## Hospitalisations for Domestic Assault, Queensland, 2005-06 to 2014-15.

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Admitted patient episodes of care for domestic assault are able to be identified via ICD10-AM coded morbidity data. The ICD 10-AM external cause codes X85-Y09 (Assault) includes a fifth character subdivision to describe the relationship of the perpetrator to the victim:

- 0 spouse or domestic partner
- 1 parent
- 2 other family member.

Episodes of care between 2005-06 and 2014-15 with an external cause code in the range X85 – Y09 and fifth character subdivision '0', '1' or '2' were extracted from the Queensland Hospital Admitted Patient Data Collection (QHAPDC), for all public and private acute hospitals in Queensland.

Figure 1 shows a large growth in hospitalisations for domestic assault between 2005-06 and 2014-15, and

Figure 1. Admitted patient episodes of care for domestic assault, Queensland, 2005-06 to 2014-15 Number of episodes of care 1600 1200 800 400 2005-06 2008-09 2011-12 2014-15 ■ Female Male Source: Queensland Hospital Admitted Patient Data Collection Excludes separations for unqualified newborns, posthumous organ

procedurement and boarders.

Note: 2014-15 data are preliminary and subject to change.

that a far greater number of females than males are hospitalised with an external cause code of domestic assault.

Table 1: Admitted patient episodes of care with external cause of Assault by spouse or domestic partner/parent/other family member, average length of stay (ALOS), public and private acute hospitals, Queensland, 2005-06 to 2014-15

		2005-06		2008-09		2011-12		2014-15	
Sex	Age	Episodes	ALOS	Episodes	ALOS	Episodes	ALOS	Episodes	ALOS
Female	00-04	43	3.9	35	4.6	30	3.9	41	2.7
	05-15	35	2.0	32	1.8	38	3.7	42	1.5
	16-64	645	2.3	719	1.9	888	2.6	1,219	1.7
	65+	20	7.4	15	5.8	34	9.4	48	7.2
Female Total		743	2.5	801	2.1	990	2.9	1,350	1.9
Male	00-04	58	4.7	49	4.6	40	6.2	37	3.6
	05-15	33	4.1	31	1.5	25	2.5	42	1.4
	16-64	251	2.5	311	2.6	382	2.7	436	2.3
	65+	8	4.8	9	3.4	26	7.0	30	5.5
Male Total		350	3.0	400	2.8	473	3.2	545	2.5
Persons	00-04	101	4.3	84	4.6	70	5.2	78	3.1
	05-15	68	3.0	63	1.7	63	3.2	84	1.4
	16-64	896	2.4	1,030	2.2	1,270	2.6	1,655	1.9
	65+	28	6.6	24	4.9	60	8.4	78	6.6
Persons Total		1,093	2.7	1,201	2.4	1,463	3.0	1,895	2.1

Excludes separations for unqualified newborns, posthumous organ procurement and boarders. Note: 2014-15 data are preliminary and subject to change.

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Restricting the relationship between perpetrator and victim to 'spouse or domestic partner' greatly increases the proportion of females in hospitalisations for this form of assault.

Table 2: Admitted patient episodes of care with external cause of Assault by spouse or domestic partner, public and private acute hospitals, Queensland, 2005-06 to 2014-15

_		2005-06		2008-09		2011–12		2014–15	
Sex	Age	Episodes	ALOS	Episodes	ALOS	Episodes	ALOS	Episodes	ALOS
Female	16-64	546	2.2	580	1.8	722	2.7	1,004	1.6
	65+	8	2.9	9	7.7	17	10.7	17	2.6
Female Total		554	2.2	589	1.9	739	2.9	1,021	1.7
Male	16-64	103	2.4	105	1.8	151	2.5	149	1.9
	65+	2	10.0	4	5.8	5	5.0	10	6.0
Male Total		105	2.5	109	2.0	156	2.6	159	2.2
Persons	16-64	649	2.2	685	1.8	873	2.7	1,153	1.7
	65+	10	4.3	13	7.1	22	9.4	27	3.9
Persons Total		659	2.3	698	1.9	895	2.8	1,180	1.7

Excludes separations for unqualified newborns, posthumous organ procurement and boarders. Note: 2014-15 data are preliminary and subject to change.

Comparing tables 1 and 2 and further analysis of data shows that:

- 82% of domestic assault hospitalisations in 2014-15 for females aged 16-64 recorded spouse or partner as the perpetrator
- 65% of domestic assault hospitalisations in 2014-15 for persons aged 65+ recorded other family member as the perpetrator
- 70% of domestic assault hospitalisations in 2014-15 for persons aged 0-15 recorded parent as the perpetrator

The incidence of hospitalisation for domestic assault is increasing annually, at a higher rate than hospitalisation admissions for all causes. Between 2005-06 and 2014-15, Queensland public and private acute hospitals reported a 53% increase in hospital admissions for all causes, whereas admissions for domestic assault have risen by 73%.

It must be noted, however, that the identification of domestic assault may be underestimated as a result of reluctance or inability of the patient to divulge complete circumstances under which the injury was sustained.

This *Statbite* has presented a very brief summary of hospitalisations in Queensland acute hospitals for domestic assault. Further detail on this topic will be presented in subsequent *Statbites*.