



## INJURY BULLETIN

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## Intentional Injuries

### Summary

- In 1997 1045 intentional injuries were collected by QISU
- Intentional injuries made up 4.4% of all injuries reported to QISU in 1997
- Of all intentional injuries 25% were reported as self inflicted.

### Of the self inflicted injuries -

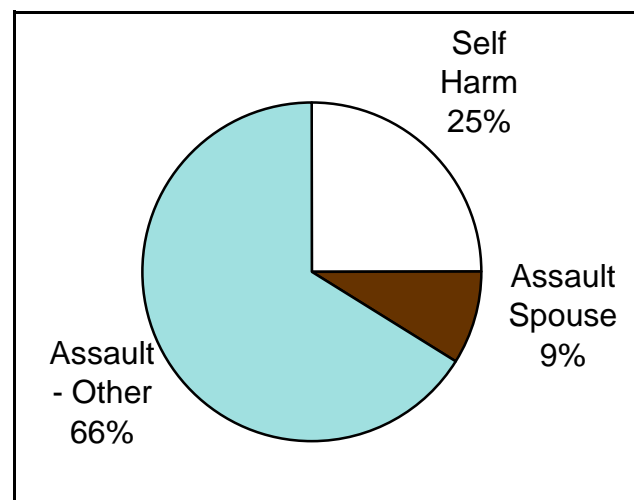
- 43% were from poisoning by drug or medicine and 20% by cutting or piercing
- 54% were female
- 59% were aged between 15 and 34 years.

### Of the assault injuries -

- 76% were male
- 45% were aged between 15 and 24 years
- Female assault victims were older than males (median age 27 years versus 24 years for males)
- 40% of assaults on females were by a spouse or partner
- 85% resulted from being struck by an object or person

- 50% of injuries were to the head or face
- Most assaults occurred between Friday and Sunday (61%) and between the hours of 8pm and 2am (51%)
- The main types of injuries were open wounds (31%), fractures (14%) and superficial injuries (10%).

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**Figure 1** Intentional injuries, 1997  
(QISU Emergency Department presentations)



## Introduction

During 1997 the Queensland Injury Surveillance Unit collected information on 1045 injuries presenting at emergency departments where the injury was reported as being intentional (including self inflicted injuries). This comprised 4.4% of all injuries reported in that year. Of all intentional injuries 25% were reported as resulting from possible or stated self harm with the majority of the others resulting from alleged assault (Figure 1).

These figures are consistent with those reported in the United States where it is estimated that 3.6% of all injury related emergency department visits are related to

interpersonal violence<sup>1</sup>

## Self inflicted Injuries

Female victims made up more than half of self inflicted injuries and had a median age five years older than male victims (Table 1). Most self inflicted injuries were the result of poisoning by drug or medicine (43%) and cutting or piercing (20%) (Figure 2).

Although, in the majority of the cases of self inflicted injury the description of the circumstances is consistent with suicide or

Self Inflicted			
	Gender		
Age	Male	Female	Total
5-14	8%	7%	20
15-24	39%	33%	93
25-44	39%	43%	107
45-64	12%	11%	30
65+	1%	3%	5
Total			260

**Table 1** Intentional self-harm, by age & gender (QISU Emergency Department presentations, 1997)



intentional self-harm, there is a significant proportion of males particularly, where the injury is the result of striking an object or person usually during an altercation with another person(s). For example, *In night club toilet and hit a glass of beer instead of a person.*

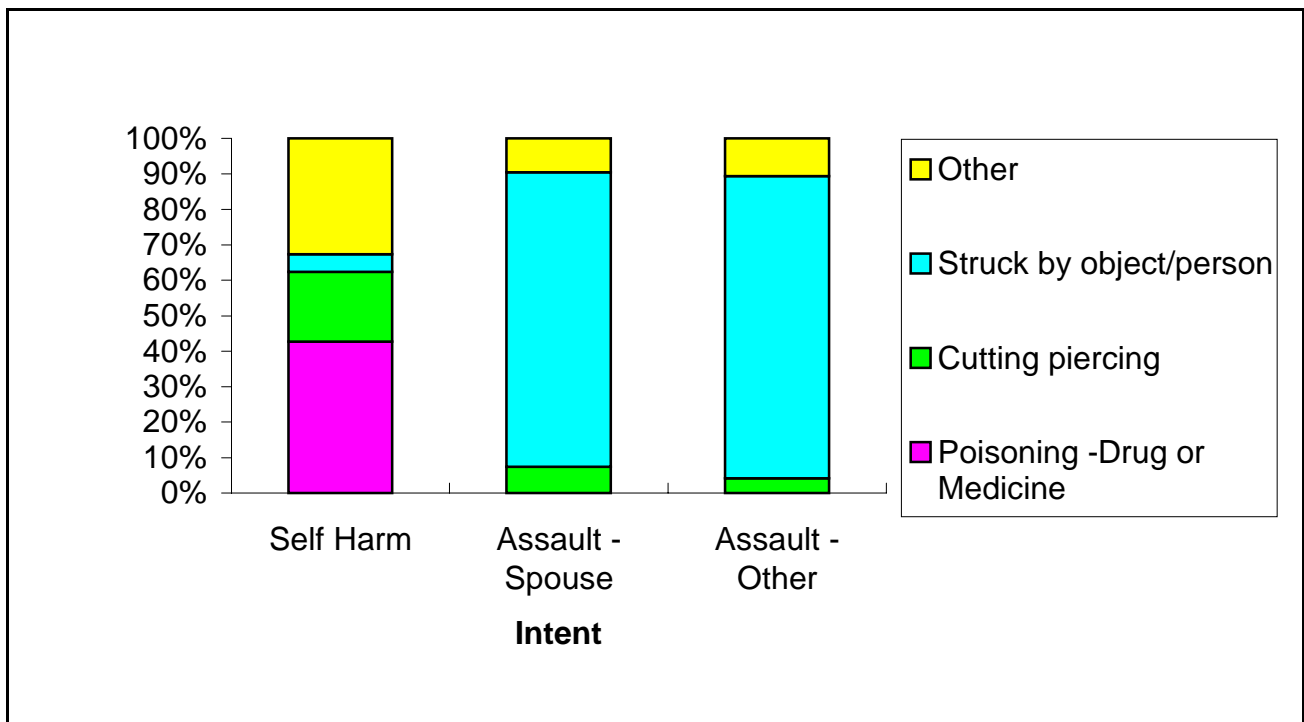
As many of the victims of self inflicted injury will make multiple attempts at suicide the opportunity exists within the emergency department to implement strategies to minimise subsequent, perhaps more *successful*, attempts.

## Assaults

The majority of intentional injuries other than self harm involve young males with 76% of the victims being male and of the male victims 45% aged between 15 and 24 years (Figure 3).

Most injuries were the result of being struck by an object or person (85%) and half involved the head or face. In fact assaults are the most common cause of all facial injuries followed by falls. The most common types of injury were open wounds (31%), fractures (14%) and superficial injuries (10%).

As would be expected assault injuries



**Figure 2** Intentional injuries by external cause (QISU Emergency Department presentations, 1997)

occur more frequently during the weekend (61%) and in the evening and early morning (51%).

Although the relationship between alcohol and interpersonal violence is well established only 5% of assaults mentioned alcohol as a factor. The US study mentioned earlier found 14% of violence-related injuries were alcohol or drug related. It stated this figure represented the lower bounds of the percentage of injuries involving alcohol or drugs<sup>1</sup>. The low percentage reported here is perhaps an indication of the reluctance of emergency department personnel to make an assessment in this area.

The location where the violence related injury was reported to have taken place is related to the gender of the victim. The main location for male victims was on or near roadways or car parks (28%) while females were more often assaulted in or around a private dwelling (22%). Only 5% of male and 3% of female victims were reported to have sustained their injuries while in an entertainment or drinking place, well below the percentage reported from the US study (18% and 9%)<sup>1</sup>. This difference could be due

to the US study reporting such locations as *in or near bars*.

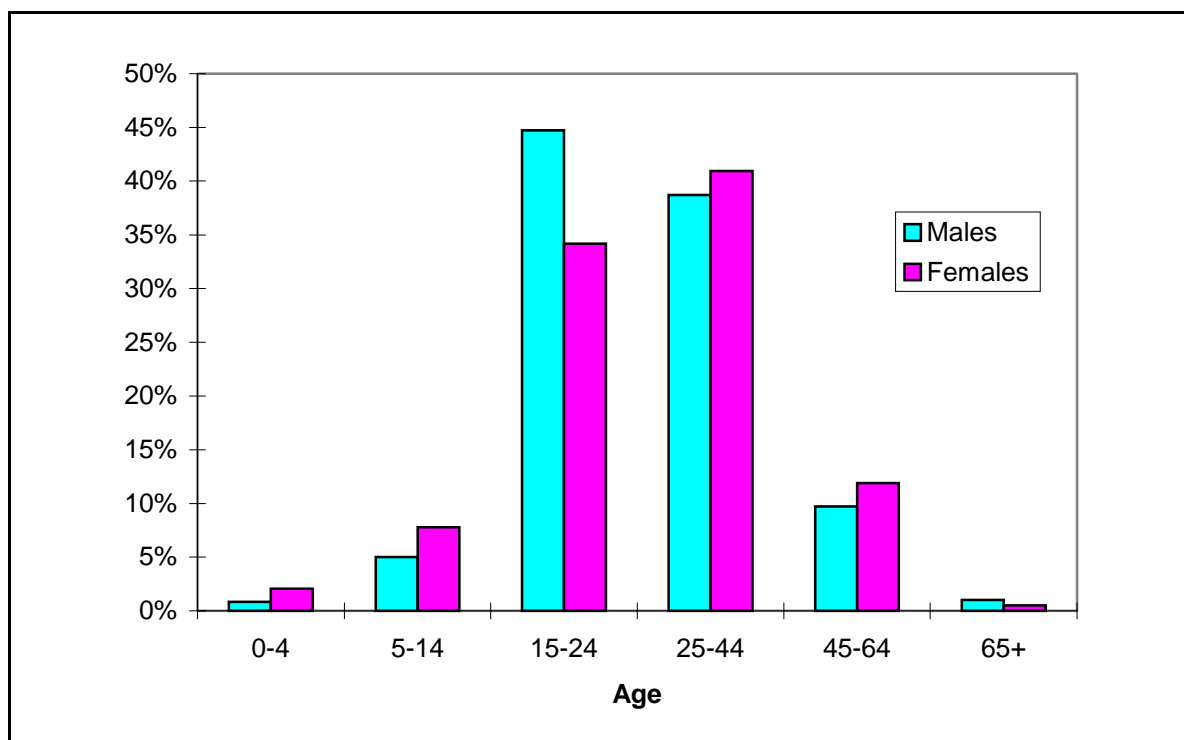
### Domestic Violence

Injuries which were reported or presumed to result from partner abuse made up 12% of all assault injuries in 1997 with 80% of the victims female. As with all assault injuries partner abuse injuries occur more commonly at weekends but an increased proportion is also observed on Wednesdays.

The nature and external cause of injuries from partner abuse is similar to that of all assaults. The partner abuse injuries reported here must be treated with some caution as it has been widely observed that only a small proportion of such injuries are identified by medical personnel.

In a recent study it was found that 12% of women with a current partner who seek care in emergency departments are there because of domestic violence and that it is seldom detected by medical staff<sup>1</sup>. In a Brisbane study 24% of women presenting at an emergency department reported a history of domestic violence<sup>2</sup>.

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**Figure 3** All assaults, by age (QISU Emergency Department presentations, 1997)

Because of the poor identification of cases of partner abuse it is important to develop strategies to better identify them. A validated study of 491 women presenting at an emergency department found that 3 brief directed questions can detect a large number of cases of domestic violence with 14% of visits being identified as being the result of

### Recommendations

- Better assessment and recording of contributory factors to inter personal violence, such as alcohol and drugs, within the emergency department.
- The development of simple screening questions to improve identification of injuries from domestic violence in the emergency department and injury surveillance.

### References

- 1 Rand MR, *Violence-related injuries treated in hospital emergency departments*. Bureau of Justice Statistics Special Report. US Department of Justice. August 1997
- 2 Abbott J, et al. *Domestic violence against women: Incidence and prevalence in an emergency department population*. JAMA. 1995;273(22):1763-1767.
- 3 Roberts GL, et al. *Prevalence study of domestic violence victims in an emergency department*. Ann Emerg Med. 1996;27:747-753.
- 4 Feldus K, et al. Accuracy of 3 brief screening questions for detecting partner violence in the emergency department. JAMA. 1997;277(17):1357-1361

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