Data Collection on Intentional Injuries

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Executive summary

Introduction
The project Data Collection on Intentional Injuries (ININS) was supported by the European Commission under the Injury Prevention Programme (IPP). The project complied with the priority areas stated in the IPP Work Programme for 2000, which emphasised that both unintentional and intentional injuries constitute major public health issues. The Workplan pointed out that injury is a broad concept, which comprises various forms of ill health resulting from external causes, albeit without distinction as to the cause of the external event. It was therefore essential to improve knowledge about intentional injuries that are caused specifically by interpersonal violence, as both its causes and preventative strategies differ greatly from those of unintentional injuries. The IPP Workplan 2000 furthermore emphasised the need for comparability of information on intentional injury between European Union Member States, which is facilitated by the improvement of national data collection.

Method and material
The present project sought to implement a routine system of data collection on intentional injuries in a limited number of hospitals in selected Member States, thus improving knowledge of the prevalence and nature of intentional injuries and the comparability of data across the EU. A pilot study was implemented, whose aim was to test the feasibility of systematically gathering data on violence from emergency departments. The partners in the project were Italy, the Netherlands, the United Kingdom and Denmark. The selected Member States differed in data registration systems and presumably also in cultural attitudes concerning intentional interpersonal injury, thus strengthening the need for a standardised system of data collection.

Denmark has been the principal coordinator of the work related to the project. All the selected Member States implemented standardised prospective data collection in specified hospitals, with the exception of the United Kingdom, where retrospective data collection on intentional injuries was conducted. France was a sleeping partner in the project and did not participate in data collection. The partners were asked to collect data on the current registration of intentional
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injuries at national, regional and local level in their respective countries and to provide injury data from a limited number of emergency departments, including information about age, gender, mechanism of injury, place of occurrence and perpetrator details. These variables were included in order to obtain information about the type and nature of the violence. The partners were also asked to provide information about the current routines in place for treatment and referral of patients who present with intentional injuries.

The United Kingdom was unable to collect prospective data on intentional injuries, but provided retrospective data on intentional injuries for the foregoing calendar year instead. The United Kingdom’s data could be used to assess the number of hospital contacts due to intentional injuries during a calendar year, as well as information about treatment and referral of patients. The data was collected routinely as part of an emergency surveillance system, but were limited in terms of the detail provided on any one type of injury, including intentional injury.

The data provided by the Netherlands, Italy and Denmark were analysed and data on intentional injuries, as well as experiences in obtaining the data were compared.

Results
Financial support from the European Injury Prevention Programme facilitated the conduction of a pilot study on systematic medical data collection in a limited number of emergency departments in selected Member States of the European Community. Thus, information could be gathered regarding the feasibility of implementing routine registration of emergency contacts due to intentional interpersonal injury, including information about the broader context of assault. Furthermore, information was specifically obtained about the potential of expanding the present data collection in the Danish emergency departments.

The project furthermore obtained valuable information concerning the Nordic Classification of External Causes of Injuries (NCECI) from the Danish Injury Register and information regarding the development and implementation of the violence module in the International Classification of External Causes of Injury
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(ICECI), from the co-ordinator of the ICECI Technical Group, Saakje Mulder. The ICECI is a WHO classification, which is supported worldwide.

The study was primarily based upon the experiences of routine data collection of emergency contacts due to intentional injury in the Netherlands, Italy and Denmark. Information was additionally obtained from the Netherlands regarding different types of registration of injuries due to violence and about their enduring system of routine injury registration.

The EU Injury Prevention Programme currently comprises data collection only on home and leisure accidents under the collective EHLASS programme (European Home and Leisure Accident Surveillance). The current project aimed to test methods of supplementing EHLASS data with information on intentional injuries by integrating a suitable classification of violence, either the NCECI or the ICECI, into the existing EHLASS data collection structure.

A methodology for specifically registering contacts to hospital emergency departments due to intentional injury was developed in the present project. Consequently, national data collection was also strengthened. The priorities outlined by the IPP Workplan 2000 for identifying new data requirements and including new variables in existing data collection structures, respectively, were fulfilled.

It proved feasible to conduct systematic medical registration of data on intentional injuries, which may describe patterns of injuries within the EU. This includes information about lesions incurred, place of occurrence and mechanism of injury. It was not feasible to implement systematic medical data collection on perpetrator information in the 4 partner countries. Furthermore, the project illuminated the ethical and legal issues related to obtaining such information.

To the authors’ knowledge, this was the first cross-national project to test the systematic collection of prospective data on violence, including perpetrator information and thereby to strengthen knowledge of the magnitude and character of violence in the EU, as well as to provide comparable data on intentional injury.
There were national differences in the rates of annual emergency department contacts due to intentional interpersonal injury. The rates of contact per 1000 population were higher in Denmark, both in the Copenhagen area and in Jutland, than they were in the Frascati and Rovigo regions of Italy. The rates of contact in Denmark and the Netherlands were similar. We recognise that many victims of violence may not attend a hospital following exposure to intentional injury, and there may exist national differences in which health care units victims of violence most often contact in case of injuries. Victims of violence may also report their injury as accidental or self-inflicted upon arrival to the emergency department.

Despite the discrepancies in contact rate, it was found across all the partner countries, that men contacted the hospital due to violence more often than did women. This discrepancy remained salient across all age groups and was consistently most significant amongst men aged 15-29 years.

The most frequent place of occurrence of violence was consistent across all partner countries; women were most frequently subjected to violence in the home, while males were exposed to violence in public areas. Adult male(s) were the perpetrator of violence in most cases for both men and women.

The mechanism of injury was typically blunt force by object or person for women, whereas the assault weapon tended to vary more for men. This difference was observed in all partner countries. Female contacts were registered as having fallen on, or down the stairs more frequently than male contacts across all age groups. The lesions incurred by men and women differed, such that women presented with bruising and lesions in the face area, whereas men typically presented with open wounds, possibly attributable to the different mechanisms of injury. The discrepancies in mechanism of injury were consistent for all countries.

The collection of perpetrator data was incomplete; the UK statistics contained no perpetrator information whatsoever and the Dutch data contained only partial perpetrator information. Bearing in mind these reservations, it was found that the perpetrator of assault was most frequently an adult male, regardless of the victim’s gender. For female contacts, the perpetrator tended to be someone known to the victim, either as a former/present partner or as an acquaintance,
whereas male contacts reported being assaulted by a stranger more frequently than not.

The above findings are reflective of the differing characters and contexts of violence that male and female contacts report.

**Conclusions and recommendations**

Based on the results of the present project, it can be concluded that the implementation of systematic data collection on intentional injuries in emergency departments may constitute a valuable tool in improving knowledge about the magnitude and character of violence in the EU. The WHO classification of external causes of injuries (ICIECI) was found very suitable for description of the event of violence. The Nordic classification possesses the same potential.

European Women’s Lobby has specified a number of indicators regarding domestic violence prevention in *Towards a Common European Framework for Monitoring Progress in Combating Violence Against Women* (European Women’s Lobby, 2001a). EWL has specifically pointed to the need for improved statistics on, and systematic recording of the incidence of violence against women.

The present project contributes to this aim and suggests that as a minimum standard for EU Member States, data collection on intentional injuries be implemented in at least a limited number of representative emergency departments in each country. The ININS project demonstrated that the implementation of systematic data collection on violence is indeed possible, in a number of widely differing countries. Additionally, our limited medical data collection rendered it possible to compare differences in the characteristics of intentional injuries amongst men and women in 4 partner countries.

A routine system of data collection will achieve a more accurate picture of the prevalence and nature of intentional injury, than spot-checks conducted only if it is apparent that a person has been assaulted. It is therefore recommended that systematic collection of data on intentional injuries be implemented in the EU, as
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it will contribute significantly towards improving the prevention and treatment of intentional injuries.

The results of the present study will be disseminated both to health care professionals and to the general public, in order to increase awareness of the potential of routine data collection at emergency departments in the Community as a tool for gaining information about the prevalence and character of interpersonal violence, and its damaging health consequences.
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