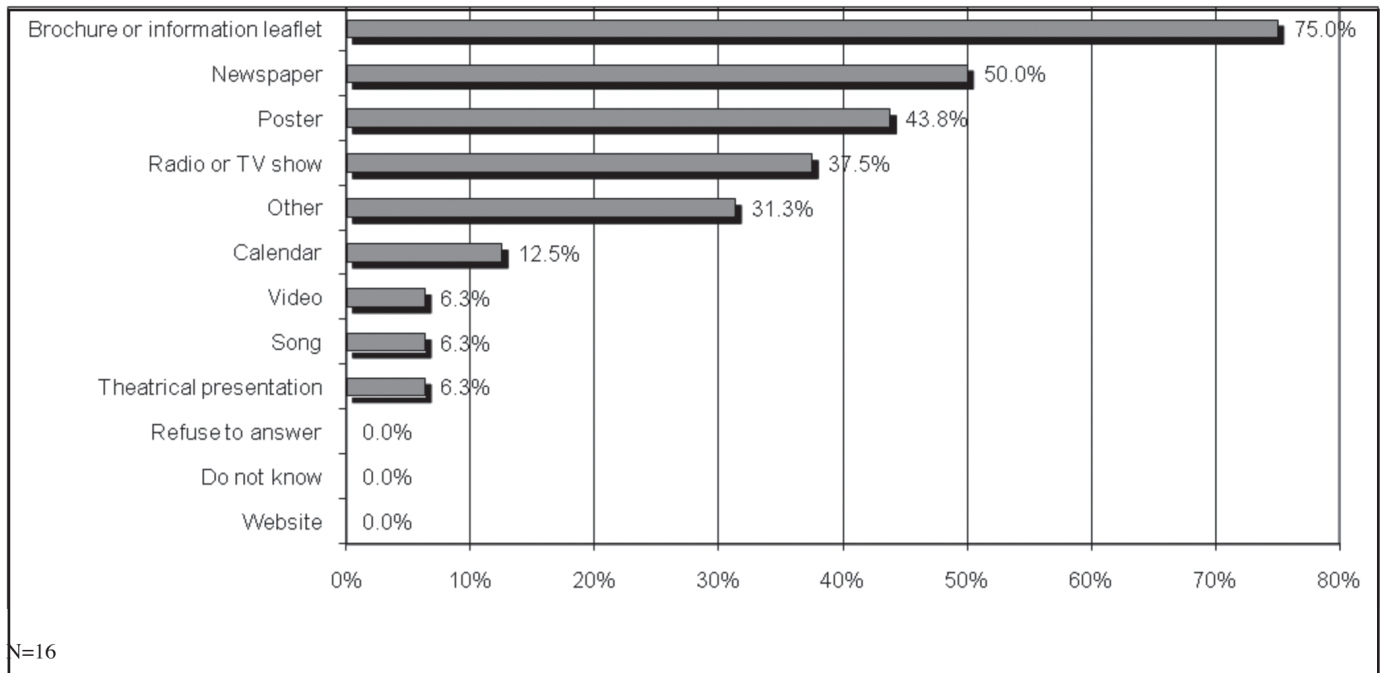
**Chart 58: Communities Having Developed and Implemented Community Activities to Prevent Accidental and Intentional Injuries**



Three-quarters of respondents affirmed that their community used brochures, information leaflets and awareness tools to prevent accidental and intentional injuries. Newspapers and posters were also used frequently.



**Chart 59: Awareness Tools to Prevent Accidental and Intentional Injuries Developed by Communities**

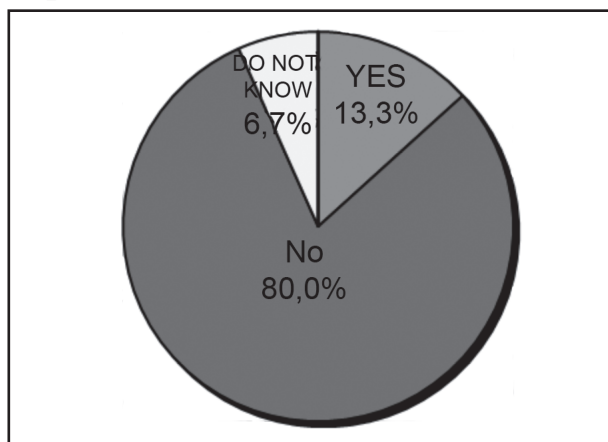


In the « Other » category, respondents mentioned discussion forums, information stands, meetings with students and magnetic boards.

Of the fifteen individuals who answered the question, the clientele most often targeted by the awareness and prevention tools are the general population. Children rank second, followed by adolescents and adults. Finally, to a lesser extent, families are targeted by the tools.

Of the sixteen communities that indicated having developed and implemented awareness tools to prevent accidental and intentional injuries, 80% had not assessed the tools. Therefore, only 13% of tools were assessed. These communities did not specify the reason. Those that did indeed assess their tools did not specify the conclusions of their assessments.

**Chart 60: Communities Having Assessed Awareness Tools in Place Developed and Implemented to Prevent Accidental and Intentional Injuries**



N=15

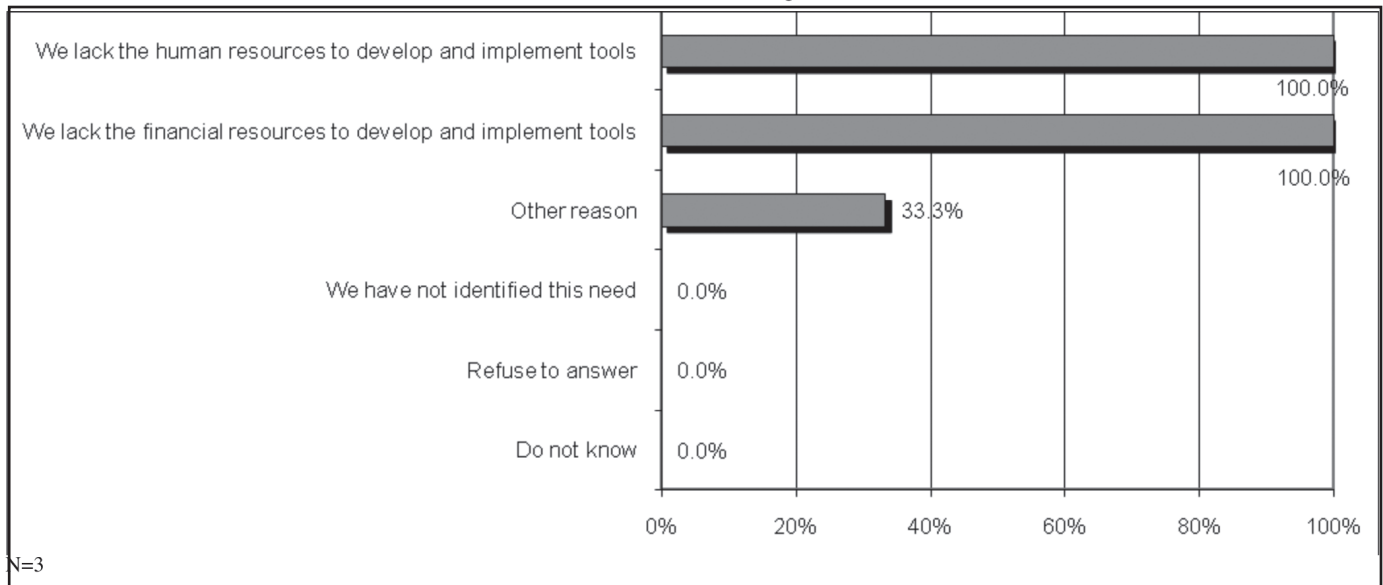
**Results**

According to respondents, the most effective awareness and prevention tools are radio shows, followed by posters, leaflets, health shows and, finally, theatrical presentations, workshops, meetings in small groups, clinics and the fact of offering participative prizes related to the theme.

Among other things, respondents seem to feel that these tools are more efficient because they reach out to a greater number of individuals, are seen and/or listened to by members of the community and provide a pleasant learning experience. Moreover, the tools also seem more efficient when community members are allowed to participate, for instance during theatrical presentations and through the community radio. Finally, the fact that several communities lack a local newspaper, community radio or TV, mailbox or post office box number makes these awareness and prevention tools more efficient.

With respect to the four communities that affirmed not having developed and implemented awareness tools to prevent accidental and intentional injuries, all indicated that they had neither the human nor the financial resources to develop and implement these types of tools.

**Chart 61: Reasons Presented by Communities Explaining Why Awareness Tools to Prevent Accidental and Intentional Injuries Were Not in Place**



### 3.7 Training

#### Salient Facts Regarding Training

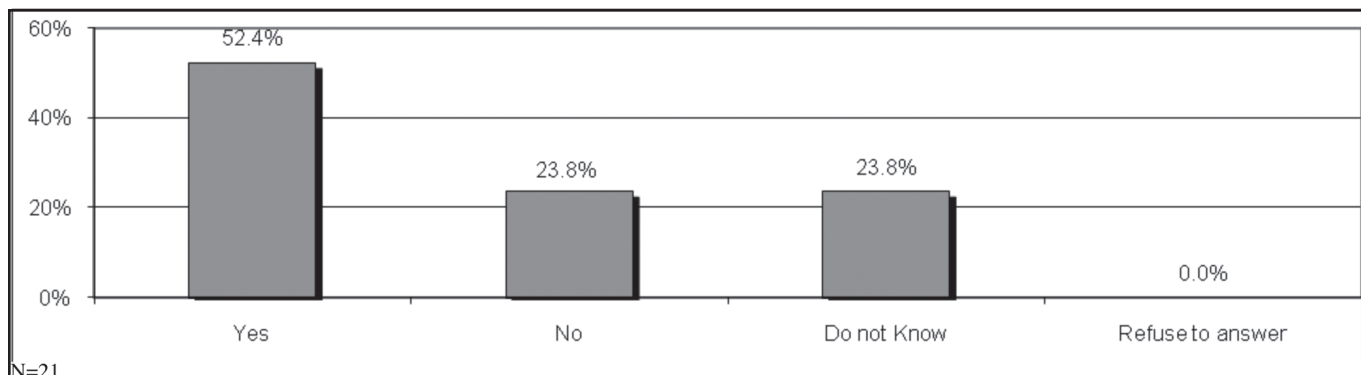
- More than half of respondents affirmed that their health centre professionals had received training on accidental and intentional injuries related to their professional activities.
- Most often received:
  - Cardiopulmonary resuscitation (CPR)
  - First aid
  - Suicide prevention
  - Parental skills
- Half the respondents indicated that their health centre had identified needs in terms of training and further training in the problem of accidental and intentional injuries.
- Needs identified:
  - Improving parental skills
  - Social prevention sentinels
  - Clinical examination of a person
  - First respondents
  - Suicide prevention
- Themes for which training needs are most important:
  1. Prevention of violence and sexual assault
  2. Health and safety in the workplace
  3. Safety at home and in establishments

#### 3.7.1 Training

Respondents had to indicate whether the health professionals at their health centre had followed one or more training sessions on accidental and intentional physical injuries related to their professional activities since 2004.

Thus, more than half the respondents affirmed that health professionals at their health centre had followed one or more training sessions on accidental and intentional physical injuries related to their professional activities.

**Chart 62: Health Professionals Having Followed One or More Training Sessions on Accidental and Intentional Physical Injuries Related to Their Professional Activities**



**Results**

According to respondents, cardiopulmonary resuscitation, first aid, suicide prevention and parental skills are the kinds of training most followed by health professionals of community health centres. Table 15 presents all types of training mentioned by respondents.

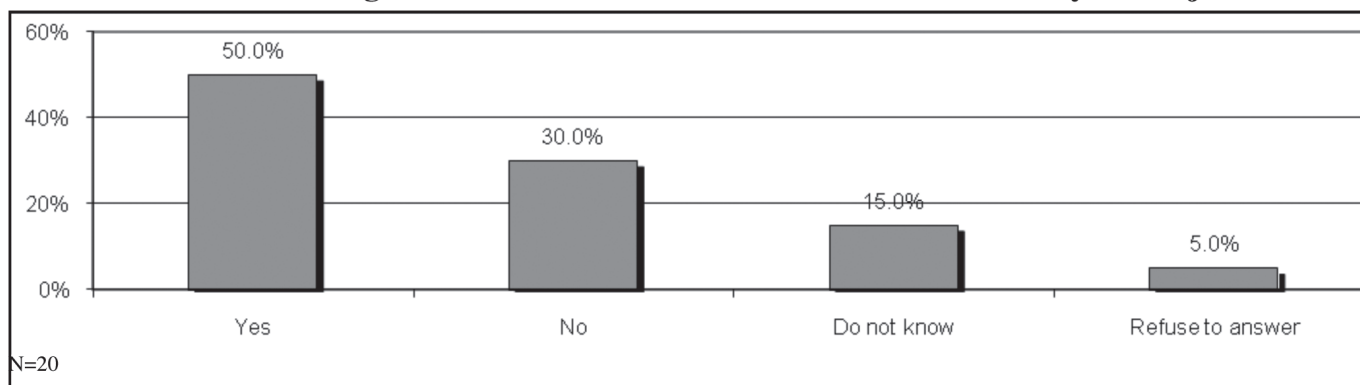
**Table 15: Training on Accidental and Intentional Physical Injuries Followed by Health Professionals at the Health Centre**

Accidental	Intentional
Cardiopulmonary resuscitation (CPR)	Suicide prevention
First aid	Parental skills
Car seats	Crisis intervention for community workers
Principles underlying the safe transfer of beneficiaries (PDSB program)	Local training with a psychologist on social and cultural behaviour
Preventing falls	Abuse of elders
Pre Hospital Trauma Life Support (PHTLS)	
Basic Trauma Life Support (BTLS)	

Respondents then identified needs at their health centre in terms of training and further training on the problem of accidental and intentional injuries.

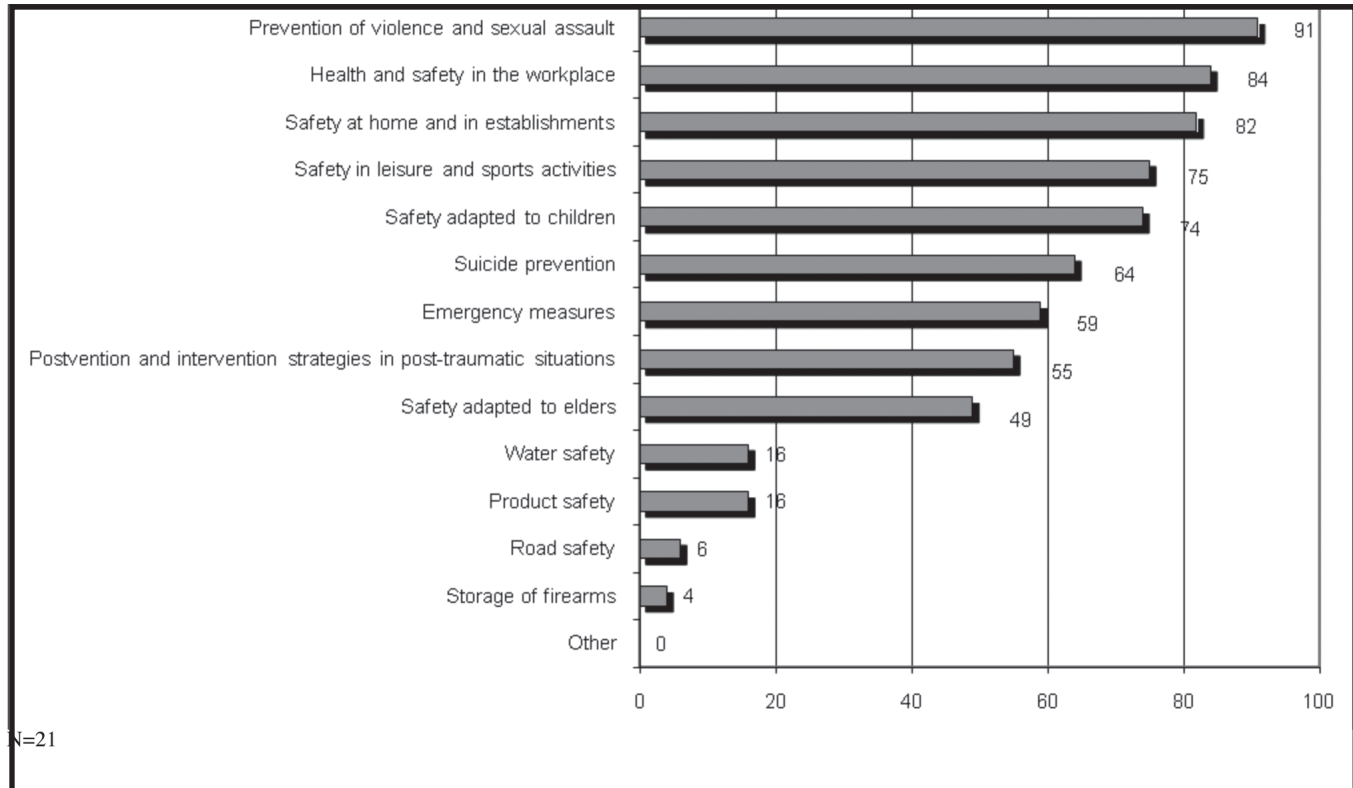
As shown in Chart 63, half the respondents affirmed that their community had identified needs in terms of training and further training on the problem of accidental and intentional injuries. Needs determined included improvement in parental skills, social prevention sentinels, clinical examination of a person, first respondents and suicide prevention.

**Chart 63: Communities Having Identified Needs in Terms of Training and Further Training on the Problem of Accidental and Intentional Physical Injuries**



Finally, respondents had to choose five themes for which training needs at their health centre were most urgent.

Prevention of violence and sexual assault, health and safety in the workplace and safety at home and establishments were the themes identified.

**Chart 64: Themes for Which Training Needs Are Most Urgent**

### 3.8 Compiling Data on Injuries

#### Salient Facts Regarding the Compilation of Data on Injuries

- Half the communities interviewed use a tool to compile data on injuries.
- Small communities seem to use a tool to compile data less frequently.
- Several tools were listed by respondents.
- Tools have been developed by Health Canada, the Canadian Safety Council, CLSC, nurses or by an external consultant.
- Almost all respondents affirmed that the tool is used regularly by health centre staff.
- All communities having mentioned not using a tool to compile data on injuries indicated that such a tool would be useful in their community.
- Respondents felt that such a tool would allow them to target areas in which prevention should be increased and to ascertain whether injuries increase, remain stable or decrease.
- They also indicated that the tool to compile data would be used by staff at their health centre.

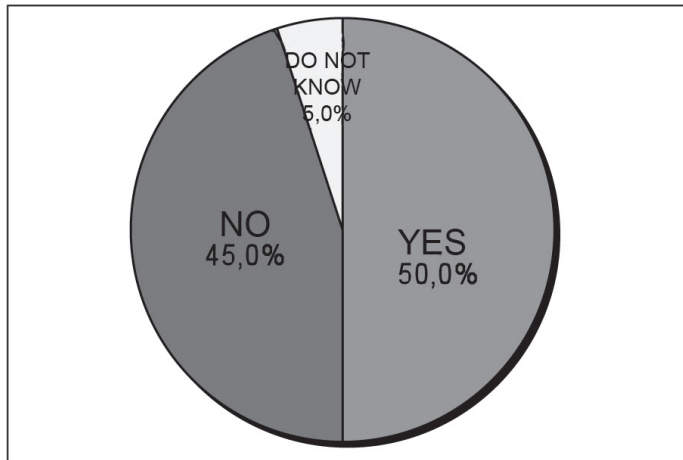
**Results**

**3.8.1 Compilation of Data on Injuries**

- Respondents had to indicate if their health centre uses a tool (computerized or paper) to compile cases of physical injuries.

According to Chart 65, half the communities interviewed use a compilation tool.

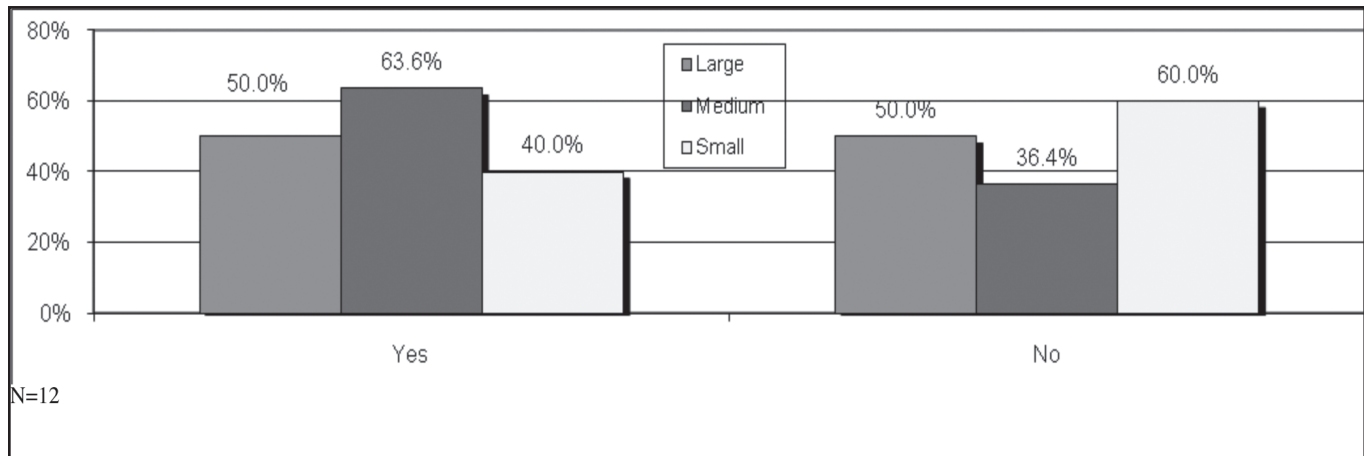
**Chart 65: Communities Using a Tool Compile Cases of Physical Injuries**



N=20

Little may be determined from Chart 66, except that small communities tend less to use a tool to compile data on physical injuries.

**Chart 66: Communities Using a Tool to Compile Data on Physical Injuries Based on Community Size**



N=12

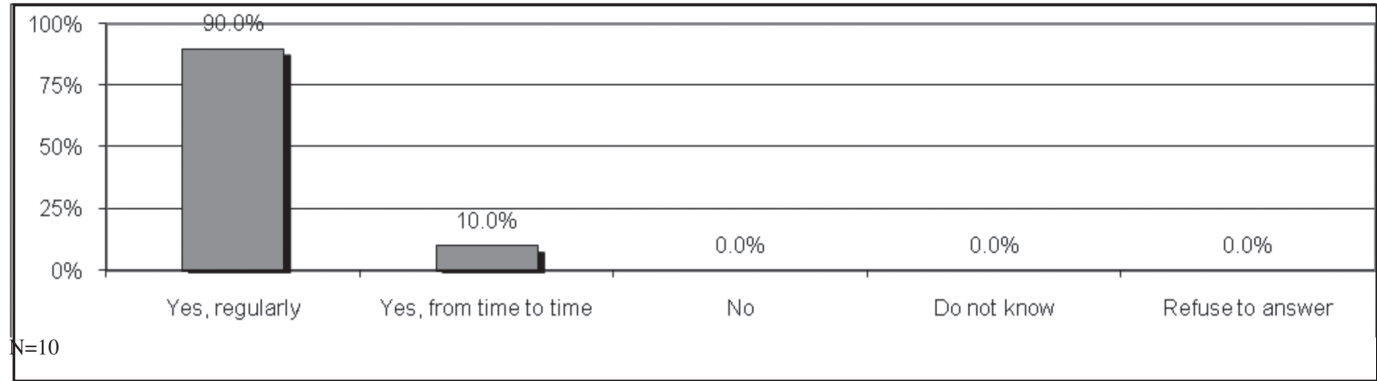
Several tools were listed by respondents. Some communities use a tool known as « Client Traffic » or « Focus »; others a morbidity report to be completed monthly; others maintain general statistics on visits to the dispensary, complete a questionnaire or complete daily activities reports.

Tools mentioned by respondents have been developed by Health Canada, the Canadian Safety Council, CLSC, nurses or by an external consultant.

Moreover, respondents indicated that their health centre had been using a compilation tool for at least four years, or since 2003. In fact, some communities have been using compilation tools for five, ten and even twenty years. In some cases, the tools have been updated.

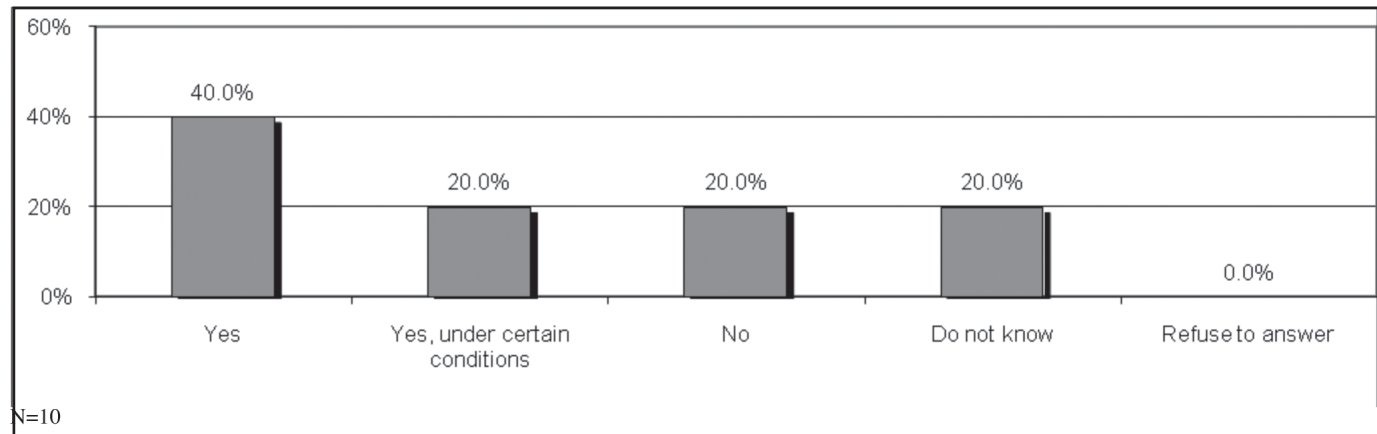
Of the ten communities that mentioned using a compilation tool to record information on physical injuries, almost all stated that health centre staff use the tool regularly.

**Chart 67: Use of a Tool to Compile Physical Injuries by Health Centre Staff**



Of the ten communities that mentioned using a tool to compile information on physical injuries, four would accept to share their tool with other organizations or communities, two would accept under certain conditions and four would refuse or did not know.

**Chart 68: Sharing the Compilation Tool to Record Physical Injuries with Other Organizations or Communities**

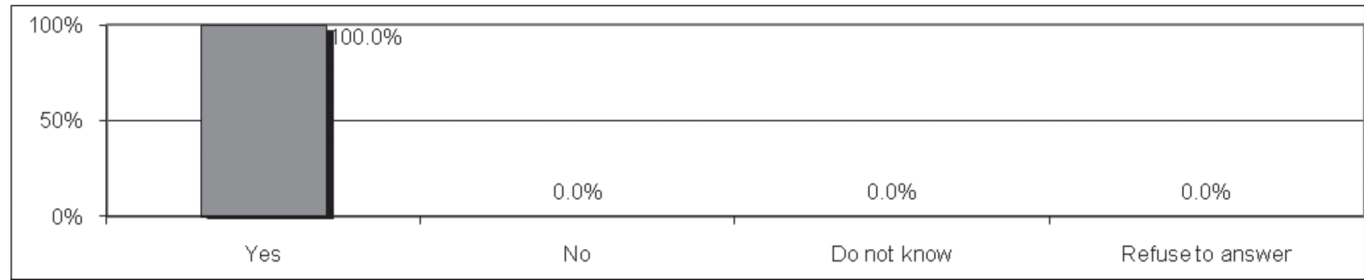


All nine communities that indicated not using a compilation tool to record physical injuries also stated that such a tool would be useful in their community. Respondents considered that the tool would serve to pinpoint areas in which prevention should increase and to see whether injuries increase, remain stable or decrease.

The nine respondents also indicated that the tool to compile data would be used by their health centre staff. Respondents understood the importance of this tool facilitating access to information on injuries. However, the tool should not take too much time to use because health centre employees are already very busy.

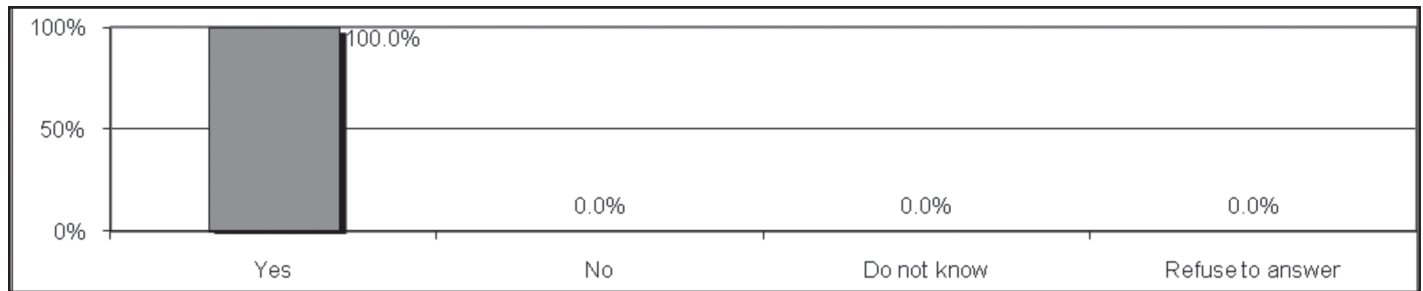
**Results**

**Chart 69: Usefulness of a Tool to Compile Physical Injuries in Communities**



N=7

**Chart 70: Use of a Tool to Compile Physical Injuries by Health Centre Staff**



N=7

**3.9 Future Action and Comments**

**Salient Facts Regarding Future Action and Comments**

- Problems for which priority action should take place concern alcohol, drugs, gambling, suicide, safety (at home, in the community, at school, etc.) and safety at work, practicing sports and recreational activities.
- Health centres would like to host a cleanliness and clean-up campaign in the community, have activities for health professionals and a program or training on suicide prevention.
- Training and resources must be developed specifically to address the prevention of injuries. Health centres seem to have the resources to treat injuries after the fact, but there appear to be shortcomings in preventing them.
- Some communities would like to see their youths become more active, for example take part in more sports, do volunteer work or hold a job. Thus, youths would occupy themselves doing positive and beneficial activities.
- Some respondents indicated that with persevering and motivated professionals, they believe that people’s health within the community will improve.

**3.9.1 Future Action and Comments**

Respondents identified three main problems associated with accidental and intentional physical injuries for which action should be prioritized. Problems rated most serious in order of importance are alcohol and drugs, pathological gambling and games of chance, and suicide.



Problems most often ranked first, in order of importance, are alcohol and drugs, safety (at home, in the community, at school, etc.), safety at work, sports and recreational activities.

Based on respondents' comments regarding main problems, the priority should be placed on the problem of alcohol and substance (drugs) abuse in all the communities surveyed. However, according to respondents, all the problems listed in Table 16 are problems for which action should be taken in priority.

**Table 16: Main Problems Identified by Respondents**

	Rang 1	Rang 2	Rang 3	Total
<b>Alcohol and drugs</b>	6	1	1	42
<b>Pathological gambling and games of chance</b>	0	1	0	22
<b>Suicide</b>	1	1	4	18
<b>Conjugal violence</b>	0	2	0	18
<b>Violence and altercations</b>	0	1	3	12
<b>Parental skills</b>	1	1	0	10
<b>Individual responsibility</b>	0	1	0	10
<b>Safety (at home, practicing sports and doing recreational activities, etc.)</b>	3	1	0	10
<b>Self-neglect</b>	1	0	0	8
<b>Work</b>	2	0	0	6
<b>Stress</b>	0	1	0	6
<b>Self-mutilation</b>	0	1	0	4
<b>Motor vehicle accidents (car, ATV, truck, etc.)</b>	1	1	0	4
<b>Sports and recreational activities</b>	2	1	1	4
<b>Sexual assault</b>	0	1	1	4

N=17

Respondents mentioned some action that their health centre had identified or would like to take in the community regarding accidental and intentional injuries, such as planning a cleanliness and clean-up campaign within the community, holding activities for health professionals and offering a program or training on suicide prevention.

Respondents offered a few general comments at the end of the questionnaire. First, several found the questionnaire too long to complete, especially those not having a database on which to base their answers, which may have influenced the quality and quantity of the answers provided.

Moreover, some respondents felt that training and resources should be developed specifically for the prevention of injuries. Health centres seem to have the resources to treat injuries after the fact, but there appear to be shortcomings in preventing them.

Some communities would like to see their youths become more active, for example take part in more sports, do volunteer work or hold a job. Thus, youths would occupy themselves doing positive and beneficial activities.

Finally, some respondents indicated that with persevering and motivated professionals, they believe that people's health within the community will improve.





## Salient Facts

4



## 4. Salient Facts

### 4.1 Injuries

#### Injuries

- Injuries most reported to community health centres include:
  1. Cuts, scrapes and contusions
  2. Strains and sprains
  3. Fractures
- Small communities:

Concussions and other brain trauma seem to occur more frequently in small communities.
- Dislocations seem to decrease with the size of the community.
- Men:

Men are more inclined to suffer injuries.
- There are few differences in the injuries suffered by women and those suffered by men.
- Adults:

Adults account for most of the injured.
- Children:

Burns and cases of hypothermia, frostbite and other injuries caused by exposure to cold are more frequent among children.
- Elders:

Fractures are more frequent among elders.

#### Accidental Injuries

- Occurring on average once or more a day:

Cuts, scrapes and contusions
- Occurring on average once or more a week:

Fractures  
Burns
- Occurring on average once or more a month:

Concussions and other brain trauma
- Persons are injured more often:
  1. While working
  2. During sports and physical exercise
  3. During leisure activities and celebrations
- Summer appears to be the season during which accidental injuries occur most often.
- Occurring most often:
  1. At home
  2. On streets in general
  3. At work

## Intentional Injuries

- Occurring on average once or more a month:
  - Fractures
  - Burns
- July and November are the months during which most intentional injuries occur.
- Occurring most often:
  1. At home
  2. On streets in general
  3. In sports and leisure activity areas

## 4.2 Causes of Injuries

### Causes of Injuries

- Most reported:
  1. Natural environmental factors
  2. Manual work tools
  3. Falls
- Large communities:
 

Injuries caused by manual work tools, burns, physical assault outside the home, bites from a domestic animal, suicide or attempted suicide appear to be more frequent in large communities.
- Medium communities:
 

Injuries caused by natural environmental factors, physical violence at home, physical assault outside the home and manual work tools appear to be more frequent in medium communities.
- Small communities:
 

Injuries caused by falls, burns, natural environmental factors, sports, manual work tools, snowmobile accidents, boat or any other water vessel accidents appear to be more frequent in small communities.
- Men:
 

Men seem to injure themselves most often using manual work tools and in accidents with vehicles of all kinds.
- Women:
 

Women seem to injure themselves mainly as a result of natural environmental factors, physical violence at home, sexual assault, suicide or attempted suicide.
- Children:
 

Children seem more inclined to injure themselves as a result of natural environmental factors, burns, falls and bites from domestic animals.
- Adolescents:
 

Adolescents seem more inclined to injure themselves taking part in sports, falling, because of natural environmental factors and as a result of sexual assault.
- Adults:
 

Adults seem more inclined to injure themselves falling, using manual work tools, because of natural environmental factors and physical assault outside the home.
- Elders:
 

Elders seem more inclined to injure themselves falling, because of natural environmental factors, as a result of burns and physical violence at home.

### Causes of Accidental Injuries

- Occurring an average of one or more times per week:
  - Burns
  - Natural environmental factors
- Occurring an average of one or more times per month:
  - All-terrain vehicle (ATV) accidents
  - Bite from a domestic animal

### Causes of Intentional Injuries

- Occurring an average of one or more times per week:
  - Physical violence at home
- Occurring an average of one or more times per month:
  - Self-mutilation
  - Sexual assault
  - Self-neglect
  - Suicide or attempted suicide

## 4.3 Parts of the Body

### Parts of the Body

- Affected most often:
  1. Wrists and hands
  2. Ankles and feet
- Large communities:
  - Wrists, hands, ankles and feet are the parts of the body most often injured in large communities.
- Medium communities:
  - Wrists, hands, ankles, feet, lower back or lower spinal column and the head are the parts of the body most often injured in medium communities.
- Small communities:
  - Ankles, feet, wrists, hands, the head, lower back or lower spinal column and the eyes are the parts of the body most often injured in small communities.
- Men:
  - Among men, the wrists, hands, head and upper back or upper spinal column are the parts of the body most often injured.
- Women:
  - Among women, the wrists, hands, ankles, feet and neck are the parts of the body most often injured.
- Children:
  - Children seem more inclined to sustain injuries to the wrists, hands, elbows, forearms, knees, lower legs and thighs.

**Salient Facts**

- Adolescents:  
Adolescents seem more inclined to sustain injuries to the ankles, feet, hands, elbows, forearms, knees, lower legs, shoulders, upper arms and rib cage.
- Adults:  
Adults seem more inclined to sustain injuries to the wrists, hands, ankles, feet, head, lower back or lower spinal column and eyes.
- Elders:  
Elders seem more inclined to sustain injuries to the wrists, hands, ankles, feet, hips, pelvis, lower back or lower spinal column and thighs.

**Parts of the Body Injured Accidentally**

- Most often:
  1. Wrists and hands
  2. Ankles and feet
  3. Knees and lower legs

**Parts of the Body Injured Intentionally**

- Most often:
  1. Wrists and hands
  2. Head
  3. Shoulders and upper arms

**4.4 Healthcare Outside the Community**

- According to respondents, 50% or fewer injured individuals had to receive healthcare outside the community because of the severity of their injuries.
- Fewer than 25% of those injured elected to receive healthcare outside their community.

**4.5 Certain Intentional Injuries****Age Groups**

- Adults seem more affected by:
  - Physical violence at home
  - Physical assault outside the home
  - Sexual assault
  - Self-mutilation
  - Suicide or attempted suicide
- Adolescents seem more affected by:
  - Physical assault outside the home
  - Sexual assault
  - Self-mutilation
- Elders seem more affected by:
  - Self-neglect
  - Physical assault outside the home
  - Self-neglect

## Genders

- Men seem more affected by:
  - Physical aggressions suffered outside of the home
  - Self-neglect
- women seem more affected by:
  - Physical violence at home
  - Sexual assault
  - Self-mutilation
- It would appear that women attempt to commit suicide more often, and that more men die by suicide.

## Physical Assault Outside the Home

- Favoured locations:
  1. Bars or discotheques
  2. Public areas
  3. Other people's houses

## Suicide or Attempted Suicide

### Women

Aged 18 or older turn to:

1. Ingestion of medication
2. Intoxication through drugs or alcohol
3. Lacerations

More than half the women are intoxicated when they attempt or succeed in committing suicide. Alcohol is used primarily to become intoxicated during attempted or successful suicide.

Under 18 turn to:

1. Ingestion of medication
2. Lacerations
3. Intoxication through alcohol or drugs

Alcohol is used primarily to become intoxicated during attempted or successful suicide.

### Men

Aged 18 or older turn to:

1. Hanging
2. Ingestion of medication
3. Intoxication through alcohol or drugs

Men resort more frequently to the use of firearms and explosives.

More than half the men are intoxicated when they attempt or succeed in committing suicide.

Alcohol is used primarily to become intoxicated during attempted or successful suicide.

Under 18 turn to:

1. Ingestion of medication
2. Intoxication through alcohol or drugs
3. Hanging

They resort more frequently to the use of firearms and explosives.

Alcohol is used primarily to become intoxicated during attempted or successful suicide.



## 4.6 Practices to Reduce Injuries

### Initiatives to Prevent Accidental and Intentional Injuries

- It would appear that 62% of communities have developed and implemented an initiative to prevent accidental and intentional injuries.
- Initiatives developed and implemented appear to decrease with the size of the community.
- The following themes were mentioned frequently:
  - Bicycle safety
  - Suicide and crisis situations
  - Accidents in general
  - Alcohol and drugs
- Nearly two-thirds of communities having developed and implemented an initiative affirm that it has been adapted to the cultural and traditional values of the community.
- One third of communities having developed and implemented an initiative affirm having assessed it.
- Communities having taken no initiative to prevent accidental and intentional injuries affirm no having the human and financial resources to develop and implement such initiative.

### Community Activities to Prevent Accidental and Intentional Injuries

#### Accidental Injuries

- It would appear that 65% of communities have developed and implemented community activities aimed at preventing accidental injuries.
- The following themes were mentioned frequently:
  - Safety in general
  - Safety in sports
  - Health and first aid
- Half of the activities were assessed.
- It would appear that 82% of health centres plan to repeat activities in place.

#### Intentional Injuries

- It would appear that 60% of communities have developed and implemented community activities aimed at preventing intentional injuries.
- The following themes were mentioned frequently:
  - Suicide
  - Prevention of intentional injuries in general
  - Social crises

### Awareness Tools Aimed at the Prevention of Accidental and Intentional Injuries

- More than three-quarters of the activities were assessed.
- It would appear that 92% of health centres plan to repeat activities in place.

### Awareness Tools Aimed at the Prevention of Accidental and Intentional Injuries

- It would appear that 80% of communities have developed and implemented awareness tools aimed at the prevention of accidental and intentional injuries.
- Tools used most often:
  1. Brochures and information leaflets
  2. Newspaper
  3. Posters
- The targeted clientele consisted most often of the population in general, children, adolescents and adults.
- Only 13% of the tools were assessed.
- Tools that seem to be efficient include radio shows, posters, leaflets, health shows, theatrical presentations, workshops, meetings in small groups, clinics and offering participative prizes in relation to the theme.
- Communities not having awareness tools aimed at the prevention of accidental and intentional injuries affirm not having the human and financial resources to develop and implement such initiatives.

### 4.7 Training

- More than half of respondents affirmed that their health centre professionals had received training on accidental and intentional injuries related to their professional activities.
- Most often received:
  - Cardiopulmonary resuscitation (CPR)
  - First aid
  - Suicide prevention
  - Parental skills
- Half the respondents indicated that their health centre had identified needs in terms of training and further training in the problem of accidental and intentional injuries.
- Needs identified:
  - Improving parental skills
  - Social prevention sentinels
  - Clinical examination
  - First respondents
- Suicide prevention
- Themes for which training needs are most important:
  1. Prevention of violence and sexual assault
  2. Health and safety in the workplace
  3. Safety at home and in establishments

#### 4.8 Compiling Data on Injuries

- Half the communities interviewed use a tool to compile data on injuries.
- Small communities seem to use a tool to compile data less frequently.
- Several tools were listed by respondents.
- Tools have been developed by Health Canada, the Canadian Safety Council, CLSC, nurses or by an external consultant.
- Almost all respondents affirmed that these tools are used regularly by health centre staff.
- All communities having mentioned not using a tool to compile data on injuries indicated that such a tool would be useful in their community.
- Respondents felt that such a tool would allow them to target areas in which prevention should be increased and to ascertain whether injuries increase, remain stable or decrease.
- They also indicated that the tool to compile data would be used by staff at their health centre.

#### 4.9 Future Action and Comments

- Problems for which priority action should take place concern alcohol, drugs, gambling, suicide, safety (at home, in the community, at school, etc.) and safety at work, practicing sports and recreational activities.
- Health centres would like to host a cleanliness and clean-up campaign in the community, have activities for health professionals and a program or training on suicide prevention.
- Training and resources must be developed specifically to address the prevention of injuries. Health centres seem to have the resources to treat injuries after the fact, but there appear to be shortcomings in preventing them.
- Some communities would like to see their youths become more active, for example take part in more sports, do volunteer work or hold a job. Thus, youths would keep busy taking part in positive and beneficial activities.



# Recommendations

# 5

## 5. Recommendations

The achievement of this study is a corollary of deliberations and community awareness of the importance attributed to injuries occurring in First Nations communities in Quebec. The exercise is vital to the implementation of a collective approach to decreasing the prevalence of injuries in communities.

### General

Considering that the rate of occurrence of injuries is about twice as high among First Nations of Quebec than among the population of Quebec overall and that injuries are avoidable events:

- ✓ *Communities must take action to make public locations safe and maintain and strengthen prevention and awareness-raising concerning injuries. Laws, regulations and protocols must be developed and applied by local community authorities in order that they become safe environments for the population.*
- ✓ *Communities must mobilize and work using a multidisciplinary approach to promote safe and healthy lifestyles. Thus, police officers, firemen, band councils, health and social services professionals and schools must cooperate.*

Considering that problems to prioritize for which action already in place must be maintained and strengthened include alcohol and drug consumption, pathological gambling and games of chance, suicide, and safety in the workplace, in sports and in recreational activities:

- ✓ *Different levels of government must maintain and add resources to programs already in place such as NNADAP, the Injury Prevention Program and the Act for Life Strategy, to decrease addiction and injuries and ease the despair leading to suicide and attempted suicide.*
- ✓ *Communities must apply laws and regulations more rigorously from a standpoint of prevention and awareness raising, to decrease the use and abuse of alcohol, and drugs.*

### Community Initiative

Considering that only a part of all communities have implemented injury prevention initiatives including community activities and awareness-raising tools:

- ✓ *The government must maintain and increase its financial support of the national program for injury prevention among First Nations and Inuit so that together, communities can develop, implement and maintain efficient injury prevention programs.*
- ✓ *The national program for injury prevention among First Nations and Inuit should allow the preparation of a directory of different community injury prevention initiatives in order better to support communities seeking to implement such a program.*

## Recommendations

### Location and Frequency of Injuries

Considering that accidental injuries occur most often during the summer and that intentional injuries occur specifically in July and November:

- ✓ Special attention should be paid to these critical periods of the year to strengthen preventive measures and prepare intervention teams.

### Training

Considering that half the respondents affirmed that their health centre had identified training and further training needs concerning the problem of accidental and intentional injuries, particularly the prevention of violence, sexual assault and health and safety in the workplace, at home and in establishments:

- ✓ *An inventory of training available on injuries must be taken to inform communities of the accessibility of such training and to improve the knowledge of health and social services professionals working in First Nations communities in Quebec.*
- ✓ *Training must be offered to health and social services professionals on these priority problems to equip them efficiently to face the reality of First Nations communities in Quebec.*

### Compilation Tool

Considering that half the communities interviewed use a tool to compile injury data and that almost all respondents stated that this tool is used regularly by health centre staff:

- ✓ *An inventory of tools to compile injury data used by First Nations communities in Quebec must be taken to identify the tools best suited to the needs of community health centres*
- ✓ *A standardized, computerized tool to compile injury data that is fast and simple to use must be developed in cooperation with First Nations of Quebec and made available to the communities.*

### Children

Considering that children are injured primarily as a result of natural environmental factors, burns, falls, bites from domestic animals and that they are more particularly affected by burns and injuries caused by cold:

- ✓ *Measures must be implemented to promote better parenting skills.*
- ✓ *Preventive and awareness-raising action must be strengthened at schools in conjunction with health and social services workers.*
- ✓ *Safe playgrounds must be set up within communities to decrease injuries and encourage wholesome leisure activities.*

## Adolescents

Considering that adolescents are injured primarily when playing sports, falling, as a result of natural environmental factors and are subject to physical and sexual assault:

- ✓ *It is important to encourage the establishment of awareness-raising campaigns to promote safe play in sports and to change forms of at-risk behaviour.*
- ✓ *It is important to encourage positive and meaningful role modeling in the community that could have a positive effect on adolescents.*
- ✓ *It is important to ensure that adolescents who are assaulted gain access to professional resources and psychological support within their community.*

## Adults

Considering that adults account for the greatest number of injuries, men in particular, and that adults injure themselves primarily by falling, using manual work tools, as a result of natural environmental factors and physical assault, and are more exposed to physical violence at home, suicide or attempted suicide:

- ✓ *Information must be disseminated to adults to heighten their awareness of injuries and promote healthy and safe lifestyles.*
- ✓ *Efforts must be made to improve family unity and unity among members of the community.*
- ✓ *Professional mental health resources must be made accessible within communities so that adults can express their emotions and discuss their problems.*

## Elders

Considering that elders are injured primarily falling, as a result of natural environmental factors, burns, physical violence at home and that they are more prone to self-neglect:

- ✓ *Places where elders live must be made safe and programs within communities must be maintained and strengthened to pay special attention to this more vulnerable segment of the population.*







**Paths for  
Future Consideration**

**6**

## 6. Paths for Future Consideration

During this study, a number of interesting and pertinent ideas were raised. They are listed in this section and should serve as food for thought with respect to the important problem of accidental and intentional injuries.

First listed are measures presented by the AFN to prevent death, disability and deficiencies:

- Improve education and the economic and social status of less privileged groups.
- Identify the types of injuries and deficiencies and their causes within defined geographic regions.
- Present intervention measures through better sanitary and preventive practices.
- Establish laws and regulations aimed at prevention.
- Change unsafe lifestyles.
- Increase awareness of environmental dangers and potential injuries.
- Promote better information and strengthen family and community ties.
- Propose training and regulations to decrease industrial and farming accidents and accidents on roads and at home.
- Control the use and abuse of alcohol and drugs more carefully (AFN, Injury Prevention for First Nations: Press Kit, 2006).

Individuals involved throughout the project offered important comments worth mentioning here:

- Work on decreasing poverty.
- Uphold the family.
- Ask for more involvement by band councils in establishing and applying laws and regulations.
- Inventory best practices and best prevention and compilation tools and share them with all First Nations communities in Quebec.
- Encourage networking with other stakeholders and peers.
- Set up a health and social services forum based on the theme of injuries.
- Ensure the physical and psychological safety of elders involved in the settlement of Indian residential schools.
- Initiate a home visit service for all at-risk populations.
- Establish sentinel structures during more at-risk periods.
- Organize activities for youths and elders.
- Narrow the gap between generations by establishing intergenerational projects.
- Encourage parental volunteer work in community activities.
- Involve different organizations in injury prevention and awareness activities such as schools and the Red Cross.
- Set up a social peace project.
- Set up a circle to share injuries.
- Set up multidisciplinary intervention teams.





# List of Acronyms

7

## 7. List of Acronyms

INAC:	Indian and Northern Affairs Canada
AFN:	Assembly of First Nations
AFNQL:	Assembly of First nations of Quebec and Labrador
PYLL:	Potential years of life lost
ASSS:	Agence de la santé et des services sociaux de la Capitale-Nationale
CCOHS:	Canadian Centre for Occupational Health and Safety
FNC:	The First Nations Centre
FNQLHSSC:	First Nations of Quebec and Labrador Health and Social Services Commission
FNIH:	First Nations and Inuit Health, Health Canada
RHS:	First Nations Regional Longitudinal Health Survey 2002/03
RHS-QR:	First Nations Regional Longitudinal Health Survey - Quebec Region 2002
INSPQ:	Institut national de santé publique du Québec
ISQ:	Institut de la statistique du Québec
MSSS:	Ministère de la Santé et des Services sociaux
WHO:	World Health Organization
NIICHO:	National Indian and Inuit Community Health Representatives Organization
NAHO:	National Aboriginal Health Organization
UN:	United Nations
FNIH:	First Nations and Inuit Health
SPSS:	Statistical Package for the Social Sciences
HIV:	Human immunodeficiency Virus
ATV:	All-terrain vehicle





**Glossary** **8**

## 8. Glossary

### Self-mutilation:

Intentional injury that is self-inflicted to reduce anxiety, anguish or unhappiness (by cutting, burning or hitting oneself, etc.).

### Accidental injury:

Injury for which there was no intention to cause injury by the victim or any other person. This concept encompasses fractures, burns, poisoning, etc., caused by a motor vehicle accident, a fall, fire or other.

### Intentional injury:

Injury inflicted by the person himself or herself, or by another person, with the intent to injure or cause death. This includes attempted suicide, suicide, self-mutilation, physical assault, sexual assault, etc. Self-neglect also falls under this category.

### Self-neglect:

Voluntary refusal or failure to procure the necessities of life, thereby putting one's own life in danger. For example, refusing to eat, take medication or receive health care.

### Suicide:

Death by suicide is the ultimate act of self-destructive behaviour. It includes the deliberate act of putting one's life in danger, leading to death.

### Attempted suicide:

Refers to a situation in which a person presents a behaviour endangering his or her life, with the real or apparent intent to commit suicide or make others believe that suicide is the intent, but which does not lead to death.

### Variable:

A characteristic that may assume more than one set of values to which a numerical measure can be assigned. Height, age, income, province and country of birth, years of education and type of lodging are all examples of variables (Statistics Canada at <http://www.statcan.gc.ca/edu/index-eng.htm> )







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**Appendices**

**10**

## 10. Appendices

### Appendix 1 : List of Tables

**Table a: Degree of Reliability of Answers to Each Question**

Question	Estimate based on your experience	Drawn from a database, precise source or community statistics	The two previous choices	Total (N)
ps1	70,6%	17,6%	11,8%	17
ps2	88,9%	5,6%	5,6%	18
ps3	73,7%	21,1%	5,3%	19
ps4	77,8%	16,7%	5,6%	18
ps5	93,8%	0	6,3%	16
ps6	76,5%	11,8%	11,8%	17
ps7	77,8%	16,7%	5,6%	18
ps8	83,3%	5,6%	11,1%	18
ps9	83,3%	5,6%	11,1%	18
ps10	62,5%	25,0%	12,5%	16
ps11	88,2%	5,9%	5,9%	17
ps12	82,4%	11,8%	5,9%	17
ps13	88,2%	5,9%	5,9%	17
ds14	77,8%	11,1%	11,1%	18
ds15	88,2%	5,9%	5,9%	17
ds16	87,5%	6,3%	6,3%	16
ds17	85,7%	7,1%	7,1%	14
ds18	81,3%	6,3%	12,5%	16
ds19	76,5%	11,8%	11,8%	17
ds20	93,3%	0	6,7%	15
ts21	88,2%	11,8%	0	17
ts22	94,1%	0	5,9%	17
ts23	94,1%	5,9%	0	17
ts24	88,2%	5,9%	5,9%	17
ts25	94,1%	0	5,9%	17
ts26	94,4%	0	5,6%	18
ts27	93,8%	0	6,3%	16
ts28	93,3%	6,7%	0	15
ts29	93,8%	0	6,3%	16
ts30	87,5%	6,3%	6,3%	16
ts31	92,9%	0	7,1%	14
ts32	93,8%	0	6,3%	16
ts33	88,2%	5,9%	5,9%	17
ts34	87,5%	6,3%	6,3%	16
ts35	93,8%	0	6,3%	16
ts36	88,2%	5,9%	5,9%	17

## Respondent Profile

**Table 1g: Respondent Members of a First Nation of Quebec or Canada**

(N=19)	Percentage
Yes	52,6% (10)
No	47,4% (9)

\* Two questionnaires were completed by two respondents. These questionnaires were not considered in the presentation of the results of this question.

**Table 2g: Respondent Age Groups**

(N=18)	Percentage
Aged 18 to 29	0
Aged 30 to 39	55,6% (10)
Aged 40 to 49	38,9% (7)
Aged 50 to 59	5,6% (1)
Aged 60 or older	0

\* Two questionnaires were completed by two respondents. These questionnaires were not considered in the presentation of the results of this question.

\*\* One person did not answer the question.

**Table 3g: Positions Occupied by Respondents at the Health Centre**

(N=21)	Percentage
Nursing assistant	9,5% (2)
Nurse	42,9% (9)
Head nurse	19,0% (4)
Health and social services adviser	9,5% (2)
Health and social services manager	19,0% (4)

\* Four respondents did not answer the question. Two questionnaires were completed by two respondents.

**Table 4g: Number of Years Respondents Have Worked at the Health Centre**

(N=19)	Percentage
Less than one year	0
From 1 to 2 years	10,5% (2)
From 2 to 5 years	21,1% (4)
More than 5 years	68,4% (13)

\* Two questionnaires were completed by two respondents. These questionnaires were not considered in the presentation of the results of this question.

**Table 5g: Injuries Most Often Encountered Among the Community Population, in Order of Importance**

Injury (N=21)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	N/R*	N/S**	Total
Number assigned	10	8	6	4	2	Average number	0	
Fractures	9.5% (2)	0	38.1% (8)	28.6% (6)	9.5% (2)	14.3% (3)	0	112
Burns	0	4.8% (1)	33.3% (7)	23.8% (5)	23.8% (5)	9.5% (2)	4.8% (1)	82
Dislocations	0	0	4.8% (1)	19.0% (4)	23.8% (5)	0	52.4% (11)	32
Sprains or strains	4.8% (1)	76.2% (16)	0	4.8% (1)	0	14.3% (3)	0	118
Cuts, scrapes or contusions	71.4% (15)	4.8% (1)	4.8% (1)	4.8% (1)	0	14.3% (3)	0	196
Concussions or other brain trauma	0	0	0	4.8% (1)	9.5% (2)	9.5% (2)	76.2% (16)	13
Poisoning	0	0	0	0	9.5% (2)	4.8% (1)	85.7% (18)	6
Injury to an internal organ	0	0	0	0	0	4.8% (1)	95.2% (20)	2
Hypothermia, frostbite or other injury caused by exposure to cold	0	0	0	0	0	0	100.0% (21)	0
Other	0	0	4.8% (1)	0	9.5% (2)	0	85.7% (18)	10
Do not know	0	0	0	0	0	0	0	0
Refuse to answer	0	0	0	0	0	0	0	0

**Table 6g: Injuries based on Community Size, in Order of Importance**

Large (N=3)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	N/R*	N/S**	Total
Fractures	0	0	1	1	1	0	0	48
Burns	0	0	1	1	1	0	0	48
Dislocations	0	0	1	1	1	0	0	48
Sprains or strains	0	3	0	0	0	0	0	96
Cuts, scrapes or contusions	3	0	0	0	0	0	0	120
Concussions or other brain trauma	0	0	0	0	0	0	3	0
Poisoning	0	0	0	0	0	0	3	0
Injury to an internal organ	0	0	0	0	0	0	3	0
Hypothermia, frostbite or other injuries caused by exposure to cold	0	0	0	0	0	0	3	0
Medium (N=12)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	N/R*	N/S**	Total
Fractures	0	0	6	4	0	2	0	62
Burns	0	0	4	3	3	1	1	46
Dislocations	0	0	0	3	3	0	6	18
Sprains or strains	1	9	0	0	0	2	0	90
Cuts, scrapes or contusions	9	1	0	0	0	2	0	118
Concussions or other brain trauma	0	0	0	0	0	1	11	2



## Appendices

<b>Poisoning</b>	0	0	0	0	0	0	5	0
<b>Injury to an internal organ</b>	0	0	0	0	0	1	4	5
<b>Hypothermia, frostbite or other injuries caused by exposure to cold</b>	0	0	0	0	0	0	5	0

\* Having no resident, one community has not classified in any category of size.

\*\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\*\* N/S means that the respondent did not choose this answer (Not selected).

**Table 4t: Frequency at Which Accidental Injuries Are Encountered**

	Often	Occasionally	Rarely	Never	Do not know	Refuse to answer	Total (N)
<b>Fractures</b>	0	47,4% (9)	31,6% (6)	21,1% (4)	0	0	19
<b>Burns</b>	10,0% (2)	50,0% (10)	35,0% (7)	5,0% (1)	0	0	20
<b>Dislocations</b>	5,0% (1)	25,0% (5)	25,0% (5)	40,0% (8)	5,0% (1)	0	20
<b>Sprains or strains</b>	20,0% (4)	40,0% (8)	35,0% (7)	5,0% (1)	0	0	20
<b>Cuts, scrapes or contusions</b>	45,0% (9)	30,0% (6)	20,0% (4)	5,0% (1)	0	0	20
<b>Concussions or other brain trauma</b>	0	5,0% (1)	45,0% (9)	50,0% (10)	0	0	20
<b>Poisoning</b>	0	5,3% (1)	31,6% (6)	57,9% (11)	5,3% (1)	0	19
<b>Injury to an internal organ</b>	0	0	31,6% (6)	57,9% (11)	10,5% (2)	0	19
<b>Hypothermia, frostbite or other injuries caused by exposure to cold</b>	0	21,1% (4)	31,6% (6)	31,6% (6)	15,8% (3)	0	19

**Table 7g: Situations During Which Accidental Injuries Occur, in Order of Importance**

Situations (N=21)	Rank 1	Rank 2	N/R*	N/S**	Total
<b>Practicing a sport or during physical exercise (including school activities)</b>	14,3% (3)	9,5% (2)	9,5% (2)	66,7% (14)	22
<b>During leisure activities (including volunteer work)</b>	9,5% (2)	14,3% (3)	9,5% (2)	66,7% (14)	20
<b>In the workplace (job-related accident)</b>	19,0% (4)	14,3% (3)	23,8% (5)	42,9% (9)	38
<b>While travelling</b>	0	0	4,8% (1)	95,2% (20)	2
<b>Doing housework</b>	0	4,8% (1)	9,5% (2)	85,7% (18)	6
<b>During celebrations, social activities, gatherings, powwows, etc.</b>	4,8% (1)	9,5% (2)	19,0% (4)	66,7% (14)	19
<b>When income arrives</b>	14,3% (3)	9,5% (2)	4,8% (1)	71,4% (15)	19
<b>During traditional activities (hunting, trapping, cleaning skins, fishing, dancing, camping, etc.)</b>	0	0	0	100% (21)	0
<b>Other</b>	0	0	4,8% (1)	95,2% (20)	2
<b>Do not know</b>	0	0	0	100% (21)	0
<b>Refuse to answer</b>	0	0	0	100% (21)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

**Table 8g: Months During Which Accidental Injuries Occur, in Order of Importance**

Month (N=21)	Rank 1	Rank 2	Rank 3	N/R*	N/S**	Total
<b>January</b>	9,5% (2)	4,8% (1)	0	4,8% (1)	81,0% (17)	21
<b>February</b>	0	4,8% (1)	4,8% (1)	0	90,5% (19)	6
<b>March</b>	0	0	4,8% (1)	4,8% (1)	90,5% (19)	4
<b>April</b>	0	0	4,8% (1)	0	95,2% (20)	2
<b>May</b>	0	0	0	0	100% (21)	0
<b>June</b>	4,8% (1)	9,5% (2)	14,3% (3)	28,6% (6)	42,9% (9)	52
<b>July</b>	28,6% (6)	19,0% (4)	4,8% (1)	28,6% (6)	19,0% (4)	83
<b>August</b>	14,3% (3)	19,0% (4)	9,5% (2)	23,8% (5)	33,3% (7)	59
<b>September</b>	0	0	9,5% (2)	0	90,5% (19)	4
<b>October</b>	0	0	4,8% (1)	4,8% (1)	90,5% (19)	4
<b>November</b>	0	0	0	0	100% (21)	0
<b>December</b>	0	0	0	4,8% (1)	95,2% (20)	2
<b>Do not know</b>				14,3% (3)	85,7% (18)	6
<b>Refuse to answer</b>	0	0	0	0	100% (21)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

**Table 9g: Locations Where Accidental Injuries Occur, in Order of Importance**

Locations (N=21)	Rank 1	Rank 2	Rank 3	N/R*	N/S**	Total
<b>At home (family, friend, elder, etc.)</b>	28,6% (6)	33,3% (7)	9,5% (2)	0	28,6% (6)	68
<b>Elementary and high schools (excluding sports areas)</b>	0	0	9,5% (2)	0	90,5% (19)	4
<b>Community facility (band council, community hall, youth centre, church, etc.)</b>	0	0	9,5% (2)	4,8% (1)	85,7% (18)	6
<b>Sports and leisure activity areas (including sports locations at school the arena, beach, park, etc.)</b>	14,3% (3)	9,5% (2)	9,5% (2)	9,5% (2)	57,1% (12)	39
<b>Natural territory (campground, hunting, fishing, lakes, rivers, etc.)</b>	0	14,3% (3)	14,3% (3)	0	71,4% (15)	18
<b>Commercial locations (store, restaurant, office building, station, airport, port, etc.)</b>	0	0	0	4,8% (1)	95,2% (20)	2
<b>Industrial or construction zone</b>	0	0	0	4,8% (1)	95,2% (20)	2
<b>At work</b>	19,0% (4)	4,8% (1)	23,8% (5)	9,5% (2)	42,9% (9)	46
<b>A street, boulevard, highway, forestry road, road in the woods, etc.</b>	23,8% (5)	23,8% (5)	4,8% (1)	0	47,6% (10)	52
<b>Other</b>	0	0	0	0	100% (21)	0
<b>Do not know</b>	0	0	0	0	100% (21)	0
<b>Refuse to answer</b>	0	0	0	0	100% (21)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

**Table 5t: Frequency at Which Intentional Injuries Are Encountered**

	Often	Occasionally	Rarely	Never	Do not know	Refuse to answer	Total (N)
<b>Fractures</b>	0	20,0% (4)	45,0% (9)	25,0% (5)	10,0% (2)	0	20
<b>Burns</b>	0	20,0% (4)	45,0% (9)	25,0% (5)	10,0% (2)	0	20
<b>Dislocations</b>	5,0% (1)	5,0% (1)	35,0% (7)	40,0% (8)	15,0% (3)	0	20
<b>Sprains or strains</b>	15,8% (3)	26,3% (5)	21,1% (4)	26,3% (5)	10,5% (2)	0	19
<b>Cuts, scrapes or contusions</b>	25,0% (5)	25,0% (5)	20,0% (4)	10,0% (2)	20,0% (4)	0	20
<b>Concussions or other brain trauma</b>	0	5,0% (1)	25,0% (5)	60,0% (12)	10,0% (2)	0	20
<b>Poisoning</b>	0	0	35,0% (7)	50,0% (10)	15,0% (3)	0	20
<b>Injury to an internal organ</b>	0	0	25,0% (5)	55,0% (11)	20,0% (4)	0	20

**Table 10g: Months During Which Intentional Injuries Occur, in Order of Importance**

Months (N=20)	Rank 1	Rank 2	Rank 3	N/R*	N/S**	Total
January	0	0	0	10,0% (2)	90,0% (18)	4
February	0	0	0	0	100% (20)	0
March	0	0	0	10,0% (2)	90,0% (18)	4
April	0	0	0	5,0% (1)	95,0% (19)	2
May	0	0	5,0% (1)	5,0% (1)	90,0% (18)	4
June	0	0	10,0% (2)	15,0% (3)	75,0% (15)	10
July	10,0% (2)	0	5,0% (1)	20,0% (4)	65,0% (13)	33
August	0	10,0% (2)	0	10,0% (2)	80,0% (16)	16
September	0	0	0	15,0% (3)	85,0% (17)	6
October	10,0% (2)	0	0	5,0% (1)	85,0% (17)	18
November	10,0% (2)	10,0% (2)	0	5,0% (1)	75,0% (15)	25
December	0	5,0% (1)	5,0% (1)	10,0% (2)	80,0% (16)	12
Do not know	0	0	0	25,0% (5)	75,0% (15)	0
Refuse to answer	0	0	0	10,0% (2)	90,0% (18)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* One person did not answer the question.

**Table 11g: Locations Where Intentional Injuries Occur, in Order of Importance**

Locations (N=20)	Rank 1	Rank 2	Rank 3	N/R*	N/S**	Total
At home (family, friend, elder, etc.)	70,0% (14)	10,0% (2)	5,0% (1)	0	15,0% (3)	94
Elementary and high schools (excluding sports areas)	0	5,0% (1)	15,0% (3)	0	80,0% (16)	10
Community facility (band council, community hall, youth centre, church, etc.)	5,0% (1)	15,0% (3)	5,0% (1)	0	75,0% (15)	20
Sports and leisure activity areas (including sports locations at school the arena, beach, park, etc.)	5,0% (1)	10,0% (2)	35,0% (7)	0	50,0% (10)	28
Natural territory (campground, hunting, fishing, lakes, rivers, etc.)	0	0	5,0% (1)	0	95,0% (19)	2
Commercial locations (store, restaurant, office building, station, airport, port, etc.)	0	0	0	0	100% (20)	0
Industrial or construction zone	0	0	0	0	100% (20)	0
At work	5,0% (1)	0	0	0	95,0% (19)	6
A street, boulevard, highway, forestry road, road in the woods, etc.	5,0% (1)	30,0% (6)	5,0% (1)	0	60,0% (12)	32
Other	0	0	0	0	100% (20)	0
Do not know	0	0	0	10,0% (2)	90,0% (18)	4
Refuse to answer	0	0	0	0	100% (20)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* One person did not answer the question.

**Table 12g: Gender of Individuals Injured in the Community at Large**

Gender (N=20)	
About 25% female and 75% male	45,0% (9)
About 50% female and 50% male	45,0% (9)
About 75% female and 25% male	10,0% (2)
Do not know	0
Refuse to answer	0
Missing information	5,0% (1)

\* One person did not answer the question.

**Table 13g: Injuries Encountered by Gender, in Order of Importance**

Females (N=20)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	N/R*	N/S**	Total
Fractures	5,0% (1)	10,0% (2)	25,0% (5)	25,0% (5)	10,0% (2)	5,0% (1)	20,0% (4)	85
Burns	0	20,0% (4)	25,0% (5)	5,0% (1)	15,0% (3)	5,0% (1)	30,0% (6)	78
Dislocations	0	0	15,0% (3)	10,0% (2)	10,0% (2)	0	65,0% (13)	30
Sprains or strains	25,0% (5)	35,0% (7)	15,0% (3)	15,0% (3)	0	5,0% (1)	5,0% (1)	144
Cuts, scrapes or contusions	60,0% (12)	15,0% (3)	5,0% (1)	5,0% (1)	0	5,0% (1)	10,0% (2)	163
Concussions or other brain trauma	0	5,0% (1)	0	5,0% (1)	10,0% (2)	0	80,0% (16)	16
Poisoning	0	0	0	5,0% (1)	5,0% (1)	0	90,0% (18)	6
Injury to an internal organ	0	0	0	0	0	0	100% (20)	0
Hypothermia, frostbite or other injuries caused by exposure to cold	0	0	0	0	5,0% (1)	0	95,0% (19)	2
Do not know	0	0	0	0	0	0	100% (20)	0
Refuse to answer	0	0	0	0	0	5,0% (1)	95,0% (19)	2
Males (N=21)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	N/R*	N/S**	Total
Fractures	4,8% (1)	28,6% (6)	23,8% (5)	23,8% (5)	0	0	19,0% (4)	108
Burns	0	9,5% (2)	19,0% (4)	19,0% (4)	19,0% (4)	0	33,3% (7)	64
Dislocations	4,8% (1)	0	19,0% (4)	4,8% (1)	14,3% (3)	0	57,1% (12)	44
Sprains or strains	9,5% (2)	38,1% (8)	19,0% (4)	9,5% (2)	4,8% (1)	4,8% (1)	14,3% (3)	125
Cuts, scrapes or contusions	71,4% (15)	9,5% (2)	4,8% (1)	0	4,8% (1)	4,8% (1)	4,8% (1)	183
Concussions or other brain trauma	0	0	0	14,3% (3)	14,3% (3)	0	71,4% (15)	18
Poisoning	0	0	0	0	0	0	100% (21)	0
Injury to an internal organ	0	0	0	0	0	0	100% (21)	0
Hypothermia, frostbite or other injuries caused by exposure to cold	0	0	0	0	0	0	100% (21)	0
Do not know	0	0	0	0	0	0	100% (21)	0
Refuse to answer	0	0	0	0	0	4,8% (1)	95,2% (20)	2

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* One person did not answer the question regarding females.

**Table 14g: Age Groups Represented by Injured Individuals**

Age Groups (N=20)	
Children (aged 0 to 11)	10,0% (2)
Adolescents (aged 12 to 17)	5,0% (1)
Adults (aged 18 to 55)	80,0% (16)
Elders (Over 55)	0
Do not know	5,0% (1)
Refuse to answer	0

\* One person did not answer the question.

**Table 15g: Injuries Encountered for Each Age Group, in Order of Importance**

Children (N=19)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	N/R*	N/S**	Total
Fractures	0	0	21,1% (4)	31,6% (6)	10,5% (2)	5,3% (1)	31,6% (6)	56
Burns	5,3% (1)	21,1% (4)	21,1% (4)	10,5% (2)	15,8% (3)	5,3% (1)	21,1% (4)	86
Dislocations	0	0	15,8% (3)	5,3% (1)	0	0	78,9% (15)	22
Sprains or strains	5,3% (1)	52,6% (10)	5,3% (1)	10,5% (2)	0	5,3% (1)	21,1% (4)	111
Cuts, scrapes or contusions	78,9% (15)	5,3% (1)	5,3% (1)	0	0	5,3% (1)	5,3% (1)	174
Concussions or other brain trauma	0	0	0	0	10,5% (2)	0	89,5% (17)	4
Poisoning	0	0	0	0	15,8% (3)	0	84,2% (16)	6
Injury to an internal organ	0	0	0	0	0	0	100% (19)	0
Hypothermia, frostbite or other injuries caused by exposure to cold	0	5,3% (1)	5,3% (1)	5,3% (1)	5,3% (1)	0	78,9% (15)	20
Do not know	0	0	0	0	0	5,3% (1)	94,7% (18)	2
Refuse to answer	0	0	0	0	0	0	100% (19)	0
Adolescents (N=19)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	N/R*	N/S**	Total
Fractures	0	15,8% (3)	31,6% (6)	10,5% (2)	5,3% (1)	5,3% (1)	31,6% (6)	76
Burns	0	0	15,8% (3)	15,8% (3)	31,6% (6)	5,3% (1)	31,6% (6)	46
Dislocations	0	5,3% (1)	10,5% (2)	15,8% (3)	0	5,3% (1)	63,2% (12)	37
Sprains or strains	15,8% (3)	52,6% (10)	10,5% (2)	5,3% (1)	0	5,3% (1)	10,5% (2)	134
Cuts, scrapes or contusions	68,4% (13)	5,3% (1)	0	5,3% (1)	0	5,3% (1)	15,8% (3)	151
Concussions or other brain trauma	0	0	0	10,5% (2)	5,3% (1)	0	84,2% (16)	10
Poisoning	0	0	0	0	10,5% (2)	0	89,5% (17)	4
Injury to an internal organ	0	0	0	0	5,3% (1)	5,3% (1)	89,5% (17)	4
Hypothermia, frostbite or other injuries caused by exposure to cold	0	0	0	0	5,3% (1)	5,3% (1)	89,5% (17)	4
Do not know	0	0	0	0	0	10,5% (2)	89,5% (17)	4
Refuse to answer	0	0	0	0	0	0	100% (19)	0

<b>Adults (N=19)</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Rank 4</b>	<b>Rank 5</b>	<b>N/R*</b>	<b>N/S**</b>	<b>Total</b>
<b>Fractures</b>	0	5,3% (1)	31,6% (6)	31,6% (6)	10,5% (2)	5,3% (1)	15,8% (3)	77
<b>Burns</b>	0	0	21,1% (4)	15,8% (3)	21,1% (4)	5,3% (1)	36,8% (7)	48
<b>Dislocations</b>	5,3% (1)	0	10,5% (2)	15,8% (3)	5,3% (1)	0	63,2% (12)	36
<b>Sprains or strains</b>	15,8% (3)	57,9% (11)	10,5% (2)	0	0	0	15,8% (3)	130
<b>Cuts, scrapes or contusions</b>	68,4% (13)	15,8% (3)	5,3% (1)	0	0	0	10,5% (2)	172
<b>Concussions or other brain trauma</b>	0	5,3% (1)	0	0	21,1% (4)	0	73,7% (14)	16
<b>Poisoning</b>	0	0	0	0	5,3% (1)	0	94,7% (18)	2
<b>Injury to an internal organ</b>	0	0	0	5,3% (1)	5,3% (1)	0	89,5% (17)	6
<b>Hypothermia, frostbite or other injuries caused by exposure to cold</b>	0	0	0	0	5,3% (1)	0	94,7% (18)	2
<b>Do not know</b>	0	0	0	0	0	10,5% (2)	89,5% (17)	4
<b>Refuse to answer</b>	0	0	0	0	0	0	100% (19)	0
<b>Elders (N=18)</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Rank 4</b>	<b>Rank 5</b>	<b>N/R*</b>	<b>N/S**</b>	<b>Total</b>
<b>Fractures</b>	27,8% (5)	16,7% (3)	16,7% (3)	16,7% (3)	5,6% (1)	0	16,7% (3)	106
<b>Burns</b>	0	5,6% (1)	22,2% (4)	11,1% (2)	16,7% (3)	0	44,4% (8)	46
<b>Dislocations</b>	5,6% (1)	5,6% (1)	0	16,7% (3)	16,7% (3)	0	55,6% (10)	36
<b>Sprains or strains</b>	11,1% (2)	44,4% (8)	16,7% (3)	0	0	0	27,8% (5)	102
<b>Cuts, scrapes or contusions</b>	50,0% (9)	11,1% (2)	11,1% (2)	11,1% (2)	0	0	16,7% (3)	126
<b>Concussions or other brain trauma</b>	0	0	0	0	16,7% (3)	0	83,3% (15)	6
<b>Poisoning</b>	0	0	5,6% (1)	0	0	0	94,4% (17)	6
<b>Injury to an internal organ</b>	0	0	0	0	0	0	100% (18)	0

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<b>Hypothermia, frostbite or other injuries caused by exposure to cold</b>	0	0	0	0	0	0	0	0	0	100% (18)	0
<b>Do not know</b>	0	0	0	0	0	0	5,6% (1)	94,4% (17)	2		
<b>Refuse to answer</b>	0	0	0	0	0	0	0	100% (18)	0		

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* Two persons did not answer the question regarding children, adolescents and adults and three persons did not answer the question regarding elders.

## Causes of Injuries

**Table 16g: Causes of Injuries Mentioned Among the General Population of the Community, in Order of Importance**

Causes of injuries (N=21)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7	Rank 8	Rank 9	Rank 10	N/R*	N/S**	Total
<b>Car or truck accidents</b>	4,8% (1)	4,8% (1)	0	4,8% (1)	4,8% (1)	0	4,8% (1)	0	0	9,5% (2)	0	66,7% (14)	76
<b>Bicycle accidents</b>	4,8% (1)	4,8% (1)	4,8% (1)	14,3% (3)	9,5% (2)	0	0	4,8% (1)	0	0	14,3% (3)	42,9% (9)	168
<b>Snowmobile accidents (in season)</b>	0	0	4,8% (1)	0	0	0	0	0	4,8% (1)	4,8% (1)	9,5% (2)	76,2% (16)	37
<b>All-terrain vehicle (ATV) accidents</b>	4,8% (1)	0	0	9,5% (2)	4,8% (1)	4,8% (1)	0	0	4,8% (1)	9,5% (2)	9,5% (2)	52,4% (11)	98
<b>Hunting accidents</b>	0	0	0	0	0	0	0	0	0	4,8% (1)	0	95,2% (20)	2
<b>Boat or any other water vessel accident (in season)</b>	0	0	0	0	4,8% (1)	0	0	0	0	0	4,8% (1)	90,5% (19)	12
<b>Falls (excluding bicycling, sports activities and snowmobiling)</b>	9,5% (2)	0	14,3% (3)	14,3% (3)	9,5% (2)	0	0	9,5% (2)	0	0	14,3% (3)	28,6% (6)	208
<b>Sports accidents (excluding bicycling, hunting and fishing)</b>	0	9,5% (2)	9,5% (2)	14,3% (3)	0	4,8% (1)	0	0	4,8% (1)	0	9,5% (2)	47,6% (10)	152
<b>Bite from a domestic animal</b>	4,8% (1)	0	0	0	4,8% (1)	4,8% (1)	14,3% (3)	0	9,5% (2)	0	4,8% (1)	57,1% (12)	83
<b>Bite from a wild animal</b>	0	0	0	0	0	0	0	0	0	0	0	100% (21)	0
<b>Fire (including smoke or fumes from fire)</b>	0	0	0	0	0	0	0	0	0	0	0	100% (21)	0
<b>Burns (all types)</b>	14,3% (3)	0	4,8% (1)	0	9,5% (2)	23,8% (5)	0	4,8% (1)	4,8% (1)	4,8% (1)	19,0% (4)	14,3% (3)	208
<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.)</b>	9,5% (2)	14,3% (3)	9,5% (2)	0	0	19,0% (4)	9,5% (2)	0	0	0	19,0% (4)	19,0% (4)	238
<b>Drowning or near-drowning (excluding boat or other water vessel accidents)</b>	0	0	0	0	0	0	0	0	0	0	0	100% (21)	0
<b>Asphyxia</b>	0	0	0	0	0	0	0	0	0	0	4,8% (1)	95,2% (20)	2

<b>Asphyxia</b>	0	0	0	0	0	0	0	0	0	0	4,8% (1)	95,2% (20)	2
<b>Accidental poisoning or intoxication</b>	0	4,8% (1)	0	0	0	4,8% (1)	4,8% (1)	4,8% (1)	4,8% (1)	0	0	76,2% (16)	46
<b>Manual work tool</b>	4,8% (1)	19,0% (4)	14,3% (3)	14,3% (3)	0	0	4,8% (1)	4,8% (1)	0	4,8% (1)	4,8% (1)	28,6% (6)	212
<b>Physical violence at home</b>	9,5% (2)	4,8% (1)	9,5% (2)	4,8% (1)	9,5% (2)	0	0	9,5% (2)	9,5% (2)	0	14,3% (3)	28,6% (6)	185
<b>Physical assault outside the home</b>	14,3% (3)	9,5% (2)	4,8% (1)	4,8% (1)	4,8% (1)	0	0	0	9,5% (2)	0	9,5% (2)	42,9% (9)	175
<b>Sexual assault</b>	0	0	0	4,8% (1)	0	0	4,8% (1)	0	0	0	4,8% (1)	85,7% (18)	33
<b>Self-neglect</b>	0	4,8% (1)	4,8% (1)	4,8% (1)	0	4,8% (1)	9,5% (2)	0	4,8% (1)	0	4,8% (1)	61,9% (13)	89
<b>Self-mutilation</b>	0	0	0	0	0	4,8% (1)	9,5% (2)	4,8% (1)	0	4,8% (1)	9,5% (2)	66,7% (14)	48
<b>Suicide or attempted suicide</b>	0	4,8% (1)	0	0	0	0	4,8% (1)	19,0% (4)	4,8% (1)	9,5% (2)	9,5% (2)	47,6% (10)	71
<b>Other</b>	0	0	0	4,8% (1)	0	0	4,8% (1)	0	0	0	4,8% (1)	85,7% (18)	33
<b>Do not know</b>	0	0	0	0	0	0	0	0	0	0	0	100% (21)	0
<b>Refuse to answer</b>	0	0	0	0	0	0	0	0	0	0	0	100% (21)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

**Table 17g: Causes of Injuries Based on Community Size, in Order of Importance**

Large (N=3)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7	Rank 8	Rank 9	Rank 10	N/R*	N/S**	Total
<b>Car or truck accidents</b>	0	0	0	0	0	0	1	0	0	1	0	1	40
<b>Bicycle accidents</b>	0	0	0	2	0	0	0	0	0	0	0	1	112
<b>Snowmobile accidents (in season)</b>	0	0	0	0	0	0	0	0	0	0	0	3	0
<b>All-terrain vehicle (ATV) accidents</b>	0	0	0	0	1	0	0	0	1	0	0	1	64
<b>Hunting accidents</b>	0	0	0	0	0	0	0	0	0	0	0	3	0
<b>Boat or any other water vessel accident (in season)</b>	0	0	0	0	0	0	0	0	0	0	0	3	0
<b>Falls (excluding bicycling, sports activities and snowmobiling)</b>	0	0	0	0	1	0	0	2	0	0	0	0	72
<b>Sports accidents (excluding bicycling, hunting and fishing)</b>	0	0	0	0	0	0	0	0	1	0	0	2	16
<b>Bite from a domestic animal</b>	1	0	0	0	0	1	1	0	0	0	0	0	152
<b>Bite from a wild animal</b>	0	0	0	0	0	0	0	0	0	0	0	3	0
<b>Fire (including smoke or fumes from fire)</b>	0	0	0	0	0	0	0	0	0	0	0	3	0
<b>Burns (all types)</b>	1	0	0	0	1	1	0	0	0	0	0	0	168
<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.)</b>	0	1	0	0	0	1	0	0	0	0	0	1	112



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**Table 17g: Causes of Injuries Based on Community Size, in Order of Importance**

Large (N=3)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7	Rank 8	Rank 9	Rank 10	N/R*	N/S**	Total
Car or truck accidents	0	0	0	0	0	0	1	0	0	1	0	1	40
Bicycle accidents	0	0	0	2	0	0	0	0	0	0	0	1	112
Snowmobile accidents (in season)	0	0	0	0	0	0	0	0	0	0	0	3	0
All-terrain vehicle (ATV) accidents	0	0	0	0	1	0	0	0	1	0	0	1	64
Hunting accidents	0	0	0	0	0	0	0	0	0	0	0	3	0
Boat or any other water vessel accident (in season)	0	0	0	0	0	0	0	0	0	0	0	3	0
Falls (excluding bicycling, sports activities and snowmobiling)	0	0	0	0	1	0	0	2	0	0	0	0	72
Sports accidents (excluding bicycling, hunting and fishing)	0	0	0	0	0	0	0	0	1	0	0	2	16
Bite from a domestic animal	1	0	0	0	0	1	1	0	0	0	0	0	152
Bite from a wild animal	0	0	0	0	0	0	0	0	0	0	0	3	0
Fire (including smoke or fumes from fire)	0	0	0	0	0	0	0	0	0	0	0	3	0
Burns (all types)	1	0	0	0	1	1	0	0	0	0	0	0	168
Natural environmental factors (insect bites, frostbite, broken glass, etc.)	0	1	0	0	0	1	0	0	0	0	0	1	112
Drowning or near-drowning (excluding boat or other water vessel accidents)	0	0	0	0	0	0	0	0	0	0	0	3	0
Asphyxia	0	0	0	0	0	0	0	0	0	0	0	3	0
Accidental poisoning or intoxication	0	0	0	0	0	0	0	0	0	0	0	3	0
Manual work tool	0	1	1	1	0	0	0	0	0	0	0	0	192
Physical violence at home	0	0	1	0	0	0	0	1	0	0	0	1	88
Physical assault outside the home	1	0	1	0	0	0	0	0	1	0	0	0	160
Sexual assault	0	0	0	0	0	0	0	0	0	0	0	3	0
Self-neglect	0	0	0	0	0	0	1	0	0	0	0	2	32
Self-mutilation	0	0	0	0	0	0	0	0	0	1	0	2	8
Suicide or attempted suicide	0	1	0	0	0	0	0	0	0	0	0	2	72

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Medium (N=12)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7	Rank 8	Rank 9	Rank 10	N/R*	N/S**	Total
Car or truck accidents	0	1	0	0	1	0	0	0	0	1	0	9	32
Bicycle accidents	1	1	1	0	1	0	0	1	0	0	2	5	101
Snowmobile accidents (in season)	0	0	0	0	0	0	0	0	0	1	1	10	4
All-terrain vehicle (ATV) accidents	1	0	0	1	0	0	0	0	0	1	1	8	48
Hunting accidents	0	0	0	0	0	0	0	0	0	0	0	12	0
Boat or any other water vessel accident (in season)	0	0	0	0	0	0	0	0	0	0	0	3	0
Falls (excluding bicycling, sports activities and snowmobiling)	1	0	1	2	1	0	0	0	0	0	2	5	106
Sports accidents (excluding bicycling, hunting and fishing)	0	1	2	0	1	0	0	0	0	0	1	7	78
Bite from a domestic animal	0	0	0	0	0	0	1	0	2	0	1	8	16
Bite from a wild animal	0	0	0	0	0	0	0	0	0	0	0	12	0
Fire (including smoke or fumes from fire)	0	0	0	0	0	0	0	0	0	0	0	12	0
Burns (all types)	0	0	1	0	1	3	0	0	1	1	3	2	91
Natural environmental factors (insect bites, frostbite, broken glass, etc.)	2	1	1	0	0	2	2	0	0	0	3	1	151
Drowning or near-drowning (excluding boat or other water vessel accidents)	0	0	0	0	0	0	0	0	0	0	0	12	0
Asphyxia	0	0	0	0	0	0	0	0	0	0	0	12	0
Accidental poisoning or intoxication	0	1	0	0	0	1	0	1	1	0	0	8	38
Manual work tool	1	1	2	1	0	0	1	1	0	1	1	3	115
Physical violence at home	1	1	1	1	2	0	0	0	0	0	2	4	123
Physical assault outside the home	2	1	0	1	1	0	0	0	0	0	2	5	118
Sexual assault	0	0	0	1	0	0	0	0	0	0	0	11	14
Self-neglect	0	1	0	1	0	1	0	0	1	0	1	7	58
Self-mutilation	0	0	0	0	0	1	2	0	0	0	2	7	43
Suicide or attempted suicide	0	0	0	0	0	0	1	3	1	0	1	6	36
Small (N=5)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7	Rank 8	Rank 9	Rank 10	N/R*	N/S**	Total
Car or truck accidents	0	0	0	1	0	0	0	0	0	0	0	4	34
Bicycle accidents	0	0	0	0	1	0	0	0	0	0	1	3	58
Snowmobile accidents (in season)	0	0	1	0	0	0	0	0	1	0	1	2	72

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<b>Snowmobile accidents (in season)</b>	0	0	1	0	0	0	0	0	1	0	1	2	72
<b>All-terrain vehicle (ATV) accidents</b>	0	0	0	1	0	1	0	0	0	1	1	1	83
<b>Hunting accidents</b>	0	0	0	0	0	0	0	0	0	1	0	4	5
<b>Boat or any other water vessel accident (in season)</b>	0	0	0	0	1	0	0	0	0	0	1	3	58
<b>Falls (excluding bicycling, sports activities and snowmobiling)</b>	1	0	1	1	0	0	0	0	0	0	1	1	160
<b>Sports accidents (excluding bicycling, hunting and fishing)</b>	0	1	0	0	1	1	0	0	0	0	1	1	128
<b>Bite from a domestic animal</b>	0	0	0	0	1	0	1	0	0	0	0	3	48
<b>Bite from a wild animal</b>	0	0	0	0	0	0	0	0	0	0	0	5	0
<b>Fire (including smoke or fumes)</b>	0	0	0	0	0	0	0	0	0	0	0	5	0
<b>from fire)</b>													
<b>Burns (all types)</b>	2	0	0	0	0	0	0	1	0	0	1	1	147
<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.)</b>	0	1	1	0	0	1	0	0	0	0	1	1	141
<b>Drowning or near-drowning (excluding boat or other water vessel accidents)</b>	0	0	0	0	0	0	0	0	0	0	0	5	0
<b>Asphyxia</b>	0	0	0	0	0	0	0	0	0	0	1	4	2
<b>Accidental poisoning or intoxication</b>	0	0	0	0	0	0	0	0	0	0	0	5	0
<b>Manual work tool</b>	0	1	0	1	0	0	0	0	0	0	0	3	128
<b>Physical violence at home</b>	1	0	0	0	0	0	0	1	1	0	1	1	96
<b>Physical assault outside the home</b>	0	1	0	0	0	0	0	0	1	0	0	3	53
<b>Sexual assault</b>	0	0	0	0	0	0	1	0	0	0	1	3	16
<b>Self-neglect</b>	0	0	1	0	0	0	1	0	0	0	0	3	58
<b>Self-mutilation</b>	0	0	0	0	0	0	0	0	0	0	0	5	0
<b>Suicide or attempted suicide</b>	0	0	0	0	0	0	0	1	0	1	1	2	30

\* Having no resident, one community has not classified in any category of size.

\*\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\*\* N/S means that the respondent did not choose this answer (Not selected).

**Table 6t: Frequency of Causes of Accidental Injuries**

	Often	Occasionally	Rarely	Never	Do not know	Refuse to answer	Total (N)
<b>Car or truck accidents</b>	5,0% (1)	0	40,0% (8)	50,0% (10)	5,0% (1)	0	20
<b>Bicycle accidents</b>	5,0% (1)	35,0% (7)	40,0% (8)	20,0% (4)	0	0	20
<b>Snowmobile accidents (in season)</b>	0	10,0% (2)	40,0% (8)	45,0% (9)	5,0% (1)	0	20
<b>All-terrain vehicle (ATV) accidents</b>	0	15,8% (3)	52,6% (10)	31,6% (6)	0	0	19
<b>Hunting accidents</b>	0	10,5% (2)	21,1% (4)	63,2% (12)	5,3% (1)	0	19
<b>Boat or any other water vessel accident (in season)</b>	0	0	20,0% (4)	70,0% (14)	10,0% (2)	0	20
<b>Falls (excluding bicycling, sports activities and snowmobiling)</b>	25,0% (5)	30,0% (6)	35,0% (7)	5,0% (1)	5,0% (1)	0	20
<b>Sports accidents (excluding bicycling, hunting and fishing)</b>	25,0% (5)	25,0% (5)	45,0% (9)	5,0% (1)	0	0	20
<b>Bite from a domestic animal</b>	0	21,1% (4)	47,4% (9)	31,6% (6)	0	0	19
<b>Bite from a wild animal</b>	0	0	20,0% (4)	75,0% (15)	5,0% (1)	0	20
<b>Fire (including smoke or fumes from fire)</b>	0	5,0% (1)	20,0% (4)	65,0% (13)	10,0% (2)	0	20
<b>Burns (all types)</b>	5,6% (1)	66,7% (12)	16,7% (3)	11,1% (2)	0	0	18
<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.)</b>	26,3% (5)	52,6% (10)	15,8% (3)	5,3% (1)	0	0	19
<b>Drowning or near-drowning (excluding boat or other water vessel accidents)</b>	0	0	10,5% (2)	78,9% (15)	10,5% (2)	0	19
<b>Asphyxia</b>	0	0	10,5% (2)	78,9% (15)	10,5% (2)	0	19
<b>Accidental poisoning or intoxication</b>	0	5,3% (1)	26,3% (5)	57,9% (11)	10,5% (2)	0	19
<b>Manual work tool</b>	22,2% (4)	44,4% (8)	22,2% (4)	11,1% (2)	0	0	18

**Table 7t: Time of Week When Most Causes of Accidental Injuries Occur**

	Monday to Friday	Saturday to Sunday	Do not know	Refuse to answer	Total (N)
<b>Car or truck accidents</b>	20,0% (3)	26,7% (4)	33,3% (5)	20,0% (3)	15
<b>Bicycle accidents</b>	50,0% (7)	14,3% (2)	21,4% (3)	14,3% (2)	14
<b>Snowmobile accidents (in season)</b>	18,8% (3)	18,8% (3)	37,5% (6)	25,1% (4)	16
<b>All-terrain vehicle (ATV) accidents</b>	25,0% (4)	25,0% (4)	37,6% (6)	12,5% (2)	16
<b>Hunting accidents</b>	14,3% (2)	14,3% (2)	42,9% (6)	28,5% (4)	14
<b>Boat or any other water vessel accident (in season)</b>	14,3% (2)	0	50,0% (7)	35,7% (5)	14
<b>Falls (excluding bicycling, sports activities and snowmobiling)</b>	50,0% (8)	6,3% (1)	31,3% (5)	12,5% (2)	16
<b>Sports accidents (excluding bicycling, hunting and fishing)</b>	46,7% (7)	20,0% (3)	13,4% (2)	20,1% (3)	15
<b>Bite from a domestic animal</b>	42,9% (6)	0	42,8% (6)	14,3% (2)	14
<b>Bite from a wild animal</b>	7,1% (1)	7,1% (1)	50,0% (7)	35,7% (5)	14
<b>Fire (including smoke or fumes from fire)</b>	21,4% (3)	0	57,1% (8)	21,4% (3)	14
<b>Burns (all types)</b>	66,7% (10)	0	20,0% (3)	13,3% (2)	15
<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.)</b>	52,9% (9)	5,9% (1)	29,4% (5)	11,8% (2)	17
<b>Drowning or near-drowning (excluding boat or other water vessel accidents)</b>	0	13,3% (2)	53,3% (8)	33,4% (5)	15
<b>Asphyxia</b>	7,1% (1)	7,1% (1)	50,0% (7)	35,7% (5)	14
<b>Accidental poisoning or intoxication</b>	7,1% (1)	21,4% (3)	42,9% (6)	28,6% (4)	14
<b>Manual work tool</b>	70,6% (12)	0	17,7% (3)	11,8% (2)	17
<b>Total</b>	79	27	93	55	254

**Table 8t: Time of Day When Most Causes of Accidental Injuries Occur**

	Morning (6 a.m. to 11:59 a.m.)	P.M. (Noon to 4:59 p.m.)	Evening (5 p.m. to 11:59 p.m.)	Night time (11 p.m. to 5:59 a.m.)	Do not know	Refuse to answer	Total (N)
Car or truck accidents	6,7% (1)	6,7% (1)	6,7% (1)	20,0% (3)	33,3% (5)	26,7% (4)	15
Bicycle accidents	20,0% (3)	33,3% (5)	6,7% (1)	0	26,7% (4)	13,3% (2)	15
Snowmobile accidents (in season)	0	18,8% (3)	6,3% (1)	6,3% (1)	43,8% (7)	25,1% (4)	16
All-terrain vehicle (ATV) accidents	6,7% (1)	20,0% (3)	20,0% (3)	0	40,1% (6)	13,3% (2)	15
Hunting accidents	21,4% (3)	14,3% (2)	0	0	35,7% (5)	28,5% (4)	14
Boat or any other water vessel accident (in season)	0	15,4% (2)	0	0	46,2% (6)	38,5% (5)	13
Falls (excluding bicycling, sports activities and snowmobiling)	18,8% (3)	31,3% (5)	12,5% (2)	0	25,1% (4)	12,5% (2)	16
Sports accidents (excluding bicycling, hunting and fishing)	18,8% (3)	37,5% (6)	6,3% (1)	0	18,8% (3)	18,8% (3)	16
Bite from a domestic animal	7,7% (1)	38,5% (5)	7,7% (1)	0	30,8% (4)	15,4% (2)	13
Bite from a wild animal	7,7% (1)	7,7% (1)	0	0	53,8% (7)	30,8% (4)	13
Fire (including smoke or fumes from fire)	0	7,7% (1)	15,4% (2)	0	53,8% (7)	23,1% (3)	13
Burns (all types)	14,3% (2)	28,6% (4)	21,4% (3)	0	21,4% (3)	14,3% (2)	14
Natural environmental factors (insect bites, frostbite, broken glass, etc.)	6,7% (1)	53,3% (8)	6,7% (1)	0	20,0% (3)	13,3% (2)	15
Drowning or near-drowning (excluding boat or other water vessel accidents)	0	14,3% (2)	0	0	57,1% (8)	28,5% (4)	14
Asphyxia	0	0	8,3% (1)	0	58,3% (7)	33,3% (4)	12
Accidental poisoning or intoxication	0	8,3% (1)	0	16,7% (2)	50,0% (6)	25,0% (3)	12
Manual work tool	6,7% (1)	53,3% (8)	0	0	26,7% (4)	13,3% (2)	15
<b>Total</b>	<b>20</b>	<b>57</b>	<b>17</b>	<b>6</b>	<b>89</b>	<b>52</b>	<b>241</b>

**Table 9t: Frequency of Causes of Intentional Injuries**

	Often	Occasionally	Rarely	Never	Do not know	Refuse to answer	Total (N)
Physical violence at home	5,0% (1)	50,0% (10)	20,0% (4)	20,0% (4)	5,0% (1)	0	20
Physical assault outside the home	15,0% (3)	40,0% (8)	20,0% (4)	20,0% (4)	5,0% (1)	0	20
Sexual assault	0	10,0% (2)	35,0% (7)	35,0% (7)	20,0% (4)	0	20
Self-neglect	15,0% (3)	10,0% (2)	35,0% (7)	25,0% (5)	15,0% (3)	0	20
Self-mutilation	0	15,8% (3)	36,8% (7)	36,8% (7)	10,5% (2)	0	19
Suicide or attempted suicide	5,0% (1)	15,0% (3)	35,0% (7)	45,0% (9)	0	0	20

**Table 10t: Time of Week When Most Causes of Intentional Injuries Occur**

	Monday to Friday	Saturday to Sunday	Do not know	Refuse to answer	Total (N)
Physical violence at home	21,1% (4)	52,6% (10)	15,8% (3)	10,5% (2)	19
Physical assault outside the home	5,3% (1)	68,4% (13)	21,1% (4)	5,3% (1)	19
Sexual assault	10,0% (2)	35,0% (7)	40,0% (8)	15,0% (3)	20
Self-neglect	36,8% (7)	10,5% (2)	42,1% (8)	10,5% (2)	19
Self-mutilation	26,3% (5)	15,8% (3)	42,1% (8)	15,8% (3)	19
Suicide or attempted suicide	16,7% (3)	33,3% (6)	38,9% (7)	11,1% (2)	18
<b>Total</b>	<b>22</b>	<b>41</b>	<b>38</b>	<b>13</b>	<b>114</b>

**Table 11t: Time of Day When Most Causes of Intentional Injuries Occur**

	Morning (6 a.m. to- 11:59 a.m.)	P.M. (Noon to 4:59 p.m.)	Evening (5 p.m. to 11:59 p.m.)	Night time (11 p.m. to 5:59 a.m.)	Do not know	Refuse to answer	Total (N)
<b>Physical violence at home</b>	10,0% (2)	0	40,0% (8)	20,0% (4)	20,0% (4)	10,0% (2)	20
<b>Physical assault outside the home</b>	5,3% (1)	0	26,3% (5)	31,6% (6)	26,3% (5)	10,5% (2)	19
<b>Sexual assault</b>	5,0% (1)	0	10,0% (2)	30,0% (6)	40,0% (8)	15,0% (3)	20
<b>Self-neglect</b>	11,8% (2)	11,8% (2)	17,6% (3)	5,9% (1)	41,2% (7)	11,8% (2)	17
<b>Self-mutilation</b>	5,3% (1)	10,5% (2)	15,8% (3)	10,5% (2)	47,4% (9)	10,5% (2)	19
<b>Suicide or attempted suicide</b>	10,5% (2)	5,3% (1)	26,3% (5)	15,8% (3)	31,6% (6)	10,5% (2)	19
<b>Total</b>	9	5	26	22	39	13	114

**Table 18g: Causes of Injuries Mentioned for Each Gender, in Order of Importance**

Females (N=21)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7	Rank 8	Rank 9	Rank 10	N/R*	N/S**	Total
<b>Car or truck accidents</b>	0	0	0	4,8% (1)	4,8% (1)	0	4,8% (1)	0	0	0	0	85,7% (18)	34
<b>Bicycle accidents</b>	4,8% (1)	0	4,8% (1)	0	0	4,8% (1)	9,5% (2)	4,8% (1)	0	0	0	71,4% (15)	68
<b>Snowmobile accidents (in season)</b>	0	0	0	0	0	0	0	0	9,5% (2)	0	0	90,5% (19)	8
<b>All-terrain vehicle (ATV) accidents</b>	0	0	0	0	4,8% (1)	0	4,8% (1)	9,5% (2)	0	0	0	81,0% (17)	32
<b>Hunting accidents</b>	0	0	0	0	0	0	0	0	4,8% (1)	0	0	95,2% (20)	4
<b>Boat or any other water vessel accident (in season)</b>	0	0	0	0	0	0	0	4,8% (1)	0	0	0	95,2% (20)	4
<b>Falls (excluding bicycling, sports activities and snowmobiling)</b>	19,0% (4)	9,5% (2)	0	4,8% (1)	9,5% (2)	4,8% (1)	0	0	4,8% (1)	0	4,8% (1)	42,9% (9)	183
<b>Sports accidents (excluding bicycling, hunting and fishing)</b>	4,8% (1)	4,8% (1)	4,8% (1)	14,3% (3)	0	0	0	0	0	4,8% (1)	0	66,7% (14)	98
<b>Bite from a domestic animal</b>	0	0	9,5% (2)	4,8% (1)	0	4,8% (1)	4,8% (1)	4,8% (1)	0	4,8% (1)	4,8% (1)	61,9% (13)	72
<b>Bite from a wild animal</b>	0	0	0	0	0	0	0	0	0	0	0	100% (21)	0
<b>Fire (including smoke or fumes from fire)</b>	0	0	0	0	0	0	0	4,8% (1)	0	0	0	95,2% (20)	6
<b>Burns (all types)</b>	9,5% (2)	9,5% (2)	4,8% (1)	4,8% (1)	9,5% (2)	19,0% (4)	0	0	4,8% (1)	0	4,8% (1)	33,3% (7)	187
<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.)</b>	23,8% (5)	14,3% (3)	9,5% (2)	4,8% (1)	4,8% (1)	4,8% (1)	0	0	0	0	4,8% (1)	33,3% (7)	239
<b>Drowning or near-drowning (excluding boat or other water vessel accidents)</b>	0	0	0	0	0	0	0	0	0	0	0	100% (21)	0
<b>Asphyxia</b>	0	0	0	0	4,8% (1)	0	0	0	0	4,8% (1)	0	90,5% (19)	14
<b>Accidental poisoning or intoxication</b>	0	0	0	0	0	0	9,5% (2)	9,5% (2)	0	4,8% (1)	0	76,2% (16)	28
<b>Manual work tool</b>	0	4,8% (1)	14,3% (3)	4,8% (1)	4,8% (1)	4,8% (1)	0	4,8% (1)	0	4,8% (1)	0	57,1% (12)	110

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<b>Physical violence at home</b>	19,0% (4)	14,3% (3)	0	9,5% (2)	0	0	0	0	4,8% (1)	0	4,8% (1)	47,6% (10)	183
<b>Physical assault outside the home</b>	4,8% (1)	9,5% (2)	14,3% (3)	4,8% (1)	9,5% (2)	0	4,8% (1)	0	0	4,8% (1)	4,8% (1)	42,9% (9)	153
<b>Sexual assault</b>	0	4,8% (1)	4,8% (1)	0	0	4,8% (1)	9,5% (2)	0	0	0	4,8% (1)	71,4% (15)	72
<b>Self-neglect</b>	0	0	4,8% (1)	4,8% (1)	9,5% (2)	0	0	0	9,5% (2)	0	0	71,4% (15)	62
<b>Self-mutilation</b>	0	0	0	4,8% (1)	0	0	4,8% (1)	0	4,8% (1)	9,5% (2)	4,8% (1)	71,4% (15)	30
<b>Suicide or attempted suicide</b>	0	0	0	4,8% (1)	4,8% (1)	9,5% (2)	0	4,8% (1)	4,8% (1)	9,5% (2)	0	61,9% (13)	60
<b>Do not know</b>	0	0	0	0	0	0	0	0	0	0	0	100% (21)	0
<b>Refuse to answer</b>	0	0	0	0	0	0	0	0	0	0	4,8% (1)	95,2% (20)	2
<b>Males (N=18)</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Rank 4</b>	<b>Rank 5</b>	<b>Rank 6</b>	<b>Rank 7</b>	<b>Rank 8</b>	<b>Rank 9</b>	<b>Rank 10</b>	<b>N/R*</b>	<b>N/S**</b>	<b>Total</b>
<b>Car or truck accidents</b>	0	5,6% (1)	5,6% (1)	0	0	5,6% (1)	5,6% (1)	0	5,6% (1)	5,6% (1)	0	66,7% (12)	58
<b>Bicycle accidents</b>	5,6% (1)	5,6% (1)	11,1% (2)	5,6% (1)	5,6% (1)	5,6% (1)	0	0	0	0	0	61,1% (11)	106
<b>Snowmobile accidents (in season)</b>	0	0	0	0	11,1% (2)	5,6% (1)	0	5,6% (1)	5,6% (1)	0	0	72,2% (13)	44
<b>All-terrain vehicle (ATV) accidents</b>	5,6% (1)	0	0	5,6% (1)	11,1% (2)	5,6% (1)	0	0	0	11,1% (2)	0	61,1% (11)	72
<b>Hunting accidents</b>	0	0	0	0	0	5,6% (1)	0	11,1% (2)	5,6% (1)	0	0	77,8% (14)	26
<b>Boat or any other water vessel accident (in season)</b>	0	0	0	0	5,6% (1)	0	0	0	0	5,6% (1)	0	88,9% (16)	14
<b>Falls (excluding bicycling, sports activities and snowmobiling)</b>	5,6% (1)	11,1% (2)	0	22,2% (4)	0	16,7% (3)	0	0	0	5,6% (1)	5,6% (1)	33,3% (6)	157
<b>Sports accidents (excluding bicycling, hunting and fishing)</b>	0	5,6% (1)	22,2% (4)	5,6% (1)	5,6% (1)	0	0	0	0	0	0	61,1% (11)	108
<b>Bite from a domestic animal</b>	0	0	0	0	0	0	16,7% (3)	5,6% (1)	0	0	5,6% (1)	72,2% (13)	38
<b>Bite from a wild animal</b>	0	0	0	0	0	0	0	0	0	0	0	100% (18)	0
<b>Fire (including smoke or fumes from fire)</b>	0	0	0	0	0	0	0	0	5,6% (1)	0	0	94,4% (17)	4
<b>Burns (all types)</b>	0	5,6% (1)	16,7% (3)	5,6% (1)	11,1% (2)	11,1% (2)	5,6% (1)	11,1% (2)	0	0	5,6% (1)	27,8% (5)	156
<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.)</b>	5,6% (1)	27,8% (5)	0	11,1% (2)	5,6% (1)	5,6% (1)	11,1% (2)	0	0	0	5,6% (1)	27,8% (5)	191
<b>Drowning or near-drowning (excluding boat or other water vessel accidents)</b>	0	0	0	0	0	0	0	0	0	0	0	100% (18)	0
<b>Asphyxia</b>	0	0	0	0	0	0	0	5,6% (1)	0	0	0	94,4% (17)	6
<b>Accidental poisoning or intoxication</b>	0	0	0	0	0	0	5,6% (1)	5,6% (1)	11,1% (2)	0	0	77,8% (14)	22
<b>Manual work tool</b>	44,4% (8)	5,6% (1)	5,6% (1)	0	11,1% (2)	0	5,6% (1)	5,6% (1)	5,6% (1)	0	5,6% (1)	11,1% (2)	252
<b>Physical violence at home</b>	0	11,1% (2)	0	0	0	5,6% (1)	0	0	0	0	0	83,3% (15)	46
<b>Physical assault outside the home</b>	22,2% (4)	0	11,1% (2)	11,1% (2)	0	0	5,6% (1)	0	0	0	5,6% (1)	44,4% (8)	164

<b>Sexual assault</b>	0	0	0	0	0	0	0	0	0	0	0	100% (18)	0
<b>Self-neglect</b>	0	0	5,6% (1)	11,1% (2)	5,6% (1)	0	0	5,6% (1)	5,6% (1)	0	0	66,7% (12)	66
<b>Self-mutilation</b>	0	0	0	0	0	0	0	5,6% (1)	5,6% (1)	5,6% (1)	0	83,3% (15)	12
<b>Suicide or attempted suicide</b>	0	0	0	0	0	0	5,6% (1)	0	5,6% (1)	16,7% (3)	0	72,2% (13)	18
<b>Do not know</b>	0	0	0	0	0	0	0	0	0	0	0	100% (18)	0
<b>Refuse to answer</b>	0	0	0	0	0	0	0	0	0	0	5,6% (1)	94,4% (17)	2

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* Three persons did not answer the question for males.

**Table 19g: Causes of Injuries Mentioned for Each Age Group, in Order of Importance**

Children (N=19)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7	Rank 8	Rank 9	Rank 10	N/R*	N/S**	Total
<b>Car or truck accidents</b>	0	0	0	0	0	0	5,3% (1)	0	0	0	0	94,7% (18)	8
<b>Bicycle accidents</b>	26,3% (5)	10,5% (2)	10,5% (2)	0	5,3% (1)	0	5,3% (1)	0	0	0	5,3% (1)	36,8% (7)	205
<b>Snowmobile accidents (in season)</b>	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0
<b>All-terrain vehicle (ATV) accidents</b>	0	0	0	0	5,3% (1)	0	0	5,3% (1)	0	0	0	89,5% (17)	18
<b>Hunting accidents</b>	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0
<b>Boat or any other water vessel accident (in season)</b>	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0
<b>Falls (excluding bicycling, sports activities and snowmobiling)</b>	26,3% (5)	15,8% (3)	10,5% (2)	5,3% (1)	10,5% (2)	0	0	0	0	0	0	31,6% (6)	224
<b>Sports accidents (excluding bicycling, hunting and fishing)</b>	0	15,8% (3)	31,6% (6)	5,3% (1)	5,3% (1)	5,3% (1)	0	0	0	0	5,3% (1)	31,6% (6)	202
<b>Bite from a domestic animal</b>	0	5,3% (1)	5,3% (1)	21,1% (4)	0	10,5% (2)	0	5,3% (1)	0	0	10,5% (2)	42,1% (8)	142
<b>Bite from a wild animal</b>	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0
<b>Fire (including smoke or fumes from fire)</b>	0	0	0	0	0	0	0	0	0	0	5,3% (1)	94,7% (18)	2
<b>Burns (all types)</b>	5,3% (1)	21,1% (4)	10,5% (2)	10,5% (2)	21,1% (4)	5,3% (1)	0	0	0	0	5,3% (1)	21,1% (4)	225
<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.)</b>	26,3% (5)	5,3% (1)	15,8% (3)	21,1% (4)	5,3% (1)	5,3% (1)	0	0	0	0	10,5% (2)	10,5% (2)	277
<b>Drowning or near-drowning (excluding boat or other water vessel accidents)</b>	0	0	0	0	0	0	0	0	5,3% (1)	0	0	94,7% (18)	4



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Asphyxia	0	0	0	0	0	0	0	0	5,3% (1)	5,3% (1)	0	89,5% (17)	6
Accidental poisoning or intoxication	0	0	0	5,3% (1)	15,8% (3)	0	5,3% (1)	0	0	5,3% (1)	0	68,4% (13)	60
Manual work tool	0	0	0	0	0	0	0	0	5,3% (1)	0	0	94,7% (18)	4
Physical violence at home	5,3% (1)	0	0	0	0	0	0	10,5% (2)	0	0	0	84,2% (16)	32
Physical assault outside the home	0	0	0	5,3% (1)	0	0	0	0	0	5,3% (1)	0	89,5% (17)	16
Sexual assault	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0
Self-neglect	0	10,5% (2)	0	0	0	5,3% (1)	5,3% (1)	0	0	0	0	78,9% (15)	54
Self-mutilation	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0
Suicide or attempted suicide	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0
Do not know	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0
Refuse to answer	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0
<b>Adolescents (N=19)</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Rank 4</b>	<b>Rank 5</b>	<b>Rank 6</b>	<b>Rank 7</b>	<b>Rank 8</b>	<b>Rank 9</b>	<b>Rank 10</b>	<b>N/R*</b>	<b>N/S**</b>	<b>Total</b>
Car or truck accidents	0	0	0	0	0	0	0	5,3% (1)	0	0	0	94,7% (18)	6
Bicycle accidents	10,5% (2)	21,1% (4)	10,5% (2)	5,3% (1)	5,3% (1)	0	0	5,3% (1)	0	0	5,3% (1)	36,8% (7)	192
Snowmobile accidents (in season)	0	0	0	0	5,3% (1)	0	5,3% (1)	0	0	0	5,3% (1)	84,2% (16)	30
All-terrain vehicle (ATV) accidents	10,5% (2)	0	5,3% (1)	0	15,8% (3)	5,3% (1)	0	5,3% (1)	5,3% (1)	0	5,3% (1)	47,4% (9)	124
Hunting accidents	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0
Boat or any other water vessel accident (in season)	0	0	0	0	0	0	0	0	0	0	5,3% (1)	94,7% (18)	2
Falls (excluding bicycling, sports activities and snowmobiling)	10,5% (2)	26,3% (5)	5,3% (1)	15,8% (3)	15,8% (3)	0	0	0	0	5,3% (1)	5,3% (1)	15,8% (3)	241
Sports accidents (excluding bicycling, hunting and fishing)	31,6% (6)	10,5% (2)	21,1% (4)	5,3% (1)	0	5,3% (1)	0	0	0	0	5,3% (1)	21,1% (4)	261
Bite from a domestic animal	0	0	0	0	0	5,3% (1)	10,5% (2)	0	5,3% (1)	10,5% (2)	10,5% (2)	57,9% (11)	45
Bite from a wild animal	0	0	0	0	0	0	0	0	0	0	5,3% (1)	94,7% (18)	2
Fire (including smoke or fumes from fire)	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0
Burns (all types)	0	5,3% (1)	10,5% (2)	21,1% (4)	10,5% (2)	5,3% (1)	5,3% (1)	0	0	0	10,5% (2)	31,6% (6)	173
Natural environmental factors (insect bites, frostbite, broken glass, etc.)	5,3% (1)	5,3% (1)	15,8% (3)	21,1% (4)	15,8% (3)	0	5,3% (1)	0	0	0	10,5% (2)	21,1% (4)	215
Drowning or near-drowning (excluding boat or other water vessel accidents)	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0

Asphyxia	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0
Accidental poisoning or intoxication	0	0	0	0	0	0	0	5,3% (1)	0	0	5,3% (1)	89,5% (17)	12
Manual work tool	0	0	0	0	0	5,3% (1)	5,3% (1)	0	0	0	0	89,5% (17)	18
Physical violence at home	0	0	0	0	0	5,3% (1)	0	0	5,3% (1)	0	5,3% (1)	78,9% (15)	21
Physical assault outside the home	10,5% (2)	5,3% (1)	0	10,5% (2)	0	0	0	5,3% (1)	5,3% (1)	0	5,3% (1)	57,9% (11)	87
Sexual assault	0	5,3% (1)	5,3% (1)	0	0	0	0	0	0	0	5,3% (1)	84,2% (16)	51
Self-neglect	0	0	5,3% (1)	0	5,3% (1)	10,5% (2)	0	0	5,3% (1)	5,3% (1)	0	61,9% (13)	54
Self-mutilation	0	0	0	0	0	0	0	0	0	5,3% (1)	5,3% (1)	89,5% (17)	4
Suicide or attempted suicide	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0
Do not know	0	0	0	0	0	0	0	0	0	0	5,3% (1)	94,7% (18)	0
Refuse to answer	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0
<b>Adults (N=19)</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Rank 4</b>	<b>Rank 5</b>	<b>Rank 6</b>	<b>Rank 7</b>	<b>Rank 8</b>	<b>Rank 9</b>	<b>Rank 10</b>	<b>N/R*</b>	<b>N/S**</b>	<b>Total</b>
Car or truck accidents	5,3% (1)	10,5% (2)	0	0	0	0	10,5% (2)	0	5,3% (1)	0	5,3% (1)	63,2% (12)	89
Bicycle accidents	5,3% (1)	0	0	0	5,3% (1)	5,3% (1)	0	0	5,3% (1)	5,3% (1)	5,3% (1)	68,4% (13)	58
Snowmobile accidents (in season)	0	0	5,3% (1)	0	5,3% (1)	0	0	14,3% (3)	0	0	5,3% (1)	68,4% (13)	55
All-terrain vehicle (ATV) accidents	5,3% (1)	5,3% (1)	5,3% (1)	5,3% (1)	5,3% (1)	5,3% (1)	5,3% (1)	0	5,3% (1)	0	5,3% (1)	52,6% (10)	115
Hunting accidents	0	0	0	0	0	5,3% (1)	0	0	0	5,3% (1)	5,3% (1)	84,2% (16)	18
Boat or any other water vessel accident (in season)	0	0	0	0	0	0	0	0	0	0	5,3% (1)	94,7% (18)	2
Falls (excluding bicycling, sports activities and snowmobiling)	10,5% (2)	14,3% (3)	28,6% (6)	10,5% (2)	0	5,3% (1)	5,3% (1)	0	0	0	10,5% (2)	10,5% (2)	267
Sports accidents (excluding bicycling, hunting and fishing)	0	0	10,5% (2)	5,3% (1)	23,8% (5)	0	0	0	5,3% (1)	0	5,3% (1)	47,4% (9)	127
Bite from a domestic animal	0	0	0	0	0	0	5,3% (1)	0	5,3% (1)	0	10,5% (2)	78,9% (15)	24
Bite from a wild animal	0	0	0	0	0	0	0	5,3% (1)	0	0	0	94,7% (18)	6
Fire (including smoke or fumes from fire)	0	0	0	0	0	0	0	5,3% (1)	0	0	0	94,7% (18)	6
Burns (all types)	0	5,3% (1)	5,3% (1)	10,5% (2)	5,3% (1)	10,5% (2)	5,3% (1)	0	0	5,3% (1)	14,3% (3)	36,8% (7)	139
Natural environmental factors (insect bites, frostbite, broken glass, etc.)	5,3% (1)	14,3% (3)	5,3% (1)	21,1% (4)	10,5% (2)	5,3% (1)	0	0	0	0	10,5% (2)	26,3% (5)	210

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<b>Drowning or near-drowning (excluding boat or other water vessel accidents)</b>	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0	
<b>Asphyxia</b>	0	0	0	0	0	0	5,3% (1)	0	0	0	5,3% (1)	89,5% (17)	20	
<b>Accidental poisoning or intoxication</b>	0	5,3% (1)	0	0	0	0	0	5,3% (1)	0	0	0	89,5% (17)	24	
<b>Manual work tool</b>	26,3% (5)	0	15,8% (3)	15,8% (3)	10,5% (2)	10,5% (2)	0	0	0	0	10,5% (2)	21,1% (4)	265	
<b>Physical violence at home</b>	10,5% (2)	10,5% (2)	0	0	10,5% (2)	0	0	0	10,5% (2)	0	0	5,3% (1)	52,6% (10)	104
<b>Physical assault outside the home</b>	15,8% (3)	15,8% (3)	0	5,3% (1)	0	0	0	0	0	0	0	10,5% (2)	52,6% (10)	165
<b>Sexual assault</b>	0	0	5,3% (1)	0	0	0	0	0	0	0	0	94,7% (18)	16	
<b>Self-neglect</b>	0	0	0	5,3% (1)	0	10,5% (2)	10,5% (2)	0	0	0	0	73,7% (14)	50	
<b>Self-mutilation</b>	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0	
<b>Suicide or attempted suicide</b>	0	0	0	5,3% (1)	0	0	0	0	0	10,5% (2)	0	84,2% (16)	18	
<b>Do not know</b>	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0	
<b>Refuse to answer</b>	0	0	0	0	0	0	0	0	0	0	0	100% (19)	0	
<b>Elders (N=18)</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Rank 4</b>	<b>Rank 5</b>	<b>Rank 6</b>	<b>Rank 7</b>	<b>Rank 8</b>	<b>Rank 9</b>	<b>Rank 10</b>	<b>N/R*</b>	<b>N/S**</b>	<b>Total</b>	
<b>Car or truck accidents</b>	0	0	0	11,1% (4)	0	0	0	0	5,6% (1)	0	0	83,3% (15)	60	
<b>Bicycle accidents</b>	0	0	0	0	0	0	0	0	0	0	0	100% (18)	0	
<b>Snowmobile accidents (in season)</b>	5,6% (1)	0	0	0	0	0	0	5,6% (1)	0	0	0	88,9% (16)	26	
<b>All-terrain vehicle (ATV) accidents</b>	0	0	0	0	0	0	5,6% (1)	0	0	5,6% (1)	0	88,9% (16)	10	
<b>Hunting accidents</b>	0	0	0	0	0	5,6% (1)	0	5,6% (1)	0	0	0	88,9% (16)	16	
<b>Boat or any other water vessel accident (in season)</b>	0	0	0	0	0	0	0	0	0	0	0	100% (18)	0	
<b>Falls (excluding bicycling, sports activities and snowmobiling)</b>	61,1% (11)	5,6% (1)	5,6% (1)	0	0	0	0	0	0	0	0	27,8% (5)	254	
<b>Sports accidents (excluding bicycling, hunting and fishing)</b>	0	0	0	0	5,6% (1)	5,6% (1)	5,6% (1)	0	0	0	0	83,3% (15)	30	
<b>Bite from a domestic animal</b>	0	0	0	11,1% (2)	0	0	0	0	0	5,6% (1)	0	83,3% (15)	30	
<b>Bite from a wild animal</b>	0	0	0	0	0	0	0	5,6% (1)	0	0	0	94,4% (17)	6	
<b>Fire (including smoke or fumes from fire)</b>	0	0	0	0	0	0	0	0	0	0	0	100% (18)	0	
<b>Burns (all types)</b>	11,1% (2)	22,2% (4)	11,1% (2)	5,6% (1)	5,6% (1)	0	5,6% (1)	0	0	0	5,6% (1)	33,3% (6)	194	
<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.)</b>	5,6% (1)	22,2% (4)	27,8% (5)	11,1% (2)	0	0	0	0	0	0	0	33,3% (6)	200	

<b>Drowning or near-drowning (excluding boat or other water vessel accidents)</b>	0	0	0	0	0	0	0	0	0	0	0	100% (18)	0
<b>Asphyxia</b>	0	0	0	0	0	0	0	0	0	0	0	100% (18)	0
<b>Accidental poisoning or intoxication</b>	0	0	5,6% (1)	5,6% (1)	0	0	0	0	0	0	0	88,9% (16)	30
<b>Manual work tool</b>	0	5,6% (1)	16,7% (3)	11,1% (2)	11,1% (2)	0	0	0	0	0	0	55,6% (10)	118
<b>Physical violence at home</b>	5,6% (1)	5,6% (1)	0	0	22,2% (4)	0	0	0	5,6% (1)	0	0	61,1% (11)	90
<b>Physical assault outside the home</b>	0	5,6% (1)	0	0	0	11,1% (2)	0	0	0	0	0	83,3% (15)	38
<b>Sexual assault</b>	0	0	0	0	0	0	0	0	0	0	0	100% (18)	0
<b>Self-neglect</b>		5,6% (1)	5,6% (1)	0	0	5,6% (1)	0	0	0	0	0	83,3% (15)	44
<b>Self-mutilation</b>	0	0	0	0	0	0	0	0	0	0	0	100% (18)	0
<b>Suicide or attempted suicide</b>	0	0	0	0	0	0	0	0	0	0	0	100% (18)	0
<b>Do not know</b>	0	0	0	0	0	0	0	0	0	0	0	100% (18)	0
<b>Refuse to answer</b>	0	0	0	0	0	0	0	0	0	0	5,6% (1)	94,4% (17)	2

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* Two persons did not answer the question concerning children, adolescents and adults and three persons did not answer the question regarding elders.

## Part of the Body

**Table 20g: Parts of the Body Affected by Physical Injuries in Community Populations in General, in Order of Importance**

Parts of the body (N=21)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	N/R*	N/S**	Total
<b>Eyes</b>	9,5% (2)	4,8% (1)	4,8% (1)	0	4,8% (1)	9,5% (2)	66,7% (14)	50
<b>Head (excluding the eyes)</b>	14,3% (3)	14,3% (3)	0	9,5% (2)	14,3% (3)	14,3% (3)	33,3% (7)	87
<b>Neck</b>	0	0	0	0	0	4,8% (1)	95,2% (20)	2
<b>Shoulders, upper arms</b>	4,8% (1)	14,3% (3)	0	19,0% (4)	9,5% (2)	4,8% (1)	47,6% (10)	59
<b>Elbows, forearms</b>	4,8% (1)	4,8% (1)	19,0% (4)	0	0	0	71,4% (15)	42
<b>Wrists, hands</b>	28,6% (6)	19,0% (4)	4,8% (1)	28,6% (6)	4,8% (1)	14,3% (3)	0	145
<b>Hips, pelvis</b>	0	0	0	0	0	4,8% (1)	95,2% (20)	2
<b>Thighs</b>	4,8% (1)	0	4,8% (1)	0	9,5% (2)	0	81,0% (17)	20
<b>Knees, lower legs (excluding ankles and feet)</b>	14,3% (3)	9,5% (2)	14,3% (3)	4,8% (1)	14,3% (3)	9,5% (2)	33,3% (7)	86
<b>Ankles and feet</b>	23,8% (5)	19,0% (4)	19,0% (4)	4,8% (1)	9,5% (2)	14,3% (3)	9,5% (2)	135
<b>Upper back or upper spinal column</b>	0	0	4,8% (1)	4,8% (1)	0	4,8% (1)	85,7% (18)	15
<b>Lower back or lower spinal column</b>	4,8% (1)	0	4,8% (1)	9,5% (2)	9,5% (2)	0	71,4% (15)	28
<b>Rib cage (excluding the back and spinal column)</b>	0	0	4,8% (1)	0	4,8% (1)	4,8% (1)	85,7% (18)	12

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<b>Rib cage (excluding the back and spinal column)</b>	0	0	4,8% (1)	0	4,8% (1)	4,8% (1)	85,7% (18)	12
<b>Abdomen (excluding the back and spinal column)</b>	0	0	4,8% (1)	4,8% (1)	0	4,8% (1)	85,7% (18)	15
<b>Do not know</b>	0	0	0	0	0	0	100% (21)	0
<b>Refuse to answer</b>	0	0	0	0	0	0	100% (21)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

**Table 21g: Parts of the Body Based on Community Size, in Order of Importance**

<b>Large (N=3)</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Rank 4</b>	<b>Rank 5</b>	<b>N/R*</b>	<b>N/S**</b>	<b>Total</b>
<b>Eyes</b>	0	0	1	0	0	0	2	12
<b>Head (excluding the eyes)</b>	0	1	0	0	1	0	1	40
<b>Neck</b>	0	0	0	0	0	0	3	0
<b>Shoulders, upper arms</b>	0	1	0	0	0	0	2	32
<b>Elbows, forearms</b>	0	0	1	0	0	0	2	24
<b>Wrists, hands</b>	1	1	1	0	0	0	0	96
<b>Hips, pelvis</b>	0	0	0	0	0	0	3	0
<b>Thighs</b>	0	0	0	0	1	0	2	8
<b>Knees, lower legs (excluding ankles and feet)</b>	0	0	0	1	1	0	1	24
<b>Ankles and feet</b>	2	0	0	1	0	0	0	96
<b>Upper back or upper spinal column</b>	0	0	0	0	0	0	3	0
<b>Lower back or lower spinal column</b>	0	0	0	0	0	0	3	0
<b>Rib cage (excluding the back and spinal column)</b>	0	0	0	0	0	0	3	0
<b>Abdomen (excluding the back and spinal column)</b>	0	0	0	1	0	0	2	16
<b>Medium (N=12)</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Rank 4</b>	<b>Rank 5</b>	<b>N/R*</b>	<b>N/S**</b>	<b>Total</b>
<b>Eyes</b>	0	1	0	0	1	2	8	20
<b>Head (excluding the eyes)</b>	3	1	0	0	2	2	4	56
<b>Neck</b>	0	0	0	0	0	0	12	0
<b>Shoulders, upper arms</b>	1	1	0	3	1	0	6	32
<b>Elbows, forearms</b>	1	1	3	0	0	0	7	36
<b>Wrists, hands</b>	4	2	0	4	0	2	0	86
<b>Hips, pelvis</b>	0	0	0	0	0	0	12	0
<b>Thighs</b>	1	0	0	0	1	0	10	12
<b>Knees, lower legs (excluding ankles and feet)</b>	3	1	2	0	1	1	4	59
<b>Ankles and feet</b>	1	3	2	0	2	2	2	63
<b>Upper back or upper spinal column</b>	0	0	1	1	0	0	10	10

<b>Lower back or lower spinal column</b>	0	0	0	0	0	0	3	0
<b>Rib cage (excluding the back and spinal column)</b>	0	0	0	0	0	0	3	0
<b>Abdomen (excluding the back and spinal column)</b>	0	0	0	1	0	0	2	16
<b>Medium (N=12)</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Rank 4</b>	<b>Rank 5</b>	<b>N/R*</b>	<b>N/S**</b>	<b>Total</b>
<b>Eyes</b>	0	1	0	0	1	2	8	20
<b>Head (excluding the eyes)</b>	3	1	0	0	2	2	4	56
<b>Neck</b>	0	0	0	0	0	0	12	0
<b>Shoulders, upper arms</b>	1	1	0	3	1	0	6	32
<b>Elbows, forearms</b>	1	1	3	0	0	0	7	36
<b>Wrists, hands</b>	4	2	0	4	0	2	0	86
<b>Hips, pelvis</b>	0	0	0	0	0	0	12	0
<b>Thighs</b>	1	0	0	0	1	0	10	12
<b>Knees, lower legs (excluding ankles and feet)</b>	3	1	2	0	1	1	4	59
<b>Ankles and feet</b>	1	3	2	0	2	2	2	63
<b>Upper back or upper spinal column</b>	0	0	1	1	0	0	10	10
<b>Lower back or lower spinal column</b>	1	0	0	2	2	0	7	22
<b>Rib cage (excluding the back and spinal column)</b>	0	0	1	0	0	0	11	6
<b>Abdomen (excluding the back and spinal column)</b>	0	0	1	0	0	0	11	6
<b>Small (N=5)</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Rank 4</b>	<b>Rank 5</b>	<b>N/R*</b>	<b>N/S**</b>	<b>Total</b>
<b>Eyes</b>	2	0	0	0	0	0	3	48
<b>Head (excluding the eyes)</b>	0	1	0	2	0	1	1	51
<b>Neck</b>	0	0	0	0	0	1	4	5
<b>Shoulders, upper arms</b>	0	1	0	0	1	1	2	36
<b>Elbows, forearms</b>	0	0	0	0	0	0	5	0
<b>Wrists, hands</b>	1	0	0	2	1	1	0	60
<b>Hips, pelvis</b>	0	0	0	0	0	1	4	5
<b>Thighs</b>	0	0	1	0	0	0	4	14
<b>Knees, lower legs (excluding ankles and feet)</b>	0	1	1	0	0	1	2	50
<b>Ankles and feet</b>	1	1	2	0	0	1	0	90
<b>Upper back or upper spinal column</b>	0	0	0	0	0	1	4	5
<b>Lower back or lower spinal column</b>	0	0	0	0	0	0	5	0
<b>Rib cage (excluding</b>	0	0	0	0	1	1	3	10

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<b>Rib cage (excluding the back and spinal column)</b>	0	0	1	0	0	0	11	6
<b>Abdomen (excluding the back and spinal column)</b>	0	0	1	0	0	0	11	6
<b>Small (N=5)</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Rank 4</b>	<b>Rank 5</b>	<b>N/R*</b>	<b>N/S**</b>	<b>Total</b>
<b>Eyes</b>	2	0	0	0	0	0	3	48
<b>Head (excluding the eyes)</b>	0	1	0	2	0	1	1	51
<b>Neck</b>	0	0	0	0	0	1	4	5
<b>Shoulders, upper arms</b>	0	1	0	0	1	1	2	36
<b>Elbows, forearms</b>	0	0	0	0	0	0	5	0
<b>Wrists, hands</b>	1	0	0	2	1	1	0	60
<b>Hips, pelvis</b>	0	0	0	0	0	1	4	5
<b>Thighs</b>	0	0	1	0	0	0	4	14
<b>Knees, lower legs (excluding ankles and feet)</b>	0	1	1	0	0	1	2	50
<b>Ankles and feet</b>	1	1	2	0	0	1	0	90
<b>Upper back or upper spinal column</b>	0	0	0	0	0	1	4	5
<b>Lower back or lower spinal column</b>	0	0	0	0	0	0	5	0
<b>Rib cage (excluding the back and spinal column)</b>	0	0	0	0	1	1	3	10
<b>Abdomen (excluding the back and spinal column)</b>	0	0	0	0	0	1	4	5

\* Having no resident, one community has not classified in any category of size.

\*\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\*\* N/S means that the respondent did not choose this answer (Not selected).

**Table 22g: Parts of the Body Affected by Accidental Injuries, in Order of Importance**

Parts of the body (N=20)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	N/R*	N/S**	Total
<b>Eyes</b>	5,0% (1)	15,0% (3)	5,0% (1)	5,0% (1)	0	5,0% (1)	65,0% (13)	51
<b>Head (excluding the eyes)</b>	10,0% (2)	10,0% (2)	0	5,0% (1)	15,0% (3)	5,0% (1)	55,0% (11)	59
<b>Neck</b>	0	0	5,0% (1)	5,0% (1)	0	0	90,0% (18)	10
<b>Shoulders, upper arms</b>	5,0% (1)	0	5,0% (1)	15,0% (3)	10,0% (2)	5,0% (1)	60,0% (12)	37
<b>Elbows, forearms</b>	5,0% (1)	10,0% (2)	20,0% (4)	5,0% (1)	10,0% (2)	5,0% (1)	45,0% (9)	64
<b>Wrists, hands</b>	40,0% (8)	15,0% (3)	15,0% (3)	10,0% (2)	5,0% (1)	10,0% (2)	5,0% (1)	148
<b>Hips, pelvis</b>	0	0	0	0	0	0	100% (20)	0
<b>Thighs</b>	0	0	0	5,0% (1)	5,0% (1)	0	90,0% (18)	6
<b>Knees, lower legs (excluding ankles and feet)</b>	5,0% (1)	15,0% (3)	30,0% (6)	5,0% (1)	15,0% (3)	5,0% (1)	25,0% (5)	86
<b>Ankles and feet</b>	15,0% (3)	20,0% (4)	10,0% (2)	25,0% (5)	5,0% (1)	10,0% (2)	15,0% (3)	109
<b>Upper back or upper spinal column</b>	0	0	0	0	0	0	100% (20)	0
<b>Lower back or lower spinal column</b>	5,0% (1)	5,0% (1)	0	10,0% (2)	20,0% (4)	0	60,0% (12)	34
<b>Rib cage (excluding the back and spinal column)</b>	0	0	0	0	0	0	100% (20)	0
<b>Abdomen (excluding the back and spinal column)</b>	0	0	0	0	0	0	100% (20)	0
<b>Do not know</b>	0	0	0	0	0	0	100% (20)	0
<b>Refuse to answer</b>	0	0	0	0	0	0	100% (20)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* One person did not answer the question.

**Table 23g: Parts of the Body Targeted By Intentional Injuries, in Order of Importance**

Parts of the body (N=20)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	N/R*	N/S**	Total
<b>Eyes</b>	0	5,0% (1)	0	5,0% (1)	0	0	90,0% (18)	12
<b>Head (excluding the eyes)</b>	35,0% (7)	5,0% (1)	10,0% (2)	0	0	0	50,0% (10)	90
<b>Neck</b>	0	5,0% (1)	0	0	5,0% (1)	0	90,0% (18)	10
<b>Shoulders, upper arms</b>	10,0% (2)	10,0% (2)	10,0% (2)	0	5,0% (1)	0	65,0% (13)	50
<b>Elbows, forearms</b>	0	10,0% (2)	0	5,0% (1)	0	5,0% (1)	80,0% (16)	27
<b>Wrists, hands</b>	25,0% (5)	20,0% (4)	15,0% (3)	5,0% (1)	0	5,0% (1)	30,0% (6)	112
<b>Hips, pelvis</b>	0	0	0	0	0	0	100% (20)	0
<b>Thighs</b>	0	0	5,0% (1)	5,0% (1)	5,0% (1)	0	85,0% (17)	12
<b>Knees, lower legs (excluding ankles and feet)</b>	0	10,0% (2)	10,0% (2)	5,0% (1)	10,0% (2)	0	65,0% (13)	36
<b>Ankles and feet</b>	0	5,0% (1)	0	25,0% (5)	15,0% (3)	0	55,0% (11)	34
<b>Upper back or upper spinal column</b>	0	0	10,0% (2)	0	5,0% (1)	0	85,0% (17)	14



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<b>Upper back or upper spinal column</b>	0	0	10,0% (2)	0	5,0% (1)	0	85,0% (17)	14
<b>Lower back or lower spinal column</b>	10,0% (2)	5,0% (1)	0	5,0% (1)	0	0	80,0% (16)	32
<b>Rib cage (excluding the back and spinal column)</b>	0	0	0	0	5,0% (1)	0	95,0% (19)	2
<b>Abdomen (excluding the back and spinal column)</b>	0	0	5,0% (1)	0	5,0% (1)	0	90,0% (18)	8
<b>Do not know</b>	0	0	0	0	0	15,0% (3)	85,0% (17)	6
<b>Refuse to answer</b>	0	0	0	0	0	0	100% (20)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* One person did not answer the question.

**Table 24g: Parts of the Body Affected for Each Gender, in Order of Importance**

<b>Females (N=20)</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Rank 4</b>	<b>Rank 5</b>	<b>N/R*</b>	<b>N/S**</b>	<b>Total</b>
<b>Eyes</b>	5,0% (1)	5,0% (1)	0	5,0% (1)	10,0% (2)	0	75,0% (15)	26
<b>Head (excluding the eyes)</b>	25,0% (5)	10,0% (2)	0	15,0% (3)	10,0% (2)	0	40,0% (8)	82
<b>Neck</b>	5,0% (1)	0	5,0% (1)	0	10,0% (2)	5,0% (1)	75,0% (15)	25
<b>Shoulders, upper arms</b>	10,0% (2)	0	30,0% (6)	10,0% (2)	0	0	50,0% (10)	64
<b>Elbows, forearms</b>	0	15,0% (3)	10,0% (2)	10,0% (2)	0	0	65,0% (13)	44
<b>Wrists, hands</b>	30,0% (6)	15,0% (3)	10,0% (2)	10,0% (2)	5,0% (1)	5,0% (1)	25,0% (5)	114
<b>Hips, pelvis</b>	0	0	0	0	10,0% (2)	0	90,0% (18)	4
<b>Thighs</b>	0	0	0	10,0% (2)	5,0% (1)	0	85,0% (17)	10
<b>Knees, lower legs (excluding ankles and feet)</b>	5,0% (1)	10,0% (2)	15,0% (3)	15,0% (3)	15,0% (3)	5,0% (1)	35,0% (7)	67
<b>Ankles and feet</b>	10,0% (2)	25,0% (5)	5,0% (1)	15,0% (3)	10,0% (2)	5,0% (1)	30,0% (6)	88
<b>Upper back or upper spinal column</b>	0	0	0	0	0	0	100% (20)	0
<b>Lower back or lower spinal column</b>	0	10,0% (2)	5,0% (1)	5,0% (1)	5,0% (1)	0	75,0% (15)	28
<b>Rib cage (excluding the back and spinal column)</b>	0	0	10,0% (2)	0	10,0% (2)	0	80,0% (16)	16
<b>Abdomen (excluding the back and spinal column)</b>	0	0	0	0	0	0	100% (20)	0
<b>Do not know</b>	0	0	0	0	0	0	100% (20)	0
<b>Refuse to answer</b>	0	0	0	0	0	0	100% (20)	0
<b>Males (N=20)</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Rank 4</b>	<b>Rank 5</b>	<b>N/R*</b>	<b>N/S**</b>	<b>Total</b>
<b>Eyes</b>	10,0% (2)	0	5,0% (1)	0	25,0% (5)	0	60,0% (12)	36
<b>Head (excluding the eyes)</b>	20,0% (4)	10,0% (2)	0	5,0% (1)	10,0% (2)	5,0% (1)	50,0% (10)	71
<b>Neck</b>	0	0	0	0	5,0% (1)	0	95,0% (19)	2
<b>Shoulders, upper arms</b>	0	15,0% (3)	10,0% (2)	20,0% (4)	5,0% (1)	0	50,0% (10)	54
<b>Elbows, forearms</b>	5,0% (1)	5,0% (1)	15,0% (3)	5,0% (1)	5,0% (1)	0	65,0% (13)	42
<b>Wrists, hands</b>	40,0% (8)	25,0% (5)	15,0% (3)	5,0% (1)	0	5,0% (1)	10,0% (2)	150
<b>Hips, pelvis</b>	0	0	0	5,0% (1)	0	0	95,0% (19)	4
<b>Thighs</b>	0	0	0	0	5,0% (1)	0	95,0% (19)	2

<b>Knees, lower legs (excluding ankles and feet)</b>	5,0% (1)	5,0% (1)	25,0% (5)	15,0% (3)	10,0% (2)	5,0% (1)	35,0% (7)	64
<b>Ankles and feet</b>	0	25,0% (5)	5,0% (1)	10,0% (2)	5,0% (1)	0	55,0% (11)	56
<b>Upper back or upper spinal column</b>	0	0	5,0% (1)	5,0% (1)	5,0% (1)	0	85,0% (17)	12
<b>Lower back or lower spinal column</b>	10,0% (2)	5,0% (1)	5,0% (1)	5,0% (1)	0	0	60,0% (12)	38
<b>Rib cage (excluding the back and spinal column)</b>	0	0	5,0% (1)	0	10,0% (2)	0	85,0% (17)	10
<b>Abdomen (excluding the back and spinal column)</b>	0	0	0	0	0	0	100% (20)	0
<b>Do not know</b>	0	0	0	0	0	0	100% (20)	0
<b>Refuse to answer</b>	0	0	0	0	0	0	100% (20)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* One person did not answer the question.

**Table 25g: Parts of the Body Affected By Age Group, in Order of Importance**

Children (N=19)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	N/R*	N/S**	Total
Eyes	5,3% (1)	0	0	0	5,3% (1)	0	89,5% (17)	12
Head (excluding the eyes)	5,3% (1)	5,3% (1)	5,3% (1)	15,8% (3)	5,3% (1)	0	63,2% (12)	38
Neck	0	5,3% (1)	0	0	0	0	94,7% (18)	8
Shoulders, upper arms	5,3% (1)	0	5,3% (1)	10,5% (2)	21,1% (4)	10,5% (2)	47,4% (9)	40
Elbows, forearms	15,8% (3)	31,6% (6)	15,8% (3)	10,5% (2)	5,3% (1)	5,3% (1)	15,8% (3)	113
Wrists, hands	36,8% (7)	21,1% (4)	15,8% (3)	5,3% (1)	10,5% (2)	5,3% (1)	5,3% (1)	136
Hips, pelvis	0	0	0	0	0	0	100% (19)	0
Thighs	0	0	15,8% (3)	0	15,8% (3)	0	68,4% (13)	24
Knees, lower legs (excluding ankles and feet)	21,1% (4)	15,8% (3)	5,3% (1)	42,1% (8)	0	5,3% (1)	10,5% (2)	108
Ankles and feet	5,3% (1)	15,8% (3)	26,3% (5)	5,3% (1)	15,8% (3)	5,3% (1)	26,3% (5)	74
Upper back or upper spinal column	0	0	0	0	0	0	100% (19)	0
Lower back or lower spinal column	0	0	0	0	0	0	100% (19)	0
Rib cage (excluding the back and spinal column)	0	0	0	0	0	0	100% (19)	0
Abdomen (excluding the back and spinal column)	0	0	0	0	0	0	100% (19)	0
Do not know	0	0	0	0	0	0	100% (19)	0
Refuse to answer	0	0	0	0	0	0	100% (19)	0
Adolescents (N=19)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	N/R*	N/S**	Total
Eyes	5,3% (1)	0	0	0	0	0	94,7% (18)	10
Head (excluding the eyes)	5,3% (1)	5,3% (1)	5,3% (1)	10,5% (2)	15,8% (3)	0	57,9% (11)	38
Neck	0	0	0	0	0	5,3% (1)	94,7% (18)	2
Shoulders, upper arms	0	10,5% (2)	21,1% (4)	5,3% (1)	15,8% (3)	5,3% (1)	42,1% (8)	55
Elbows, forearms	5,3% (1)	21,1% (4)	15,8% (3)	31,6% (6)	5,3% (1)	5,3% (1)	15,8% (3)	92
Wrists, hands	26,3% (5)	5,3% (1)	26,3% (5)	0	15,8% (3)	5,3% (1)	21,1% (4)	101
Hips, pelvis	0	0	0	0	0	5,3% (1)	94,7% (18)	2
Thighs	0	0	0	5,3% (1)	5,3% (1)	0	89,5% (17)	6
Knees, lower legs (excluding ankles and feet)	26,3% (5)	10,5% (2)	5,3% (1)	15,8% (3)	5,3% (1)	5,3% (1)	31,6% (6)	93
Ankles and feet	15,8% (3)	31,6% (6)	10,5% (2)	5,3% (1)	15,8% (3)	5,3% (1)	15,8% (3)	107
Upper back or upper spinal column	0	0	5,3% (1)	0	0	5,3% (1)	89,5% (17)	12
Lower back or lower spinal column	0	5,3% (1)	0	10,5% (2)	0	5,3% (1)	78,9% (15)	21
Rib cage (excluding the back and spinal column)	5,3% (1)	0	0	0	0	5,3% (1)	89,5% (17)	20
Abdomen (excluding the back and spinal column)	0	0	0	0	0	0	100% (19)	0

<b>Abdomen (excluding the back and spinal column)</b>	0	0	0	0	0	0	100% (19)	0
<b>Do not know</b>	0	0	0	0	0	5,3% (1)	94,7% (18)	2
<b>Refuse to answer</b>	0	0	0	0	0	0	100% (19)	0
<b>Adults (N=18)</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Rank 4</b>	<b>Rank 5</b>	<b>N/R*</b>	<b>N/S**</b>	<b>Total</b>
<b>Eyes</b>	11,1% (2)	5,6% (1)	0	11,1% (2)	0	0	72,2% (13)	36
<b>Head (excluding the eyes)</b>	27,8% (5)	16,7% (3)	5,6% (1)	0	5,6% (1)	0	44,4% (8)	82
<b>Neck</b>	0	5,6% (1)	5,6% (1)	0	0	0	88,9% (16)	14
<b>Shoulders, upper arms</b>	5,6% (1)	0	16,7% (3)	5,6% (1)	16,7% (3)	0	55,6% (10)	38
<b>Elbows, forearms</b>	0	16,7% (3)	0	11,1% (2)	16,7% (3)	0	55,6% (10)	38
<b>Wrists, hands</b>	22,2% (4)	11,1% (2)	11,1% (2)	27,8% (5)	16,7% (3)	0	11,1% (2)	94
<b>Hips, pelvis</b>	0	0	0	0	5,6% (1)	0	94,4% (17)	2
<b>Thighs</b>	0	0	0	0	5,6% (1)	0	94,4% (17)	2
<b>Knees, lower legs (excluding ankles and feet)</b>	0	16,7% (3)	22,2% (4)	27,8% (5)	11,1% (2)	0	22,2% (4)	72
<b>Ankles and feet</b>	11,1% (2)	16,7% (3)	28,6% (6)	11,1% (2)	0	0	27,8% (5)	88
<b>Upper back or upper spinal column</b>	0	5,6% (1)	5,6% (1)	0	0	0	88,9% (16)	14
<b>Lower back or lower spinal column</b>	22,2% (4)	5,6% (1)	0	5,6% (1)	16,7% (3)	0	50,0% (9)	58
<b>Rib cage (excluding the back and spinal column)</b>	0	0	0	0	5,6% (1)	0	94,4% (17)	2
<b>Abdomen (excluding the back and spinal column)</b>	0	0	0	0	0	0	100% (18)	0
<b>Do not know</b>	0	0	0	0	0	0	100% (18)	0
<b>Refuse to answer</b>	0	0	0	0	0	0	100% (18)	0
<b>Elders (N=18)</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Rank 4</b>	<b>Rank 5</b>	<b>N/R*</b>	<b>N/S**</b>	<b>Total</b>
<b>Eyes</b>	5,6% (1)	0	0	0	5,6% (1)	0	88,9% (16)	12
<b>Head (excluding the eyes)</b>	5,6% (1)	0	5,6% (1)	16,7% (3)	5,6% (1)	0	66,7% (12)	30
<b>Neck</b>	0	5,6% (1)	0	0	11,1% (2)	0	83,3% (15)	12
<b>Shoulders, upper arms</b>	0	5,6% (1)	5,6% (1)	16,7% (3)	11,1% (2)	0	61,1% (11)	30
<b>Elbows, forearms</b>	11,1% (2)	5,6% (1)	5,6% (1)	5,6% (1)	27,8% (5)	0	44,4% (8)	48
<b>Wrists, hands</b>	22,2% (4)	16,7% (3)	11,1% (2)	11,1% (2)	16,7% (3)	0	22,2% (4)	90
<b>Hips, pelvis</b>	22,2% (4)	11,1% (2)	5,6% (1)	5,6% (1)	0	0	55,6% (10)	66
<b>Thighs</b>	0	5,6% (1)	11,1% (2)	0	0	0	83,3% (15)	20
<b>Knees, lower legs (excluding ankles and feet)</b>	0	11,1% (2)	27,8% (5)	11,1% (2)	0	0	50,0% (9)	54
<b>Ankles and feet</b>	11,1% (2)	27,8% (5)	5,6% (1)	5,6% (1)	0	0	50,0% (9)	70
<b>Upper back or upper spinal column</b>	0	5,6% (1)	5,6% (1)	5,6% (1)	0	0	83,3% (15)	18

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<b>Lower back or lower spinal column</b>	22,2% (4)	0	11,1% (2)	5,6% (1)	5,6% (1)	0	55,6% (10)	54
<b>Rib cage (excluding the back and spinal column)</b>	0	0	0	5,6% (1)	0	0	94,4% (17)	4
<b>Abdomen (excluding the back and spinal column)</b>	0	0	0	0	0	0	100% (18)	0
<b>Do not know</b>	0	0	0	0	0	0	100% (18)	0
<b>Refuse to answer</b>	0	0	0	0	0	0	100% (18)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* Two persons did not answer the question concerning children and adolescents and three persons did not answer the question regarding adults and elders.

## Healthcare Outside the Community

**Table 26g: Injured Individuals Requiring Healthcare Outside the Community Owing to the Severity of Their Injuries**

Proportion (N=21)	
<b>Less than 25%</b>	33,3% (7)
<b>From 26% to 50%</b>	38,1% (8)
<b>From 51% to 75%</b>	14,3% (3)
<b>More than 75%</b>	9,5% (2)
<b>Do not know</b>	4,8% (1)
<b>Refuse to answer</b>	0

**Table 27g: Injured Individuals Who Chose to Receive Healthcare Outside the Community**

Proportion (N=21)	
<b>Less than 25%</b>	47,6% (10)
<b>From 26% to 50%</b>	14,3% (3)
<b>From 51% to 75%</b>	9,5% (2)
<b>More than 75%</b>	14,3% (3)
<b>Do not know</b>	14,3% (3)
<b>Refuse to answer</b>	0

**Table 28g: Age Groups Represented Among Individuals Having Been Subjected to Physical Violence at Home, in Order of Importance**

Age groups (N=21)	Rank 1	Rank 2	Rank 3	Rank 4	N/R*	N/S**	Total
<b>Children (aged 0-11)</b>	4,8% (1)	19,0% (4)	14,3% (3)	9,5% (2)	0	52,4% (11)	48
<b>Adolescents (aged 12-17)</b>	4,8% (1)	19,0% (4)	23,8% (5)	9,5% (2)	4,8% (1)	38,1% (8)	59
<b>Adults (aged 18-55)</b>	57,1% (12)	9,5% (2)	4,8% (1)	0	4,8% (1)	23,8% (5)	119
<b>Elders (Over age 55)</b>	4,8% (1)	9,5% (2)	14,3% (3)	23,8% (5)	0	47,6% (10)	42
<b>Not applicable</b>	0	0	0	0	4,8% (1)	95,2% (20)	2
<b>Do not know</b>	0	0	0	0	19,0% (4)	81,0% (17)	8
<b>Refuse to answer</b>	0	0	0	0	0	100% (21)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

**Table 29g: Gender of Individuals Having Been Subjected to Physical Violence at Home**

Sexes (N=21)	
Female	71,4% (15)
Male	4,8% (1)
Not applicable	4,8% (1)
Do not know	19,0% (4)
Refuse to answer	0

**Table 30g: Age Groups Represented Among Individuals Injured as a Result of Physical Assault Outside the Home, in Order of Importance**

Age groups (N=21)	Rank 1	Rank 2	Rank 3	Rank 4	N/R*	N/S**	Total
Children (aged 0-11)	0	9,5% (2)	19,0% (4)	23,8% (5)	4,8% (1)	42,9% (9)	41
Adolescents (aged 12-17)	14,3% (3)	42,9% (9)	0	0	4,8% (1)	38,1% (8)	85
Adults (aged 18-55)	66,7% (14)	4,8% (1)	4,8% (1)	4,8% (1)	4,8% (1)	14,3% (3)	131
Elders (Over age 55)	0	0	28,6% (6)	19,0% (4)	0	52,4% (11)	32
Not applicable	0	0	0	0	4,8% (1)	95,2% (20)	2
Do not know	0	0	0	0	9,5% (2)	90,5% (2)	4
Refuse to answer	0	0	0	0	0	100% (21)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

**Table 31g: Gender of Individuals Injured as a Result of Physical Assault Outside the Home**

Sexes (N=21)	
Female	23,8% (5)
Male	57,1% (12)
Not applicable	4,8% (1)
Do not know	14,3% (3)
Refuse to answer	0

**Table 32g: Locations Where Physical Assault Outside the Home Occurs, in Order of Importance**

Locations (N=20)	Rank 1	Rank 2	Rank 3	N/R*	N/S**	Total
<b>In a home other than the family residence (grandparents, uncle, aunt, friend, etc.)</b>	20,0% (4)	15,0% (3)	15,0% (3)	5,0% (1)	45,0% (9)	46
<b>In bars or discotheques</b>	30,0% (6)	20,0% (4)	10,0% (2)	10,0% (2)	30,0% (6)	65
<b>At formal and informal assemblies, religious celebrations, festivals, elections, powwows, parties, etc.</b>	10,0% (2)	25,0% (5)	15,0% (3)	0	50,0% (10)	38
<b>In public locations (street, park, shopping centre, etc.)</b>	20,0% (4)	15,0% (3)	25,0% (5)	10,0% (2)	30,0% (6)	54
<b>At school</b>	0	5,0% (1)	10,0% (2)	5,0% (1)	80,0% (16)	11
<b>At the police station</b>	0	0	0	0	100% (20)	0
<b>At the band council</b>	0	0	5,0% (1)	0	95,0% (19)	2
<b>At daycare</b>	0	0	0	0	100% (20)	0
<b>Other</b>	0	0	0	5,0% (1)	95,0% (19)	2
<b>Not applicable</b>	0	0	0	5,0% (1)	95,0% (19)	2
<b>Do not know</b>	0	0	0	5,0% (1)	95,0% (19)	2
<b>Refuse to answer</b>	0	0	0	0	100% (20)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* One person did not answer the question.

**Table 33g: Age Groups Represented Among Individuals Having Suffered Sexual Assault, in Order of Importance**

Age groups (N=20)	Rank 1	Rank 2	Rank 3	Rank 4	N/R*	N/S**	Total
<b>Children (aged 0-11)</b>	20,0% (4)	5,0% (1)	25,0% (5)	0	0	50,0% (10)	58
<b>Adolescents (aged 12-17)</b>	20,0% (4)	30,0% (6)	5,0% (1)	0	10,0% (2)	35,0% (7)	85
<b>Adults (aged 18-55)</b>	25,0% (5)	15,0% (3)	15,0% (3)	0	10,0% (2)	35,0% (7)	83
<b>Elders (Over age 55)</b>	0	0	0	45,0% (9)	0	55,0% (11)	18
<b>Not applicable</b>	0	0	0	0	0	100% (20)	0
<b>Do not know</b>	0	0	0	0	25,0% (5)	75,0% (15)	10
<b>Refuse to answer</b>	0	0	0	0	0	100% (20)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* One person did not answer the question.

**Table 34g: Gender of Individuals Having Suffered Sexual Assault**

Sexes (N=19)	
<b>Female</b>	78,9% (15)
<b>Male</b>	0
<b>Not applicable</b>	0
<b>Do not know</b>	21,1% (4)
<b>Refuse to answer</b>	0

\* Two persons did not answer the question.

**Table 35g: Age Groups Represented Among Individuals Who Consulted by Reason of Self-neglect, in Order of Importance**

Age groups (N=20)	Rank 1	Rank 2	Rank 3	Rank 4	N/R*	N/S**	Total
<b>Children (aged 0-11)</b>	10,0% (2)	0	15,0% (3)	25,0% (5)	0	50,0% (10)	38
<b>Adolescents (aged 12-17)</b>	0	15,0% (3)	30,0% (6)	10,0% (2)	0	45,0% (9)	46
<b>Adults (aged 18-55)</b>	25,0% (5)	30,0% (6)	5,0% (1)	5,0% (1)	0	35,0% (7)	82
<b>Elders (Over age 55)</b>	45,0% (9)	15,0% (3)	5,0% (1)	10,0% (2)	0	25,0% (5)	98
<b>Not applicable</b>	0	0	0	0	5,0% (1)	95,0% (19)	2
<b>Do not know</b>	0	0	0	0	15,0% (3)	85,0% (17)	6
<b>Refuse to answer</b>	0	0	0	0	0	100% (20)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

**Table 36g: Gender of Individuals Who Consulted by Reason of Self-neglect**

Sexes (N=19)	
<b>Female</b>	26,3% (5)
<b>Male</b>	57,9% (11)
<b>Not applicable</b>	5,3% (1)
<b>Do not know</b>	10,5% (2)
<b>Refuse to answer</b>	0

\* Two persons did not answer the question.

**Table 37g: Age Groups Represented Among Individuals Injured as a Result of Self-mutilation, in Order of Importance**

Age groups(N=20)	Rank 1	Rank 2	Rank 3	Rank 4	N/R*	N/S**	Total
<b>Children (aged 0-11)</b>	0	0	20,0% (4)	15,0% (3)	0	65,0% (13)	22
<b>Adolescents (aged 12-17)</b>	30,0% (6)	15,0% (3)	0	0	0	55,0% (11)	66
<b>Adults (aged 18-55)</b>	30,0% (6)	25,0% (5)	0	0	0	45,0% (9)	78
<b>Elders (Over age 55)</b>	0	0	15,0% (3)	20,0% (4)	0	65,0% (13)	20
<b>Not applicable</b>	0	0	0	0	25,0% (5)	75,0% (15)	10
<b>Do not know</b>	0	0	0	0	15,0% (3)	85,0% (17)	6
<b>Refuse to answer</b>	0	0	0	0	0	100% (20)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* One person did not answer the question.

**Table 38g: Gender of Individuals Injured as a Result of Self-mutilation**

Sexes (N=20)	
<b>Female</b>	40,0% (8)
<b>Male</b>	20,0% (4)
<b>Not applicable</b>	25,0% (5)
<b>Do not know</b>	15,0% (3)
<b>Refuse to answer</b>	0

\* One person did not answer the question.



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**Table 39g: Age Groups Represented Among individuals Injured as a Result of Attempted Suicide or Deceased by Suicide, in Order of Importance**

Age groups (N=19)	Rank 1	Rank 2	Rank 3	Rank 4	N/R*	N/S**	Total
Children (aged 0-11)	0	0	10,5% (2)	26,3% (5)	0	63,2% (12)	18
Adolescents (aged 12-17)	0	47,4% (9)	0	0	5,3% (1)	47,4% (9)	60
Adults (aged 18-55)	73,7% (14)	0	5,3% (1)	0	5,3% (1)	15,8% (3)	124
Elders (Over age 55)	10,5% (2)	0	21,1% (4)	10,5% (2)	0	57,9% (11)	36
Not applicable	0	0	0	0	5,3% (1)	94,7% (18)	2
Do not know	0	0	0	0	5,3% (1)	94,7% (18)	2
Refuse to answer	0	0	0	0	0	100% (19)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* Two persons did not answer the question.

**Table 40g: Gender of Individuals Injured as a Result of Attempted Suicide or Deceased by Suicide**

Sexes (N=18)	
Female	33,3% (6)
Male	38,9% (7)
Not applicable	5,6% (1)
Do not know	22,3% (4)
Refuse to answer	0

\* Three persons did not answer the question.

**Table 41g: Means Used to Attempt to Commit Suicide or Commit Suicide by Individuals Aged 18 or Older and for Each Gender, in Order of Importance**

Aged 18 or older (N=18)	Female						Male					
	Rank 1	Rank 2	Rank 3	N/R*	N/S**	Total	Rank 1	Rank 2	Rank 3	N/R*	N/S**	Total
Ingestion of medication	44,4% (8)	16,7% (3)	0	16,7% (3)	22,2% (4)	76	11,1% (2)	16,7% (3)	16,7% (3)	11,1% (2)	44,4% (8)	38
Intoxication through drugs or alcohol	5,6% (1)	27,8% (5)	11,1% (2)	11,1% (2)	44,4% (8)	38	16,7% (3)	0	22,2% (4)	11,1% (2)	50,0% (9)	33
Carbon monoxide, Asphyxia	0	0	5,6% (1)	0	94,4% (17)	2	0	0	0	0	100% (18)	0
Inhalation of volatile solvents (gasoline, aerosol, gas or other)	0	5,6% (1)	0	0	94,4% (17)	4	0	0	5,6% (1)	0	94,4% (17)	2
Ingestion of liquid substances (chemical cleaners or other)	0	0	5,6% (1)	0	94,4% (17)	2	0	0	0	0	100% (18)	0
Ingestion of solid substances (razor blades or other)	0	0	0	0	100% (18)	0	0	0	0	0	100% (18)	0
Hanging	11,1% (2)	0	5,6% (1)	0	83,3% (15)	14	33,3% (6)	22,2% (4)	0	5,6% (1)	38,9% (7)	57
Firearms or explosives	5,6% (1)	0	5,6% (1)	0	88,9% (16)	8	11,1% (2)	11,1% (2)	5,6% (1)	0	72,2% (13)	22
Lacerations (sharp, perforating instrument)	11,1% (2)	16,7% (3)	22,2% (4)	5,6% (1)	44,4% (8)	36	11,1% (2)	5,6% (1)	5,6% (1)	0	77,8% (14)	18
Jumping from a high location	0	0	0	0	100% (18)	0	0	0	0	0	100% (18)	0
Other means	0	0	0	0	100% (18)	0	0	0	0	0	100% (18)	0
Do not know	0	0	0	5,6% (1)	94,4% (17)	2	0	0	0	5,6% (1)	94,4% (17)	2
Refuse to answer	0	0	0	0	100% (18)	0	0	0	0	0	100% (18)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* Two persons did not answer the question.

**Table 42g: Means Used to Attempt to Commit Suicide or Commit Suicide by Individuals Under 18 and for Each Gender, in Order of Importance**

Under 18	Female (N=16)						Male (N=17)					
	Rank 1	Rank 2	Rank 3	N/R*	N/S**	Total	Rank 1	Rank 2	Rank 3	N/R*	N/S**	Total
Ingestion of medication	18,8% (3)	25,0% (4)	6,3% (1)	6,3% (1)	43,8% (7)	41	5,9% (1)	17,6% (3)	5,9% (1)	11,8% (2)	58,8% (10)	42
Intoxication through drugs or alcohol	18,8% (3)	6,3% (1)	12,5% (2)	6,3% (1)	56,3% (9)	30	23,5% (4)	0	11,8% (2)	11,8% (2)	52,9% (9)	42
Carbon monoxide, Asphyxia	0	0	0	0	100% (16)	0	0	0	0	0	100% (17)	0
Inhalation of volatile solvents (gasoline, aerosol, gas or other)	0	0	0	0	100% (16)	0	0	0	5,9% (1)	0	94,1% (16)	2
Ingestion of liquid substances (chemical cleaners or other)	0	0	0	0	100% (16)	0	0	0	0	0	100% (17)	0
Ingestion of solid substances (razor blades or other)	0	0	6,3% (1)	0	93,8% (15)	2	0	0	0	0	100% (17)	0
Hanging	6,3% (1)	0	6,3% (1)	6,3% (1)	81,3% (13)	12	11,8% (2)	17,6% (3)	0	5,9% (1)	64,7% (11)	29
Firearms or explosives	0	0	0	0	100% (16)	0	5,9% (1)	5,9% (1)	5,9% (1)	0	82,4% (14)	12
Lacerations (sharp, perforating instrument)	18,8% (3)	18,8% (3)	6,3% (1)	0	56,3% (9)	32	5,9% (1)	5,9% (1)	5,9% (1)	0	82,4% (14)	12
Jumping from a high location	0	0	6,3% (1)	0	93,8% (15)	2	0	0	5,9% (1)	0	94,1% (16)	2
Other means	0	0	0	0	100% (16)	0	0	0	0	0	100% (17)	0
Do not know	0	0	0	25,0% (4)	75,0% (12)	8	0	0	0	29,4% (5)	70,6% (12)	10
Refuse to answer	0	0	0	6,3% (1)	93,8% (15)	2	0	0	0	5,9% (1)	94,1% (16)	2

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* Two persons did not answer the question on females and three persons did not answer the question on males.

**Table 43g: Individuals Intoxicated When They Attempted to Commit Suicide or Committed Suicide Aged 18 or Older and for Each Gender**

	Female (N=20)	Male (N=19)
Less than 25%	20,0% (4)	10,5% (2)
Entre 25% et 50%	10,0% (2)	10,5% (2)
From 51% to 75%	10,0% (2)	21,1% (4)
More than 75%	40,0% (8)	36,8% (7)
Do not know	20,0% (4)	21,1% (4)
Refuse to answer	0	0

\*One person did not answer the question on males.

**Table 44g: Individuals Intoxicated When They Attempted to Commit Suicide or Committed Suicide Under 18 and for Each Gender**

	Female (N=18)	Male (N=18)
Less than 25%	27,8% (5)	16,7% (3)
Entre 25% et 50%	0	5,6% (1)
From 51% to 75%	11,1% (2)	16,7% (3)
More than 75%	22,2% (4)	22,2% (4)
Do not know	27,8% (5)	27,8% (5)
Refuse to answer	11,1% (2)	11,1% (2)

\* Two persons did not answer the question.

**Table 45g: Substances in Cause Among Individuals Intoxicated When They Attempted to Commit Suicide or Committed Suicide, Aged 18 or Older and for each Gender, in Order of Importance**

	Female (N=20)					Male (N=19)				
	Rank 1	Rank 2	N/R*	N/S**	Total	Rank 1	Rank 2	N/R*	N/S**	Total
Alcohol	35,0% (7)	5,0% (1)	30,0% (6)	30,0% (6)	53	15,8% (3)	21,1% (4)	26,3% (5)	36,8% (7)	34
Drugs	0	25,0% (5)	30,0% (6)	45,0% (9)	22	21,1% (4)	21,1% (4)	26,3% (5)	31,6% (6)	39
Inhalants (glue, solvents, gasoline, etc.)	0	0	0	100% (20)	0	0	0	5,3% (1)	94,7% (18)	2
Medication	5,0% (1)	5,0% (1)	10,0% (2)	80,0% (16)	12	10,5% (2)	0	5,3% (1)	84,2% (16)	12
Other means	0	5,0% (1)	5,0% (1)	90,0% (18)	4	0	5,3% (1)	5,3% (1)	89,5% (17)	4
Do not know			25,0% (5)	75,0% (15)	10	0	0	21,1% (4)	78,9% (15)	8
Refuse to answer	0	0	0	100% (20)	0	0	0	0	100% (19)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

**Table 46g: Substances in Cause Among Individuals Intoxicated When They Attempted to Commit Suicide or Committed Suicide, Under 18 and for each Gender, in Order of Importance**

	Female (N=18)					Male (N=17)				
	Rank 1	Rank 2	N/R*	N/S**	Total	Rank 1	Rank 2	N/R*	N/S**	Total
Alcohol	22,4% (4)	5,6% (1)	33,3% (6)	38,9% (7)	40	23,5% (4)	5,9% (1)	29,4% (5)	41,2% (7)	36
Drugs	5,6% (1)	16,7% (3)	27,8% (5)	50,0% (9)	23	5,9% (1)	17,6% (3)	23,5% (4)	52,9% (9)	17
Inhalants (glue, solvents, gasoline, etc.)	0	0	0	100% (18)	0	0	0	0	100% (17)	0
Medication	5,6% (1)	5,6% (1)	5,6% (1)	83,3% (15)	9	5,9% (1)	5,9% (1)	5,9% (1)	82,4% (14)	9
Other means	0	5,6% (1)	0	94,4% (17)	2	0	5,9% (1)	0	94,1% (16)	2
Do not know	0	0	33,3% (6)	66,7% (12)	12	0	0	35,4% (6)	64,7% (11)	12
Refuse to answer	0	0	0	100% (18)	0	0	0	0	100% (17)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

\*\*\* Two persons did not answer the question on females and three on males.

## Practices of Reduce Injuries

**Table 47g: Communities Having Developed and Implemented an Initiative to Prevent Accidental and Intentional Injuries**

(N=21)	Percentage
Yes	61,9% (13)
Non	38,1% (8)
Do not know	0
Refuse to answer	0

**Table 48g: Communities Having Developed and Implemented an Initiative Based on Community Size**

Size	Yes	Non
Large (n=3)	100,0% (3)	0
Medium (n=12)	66,7% (8)	33,3% (4)
Small (n=5)	40,0% (2)	60,0% (4)

**Table 49g: Communities having an Adapted Initiative in Place to Prevent Accidental and Intentional Injuries**

(N=13)	Percentage
Yes, absolutely	61,5% (8)
More or less	38,5% (5)
No, not at all	0
Do not know	0
Refuse to answer	0

**Table 50g: Communities Having Assessed the Initiative in Place to Prevent Accidental and Intentional Injuries**

(N=12)	Percentage
Yes	33,3% (4)
No	50,0% (6)
Do not know	16,7% (2)
Refuse to answer	0

\* One person did not answer the question.

**Table 51g: Reasons Identified by Communities Having Indicated Not Having an Initiative in Place to Prevent Accidental and Intentional Injuries**

(N=8)	Percentage
We have not identified this need.	12,5% (1)
We lack the human resources to development and implement an initiative.	100% (8)
We lack have the financial resources to development and implement an initiative.	87,5% (7)
Other reason	25,0% (2)
Do not know	0
Refuse to answer	0

**Table 52g: Communities Having Developed and Implemented Community Activities to Prevent Accidental Injuries**

(N=20)	Percentage
Yes	65,0% (13)
No	35,0% (7)
Do not know	0
Refuse to answer	0

\* One person did not answer the question.

**Table 53g: Communities Having Assessed Community Activities Developed and Implemented to Prevent Accidental Injuries**

(N=16)	Percentage
Yes	50,0% (8)
No	31,1% (5)
Do not know	12,5% (2)
Refuse to answer	6,3% (1)

\* Four persons did not answer the question.

**Table 54g: Communities Planning to Repeat Community Activities Developed and Implemented to Prevent Accidental Injuries**

(N=16)	Percentage
Yes	81,3% (13)
No	0
Do not know	12,5% (2)
Refuse to answer	6,3% (1)

\* Four persons did not answer the question.

**Table 55g: Communities Having Developed and Implemented Community Activities to Prevent Intentional Injuries**

(N=20)	Percentage
Yes	60,0%(12)
No	35,0% (7)
Do not know	5,0% (1)
Refuse to answer	0

\* One person did not answer the question.

**Table 56g: Communities Having Assessed Community Activities Developed and Implemented to Prevent Intentional Injuries**

(N=17)	Percentage
Yes	76,5% (13)
No	11,8% (2)
Do not know	11,8% (2)
Refuse to answer	0

\* Two persons did not answer the question.

**Table 57g: Communities Planning to Repeat Community Activities Developed and Implemented to Prevent Intentional Injuries**

(N=12)	Percentage
Yes	91,7% (11)
No	8,3% (1)
Do not know	0
Refuse to answer	0

\* Seven persons did not answer the question.

**Table 58g: Communities Having Developed and Implemented Community Activities to Prevent Accidental and Intentional Injuries**

(N=20)	Percentage
Yes	80,0% (16)
No	20% (4)
Do not know	0
Refuse to answer	0

\* One person did not answer the question.

**Table 59g: Awareness Tools to Prevent Accidental and Intentional Injuries Developed by Communities**

(N=16)	Percentage
Brochure or information leaflet	75,0% (12)
Poster	43,8% (7)
Journal	50,0% (8)
Radio or TV show	37,5% (6)
Calendar	12,5% (2)
Theatrical presentation	6,3% (1)
Song	6,3% (1)
Video	6,3% (1)
Website	0
Other	31,3% (5)
Do not know	0
Refuse to answer	0

**Table 60g: Communities Having Assessed Awareness Tools in Place Developed and Implemented to Prevent Accidental and Intentional Injuries**

(N=15)	Percentage
Yes	13,3% (2)
No	80,0% (12)
Do not know	6,7% (1)
Refuse to answer	0

\* One person did not answer the question.

**Table 61g: Reasons Presented by Communities Explaining Why Awareness Tools to Prevent Accidental and Intentional Injuries Were Not in Place**

(N=3)	Percentage
We have not identified this need.	0
We lack the human resources to develop and implement tools.	100% (3)
We lack the financial resources to develop and implement tools.	100% (3)
Other reason	33,3% (1)
Do not know	0
Refuse to answer	0

\* One person did not answer the question.

## Training

**Table 62g: Health Professionals Having Followed One or More Training Sessions on Accidental and Intentional Physical Injuries Related to Their Professional Activities**

(N=21)	Percentage
Yes	52,4% (11)
No	23,8% (5)
Do not know	23,8% (5)
Refuse to answer	0

**Table 63g: Communities Having Identified Needs in Terms of Training and Further Training on the Problem of Accidental and Intentional Physical Injuries**

(N=20)	Percentage
Yes	50,0% (10)
No	30,0% (6)
Do not know	15,0% (3)
Refuse to answer	5,0% (1)

\* One person did not answer the question.

**Table 64g: Themes for Which Training Needs Are Most Urgent, in Order of Importance**

Theme (N=21)	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	N/R*	N/S**	Total
Road safety	0	0	0	0	0	14,3% (3)	85,7% (18)	6
Health and safety in the workplace	14,3% (3)	0	14,3% (3)	9,5% (2)	4,8% (1)	19,0% (4)	38,1% (8)	84
Safety in leisure and sports activities	4,8% (1)	4,8% (1)	9,5% (2)	4,8% (1)	0	28,6% (6)	47,6% (10)	75
Safety at home and in establishments	9,5% (2)	14,3% (3)	0	0	9,5% (2)	23,8% (5)	42,9% (9)	82
Product safety	0	0	4,8% (1)	0	4,8% (1)	9,5% (2)	81,0% (17)	16
Suicide prevention	4,8% (1)	4,8% (1)	9,5% (2)	9,5% (2)	14,3% (3)	19,0% (4)	38,1% (8)	64
Prevention of violence and sexual assault	9,5% (2)	14,3% (3)	4,8% (1)	4,8% (1)	4,8% (1)	23,8% (5)	38,1% (8)	91
Emergency measures	14,3% (3)	4,8% (1)	0	4,8% (1)	9,5% (2)	9,5% (2)	57,1% (12)	59
Postvention and intervention strategies in post-traumatic situations	4,8% (1)	14,3% (3)	4,8% (1)	9,5% (2)	0	4,8% (1)	61,9% (13)	55
Storage of firearms	0	0	0	0	0	9,5% (2)	90,5% (19)	4
Water safety	0	0	4,8% (1)	0	4,8% (1)	9,5% (2)	81,0% (17)	16
Safety adapted to children	9,5% (2)	14,3% (3)	0	9,5% (2)	4,8% (1)	14,3% (3)	47,6% (10)	74
Safety adapted to elders	0	0	19,0% (4)	14,3% (3)	9,5% (2)	9,5% (2)	47,6% (10)	49
Other	0	0	0	0	0	0	100% (21)	0
Do not know	0	0	0	0	0	0	100% (21)	0
Refuse to answer	0	0	0	0	0	0	100% (21)	0

\* N/R means that the respondent selected this injury but did not rank it (Not ranked).

\*\* N/S means that the respondent did not choose this answer (Not selected).

## Data Compilation

**Table 65g: Communities Using a Tool to Compile Cases of Physical Injuries**

(N=20)	Percentage
Yes	50,0% (10)
No	45,0% (9)
Do not know	5,0% (1)
Refuse to answer	0

\* One person did not answer the question.

**Table 66g: Communities Using a Tool to Compile Data on Physical Injuries Based on Community Size**

Size	Yes	Non
Large (n=2)	50,0% (1)	50,0% (1)
Medium (n=11)	63,6% (7)	36,4% (4)
Small (n=5)	40,0% (2)	60,0% (3)

\* One large and one medium community did not answer the question.



## Appendices

**Table 67g: Use of a Tool to Compile Physical Injuries by Health Centre Staff**

(N=10)	Percentage
Yes, regularly	90,0% (9)
Yes, from time to time	10,0% (1)
No	0
Do not know	0
Refuse to answer	0

**Table 68g: Sharing the Compilation Tool to Record Physical Injuries with Other Organizations or Communities**

(N=10)	Percentage
Yes	40,0% (4)
Yes, under certain conditions	20,0% (2)
No	20,0% (2)
Do not know	20,0% (2)
Refuse to answer	0

**Table 69g: Usefulness of a Tool to Compile Physical Injuries in Communities**

(N=7)	Percentage
Yes	100% (7)
No	0
Do not know	0
Refuse to answer	0

\* Two persons did not answer the question.

**Table 70g: Use of a Tool to Compile Physical Injuries by Health Centre Staff**

(N=7)	Percentage
Yes	100% (7)
No	0
Do not know	0
Refuse to answer	0

\* Two persons did not answer the question.

**Table 16t: Main Problems Identified by Respondents, in Order of Importance**

(N=17)	Rank 1	Rank 2	Rank 3	Total
Alcohol and Drugs	6	1	1	42
Games of chance	0	1	0	22
Suicide	1	1	4	18
Conjugal violence	0	2	0	18
Violence and altercations	0	1	3	12
Parental skills	1	1	0	10
Individual responsibility	0	1	0	10
Safety of premises (home, community, school, etc.)	3	1	0	10
Self-neglect	1	0	0	8
Work	2	0	0	6
Stress	0	1	0	6
Self-mutilation	0	1	0	4
Motor vehicle accidents (car, ATV, truck, etc.)	1	1	0	4
Sports and recreational activities	2	1	1	4
Sexual assault	0	1	1	4

\* Four persons did not answer the question.

## Appendices

# Questionnaire

## english version

Questionnaire numéro numquest :

Date :

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Day<sub>datejour</sub> Month<sub>datemois</sub> Year<sub>dateanne</sub>

Communauté communau :



First Nations of Quebec and Labrador  
Health and Social Services Commission

## About this Questionnaire

The main objective of this research, which is funded by Health Canada, is to obtain an overall portrait of the situation regarding accidental and intentional physical injuries in the First Nations communities of Quebec.

The regional report, to be produced on the basis of this research, will allow workers in the communities and the directors of injury prevention at the regional and community levels to direct their prevention strategies in more effective ways. This research will also provide an opportunity to evaluate the need for and possibility of developing, in collaboration with the injury prevention directors, a tool for compiling information on the types of physical injuries that occur in the communities.

This research project adheres to the Research Protocol of the Assembly of First Nations of Quebec and Labrador (AFNQL). This includes the principles of Ownership, Control, Access and Possession (OCAP) concerning data acquired by means of First Nations research. The Research Protocol is available online at [www.cssspnql.com](http://www.cssspnql.com).

The questionnaire will remain fully confidential. The information that is compiled to produce the final report will in no way reveal the identification of respondents, individuals or health centres.

We would ask that you complete the questionnaire to the best of your knowledge and experience. This will take approximately 60 minutes. You are encouraged to use any information that your health centre already has regarding injuries to support your answers. We would also suggest that you consult with colleagues who may be more familiar with certain topics.

If you experience difficulties in completing the questionnaire or if you have any questions about this research, please contact either of the following. Thank you for participating in this research. Your cooperation will provide us with invaluable support in learning more about accidental and intentional injuries in our First Nations communities.

Nancy Gros-Louis Mchugh

Research Coordinator

(418) 842-1540, extension 238

Judith Petitpas

Research Officer

(418) 842-1540, extension 262

his questionnaire is divided into eight sections as follows : Accidental and Intentional Injuries Combined; Accidental Injuries; Intentional Injuries; Practices for Reducing Injuries; Data Compilation; Training; Respondent's Profile; and Future Actions and Comments.

Accidental injuries refer to injuries for which there is no intent to harm, either by the victim or anyone else. They include fractures, burns, poisoning and injuries caused, by among other things, motor vehicle accidents, falls, and fire.

Intentional injuries refer to self-inflicted injuries and those inflicted on the victim by another person, with the intent in both cases to cause injury or death. They include attempted suicide and suicide, self-mutilation, physical assault, sexual assault, etc. Cases of self-neglect also come under this category.

## Glossary

**Self-mutilation:**

intentional injury that is self-inflicted to reduce anxiety, anguish or unhappiness (by cutting, burning or striking oneself, etc.).

**Accidental injury:**

injury for which there is no intent to harm, either by the victim or anyone else. This category includes fractures, burns, poisoning and injuries caused, by among other things, motor vehicle accidents, falls, and fire.

**Intentional injury:**

self-inflicted injury or injury inflicted on the victim by another person, with the intent in both cases to cause injury or death. This category includes attempted suicide and suicide, self-mutilation, physical assault, sexual assault, etc., as well as cases of self-neglect.

**Self-neglect:**

voluntary refusal or omission to procure the necessities of life, thereby putting one's own life in danger, e.g., refusal to eat, take medication, or receive health care.

**Suicide:**

death by suicide is the ultimate act of self-destructive behaviour. It includes the deliberate act of putting one's life in danger, leading to death.

**Attempted suicide:**

refers to a situation in which a person presents a behaviour endangering his or her life, with the real or apparent intent to commit suicide or make others believe that suicide is the intent, but which does not lead to death.

The questionnaire covers the period from January 1, 2004 to present.

### Section 1: Accidental and Intentional Injuries Combined

ps1. Since 2004, which 5 injuries have occurred the most often among the entire population of your community?

*Rank five injuries from 1 to 5, with 1 being the most often:*

- ps11 Fracture
- ps12 Burn
- ps13 Dislocation
- ps14 Strain or sprain
- ps15 Cuts, scrapes or contusions
- ps16 Concussion or other brain trauma
- ps17 Poisoning
- ps18 Injury to an internal organ
- ps19 Hypothermia, frostbite or other injury caused by exposure to cold
- ps110 Other (specify): \_\_\_\_\_
- ps188 Do not know
- ps199 No answer given

These answers are : ps1repon

- 1 estimates based on your experience
- 2 taken from an accurate source (e.g., database) providing community statistics

**ps2.** Since 2004, which 10 causes of the above-named injuries have been reported the most often among the entire population of your community?

*Rank ten causes from 1 to 10, with 1 being the most often:*

- ps21 Car or truck accident
- ps22 Bicycle accident
- ps23 Snowmobile accident (in season)
- ps24 All-terrain vehicle (ATV) accident
- ps25 Hunting accident
- qps26  Boat or any other water vessel accident (in season)
- ps27 Fall (excludes bicycling, sports activities and snowmobiling)
- ps28 Sports accident (excludes bicycling, hunting and fishing)
- ps29 Bite from a domestic animal
- ps210 Bite from a wild animal (specify): \_\_\_\_\_
- ps211 Fire (includes smoke or fumes from fire)
- ps212 Burns (all types)
- ps213 Natural environmental factor (insect bite, frostbite, broken glass, etc.)
- ps214 Drowning or near-drowning (excludes boat or any other water vessel accidents)
- ps215 Asphyxia
- ps216 Accidental poisoning or intoxication
- ps217 Manual work tool
- ps218 Physical violence at home
- ps219 Physical assault outside the home (specify): \_\_\_\_\_
- ps220 Sexual assault
- ps221 Self-neglect
- ps222 Self-mutilation
- ps223 Attempted suicide or suicide
- ps224 Other (specify): \_\_\_\_\_
- ps288 Do not know
- ps299 No answer given

What are the causes related to the most common ? i<sub>njury</sub>ps2pour

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These answers are : ps2repon

- 1 estimates based on your experience
- 2 taken from an accurate source (e.g., database) providing community statistics

## Appendices

**ps3. Since 2004, which 5 parts of the body have received physical injuries the most often among the entire population of your community?**

Rank five parts from 1 to 5, with 1 being the most often:

- ps31 Eyes
- ps32 Head (excludes the eyes)
- ps33 Neck
- ps34 Shoulder, upper arm
- ps35 Elbow, forearm
- ps36 Wrist, hand
- ps37 Hip, pelvis
- ps38 Thigh
- ps39 Knee, lower leg (excludes ankle and foot)
- ps310 Ankle, foot
- ps311 Upper back or upper spinal column
- ps312 Lower back or lower spinal column
- ps313 Rib cage (excludes back and spinal column)
- ps314 Abdomen (excludes back and spinal column)
- ps388 Do not know
- ps399 No answer given

These answers are : ps3repon

- 1 estimates based on your experience
- 2 taken from an accurate source (e.g., database) providing community statistics

**ps4. Since 2004, how many injured persons, as a percentage, have had to receive care outside the community due to the severity of their injuries?**

- 1 Less than 25%
- 2 25% to 50%
- 3 51% to 75%
- 4 More than 75%
- 88 Do not know
- 99 No answer given

These answers are ps : 3repon

- 1 estimates based on your experience
- 2 taken from an accurate source (e.g., database) providing community statistics

**ps5. Since 2004, how many injured persons, as a percentage, have chosen to receive care outside the community since 2004?**

- 1 Less than 25%
- 2 25% to 50%
- 3 51% to 75%
- 4 More than 75%
- 88 Do not know
- 99 No answer given

These answers are ps : 3repon

- 1 estimates based on your experience
- 2 taken from an accurate source (e.g., database) providing community statistics

**ps6. Since 2004, what has been the distribution according to sex of persons who have been injured among the entire population of your community?**

- <sup>1</sup> Approx. 25% female and 75% male
- <sup>2</sup> Approx. 50% female and 50% male
- <sup>3</sup> Approx. 75% female and 25% male
- <sup>88</sup> Do not know
- <sup>99</sup> No answer given

These answers are :<sub>ps6repon</sub>

- <sup>1</sup> estimates based on your experience
- <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ps7. Since 2004, which 5 injuries have occurred the most often according to sex?**

	Female <i>Rank five injuries from 1 to 5, with 1 being the most often</i>	Male <i>Rank five injuries from 1 to 5, with 1 being the most often</i>
<b>Fracture</b>	ps / f1	ps / h1
<b>Burn</b>	ps / f2	ps / h2
<b>Dislocation</b>	ps / f3	ps / h3
<b>Sprain or strain</b>	ps / f4	ps / h4
<b>Cut, scrape or contusion</b>	ps / f5	ps / h5
<b>Concussion or other brain trauma</b>	ps / f6	ps / h6
<b>Poisoning</b>	ps / f7	ps / h7
<b>Injury to an internal organ</b>	ps / f8	ps / h8
<b>Hypothermia, frostbite or other injury caused by exposure to cold</b>	ps / f9	ps / h9
<b>Do not know</b>	ps / f88	ps / h88
<b>No answer given</b>	ps / f99	ps / h99

Comment ?<sub>sps7com m</sub> \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

These answers are :<sub>ps7repon</sub>

- <sup>1</sup> estimates based on your experience
- <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics



ps8. Since 2004, what have been the 10 most common causes of injuries according to sex?

	<b>Female</b> <i>Rank ten causes from 1 to 10, with 1 being the most common</i>	<b>Male</b> <i>Rank ten causes from 1 to 10, with 1 being the most common</i>
<b>Car or truck accident</b>	ps8f1	ps8h1
<b>Bicycle accident</b>	ps8f2	ps8h2
<b>Snowmobile accident (in season)</b>	ps8f3	ps8h3
<b>All-terrain vehicle (ATT) accident</b>	ps8f4	ps8h4
<b>Hunting accident</b>	ps8f5	ps8h5
<b>Boat accident or any other water vessel accident (in season)</b>	ps8f6	ps8h6
<b>Fall (excludes bicycling, sports activities and snowmobiling)</b>	ps8f7	ps8h7
<b>Sports accident (excludes bicycling, hunting and fishing)</b>	ps8f8	ps8h8
<b>Bite from a domestic animal</b>	ps8f9	ps8h9
<b>Bite from a wild animal</b>	ps8f10	ps8h10
<b>Fire (includes smoke or fumes from fire)</b>	ps8f11	ps8h11
<b>Burns (all types)</b>	ps8f12	ps8h12
<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.)</b>	ps8f13	ps8h13
<b>Drowning or near-drowning (excludes boat or other water vessel accidents)</b>	ps8f14	ps8h14
<b>Asphyxia</b>	ps8f15	ps8h15
<b>Accidental poisoning or intoxication</b>	ps8f16	ps8h16
<b>Manual work tool</b>	ps8f17	ps8h17
<b>Physical violence at home</b>	ps8f18	ps8h18
<b>Physical assault outside the home</b>	ps8f19	ps8h19
<b>Sexual assault</b>	ps8f20	ps8h20
<b>Self-neglect</b>	ps8f21	ps8h21
<b>Self-mutilation</b>	ps8f22	ps8h22
<b>Attempted suicide or suicide</b>	ps8f23	ps8h23
<b>Do not know</b>	ps8f88	ps8h88
<b>No answer given</b>	ps8f99	ps8h99

What are the causes related to the most common injury among females ?<sub>ps8pourf</sub>

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What are the causes related to the most common injury among males ?<sub>ps8pourh</sub>

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These answers are :<sub>ps8repon</sub>

- <sup>1</sup> estimates based on your experience
- <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ps9. Since 2004, which 5 parts of the body have been injured the most often according to sex?**

	<b>Female</b> <i>Rank five parts from 1 to 5, with 1 being the most often</i>	<b>Male</b> <i>Rank five parts from 1 to 5, with 1 being the most often</i>
<b>Eyes</b>	ps9f1	ps9h1
<b>Head (excludes the eyes)</b>	ps9f2	ps9h2
<b>Neck</b>	ps9f3	ps9h3
<b>Shoulder, upper arm</b>	ps9f4	ps9h4
<b>Elbow, forearm</b>	ps9f5	ps9h5
<b>Wrist, hand</b>	ps9f6	ps9h6
<b>Hip, pelvis</b>	ps9f7	ps9h7
<b>Thigh</b>	ps9f8	ps9h8
<b>Knee, lower leg (excludes ankle and foot)</b>	ps9f9	ps9h9
<b>Ankle, foot</b>	ps9f10	ps9h10
<b>Upper back or upper spinal column</b>	ps9f11	ps9h11
<b>Lower back or lower spinal column</b>	ps9f12	ps9h12
<b>Rib cage (excludes back and spinal column)</b>	ps9f13	ps9h13
<b>Abdomen (excludes back and spinal column)</b>	ps9f14	ps9h14
<b>Do not know</b>	ps9f88	ps9h88
<b>No answer given</b>	ps9f99	ps9h99

Comments? ps9comm

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These answers are : ps9repon

- <sup>1</sup> estimates based on your experience
- <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ps10. Since 2004, which age group has the highest representation among injured persons?**

- <sup>1</sup> Children (0 to 11)
- <sup>2</sup> Adolescents (12 to 17)
- <sup>3</sup> Adults (18 to 55)
- <sup>4</sup> Elders (55 and older)
- <sup>88</sup> Do not know
- <sup>99</sup> No answer given

These answers are : ps9repon

- <sup>1</sup> estimates based on your experience
- <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

ps11. Since 2004, what have been the 5 most common injuries according to age group?

	<b>Children (0-11)</b> <i>Rank five injuries from 1 to 5, with 1 being the most common</i>	<b>Adolescents (12-18)</b> <i>Rank five injuries from 1 to 5, with 1 being the most common</i>	<b>Adults (19-55)</b> <i>Rank five injuries from 1 to 5, with 1 being the most common</i>	<b>Elders (55 and older)</b> <i>Rank five injuries from 1 to 5, with 1 being the most common</i>
<b>Fracture</b>	ps11e1	ps11o1	ps11u1	ps11i1
<b>Burn</b>	ps11e2	ps11o2	ps11u2	ps11i2
<b>Dislocation</b>	ps11e3	ps11o3	ps11u3	ps11i3
<b>Sprain or strain</b>	ps11e4	ps11o4	ps11u4	ps11i4
<b>Cuts, scrapes or contusions</b>	ps11e5	ps11o5	ps11u5	ps11i5
<b>Concussion or other brain trauma</b>	ps11e6	ps11o6	ps11u6	ps11i6
<b>Poisoning</b>	ps11e7	ps11o7	ps11u7	ps11i7
<b>Injury to an internal organ</b>	ps11e8	ps11o8	ps11u8	ps11i8
<b>Hypothermia, frostbite or other injury caused by exposure to cold</b>	ps11e9	ps11o9	ps11u9	ps11i9
<b>Do not know</b>	ps11e88	ps11o88	ps11u88	ps11i88
<b>No answer given</b>	ps11e99	ps11o99	ps11u99	ps11i99

Comments :<sub>ps11comm</sub>

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These answers are :<sub>ps11repon</sub>

- <sup>1</sup> estimates based on your experience
- <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

ps12. Since 2004, what have been the 10 most common causes of injuries according to age group?

	<b>Children (0-11)</b> <i>Rank five causes from 1 to 5, with 1 being the most common</i>	<b>Adolescents (12-18)</b> <i>Rank five causes from 1 to 5, with 1 being the most common</i>	<b>Adults (19-55)</b> <i>Rank five causes from 1 to 5, with 1 being the most common</i>	<b>Elders (55 and older)</b> <i>Rank five causes from 1 to 5, with 1 being the most common</i>
<b>Car or truck accident</b>	ps12e1	ps12o1	ps12u1	ps12i1
<b>Bicycle accident</b>	ps12e2	ps12o2	ps12u2	ps12i2
<b>Snowmobile accident (in season)</b>	ps12e3	ps12o3	ps12u3	ps12i3
<b>All-terrain vehicle (ATV) accident</b>	ps12e4	ps12o4	ps12u4	ps12i4
<b>Hunting accident</b>	ps12e5	ps12o5	ps12u5	ps12i5
<b>Boat accident or other water vessel accident (in season)</b>	ps12e6	ps12o6	ps12u6	ps12i6
<b>Fall (excludes bicycling, sports activities and snowmobiling)</b>	ps12e7	ps12o7	ps12u7	ps12i7
<b>Sport (excludes bicycling, hunting and fishing)</b>	ps12e8	ps12o8	ps12u8	ps12i8
<b>Bite from a domestic animal</b>	ps12e9	ps12o9	ps12u9	ps12i9
<b>Bite from a wild animal</b>	ps12e10	ps12o10	ps12u10	ps12i10
<b>Fire (includes smoke or fumes from fire)</b>	ps12e11	ps12o11	ps12u11	ps12i11
<b>Burns (all types)</b>	ps12e12	ps12o12	ps12u12	ps12i12
<b>Natural environmental factors (insect bite, frostbite, broken glass, etc.)</b>	ps12e13	ps12o13	ps12u13	ps12i13
<b>Drowning or near-drowning (excludes boat or other water vessel accidents)</b>	ps12e14	ps12o14	ps12u14	ps12i14
<b>Asphyxia</b>	ps12e15	ps12o15	ps12u15	ps12i15
<b>Accidental poisoning or intoxication</b>	ps12e16	ps12o16	ps12u16	ps12i16
<b>Manual work tool</b>	ps12e17	ps12o17	ps12u17	ps12i17
<b>Physical violence at home</b>	ps12e18	ps12o18	ps12u18	ps12i18
<b>Physical assault outside the home</b>	ps12e19	ps12o19	ps12u19	ps12i19
<b>Sexual assault</b>	ps12e20	ps12o20	ps12u20	ps12i20
<b>Self-neglect</b>	ps12e21	ps12o21	ps12u21	ps12i21
<b>Self-mutilation</b>	ps12e22	ps12o22	ps12u22	ps12i22
<b>Attempted suicide or suicide</b>	ps12e23	ps12o23	ps12u23	ps12i23
<b>Do not know</b>	ps12e88	ps12o88	ps12u88	ps12i88
<b>No answer given</b>	ps12e99	ps12o99	ps12u99	ps12i99

What are the causes related to the most common injury among children ?<sub>ps12poure</sub>

What are the causes related to the most common injury among adolescents ?<sub>ps12pouro</sub>

## Appendices

What are the causes related to the most common injury among adults ?<sub>ps12pouru</sub>

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What are the causes related to the most common injury among elders ?<sub>ps12pouru</sub>

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These answers are :<sub>ps11repon</sub>

- <sup>1</sup> estimates based on your experience  
<sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ps13. Since 2004, which 5 parts of the body have been injured the most often according to age group?**

	<b>Children (0-11)</b> <i>Rank five parts from 1 to 5, with 1 being the most often</i>	<b>Adolescents (12-18)</b> <i>Rank five parts from 1 to 5, with 1 being the most often</i>	<b>Adults (19-55)</b> <i>Rank five parts from 1 to 5, with 1 being the most often</i>	<b>Elders (55 and older)</b> <i>Rank five parts from 1 to 5, with 1 being the most often</i>
<b>Eyes</b>	ps13e1	ps13o1	ps13u1	ps13i1
<b>Head (excludes the eyes)</b>	ps13e2	ps13o2	ps13u2	ps13i2
<b>Neck</b>	ps13e3	ps13o3	ps13u3	ps13i3
<b>Shoulder, upper arm</b>	ps13e4	ps13o4	ps13u4	ps13i4
<b>Elbow, forearm</b>	ps13e5	ps13o5	ps13u5	ps13i5
<b>Wrist, hand</b>	ps13e6	ps13o6	ps13u6	ps13i6
<b>Hip, pelvis</b>	ps13e7	ps13o7	ps13u7	ps13i7
<b>Thigh</b>	ps13e8	ps13o8	ps13u8	ps13i8
<b>Knee, lower leg (excludes ankle and foot)</b>	ps13e9	ps13o9	ps13u9	ps13i9
<b>Ankle, foot</b>	ps13e10	ps13o10	ps13u10	ps13i10
<b>Upper back or upper spinal column</b>	ps13e11	ps13o11	ps13u11	ps13i11
<b>Lower back or lower spinal column</b>	ps13e12	ps13o12	ps13u12	ps13i12
<b>Rib cage (excludes back and spinal column)</b>	ps13e13	ps13o13	ps13u13	ps13i13
<b>Abdomen (excludes back and spinal column)</b>	ps13e14	ps13o14	ps13u14	ps13i14
<b>Do not know</b>	ps13e88	ps13o88	ps13u88	ps13i88
<b>No answer given</b>	ps13e99	ps13o99	ps13u99	ps13i99

Comments ?<sub>ps13comm</sub>

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These answers are :<sub>ps13repon</sub>

- <sup>1</sup> estimates based on your experience  
<sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

## Section 2: Accidental Injuries

Accidental injuries refer to injuries for which there is no intent to harm, either by the victim or anyone else. They include fractures, burns, poisoning and injuries caused, by among other things, motor vehicle accidents, falls, and fire.

**Reference scale: Use this scale to answer the following questions.**

Often	Sometimes	Rarely	Never
1 or more times a day	1 or more times a week	1 or more times a month	1 or more times a year or never

**ds14. Since 2004, how often has your health centre dealt with the following causes of accidental injuries?**

	Often	Sometimes	Rarely	Never	Do not know	No answer given
<b>Car or truck accident</b> <sub>ds141</sub>						
<b>Bicycle accident</b> <sub>ds142</sub>						
<b>Snowmobile accident (in season)</b> <sub>ds143</sub>						
<b>All-terrain vehicle (ATV) accident</b> <sub>ds144</sub>						
<b>Hunting accident</b> <sub>ds145</sub>						
<b>Boat or other water vessel accident (in season)</b> <sub>ds146</sub>						
<b>Fall (excludes bicycling, sports activities and snowmobiling)</b> <sub>ds147</sub>						
<b>Sports accident (excludes bicycling, hunting and fishing)</b> <sub>ds148</sub>						
<b>Bite from a domestic animal</b> <sub>ds149</sub>						
<b>Bite from a wild animal</b> <sub>ds1410</sub>						
<b>Fire (includes smoke or fumes from fire)</b> <sub>ds1411</sub>						
<b>Burns (all types)</b> <sub>ds1412</sub>						
<b>Natural environmental factures (insect bite, frostbite, broken glass, etc.)</b> <sub>ds1413</sub>						
<b>Drowning or near-drowning (excludes boat or other water vessel accidents)</b> <sub>ds1414</sub>						
<b>Asphyxia</b> <sub>ds1415</sub>						
<b>Accidental poisoning or intoxication</b> <sub>ds1416</sub>						
<b>Manual work tool</b> <sub>ds1417</sub>						

These answers are :<sub>s14repon</sub>

- <sup>1</sup> estimates based on your experience  
<sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**Appendices**

**ds15. Since 2004, during which time of day and part of the week has your health centre dealt the most often with the following causes of accidental injuries?**

	Time of day <i>Check one box only.</i>				Part of the week <i>Check one box only.</i>		Do not know	No answer given
	AM <sub>1</sub> (6-11:59)	PM <sub>2</sub> (Noon-4:59)	Evening <sub>3</sub> (5-10:59)	Night <sub>4</sub> (11-5:59)	Monday to Friday <sub>1</sub>	Saturday/Sunday <sub>2</sub>		
<b>Car or truck accident</b>	ds151j				ds151s			
<b>Bicycle accident</b>	ds152j				ds152s			
<b>Snowmobile accident (in season)</b>	ds153j				ds153s			
<b>All-terrain vehicle (ATV) accident</b>	ds154j				ds154s			
<b>Hunting accident</b>	ds155j				ds155s			
<b>Boat or other water vessel accident (in season)</b>	ds156j				ds156s			
<b>Fall (excludes bicycling, sports activities and snowmobiling)</b>	ds157j				ds157s			
<b>Sports accident (excludes bicycling, hunting and fishing)</b>	ds158j				ds158s			
<b>Bite from a domestic animal</b>	ds159j				ds159s			
<b>Bite from a wild animal</b>	ds1510j				ds1510s			
<b>Fire (includes smoke or fumes from fires)</b>	ds1511j				ds1511s			
<b>Burns (all types)</b>	ds1512j				ds1512s			
<b>Natural environmental factors (insect bites, frostbite, broken glass, etc.)</b>	ds1513j				ds1513s			
<b>Drowning or near-drowning (excludes boat or other water vessel accidents)</b>	ds1514j				ds1514s			
<b>Asphyxia</b>	ds1515j				ds1515s			
<b>Accidental poisoning or intoxication</b>	ds1516j				ds1516s			
<b>Manual work tool</b>	ds1517j				ds1517s			

These answers are :<sub>ds15repon</sub>

- <sup>1</sup> estimates based on your experience
- <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ds16. Since 2004, how often has your health centre dealt with the following cases of accidental injuries?**

	Often	Sometimes	Rarely	Never	Do not know	No answer given
<b>Fracture</b> <sub>ds161</sub>						
<b>Burn</b> <sub>ds162</sub>						
<b>Dislocation</b> <sub>ds163</sub>						
<b>Sprain or strain</b> <sub>ds164</sub>						
<b>Cuts, scrapes or contusions</b> <sub>ds165</sub>						
<b>Concussion or other brain trauma</b> <sub>ds166</sub>						
<b>Poisoning</b> <sub>ds167</sub>						
<b>Injury to an internal organ</b> <sub>ds168</sub>						
<b>Hypothermia, frostbite or other injury caused by exposure to cold</b> <sub>ds169</sub>						

These answers are :<sub>ds16repon</sub>

- <sup>1</sup> estimates based on your experience  
<sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ds17. Since 2004, which 5 parts of the body have received accidental injuries the most often?**

*Rank five parts from 1 to 5, with 1 being the most often:*

- <sub>ds171</sub> Eyes  
<sub>ds172</sub> Head (excludes the eyes)  
<sub>ds173</sub> Neck  
<sub>ds174</sub> Shoulder, upper arm  
<sub>ds175</sub> Elbow, forearm  
<sub>ds176</sub> Wrist, hand  
<sub>ds177</sub> Hip, pelvis  
<sub>ds178</sub> Thigh  
<sub>ds179</sub> Knee, lower leg (excludes ankle and foot)  
<sub>ds1710</sub> Ankle, foot  
<sub>ds1711</sub> Upper back or upper spinal column  
<sub>ds1712</sub> Lower back or lower spinal column  
<sub>ds1713</sub> Rib cage (excludes back and spinal column)  
<sub>ds1714</sub> Abdomen (excludes back and spinal column)  
<sub>ds1788</sub> Do not know  
<sub>ds1799</sub> No answer given

These answers are :<sub>ds17repon</sub>

- <sup>1</sup> estimates based on your experience  
<sup>2</sup> taken from an accurate source (e.g., database) providing community statistics



**ds18. Since 2004, which 2 situations leading to accidental injuries have occurred the most often?***Check 2 situations:*ds181 Sports or physical activity, including school activities (specify):  
\_\_\_\_\_

- <sup>ds182</sup> Recreation activity (includes volunteer activity)
- <sup>ds183</sup> Work accident
- <sup>ds184</sup> Travel
- <sup>ds185</sup> Household tasks
- <sup>ds186</sup> Special event, social activity, gathering, powwow, etc.
- <sup>ds187</sup> Receipt of income
- <sup>ds188</sup> Traditional activity (hunting, trapping, skinning or tanning hides, fishing, dance, camp, etc.)
- <sup>ds189</sup> Other (specify): \_\_\_\_\_
- <sup>ds1888</sup> Do not know
- <sup>ds1899</sup> No answer given

These answers are :<sup>ds18repon</sup>

- <sup>1</sup> estimates based on your experience
- <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ds19. Since 2004, during which 3 months (consecutive or not) have accidental injuries occurred the most often?***Rank three months from 1 to 3, with 1 being the most often:*

- <sup>ds191</sup> January
- <sup>ds192</sup> February
- <sup>ds193</sup> /March
- <sup>ds194</sup> April
- <sup>ds195</sup> May
- <sup>ds196</sup> June
- <sup>ds197</sup> July
- <sup>ds198</sup> August
- <sup>ds199</sup> September
- <sup>ds1910</sup> October
- <sup>ds1911</sup> November
- <sup>ds1912</sup> December
- <sup>ds1988</sup> Do not know
- <sup>ds1999</sup> No answer given

These answers are :<sup>ds19repon</sup>

- <sup>1</sup> estimates based on your experience
- <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ds20. Since 2004, in which 3 locations have accidental injuries occurred the most often?**

*Rank three locations from 1 to 3, with 1 being the most often:*

- ds201 Residence (family, friend, elder, etc.)
- ds202 Elementary school or high school (excludes sports facilities)
- ds203 Community building (band council, community centre, youth centre, church, etc.)
- ds204 Sports and recreation facilities (includes school sports facilities, arena, beach, park, etc.)
- ds205 Natural environment (camp, hunting, fishing, lakes, rivers, etc.)
- ds206 Commercial zone (store, restaurant, office building, bus station, airport, port, etc.)
- ds207 Industrial zone or construction zone
- ds208 Workplace
- ds209 Street, boulevard, highway, forest road, logging trail, etc.
- ds2010 Other (specify): \_\_\_\_\_
- ds2088 Do not know
- ds2099 No answer given

These answers are : ds20repon

- <sup>1</sup> estimates based on your experience
- <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

### Section 3: Intentional Injuries

Intentional injuries refer to self-inflicted injuries and those inflicted on the victim by another person, with the intent in both cases to cause injury or death. They include attempted suicide and suicide, self-mutilation, physical assault, sexual assault, etc. Cases of self-neglect also come under this category.

**Reference scale: Use this scale to answer the following questions.**

Often	Sometimes	Rarely	Never
1 or more times a day	1 or more times a week	1 or more times a month	1 or more times a year or never

**ts21. Since 2004, how often has your health centre dealt with the following causes of intentional injuries?**

	Often	Sometimes	Rarely	Never	Do not know	No answer given
<b>Physical violence at home</b> <small>ts211</small>						
<b>Physical assault outside the home</b> <small>ts212</small>						
<b>Sexual assault</b> <small>ts213</small>						
<b>Self-neglect</b> <small>ts214</small>						
<b>Self-mutilation</b> <small>ts215</small>						
<b>Attempted suicide or suicide</b> <small>ts216</small>						

These answers are : ts21repon

- <sup>1</sup> estimates based on your experience
- <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ts22. Since 2004, during which time of day and part of the week has your health centre dealt the most often with the following causes of intentional injuries?**

	Time of day <i>Check one box only.</i>				Part of the week <i>Check one box only.</i>		Do not know	No answer given
	AM <sub>1</sub> (6-11:59)	PM <sub>2</sub> (Noon-4:59)	Evenng <sub>3</sub> (5-10:59)	Night <sub>4</sub> (11-5:59)	Monday to Friday <sub>1</sub>	Saturday/Sunday <sub>2</sub>		
<b>Physical violence at home</b>	<small>ts221j</small>				<small>ts221s</small>			
<b>Physical assault outside the home</b>	<small>ts222j</small>				<small>ts222s</small>			
<b>Sexual assault</b>	<small>ts223j</small>				<small>ts223s</small>			
<b>Self-neglect</b>	<small>ts224j</small>				<small>ts224s</small>			
<b>Self-mutilation</b>	<small>ts225j</small>				<small>ts225s</small>			
<b>Attempted suicide or suicide</b>	<small>ts226j</small>				<small>ts226s</small>			

These answers are : ts22repon

- <sup>1</sup> estimates based on your experience
- <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ts23. Since 2004, how often has your health centre dealt with the following cases of intentional injuries?**

	Often	Sometimes	Rarely	Never	Do not know	No answer given
<b>Fracture</b> <small>ts231</small>						
<b>Burn</b> <small>ts232</small>						
<b>Dislocation</b> <small>ts233</small>						
<b>Sprain or strain</b> <small>ts234</small>						
<b>Cuts, scrapes or contusions</b> <small>ts235</small>						
<b>Concussion or other brain trauma</b> <small>ts236</small>						
<b>Poisoning</b> <small>ts237</small>						
<b>Injury to an internal organ</b> <small>ts238</small>						

These answers are : ts23repon

- <sup>1</sup> estimates based on your experience  
<sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ts24. Since 2004, which 5 parts of the body have received intentional injuries the most often?**

*Rank five parts from 1 to 5, with 1 being the most often:*

- ts241 Eyes  
 ts242 Head (excludes the eyes)  
 ts243 Neck  
 ts244 Shoulder, upper arm  
 ts245 Elbow, forearm  
 ts246 Wrist, hand  
 ts247 Hip, pelvis  
 ts248 Thigh  
 ts249 Knee, lower leg (excludes ankle and foot)  
 ts2410 Ankle, foot  
 ts2411 Upper back or upper spinal column  
 ts2412 Lower back or lower spinal column  
 ts2413 Rib cage (excludes back and spinal column)  
 ts2414 Abdomen (excludes back and spinal column)  
 ts2488 Do not know  
 ts2499 No answer given

These answers are : ts24repo

- <sup>1</sup> estimates based on your experience  
<sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ts25. Since 2004, during which 3 months (consecutive or not) have intentional injuries occurred the most often?**

*Rank three months from 1 to 3, with 1 being the most often:*

- ts251 January  
 ts252 February  
 ts253 March  
 ts254 May  
 ts256 June  
 ts257 July  
 ts258 August  
 ts259 September  
 ts2510 October  
 ts2511 November  
 ts2512 Do not know  
 ts2599 No answer given

These answers are : ts25repon

- <sup>1</sup> estimates based on your experience  
 <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ts26. Since 2004, in which 3 locations have intentional injuries occurred the most often?**

*Rank three locations from 1 to 3, with 1 being the most often:*

- ts261 Residence (family, friend, elder, etc.)  
 ts262 Elementary school or high school (excludes sports facilities)  
 ts263 Community building (band council, community centre, youth centre, church, etc.)  
 ts264 Sports and recreation facilities (includes school sports facilities, arena, beach, park, etc.)  
 ts265 Natural environment (camp, hunting, fishing, lakes, rivers, etc.)  
 ts266 Commercial zone (store, restaurant, office building, bus station, airport, port, etc.)  
 ts267 Industrial zone or construction zone  
 ts268 Workplace  
 ts269 Street, boulevard, highway, forest road, logging trail, etc.  
 ts2610 Other (specify): \_\_\_\_\_  
 ts2688 Do not know  
 ts2699 No answer given

These answers are : ts25repon

- <sup>1</sup> estimates based on your experience  
 <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ts27. Since 2004, which age groups and which sex have the highest representation among persons who have been victims of physical violence at home?**

Age group <i>Rank age groups from 1 to 4, with 1 being the highest representation:</i>	
Children (0-11)	ts271
Adolescents (12-17)	ts272
Adults (18-55)	ts273
Elders (55 and older)	ts274
Not applicable	ts2777
Do not know	ts2788
No answer given	ts2799

Sex <sub>ts27s</sub> <i>Check one of the following:</i>	
Female	1
Male	2
Not applicable	77
Do not know	88
No answer given	99

These answers are :<sub>ts27repon</sub>

- <sup>1</sup> estimates based on your experience  
<sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ts28. Since 2004, which age groups and which sex have the highest representation among persons injured by physical assault outside the home?**

Age group <i>Rank age groups from 1 to 4, with 1 being the highest representation:</i>	
Children (0 to 11)	ts281
Adolescents (12 to 17)	ts282
Adults (18 to 55)	ts283
Elders (55 and older)	ts284
Not applicable	ts2877
Do not know	ts2888
No answer given	ts2899

Sex <sub>ts28s</sub> <i>Check one of the following:</i>	
Female	1
Male	2
Not applicable	77
Do not know	88
No answer given	99

These answers are :<sub>ts28repon</sub>

- <sup>1</sup> estimates based on your experience  
<sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ts29. Since 2004, in which 3 locations has physical assault outside the home occurred the most often?**

*Rank three locations from 1 to 3, with 1 being the most often:*

- <sub>ts291</sub> Residence other than the family residence (grandparents, uncle, aunt, friend, etc.)  
<sub>ts292</sub> Bar or nightclub  
<sub>ts2913</sub> Formal or informal gathering, religious event, festival, election, powwow, party, etc.  
<sub>ts294</sub> Public space (street, park, shopping centre, etc.)  
<sub>ts295</sub> School  
<sub>ts296</sub> Police station

## Appendices

- ts297 Band council office  
 ts298 Childcare centre  
 ts299 Other (specify): \_\_\_\_\_  
 ts2977 Not applicable  
 ts2988 Do not know  
 ts2999 No answer given

These answers are :s29repon

- <sup>1</sup> estimates based on your experience  
 <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

### Additional information on sexual assault

**ts30. Depuis 2004, quels groupes d'âge et sexe ont été les plus représentés parmi les personnes ayant subi une agression sexuelle?**

Groupe d'âge	
Classez ces groupes d'âge de 1 à 4, 1 étant le plus représenté :	
Enfants (0 à 11 ans)	ts301
Adolescents (de 12 à 17 ans)	ts302
Adultes (de 18 à 55 ans)	ts303
Aînés (55 ans et plus)	ts304
Ne s'applique pas	ts3077
Ne sais pas	ts3088
Refuse de répondre	ts3099

Sexe <sup>ts30s</sup>	
Cochez une case :	
Sexe féminin	1
Sexe masculin	2
Ne s'applique pas	77
Ne sais pas	88
Refuse de répondre	99

**ts30. Since 2004, which age groups and which sex have the highest representation among persons who have been victims of sexual assault?**

Age group	
Rank age groups from 1 to 4, with 1 being the highest representation:	
Children (0 to 11)	ts301
Adolescents (12 to 17)	ts302
Adults (18 to 55)	ts303
Elders (55 and older)	ts304
Not applicable	ts3077
Do not know	ts3088
No answer given	ts3099

Sex <sup>ts30s</sup>	
Check one of the following:	
Female	1
Male	2
Not applicable	77
Do not know	88
No answer given	99

These answers are :ts31repon

- <sup>1</sup> estimates based on your experience  
 <sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ts32. Since 2004, which age groups and which sex have the highest representation among persons who have been injured due to self-mutilation?**

<b>Age groups</b> <i>Rank age groups from 1 to 4, with 1 being the highest representation:</i>	
<b>Children (0 to 11)</b>	ts321
<b>Adolescents (12 to 17)</b>	ts322
<b>Adults (18 to 55)</b>	ts323
<b>Elders (55 and older)</b>	ts324
<b>Not applicable</b>	ts3277
<b>Do not know</b>	ts3288
<b>No answer given</b>	ts3299

<b>Sex</b> <sup>ts32s</sup> <i>Check one of the following:</i>	
<b>Female</b>	1
<b>Male</b>	2
<b>Not applicable</b>	77
<b>Do not know</b>	88
<b>No answer given</b>	99

These answers are : <sup>ts32repo</sup>

- <sup>1</sup> estimates based on your experience  
<sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**ts33. Since 2004, which age groups and which sex have the highest representation among persons who have been injured by suicide attempts or have committed suicide?**

<b>Age group</b> <i>Rank age groups from 1 to 4, with 1 being the highest representation:</i>	
<b>Children (0 to 11)</b>	ts331
<b>Adolescents (12 to 17)</b>	ts332
<b>Adults (18 to 55)</b>	ts333
<b>Elders (55 and older)</b>	ts334
<b>Not applicable</b>	ts3377
<b>Do not know</b>	ts3388
<b>No answer given</b>	ts3399

<b>Sex</b> <sup>ts33s</sup> <i>Check one of the following:</i>	
<b>Female</b>	1
<b>Male</b>	2
<b>Not applicable</b>	77
<b>Do not know</b>	88
<b>No answer given</b>	99

These answers are : <sup>ts33repon</sup>

- <sup>1</sup> estimates based on your experience  
<sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**The following questions deal with attempted suicide and suicide. If you answered “Not applicable” to the previous question, go directly to the question qs37 on page 28.**



ts34. Since 2004, which 3 methods have been used the most often to attempt or commit suicide, according to age group and sex?

18 and older	Female <i>Rank three methods from 1 to 3, with 1 being the most often</i>	Male <i>Rank three methods from 1 to 3, with 1 being the most often</i>
Prescription drug overdose	ts341f18p	ts341h18p
Drug or alcohol overdose	ts342f18p	ts342h18p
Carbon monoxide, asphyxia	ts343f18p	ts343h18p
Ingestion of solvents (gasoline, aerosol, natural gas, etc.)	ts344f18p	ts344h18p
Ingestion of liquid substances (chemical cleaning agent, etc.)	ts345f18p	ts345h18p
Ingestion of solid substances (razor blades, etc.)	ts346f18p	ts346h18p
Hanging	ts347f18p	ts347h18p
Firearms or explosives	ts348f18p	ts348h18p
Laceration (stabbing and puncturing instrument)	ts349f18p	ts349h18p
Jumping from an elevated place	ts3410f18p	ts3410h18p
Other method	specify <sup>ts3411f18p</sup> :	specify <sup>ts3411h18p</sup> :
Do not know	ts3488f18p	ts3488h18p
No answer given	ts3499f18p	ts3499h18p

Under 18	Female <i>Rank three methods from 1 to 3, with 1 being the most often</i>	Male <i>Rank three methods from 1 to 3, with 1 being the most often</i>
Prescription drug overdose	ts341f18m	ts341h18m
Drug or alcohol overdose	ts342f18m	ts342h18m
Carbon monoxide, asphyxia	ts343f18m	ts343h18m
Ingestion of solvents (gasoline, aerosol, natural gas, etc.)	ts344f18m	ts344h18m
Ingestion of liquid substances (chemical cleaning agent, etc.)	ts345f18m	ts345h18m
Ingestion of solid substances (razor blades, etc.)	ts346f18m	ts346h18m
Hanging	ts347f18m	ts347h18m
Firearms or explosives	ts348f18m	ts348h18m
Laceration (stabbing and puncturing instrument)	ts349f18m	ts349h18m
Jumping from an elevated place	ts3410f18m	ts3410h18m
Other method	specify <sup>ts3411f18m</sup> :	specify <sup>ts3411h18m</sup> :
Do not know	ts3488f18m	ts3488h18m
No answer given	ts3499f18m	ts3499h18m

These answers are : <sup>ts34repon</sup>

- <sup>1</sup> estimates based on your experience  
<sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

ts35. Since 2004, what have been the proportions of persons who were intoxicated when attempting or committing suicide, according to age group and sex?

18 and older	Female <sub>ts35f18p</sub>	Male <sub>ts35h18p</sub>
Less than 25 %	1	1
25 % to 50 %	2	2
51 % to 75 %	3	3
More than 75 %	4	4
Do not know	88	88
No answer given	99	99

Under 18	Female <sub>ts35f18m</sub>	Male <sub>ts35h18m</sub>
Less than 25 %	1	1
25 % to 50 %	2	2
51 % to 75 %	3	3
More than 75 %	4	4
Do not know	88	88
No answer given	99	99

These answers are :<sub>ts35repon</sub>

- <sup>1</sup> estimates based on your experience  
<sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

ts36. Since 2004, which 2 substances were persons using the most often when attempting or committing suicide, according to age group and sex?

18 and older	Female <i>Check 2 substances</i>	Male <i>Check 2 substances</i>
Alcohol	ts361f18+	ts361h18+
Drugs	ts362f18+	ts362h18+
Inhalants (glue, solvent, gasoline, etc.)	ts363f18+	ts363h18+
Medications	ts364f18+	ts364h18+
Other method	specify <sub>ts365f18+;</sub>	specify <sub>ts365h18+;</sub>
Do not know	ts3688f18+	ts3688h18+
No answer given	ts3699f18+	ts3699h18+

Under 18	Female <i>Check 2 substances</i>	Male <i>Check 2 substances</i>
Alcohol	ts361f18-	ts361h18-
Drugs	ts362f18-	ts362h18-
Inhalants (glue, solvent, gasoline, etc.)	ts363f18-	ts363h18-
Medications	ts364f18-	ts364h18-
Other method	specify <sub>ts365f18-;</sub>	specify <sub>ts365h18-;</sub>
Do not know	ts3688f18-	ts3688h18-
No answer given	ts3699f18-	ts3699h18-

These answers are :<sub>ts36repon</sub>

- <sup>1</sup> estimates based on your experience  
<sup>2</sup> taken from an accurate source (e.g., database) providing community statistics

**Section 4: Practices for Reducing Injuries**

**qs37. Since 2004, has any initiative for preventing accidental and intentional injuries been developed and implemented in your community?**

<sup>1</sup> Yes:

Briefly describe the initiative <small>qs37des:</small> _____ _____ _____ _____ _____
Was the initiative adapted to take account of the cultural and traditional values of your community? <small>qs37adap?</small> <input type="checkbox"/> <sup>1</sup> Yes, completely <input type="checkbox"/> <sup>2</sup> Yes, somewhat <input type="checkbox"/> <sup>3</sup> No, not at all <input type="checkbox"/> <sup>88</sup> Do not know <input type="checkbox"/> <sup>99</sup> No answer given
Did you evaluate the initiative <small>qs37eval?</small> <input type="checkbox"/> <sup>1</sup> Yes (summarize results) <small>qs37conc:</small> _____ _____ _____ <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>88</sup> Do not know <input type="checkbox"/> <sup>99</sup> No answer given

<sup>2</sup> No:

For what reason? Check any of the applicable boxes. <input type="checkbox"/> <sup>qs37rai1</sup> We did not identify a need in this regard. <input type="checkbox"/> <sup>qs37rai2</sup> We do not have the human resources for developing and implementing an initiative. <input type="checkbox"/> <sup>qs37rai3</sup> We do not have the financial resources for developing and implementing an initiative. <input type="checkbox"/> <sup>qs37rai4</sup> Other reason (specify): _____ _____ <input type="checkbox"/> <sup>qs37rai88</sup> Do not know <input type="checkbox"/> <sup>qs37rai99</sup> No answer given
---

<sup>88</sup> Do not know  
<sup>99</sup> No answer given

**qs38. Since 2004, have any community activities for preventing accidental and intentional injuries been developed and implemented in your community?**

<p>Accidental: <input type="checkbox"/><sup>1</sup> Yes  <input type="checkbox"/><sup>2</sup> No (go to question qs39)  <input type="checkbox"/><sup>88</sup> Do not know  <input type="checkbox"/><sup>99</sup> No answer given</p>	<p>Intentional: <input type="checkbox"/><sup>1</sup> Yes  <input type="checkbox"/><sup>2</sup> No (go to question qs39)  <input type="checkbox"/><sup>88</sup> Do not know  <input type="checkbox"/><sup>99</sup> No answer given</p>
<p>Activity 1:  Briefly describe the activity<sub>qs38aa1d</sub> (when, where, partnerships, participants, etc.):  _____  _____  _____  _____  _____  _____  Did you evaluate the activity<sub>qs38aa1e</sub>?  <input type="checkbox"/><sup>1</sup> Yes (summarize results):  _____  _____  _____  <input type="checkbox"/><sup>2</sup> No  <input type="checkbox"/><sup>88</sup> Do not know  <input type="checkbox"/><sup>99</sup> No answer given  Are you planning to hold this activity again<sub>qs38aa1r</sub>?  <input type="checkbox"/><sup>1</sup> Yes (why):  _____  _____  _____  <input type="checkbox"/><sup>2</sup> No (why not):  _____  _____  _____  <input type="checkbox"/><sup>88</sup> Do not know  <input type="checkbox"/><sup>99</sup> No answer given</p>	<p>Activity 1:  Briefly describe the activity<sub>qs38ia1d</sub> (when, where, partnerships, participants, etc.):  _____  _____  _____  _____  _____  _____  Did you evaluate the activity<sub>qs38ia1e</sub>?  <input type="checkbox"/><sup>1</sup> Yes (summarize results):  _____  _____  _____  <input type="checkbox"/><sup>2</sup> No  <input type="checkbox"/><sup>88</sup> Do not know  <input type="checkbox"/><sup>99</sup> No answer given  Are you planning to hold this activity again<sub>qs38ia1r</sub>?  <input type="checkbox"/><sup>1</sup> Yes (why):  _____  _____  _____  <input type="checkbox"/><sup>2</sup> No (why not):  _____  _____  _____  <input type="checkbox"/><sup>88</sup> Do not know  <input type="checkbox"/><sup>99</sup> No answer given</p>
<p>Activity 2:  Briefly describe the activity<sub>qs38aa2d</sub> (when, where, partnerships, participants, etc.):  _____  _____  _____  _____  _____  _____  Did you evaluate the activity<sub>qs38aa2e</sub>?  <input type="checkbox"/><sup>1</sup> Yes (summarize results):  _____  _____  _____  <input type="checkbox"/><sup>2</sup> No  <input type="checkbox"/><sup>88</sup> Do not know  <input type="checkbox"/><sup>99</sup> No answer given  Are you planning to hold this activity again<sub>qs38aa2r</sub>?  <input type="checkbox"/><sup>1</sup> Yes (why):  _____  _____  _____  <input type="checkbox"/><sup>2</sup> No (why not):  _____  _____  _____  <input type="checkbox"/><sup>88</sup> Do not know  <input type="checkbox"/><sup>99</sup> No answer given</p>	<p>Activity 2:  Briefly describe the activity<sub>qs38ia2d</sub> (when, where, partnerships, participants, etc.):  _____  _____  _____  _____  _____  _____  Did you evaluate the activity<sub>qs38ia2e</sub>?  <input type="checkbox"/><sup>1</sup> Yes (summarize results):  _____  _____  _____  <input type="checkbox"/><sup>2</sup> No  <input type="checkbox"/><sup>88</sup> Do not know  <input type="checkbox"/><sup>99</sup> No answer given  Are you planning to hold this activity again<sub>qs38ia2r</sub>?  <input type="checkbox"/><sup>1</sup> Yes (why):  _____  _____  _____  <input type="checkbox"/><sup>2</sup> No (why not):  _____  _____  _____  <input type="checkbox"/><sup>88</sup> Do not know  <input type="checkbox"/><sup>99</sup> No answer given</p>
<p><input type="checkbox"/><sup>2</sup> No (why not):  _____  _____  _____  <input type="checkbox"/><sup>88</sup> Do not know  <input type="checkbox"/><sup>99</sup> No answer given</p>	<p><input type="checkbox"/><sup>2</sup> No (why not):  _____  _____  _____  <input type="checkbox"/><sup>88</sup> Do not know  <input type="checkbox"/><sup>99</sup> No answer given</p>

**Appendices**

**qs39. Since 2004, have awareness and prevention tools concerning accidental and intentional injuries been developed and implemented in your community?**

<sup>1</sup> Yes:

<input type="checkbox"/> <sup>1</sup>	Check applicable box or boxes: <input type="checkbox"/> <sup>qs39out1</sup> Information brochure or leaflet <input type="checkbox"/> <sup>qs39out2</sup> Poster <input type="checkbox"/> <sup>qs39out3</sup> Newspaper item <input type="checkbox"/> <sup>qs39out4</sup> Radio or television spot <input type="checkbox"/> <sup>qs39out5</sup> Calendar <input type="checkbox"/> <sup>qs39out6</sup> Play (live theatre) <input type="checkbox"/> <sup>qs39out7</sup> Song <input type="checkbox"/> <sup>qs39out8</sup> Video <input type="checkbox"/> <sup>qs39out9</sup> Website <input type="checkbox"/> <sup>qs39out10</sup> Other (specify): _____ <input type="checkbox"/> <sup>qs39out88</sup> Do not know <input type="checkbox"/> <sup>qs39out99</sup> No answer given
What was the clientele targeted by these awareness/prevention tools <sup>qs39cli</sup> ? _____ _____ _____	
Did you evaluate your awareness/intervention tools <sup>qs39eva</sup> ? <input type="checkbox"/> <sup>1</sup> Yes (summarize results): _____ _____ _____	
<input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>88</sup> Do not know <input type="checkbox"/> <sup>99</sup> No answer given	
What do you feel are the most effective prevention/awareness tools in your community <sup>qs39eff</sup> ? _____ _____ Why <sup>qs39effp</sup> ? _____ _____ _____	

<sup>2</sup> No:

	For what reason? Check applicable box or boxes. <input type="checkbox"/> <sup>qs39rai1</sup> We did not identify a need in this regard. <input type="checkbox"/> <sup>qs39rai2</sup> We do not have the human resources to develop and implement an initiative. <input type="checkbox"/> <sup>qs39rai3</sup> We do not have the financial resources to develop and implement an initiative. <input type="checkbox"/> <sup>qs39rai4</sup> Other reason (specify): _____ <input type="checkbox"/> <sup>qs39rai88</sup> Do not know <input type="checkbox"/> <sup>qs39rai99</sup> No answer given
--	--

<sup>88</sup> Do not know  
<sup>99</sup> No answer given

**Section Five: Data Compilation**

**cs40. Does your health centre use a tool (computerized or paper) to compile cases of physical injuries?**

<sup>1</sup> Yes:

Describe this compilation tool <small>cs40out</small>
<hr/> <hr/> <hr/> <hr/> <hr/>
Who developed this tool <small>cs40qui?</small>
<hr/> <hr/>
How long have you been using this tool <small>cs40quand?</small>
<hr/> <hr/>
Is this tool used by the health centre employees <small>cs40util?</small> <input type="checkbox"/> <sup>1</sup> Yes, regularly <input type="checkbox"/> <sup>2</sup> Yes, occasionally <input type="checkbox"/> <sup>3</sup> No <input type="checkbox"/> <sup>88</sup> Do not know <input type="checkbox"/> <sup>99</sup> No answer given
Does your health centre share this tool with other organizations or communities <small>cs40part?</small> <input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> Yes, subject to certain conditions <input type="checkbox"/> <sup>3</sup> No <input type="checkbox"/> <sup>88</sup> Do not know <input type="checkbox"/> <sup>99</sup> No answer given

<sup>2</sup> No:

Do you believe that a tool (computerized or paper) for specifically compiling information on injuries would be <u>useful</u> for your community <small>cs40utile?</small> <input type="checkbox"/> <sup>1</sup> Yes (why): _____ _____ <input type="checkbox"/> <sup>2</sup> No (why not): _____ _____ <input type="checkbox"/> <sup>88</sup> Do not know <input type="checkbox"/> <sup>99</sup> No answer given
Do you believe that a tool (computerized or paper) for specifically compiling information on injuries would be <u>used</u> by the employees of your health centre <small>cs40utilise?</small> <input type="checkbox"/> <sup>1</sup> Yes (why): _____ _____ <input type="checkbox"/> <sup>2</sup> No (why not): _____ _____ <input type="checkbox"/> <sup>88</sup> Do not know <input type="checkbox"/> <sup>99</sup> No answer given

<sup>88</sup> Do not know  
<sup>99</sup> No answer given

**Appendices**

**Section 6: Training**

**is41. Since 2004, have the professionals at your health centre received training on accidental and intentional injuries in relation to their work?**

<sup>1</sup> Yes (name training): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<sup>2</sup> No  
<sup>88</sup> Do not know  
<sup>99</sup> No answer given

**is42. Since 2004, have you identified professional training and development needs concerning accidental and intentional injuries?**

<sup>1</sup> Yes (describe needs): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<sup>2</sup> No  
<sup>88</sup> Do not know  
<sup>99</sup> No answer given

**is43. Which 5 topics from the list below do you feel are the most important for meeting training needs?**

*Rank five topics from 1 to 5, with 1 being the most important:*

- <sup>is431</sup> Road safety
- <sup>is432</sup> Occupational health and safety
- <sup>is433</sup> Recreation and sports safety
- <sup>is434</sup> Home and institutional safety
- <sup>is435</sup> Product safety
- <sup>is436</sup> Suicide prevention
- <sup>is437</sup> Prevention of violence and sexual assault
- <sup>is438</sup> Emergency measures
- <sup>is439</sup> Postvention and intervention strategies for post-traumatic situations
- <sup>is4310</sup> Firearms storage
- <sup>is4311</sup> Water safety
- <sup>is4312</sup> Children's safety
- <sup>is4313</sup> Elders' safety
- <sup>is4314</sup> Other (specify): \_\_\_\_\_  
 \_\_\_\_\_

<sup>is4388</sup> Do not know  
<sup>is4399</sup> No answer given

**Section 7: Respondent's Profile**

**es44. Are you a member of a First Nation in Quebec or Canada?**

- <sup>1</sup> Yes
- <sup>2</sup> No

**es45. What is your age group?**

- <sup>1</sup> 18 to 29
- <sup>2</sup> 30 to 39
- <sup>3</sup> 40 to 49
- <sup>4</sup> 50 to 59
- <sup>5</sup> 60 and older

**es46. What is your current position at the health centre?**

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**es47. How long have you been working at this health centre?**

- <sup>1</sup> Less than 1 year
- <sup>2</sup> 1 to 2 years
- <sup>3</sup> 2 to 5 years
- <sup>4</sup> More than 5 years

**Section 8: Future Actions and Comments**

**hs48. What are the 3 main problems in your community which involve accidental and intentional injuries and require the implementation of priority actions?**

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**hs49. Are there any actions which have already been identified or which your health centre would like to carry out regarding accidental and intentional injuries? If yes, what are they?**

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**First Nations of Quebec and Labrador  
Health and Social Services Commission**