Intimate Partner Violence Among Pregnancy-Associated Deaths in Connecticut
Intimate Partner Violence Among Pregnancy-Associated Deaths in Connecticut, 2015-2021

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Submitted to: Ashley Starr Frechette, CCADV Director of Health Professional Outreach Devon Rayment, CCADV Health Professional Outreach Project Manager Connecticut Coalition Against Domestic Violence
Intimate Partner Violence Among Pregnancy-Associated Deaths in Connecticut

This report is based off Connecticut Maternal Mortality Review Committee (CT MMRC) case narratives and IPV service data. This gave us the most detailed look, to date, on how IPV interacts with the total pregnancy-associated deaths in CT from 2015 and 2021.

Maternal Mortality Review Committee (MMRC) is a multidisciplinary committee convened by the Connecticut Department of Public Health to review deaths that occur during pregnancy or within one year after the end of pregnancy.

Pregnancy-associated deaths are those deaths that occur during pregnancy or within one year after the end of pregnancy regardless of the cause.

Pregnancy-related deaths are pregnancy-associated deaths from a) a pregnancy complication, b) a chain of events initiated by pregnancy, or c) the aggravation of an unrelated condition by the physiologic effects of pregnancy.
Findings Summary

Finding 1. A considerably greater proportion of decedents experienced lifetime IPV than was previously reported based on CT MMRC case narratives alone (32% vs. 19%).

Finding 2. A greater proportion of decedents experienced IPV during the postpartum period than during pregnancy (20% vs. 13%).

Finding 3. Most of those who experienced perinatal IPV (86%) died in the late postpartum period, on average 6.5 months after the end of pregnancy.

Finding 4. Demographic risk factors for lifetime IPV included use of Medicaid insurance, lower levels of education, unstable housing, and being unmarried.

Finding 5. There were interconnections between lifetime IPV and substance use disorders, mental health conditions, and adverse childhood experiences.

Finding 6. There was a high occurrence of stressful life events during pregnancy and the postpartum period among those who experienced perinatal IPV.

Finding 7. There was a lack of universal IPV screening by health care workers during pregnancy and the postpartum period.

Finding 8. A current or past intimate partner perpetrated five out of eight homicides that occurred during pregnancy or the postpartum in 2015-2021.

Finding 9. Two out of six persons who died by suicide in the perinatal period, in 2015-2021, experienced perinatal IPV.

Finding 10. There was a pattern of missed opportunities within the healthcare system to provide support for those experienced perinatal IPV.
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TOTAL NUMBER OF CT RESIDENTS WHO LOST THEIR LIFE DURING PREGNANCY OR UP TO 1 YEAR POSTPARTUM FROM 2015-2021 (n=102)
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TOTAL NUMBER OF CT RESIDENTS WHO LOST THEIR LIFE DURING PREGNANCY OR UP TO 1 YEAR POSTPARTUM FROM 2015-2021 (n=102)

33 of the 102 maternal mortalities had lifetime IPV
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KEY TAKEAWAY 1

A considerably greater proportion of decedents experienced lifetime IPV than was previously reported based on CT MMRC case narratives alone.

(32% vs. 19%)
KEY FINDINGS:

Most of those who experienced Intimate Partner Violence during pregnancy, or up to one year postpartum, *(86%)* died in the late postpartum period, on average *6.5 months after the end of pregnancy.*

- 41% Accident (Overdose)
- 27% Homicide
- 27% All Other (Accident, suicide, natural causes)
KEY TAKEAWAY 2

There were interconnections between lifetime IPV and substance use disorders, mental health conditions, and adverse childhood experiences.

In fact, 82% of decedents who experienced lifetime IPV also experienced mental health conditions or substance use disorder.
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**KEY FINDINGS:**

There were interconnections between lifetime IPV and substance use disorders, mental health conditions, and adverse childhood experiences.

| Psychosocial Background of Those Who Experienced Lifetime IPV (n = 33) & Those Who Did Not (n = 69) Among Pregnancy-Associated Deaths, Connecticut, 2015-2021 |
|---|---|---|
| History of Substance Use | Mental Health Conditions | Adverse Childhood Experiences |
| No Lifetime IPV | Lifetime IPV | No Lifetime IPV | Lifetime IPV | No Lifetime IPV | Lifetime IPV |
| 0% | 48% | 0% | 44% | 0% | 12% |
| 80% | 67% | 80% | 67% | 80% | 21% |

*Note: IPV = intimate partner violence. Data Sources: CT MMRC Case Narratives and IPV service records.*
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KEY TAKEAWAY 3

There was a lack of universal IPV screening by health care workers during pregnancy and the postpartum period.
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KEY FINDINGS:

Of the individuals who experienced IPV during pregnancy and sought prenatal care:

- 60% were screened for IPV and none were referred for support

Of the individuals who experienced IPV during the postpartum period:

- 36% were screened during labor and delivery
- 50% sought emergency room care - just over half were screened (57%) and none were referred for IPV services
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KEY FINDINGS:
MMRC data, IPV service records, police reports, and other sources revealed a disturbing frequency of missed opportunities to intervene in Obstetric, Emergency Department, and L&D settings.

Figure 9. Screening for intimate partner violence (IPV) among those who experienced lifetime IPV and who died during pregnancy or in the postpartum period (pregnancy-associated death), Connecticut, 2015-2021

- Prenatal IPV Screening by Obstetric Providers*: 58%
- Prenatal IPV Screening by Emergency Providers**: 53%
- IPV Screening During Labor & Delivery Hospitalization*: 38%
KEY TAKEAWAY 4

There was a pattern of missed opportunities within the healthcare system to provide support for those who experienced perinatal IPV.
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Figure 11. Missed opportunities for care among those who experienced intimate partner violence (IPV) in the postpartum period

- • Care received
- ○ Missed opportunity
- x Care not sought

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Note: OB = obstetric provider; ED = emergency department; L&D = labor & delivery.
Data Sources: MMRC case narratives & IPV service data.
Future Considerations for Qualitative IPV Perinatal Research

- Screening Protocols
  - Screening Tools
  - Relationship type/Rapport
  - Setting
  - Confidentiality
  - Standard Procedure/Normalized
Future Considerations for Qualitative IPV Perinatal Research

- Screener Readiness
  - Comfort Level
  - Knowledge of IPV
  - Integration of Cultural Considerations
  - Receptive to Disclosure
  - Safety Planning
  - Referral to Resources
Future Considerations for Qualitative IPV Perinatal Research

- Breadth of Screening
  - Focus on Physical Violence “Do you feel safe at home?”
  - How is IPV Being Defined?
    - Stalking
    - Psychological Aggression
    - Sexual Violence/Reproductive Coercion
Future Considerations for Qualitative IPV Perinatal Research

Pathways for Care

- Stronger Collaboration with Medical Systems
  - IPV Agencies (CCADV and Member Organizations)
  - Mental Health Agencies
  - Addiction Treatment Centers
- Resources for Demographic Risk Factors
  - Education, Parenting, Housing, Employment
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Thank You!

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