Intimate Partner Violence

Data from Connecticut Maternal Mortality Review Committee, 2015-2020

There were 80 pregnancy-associated deaths in Connecticut between 2015 and 2020. Pregnancy-associated deaths occur during pregnancy or in the postpartum period, and they may or may not be causally related to pregnancy. Reviews of pregnancy-associated deaths of Connecticut residents are conducted by Connecticut Maternal Mortality Review Committee (CT MMRC), a multidisciplinary panel that includes a broad spectrum of medical and non-medical professionals who provide direct services to persons of childbearing age. CT MMRC is coordinated by Department of Public Health, which is responsible for identifying pregnancy-associated deaths and obtaining relevant information from birth and death certificates, medical records, police reports, social media sites, and obituaries. CT MMRC reviews available evidence and develops recommendations for interventions to prevent such deaths in the future.

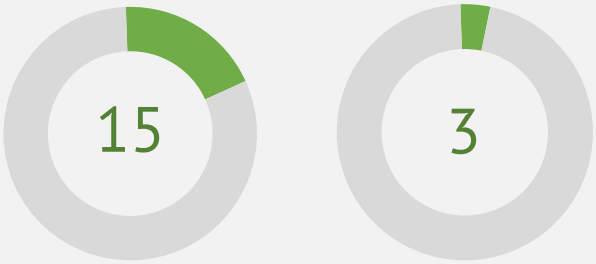
An analysis of CT MMRC data showed that 15 persons (~19%) who died during pregnancy or in the postpartum period experienced intimate partner violence (IPV) at some point in their lives. What is more, IPV contributed to at least 3 deaths.

Screening for IPV by prenatal care providers was conducted inconsistently and was often ineffective. Of 55 persons for whom medical records were available for review by CT MMRC, IPV screening was either not conducted or not documented in more than one-third of cases (n = 19, 34%); this includes 3 cases in which other sources of data (eg, police reports, emergency room records) revealed evidence of IPV.

Almost two-thirds (n = 36, 65%) of those for whom medical records were available for review by CT MMRC were screened for IPV by their prenatal care providers. The results of those screens were negative in 6 cases in which there was evidence of ongoing IPV; in fact, 3 of those cases ended in a homicide. The five positive screens revealed historic rather than ongoing violence in romantic relationships. (Prenatal care records were unavailable for 18 persons (23%), and 7 persons did not receive prenatal care, and therefore, had no prenatal record.)

IPV was common

among persons whose deaths occurred during pregnancy or in the postpartum (n = 80):



experienced IPV at some point in life

died at the hands of intimate partners

IPV screening was inconsistent

and often ineffective among persons whose deaths occurred during pregnancy or in the postpartum period (n = 36):

IPV screening results	IPV at some point		Total
	Yes	No	
	count	count	count
Positive	5	0	5
Negative	6	25	31
Total	11	25	36

It is also noteworthy that documentation of patient education about IPV or connection to IPV services was altogether missing from the medical records of those whose records were reviewed by CT MMRC. Taken together, these findings suggest a need for:

1) consistent education about IPV to every patient;
2) consistent, universal screening for IPV by prenatal care providers;
3) utilization of effective IPV screening protocols;
4) referral to CT Safe Connect, the statewide hotline, in cases in which IPV is identified; and
5) collaboration with IPV advocates.

In concert with these findings, CT MMRC official recommendations call for 1) education to obstetric providers on available evidence-based screening tools for IPV, as well as available resources; and 2) education to obstetrics offices, emergency department staff, and hospital social work staff on indicators of IPV.

E-HITS[1,2]

Over the last 12 months, how often did your partner:

1. physically hurt you?
2. insult you or talk down to you?
3. threaten you with harm?
4. scream or curse at you?
5. force you to have sexual activities?

Each item in answered on a 5-point Likert-type scale ranging from 1 = Never to 5 = Frequently. Scores range from 5 to 25, and the cutoff for IPV is 7.

Connecticut Coalition Against Domestic Violence (CCADV), the state's leading advocacy organization for victims of domestic violence, recommends that IPV screening be conducted in the context of universal education. This means educating all patients on CT Safe Connect, Connecticut's domestic violence resource hub. CT Safe Connect offers free, confidential, and voluntary case management, safety planning, counseling, information, and connection to local IPV agencies. Notably, CT Safe Connect is not attached to police, child protective services, or immigration and customs enforcement.

IPV screening may be conducted through self-administered surveys or in-person querying, provided that certain safety precautions have been taken. Several IPV screening instruments are available, and CCADV recommends the 5-item E-HITS—Extended Hurt/Insult/ Threaten/Scream—tool.[1,2] When IPV is identified, CCADV recommends providing additional education and connecting patients to CT Safe Connect by calling or texting at (888) 774-2900 or via www.ctsafeconnect.org.

CCADV provides training to healthcare providers and consultation to systems on policies and practices related to IPV. To schedule a training or to seek consultation, contact Ashley Starr Frechette, CCADV Director of Health Professional Outreach, at astarrfrechette@ctcadv.org.

1. Portnoy GA, Haskell SG, King MW, Maskin R, Gerber MR, Iverson KM. Accuracy and Acceptability of a Screening Tool for Identifying Intimate Partner Violence Perpetration among Women Veterans: A Pre-Implementation Evaluation. *Womens Health Issues*. 2018; 28(5): 439-445.
2. Iverson KM, King MW, Gerber MR, Resick PA, Kimerling R, Street AE, Vogt D. Accuracy of an Intimate Partner Violence Screening Tool for Female VHA Patients: A Replication and Extension. *J Trauma Stress*. 2015; 28: 79-82.

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