



Violence Data Brief

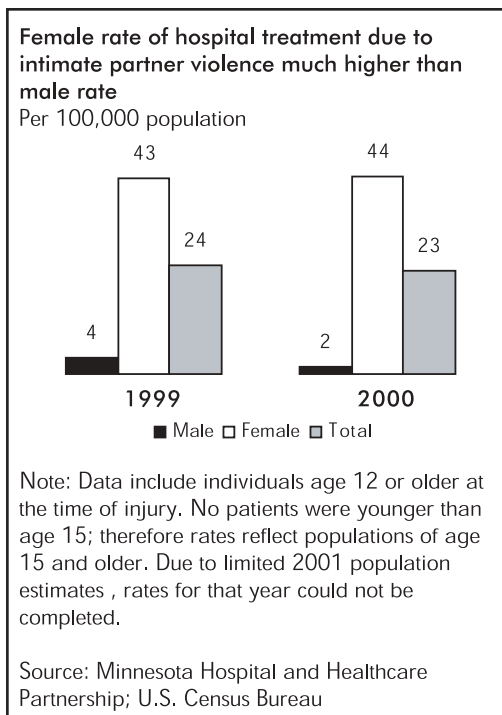
Intimate Partner Violence

1998 to 2001

In 2001, hospitals reported treatment of 806 Minnesotans for injuries caused by an intimate partner, a rate of 16 per 100,000 the entire Minnesota population. A more realistic rate of intimate partner violence (IPV) would include a population of age 15 and older because there were no IPV patients younger than age 15. Unfortunately, 2001 Minnesota population estimates are not yet calculated by age. The rate of hospital-treated IPV patients in 1999 and 2000, including ages 15 and older, is 24 and 23 per 100,000 population, respectively.

IPV is different from domestic violence. IPV clearly defines the perpetrator as an intimate, or past intimate, partner of the victim. Domestic violence, a more broad term, describes abuse by a parent, child, current or former intimate partners and possibly others.

Males and females received injuries due to IPV but females accounted for the majority of those injured or killed.



Violence by an intimate partner occurred when a patient was:

- ▶ Age 12 or older at the time of the incident. The Centers for Disease Control and Prevention selected

Highlights

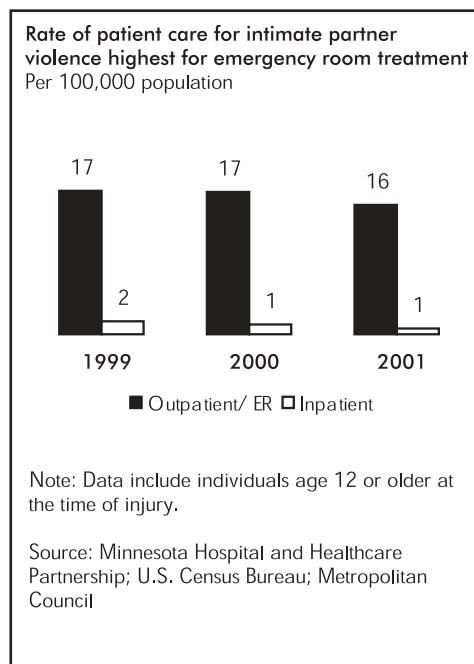
- ▶ Sixteen of every 100,000 Minnesotans were hospital-treated in 2001 for injuries caused by an intimate partner.
- ▶ In 2000, the average charge for an intimate partner violence patient receiving hospital treatment was \$739.
- ▶ 31 people were murdered by an intimate partner in 2000 and 65 percent of those deaths involved a firearm.

this age limit because homicide reports and victimization surveys showed those younger than age 12 are unlikely to be abused by an intimate partner;

- ▶ Intentionally injured by an intimate partner (a current or former spouse, boyfriend, girlfriend or date, including same-sex relationships); and
- ▶ A Minnesota resident.

Hospital medical information

Patient records are initially written by a health care professional and then coded into a series of letters and numbers known as the International Classification of Diseases (ICD). ICD codes help identify specific injuries, illnesses and procedures associated with a patient. A professional, trained in ICD coding, reads a patient's chart



and then assigns codes for billing and record keeping purposes.

Hospital-treated IPV patients totaled 897 in 1999, 897 in 2000 and 806 in 2001.

The majority of IPV patients received emergency room treatment: 92 percent in 1999, 94 percent in 2000 and 96 percent in 2001. Hospital inpatients were the remainder IPV cases. From 1999 to 2001, females made up 92 to 96 percent of emergency room patients and 85 to 97 percent of inpatients.

Zip codes of IPV patient mailing addresses were coded into a median household income range. From 1999 to 2001, the rate of IPV patients within each income group tended to stay fairly level.

Evaluation of hospital medical information

A four-tier approach is generally used to identify and respond to public health problems. Throughout a project, hospital records are monitored and assessed to describe and track problem magnitude. Next, the risk factors (causes of the problem) are ascertained. Interventions are developed and evaluated to decide what techniques may work in addressing the problem. Finally, the tested and proven interventions are used at the community-level in response to the problem.

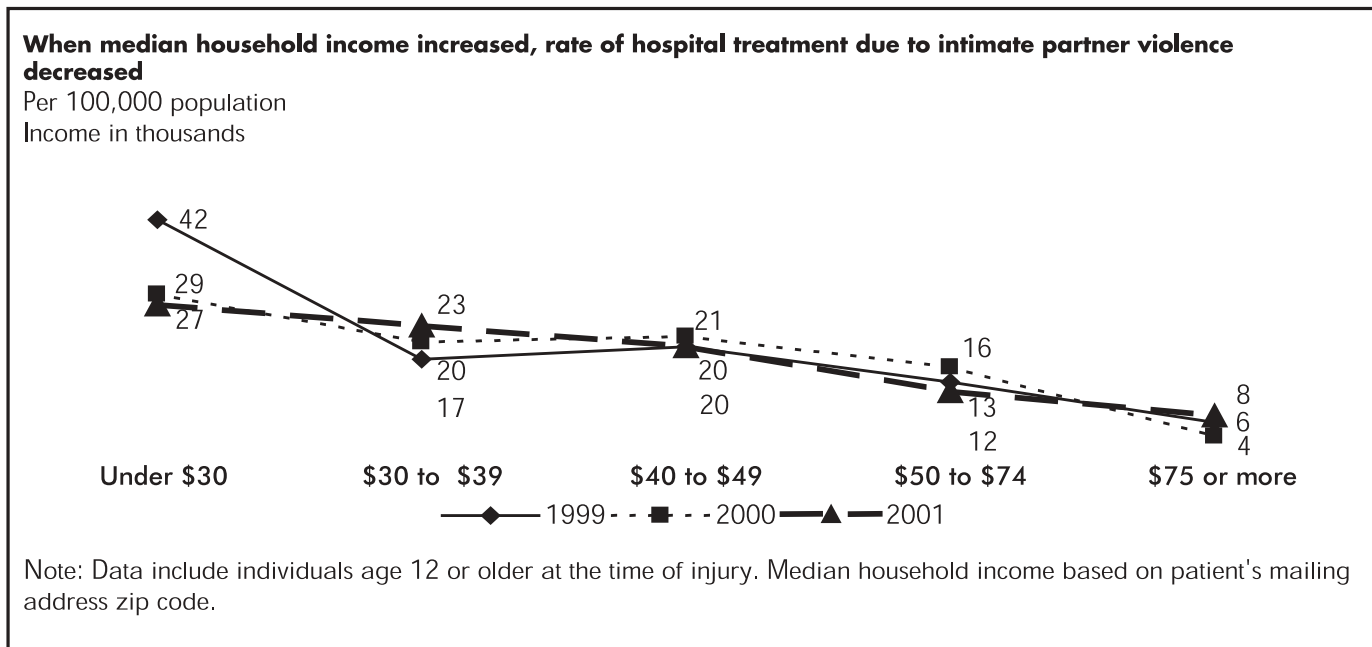
These IPV data focus on the initial step, monitoring and assessment. The Minnesota Department of Health abstracted a sample of hospital files of patients who were recorded as experiencing, or possibly experiencing, violence by an intimate partner. The process of abstraction involved reviewing patient files, determining if IPV criteria were met, and looking at demographic, relationship and health information about the IPV victim and offender.

Evaluation data in this section were weighted. When a population is not proportionately represented in analysis, case weighting helps correct that problem. Cases were weighted based on the total number of patients with a specific ICD code divided by the total number of patients assigned those codes in abstraction.

When 2000 hospital data were reviewed, 21 percent of patients coded as IPV cases were found to not be IPV-related. Additional records of IPV suspected cases were reviewed. The number of suspected IPV cases that were found to be IPV-related, increased patients actually coded as IPV by 87 percent. Suspected cases included patients with assault-related ICD codes that did not specify the abuser's relationship to the patient and patients who received counseling for spousal problems.

Evaluation showed that in 2000, 98 percent of IPV patients were female and 99 percent of IPV offenders were male. Data from 1999 showed similar breakouts.

Two percent of those who received hospital care in 2000 for



Ramsey, Hennepin and Crow Wing county residents had the highest annualized rate of hospital-treated intimate partner violence patients (local reporting standards may account for some of the low rates observed)

County	1999			2000			2001			1999-2001 Total	Annualized Rate
	Males	Females	Total	Males	Females	Total	Males	Females	Total		
Minnesota total	66	831	897	34	863	897	63	743	806	2,600	13.66
Aitkin	.	2	2	.	3	3	.	6	6	11	18.01
Anoka	1	50	51	4	60	64	4	24	28	143	12.74
Becker	2	2	.	.	.	2	1.73
Beltrami	.	3	3	.	.	.	1	2	3	6	3.96
Benton	4	4	.	3	3	7	5.33
Big Stone
Blue Earth	1	11	12	3	8	11	1	2	3	26	11.65
Brown	.	5	5	.	4	4	.	.	.	9	8.54
Carlton	.	1	1	.	2	2	.	4	4	7	5.71
Carver	1	2	3	.	2	2	1	4	5	10	3.85
Cass	.	3	3	.	5	5	.	.	.	8	7.57
Chippewa	.	1	1	.	1	1	.	.	.	2	3.88
Chisago	.	2	2	.	.	.	1	.	1	3	1.96
Clay	.	1	1	.	.	.	.	.	.	1	0.50
Clearwater
Cook
Cottonwood	.	1	1	.	.	.	.	1	1	2	4.17
Crow Wing	.	17	17	1	24	25	1	7	8	50	23.14
Dakota	3	43	46	1	71	72	.	33	33	151	11.21
Dodge	.	2	2	.	.	.	.	2	2	4	5.98
Douglas	.	1	1	.	1	1	.	2	2	4	3.10
Faribault	1	1	.	.	.	1	1.56
Fillmore	.	2	2	.	.	.	.	1	1	3	3.65
Freeborn
Goodhue	2	2	.	9	9	11	6.42
Grant	3	3	3	12.02
Hennepin	44	388	432	13	297	310	30	301	331	1073	24.52
Houston
Hubbard	1	1	.	.	.	1	1.39
Isanti	.	6	6	.	2	2	1	3	4	12	10.08
Itasca	.	5	5	1	4	5	.	12	12	22	12.73
Jackson	.	1	1	.	.	.	.	.	.	1	2.27
Kanabec	.	6	6	.	6	6	.	.	.	12	20.89
Kandiyohi	.	2	2	.	4	4	.	1	1	7	4.39
Kittson	1	1	1	4.87
Koochiching	.	2	2	.	.	.	.	.	.	2	3.55
Lac qui Parle	1	1	.	.	.	1	3.15
Lake	3	3	.	2	2	5	11.41
Lake of the Woods	1	1	2	2	11.34
Le Sueur	.	3	3	.	1	1	.	1	1	5	5.13
Lincoln
Lyon	.	3	3	.	2	2	.	3	3	8	8.07
McLeod	.	3	3	.	5	5	.	1	1	9	6.73
Mahnomen	.	1	1	.	1	1	.	.	.	2	10.21
Marshall

County	1999			2000			2001			1999-2001 Total	Annualized Rate
	Males	Females	Total	Males	Females	Total	Males	Females	Total		
Martin	1	2	3	.	3	3	.	4	4	10	11.63
Meeker	1	1	.	1	1	2	2.30
Mille Lacs	1	1	.	7	7	8	9.26
Morrison	.	1	1	.	4	4	1	3	4	9	7.44
Mower	.	3	3	.	4	4	.	.	.	7	4.63
Murray
Nicollet	.	2	2	.	3	3	.	.	.	5	4.29
Nobles	1	1	.	2	2	3	3.73
Norman
Olmsted	1	10	11	1	16	17	1	11	12	40	8.35
Otter Tail	.	3	3	.	.	.	.	2	2	5	2.24
Pennington	.	1	1	.	.	.	.	1	1	2	3.74
Pine	.	1	1	.	5	5	.	5	5	11	10.83
Pipestone	.	2	2	.	.	.	.	.	.	2	5.12
Polk	.	6	6	.	2	2	.	4	4	12	9.82
Pope	.	1	1	.	2	2	.	.	.	3	6.77
Ramsey	13	152	165	3	182	185	12	165	177	527	26.34
Red Lake
Redwood	.	1	1	.	1	1	.	.	.	2	3.07
Renville	.	3	3	.	1	1	.	1	1	5	7.54
Rice	.	3	3	.	2	2	.	9	9	14	6.38
Rock
Roseau	2	2	.	.	.	2	3.28
St. Louis	.	26	26	3	44	47	5	41	46	119	14.88
Scott	.	7	7	.	12	12	.	5	5	24	7.29
Sherburne	.	5	5	2	5	7	.	6	6	18	7.57
Sibley	.	1	1	.	1	1	.	.	.	2	3.43
Stearns	.	1	1	.	10	10	1	7	8	19	3.69
Steele	.	3	3	.	6	6	.	6	6	15	11.60
Stevens
Swift	1	1	.	.	.	1	2.19
Todd	.	5	5	.	2	2	.	1	1	8	8.52
Traverse	.	1	1	.	.	.	.	.	.	1	6.17
Wabasha	.	.	.	1	.	1	.	.	.	1	1.20
Wadena	1	1	.	.	.	1	1.88
Waseca	3	3	.	2	2	5	6.73
Washington	1	15	16	1	18	19	1	20	21	56	7.38
Watsonwan	2	2	.	1	1	3	6.54
Wilkin
Winona	.	1	1	.	5	5	1	.	1	7	3.51
Wright	.	7	7	.	6	6	.	9	9	22	6.59
Yellow Medicine
County unknown	.	7	7	.	.	.	.	7	7	2	N/A

Notes: Data include individuals age 12 or older at the time of injury. Annualized rate is per 100,000 the population and is based on Census 2000.

Source: Minnesota Healthcare and Hospital Partnership

injuries due to IPV were admitted to the hospital. All other patients received emergency room care. Nearly half IPV patients had a head or face injury.

The average charge for medical treatment for IPV patients in 2000 was \$739. The primary payer for 45 percent of patients was Medicaid, 13 percent were self-pay, 3 percent were Medicare and 39 percent were commercial health insurance.

Majority of intimate partner murders involved a firearm

Means of murder	1999	2000
Number of instances		
Shooting	7	21
Strangling	5	4
Stabbing	2	6
Beating	7	1
Burning	2	1
Unknown	1	.
Total deaths	22	31

Note: Data include individuals age 12 or older at the time of death. Some cases involve two mechanisms and both are counted; therefore, total deaths is not equal to total mechanisms used.

Sources: Minnesota death certificates, Femicide Report and Supplemental Homicide Report

Fatalities

Data on individuals who died from IPV were collected through death certificates, police homicide reports and the Femicide Report (an account of women murdered in Minnesota, collected by the Minnesota Coalition for Battered Women).

In 1999, there were 22 people killed by an intimate partner. In 2000, IPV deaths increased 29 percent to 31 individuals. Females made up the majority of IPV deaths: 86 percent in 1999 and 94 percent in 2000.

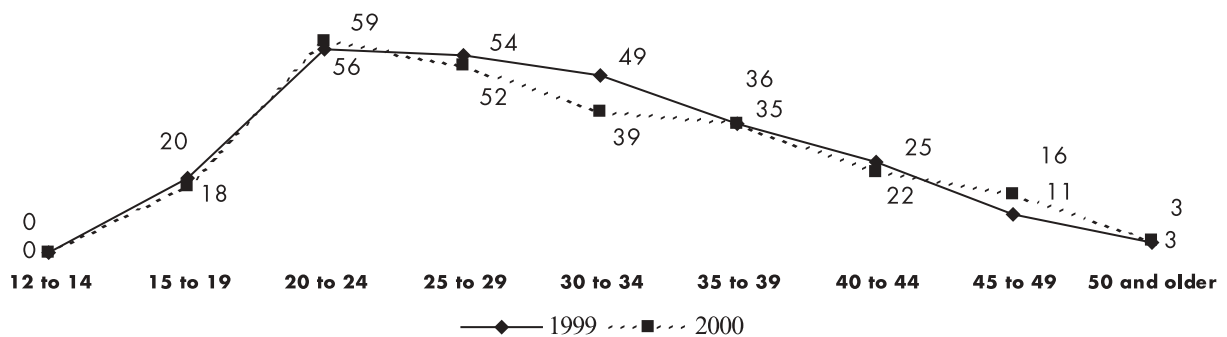
Six, 27 percent, of the 22 IPV deaths in 1999 involved a murder-suicide (an intimate partner committed suicide within 24 hours of the murder). Nine, 29 percent, of the 31 IPV deaths in 2000 were murder-suicide.

A firearm was used to kill 27 percent of 1999 victims and 65 percent of 2000 victims. Strangling, stabbing, beating and burning were other means used to murder IPV victims in 1999 and 2000.

Data on hospital-treated IPV patients showed an average age group that was lower than the average age group of people who died from IPV. Combining 1999 and 2000 IPV homicide victims, the peak age group was ages 30 to 39. The peak age group of hospital-treated IPV victims was ages 20 to 29.

Ages 20 to 29 show highest rate of hospital treatment due to intimate partner violence

Per 100,000 population

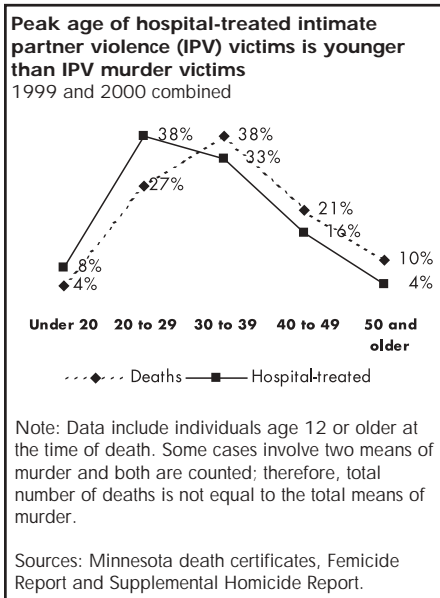


Note: Data include individuals age 12 or older at the time of injury. Due to limited 2001 population estimates, rates for that year could not be completed by age group.

Source: Minnesota Hospital and Healthcare Partnership; U.S. Census Bureau

Student and citizen surveys

Every three years the Minnesota Department of Children, Families and Learning administers the Minnesota Student Survey, a voluntary and anonymous survey given to Minnesota 6th, 9th and 12th graders in public schools. Question topics included study habits, family life, and drug and alcohol use.



One question, "Have you ever been the victim of violence on a date?", from the 2001 survey dealt with violent victimization on a date. Five percent of 9th and 12th grade males and 9th grade females answered that they had experienced date violence; however, 8 percent of female 12th graders experienced date violence. The question was not asked of 6th graders.

Minnesota Planning mails a victimization survey every three years to a random sample of Minnesotans. Results showed that in 1998, 2 percent of respondents were assaulted by a spouse, significant other, partner or other family member. Three-fourths of those victims were female.

Findings also showed that reporting to the police was not common. Ninety percent of victims of domestic violence did not report at least one incident to police.

Resources for victims

Victims of IPV may call the toll free National Domestic Violence Hotline at 1-800-799-7233 or 1-800-787-3224 (TDD). The hotline is available 24 hours a day and provides crisis intervention, information about domestic violence and referrals to local services that can help < <http://www.ndvh.org> > .

Methodology

The Minnesota Hospital and Healthcare Partnership (MHHP) is the primary data source for hospital treated IPV. These data were collected from the Universal Billing dataset at an aggregate-level.

Hospital-treated patients of IPV were identified by the ICD code of abuse to an adult or child by a current or former spouse or partner (E967.3). Surveillance of IPV patients relied on that same ICD code but also includes codes suspected to be IPV: females who experienced any injury (E960.0, E961-E966, E968); adult maltreatment, unspecified (995.80); adult physical abuse (995.81); adult emotional/psychological abuse (995.82); other adult abuse and neglect (995.85); adult battering by other specified person (E967); counseling for victim of spouse/partner abuse (V61.11); child abuse, unspecified (995.50); child physical abuse (995.54); and other child abuse and neglect (995.59).

Data included hospital-treated patients, emergency department and inpatient, and reflect some patients who died after receiving treatment. While the majority of hospitals were included in these data, not all hospitals submitted all data to MHHP.

If you require this document in another format, such as large print, Braille or cassette tape, call 651.281.9857.

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