

The Assault and Battery Panorama at a County Hospital in Sweden

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ABSTRACT

All patients who had been assaulted and battered and who consulted the surgical emergency service at the county hospital were included. Fortyseven cases were registered during a 5-month period, representing 1.1 % of the surgical emergency patients.

There were 31 males and 16 females. No case of child assault was recorded. About 55 % of the males were between the ages of 20 and 29, whereas the females were relatively evenly distributed between 20 and 50 years of age.

The patient material was analysed regarding social conditions, in what way the injury had originated and also the degree of severity of the injury. The social background and the presence of alcohol use or abuse were, as expected, important factors. Males were, as a rule, assaulted outside the home, females mostly at home. A few of the assault cases were legally prosecuted. The need for follow-up welfare measures was judged as considerable.

INTRODUCTION

During recent decades there has been an increasing interest from society - and from a medical and criminological point of view - for the victims of assaults. A number of investigations have dealt with assault and battery of children and wives, but only few have handled all persons involved. Patients who had consulted the surgical emergency service - due to assault - during a recent five month period have been investigated in collaboration with a criminologist (MBW).

METHODS

The county hospital in Katrineholm provides medical service for a population of about 60.000 people. Out-patient clinics providing around the clock service are located at two places besides that of the county hospital. The county hospital in the primary referring unit.

Around 800 surgical patients consult the emergency service every month.

In the actual 5-month period 4.193 patients were treated as surgical patients who had consulted the hospital for assault and battery from a social and medical point of view. The examining doctors followed a questionnaire containing 20 questions that were answered in connection with the consultation. One of the authors (Ö.A) checked the results every 24 hour and completed the answers based on earlier case sheets, telephone contacts and information from the personnel at the emergency unit. The personnel was well acquainted with the social situation of many of the patients in question.

Our primary intention was to assess influence of alcohol objectively, using serum analysis; however, this proved impossible for ethical reasons. The degree of alcoholic influence is therefore based on individual estimations and information from the patient.

PATIENTS

Fortysix patients, 1.1 % of the total number of patients at the surgical emergency unit, 31 males and 15 females, consulted the doctor due to assault during the study period. One person died before arriving at the hospital. This female is included in the material in spite of the fact that the information emanated from the police - not first-hand information. Age and sex distribution of the patients is presented in Fig I. No victim was below 15 years of age. About 55 % of the males were 20 to 29 years old, while the females were evenly distributed in the different decades between 20 and 50.

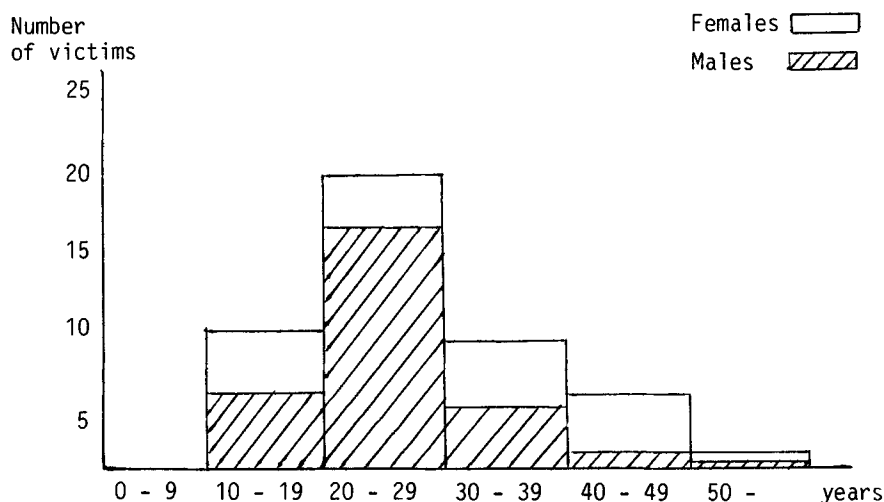


Fig I.
Distribution of age and sex in 46 patients subjected to molestation.

The social circumstances of the patients are presented in Table I. It appears that only 4 out of 28 males were married or cohabiting, while the corresponding numbers for females were 8 out of 16. There was no information concerning 3 of the males.

Table I.

Family circumstances

	Males	Females	Total
Married	3	1	4
Unmarried	22	4	26
Widow/-er	0	2	2
Cohabitor	1	7	8
Divorced	2	2	4
Unknown	3	0	3
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Total	31	16	47

Nine patients (19 % of the victims) were not of Swedish descent but several of them had lived in Sweden for many years. Four males and one female had more than elementary school education. Four males and three females were students. Three males (9 %) and seven females (44 %) stated that they were unemployed. 25 % of the patients were registered with the police register (PBR) and about 50 % with the Social Welfare Board, most of them due to long standing alcoholic problems.

RESULTS

Eightyfive per cent of the patients contacted the hospital during Friday to Sunday, 87 % within 24 hours of the assault and 66 % came between 6 and 12 p.m. 86 % stated that they were assaulted between 6 p.m. and 6 a.m. An increased number of victims was noted for December - 2.3 % of the surgical cases compared to the average of 1.1 %. About 50 % appeared alone. Twentyfour out of 31 males were under the influence of alcohol and nine were visibly affected, two had consumed denatured alcohol. Eleven out of 15 (74 %) of the females were under the influence of alcohol, seven of them obviously. No case of known drug influence appeared.

The patients stated that the maltreating part was under the influence of alcohol in 33 cases, sober in 4 cases. There was no information in 7 cases. Nineteen victims had been assaulted outdoors in the street, in many cases near

a restaurant, and 13 by a person unknown to the patient.

Predominantly male patients were included in this group. The assault had occurred in their own home or in somebody else's at 23 instances. The assault had been committed by the spouse, ex-spouse or cohabiting party in 11 cases. The assault had occurred at the place of employment in 3 cases and the patient was an attendant, night watchman or guard at a restaurant. One woman was molested on a train. One man stated that he had been beaten by a policeman.

The reason for the assault was in 18 cases stated as drunken brawl, jealousy or family quarrel in 16 cases, and no motive was given in 13 cases. The injuries were analysed according to origin, severity and consequence. Punches with the fist was the sole cause in 22 cases; a combination of slaps, kicks and blows with the head occurred at 13 instances; assault with or push against a strange object occurred in 16 cases; the patient was stabbed in 4 cases, and 2 victims were seized by the throat, one leading to strangulation and subsequent death. The type of injury and its severity, divided into light, moderate or severe, are shown in Table II. Lesser haematomas and wounds were classified as light injury; e.g. larger wounds and several haematomas as medium injury; and life-threatening injuries and those necessitating hospitalization as serious injury.

Table II.

Type of injury and its degree of severity. (L = light, M = moderate, S = severe)

Type of injury	Males			Females			Total
	L	M	S	L	M	S	
Wound, haematoma in the face	11	4	1	6	2		24
Wound, haematoma - other locations	5	1		3	1		4
Rib fracture + haematoma		2					2
Fracture of the hand		2					2
Fracture of the mandible + teeth injuries			1				1
Head injury			1			1	2
Choking accident					1	1	2
Stab wound		2	1	1			4
TOTAL	16	11	4	9	5	2	47

There were 5 hospitalized cases treated for in all 30 days, averaging 6 days. Five of the patients returned for follow-up once and 3 had a second visit. The others did not require further treatment. Seven patients were reported sick by the doctor for in all 131 days, averaging 18.5 days. Several patients stated - at the emergency unit - that the police was already notified or should be. However, there were only 4 legal testimonials drawn up at the conclusion of the study.

Prior assaults were reported by 13 men and 11 women, 5 of the women more than 3 times, compared to one man. Four men and one woman stated that they had contact with the social welfare service or a psychologist.

The examining doctors estimated the need for a follow-up and concluded that 6 men and 8 women were in need of such a contact. Out of these 4 men and one woman had already such a contact.

DISCUSSION

The frequency of assault victims in our study was 1.1 %; two thirds were male and one third female. Westh (7) showed similar results in a study from Copenhagen. The assaulted patients appear to belong to two rather homogeneous groups, judging from the social case histories. One group holds - among others - the young unmarried man with a low status occupation who gets into fights outside the home, the other group the often unemployed woman who is molested within the home by her partner. However, the similarities between the two groups are striking. Low educational levels, alcoholic problems and earlier contacts with the judicial system are very common. Bergersen-Lind (2) showed - in a corresponding study - that two thirds of the assault victims were registered for having committed law offences, often in connection with violence. Repeated battery, mostly of the female patients, was common (1).

The somatic injury generally occurs during alcohol influence of both parties and is not premeditated. This could explain why there is no sex difference regarding the type of severity of the injury. Skau, Bröte and Nettelblad (6) found in a study at a surgical emergency unit the alcohol influenced patients were found almost exclusively in the group of assault victims. The injuries could mostly be treated as out-patients in their study too. However, alcohol influence makes the patient less cooperative and therefore more difficult to treat. The problem is not to identify assault patients but rather to make them accept the help we offers. This problem has been pointed to by Brismar and Tunér (3) and also by Alexius (1) in her study on mistreated women at a psychiatric clinic. The need for increased follow-up was judged to be greatest for the female patients, since the male patients - to a larger extent - already had a psycho-social contact. The reason could be that the men who often get into fights also are the ones taken care of by the social boards. The women lie low

and are hidden.

What then can the doctor do, who treats the patient? The patients usually consult the emergency ward on Friday and Saturday nights in connection with the assault. The patient is influenced by alcohol and is upset by the incident. The injury is of a kind that is dealt with immediately, and repeated visits are often not medically indicated. The patient is returned to his old situation, at best with a referral to the social service. Very few of the assault cases have any legal consequences (5). It would probably often be justified with a closer doctor-patient relationship. It could be effected at a follow-up visit, when the patient has some distance to the incident, or by letting the patient remain in the hospital for some days and perhaps get into contact with the social welfare service or at least by getting a deeper contact with the medical personnel.

Gayford (4) showed that there is a connection between child and wife mistreatment. Although we had no case of cruelty to children, but indeed of wife beating, this problem should be observed with mistreated women for the sake of prevention. The risk for coinciding child abuse is probably considerably increased in connection with wife beating.

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