

# The development of an assault patient questionnaire to allow accident and emergency departments to contribute to Crime and Disorder Act local crime audits

V Goodwin, J P Shepherd

## Abstract

**Objective**—To evaluate and refine an assault patient questionnaire to facilitate the contribution of accident and emergency (A&E) departments to Crime and Disorder Act local crime audits.

**Method**—A brief nine item questionnaire was devised in collaboration with the authors of the Home Office British Crime Survey. A prospective sample of 46 consecutive assault patients who attended Cardiff Royal Infirmary A&E department were interviewed by either reception staff or triage nurses. The questionnaire was revised appropriately.

**Results**—The collection of information in A&E departments about the circumstances of violence was straightforward. Questions about motive for violence and about relationships between the injured and their assailants were problematic.

**Conclusion**—The collection of information relevant to Crime and Disorder Act crime audits was possible without extra resource. Receptionists were found to be the most appropriate staff to record information.

(J Accid Emerg Med 2000;17:196-198)

Keywords: assault patient questionnaire

In Britain only about 25% of offences that result in accident and emergency (A&E) treatment are recorded by the police,<sup>1-3</sup> for some categories of violence, such as domestic violence and violence in licensed premises, the proportion is even lower. This means that a large number of these offences are not being investigated leaving assailants to continue their violent behaviour in the community. This finding resulted in the NHS (Health Authorities) being included in the 1998 Crime and Disorder Act<sup>4</sup> as bodies with whom police authorities and local authorities must collaborate to tackle crime. The Crime and Disorder Act includes legislation on the application to Scotland, criminal law, the criminal justice system and dealing with offenders in England, Wales and Scotland. Importantly the Act requires the partnership of the police authority, local authority and health authority to perform local crime audits and subsequently to base crime management strategies upon them. This therefore brought about the need for Health Authorities to develop a method of contribut-

ing to these local crime audits. Although A&E departments are not mentioned specifically they are the key source of data concerning violence available to the health authority.

This new legislation came shortly after the General Medical Council stated that doctors can disclose information without patient consent if necessary where it is key to the prevention or detection of serious crime.<sup>5</sup> The project reported here describes the development with the Home Office and A&E personnel, of a questionnaire for use in A&E departments.

## Methods

A questionnaire was devised with the authors of the British Crime Survey (BCS)<sup>6</sup> (fig 1), to collect demographic information about the injured and information about the circumstances of violence. Questions focused on numbers and sex of alleged attackers, patient's relationship with their assailant(s), the motive for attack and whether the assault had been reported to the police.

The questionnaire was completed by all patients who reported injury in assaults in a two week period in the A&E department, Cardiff Royal Infirmary (22 January and 5 February 1999 inclusive). The answers were recorded by reception staff during the first week and triage nurses in the second week. The completed questionnaires were put in a labelled box in the reception area.

At the end of the two week period the questionnaires were evaluated. Information was also obtained from two sets of interviews. The senior receptionist and the senior triage nurse interviewed each person from their team and asked them about any problems they had encountered with individual questions on the questionnaire. After they had spoken to their staff an interview was arranged with both the senior triage nurse and senior receptionist to obtain feedback from the initial questionnaire. The questionnaire was amended to take account of results of these interviews.

## Results

Forty six questionnaires were completed during the two week period, 17 in the first week and 29 in the second week. There were problems with two of the nine questions.

Reception staff found it difficult to ask the question, "What was the motive for the attack?" They found it too personal to ask in a busy waiting room. They therefore asked the triage nurses to ask this question. However, 24

Violence Research Group, Department of Oral Surgery, Medicine and Pathology, University of Wales College of Medicine/University Dental Hospital of Wales, Heath Park, Cardiff CF4 4XY  
V Goodwin  
J P Shepherd

Correspondence to:  
Professor Shepherd

Accepted for publication  
10 November 1999



The overall format of the questionnaire was acceptable. However, there were problems with two questions. The question on the motive for the attack was difficult to ask in a crowded waiting room and the answer generally not given when this question was asked in a quiet triage room. It was therefore decided to delete this question. The question, "What was your relationship with your attacker?" was reworded to, "Did you know your attacker: if so were they a partner, ex-partner, family member, acquaintance/friend, bouncer, stranger, workmate/colleague, work client or customer".

Only 25 of 46 patients had reported their assault to the police. It would have been useful to know whether the patients who had not reported the assault were intending to do so in the future. Therefore a further question was added after the question, "Have you reported this assault to a police officer? (Yes/No)", "If no, would you like this assault to be reported? (Yes/No)"

Receptionists were the most appropriate staff to complete the questionnaire: there was sufficient time, whereas this was not the case for triage nurses. Triage nurses were able to ask more personal questions as the surroundings were more private, but triage time was increased unacceptably and there was an increased risk of lost forms. Both receptionists and triage nurses interviewed agreed that the receptionists had more time than the triage nurses to ask the questions and this was supported by past research that has also demonstrated that reception staff have time to record data, particularly computerised data<sup>7</sup> and that only about 5% of new A&E patients report injury in assault.<sup>8</sup>

Initially it was planned that during one week SHOs would complete the forms. Because of

the number of forms mislaid between reception and triage it was felt that the introduction of a third group would increase this loss.

The questionnaire has been incorporated into A&E department software for computerised data capture.

Because Crime and Disorder Act crime audits are local exercises to take account of local circumstances, it is important that questions additional to this core dataset can be incorporated. The collection of this standard information would facilitate the study of violence from a national A&E perspective to complement national police and BCS statistics, which both have disadvantages.

#### Contributors

Victoria Goodwin carried out the survey, collaborated with all the staff groups (triage nurses, receptionists and SHOs) and collated and analysed the data. Jonathan Shepherd devised and supervised the project and collaborated with the Home Office. Both authors drafted and revised the paper.

Funding: none.

Conflicts of interest: none.

- 1 Shepherd J P, Shapland M, Scully C. Recording by the police of violent offences: an Accident & Emergency department perspective. *Med Sci Law* 1989;**29**:251-7.
- 2 Clarkson C, Cretney A, Davis G, et al. Assaults: the relationship between seriousness, criminalisation and punishment. *Criminal Law Review* 1994;Jan:4-20.
- 3 Shepherd J P. Violence: the relationship between seriousness of injury and outcome in the criminal justice system. *J Emerg Med* 1997;**14**:204-8.
- 4 Crime & Disorder Act 1998. London: HMSO, Clause Five: Authorities responsible for strategies.
- 5 General Medical Council. *Duties of a doctor*. London: General Medical Council, 1995.
- 6 Mirlees-Black C, Mayhew P, Percy A. *The 1996 British Crime Survey, England & Wales*. Home Office Statistical Bulletin 1996. London: Research & Statistics directorate, 1996.
- 7 Shepherd JP, Lisle C. Towards multi-agency violence prevention and victim support: an investigation of Police-Accident and Emergency Liaison. *British Journal of Criminology* 1998;**38**:351-70.
- 8 Shepherd JP. Violent crime: an accident and emergency perspective. *British Journal of Criminology* 1990;**30**:289-305.