

# Injuries and Poisoning

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## Types of GBV

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

\* Collecting data on hospitalised patients and causes of injury. Following the ICD-9 codes it is possible to identify "victim of violence" from sex and weapon, with close relation as a variable. Possible to identify sexual violence to some extent.

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## Used as indicator

- Yes
  - ✓ Monitoring (trend data)
  - ✗ Evaluation
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## Data available on

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**Victim**

## Background information

- Age
  - Sex
  - Nationality
  - ID
  - Name
  - Ethnicity
  - Marital status
  - Dependants
- 

## Relationship with perpetrator

- No information available
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### Perpetrator

- This statistical product does not collect information on Perpetrator
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### Incident

#### Incident

**Other content:** Victim data according to medical diagnoses (IDC-10). Gender segregated, but no other background information.

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### Criminal statistics on sexual violence

#### Criminal statistical data included

- Yes

**Additional information:**

To the extent that it is identified in ICD-10. There is a specific code for "sexual violence with no arm" but none for "sexual violence with arm", the latter has to be included either in "other violence" or within violence with the specific arm used.

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## Characteristics

### Reference period

1 year

**Additional information:** It may take 1,5 year before entered data is in the database

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### Frequency of updating

Annually

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### Validation

Yes

**Additional information:** Using data from validated database.

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### Compilation

Data chosen according to standards from years before.

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### Quality assurance process

Yes

**Brief description:**

All assurances that are possible "mechanically", i.e., looking for obvious faults (such as men with cancer in the uterus), etc. Also making regular special studies of different diagnoses, looking closely to the data and comparing with data on the same people in other registers (possible because of the Swedish ID-number). The high level of correctness is taken as an indicator of general quality. The quality of coding and the processes in the regional authorities is not regulated nor known centrally, leaving question marks. The stakeholder admits that there is great variation and refers to the quality aspects in the development work in progress.

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## Accuracy

Problems. Diagnoses are generally correct as far as the quality of doctors is ensured, which can be expected to be high. Nevertheless there is the possibility of women hiding the real cause of injury, and medical personnel not able to identify the real cause. The IDC-10 coding of sexual violence is a major source of fault, since there is a code for "sexual violence with no arm" but no code for armed sexual violence. The latter is thus included in other codes, not referring to sexual violence specifically and not identifiable. The accuracy of the product should be good, seen as estimating the number of women severely harmed caused by domestic violence (violence by other person, in close relation) and non-armed sexual violence, but less good when it comes to sexual violence using weapons or under armed threat.

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## Reliability

Limitations. The coding is the major source of faults, since the IDC10 codes referring to VAW are possible to interpret in different ways, especially when it comes to sexual violence with armed threat. Also the different procedures in local authorities is a possible source of fault, since there might be a lack of knowledge on how to use the codes, and, in case a medical secretary do the coding (and not the doctor herself), as there is another step of interpretation and probably, due to lack of time, very little communication on the topic. Neither can this coding be expected to be highly prioritised in the medical organisation, since the codes are used only for statistical purposes, and not for the medical treatment.

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## Timeliness

Limitations. There is generally a long time between the registering of data to the statistical product, up to 1,5 years, since data is reported only once yearly and in to steps (hospitals-> local authority and local authority -> Board of Health and Welfare).

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## Comparability

- ✓ Geographical
  - ✓ Over time
  - ✗ None
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## Current developments

Changes planned for National Register on Patients (Patientregistret).

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## External link

- No
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## Website

Link to website



## Metadata

**ORGANISATION:** National board on health and welfare (Socialstyrelsen)

**TYPE OF ORGANISATION:** PUB

**SECTOR:** Health

**LATEST UPDATE:** 2012