

The background of the entire page is a mosaic of irregular, multi-colored shapes in shades of purple, lavender, teal, and dark blue. The top portion of the page is a lighter, more uniform lavender color, while the bottom portion features a more complex and darker mosaic pattern.

On the Path of Prevention: The 11th Biennial Report of the Maine Domestic Abuse Homicide Review Panel

June 2016

Dedicated to family members who, not only contend with the tragic losses of their loved ones, but also open their hearts and homes to the surviving children of domestic abuse homicide victims. Members of the Panel are inspired and heartened by these acts of generosity and courage. We acknowledge and thank all those who support children whose lives have been forever altered by these homicides.



Table of Contents

Foreword by the Attorney General	1
Introduction by the Panel Chair	2
Message from Panel Coordinator	3
Domestic Abuse Homicide Review Panel Membership 2016	4
Panel Description	6
Mission Statement	7
Case Summary Information	8
Panel Observations & Recommendations	16
Healthcare Screening Questions & Guidelines	45
Appendix A: Enabling Legislation	47
Appendix B: Maine Coalition to End Domestic Violence Member Resource Centers	48
Appendix C: Maine Coalition Against Sexual Assault Member Centers	49
Appendix D: Wabanaki Women’s Coalition Domestic & Sexual Violence Advocacy Programs	50
Appendix E: What to Do if You Suspect Someone is Being Abused	51
Appendix F: Pretrial and Post-Conviction Use of Batterer Intervention Programs Executive Summary and Recommendations	53
Appendix G: Maine Certified Batterer Intervention Programs	58
Appendix H: Definition of Domestic Abuse	60
Appendix I: Augusta Police Department’s Domestic Abuse Information Card for Victims & Perpetrators	61

Foreword by Maine Attorney General Janet T. Mills

Home:

Home is where the heart is.
Home is where love lives.
Home is where safety reigns.

But sometimes home is where the heartache is.
Home can be where the hurt is.
Home may be where love has left, never to return.

A child without a safe and loving home is a child adrift, left insecure for life.

Adverse childhood experiences are a key predictor of disrupted development, cognitive impairment, substance abuse and other risky behaviors and early death. Key among these adverse childhood experiences is exposure to violence in the home.

In the sixteen cases recently examined by Maine's Domestic Abuse Homicide Review Panel, one infant and three other children were killed. One four-year old watched his father kill his mother. Two other children were in their home when their father killed their mother.

Seven other children were impacted for life when their mother was murdered. One child's mother was incarcerated. One child's father committed suicide. In many cases, extended family members were thrust into the position of raising young survivors of domestic violence homicide.

Here are some lessons from this Report:

1. Listen. Listen and watch for signs of abuse – control, manipulation, bruising, isolation.
2. Take threats of suicide very seriously.
3. After leaving a controlling partner, don't return home without the assistance of law enforcement.
4. Take stalking seriously. It is an extremely dangerous behavior. In eight of the sixteen cases, perpetrators stalked or monitored their victims prior to committing homicide.
5. If you are a medical or behavioral health professional, *always* ask a patient (in private) if they feel safe at home, and follow up with a safety plan and appropriate referrals.
6. If you are a neighbor or a friend of a victim of violence, don't be shy; offer help in any form. Even if it's just...listening.
7. Listen. Listen to the pleas of the children whose innocence is gone, whose safety is stolen, whose health and security are threatened. Just listen.

By the time you have finished reading this message, someone has committed an act of violence against a family or household member. A child is left without a safe and happy home. A life is changed forever.

Do something.

Introduction by Panel Chair

Lisa J. Marchese, Deputy Attorney General

Thank you for taking the time to read the 11th biennial report of the Maine Domestic Abuse Homicide Review Panel - *On the Road of Prevention*. The Panel is a multi-disciplinary group of professionals who analyze retrospectively the events that led to Maine's domestic abuse homicides in order to see if there are systemic changes to be made that may save lives. The Panel reviews all domestic abuse intimate partner homicides and many intrafamilial homicides by examining each case and engaging in a deliberative process that would not be possible without the experience and dedication of its Panel members. Fatality Review Panels, similar to Maine's Panel, are being used across the country to prevent domestic abuse homicides, increase safety of battered women and assure accountability for offenders. Maine's Panel is considered a leader in fatality review and during the past biennial, members of Maine's Panel were invited to present at the National Domestic Violence Fatality Review Initiative Conference regarding our review process, findings and implementation of recommendations.

The Panel's success is due, in part, to the unwavering commitment of the Attorney General and the Commissioner of Public Safety. The Office of the Attorney General has housed the statutorily mandated Panel since the year 2000 and has provided support through member commitment and support personnel. In 2015, Attorney General Janet Mills sought and obtained permanent funding for the panel coordinator position, which will guarantee the future of the Panel. Public Safety Commissioner John Morris has supported the work of the Panel by generously allowing the Maine State Police to work with the Panel on each case review. Attorney General Mills and Commissioner Morris attend the Panel meetings regularly. The Panel is grateful for this commitment.

I would like to also acknowledge the contributions of the Child Death and Serious Injury Review Panel (CDSIRP). The CDSIRP has engaged in several joint reviews with the Homicide Review Panel. These joint reviews have led to robust discussions concerning how to better protect children. The Panel has also called on the expertise of the Department of Health and Human Services to recommend training experts on topics such as adverse childhood experiences (ACES) as well as discuss best practices. These types of trainings and discussions add to the breadth of knowledge of Panel members and lead to more effective observations and recommendations.

On the Road of Prevention represents countless hours of work by numerous individuals. Without the willingness and dedication of Panel members, this report would simply not be possible. Susan Fuller, the Panel Coordinator has worked tirelessly to ensure this report reflects the views and wisdom of all Panel members. Susan is a constant champion for victims and the heart of the Panel. Throughout this report you will see checkmarks representing change brought about by implementation of a recommendation. Following the release of this report, the Panel Coordinator will be instrumental in the further implementation of recommendations.

I would also like to thank Kate Faragher Houghton, a consultant in violence prevention and member of the Panel. Kate has repeatedly donated her amazing writing and editing talents to the last several biennial reports. Kate's experienced, thoughtful voice can be found throughout this report. I would also like to extend my heartfelt appreciation to Sophia Corinne Sarno for the beautiful mosaic cover of this report and for the image of the hands that hold our report's dedication to surviving family members.

Message from Panel Coordinator

Susan E. Fuller

When does an intimate partner who wants to spend every moment together, and know your whereabouts and what you are doing, change from healthy love and connection to manipulation, coercive control, and morbid jealousy? It happens when an intimate partner believes they have a right to tell you what to do, where to go and who to know, and enforces that belief by using coercive controlling tactics or outright physical abuse against you. A person subjected to a pattern of coercive and abusive tactics like these is a victim of domestic abuse. A person who chooses to use these tactics to gain and maintain control is an abuser.

People subjected to abuse often do not think of themselves as “victims.” They do not label their partners, nor do their partners label themselves, as “abusers.” When we review a homicide case, the Panel can often see escalating abusive behaviors that led up to an abuser choosing to kill. When a person uses violence or other illegal abusive tactics, these behaviors often move into the public realm when the abuse becomes known to family members, friends, law enforcement and others. This may signal that an abuser no longer feels the need to keep their abusive behaviors secret, or that they’ve resorted to more extreme measures in order to maintain control over their partner. From a system response perspective, this may mean that law enforcement has more tools with which to intervene. But this shift may also indicate that an abuser has become more dangerous.

Thanks to the courage of victims and their willingness to share their most difficult experiences, we’ve learned what they face from abusive partners and from the judgment of the community. We have learned that asking “why doesn’t she just leave” inappropriately blames the victim. Typically, abusers are not abusive all the time, and their abuse is directed primarily at their intimate partners and family members. Bystanders such as friends and family members usually see only the abuser’s “nice” side. This may be another reason why an abuser is ordered to attend counseling rather than serve jail time or complete a Batterer Intervention Program.

For some time, we held victims accountable for abusers’ behaviors, which re-victimized victims and reinforced abusers’ beliefs that victims were to blame for the abusive tactics used against them. Shifting our focus to holding abusers accountable and providing safety and supports for victims is the most effective way to reduce domestic abuse homicides and to improve the lives of victims and their families.

Community members have an active role to play in supporting and protecting victims, holding abusers accountable, and changing broadly-held cultural beliefs that support domestic abuse. Whether through silent complicity or active collusion, we as community members are partly responsible for allowing abusers to continue to abuse. When we raise our voices as a statewide community to express intolerance for abusive behaviors, we will shift our culture away from a belief that one person has a right to control, manipulate or otherwise deny another person’s autonomy and self-determination, and toward mutual respect.

Maine Domestic Abuse Homicide Review Panel Membership 2016

Panel Chair:

Lisa Marchese, Esq.*
Deputy Attorney General
Chief, Criminal Division
Office of the Attorney General

Danyel Albert*
Outreach Coordinator
Family Crisis Services

Eric Brown, MD*
Eastern Maine Medical Center
Family Medicine Residency

Ariel Gannon, Esq.*
Assistant Attorney General
Child Protective Division
Office of the Attorney General

Francine Garland Stark*
Executive Director
Maine Coalition to End Domestic Violence

Nancy Fishwick, PhD, RN*
Director & Associate Professor
University of Maine School of Nursing

Robert C. Gregoire*
Chief of Police
Augusta Police Department

Barbara Hart, JD
Director of Strategic Justice Initiatives
Muskie School of Public Service

Ellie Hutchinson*
Community Educator
New Hope for Women

Kathryn Maietta, LCSW*
Director, Batterers
Intervention Program

Panel Coordinator:

Susan Fuller
Research Assistant
Office of the Attorney General

Debra Baeder, PhD*
Chief Forensic Psychologist
State Forensic Service

Polly Campbell, RN, BS, BA*
Director, Sexual Assault
Forensic Examiner Program
Office of Child and Family Services
Dept. of Health and Human Services

Alice Clifford, Esq.*
Assistant District Attorney
Penobscot County
Office of the District Attorney

Michelle Cram*
Victim-Witness Advocate
Office of the Attorney General

Sandra Taylor Slemmer*
Medicolegal Death Investigator
Office of the Medical Examiner

Margaret Groban, Esq.
Assistant U.S. Attorney
Office of the U.S. Attorney

Kate Faragher Houghton, JD
Violence Prevention Consultant
Former Panel Coordinator

Brian T. McDonough*
Lieutenant
Maine State Police

John E. Morris*
Commissioner
Department of Public Safety

Renee Ordway
Victim Witness Advocate
Office of the Attorney General

David St. Laurent
Lieutenant Detective
Franklin County Sheriff's Office

Hon. Valerie Stanfill*
Judge, Maine District Court
Judicial Branch

Janet T. Mills, Esq.
Attorney General
Office of the Attorney General

Holly Stover*
Director, Violence Prevention
Office of Child and Family Services
Department of Health and Human Services

Tessa L. Mosher*
Director, Victim Services
Department of Corrections

***required by enabling legislation**

Ad Hoc Member:

Destie Hohman Sprague
Associate Director
Maine Coalition Against Sexual Assault

Acknowledgements

The Panel would like to thank the following former members for their contributions:

Margo Batsie, Former Member Services Coordinator
Maine Coalition to End Domestic Violence and Former Panel Coordinator, Office of the Attorney General

Julia Colpitts, LCSW, Former Executive Director,
Maine Coalition to End Domestic Violence

Hon. Deborah Cashman, Judge, Maine District Court, Judicial Branch, and Former Assistant Attorney General, Criminal Division, Office of the Attorney General

Margaret Greenwald, MD, Former Chief Medical Examiner, Office of the Chief Medical Examiner

Mary Zmigrodski, Esq., Former Assistant Attorney General, Child Protective Division, Office of the Attorney General

Cynthia Brann, Former Associate Commissioner, Department of Corrections

Elizabeth Ward Saxl, Executive Director, Maine Coalition Against Sexual Assault

This project was supported, in part, by Grant No. 2013-WF-AX-0017 awarded by the Maine Department of Public Safety. Points of view in this document are those of the authors and do not necessarily represent the official position or policies of Maine's Department of Public Safety.

Panel Description

By law effective October 1, 1997, the Maine Legislature charged the Maine Commission on Domestic and Sexual Abuse with the task of establishing a Domestic Abuse Homicide Review Panel to “review the deaths of persons who are killed by family or household members.” The legislation mandated that the Panel “recommend to state and local agencies methods of improving the systems for protecting persons from domestic and sexual abuse including modifications of laws, rules, policies, and procedures following completion of adjudication.” The Panel was further mandated “to collect and compile data related to domestic and sexual abuse.” 19-A M.R.S. §4013(4). See Appendix A for the complete language of the Panel’s enabling legislation.

The Maine Domestic Abuse Homicide Review Panel meets on a monthly basis to review and discuss domestic abuse homicide cases. The Panel Coordinator works with the prosecutor and/or the lead detective to present to the multi-disciplinary Panel detailed data about the homicide, information about the relationship of the parties, and any relevant events leading up to the homicide. Homicide cases are presented to the Panel after sentencing. Homicide-suicide cases are presented once the investigation is complete.

The Panel reviews these cases in order to identify potential trends in domestic abuse and recommend systemic changes that could prevent future deaths from occurring in Maine. The Panel plays a significant role in the prevention and intervention work that is occurring in Maine by gathering opinions, analysis and expertise from a variety of professional disciplines across the state.

Mission Statement

The mission of the Maine Domestic Abuse Homicide Review Panel is to engage in collaborative, multidisciplinary case reviews of domestic abuse related homicides for the purpose of developing recommendations for state and local government and other public and private entities in order to improve coordinated community responses to protect people from domestic abuse.

Summary of Case Data

Introduction

This biennial report addresses the fatality reviews completed by the Maine Domestic Abuse Homicide Review Panel in 2014 and 2015. The Panel reviews domestic abuse homicide cases after sentencing or acquittal, and homicide-suicide cases after investigations are complete. This report includes selected cases that occurred from 2011 to 2015.

The cases reviewed by the Panel include “intimate partner homicides” as well as “intrafamilial homicides.” Intimate partner homicide involves the killing of a current or former intimate partner or spouse. Intrafamilial homicide refers to the killing of a parent, child or sibling by another family member. The Panel makes every effort to review all intimate partner homicides and as many intrafamilial homicides as possible.

In keeping with national best practices regarding the review of domestic abuse deaths, from time to time the Panel also reviews “serious injury” domestic abuse cases. Much may be learned from cases when victims survive. During this biennial reporting period, the Panel reviewed one serious injury domestic abuse case.

During this two year report cycle, perpetrators committed twenty-one homicides in 2014, fourteen of which the Maine Department of Public Safety categorized as “domestic” homicides (eight of the fourteen were children, all under the age of 13 years old); and offenders committed twenty-five homicides in 2015, ten of which were categorized as domestic homicides. Together, these twenty-four domestic homicides accounted for 52% of Maine’s total homicides in those two years. Over the past ten years, domestic homicides accounted for 47% of Maine’s total homicides.

Despite the fact that Maine has a relatively low crime rate in contrast to other states, according to the Violence Policy Center’s recent study, “Women Murdered by Men; An Analysis of 2013 Homicide Data,” Maine ranked ninth highest in the nation for homicides that males committed against females.

<http://www.vpc.org/studies/wmmw2015.pdf>

Number and Nature of Homicides and Serious Injury Cases Reviewed

During 2014 and 2015, the Panel reviewed fifteen homicide cases and one serious injury case. These cases occurred between 2011 and 2015. One homicide occurred in 2015, two in 2014, eight in 2013, three in 2012, and one homicide and the serious injury case in 2011.

Of the sixteen cases reviewed, twelve were intimate partner homicides, three were intrafamilial homicides, and one was an intimate partner serious injury case. The cases involved sixteen perpetrators and nineteen victims. Perpetrators killed eighteen victims, and seriously injured one victim.

Children

In the sixteen cases reviewed that occurred between 2011 and 2015, perpetrators killed four children under the age of eighteen years old. One father killed his infant son and another father killed his three children. A four-year-old son witnessed his father kill his mother and two children were present in the home when their father killed their mother. In addition, a father killed his adult son and an adult son killed his mother.

For the surviving children of domestic violence homicides, the murder, suicide or incarceration of their parents is traumatic and profound. Of the cases reviewed: seven children were impacted because their mother was murdered; one child's mother was incarcerated; three children were impacted because their mother lost custody of them; five children were impacted through the incarceration of their father; one child's father committed suicide; and two children were impacted following the justified shooting of their father by law enforcement.

As reflected in the dedication of this report, a number of family members stepped in to raise the surviving children of domestic abuse homicide victims.

Relationship of the Parties

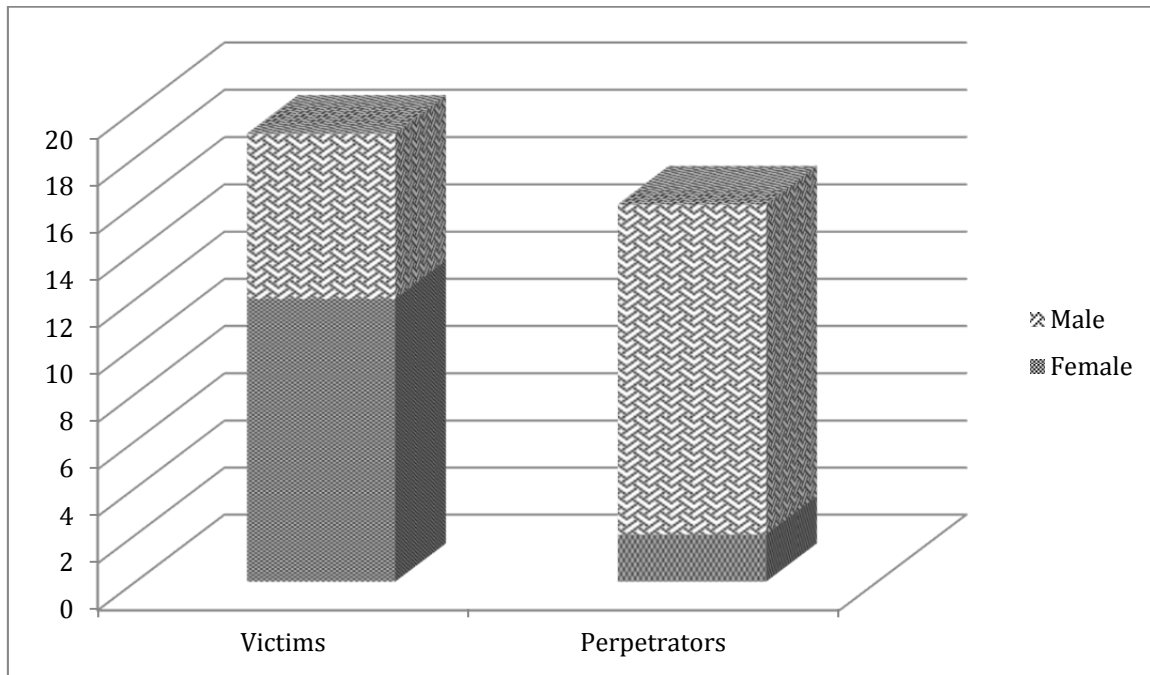
- Two fathers killed their sons.
- One father killed his wife and three children.
- One male partner killed his estranged male partner.
- Three husbands killed their wives.
- One husband killed his estranged wife.
- One wife killed her husband.
- One girlfriend killed her live-in boyfriend.
- Two boyfriends killed their live-in girlfriends.
- Two boyfriends killed their girlfriends.
- One boyfriend seriously injured his estranged girlfriend.
- One adult son killed his mother.

Ages of the Parties

Victims ranged from ages 10 weeks old to 81 years old.
Perpetrators ranged from ages 19 years old to 77 years old.

Gender of the Parties

As depicted in Graph 1, of the nineteen victims, twelve were female and seven were male. Of the sixteen perpetrators, two were female and fourteen were male.



Graph 1

Length of Relationships of the Parties

The length of relationships among the parties ranged from ten weeks to fifty-four years. The shortest relationship was between a father and his ten-week-old infant. The longest relationship was between a husband and wife. In six of the intimate partner homicides, the length of the relationships ranged from twelve to fifty-four years.

Community/Services Involvement with Parties

The perpetrators and victims in the cases reviewed were involved with several different community services. The following list reflects only the information available to the Panel:

- In eight cases, one or both parties were involved with some type of behavioral health counseling or sought behavioral health intervention.
- In seven cases, victims had told family members, friends or co-workers about the perpetrators' abusive behavior.

- In five cases, the parties were involved with the legal system, i.e. filing for divorce or seeking divorce attorneys, obtaining Protection From Abuse orders, involving law enforcement, or otherwise in the criminal justice system.
- Only three cases included information of active involvement with healthcare providers.
- In three cases, the parties were involved with the Maine Department of Health and Human Services, Child Protective Services.
- In two cases, the parties were involved with substance abuse programs.
- In one case, the parties were involved with elder care services.
- In one case, the perpetrator had completed a Batterer Intervention Program.
- In one case, the parties were involved with court mediation.
- In at least one case, the perpetrator reached out to an employer for support.

Actions Taken by Family Members, Friends or Neighbors

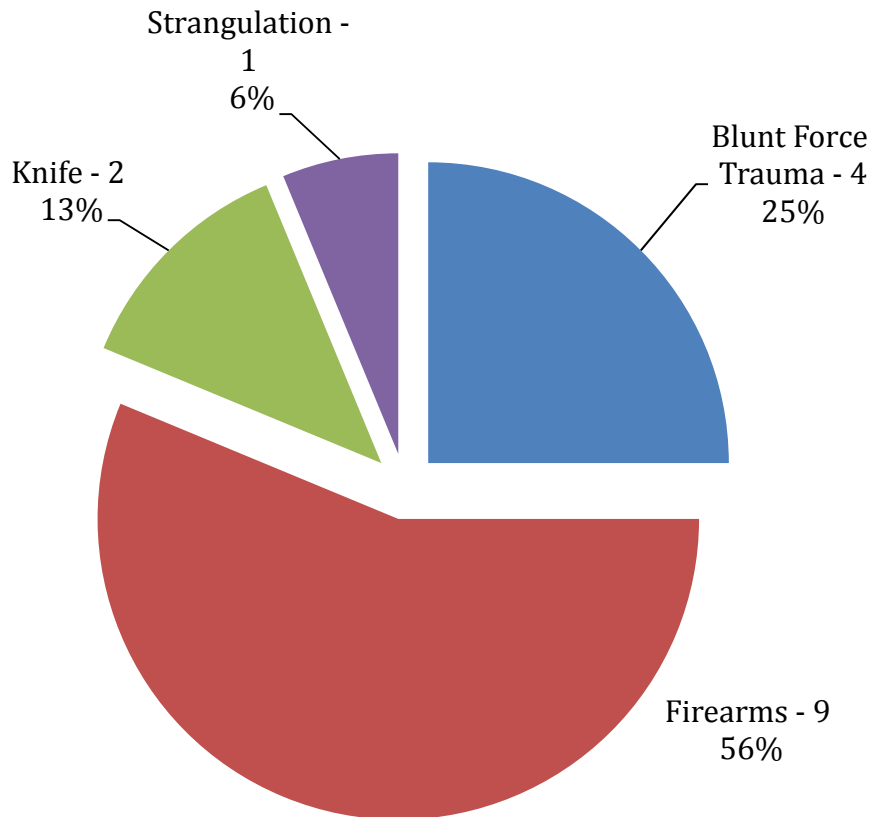
Table 1 shows actions taken by family members or friends in response to perpetrators' abusive behavior. Individuals may have taken more than one action. Not all case records indicated that family members or friends took action.

Actions Taken by Family Members and/or Friends	Called 911	Reported concerns for child safety to Child Protective Services	Neighbors checked on well-being of couple	Supported victim during incident or break up	Family confiscated weapons	Attempted to connect perpetrator with community services
Instances	5	2	1	5	1	2

Table 1

Weapons Used

As depicted in Graph 2, and as reflected in every prior report of this Panel, perpetrators most commonly used firearms to commit domestic abuse homicides.



Graph 2

Firearms

Nine perpetrators used firearms to kill the victims.

Blunt Force Trauma

Four perpetrators used blunt force trauma to kill the victims.

Knife

Two perpetrators stabbed the victims, one to kill and one to seriously injure.

Strangulation

One perpetrator strangled the victim to death.

Status of Perpetrators

The status of the sixteen perpetrators is as follows:

- Nine perpetrators were prosecuted and ultimately incarcerated:
 - Three perpetrators were found guilty of murder after trials and their sentences ranged from 42 to 47 years in prison.
 - Three perpetrators pled guilty to murder and their sentences ranged from 27 to 35 years in prison.
 - Two perpetrators pled guilty to manslaughter. One was sentenced to 18 years (with all but 10 suspended, plus 4 years of probation). The other was sentenced to 30 years in prison (with all but 20 years suspended, plus 5 years of probation for assault charges).
 - One perpetrator was found guilty of elevated aggravated assault and sentenced to 28 years in prison (with all but 22 years suspended, plus 4 years of probation).
- Six perpetrators committed suicide after committing homicide.
- One perpetrator was killed during the incident by law enforcement and that death was determined to be justified.

Existence of Protection From Abuse Orders

Four of the sixteen perpetrators were subject to Protection From Abuse orders (PFAs) against them in the past. Three of the four perpetrators were defendants in PFAs brought by the homicide victims earlier in the relationships, and the fourth was previously a defendant in a PFA brought by a former intimate partner. No Protection From Abuse orders were in place against any of the perpetrators at the time of the homicides or serious injury.

Perpetrator Tactics Prior to the Homicide or Serious Injury Incident

In the cases reviewed, a number of perpetrators were known to have warned their partners in effect that “If I can’t have you, then no one will,” before seriously injuring or killing them. The Panel continues to review case after case in which a perpetrator’s coercive controlling and violent behaviors, including the ultimate act of homicide, stem from a deep belief of entitlement and ownership of an intimate partner. This sense of

ownership often shows itself in morbid jealousy, or jealousy coupled with surveillance, and/or stalking. This threat may foreshadow a risk of harm or death to the victim as well as to the perpetrator.

Domestic abuse homicide or serious injury is rarely an isolated event of violence. Instead, perpetrators direct an ongoing pattern of coercive tactics to gain and maintain power and control over victims. In the cases reviewed, prior to the homicides and serious injury incident, perpetrators used tactics that included, but were not limited to the following:

Suicidality, Stalking and Strangulation

In the cases reviewed, perpetrators' patterns of coercive and controlling behaviors all too often included suicidality, stalking and strangulation. **All sixteen perpetrators** displayed one or more of these tactics. These tactics are high risk behaviors indicating a potential for lethality.

Suicidality – The Panel continues to review cases in which the perpetrator displayed signs of suicidality prior to the homicide, often committing suicide after committing homicide. Suicidality is a sign of potential increased danger to victims of domestic abuse as well as to perpetrators themselves. Research and the Panel's case reviews reinforce that suicidality is strongly linked to homicidality as listed below:

Nine of the sixteen perpetrators threatened suicide either prior to or after committing homicide.

Six of these nine perpetrators killed their intimate partners or family members and then went on to commit suicide. Three exhibited pre-homicide signs of suicidal ideation, threats or previous suicide attempts prior to killing their intimate partners or family members, and three did not.

The other three of the nine perpetrators exhibited signs of suicidal ideation, threats or previous suicide attempts prior to killing their intimate partners or family members, but did not commit suicide after committing homicide.

Stalking - Stalking an intimate partner is a dangerous and prevalent tactic of relentless abusers. In **eight of the sixteen** cases reviewed, perpetrators stalked or monitored the victims prior to committing homicides.

Strangulation - **Four of the sixteen** perpetrators used strangulation to threaten death to their intimate partners prior to the homicides. It is crucial for survivors, first responders, and bystanders to recognize the prevalence and extremely dangerous effects of strangulation. Often the tactic of strangulation is incorrectly referred to as "choking." Choking is an internal obstruction of the

airways. Maine's statute defines strangulation as "intentional impeding of the breathing or circulation of the blood of another person by applying pressure on the person's throat or neck" (17-A M.R.S. §208).

Emotional/Verbal Abuse – Twelve of the sixteen perpetrators used emotional and/or verbal abuse as coercive and controlling tactics in the relationships with the victims prior to the homicides or serious injury.

Physical Abuse – Eight of the sixteen perpetrators physically abused the victims prior to the homicides or serious injury.

Morbid jealousy – Seven of the sixteen perpetrators exhibited a focused and morbid jealousy of victims: including accusing victims of having affairs; monitoring, confiscating, or damaging the victims' phone; surveillance or tracking the victims' whereabouts, etc.

Firearm acquisition – Four of the sixteen perpetrators recently purchased or otherwise acquired the firearms which they used to kill their intimate partners or family members.

Abusive towards previous partners – Two of the sixteen perpetrators had abused former intimate partners, as reflected in the investigative case materials.

Denying, minimizing and blaming - Nine of the sixteen perpetrators used this coercive tactic of power and control. A perpetrator may abuse a victim and then tell the victim that she caused or provoked him to do it. Before, during, or after abusing a victim, a perpetrator may say he would never hurt the victim. A perpetrator may tell law enforcement or healthcare providers that the victim started it, or injures easily. This tactic is a cornerstone of domestic abuse. It reveals the abuser's lack of taking personal responsibility for abusive behaviors and reveals a skill in shifting responsibility for the abuse onto the victim.

Observations and Recommendations

The Panel continues its tradition of making observations and recommendations to various systems and organizations based on its analysis of the cases reviewed for the current biennial report.

The Panel reiterates some of its previous recommendations and identifies many new ones. Recommendations that have been recognized and implemented are indicated with checkmarks and details of their progress are noted in italics.

The following three observations were made in multiple cases:

- 1) The Panel observes that perpetrators make it dangerous for victims to leave relationships. In over half of the cases reviewed, victims had left, were leaving, had asked the perpetrators to leave, or were involved in protective strategies or supportive services.**

Due to the perpetrator's determination to maintain control over the victim, any perceived change in the status or security of the relationship may escalate the perpetrator's risk of committing additional harm or killing a victim.

Even if a victim believes or asserts a wish to change or end the relationship with the abuser, the abuser may continue to act on different beliefs - that the relationship will not change or end, and that the abuser will retain power and control over the victim.

Abusers use victims' daily routines as opportunities to stalk, abuse, commit violence, or kill. Taking precautions to change daily routines at the time of relationship separations or break-ups even when one doesn't feel afraid may enhance safety.

Bystanders such as family members, friends, and co-workers, as well as criminal justice professionals and service providers, can offer critical support to the safety of victims by limiting abusers' access to victims during the dangerous times of separation and ending relationships. This includes providing appropriate support for victims to safely return home to collect belongings.

- 2) The Panel observes that a single training on the dynamics of domestic abuse may be beneficial to professionals who respond to victims and perpetrators of domestic violence. However, policy development and implementation through ongoing training and collaboration with domestic violence resource centers, as well as creating dedicated or specialized domestic abuse positions within systems or organizations, enhance victim safety and abuser accountability most effectively.**

- 3) The Panel observes that, for decades, various healthcare agencies in Maine have undertaken efforts to include a best practice response for patients who are perpetrators or victims of domestic abuse. These initiatives have included policy development, programming and trainings. For accreditation purposes, hospitals are now required to have domestic abuse screening policies in place. The Affordable Care Act also requires providers to screen patients for domestic abuse and offer brief counseling. Yet in the available medical records from the homicide and serious injury cases reviewed, little to no documentation of screening victims or offenders for domestic abuse took place.

Firearms

Observations:

- The Panel continues to observe that domestic abuse perpetrators' possession of firearms may increase the danger posed to victims and family members. Fifty-six percent (56%) of the perpetrators in the cases reviewed used firearms to kill their intimate partners and family members.
- The Panel observes that Federal Firearm Licensees may exercise their right to (1) decline a transaction that appears suspicious (i.e. "if customer appears nervous, avoids eye contact, seems jittery, uneasy, or vague"); or (2) report suspicious activity to the Bureau of Alcohol, Tobacco, Firearms and Explosives.¹

Perpetrator told victim, "If I can't have you, no one can."

Recommendation:

1. The Panel recommends that family members move weapons to secure places in situations when intimate partners or other family members have used violence in the past, made threats with weapons, made suicidal threats, or exhibited other behavioral health issues. Family members may also ask law enforcement for assistance to secure firearms.

Applause: The Panel recognizes firearm retailers for deciding not to sell to customers they believe to be risks. The Panel also recognizes retailers for supporting employees who decide not to sell firearms to individuals about whom they have concerns.

Applause: The Panel applauds family members for removing firearms from the home when adult children exhibit signs of suicide.

¹ U.S. Department of Justice, Bureau of Alcohol, Tobacco, Firearms and Explosives, [FFL Newsletter](#) (2009)

Law Enforcement

Observations:

- Domestic violence resource centers now provide advocates to accompany law enforcement officers on follow-up visits with domestic abuse victims. In addition, many domestic violence resource centers have agreements with law enforcement agencies to receive reports of domestic abuse incidents in order to follow up with victims. This formal partnership reflects long-standing collaborations between advocacy organizations and law enforcement agencies. The Panel observes that while these opportunities for information sharing exist, not all resource centers and law enforcement agencies actively partner together.
- The Panel observes that domestic abuse task forces and high risk response teams exist in several counties around the state. These groups consist of community service providers, including domestic violence resource center advocates, law enforcement, prosecutors, probation officers, etc., who meet regularly to share information and work together to provide a coordinated community response to domestic abuse.
- For many years, Maine has encouraged law enforcement agencies, district attorney's offices, Maine Pre-Trial Services, and the Department of Corrections to centralize expertise in domestic abuse by placing detectives, investigators, pretrial caseworkers, and probation officers in dedicated domestic abuse positions. Professionals in these dedicated positions receive specialized trainings and are better equipped to provide effective supports and safety for victims, accountability for perpetrators, as well as providing a powerful resource to their own agencies and others. The Panel observes, however, that these dedicated positions are uncommon and may have insecure funding.
- The Panel continues to review cases in which law enforcement agencies have not followed best practices when responding to pre-homicide domestic abuse incidents. The Panel observes that it is critical for law enforcement officers to conduct thorough investigations of domestic abuse incidents. A less-than vigilant response by an officer or agency may contribute to a domestic abuse perpetrator feeling entitled to use lethal violence and thus escalate to dangerous, and possibly, lethal levels.
- The Panel observes that law enforcement officers are currently required by Maine law and agency policy to provide all victims of domestic abuse with information about their rights and local support services, including contact information for the local domestic violence resource centers and information about Protection From Abuse orders.
- The Panel observes that containing or securing the suspect when responding to a domestic abuse incident is essential to establishing control at the scene. The best practice is for officers to isolate the suspect from the victim and from other people at the scene, including children. By thus gaining control over the suspect

and the situation, officers may also prevent additional abuse, intimidation, or coercion.

Recommendations:

1. The Panel recommends that domestic violence resource centers and law enforcement agencies statewide take advantage of collaborative opportunities, and build mutually beneficial organizational relationships by developing Memoranda of Understanding (MOU) in order to share all domestic abuse incident reports regardless of whether an arrest is made.

The Maine legislature amended 16 M.R.S. §806 to authorize law enforcement agencies to share investigative information with advocates from domestic violence and sexual assault resource centers without the previously required MOU. 16 M.R.S. §806(4); P.L. 2015, ch. 411. However, the elements that were required to be part of the MOU remain part of the amended statute and thus still apply to any investigative information that is shared. As before, the sharing of any such information is subject to reasonable limitations appropriate to protect against the harms listed in §804.

http://www.mainelegislature.org/legis/bills/display_ps.asp?ld=1526&PID=1456&snum=127

2. The Panel recommends that where practicable, counties engage in a “coordinated community response” (CCR) to domestic abuse by maintaining domestic abuse task forces and high risk response teams. These interdisciplinary groups are crucial to create informed policy, cross-training opportunities, and information sharing among agencies, as well as creating more effective responses to high-risk perpetrators.

Panel member expressed that if the systemic response to [the perpetrator] occurred as a coordinated community response, [the perpetrator] might not have been so successful at manipulating the providers around him.

3. The Panel reminds law enforcement agencies and officers about the importance of following the best practices set forth in the domestic violence model policy provided by the Maine Chiefs of Police Association and based on the mandatory minimum standards set by the Board of Trustees of the Maine Criminal Justice Academy.

Best practices include, but are not limited to:

- Separating the parties.
- Securing and isolating the offender from the victim and others at the scene.
- Not allowing the parties to leave together and go into another room alone.
- Interviewing the parties separately.
- Looking closely at the victim for evidence of physical battering.

- In every assault case, asking about strangulation and sexual assault.
 - Interviewing the children.
 - Looking for signs of trauma in children.
 - Interviewing all other witnesses.
 - Determining whether an arrest shall be made, taking into account:
 - 1) a probable cause determination,
 - 2) the active investigation of self-defense by either party, and
 - 3) identifying the predominant aggressor by investigating which party displays an overall use of coercive power and control tactics.
 - Obtaining written statements.
 - Collecting other evidence.
 - Completing the Ontario Domestic Abuse Risk Assessment (ODARA), when arresting for domestic violence assault.
 - Providing information to the victim about the local domestic violence resource center and Protection From Abuse orders.
 - Making a referral to DHHS, Child Protective Services, when warranted.
 - Following up with the victim 48 hours later.
4. In cases involving domestic violence assaults, victims may not immediately disclose to responding officers that perpetrators have also committed sexual assaults. The Panel recommends in every case of domestic violence assault, even when sexual assault is not indicated through physical evidence or initial statements by the victim, that law enforcement officers always ask the victim if the perpetrator has committed sexual assault or sexual abuse.
 5. The Panel recommends that whenever practicable, law enforcement agencies and district attorneys' offices dedicate specialized domestic violence investigators to support the investigation and prosecution in domestic abuse cases when arrests are made.
 6. The Panel recommends that responding law enforcement officers consistently provide victims with referrals to the domestic violence resource centers and information about Protection From Abuse orders. Officers should make these referrals at each and every domestic violence related incident, to include any new victims they encounter and any victims they encounter at multiple incidents. Officers should then document these actions in their investigative reports. *See Appendix I for example of Augusta Police Department Information Card for Victims and Perpetrators.*
 7. The Panel continues to recommend that when speaking with victims, perpetrators and others, law enforcement officers properly characterize any incidents involving "choking" or "suffocation," as strangulation. Officers should explain the potential lethality of these acts, and investigate facts necessary to support a charge of Aggravated Assault by strangulation under 17-A M.R.S. §208.

Applause: The Panel applauds law enforcement agencies for their willingness to examine protocols and policies relating to domestic abuse cases in order to continue to improve responses.

8. The Panel recommends that law enforcement agencies complete an internal review as dictated by current agency policy: “in the event that a victim of domestic abuse who resided in the agency’s jurisdiction is killed or seriously injured during the time that any temporary or permanent Protection from Abuse (PFA) order was in effect.” The Panel further recommends that the following be added: “or there had been past police involvement related to interactions between the alleged perpetrator and the victim, and that the review be conducted in consultation with a domestic violence advocate and/or a sworn law enforcement officer designated or trained as a domestic violence investigator.” *The Board of Trustees of the Maine Criminal Justice Academy is currently considering this change in policy.*

Judicial Branch

Perpetrator told law enforcement officer, “I’m a nice guy unless I get mad.”

Observations:

- The Panel continues to observe that neither counseling nor anger management are appropriate interventions for domestic violence offenders. Despite the fact that those interventions are often offered to the court as less expensive or more palatable replacements for Batterer Intervention Programs, the appropriate intervention for a domestic violence offender is a Batterer Intervention Program.
- The Panel observes that court mediation in family cases does not consistently include separation of parties when domestic abuse is present, even when physical abuse is known. In addition, abusers not only threaten victims’ physical safety, but also enforce overall power imbalances through control tactics such as intimidation, verbal abuse, and emotional abuse.
- The Panel observes that interpreters are provided for defendants in criminal cases. However, no resources currently exist to provide interpreters for surviving family members during court cases.
- The Panel observes that the Maine Department of Health and Human Services, law enforcement and prosecutors have access to, but cannot use, information about juvenile adjudications involving domestic abuse, as well as other incidents of prior abusive behavior committed by juvenile offenders. In adult domestic abuse homicide or serious injury cases, it would be helpful to have this information for judicial decision-making regarding diversion, interventions and sentencing with adult perpetrators.

Recommendations:

1. The Panel recognizes the importance of requiring domestic abuse perpetrators to attend Batterer Intervention Programs and the importance of not using behavioral health counseling or anger management as replacements for Batterer Intervention Programs. The Panel supports the report recently released by the Maine Commission on Domestic and Sexual Abuse: *Pretrial and Post-Conviction Use of Batterer Intervention Programs - Report to Maine's Joint Standing Committee on Criminal Justice and Public Safety, Pursuant to L.D. 150* <http://www.mcedv.org/sites/default/files/2.19.16%20LD150%20Final%20Report.pdf> See Appendix F for report's Executive Summary and Recommendations.
2. Defendants in Protection From Abuse cases often contact victims and intimidate or coerce them into dismissing PFAs. The Panel recommends that when a victim files a motion to dismiss a Protection From Abuse case, the judge, prior to acting on the motion, ensures that the victim has connected with a domestic violence resource center advocate.

Perpetrator's brother asked Panel members, "Why didn't a judge hear that [PFA] order before it was rescinded?"
3. The Panel recommends that when domestic abuse in any form (i.e. physical, sexual, psychological, or coercive control) is a concern, the best practice in divorce mediation is to separate the parties. Otherwise, any issue resolved in mediation may be the product of coercion.
4. The Panel recommends that funds for qualified interpreters be made available during court proceedings, in order to support surviving family members with limited English proficiency.
5. Victims who file Protection From Abuse cases may not know to include all facts that would be relevant to the judge's determination of immediate and present danger. Because judges are held to granting orders based on the information presented in the complaint, it may not be immediately apparent which complaints involve the most dangerous offenders. A defendant's potential for violent, dangerous, and even homicidal behavior, cannot be determined from a Protection From Abuse complaint/order, so vigilance is warranted in all cases to guard against these potentially dangerous persons. Therefore, the Panel recommends that the Judiciary keep in mind that every Protection From Abuse Order case could involve a homicidal defendant.
6. The Panel recommends that the Legislature, in concert with expertise from the Judiciary, consider the laws regarding access to juvenile adjudications and the possibility of allowing access to and use of that information by the Maine Department of Health and Human Services and the criminal justice system, including courts, prosecutors, and law enforcement agencies, for the purposes of determining appropriate diversion, interventions and sentencing for adult perpetrators.

Corrections

Observations:

- The Panel observes that probation is most effective when it is part of a coordinated community response to domestic abuse. Coordination of the various systems of intervention will result in better oversight and accountability of domestic violence offenders on probation.
- The Panel observes that probation officers who understand the dynamics of domestic abuse and the interaction of our systems of response to offenders and victims will be more effective in recognizing abusive tactics and holding probationers accountable.
- The Panel observes that incarcerated domestic violence offenders may benefit from a concurrent, focused intervention designed to educate them about their abusive behaviors and the impacts of abuse on adult and child victims, and to invite behavioral change.

Panel member expressed concern that the perpetrator may believe that he “slipped up” rather than seeing his behavior as ongoing abuse.

Recommendations:

1. The Panel recommends that probation officers be trained in the dynamics of domestic abuse and be made aware of the risks domestic violence offenders present to victims and others.
2. The Panel recommends, where practicable, and especially in more populated communities and in regions with Judicial Monitoring Domestic Violence Courts, that the Maine Department of Corrections assign dedicated domestic violence probation officers. Designated probation officers would oversee investigations, support prosecutions, and follow up with perpetrators and victims, as well as interact with other providers as needed.
3. The Panel recommends that jails across the state implement policies to prohibit domestic abuse offenders from direct or indirect contact with victims and witnesses involved in the cases, unless affirmative, monitored exceptions are in place from courts, victims, or witnesses.
4. The Panel recommends that perpetrators in prison for domestic violence crimes, or who are otherwise known to have used coercion, intimidation and abuse, attend educational programs such as Batterer Intervention Programs, in order to address their abusive behaviors.

After the homicide, the perpetrator’s friend said that he couldn’t understand why [the perpetrator] didn’t just leave.

Applause: The Panel applauds the Maine Department of Corrections for providing the Family Violence Education Program (FVEP) to appropriate domestic abuse perpetrators during their incarceration in prison. The FVEP is similar to a Batterer Intervention Program, but does not satisfy a requirement that a probationer attends a Batterer Intervention Program. Priority is given to those offenders who are known to have committed intimate partner violence.

Applause: The Panel applauds the Maine Criminal Justice Academy and the Maine Department of Corrections for adding training about domestic abuse, sexual assault and stalking to the Basic Corrections Officer Training.

Applause: The Panel applauds Maine’s Victim Compensation Program and the Maine Chapter of Parents of Murdered Children for providing helpful resources to surviving family members of domestic abuse homicide victims.

- For more information about the Maine Crime Victims’ Compensation Program, located in the Office of the Attorney General, please visit: http://www.maine.gov/ag/crime/victims_compensation/index.shtml
- For more information about the Maine Chapter of Parents of Murdered Children, please visit: <http://www.pomc.com/maine/index.html>

Public Awareness

Media –

After perpetrator killed his wife, he said to law enforcement, “I told her this was going to happen.”

Recommendations:

1. The Panel recommends that media reporting cases involving strangulation reference the behavior as “strangulation” rather than “choking.” Choking is an internal obstruction of the airway, while Maine statute defines strangulation as the external “intentional impeding of the breathing or circulation of the blood of another person by applying pressure on the person’s throat or neck” (17-A M.R.S. §208).
2. The Panel recommends that the media not minimize abuse or blame victims for perpetrators’ crimes by using pejorative language about a victim in a domestic abuse case, such as focusing on the clothing a victim was wearing at the time of the assault or in court.

3. The Panel recommends a statewide media campaign(s) to reach the public by:
 - Emphasizing the ongoing direct service and community awareness-raising work done by domestic violence resource centers statewide.
 - Highlighting the idea that the same sense of entitlement held by perpetrators and underlying domestic abuse homicides also underlies battering, coercive control, and abusive tactics arising from morbid jealousy. Continued interventions and education around the full range of coercive behaviors stemming from this entitlement may also prevent domestic abuse homicides.
 - Featuring the concept of the coordinated community response (CCR), which consists of victim service providers, health and human services professionals, legal system personnel, employers and batterer intervention program staff working in coordination to enhance victim safety and to ensure perpetrator accountability, as the most effective strategies to decrease domestic abuse. A media campaign could feature members of a CCR speaking against abusive behaviors and offering messages of accountability for offenders.

Employers –

Co-workers reported “that [the perpetrator] would call [the victim] at work multiple times a day.”

Observation:

- The majority of cases reviewed by the Panel included individuals who were employed. In some of those cases, victims reached out to their employers for support. In others, co-workers observed abusive behaviors by perpetrators. Employers, supervisors, and co-workers have the opportunity to engage in protective actions when framed by a comprehensive workplace response to domestic abuse. Employers who institute workplace domestic abuse policies foster a workplace culture of safety, and identify response strategies that increase safety and support for victims, as well as identify measures of perpetrator accountability. Likewise, employee assistance programs may provide assistance and interventions that reduce risk for employees who are victims, and employees who are perpetrators.

Recommendation:

1. The Panel recommends as a best practice for employers, the development of domestic abuse workplace policies and subsequent training of supervisors and employees. The training should include recognition of indicators or red flags for abuse, information about how abusers create workplace risks for employees, appropriate responses for co-workers and supervisors, and resources for employees who may be perpetrators or victims. Training should include information about responding to people in same-sex relationships. Employers

should provide trainings at new employee orientations and annually to employees, thereafter.

Applause: The Panel applauds the Maine Coalition to End Domestic Violence (MCEDV) for developing and delivering guidelines for workplace policies and specialized training across the state. Employers can easily access, customize, and implement these resources through the local domestic violence resource centers. The State of Maine and many other public, private and nonprofit organizations have utilized this policy consultation and training opportunity to create comprehensive workplace responses to domestic abuse.

Older Adults –

Observations:

- The Panel observes that parents or grandparents, living with or otherwise dependent upon their abusive adult children, may be hesitant to report the abuse for fear of jeopardizing their living situation or inciting their children.
- The Panel observes the growing need for elder services, such as appropriate housing options, social services, and home healthcare. Due to a lack of resources and services, family members often assume caregiving roles for their aging parents. Older adults and caregivers may find a lack of support and services, or any suitable options for respite, especially in rural areas.
- The Panel observes that when people in caregiving roles kill their intimate partners it may be difficult to determine whether the caregiving partners are also abusers in the broader contexts of the relationships. In the end, caregiving partners who kill their intimate partners have committed ultimate acts of control: homicide.

Panel member reflected that the perpetrator was accustomed to “ruling the roost” and being taken care of, not being the caretaker.

Recommendation:

1. The Panel recommends that elder services, such as appropriate housing options, social services, and home healthcare be developed to support the growing need of older adults and their caregiving family members. The Maine Department of Health and Human Services, Adult Protective Services, as well as the Area Agencies on Aging, and others providing services to older adults, are important stakeholders in both determining needs and developing services.

Stalking -

Observation:

- The Panel observes that victims of stalking are not required to notify stalkers that the behaviors are unwanted; nor do victims need to notify stalkers that they are requesting Protection From Abuse orders.

"I love you Babe, please forgive me" read the note the perpetrator left behind before he stalked and killed his estranged partner then committed suicide.

Bystanders -

Observations:

- The Panel observes that often in domestic abuse cases, friends, family members and co-workers are aware of risks related to domestic abuse and yet they fail to report incidents and concerns to law enforcement or Child Protective Services.
- The Panel observes that a perpetrator's abusive behavior may be so pervasive that people around the couple become desensitized to the perpetrator's manipulation and abuse, especially when alcohol abuse is involved.
- The Panel observes that when people makes threats to harm themselves, concerns and interventions would be most effective if directed to those people and to those people's intimate partners and family members.

Recommendations:

1. The Panel recommends that bystanders call local domestic violence resource centers for ideas about how to support a victim or hold a perpetrator accountable when there is a concern that someone is at risk of controlling or abusing a current or former intimate partner or other family member. Bystanders can also provide victims with contact information for local domestic violence resource centers. Additionally, bystanders may request that law enforcement officers carry out well-being checks on individuals who may be in danger.
2. The Panel recommends that when a friend, family member, co-worker or neighbor hears or observes possible signs of immediate danger or a crime being committed, including but not limited to suicidal statements, physical violence, threats, harassment or stalking, that bystander should call 911.

Homelessness -

Observations:

- The Panel observes that homelessness dramatically increases a person's risk of being targeted by a domestic and sexual abuse perpetrator. Victimization is also one of the primary causes of homelessness. Homeless victims of domestic and

sexual abuse may also encounter increased barriers to accessing supportive services.

- The Panel observes that homeless women who use substances may be at even higher risk from domestic and sexual violence offenders on the streets. Very few options for shelter exist. “Wet beds,” that may be used by people who are intoxicated but not disruptive, are extremely limited in number and stays may also be limited to hours.
- The Panel observes that domestic violence perpetrators may target victims who are homeless and on social security disability. Victims in this situation may benefit from the assistance of representative payees.
- The Panel observes that current best practice approaches for developing long-term housing solutions for the homeless include the successful “Housing First” approach. According to the National Alliance to End Homelessness, Housing First is an approach to ending homelessness that provides people experiencing homelessness with housing as quickly as possible and then provides additional services as needed. For more information visit: http://www.endhomelessness.org/pages/housing_first

Recommendation:

1. The Panel recommends that Maine Housing, the Statewide Homeless Council, the Maine and Portland Continuums of Care, the domestic violence resource centers, and sexual assault services continue to collaborate together and with other providers of shelter and/or services for people who are homeless.

Children

*Child told law enforcement officer,
“Dad stabbed Mommy in the
stomach.”*

Observations:

- The Panel observes that children of parents with substance abuse or addiction issues may be harmed by this exposure to addiction and often take on adult-like caregiving roles in their families.
- The Panel observes the intergenerational reach of domestic abuse homicide. When a perpetrator kills, surviving family members all around the victim experience severe impacts, including multiple generations above and below the victim.
- The Panel observes that children may experience cumulative traumatic effects from being exposed to domestic violence, including non-physical forms of abuse from the perpetrator such as manipulation, berating and verbal threats.

- The Panel observes that childcare providers have a responsibility to identify and protect infants and children from child abuse and neglect. Childcare providers often spend several hours a day with infants and children, and are in a unique position to witness the well-being, or bruising and injury, of infants and children.

Recommendation:

1. The Panel recommends that childcare providers be required to undergo specific training pertaining to the identification, monitoring, and prevention of child abuse in order to maintain their state licensure. In addition, information pertaining to mandatory reporting (to whom the laws apply, when the laws apply, and to whom to report) should be clarified in these trainings and made available to childcare providers who are not required to be licensed, as well as the public at large.

Appause: The Panel recognizes the Adverse Childhood Experiences Study (ACES). According to the ACES website “Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue.” For more information visit: <http://www.cdc.gov/violenceprevention/acestudy/index.html>

Department of Health and Human Services (DHHS)

Observation:

- The Cross Disciplinary Training Project, (Department of Health and Human Services, 1993 - 2007) was a statewide collaboration of social service professionals in the areas of domestic violence, substance abuse, child abuse and neglect, and mental health. This statewide project helped systems in the coordinated community response to domestic abuse develop working relationships and a greater understanding of available services. This training program also helped participating disciplines realize unforeseen barriers for victims to access services.

Recommendation:

1. The Panel recommends that DHHS reinstitute the Cross Disciplinary Training Project in which teams - consisting of domestic abuse advocates, substance abuse counselors and Child Protective Service social workers (aka caseworkers) provide training to specific audiences that interface with victims of domestic abuse: i.e. clergy, daycare providers, law enforcement officers.

Mandated Reporting –

Observations:

- The Panel observes that *any* kind of injury to an infant may involve serious harm. Maine’s mandated reporting law for suspected child abuse requires a report to Child Protective Services if a child under six months of age, or an otherwise non-ambulatory child, exhibits evidence of: a fractured bone; substantial bruising or multiple bruises; subdural hematoma; burns; poisoning; or injury resulting in substantial bleeding, soft tissue swelling or impairment of an organ (22 M.R.S. §4011-A(7)).
- The Panel observes that it is crucial to report any injuries or concerns regarding child abuse or neglect. Even if a person has doubts, or wants to trust the parents or caregivers, a report may provide the small piece that completes an already growing picture of what may be known about that child’s situation, and may tip the scale toward intervention.
- The Panel observes that when a potential exists for parents to lose custody of, or access to, their children, the parent who is a victim of abuse, as well as family members of the couple, may avoid reporting suspected abuse or neglect to Child Protective Services.
- The Panel observes that child protective cases involving abuse may reveal multiple sources of trauma, and that non-offending parents may benefit from support and safety planning services from the local domestic violence resource centers. Support for caregiving parents may be the most effective support for children.
- The Panel observes that in child protective cases, the current legal framework continues to hold victims and perpetrators similarly responsible for the harm perpetrators may cause their children. Bystanders and professionals often pressure victims to end relationships with perpetrators out of the belief that this will make both the victims and children safe. However, parental rights orders in Maine will, in many cases, allow substantial contact between perpetrators of domestic violence and their children. Therefore, the burden to protect children from perpetrators’ abuse continues to be placed substantially on the shoulders of victims. The Panel observes that victims of domestic abuse have no control over perpetrators’ abusive actions and that separation from perpetrators often increases the risk that perpetrators will commit further abuse. The most effective interventions focus on holding perpetrators accountable for their abuse and isolating perpetrators from the targets of the abuse, while providing comprehensive safety planning and practical assistance to victims.

When a perpetrator abused and ultimately killed his infant, a Panel member reflected that injury to infants should be rare, saying, “If they [children] don’t bruise, they don’t bruise.”

“He’s drawn his hand back, but he’s never actually punched me.” Mother said of father after he killed their infant son.

- The Panel observes that individuals, particularly non-professionals, may not realize they are mandated reporters for child abuse and neglect. Mandated reporters pursuant to 22 M.R.S. §4011-A(A-C) include, but are not limited to the following:
 - Child care personnel 22 M.R.S. §4011-A(A)(21).
 - A law enforcement official 22 M.R.S. §4011-A(A)(23).
 - A family or domestic violence victim advocate 22 M.R.S. §4011-A(A)(31).
 - Any person who has assumed full, intermittent or occasional responsibility for the care or custody of the child, regardless of whether the person receives compensation 22 M.R.S. §4011-A(B) (i.e. a grandparent who may intermittently babysit a grandchild).

- The Panel observes that in a child protective proceeding, a court may rely on a parent’s behavior with respect to one child in assessing whether another child in that parent’s care is also in circumstances of jeopardy (See In re Adrian D., 2004 ME 144, ¶12; In re Danielle S., 2004 ME 19, ¶4).

Applause: The Panel applauds the Child Protective Liaison Program which is a collaboration between the Office of Child and Family Services and the Maine Coalition to End Domestic Violence that reached 2,317 survivors of domestic abuse who were involved with the child welfare system in FY2015. The program works to create relationships between victims and advocates and help Child Protective Services social workers design safe and appropriate reunification plans for families.

Recommendations:

1. The Panel recommends that the Office of Child and Family Services continue to support and engage domestic violence resource center services through the Child Protective Liaison Program. This collaboration brings together Child Protective Services social workers, contracting agencies such as alternative response programs, domestic violence resource center advocates, and child protective liaisons, in order to help non-offending parents assess risks and safety plan to mitigate those risks.

2. The Panel recommends initiatives to encourage members of the public to report concerns about the health and welfare of children to Child Protective Services, regardless of whether they are named in statute as mandated reporters. Members of the public, as well as professionals, should report all conduct involving a threat to the health or welfare of a child, even when the conduct is not criminal. Pursuant to 22 M.R.S. §4011-A(1), mandated reporters are required to “immediately report or cause a report to be made to the department when the person knows or has reasonable cause to suspect that a child has been

or is likely to be abused or neglected or that a suspicious child death has occurred.”

3. The Panel recommends that legislation be developed to recognize domestic abuse as an aggravating factor as contemplated by the Child and Family Services and Child Protection Act. (22 M.R.S. s.4002 (1-B)(A)). Pursuant to 22 M.R.S. §4041(2)(A-1), the court can order that DHHS discontinue reunification efforts with a parent, either if the court finds an aggravating factor exists or if continuation of reunification efforts is inconsistent with the permanency plan for the child. Recognizing domestic abuse as a stand-alone aggravating factor provides notice to parents who commit domestic abuse that engaging in such conduct negatively impacts children as a matter of law and can trigger a request for a cease reunification order against them. By obtaining a cease reunification order, Child Protective Services social workers may focus on reunifying the non-offending parent with the children and potentially assist the non-offending parent in separating safely from the offending parent.
4. The Panel recommends that service providers and other mandated reporters who are engaged by Child Protective Services in the context of a child protective case to assist the parent in rehabilitation and reunification, pursuant to 22 M.R.S. §4041, receive training about the dynamics of domestic abuse, how domestic abuse and substance abuse co-occur, and how to identify signs of children’s exposure to domestic abuse. Training should offer information about community services that can help mitigate the effects of childhood trauma including domestic violence.
5. The Panel recommends that Child Protective Service social workers collaborate with their Assistant Attorney General to evaluate the potential for high risk in child protective cases.
6. The Panel recommends, and recognizes that as a matter of policy, Child Protective Services social workers, consistently and on every visit, perform a diligent and comprehensive investigation when assessing a report of suspected abuse or neglect. The well-being of all children in the household, regardless of parentage, should be investigated. All household members should be interviewed insofar as possible. In addition, the Department should assess on an ongoing basis whether additional trainings are necessary for social workers regarding signs of abuse and neglect.

Applause: The Panel recognizes the work of Office of Child and Family Services in offering the Community Partnerships for Protecting Children program, which brings families and communities together in a coordinated effort to expand a more collective capacity.

Prosecutions Involving Child Witnesses -

Observations:

- The Panel observes that in certain circumstances, a child survivor of domestic violence homicide may be called upon to testify in criminal proceedings regarding the behavior of one or both parents. The Panel recognizes the tension between the criminal justice system working with these children as witnesses to crimes, and recognizing and responding to them as traumatized, surviving family members of domestic violence homicides.
- The Panel observes that perpetrators and family members often try to influence the testimony of child witnesses, placing them in difficult and potentially damaging positions of divided loyalties during criminal proceedings.
- The Panel observes that relevant criminal conviction information may not be known in a Probate Court adoption matter.

Applause: The Panel applauds victim witness advocates for their generous and compassionate support of victims and surviving family members of victims.

Recommendation:

1. The Panel recommends that prosecutors, victim witness advocates, domestic violence resource center advocates, child welfare advocates, and DHHS collaborate to develop best practices and protocols to protect child witnesses from additional trauma and harm. Protocols should contemplate balancing the best interest of children against the need for children to testify. Protocols should also include consultation with community and professional supports to ensure children are protected from tampering, influence, and re-traumatization.

Applause: The Panel recognizes Taylor Tip Off, a non-profit organization in Maine formed for the purpose of creating a fund for the surviving children of domestic abuse homicide. According to their website, “after two years of supporting the Taylor sisters who tragically lost their parents to domestic violence in 2009, we established a new fund in 2011 to support other children across the state of Maine who lose their parents to domestic violence.” For more information, visit:
<http://www.taylortipoff.org/TaylorTipOff.org/HOME.html>

Maine Coalition to End Domestic Violence, Maine Coalition Against Sexual Assault & Wabanaki Women's Coalition

Observations:

- The Panel observes that domestic violence resource center advocates provide support to surviving family members of domestic abuse homicide victims, as well as community members, in a variety of ways, including vigils to address the community impact of homicide, and individual support for family members as they need it.
- The Panel observes that following a domestic abuse homicide, surviving family members may benefit from increased collaboration between domestic violence resource center advocates and victim witness advocates.
- The Panel observes that although the overwhelming majority of perpetrators of domestic violence homicide are male, both males and females can be perpetrators. Male victims and bystanders may not recognize the dangers posed by female or male offenders. Male victims may also experience unique pressures not to report abuse due to the perceptions of others about male victims. The resource centers of Maine Coalition to End Domestic Violence (MCEDV), the Maine Coalition Against Sexual Assault (MECASA), and the Wabanaki Women's Coalition (WWC) provide services to all victims regardless of gender.
- The Panel observes that domestic abuse in the lesbian, gay, bisexual, transgender, and questioning community often goes unreported. Support services from the MCEDV, MECASA and WWC resource centers, such as shelter, support, and court advocacy, are available to all victims regardless of sexual orientation or gender identity.

Recommendations:

1. The Panel recommends that domestic violence resource center advocates accompany victim witness advocates when visiting surviving family members in domestic violence homicide cases.
2. The Panel recommends that MCEDV, MECASA and WWC continue to offer primary prevention education within Maine's schools and communities, regarding healthy relationships and healthy sexuality. It is imperative that in addition to responding to individual perpetrators and victims, the culture shifts to promote social norms that support healthy relationships, rather than the still broadly-held beliefs and attitudes that support perpetrators of domestic and sexual abuse.

Applause: The Panel applauds the Maine Coalition to End Domestic Violence, the Wabanaki Women’s Coalition and the Maine Coalition Against Sexual Assault for their development of outreach materials and advocacy specific to male survivors, LGBTQ survivors, and integration of anti-discrimination messages in prevention education. These resources and services support those who experience domestic and sexual abuse, and the communities and service providers around them.

Applause: The Panel recognizes that offering services within incarcerated settings is an important way to support victims. One example in Maine includes the Family Crisis Services’ (FCS) “Incarcerated Women’s Program.” According to their website, FCS is “one of only a handful of domestic violence agencies in the county that offer such programs.” They further state that “in 2002, Family Crisis Services conducted a study which found that approximately 95% of incarcerated women were currently or previously in an abusive intimate relationship.” For more information, visit: <http://familycrisis.org/incarcerated-womens-program/>

Healthcare

Note: The following information is offered to support a committed shift in approach to patient care by the healthcare system in Maine. Best practices for responding to domestic abuse in the healthcare setting have existed for years, yet have not been comprehensively implemented in our state. The following section is formatted for healthcare providers and includes the Screening Guidelines from the Maine Chapter of Physicians for Social Responsibility.

Summary:

If a patient presents with chest pain radiating down the left arm, or other symptoms of a heart attack, health care providers drop everything and spend the time required to get the patient safe and stabilized with the intention of saving the patient’s life. Educating patients about domestic abuse, and assessing for this life threatening condition is extremely important as confirmed by the U.S. Preventive Services Task Force (USPSTF). Spending the extra time may prevent injury and save lives.

For many years, healthcare providers have been failing victims of domestic abuse because of inadequate or absent screening, assessment and education for victims while being seen. Victims need to know that their healthcare providers are an active part of a web of community systems that help them be safe. This web includes those working in criminal justice, mental health, childcare, faith communities, healthcare and others. Unfortunately, the healthcare system is one of the weakest links in Maine's

efforts to provide a coordinated community response to domestic abuse. Physicians, nurses, nurse practitioners, physician assistants, medical assistants in offices, nursing assistants in hospitals, physical therapists, home health aides and others, have a professional and ethical responsibility to meet the physical, emotional and safety needs of this patient population.

Research reveals that many providers fail to ask about domestic abuse in patients' lives because they do not know what to do if patients say "yes." Others simply have no education about safe assessment techniques and options available for victims.

Most importantly, the focus must be less on victims disclosing abuse, and more on providing information to all patients that help is available in many forms, from many systems, when patients are ready to access services.

The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence (IPV) and provide or refer patients who screen positive to intervention services. Available screening instruments can identify current and past abuse or increased risk for abuse, and intervention based on such screens prevents morbidity and mortality. Several instruments used in more than one study were highly sensitive and specific. (USPSTF, 2013)

It is uncommon for victims of abuse or violence to tell anyone what is happening to them. Therefore, when victims disclose to their healthcare providers by answering "yes" to questions about abuse (during conversations or by checking boxes on health history forms) providers have unique opportunities to provide support, information, and resources. Appropriate provider responses include asking follow up questions, validating the patient's experience, and assessing how the abuse may be placing the patient at emergent risk of life or chronically impacting the patient's or other family member's health and well-being. As part of a brief conversation, assessing immediate safety concerns, actively offering to help the patient connect with services available from the local domestic abuse resource center, and considering how current abuse may interfere with the patient's ability to follow through with any treatment plan is the minimum that must take place. Such understanding of a patient's circumstances makes it possible to identify the strategies and remedies most likely to be both effective and achievable for the patient. Future visits should include follow-up on abuse issues to assure the patient has access to the most effective services.

A healthcare provider's failure to ask about abuse inadvertently sends a message that a patient's experience of abuse is too overwhelming or not important. This failure supports a conspiracy of silence and contributes to a victim's isolation. Vague and nonspecific symptoms, such as chronic pain, headaches, depression, anxiety, urinary tract infections, and sleep disruptions, which are often typical of patients experiencing ongoing abuse, will continue to frustrate uninformed providers. On the other hand, an informed, proactive, supportive response from healthcare providers can inform healthcare plans, help link victims to services, and give patients practical assistance so

that they may be able to identify and act on options to escape their abusers and live both safer and healthier lives.

Applause: The Panel recognizes first response rescue workers and emergency medical technicians who respond to victims on a daily basis and do so with kindness and compassion, and with an understanding of the importance of thorough documentation.

Applause: The Panel recognizes the Radiology Department of Maine Medical Center for responding to the homicide of an infant by instituting a policy to ensure that a full-time radiologist will be on call at all times for x-rays.

Observations:

- The Panel observes that domestic abuse screening is inconsistent and more often is non-existent or completed inappropriately.
- The Panel observes that assessing patients for domestic abuse creates an opportunity for patients to share what they may be experiencing in their relationships and for the provider to offer referral information for support services.
- The Panel observes that some healthcare providers do not document domestic abuse when patients are involved in the legal system.
- The Panel observes that abusers who use strangulation against victims can cause anoxic encephalopathy - short and long-term cognitive and emotional impairment - in victims.
- The Panel observes that perpetrators often prevent victims of domestic abuse from seeking healthcare, or obstruct victims from making or following through with appointments, medication regimens, and treatment plans.
- The Panel observes that Medicare requires that all patients, regardless of age, be screened for suicidal tendencies, i.e. feelings of helplessness or hopelessness. Perpetrators who exhibit suicidal ideation and depression, and have access to firearms, can become lethal and may commit homicides and/or suicides.
- The Panel observes that depression and anxiety in perpetrators may mask homicidality.
- The Panel observes that caregivers of older, dependent adults may experience stress that may interfere with appropriate care and treatment. This in turn may

add to the feelings of helplessness and hopelessness in the dependent older adult.

- The Panel observes that as people age and/or when health deteriorates, many patients put into place advance healthcare directives. However, family members or other caregivers may not be aware of the directive or aware of depression and suicidality in their loved ones.
- The Panel observes that end-of-life planning emphasizes the wishes of people about the care they receive. Physician Orders for Life Sustaining Treatment is an approach to end-of-life planning emphasizing: “(i) advance care planning conversations between patients, healthcare professionals and loved ones; (ii) shared decision-making between a patient and his/her healthcare professional about the care the patient would like to receive at the end of his/her life; and (iii) ensuring patient wishes are honored.” (<http://www.polst.org/about-the-national-polst-paradigm/>).
- The Panel observes that appropriate screening for perpetrator behavior in the healthcare setting provides an opportunity to improve health for those patients, and also may contribute to the safety, or lack of safety and well-being, of victims.
- The Panel observes that perpetrators may point to their own traumatic brain injury (TBI) to explain their abusive behaviors toward victims; or perpetrators may claim that they need to use abusive behaviors to control a victim who has suffered a TBI. These behaviors serve offenders because they place the focus on victims rather than on themselves and their own behaviors.
- The Panel observes that electronic health records (EHRs) typically include several evidence-based screening questionnaires for common health issues that lend themselves to interventions for optimal health outcomes. For example, smoking habits, alcohol and other substance use, and depressed mood are typically included during the medical intake by self-administered questionnaires or by interview, and patient responses become part of the EHR. The healthcare provider is expected to follow-up on any affirmative responses by gathering a more complete history of the issue and offering education, support, referrals, and other appropriate interventions. In contrast, screening for intimate partner violence has not been routinely included in the EHR, and, if included, has not always been accomplished with evidence-based screening tools. As of January, 2013, the USPSTF recommends that healthcare providers screen all women of childbearing age for intimate partner violence using evidence-based questionnaires. Women with a positive response (“screen positive”) must be provided with, or referred for, intervention services. This recommendation is supported by research showing that a variety of interventions can be delivered

Perpetrator told law enforcement officer that the victim “bruised like a tomato.”

or referred by primary care, including counseling, home visits, information cards, referrals to community services, and mentoring support. Research indicates that the potential benefits of screening include reduction of exposure to abuse, physical and mental harms, and mortality.

- In the primary care setting, the screening questions regarding intimate partner violence often are posed by non-professional staff such as medical assistants. The Panel observes that such questions are of a highly sensitive nature and the individuals who ask the questions must do so skillfully and be prepared to respond appropriately.
- The Panel observes that healthcare providers generally define a “successful” outcome as having identified and “fixed” the chief medical complaint of the patient. For patients experiencing domestic abuse, however, such a definition does not describe the best practice approach for healthcare providers when responding to victims or perpetrators.

Recommendations:

Victim told law enforcement officer that “He [the perpetrator] won’t leave me alone.”

1. The Panel recommends that healthcare providers consistently screen all patients for domestic abuse, appropriately providing them with resource information. This universal education of all patients offers information to people who may know of family members or friends who are being subjected to abuse. Universal education also provides information to victims so that if and when they disclose, their needs are met and addressing their needs becomes part of long-term treatment plans.
2. The Panel recommends that healthcare providers redefine a “successful” outcome for a patient affected by domestic abuse as having provided information so that patient can make informed decisions. In addition, when a patient is a minor or an incapacitated or dependent adult, healthcare provider outcomes must include filing a report with the Maine Department of Health and Human Services.
3. The Panel recommends that healthcare providers recognize that the medical record is a legal document, and that it is important to assess and document the physical, emotional, and psychological needs of the patient. In addition, providers must be prepared for the possibility of testifying in court regarding medical records.
4. The Panel recommends that healthcare providers document in the medical record screening questions that were asked as well as patients’ statements about abuse that they may be experiencing. More specifically, “several screening instruments can be used to screen women for intimate partner violence. Those with the highest levels of sensitivity and specificity for identifying intimate

partner violence are Hurt, Insult, Threaten, Scream (HITS) (English and Spanish versions); Ongoing Abuse Screen/Ongoing Violence Assessment Tool (OAS/OVAT); Slapped, Threatened, and Throw (STaT); Humiliation, Afraid, Rape, Kick (HARK); Modified Childhood Trauma Questionnaire–Short Form (CTQ-SF); and Woman Abuse Screen Tool (WAST). The HITS instrument includes 4 questions, can be used in a primary care setting, and is available in both English and Spanish. It can be self- or clinician-administered. HARK is a self-administered 4-item instrument. STaT is a 3-item self-report instrument that was tested in an emergency department setting.” (USPSTF, 2013)

5. The Panel recommends that healthcare providers respond appropriately to patients who raise safety concerns, by providing domestic violence resource center referrals to patients and family members.
6. The Panel recommends that a patient’s record be “flagged” if appointments are frequently missed or cancelled, and if the patient has disclosed any type of abuse.
7. The Panel recommends that healthcare providers screen all patients for access to firearms, at the same time that they screen for depression, anxiety, and suicidal ideation. Access to firearms becomes especially dangerous when a patient or her/his partner has screened positively for depression or suicidality.
8. The Panel recommends that healthcare providers inform any patient who discloses domestic abuse about the increased risk when firearms are kept in the home.
9. The Panel recommends that healthcare providers listen for symptoms and, when present, assess for signs of subtle or significant cognitive changes since these could be linked to concussion, strangulation and anoxic injury to the brain.
10. The Panel recommends that screening older patients for depression and suicidal ideation is imperative, especially during times of transition from home to assisted living, home to living with an adult child, etc.
11. The Panel recommends that caregiver stress level be monitored by healthcare providers, case managers, and others, so that appropriate supports can be offered.
12. The Panel recommends that the Maine Coalition to End Domestic Violence develop a comprehensive domestic abuse training program for healthcare providers including medical assistants in physician offices, wellness clinics, urgent care offices, home health aides, Registered Nurses, Nurse Practitioners, physicians, and Physician Assistants.

Anoxic Brain Injury – Health Trauma and Non-Fatal Strangulation -

Observations:

- The Panel observes that traumatic brain injury (TBI) associated with blunt head trauma, and anoxic brain injury due to domestic violence strangulation, leads to cumulatively increasing cognitive impairment. Perpetrators who inflict head injury endanger victims with short and long term consequences, up to and including death. Perpetrators who inflict head injury on pregnant women endanger both mother and fetus.

- The Panel observes that repetitive head trauma within short periods of time (multiple hits) increases the injury to the brain. Each subsequent consecutive hit to the head requires less force to cause more profound and higher probability of permanent brain damage. Studies find that 30% of domestic abuse victims experience loss of consciousness (a severe concussion), with 67% of those reporting residual problems post head injury consistent with post-concussion syndrome (1).

- The Panel observes that non-fatal strangulation, especially when the victim loses consciousness, causes asphyxia to the brain – a lack of oxygen that causes diffuse brain cell damage. More than half of the perpetrators of non-fatal strangulation use strangulation repeatedly, and many perpetrators inflict multiple strangulations resulting in a loss of consciousness. Thus, abusers who strangle their victims inflict repetitive brain damage.

- The Panel observes that prior non-fatal strangulation is associated with 6+ fold odds of perpetrators committing attempted homicides and 7+ fold odds of perpetrators committing homicides (2).

- The Panel observes that perpetrators who use TBIs and strangulation as tactics of coercive control do so in order to debilitate victims and make it less and less likely that victims can effectively safety plan and/or escape.
Perpetrators inflicting TBIs in victims may cause the following cognitive problems:
 - Impaired attention span and concentration, forgetfulness and a lack of awareness of the deficits.
 - Short and long term memory loss.
 - Slowness/disorganization in thinking, decreased performance, problem-solving challenges.
 - Decreased functional ability to read and comprehend, write and even speak.
 - Impaired executive function: Problems planning, goal setting, temporally sequencing, prioritizing, initiating and finishing.
 - Easily overwhelmed with multiple sensory inputs/multitasking.
 - Reduction in abstract reasoning capacity and complex information processing.
 - Difficulty with new learning due to impaired short term memory.

Perpetrators inflicting TBIs in victims may cause the following emotional/behavioral problems:

- Impulsivity/disinhibition.
- Personality changes.
- Rapid mood swings, emotional lability, rage reactions, agitation, low frustration tolerance.
- Anxiety.
- Depression with flat affect.
- Impaired social judgment.

Perpetrators using non-fatal strangulation against victims may create chronic problems, including:

- Voice changes.
- Acid reflux.
- Tinnitus (ringing or buzzing in the ears).
- Dizziness.
- Memory loss.
- Changes in personality.
- Depression and/or anxiety.
- Post Traumatic Stress Disorder.
- Learning deficits and inability to concentrate.
- Development of stroke days, weeks, or years later.
- Development of Parkinson's disease later in life.

Recommendations:

1. The Panel recommends that as an integral part of healthcare screening, providers include questions regarding head trauma and post head trauma, signs of post-concussion syndrome with assessment of cognitive/emotional impairment, and questions about strangulation during a violent episode.
2. The Panel recommends that patients who have been subjected to domestic abuse or are known to have been strangled be properly assessed for injury using appropriate diagnostic tests.
3. The Panel recommends that health care providers obtain training about the physical process of strangulation, signs and symptoms, and the care and appropriate treatment of victims of strangulation.

REFERENCES

- 1) Corrigan JD, Wolf W, et al Early identification of mild traumatic brain injury in female victims of domestic violence. *Amer J Ob Gyn* 2003 May; 188(5):S71-S76
- 2) Glass N, Laughon K, *et. al.* Non-fatal strangulation is an important risk factor for homicide of women. *J Emerg Med* 2008 October; 35(3):329-335

Behavioral Health

Observations:

- The Panel continues to review cases that involve domestic violence perpetrators and victims with co-occurring domestic abuse, mental health and/or substance abuse issues.
- The Panel observes that substance abuse does not cause domestic violence. Perpetrators who receive and successfully complete substance abuse treatment likely will continue to be abusive when sober.
- The Panel observes that people struggling with mental health and/or substance abuse issues may be at greater risk of being subjected to domestic abuse and sexual assault, as well as sexual and financial exploitation. Mental health and/or substance abuse issues can overshadow domestic abuse, causing the domestic abuse to remain unseen and without response or intervention.
- The Panel observes that the co-occurrence of excessive substance use and violent behavior may indicate lethality and increased risk to a victim or perpetrator.
- In communities where use of illegal substances is prevalent, people may distrust community resources and may not see the systems of response, including law enforcement, as helpful resources.
- The Panel observes that for people who experience both domestic abuse and addiction, very limited resources exist, and sometimes there is no access to those services. Substance abuse treatment centers currently may operate with a four to six month waiting list for those with health insurance, and up to a nine month waiting list for those without health insurance. Lack of housing may be a barrier, because a perpetrator under contract with a treatment center is required to have a housing plan.
- The Panel observes that Primary Care Providers in rural areas are the frontline mental health providers. Thus, it is imperative that these healthcare providers understand the negative impact on health and development of chronic conditions for patients experiencing domestic abuse. In addition, these providers must understand the connection between suicidality and homicidality, as they are so often linked.
- The Panel observes that any loss of health insurance resulting in a person's inability to continue needed psychotropic medications and professional support could put the uninsured and others at risk. For example, suicidality and homicidality have been linked in previous Panel reports and in many studies. Any loss of psychotropic medication needed to address significant depressive symptoms could amplify future violence. Additionally, ceasing behavioral health

services for perpetrators, victims, or potential victims places them at increased risk.

Recommendations:

1. The Panel recommends that mental health/substance abuse providers (including Employee Assistance Program providers) receive training about:
 - The importance of securing as much background information (mental health, criminal history, etc.) on perpetrators and victims as possible, from as many sources as possible.
 - The risks of abusers re-offending.
 - The connection between substance abuse and domestic abuse.
 - Appropriate referrals to Batterer Intervention Programs rather than anger management.
 - Sources of other supportive resources for parents, friends, and partners.
 - Cultural competence regarding domestic abuse.
2. The Panel recommends that perpetrators of domestic abuse who also abuse substances be mandated by courts into substance abuse counseling/treatment and Batterer Intervention Programs.
3. The Panel recommends that mental health providers screen for signs of domestic abuse in all patients, whether as victims or offenders.

Screening Questions developed by Physicians for Social Responsibility – Maine Chapter

SCREENING QUESTIONS FOR POSSIBLE VICTIMS OF DOMESTIC VIOLENCE

While inquiring about abuse may seem difficult at first, recognizing that it is important, legitimate and potentially lifesaving to ask can help clinicians overcome their initial hesitations and become comfortable addressing domestic violence with their patients. Clinicians can help decrease a patient's potential discomfort by framing questions in ways that convey that he or she is not alone, that the provider takes this issue seriously, is comfortable hearing about abuse, and that help is available. With practice, each clinician will develop his or her own style of asking questions about abuse.

- 1. Framing Question.** Sometimes it feels awkward to suddenly introduce the subject of abuse, particularly if there are no obvious indications a person is being abused. The following are examples of ways providers can introduce the issue:
 - ❖ "We now know domestic violence is a very common problem. About 25% of women in this country are abused by their partners. Has this ever happened to you?"
 - ❖ "Because violence is common in women's lives, I now ask every woman in my practice about domestic violence."
 - ❖ "I don't know if this is a problem for you, but many of the women I see as patients are dealing with abusive relationships. Some are too afraid or too uncomfortable to bring it up themselves, so I have started to ask about it routinely."
 - ❖ "Because so many people I see in my practice are involved with someone who hits them, threatens them, continually puts them down, or tries to control them, I now ask all my patients about abuse."
- 2. Direct Questions.** However one initially raises the issue of domestic violence, it is important to include direct and specific questions:
 - ❖ Did someone hit you? Who was it? Was it your partner/husband?
 - ❖ Has your partner or ex-partner ever hit you or physically hurt you? Has he ever threatened to hurt you or someone close to you?
 - ❖ I'm concerned that your symptoms may have been caused by someone hurting you. Has someone been hurting you?
 - ❖ Does your partner ever try to control you by threatening to hurt you or your family?
 - ❖ Has your partner ever forced you to have sex when you didn't want to? Has he ever refused to practice safe sex?
 - ❖ Has he/she ever tried to restrict your freedom or keep you from doing things that were important to you? (like going to school, working, seeing friends or family)
 - ❖ Does your partner frequently belittle you, insult you, and blame you?
 - ❖ Do you feel controlled or isolated by your partner?
 - ❖ Do you ever feel afraid of your partner? Do you feel you are in danger? Is it safe for you to go home?
 - ❖ Is your partner jealous? Does he/she frequently accuse you of infidelity?
- 3. Indirect Questions.** In some clinical settings, it may be appropriate to start the inquiry with an indirect question before proceeding to more direct questions. The following are examples of this approach.
 - ❖ Have you been under any stress lately? Are you having any problems with your partner? Do you ever argue or fight? Do the fights ever become physical? Are you ever afraid? Have you ever gotten hurt?
 - ❖ You seem to be concerned about your partner. Can you tell me more about that? Does he/she ever act in a way that frightens you?
 - ❖ You mentioned that your partner loses his temper with the children. Can you tell me more about that? Has he ever hit or threatened to physically harm you or the children?
 - ❖ How are things going in your relationship/ marriage? All couples argue sometimes. Are you having fights? Do you fight physically?
 - ❖ You mentioned that your partner uses alcohol. How does he act when he is intoxicated? Does his behavior ever frighten you? Does he ever become violent?
 - ❖ Who do you live with? (Answer) Do they treat you kindly? Does s/he hurt you in any way?

- ❖ Like all other couples, same-sex couples have various ways of resolving their conflicts. How do you and your partner deal with conflicts? What happens when you disagree? What happens when your partner doesn't get his or her way?

If a Patient Does Not Acknowledge Abuse: If a patient says that abuse is not a concern, but the clinician is still concerned about abuse, a variety of issues may still be discussed. Let him/her know your concerns. Sometimes a patient may listen silently, without overtly acknowledging what is being said. In that case it is still helpful to offer some information about abuse. Make sure to provide the patient with a referral sheet or phone numbers. Encourage your patient to return if he or she has any problems in the future, and/or contact any of the resources that have been provided.

Appendix A: Enabling Legislation

Title 19-A M.R.S. §4013(4)

4. Domestic Abuse Homicide Review Panel. The commission [Maine Commission on Domestic and Sexual Abuse] shall establish the Domestic Abuse Homicide Review Panel, referred to in this subsection as the "Panel," to review the deaths of persons who are killed by family or household member as defined by section 4002.
- A. The chair of the commission shall appoint members of the Panel who have experience in providing services to victims of domestic and sexual abuse and shall include at least the following: the Chief Medical Examiner, a physician, a nurse, a law enforcement officer, the Commissioner of Health and Human Services, the Commissioner of Corrections, the Commissioner of Public Safety, a judge as assigned by the Chief Justice of the Supreme Court, a representative of the Maine Prosecutors Association, an assistant attorney general responsible for the prosecution of homicide cases designated by the Attorney General, an assistant attorney general handling child protection cases designated by the Attorney General, a victim-witness advocate, a mental health service provider, a facilitator of a certified batterers' intervention program under section 4014 and 3 persons designated by a statewide coalition for family crisis services. Members who are not state officials serve a 2-year term without compensation, except that of those initially appointed by the chair, ½ must be appointed for a one-year term.
- B. The Panel shall recommend to state and local agencies methods of improving the system for protecting persons from domestic and sexual abuse, including modification of laws, rules, policies and procedures following completion of adjudication.
- C. The Panel shall collect and compile data related to domestic and sexual abuse, including data relating to deaths resulting from domestic abuse when the victim was pregnant at the time of the death.
- D. In any case subject to review by the Panel, upon oral or written request of the Panel, any person that possesses information or records that are necessary and relevant to a homicide review shall as soon as practicable provide the Panel with the information and records. Persons disclosing or providing information or records upon the request of the Panel are not criminally or civilly liable for disclosing or providing information or records in compliance with this paragraph.
- E. The proceedings and records of the Panel are confidential and are not subject to subpoena, discovery or introduction into evidence in a civil or criminal action. The commission shall disclose conclusions of the review Panel upon request, but may not disclose information records or data that are otherwise classified as confidential.

The commission shall submit a report on the panel's activities, conclusions and recommendation to the joint standing committee of the Legislature having jurisdiction over judiciary matters by January 30, 2002 and biennially thereafter.

Appendix B: Maine Coalition to End Domestic Violence Resource Centers

Maine Coalition to End Domestic Violence

One Weston Court, Box #2, Augusta, ME 04330 www.mcedv.org 207-430-8334

Aroostook County

Hope and Justice Project

www.hopeandjusticeproject.org

P.O. Box 148

Presque Isle, ME 04769

Office: 207-764-2977

Hotline: 1-800-439-2323

Penobscot & Piscataquis Counties

Spruce Run-Womancare Alliance

www.sprucerun.net

www.wmncare.org

P.O. Box 192

Dover-Foxcroft, ME 04426

Office: 207-564-8166

P.O. Box 653

Bangor, ME 04402

Office: 207-945-5102

Hotline: 1-800-863-9909

Kennebec & Somerset Counties

Family Violence Project

www.familyviolenceproject.org

P.O. Box 304

Augusta, ME 04332

Office: 207-623-8637

Hotline: 1-877-890-7788

Cumberland County

Family Crisis Services

www.familycrisis.org

P.O. Box 704

Portland, ME 04104

Office: 207-767-4952

Hotline: 1-800-537-6066

Hancock & Washington Counties

Next Step

www.nextstepdvproject.org

P.O. Box 1466

Ellsworth, ME 04605

Ellsworth Office: 207-667-0176

Machais Office: 207-255-4934

Hotline: 1-800-315-5579

Androscoggin, Oxford & Franklin Counties

Safe Voices

www.safevoices.org

P.O. Box 713

Auburn, ME 04212

Office: 207-795-6744

Hotline: 1-800-559-2927

Knox, Lincoln Sagadahoc & Waldo Counties

New Hope for Women

www.newhopeforwomen.org

P.O. Box A

Rockland, ME 04841-0733

Office: 207-594-2128

Hotline: 1-800-522-3304

York County

Caring Unlimited

www.caring-unlimited.org

P.O. Box 590

Sanford, ME 04037

Office: 207-490-3227

Hotline: 1-800-239-7298

Appendix C: Maine Coalition Against Sexual Assault Member Centers

Maine Coalition Against Sexual Assault www.mecasa.org
25 Memorial Circle, Suite 302, Augusta, ME 04330 Phone: 207-626-0034

Statewide Sexual Assault Crisis & Support Line:
1-800-871-7741 (TTY: 1-888-458-5599)

National Human Trafficking Hotline:
1-888-373-7888

Aroostook, Hancock & Washington Counties
AMHC Sexual Assault Services (AMHC SAS)
Office only: 207-493-3361
www.amhc.org

Penobscot & Piscataquis Counties
Rape Response Services (RRS)
Office only: 207-973-3651
www.rrsonline.org

Androscoggin, Oxford & Franklin Counties
Sexual Assault Prevention & Response Services (SAPARS)
Androscoggin County Office: 207-784-5272
Oxford County Office: 207-743-9777
Franklin County Office: 207-778-9522
www.sapars.org

Kennebec & Somerset Counties
Sexual Assault Crisis & Support Center (SAC & SC)
Office only: 207-377-1010
www.silentnomore.org

Cumberland & York Counties
Sexual Assault Response Services of Southern Maine (SARSSM)
24 hr. Crisis & Support Line: 1-800-313-9900
Office only: 207-828-1035
www.sarsonline.org

Eastern Cumberland, Sagadahoc, Knox, Waldo & Lincoln Counties
Sexual Assault Support Services of Midcoast Maine (SASSMM)
Office only: 207-725-2181
www.sassmm.org

Androscoggin & Cumberland Counties
Immigrant Resource Center of Maine
(formerly known as the United Somali Women of Maine)
www.ircofmaine.org Office only: 207-753-0061

Appendix D: Wabanaki Women's Coalition Domestic and Sexual Violence Advocacy Centers

Wabanaki Women's Coalition

<http://www.wabanakiwomen.org/about-us/>

P.O. Box 365, Lincolnville, ME 04849

Office: 207-763-3478

Micmac Domestic and Sexual Violence Advocacy Center

7 Northern Rd., Presque Isle, ME 04769

Office: 207-760-0570 Hotline 207-551-3639

Maliseet Domestic and Sexual Violence Advocacy Center

690 Foxcroft Rd., Houlton, ME 04730

Office 207-532-3000 Hotline 207-532-6401

Passamaquoddy Peaceful Relations Domestic and Sexual Violence Advocacy Center

P.O. Box 343, Perry, ME 04667

Office: 207-853-0092 Hotline: 877-853-2613

Indian Township Passamaquoddy Domestic and Sexual Violence Advocacy Center

P.O. Box 301, Princeton, ME 04668

Office: 207-796-6106 Hotline: 207-214-1917

Penobscot Nation Domestic and Sexual Violence Advocacy Center

12 Wabanaki Way, Indian Island, ME 04468

Office: 207-817-3164, ext. 4 Hotline: 207-631-4886

Appendix E: “What to Do if You Suspect Someone is Being Abused” - www.mcedv.org

You’ve learned that your co-worker, friend, neighbor, or relative is being abused at home. What can you do to help?

Inform yourself. Gather all the information you can about domestic violence. This website is a great place to start; pay attention to the “Other Resources” sections to connect with further reliable sources of information.

Call the helpline. The eight Domestic Violence Resource Centers of the Maine Coalition to End Domestic Violence not only offer victims safety, but also provide advocacy, support, and other needed services. Victim’s advocates can be an excellent source of support for both you and the person you want to help. Do not call a project for an abused person. Call to educate yourself and find out how to be most supportive and helpful to someone who is being abused. “People have an absolute right to be free of bodily harm,” said Phyl Rubinstein, nationally recognized domestic violence expert formerly at the University of New England. “We must act on that belief.”

Ask the question... And believe the answer. Often, people experiencing abuse are experiencing isolation and control. They are frequently told that no one really cares what happens to them, or that no one will believe them. By asking them about their experience, without judgment or agenda, you are sending the message that you do care.

Initiating this conversation can be difficult. Some tips to help:

Tell what you see	"I noticed a bruise on your arm..."
Express concern	"I am worried about you."
Show support	"No one deserves to be hurt."
Refer them for help	"I have the phone number to..."

If your friend begins to talk about the abuse:

Just Listen: Listening can be one of the best ways to help. Don’t imagine you will be the one person to “save” your friend. Instead, recognize that it takes a lot of strength and courage to live with an abusive partner, and understand your role as a support person.

Keep it Confidential: Don’t tell other people that they may not want or be ready to tell. If there is a direct threat of violence, tell them that you both need to tell someone right away.

Provide Information, Not Advice: Give them the phone number to the MCEdV Helpline (1.866.834.HELP) or other local resources. Be careful about giving advice. They know best how to judge the risks they face.

Be There and Be Patient: Coping with abuse takes time. Your friend may not do what you expect them to do when you expect them to do it. If you think it is your responsibility to fix the problems, you may end up feeling frustrated. Instead, focus on building trust, and be patient.

Appendix F: Pretrial and Post-Conviction Use of Batterer Intervention Programs

Pretrial and Post-Conviction Use of Batterer Intervention Programs

Report to Maine's Joint Standing Committee on Criminal Justice and Public Safety
Pursuant to L.D. 150

Prepared by the Maine Commission on Domestic and Sexual Abuse -- February 2016

Executive Summary and Recommendations

Maine has a serious problem with domestic violence. 13,466 people received services from the member Resource Centers of the Maine Coalition to End Domestic Violence and the member Tribal Advocacy Centers of the Wabanaki Women's Coalition in 2015, including 696 men, and 277 children. Expressed another way, at least 13,189 batterers drove their intimate partners and children to seek refuge out of fear for their wellbeing – many in fear for their lives. And each year, half of Maine's homicides are related to domestic violence.

Citizens concerned about domestic violence in Maine are frustrated and angry when they see the harm batterers cause and demand that something be done to make batterers stop and give survivors both a sense of justice and a chance for life free from abuse.

Since the inception of the battered women's movement, people have been asking what can be done to keep batterers from repeating their controlling and violent behaviors. In addition to providing refuge and support for victims, advocates and their allies have sought ways to make batterers recognize the impact of their behaviors and change the underlying attitudes that they use to justify their violence. While no one has found the perfect answer, 40 years of program development, experience, and research shows that communities can make a significant difference by coordinating efforts across disciplines and systems to hold batterers to account for their actions.

Increasingly, Batterer Intervention Programs (BIPs) are recognized as an important part of a "coordinated community response," but questions persist: Do BIPs work? Who should be sent to a BIP? Should (and if so how) BIPs be integrated with the criminal and civil justice systems? If so, how long should people be required to participate? How should these programs be conducted? How does an offender's participation in a BIP affect their victim(s)? Are BIPS affordable for participants? Who should pay the cost of running BIPs? These questions and more underlay the legislative resolve that framed this report.

Legislative Charge

By order of the legislature, by way of L.D. 150, Chapter 15 Resolves, the Maine Commission on Domestic and Sexual Abuse was asked to “review pretrial and post-conviction use of batterers’ intervention programs, including the length of successful programs and sanctions and incentives to encourage full participation. The review was to consider the potential to use batterers’ intervention programs before trial, during a period of deferred disposition and after conviction.” The Commission was also asked to provide recommendations and suggested legislation.

LD 150 Task Force Observations and Recommendations

The Task Force explored current batterer programs offered throughout Maine, conducted an extensive literature search regarding effectiveness and best practices, heard input from survivors and used expertise within the Task Force to develop its observations and recommendations:

1. The three-fold motivation for developing Batterer Intervention Programs (BIPs) continues to be valid. A BIP uniquely addresses these objectives:
 - a. To provide a mechanism to address victims’ wish that batterers would recognize the impact of their behavior, stop the violence, and thereby improve the well-being of their partners and children;
 - b. To provide batterers with an opportunity to recognize and change their abusive behavior, improving the quality of their own lives and those around them, and;
 - c. To provide the criminal justice system with an appropriate education mechanism that would both increase public safety and minimize the incarceration of offenders.

Survivors provided important perspective to the task force. One respondent said of her partner’s participation in a BIP, “It is one time during the week when we both know that he is trying to make our relationship better for us.”

When a BIP positively impacts batterers’ behavior, survivors experience relief, including increased respect and appreciation, indicating that when BIPs work well, the programs impact participants’ attitudes as well as behaviors. But when the BIP does not connect well with participants, batterers’ behaviors can worsen, indicating the ongoing need for consistent justice system interventions, robust victim services, and monitored adherence to BIP certification standards.

2. Batterer Intervention Programs are often judged in isolation while their effectiveness is dependent upon a coordinated community response functioning overall to hold individuals to account, providing consistent messages to support respectful, non-violent behavior.

The Hornby Zeller Report to the Judicial Branch in Maine recognized Coordinated Community Response (CCR) – “[c]reating strong linkages with a wide range of partners, convening regular meeting with criminal justice and social service partners, and providing education and training to court personnel and partners”² – as one of the core principles of the Domestic Violence or Judicial Monitoring Docket. Maine, however, lacks consistent implementation of CCR teams and practices.

A CCR involves all those who interact with batterers providing consistent messages of accountability, including the batterers’ families and peers. BIP providers in Duluth, MN asked 16 men participating in their BIP: “When you were arrested, who was the first person you called? What did they say?” Only one of the men said that the person they called said anything negative about what the offender had done. All the others heard messages that minimized the incident, transferred blame to the victim, and supported the offender’s anger at having been arrested.³

3. Maine’s courts are ordering 7 out of 10 (68-72%) batterers to anger management and other programs as a condition of probation instead of to a BIP, while only BIP is certified and contextualized within a system of accountability to the community it serves. Battering is about power and control, not anger.

Fundamentally, batterers believe that they are in a position of ownership of their intimate partners (and children) and are entitled to a special status that provides them with exclusive rights and privileges that do not apply to their partners, enforcing unrealistic rules, and placing their own needs first in all things. Anger management counseling does not focus on changing the underlying beliefs and values that frame batterers’ justifications for their anger, lacks evidence of effectiveness, and can increase danger to victims.

4. There is substantial research to support Batterer Intervention Programs as an effective contributor to the individual and social change necessary to reduce the occurrence of domestic violence, improving the lives of Maine’s families. Furthermore, “[t]here is no evidence that anger management ... programs effectively prevent court mandated abusers from re-abusing or committing new offenses after treatment.”⁴
5. BIPs have minimal resources and are dependent upon participant fees to cover all program costs, which inhibits their ability to sustain and improve programming.

BIPs rely on participant fees and “in-kind” support to sustain them, in part to ensure that no resources intended to assist victims are diverted to supporting batterers. Nevertheless, Task Force members agree with the following 2015 editorial from the

² Domestic Violence Docket, *Process and Recidivism Report*, Hornby Zeller Associates for the Maine Judicial Branch, September, 2015:29 (hereinafter “Hornby Zeller Report”), accessed at http://www.courts.maine.gov/reports_pubs/reports/pdf/Domestic%20Violence%20Docket%20Process%20and%20Recidivism%20Report.pdf.

³ Scaia, Melissa, E.D., Duluth Abuse Intervention Program, training delivered in Augusta, Maine, Dec. 8, 2015.

⁴ Klein, Andrew, “Practical Implications of Current Domestic Violence Research, Part III, Judges, Document No.: 222321 (April 2008): 49 (hereinafter “Klein Practical Implications Judges”).

Bangor Daily News: “Policymakers need to address the cost of batterers’ intervention for those offenders who truly cannot afford the [weekly] charge. Several programs charge on a sliding-fee schedule. ... It would not take a large state investment to increase the availability and use of batterers’ intervention programs.”⁵

6. There is minimal data tracking what happens to offenders from arrest through final disposition in the criminal justice system. What data exists is fragmented and incomplete, inhibiting efforts to develop a comprehensive picture of Maine’s criminal justice system response to domestic violence.

An annual report, required by state law, compiling data from domestic violence prosecutors statewide has not been submitted to the three specified legislative committees for several years.⁶ Recent implementation of a common computer data collection system in all District Attorney’s Offices may make it possible to generate reports that would track the specific conditions of probation in domestic violence cases so that we might better assess BIP impact on public safety.

7. When women use violence against a male intimate partner, it tends to differ from men’s violence against female partners. Frequently, women who are arrested for domestic violence crimes have been battered, usually by the same men against whom they used violence.

Maine’s BIPs for women use models that take into account whether there was a context of battering in which female offenders used criminal violence to resist rather than impose power and control. These programs provide the court with an appropriate avenue for female offenders who are also victims of contemporaneous battering to participate in gender specific programs that both address their use of criminal violence and their needs for protection from batterers and long term support to establish lives free from abuse and violence.

Recommendations Regarding Program Approach

1. Retain the gender-based, educational approach currently used in Maine certified Batterer Intervention Programs as appropriate for the vast majority of batterers.
2. Allow voluntary use of pretrial participation in a certified Batterer Intervention Program.
3. In a domestic violence related case, Deferred Disposition with a Batterer Intervention Program as a condition should *only* be used if monitored by a Judicial Monitoring program and supervision by a community agency is also ordered (especially if other conditions are included).

⁵ Bangor Daily News, Editorial, Jan. 6, 2015, <http://bangordailynews.com/2015/01/06/opinion/editorials/batterers-intervention-works-maine-should-use-it-more/>

⁶ 5 M.R.S. §204-A requires the Attorney General, working with the district attorneys of the State, to submit an annual report that compiles data from domestic violence prosecutors statewide to the joint standing committees of the legislature with jurisdiction over criminal justice, the judiciary and appropriations.

4. Retain the current program duration of 48 weeks based on the time required for the educational process and behavior change.

5. Maintain the current model of independent offender funded BIPs, but create a statewide fund to support truly indigent participants identified through meaningful means testing.

Recommendations Regarding Best Practices for Improving Program Outcomes

6. Create a solid program infrastructure for BIPs in Maine through the coordinated community response structure.

- a. BIPs are key components of a coordinated community response to domestic violence. More formalized CCR teams should be implemented in all prosecutorial districts.
- b. Identify and support funding for teacher training and for BIP representatives to attend CCR meetings and Judicial Monitoring sessions.
- c. Continue implementation within the framework of batterer program certification standards.

7. Require judges to make findings on the record in a domestic violence related case that justify: 1) a disposition that does not include a BIP; and 2) a disposition requiring Anger Management. A new general sentencing provision should identify BIPs as the appropriate effective community intervention in such cases.

8. Oversight of BIP participants through Judicial Monitoring and community supervision with a “swift and certain” sanction for non-compliance is key to positive batterer program outcomes. Judicial Monitoring dockets should be implemented statewide, which will require additional resources for judge time and court clerks.

9. High-risk batterers require ongoing risk management and supervision. Referral agencies should provide risk assessment information to BIPs.

10. Engage diverse community members in a way that is culturally competent and safe for the participants. Diverse populations must be integrated through training and preparation of BIP facilitators to create an inclusive environment reflecting the populations local to the programs.

11. Continue BIP standards accommodation of programming specific for women that acknowledge differences between men and women’s use of violence

7. Implement a process to ensure that prosecutors submit the required annual domestic violence report to allow meaningful review by the legislative joint standing committees specified in existing law. In addition, prosecutors should include the use of certified Batterer Intervention Programs in their written policies⁷ for handling domestic violence matters.

⁷ 19-A M.R.S. §4012 (8) requires that each prosecutorial office have a written policy regarding prosecution of domestic violence cases.

Appendix G: Maine Certified Batterer Intervention Programs

Androscoggin, Franklin, & Oxford Counties:

Alternatives to Abuse (Safe Voices; BIP Coordinator: Angela Desrochers)
(male program) (female program)
PO Box 713, Auburn, ME 04212
Tel: 207-795-6744

Aroostook County:

Northern New England Community Resource Center
(male program) Director: Charles Moody

Choices (female program) Director: Desiree Chasse
P.O. Box 164, Houlton, ME 04730
Tel: 207-694-3066

Cumberland County:

A Different Choice (male program) Director: Ellen Ridley
P.O. Box 6413, Scarborough, ME 04070-6413
Tel: 207-318-2313

Opportunity for Change (male program) Director: Mary Campbell
Suite 140, 222 St. John St, Portland, ME 04102

Cumberland & Sagadahoc Counties:

Choices – The Men’s Group (male program) Director: Mary O’Leary
14 Maine St., Brunswick, ME 04011
Tel: 207-240-4846 Tel: 207-373-1140

Hancock County:

Choice V (male program) Supervisor: Astor Gillis

Turning Points (female program) Directors: Astor Gillis & Angie Butler
59 Franklin St., B, Ellsworth, ME 04605
Tel: 207-667-2730

Kennebec & Somerset Counties:

Menswork (male program) Director: Jon Heath
P.O. Box 304, Augusta, ME 04332-0304
Tel: 207-620-8494

Respect ME (female program) Director: Robert Rogers

Knox, Lincoln & Waldo Counties:

Choices – The Men’s Group (male program) Director: Mary O’Leary
14 Maine St., Brunswick, ME 04011
Tel: 207-240-4846 Tel: 207-373-1140

Time for Change (female program)
93 Park St, Rockland, ME 04841
Tel: 207-594-0270

Penobscot County:

Penobscot County Batterers' Intervention Program
(male program) Director Kathryn Maietta
One Cumberland Place, Suite 104, Bangor, ME 04402
Tel: 207-217-6588 Fax: 207-217-6587

Piscataquis County:

DV Classes for Men (male program) Director: Betty Carolin
Charlotte White Counseling Center
572 Bangor Rd., Dover-Foxcroft, ME 04426
Tel: 888-564-2499 Annex: 207-564-7106 Fax: 207-564-8137

Washington County:

Alternatives to Abuse (female program) Director: Dorathy Martel
P.O. Box 1466, Ellsworth, ME 04605
Tel: 207-667-0176

York County:

Violence No More (male program) Director: Martin Burgess
110 Saco Falls Way, Suite 425, Biddeford, ME 04005
Tel: 207-283-8574

Caring Unlimited (female program) Director: Cynthia Peoples
P.O. Box 590, Sanford, ME 04073
Tel: 207-490-3227

Appendix H: Definition of Domestic Abuse

Maine statute Title 19-A M.R.S. §4002(1) defines domestic abuse as:

1. Abuse. "Abuse" means the occurrence of the following acts between family or household members or dating partners or by a family or household member or dating partner upon a minor child of a family or household member or dating partner:

A. Attempting to cause or causing bodily injury or offensive physical contact, including sexual assaults under Title 17-A, chapter 11, except that contact as described in Title 17-A, section 106, subsection 1 is excluded from this definition;

B. Attempting to place or placing another in fear of bodily injury through any course of conduct, including, but not limited to, threatening, harassing or tormenting behavior;

C. Compelling a person by force, threat of force or intimidation to engage in conduct from which the person has a right or privilege to abstain or to abstain from conduct in which the person has a right to engage;

D. Knowingly restricting substantially the movements of another person without that person's consent or other lawful authority by:

- 1) Removing that person from that person's residence, place of business or school;
- 2) Moving that person a substantial distance from the vicinity where that person was found; or
- 3) Confining that person for a substantial period either in the place where the restriction commences or in a place to which that person has been moved;

E. Communicating to a person a threat to commit, or to cause to be committed, a crime of violence dangerous to human life against the person to whom the communication is made or another, and the natural and probable consequence of the threat, whether or not that consequence in fact occurs, is to place the person to whom the threat is communicated, or the person against whom the threat is made, in reasonable fear that the crime will be committed; or

F. Repeatedly and without reasonable cause:

- 1) Following the plaintiff; or
- 2) Being at or in the vicinity of the plaintiff's home, school, business or place of employment.

Appendix I: Augusta Police Department's Domestic Abuse Information Card

Augusta Police Department

Information for Victims of Domestic Abuse

The Augusta Police Department recognizes the seriousness of crimes committed between family/household members. It is the policy of this agency that we combine the use of appropriate community services with enforcement of the laws to: (1) break the cycle of domestic violence by preventing future incidents, and (2) protect victims of domestic violence and provide them support. As a victim of domestic abuse, there are several things that you should know:

1. We will make all reasonable attempts at notifying you once we have been advised of the defendant's release from jail. It is extremely important that you provide the Augusta Police Department with your personal contact information so that we can reach you once the defendant is released on bail. You may call the Augusta Police Department (626-2370) if you wish to check on an individual's bail status.
2. In circumstances where it becomes necessary for you to temporarily leave the residence, we will offer you assistance in locating lodging with family, friends, in public accommodations, or at a domestic violence shelter/safe home.
3. We will offer you assistance in retrieving personal belongings, limited to clothing, children's clothing, toiletry items and other reasonable personal belongings. Arrangements can be made by calling the Augusta Police Department (626-2370).
4. You may be able to get an emergency protection from abuse order from a District or Superior Court. This may be done without a lawyer. For more information about this process you may contact the Family Violence Project, a local domestic abuse advocacy group at 621-6372 or the Kennebec County Victim Witness Advocate at 623-1156

If at any time you have questions about your case or your rights as a victim, please contact any of the following:

- Augusta Police Department – (207) 626-2370 (24 hours)
- Family Violence Project – HOTLINES 623-3569 (9-5) or Toll Free 1-877-890-7788 (24 hours)
- Kennebec County Victim Witness Advocate (207) 623-1156

Augusta Police Department

Information for persons charged with domestic assault or related offenses

The Augusta Police Department recognizes the seriousness of crimes committed between family/household members. It is the policy of this agency that we combine the use of appropriate community services with enforcement of the laws to: (1) break the cycle of domestic violence by preventing future incidents, and (2) protect victims of domestic violence and provide them support.

If you were removed from a residence you share with the complainant/victim and your conditions of release prevent you from returning, being at or remaining at that residence – you may have the option of returning one time with a police officer for the sole purpose of retrieving personal items limited to clothing, toiletry items and other reasonable personal belongings.

Please keep in mind that the Police Department is required to provide ample notice to the complainant/victim of your request. In some instances that may require 24 hours notice from the time of your request.

You are encouraged to contact a family member, mutual friend, co-worker or other appropriate person who can assist you in retrieving your property. In many instances this method is quicker and presents fewer complications.

It is required that you understand and accept the following before an officer will escort you to the residence:

1. You must abide by all provisions of your condition of release;
2. You must be able to enter the residence without causing any damage or disruption;
3. You must agree to a time limit of fifteen (15) minutes;
4. You must agree that the purpose of this is to retrieve personal care items what will be needed for the next several days and not for the purpose of removing large items (such as a television, computer, tools or vehicles – unless required for employment);
5. You must agree not to engage in any unlawful conduct; and
6. You must agree to accept the direction of the police officer which may include his/her directing you to leave the residence.

Any violation or refusal to abide by the conditions listed above may result in your being arrested.

The police officer will not divide nor debate the ownership of property. The purpose of this is to retrieve personal care items only. The decision of the officer is final.

Questions? Call 626-2370 and ask for a supervisor.