

Assault in Eeyou Istchee

An overview of the death and hospitalization statistics, 1985-2007

AUGUST 2010

*Are there many assaults in Eeyou Istchee?
Are firearms used in some of them?
The latest statistics tell us about how
common assault is, and who is most at risk.*

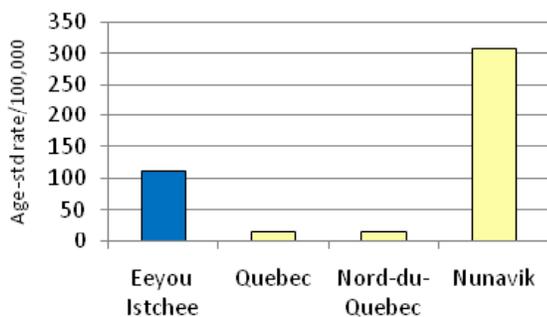
Assault

“Assault” means any kind of intentional violence against another person. This includes fights, brawls, homicide, rape, domestic violence, and child abuse.

Are assault rates high in Eeyou Istchee?

Rates of hospitalization for assault in Eeyou Istchee are far above both the Québec average and the rate seen in Nord-du-Québec (although all regions are dwarfed by the rate in Nunavik). For males in Eeyou Istchee, assault is the second-biggest cause of injury hospitalization; for females, it ranks somewhat lower. There is no sign that these rates are falling.

FIGURE 4: AGE-STANDARDIZED RATES OF HOSPITALIZATION FOR ASSAULT, 2001-2005, EYYOU ISTCHEE AND OTHER REGIONS



Although assault seems to be common, assaults causing death (homicides) are less frequent: there were six homicides in the territory over the 22 years covered by this study.

What are these assaults?

Most of the assaults that end up in hospital are due to brawls and fights, rather than to domestic violence or child abuse. (A look at police, rather than hospital, statistics might give a different picture.) The most common injuries from these assaults are fractures of various types, especially of the face bones.

Are firearms involved?

Only one of the six homicides involved a firearm; the rest involved sharp objects or were unarmed brawls. Similarly, none of the assaults requiring hospitalization between 1987 and 2007 involved firearms. However, local informants report that there have been some incidents involving firearms since 2007. It is also possible that some of the fights over the previous years involved threats of firearm use, but did not culminate in firearm wounds that would show up in hospitalization statistics.

Who is at risk?

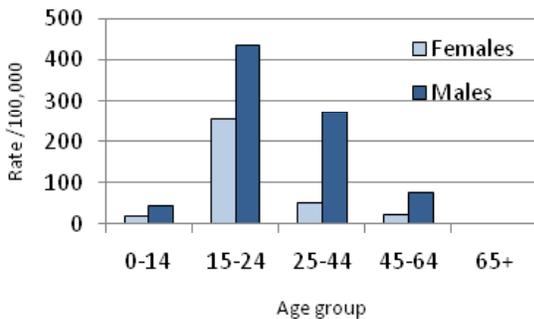
As with many other types of injury, the highest rates of assault are seen in youth 15-24 and younger adults. Judging by hospitalization data, rates are higher in males, but are also appreciable in teenage girls (Figure 5). In contrast, for homicides, all the victims were males, and the age pattern was less pronounced.

Unlike many other types of injury in the territory, rates of hospitalization for assault are similar in Coastal and Inland areas. They are also fairly similar from community to community.



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FIGURE 5: HOSPITALIZATION RATES FOR ASSAULT BY AGE GROUP AND SEX, EYYOU ISTCHEE, 2001-2005



Caution: rates based on small numbers.

Summary: what the assault statistics tell us

Hospitalization data suggest above-average rates of assault in Eeyou Istchee, and this seems to be the case all across the territory. Most of the assaults that end in someone being hospitalized seem to be unarmed fights or brawls. The risk is highest in teens and younger adults, and is higher in males than in females.

What helps to prevent assaults?*

Researchers believe that the root causes of assault are things like unemployment, discrimination, or being exposed to violence in the home or community. These root causes can be very hard to change. But communities can take action on some of the things that increase the risk of violence. For instance, they can limit access to guns, or take action on alcohol—which is often involved in assaults. And they can try to improve community services that play a part in preventing violence, such as schools, recreation centres, and mental health services.

Because many things work together to cause assaults, action to prevent assaults has to involve many parts of the community. It helps to build groups of all the agencies that deal with the problem in some form—like police, health services, and women's groups.

* This discussion is largely drawn from Thornton [reference 1], supplemented by [2].

Preventing assault can involve actions such as:

- ◆ Making communities aware of the problem.
- ◆ Working with families to reduce conflict and improve parenting and communication.
- ◆ Educating people who are at risk (for instance, teaching youth how to resolve conflicts without using force, or introducing programs to prevent bullying).
- ◆ Training people who might deal with assaults, such as teachers, nurses, clergy, or youth workers.
- ◆ Providing forums where the different groups that deal with assault can share their knowledge.
- ◆ Changing policies and bylaws (for instance, changing gun-control laws, alcohol laws, or how offenders are rehabilitated).

About these statistics

The statistics in this factsheet are drawn from a larger report called *Injuries in Eeyou Istchee: Analysis of Mortality and Hospitalization Statistics 1985-2007*. They are based on mortality records for the years 1985 to 2006, and hospitalization records for the fiscal years 1987-88 to 2007-08. The report was prepared for the Public Health Department of the Cree Board of Health and Social Services of James Bay.

References

1. Thornton, Timothy, et al (2002). *Best Practices of Youth Violence Prevention: A Sourcebook for Community Action*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, Georgia.
2. World Health Organization (2002). Youth Violence. Resource available at www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/youthviolencefacts.pdf

Copies of this factsheet may be found at: <http://www.creehealth.org>