



New York State Office for the Prevention of Domestic Violence presents
Testimony for the Joint Public Hearing:
An Examination of Maternal Mortality and Morbidity
Rates in New York State

Thank you, Senator Webb, Senator Rivera, Senator Persaud and Senator Brouk, for inviting the NYS Office for the Prevention of Domestic Violence (OPDV) to provide testimony related to the State's examination of Maternal Mortality and Morbidity rates and the barriers to prenatal and postpartum care.

Created in 1992, OPDV is the country's only cabinet-level state agency dedicated to the issue of gender-based violence. Our mission is to improve New York State's response to and prevention of domestic violence with the goal of enhancing the safety of all New Yorkers in their intimate and family relationships by creating a State in which communities and systems are committed to supporting and promoting equality, dignity and respect so that individuals can feel safer in their intimate and family relationships.

OPDV's enacting statute directs us to serve as an adviser to the governor and the legislature on policies and best practices; train professionals across the state and serve as a resource on the issue of domestic and gender-based violence. We welcome the opportunity to present testimony on domestic and gender-based violence as it intersects and impacts rates of maternal mortality and morbidity.

Gender Based Violence Background

A hearing on maternal mortality and morbidity is not complete without understanding and assessing the impact of gender-based violence on women's health. Gender-based violence is a pervasive threat that disproportionately impacts women and girls.

Gender-based violence is defined as "any harmful threat or act directed at an individual or group based on actual or perceived sex, gender, gender identity, sex characteristics, or sexual orientation. [Gender-based violence] encompasses, but is not limited to, physical, sexual, psychological, emotional, economic, and technological abuse or harm; threats of such acts; harassment; coercion; and arbitrary deprivation of liberty."¹

Incidents of gender-based violence are difficult to quantify given underreporting and the public's lack of understanding of the issue, however, we have some key information about its prevalence:

¹ [United States Strategy To Prevent And Respond To Gender-Based Violence Globally, 2022 Update](#)

- 1 in 4 women report experiencing sexual or physical violence by an intimate partner during their lifetime.²
- 1 in 3 women in the United States have experienced sexual violence.³
- 44% of men in the U.S. report experiences of sexual violence, physical violence, or stalking at some point in their lives.⁴
- Black women experience domestic violence at 35% higher rates than White women, and 2.5 times more than women of other races.⁵

Gender-based violence occurs across the life cycle, from teen dating violence to older vulnerable adults that are abused by their caregivers. People can also experience gender-based violence multiple times across the life course.

Gender Based Violence and Pregnancy

The prevalence of gender-based violence is clear but the statistics related to gender-based violence and pregnancy are stark. A study conducted and published by researchers at Harvard states, “Women in the US are more likely to be murdered during pregnancy or soon after childbirth than to die from the three leading obstetric causes of maternal mortality (hypertensive disorders, hemorrhage, or sepsis).”⁶ The impact pregnancy has on the safety of people who are victims of domestic violence is a significant factor used to predict the risk of lethality due to intimate partner violence. This is supported by the inclusion of a question related to pregnancy in the evidence-based danger assessment tool that is designed to help determine the level of danger an abused woman has of being killed by their intimate partner.⁷

Because of New York State’s commitment to preventing intimate partner homicide, this pregnancy related lethality assessment question and ten others are part of the New York State Domestic Incident Report (DIR) used by law enforcement. OPDV has continuously worked to improve upon the inclusion of those questions in the DIR by engaging communities in discussions about what happens next when someone answers “yes” to experiencing domestic violence. During our 2024 bi-annual Domestic Violence Regional Council meetings we brought communities together to talk about how to improve existing or create new coordinated community responses or high-risk teams in their community.⁸ In October 2024, OPDV, in conjunction with DCJS, hosted a two-day lethality summit that covered all aspects of increased risk for lethality, including the risk pregnant women face at the hands of their abuser.

² Sardinha, Lynnmarie, et al. "Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018." *The Lancet* 399.10327 (2022): 803-813.

³ [The National Intimate Partner and Sexual Violence Survey: 2015 data brief – updated release](#)

⁴ Leemis RW, Friar N, Khatiwada S, Chen MS, Kresnow M, Smith SG, et al. The National Intimate Partner and sexual violence survey: 2016/2017 report on intimate partner violence. Atlanta, GA: Centers for Disease Control and Prevention; (2022).

⁵ Bureau of Justice Statistics, 2001

⁶ Lawn R B, Koenen K C. Homicide is a leading cause of death for pregnant women in US *BMJ* 2022; 379 :o2499 doi:10.1136/bmj.o2499

⁷ Campbell, J. C., Webster, D. W., & Glass, N. (2009). The Danger Assessment: Validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence*, 24(4), 653–674. <https://doi.org/10.1177/0886260508317180>

⁸ OPDV hosts ten meetings across the ten economic development regions twice annually.

Recognizing that victims who suffer physical injuries often present to emergency rooms for medical care, legislation⁹ enacted in 2020 requires all general hospitals to have policies and procedures for the identification, assessment, treatment and referral of confirmed or suspected cases of domestic violence. These policies require regular screening for domestic violence in hospital settings. OPDV and DOH have created a model policy for hospitals and trainings. OPDV also collaborated with DOH to draft regulations, which are still being finalized by DOH.

Reproductive freedom and safety are also impacted by gender-based violence. Reproductive coercion is a tactic of abuse in domestic violence, sexual assault, and trafficking where one partner exerts power and control over their partner's reproductive health. Examples of reproductive coercion include:

- a person who refuses to use condoms,
- a person who takes condoms off without consent (also known as stealthing),
- destroys or throws out birth control,
- uses violence, threats or coercion to end a pregnancy, or
- forces a partner to get pregnant once or multiple times.

A person causing harm may prevent their partner from accessing prenatal care. Gender-based violence during pregnancy can lead to “low birth weight (LBW), preterm birth, fetal injury, and even fetal death. Children born to mothers who experience [intimate partner violence] during pregnancy may also have long-term health consequences, such as developmental delays, behavioral problems, and chronic health conditions¹⁰.” These health outcomes emphasize the need for continued support and training to ensure effective screening for gender-based violence by health care providers.

Stability and Safety for Survivors

In addition to homicide, which is the worst outcome of gender-based violence, all forms of gender-based violence and abuse have life-altering impacts. While physical abuse may result in the most visible injuries, there are also many lasting invisible impacts of emotional and financial abuse. Gender-based violence has adverse impacts on economic opportunities and mental health, the impacts of which can be amplified during pregnancy.

Economic abuse before, during, and after a pregnancy can significantly alter a person's stability. Gender-based violence can impair or stunt a survivor's income trajectory by creating an unstable education or work history. To support survivors in the workplace, New York State law requires all private sector employers with five or more employees to provide Safe Leave for when an employee or an employee's family member has been a victim of domestic violence, sexual assault, stalking, and human trafficking. Safe Leave allows that employee to use accrued time to take an absence from work to attend to the various appointments one may have in the aftermath of abuse.¹¹

Additionally, Governor Hochul signed Executive Order 17 in 2022 directing all state agencies to adopt a gender-based violence in the workplace policy. The reach of this initiative has been so successful in affecting the lives of thousands of New Yorkers that in this year's State of the State and Executive

¹⁰ Agarwal S, Prasad R, Mantri S, et al. (May 20, 2023) A Comprehensive Review of Intimate Partner Violence During Pregnancy and Its Adverse Effects on Maternal and Fetal Health. *Cureus* 15(5): e39262. doi:10.7759/cureus.39262

¹¹ New York State Public Health Law §2805-z

Budget proposal, Governor Hochul announced the expansion of safer workplaces for survivors of gender-based violence by codifying EO 17 into law and requiring all state vendors to affirm they have a gender-based violence in the workplace policy before receiving contracts. Safe and stable employment provides economic security that is supportive of maternal health.

During pregnancy, a person causing harm may control access to resources such as nutritious food, safe or independent transportation, and finances needed to purchase items related to self-care or for the new baby. This type of coercive control often results in the survivor incurring financial debt and arrears, which can prevent them from accessing safe housing and employment due to systems that allow for landlords and employers to make decisions based on credit history. Homelessness due to gender-based violence is significant. A study by New Destiny Housing¹² found that in 2023, more families entered shelter in New York City due to domestic violence (20%) than evictions (11%). Recognizing the economic harm that often plagues victims and survivors, Governor Hochul created the Survivors Access Financial Empowerment (SAFE) fund, which annually provides \$5 million to be used for flexible financial assistance for victims and survivors of domestic violence. This can and has been used by victims and survivors to meet needs such as transportation to medical appointments and the purchase of necessities related to pregnancy. It is also used to achieve long term stability, including by obtaining education or employment related certifications, helping to elevate income potential and, therefore, stability in the face of all the turmoil that results from a person who caused harm.

Prevention

All the risks and negative outcomes presented are completely preventable. While supporting survivors of gender-based violence often focuses on services provided in the aftermath of abuse, OPDV also invests significant efforts in prevention initiatives and programs. This includes the funding of local rape crisis programs and providing technical assistance to enable collaboration with colleges and universities across the state to conduct activities on campus that promote healthy relationship behaviors.

In 2023 OPDV established the Pledge for Accountability Against Gender-Based Violence to encourage people to speak out against gender-based violence and to become better allies. This statewide campaign promotes Aspirational Masculinity and creates an opportunity to engage men and boys to prevent violence. By taking the pledge for accountability these men and boys recognize that many of the behaviors that contribute to gender-based violence are associated with negative masculine stereotypes.

OPDV appreciates the attention the Senate and your committees spend on the issues that matter to all New Yorkers, specifically survivors of gender-based violence, and welcome all opportunities to address these complex issues collectively.

¹² Sandoval Requena, Gabriela. A CRISIS COMPOUNDED: THE DUAL CRISES OF DOMESTIC VIOLENCE AND HOMELESSNESS (July 2024). <https://newdestinyhousing.org/wp-content/uploads/DV-Report-1.pdf>