

**INTIMATE PARTNER
HOMICIDE
DURING PREGNANCY IN
MINNESOTA:**

**A 10-YEAR RETROSPECTIVE
(2012-2022)**



**VIOLENCE FREE
MINNESOTA**

THE COALITION TO END RELATIONSHIP ABUSE



INTIMATE PARTNER HOMICIDE DURING PREGNANCY IN MINNESOTA:

A 10-Year Retrospective (2012-2022)

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Funding acknowledgment: This report was supported by the Office of Women's Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2115 with 100 percent funded by OWH/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by OWH/OASH/HHS, or the U.S. Government. For more information, please visit <https://www.womenshealth.gov/>.

This report was completed on September 29, 2023.

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INTRODUCTION & FOREWORD

In 2021, the Minnesota Department of Health received a Partnership Programs to Reduce Maternal Deaths Due to Violence five-year funding award from the Office on Women's Health (OWH). The award was designed to identify and reduce deaths among pregnant and postpartum individuals due to homicide and suicide, with a focus on culturally-specific prevention efforts for Black and Indigenous communities, who are most impacted by deaths during pregnancy and the postpartum period. The project partnership also involves the review of violent maternal death cases for prevention and data collection efforts.

As part of the project, Violence Free Minnesota has created the following report providing a retrospective overview of intimate partner homicides during pregnancy across the past decade, using information gathered from our 2012-2022 annual Intimate Partner Homicide reports. The goal of this report is to synthesize a decade of information on intimate partner homicides during pregnancy in our state, highlight and emphasize racial disparities, memorialize and honor the victims, and recommend policy and practice changes that address the linkages between reproductive justice, racial justice, and relationship abuse in Minnesota.

Between 2012-2022, at least 9 women in Minnesota were killed while pregnant due to domestic violence, and 5 children were killed alongside them.* They were mothers, friends, family members, neighbors, all of them immeasurably loved and just as deeply missed. Every year, as the year before it, we say one life taken due to domestic violence is too many. In 2023, we are still grappling with the enormity of interconnected systems of racism, anti-Blackness, misogyny, and the criminalization of pregnancy that contribute to this heartbreaking reality.

Achieving a violence-free Minnesota in alignment with our name demands that we strive tirelessly to eliminate systems of oppression that disproportionately exploit, marginalize, and enact violence against Black and Indigenous women and pregnant and birthing people. We cannot prevent nor end domestic violence without community and imagination, social norm change, and a belief that a world without violence is possible. The women and children in this report deserved better, and we all must do better for them.

* We recognize that due to systemic biases in reporting, intimate partner homicides of pregnant nonbinary and transgender people may not have been accurately captured in the media sources we rely on for our reports, and thus this information may not be accessible to us or accurately represented here.



OVERVIEW OF PREGNANCY & DOMESTIC VIOLENCE

For years, domestic violence advocates and public health experts have drawn attention to the intersections between pregnancy and new or worsening domestic violence. Researchers estimate that at least 324,000 pregnant people in the United States experience domestic violence during pregnancy every year. For about 1 in 6, the abuse begins for the first time during pregnancy.¹ A new pregnancy in an abusive relationship may cause an abusive partner to become jealous of the attention paid to the child or to feel they have lost control over their partner. Financial and emotional difficulties associated with a pregnancy may also contribute to an exacerbation of violence.² In some cases, abusive partners may specifically aim to injure pregnant victims' stomachs and breasts, and may attempt to prevent them from accessing prenatal care.³ Domestic violence is also associated with greater risk of miscarriages and stillbirths, preterm birth, low birth weight, and vaginal bleeding.

“*Pregnancy-associated intimate partner homicides are a preventable public health and racial justice issue.*”

In 2021, public health researchers released a journal article indicating that homicide is a leading cause of death for pregnant women in the United States — more common than the three leading obstetric causes of death.⁴ This finding is frequently linked to a combination of domestic violence and firearms, with Black, Indigenous, and Hispanic women substantially more likely to be killed during pregnancy than white women. An analysis of 2008-2019 National Violent Death Reporting System data found that a staggering 60% of homicides of pregnant Black women across this timeframe in the U.S. involved a firearm, and 60% involved domestic violence.⁵

Pregnancy-associated intimate partner homicides are a preventable public health and racial justice issue.

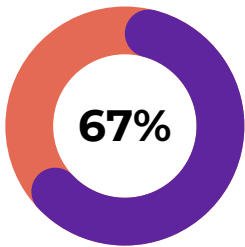
1. <https://www.calhealthreport.org/2022/03/09/the-most-dangerous-part-of-pregnancy-violence-in-the-home/>
2. <https://www.calhealthreport.org/2022/03/09/the-most-dangerous-part-of-pregnancy-violence-in-the-home/>
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4361157/>
4. <https://pubmed.ncbi.nlm.nih.gov/34619735/>
5. <https://pubmed.ncbi.nlm.nih.gov/36075083/>



SUMMARY OF FINDINGS

Across our Intimate Partner Homicide reports from 2012-2022, several key findings emerged regarding the intimate partner homicides of pregnant victims, which rose to a total of 9 in Minnesota during this timeframe. Although the sample size was small, trends were apparent.[†]

Racial disparities were significant in intimate partner homicides of pregnant women from 2012-2022 in Minnesota.

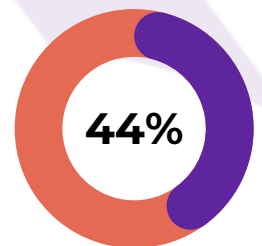


- 6 of the 9 women who were killed during pregnancy in this timeframe were women of color, 4 of whom were Black women, 1 of whom was Indigenous, and 1 of whom was Latina.

- Economic concerns, such as evictions and impending homelessness, and criminalization were present in 4 of the 9 cases. Three victims experienced criminalization in relation to financial instability[§] and one victim faced financial instability without criminalization. All 4 of these victims were women of color.

Firearms were the most commonly used homicide method, comprising 4 of the 9 homicides during pregnancy.

- Within this method, there were also significant racial disparities. All 4 of these firearm homicide victims were women of color. One of them was Latina, and 3 of them were Black women, 2 of whom were killed by a current or former partner who was prohibited from possessing a firearm.



[†] Due to data limitations, our findings are representative of these 9 pregnant victims and may not be representative of individuals killed during pregnancy as a whole in Minnesota or nationally.

[§] Criminalization in relation to financial instability includes criminal and/or civil legal systems involvement as a direct result of financial instability, such as being taken to housing court, or to court for theft or child support.



SUMMARY OF FINDINGS

Homicide risk factors (abuser's access to firearms, threats to kill, history of abuse, strangulation, and a victim's attempts to leave) were overwhelmingly present in these cases.[¶] There are additional risk factors outlined in the Danger Assessment, a validated instrument designed to assess a person's risk of being killed by their partner.⁶ However, Violence Free Minnesota limits our analysis to the aforementioned five factors as they are consistently present in a majority of our documented intimate partner homicide cases across the years. If placed in a public health context, these factors can help illuminate important patterns and raise awareness of a person's elevated risk of homicide.

- 4 of the 9 victims killed during pregnancy were **killed using a firearm.**



- In 4 of the 9 cases, women had **attempted to leave** prior to being killed.



- 8 of the 9 victims were killed by a current or former intimate partner with a **history of abuse.**



- 2 of the 9 victims were killed by a current or former intimate partner who had previously **threatened to kill** them.



- 4 of the 9 victims were killed by a current or former intimate partner with a history of **strangulation.** This includes cases in which strangulation was used as the method of their deaths and/or their partner had strangled them prior to killing them, or had strangled a previous partner.



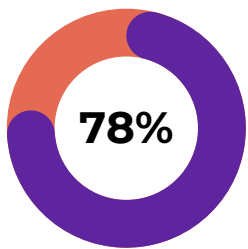
[¶] Many of these factors are derived from the Danger Assessment, a validated instrument designed to assess a victim's risk of homicide, which is based on extensive research on intimate partner violence against women.

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7878014/>



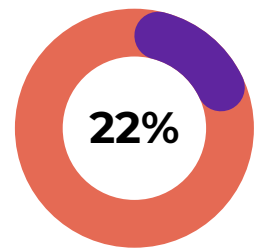
SUMMARY OF FINDINGS

Intimate partner homicides of pregnant women were largely concentrated in Metro Minnesota. However, these numbers represent confirmed homicides,[#] and the actual number may be larger, including in rural areas, which media tends to report on less frequently. Furthermore, while our data indicates a greater number of homicides occurred in the Metro, national research indicates that perinatal (before and after birth) domestic violence rates are greater among rural birthing people.⁷



7 homicides occurred in the Metro

2 homicides occurred in Greater Minnesota



Nearly half of the intimate partner homicides of pregnant women involved clear links to **perpetrators' negative perceptions of motherhood and pregnancy.**

- 1 homicide involved a perpetrator who **threatened to kill** multiple mothers of his children.



- 2 homicides involved a perpetrator who perpetuated **negative stereotypes of mothers.**



- 1 homicide involved a perpetrator who made statements suggesting he was **upset that his partner had become pregnant.**



- **5 children were killed alongside** 4 of the 9 pregnant homicide victims.



[#] "Confirmed homicide" refers to homicides for which we had sufficient information to determine that the death was the result of domestic violence. There may be additional intimate partner homicides not included in this report due to a lack of public information about the relationships or circumstances surrounding the deaths.

⁷ <https://onlinelibrary.wiley.com/doi/10.1111/1475-6773.14212>



DISCUSSION OF FINDINGS

Power and Control

Every intimate partner homicide of pregnant women in Minnesota from 2012-2022 demonstrates a theme of power and control, which is the root of domestic violence and oppression. In cases of pregnant women killed by their current or former intimate partners, power and control often represents misogyny and repressive social norms that harm women, including a male partner's belief that he is entitled to ownership over his female partner and her reproductive health and choices. Many of the women included in this report were killed by former partners, which highlights how power and control often continues even after a woman leaves an abusive relationship. Abusive partners may use many means, such as financial abuse, threats, intimidation, and sexual violence to control victims.

CASE EXAMPLES

- **Lyuba Savenok**, 23, was killed by her husband in Eden Prairie in 2016 at 26 weeks pregnant. Her husband had an extensive history of violence against her, and also took away their cars, her phone, and her forms of identification in order to control and isolate her. On the day he was charged for Lyuba's murder, he was due in court for violating a restraining order that had been granted to her.
- **Margorie Holland**, 37, was strangled to death by her husband in Apple Valley in 2013 at 15 weeks pregnant shortly after informing him she was planning to divorce him and turn him in for using her credit cards. Abusers commonly escalate their violence when a victim attempts to leave due to feeling that they have lost control over them.
- **Eileen Viveros-Vargas**, 18, was shot in the head by her boyfriend in St. Paul in 2018 at 5-6 months pregnant. Eileen's loved ones said she was excited to be a mother. Her boyfriend claimed she had shot herself before admitting he had done so, attempting to control the narrative of her death.
- **Senicha Marie Lessman**, 25, was killed by her baby's father in Eagan in 2017 at 8 months pregnant. He left her naked on the floor, her throat cut, with a blood-soaked cloth stuffed in her mouth, not only killing her but also intentionally stripping her of dignity.



DISCUSSION OF FINDINGS

Perceptions of Motherhood and Masculinity

Across several cases in this report, the link between motherhood, pregnancy, and domestic violence can be clearly seen beyond the intimate partner homicides themselves. In these cases, a woman's pregnancy or motherhood is perceived as a threat to her abuser, and women are stereotypically portrayed by their current or former abusive partners as unstable, unfit parents trying to alienate children from their fathers.

Additionally, in almost half of the cases in this report, perpetrators who killed their pregnant partners also killed their children alongside. Professor David Wilson, an expert on familicide (the killing of one's partner and children), argues that men who kill their families are attempting to create "a performance of masculinity...and...all of their masculinity [becomes] invested in their relationship, [with their children] seen simply as other forms of possession."⁸ The children in this report who were killed alongside their mothers ranged in age from Leneesha Helen Columbus's 4-week-old baby daughter who died after being delivered prematurely, to D'Zondria Deanternette Wallace's 14-year-old daughter and 11-year-old son.

CASE EXAMPLES

- **Keona Sade Foote**, 23, was killed alongside her 2-year-old daughter Miyona Zayla Miller in 2020 in Rochester in her first trimester of pregnancy. Her ex-boyfriend had made multiple social media posts threatening to kill the mothers of his children. After murdering her, he was apprehended in South Carolina, where it is believed he traveled to kill another mother of his children.
- **D'Zondria Deanternette Wallace**, 30, was two months pregnant when she was killed by her ex-boyfriend alongside her 14-year-old daughter **La'Porsha Nashay Wallace** and 11-year-old-son **Ja'Corbie Rashad Wallace** in St. Paul. While in custody, her ex-boyfriend told police he killed her children because she was "playing mind games and corrupting the kids."
- **Ashli Koren Johnson**, 29, was a month pregnant when she was killed in St. Paul in 2020 by the father of her unborn child. Ashli had been in contact with his other girlfriend, who also had a child with him. A week after he killed her, a witness overheard him say he was mad at her for "messing things up with his baby mama" and that she might be pregnant with his child.
- **Lyuba Savenok**, 23, was killed by her husband in Eden Prairie in 2016 at 26 weeks pregnant. Her husband claimed to police that she was "going to take his kids away," and "saw no other option." He stabbed her 12 times, both in the stomach and the chest, and then drove away with their two children, ages 3 and 4.

8. <https://www.independent.co.uk/life-style/epsom-college-murder-suicide-family-b2286401.html>



DISCUSSION OF FINDINGS

Intersections Between Homicide Risk Factors, Racial Disparities, and Reproductive Health

Significant racial disparities and homicide risk factors converge in the intimate partner homicides of pregnant women from 2012-2022 in Minnesota; specifically an abuser's history of violence, strangulation, access to firearms, threats to kill, and the victim's attempts to leave.

National research shows that Black and Indigenous women are significantly more likely to be killed during pregnancy than white women. Racial disparities continue when examining the role of firearms in these deaths. According to a National Violent Death Reporting System analysis, 60% of homicides of pregnant Black women in the U.S. across 2008-2019 involved a firearm.⁹ The Violence Policy Center also has research indicating that consistently across the years, cases of Black women murdered by men in the United States almost always involve firearms and are almost always perpetrated by someone they know.¹⁰



National research shows that Black and Indigenous women are significantly more likely to be killed during pregnancy than white women.



Although the 9 victims included in our report were killed in Minnesota, the racial disparities in these homicides and the use of firearms to commit them mirror these national trends. In our report, 67% of women who were killed during pregnancy using any method from 2012-2022 in Minnesota were women of color (44% Black, 11% Indigenous, and 11% Latina). All 4 pregnant women killed by a perpetrator using a firearm were women of color. One of these women was Latina and 3 were Black (2 of whom were killed by a perpetrator prohibited from possessing a firearm).

Additionally, regardless of race, 8 of 9 women included in our report were killed by someone with a history of violence against them and/or previous partners. Almost half of these women had previously attempted to leave their relationships. Two women were killed by an ex-partner who had previously threatened to kill them. Finally, while strangulation, another homicide risk factor, was involved in a smaller number of cases, it is important to note that strangulation represents a severe form of power and control and can pose serious health consequences both to pregnant victims and their unborn children. Also of note is emergent research indicating that police officers are less likely to identify external non-fatal strangulation injuries among Black survivors, limiting access to critical medical care in the aftermath.¹¹

9. <https://pubmed.ncbi.nlm.nih.gov/36075083/>

10. <https://vpc.org/when-men-murder-women-black-females/>

11. <https://pubmed.ncbi.nlm.nih.gov/36695177/>



DISCUSSION OF FINDINGS

Intersections Between Homicide Risk Factors, Racial Disparities, and Reproductive Health

CASE EXAMPLES

- **Ashli Koren Johnson**, 29, who was killed by the father of her unborn child in St. Paul in 2020 at one month pregnant, met 3 homicide risk factors — the father used a firearm to kill her, had a history of strangulation, and had an extensive history of domestic violence.
- **Keona Sade Foote**, 23, who was killed by her ex-boyfriend in the first trimester of pregnancy in Rochester in 2020 alongside her 2-year-old daughter Miyona Zayla Miller, met 3 homicide risk factors. Both she and her daughter were strangled to death by her ex-boyfriend, who had made multiple threats to kill her, including on social media, and who had a history of abuse against her. She had also previously tried to leave him.

Racial Disparities Within Criminalization and Victims' Access to Economic Resources

While we have not had access to consistent data on the economic abuse experienced by the victims in this report, throughout 2012-2022 we have found victims who had faced economic instability in the past and/or suffered from a lack of economic resources in the five years preceding their murders. All 4 of these victims were women of color, 3 of whom were criminalized as a result of financial instability.[◆] This finding represents a stark illustration of the bidirectional relationship between economic insecurity and legal systems involvement.

[◆] Criminalization in relation to financial instability includes criminal and/or civil legal systems involvement as a direct result of financial instability, such as being taken to housing court, or to court for theft or child support.



DISCUSSION OF FINDINGS

Racial Disparities Within Criminalization and Victims' Access to Economic Resources

Though our report focuses on Minnesota victims, these cases trend along national patterns in the criminalization and economic deprivation of women, mothers of color, and survivors of domestic violence — in many cases, all three. A 2013 Pregnancy Justice study identified 413 cases of pregnant women from 1973-2005 across the United States who were subject to arrests, incarceration, forced medical interventions, and/or increases in prison or jail sentences directly related to their pregnancies. Black women were overwhelmingly more likely to be arrested and subjected to felony charges, and women deprived of their physical liberties were overwhelmingly more likely to be economically disadvantaged. One in ten cases of the 413 involved violence against the women.¹²

“Black women were overwhelmingly more likely to be arrested and subjected to felony charges, and women deprived of their physical liberties were overwhelmingly more likely to be economically disadvantaged.”

CASE EXAMPLES

- **Leneesha Helen Columbus**, 27, killed at 5 months pregnant in Minneapolis in 2020: court records indicated a history of financial instability in 2019.
- **Jackie Ann Defoe**, killed at age 27 while 13 weeks pregnant in Cloquet in 2020: court records indicated a history of financial instability in 2011 and 2017.
- **Ashli Koren Johnson**, 29, killed in St. Paul in 2020 at a month pregnant, was evicted from her home in 2011 and court records indicated a history of financial instability in 2014.
- In 2020, less than a year before she was killed in 2021 in St. Paul at two months pregnant, **D'Zondria Wallace** and her children were considered at risk of facing houselessness.

¹². <https://read.dukeupress.edu/jhpppl/article/38/2/299/13533/Arrests-of-and-Forced-Interventions-on-Pregnant>



CASE HIGHLIGHT

Latifa Tasha Brown

While Latifa Tasha Brown, 31, was not pregnant when she was fatally shot in 2022 in St. Paul by her boyfriend and thus is not included in the numbers of the current report, we highlight her story here as it illustrates the convergence of racism, domestic violence, and reproductive health inequities in one victim's life and death.



Latifa experienced five miscarriages as a result of abuse in the relationship.



At our 2022 Homicide Memorial, her sister stated that Latifa and her boyfriend were together for 11 years and that Latifa had experienced domestic violence throughout the relationship. Latifa had reported to police in 2018 that he had assaulted her and threatened to kill her and her sister. At the memorial, her sister shared that Latifa experienced five miscarriages as a result of abuse in the relationship before finally having a “miracle baby,” who was one year old when Latifa's boyfriend, the child's father, murdered her.

Latifa Tasha Brown's case exemplifies the intersections of disproportionately high rates of domestic violence and firearm-perpetrated homicides that affect Black women, as well as racial disparities in experiences of pregnancy loss. Research indicates that Black women are more likely to suffer various forms of pregnancy loss than white women, including miscarriages and stillbirths, and are less likely to be insured and have access to culturally and linguistically appropriate care. Black women routinely face lower-quality reproductive healthcare, greater risk of social and economic factors that contribute to chronic stress, adverse health outcomes, and domestic violence, and healthcare discrimination in the form of mistreatment, prejudice, and being refused necessary care.¹³ Domestic violence, firearms, and racial disparities in maternal healthcare are a deadly combination.

¹³. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>



RECOMMENDATIONS

Preventing domestic violence and intimate partner homicides during pregnancy requires a combination of culture, policy, and systems change, and the centering and prioritizing of culturally specific communities' expertise in pregnant and parenting care and anti-violence initiatives. Prevention necessitates investment in communities most impacted by violent deaths during pregnancy, particularly Black and Indigenous communities, and the transformation of social norms that condone, tolerate, and encourage violence against women and birthing people, with the recognition that training and awareness are not enough.

Addressing Domestic Violence During Pregnancy in a Healthcare Setting

- Healthcare professionals should provide universal education around domestic violence at the first prenatal visit, at least once per trimester, and during the postpartum checkup in accordance with ACOG guidance,¹⁴ and incorporate information and safety planning around reproductive coercion.¹⁵
- Healthcare professionals should consider using universal education rather than screening questions that reinforce power imbalances. Universal education, such as the CUES¹⁶ (Confidentiality, Universal Education, Empowerment, Support) method, does not require a disclosure of abuse in order for patients to receive resources.
- Healthcare professionals should establish mutually beneficial relationships with their local domestic violence agencies through methods such as cross-referrals and cross-trainings. IPV Health Partners¹⁷ offers a toolkit, resource guide, and sample memorandum of understanding.

Confronting Racial Disparities in Domestic Violence Response and Reproductive Healthcare

- Law enforcement and healthcare professionals should update strangulation assessment protocols to reduce reliance on identification of external injuries, in accordance with research indicating lower likelihood of identifying injuries on Black survivors' skin.¹⁸

14. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence>

15. <https://www.thehotline.org/resources/reproductive-coercion/>

16. <https://www.futureswithoutviolence.org/wp-content/uploads/CUES-graphic-Final.pdf>

17. <https://ipvhealthpartners.org/partner/>

18. <https://pubmed.ncbi.nlm.nih.gov/36695177/>



RECOMMENDATIONS



Confronting Racial Disparities in Domestic Violence Response and Reproductive Healthcare

- Domestic violence programs should consider partnering with Black and Indigenous reproductive healthcare organizations in order to better serve the needs of pregnant Black and Indigenous survivors, such as those listed in the Pregnancy & Postpartum Support Minnesota webpage “Resources for Parents of Color,”¹⁹ the Twin Cities Directory of Black Birth Workers,²⁰ and the Division of Indian Work’s Ninde Doulas program.²¹
- Policymakers and the public should increase investment in culturally specific reproductive healthcare services and domestic violence programming created by and for communities of color.



Addressing Firearms, Domestic Violence, and Pregnancy

- Healthcare professionals and advocates should engage in routine safety planning²² with patients and survivors around firearms in the home and receive training on firearms and abuse.
- Federal and state agencies should fund and support research on the connections between domestic violence, firearms, and pregnancy. State agencies should enhance partnerships with one another for information sharing around intimate partner homicides by firearm during pregnancy.
- Policymakers should invest in laws that create systems of accountability for the removal or transfer of firearms in domestic violence cases and for law enforcement professionals and courts who neglect to enforce removal.
- Courts and legal systems professionals should keep up to date on the latest information regarding connections between domestic violence and firearms, such as through guides and webinars offered by the National Center on Gun Violence in Relationships,²³ and take advantage of their custom trainings, policy analysis, technical assistance, and consultation offerings.

19. <https://ppsupportmn.org/people-of-color/>

20. https://www.health.state.mn.us/communities/equity/projects/infantmortality/directory_birthworkers.pdf

21. <https://www.diw-mn.org/health>

22. <https://endinggv.org/safety-planning/>

23. <https://bwjp.org/our-work/national-center-on-gun-violence-in-relationships/>



RECOMMENDATIONS



Facilitating Economic Justice Among Pregnant Survivors of Color

- Workplaces should audit and revise their policies and workplace protections around pregnancy discrimination, which disproportionately impacts pregnant Black women and contributes to economic marginalization that keeps survivors in abusive relationships.²⁴
- State programs should provide monthly income supplements to pregnant Black and Indigenous women and birthing people to reduce racial disparities and maternal mortality, similar to San Francisco's Abundant Birth Project.²⁵
- Policymakers should advocate for access to culturally responsive, universally available abortion care for pregnant women and birthing people of color, recognizing that abortion bans are frequently associated with an increase in maternal mortality rates among Black women, as well as a higher likelihood of poverty years after birth, in addition to criminalization.²⁶



Cultivating Social Norms Change

- Male allies should engage in ongoing efforts to challenge social norms that condone, encourage, tolerate, and promote violence against women and LGBTQ+ people, through efforts such as participating in the Men & Masculine Folks Network.²⁷
- Communities should challenge their own stereotypes of motherhood, including misconceptions about custody decisions, by learning how courtroom gender bias routinely fails women and mothers,²⁸ especially survivors of domestic violence.
- Media should center the voices and stories of women of color and LGBTQ+ people when conducting coverage on reproductive justice issues, with a framing that emphasizes the disproportionate impact of restrictive abortion laws on queer communities of color.

24. <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-022-05268-9>

25. <https://sf.gov/news/program-providing-basic-income-black-pregnant-women-expands-help-mothers-across-state>

26. <https://www.epi.org/blog/abortion-bans-prove-yet-again-there-is-no-race-neutral-policy/>

27. <https://www.menaspeacemakers.org/mmfn>

28. <https://www.themarshallproject.org/2020/07/08/she-said-her-husband-hit-her-she-lost-custody-of-their-kids>



REPORT METHODS

Report Measures

Intimate Partner Homicide During Pregnancy in Minnesota: A Retrospective Report

The names and stories included in this *Intimate Partner Homicide During Pregnancy Report* are derived from ten years of Violence Free Minnesota's annual *Intimate Partner Homicide* reports spanning from 2012-2022. The current report is specifically intended to provide a retrospective overview of Minnesota domestic violence deaths during pregnancy over the past decade. Only individuals in our 2012-2022 reports who were determined to be pregnant at the time of their deaths are included. There were some years across this timeframe in which we recorded no deaths during pregnancy.

Intimate Partner Homicide Report

Since 1989, Violence Free Minnesota has been collecting the names of individuals killed due to domestic violence across the state for inclusion in the annual *Intimate Partner Homicide* reports, including anyone of any gender identity killed by a current or former partner. Additionally included are family members, friends, neighbors, interveners, bystanders who are killed due to domestic violence between current or former intimate partners, victims killed due to perceived or actual rejection of romantic interest towards the perpetrator, and children who are killed by a parent's current or former intimate partner where there is sufficient public information that the perpetrator killed the child as an act of abuse against the parent.

Only homicides that occurred in Minnesota, if the body of the victim was found in Minnesota, or if the body was found in a nearby state but the circumstances surrounding the homicide began in Minnesota, are included.

Limitations of the Intimate Partner Homicide During Pregnancy in Minnesota: A Retrospective Report

Violence Free Minnesota is the only entity that captures the full scope of intimate partner homicides in the state. We use criteria that allows us to take into account retaliatory violence and self-defense in homicide cases involving intimate partners. We rely on public information to create our annual *Intimate Partner Homicide* reports, the source for the victims included in this report on domestic violence and pregnancy. Currently, Violence Free Minnesota identifies most cases through media search results that are tracked daily, and then follows up with local law enforcement agencies or county attorney offices for more details. We also look at other sources of information such as public court data, reports issued by medical examiners' offices, outreach from victims' family members and loved ones, and social media.

However, we still struggle with inconsistent and incomplete information due to discrepancies in the way information is collected and shared across the state. Additionally, because Violence Free Minnesota does not have access to the Maternal Mortality Review Information Application (MMRIA) available to our state's Maternal Mortality Review Committee, we do not have access to birth/fetal death certificates, victim death certificates, medical records, and autopsy reports that could potentially illuminate additional domestic violence-related deaths during pregnancy. Nor do we have access to intimate partner violence service records. Moreover, because we do not have access to MMRIA records and data, we are unable to determine whether victims included in the current report were screened for domestic violence by healthcare professionals at any point prior to their deaths or during the prenatal, perinatal, or postpartum periods, resulting in an inability to provide more targeted recommendations for healthcare professionals in Minnesota.



REPORT METHODS

Report Measures

Limitations of the Intimate Partner Homicide During Pregnancy in Minnesota: A Retrospective Report

To determine whether victims were pregnant at the time of their deaths and how many weeks or months pregnant they were, we rely on information from media reporting, friends, family members, loved ones, and police reports. Therefore, data in our report on the timing of the victims' deaths and the trimesters of their pregnancies may represent estimates in some cases.

Since we rely on public records — primarily news accounts — we cannot be certain we have recorded all domestic violence homicides during pregnancy from 2012-2022 in Minnesota.

In addition, almost every year there are deaths of women that are considered suspicious but the cases are not resolved. The murders of women of color and Indigenous women, immigrants and refugees, those living in poverty, people with disabilities, rural women, LGBTQ+ individuals, those who engage in sex work, and those who are exploited in sex trafficking may be under-reported as they frequently go unreported in mainstream media.



WE REMEMBER

A full description of the circumstances surrounding each victim's death can be accessed in our annual *Intimate Partner Homicide Reports* corresponding to the years below at <https://www.vfmn.org/reports>.

The descriptions of victims' deaths provide insight towards prevention efforts and reflect the horrific nature of relationship abuse. However, we know each victim is so much more than the moment of their death. We honor all 9 victims killed as a result of domestic violence during pregnancy from 2012-2022, as well as the 5 children killed alongside them, and keep them in our hearts.

2013

MARGORIE HOLLAND



Age 37
15 weeks pregnant
Apple Valley
March 7, 2013

2016

LYUBA SAVENOK



Age 23
26 weeks pregnant
Eden Prairie
May 14, 2016

2017

SENICHA MARIE LESSMAN



Age 25
32 weeks pregnant
Eagan
January 24, 2017

2018

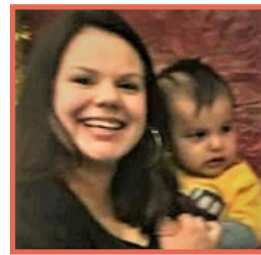
EILEEN VIVEROS-VARGAS



Age 18
5-6 months pregnant
St. Paul
March 9, 2018

2020

JACKIE ANN DEFOE & KEVIN LEE SHABAIASH JR.



Jackie: Age 23
26 weeks pregnant
Kevin: Age 20 months
Cloquet
March 7, 2020



WE REMEMBER

2020

**D'ZONDRIA
DEANTERNETTE
WALLACE**



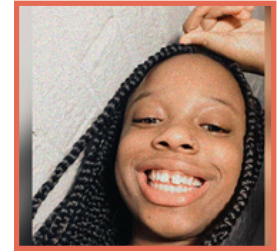
Age 30
Two months pregnant
St. Paul
January 30, 2021

**JA'CORBIE RASHAD
WALLACE**



Age 14
St. Paul
January 30, 2021

**LA'PORSHA NASHAY
WALLACE**



Age 11
St. Paul
January 30, 2021

**LENEESHA HELEN LENEESHA LADELL
COLUMBUS**

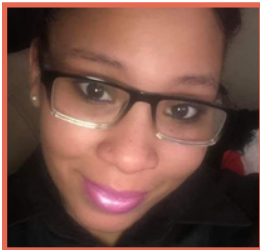


Age 27
5 months pregnant
Minneapolis
July 5, 2020



Age 4 weeks
Minneapolis
July 5, 2020

**ASHLI KOREN
JOHNSON**



Age 29
1 month pregnant
St. Paul
June 3, 2020

**KEONA SADE FOOTE
& MIYONA ZAYLA MILLER**



Keona: Age 23
1st trimester
Miyona: Age 2
Rochester
September 10, 2020



ACKNOWLEDGMENTS, IMPACT, & DISCLAIMER

Acknowledgments

Violence Free Minnesota is grateful for the technical assistance and funding provided for this report by the Minnesota Department of Health as part of the OWH Partnership Programs to Reduce Maternal Deaths Due to Violence award. We also thank staff from the Connecticut Coalition Against Domestic Violence for their willingness to share information about their 2023 *Intimate Partner Violence and Pregnancy-Associated Deaths Report* as part of the preparation for our own report. Finally, we acknowledge the tremendous and enduring labor and expertise of Black and Indigenous activists who have spent many years amplifying racial disparities in maternal mortality.

Impact

The process of documenting intimate partner homicides in Minnesota takes an emotional toll. In the domestic violence field, many of us often say that we long for the day we are out of a job. While this report reads as a matter-of-fact collection of data and trends, the experience of writing it is a human, personal one. It is not possible to truly separate ourselves from the devastating, enduring cost of domestic violence in Minnesota. Ongoing exposure to traumatic details of victims' lives and deaths is heavy. It is hard. It is more than any of us can carry alone. Advocates in this field have long expressed that vicarious trauma can change one's worldview. We can become cynical, reactive, exhausted, and detached. No one, no matter how long they have been involved in this work, is ever left truly untouched by its awful magnitude. However, at the same time, our field continually reminds us of our capacity for collective resilience. Even as we grieve the many losses that accompany domestic violence in our state, we hold on to the power of imagination, creativity, and love. Together, we believe that a better world is not only possible, it is achievable, and every day we are moving toward it.

Disclaimer

As the coalition to end relationship abuse, we understand that in order to achieve our mission of a violence-free Minnesota, we must change abusive behaviors in those who harm. We do not advocate for nor endorse harsher penalties for people convicted of abuse because we know punishments alone do not prevent intimate partner violence in our society, and overreliance on the criminal legal system disproportionately harms communities of color and perpetuates social and economic marginalization that contributes to further abuse.

We also do NOT intend for this report to be used or manipulated in any way to further an anti-choice, anti-abortion agenda. Violence Free Minnesota believes that every person deserves the right to control their own reproductive health and choices, including obtaining an abortion, and that reproductive autonomy is vital and necessary to challenging and eliminating relationship abuse and oppression.



VIOLENCE FREE **MINNESOTA**

THE COALITION TO END RELATIONSHIP ABUSE

ABOUT

Founded in 1978, Violence Free Minnesota is a statewide coalition of over 90 member programs working to end relationship abuse. Violence Free Minnesota strives to end relationship abuse by taking strategic action in partnership with the power of survivors and member programs across the state. As Minnesota's state domestic violence coalition, we shape public policy, raise public awareness, and build the capacity of community-based programs to address the needs of survivors of relationship violence and advocate on their behalf.

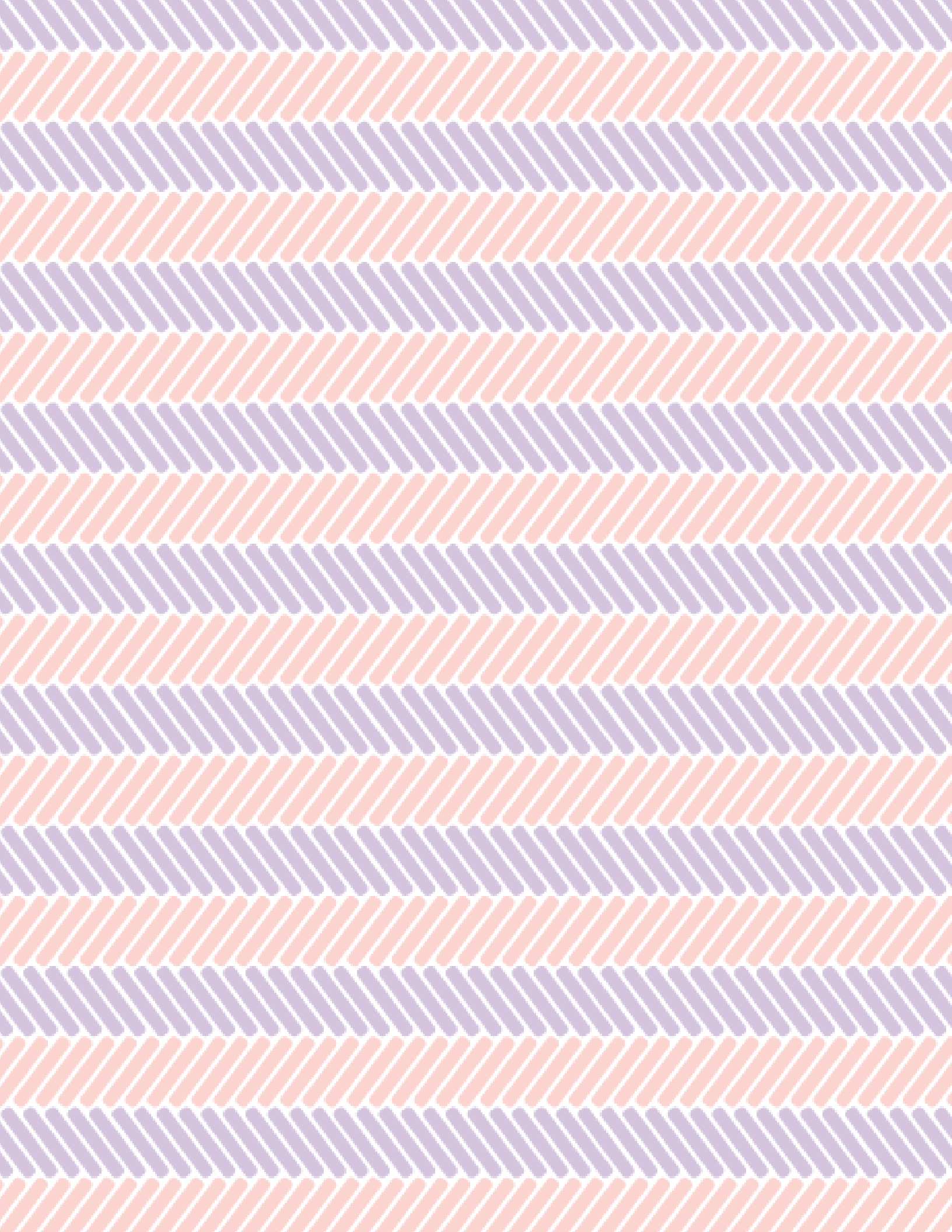
We ask Violence Free Minnesota be credited when information from this report is used.

OUR MISSION

- Represent relationship abuse victim/survivors and member programs;
- Challenge systems and institutions;
- Promote social change;
- And support, educate, and connect member programs.

OUR VISION

To end relationship abuse, create safety, and achieve social justice for all.





VIOLENCE FREE MINNESOTA

THE COALITION TO END RELATIONSHIP ABUSE

**If you are a victim experiencing abuse,
contact Day One at **866.223.1111** to connect with services.**

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