Australian Government
Australian Institute of Health and Welfare

Flinders UNIVERSITY

Hospitalised assault injuries among men and boys

How many men and boys were hospitalised due to assault in 2014–15?

Just over 19,000 people (19,025) were hospitalised in Australia in 2014–15 because of an assault, of whom 67% (12,768) were men and boys. The overall rate of hospitalised assault injury among men and boys was 110 per 100,000 population, compared with 55 for women and girls.

Rates of hospitalised assault injury were highest among men aged 20–24 (239 cases per 100,000 population) (Figure 1). The lowest rates of hospitalised assault injury were in young boys aged 5–9 (6 cases per 100,000 population) and older men aged 95+ (12 cases per 100,000 population).

Quick facts

- Nearly 13,000 men and boys were **hospitalised due to assault** in 2014–15. The highest rate of assault injuries occurred among men aged 20–24 (239 cases per 100,000).

- Just over 60% of all hospitalised assault injuries were due to **bodily force** (for example in an unarmed brawl or fight).

- **Fractures** were the most common type of injury (40%) and most hospitalised assaults (69%) resulted in injuries to the head and neck area.

- Where the type of perpetrator was specified, over two-thirds (64%) of all assault cases for men and boys were attributed to **perpetrators known to the victim**.

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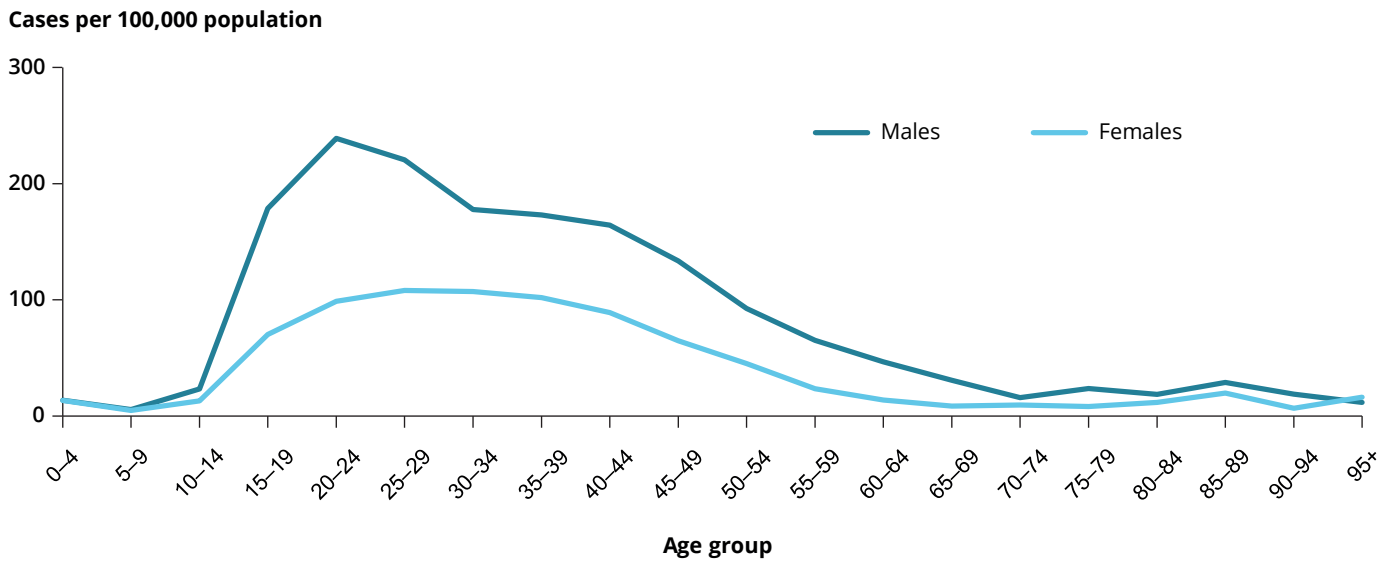
better decisions,
improved health and welfare

Figure 1: Rates of hospitalised assault injuries, by age group, by sex, Australia 2014–15

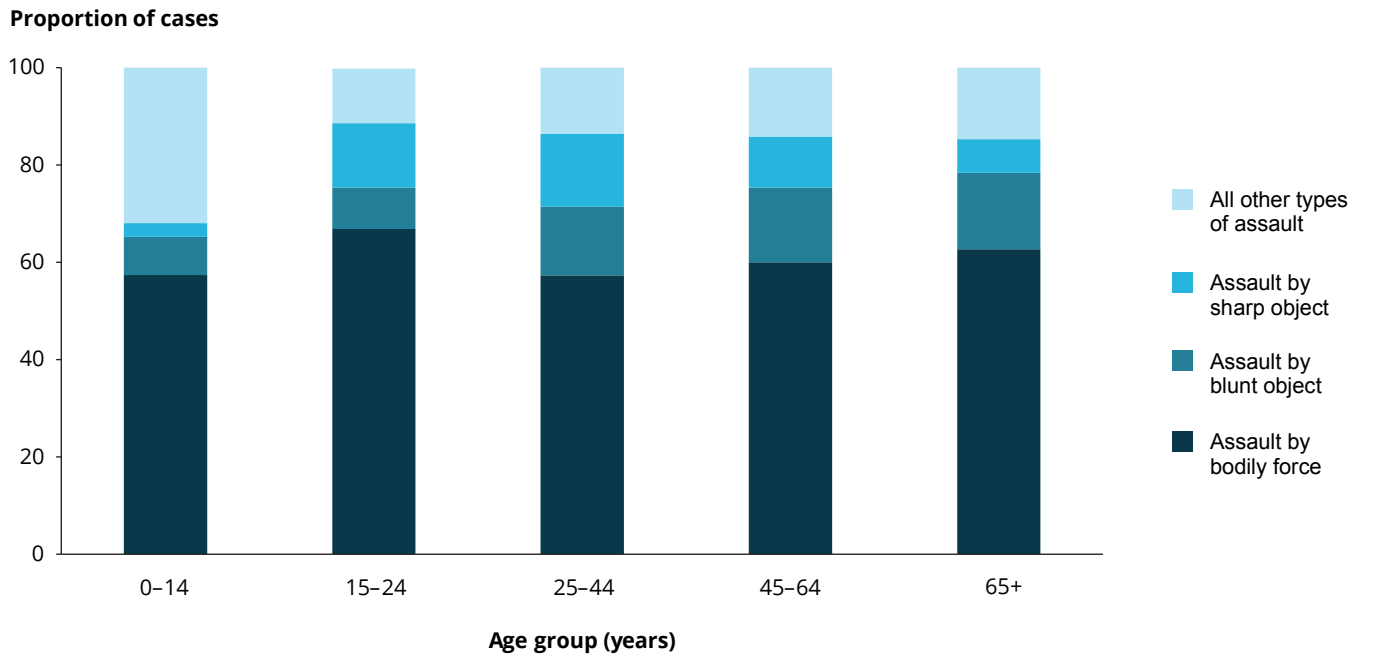


Type of assault

Nearly 9 in 10 cases (86%, or 11,032 cases) of all hospitalised assault injury cases among men and boys were due to three main causes: *Assault by bodily force* (61%, or 7,732 cases), *Assault by sharp object* (13%, or 1,672 cases) and *Assault by blunt object* (13%, or 1,628 cases). There was little variation by age group with respect to the three main causes, although hospitalised assault injuries due to sharp objects were less common among boys aged 0–14 and assaults by bodily force were more common among those aged 15–24 (Figure 2).

Additional information was available about the type of sharp object used in hospitalised assault injury cases. Over half (55%, or 923 cases) of all hospitalised assault injuries with sharp objects involved a knife and a further 18% (300 cases) were caused by a sharp object made of glass of some sort.

Figure 2: Proportion of cases by type of hospitalised assault injury, by age group, Australia 2014–15

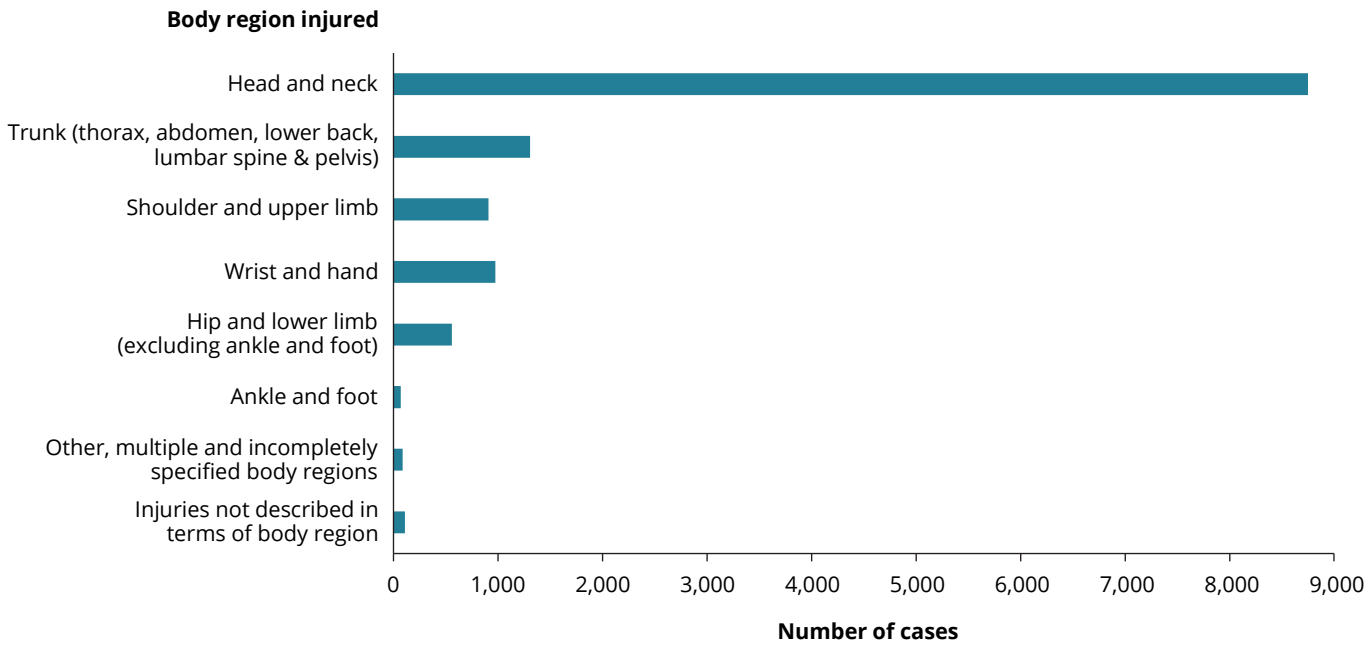


Nature of the injury

Based on the principal diagnosis for these hospitalised assault cases, the majority of hospitalisations due to assault resulted in injuries to the head and neck area (69%, or 8,749 cases), followed by injuries to the trunk (10%, or 1,307 cases), wrist and hand (8%, or 975 cases) and shoulder and upper limb (7%, or 908 cases) (Figure 3). Almost three-quarters (71%, or 1,150 cases) of injuries caused by blunt objects were due to blows to the head and neck area.

Fractures (40%, or 5,062 cases), open wounds (20%, or 2,565 cases) and intracranial injuries (11%, or 1,412 cases) accounted for almost three-quarters of the main assault injuries sustained by men and boys.

Figure 3: Main body regions injured among men and boys hospitalised due to assault, Australia 2014–15



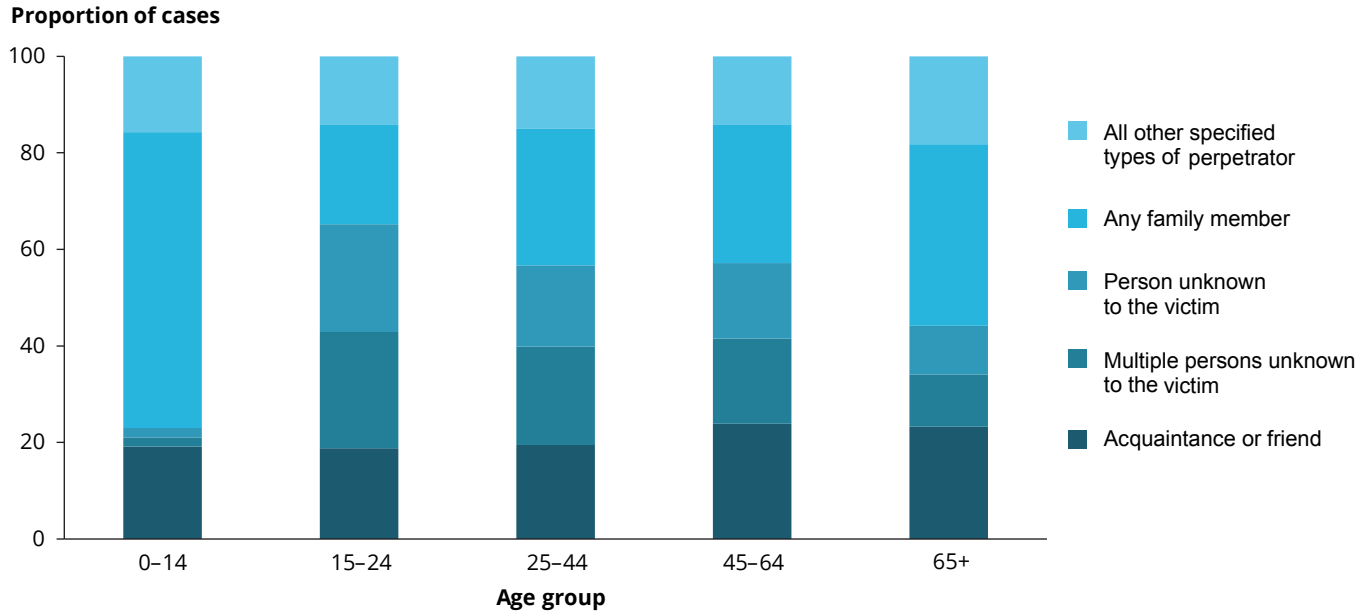
Who were the perpetrators of assault against men and boys?

Over half (54%, or 6,840 cases) of all hospitalised assault injury cases did not specify the relationship between the perpetrator and the victim. Specific information about a perpetrator may not be available 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.

In cases where the perpetrator was specified (46%, or 5,845 cases), about two-thirds (64%, or 3,720 cases) of hospitalised assault injuries were perpetrated by a person known to the victim. Family members were the most commonly reported perpetrators of assault where the perpetrator was specified (28%, or 1,663 cases), followed by acquaintances or friends (20%, or 1,192 cases). In almost one-fifth of cases with a specified perpetrator, the victim reported being assaulted by multiple unknown persons (19%, or 1,136 cases). Males were much more likely to report being assaulted by multiple people unknown to them than females (3%, or 150 cases).

The type of perpetrator of hospitalised assault injury varied by age group. Figure 4 shows the proportion of types of perpetrators (where a perpetrator was specified by the victim) by age group. For boys aged 0–14, parents were the most common specified perpetrators of assault (117 cases). Among young people (15–24), assaults by people unknown to the victim were more common, with 46% of assaults caused by a person (22%, or 308 cases) or persons (24%, or 332 cases) unknown to the victim. For victims aged 65+ the most commonly reported perpetrator was another family member (29%, or 75 cases).

Figure 4: Reported perpetrator (where specified) for cases of hospitalised assault, men and boys, Australia 2014–15



Note: Other specified person(s) includes cases where perpetrator was reported as other specified person, carer, or official authorities. Any family member includes cases where perpetrator was reported as spouse or domestic partner, parent or other family member.

Assaults by perpetrators unknown to the victim

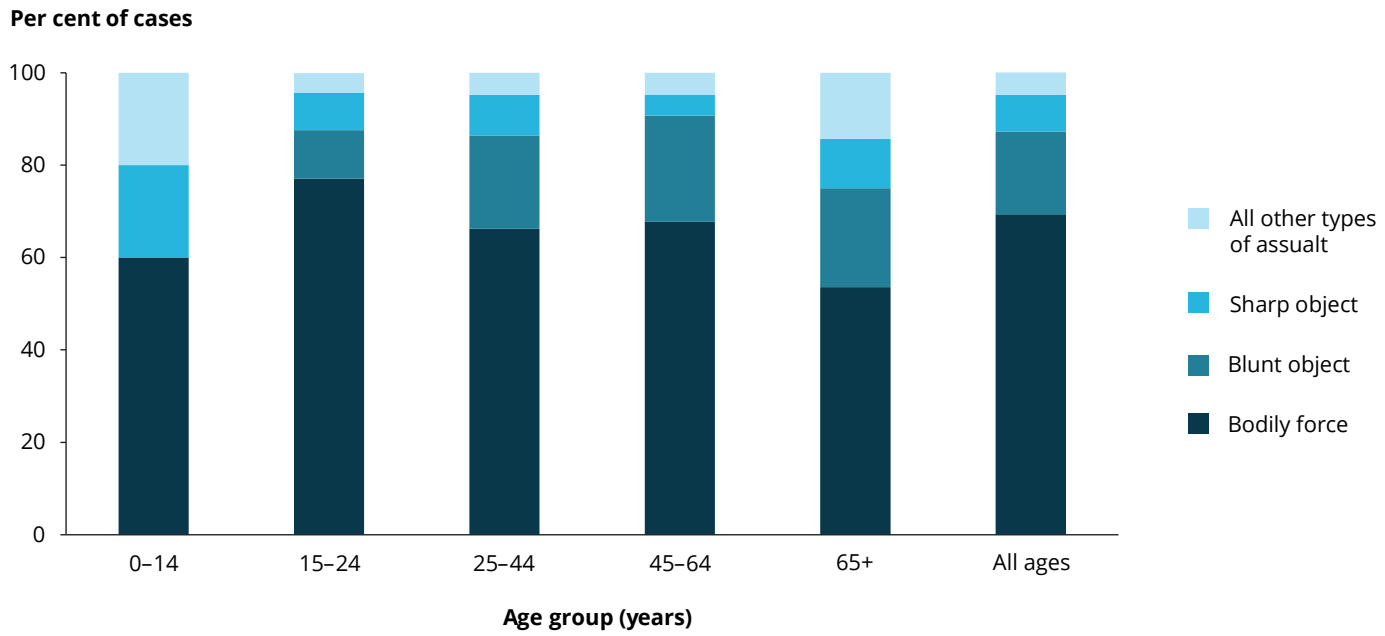
Males (36%, or 2,125 cases) have a much higher proportion of cases where the perpetrator is reported as unknown to them than females (7.2%, or 350 cases). Among males, 19% of assaults were due to multiple unknown attackers and 17% were cases in which a single unknown attacker was involved.

There was a higher proportion of multiple unknown perpetrators compared with an individual unknown attacker in all age groups other than 0–14 and 65+. The highest proportion of cases that resulted from an attack by multiple unknown perpetrators occurred among young men aged 15–24 (24%; Figure 4).

In over two-thirds (69%) of all cases involving hospitalised assault injuries by *Multiple persons unknown to the victim* the type of assault was 'bodily force', a slightly higher proportion than for hospitalised assault injuries overall (61%; Figure 5). When examined according to age group, the proportion of multiple person assaults that were by bodily force was highest among 15–24 year olds (77%). The 'head and neck' was the body region most often injured in assaults of this type regardless of age (74% of cases).

In just under half (505 cases) of assaults by multiple unknown persons, no information was provided about place of occurrence. For those cases where information about location was available, 187 occurred on a street or highway and 166 occurred in a trade or service area, of which 103 took place in a café, hotel or restaurant.

Figure 5: Type of hospitalised assault injury by multiple persons unknown to the victim, men and boys, Australia 2014–15



In this fact sheet, hospitalised assault injury cases were defined as those classified in the International Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD 10 AM) (NCCH 2012) as *Assault* (X85–Y09) or *Legal intervention and operations of war* (Y35–Y36) (82 cases, or 1% of total cases). This includes all cases in which a person, or more than one person, intentionally injured another person. It does not include cases where the intent was unspecified, unstated or could not be determined.

Just as not all offences are reported to police, not all hospitalised assault cases will be identified as assaults. This may be particularly the case for acts of domestic violence or sexual assault, where victims can be reluctant to report an incident to hospital personnel or to identify a perpetrator for hospital records. As a result, this fact sheet probably underestimates the incidence of hospitalised assault.

The data were sourced from the AIHW's National Hospital Morbidity Database for 2014–15, which covers all (admitted) episodes of care in Australian hospitals. Records with a mode of admission reported as a transfer from another hospital were excluded to reduce double counting of cases.

References and related publications

NCCC (National Casemix and Classification Centre) 2012. The international statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM), Australian Classification of Health Interventions (ACHI) and Australian Coding Standards (ACS), 8th edn. Wollongong: University of Wollongong.

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