

TIIG Lancashire Themed Report

Assaults in the Home across Lancashire
(2011/12 to 2013/14)

December 2014



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I feel privileged to have been asked to write this foreword. As both Vice-chair of the Pan-Lancashire Strategic Domestic Abuse Board and Strategic Domestic Abuse Lead for Lancashire County Council, I feel the more we can identify and analyse where violence occurs, especially the hidden violence in the home, the better we will become at reducing the harm caused by such violence earlier. Emergency departments will see a lot of patients who are experiencing domestic violence, including those who don't feel able to tell us what is happening to them.



There is no hard data available on the number of people who experience domestic abuse annually. The British Crime Survey data includes reported and unreported incidents, and calculations are thought to be a conservative estimate of the number of high risk victims. Domestic violence and abuse are far more common than people think.

Research suggests domestic violence costs the UK an estimated £15.7bn a year. This is made up of "human" costs - healthcare, criminal justice bills, costs relating to social services and refuges, as well as working days lost owing to injuries. £1.7billion is estimated to be the healthcare costs. All health care settings have a vital role to play in helping to reduce the harm by intervening early. From the 2013 Lancashire domestic abuse JSNA service user research, many victims of domestic abuse stated they would report to a health professional more than to any other statutory service.

Nationally around 20% of all violent assaults take place around the home or in a pub, whereas it is estimated that more than 60% of domestic violence incidents happen at home. This report from accident and emergency departments will help us to start to identify trends in gender abuse and where support is needed.

The report also identifies that on average, 50% of the attendances recorded were by males, yet we also know from the 2013 Lancashire domestic abuse JSNA, that 95.5% of high risk cases are female, therefore asking hospitals to routinely ask about the relationship with the abuser would help us to identify where further work needs to be directed.

In the longer term, it is hoped that all accident and emergency departments will ask questions routinely on entry which will help us to identify more about these assaults, so we can shape how we respond to reduce the harm caused by violence.

Thank you.

Helene Cooper

A handwritten signature in black ink that reads "Helene Cooper".

Vice-chair, Pan-Lancashire Strategic Domestic Abuse Board

Community Safety & Justice Coordinator – Domestic Abuse Lead, Lancashire County Council

ACKNOWLEDGEMENTS

With thanks to the accident and emergency departments involved with the collection of the data used in this report and also to the Trauma and Injury Intelligence Group (TIIG) Lancashire Project Steering Group and Lancashire County Council Public Health Team for their continued involvement in TIIG. Especially thank you to Helene Cooper for writing the foreword for this report. And finally, thank you to Jane Harris, Simon Russell and Bella Szarowicz at the Centre for Public Health for their assistance in proof reading this report.

KEY FINDINGS

- There were 2,354 attendances to the accident and emergency departments (AEDs) across Lancashire due to assault-related injuries sustained in the home between 2011/12 and 2013/14; of these, 2,238 were residents of Lancashire (95%).
- Attendances overall decreased by 23% over the three-year period.
- Almost half (47%) of attendances were to Blackpool Victoria Hospital AED followed by 28% to Royal Preston Hospital AED.
- Over one-third (34%) of assault attendees resident in Lancashire were from Blackpool unitary authority and over one-fifth (22%) were from Preston local authority. Similarly, crude rates were highest in Blackpool (545 per 100,000 population), followed by Preston (353 per 100,000 population).
- There were slightly more males than females (males=52%).
- Attendees aged between 30 and 59 years accounted for 47% of attendances, closely followed by 45% aged between 15 and 29 years.
- Where ethnicity was known, the majority (80%) of attendees in 2013/14 were White British.
- The day of the week with the highest number of attendances was Sunday (22%), followed by just under one in five (19%) attendances on a Saturday.
- Attendances peaked between 22:00 and 03:59.
- Of the records where referral mode was known, just over half (51%) were referred to the AED by the emergency services and two in five (40%) self-referred.
- Over half (55%) arrived at the AED by ambulance and one-quarter (25%) arrived by private transport.
- Just under three in five (59%) were discharged from hospital with no further treatment required, while just over one in five (21%) were referred for follow-up treatment.
- Where enhanced data collection has taken place for assault-related attendances, data showed that; most incidents occurred on a Sunday (23%) followed by a Saturday (21%); the majority (69%) of incidents reported body part as the assault weapon, followed by 11% blunt objects and 9% sharp objects; and, just over half (51%) reported not consuming alcohol in the three hours prior to the incident compared to 47% who had.

Intimate partner violence (IPV), also referred to as domestic violence or domestic abuse, refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm (Office for National Statistics [ONS], 2014; World Health Organization, 2013) and is a major public health challenge worldwide (Krug, et al., 2002, cited in Wood, Bellis and Watts, 2010). IPV has serious short- and long-term impacts on the quality of life, wellbeing and general health of victims (Svavarsdottir and Orlygsdottir, 2008; World Health Organization, 2013), and physical injuries are common (Ramsay et al., 2002; Wu, Huff and Bhandari, 2010).

Findings from the Crime Survey for England and Wales 2012-13 found that 7.1% of women and 4.4% of men aged between 16 and 59 years self-reported to have experienced any form of domestic abuse^A in the last year, equivalent to an estimated 1.2 million female victims and 700,000 males (ONS, 2014). The Survey also reported 30.0% of women and 16.3% of men had experienced any form of domestic abuse since the age of 16 years, equivalent to an estimated 4.9 million female victims and 2.7 million males (ONS, 2014).

Public Health England's (PHE) Public Health Outcomes Framework (PHOF) indicator reports a crude rate of 18.8 (confidence intervals [CIs] 18.7-18.8) domestic abuse incidents involving adults aged 18 years and above per 1,000 resident population across England during 2012/13. The figure for Lancashire is 26.5 (CIs 26.2-26.8) per 1,000 resident population (PHE, 2014)^B. It is expected that the number of domestic abuse incidents are actually higher as it should be noted that this indicator is based on incidents reported to the police only.

The Trauma and Injury Intelligence Group (TIIG) Injury Surveillance System warehouses data collected by the accident and emergency departments (AEDs) across the North West of England. Using data collated by TIIG, this report provides an indication of the burden of assault-related injuries occurring in the home on health services and residents of Lancashire between 2011/12 and 2013/14. Although a proportion of assaults in the home will not be domestic incidents, these data can be used as a proxy measure for the proportion of domestic violent-related injuries. This report can be used by local partners to inform prevention strategies, support local work in relation to the PHOF and prevention work in IPV and violent crime.

^A Domestic abuse in the Crime Survey for England and Wales includes emotional, financial and physical abuse by partners or family members, as well as sexual assaults and stalking by any person (Office for National Statistics, 2014).

^B Note that England values do not include data for Greater Manchester local authority districts; therefore it is not possible to directly compare the figure for Lancashire with England.

METHODS

Data extracted from the TIIG Injury Surveillance System included assault-related injury attendances between April 2011 and March 2014 to the AEDs across Lancashire where the general incident location was recorded as the home. The dataset excludes attendances to Burnley General Hospital Urgent Care Centre and Royal Blackburn Hospital AED as East Lancashire Hospitals NHS Trust only started collecting the incident location in December 2013. See Box 1 below for a list of the hospitals included in the analyses^C.

Box 1: Hospitals included in analyses^B

NHS trust	Hospital	Service(s) (AED/UCC) [†]
Blackpool, Fylde and Wyre NHS Trust	Blackpool Victoria Hospital	AED
Lancashire Teaching Hospitals NHS Foundation Trust	Chorley and South Ribble Hospital	AED
	Royal Preston Hospital	AED
Southport and Ormskirk Hospitals NHS Trust	Ormskirk and District General Hospital	AED & UCC
	Southport and Formby District General Hospital, Merseyside (<i>Lancashire residents only</i>)	AED
University Hospitals of Morecambe Bay NHS Foundation Trust	Royal Lancaster Infirmary	AED

[†] AED = Accident and Emergency Department; UCC = Urgent Care Centre. For the purpose of this report, 'AEDs' refer to all the hospitals listed in this table, whether AED and/or UCC services are provided.

AED attendances were analysed to explore and report on the extent of assaults in the home injury attendances across Lancashire over the past three years (2011/12 to 2013/14). Figures do not relate to individuals, but to the number of AED attendances; for example, an individual could present to an AED more than once during the three-year period but all attendances made by the individual have been included in the analyses. Where figures have been reported for Lancashire residents only presenting to an AED, this is based on the postcode of residency where complete and correct^D.

Crude rates were calculated for each local/unitary authority per 100,000 resident population across Lancashire (using Office for National Statistics mid-2013 population estimates). To identify where there were significant differences between areas, 95% confidence intervals (CIs)^E were calculated.

^C Due to a large proportion of West Lancashire residents attending Southport and Formby District General Hospital in Merseyside (n=119), attendances made by Lancashire residents to this hospital have been included in the analyses. Also note that this report, unlike previous reports, does not include attendances made by Lancashire residents to Royal Albert Edward Infirmary in Wigan, Greater Manchester, due to small numbers (n=36 between 2011/12 and 2013/14).

^D The following hospitals do not provide TIIG with the patients' postcode: Ormskirk and District General Hospital and Southport and Formby District General Hospital. However, the Lower Super Output Area (LSOA) and Middle Super Output Area (MSOA) are reported.

Super Output Areas (SOAs) are used in the reporting of small area statistics; for more information visit: <http://www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/census/super-output-areas--soas-/index.html>.

^E Confidence intervals (CIs) are a range of values indicating the uncertainty there is around the estimation of a calculated rate; the wider the CI, the more uncertainty there is. CIs are normally calculated at a 95% confidence level, representing the range in which the true population value will lie 95 out of 100 times (Association of Public Health Observatories, 2008).

For all tables, numbers less than five have been suppressed (with ***) in line with patient confidentiality. If there is only one number less than five in a category then a second number has been suppressed to prevent back calculations from totals (e.g. <15). Also note that percentages may not add up to 100% due to rounding.

Data included within this report have a number of limitations and caution should be applied when using the figures provided (see Box 2).

Box 2: Limitations of AED data

- As data from attendances to East Lancashire Hospitals NHS Trust (Burnley General Hospital UCC and Royal Blackburn Hospital AED) have been excluded from analyses, this report does not reflect a true picture of assault-related injuries which occurred in the home across Lancashire. This particularly affects figures for residents of Blackburn with Darwen, Burnley, Hyndburn, Pendle, Ribble Valley and Rossendale local/unitary authorities.
- Assaults are self-reported by patients presenting to the AED upon arrival and disclosing information to reception staff; therefore a number of patients may not report the injury as assault-related.
- Not all NHS trusts across Lancashire record additional information for assault-related injury attendances (e.g. incident date/time, assault weapon, whether alcohol has been consumed prior to the incident), and data quality varies across those which do. Appendix 1 indicates the data items collected by each trust.
- The North West Ambulance Service (NWAS) dataset does not indicate the location type of the assault (e.g. home) and therefore has not been included in this report.

TIIG is working with University Hospitals of Morecambe Bay NHS Foundation Trust (the only trust in Lancashire not collecting any enhanced information for assault-related injury attendances) to assist and support them with implementing data collection processes. TIIG is also working with the other trusts across Lancashire to improve data quality and regularly provides feedback on completion rates of these data items. Currently only Southport and Ormskirk Hospitals NHS Trust asks assault attendees their relationship to the attacker; TIIG is currently discussing this with the other trusts to see if this can be added to their patient management system in order to assist local partners in identifying domestic-related incidents.

NUMBER AND TRENDS OF ATTENDANCES

Between April 2011 and March 2014, there were 2,354 attendances to the AEDs across Lancashire due to assault-related injuries sustained in the home (including Lancashire residents attending Southport and Formby District General Hospital in Lancashire); of these, 2,238 were residents of Lancashire (95%).

In 2011/12, there were a total of 900 attendances, which decreased to 760 in 2012/13 (-16%) and to 694 in 2013/14 (-9%); equivalent to an overall reduction of 23% over the three years (Figure 1). Between 2011/12 and 2013/14, there was a 24% reduction in attendances made by Lancashire residents.

Figure 1: Number of assaults in the home injury attendances by year of attendance (2011/12 to 2013/14)

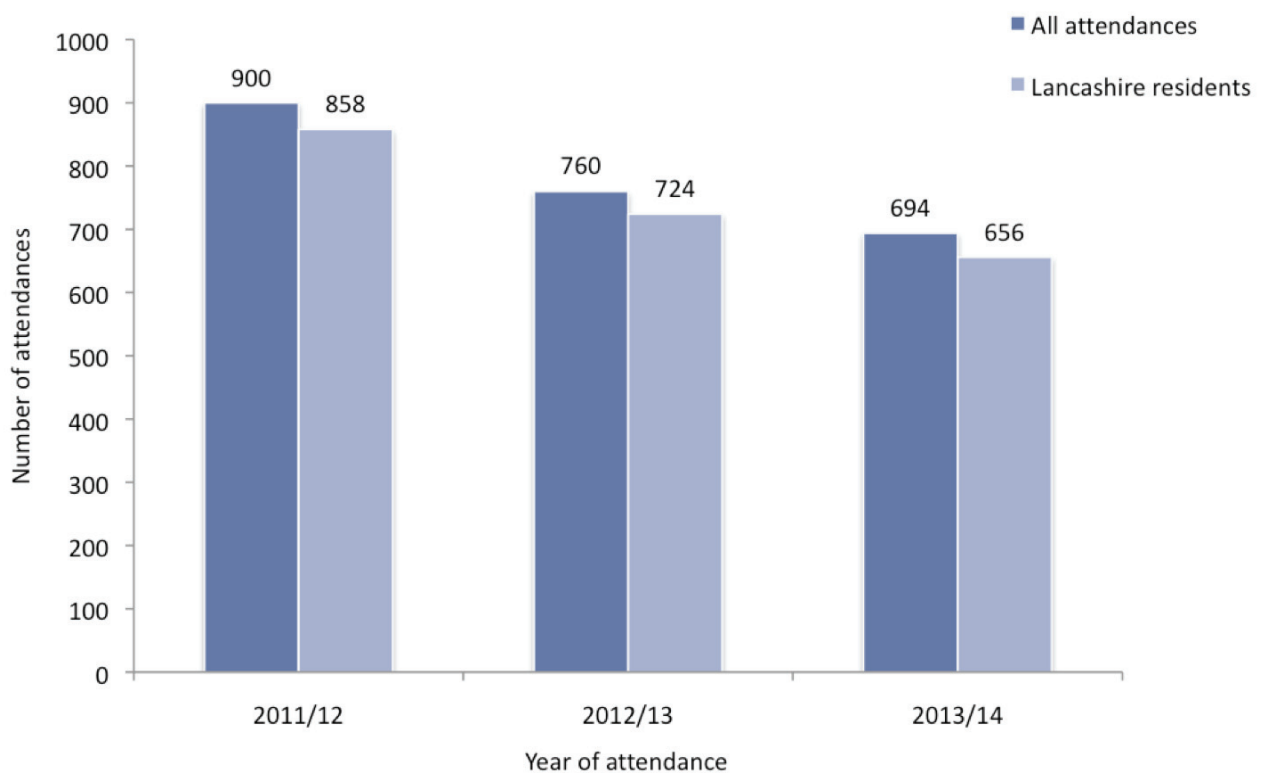
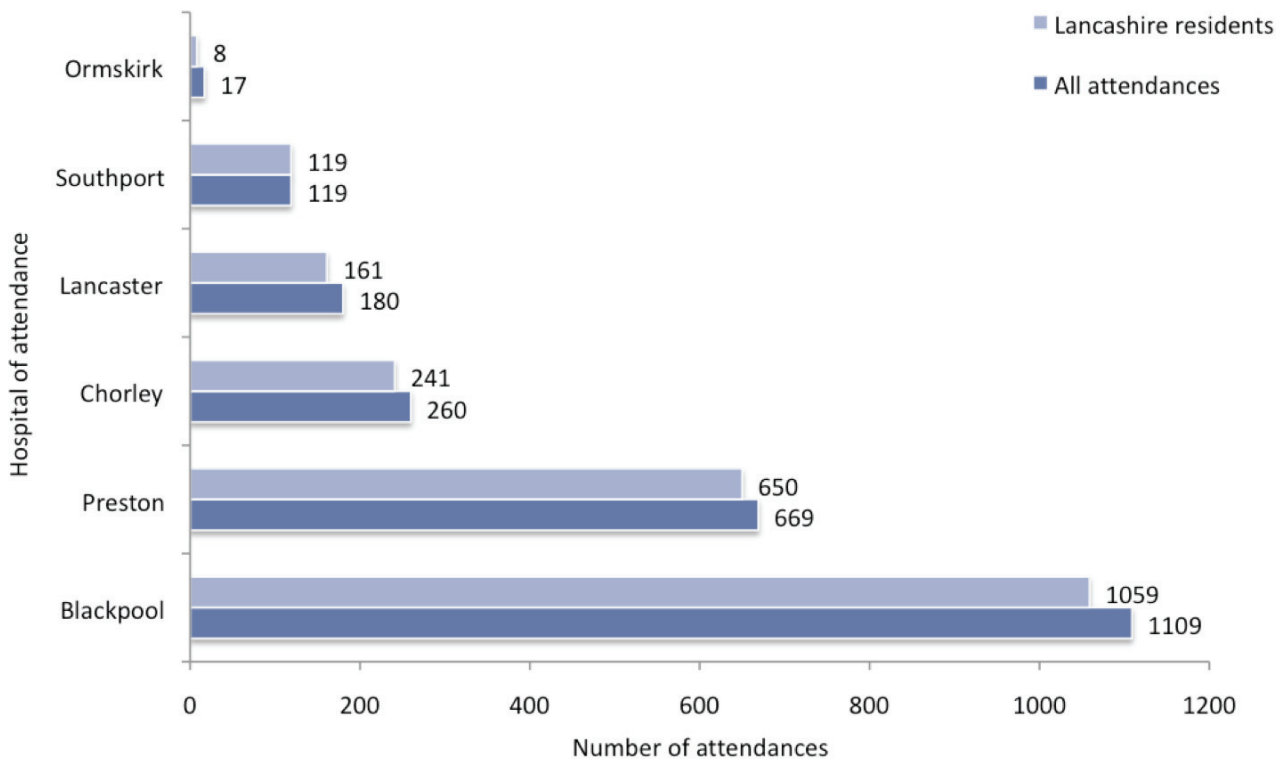


Figure 2 illustrates the number of attendances for assaults in the home to each AED during the three-year period. Almost half (47%) of all attendances were to Blackpool Victoria Hospital (n=1,109), followed by just under three in ten (28%) to Royal Preston Hospital (n=669).

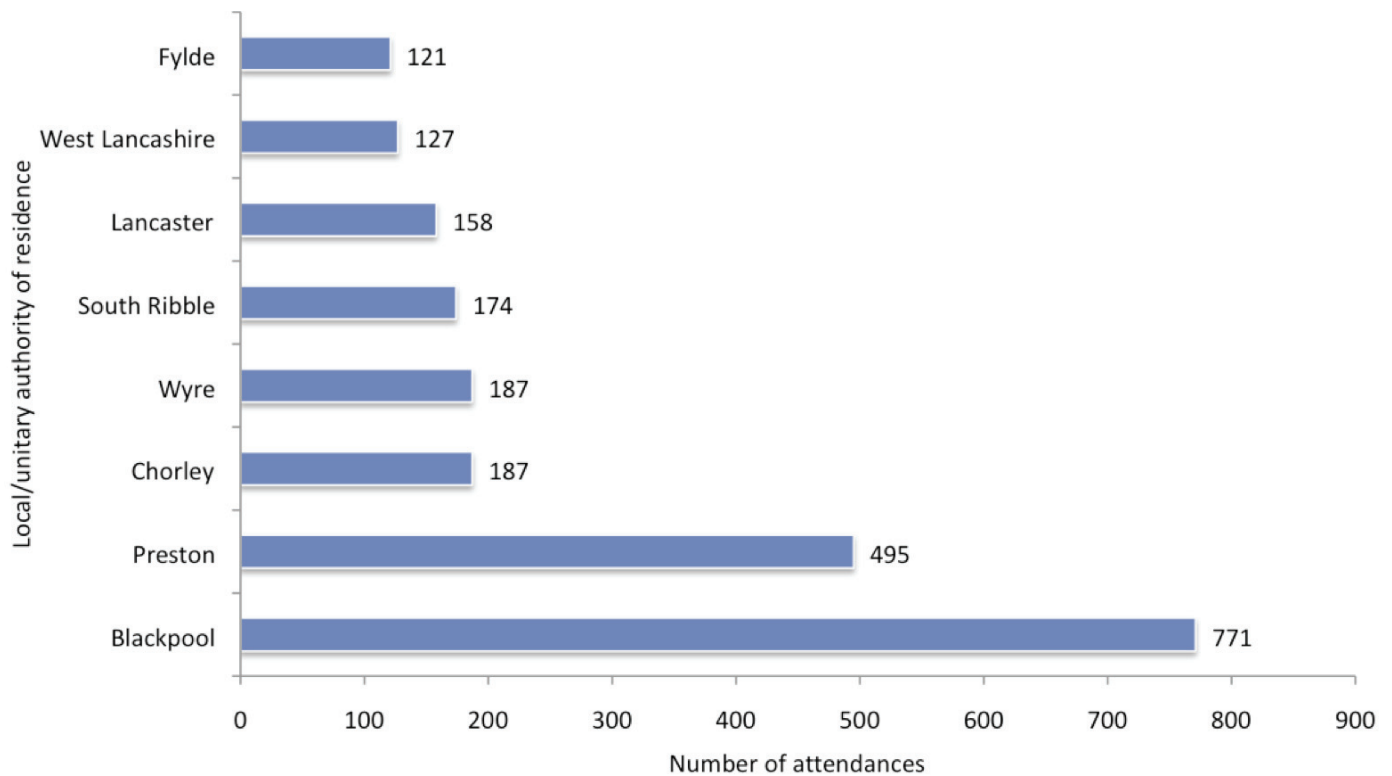
Figure 2: Number of assaults in the home injury attendances by hospital of attendance (2011/12 to 2013/14)



AREA OF RESIDENCY

The local/unitary authority of residence of the attendees from Lancashire presenting with assault-related injuries sustained in the home are presented in Figure 3. Just over one-third (34%) were resident in Blackpool unitary authority (n=771) and over one-fifth (22%) were resident in Preston local authority (n=495).

Figure 3: Number of assaults in the home injury attendances by local/unitary authority of residence (Lancashire residents; 2011/12 to 2013/14)^F



^F Due to low numbers caused by the omission of attendances to East Lancashire Hospitals NHS Trust, attendances made by residents of Blackburn with Darwen, Burnley, Hyndburn, Pendle, Ribble Valley and Rossendale local/unitary authorities have not been included in the chart. Percentages have been calculated based on the total number of Lancashire residents (n=2,238).

Crude rates per 100,000 resident population of assault-related injuries sustained in the home have been calculated and presented in Table 1. Rates were highest in Blackpool unitary authority (545 per 100,000 resident population) and Preston local authority (353 per 100,000 resident population).

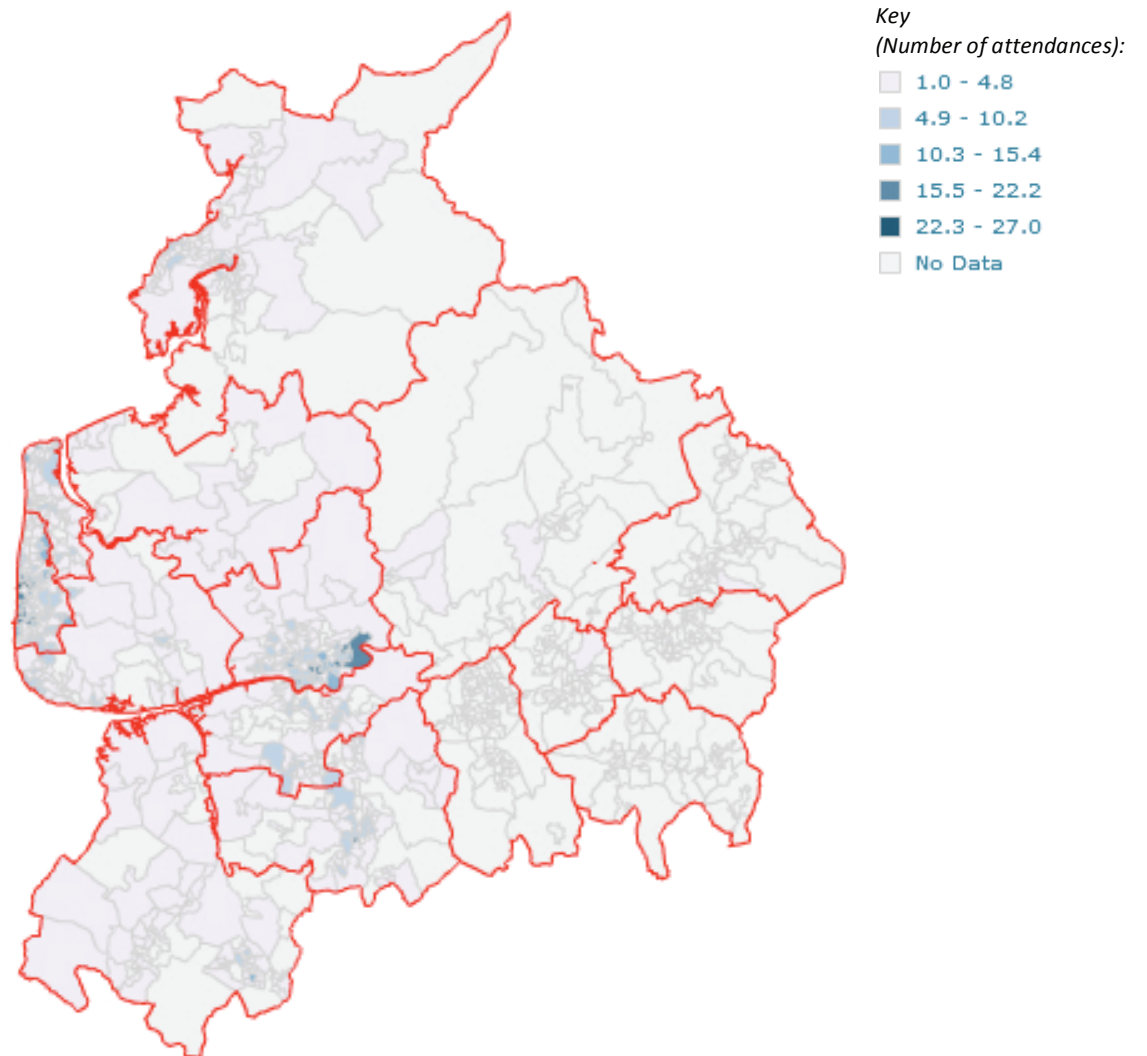
Table 1: Number and crude rates (per 100,000 resident population) of assaults in the home injury attendances by local/unitary authority of residence (Lancashire residents; 2011/12 to 2013/14)^G

Local/unitary authority	Number of attendances	Crude rate per 100,000	95% confidence intervals	
			Lower limit	Upper limit
Blackpool	771	545	507	585
Preston	495	353	322	385
Wyre	187	173	149	199
Chorley	187	169	146	195
South Ribble	174	160	137	185
Fylde	121	158	131	189
West Lancashire	127	114	95	136
Lancaster	158	112	96	131

^G Due to low numbers caused by the omission of attendances to East Lancashire Hospitals NHS Trust, attendances made by those who reside in Blackburn with Darwen, Burnley, Hyndburn, Pendle, Ribble Valley and Rossendale local/unitary authorities have not been included in the table. The crude rate for Lancashire has not been calculated due to there not being data available for all local/unitary authority districts; therefore it is not possible to directly compare the figure for each local area with Lancashire.

Map 1 illustrates the number of attendances for assaults in the home by LSOA of residency, overlaid by local/unitary authority boundaries^H. The five LSOAs with the highest numbers were Blackpool 010A (n=27), Blackpool 008D (n=26), Blackpool 006A (n=24), Blackpool 011A (n=24) and Blackpool 008B (n=23; see Appendix 2 for a list of the 20 LSOAs with the highest number of attendances^I).

Map 1: Number of assaults in the home injury attendances by LSOA of residence, overlaid by local/unitary authority boundaries (Lancashire residents; 2011/12 to 2013/14)



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^H Note that interactive maps are available via the website: www.tiig.info.

^I A full list for each LSOA is available upon request.

The gender and age groups of AED attendees with injuries sustained from an assault which occurred in the home between 2011/12 and 2013/14 are presented in Figure 4. There were slightly more males than females (males=1,216; 52%; Figure 4a). Attendees aged between 30 and 59 years accounted for the largest proportion of assaults in the home attendances (n=1,107; 47%), closely followed by 45% aged between 15 and 29 years (n=1,050; Figure 4b).

Figure 4: Number of assaults in the home injury attendances by gender and age group (2011/12 to 2013/14)

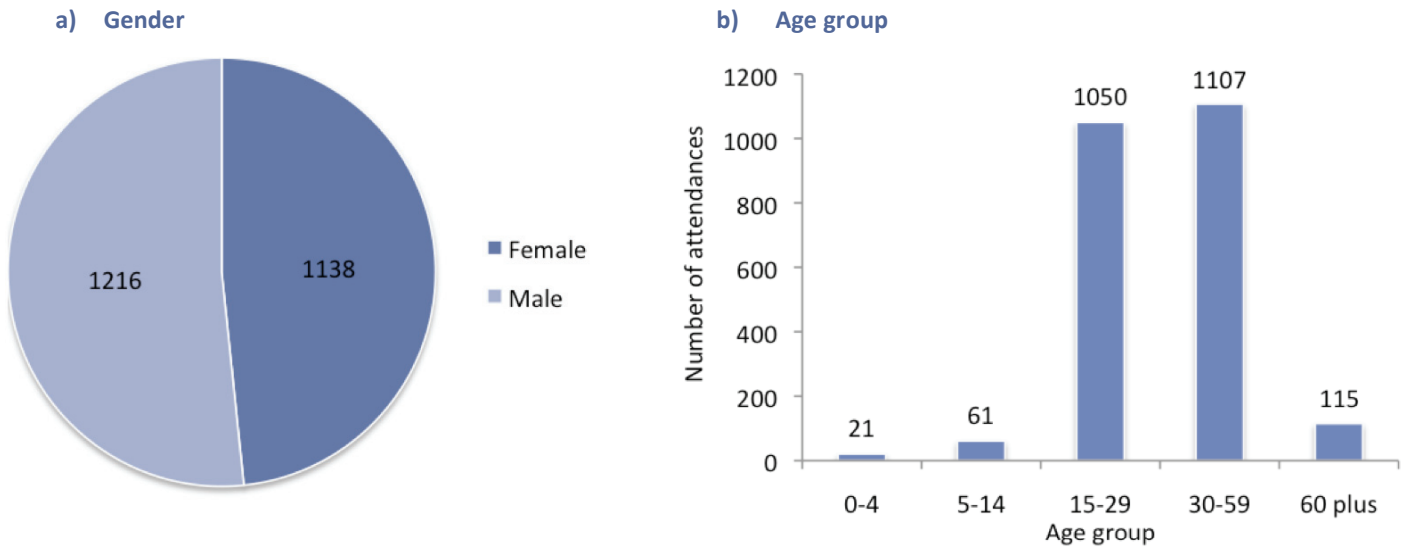


Table 2 presents data for Lancashire residents only by gender and five-year age categories. The largest proportion of Lancashire residents presenting with assault-related injuries sustained in the home was the 20-24 years category (n=396; 18%), followed by 14% aged between 25 and 29 years (n=322) and 12% aged between 15 and 19 years (n=270). There were similar proportions across both gender categories, with slightly more males than females in most five-year age groups, except for 25-29, 30-34, 60-64 and 75 years plus, where there were more females. Overall, males aged between 20 and 24 years accounted for the largest proportion of attendances (n=201), followed by females of the same age group (n=195).

Table 2: Number and percentage of assaults in the home injury attendances by gender and five-year age groups (Lancashire residents; 2011/12 to 2013/14)

Age group	Female		Male		Total	
	n	%	n	%	n	%
0-4	7	1%	13	1%	20	1%
5-9	***	<1%	<10	<5%	9	0%
10-14	22	2%	24	2%	46	2%
15-19	116	11%	154	13%	270	12%
20-24	195	18%	201	18%	396	18%
25-29	174	16%	148	13%	322	14%
30-34	125	11%	119	10%	244	11%
35-39	134	12%	91	8%	225	10%
40-44	107	10%	114	10%	221	10%
45-49	88	8%	99	9%	187	8%
50-54	51	5%	78	7%	129	6%
55-59	19	2%	41	4%	60	3%
60-64	22	2%	16	1%	38	2%
65-69	***	<1%	<15	<5%	17	1%
70-74	6	1%	10	1%	16	1%
75 plus	24	2%	14	1%	38	2%
Total	1094	100%	1144	100%	2238	100%

RELATIONSHIP ABUSE AMONG YOUNG PEOPLE

Young people experience high levels of emotional, physical and sexual abuse within relationships. The 2011/12 Crime Survey for England (ONS, 2014) found that more 16-19 year olds reported suffering partner abuse than any other age range. In 2009, the National Society for Prevention of Cruelty to Children (NSPCC) conducted a survey among young people aged 13-17 and found that:

- 25% of girls and 18% of boys had experienced some form of physical abuse at least once in their lifetime;
- 75% of girls and 50% of boys reported experiencing some sort of emotional abuse at least once in their lifetime; and,
- 31% of girls and 16% of boys reported experiencing some form of sexual violence at least once in their lifetime (Barter et al., 2009).

Relationship abuse is hidden to a greater extent among young people than other age ranges and many teenagers are more accepting and dismissive of relationship abuse than adults (Home Office, 2013). There is also stigma surrounding relationship abuse among young people, who often feel that their complaints may not be taken seriously or that adults may trivialise the effects of abuse, particularly when it is emotional and there are no visible impacts (Home Office, 2013). While some of the issues faced by young people in abusive relationships are similar to those of adults, others are unique and, in terms of accessing appropriate services, young people are likely to face additional barriers since most services are designed to treat adults aged 18 and over (Home Office, 2013).

Lancashire can promote positive solutions for young people experiencing relationship abuse by considering a number of practical treatment and prevention solutions. These may include:

- Compiling a comprehensive list of treatment services that accept young people, particularly under 18s, and ensure that service providers work with young people in an appropriate manner, such as providing safe spaces where victims of relationship abuse feel comfortable discussing their issues.
- Undertaking in-depth consultations with young people, particularly victims and perpetrators of relationship abuse, the results of which may be utilised to appraise the scope and appropriateness of current service provision.
- Developing peer to peer networks, where members can serve as a link between young people and treatment services and provide advice as to how such services may be improved.
- Supporting local schools and other organisations for young people to provide advice on recognising abuse and where help and support may be received.
- Developing materials which may be given out to young people to help inform them if they recognise relationship abuse among their friends or become victims themselves. A good example of this kind of initiative has been produced by *Against Violence and Abuse*: www.avaproject.org.uk/media/54339/mates%20ava%20final.pdf.
- Considering using social media to reach, engage and work with young people. Technology is increasingly becoming a platform for unique forms of abuse but can equally be used by frontline services. Communicating online is a normal way of life for many young people and for some, may be a preferred tool for the provision of discrete advice.

The day of the week with the highest number of attendances for assaults in the home was Sunday (n=511; 22%), followed by just under one in five (19%) attendances on a Saturday (n=459; Figure 5).

Figure 5: Number of assaults in the home injury attendances by day of attendance (2011/12 to 2013/14)

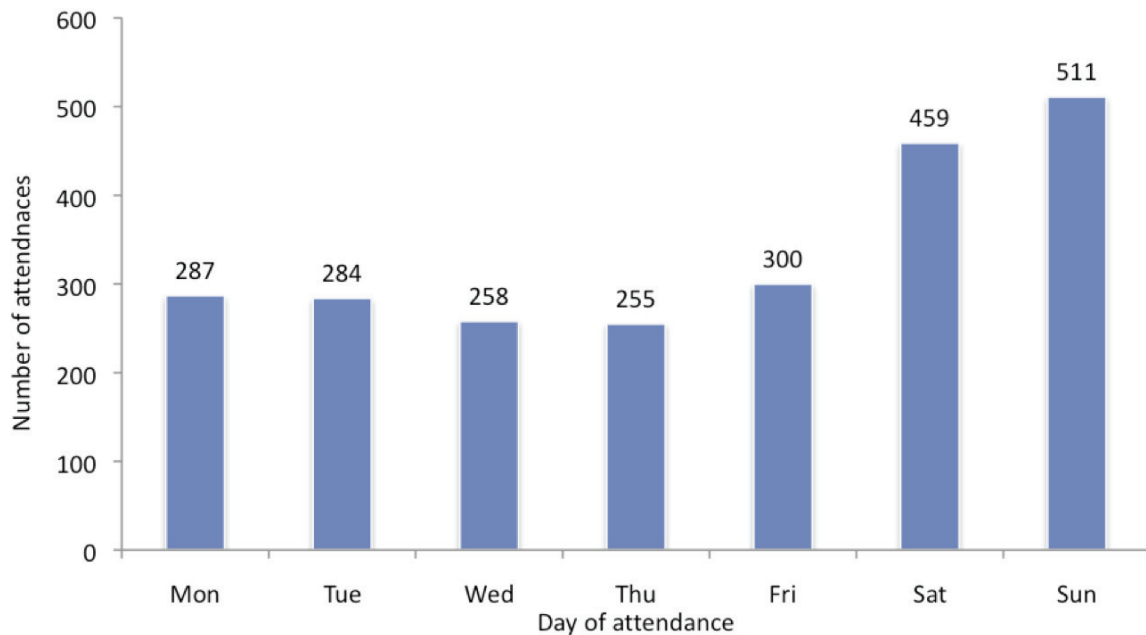
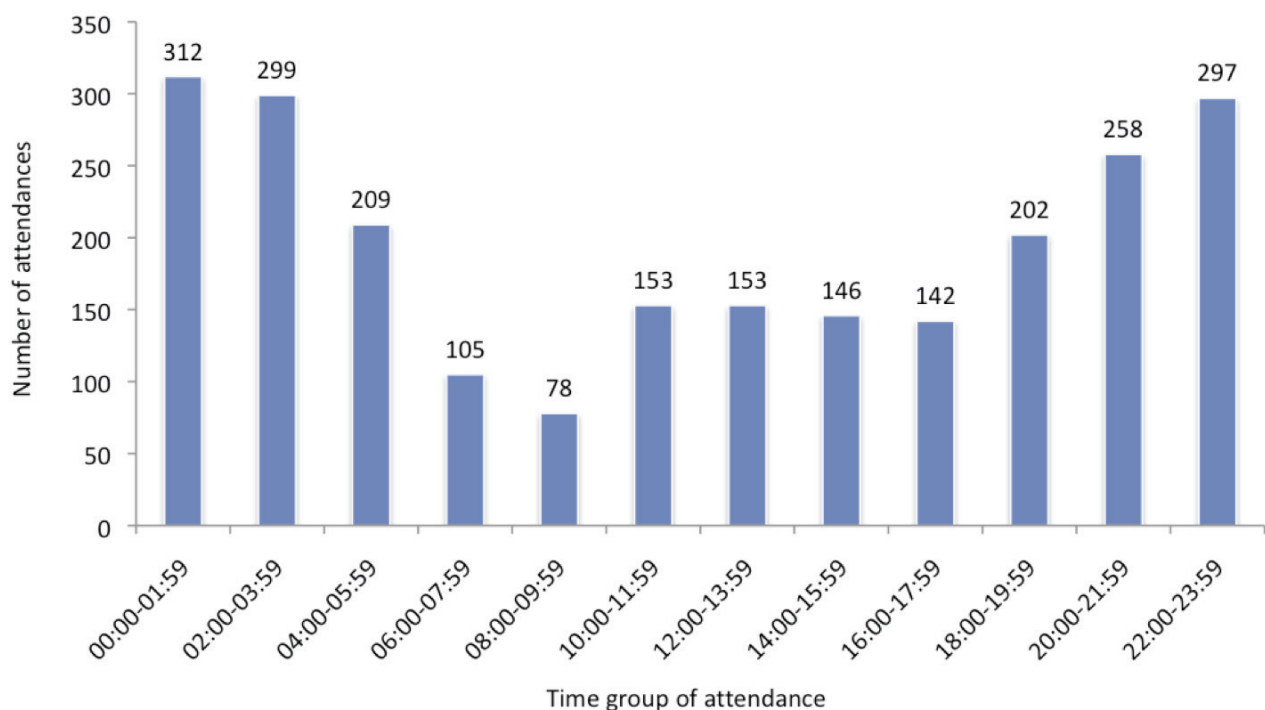


Figure 6 shows the time group of AED attendances. Attendances for assaults in the home peaked between 22:00 and 23:59 (n=297), between 00:00 and 01:59 (n=312) and between 02:00 and 03:59 (n=299), each time group accounting for approximately 13% of attendances.

Figure 6: Number of assaults in the home injury attendances by time group of attendance (2011/12 to 2013/14)



REFERRAL SOURCE AND ARRIVAL MODE

Table 4 illustrates the source of referral and mode of arrival to the AED. Just over half (51%) were referred by the emergency services (n=728) while two in five (40%) self-referred (n=564; Table 4a). Table 4b shows that over half (55%) of attendees arrived at the AED by ambulance (n=1,284) and exactly one-quarter (25%) arrived by private transport (n=589).

Table 4: Number and percentage of assaults in the home injury attendances by referral source and arrival mode (2011/12 to 2013/14)

a) Referral source^K

Referral source	n	%
Emergency services	728	51%
Self-referral	564	40%
Police	61	4%
Health care provider: same or other	36	3%
Other	25	2%
General medical practitioner	<10	0%
Educational establishment	***	0%
Total	1422	100%

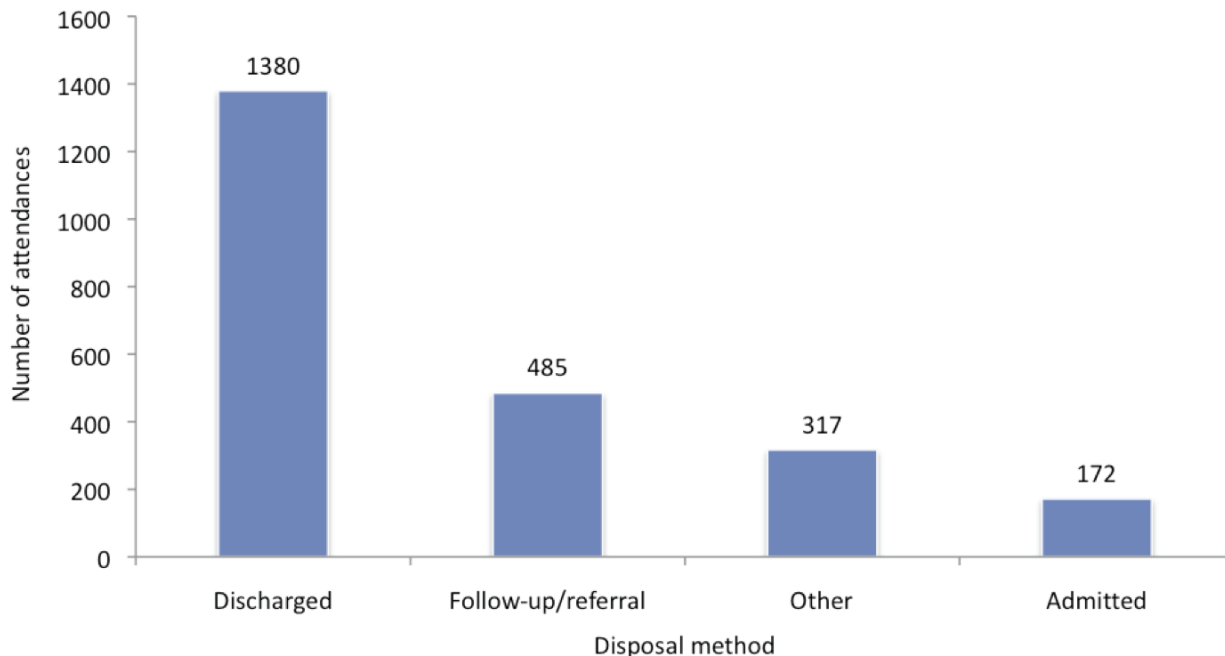
b) Arrival mode^L

Arrival mode	n	%
Ambulance	1284	55%
Private transport	589	25%
Other	173	7%
Police escort	82	3%
Taxi/dropped off	81	3%
By foot	76	3%
Public transport	69	3%
Total	2354	100%

^K There were 932 records without the referral source recorded; these have been omitted from the table. Chorley and South Ribble Hospital and Royal Preston Hospital do not record the source of referral.

Just under three in five (59%) of attendees presenting with injuries sustained by assault in the home were discharged from the AED with no further treatment required (n=1,380), while just over one in five (21%) required follow-up treatment (n=485; Figure 7).

Figure 7: Number of assaults in the home injury attendances by disposal method (2011/12 to 2013/14)^M



^M 'Follow-up/referral' includes discharged - follow-up to be provided by GP, referred to A&E clinic, fracture clinic, other healthcare professional, other outpatient clinic and transferred to other healthcare provider.

'Other' includes incomplete treatment, left department before being treated, left department having refused treatment, police custody and other.

Table 5 illustrates the disposal method by gender and age group for Lancashire residents presenting with assault-related injuries which occurred in the home between 2011/12 and 2013/14. Over three-fifths (61%) of females were discharged from hospital (n=665), followed by one-fifth (21%) referred for follow-up treatment (n=226). The proportions for each disposal method were similar for females aged between 15 and 29 years and between 30 and 59 years, though slightly more 30-59 year olds required follow-up treatment (n=119) compared to those aged between 15 and 29 years (n=91). The proportion varied within the other age categories; however the numbers are substantially smaller.

Under three-fifths (57%) of males were discharged from hospital (n=656) and just over one-fifth (21%) required follow-up treatment (n=237). A larger proportion of males aged between 15 and 29 years were discharged (n=318) compared to males aged between 30 and 59 (n=286); however over twice as many 30-59 year olds (n=48) were admitted to hospital compared to 15-29 year olds (n=22). Again, figures varied across the other age categories due to small numbers.

Table 5: Number and percentage of assaults in the home injury attendances by disposal method, gender and age group (Lancashire residents; 2011/12 to 2013/14)^N

Disposal method	Age group											
	0-4		5-14		15-29		30-59		60 plus		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
	Females											
Admitted	<10	<75%	5	22%	24	5%	23	4%	<10	<20%	66	6%
Discharged	***	<30%	14	61%	309	64%	310	59%	30	55%	665	61%
Follow-up/referral	0	-	***	<15%	91	19%	119	23%	<15	<25%	226	21%
Other	0	-	***	<5%	61	13%	72	14%	***	<10%	137	13%
Total	7	100%	23	100%	485	100%	524	100%	55	100%	1094	100%
	Males											
Admitted	8	62%	7	22%	22	4%	48	9%	9	17%	94	8%
Discharged	***	<35%	<25	<70%	318	63%	286	53%	27	50%	656	57%
Follow-up/referral	***	<10%	***	<15%	100	20%	120	22%	12	22%	237	21%
Other	0	-	0	-	63	13%	88	16%	6	11%	157	14%
Total	13	100%	32	100%	503	100%	542	100%	54	100%	1144	100%

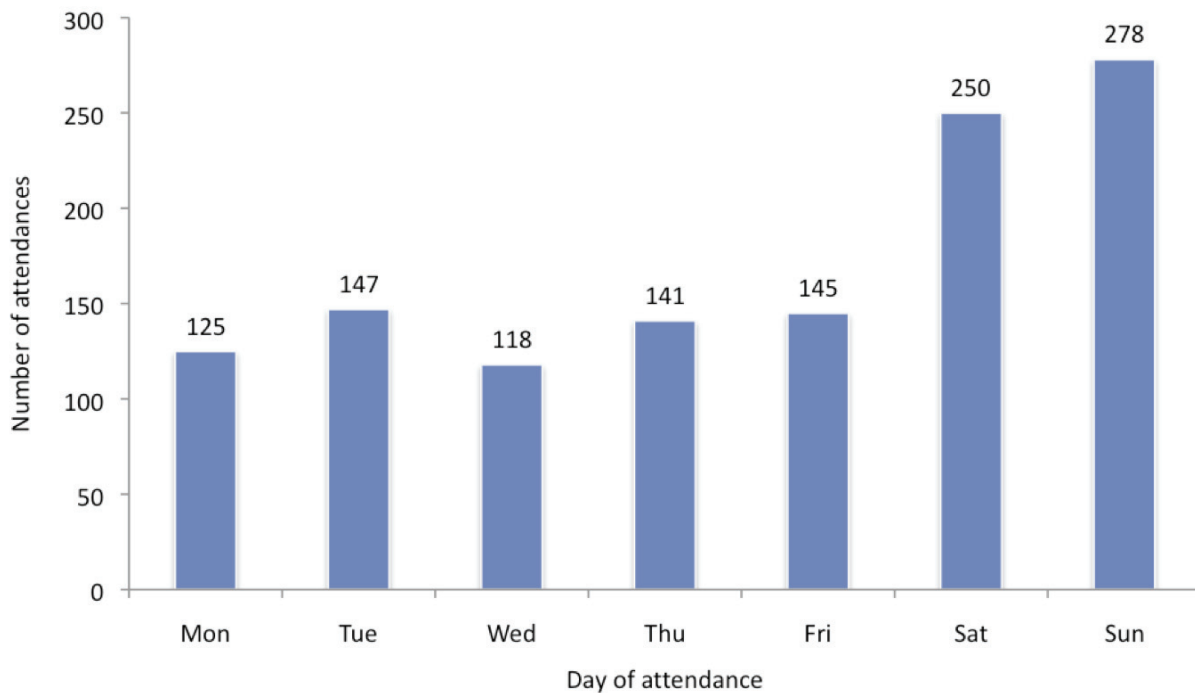
^N 'Follow-up/referral' includes discharged - follow-up to be provided by GP, referred to A&E clinic, fracture clinic, other healthcare professional, other outpatient clinic and transferred to other healthcare provider.

'Other' includes incomplete treatment, left department before being treated, left department having refused treatment, police custody and other.

As stated in the [Methods](#) section, enhanced data collection for assault-related injury attendances varies across the hospital trusts. Currently, there is just one AED in Lancashire not collecting enhanced data for patients presenting with assault-related injuries, and another did not start data collection until December 2013 (Appendix 1 details the data items collected by each hospital trust as of October 2013).

Where the incident date has been recorded, most incidents occurred on a Sunday (n=278; 23%) followed by a Saturday (n=250; 21%; Figure 8), which are similar to the attendance date figures reported in Figure 5.

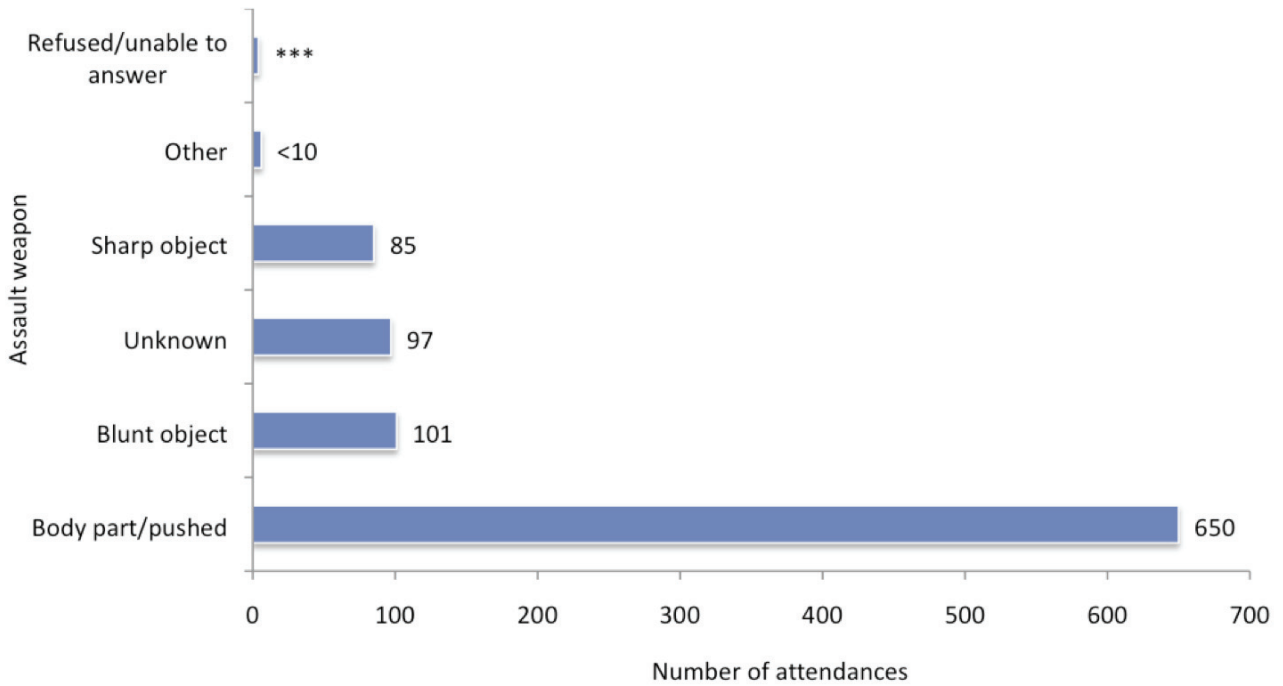
Figure 8: Number of assaults in the home injury attendances by day of incident (2011/12 to 2013/14)^o



^o There were 1,150 records without the incident date recorded; these have been omitted from the chart.

The majority (69%) of incidents reported body part (e.g. fist) as the assault weapon used (n=650; Figure 9). Eleven per cent of assault weapons were blunt objects (n=101) and 9% were sharp objects (n=85).

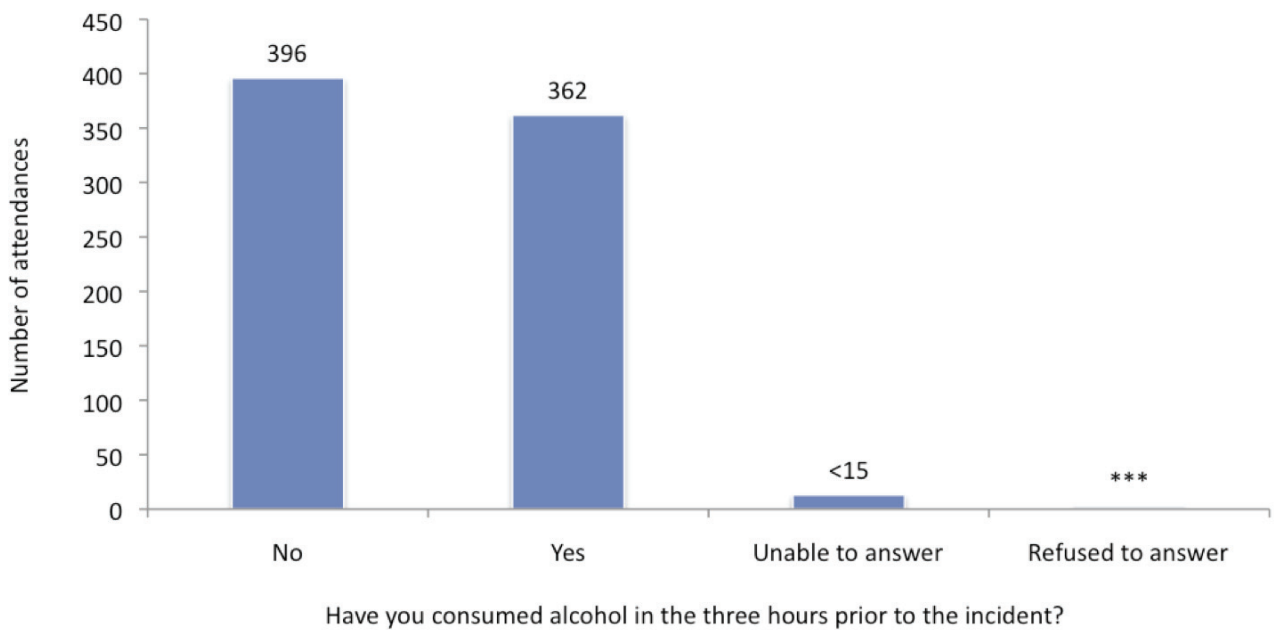
Figure 9: Number of assaults in the home injury attendances by assault weapon (2011/12 to 2013/14)^P



^P There were 1,411 records without the assault weapon recorded; these have been omitted from the chart.

Figure 10 demonstrates whether patients had consumed alcohol in the three hours prior to the incident. Just over half (51%) reported that they had not consumed alcohol (n=396) and 47% had (n=362).

Figure 10: Number of assaults in the home injury attendances by whether alcohol had been consumed in the three hours prior to the incident (2011/12 to 2013/14)^Q



^Q There were 1,581 records without information to indicate whether alcohol had been consumed in the three hours prior to the incident; these have been omitted from the chart.

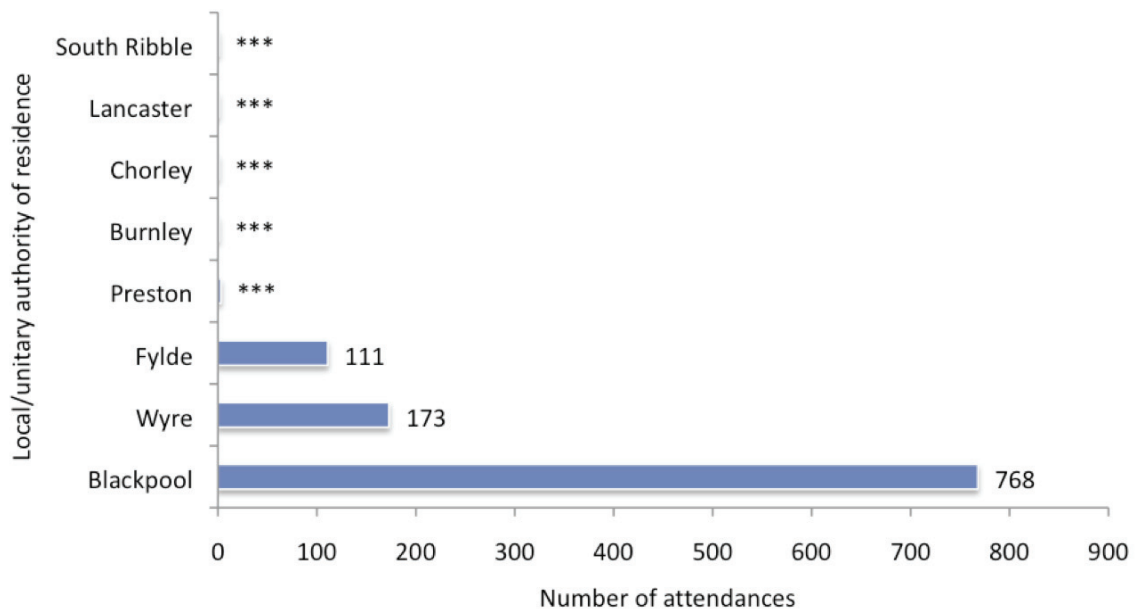
ATTENDANCES BY HOSPITAL ACCIDENT AND EMERGENCY DEPARTMENT

The following sections of this report explore assaults in the home injury attendances between 2011/12 and 2013/14 to each of the AEDs across Lancashire^R.

BLACKPOOL VICTORIA HOSPITAL

Between 2011/12 and 2013/14, there were 1,109 assault-related injury attendances to Blackpool Victoria Hospital AED which occurred in the home; of which, 95% were residents of Lancashire (n=1,059). Almost three-quarters (73%) reside in Blackpool unitary authority (n=768), while 16% were from Wyre (n=173) and 10% from Fylde (n=111) local authorities (Figure 11).

Figure 11: Number of assaults in the home injury attendances to Blackpool Victoria Hospital by local/unitary authority of residency (Lancashire residents; 2011/12 to 2013/14)



^R Note that data tables for local/unitary authority districts are available upon request.

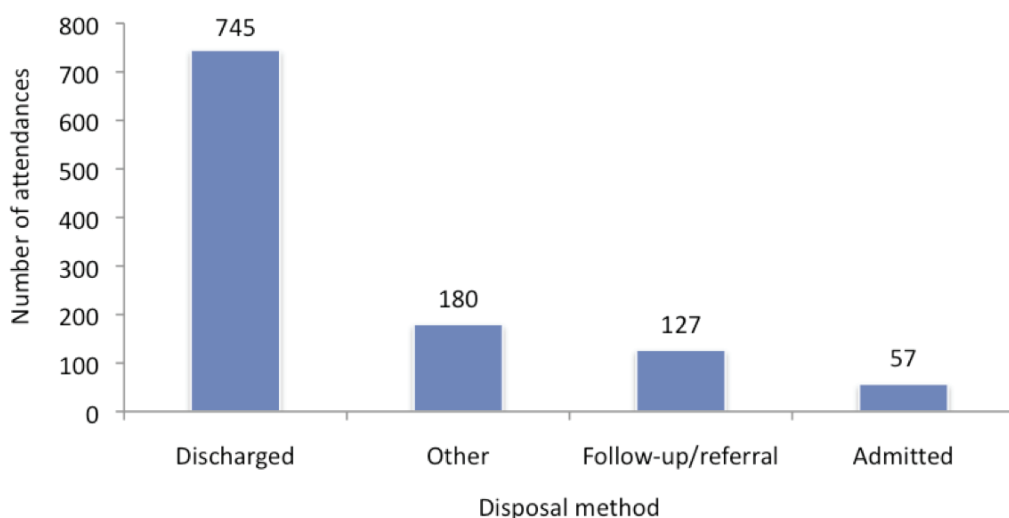
Table 6 shows that there were more males than females, with males accounting for three in five (60%) attendances (n=666). Just under half (49%) were aged between 15 and 29 years (n=540) and 45% were aged between 30 and 59 years (n=503). Overall, 15-29 year old males accounted for the largest proportion of attendances to Blackpool Victoria hospital (n=335), followed by 30-59 year old males (n=294).

Table 6: Number and percentage of assaults in the home injury attendances to Blackpool Victoria Hospital by gender and age group (2011/12 to 2013/14)

Age group	Gender					
	Female		Male		Total	
	n	%	n	%	n	%
0-4	0	0%	***	<5%	***	<5%
5-14	10	2%	18	3%	28	3%
15-29	205	46%	335	50%	540	49%
30-59	209	47%	294	44%	503	45%
60 plus	19	4%	<20	<5%	<35	<5%
Total	443	100%	666	100%	1109	100%

Under seven in ten (67%) attendees were discharged with no follow-up treatment required (n=745), while just over one in ten (11%) required a referral for follow-up treatment (n=127; Figure 12).

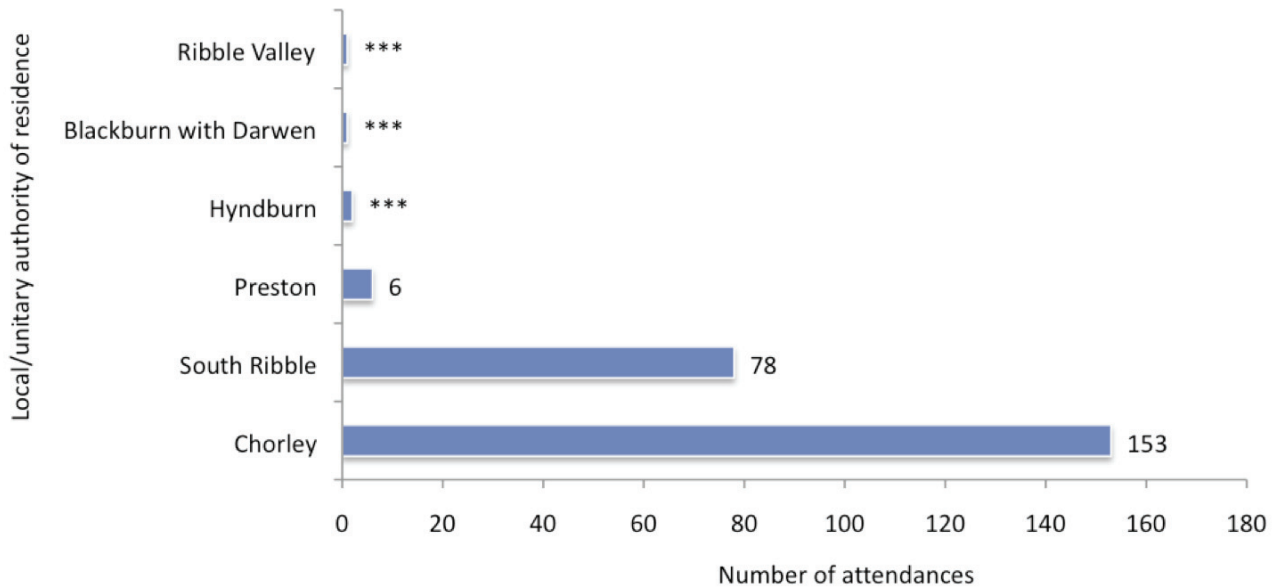
Figure 12: Number of assaults in the home injury attendances to Blackpool Victoria Hospital by disposal method (2011/12 to 2013/14)



Of the assaults in the home attendees with the assault weapon recorded, seven in ten (70%) involved a body part (n=362), while one in ten (10%) involved a blunt object (n=51) and 9% involved a sharp object (n=45).

There were 260 attendances to Chorley and South Ribble Hospital AED due to injuries sustained by assaults in the home between 2011/12 and 2013/14. Ninety-three per cent of these were residents of Lancashire (n=241). Over three in five (63%) reside in Chorley local authority (n=153) and just under one-third (32%) were from South Ribble local authority (n=78; Figure 13).

Figure 13: Number of assaults in the home injury attendances to Chorley and South Ribble Hospital by local/unitary authority of residency (Lancashire residents; 2011/12 to 2013/14)



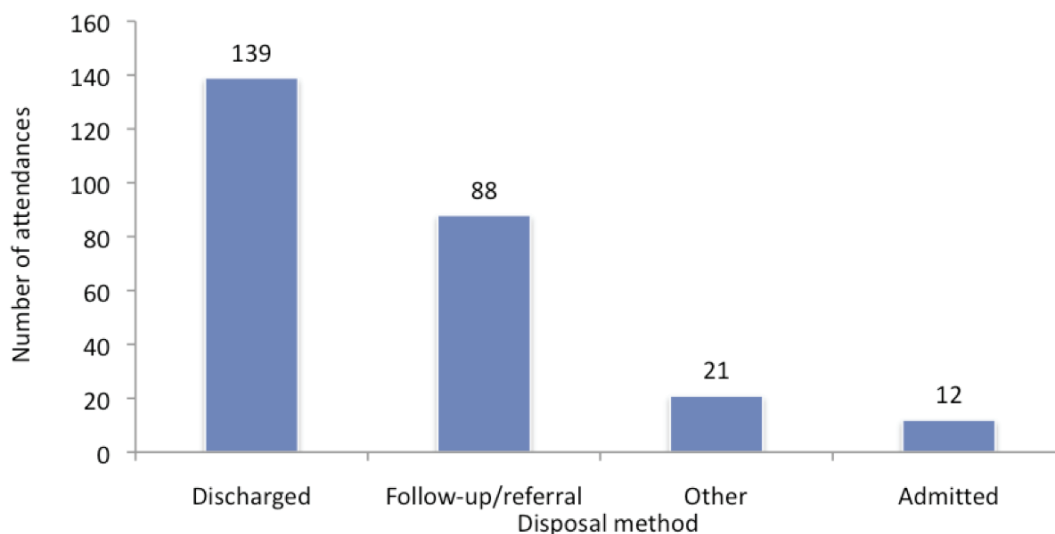
Three in five (60%) attendees were female (n=157) and over half (52%) were aged between 30 and 59 years (n=136) followed by just under two in five (39%) aged between 15 and 29 years (n=101; Table 7). Overall, females aged between 30 and 59 years accounted for the largest proportion of assaults in the home attendances (n=87), followed by 15-29 year old females (n=61).

Table 7: Number and percentage of assaults in the home injury attendances to Chorley and South Ribble Hospital by gender and age group (2011/12 to 2013/14)

Age group	Gender					
	Female		Male		Total	
	n	%	n	%	n	%
0-4	***	<5%	0	0%	***	<5%
5-14	0	0%	0	0%	0	0%
15-29	61	39%	40	39%	101	39%
30-59	87	55%	49	48%	136	52%
60 plus	<10	5%	14	14%	<25	8%
Total	157	100%	103	100%	260	100%

Figure 14 present the disposal method of injury attendances due to assault in the home between 2011/12 and 2013/14. Over half (53%) were discharged from hospital with no follow-up treatment required (n=139), while just over one-third (34%) required follow-up treatment (n=88).

Figure 14: Number of assaults in the home injury attendances to Chorley and South Ribble Hospital by disposal method (2011/12 to 2013/14)



Of the attendances with the assault weapon recorded, the majority (72%) involved a body part (n=39). Over half (53%) reported to have not consumed alcohol in the three hours prior to the incident (n=88), while 44% had consumed alcohol (n=74).

ROYAL LANCASTER INFIRMARY

Between 2011/12 and 2013/14, there were 180 injury attendances to Royal Lancaster Infirmary due to assaults sustained in the home; of which, 89% were residents of Lancashire (n=161). The majority (97%) of Lancashire residents were from Lancaster local authority district (n=156; Figure 15).

Figure 15: Number of assaults in the home injury attendances to Royal Lancaster Infirmary by local/unitary authority of residency (Lancashire residents; 2011/12 to 2013/14)

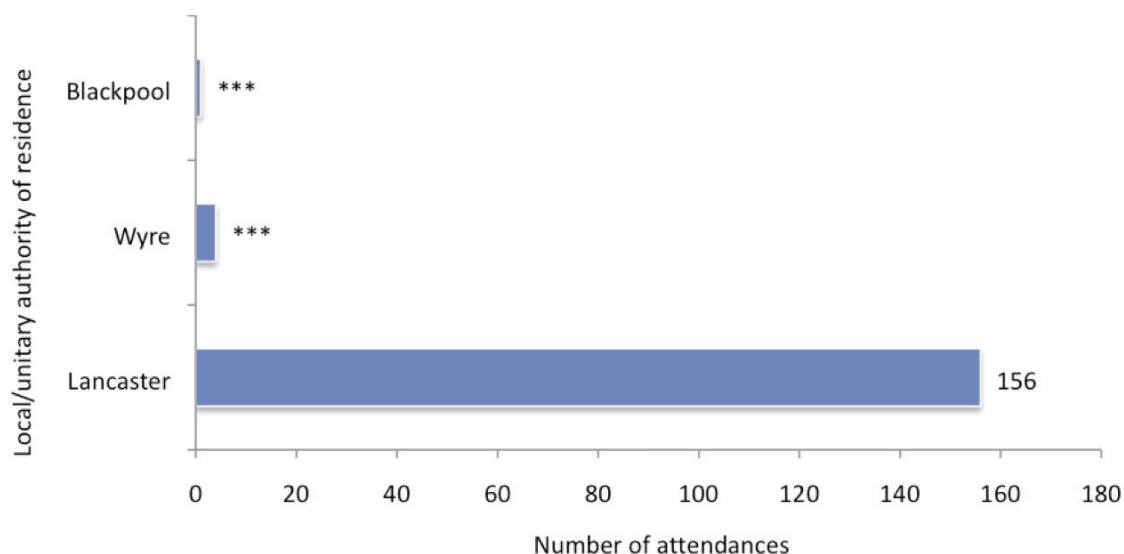


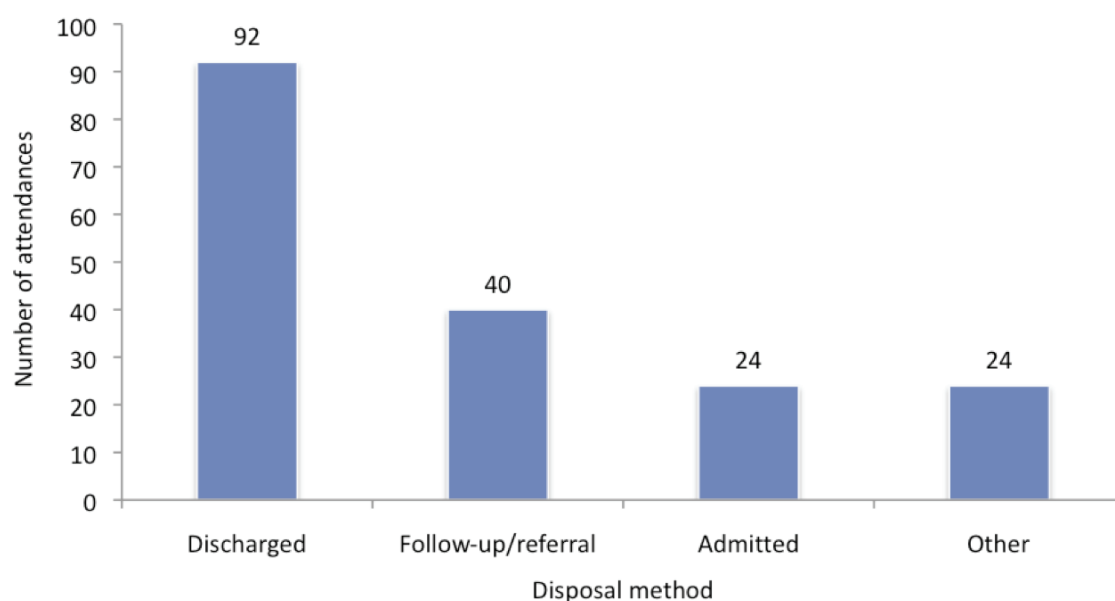
Table 8 presents the attendances to Royal Lancaster Infirmary by gender and age group. There were slightly more females than males (females=95; 53%). Under half (46%) were aged between 30 and 59 years (n=83), closely followed by 41% aged between 15 and 29 years (n=74). There were similar proportions of females aged between 15 and 29 years (n=43) and between 30 and 59 years (n=42), and 30-59 year old males (n=41).

Table 8: Number and percentage of assaults in the home injury attendances to Royal Lancaster Infirmary by gender and age group (2011/12 to 2013/14)

Age group	Gender					
	Female		Male		Total	
	n	%	n	%	n	%
0-4	***	<5%	***	<5%	5	3%
5-14	<10	<10%	***	<5%	7	4%
15-29	43	45%	31	36%	74	41%
30-59	42	44%	41	48%	83	46%
60 plus	***	<5%	<10	<10%	11	6%
Total	95	100%	85	100%	180	100%

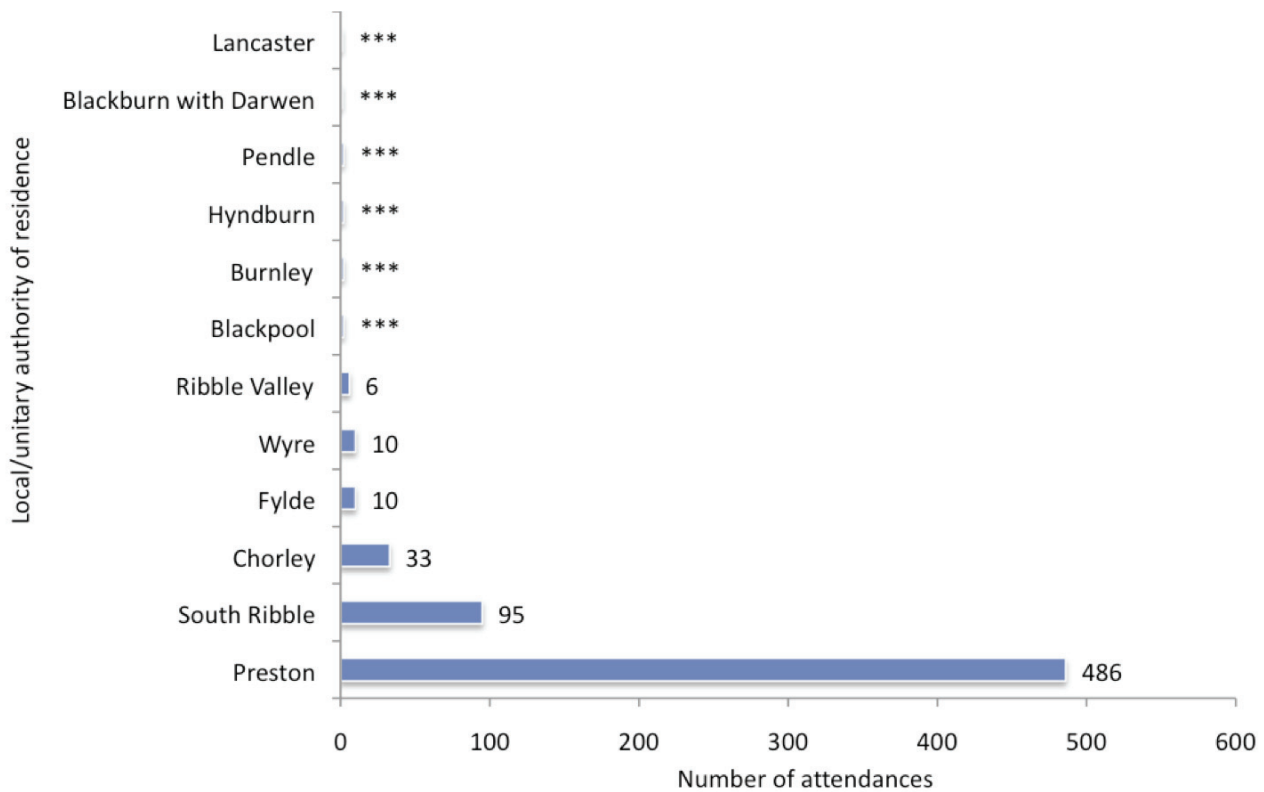
Just over half (51%) of assault in the home attendees were discharged with no follow-up treatment required (n=92; Figure 16). Over two in five (22%) required a referral for follow-up treatment (n=40) and 13% were admitted to hospital (n=24).

Figure 16: Number of assaults in the home injury attendances to Royal Lancaster Infirmary by disposal method (2011/12 to 2013/14)



Royal Preston Hospital AED saw 669 injury attendances due to assaults which occurred in the home; of which, 97% were Lancashire residents (n=650). Residents of Preston local authority accounted for three-quarters (75%) of attendances (n=486), while 15% were from South Ribble local authority (n=95; Figure 17).

Figure 17: Number of assaults in the home injury attendances to Royal Preston Hospital by local/unitary authority of residency (Lancashire residents; 2011/12 to 2013/14)



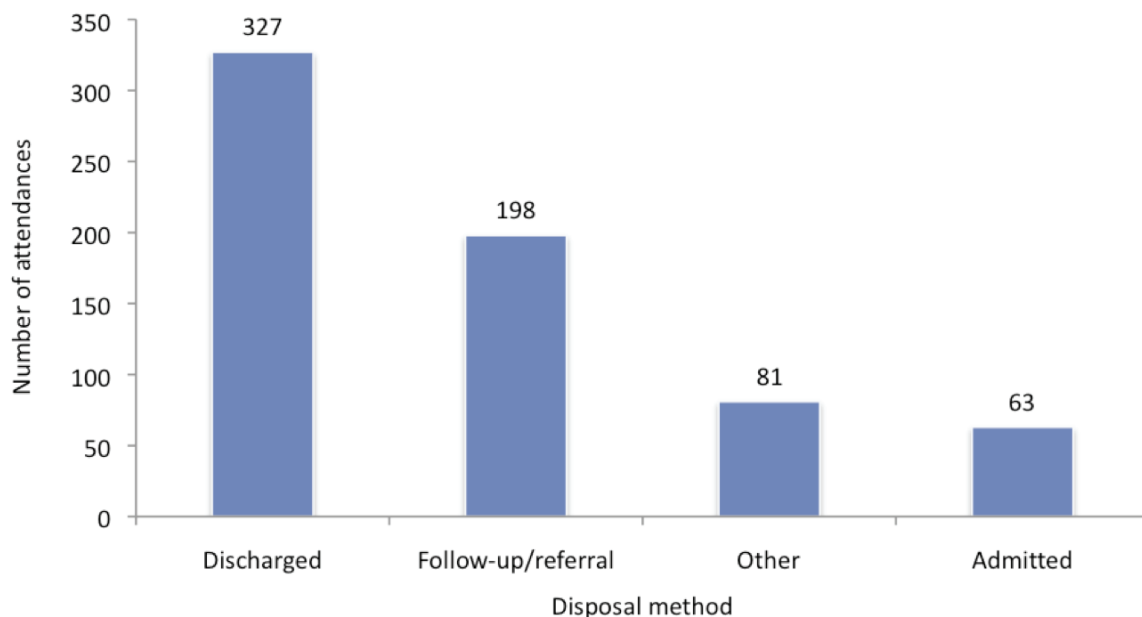
There were more females than males presenting with assault-related injuries sustained in the home between 2011/12 and 2013/14 (females=379; 57%; Table 9). Under half (48%) were aged between 30 and 59 years (n=320) and over two in five (42%) were aged between 15 and 29 years. Overall, females aged between 30 and 59 years (n=174) and between 15 and 29 years (n=172) accounted for the largest proportion of attendances.

Table 9: Number and percentage of assaults in the home injury attendances to Royal Preston Hospital by gender and age group (2011/12 to 2013/14)

Age group	Gender					
	Female		Male		Total	
	n	%	n	%	n	%
0-4	***	<5%	<10	<5%	10	1%
5-14	<10	<5%	<15	<5%	17	3%
15-29	172	45%	109	38%	281	42%
30-59	174	46%	146	50%	320	48%
60 plus	22	6%	19	7%	41	6%
Total	379	100%	290	100%	669	100%

Figure 18 presents the disposal method for attendees presenting to Royal Preston Hospital. Just under half (49%) were discharged with no follow-up treatment required (n=327), followed by three in ten (30%) who required a referral for follow-up treatment (n=198).

Figure 18: Number of assaults in the home injury attendances to Royal Preston Hospital by disposal method (2011/12 to 2013/14)



Of the records with the assault weapon recorded, under seven in ten (68%) involved a body part (n=210), while blunt objects (n=35) and sharp objects (n=34) each accounted for 11% of attendances. Just over half (51%) reported to have not consumed alcohol in the three hours prior to the incident (n=308), while 48% did consume alcohol (n=288).

SOUTHPORT AND FORMBY DISTRICT GENERAL HOSPITAL & ORMSKIRK DISTRICT GENERAL HOSPITAL

There were 136 attendances to Southport and Formby District General Hospital AED and Ormskirk District General Hospital AED and UCC between 2011/12 and 2013/14⁵. Of the 136 attendances, 127 were residents of Lancashire (93%). All Lancashire residents were from West Lancashire local authority (n=127; 100%).

⁵ Data for the two hospitals have been combined due to low numbers in order to maintain patient confidentiality. Also note that data for attendees presenting to Southport and Formby District General Hospital include attendances made by Lancashire residents only.

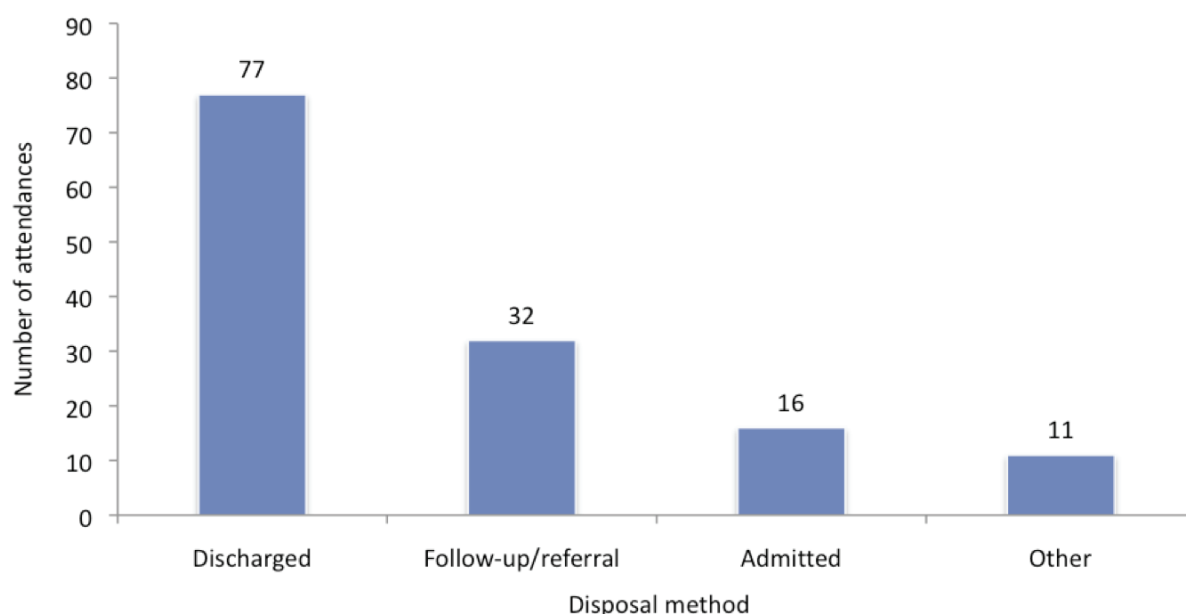
Table 10 shows that there were slightly more males than females (males=72; 53%), and just under half (48%) were aged between 30 and 59 years (n=65), with two in five (40%) aged between 15 and 29 years (n=54). Overall, males aged between 30 and 59 years accounted for the largest proportion of attendees presenting with injuries sustained from assault in the home (n=36).

Table 10: Number and percentage of assaults in the home injury attendances to Southport and Formby District General Hospital and Ormskirk District General Hospital by gender and age group (2011/12 to 2013/14)

Age group	Gender					
	Female		Male		Total	
	n	%	n	%	n	%
0-4	0	0%	***	<5%	***	<5%
5-14	***	<10%	5	7%	<10	<10%
15-29	26	41%	28	39%	54	40%
30-59	29	45%	36	50%	65	48%
60 plus	<10	<10%	***	<5%	7	5%
Total	64	100%	72	100%	136	100%

Under three in five (57%) attendees were discharged from hospital with no follow-up treatment required (n=77), while just under one-quarter (24%) required follow-up treatment (n=32) and 12% were admitted to hospital (n=16; Figure 19).

Figure 19: Number of assaults in the home injury attendances to Southport and Formby District General Hospital and Ormskirk District General Hospital by disposal method (2011/12 to 2013/14)



Over three in five (62%) assaults involved a body part (n=39), while 13% involved a blunt object (n=8). Under seven in ten (67%) patients were attacked by one attacker (n=22) and under three in five (58%) reported their attacker to be male (n=19). Of the 56 records which captured the attendee’s relationship to the attacker, just over one in five (21%) reported the attacker as a family member (n=12), followed by 18% reporting the attendee’s partner (n=10).

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APPENDICES

APPENDIX 1

Enhanced assault data collected by each NHS trust across Lancashire[†]

Question type	Data item	NHS trust				
		BFWHT	ELHT	LTHT	SOHT	UHMBT
CEM recommended questions	Assault date	✓	✓	✓	✗	✗
	Assault time	✓	✓	✓	✗	✗
	Incident location type	✓	✓	✓	✓	✓
	Incident location details	✓	✓	✓	✓	✗
	Assault weapon	✓	✓	✓	✓	✗
	Assault weapon details	✗	✓	✓	✓	✗
TIIG recommended questions	Alcohol consumed prior to incident	✗	✗	✓	✗	✗
	Location last drink consumed	✗	✗	✓	✓	✗
	Location details last drink consumed	✗	✗	✓	✓	✗
	Reported to police	✗	✗	✓	✓	✗
	Number of attackers	✗	✗	✗	✓	✗
	Gender of attacker	✗	✗	✗	✓	✗
	Relation to attacker	✗	✗	✗	✓	✗
Other questions	Time since incident	-	-	-	✓	-
	Exact/estimated [assault date/time]	✗	✗	✓	✗	✗

[†] BFWHT = Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust; ELHT = East Lancashire Hospitals NHS Trust (Note: Enhanced data collection commenced December 2013); LTHT = Lancashire Teaching Hospitals NHS Foundation Trust; SOHT = Southport and Ormskirk Hospitals NHS Trust; UHMBT = University Hospitals of Morecambe Bay NHS Foundation Trust.

APPENDIX 2

Twenty LSOAs of residency with the highest number of injury attendances for assaults in the home (2011/12 to 2013/14)^U

LSOA code	LSOA name	Number of assaults in the home injury attendances
E01012673	Blackpool 010A	27
E01012682	Blackpool 008D	26
E01012681	Blackpool 006A	24
E01012670	Blackpool 011A	24
E01012679	Blackpool 008B	23
E01012675	Blackpool 010B	22
E01012674	Blackpool 013C	22
E01012751	Blackpool 013D	22
E01025286	Preston 009E	22
E01012721	Blackpool 007C	20
E01012737	Blackpool 010E	20
E01012671	Blackpool 013A	19
E01025293	Preston 015C	19
E01012683	Blackpool 006B	18
E01012678	Blackpool 008A	18
E01024942	Chorley 012A	18
E01012746	Blackpool 015E	17
E01025287	Preston 009F	17
E01025295	Preston 014A	17
E01012736	Blackpool 010D	16

^U A full list is available upon request.



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