



Assault

What is assault?

Death from injuries inflicted by another person with intent to injure or kill, by any means, are known as assault deaths (WHO 2010).

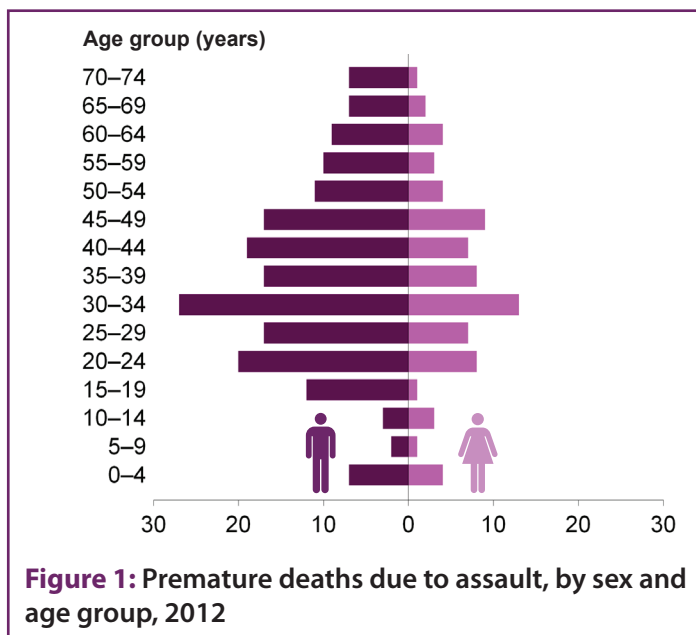
Deaths due to assault should be distinguished from homicide deaths, with the latter being further defined by criminal law (including concepts of murder and manslaughter). The scope of homicide death reporting may therefore differ from that presented here (AIC: Bryant & Cussen 2015; AIHW: Henley & Harrison 2015).

In this report, assault deaths are limited to those classified in the International Classification of Diseases (WHO 2006) as Assault (X85–Y09)—for example, assault by bodily force, assault by handgun discharge and assault by a sharp object.

Premature mortality refers to deaths that occur at a younger age than a selected cut-off—for this analysis, deaths among people under the age of 75 are considered premature. This is consistent with other AIHW reports on premature mortality. Although this fact sheet focuses on deaths under 75, injury and poisoning deaths at any age can be considered premature.

Who dies prematurely from assault?

In 2012, there were 260 premature deaths due to assault in Australia. More males (185 deaths, or 71% of total assault deaths) than females (75 deaths) died from assault (Figure 1).



Quick facts

Assault was the **46th** leading cause of premature death in Australia in 2010–2012 and the **4th** leading cause among young people aged 15–24.

46

More than **2 in 3** premature deaths due to assault in 2012 were among males (71%).



The premature death rate due to assault decreased by **40%** over the 3 decades from 1982 to 2012.

40%

For both sexes, the most common age group for deaths from assault was 30–34 (27 deaths for males and 13 for females). Assault was less common among both males and females from the age of 50.

Of the 20 deaths in children aged 14 and under, 11 children were aged 0–4.

Based on analysis of homicide statistics, homicides are most likely to occur among people who know each other (AIC: Bryant & Cussen 2015). While males continue to be over-represented in mortality data due to assault, where victims were killed by an offender with whom they shared a domestic relationship, nearly two-thirds of these victims were female (AIC: Bryant & Cussen 2015). Males were more likely than females to be killed by acquaintances (81% of acquaintance homicides) or strangers (85% of stranger homicides) during 2010–12.

What population-level approaches target premature deaths due to assault?

The success of public health initiatives relating to other widespread problems, such as smoking, suggests that they have a critical role to play in the prevention of violence (WHO 2010).

Preventing violence is an international public health priority (WHO 2010). Strategies suggested by the World Health Organization include:

- developing safe and nurturing relationships between children and their caregivers
- developing life skills in children and adolescents
- reducing the availability and harmful use of alcohol



- reducing access to weapons
- promoting gender equality to prevent violence against women
- changing cultural and social norms that support violence
- victim identification, care and support programs (WHO 2010).

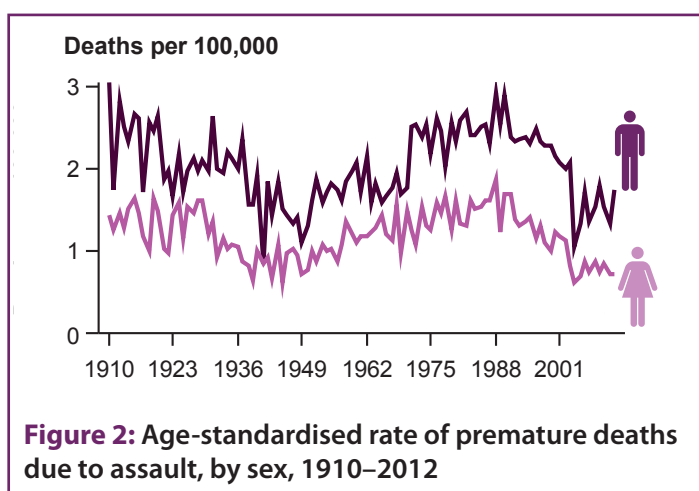
The *Second Action Plan—Moving Ahead 2013–2016* is a joint initiative of Australian, state and territory governments as part of the *National Plan to Reduce Violence against Women and their Children 2010–2022*. The National Plan focuses on domestic and family violence and sexual assault. The action plan directs efforts towards ongoing and new priorities and recognises reducing violence against women and children as a community responsibility.

Also included in the action plan is the need for justice responses to be effective, to be responsive to women's safety and to prevent further violence (Department of Social Services 2014).

Premature deaths due to assault are classified as 'potentially avoidable in the context of the present health system' according to nationally agreed definitions (AIHW 2015). The definition includes deaths from conditions that are potentially preventable through individualised care and/or treatable through existing primary or hospital care, such as through the delivery of paramedic services and trauma care.

How have premature death rates due to assault changed over time?

Trends in injury deaths should be interpreted with caution due to changes in data sources and coding practices, and revision status of data. For more information, see AIHW: Harrison & Henley 2015.



Premature mortality rates from assaults in Australia have fluctuated quite dramatically between 1910 and 2012. Overall, age-standardised death rates declined from 2.3 per 100,000 population in 1910 to 1.2 per 100,000 in 2012. Age-standardised death rates show that males consistently experienced a higher rate of death due to assault than females in this time period (Figure 2).

There were several peaks in assault deaths among males including in 1931 (2.6 deaths per 100,000 population) and an extended period of higher death rates between 1981 and 1990. The greatest peaks occurred in 1988 and 1990 (2.9 deaths per 100,000). Among females, the age-standardised rate due to assault also fluctuated and was highest in 1990 (1.9 deaths per 100,000).

Between 2002 and 2012 there was a 25% decrease in premature deaths from assault, from 1.6 deaths per 100,000 population to 1.2 deaths per 100,000. However changes during this period are known to be affected by methodological issues (AIHW: Henley & Harrison 2015; AIHW: Harrison & Henley 2015).

What has influenced trends in premature deaths due to assault?

Violence is a complex problem based on biological, social, cultural, economic and political factors—all of which can change over time (WHO 2010). Analysing trends over time in assault deaths, and the factors influencing these trends, is therefore difficult.

Some literature has focused on increased survival for injured victims. European researchers have suggested that three main factors affect a victim's chances of survival: the standard of medical knowledge and skill of practitioners; the availability of surgeons, doctors and hospitals; and the speed with which agencies such as hospitals are notified (Liem & Pridemore 2012). However these factors do not provide a complete picture of what may have affected the overall decline in assault deaths over time.

Where can I find out more?

Premature mortality in Australia (including references):
<<http://www.aihw.gov.au/deaths/premature-mortality/>>.

AIHW GRIM books:
<<http://www.aihw.gov.au/deaths/grim-books/>>.

AIHW web pages and publications:
<<http://www.aihw.gov.au/injury/>>.

Research Centre for Injury Studies website:
<<http://www.nisu.flinders.edu.au/>>.

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