

**Data Dictionary  
For  
2003 Data Abstraction  
of  
Intimate Partner Violence Injuries  
And  
Sexual Violence  
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***Data Dictionary for Abstraction of Intimate Partner Violence Injuries  
and Sexual Violence, 2003 Sample, page 1***

**Purpose**

The intimate partner violence grant has two purposes:

1. Improve Minnesota's injury surveillance capacity
2. Integrate population-based intimate partner violence injury surveillance into the existing injury surveillance system

Abstraction of medical records is a core component of injury surveillance. Abstraction allows MDH to test whether or not "cases" are true cases. It also allows us to look for additional cases that may not have been labeled as such. Finally, it is an opportunity to collect additional variables to describe the victims and circumstances of intimate partner violence with the hope that this information will lead to a greater understanding of the risk factors and prevention opportunities.

**Case Definition**

Injuries of persons of both sexes age 12 or greater resident in the jurisdiction should be included wherever they occur. In all cases, the principal or underlying diagnosis must be that of an injury or an external cause of injury. Cases should be categorized as either Confirmed or Potential:

Confirmed:

To be a confirmed case, one or more of the following must be true:

1. A medical record (e.g., death certificate, hospitalization, or emergency department record) has been assigned one of the following codes:
  - a. ICD9-CM: E967.3 Adult battering by spouse or partner, or
  - b. ICD10: Y07.0 Maltreatment syndrome by spouse or partner
2. A medical record meets the clinical definition. The clinical definition requires 3 things:
  - a.. Injury is present, defined as physical damage to the body resulting from exposure to excess energy, poisoning, or the absence of essentials such as oxygen or heat, and
  - b. The behavior that causes the injury is intended, and
  - c. An intimate partner causes the injury. An intimate partner is defined as a current or former spouse, boyfriend/girlfriend, or date. Same-sex partners are included.
3. A law enforcement record for a homicide indicates that:
  - a. The death has been classified as murder or nonnegligent manslaughter, and
  - b. The relationship of the victim to one or more perpetrators was that of an intimate partner, as defined above.

Potential:

To be a potential case, one or more of the following codes must be assigned to a medical record:

- ICD9-CM: 995.8 Other specified adverse effects, not elsewhere classified  
995.80 Adult maltreatment, unspecified  
995.81 Adult physical abuse  
995.85 Other adult abuse and neglect  
E967.1 Adult battering by other specified person

E967.9 Adult battering by unspecified person  
E960-E966, E968 *for females only*. Assaults of various types  
V61.10 Counseling for marital and partner problems, unspecified  
V61.11 Counseling for victim of spousal and partner abuse  
V71.5 Observation following rape or seduction

ICD10: T74.1 Physical abuse  
T74.8 Other maltreatment syndromes  
T74.9 Maltreatment syndrome, unspecified  
Other X85-Y05, Y08, Y09 with fourth digit "0" *for females only*. Assaults of various types occurring at home  
Z63.0 Problems in relationship with spouse or partner

Note: ICD10 codes are at present only available for mortality data. Mortality data are coded by ICD10 for 1999 forward; other clinical data are still coded by ICD9-CM.

## Samples

### 3-6) IPVI

Forms: IPVI/SV Supplement, Report of Injury (ROI)

[Purpose (sample 3): predictive value positive (true positives) and collecting additional variables]

[Purpose (samples 4-6): sensitivity of IPVI (looking for false negatives)]

- Year of discharge =2002
- Fatalities included
- N800-N995 (any listed injury diagnosis code)
- Age 12 or greater at admission
- Include transfers from hospitals
- MN residents
- MN and out-of-state hospital
- Exclude DRG code 462

\*\* CHANGE: Additional Exclusions for samples 4 and 6\*\*

### 3) Definite IPVI:

**CHANGE:** Select ALL inpatients.

**CHANGE:** Simple random sample of **450** outpatients

E967.3 Adult battering by spouse/partner

**4) Suspected IPVI - assault codes:** Simple random sample of 100 (exclude claims with E967.1, E967.3, E967.9, N995.8 (no fifth digit), N995.80, N995.81, N995.85, V61.11):

E960.0, E961-E966, E968 (.0-.9): (females only, for all)

**5) Suspected IPVI – whole samples:** Select ALL (exclude claims with E967.3):

N995.8 Other specified adverse effects, nec (only ones without a fifth digit)

N995.80 Adult maltreatment, unspecified, E967.9 Adult battering by unspecified person,

N995.85 Other adult abuse and neglect, E967.1 Adult battering by other specified person,

V61.11 Counseling for victim of spouse/partner abuse

**6) Suspected IPVI – physical abuse:** Simple random sample of 100 (exclude claims with E967.1, E967.3, E967.9, N995.8 (no fifth digit), N995.80, N995.85, V61.11):

N995.81 Adult physical abuse

### 18) SV

Forms: IPVI/SV Supplement, Report of Injury (ROI)

[Purpose: Epidemiology of SV in MN]

**CHANGE:** Select ALL inpatients.

Simple random sample of **350** outpatients

- Year of discharge =2002
- Fatalities included
- Include transfers from hospitals
- MN residents
- MN and out-of-state hospitals
- Exclude DRG code 462

Any listed code: E960.1 Rape, V71.5 Observation following alleged rape or seduction, N995.83 Adult sexual abuse, or N995.53 Child sexual abuse

*Please complete all fields in the box at the top of the data collection form, i.e., Facility (hospital) name, Patient name, Medical Record (M.R.) number, Account number, Admission date, Discharge date, Injury type and Sample number. Injury type should be stated as IPVI or SV. Sample number should be stated as 03, 06, 18, etc.*

*If medical record cannot be located, please check the “Unable To Locate” (UTL) area at the top of the form.*

*If case is determined to be late effects, please check “Late Effects” (LE) area at the top of the form.*

*Complete questions 1 through 4. Patient must meet the criteria in EITHER question 1 OR question 3, but may meet both. If patient meets criteria, complete a Report of Injury (ROI) form, including all identifiers.*

*If patient does not meet criteria in either question 1 or question 3, the case is a false positive and abstractor must do the following: Give a brief comment as to why the case is false positive in the Comment section. Check false positive on the top of the form. Sign and date the form. In this instance, do NOT complete a ROI form.*

*Always complete question 31, regarding coding accuracy.*

1. **Is there documentation of hospital treatment due to intimate partner violence?**  
The clinical definition for hospital treatment due to intimate partner violence requires that all four conditions be met. Check all that apply.
2. **Are all four conditions in question 1 met?** Check one.
3. **Is there documentation of hospital treatment due to sexual violence?** The clinical definition for hospital treatment due to sexual violence requires only one of the six conditions be met. Check one.
4. **Is there documentation that the sexual violence was sustained without the patient’s consent?** Check all that apply.

**Inability to consent:** A freely given agreement to have sexual intercourse or contact could not occur because of age (below 16), illness, disability, being asleep, or the influence of alcohol or other drugs.

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**Inability to refuse:** Disagreement to have sexual intercourse or sexual contact was precluded because of the use of guns or other non-bodily weapons, or due to physical violence, threats of physical violence, real or perceived coercion, intimidation or pressure, or misuse of authority, in persons age 16 and above.

*Continue with questions 5 through 31 only if physical or sexual violence against the patient was sustained.*

5. **Is there documentation of the cause of the patient's being unable to consent?**  
Check all that apply. Give specifics, such as patient's age, disability type, drug type(s), etc., if documented.
6. **Is there documentation of the cause of the patient's being unable to refuse?**  
Check all that apply. Give specifics such as type of weapon or use of force, threats of force, coercion, pressure, misuse of authority, etc., if documented.
7. **Is there documentation that the patient had a disability prior to the injury?**  
Check one.
8. **If "yes" to question 7, specify disability.** Check all that apply.
9. **Is there documentation that the patient was homeless?** Check one.
10. **Is there documentation of English as a second language for this patient?**  
Check one. Specify language of preference, if documented.
11. **Is there documentation that multiple perpetrators were involved in the assault?**  
Check one. If yes and number is known, give number. A single perpetrator is always assumed unless otherwise documented.

*If more than two perpetrators, indicate additional information in the  
Comments section.*

12. **Is there documentation of the gender(s) of the perpetrator(s)?** Check one for each perpetrator.
13. **Is there documentation indicating the perpetrator(s)/patient relationship?**  
Intimate partners are all those coded 1 through 9. 1 through 17 are all for use in Sexual Violence sample. Check one for each perpetrator.

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14. **Is there documentation that the patient was living or cohabiting with perpetrator(s) at time of assault?** Check one for each perpetrator.
15. **Is there documentation that the injury/assault took place in a school dormitory?**  
Check one.
16. **Is there documentation of alcohol and/or drug use by the perpetrator(s) at time of assault?** Check all that apply for each perpetrator. Specify drug used, if documented.
17. **Is there documentation of the patient's pregnancy status?** Check one.
18. **Is there documentation that children (under age 18, patient's or someone else's) were living with patient at time of assault?** If patient is under age 18, count siblings or others. Do not count patient or perpetrator. If yes, and number is known, specify number or "number unknown." Check one.
19. **If "yes" to question 18, specify the relationship of child to patient.** Also provide ages, genders, and names, if documented. Check one.
20. **Is there documentation that children (under age 18, patient's or someone else's) were witnesses to the assault?** Do not count patient or perpetrator. If yes, and number is known, specify number or "number unknown." Check one.
21. **If "yes" to question 20, specify the relationship of child witnesses to patient.** Also provide ages, genders, and names, if documented. Check one.
22. **Is there documentation of a history of previous violence involving this patient as the victim?**  
Check all that apply.
23. **If "yes" to question 22, was the same or other perpetrator(s) involved in previous assault(s)?** Check all that apply.
24. **Is there documentation of the mechanism of injury?** Specify objects or other information, if documented. Check all that apply.
25. **Is there documentation of contact with a law enforcement agency/agencies?**  
Check one.

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26. **Is there documentation of the name(s) of law enforcement agency/agencies contacted or involved?** Check one. Please give name(s) in narrative form. It is not necessary to provide the officer's name or badge number, i.e., "Mpls. PD" is sufficient.
27. **Is there documentation that an Order for Protection/Restraining Order was put into effect either prior to or subsequent to the assault?** Check one.
28. **Is this the first hospital treatment for this injury/assault?** Check one. Include transfers from another facility without a break in care.
29. **What was the date of initial hospital treatment?** Please fill in date.
30. **Comments section.** Please keep comments BRIEF. Do not repeat information already stated on this form or on the Report of Injury (ROI).
31. **Coding.** Do you feel that the coding in the medical record is accurate? If not, can you specify the error(s) and what code(s) should have been assigned? If you feel that the coding is in error, but are unsure of the correct code(s), select option three.

*Abstractor must sign and date and give telephone number in the space provided.*