

# INJURY UPDATE

*A Report to Oklahoma Injury Surveillance Participants\**

February 27, 2004

## Assaults in the Oklahoma City Metropolitan Statistical Area

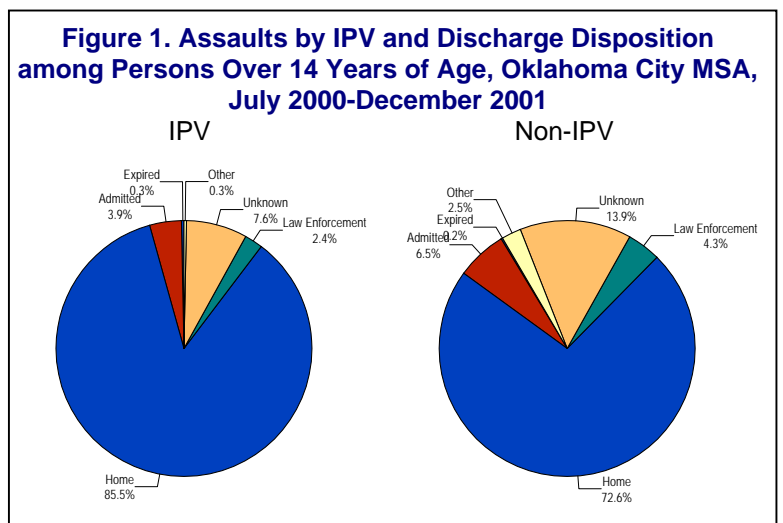
Assaults are a pervasive and frequently lethal problem that challenges society at many levels. Although these criminal acts are not hidden from view, the extent of their negative impact on families, communities, employers, healthcare and the public are not completely known. From 1987 to 1990, crimes cost Americans \$450 billion a year. For years, assault injuries have not been considered a public health problem; however, they are now being recognized as an important cause of injury and as a health care issue.

In the criminal justice system, aggravated assault is defined as an unlawful attack or an attempt to attack through force or violence with the intent to do physical injury to another. Aggravated assaults are committed with a gun, knife, other cutting instrument or dangerous weapon, or through aggravated use of fists, hands, or feet. Assaults where no weapon is used that result in minor injuries are non-aggravated assaults.

For the purposes of this study, assaults were defined as events in which persons were treated at a hospital and had an International Classification of Disease Clinical Modification external cause of injury code (E-code) of E960-E968. These cases were analyzed by relationship (intimate vs. non-intimate partner). Non-intimate partner violence (non-IPV) included family members, friends, neighbors, acquaintances, caretakers and strangers. Intimate partner violence (IPV) was defined as violence between persons who had an intimate relationship (i.e., current or former spouses, boyfriends, girlfriends, or dating partners). Assaults encompassed a continuum of acts that ranged from slaps to homicide. Previous work has shown that non-IPV assaults committed against male victims are more likely to require medical attention than female victims and that female victims of IPV are more likely to require medical treatment, take time off work, spend more days in bed, and suffer more from stress and depression than male IPV victims.

Between July 1, 2000 and December 31, 2001, 5245 persons over the age of 14 were treated in an Oklahoma City Metropolitan Statistical Area (OCMSA) hospital emergency department (ED) or admitted as a result of an assault. Data was collected from 19 hospitals in Canadian, Cleveland, Logan, McClain, Oklahoma, and Pottawatomie counties. Over 4200 (81%) assaults were non-IPV (330.9 per 100,000 population) and 1001 (19%) were IPV (78.1 per 100,000 population). Twelve (0.2%) assault victims were treated in an ED and died as a result of their injuries (3 IPV, 9 non-IPV).<sup>§</sup>

<sup>§</sup>Persons who died at the scene were not included.



\*The INJURY UPDATE is a report produced by the Injury Prevention Service, Oklahoma State Department of Health. Other issues of the INJURY UPDATE may be obtained from the Injury Prevention Service, Oklahoma State Department of Health, 1000 N.E. 10<sup>th</sup> Street, Oklahoma City, Oklahoma 73117-1299, 405/271-3430 or 1-800-522-0204 (in Oklahoma). INJURY UPDATES and other IPS information is also available at [www.health.state.ok.us/program/injury](http://www.health.state.ok.us/program/injury).

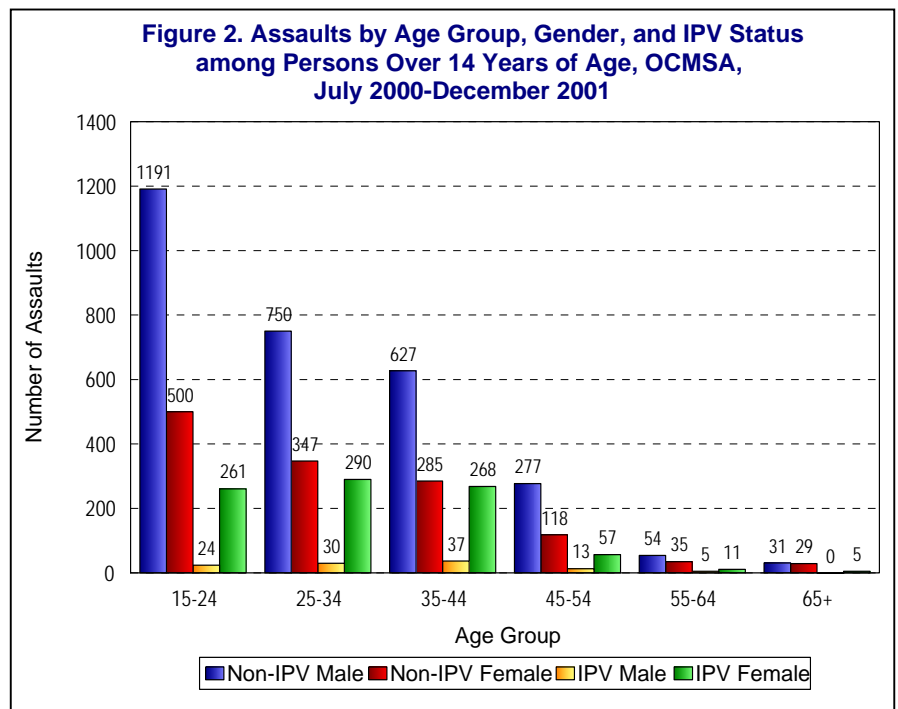
Among survivors, 3910 (75%) persons went home, 314 (6%) were admitted to the hospital, 246 (5%) were taken into law enforcement custody, and 98 (2%) went to other locations; the disposition for 665 (13%) persons was unknown. Non-IPV victims were admitted to the hospital following an assault nearly two times more than IPV victims (Figure 1).

The ages of assaulted persons ranged from 15-93 years (mean age 31 years for females, 30 years for males). Persons 15-24 years of age accounted for 38% of all injuries (380.1 per 100,000 population). Males accounted for 58% of injuries treated in a hospital setting and among males, 96% (2930) were non-IPV assaults and 4% (109) were IPV assaults. Among non-IPV assaults, the rate of injury among males (472.2 per 100,000 population) was 2.4 times higher than the rate among females (198.5 per 100,000 population). Additionally, the rate of non-IPV injury for black males (1035.5 per 100,000 population) was 3.5 times higher than the rate among white males (293.3 per 100,000 population), and 1.5 times higher than Native American males (687 per 100,000 population). More than 1 of every 100 black males in the OCMSA was assaulted severely enough to be treated in a hospital.

Among females, non-IPV and IPV assaults accounted for 60% (1314) and 40% (892) of injuries, respectively (Figure 2). The rate of injuries was highest for females between the ages of 15-24 with non-IPV assaults (393.0 per 100,000 population). The rate for females between the ages of 15-44 with IPV assaults was 221.4 per 100,000. Injuries among females for both IPV and non-IPV assaults declined dramatically after age 44. The rate of IPV injury among females (134.8) was 7.7 times higher than the rate for males (17.6). The rate of IPV among black females (303.1) was over 2 ½ times higher than white females (113), Native American females (120.6), or Hispanic females (120.4). The rate of injury among black females with non-IPV assaults (512.7) was 3.9 and 2.3 times higher than white and Native American females (131.6 and 221.8, respectively); the non-IPV assault rate among Hispanic females was 141.5 per 100,000 population.

Weapons were known to be used in 1983 (38%) of the assaults, including 277 (28%) IPV injuries and 1706 (40%) non-IPV injuries. Males were two times more likely than females to have been assaulted with a weapon. Assault victims were over 3 times more likely to be admitted to the hospital or killed when a weapon was used (OR= 3.17, 95% CI 2.44 - 4.12). Additionally, alcohol was a contributing factor in 23% (1207) and drug use was indicated in 4% (208) of the assaults; 12% involved alcohol and drugs, while 2% involved alcohol, drugs and a weapon.

Perpetrators of IPV assaults were most frequently boyfriends (42%), spouses (36%), ex-boyfriends (7%), ex-spouses (6%), girlfriends (4%), and ex-girlfriends (0.4%). Information on the perpetrator for non-IPV assaults was not available for 74% of persons; known perpetrators included relatives (7%), friends/acquaintances (5%), inmates (3%), patients (3%), criminals/rapists (2%), strangers (2%), law enforcement (1%), classmates (1%), co-workers (1%), and others (1%).



## PREVENTION

This study demonstrates injuries from assaults are a large public health problem. Many surveys have suggested widespread underreporting of IPV assaults. Procedures are needed to effectively measure the injuries resulting from IPV assaults and non-IPV assaults. Violence is multifaceted, yet preventable. Therefore, the prevention of assaults should be comprehensive in approach and united in design. Preventative interventions should be implemented and evaluated at all levels of the community to ascertain effectiveness.

Some potential prevention recommendations are:

- Strengthen social education programs that focus on conflict resolution, development of social skills, and personal responsibility.
- Develop, support, and strengthen programs that teach skills for healthy relationships (e.g., parenting skills, marital counseling).
- Create community initiatives that are based on collaboration of multiple levels of government and community leaders.
- Support and strengthen data collection to detect and define the problem.
- Develop and test interventions for preventing the problem.
- Circulate intervention materials through training and public awareness programs, journals, or special publications.

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