



Hospital-treated injuries to females

Over the 10-year period 2003/04-2012/13 there have been 1,067,045 Emergency Department (ED) presentations, and 487,716 hospital admissions in Victoria for injury to females. Figure 1 shows that there has been a general increase in the number of unintentional injuries and intentional self-harm injuries over the 10-year period, and a general decrease in the number of assault, maltreatment & neglect injuries. There has been a sharp increase in the frequency of ED presentations for injury coded to other & undetermined over the 10-year period.

Please note: in July 2012 the Victorian Hospital Admission Policy changed, which has had the effect of reducing the number of admissions recorded on the Victorian Admitted Episodes Dataset (hospital admissions) for the 2012/13 financial year. For Figure 1, trend analysis is only presented for hospital admissions that separate on a date after the admission date (non-same day admissions) as these admissions are less likely to be influenced by the change in admission policy.

Figure 1: The number of hospital-treated injuries to females for different intents per financial year.

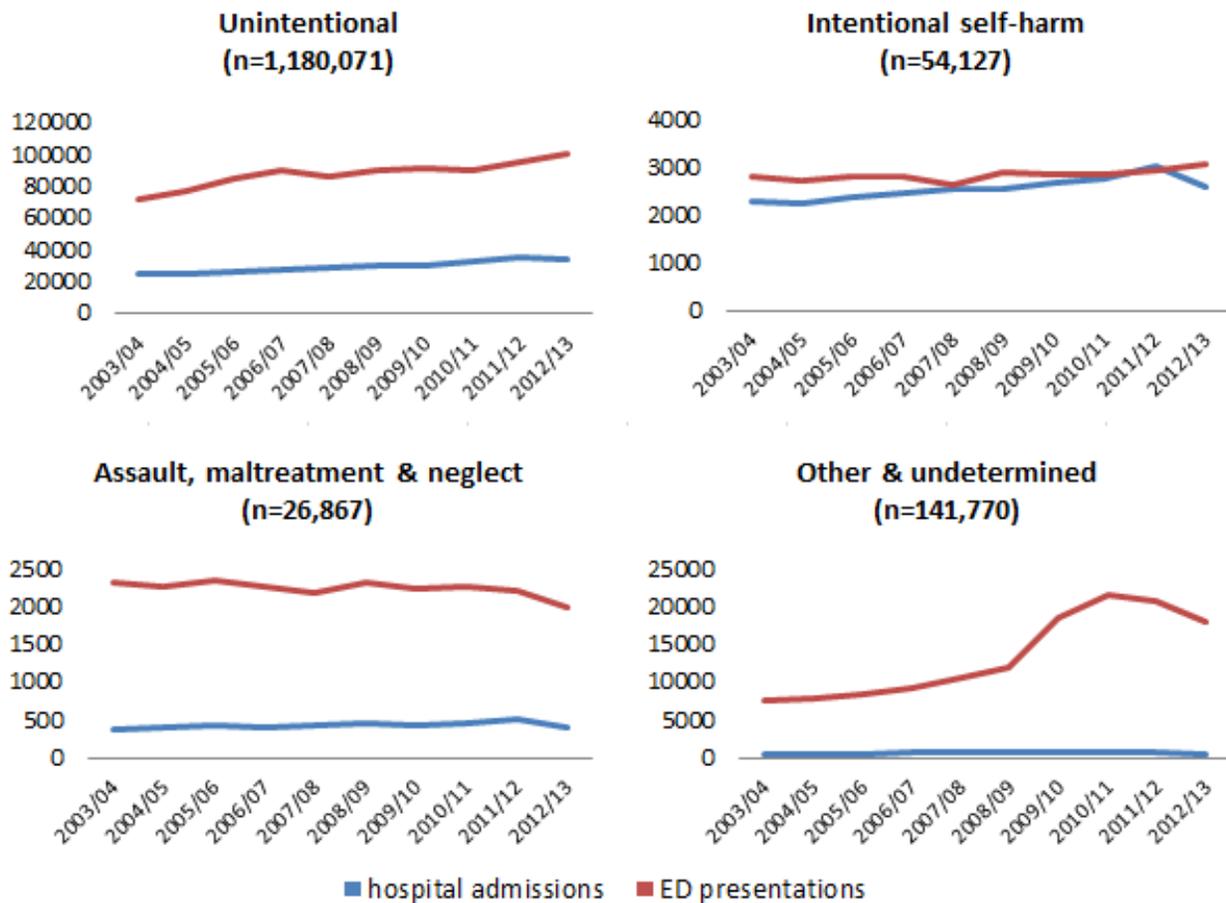
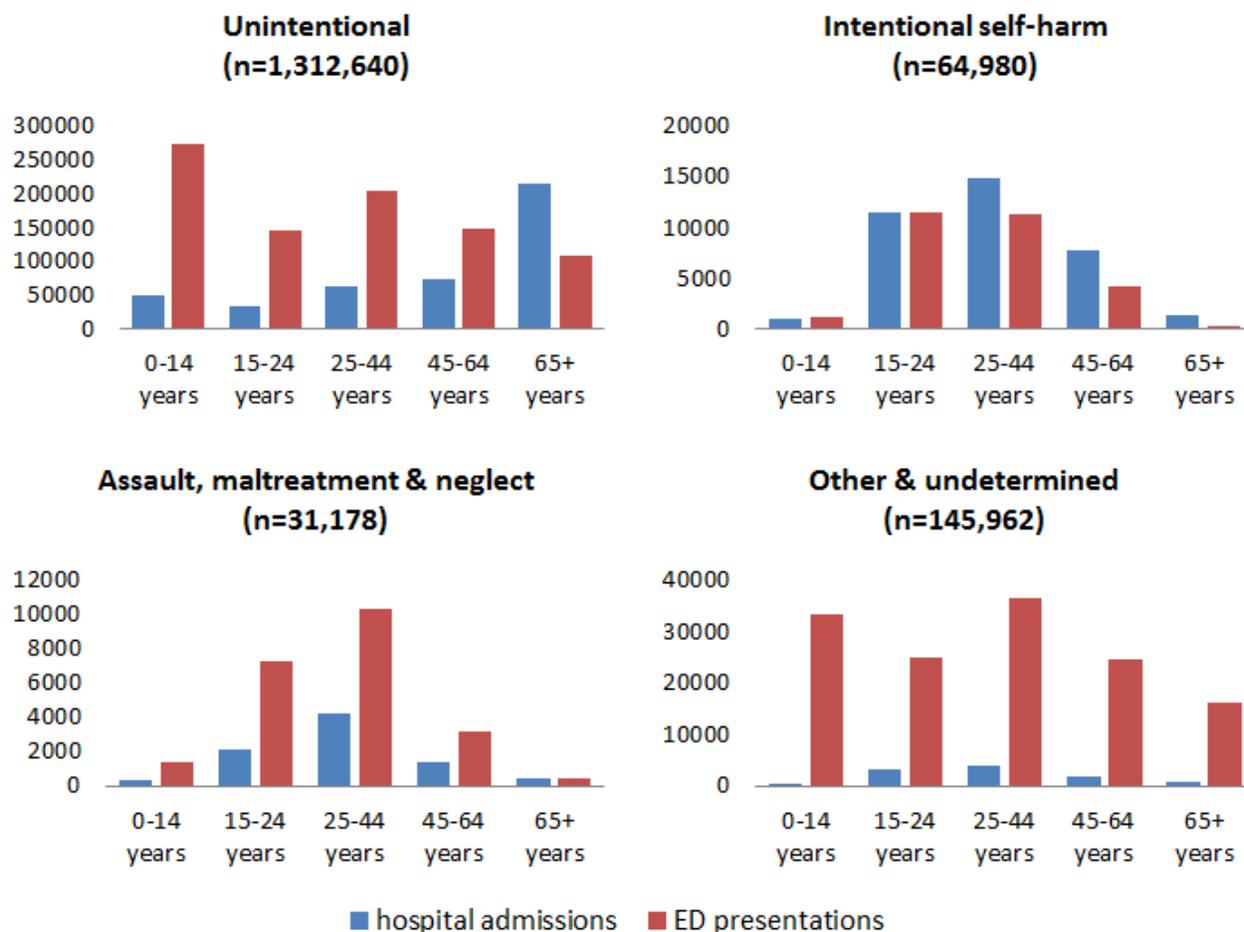


Figure 2 shows that for unintentional injuries, a higher proportion of older women were admitted to hospital for a hospital-treated injury than presented to an ED, and a much higher proportion of children with a hospital-treated injury were treated in the ED and did not require subsequent hospitalisation. Intentional self-harm was predominantly seen among those aged 15-44 years, as was assault, maltreatment & neglect. In almost all age groups, the frequency of hospital admissions outweighs the frequency of ED presentations for intentional self-harm.

Figure 2: The number of injured females in different age groups for different intents.



Hospital Admissions – a closer look

The following information presents only the hospital admissions, as these are deemed the most serious, for the most recent three years of data (2010/11-2012/13). The following table shows the major causes of injuries to females that result in hospital admission. Falls were the leading cause of unintentional injury. There were six times as many falls as transport-related injury admissions, which is the second leading cause of unintentional injury. The leading cause of intentional injury is self-inflicted injury, and it is noteworthy that there are almost as many of these injuries as transport-related injury. The relatively small number of admissions for assaults (intentional inflicted by other) is also noteworthy.

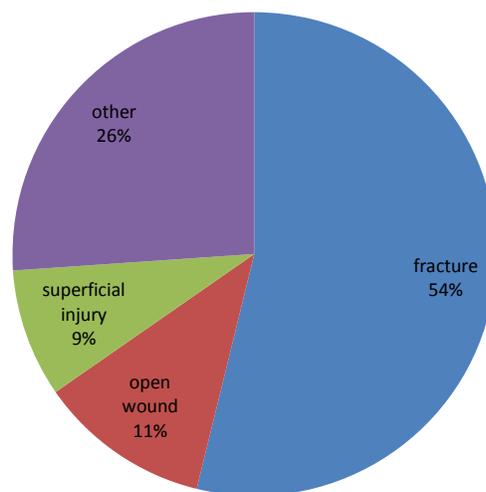
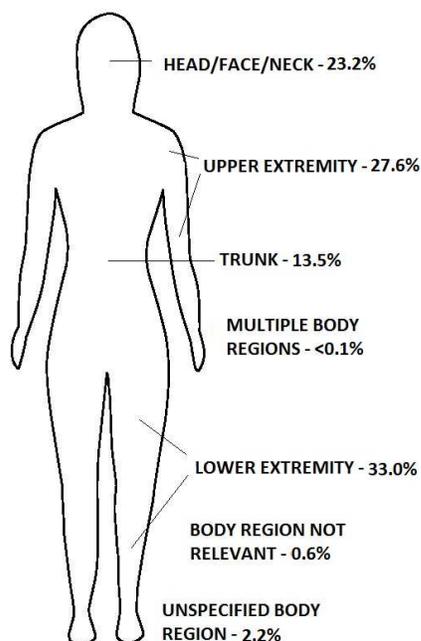
Table 1: The frequency of hospital-treated injuries to females for each cause.

		Financial year of admission			Total	
		2010/11	2011/12	2012/13	n	%
unintentional	fall	27947	29030	25632	82609	50.7
	transport	4807	5246	3912	13965	8.6
	hit/struck/crush	2440	2696	2110	7246	4.4
	cutting/piercing	1534	1769	1299	4602	2.8
	natural/environmental/animals	1535	1584	1429	4548	2.8
	overexertion and/or strenuous movements	1307	1368	1174	3849	2.4
	poisoning	1300	1304	963	3567	2.2
	foreign body - natural orifice	780	968	640	2388	1.5
	choking/suffocate	855	702	638	2195	1.3
	fires/burns/scalds	517	531	437	1485	0.9
	machinery	139	136	127	402	0.2
	drowning/near drowning	19	27	18	64	0.0
	explosions/firearms	16	11	8	35	0.0
	other specified unintentional	706	831	642	2179	1.3
	unspecified unintentional	5489	5882	5310	16681	10.2
intentional	intentional self-inflicted	4030	4321	3045	11396	7.0
	intentional inflicted by other	953	1012	655	2620	1.6
other	other or undetermined intent	1162	1216	745	3123	1.9
Total		55536	58634	48784	162954	100.0

The following pages go into further detail for the three most common unintentional injuries and the two most common intentional injuries to females. They include the body regions most affected, the types of injuries sustained, and some information on age, place and specific cause.

Unintentional Injury

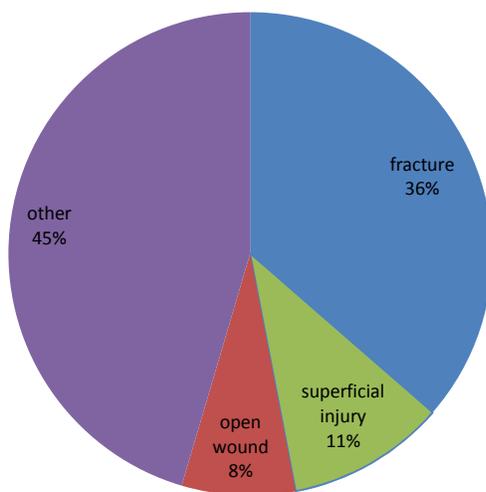
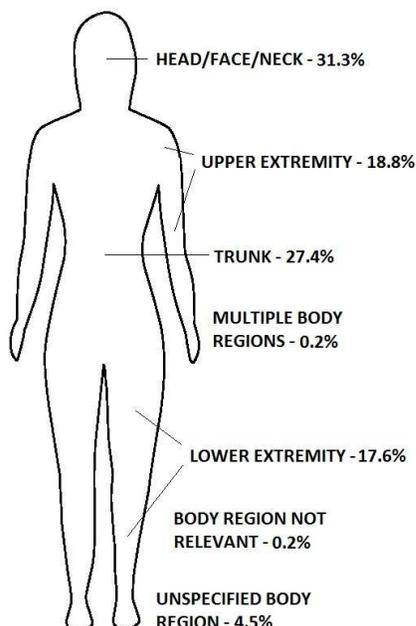
Falls (n=82,609, annual average = 27,536)



*Other includes intracranial injury, dislocation, sprain and strain, injury to muscle & tendon, eye injury, injury to internal organs, injury to nerves & spinal cord, injury to blood vessels, complications of surgical & medical care, crushing injury, traumatic amputation, foreign body, burns, poisoning, and unspecified.

- Sixty-eight percent of fall injuries that are admitted were to those aged 65+, followed by 45-64 years (14.3%).
- Of known locations, 40.9% occurred in the home and 22.0% occurred at a residential institution.
- Of specified causes, 40.1% of falls were on the same level from slipping, tripping and stumbling.

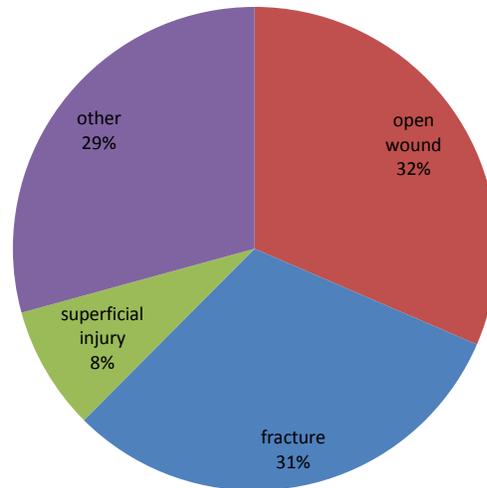
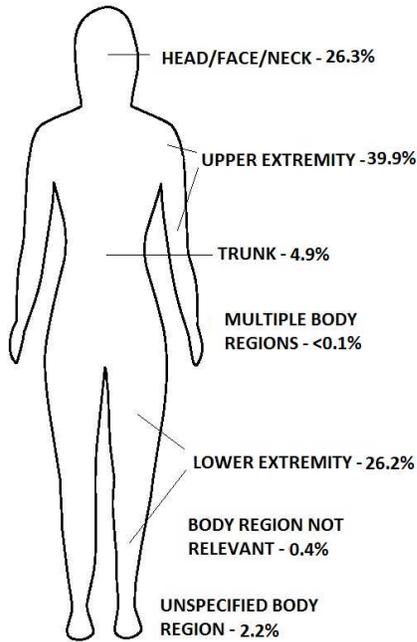
Transport (n=13,965, annual average = 4,655)



*Other includes intracranial injury, dislocation, sprain and strain, injury to internal organs, injury to muscle and tendon, injury to nerves & spinal cord, injury to blood vessel, eye injury, burns, crushing injury, traumatic amputation, complications of surgical & medical care, poisoning, and unspecified.

- Those aged 25-44 years were most commonly treated at hospital for transport injuries (30.4%), followed by 45-64 years (22.6%) and 15-24 years (21.0%).
- Of known locations, 90.8% occurred on a road, street or highway.
- Car occupants were injured most often (55.8%) followed by pedal cyclists (11.4%) and pedestrians (10.0%).

Hit/struck/crush (n=7,246, annual average = 2,415)

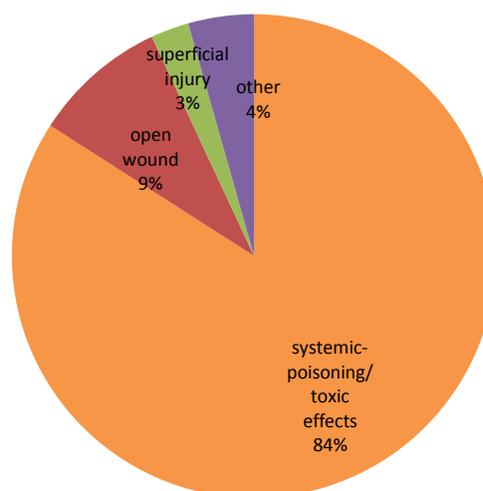
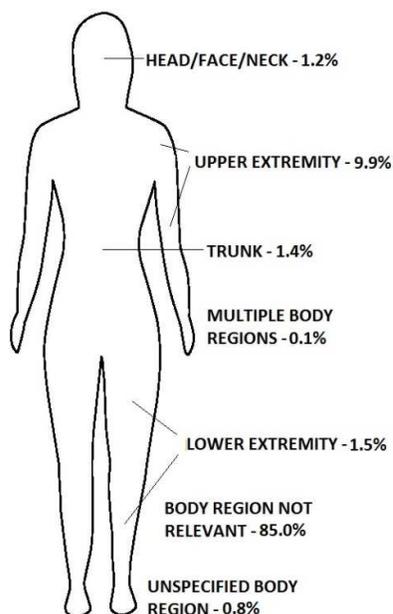


*Other includes dislocation, sprain and strain, traumatic amputation, intracranial injury, injury to muscle & tendon, eye injury, crushing injury, injury to nerves & spinal cord, injury to internal organs, injury to blood vessels, foreign body, burns, complications of surgical & medical care, poisoning, and unspecified.

- Those aged 0-14 years were most commonly admitted to hospital for hit/struck/crush injuries (29.0%), followed by 65+ years (24.6%).
- Of known locations, 46.5% occurred at home, 19.9% at school or public buildings, and 16.3% at sports and athletic areas.
- Of known activities, 43.7% occurred during sport activities.
- Striking against or struck by another object was the most common specific cause of admitted cases (40.7%) followed by crushed, jammed or pinched between objects (23.8%).

Intentional injury

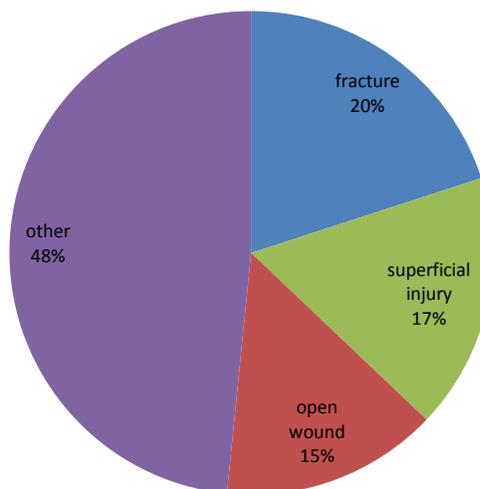
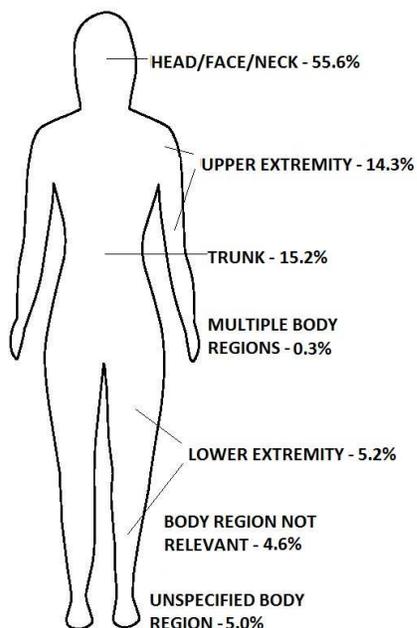
Self-harm (n=11,396, annual average = 3,799)



*Other includes burns, injury to muscle or tendon, fracture, injury to blood vessels, injury to nerves & spinal cord, injury to internal organs, foreign body, intracranial injury, eye injury, complications of surgical & medical care, dislocation, sprain or strain, traumatic amputation, crushing injury, and unspecified.

- Those aged 25-44 years accounted for 36.8% of self-harm hospital-treated injuries, followed closely by 15-24 years (35.6%).
- Of known locations, 78.6% occurred in the home and 16.7% at school or public buildings.
- The majority of self-harm hospital admissions were due to poisoning from pharmaceuticals/medications (80.3%), followed by injury from a sharp object (11.9%).

Assault (n=2,620, annual average = 873)



*Other includes intracranial injury, injury to internal organs, dislocation, sprain and strain, eye injury, injury to muscle & tendon, poisoning, injury to nerves & spinal cord, burns, traumatic amputation, injury to blood vessels, crushing injury, foreign body, complications of surgical & medical care, and unspecified.

- Those aged 25-44 years accounted for 48.1% of hospital-admitted assault injuries, followed by 15-24 years with 24.4%.
- Of known locations, 68.6% of assaults occurred in the home.
- The majority of assaults resulting in admission to hospital were due to bodily force (64.7%), followed by blunt object (7.9%).