Violence is increasingly recognised as an important health care issue. Attendance at accident and emergency (A&E) departments following violent incidents is increasing, as is the level of violence among young men. The NHS has an important role in local violence prevention, with a requirement for the collection of health services data on victims of violence.

While the health service provides care to large numbers of patients injured as a result of violence, there is currently no national system of violence surveillance in A&E departments. However, local initiatives, such as those in South Wales, where information on injuries is used for informing violence prevention strategies, have been developed.

Identification of the victims of violence also allows the targeting of effective interventions but it is generally agreed that there is inadequate recognition of victims of violence. Interest has focused on routine questioning of patients for violence, although this has largely been restricted to domestic violence. While the American Medical Association recommends routine screening of women for domestic violence, the British Medical Association does not recommend such an approach.

Clearly any process of identification must be acceptable to patients. A USA study found that the majority of patients would welcome inquiries about violent assault, and a UK study in primary care indicated that the majority of patients would tell their GP if asked directly about violence. However, no previous study has attempted to assess the acceptability of patients attending A&E of routine questioning about violence.

The aim of this study was to determine the acceptability to patients attending A&E of routine questioning about violence.

METHODS

The study was performed in the A&E department of a district general hospital in South Lancashire, UK. A brief questionnaire survey, consisting of 15 questions using a 5 point Likert scale, was distributed to a representative sample of all adult patients attending at least once a week at the A&E department of a district general hospital in South Lancashire, UK. A brief questionnaire survey, consisting of 15 questions using a 5 point Likert scale, was distributed to a representative sample of all adult patients attending at least once a week at the A&E department of a district general hospital in South Lancashire, UK.

Of the questionnaires distributed, 57% returned questionnaires were available for analysis. The study was approved by the local research ethics committee. Sample size was based on an assumption that 68% of patients would consider routine questioning about violence acceptable. This indicated that we would require 406 completed questionnaires to estimate such a proportion to within 3% error at the 95% CI level.
precision +/-5%. We allowed for a 20% non-completion rate and planned for the distribution of 432 questionnaires. Data were entered into SPSS (version 8) for analysis with the categories of strongly agree/agree combined for analysis.

RESULTS

The respondents

During the one week study period a total of 581 adult patients attended A&E. Of these, 457 (79%) consecutive attenders in the four hourly time blocks were considered for entry to the study. Of these 457 patients, 154 (34%) were excluded from the study (31 required immediate medical attention, 36 had severe emotional distress or mental impairment, 32 declined or had previously completed questionnaire, two were non-English speakers and some 33 patients were classified as “other”; for example, unable to complete questionnaire because of hand injury).

Altogether 303 questionnaires were distributed and 284 completed questionnaires were returned (94% response rate). Questionnaires were incorrectly completed by three patients aged under 16 years, leaving 281 for analysis (157 men, 116 women, eight unspecified). Fifty eight per cent of respondents were attending A&E for the first time in 12 months.

Some 70% (303 of 432) of the predetermined number of questionnaires were distributed. The majority of the questionnaires that were not distributed were accounted for during two consecutive four hour blocks on the Sunday afternoon when the A&E department struggled to cope with a heavy workload.

The median age of respondents was 33 years (IQR 25 to 49 years) and ranged from 16 to 84 years. Women were significantly older than men (36.5 and 30.0 years, Mann-Whitney U test p=0.003).

Attitude towards being asked about violence

Altogether 189 respondents (67%; 95%CI 60% to 74%) agreed that people attending A&E should routinely be asked whether they have been assaulted. There were no significant differences between the attitudes of men and women. The proportion of respondents who agreed with routine questioning increased with age (32% of 16–24 year olds, 65% of 25–44 year olds, and 83% of those over 45 years of age).

In relation to who should routinely ask about violence, 187 (67%) thought it would be appropriate for the doctors to ask, 174 (62%) for the nurses to ask and 73 (26%) for the reception staff to ask.

Only 89 (32%; 95%CI 23% to 41%) agreed that adults attending A&E should routinely be asked about sexual abuse, although the proportion supporting this suggestion also increased with age (17% of 16–24 year olds, 28% of 25–44 year olds, and 51% of over 45 year olds).

A&E and the police

Altogether 251 (89%; 95%CI 83% to 93%) respondents agreed that health care staff should encourage victims of abuse or violence to inform the police and 209 (74%; 95%CI 68% to 80%) thought that health care staff should routinely inform the police. The proportion of respondents agreeing to these statements increased with age (82% of 16–24 year olds, 89% of 25–44 year olds, and 100% of over 45s) supported encouragement to inform the police; while 61%, 77%, and 80% respectively, supported routinely informing the police).

Violence and the health service

A total of 189 (67%; 95% CI 60% to 74%) patients agreed that the health services should help in tackling the problem of violence in society, although support was higher among women (81%) than men (61%) (difference 20%, 95% CI 9% to 31%). In reality however, 71% (95% CI 65% to 77%) felt that health care staff could do little to stop violence or abuse re-occurring.
violence is merited; in particular it will be important to determine the attitudes of patients who are actually victims of violence. As violence in the community becomes increasingly recognised as a serious and important threat to health, health care professionals will need to consider how best to protect patients under their care from violence.

Contributors
AH and MC designed the study, analysed the data and prepared the manuscript. RF participated in planning and supervising the study and revising the manuscript. AH is the guarantor of the paper.

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