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Hospitalised interpersonal violence and perpetrator coding, Australia 2002–05

Sophie Pointer and Renate Kreisfeld



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INJURY RESEARCH AND STATISTICS SERIES NO. 77



Australian Government

**Australian Institute of
Health and Welfare**

*Authoritative information and statistics
to promote better health and wellbeing*

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Australian Institute of Health and Welfare
Canberra

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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ERP	Estimated resident population
ICD-10-AM	International Classification of Diseases, 10th revision, Australian Modification
LOS	Length of stay
NCCH	National Centre for Classification in Health
NHMD	National Hospital Morbidity Database
WHO	World Health Organization

Symbols

n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data
<i>n</i>	number
%	per cent
..	not applicable

Summary

This report describes episodes of hospitalised interpersonal violence which occurred in a 3-year period (2002–03 to 2004–05) that followed the introduction of perpetrator coding in Australia in 2002. The report provides a technical demonstration of the type of analysis that is possible using perpetrator codes.

Over the 3-year period, 60,926 people were hospitalised as a result of interpersonal violence and three-quarters of them were male.

Type of violence

The most commonly reported types of interpersonal violence were *Assault by bodily force*, accounting for just over half of all cases (33,385, 55%), followed by assaults with blunt (8,599, 14%) and sharp (6,968, 11%) objects, *Other maltreatment syndromes* (1,282, 2%) and *Sexual assault by bodily force* (533, 1%). Female victims were hospitalised as a result of maltreatment and sexual assault in greater numbers than male victims; 1,357 and 458 respectively for maltreatment and sexual assault combined.

Perpetrator coding

More than half of all cases (57%) of hospitalised interpersonal violence recorded an *Unspecified person* as the perpetrator in aggregate over the 3-years. More recent data (2009–10) showed a similar proportion of cases (54%) with *Unspecified person*. Overall, this suggests that the high proportion of cases with *Unspecified person* in the first 3 years was not associated with implementation of the data collection. Cases lacking specific information about a perpetrator may have occurred for a number of reasons including information not being reported by or on behalf of victims or information not being recorded in the patient's hospital record. A small proportion of cases recorded a person unknown (8%) or multiple persons unknown (5%) to the victim.

Interpersonal violence against women

Women were most commonly reported as a victim of an *Assault by bodily force* (8,102), followed by *Assault by blunt object* (2,570). Head injuries were prominent regardless of the type of assault (55% for all types of interpersonal violence). Irrespective of the type of assault, female victims were most commonly reported to have been assaulted in the *Home* (35%) and by their *Spouse or domestic partner* (40%).

1 Introduction

The aim of this report is to describe episodes of hospitalised interpersonal violence which occurred in the 3-year period (2002–03 to 2004–05) following the introduction of perpetrator coding in Australia. The report pays particular focus to interpersonal violence against women and older people and to providing a technical demonstration of the type of analysis that is possible using perpetrator codes.

1.1 Definition of violence

The World Health Organization (WHO) has defined violence as:

‘The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation’ (Krug et al. 2002).

The WHO definition captures a broad range of interpersonal violence events and is meant to include the less obvious consequences of violent behaviour such as psychological harm and deprivation. The current report is restricted to injury hospitalisations which occurred as a result of violence.

Interpersonal violence in the context of the current report takes its definition from ICD-10-AM and is defined as the presence of an external cause code from Chapter XX in the range X85–Y09 (*Assault*) or Y35–Y36 (*Legal intervention and operations of war*). (See Table A1 in ‘Appendix A: Data issues’ for a description of inclusions for these categories.) Both physically violent acts and acts of maltreatment which may not have resulted from direct violence are included.

1.2 Introduction of perpetrator codes

Perpetrator codes became available in 2002 with the introduction of the third edition of ICD-10-AM. Prior to 2002, information about the perpetrator of the violence which resulted in hospitalisation of the victim was not routinely collected. Perpetrator codes can only be used when a code from the ICD-10-AM category *Assault* (X85–Y09) is present (see ‘Appendix A: Data issues’). The coding standard does not require perpetrator information to be recorded for cases coded to Y35–Y36 (*Legal intervention and operations of war*).

A coding standard (NCCH 2002b) provides guidance to clinical coders in assigning codes identifying the perpetrator of assault, abuse or neglect. The coding rules in the standard operate on a hierarchical basis with coders required to code the closest relationship between the perpetrator and the victim. The 10 subcategories of perpetrator consist of the following:

- | | |
|-------------------------------|---|
| 1. Spouse or domestic partner | 6. Official authorities |
| 2. Parent | 7. Person unknown to the victim |
| 3. Other family member | 8. Multiple persons unknown to the victim |
| 4. Carer | 9. Other specified person |
| 5. Acquaintance or friend | 10. Unspecified person |

This report examined the use of perpetrator codes in the 3-year period following their introduction to see whether any changes were evident between the years. A 3-year period would have been expected to be long enough for coding to be completely implemented. The proportion of records for which an unspecified perpetrator was coded was also examined for 2009–10.

Any changes seen over this period may reflect implementation issues. Although it could also be the case that high proportions of cases lacking specific information about the perpetrator may occur as a result of information not being reported by or on behalf of victims or information not being recorded in the patient's hospital record.

1.3 Methodology

Interpersonal violence was defined for the purposes of this report as the presence of an external cause code in *Assault* (X85–Y09) or *Legal intervention and operations of war* (Y35–Y36) anywhere in the record of an episode of admitted patient care. Details of the inclusion and exclusion criteria and a list of these codes can be found in 'Appendix A: Data issues'.

2 Interpersonal violence statistics in Australia

Statistics available through national deaths and hospitalisations data and surveys underpin most of what is known about the incidence and prevalence of interpersonal violence in the Australian community. Surveys range from periodical questionnaires to *ad hoc* surveys on particular issues for selected groups (for example, perception of personal safety in women).

Just as not all offences are reported to police, not all hospitalised assault cases will be identified as assaults. This is particularly pertinent for acts of domestic violence or sexual assault, where victims are often reluctant to report an incident to police or identify a perpetrator for hospital records. As a result, both sources of data probably represent an underestimation of the incidence of interpersonal violence.

This section identifies and reviews some of the recent surveys on interpersonal violence in order to provide a context in which to interpret the results of the current report. The review is broken down into two sections: one which deals with information about crime and victims of crime and one which deals with personal safety.

2.1 Victims of crime surveys

A large amount of information about the victims of violent crime can be sourced from the ABS publications, *Recorded crime – victims, Australia* series and the *Monthly population survey – household survey of crime and safety*. The results most relevant to the time period under study are reviewed below.

Recorded crime—victims, Australia

All Australian states and territories collect data on various types of violent acts reported to police. This information is collated and published annually by the ABS through its series *Recorded crime – victims, Australia*. The most recent in the series with respect to the data years analysed in this report, provides information on crimes reported to police during the 2005 calendar year (ABS 2006). The publication reports the following rates for two of the most serious violent offences in Australia: murder, 1.4 victims per 100,000 population and attempted murder, 1.2 per 100,000. For murder and attempted murder, the majority of victims were male (66% and 78% respectively). People between the ages of 25 and 44 made up a substantial proportion of the victims of murder (40%) and attempted murder (52%).

Weapons were used in 63% of murders and 74% of attempted murders. For these offences the weapon used was most commonly a knife. A knife was used in 22% of robberies and 10% of kidnappings or abductions. Firearms were also used in a notable proportion of murders (17%), attempted murders (25%) and robberies (7%).

Murders and attempted murders most commonly occurred within a residential dwelling (61% and 54% respectively). The next most commonly reported location for these offences to have occurred was a street or footpath (13% and 18% respectively). Investigations into the majority of murders and attempted murders resulted in legal proceedings against an offender (61% and 66% respectively).

Household survey of crime and safety

A household survey of crime and safety relevant to the time period covered in this report was undertaken by the ABS between April and July 2005 (ABS 2005). The survey was conducted throughout the country in conjunction with the ABS's *Monthly population survey*. After questions for the *Monthly population survey* had been asked, a questionnaire was sent to respondents to elicit information about their experiences of particular types of crime during the past 12-month period. Information regarding sexual assault was sought from respondents aged 18 and over.

In the 12-months prior to completing the survey, 5% of respondents reported that they had experienced at least one assault, with 52% reporting that they had been assaulted more than once, and 0.3% of respondents aged 18 and over reported having been the victim of at least one sexual assault. Based on population estimates in 2005 this equates to 770,600 victims of assault and 44,100 victims of sexual assault in a 12-month period. When all forms of separate assault were combined, it was estimated that a total of 2,613,400 incidents had occurred in the year prior to the survey.

Young people reported being assaulted more often than older people. For those in the age ranges 15–19 and 20–24, assault rates were 10% and 8% respectively. This compared with rates of 2% for those aged 55–64 and 0.8% for people aged 65 and over.

Assault prevalence rates varied according to a number of factors: those who were unmarried had a higher rate (7%) than did married people (3%); those who were unemployed had a higher rate (9.8%) when compared with employed people (6%); and having been born in Australia was associated with a higher rate (5%) than being born elsewhere (3%).

A large proportion (88%) reported that no weapon had been used in the most recent incident of assault, and 77% reported that they had not been injured in that incident. Overall, most assaults took place in the victim's home (31%). This was more the case for females (42%) than males (22%). Most victims (73%) indicated that there was a single offender.

Only 31% of victims of assault had reported the most recent incident to police. The reasons given for this included that the incident was not sufficiently important (31%) and that the victim believed that the matter was personal and that they would act upon it themselves (23%).

2.2 Personal safety survey

The ABS *Personal safety survey* provides information on people's perception of their safety at home and in the community. It also contains questions which explore the nature and extent of violence against men and women in Australia.

The most recent *Personal safety survey* relevant to the time period covered in this report was conducted in 2005. Approximately 11,900 women and 4,600 men aged 18 and over completed the survey with an overall response rate of 72%. Information was gathered through personal interviews conducted with residents of randomly selected households in all states and territories, including rural areas but excluding *Very remote* locations.

During the year prior to the survey, 6% of women and 11% of men reported that they had been the victim of violence or a threat of violence. These incidents most commonly took the form of physical violence (5% of women and 10% of men). Sexual violence was reported by 2% of women and 0.6% of men.

Violence was more common among younger people; 12% of women and 31% of men aged 18–24 reported being a victim of violence during the previous 12-months. This compared with 7% of women and 9% of men aged 35–44, and 2% of women and 3% of men aged 55 and over.

2.3 Summary

The results of surveys such as those described, along with compilations of police incident reports, suggest that the typical victim of assault is a young male. Female victims, while smaller in number overall than males, are far more likely to be the victims of sexual assault.

3 Hospitalisations due to interpersonal violence

3.1 Overview

Table 3.1 presents key indicators for hospitalised interpersonal violence cases in Australia for the period 2002–03 to 2004–05. Over the 3-year period, 60,926 people were hospitalised as a result of interpersonal violence and 151 people died in hospital. Males accounted for 74% of all separations from hospital due to interpersonal violence. Overall, males were almost 3 times as likely to be hospitalised for an injury resulting from an episode of interpersonal violence than females. The male to female ratio based on age-standardised rates was 2.8:1.

Table 3.1: Key indicators for hospitalised interpersonal violence cases, Australia, 2002–03 to 2004–05

Indicator	Males	Females	Persons
Estimated number of community injury separations from hospital due to interpersonal violence ^(a) ^(b)	44,832	16,093	60,926
Crude rate/100,000 population	151.4	53.7	102.2
Age-standardised rate/100,000 population	150.6	54.6	102.9
Mean length of stay (days) ^(c)	2.3	2.4	2.4
Total patient days	105,225	38,894	144,120

(a) Sex was not reported in 1 case.

(b) Omits inward transfers from acute care hospitals.

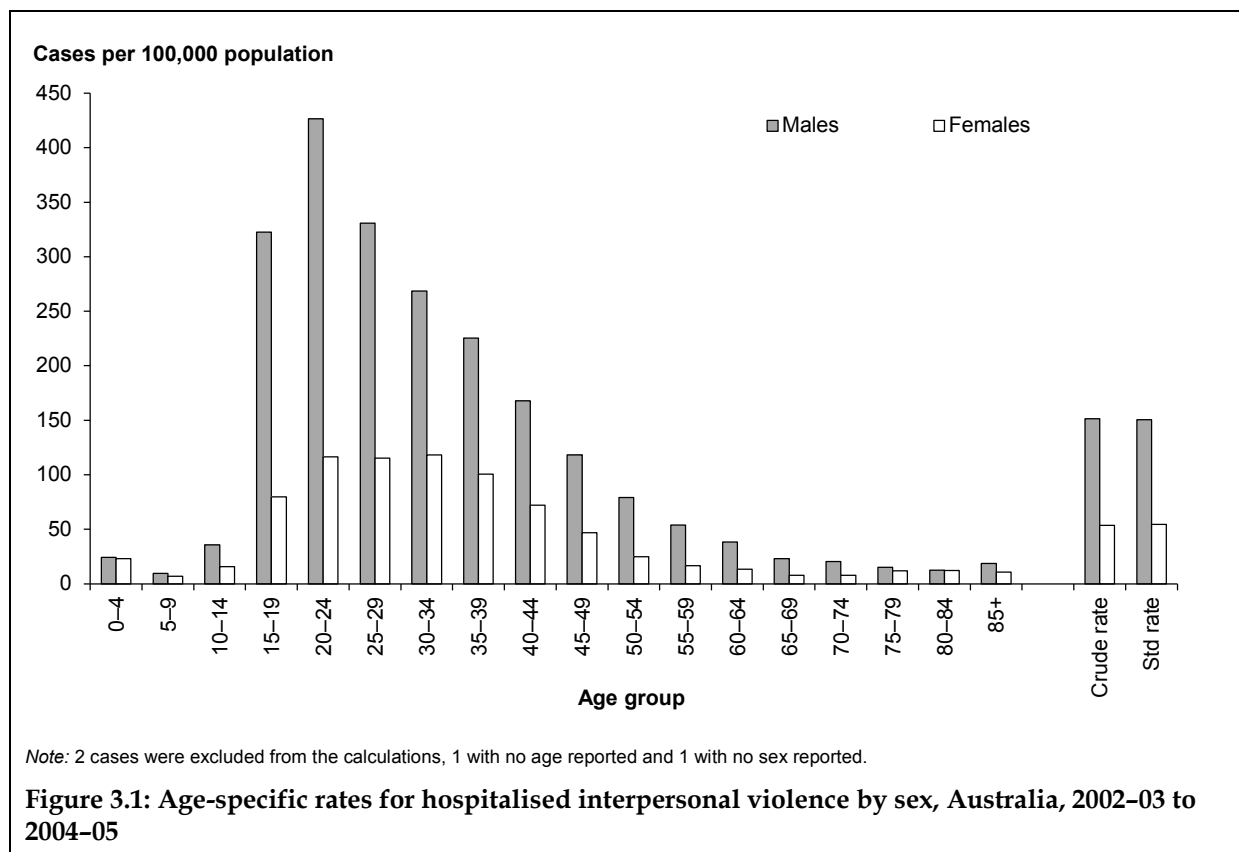
(c) Includes records with a mode of admission of 'transfer from another acute care hospital' as contributing to hospital burden due to injury.

Length of stay (LOS) is calculated from the number of full and partial days a patient was in hospital to give an aggregate. Readmissions, transfers and newly admitted cases are included in the calculation of LOS. One patient day is counted for same-day patients (admitted and discharged from hospital on the same-day). There were a total of 64,657 records included in the calculation of length of stay, 3,731 of which were cases of inward transfer. The mean length of stay for episodes of hospitalised interpersonal violence was 2.4 days. Females (2.4 days) had a similar average length of stay compared with males (2.3 days). In the 3-year period, episodes of hospitalised interpersonal violence accounted for 144,120 patient days.

3.2 Age and sex distribution

The highest age-specific rates for hospitalised interpersonal violence cases were 20–24 in males and 30–34 in females (Figure 3.1).

Rates for males were higher than for females in all age groups (Figure 3.1). The greatest differences between the sexes occurred in the 15–29 age range where the male to female rate ratio was about 4. Differences between males and females were less pronounced in the youngest and oldest age groups.



In the 3-year period, there were over 30,000 cases of persons aged 25-44 hospitalised for injuries sustained as a result of interpersonal violence (Table 3.2). Trends across age categories were the same for males and females, with the least number of episodes in the youngest and oldest age ranges.

Table 3.2: Hospitalised interpersonal violence injury cases by age group, Australia, 2002–03 to 2004–05

Age group	Males		Females		Persons	
	Number	Per cent	Number	Per cent	Number	Per cent
0–14	1,427	3.2	882	5.5	2,309	3.8
15–24 ^(a)	15,665	34.9	3,920	24.4	19,586	32.1
25–44	21,615	48.2	8,939	55.5	30,554	50.2
45–64	5,477	12.2	1,939	12.0	7,416	12.2
65+	647	1.4	413	2.6	1,060	1.7
Total^(b)	44,831	100	16,093	100	60,925	100

(a) Persons includes 1 case with missing sex.

(b) Total includes 1 case with no age reported.

3.3 Type of hospitalised interpersonal violence

The number of cases of each type of hospitalised interpersonal violence covered in this report are presented in Table 3.3. Cases where the first reported external cause code was not an interpersonal violence code have been included in the table. Ten of these cases had more than one interpersonal violence external cause code and, in this report, the first recorded interpersonal violence code was used.

Of all the records, 12% of cases were unable to be coded to a specific type of interpersonal violence, while a further 2% were coded to assault by other specified means. The most commonly reported type of interpersonal violence episode was *Assault by bodily force* and the least was *Assault by drowning and submersion* and *Operations of war*, representing less than 0.1% of cases each.

There were more male victims of hospitalised interpersonal violence than female victims for the majority of categories. Exceptions include *Assault by drugs, medicaments and biological substances*, *Assault by hanging, strangulation and suffocation*, *Sexual assault by bodily force*, and *Other maltreatment syndromes*. Males and females were evenly distributed for cases of *Neglect and abandonment*.

Table 3.3: External cause of hospitalised interpersonal violence injury cases, Australia, 2002–03 to 2004–05

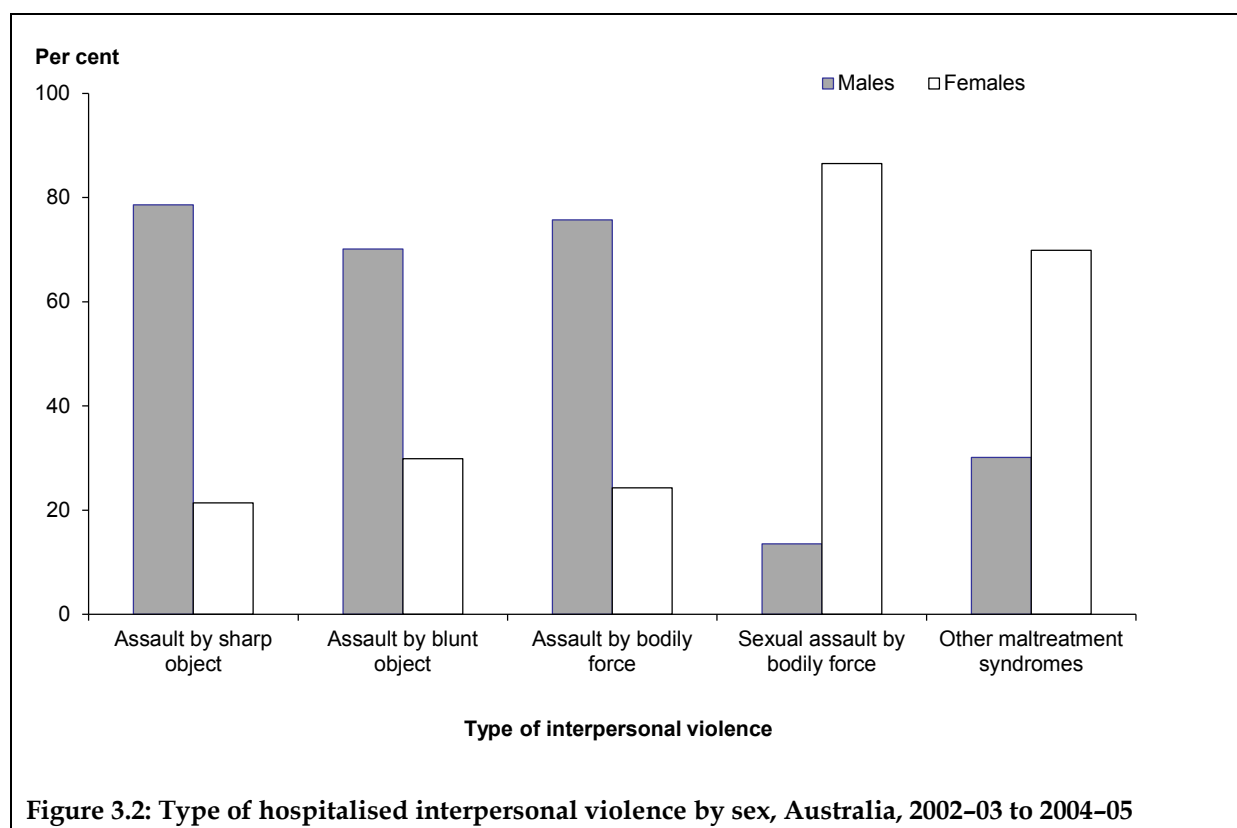
ICD-10-AM Code	External cause	Males		Females		Persons	
		Number	Per cent	Number	Per cent	Number	Per cent
X85	Assault by drugs, medicaments and biological substances	55	0.1	96	0.6	151	0.2
X86–X90	Assault by corrosive substances, pesticides, gases and vapours, other specified or unspecified chemicals and noxious substances	34	0.1	26	0.2	60	0.1
X91	Assault by hanging, strangulation and suffocation	29	0.1	62	0.4	91	0.1
X92	Assault by drowning and submersion	n.p.	n.p.	n.p.	n.p.	6	0.0
X93	Assault by handgun discharge	n.p.	n.p.	n.p.	n.p.	107	0.2
X95	Assault by other and unspecified firearm discharge	172	0.4	25	0.2	197	0.3
X96	Assault by explosive material	70	0.2	50	0.3	120	0.2
X97	Assault by smoke, fire and flames	54	0.1	39	0.2	93	0.2
X98	Assault by steam, hot vapours and hot objects	52	0.1	33	0.2	85	0.1
X99	Assault by sharp object ^(a)	5,476	12.2	1,491	9.3	6,968	11.4
Y00	Assault by blunt object	6,029	13.4	2,570	16.0	8,599	14.1
Y01	Assault by pushing from a high place	47	0.1	38	0.2	85	0.1
Y02	Assault by pushing or placing victim before moving object	23	0.1	8	0.0	31	0.1
Y03	Assault by crashing of motor vehicle	49	0.1	13	0.1	62	0.1
Y04	Assault by bodily force	25,283	56.4	8,102	50.3	33,385	54.8
Y05	Sexual assault by bodily force	72	0.2	461	2.9	533	0.9
Y06	Neglect and abandonment	121	0.3	123	0.8	244	0.4
Y07	Other maltreatment syndromes	386	0.9	896	5.6	1,282	2.1
Y08	Assault by other specified means	789	1.8	388	2.4	1,177	1.9
Y09	Assault by unspecified means	5,857	13.1	1,652	10.3	7,509	12.3
Y35	Legal intervention	120	0.3	15	0.1	135	0.2
Y36	Operations of war	6	0.0	0	0.0	6	0.0
	Total^(a)	44,832	100	16,093	100	60,926	100

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

(a) Sex was not reported in 1 case.

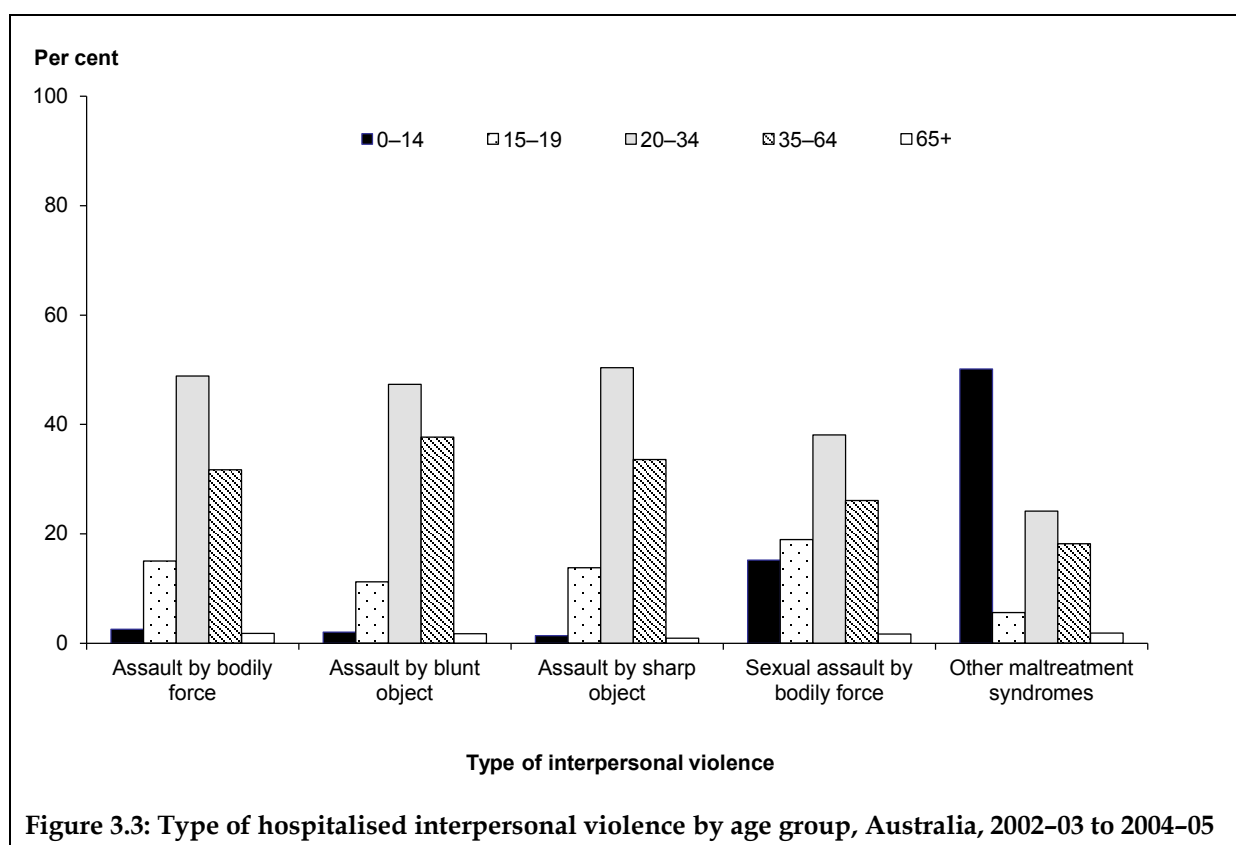
The 5 most frequent types of hospitalised interpersonal violence examined in more detail in this report, are: *Assault by bodily force* (55%), *Assault by blunt object* (14%), *Assault by sharp object* (11%), *Other maltreatment syndromes* (2%) and *Sexual assault by bodily force* (1%). The category *Other maltreatment syndromes* includes cases of mental cruelty, physical abuse, sexual abuse and torture.

Male victims of hospitalised interpersonal violence outnumbered females in 3 of the 5 categories (Figure 3.2). The greatest difference between males and females was in the category of *Sexual assault by bodily force*, where women outnumbered men 6 to 1.



The category of *Assault by sharp object* can be further broken down into 6 discrete categories: *Assault by knife* (X99.0), *Assault by razor blade* (X99.1), *Assault by hypodermic needle and syringe* (X99.2), *Assault by glass* (X99.3), *Assault by other specified sharp object* (X99.8), and *Assault by sharp object, unspecified* (X99.9). The majority of *Assault by sharp object* episodes occurred as a result of *Assault by knife* (52%). The next most frequent category was *Assault by glass* (22%).

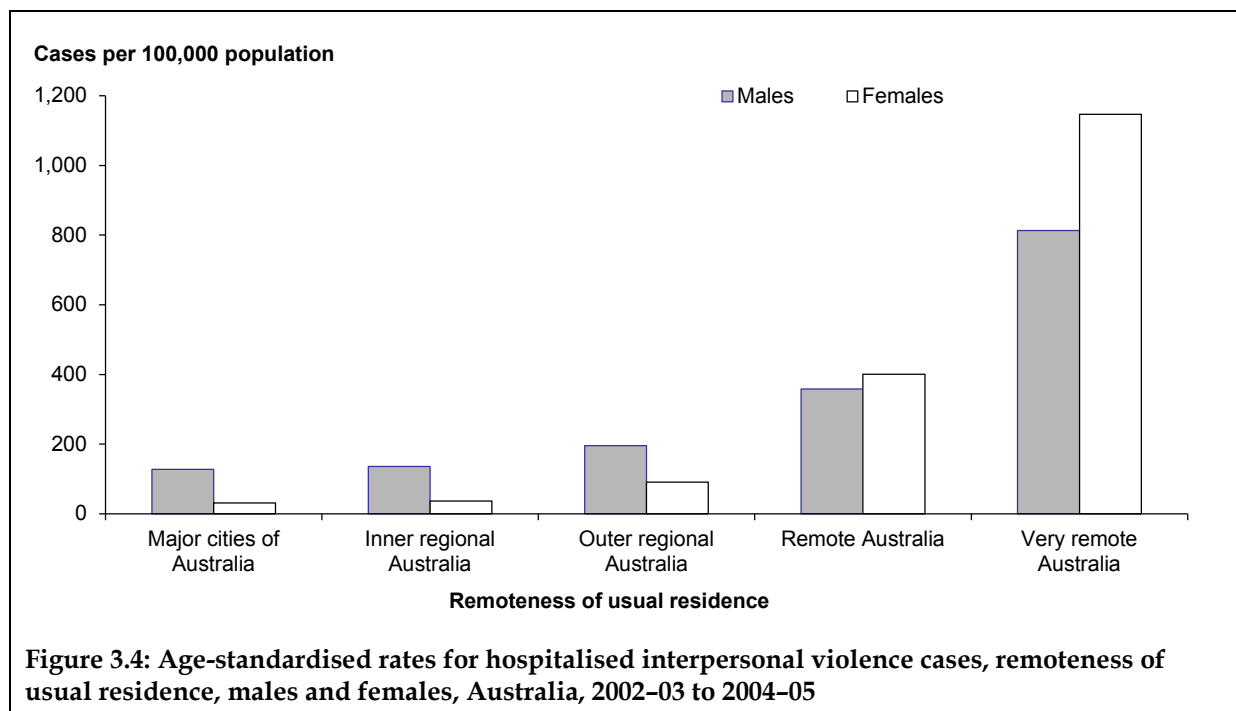
An analysis of type of hospitalised interpersonal violence by age category reveals similarities in the three most commonly reported assault types and differences in the other two (Figure 3.3). The majority of hospitalised interpersonal violence episodes by sharp objects, blunt objects and bodily force occurred between the ages of 20–64. In contrast, the majority of *Other maltreatment syndromes* episodes occurred in children 0–14. While sexual assaults occur predominantly in the 20–64 age range, there are a substantial minority of cases occurring in the 0–19 age range.



3.4 Remoteness of usual residence

The rate of interpersonal violence cases requiring hospitalisation increased according to the remoteness of the person's place of usual residence. Residents of the *Major cities* of Australia had the lowest rate of hospitalised interpersonal violence (79.7 cases per 100,000 population) while the highest rate was observed for residents of the *Very remote* regions of Australia (968.6 cases per 100,000 population). The age-standardised rates of hospitalised interpersonal violence cases were significantly higher for males than for females in all but the *Remote* and *Very remote* regions (Figure 3.4). In the *Remote* and *Very remote* regions, females had significantly higher rates of hospitalised interpersonal violence cases than males, with the biggest difference occurring in *Very remote* Australia.

Previous work has shown that Aboriginal and Torres Strait Islander people comprise larger proportions of the population in the more remote parts of Australia, and that rates of hospitalised injury due to assault rise sharply with remoteness of place of residence for Indigenous Australians (Helps & Harrison 2006). Rates in remote zones were especially high for Aboriginal and Torres Strait Islander women and less so for the remainder of the population. These findings, based on data for Western Australia, South Australia, Queensland and the Northern Territory, suggest that the rates for residents of remote regions shown in Figure 3.4 are influenced by high rates for Aboriginal and Torres Strait Islander people living in these regions.



The frequency of the types of hospitalised interpersonal violence experienced by remoteness of usual residence showed some difference according to region (Table 3.4). *Assault by bodily force* was the most commonly reported type of assault regardless of region. Some differences were evident for *Assault by blunt object* by region with higher proportions in *Remote* and *Very remote* regions.

Table 3.4: Remoteness of usual residence of hospitalised interpersonal violence by assault type^(a), Australia, 2002-03 to 2004-05

	Major cities		Inner regional		Outer regional		Remote		Very remote	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Assault by sharp object	3,791	14.2	830	10.1	753	10.8	537	17.8	919	19.2
Assault by blunt object	4,113	15.4	996	12.1	1,021	14.6	733	24.3	1,567	32.7
Assault by bodily force	18,003	67.2	6,080	74.1	4,942	70.8	1,625	54.0	2,077	43.3
Sexual assault by bodily force	287	1.1	69	0.8	78	1.1	41	1.4	47	1.0
Other maltreatment syndromes	583	2.2	235	2.9	187	2.7	75	2.5	182	3.8
Total^(b)	26,777	100	8,210	100	6,981	100	3,011	100	4,792	100

(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

(b) Excludes 982 cases with no region of residence information.

3.5 Nature of injury

Analysis of the principal body region injured in this report is restricted to cases where the first external cause code was for interpersonal violence. Information about the body region injured is often tied to the Principal diagnosis assigned to the episode which is, in turn, related to the first external cause code. For cases with a first external cause code which is not an interpersonal violence code, information about the body region injured would not necessarily be related to the violent episode.

Prior to examining the principal body region injured by type of interpersonal violence, mention needs to be made of the difficulties of ascribing a body region to cases included in *Other maltreatment syndromes* and *Sexual assault by bodily force*. A large proportion of these cases have principal diagnoses which do not contain information about the body region injured. The main reason for this is that both categories have a large proportion of cases with a Principal diagnosis of *Other maltreatment syndromes* (T74) which conveys no information about the body region injured. For *Sexual assault by bodily force* cases, 45% ($n = 214$) had a Principal diagnosis of *Other maltreatment syndromes* and, for *Other maltreatment syndromes* cases, 35% ($n = 411$) of cases had the same Principal diagnosis.

The majority of hospital cases due to interpersonal violence involved injuries to the head (Table 3.5). More male victims received head injuries than female victims.

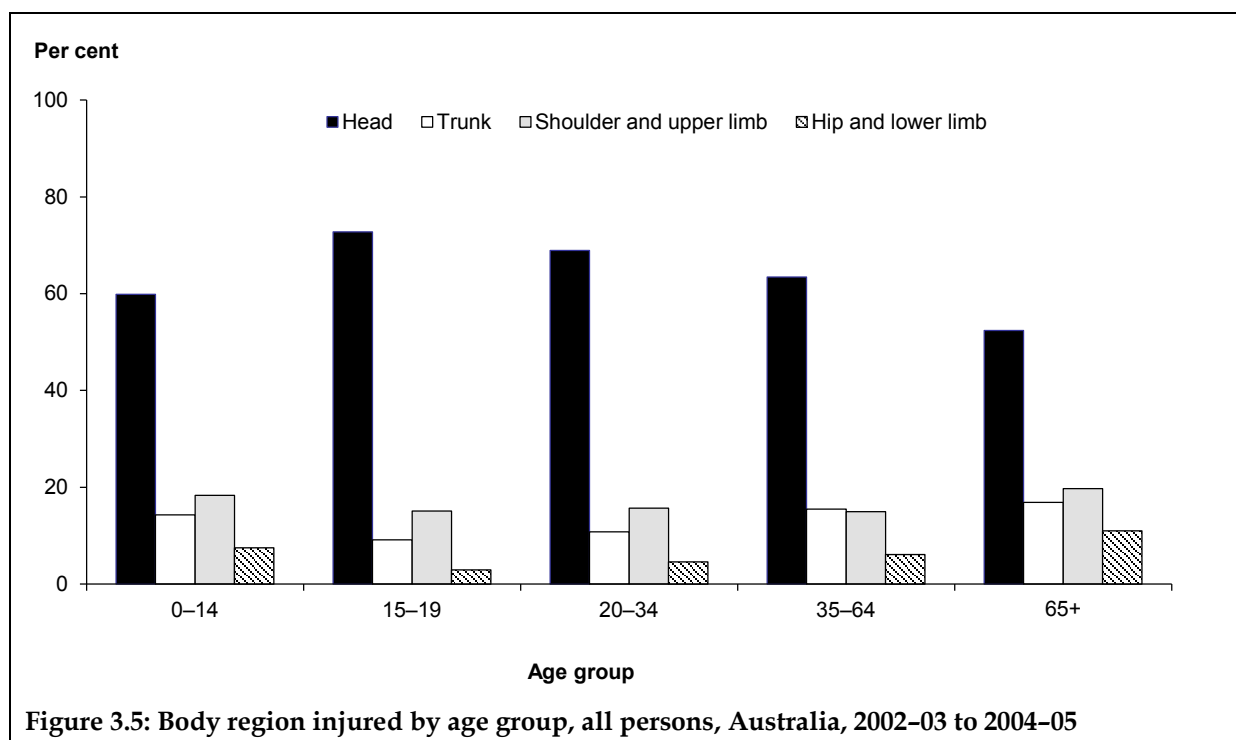
Table 3.5: Principal diagnosis by body region for assault cases, Australia, 2002–03 to 2004–05

Principal diagnosis by body region	Males		Females		Persons	
	Number	Per cent	Number	Per cent	Number	Per cent
Head	30,146	68.1	8,579	54.7	38,725	64.6
Trunk (neck, thorax, abdomen, lower back, lumbar spine and pelvis)	4,778	10.8	2,344	15.0	7,122	11.9
Shoulder and upper limb	6,468	14.6	2,498	15.9	8,967	15.0
Hip and lower limb	1,944	4.4	981	6.3	2,925	4.9
Other injuries not specified by body region	917	2.1	1,270	8.1	2,187	3.6
All body regions^{(a) (b)}	44,253	100	15,672	100	59,926	100

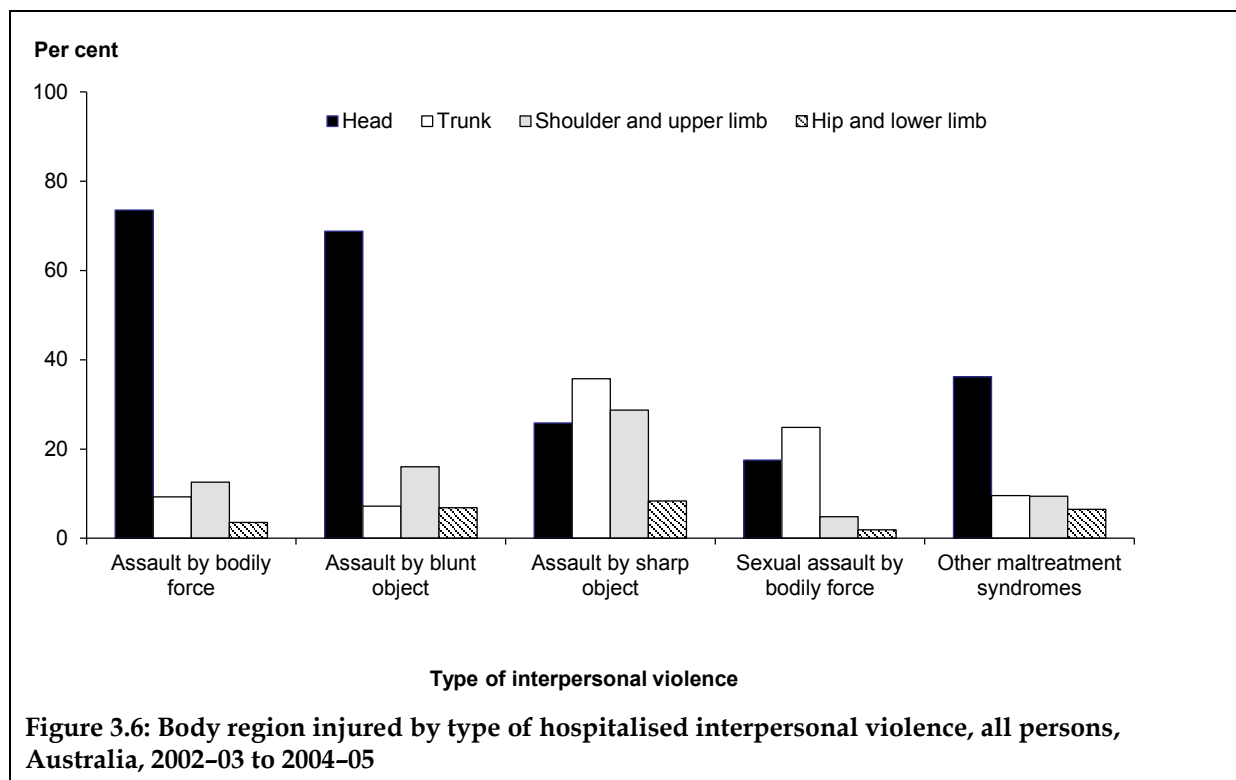
(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

(b) Persons includes 1 case with sex missing.

When principal body region injured is examined by age group, very little difference is seen (Figure 3.5). Across all age ranges head injuries predominate, followed by shoulder and upper limb injuries, injuries to the trunk and hip and lower limb injuries. The highest proportion of head injuries occurred among those aged 15–19.



The distribution of principal body region injured by interpersonal violence type shows a different pattern to that by age group (Figure 3.6). The profiles of body region injured as a result of an *Assault by blunt object* or *Assault by bodily force* are similar, with head injuries predominating, and this is also true of *Other maltreatment syndromes*, but to a lesser extent. However, the two other categories show different patterns of injured body region. For *Sexual assault by bodily force* and *Assault by sharp object*, the most commonly reported body region injured is the trunk. Head injuries are the second most likely outcome for victims of *Sexual assault by bodily force*, whereas injuries to the shoulder and upper limb are the second most frequent outcome for victims of *Assault by sharp object*.



Information on the type of injury received for the group as a whole is presented in Table 3.6. Overall the most commonly sustained injury as a result of interpersonal violence was a fracture (34%), followed by an open wound (23%). Males (38%) were proportionately more likely to suffer a fracture compared with females (23%) but had the same proportion of open wounds (23% each). Males (11%) were also proportionately more likely to suffer an intracranial injury than females (7%). Superficial injuries were more than twice as common among females (19%) than males (8%).

Table 3.6: Nature of injury for hospitalised interpersonal violence injuries, Australia, 2002–03 to 2004–05

Nature of injury	Males		Females		Persons	
	Number	Per cent	Number	Per cent	Number	Per cent
Superficial (excluding eye)	3,450	7.8	2,896	18.5	6,346	10.6
Open wound (excluding eye) ^(a)	10,150	23.0	3,546	22.7	13,697	22.9
Fracture (excluding tooth)	16,760	37.9	3,559	22.7	20,319	33.9
Dislocation	522	1.2	109	0.7	631	1.1
Sprain/strain	153	0.3	108	0.7	261	0.4
Nerve (including spinal cord; excluding brain)	398	0.9	108	0.7	506	0.8
Blood vessel	350	0.8	77	0.5	427	0.7
Muscle/tendon	843	1.9	217	1.4	1,060	1.8
Crush injury	8	0.0	n.p.	n.p.	9	0.0
Amputation (including partial)	81	0.2	32	0.2	113	0.2
Internal organ	1,434	3.2	395	2.5	1,829	3.1
Burn/corrosion (excluding eye)	144	0.3	102	0.7	246	0.4
Eye injury (excluding foreign body in external eye)	790	1.8	340	2.2	1,130	1.9
Foreign body: external eye	n.p.	n.p.	n.p.	n.p.	7	0.0
Foreign body: respiratory tract	0	0.0	n.p.	n.p.	n.p.	n.p.
Foreign body: alimentary tract	9	0.0	n.p.	n.p.	10	0.0
Foreign body: genito-urinary tract	0	0.0	5	0.0	5	0.0
Intracranial (including concussion)	4,833	10.9	1,017	6.5	5,850	9.8
Dental (including fractured tooth)	95	0.2	25	0.2	120	0.2
Drowning, immersion	n.p.	n.p.	n.p.	0.0	5	0.0
Asphyxia/threat to breathing	11	0.0	19	0.1	30	0.1
Electrical injury	n.p.	n.p.	0	0.0	n.p.	n.p.
Poison/toxic effect (excluding bite)	79	0.2	123	0.8	202	0.3
Other specified nature of injury	821	1.9	999	6.4	1,820	3.0
Unspecified nature of injury	3,226	7.3	1,934	12.4	5,160	8.6
Injuries of more than one nature	51	0.1	27	0.2	78	0.1
Total^{(a) (b)}	44,217	100	15,645	100	59,863	100

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

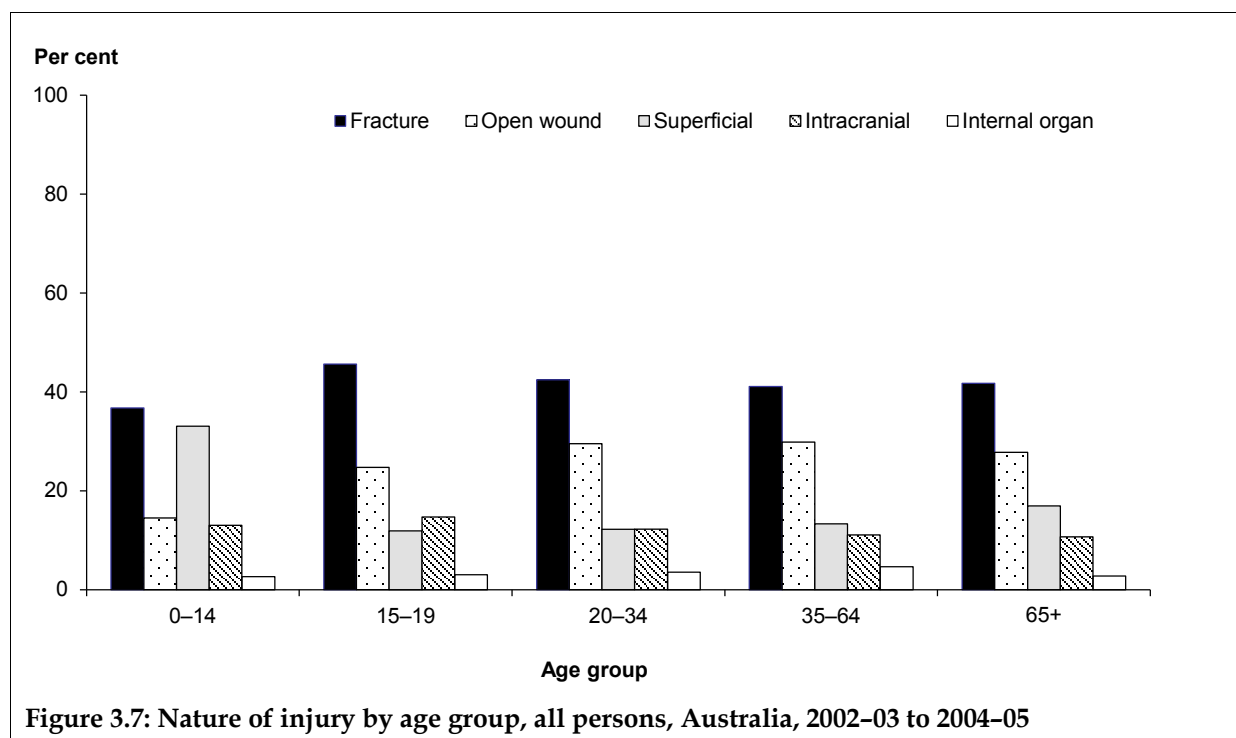
(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

(b) Persons includes 1 case where sex was not specified.

Note: 63 cases had missing information.

An analysis of the nature of the injury sustained (top 5 injury types) by the age of the victim revealed little difference in the most and least frequent type of injury with fractures the most commonly reported and internal organ injuries the least (Figure 3.7). Fractures tended to be proportionately higher among those aged 15–19 and lower for those aged 0–14. Other differences were apparent between the two younger age groups with respect to the proportion of open wounds, superficial wounds and intracranial injuries.

Children aged 0–4 had a much higher proportion of superficial wounds than all other age categories while young people aged 15–19 had the highest proportion of intracranial injuries.



The nature of the injury varied according to the type of interpersonal violence to which the victim was exposed (Figure 3.8). Concentrating on the 5 most commonly reported injury types, a high proportion of open wound injuries (71%) were found for episodes of *Assault by sharp object* as might be expected. *Assault by blunt object* injuries were evenly distributed between fractures (38%) and open wounds (35%). Injuries occurring as a result of *Assault by bodily force* were similarly distributed to *Assault by blunt object* injuries. However there were more fractures (50%) and fewer open wounds (19%).

Injuries associated with *Sexual assault by bodily force* are proportionately more likely to be superficial in nature (35%), closely followed by open wounds (31%). The highest proportion of fractures and internal organ wounds occurred in cases of sexual assault.

For *Other maltreatment syndromes* cases, superficial wounds predominate (45%), followed by fractures (27%). Internal organ injuries occur much less frequently than in the other assault categories, with just 1% of injuries.

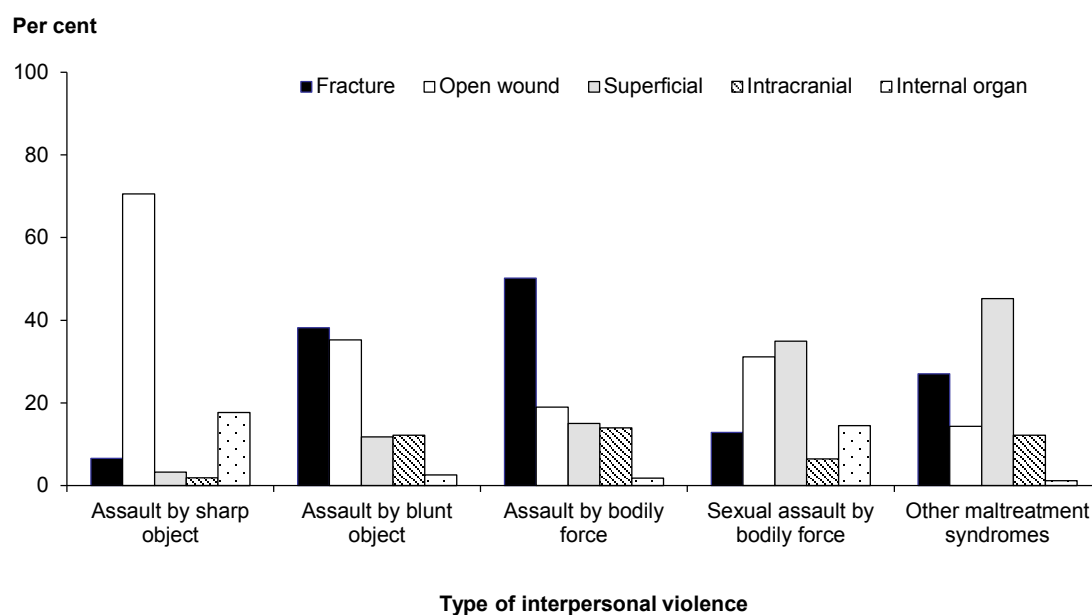
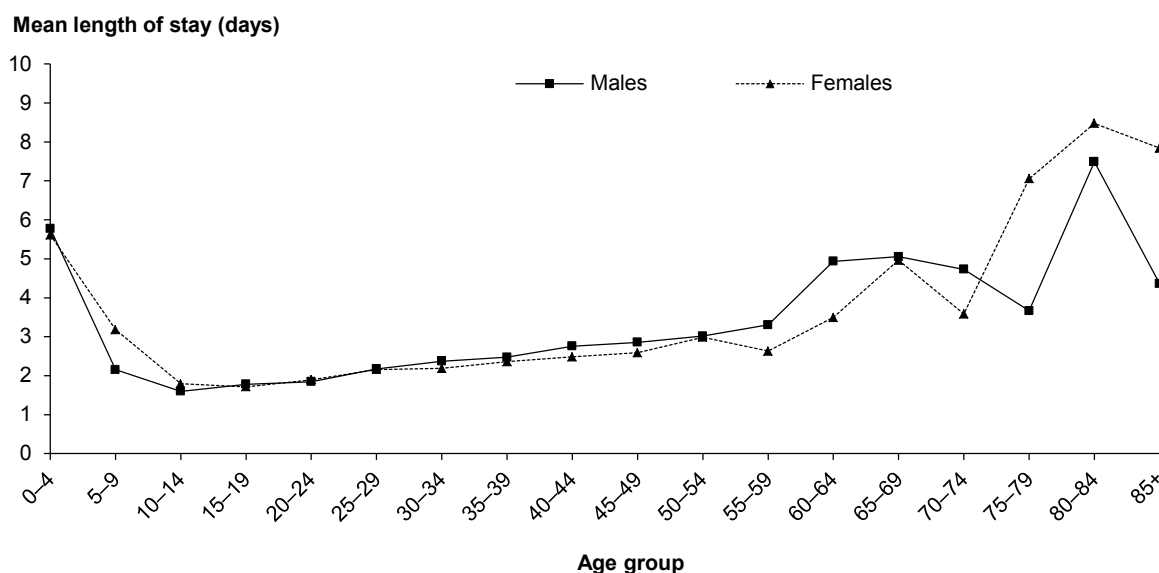


Figure 3.8: Nature of injury by type of hospitalised interpersonal violence, all persons, Australia, 2002-03 to 2004-05

3.6 Length of stay

Male and female victims of hospitalised interpersonal violence showed a similar pattern of length of stay across the age spans (Figure 3.9). Episodes of hospitalised interpersonal violence tended to result in higher lengths of stay for younger and older victims. The longest lengths of stay were associated with persons aged between 80 and 84.



Note: Includes patient days for inward transfers.

Figure 3.9: Length of stay per episode by age and sex, Australia, 2002-03 to 2004-05

With respect to the average length of stay associated with the different types of hospitalised interpersonal violence, *Other maltreatment syndromes* accounted for the longest length of stay for both males and females (Table 3.7).

Table 3.7: Length of stay for selected hospitalised interpersonal violence cases by sex, Australia, 2002–03 to 2004–05

	Males			Females			Persons		
	No.	Total patient days	Mean LOS	No.	Total patient days	Mean LOS	No.	Total patient days	Mean LOS
Assault by sharp object ^(a)	5,435	15,131	2.8	1,486	4,309	2.9	6,922	19,441	2.8
Assault by blunt object	5,971	15,293	2.6	2,543	6,182	2.4	8,514	21,475	2.5
Assault by bodily force	24,973	47,984	1.9	7,933	16,014	2.0	32,906	63,998	1.9
Sexual assault by bodily force	67	121	1.8	412	902	2.2	479	1,023	2.1
Other maltreatment syndromes	359	1,824	5.1	802	2,623	3.3	1,161	4,447	3.8

(a) 1 case with sex missing.

3.7 Died in hospital

There were 151 cases where a person died in hospital during the 3-year study period, and in 4 of these cases an interpersonal violence code was not listed as the first external cause code.

The average age of those that died in hospital was 38.3, and there were 129 males (85%) and 22 females (15%). Prior to their death, they spent an average of 6.5 days in hospital.

Assault by sharp object was the leading specified external cause ($n = 50$, 33%) followed by *Assault by bodily force* ($n = 27$, 18%); 19% ($n = 28$) of cases were coded to *Assault by unspecified means*. The body regions more commonly identified were the head ($n = 73$, 50%) and trunk ($n = 60$, 41%). Intracranial injuries ($n = 59$, 40%) and internal organ damage ($n = 33$, 22%) were the most commonly reported outcomes from all assaults.

Information about the perpetrator was absent from 73% of records, with 107 cases recording an unspecified person. Information regarding the place of occurrence for persons who died in hospital was specified for over half the cases (54%), and the *Home* ($n = 33$, 22%) and *Street and highway* ($n = 29$, 20%) were the most commonly reported locations.

Note that the number of deaths in hospital due to injury caused by interpersonal violence (about 50 per year) is a small subset of the total annual number of all homicide deaths (several hundred per year) occurring in Australia. The majority of deaths due to interpersonal violence occur outside of the hospital setting, prior to any opportunity for admission to hospital.

3.8 Place of occurrence

Information about the place of occurrence is restricted to cases in which the first external cause code was in the range X85–Y09 or Y35–Y36.

Less than half (41%) of all cases occurring as a result of hospitalised interpersonal violence had information present on the place of occurrence (Table 3.8). For those cases without information, most were unspecified (54%; $n = 32,509$) or not reported (0.6%; $n = 344$), while 4% ($n = 2,445$) of cases were coded to *Other specified place of occurrence*. Overall, the most commonly reported place of occurrence was the *Home* (18%), followed by a *Trade or service area* (12%). When cases with missing place of occurrence are removed, the differences between men and women become more apparent. Women were 2.6 times more likely to be assaulted in the home, whereas men were 3.7 times more likely to be assaulted in a *Trade or service area*. When the *Trade or service area* is examined in more detail, 81% of assaults were found to have occurred in a café, hotel or restaurant.

Table 3.8: Place of occurrence of hospitalised interpersonal violence, Australia, 2002–03 to 2004–05

Place of occurrence	Males		Females		Persons	
	Number	Per cent	Number	Per cent	Number	Per cent
Home	5,092	11.5	5,420	34.6	10,512	17.5
Residential institution	652	1.5	110	0.7	762	1.3
School	436	1.0	76	0.5	512	0.9
Health service area	97	0.2	60	0.4	157	0.3
Other specified institution and public administrative area	267	0.6	36	0.2	303	0.5
Sports and athletics area	379	0.9	35	0.2	414	0.7
Street and highway	3,951	8.9	609	3.9	4,560	7.6
Trade and service area	6,570	14.8	727	4.6	7,297	12.2
Industrial and construction area	75	0.2	8	0.1	83	0.1
Farm	23	0.1	6	0.0	29	0.0
Other specified place of occurrence	1,933	4.4	512	3.3	2,445	4.1
Unspecified place of occurrence ^(a)	24,579	55.5	7,929	50.6	32,509	54.2
Place not reported/not applicable	199	0.4	145	0.9	344	0.6
Total	44,253	100	15,673	100	59,926	100

(a) Persons includes 1 case with sex missing.

For 3 out of 5 of the age categories examined, the highest proportion of hospitalised interpersonal violence episodes happened in the *Home* (Table 3.9). For children (0–14), the majority of specified episodes of hospitalised interpersonal violence occurred in the *Home* followed by a *School*. This finding is not unexpected given that children of this age generally spend most of their time at these two locations. Adolescents (15–19) and young adults (20–34) had similar specified location profiles with both groups experiencing proportionately more hospitalised interpersonal violence episodes in *Trade or service areas*, followed by the *Home*. Those in middle age (35–64) and older people (65+) were more likely to experience interpersonal violence in the *Home*, in the first instance, followed by *Trade or service area* for middle-aged adults, and *Streets and highways* in older people.

Table 3.9: Place of occurrence of hospitalised interpersonal violence by age group, Australia, 2002–03 to 2004–05

	0–14		15–19		20–34		35–64		65+	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Home	811	37	844	10	4,037	14	4,401	22	418	40
Residential institution	8	0	41	0	394	1	237	1	82	8
School	296	13	178	2	20	0	18	0	0	0
Health service area	19	1	6	0	55	0	68	0	9	1
Other specified institution and public administrative area	8	0	39	0	141	0	106	1	9	1
Sports and athletics area	31	1	96	1	213	1	73	0	0	0
Street and highway	74	3	748	9	2,216	8	1,423	7	99	10
Trade and service area	40	2	904	11	4,149	14	2,140	11	64	6
Industrial and construction area	n.p.	n.p.	n.p.	n.p.	42	0	37	0	n.p.	n.p.
Farm	n.p.	n.p.	n.p.	n.p.	8	0	17	0	n.p.	n.p.
Other specified place of occurrence	81	4	418	5	1,082	4	818	4	46	4
Unspecified place of occurrence	844	38	4,920	60	16,157	56	10,281	52	307	30
Place not reported/not applicable	6	0	38	0	179	1	118	1	n.p.	n.p.
Total^(a)	2,220	100	8,235	100	28,693	100	19,737	100	1,040	100

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

(a) Age was not reported in 1 case.

The breakdown of place of occurrence by type of interpersonal violence is presented in Table 3.10. Of the 5 types of hospitalised interpersonal violence being examined, the *Home* is the predominant place of occurrence for 4 of them. *Assault by bodily force* was proportionately more likely to occur in both the *Home* and in *Trade and service areas*. *Trade and service areas* also figured prominently for the other types of hospitalised interpersonal violence, followed by *Streets and highways*.

Table 3.10: Place of occurrence of hospitalised interpersonal violence, Australia, 2002–03 to 2004–05

	Assault by sharp object		Assault by blunt object		Assault by bodily force		Sexual assault by bodily force		Other maltreatment syndromes	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Home	1,604	23.2	1,730	20.3	5,079	15.4	128	26.7	747	64.3
Residential institution	80	1.2	76	0.9	425	1.3	7	1.5	6	0.5
School	28	0.4	22	0.3	414	1.3	n.p.	n.p.	n.p.	n.p.
Health service area	12	0.2	11	0.1	91	0.3	n.p.	n.p.	n.p.	n.p.
Other specified institution and public administrative area	38	0.5	26	0.3	194	0.6	n.p.	n.p.	0	0.0
Sports and athletics area	16	0.2	42	0.5	311	0.9	n.p.	n.p.	n.p.	n.p.
Street and highway	472	6.8	580	6.8	2,690	8.2	29	6.1	11	0.9
Trade and service area	758	11.0	588	6.9	4,841	14.7	18	3.8	8	0.7
Industrial and construction area	n.p.	n.p.	13	0.2	46	0.1	0	0.0	n.p.	n.p.
Farm	n.p.	n.p.	8	0.1	11	0.0	n.p.	n.p.	0	0.0
Other specified place of occurrence	295	4.3	330	3.9	1,390	4.2	36	7.5	15	1.3
Unspecified place of occurrence	3,538	51.1	5,002	58.8	17,279	52.5	247	51.6	359	30.9
Place not reported/not applicable	68	1.0	86	1.0	135	0.4	5	1.0	5	0.4
Total	6,922	100	8,514	100	32,906	100	479	100	1,161	100

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

3.9 Perpetrator

Perpetrator codes are only analysed in the present report for cases where the first external cause code was in the range of interpersonal violence cases for *Assault* (X85–Y09). The number of *Unspecified person* codes present in each of the 3-years included in this report plus the latest year of data available at the time of reporting (Tovell et al. 2012) is shown in Table 3.11. The similar proportion of *Unspecified person* in each of the 3-years and in the most recent year is an indication that reporting and/or recording of the perpetrator of violence over time is consistent and was not greatly affected by implementation issues.

Table 3.11: Relationship of the perpetrator to the victim of hospitalised interpersonal violence by year, Australia, 2002–03 to 2004–05 and 2009–10

Perpetrator	2002–03		2003–04		2004–05		2009–10	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Specified codes ^(a)	8,773	43.4	8,171	42.4	8,554	42.0	10,549	45.5
Unspecified person	11,407	56.5	11,095	57.6	11,804	58.0	12,541	54.3
Total	20,180	100	19,266	100	20,358	100	23,090	100

(a) Includes all other perpetrator codes.

The relationship of the perpetrator to the victim of hospitalised interpersonal violence is presented in Table 3.12 for the 3-year period in aggregate. Over half of all cases (57%) had an *Unspecified person* listed as the perpetrator. Males (65%) were proportionately more likely to have an unspecified perpetrator code than females (35%).

Table 3.12: Relationship of the perpetrator to the victim of hospitalised interpersonal violence, Australia, 2002–03 to 2004–05

Perpetrator	Males		Females		Persons	
	Number	Per cent	Number	Per cent	Number	Per cent
Spouse or domestic partner	1,243	2.8	6,220	39.7	7,463	12.5
Parent	617	1.4	544	3.5	1,161	1.9
Other family member	1,705	3.9	1,091	7.0	2,796	4.7
Carer	25	0.1	34	0.2	59	0.1
Acquaintance or friend	2,546	5.8	967	6.2	3,513	5.9
Official authorities	414	0.9	40	0.3	454	0.8
Person unknown to the victim	4,008	9.1	586	3.7	4,594	7.7
Multiple persons unknown to the victim	2,699	6.1	215	1.4	2,914	4.9
Other specified person	1,995	4.5	549	3.5	2,544	4.3
Unspecified person	28,892	65.4	5,413	34.6	34,306	57.4
Total^(a)	44,144	100	15,659	100	59,804	100

(a) Sex was not reported in 1 case.

Of those cases with a specified perpetrator, the most commonly reported perpetrators of hospitalised interpersonal violence were *Spouse or domestic partner* followed by a *Person unknown to the victim*, an *Acquaintance or friend*, *Multiple persons unknown to the victim* and *Other family member*. Differences between males and females with respect to the relationship of the perpetrator to the victim were apparent with a large proportion of females (40%) reporting an assault by a *Spouse or domestic partner* compared with males (3%). Overall, males were far more likely to report that their attacker was unknown (15%) (individual or multiple persons) than females (5%).

Distinct differences in the types of perpetrators involved in hospitalised interpersonal violence cases can be seen according to the age of the victim. Table 3.13 describes the proportion of perpetrators ascribed by age category for the sample and excludes cases where the perpetrator was unspecified. Children (0–14) were more likely to have a *Parent* or *Carer* reported as a perpetrator compared with all other age groups. Older people aged 65+ were

proportionately more likely to report being assaulted by an *Other family member* than any other age group.

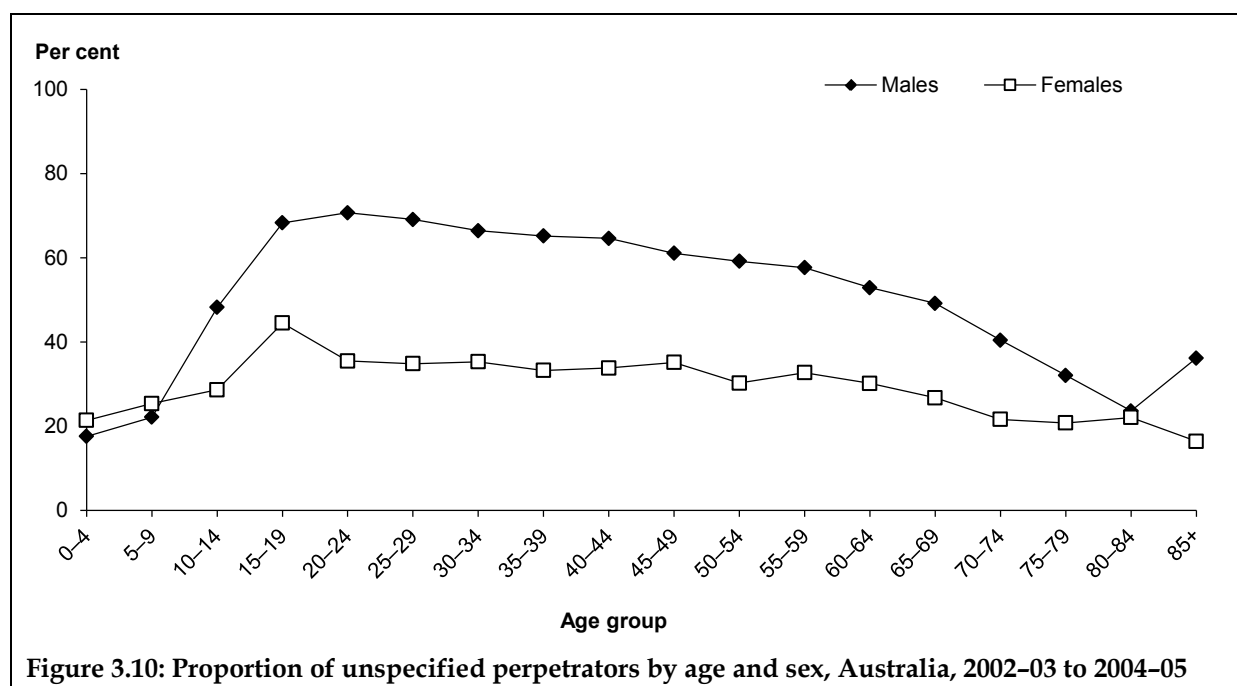
Table 3.13: Relationship of the perpetrator to the victim of hospitalised interpersonal violence by age, Australia, 2002–03 to 2004–05

	0–14		15–19		20–34		35–64		65+	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Spouse or domestic partner	31	2.2	393	14.9	3,812	37.4	3,116	38.3	110	18.4
Parent	844	60.2	143	5.4	136	1.3	33	0.4	5	0.8
Other family member	192	13.7	241	9.1	993	9.8	1,207	14.8	163	27.2
Carer	n.p.	n.p.	n.p.	n.p.	8	0.1	18	0.2	11	1.8
Acquaintance or friend	200	14.3	472	17.9	1,379	13.5	1,346	16.5	116	19.4
Official authorities	n.p.	n.p.	n.p.	n.p.	246	2.4	146	1.8	6	1.0
Person unknown to the victim	64	4.6	715	27.1	2,221	21.8	1,447	17.8	147	24.5
Multiple persons unknown	50	3.6	616	23.4	1,386	13.6	821	10.1	41	6.8
Total^(a)	1,403	100	2,636	100	10,181	100	8,134	100	599	100

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

(a) Age was not reported in 1 case.

Differences were also seen according to age and sex with respect to the proportion of unspecified persons reported by victims. As can be seen in Figure 3.10, male victims at all ages other than the very young and very old have a higher proportion of *Unspecified person* recorded as the perpetrator compared with female victims.



3.10 Summary

Overall, the results of the analyses show that rates of hospitalisation for interpersonal violence are much higher in males than in females, and are most commonly reported in the 20–24 age group.

The most commonly reported types of assault were as a result of bodily force, accounting for just over half of all cases, followed by assaults with blunt and sharp objects, *Other maltreatment syndromes* and *Sexual assault by bodily force*. There was a higher proportion of female victims as a result of maltreatment and sexual assault. *Assault by sharp object* made up 11% of cases, and 52% of these were perpetrated with a knife.

The most commonly reported body region injured for males and females was the head. Superficial injuries and injuries to the trunk were more common among female victims.

A large proportion of cases (41%) had missing location information. For those containing specific information on the location, the home was most commonly reported place of assault. There were sex differences apparent, with women more likely to report being attacked at home and men more likely to report the location as a trade or service area.

Perpetrator information was unspecified for a large proportion of cases. The difference between males and females with respect to unspecified perpetrator information was quite large; 65% of male cases had an unspecified person recorded as the perpetrator compared with 35% of female cases. For those cases with specific perpetrator information, females were much more likely to report being attacked by their spouse (40% females; 3% males), whereas males were much more likely to report an unknown or multiple unknown attackers compared with females (15% males; 5% females).

4 Interpersonal violence against women

4.1 Introduction

Although cases of hospitalised interpersonal violence in women are fewer in number than their male counterparts, the profile of violence is very different.

The results of the 2005 ABS *Personal safety survey* shows that in the 12-months prior to the survey 6% of women reported experiencing some form of violence. Of these women, 5% reported experiencing physical violence and 3% reported experiencing a physical assault.

Levels of reporting of assaults, both sexual and physical, were comparatively low with only 36% of women physically assaulted by males reporting the incident to police, and 19% of women sexually assaulted by males reporting to police.

One salient difference between the experience of assault reported by males and females in the *Personal safety survey* is the type of perpetrator identified. A lower proportion of physical assaults by male strangers were reported by women (15%) compared with men (65%) and, in contrast, a higher proportion of physical assaults by current or previous partners were reported by women (31%) compared with men (4%). With respect to the perpetrators of sexual assault, a comparison with men is not available. However, women who experienced sexual assault in the previous 12-months identified family members or friends (39%) more often than other known persons (32%), strangers (22%), and previous partners (21%).

In addition to the information available in the *Personal safety survey*, the Australian component of the *International violence against women survey* carried out in 2002–03 also provides information on women's recent experiences of violence (Mouzos & Makkai 2004). The results of this survey identified that 10% of women experienced physical and/or sexual violence in the 12-months prior to the survey. For 8% of women, this took the form of physical violence, while 4% had experienced sexual violence. Around 10% of women reported that they had been the victim of violence by a partner – either current or former – during the 5 years prior to the survey.

Around one-third of respondents, who had experienced violence at some time, reported that they had sustained an injury on the most recent occasion. This most often took the form of bruises or scratches. Around one-quarter of the women who were injured sustained cuts, scratches and burns, and less than 1 in 10 had experienced broken bones, a broken nose or internal injuries. Injuries were more commonly associated with physical rather than sexual violence.

4.2 Overview

Over the period 2002–03 to 2004–05 there were 16,093 cases of women hospitalised as a result of interpersonal violence, 26% of all hospitalised interpersonal violence cases in the period, at an age-standardised rate of 54.6 per 100,000 female population. The highest rate of interpersonal violence occurred at age group 30–34.

This section focusses on profiling the victims of each of the 5 types of hospitalised interpersonal violence described in the previous section (see Table 4.1). Each subsection examines the demographic profile of victims, the nature of their injuries and the circumstances of the event (where information is available) with respect to each of the 5 most

commonly reported types of hospitalised interpersonal violence. Unless otherwise indicated females of all ages are included in the analysis and are included in the term 'women'.

Table 4.1: Type of hospitalised interpersonal violence in women by age, Australia, 2002–03 to 2004–05

	Assault by sharp object		Assault by blunt object		Assault by bodily force		Sexual assault by bodily force		Other maltreatment syndromes		Total	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
0–14	37	2	61	2	208	3	68	15	306	34	680	5
15–19	153	10	192	7	822	10	92	20	60	7	1,319	10
20–34	762	51	1,266	49	3,790	47	171	37	291	32	6,280	46
35–64	520	35	1,016	40	3,025	37	121	26	221	25	4,903	36
65+	19	1	35	1	257	3	9	2	18	2	338	3
Total	1,491	100	2,570	100	8,102	100	461	100	896	100	13,520	100

4.3 Assault by sharp object

Demographic profile

Assault by sharp object was the cause of 1,491 (9%) cases of hospitalised care for female victims of interpersonal violence in Australia from 2002–03 to 2004–05 (Table 4.2). In 5 of these cases the first external cause code was not *Assault by sharp object*.

The average age of victims of *Assault by sharp object* was similar to the overall average age for women of all assault types. While 51% of women were aged between 20 and 34, 13% of victims were aged 19 and younger, with 37 aged under 14.

The average length of stay (2.9 days compared with 2.4) was higher for *Assault by sharp object* victims and accounted for 11% of total patient days due to interpersonal violence in women over the period.

Table 4.2: Key indicators for *Assault by sharp object* hospitalised interpersonal violence cases in women, Australia, 2002–03 to 2004–05

	Assault by sharp object episodes	All episodes
Estimated number of episodes ^(a)	1,491	16,093
Proportion of all female episodes	9.3%	..
Mean age	31.8	32.1
Mean length of stay (days) ^(b)	2.9	2.4
Total patient days	4,309	38,894

(a) Omits inward transfers from acute care hospitals.

(b) Numerator includes patient days for inward transfers from acute care hospitals.

The category of *Assault by sharp object* can be broken down into sub-categories describing the type of sharp object used when specified. A large proportion of episodes did not specify the type of object used (31%). For those episodes where the type of sharp object was specified, 52% of injuries were caused by a knife and 16% by glass.

Nature of injury

The most commonly reported principal body region injured in an *Assault by sharp object* was the shoulder and upper limb (32%), with wounds to the head (27%) and trunk (27%) also being common (data not shown).

The most commonly reported injury recorded was an open wound (Table 4.3). Damage to muscles, tendons and internal organs were also common injuries. In 5 cases the injury resulted in an amputation.

Table 4.3: Nature of injury for *Assault by sharp object* in women, Australia 2002–03 to 2004–05

Nature of injury	Number	Per cent
Superficial (excluding eye)	42	2.8
Open wound (excluding eye)	889	59.8
Fracture (excluding tooth)	68	4.6
Dislocation	n.p.	n.p.
Sprain/strain	5	0.3
Nerve (including spinal cord; excluding brain)	79	5.3
Blood vessel	45	3.0
Muscle/tendon	133	9.0
Amputation (including partial)	5	0.3
Internal organ	146	9.8
Eye injury (excluding foreign body in external eye)	25	1.7
Foreign body: external eye	n.p.	n.p.
Foreign body: respiratory tract	n.p.	n.p.
Intracranial (including concussion)	13	0.9
Poison/toxic effect (excluding bite)	n.p.	n.p.
Other specified nature of injury	8	0.5
Unspecified nature of injury	22	1.5
Total^(a)	1,486	100

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

Circumstances of injury

As reported for the sample as a whole, the place of occurrence was unspecified for the majority of episodes (data not shown). For women assaulted by sharp objects, no place of occurrence was listed for over half of all cases ($n = 808$, 54%). When a place code was available it was usually the *Home* ($n = 464$, 31%). *Trade and service areas* were the next most frequently occurring places of injury ($n = 70$, 5%), followed by *Streets and highways* ($n = 52$, 3.5%).

The majority of episodes had no information on the activity being engaged in at the time of injury ($n = 1,125$, 76%), or were coded to *Other specified activity* ($n = 297$, 20%).

Victims of *Assault by sharp object* were more likely to report that the perpetrator was a *Spouse or domestic partner* (34%) than men or women combined (Table 4.4). A family member (9%)

was the next most commonly reported perpetrator. However, the largest proportion of episodes had no specific perpetrator listed. In 5.5% of cases the perpetrator(s) was unknown to the victim.

Table 4.4: Relationship of the perpetrator to the victim of *Assault by sharp object* in women, Australia, 2002–03 to 2004–05

Perpetrator	Number	Per cent
Spouse or domestic partner	502	33.8
Parent	23	1.5
Other family member	132	8.9
Carer	n.p.	n.p.
Acquaintance or friend	107	7.2
Official authorities	n.p.	n.p.
Person unknown to the victim	63	4.2
Multiple persons unknown to the victim	19	1.3
Other specified person	48	3.2
Unspecified person	589	39.6
Total^(a)	1,486	100

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

Summary

Almost 10% of hospitalised interpersonal violence episodes against women occurred as a result of an *Assault by a sharp object*, predominantly a knife (52%). Female victims were most commonly aged in their early 30s and were more likely to have been assaulted in the home by a spouse or domestic partner. The injuries generally comprised open wounds sustained in the shoulder and upper limb regions.

4.4 Assault by blunt object

Demographic profile

Assault by blunt object was the cause of 2,570 (16%) cases of hospitalised care for women victims of hospitalised interpersonal violence in Australia from 2002–03 to 2004–05 (Table 4.5). Of those cases, there were 27 where the first external cause code was not an *Assault by blunt object* but where an *Assault by blunt object* was listed in the additional fields. Among those cases, just under half ($n = 11$, 41%) were coded to intentional self-poisoning or intentional self-harm.

The average age of victims of *Assault by blunt object* (33) was slightly higher than the overall average age of 32. While 20% ($n = 506$) of women were aged between 30 and 34, 10% ($n = 253$) of victims were aged 19 and younger, of which 61 were aged under 14. The average length of stay was the same for *Assault by blunt object* victims as for women overall, and the assaults accounted for 6,182 days (16%) in hospital over the period.

Table 4.5: Key indicators for *Assault by blunt object* hospitalised interpersonal violence cases in women, Australia, 2002–03 to 2004–05

Indicator	Assault by blunt object episodes in women	All episodes in women
Estimated number of episodes ^(a)	2,570	16,093
Proportion of all female episodes	16%	. .
Mean age	33.0	32.1
Mean length of stay (days) ^(b)	2.4	2.4
Total patient days	6,182	38,894

(a) Omits inward transfers from acute care hospitals.

(b) Numerator includes patient days for inward transfers from acute care hospitals.

Nature of injury

The most commonly reported principal body region injured in an *Assault by blunt object* was the head (60%) followed by the shoulder and upper limb (22%) (data not shown). An open wound (35%) was the most commonly reported consequence of an *Assault by a blunt object* in women (Table 4.6). Fractures were also common (27%), as were superficial wounds and intracranial injuries (7%).

Table 4.6: Nature of injury for *Assault by blunt object* in women, Australia, 2002–03 to 2004–05

Nature of injury	Number	Per cent
Superficial (excluding eye)	364	14.3
Open wound (excluding eye)	892	35.1
Fracture (excluding tooth)	685	27.0
Dislocation	10	0.4
Sprain/strain	14	0.6
Nerve (including spinal cord; excluding brain)	5	0.2
Blood vessel	7	0.3
Muscle/tendon	11	0.4
Amputation (including partial)	11	0.4
Internal organ	36	1.4
Burn/corrosion (excluding eye)	n.p.	n.p.
Eye injury (excluding foreign body in external eye)	48	1.9
Foreign body: external eye	n.p.	n.p.
Foreign body: alimentary tract	n.p.	n.p.
Intracranial (including concussion)	184	7.2
Dental (including fractured tooth)	n.p.	n.p.
Other specified nature of injury	44	1.7
Unspecified nature of injury	214	8.4
Injuries of more than one nature	7	0.3
Total^(a)	2,543	100

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

Circumstances of injury

For women assaulted by blunt objects, no place of occurrence was listed for 63% of cases (data not shown). When a place code was available, it was usually the *Home* ($n = 694$, 27%). *Trade and service areas* were the next most frequently specified places of injury ($n = 57$, 2%). The majority of episodes (78%) contained no information regarding activity at time of injury.

Perpetrator information was missing in 42% of episodes, a much higher proportion than for the total sample of women (35%) (Table 4.7). Victims of *Assault by blunt object* were proportionately more likely to report that the perpetrator was a *Spouse or domestic partner* (37%), followed by an *Other family member* (9%) or *Acquaintance or friend* (4%). Fewer cases of *Assault by blunt object* were committed by person(s) unknown to the victim (4%) compared with cases of *Assault by sharp object* (6%).

Table 4.7: Relationship of the perpetrator to the victim of *Assault by blunt object* in women, Australia, 2002–03 to 2004–05

Perpetrator	Number	Per cent
Spouse or domestic partner	937	36.8
Parent	40	1.6
Other family member	219	8.6
Carer	n.p.	n.p.
Acquaintance or friend	111	4.4
Official authorities	n.p.	n.p.
Person unknown to the victim	67	2.6
Multiple persons unknown to the victim	25	1.0
Other specified person	70	2.8
Unspecified person	1,070	42.1
Total^(a)	2,543	100

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

Summary

Sixteen per cent of hospitalised interpersonal violence episodes against women occurred as a result of an *Assault by a blunt object*. Female victims were aged in their early 30s and were more likely to have been assaulted in the *Home* by a *Spouse or domestic partner*. The injuries generally comprised open wounds and fractures, and were more likely to involve the head.

4.5 Assault by bodily force

Demographic profile

Assault by bodily force was the cause of 8,102 (50%) episodes of hospitalised care for women victims of interpersonal violence in Australia from 2002–03 to 2004–05 (Table 4.8). Of those cases there were 169 episodes where the first external cause code was not *Assault by bodily force*. One-third of those cases ($n = 57$, 34%) were in the range of ICD-10-AM codes specifying

self-harm, including self-poisoning, and a smaller proportion ($n = 22$, 13%) had a fall listed as the first external cause.

The average age of victims of *Assault by bodily force* (33) was similar to the overall average age of 32. The majority (17%) of victims were aged between 30 and 34. The average length of stay was slightly lower than that for women overall; however, *Assault by bodily force* cases accounted for just under half (41%) of all days in hospital for women over the period.

Table 4.8: Key indicators for *Assault by bodily force* hospitalised interpersonal violence cases in women, Australia, 2002–03 to 2004–05

Indicator	Assault by bodily force episodes in women	All episodes in women
Estimated number of episodes ^(a)	8,102	16,093
Proportion of all female episodes	50%	..
Mean age	33.3	32.1
Mean length of stay (days) ^(b)	2.1	2.4
Total patient days	16,014	38,894

(a) Omits inward transfers from acute care hospitals.

(b) Numerator includes patient days for inward transfers from acute care hospitals.

Nature of injury

The most commonly reported principal body region injured in an *Assault by bodily force* was the head (64%), followed by the trunk (17%) (data not shown). The most commonly reported consequence of an *Assault by bodily force* was a fracture (27%) (Table 4.9). Superficial injuries were the next most commonly reported consequence, being the injury outcome in 24% of all cases.

Table 4.9: Nature of injury for Assault by bodily force in women, Australia, 2002–03 to 2004–05

Nature of injury	Number	Per cent
Superficial (excluding eye)	1,887	23.8
Open wound (excluding eye)	1,119	14.1
Fracture (excluding tooth)	2,141	27.0
Dislocation	77	1.0
Sprain/strain	63	0.8
Nerve (including spinal cord; excluding brain)	16	0.2
Blood vessel	21	0.3
Muscle/tendon	52	0.7
Crush injury	n.p.	n.p.
Amputation (including partial)	6	0.1
Internal organ	156	2.0
Burn/corrosion (excluding eye)	n.p.	n.p.
Eye injury (excluding foreign body in external eye)	199	2.5
Intracranial (including concussion)	625	7.9
Dental (including fractured tooth)	19	0.2
Asphyxia/threat to breathing	n.p.	n.p.
Poison/toxic effect (excluding bite)	n.p.	n.p.
Other specified nature of injury	258	3.3
Unspecified nature of injury	1,256	15.9
Injuries of more than one nature	17	0.2
Total^(a)	7,916	100

n.p. = not published. Small cell counts have been suppressed to prevent patient identification.

(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

Circumstances of injury

While the place of occurrence was unspecified for a large proportion of episodes, there was a lower proportion unspecified for *Assault by bodily force* (46%) than for *Assault by blunt* (54%) and *sharp* (63%) objects (data not shown). Bodily assaults were more likely to be reported as occurring in the *Home* ($n = 3,027$, 38%), followed by a *Trade and service area* ($n = 416$, 5%), and *Street and highway* ($n = 354$, 5%). Once again very little information was available on the activity being undertaken at the time of the assault (71% unspecified).

Fewer episodes of *Assault by bodily force* (28%) had missing perpetrator information compared with the proportion for the total sample of women (35%) (Table 4.10). Victims of *Assault by blunt object* were proportionately more likely to report that the perpetrator was a *Spouse or domestic partner* (46%), followed by an *Other family member* (7%) or *Acquaintance or friend* (7%). The proportion of victims reporting a bodily assault by a spouse or domestic partner was higher than for victims of sharp (34%) and blunt objects (37%).

Table 4.10: Relationship of the perpetrator to the victim of *Assault by bodily force* in women, Australia, 2002–03 to 2004–05

Perpetrator	Number	Per cent
Spouse or domestic partner	3,674	46.3
Parent	151	1.9
Other family member	562	7.1
Carer	7	0.1
Acquaintance or friend	565	7.1
Official authorities	32	0.4
Person unknown to the victim	297	3.7
Multiple persons unknown to the victim	113	1.4
Other specified person	322	4.1
Unspecified person	2,209	27.8
Total^(a)	7,933	100

(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

Summary

Half (50%) of all hospitalised interpersonal violence episodes against women occurred as a result of an *Assault by bodily force*. Female victims were most commonly aged in their early 30s and were more likely to have been assaulted in the *Home* by a *Spouse or domestic partner*. The injuries generally comprised fractures and superficial injuries and were more likely to involve the head and trunk.

4.6 Sexual assault by bodily force

Demographic profile

Sexual assault by bodily force was the cause of 461 (3%) cases of hospitalised interpersonal violence against women in Australia from 2002–03 to 2004–05 (Table 4.11). Of those cases, 49 had a first external cause code which was not a sexual assault. The largest proportion of these cases ($n = 25$, 51%) were intentional self-poisonings, with the second most frequent category of cases being accidental poisonings ($n = 7$, 14%).

The average age of victims of *Sexual assault by bodily force* (27) was lower compared with the overall average age of 32. Over one-third (35%) of all cases involved women aged 19 or younger. The majority (20%) of victims were aged between 15 and 19. The average length of stay was slightly lower than that for women overall and accounted for 2% of all days in hospital for women over the period.

Table 4.11: Key indicators for *Sexual assault by bodily force* hospitalised interpersonal violence cases in women, Australia, 2002–03 to 2004–05

Indicator	Sexual assault episodes in women	All episodes in women
Estimated number of episodes ^(a)	461	16,093
Proportion of all female episodes	3%	. .
Mean age	27.1	32.1
Mean length of stay (days) ^(b)	2.2	2.4
Total patient days	902	38,894

(a) Omits inward transfers from acute care hospitals.

(b) Numerator includes patient days for inward transfers from acute care hospitals.

Nature of injury

The majority of injuries were not specified by body region (53%). This is because of the high proportion of sexual assault cases with a Principal diagnosis of maltreatment which does not convey information about body region. For those cases where body region was specified, the trunk (26%) was the most commonly reported, followed by the head (14%).

Just under half (48%) of all cases of *Sexual assault by bodily force* had an ‘other specified’ nature of injury code (Table 4.12). The most commonly reported specified consequence of a *Sexual assault by bodily force* was a superficial injury (15%) followed by an open wound (12%).

Table 4.12: Nature of injury for *Sexual assault by bodily force* in women, Australia, 2002–03 to 2004–05

Nature of injury	Number	Per cent
Superficial (excluding eye)	61	14.8
Open wound (excluding eye)	49	11.9
Fracture (excluding tooth)	16	3.9
Dislocation	n.p.	n.p.
Sprain/strain	n.p.	n.p.
Blood vessel	n.p.	n.p.
Internal organ	21	5.1
Eye injury (excluding foreign body in external eye)	n.p.	n.p.
Foreign body: genito-urinary tract	5	1.2
Intracranial (including concussion)	7	1.7
Dental (including fractured tooth)	n.p.	n.p.
Other specified nature of injury	198	48.1
Unspecified nature of injury	45	10.9
Total^(a)	412	100.0

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

Circumstances of injury

Half of all cases (50%) of *Sexual assault by bodily force* had an unspecified place of occurrence (data not shown). Cases which did specify a location occurred predominately in the *Home* ($n = 139$, 30%), with small proportions occurring in *Streets and highways* ($n = 29$, 6%), and *Trade and service areas* ($n = 17$, 4%). Once again, very little information on the activity being undertaken was available at the time of the assaults with 64% of cases *Unspecified* and 26% of cases listed as *Other specified activity*.

Almost half (48%) of all cases of *Sexual assault by bodily force* had missing perpetrator information (Table 4.13). Victims of *Sexual assault by bodily force* were proportionately more likely (12%) to report that the perpetrator was a person unknown to them. *Spouse or domestic partners* accounted for 11% of reported perpetrators closely followed by an *Acquaintance or friend* (10%).

Table 4.13: Relationship of the perpetrator to the victim of *Sexual assault by bodily force* in women, Australia, 2002–03 to 2004–05

Perpetrator	Number	Per cent
Spouse or domestic partner	45	10.9
Parent	12	2.9
Other family member	n.p.	n.p.
Carer	n.p.	n.p.
Acquaintance or friend	43	10.4
Person unknown to the victim	49	11.9
Multiple persons unknown to the victim	25	6.1
Other specified person	28	6.8
Unspecified person	199	48.3
Total^(a)	412	100

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

Summary

Very few episodes (3%) of hospitalised interpersonal violence against women occurred as a result of *Sexual assault by bodily force*. Female victims were aged in their late 20s, on average, although the largest proportion was aged 19 or younger. Unlike the other assault types, sexual assault victims were more likely to report having been assaulted by a stranger. Despite this, for those cases where a place of occurrence had been reported as specified, the assault was more likely to have occurred in the home. Where injuries were specified, they usually consisted of superficial injuries to the trunk.

4.7 Other maltreatment syndromes

Demographic profile

Other maltreatment syndromes were the cause of 896 (6%) episodes of hospitalised care for women victims of interpersonal violence in Australia from 2002–03 to 2004–05 (Table 4.14). Of those cases, 94 had a first external cause code which was not *Other maltreatment syndrome*.

The largest proportion of these cases ($n = 40$, 43%) was intentional self-poisonings, with the second most frequent category being accidental poisonings ($n = 15$, 16%).

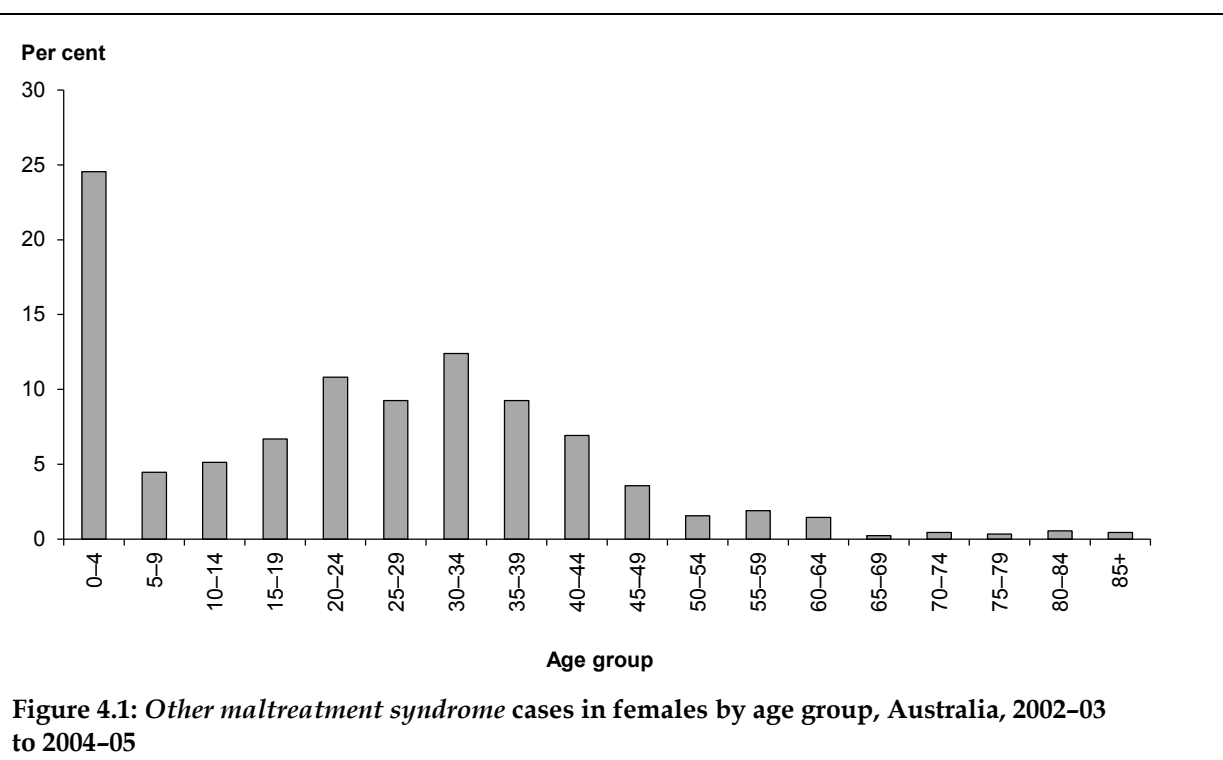
The average age of victims of *Other maltreatment syndrome* (24), was much lower compared with the overall average age of 32.1. As can be seen in Figure 4.1, the ages of the victims of *Other maltreatment syndromes* were generally split between the very young and those aged 20–44. In a quarter of all cases ($n = 220$, 25%) the victim was aged between 0 and 4. The average length of stay was higher than that for women overall, but accounted for just 7% of all days in hospital for women over the period.

Table 4.14: Key indicators for *Other maltreatment syndromes* hospitalised interpersonal violence cases in women, Australia, 2002–03 to 2004–05

Indicator	Other maltreatment syndromes episodes in women	All episodes in women
Estimated number of episodes ^(a)	896	16,093
Proportion of all female episodes	6%	..
Mean age	23.5	32.1
Mean length of stay (days) ^(b)	3.3	2.4
Total patient days	2,623	38,894

(a) Omits inward transfers from acute care hospitals.

(b) Numerator includes patient days for inward transfers from acute care hospitals.



Nature of injury

As with sexual assault cases, the majority of injuries received as a result of *Other maltreatment syndromes* were not specified by body region (39%). Of those cases where body region was specified, the head (36%) was the most commonly reported followed by the trunk (10%).

Similar to sexual assault cases, just over one-third (39%) of all cases of *Other maltreatment syndromes* had an 'other specified' nature of injury code (Table 4.15). The most commonly reported specified consequence of *Other maltreatment syndromes* was a superficial injury (21%), followed by a fracture (13%).

Table 4.15: Nature of injury for *Other maltreatment syndromes* in women, Australia, 2002–03 to 2004–05

Nature of injury	Number	Per cent
Superficial (excluding eye)	166	20.8
Open wound (excluding eye)	73	9.1
Fracture (excluding tooth)	104	13
Dislocation	n.p.	n.p.
Sprain/strain	7	0.9
Nerve (including spinal cord; excluding brain)	n.p.	n.p.
Muscle/tendon	n.p.	n.p.
Internal organ	6	0.8
Eye injury (excluding foreign body in external eye)	12	1.5
Intracranial (including concussion)	51	6.4
Asphyxia/threat to breathing	n.p.	n.p.
Poison/toxic effect (excluding bite)	5	0.6
Other specified nature of injury	308	38.5
Unspecified nature of injury	62	7.8
Total^{(a)(b)}	800	100

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

(b) 2 cases had missing information.

Circumstances of injury

Fewer cases (29%) of *Other maltreatment syndrome* had missing information concerning the place of occurrence than the other assault types (data not shown). Cases which did specify a location occurred predominately in the *Home* ($n = 588$, 66%), with only a small proportion occurring on *Streets and highways* ($n = 12$, 1%). Once again, very little information was available on the activity being undertaken at the time of the assault with activity unspecified in 70% of cases and 28% of cases listed as *Other specified activity*.

The majority of cases of *Other maltreatment syndromes* had specified perpetrator information (Table 4.16). Cases most frequently listed either a *Spouse or domestic partner* (54%) or *Parent* (24%) as the perpetrator. When the age of the victim is taken into account, a distinct difference between younger and older female victims is observed. The majority of perpetrators in cases involving young child victims (0–14) were *Parents* ($n = 180$), whereas the majority of perpetrators in adult cases (20–34) were *Spouse or domestic partners* ($n = 229$).

Table 4.16: Relationship of the perpetrator to the victim of *Other maltreatment syndromes* in women, Australia, 2002–03 to 2004–05

Perpetrator	Number	Per cent
Spouse or domestic partner	429	53.5
Parent	194	24.2
Other family member	44	5.5
Carer	10	1.2
Acquaintance or friend	22	2.7
Person unknown to the victim	n.p.	n.p.
Multiple persons unknown to the victim	n.p.	n.p.
Other specified person	n.p.	n.p.
Unspecified person	95	11.8
Total^(a)	802	100

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

Summary

Very few episodes (6%) of hospitalised interpersonal violence episodes against women occurred as a result of *Other maltreatment syndromes*. Cases were divided between the very young (0–4) and women aged 20–44. Victims were more likely to have been assaulted by a *Parent* or *Spouse or domestic partner*, with younger victims more frequently reporting an assault by a *Parent*. The *Home* was the most frequently specified place of occurrence. Where injuries were specified, they commonly consisted of superficial injuries to the head.

4.8 Summary

The differences and similarities in the profiles of female victims of the 5 most frequent types of assaults are listed in Table 4.17. Women were more likely to be the victim of an *Assault by bodily force* followed by an *Assault by a blunt object*. Head injuries were prominent regardless of the type of assault. Irrespective of the type of assault, female victims were more likely to have been assaulted in the *Home* and by their *Spouse or domestic partner*.

Table 4.17: Summary table of interpersonal violence, women, Australia, 2002–03 to 2004–05

	Assault by sharp object	Assault by blunt object	Assault by bodily force	Sexual assault by bodily force	Other maltreatment syndromes
Number of cases	1,491	2,570	8,102	482	896
Proportion of all female cases	9%	16%	50%	3%	6%
Mean age (years)	31.8	33.0	33.3	27.1	23.5
Average LOS (days)	2.9	2.4	2.0	2.2	3.3
Body region injured					
First	Shoulder upper limb	Head	Head	Trunk	Head
Second	Head	Shoulder upper limb	Trunk	Head	Trunk
Third	Trunk	Hip and lower limb	Shoulder upper limb	Shoulder upper limb	Shoulder upper limb
Nature of injury					
First	Open wound	Open wound	Fracture	Superficial	Superficial
Second	Internal organ	Fracture	Superficial	Open wound	Fracture
Third	Muscle/tendon	Superficial	Open wound	Poison or toxic effect	Open wound
Location					
First	Home	Home	Home	Home	Home
Second	Trade and service	Trade and service	Trade and service	Street and highway	Street and highway
Third	Street and highway	Street and highway	Street and highway	Trade and service	Trade and service
Perpetrator					
First	Spouse or domestic partner	Spouse or domestic partner	Spouse or domestic partner	Spouse or domestic partner	Spouse or domestic partner
Second	Other family member	Other family member	Other family member	Acquaintance or friend	Parent
Third	Person unknown	Acquaintance or friend	Acquaintance or friend	Person unknown	Other family member

Note: Only 'specified' responses have been used in establishing the ranked order of body region injured, nature of injury, location and perpetrator in this table.

5 Interpersonal violence against older people

5.1 Introduction

The *ABS Personal safety survey* (2005) found that 2% of women and 3% of men aged 55 and over reported having been the victim of violence in the year preceding the survey. The 2005 *Crime and safety survey*, undertaken in conjunction with the *ABS Household survey*, reports a rate for assault of 20 per 1,000 population for people aged 65 and over. Assaults in this age group accounted for 3% of all assaults (ABS 2005).

Violence directed at older people often goes unreported (Kinnear & Graycar 1999). The *International crime victimisation survey* 2004 found that 37% of respondents, across all ages, did not report an incident of assault or threat of assault (Johnson 2005). Astbury suggests that some of the reasons that older people do not report acts of violence is that they fear retaliation; are ashamed because the violence was perpetrated by a family member; or because they fear institutionalisation (Astbury et al. 2000).

The term 'elder abuse' has been used to encompass acts outside of the traditional physical domain and includes psychological abuse, neglect, and economic or financial abuse (James 1992), and sometimes social abuse (Boldy et al. 2002). A significant proportion of elder abuse has been found to take the form of domestic violence – often as the continuation of a long-term violent relationship. Perpetrators of elder abuse (including violence) are often family members, usually residing with the victim (Astbury et al. 2000; Kurrle 2004).

5.2 Overview

Over the period 2002–03 to 2004–05 there were 1,060 episodes of hospitalisation for people aged 65 and over as a result of interpersonal violence (2% of all hospitalised interpersonal violence episodes in the period) at an age-standardised rate of 13.9 per 100,000 (Table 5.1). Rates for males (18.8 per 100,000) were much higher than females (9.6 per 100,000). The average age was 75. People aged 65 and older had a much longer average length of stay (6 days) than all people hospitalised for interpersonal violence, and accounted for approximately 4% of patient days for interpersonal violence in the period.

Table 5.1: Key indicators for hospitalised interpersonal violence cases in older people, 65 and over, Australia, 2002–03 to 2004–05

Indicator	Interpersonal violence aged 65+	All episodes
Estimated number of episodes ^(a)	1,060	60,926
Proportion of all episodes	1.7%	. .
Mean age	74.6	31.0
Mean length of stay (days) ^(b)	5.5	2.4
Total patient days	5,784	144,120

(a) Omits inward transfers from acute care hospitals.

(b) Numerator includes patient days for inward transfers from acute care hospitals.

Twenty cases had a first external cause code outside the range for interpersonal violence; 13 were falls. More males ($n = 647$) than females ($n = 413$) were the victims of hospitalised interpersonal violence, and women (76) were 3-years older than men (73) on average. An analysis of the distribution of cases by age is shown in Table 5.2. For those aged between 65 and 79 there were proportionately, and by number, more male victims than females. However for persons aged over 80, females outnumbered males.

Table 5.2: Distribution of ages of older victims of hospitalised interpersonal violence, Australia, 2002–03 to 2004–05

Age range	Males		Females		Persons	
	Number	Per cent	Number	Per cent	Number	Per cent
65–69	246	38.0	87	21.1	333	31.4
70–74	186	28.7	77	18.6	263	24.8
75–79	110	17.0	106	25.7	216	20.4
80–84	55	8.5	80	19.4	135	12.7
85+	50	7.7	63	15.3	113	10.7
Total	647	100	413	100	1,060	100

5.3 Type of interpersonal violence

Assault by bodily force was the most commonly reported type of hospitalised interpersonal violence among older people, accounting for over half the cases (57%) (Table 5.3).

Unspecified cases of assault were the next most frequent, with 14% of cases, followed by *Assault by blunt object* (14%).

Table 5.3: External cause of hospitalised interpersonal violence in older people, Australia, 2002–03 to 2004–05

External cause	Males		Females		Persons	
	Number	Per cent	Number	Per cent	Number	Per cent
Assault by sharp object	43	6.6	19	4.6	62	5.8
Assault by blunt object	113	17.5	35	8.5	148	14.0
Assault by bodily force	346	53.5	257	62.2	603	56.9
Sexual assault by bodily force	0	0.0	9	2.2	9	0.8
Other maltreatment syndromes	6	0.9	18	4.4	24	2.3
Assault by other specified means	14	2.2	25	6.1	39	3.7
Assault by unspecified means	108	16.7	43	10.4	151	14.2
Other assault codes combined ^(a)	17	2.6	7	1.7	24	2.3
Total	647	100	413	100	1,060	100

(a) Includes cases coded to X85, X89, X91, X95, X98, Y01, Y02, Y06, Y35.

5.4 Nature of injury

For all older people, the head (50%) was the predominant body region injured as a result of hospitalised interpersonal violence (Table 5.4). Older men (59%) were proportionately more likely to have a head injury compared with older women (35%). In comparison, older women (26%) were more likely to sustain injuries to their shoulders and upper limbs compared with older men (15%).

Table 5.4: Body region injured, older hospitalised interpersonal violence victims, Australia, 2002–03 to 2004–05

Body region injured	Males		Females		Persons	
	Number	Per cent	Number	Per cent	Number	Per cent
Head	381	59.4	139	34.8	520	50.0
Trunk	100	15.6	68	17.0	168	16.2
Shoulder and upper limb	93	14.5	103	25.8	196	18.8
Hip and lower limb	47	7.3	62	15.5	109	10.5
Other injuries not specified by body region	20	3.1	27	6.8	47	4.5
Total^(a)	641	100	399	100	1,040	100

(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

Fractures (33%) were the most commonly reported type of injury sustained (Table 5.5). Older women were more likely to suffer a fracture followed by superficial and open wounds, whereas, after fractures, open wounds were more common among older men.

Table 5.5: Nature of injury, older hospitalised interpersonal violence victims, Australia, 2002–03 to 2004–05

Nature of injury	Males		Females		Persons	
	Number	Per cent	Number	Per cent	Number	Per cent
Superficial (excluding eye)	69	10.8	72	18.0	141	13.6
Open wound (excluding eye)	166	25.9	65	16.3	231	22.2
Fracture (excluding tooth)	200	31.2	147	36.8	347	33.4
Dislocation	n.p.	n.p.	n.p.	n.p.	15	1.4
Internal organ	n.p.	n.p.	n.p.	n.p.	23	2.2
Eye injury (excluding foreign body in external eye)	25	3.9	6	1.5	31	3.0
Intracranial (including concussion)	58	9.0	31	7.8	89	8.6
Other specified nature of injury	17	2.7	27	6.8	44	4.2
Unspecified nature of injury	55	8.6	28	7.0	83	8.0
Total^(a)	641	100	399	100	1,040	100

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

5.5 Perpetrator

One-third of cases (33%) had no information present concerning the perpetrator (Table 5.6). Overall, the most commonly reported perpetrator identified was *Other family member* (16%), followed by a *Spouse or domestic partner* (11%). Older males and females had different perpetrator profiles with older females more likely to report being assaulted by a family member (22%), followed by a spouse (20%). Older males were more likely to report being assaulted by an *Acquaintance or friend* (13%), followed by a stranger (13%). Very few cases of hospitalised interpersonal violence were reported to be perpetrated by a *Carer*.

The lack of cases of *Carer* perpetrator violence may not necessarily be indicative of low rates of violence by carers. The coding rules for identifying perpetrators of violence operate on a hierarchical basis with coders required to indicate the closest relationship between the perpetrator and the victim. In many cases the primary carer for the victim will be a spouse or other relative, in which case their status according to the hierarchy will be recorded, not as a carer, but as a spouse or relative.

Table 5.6: Relationship of victim to perpetrator, older hospitalised interpersonal violence victims, Australia, 2002–03 to 2004–05

Perpetrator	Males		Females		Persons	
	Number	Per cent	Number	Per cent	Number	Per cent
Spouse or domestic partner	32	5.0	78	19.5	110	10.6
Parent	n.p.	n.p.	n.p.	n.p.	5	0.5
Other family member	76	11.9	87	21.8	163	15.7
Carer	n.p.	n.p.	n.p.	n.p.	11	1.1
Acquaintance or friend	84	13.2	32	8.0	116	11.2
Official authorities	6	0.9	0	0.0	6	0.6
Person unknown to the victim	80	12.6	67	16.8	147	14.2
Multiple persons unknown to the victim	34	5.3	7	1.8	41	4.0
Other specified person	54	8.5	37	9.3	91	8.8
Unspecified person	259	40.7	87	21.8	346	33.4
Total^(a)	641	100.0	399	100.0	1,040	100.0

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

5.6 Place of occurrence

For older victims, approximately one-third (30%) of all cases had an unspecified place listed as the location of the hospitalised interpersonal violence episode (Table 5.7). Elderly male victims (35%) were much more likely to lack a specific place of occurrence code than older females (21%). Overall, twice as many assaults on older people took place in the *Home* (40%) compared with the sample as a whole (18%). Elderly females (50%) were proportionately more likely to be assaulted in the *Home* compared with older males (34%).

Table 5.7: Place of occurrence by sex, older hospitalised interpersonal violence victims, Australia, 2002–03 to 2004–05

Place of occurrence	Males		Females		Persons	
	Number	Per cent	Number	Per cent	Number	Per cent
Home	219	34.2	199	49.9	418	40.2
Residential institution	45	7.0	37	9.3	82	7.9
Health service area	n.p.	n.p.	n.p.	n.p.	9	0.9
Other specified institution and public administrative area	n.p.	n.p.	n.p.	n.p.	9	0.9
Street and highway	55	8.6	44	11.0	99	9.5
Trade and service area	45	7.0	19	4.8	64	6.2
Industrial and construction area	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Farm	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other specified place of occurrence	36	5.6	10	2.5	46	4.4
Unspecified place of occurrence	224	34.9	83	20.8	307	29.5
Total^{(a) (b)}	638	100	399	100	1,037	100

n.p. = Not published. Small cell counts have been suppressed to prevent patient identification.

(a) Excludes cases where the first reported external cause was not an interpersonal violence code.

(b) Excludes 3 cases with no place of occurrence recorded.

5.7 Summary

In comparison to other age groups the proportion of older victims of interpersonal violence requiring hospitalisation was quite small, less than 2%. Older victims experience longer lengths of stay in hospital. Generally speaking there are more older male victims compared with female victims. However, for those aged over 80, females outnumber males.

Assault by bodily force was the most commonly reported external cause of hospitalised interpersonal violence among older people for both males and females. However, differences were apparent in the profiles of male and female victims. Older male victims (59%) were more likely to experience head injuries as a result of violence compared with female victims (35%). Fractures were a common outcome for males and females with open wounds the next most commonly reported outcome for older men, and superficial wounds the next most commonly reported outcome for older women.

Differences were also evident between older men and women with respect to the nature of the alleged perpetrator. Older males were more likely to report an assault by an *Acquaintance or friend* or an unknown perpetrator (26% combined) while older females were more likely to report *Other family members* (22%) or spouses (20%) as their perpetrators.

Appendix A: Data issues

Data sources

This report is based on hospital separations data reported for the financial years for 2002–03 to 2004–2005, supplied by the Australian Institute of Health and Welfare (AIHW) from the National Hospital Morbidity Database (NHMD). Population data were obtained from the ABS. A separation is defined as ‘A formal, or statistical process, by which an episode of care for an admitted patient ceases’ (AIHW 2005). Further information about the NHMD covering the 3-years included in this report can be found in the series Australian hospital statistics (AIHW 2004, 2005, 2006).

ICD-10-AM

This report is based on data coded according to two editions (3rd & 4th edition) of the Australian clinical modification of ICD-10, ICD-10-AM (NCCH 2002a, 2004).

The principal diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the patient’s episode of admitted patient care.

An external cause is defined as the environmental event, circumstance or condition that was the cause of injury, poisoning or adverse event. Whenever a patient has a principal or additional diagnosis of an injury or poisoning, an external cause code should be recorded.

Case selection criteria

This study combined 3-years of data for hospitalised episodes that concluded during the period from 1 July 2002 to 30 June 2005.

Separations meeting the following criteria were included in the analysis:

- Episodes of admitted (inpatient) care in any Australian acute care hospital that ended during the period from 1 July 2002 to 30 June 2005, where
- the mode of admission was not a transfer from another acute care hospital, and
- any external cause code in the range X85–Y09 or Y35–Y36 was present anywhere in the record, and
- the Principal diagnosis code was in the range S00–T75 or T79 (Community injury, see below).

There were 72,621 hospital separation records containing an external cause code in the range X85–Y09 or Y35–Y36 (Table A1.1) in the period under study. When records were restricted to cases fitting the definition of community injury and inward transfers were omitted there were 11,695 fewer episodes. Analysis of the first external cause codes of these episodes revealed a large proportion (29% or 2,084 episodes) of codes from *Chapter V Mental and behavioural disorders* (F00–F99) followed by episodes (16% or 1,164 episodes) from *Chapter XXI Factors influencing health status and contact with health services* (Z00–Z99). Within the episodes from *Chapter V*, 37% ($n = 763$) were from the section on *Mental and behavioural disorders due to psychoactive substance use* (F10–F19). The remaining first principal diagnosis codes ranged across the chapter groups.

Table A1.1: Selection criteria for hospitalised interpersonal violence cases (X85–Y09 or Y35–Y36), Australia, 2002–03 to 2004–05

Selection criteria	Males	Females	Persons
Number of episodes with an interpersonal violence code present anywhere in the record ^(a)	51,715	20,905	72,621
Community injury (S00–T75 or T79) episodes with an interpersonal violence code anywhere in the record ^(b)	44,832	16,093	60,926
Community injury (S00–T75 or T79) episodes with a first reported interpersonal violence code	44,253	15,672	59,926

(a) Sex was not reported in 1 case.

(b) Omits inward transfers from acute care hospitals.

When the selection criteria were restricted to only community injury episodes with a first reported external cause code of *Assault* (X85–Y09) or *Legal intervention and operations of war* (Y35–Y36), 59,926 episodes were identified. Unless otherwise stated the report focuses on episodes of community injury with the presence of **at least one** external cause code in the categories *Assault* (X85–Y09) or *Legal intervention and operations of war* (Y35–Y36) anywhere in the record.

Perpetrator codes are only analysed for cases where the first external cause code was *Assault* (X85–Y09). That is, cases were excluded for analysis by perpetrator where the interpersonal violence code was not the first external cause code, or where cases were coded to *Legal intervention and operations of war* (Y35–Y36) (see Table A1.2).

Table A1.2: Hospitalised interpersonal violence cases not analysed for perpetrator information, Australia, 2002–03 to 2004–05

	Number of cases
Cases where first external cause code is not within range	1,000
Cases with missing perpetrator code	7
Cases of legal intervention (Y35) ^(a)	109
Cases of operations of war (Y36) ^(a)	6
Total	1,122

(a) Cases where the first reported external cause was not an interpersonal violence code.

Estimated cases

Since some injuries result in more than one episode in hospital due to transfers and re-admissions, analysis of a data set comprised of hospital separations is likely to overestimate the number of new cases of injury. Australian hospital data files, at national level, lack direct means to avoid such over-counting.

In this report, a method has been used to reduce over-counting of cases, by omitting records in which the mode of admission is recorded as being by transfer from another acute care hospital, on the grounds that such cases are likely to result in more than one separation record that meets the operational definition of a case of hospitalised injury. It should be recognised that this method for avoiding multiple counting of cases is approximate. It should allow for cases involving transfer between or within hospitals. It cannot allow for re-admissions which meet the project's selection criteria. As such, reporting of hospitalised cases is an estimate.

Community injury

Community injury separations have been defined in this report as unit records with a Principal diagnosis in the range S00–T75 or T79. These injuries are thought to be those sustained within the community setting – the home, the workplace, an educational institution, the street, the natural environment etc. Community injuries are further categorised into two main types – unintentional injuries (for example, motor vehicle crashes, falls) and intentional injuries (for example, assault, self-harm).

Interpersonal violence codes

Interpersonal violence in the context of the current report takes its definition from ICD-10-AM and is defined as the presence of an external cause code from Chapter XX in the range X85–Y09 (Assault) or Y35–Y36 (Legal intervention and operations of war). Inclusion and exclusion criteria for these codes are shown in Table A1.3 and the full list of codes in Table A1.4.

Table A1.3: External cause of injury interpersonal violence codes inclusion and exclusion criteria

ICD-10-AM code	Description	Inclusion criteria	Exclusion criteria
X85–Y09	Assault	Homicide Injuries inflicted by another person with intent to injure or kill, by any means	Injuries due to: legal intervention operations of war
Y35	Legal intervention	Injuries inflicted by the police or other law enforcing agents, including: -military on duty, in the course of arresting or attempting to arrest -on lawbreakers, suppressing disturbances, maintaining order, and other legal action legal execution	
Y36	Operations of war	Injuries to military personnel and civilians caused by war and civil insurrection	

Source: ICD-10-AM 3rd Edition.

Table A1.4: External cause of injury interpersonal violence codes

Assault (X85–Y09)	
X85	Assault by drugs, medicaments and biological substances
X86	Assault by corrosive substance
X87	Assault by pesticides
X88	Assault by gases and vapours
X89	Assault by other specified chemicals and noxious substances
X90	Assault by unspecified chemical or noxious substance
X91	Assault by hanging, strangulation and suffocation
X92	Assault by drowning and submersion
X93	Assault by handgun discharge
X95	Assault by other and unspecified firearm discharge
X96	Assault by explosive material
X97	Assault by smoke, fire and flames
X98	Assault by steam, hot vapours and hot objects
X99	Assault by sharp object
Y00	Assault by blunt object
Y01	Assault by pushing from high place
Y02	Assault by pushing or placing victim before moving object
Y03	Assault by crashing of motor vehicle
Y04	Assault by bodily force
Y05	Sexual assault by bodily force
Y06	Neglect and abandonment
Y07	Other maltreatment syndromes
Y08	Assault by other specified means
Y09	Assault by unspecified means
Legal intervention and operations of war (Y35–Y36)	
Y35	Legal intervention
Y36	Operations of war

Source: ICD-10-AM 3rd edition.

In previous reports (see for example Berry & Harrison 2007), the definition of interpersonal violence has included Y87.1 *Sequelae of assault*, Y89.0 *Sequelae of legal interventions* and Y89.1 *Sequelae of war operations*. Late effects were removed from this study to focus on the acute impact of interpersonal violence, and on the annual incidence of new cases.

Perpetrator of assault, abuse and neglect

Perpetrator codes are assigned for cases where the first external cause code is in the range of interpersonal violence cases X85–Y09 (*Assault*). A fifth character subdivision is used to describe the relationship of the victim of assault to the perpetrator (Table A1.5). The fifth characters are hierarchically listed according to the relationship of the perpetrator to the victim. A fifth character is assigned which indicates the closest relationship between the perpetrator and the victim (that is, the number highest on the list).

Table A1.5: Perpetrator codes inclusion and exclusion criteria

ICD-10-AM fifth character	Description	Inclusion criteria	Exclusion criteria
.0	Spouse or domestic partner	Ex-partner Ex-spouse	
.1	Parent	Parent: - adoptive - natural (cohabiting)(non-cohabiting) - step Parent's partner, cohabiting	Excludes: - foster parent (.3) - parent's partner, non-cohabiting (.4)
.2	Other family member	Brother and sister Cousin Grandchild Grandparent Niece and nephew Son and daughter Step sibling (brother)(sister) Uncle and aunt	
.3	Carer	Baby sitter Foster parent Health care-provider Nursing home, hostel and boarding house carer School teacher	
.4	Acquaintance or friend	Employer, employee and co-worker Family friend Neighbour Parent's partner, non-cohabiting	
.5	Official authorities	Correctional services Immigration personnel Military personnel Police Ranger Security guard Sheriff Special constable	
.6	Person unknown to the victim	Stranger	
.7	Multiple persons unknown to the victim	Gang Mob	
.8	Other specified person		
.9	Unspecified person		

Source: ICD-10-AM 3rd edition.

Calculation of rates

This report combines data for three financial years (2002–03, 2003–04, and 2004–05) in order to produce an annual average rate of injury. Data years were aggregated, as were population data. Rates were calculated using finalised population estimates as at 31 December for each year aggregated for the 3-year period 2002–05.

All-ages rates have been adjusted for age to overcome the effect of differences in the proportions of people of different ages (and different injury risks) in the populations that are compared. Direct standardisation was employed, taking the Australian population in 2001 as the standard. Where crude rates are reported, this is noted.

Suppression of small cell numbers in data tables

In some instances, cell numbers in tables that are 5 cases or fewer have been suppressed, as have rates derived from them, to protect confidentiality and because values based on very small numbers are sometimes difficult to interpret. The abbreviation 'n.p.' has been used in these tables to denote these suppressions. For these tables, the totals include the suppressed information.

Errors, inconsistencies

This report uses data collected from state and territory hospitals. After coding and collection from the states and territories, the data are further processed by the AIHW and the National Injury Surveillance Unit. The geographical spread of the data and the large number of people involved in its processing increases the risk of inconsistencies across time and place in the data. Variations in reporting and coding continue to exist across jurisdictions, although National Minimum Data Sets have been in place for some considerable amount of time.

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This report describes episodes of hospitalised interpersonal violence in the 3 years (2002–03 to 2004–05) after the introduction of perpetrator coding in Australia in 2002. It also provides a technical demonstration of the type of analysis that is possible using perpetrator codes.

During 2002–03 to 2004–05, 60,926 people were hospitalised and three-quarters of them were male. The most common reported type of interpersonal violence was Assault by bodily force, accounting for just over half of all cases (55%). Unspecified person was recorded as the perpetrator in 57% of cases aggregated over the 3 years.