

# EFFECTS OF GENDER, INDIGENOUS STATUS, AND REMOTENESS TO HEALTH SERVICES ON THE OCCURRENCE OF ASSAULT-RELATED INJURIES IN CHILDREN AND ADOLESCENTS

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**Background** Assault-related injury is a devastating consequence of violence and is a prominent cause of morbidity and mortality in young age. However, reliable data sources are scarce and there has been a paucity of studies examining possible predisposing factors on the incidence of assault-related injury.

**Aims** To examine the effect of gender, indigenous status and remoteness to health services on sustaining assault-related injuries in patients aged 17 years and under in Queensland, Australia.

**Methods** Logistic regression analyses were conducted using data from the state-wide trauma registry from 2005 to 2008.

**Results** 282 assault-related injury cases were identified. Indigenous females were at the highest risk of sustaining assault-related injuries (OR: 15.3, 95% CI 8.17 to 28.6), followed by Indigenous males (OR: 6.55, 95% CI 3.60 to 11.9) and non-indigenous males (OR: 2.82, 95% CI 1.78 to 4.47). Adolescent males aged between 13–17 years were at a significantly higher risk than adolescent females of assault-related injury (OR: 2.11, 95% CI 1.34 to 3.31). For non-indigenous people, living in a regional area was associated with a lower risk of assault-related injury compared to major cities (OR: 0.59, 95% CI 0.44 to 0.78). Indigenous people were at higher risk of sustaining an assault-related injury than non-indigenous people in regional areas (OR: 4.8, 95% CI 3.14 to 7.42) and in remote areas (OR: 10.1, 95% CI 2.64 to 38.69).

**Contribution to the Field** The current study provides evidence of interaction effects among the predisposing factors of interest and the likelihood of sustaining assault-related injury. Identifying these interactions is important for the development of effective preventive measures and trauma management plans focusing on high-risk groups who are most likely to sustain assault-related injuries in young age.