Convened by the
National Health Collaborative on Violence and Abuse (NHCVA)

Virtual Briefing on Intersection of Reproductive Health and Violence and Abuse

1:00 P.M. - 2:00 P.M. EST

As part of Domestic Violence Awareness Month, we will hear from researchers, health professionals, and advocates on the impact of domestic and sexual violence on reproductive health and discuss bipartisan policy solutions to support survivors.
Panelists

**Shanna Cox**, MSPH
Associate Director, Division of Reproductive Health, Centers for Disease Control and Prevention (CDC)

**Maeve Wallace**, PhD
Assistant Professor, Reproductive and Perinatal Epidemiology, Tulane University

**Jennifer Villavicencio**, MD, MPP, FACOG
Lead for Equity Transformation, The American College of Obstetricians and Gynecologists (ACOG)

**Sandra Henriquez**, MBA
CEO, VALOR

**Virginia Duplessis**, MSW
Director, National Health Resource Center on Domestic Violence, Futures Without Violence

*Moderated by:*
**Camille Burnett**, PhD, MPA
Chair, National Health Collaborative on Violence and Abuse
Message from Congresswoman Kuster
DATA TO INFORM ACTION:
UPDATE FROM CDC DIVISION OF REPRODUCTIVE HEALTH

SHANNA COX, MSPH
ASSOCIATE DIRECTOR FOR SCIENCE,
CDC DIVISION OF REPRODUCTIVE HEALTH
STATE AND LOCAL MATERNAL MORTALITY REVIEW COMMITTEES (MMRCS)

- Multidisciplinary committees review deaths among women while pregnant or within 1 year of the end of a pregnancy
- Access to a diversity of records (social service, law enforcement, prenatal care, etc.)
- Facilitate an understanding of the medical and non-medical contributors to maternal mortality
  - Inform the implementation of initiatives in the right places for families and communities who need them most.
PREGNANCY-RELATED DEATH

The death of a person during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.
84% of pregnancy-related deaths were determined to be preventable.

A preventability determination was missing (n=4) or unable to determine (n=18) for 22 (2.2%) pregnancy-related deaths.
AMONG PREGNANCY-RELATED DEATHS WITH INFORMATION ON TIMING, 53% OCCURRED 7 DAYS TO 1 YEAR AFTER THE END OF PREGNANCY

Timing was missing (n=2) or unknown (n=14) for 16 (1.6%) pregnancy-related deaths
3% of pregnancy-related deaths were determined to be a homicide.

A homicide manner of death determination was missing (n=10) or unknown (n=7) for 17 (1.7%) pregnancy-related deaths.
MMRC PREVENTION RECOMMENDATIONS FOR PREGNANCY-RELATED DEATHS-MANNER OF DEATH HOMICIDE

- Providers should ensure postpartum follow-up where standard screenings of health, mental health and domestic violence can be performed
- Providers should educate women/family on the risk of violence in the postpartum period
- Local county agencies should have an IPV shelter to connect with hospital and community partners for community/provider education and shared awareness and ensure perinatal providers are aware of available resources
- Community based organizations should educate the public on the signs of IPV, how to provide support for family and friends in IPV situations, and help women develop safety plans
Asks about IPV in the year before pregnancy and during pregnancy

Can be an important indicator for other conditions:

– 33.1% of women who reported IPV before or during their pregnancy reported postpartum depressive symptoms compared to 12.5% of women who had not report IPV
INTEGRATING IPV ASSESSMENT INTO REPRODUCTIVE HEALTHCARE

- Providing Quality Family Planning Services
- Resources for Quality Care for Teens
ADDITIONAL DATA SOURCES

• National Violent Death Reporting System (NVDRS)
  • State-based surveillance system that pools more than 600 unique data elements from death certificates, coroner/medical examiner reports, and law enforcement reports. Data elements collected provide valuable context about violent deaths, such as relationship problems; mental health conditions and treatment; toxicology results; and life stressors.

  https://www.cdc.gov/violenceprevention/datasources/nvdrs/index.html

• National Intimate Partner and Sexual Violence Survey (NISVS)
  • Ongoing survey that collects the most current and comprehensive national- and state-level data on intimate partner violence, sexual violence and stalking victimization in the United States.

  https://www.cdc.gov/violenceprevention/datasources/nisvs/overview.html
THANK YOU!

FOR MORE INFORMATION, PLEASE CONTACT CDC WASHINGTON (202) 245-0600
Maternal Death due to Violence

Homicide and other violent causes of death during pregnancy and postpartum are, by definition, not included in counts of maternal mortality. Intervention and prevention efforts focused far enough upstream may address root causes of both violent and obstetric causes of death.

Key factors

- About half of cases occur postpartum. (~50%)
- Most cases involve intimate partner violence. (~70%)
- Most cases involve firearms. (~80%)
- All cases are preventable. (100%)

In 2020, there were 5.2 homicides per 100,000 live births, a rate 32% higher than in 2019.*

Racial inequities are the manifestation of inequities in bodily autonomy and interpersonal, systemic, and structural racism.

There are solutions at interpersonal, community, health system, and policy levels.

- Homicide exceeds any single obstetric cause of death
- Rates are highest among adolescents
- Women who are pregnant or within 1 year postpartum are more likely to be killed than those who are not

Intersection of Reproductive Health and Violence and Abuse

Jennifer Villavicencio, MD, MPP, FACOG
American College of Obstetricians and Gynecologists
October 31, 2022
ABOUT ACOG

The American College of Obstetricians and Gynecologists (ACOG) is the premier professional membership organization for obstetrician–gynecologists. With more than 60,000 members, ACOG advocates for quality health care for all those seeking obstetric and gynecologic care, maintains the highest standards of clinical practice and continuing education of its members, promotes patient education, and increases awareness among its members and the public of the changing issues facing women’s health care.
WOMEN’S PREVENTIVE SERVICES INITIATIVE

Screening for Interpersonal and Domestic Violence
PERSPECTIVES FROM THE FIELD
THANK YOU!

Questions?
Contact ACOG via Rachel Tetlow: rtetlow@acog.org
CUES: Evidence-based clinical intervention

- Reduces rates of violence
- Increases access to domestic violence and sexual assault services
- Partnership between health care and community-based support services
- Satisfaction among patients and providers
Policy Opportunities

- VAWA Health
- Family Violence Preventions and Services Act
- Rape Prevention and Education
- Post-partum Medicaid coverage
- Protect Moms from Domestic Violence Act (S. 2588/H.R. 4916)
National Health Resource Center on Domestic Violence

health@futureswithoutviolence.org
ipvhealth.org
store.futureswithoutviolence.org

- Technical assistance
- Patient safety and information brochures
- Training curricula + toolkits
- Policy memos
- Training videos
- Setting and community specific resources
Thank you for joining the

Virtual Briefing on Intersection of Reproductive Health and Violence and Abuse

Convened by the
National Health Collaborative on Violence and Abuse (NHCVA)

For additional information, please contact Sally Schaeffer, consultant, at sally@uncorkedadvocates.com, or Lisa James, Director of Health at Futures Without Violence, at ljames@futureswithoutviolence.org