



# Intimate Partner Violence Among Pregnancy-Associated Deaths in Connecticut



# **INTIMATE PARTNER VIOLENCE & PREGNANCY-ASSOCIATED DEATHS IN CONNECTICUT**

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

**Report prepared by:** Teresa McDowell, EdD Iva Kosutic, PhD Partners in Social Research, LLC

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

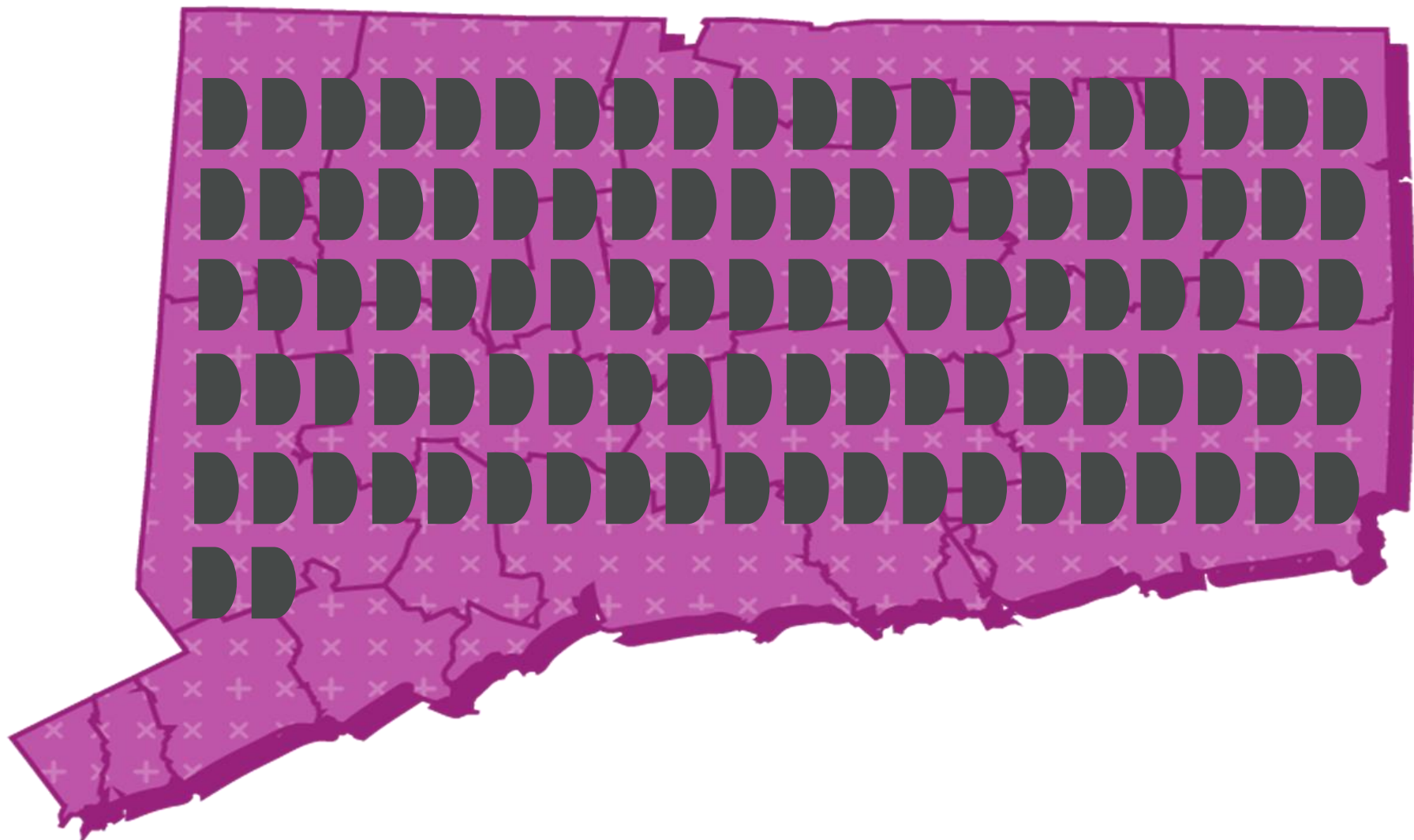
**Finding 7.** There was a lack of universal IPV screening by health care workers during pregnancy and the postpartum period.

**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 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  
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POSTPARTUM  
FROM 2015-2021  
(n=102)**

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TOTAL NUMBER OF CT  
RESIDENTS WHO  
LOST THEIR LIFE DURING  
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FROM 2015-2021  
(n=102)

33 of the 102 maternal  
mortalities had lifetime IPV

# Intimate Partner Violence Among Pregnancy-Associated Deaths in Connecticut

## 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%)**

# Intimate Partner Violence Among Pregnancy-Associated Deaths in Connecticut

## 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)



# Intimate Partner Violence Among Pregnancy-Associated Deaths in Connecticut

## KEY TAKEAWAY 2

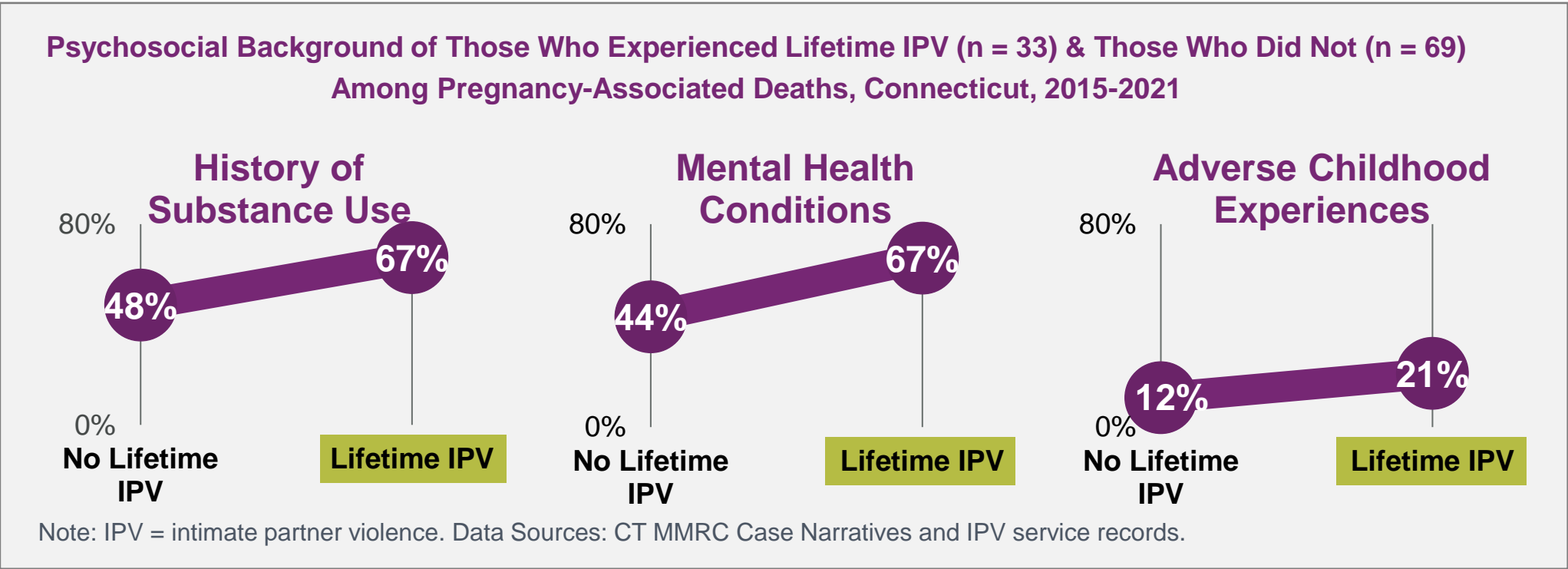
There were interconnections between lifetime IPV and substance use disorders, mental health conditions, and adverse childhood experiences.

**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.



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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.

# Intimate Partner Violence Among Pregnancy-Associated Deaths in Connecticut

## 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:

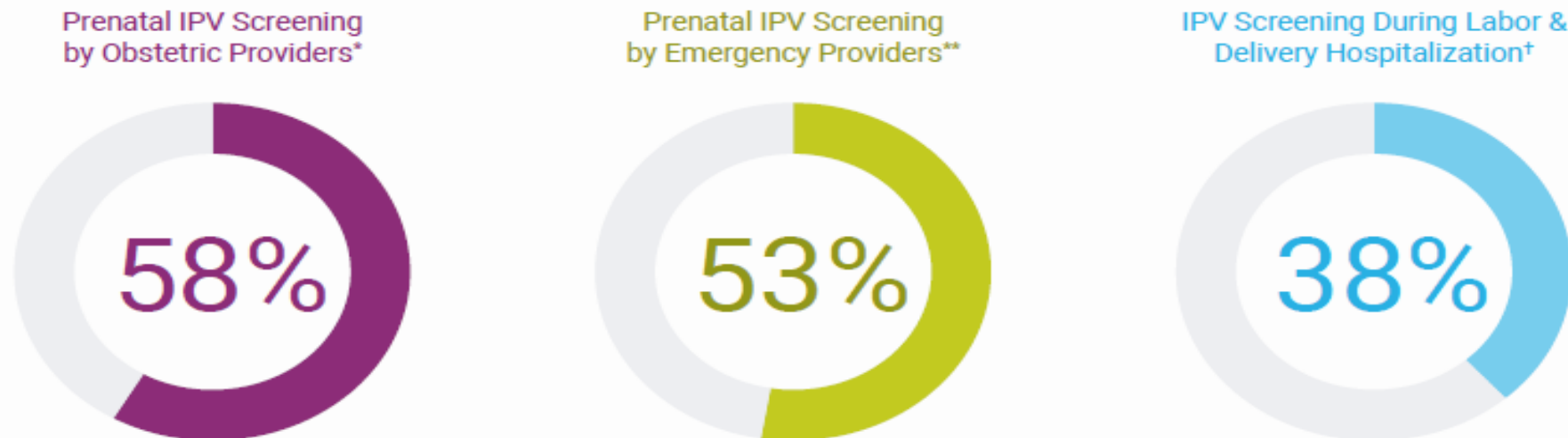
- 36% were screened during labor and delivery
- 50% sought emergency room care-just over half were screened (57%) and none were referred for IPV services

# Intimate Partner Violence Among Pregnancy-Associated Deaths in Connecticut

## 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





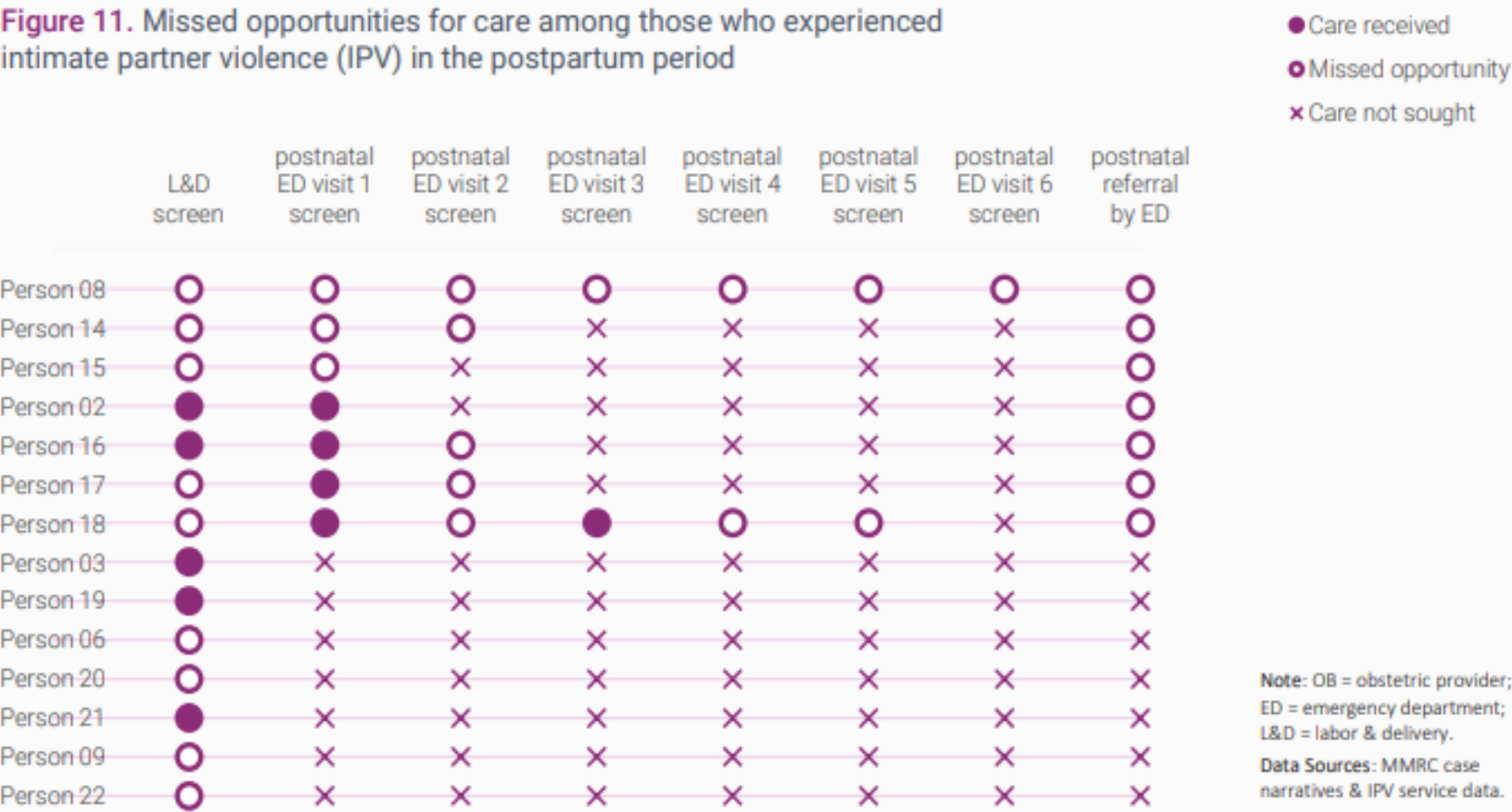
# Intimate Partner Violence Among Pregnancy-Associated Deaths in Connecticut

## KEY TAKEAWAY 4

There was a pattern of missed opportunities within the healthcare system to provide support for those who experienced perinatal IPV.

# Intimate Partner Violence Among Pregnancy-Associated Deaths in Connecticut

**Figure 11.** Missed opportunities for care among those who experienced intimate partner violence (IPV) in the postpartum period



# 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!

Devon M. Rayment, MA

Health Professional Outreach Project Manager

[drayment@ctcadv.org](mailto:drayment@ctcadv.org) | [www.ctcadv.org](http://www.ctcadv.org)

Ashley Starr Frechette, MPH

Director of Health Professional Outreach

[astarrfrechette@ctcadv.org](mailto:astarrfrechette@ctcadv.org) | [www.ctcadv.org](http://www.ctcadv.org)