

Reviewed by: \_\_\_\_\_ Data Entry by: \_\_\_\_\_ False Positive: \_\_\_\_\_ UTL: \_\_\_\_\_ LE: \_\_\_\_\_

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*Intimate Partner Violence Injury/Sexual Violence  
Data Collection Form, 2003 Sample*

<b>FACILITY NAME:</b> _____
<b>PATIENT NAME:</b> _____
<b>MEDICAL RECORD NUMBER:</b> _____
<b>ACCOUNT NUMBER:</b> _____
<b>ADMISSION DATE:</b> _____
<b>DISCHARGE DATE:</b> _____
<b>INJURY TYPE:</b> _____ <b>SAMPLE NUMBER</b> _____

*Complete questions 1 through 4 for ALL record abstractions. Patient must meet the criteria given in EITHER question 1 OR question 3. See Data Dictionary for further instructions.*

- 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:**

\_\_\_\_\_ Patient is 12 years of age or older at the time of discharge

and

\_\_\_\_\_ Patient sustained an injury

and

\_\_\_\_\_ An intimate partner caused the injury

and

\_\_\_\_\_ The injury was inflicted by another person with intent to injure or with undetermined intent

- 2. Are all four conditions met? Check one:**

**1** ( ) Yes. All four conditions are met

**2** ( ) No. All four conditions are not met

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- 3. Is there documentation of hospital treatment due to sexual violence?** The clinical definition for medical treatment due to sexual violence requires **only ONE** of the following six conditions be met: **Check one:**

\_\_\_\_\_ A completed sex act (includes penetration, however slight, of genitalia)

or

\_\_\_\_\_ An attempted sex act (includes an attempt to penetrate genitalia)

or

\_\_\_\_\_ A suspected sex act (patient is unsure of events)

or

\_\_\_\_\_ Abusive sexual contact (includes intentional touching, directly or through clothing of genitalia, anus, groin, breast, inner thigh or buttocks)

or

\_\_\_\_\_ Non-contact sexual abuse (includes voyeurism, exposure, sexual harassment, threats of sexual violence.)

or

\_\_\_\_\_ Sexual violence, *type unspecified*. (describe) \_\_\_\_\_

\_\_\_\_\_ **9** ( ) No. None of the above apply

- 4. Is there documentation that the sexual violence was sustained without the patient's consent?** Was the patient unable to consent or unable to refuse? **Check all that apply:**

**1** ( ) The patient did not consent

**2** ( ) The patient was unable to consent (causes include age, illness, disability, being asleep, influence of alcohol or other drugs) (refer to #5)

**3** ( ) The patient was unable to refuse (causes include use of weapon, force, threat of force, coercion, pressure, misuse of authority) (refer to #6)

**9** ( ) No. None of the above apply

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

**5. Is there documentation of the cause(s) of the patient's being unable to consent?**

**Check all that apply:**

- 1 ( ) Age (below 16) (give age)\_\_\_\_\_
- 2 ( ) Disability (specify)\_\_\_\_\_
- 3 ( ) Suspected or confirmed alcohol use
- 4 ( ) Suspected or confirmed date rape or other drug (specify)\_\_\_\_\_
- 5 ( ) Patient was asleep
- 6 ( ) Other (specify)\_\_\_\_\_
- 8 ( ) Not applicable or IPVI or "no" to question 4 (2)
- 9 ( ) Unknown/Not documented

**6. Is there documentation of the cause(s) of the patient's being unable to refuse?**

**Check all that apply:**

- 1 ( ) Use of weapon (specify)\_\_\_\_\_
- 2 ( ) Use of force (specify)\_\_\_\_\_
- 3 ( ) Threat of force (specify)\_\_\_\_\_
- 4 ( ) Coercion, pressure (specify)\_\_\_\_\_
- 5 ( ) Misuse of authority (specify)\_\_\_\_\_
- 6 ( ) Other (specify)\_\_\_\_\_
- 8 ( ) Not applicable or IPVI or "no" to question 4 (3)
- 9 ( ) Unknown/Not documented

**7. Is there documentation that the patient had a disability prior to the injury? Check one:**

- 1 ( ) Yes. Patient had a prior disability
- 2 ( ) No. No prior disability
- 9 ( ) Unknown / Not documented

**8. If "yes" on question 7, specify disability. Check all that apply:**

- 1 ( ) Physical disability (specify)\_\_\_\_\_
- 2 ( ) Psychological disability (not including depression) (specify)\_\_\_\_\_
- 3 ( ) Depression
- 4 ( ) Behavioral, e.g., ADD (specify)\_\_\_\_\_
- 5 ( ) Chronic substance abuse (specify)\_\_\_\_\_
- 6 ( ) Other, e.g., autism (specify)\_\_\_\_\_
- 8 ( ) Not applicable. No prior disability
- 9 ( ) Unknown/Not documented

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9. Is there documentation that the patient was homeless? Check one:

- 1 ( ) Yes. Patient was homeless
- 2 ( ) No. Patient was not homeless
- 9 ( ) Unknown/Not documented

10. Is there documentation of English as a second language for this patient?

Check one:

- 1 ( ) Yes. Language of preference (specify) \_\_\_\_\_
- 2 ( ) No. English is primary language
- 9 ( ) Unknown / Not documented

11. Is there documentation that multiple perpetrators were involved in the assault?

Check one:

- 1 ( ) Yes. Give number or "number unknown" \_\_\_\_\_
- 2 ( ) No. Only one perpetrator involved (assumed unless stated otherwise)

*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:

- | Perpetrator #1: | Perpetrator #2: |                        |
|-----------------|-----------------|------------------------|
| 1 ( )           | 1 ( )           | Male                   |
| 2 ( )           | 2 ( )           | Female                 |
| 9 ( )           | 9 ( )           | Unknown/Not documented |

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:

- | Perpetrator #1: | Perpetrator #2: |                                       |
|-----------------|-----------------|---------------------------------------|
| 1 ( )           | 1 ( )           | Spouse (legal)                        |
| 2 ( )           | 2 ( )           | Separated (legal) spouse              |
| 3 ( )           | 3 ( )           | Divorced (legal) spouse               |
| 4 ( )           | 4 ( )           | Unmarried opposite sex partner        |
| 5 ( )           | 5 ( )           | Former unmarried opposite sex partner |
| 6 ( )           | 6 ( )           | Same sex partner                      |
| 7 ( )           | 7 ( )           | Former same sex partner               |
| 8 ( )           | 8 ( )           | Date                                  |
| 9 ( )           | 9 ( )           | Unknown type of intimate partner      |
| 10 ( )          | 10 ( )          | Parent <u>(list continued)</u>        |
| 11 ( )          | 11 ( )          | Stepparent                            |
| 12 ( )          | 12 ( )          | Parent's significant other            |

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- |              |        |                                                                            |
|--------------|--------|----------------------------------------------------------------------------|
| 13 ( )       | 13 ( ) | Sibling                                                                    |
| 14 ( ) _____ | 14 ( ) | Family member other than intimate partner (specify)                        |
| 15 ( ) _____ | 15 ( ) | Other known person (not intimate partner or family member) (specify) _____ |
| 16 ( ) _____ | 16 ( ) | Acquaintance                                                               |
| 17 ( ) _____ | 17 ( ) | Stranger                                                                   |
| 99 ( ) _____ | 99 ( ) | Unknown relationship                                                       |

**14. Is there documentation that the patient was living or cohabiting with perpetrator(s) at time of assault? Check one for each perpetrator:**

**Perpetrator #1:**

1 ( )

2 ( )

9 ( )

**Perpetrator #2:**

1 ( ) Yes. Living/cohabiting with perpetrator(s)

2 ( ) No. Not living/cohabiting with perpetrator(s)

9 ( ) Unknown/Not documented

**15. Is there documentation that the injury/assault took place in a school dormitory? Check one:**

1 ( ) Yes. In a school or college dormitory

2 ( ) No. Not in a school or college dormitory

9 ( ) Unknown/Not documented

**16. Is there documentation of alcohol and/or drug use by perpetrator(s) at time of assault? Check all that apply for each perpetrator:**

**Perpetrator #1:**

1 ( )

2 ( ) \_\_\_\_\_

3 ( )

9 ( )

**Perpetrator #2:**

1 ( ) Yes. Alcohol used

2 ( ) Yes. Drug used (specify) \_\_\_\_\_

3 ( ) No. No alcohol or drug used

9 ( ) Unknown/Not documented

**17. Is there documentation of the patient's pregnancy status? Check one:**

1 ( ) Patient was not pregnant at time of injury

2 ( ) Patient was pregnant at time of injury

8 ( ) Not applicable (male victim)

9 ( ) Unknown/Not documented

**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**

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others. Do not count patient or perpetrator. **Check one:**

- 1 ( ) Yes. Give number or "number unknown" \_\_\_\_\_
- 2 ( ) No. No children under age 18
- 9 ( ) Unknown/Not documented

**19. If "yes" to question 18, specify relationship of child to patient.** Also provide ages, genders, and names, if documented. **Check one:**

- 1 ( ) Yes. (specify) \_\_\_\_\_  
\_\_\_\_\_
- 2 ( ) Yes. No other information documented
- 3 ( ) Not applicable. "No" to question 18
- 9 ( ) Not applicable. "Unknown/Not documented" to question 18

**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. **Check one:**

- 1 ( ) Yes. Give number or "number unknown" \_\_\_\_\_
- 2 ( ) No. No children under age 18
- 9 ( ) Unknown/Not documented

**21. If "yes" to question 20, specify relationship of child witnesses to patient.** Also provide ages, genders, and names, if documented. **Check one:**

- 1 ( ) Yes. (specify) \_\_\_\_\_  
\_\_\_\_\_
- 2 ( ) Yes. No other information documented
- 3 ( ) Not applicable. "No" to question 20
- 9 ( ) Not applicable. "Unknown/Not documented" to question 20

**22. Is there documentation of a history of previous violence involving this patient as the victim?**

**Check all that apply:**

- 1 ( ) Yes. Previous intimate partner violence (includes physical, psychological, and verbal abuse)
- 2 ( ) Yes. Previous sexual violence
- 3 ( ) Yes. Previous Child Maltreatment (includes physical, psychological, and verbal abuse)
- 4 ( ) Yes. Other (specify) \_\_\_\_\_
- 5 ( ) No. No previous violence
- 9 ( ) Unknown/Not documented

**23. If "yes" to question 22, was the same or another perpetrator(s) involved in previous assault(s)?**

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**Check all that apply:**

- 1 ( ) Yes. Same perpetrator(s)
- 2 ( ) Yes. Other perpetrator(s) (specify relationship)\_\_\_\_\_
- 3 ( ) Yes. Relationship unknown
- 8 ( ) Not applicable. No previous assaults on question 22
- 9 ( ) Unknown/Not documented

**24. Please state the mechanism of injury. Check all that apply:**

- 1 ( ) Burned, chemical or thermal (specify)\_\_\_\_\_
- 2 ( ) Choked
- 3 ( ) Firearm injury (specify)\_\_\_\_\_
- 4 ( ) Grabbed (bruising)
- 5 ( ) Human bite
- 6 ( ) Kicked
- 7 ( ) Knife/sharp object injury (specify)\_\_\_\_\_
- 8 ( ) Pulled hair
- 9 ( ) Pushed/thrown against object (specify)\_\_\_\_\_
- 10 ( ) Pushed/thrown down
- 11 ( ) Restrained against will (specify)\_\_\_\_\_
- 12 ( ) Scratched
- 13 ( ) Sexually assaulted
- 14 ( ) Slapped
- 15 ( ) Struck with fists
- 16 ( ) Weapon, including struck with object (specify)\_\_\_\_\_
- 88 ( ) Other (specify)\_\_\_\_\_
- 99 ( ) Unknown/not documented

**25. Is there documentation of contact with a law enforcement agency/agencies?**

**Check one:**

- 1 ( ) Yes. Agency contacted
- 2 ( ) No. Agency not contacted. Patient refused/declined
- 3 ( ) No. Agency not contacted
- 9 ( ) Unknown/Not documented

**26. Is there documentation of the name(s) of law enforcement agency/agencies contacted or involved? Check one:**

- 1 ( ) Yes. (specify agency name)\_\_\_\_\_

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- 2 ( ) No. Patient declined on question 24
- 3 ( ) No. Agency not contacted
- 9 ( ) Unknown/Not documented

**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:**

- 1 ( ) Yes. Order in effect
- 2 ( ) No. No order in effect
- 9 ( ) Unknown/Not documented

**28. Is this the first hospital treatment for this injury/assault? Include transfers from another facility without a break in care. Check one:**

- 1 ( ) Yes. This is the first hospital treatment for this injury/assault
- 2 ( ) No. This is not the first hospital treatment for this injury/assault
- 9 ( ) Unknown / Not documented

**29. What was the date of initial hospital treatment?**

**Date of Treatment:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                  **M M D D Y Y Y Y**

- 8 ( ) Not Applicable. This is the first hospital treatment
- 9 ( ) Unknown / Not documented

**30. COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**31. Are the E-Codes and N-Codes in the Medical Record accurate?**

- 1 ( ) Yes. Coding is accurate
- 2 ( ) No. Coding is not accurate (specify) \_\_\_\_\_

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- 3 ( ) No. Corrections not determined  
9 ( ) Unknown / not documented

**Abstractor:** \_\_\_\_\_

**Date:** \_\_\_\_\_