
National Patient Register

Types of GBV

- ✓ Intimate Partner Violence
- ✓ Rape
- ✓ Sexual Assault (excl. rape)
- ✗ Sexual Harassment
- ✗ Stalking

* Sexual violence (with no arm) includes both rape and other forms of sexual violence

Purpose of data collection

- Monitoring
-

Data available on

Victim

Background information

- Age
- Sex
- Nationality
- ID
- Name

- Ethnicity
 - Marital status
 - Dependants
-

Relationship with perpetrator

- Yes

Type of relationship: In some forms of violence, there is the label "in close relation".

Repeatedly suffering from GBV

- No
-

Perpetrator

Background information

- No information collected on Background information
-

Relationship with victim

- No

Additional information: This means that this kind of information is not recorded by this data source.

Re-offending

- No
-

Witness

Background information

✘ No information collected on Background information

Relationship with victim/perpetrator

- No

Incident description by witness

- No

Children witnessing IPV incident

- No information available
-

Incident

Code system used

- Health
-

Description of incident

- Date/time
- Harm/injuries
- Location
- Type of violence

Other: Details on the patient: personal ID, age at discharge, home county, marital state, nationality, country of birth, latest emigration, latest immigration, details on the unit of care, details on the location of care, medical data.

Protection order

- No information available

Civil justice data

- No information available
-

Incident respond resources

- ✗ No information collected on Incident respond resources
-

* Medical resources such as operations etc.

Prosecution process

- ✗ This administrative data source does not collect information on Prosecution process
-

Outcomes

Perpetrator

N. of cases resulting in arrest

- No
-

List of offenses

- No

Victim

Death as result of incident

- Yes
-
-

Characteristics

Storage System

- ✗ In paper form
 - ✗ Electronically (single files)
 - ✓ Electronically (database)
-

Frequency of updating

- Annually

* Annually

Quality assurance process

The raw data is collected by doctors or medical secretaries from journals written for every patient leaving the hospital. It is then reported annually to the regional authority (landsting) and from there printed in a file and sent to Socialstyrelsen. It is said to work well and safe although it has to be reviewed occasionally before being entered into the database since there have been examples of columns switching place and similar mistakes. The major source of faults in the retrieving of data is 1) the possibility that different doctors/medical secretaries interpret the codes differently (especially in the area of armed sexual violence since there is no specific code for this); and 2) the risk that some victims lie about the cause of injury, and the doctor not able to identify violence as the real cause.

Comparability

- ✓ Geographical
 - ✗ Over time
 - ✗ None
-

Timeliness

> 1 year

Additional information: In the first step fine, since the doctor/medical secretary write the journal and code diagnoses shortly after meeting the patient. Then there is a long time period before sending it to the regional authority, at the end of the year. Socialstyrelsen (Board on Health and Welfare) receive the data on the previous year in March.

Current developments

A major development project is ongoing, with the aim of better meeting government requirements on statistics on healthcare.

Relation with third parties

Reported to third parties

No

Used by third parties:

No

Reporter

- Victim
- Witness
- Offender

Other: Doctor or medical secretary

Website

Link to website



Metadata

ORGANISATION: Board on Health and Welfare (Socialstyrelsen)

SECTOR: Health

GEOGRAPHICAL AREA: National