Skateparks as a health-resource: are they as dangerous as they look?
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Skateboarding raises an interesting dilemma in the field of health promotion. While public health institutions are engaged in unprecedented efforts to counter the sedentary lifestyles of youth, the promotion of lifestyle sports and active leisure practices, such as skateboarding, is tempered by the potential risks of injuries. The health-risks associated with skateboarding have generally been viewed through the lens of epidemiology. Sociology, on the other hand, has yet to provide research on injuries that meshes with this literature. This paper addresses this absence by drawing on the works of Pierre Bourdieu to present a different perspective on the health benefits and injuries associated with skateparks. Using his concepts of ‘physical capital’ and ‘social capital’, the analysis consists of 388 days of observation (mean of 35 days in 11 skateparks) and 23 in-depth interviews with male and female skaters in Montreal, Canada. Its findings indicate that few serious injuries occurred in these skateparks and that these spaces do not correspond to the image depicted of skateboarding in previous research. From this, we suggest that skateparks should be conceived as a valuable health-resource for youth because they provide various social, psychological and physical resources that encourage a safe and active lifestyle.

Keywords: sociology; Pierre Bourdieu; skateboarding; injury; parks; youth

Introduction

A wide body of literature is confirming the growing popularity of lifestyle sports amongst youth. Belinda Wheaton (2004) has coined this term to represent historically new forms of sport practices, which, amongst other things, embody a participatory ideology promoting hedonism, fun and self-expression, while emphasising creativity and aesthetics, and fetishising notions of risk and danger (pp. 12–13). Though it is difficult to measure precisely their popularity, national surveys (Hamel & Goulet, 2006) and equipment sale figures (Beal & Wilson, 2004) show that they are transforming the field of mass sport. These developments are likely to have significant implications for health promotion strategies aiming to increase active leisure involvement. As a UK proposal on national sport policy suggests, there is little evidence that previous approaches advocating traditional sports will effectively encourage an active lifestyle amongst youth groups (Tomlinson, Ravenscroft, Wheaton, & Gilchrist, 2005).

In the present context, the implementation of these strategies will be difficult. For instance, even though public health institutions are engaged in unprecedented efforts...
to counter the sedentariness of youth, the promotion of lifestyle sports has been and remains tempered by the view of them as having high risks of injuries (Marshall & Guskiewicz, 2003). Up to now, epidemiological research has raised awareness of these risks but more research is needed to clarify the specific conditions in which they occur in order to maximise health benefits. Amongst all lifestyle sports, skateboarding has received the most attention in the academic literature and will be the focus of this study.

This paper answers the call of public health institutions as it aims to optimise healthy outcomes of skatepark environments, by addressing their health benefits and risks of injuries through an analysis of 388 days of direct observation and 23 interviews with male and female skaters. Through both forms of analysis, it attempts to go beyond approaches that focus solely on injuries, such as those which currently dominate health-related literature on lifestyle sports.

Background
In the province of Québec, Canada, skateboarding is the 15th most practised sport, with 347,000 participants (Hamel & Goulet, 2006). In an effort to cater to a growing demand, over 600 municipalities in Québec have taken the initiative to build skateparks, with 85% of them being built between 1996 and 1999 (Robinson-Chouinard, 2006). Although these developments have begun over a decade ago, little information has been collected on the levels of satisfaction with these environments, or on their related health and safety issues. Therefore, although they are intended to attract youth to fun and safe place to exercise, this lack of data combined with their image as an injury-prone activity has limited their support from administrators and political actors. Confronted with these concerns over safety, the Secrétariat au Loisir et au Sport (SLS) (a governmental agency aiming to promote physically active lifestyles within safe environments) commissioned a pilot study with the intent of documenting the nature, causes and frequency of injuries in one skatepark by observing 209 different skaters over a period of 39 days (Laforest & Dumas, 2003). Results surprisingly showed that few serious injuries had occurred. This research has been a steppingstone for this larger study of 11 parks; its aim is to verify whether these results correspond to the observations made in other skateparks in the region, and from this, whether its findings can further health-related knowledge of these spaces.

Skateboarding injuries
In the field of public health, skateboarding injuries have generally been viewed through the lens of epidemiology. This has had the merit of evaluating their degree of risks, identifying their causes and consequences and providing a good description of those injured. For example, a review of over 20 studies of skateboarding injuries has shown that they count for approximately 2% of all sport-related injuries requiring medical attention, an incidence high enough to raise public health concerns (Forsman & Eriksson, 2001; Fountain & Meyers, 1996; Laforest & Dumas, 2003). Studies show that the street represents the most common location for injuries, with motor vehicles collisions being the most serious (Fountain & Meyers, 1996; Retsky, Jaffe, & Christoffel, 1991), and males between the ages of 10 and 19 constituting 90% of those injured (Bull et al., 2002; Forsman & Eriksson, 2001). In Québec, skateboarding ranks eighth for the number of injuries requiring medical consultations and fourth in
terms of serious sport-related accidents (after snowboarding, cycling and swimming) (Hamel & Goulet, 2006). This coincides with the findings of other North American studies that have reported total skateboarding injuries (Kyle, Nance, Rutherford, & Winston, 2002). As a result of this research, many recommendations on how to reduce the incidence of injuries have been offered, and these include: wearing sufficient protective equipment, receiving adequate training, banning street-skateboarding and imposing a minimum age for practice (Laforest & Dumas, 2003).

One further proposal has been the construction of safe skateparks, this being based on the hypothesis that they reduce the number of injuries by providing participants with greater control over their physical environment, while offering proper supervision, encouraging the use of protective equipment and reducing street skateboarding (Everett, 2002; Osberg, Schneps, Di Scala, & Li, 1998; Robinson-Chouinard, 2006). To our knowledge, no study has focused on environmental and socio-cultural factors tied to skateboarding injuries.

Though sociological literature has engaged with skateboard culture (Beal, 1995, 1996; Humphreys, 1997), the urban politics of skateboarding (Borden, 2001; Jones & Graves, 2000; Stratford, 2002; Travlou, 2003; Woolley & Johns, 2001) and gender issues in skateboarding (Kelly, Pomerantz, & Currie, 2001; Pomerantz, Currie, & Kelly, 2004; Porter, 2003), it has yet to provide studies which would mesh themselves with the literature in epidemiology. One reason for this may be that the two approaches have often been opposed to each other. While social scientists have generally been sympathetic to skateboarding, since the 1960s, the biomedical spheres have generally played a role in restricting it. For instance, the California Medical Association referred to it as a ‘new medical menace’, and the National Safety Council issued warnings about safety issues (Cassorla, 1988).

These public health concerns have restricted skateboarding in many European and North American communities; in Norway, skateboarding was banned between 1978 and 1989 due to a perceived high amount of injuries; while by 1980, more than three quarters of skateparks in the USA had been shut down due to the high insurance cost and potential liabilities of poorly designed parks (Cassorla, 1988). The association between skateboarding and injuries that epidemiologically oriented studies such as these make have overshadowed any discussion concerning health benefits. In fact, few studies have explored the broader question concerning the relations between skatepark culture, injury and health. A sociological study would provide a new perspective on this issue by examining the interface shared by these domains.

**Forms of knowledge, health promotion and the integrative approach of Pierre Bourdieu**

A starting point for this sociological turn is the question of legitimate forms of knowledge. As in many other public health domains, the field of health policy is now debating the legitimate frameworks and forms of knowledge to be used for effective health promotion (Bryant, 2002; Raphael, 2000; Tang, Ehsani, & McQueen, 2003). This literature testifies to the dominance of traditional knowledge stemming from medical, clinical and epidemiological approaches in public health policy formation. In response to this pervasiveness, critical public health scholars have voiced their concerns over the lack of alternatives which could improve the effectiveness of health promotion. Drawing on Peter Park’s approach, Toba Bryant (2002) sheds light on this issue by providing a typology of three forms of knowledge that incorporates social issues and
health in the context of policy making. The first, instrumental knowledge, refers to
objective and systematically developed knowledge generated through ‘scientific’ and
quantitative methods; the second, interactive knowledge, involves lay knowledge
developed through social interaction and lived experience; and the third, critical knowl-
edge, is acquired through reflective thinking that sheds light on social structures and
power relations.

In what follows we consider all three epistemic modes as essential for understand-
ing the issues that emerge from skateparks. They will serve as the basis for our
argument that a broader perspective is useful for public efforts to promote a safe and
active lifestyle for youth. Pierre Bourdieu’s socio-cultural theory contributes to this by
providing a unified theory of social practice that draws on multiple forms of knowl-
edge and methods (Wacquant, 1992) to understand the connections between social
positions, lifestyle choices and the meanings given to health practices (Dumas &
Laberge, 2005; Laberge & Sankoff, 1988; Poland et al., 2006; Williams, 1995). To
capture the distinctive practices of social classes, he uses the concept of habitus which
refers to a socially acquired, embodied system of schemes of disposition, perceptions
and evaluation which give meaning to social practices (Bourdieu, 1984, p. 17).
Without denying agency to social actors, he conceives of health practices as the result
of the socially acquired sets of priorities and tastes of social groups, rather than as the
sole product of rational calculation (Boltanski, 1971)1. In this regard, the lifestyles of
youth groups are understood in terms of the determining effect of social structures
within a given social environment.

Age, capital and health resources

Bourdieu’s approach has largely been applied for understanding the variation of life-
styles between social classes; however, it has recently been adapted to the study of age
classes (Dumas & Laberge, 2005; Edmunds & Turner, 2002; Laberge, 2003)2.
Because age cohorts experience distinctive living conditions, they also hold a distinc-
tive habitus and engender distinctive bodily practices. Given the concern for age-based
health promotion strategies (Lium Edelman & Mandle, 2002), this adaptation from
Bourdieu’s original model is a valuable tool for investigating the specific lifestyles,
tastes and health dispositions observed in certain age groups.

As an example, in Distinction, Bourdieu (1984) explained social variation in tastes
and lifestyles as a result of unequal access to various forms of scarce resources, iden-
tified as capital. As scarce resources, types of capital can be understood as forms of
power (or resources) which enable, consciously or not, individuals to achieve a
number of socially desired outcomes (Bourdieu, 1986). In other words, people
equipped with similar amounts of a given capital share a somewhat common view-of-
the-world (habitus) and lifestyle. The forms of capital possessed by social groups are
crucial indicators of their perceptions of health and their dispositions to adopt health
practices (Boltanski, 1971).

Bourdieu’s work can also be applied to the study of age classes, since the value
of a form of capital is socially constructed – not only will it change according to socio-
economic context, it may also vary according to age groups. According to a series of
Bourdieu-inspired studies, the value of specific forms of capital changes across the life
course (Dumas & Laberge, 2005; Dumas & Turner, 2006). In her study on
the conceptions of physical activity of three age groups, Laberge (2003) noted that the
value of health increased as people aged, which translated into increased dispositions
to embody health discourses in later life; in other words, health capital increased in value with age. In another study, Dumas & Laberge (2005) have shown that, amongst women, high value was given during youth to bodily appearance and seductiveness in order to gain peer acceptance. This contrasts with adulthood when family responsibilities and financial security are more important. In Bourdieusian terms, these differences can be explained by the importance of aesthetic capital in youth and economic capital in adulthood, revealing a change in priorities in the life course. Both of these studies concluded that such changes were brought about by the material, social and biological transformations of people’s living conditions throughout life.

The connection between the capital possessed by individuals and their health has generally taken two pathways. First, high volumes of capital are generally associated with healthy lifestyles (e.g. increased physical activity, consumption of low-fat food, heightened concern for preventive medicine), and second they are linked to better control over one’s life, increased social support and enhanced psychological well-being (e.g. stress) – all of which are seen to lower morbidity rates (Marmot, 2004). Following this conception, this study focuses on the forms of capital valued by youth groups who attend skateparks, and on the relationships these have with injury prevention and health determinants.

Method
As mentioned previously, this paper draws on quantitative and qualitative methods, although emphasising the latter. The quantitative approach aims primarily to observe both the circumstances and the nature of injuries, and the characteristics of the injured skater (i.e. age, sex, years of experience, protective equipment). This data was obtained through direct observation of each park during an average of 35 days with tools (observation grid and questionnaire) developed and pre-tested in the pilot study (Laforest & Dumas, 2003). An invitation to take part in the study was sent to the managers of the 31 skateparks in Montreal and 17 were interested. Amongst these, 5 parks that had permanent supervision were included in the study, and their staff was trained for the data collection during their opening hours (6–10 hours daily, 5–7 days a week). For the 12 parks without staff, the inclusion criteria were to have parks in different districts of Montreal and also representing different socioeconomic status. Six were retained and research assistants were hired to collect the data in each park and were present between 4 hours from Tuesday to Sunday inclusively for a total of 24 hours of observation weekly in these parks. They all received training, a detailed procedural guide and close supervision from the researchers who regularly visited. Research assistants completed grids on the nature and circumstances of injuries (e.g. structures, figures, protective equipment) in addition to recording the personal characteristics of the injured skaters and the overall attendance at the skatepark.

We anticipated from the pilot study that few injuries were to be expected. Therefore, in order to capture the most information possible, our definition of injuries included any incident that stopped the skaters from practising, whether requiring first aid or not. Research assistants were also required to enter the name and some personal information of each new skater in a registry providing valuable information on attendance; overall, 422 different skaters came to the parks (male = 98%; females = 2%). Given the small number of injuries (n = 31), it was not possible to do a complex statistical analysis, so given the scope of this paper we are presenting descriptive statistics that served as a platform for our qualitative analysis.
The qualitative method involved semi-structured interviews of an average duration of 90 minutes. The interview was made up of two sections aimed at exploring perceptions of material resources relating to skateparks (access, safety and interest) and at exploring attitudes towards health, risks and preventive behaviours. Interviews were held in participants’ homes and in public venues (schools, community centres and skateparks), and were audio-taped with either their consent or that of their parents. The aim of the interview guide was to acquire information on safe skateboarding practice and environments. The analysis of the interview transcripts began with a vertical analysis of the content, reading each transcript in its entirety. Relevant material was coded into categories based on their semantic affinities. Then we carried out a transversal analysis across interviews to identify the similarities and differences between them.

Local sport organisations established first contact with public skatepark supervisors. Each of them was contacted and informed of the aims and requirements of the data collection, and the ethical aspects of the research. Our sample consisted of 23 skaters that regularly attended skateparks. As shown in Table 1, the characteristics of skaters varied considerably. In order to capture different points of view, we used age, sex and skateboarding experience as criteria for selecting the sample (note that women were largely underrepresented within skateparks)3. We also limited the number of skaters from the same skatepark to three, and diversified their selection in order to reflect the socioeconomic background of skaters of Montreal. Of the 11 parks observed, 4 were located in underprivileged areas, 6 in middle class areas and 1 in a privilege area (ASSSM, 2006).

A few introductory questions made it possible to obtain basic personal and demographic information of this sample. The typical profile of skaters consisted of white adolescent males from middle class to underprivileged neighbourhoods. Most of the participants described themselves as solitary and attended the skateparks for meeting friends and for the pleasure of the sport. Most came alone or with a friend; it was uncommon to see large groups attending one skatepark.

Table 1. Sample characteristics.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Years of experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>12–14</td>
</tr>
<tr>
<td>Males</td>
<td>17</td>
</tr>
<tr>
<td>Females</td>
<td>6</td>
</tr>
</tbody>
</table>

On-site observations of skatepark injuries

The data contrast with previous epidemiological studies that do not differentiate between different skateboarding venues (streets, urban structures, skateparks), and it strongly suggest that skateparks can be safer than other public venues. On-site observations revealed that 31 injuries occurred over the course of 35 days. A large majority of these were minor (bruises, scratches, cuts) \( n = 23 \), with only 2 fractures and 2 serious sprains so that, of a total of 422 different skaters registered in the 11 parks, less than 1% sustained an injury needing medical attention during the data collection.

Data on the location of injuries showed an average of 2.8 injuries per park (number of injuries did not differ considerably between supervised \( n = 15 \) and
unsupervised (n = 16) skateparks) and that specific skateboarding structures were more likely to generate injuries than others. The self-reported causes of injury showed that 83% were linked to human error (59% were due to a loss of control and 24% were from attempting more difficult movements). None of these were indicative of irresponsible behaviour, but rather were a consequence of diligent sporting practice. The low incidence of injuries observed and their location and reported causes were confirmed by the skaters, who generally played down the risk of injuries in skateparks. As expressed by one interviewee, their explanations pointed to the increased control that skateparks provide in comparison to street environments or to other contact sports:

All sports can be dangerous. When you figure skate for example, you can get a head concussion much easier than during skateboarding. In skateboarding, you’re not on slippery ice and you’re not tied to your boots … Obviously it’s more dangerous on the streets than in parks because it’s not meant for that … but I still don’t think that it’s a dangerous sport, not more than hockey or football. Getting injured during skateboarding depends a lot on you, and not on the idiot behind you who’s going to check you in the boards. If you get injured, it’s really because of your lack of judgment. If you try to jump a 10 foot structure, and you’re not experienced, now that’s dangerous! You got to know your limits … Its also rare that you get your head injured here [in skateparks], its not as if you’re going to do back flips, like in gymnastics, which is also pretty dangerous … You get scratched a lot though, everyday. (Samson, 15, 4)

The profiles of the 31 injured in this study correspond to the observations made in previous epidemiological studies. Older teenage males with skateboarding experience are highly represented amongst the injured (average age of injured is 17.6 years old; 86% have more than one year of experience and 48% come to the park more than four times a week). These trends correspond to the testimony of many interviewees who perceived the recklessness of intermediate skaters and the over-confidence of advanced skaters (rather than inexperience) as a prelude to falling.

Physical capital

These data raise some important questions: why are there so few injuries in comparison to previous studies? Are skateparks as dangerous as they look? And from this, what can we conclude about the extent to which skateparks can serve as a health-resource? The following sections will attempt to answer these questions by drawing on Pierre Bourdieu’s concepts of physical and social capital. We first begin with physical capital, which comprises a wide array of resources connected to the body such as athleticism, health and appearance, and which is acquired through exposure to particular contexts (e.g. family, school, gym), physical training, consumption or from the conversion of other forms of capital (Bourdieu, 1984; Shilling, 2004; Wright & Burrows, 2006). Two of its dimensions are used for this study: the aesthetic dimension refers to the stylistic aspects of skateboarding performance, which can lead to gaining social acceptance, while the athletic dimension refers to athletic skill that enable successful performances without pain or injury. Yet, in counterpart to its acquisition, both of these aspects of physical capital can be lost. Like all forms of capital, losing it has poor social value and can result in low esteem for participants (Dumas & Turner, 2006). Facing this prospect, social actors may develop a number of preventative dispositions, which is illustrated in Wacquant’s (2004) ethnography of boxing gyms, where training the body becomes a means
for developing athletic skill, protecting oneself from injury and achieving social recognition.

**Physical capital – the aesthetic dimension**

The role of the aesthetic components of physical capital has repeatedly been singled out as an important pole of attraction for skaters (Beal, 1995, 1996; Christensen, 1999; Humphreys, 1997). Perhaps this explains the architecture of parks (benches and stands), and the waiting times involved during the queuing process, both of which are favourable to spectatorship and conducive to artistic performances. In this environment, the aesthetic criterion is clearly linked to gains or losses of social status, whereby high status is usually achieved through creativity and by reproducing the legitimate form of athletic performances displayed by experienced or professional skaters (this aesthetic component is well exemplified in the frequent recourse to on-site video recordings of skateboarding achievements).

Adding to this is the vast array of cultural products consumed by skaters which consistently valorise performances involving a high degree of risk, which makes it no surprise that discourses on risk-taking were a well-established value amongst skaters, whether the risk of serious injury was well founded or not. However, as any form of capital can fluctuate between acquisition and loss, risk-taking consistently engendered a characteristic attitude amongst skaters with regard to the possibility of injury. For instance, though a superior performance might bring personal satisfaction and social recognition, an injury-laden performance may bring not only pain and incapacity, but also ridicule. Facing this scenario, skaters attempted to find a threshold, where the value of performance was high and the risk of losing face was low, so that out of fear of embarrassment, some skaters avoided risky manoeuvres in the presence of large crowds and trained during periods of low attendance.

This perception of risk, coupled with the low incidence of injuries observed in this study, supports the assertion that skateboarding practices in parks reflect more of an ‘aesthetisation of risk’ than a high degree of risk. As an example, despite some recognition of the risk of injury in and outside parks, the large majority of skaters did not wear any protective gear due in part to its perceived low social worth amongst peers. In fact, amongst the injured, 84% did not wear any protective equipment. For Geneviève, a sponsored skater, adopting the prevailing norms of femininity is a key component to her practice in public spaces:

> I think helmets are really ugly. You look like a beginner. I actually think it looks disgusting … Will they ever leave us alone! Would you see a gymnast or a figure skater wear a helmet and knee pads? It would be pretty ugly and not very gracious! (Geneviève, 19, 5).

For the younger, less experienced skaters, the use of protective equipment was also tempered by the perceived negative social judgement, but in a more ambiguous manner. As a beginner, Joe, 14 years old, has much to ‘lose’ if his style does not correspond to the prevailing social norms in the skatepark; however, in order to prevent recurring minor injuries, dissimulation became his strategy to gain/preserve aesthetic capital: ‘After falling many time on my knees, I decided to buy knee pads. I put them underneath my pants though so it doesn’t show too much’. Hence, in this perspective, risk-taking behaviour in these environments should, due to its appeal when under the gaze of peers, be understood in relation to the actual dangers they face and their attempts to gain personal and social recognition.
Physical capital – the athletic dimension

If aesthetic commitments such as these increase the likelihood of injuries, the second component of physical capital, athletic capital, was found to counterbalance this by encouraging a preventive attitude, as is illustrated through the personal trajectories of skaters which testify to the changes in their beliefs and practices over time. In this sense, skateboarding experiences have an educational function by raising awareness of injuries, allowing the body a way of being-in-the-world (Bourdieu, 2000). For Bourdieu (2000), people acquire a particular relation to the body through their embodiment and practice:

It is because the body is … exposed and endangered in the world, faced with the risk of emotion, lesion, suffering, sometimes death, and therefore obliged to take the world seriously (and nothing is more serious than emotion, which touches the depths of our organic being) that it is able to acquire dispositions … (p. 140)

For him, we ‘learn bodily’, and as biological individuals, we have the capacity of being opened to the world and to be modified by it. By being exposed to skateboarding injuries, and by frequently being reminded of their consequences through minor injuries (scraps and scratches), skaters gained novel insight on prevention:

Each time you fall you learn a lesson, even if it’s not hard. When you fall the first time trying, you’re going to wait before trying the same trick again … Sometimes you’ll try a trick six times in a row without having any problems, and then you fall on the seventh try and get hurt. When this happens, you don’t learn the same type of lesson [than if you had fallen on the first try]. You ask yourself, ‘what happened? What did I do?’ All types of injuries make you think. (Snag, 24, 8).

Insights such as these were also acquired through experiencing serious injuries that occurred in other sports, or from skateboarding on streets or urban architecture, by informing skaters of the various contexts in which to be more cautious. In the following quotes, Tiger and Samson explain how they changed their attitude after serious injuries, with the former now abstaining from specific practice and the latter, now taking more calculated risks:

I had a triple fracture of the leg, some ruptured ligaments and a few fingers broken. I was 11 years old when I tried to jump a series of steps at the Olympic Stadium [a non-regulated site used for skateboarding]. I said to my friends: ‘what do you give me if I jump that’. They said ‘5 bucks’. I jumped, lost consciousness, and woke-up full of blood …. Now when I come in front of stairs, I say ‘no, I won’t do it’ … I don’t jump steps anymore. I freak-out too much … (Tiger, 17, 8)

I have a helmet, but I don’t wear it often … It’s pretty rare to hit your head in these skateparks. If you never had a concussion, you don’t feel the need to wear one. I’ve been skating in this park for 4 years and I never got hurt. Snowboarding is another thing though. I had a concussion, with my helmet on! You really go faster on the snow and you don’t know how you are going to fall. You make 20 foot jumps compared to 6 foot jumps, in skateboarding. Also, you’re not tied to your board and you don’t go as fast. (Samson, 15, 4)

As these examples reveal, by self-evaluating their physical limits and by learning new skills, skaters reduced their risks of injury, developing an ethos of prevention through practice. This can involve retreating, or adding extra-protective equipment as
a preventive strategy. As a 15-year-old with 3 years of experience, Marc explains: ‘There is a 7 foot ramp at this indoor skatepark. Each time I get up there I get a flash that I’ll fall. I get scared and I just don’t go. I say to myself “each thing in its own time”’. Felix, at 12, shows this same sense of caution: ‘I always wear my helmet in the quarter pipe and when I try new moves… If you don’t wear it, you’re taking a risk … and when I am not sure of landing the jump, I just don’t do it and I’ll wait until I’m ready’ (Félix, 12, 1). These quotes support the claims that injuries tend to happen in lesser controlled environments, where protective equipment may be more necessary to prevent serious injuries. Since all the skaters also practised outside parks, such results show the need to sensitise them to the risks of skating in unregulated environments.

A loss of physical capital can also be conceptualised in terms of the ‘cost’ of injury. For instance, for the older skaters, who had larger economic responsibilities, injury was perceived as an impediment to the maintenance of good health required for financial independence, making the prevention of an incapacitating incident a keener preoccupation. This was explained by the change in the type of capital valued during the transition into adulthood: in the context of skateboarding, while aesthetic capital became less important, more value was given to physical capabilities which provide economic capital. In the case of independent adults, preventive practices became more salient as injuries signified a potential loss of ability to labour. For example, Marie, an industrial designer, and Amy, a shop manager, both rely on their non-injured body for income:

I work a lot with a pen and a mouse. I can’t afford injuring my wrists; it would really prevent me from working … I get small scratches here and there, but I can’t risk getting more than that. I am self-employed … I don’t try tricks that I can’t do. These days, I always put my protective gear. Before I didn’t. It took a mild head concussion to wake me up on this issue (laugh)… I was going down the street like crazy, and two women walked right in front of me, and I fell on the pavement … I was stunned for a moment, I couldn’t see straight. After that event I said to myself ‘perhaps it not a crazy idea to wear helmet after all’. I was so punched-drunk, I was so afraid of having permanent side-effects, so I said to myself: ‘never again’. Nowadays, even when I do easy stuff, or I just go out for an easy ride, I’ll wear my protective gear. (Marie, 30, 13)

I don’t take as many risks as before. I have a job that’s pretty physical. I can’t take the risk of being injured a few weeks. I live alone and I’m really proud of being self-sufficient … Now I appreciate other types of skating, I’ll let myself cruise instead of trying to do all kinds of jumps. (Amy, 24, 8)

Social capital

In addition to having implications for physical capital and injuries, sporting facilities can also serve as a health-resource by providing the opportunity to acquire social capital (Baum & Palmer, 2002). In Bourdieu’s sociology, this concept is understood as a resource and a resource-generator acquired through durable social networks (Bourdieu, 1986). As health-enhancing environments, skateparks enable youth to benefit from social participation and to create relationships which otherwise might not have been possible through other sports or street skateboarding. In this sense, skateparks are generally conducive to social cohesion, social interaction and informal coaching/learning, while their limited number encourages the cohabitation of youth from various socio-cultural horizons (age, social class and place of residence). In other words, they
provide what McIntyre & Ellaway (2000) have identified as opportunity structures, which refer to ‘features of the physical and social environment which may promote health … through the possibilities they provide for people to live healthy lives’ (p. 343).

Our results show that the age of the skater was a good indicator of the specific benefits he/she obtained from these social networks. For the younger groups, various skatepark activities (in the form of graffiti art courses, local skateboarding competitions and training sessions) created a sense of belonging and enabled younger skaters to develop friendships. These groups also benefited from the coaching skills and prevention techniques provided by experienced skaters; skaters mentioned advice they had given or received with regard to ‘recognising one’s limits’, ‘not underestimating difficult jumps’ or ‘mastering basic skills before attempting difficult jumps’. The younger skaters also benefited from the encouragement and advice on life issues provided by the older skaters and park supervisors with whom they rubbed shoulders. Some experienced skaters such as Snag felt that it was his responsibility to offer advice to younger skaters:

I noticed kids tell me a lot of things. I am older, so I think they can speak to me without feeling judged … They don’t always tell me serious stuff, but sometimes they do. Taboo questions like ‘what should I do, my sister’s getting beat up by her boyfriend’. (Snag, 24, 8)

Furthermore, through discussions on the safety of parks, the young skaters mentioned the sense of security provided by older skaters and park staff when present. Max and Steve’s interviews testified to altercations with other youth groups and various forms of bullying, intimidation and forms of extortion (taxing) that occasionally occurred in parks situated in the downtown area:

My friends from the skatepark tell me to go get them if there’s a problem … One time, it wasn’t a big thing, but some guys took my board and started to call me names. My friends said ‘Hey guys he’s half your size!’, then they stopped. People bug me sometimes because I’m short. (Max, 12, 3)

I have been hassled in skateparks before; it wasn’t anything serious, just words you know. Now, it’s much better because there are park supervisors that are around. It’s much quieter like that. I feel better. They’re real cool people. (Steve, 16, 2)

The connections between social capital and place are diverse and have made an important contribution to the knowledge of public health (Klinenberg, 2003), showing that social capital provides protective social integration against negative life events (e.g. Brown & Harris, 1978; Turner, 2004). This aspect was especially noticeable amongst the older female skaters, where the benefits of social capital were explicitly manifested through social and psychological support. The friendships developed provided support, care and material goods which created a safety net during periods of hardship: ‘Recently my father kicked me out of my home. So, it’s my skate-friend who is going to take me until I get a new place’ (Annie, 21, 4). Geneviève’s quote also expresses the benefits of social capital that had been cultivated in parks:

I had depression and didn’t go skating anymore. The girls were wondering why I wasn’t at the park anymore. So I told them what was going on, and we spoke a lot about it. Some skaters gave me a few tips, and one of them actually had had depression before. So I especially talked to her about my problems. She really helped me out. She actually still helps me from time to time. There’s a really nice complicity between us girls … we can
talk in confidence and we care about each other … with the guys to I have to say. My best friend actually died this year, and the gang decided to post a ‘get well’ message on our internet site [a specific internet site for women skateboarders]. Its’ small things like that that make you feel really good. That was a nice surprise! It’s nice to know that people are thinking about you. (Geneviève, 19, 5)

Conclusion

The promotion of lifestyle sports can be perceived as a fruitful strategy for increasing the level of active leisure involvement amongst youth. However, in the last decades, the public health warnings regarding their high rates of injuries have hindered their development, particularly in the case of skateboarding. Up to now, epidemiological knowledge has provided valuable information on skateboarding injuries; yet, other forms of knowledge are needed, and more specific data is required on the place and conditions prior to injuries, and on the more global health benefits of skateboarding, before more effective health promotion policies can be established. Therefore, to fill these gaps, this study has focused specifically on direct observations and drawn on sociological methods. By adopting these points of view, it challenges the assumption that skateboarding is an ‘injury-prone’ activity and by showing some of its potential health benefits.

As could be predicted, the results suggest that skateparks provide more safety than lesser regulated environments. On-site observations showed that 31 injuries occurred in 11 skateparks over 35 days; of these, only 4 required medical attention. These numbers are considerably less than those provided by previous studies which did not discriminate between types of skateboarding environments. Both the characteristics of skateparks (i.e. safe structures, heightened control over practice and increased supervision) and the preventive attitudes of skaters could explain these low occurrences.

The idea that skateparks should be viewed as a health-resource is a key contribution of this study. As expressed through the concept of ‘opportunity structures’ (McIntyre & Ellaway, 2000), these spaces provide various social, psychological and physical resources that shape preventive attitudes and secure safe and supportive environments. Hence, drawing on Wacquant’s (2004) Bourdieusian study of boxers, there is a parallel to be drawn between the social function of boxing gyms, and the function of skateparks because both spaces connect health, injury prevention and the means of gaining physical and social capital.

In the same line of thought, these results concur with previous adaptations of Bourdieu’s theory to age groups (e.g. Dumas & Turner, 2006; Edmunds & Turner 2002; Laberge, 2003). They support the idea that the distinctive living conditions of age groups fashion a distinctive habitus, and that the value of forms of capital changes during one’s life. The interviews, for example, showed how one’s relations to health and injury change according to one’s age (between young teenager and young adult). More research on these connections between capital and age is needed if actors in the field of health are to tailor their intervention towards youth, especially with regard to unregulated environments that show higher risk of injuries. Laberge (2003) displays this point quite well in an earlier study:

Health appears to be secondary in adolescent’s scale of values, possibly because they haven’t yet experienced physical degeneration … It appears to be an abstract concept for them and the issues concerning the ‘present’ prove to be more important than the ‘hypothesis of the future’ … Hence, we should not be surprised by the inefficiency of youth programs aiming to promote physical activity which are centered on health. (p. 77)
This conclusion is in agreement with the UK national sport policy (Tomlinson et al., 2005), which supports efforts to include lifestyle sports in future health promotion endeavours. By coupling data on injury rates with the perspective of skaters on their sport, we strongly believe that skateparks can be favourable spaces for attracting youth to safe and active lifestyles. But the optimisation of healthy outcomes in these spaces faces some challenges. The first consists of increasing skatepark attendance without increasing injuries. It was clear that some structures attracted skaters more than others, and although none of them had generated a significantly higher number of injuries, others may involve more risks. Furthermore, skatepark administrators should be cautious about the designs and aging of structures because many interviewees pointed out that the sharp edges, slippery slides and weak structures are potentially dangerous. Another challenge is sensitising young skaters to health and injury prevention because of the unapparent concerns for health issues in the culture of skateboarding. Since sports are powerful symbols in society more research is needed on the types of discourses that will bring skaters to adopt more injury prevention measures, especially outside skateparks. Hence, this study should be complemented with additional research on other skateboarding context. Previous studies have shown how risk taking can be an intricate part of some sport cultures and how injuries can be sources of symbolic capital (Pike & Maguire, 2003; Roderick, 2006). These issues raise the need for further thought on the limitations, appropriateness and alternative methods in injury prevention while participating in lifestyle sport.

This study holds certain limitations that should be mentioned. First, caution should be exercised in the generalisation of these results to other skateparks. The variations in the design and height of structures may alter the level of risk of injury. All skateparks in this study are public property and require minimal standards of safety, whereas private or self-made skateparks might represent higher risks. Second, the qualitative data in this paper focused on strong trends in the interviews, which might have overshadowed minority discourses. For instance, security issues that could affect young women or minority ethnic groups did not appear in the interviews. The female skaters were largely underrepresented in the skateparks of this study (98% of the 422 skaters observed in skateparks were males). This observation tends to confirm previous research that show that female skaters can feel excluded from these environments (Pomerantz, Currie, & Kelly, 2004; Porter, 2003). With respect to the health benefits gained from social capital, future research should aim to capture the experiences of those excluded from skateparks in order to understand the social factors that hinder their participation. A larger and more heterogeneous sample may have provided additional information, and should be the object of future studies.

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Notes
1. Because the body is a central feature in his theory, he refers to one’s ‘relation to the body’ to express the ways of treating the body, caring for it, feeding it and maintaining it (Bourdieu, 1984).
2. In order to avoid any mechanistic reading of the influence of specific variables, his notion of social classes refers to any conditions of existence shared by members of a social group which engender a relatively homogeneous vision-of-the-world (Bourdieu, 1984).

3. We deliberately selected the interviewees in order to have a heterogeneous group of participants. Thus, the sample was not representative of the 422 skaters observed in the quantitative part of the study.

4. All quotes were translated from French to English and are represented by a pseudonym, age of the participant and the years of skateboarding of experience.

5. Bourdieu (1986) defines social capital as ‘the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance and recognition or – in other words, to membership in a group (p. 248).

6. Note that the supervised skateparks which provided various activities had clearly higher attendance than those who were not supervised.

7. Translation by the author.

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References


