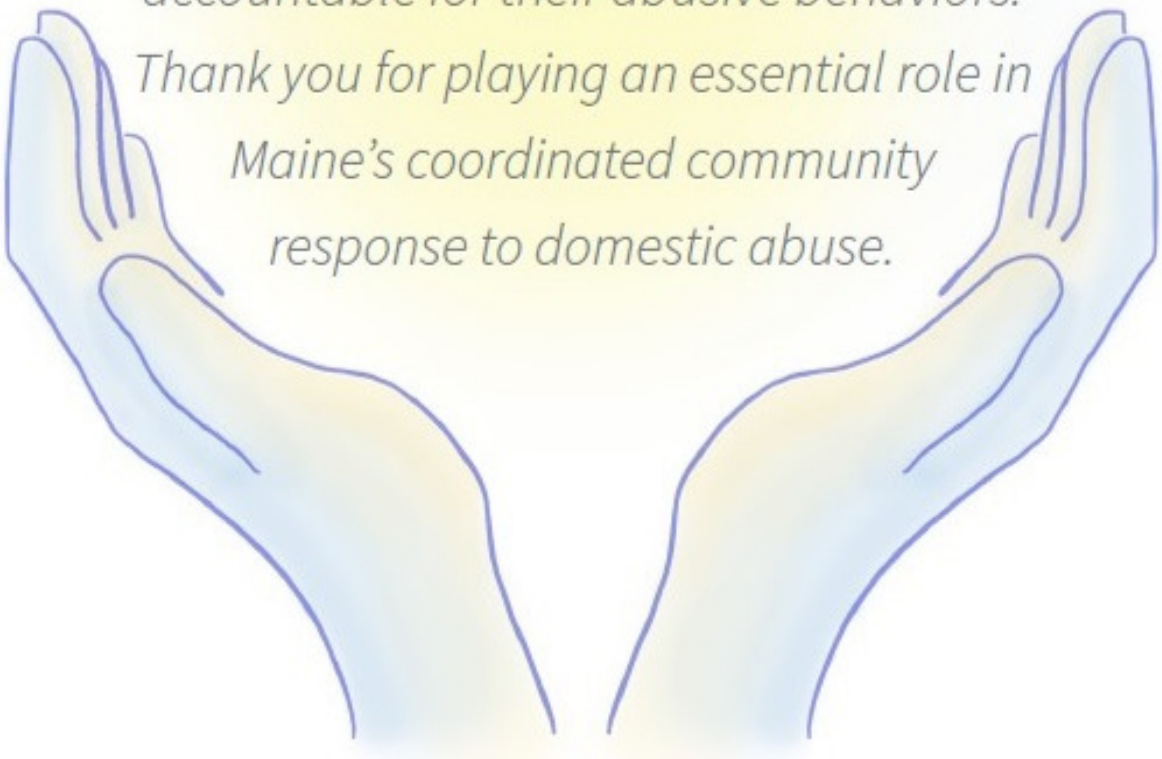
The 10th Report of the
Maine Domestic Abuse Homicide Review Panel
APRIL 2014

Building Bridges Towards Safety and Accountability

to End Domestic Violence Homicide

Dedicated to Maine's law enforcement personnel for their diligence in, and commitment to, empowering, supporting, and protecting victims of domestic abuse and for holding domestic abuse offenders accountable for their abusive behaviors. Thank you for playing an essential role in Maine's coordinated community response to domestic abuse.



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Foreword by Attorney General Janet T. Mills

No Excuse!

"If you really love me, you'll stay."
"I didn't *mean* to hurt you. You know I'd never hurt you on purpose…I *love* you so much!"
"I really miss the kids. Don't they miss me? Please don't keep them away from me."
"You're the only one who's ever cared about me. I *can't* live without you."
"If you leave me, I'll have no reason to go on."
"We really need to talk this over. Please, let's just talk. I just really need to see you."
"We were so great together. Don't you love me anymore? How can you give up on us, on everything that we've been together?"
"Meet me this afternoon and I'll give you back your cell phone."
"You made me do it, you know. It's because I love you so much, I can't stand to lose you."
"If I can't have you, nobody else will! Nobody else will love you like I do."

Do these phrases sound familiar? They are hauntingly familiar to the members of the Domestic Abuse Homicide Review Panel. Of the 21 cases reviewed by the Panel over the past two years, domestic violence perpetrators made statements like these in nearly every case.

Some of these statements seem innocuous. Some sound like terms of endearment, others expressions of naked self-pity. But in the context of an abusive relationship, these utterances are veiled threats of violence, with a strong undercurrent of manipulation and control, sprinkled with talk of self-destruction, pleas for sympathy and expressions of professed affection. These statements are all designed to get attention, to make a person feel guilty and fearful, to entice a victim back into a web of lethal violence.

Using texts, phone calls and messages through third parties, perpetrators used these pleas for sympathy and threats of suicide to manipulate victims into fatal contact. The results—for children, neighbors, community, friends, family and the victim—were devastating.

Recognizing the signs of abuse—manipulation, self-pity, talk of suicide—is key to preventing homicide. Friends, family and co-workers must be on the lookout for these danger signs to help stop domestic violence in our state.

Going to a funeral and thinking, "I'm so sorry, I should have known," is no substitute for intervention, no replacement for prevention. Sorrow and regret do not help the children who are left without a parent or the parents and siblings, the neighbors, friends and the community who have lost a valuable individual to preventable violence.

Maine is a rural state. People are isolated, particularly those who are victims of abuse. Please lend an ear. Then lend a hand. When you hear somebody say they don't care about living any more, when you hear that someone is upset and angry over a breakup, take it seriously. Know the danger signs. Get help for the person in danger. Sorrow, self-destruction and self-pity are no excuse for abuse; they are not an excuse to kill. Be a friend. Save a life.

My thanks to the dedicated members of the Domestic Abuse Homicide Review Panel for the time, experience and insights they have contributed to the endless work of preventing domestic violence in our lifetimes. They *are* saving lives.

Introduction by Panel Chair
Lisa J. Marchese, Assistant Attorney General

It is my honor to introduce the 10th Report of the Maine Domestic Abuse Homicide Review Panel – *Building Bridges Towards Safety and Accountability*. As the Chair of the Domestic Abuse Homicide Review Panel, I am invited biennially to draft an introduction to the Report. This year, I want to take the opportunity to recognize the Panel members who have made this report possible. The Statute governing the Domestic Abuse Homicide Review Panel mandates that the Panel submit a report on the Panel's activities, conclusions and recommendations to the Legislature every two years. This report reflects hours upon hours of work by a tireless, devoted group of Panel members who share the common goal of recommending system changes to improve and save lives of domestic abuse victims and hold abusers accountable. This report, more than any other, reflects the dedication of 30 hardworking professionals who have devoted their time, wisdom and energy to study domestic abuse through case review. These wonderful people show up at the monthly meetings to honor and understand the events that lead to the homicide(s). The findings from these meetings lead to the observations and recommendations that you will find in this report. Those of you that have followed the work of the Panel and the biennial reports will notice that this report is longer and more substantive than any prior report. For the first time, Panel members formed groups by their respective disciplines to draft observations and recommendations to effectuate change within their specialized field. The result is a more comprehensive report reflecting the wisdom and collaboration of the experts on the Panel. Please take a moment and look at the names of the Panel members on pages 7 and 8 of this report. They are deserving of our thanks and recognition.

After the release of the Report, the Panel will continue to review cases for the 11th Report and will begin work on the implementation of the recommendations from the 10th Report. I would like to thank the members of the Maine Commission on Domestic and Sexual Abuse for their work on implementation of the recommendations from the 9th Report and look forward to again partnering with them for implementation of the recommendations from the 10th Report.

The Panel is most fortunate to have Susan Fuller as Panel Coordinator. This report would not have been possible without her patient, thoughtful approach to the process of respecting the opinions and concerns of all Panel members. We cannot begin to thank her appropriately for the countless hours she devoted to this report. Additionally, she makes the process far easier with her delicious homemade cookies and ever-present candy.

Finally, I would like to recognize Kate Faragher Houghton, Polly Campbell and Valerie Stanfill for their patience and editing skills and Sophia Corinne Sarno for her amazing artwork.

Message from Panel Coordinator
Susan E. Fuller

The title of the 10th Biennial Report, *Building Bridges Towards Safety and Accountability to End Domestic Violence Homicide,* implies an action, and that action involves members of our communities here in Maine working together in order to create a coordinated community response to domestic abuse.

One of the ways our community members can work together is in the form of Domestic Abuse Task Forces. Members in these task forces vary from county to county. Typically, gathered around the table are law enforcement officers, domestic abuse advocates, sexual assault advocates, and professionals representing healthcare, behavioral health, substance abuse and other community programs.

Task force members use this forum to share information regarding challenges or barriers they encounter in their efforts to address domestic abuse effectively; ultimately, working together to find solutions for supporting victims and for effectively holding offenders accountable for abusive behavior.

I had the good fortune to attend several of the domestic abuse task force meetings around the state. In each community, I shared the findings of the Panel's previous report and learned about the promising strategies that respective communities are implementing.

I discovered that task force members collaborated on a wide range of issues from Domestic Abuse Awareness Month activities to high-risk response teams. In fact, several high-risk response teams have formed from the task forces, which in turn allow responders to focus resources where they believe the greatest danger exists.

Keeping victims safe and holding offenders accountable are both critical factors that must exist for us to succeed in our efforts to end domestic abuse homicides. Therefore, this 10th Biennial Report comes with an invitation to join in Maine's coordinated community response to domestic abuse.

Maine Domestic Abuse Homicide Review Panel Membership 2014

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***required by enabling legislation**

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Executive Director,
Maine Coalition Against Sexual Assault

Acknowledgements

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

Ron Gastia, Former Chief of Police, Bangor Police Department
Marvin Ellison, Professor Emeritus of Christian Ethics, Bangor Theological Seminary, Director of Alumni Relations for Union Theological Seminary
Denise Giles, Former Victim Services Coordinator, Department of Corrections
Susie Miller, Former Victim Witness Advocate, Office of Attorney General
Karen Elliott, Former Director, Adult Protective Services, Department of Health and Human Services

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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 an overview of 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 tragedies in order to identify potential trends about 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 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 review of domestic abuse related homicides for the purpose of developing recommendations for state and local government and other public and private entities to improve the coordinated community response that will protect people from domestic abuse.

Summary of Case Data

Introduction

In 2012, there were twenty-five homicides, eleven of which the Department of Public Safety categorized as "Domestic" homicides; in 2013, there were twenty-five homicides twelve of which were categorized as "Domestic" homicides. Thus over these two years, there were twenty-three "Domestic" homicides equaling 46% of Maine's total homicides.

The Panel reviews domestic abuse homicide cases after sentencing or acquittal, with the exception of homicide-suicide cases, which are reviewed after their investigations are complete.

The homicide cases reviewed by the Panel and deemed a result of domestic abuse included intimate partner homicides as well as intrafamilial homicides. For the purposes of this report, "intimate partner homicide" involves the killing of a current or former 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.

Number and Nature of Cases Reviewed

During 2012 and 2013, the Panel reviewed twenty-one homicide cases that occurred between April 2009 and September 2013. Three of those homicides occurred in 2009, seven in 2010, six in 2011, three in 2012, and two in 2013.

Of the twenty-one cases reviewed, seventeen were intimate partner homicides and four were intrafamilial homicides. The homicide cases reviewed involved twenty-one perpetrators and twenty-seven victims. The majority of those victims were killed by the perpetrator, though one escaped without injury and several victims were seriously injured but not killed. Specific descriptions and calculations are as follows.

Of the twenty-seven victims, perpetrators killed twenty-one. Of the remaining six victims, perpetrators attempted to kill four victims who survived with serious injuries. One of those four victims was the perpetrator's child, who was seriously injured during the attempt on his mother's life. Of the remaining two victims, one escaped without physical injury and one was the perpetrator's friend who committed suicide during the incident.

The Impact on the Children

Multiple children were directly affected by domestic abuse homicides. The impact on children of the killing, suicide or incarceration of their parent or parents is profound, immeasurable and life-long. In one homicide a father killed his four-month old child. In another case, a six-week-old infant was in his mother's arms when the perpetrator shot the mother multiple times in the back. In another homicide, four children witnessed their father shooting their mother. In this particular homicide case the eldest child, a 7 year old, testified against his father during the murder trial.

In several homicide cases, children were in their homes at the time of the homicides or discovered the victim after the homicide. In one homicide, one child discovered his mother after his father had shot her in the head. In a homicide/suicide, an adult child living in the home overheard the shooting and discovered that his father had killed his mother before his father committed suicide. One child was in the home while the victim's body was hidden in the basement. In another homicide, the perpetrator put a child down to sleep in the same room with his mother after the perpetrator had killed her.

Fourteen children were directly exposed to domestic abuse homicide by an abusive parent. Of the fourteen children, thirteen children lost one parent to homicide. Of the fourteen children, five lost a parent to suicide and eleven lost a parent to incarceration. Six children lost both of their parents -one to homicide and one to incarceration.

Relationship of the Parties

- Three adult sons killed their fathers.
- One nephew killed his uncle.
- One father killed his infant daughter.
- Nine husbands killed their wives.
- Three boyfriends killed their former live-in girlfriends.
- One boyfriend killed his live-in girlfriend.
- One girlfriend killed her live-in boyfriend.
- One boyfriend killed his live-in boyfriend.
- One bystander killed an offender in the home of the offender's estranged wife.
- One boyfriend attempted to kill his former live-in girlfriend.

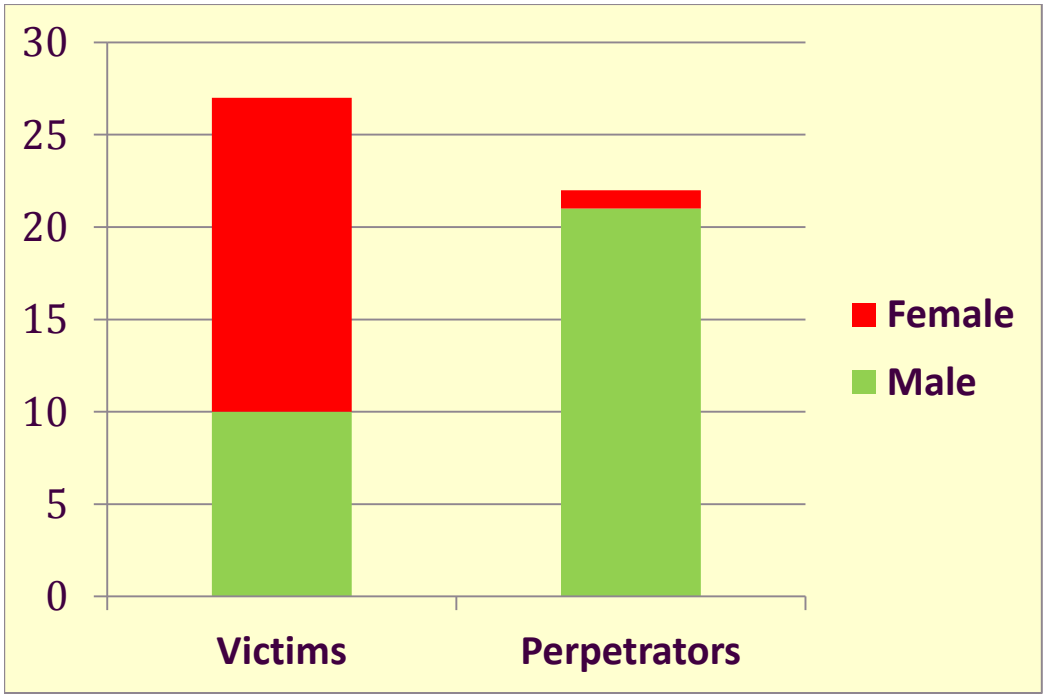
Of the twenty-one cases reviewed, seventeen cases involved intimate partners, and nine of the seventeen cases involved separated or separating couples. Of those nine couples, eight victims were asserting a status change in the relationship, such as ending the marriage, and one offender was asserting a status change in the relationship.

Age of the Parties

Victims ranged from ages 6 weeks old to 76 years old.
Perpetrators ranged from ages 17 years old to 85 years old.

Gender of the Parties

As depicted in Graph 1, of the twenty-seven victims, seventeen were female and ten were male. Of the twenty-one perpetrators, one was female and twenty were male.



Graph 1

Length of Relationships of the Parties

Relationships of the parties ranged from six weeks to over fifty years in length. The shortest relationship was between a father and his six-week-old infant.

Actions Taken by Victims

Table 1 shows known actions taken by victims in the homicide cases reviewed. Individual victims may have taken more than one action, thus appearing in more than one column.

Actions Taken by Victims	Previously left the perpetrator	Was trying to end the relationship	Took legal action (past and recent) i.e. involved law enforcement, obtained a PFA order, filed for divorce	Attempted to get perpetrator behavioral health support services	Asked perpetrator to leave	Told family and friends about abuse
# of Victims	9	7	7	5	4	13

Table 1

Note: Additional actions taken by at least one victim included: limiting contact with the perpetrator; agreeing only to meet the perpetrator in a public place; asking a friend of the perpetrator to help victim with the perpetrator.

Actions Taken by Family Members and/or Friends

Table 2 shows actions taken by family members or friends in response to the perpetrator's abusive behavior. Individuals may be counted more than once indicating that an individual took more than one action.

Actions Taken	Called 911	Supported victim during incident or break up	Reported concerns for child safety to Child Protective Services	Confiscated perpetrator's weapons
Instances	6	12	1	3

Table 2

Note: Not all cases indicated that family members and friends took actions.

Existence of Protection From Abuse Orders

In the twenty-one homicide cases reviewed, three Protection From Abuse orders were in effect against three of the perpetrators at the time of the homicide.

Existence of Past Protection From Abuse Orders

Five of the twenty-one perpetrators had Protection From Abuse orders against them in the past. Of those five perpetrators, four had two or more Protection From Abuse orders against them in the past.

Perpetrators' Past Domestic Abuse Criminal Behavior

Seven of the twenty-one perpetrators had previously been arrested for Domestic Violence Assault, Criminal Threatening and/or Violation of Conditions of Probation or Release related to domestic abuse.

Tactics of Abuse Perpetrators Used Against Victims

Table 3 shows tactics of abuse known to the Panel that perpetrators used against victims. The same victim may be counted more than once, as perpetrators may have used multiple tactics of abuse.

Tactics of Abuse Perpetrators Used	**# of Victims Perpetrators used these tactics against**
Strangled/Suffocated/Gagged	7
Attacked trustworthiness/Accused partner of cheating	9
Threatened with gun in the past	7
Stalked/Monitored/Tracked/Prevented victim from leaving	11
Threatened homicide	11
Threatened suicide	12
Lured/Coaxed victim back	7

Table 3

Serial Abusers

Table 4 shows that **ten** perpetrators in homicide cases reviewed for this report were "serial abusers" - having used abusive behaviors, criminal or otherwise, against previous intimate partners. Below is a list of that reported history.

Reported History of Serial Abuser Behaviors	Perpetrators
History of using physical and/or emotional abuse and/or intimidation towards previous partners	**10**
History of arrest for assaulting previous partners	**4**
History of strangling previous partners	**3**
History of threatening to kill previous partners	**3**

Table 4

Note: This table indicates only past behaviors that were reported to authorities in the course of investigation of the homicide.

Status of Perpetrators

In the twenty-one cases reviewed, the status of the perpetrator is as follows:

- Twelve perpetrators were incarcerated:
  - Three pled guilty to manslaughter and their sentences ranged from 12 years in prison (with all but 6 years suspended, plus 4 years of probation) to 15 years in prison (with all but 6 years suspended, plus 4 years of probation).
  - One was convicted of manslaughter and aggravated assault, and sentenced to 15 years in prison (with all but 8 years suspended, plus 4 years of probation) for the manslaughter charge, and 6 years in prison for aggravated assault; sentences to run concurrently.
  - Four pled guilty to murder and their sentences ranged from 30 years to 40 years in prison.
  - Two were convicted of murder after trials and sentenced to 45 years in prison.
  - One was convicted of murder after trial and sentenced to 55 years in prison.
  - One was convicted of murder and arson after trial and sentenced to 60 years in prison.
  - One was convicted of murder after trial and sentenced to two life sentences in prison.

- ❖ Two perpetrators were killed during the incidents -one by law enforcement and one by a victim- both in self-defense. Those deaths were determined to be justified.

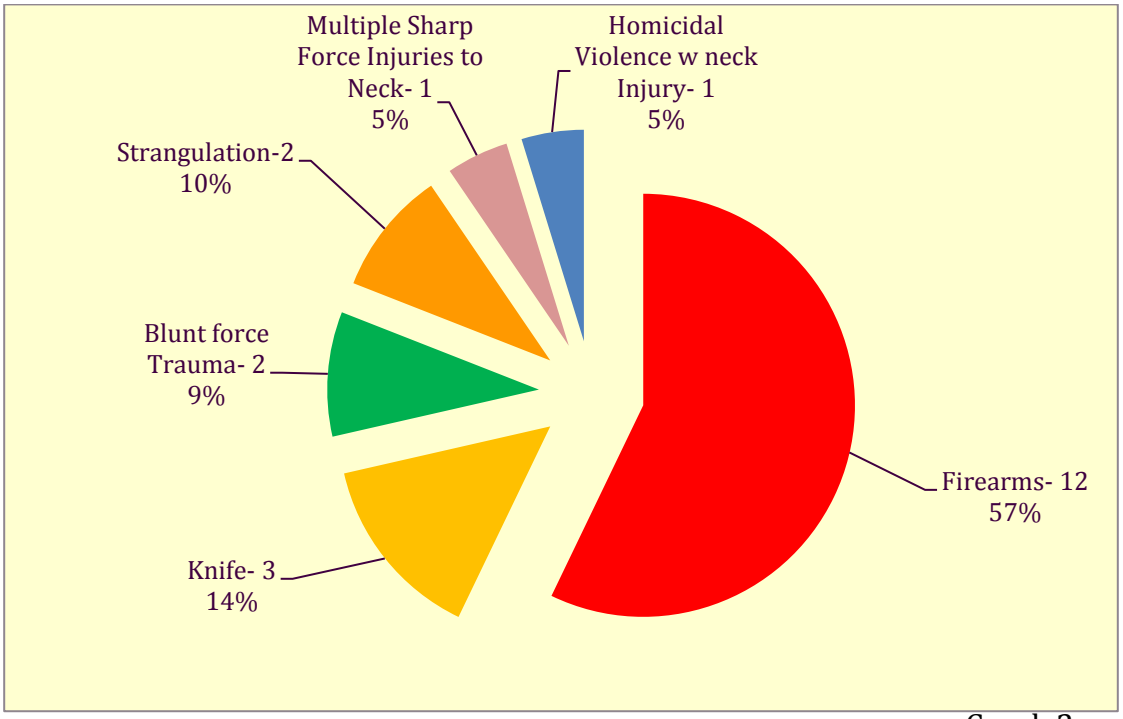
- ❖ Seven perpetrators committed suicide after committing homicide.

Suicide

Of the twenty-one perpetrators, fourteen (66%) exhibited suicidal behavior prior to committing or attempting to commit homicide. Of those fourteen perpetrators exhibiting suicidal behavior, seven (50%) killed themselves after committing or attempting to commit homicide. Suicidal behaviors discovered in the course of investigation included: giving large sums of money away, saying good byes, making amends, purchasing a handgun, threatening suicide and/or previously threatening to commit suicide, and attempting to commit suicide.

Weapons Used in Homicides and Serious Injuries

As depicted in Graph 2, firearms were the most common weapons perpetrators used to commit domestic abuse homicide.



Graph 2

Firearms
Twelve perpetrators used firearms to kill or attempt to kill the victims.

Knife
Three perpetrators stabbed the victims.

Strangulation
Two perpetrators strangled the victims.

Blunt Force Trauma
Two perpetrators used blunt force trauma to kill the victims.

Homicidal Violence with Neck Injury
One perpetrator used homicidal violence with neck injury to kill the victim.

Multiple Sharp Force Injuries to Neck
One perpetrator used multiple sharp force injuries to the neck to kill the victim.

Potential Points of Entry to Systems

The criminal justice system and healthcare systems, behavioral health providers, and Child Protective Services, are just a few of the systems that can provide support to victims and respond to perpetrators within our communities. These points of entry are opportunities for the community to respond to victims and perpetrators of domestic abuse.

Below is a list of the systems that interacted with the twenty-one perpetrators and twenty-seven victims involved in the cases reviewed.

Many victims and perpetrators came in contact with healthcare providers and/or attended school though there was insufficient information from the cases to be able to provide accurate numbers.

Twelve perpetrators exhibited behavioral health issues. Of those twelve, **nine** perpetrators attempted to enter or were taken to a behavioral health center or had accessed the services of a behavioral health center in the past.

Thirteen perpetrators came in contact with the criminal justice system before the homicide.

In addition to points of entry into the community systems and organizations described above, **nineteen** of the homicide cases indicated that family, friends, neighbors and/or co-workers were aware of or concerned about the situation.

Panel Observations and Recommendations

The Panel continues its tradition of making observations and recommendations to various systems and organizations based on its analysis of the domestic abuse homicide cases reviewed for the current biennial report. In previous reports, as in this one, an offender's suicidality was a precursor for homicide/suicide and firearms were the most frequently used deadly weapon for individuals who committed domestic abuse homicide.

For this report, the Panel underwent a new process of compiling the following observations and recommendations by dividing Panel members into specialized groups. Each group was comprised of members with professional expertise in a particular system, i.e. legal, healthcare, behavioral health, and public awareness.

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 the progress-to-date are noted in italics.

Law Enforcement

The Panel wishes to acknowledge and publicly thank the Maine State Police and all law enforcement agencies for their investigative work in Maine's domestic abuse homicides. The Panel appreciates the law enforcement agencies' thorough presentations at our meetings, especially in homicide/suicide cases when there are no offenders to prosecute. The Panel has gained valuable insight into the link between the threats of suicide and domestic abuse homicide from reviewing these investigations.

The Panel makes the following observations regarding law enforcement:

- The Panel observes that multiple law enforcement calls to one residence may be indicative of a pattern of behavior suggesting domestic abuse in the home.

- The Panel recognizes the importance of collaboration between law enforcement officers and domestic abuse advocates in providing follow-up services for victims after domestic abuse incidents. Victims and witnesses interviewed at the scene may provide additional information to domestic abuse advocates than they provide in interactions with law enforcement.

- The Panel observes that follow-up visits to a victim's home after a domestic abuse offender's arrest provide an opportunity for law enforcement to obtain new information that was not available during the initial investigation.

Officers may:

- note injuries to the victim, such as bruising that was not visible at the time of the initial call;
- conduct interviews with children who may have witnessed the events leading to the offender's arrest;
- notify a victim of an offender's bail status;
- assist a victim with safety planning; and
- offer a referral for support services.

If an offender is present in the victim's home in violation of bail conditions, a visit to the residence by law enforcement may result in re-arrest of the offender, service of a Protection From Abuse order and confiscation of weapons, if so indicated by the order, as well as ensuring that an offender understands his/ her bail conditions.

- The Panel observes that to enhance victim safety after an offender has perpetrated a crime of domestic abuse against a victim, it may be more effective for law enforcement to approach a victim when the offender is incarcerated. This practice may allow a victim to avoid being seen by the offender as aligning with law enforcement.

- The Panel observes that the use of High-Risk Response Teams within the State represents best practices for victim safety and offender accountability. A High-Risk Response Team is a form of enhanced coordinated community response that is approved by the U.S. Department of Justice, Office of Violence Against Women and has been shown to effectively reduce homicides and serious assaults. Teams help focus resources and enhance law enforcement's response to these cases, especially those identified with a validated, evidence-based, domestic abuse risk assessment tool such as the Ontario Domestic Abuse Risk Assessment (ODARA).

- The Panel observes that the lack of a statewide integrated and accessible records management system of domestic abuse offenders' criminal history (including a statewide history of criminal incidents and previous Protection From Abuse orders), hinders law enforcement's ability to obtain an accurate background of offenders, focus resources on high-risk domestic abuse cases, and hold offenders accountable.

- The Panel observes that residents of Maine may currently obtain concealed handgun permits from a variety of sources. Thus there is no mechanism by which law enforcement can easily determine who possesses a permit to carry a concealed handgun.

- The Panel observes that when an offender destroys the personal belongings of a victim, it may be done as a tactic to gain power and control which may lead to escalating dangerous behavior by the offender. Law enforcement officers are authorized to make a warrantless arrest (17-A M.R.S. § 15(5-A)) for Criminal Mischief if an officer believes that the offender and the victim are "family" or

"household members" as defined in 19-A M.R.S. § 4002(4), even when the defendant has an ownership interest in the destroyed property.

- The Panel observes that law enforcement officers responding to a domestic abuse incident may provide information to both the victim and offender. The Panel acknowledges that the Bangor Police Department offers "Blue Cards" to victims and offenders of domestic abuse. One side of the Blue Card contains referral information for victims and the other side includes information on how law enforcement may assist in property retrieval for persons charged with domestic assault or related offenses.

- The Panel continues to observe that the risk an offender presents to a victim escalates when the victim tries to leave or end the relationship. An offender who perceives that he/she is losing control over the victim may use increasingly dangerous tactics in order to regain that control. An offender may at this time also express seemingly sincere feelings of desperation or despondence about a breakup, or may exhibit behavioral health problems which draw the focus of the victim and others away from the offender's possible dangerousness. The victim and others may then be primarily concerned with the offender's wellbeing, rather than the safety of the victim and the potential risk the offender presents to the victim. Strategies to assist the offender, which may have helped in the past, at this point may serve only to keep the victim enmeshed in the relationship while trying to separate from the offender.
  While many people involved in an unwanted breakup may experience understandable difficulty, what sets offenders apart is their escalating abusive behavior before or during a breakup that may include control, coercion, abuse, stalking, or threats of harm to the victim, self or others.

  Perpetrator said… "I kept telling her my life is over"… before he killed his girlfriend and then killed himself.

- The Panel observes that the demeanor of a law enforcement officer, the respect an officer shows for a victim of domestic abuse, and how seriously the officer takes the victim's complaint, can be a turning point for a victim who then feels enough support exists to escape an abusive partner.

- The Panel applauds current law enforcement and advocacy collaboration around the state. Partnerships in many areas now involve an experienced domestic abuse advocate and law enforcement officer working together to provide 48-hour follow-up services to victims of domestic abuse after an initial 911 call for service has been made. Programs like this allow an advocate to take a proactive approach by making an initial "in person" or phone contact with a victim, rather than requiring the victim to reach out to ask for assistance. While it is difficult to measure success when working to reduce domestic abuse homicides, this type of early intervention may be effective in high-risk cases.

The Panel makes the following recommendations regarding law enforcement:

1. The Panel recommends that whenever practicable, law enforcement agencies and domestic abuse resource centers create programs that enhance law enforcement and advocacy collaboration.

2. The Panel recommends that law enforcement officers routinely offer victims and offenders of domestic abuse referral services and retrieval of belongings information similar to what is found on the Bangor Police Department's "Blue Card."

3. The Panel recommends that each county or region assemble a High-Risk Response Team that is multi-disciplinary in nature in order to assess the risk level of domestic abuse offenders in cases and respond accordingly.

4. The Panel recommends that each Maine State Police Field Troop include a dedicated Troop Investigator with specialized training in domestic abuse investigations to prioritize and focus on effective domestic abuse investigations and to conduct follow-up visits with victims after domestic abuse incidents.

5. The Panel recommends that whenever practicable, law enforcement agencies and/or district attorneys' offices have a dedicated law enforcement officer or domestic abuse investigator - with access to information about the background of offenders - to follow up on domestic abuse cases when arrests are made.

6. The Panel recommends the creation of a statewide integrated records management system that would be accessible by law enforcement agencies only and would include domestic abuse incident information, active and expired PFA orders, and criminal histories of offenders.

7. The Panel recommends that the State maintain a repository of concealed handgun permits for law enforcement access only, to include information about the status of a permit (including whether it has been suspended or revoked).

Prosecution

The Panel makes the following observations regarding prosecution:

- The Panel observes that an offender convicted of Domestic Violence Assault or Assault may be federally prohibited from possessing firearms, if the required relationship exists between the offender and the victim. The conviction need

"I told him…I was leaving and he went crazy and destroyed… everything I own. He tore all my clothes to shreds" ~ Victim prior to homicide.

not be for a Domestic Violence Assault in order to qualify. Pleading these charges down to other charges, i.e. Criminal Threatening or Violation of a Protection Order may mean that there is no federal firearm prohibition. The Panel further observes that pleading domestic abuse charges (Assault, Terrorizing, Criminal Threatening, Stalking, Reckless Conduct, Violation of a Protection Order and certain qualifying Violation of Conditions of Release charges) down to non-domestic abuse offenses may mean that an offender cannot be charged with enhanced sentencing provisions or "felony level" charges if and when the offender commits a subsequent domestic abuse crime.

- The Panel observes that Protection From Abuse orders typically prohibit "direct" or "indirect" contact between the defendant and plaintiff. Indirect contact such as sending flowers or sending messages through a third party may communicate to the victim that s/he is not safe and that law enforcement will have no basis to provide help. While indirect contact may be more difficult for law enforcement to prove, it is just as important for violations of the indirect contact clause to be enforced through mandatory arrest when there is probable cause.

The Panel makes the following recommendations regarding prosecution:

1. The Panel recommends that prosecutors remain aware of the potential negative consequences (for federal firearms prohibition or enhanced charging) of amending original charges down to lesser charges as part of a plea bargain particularly when there is a history of violence or domestic abuse.

2. The Panel recommends the vigorous prosecution of Protection From Abuse order violations resulting from offenders who make indirect contact with victims.

Strangulation

The Panel makes the following observations regarding strangulation:

- The Panel observes that many people, including domestic abuse and sexual assault victims, offenders, the public, law enforcement and others, frequently refer to "choking," "headlocks," or incidents involving an offender "holding another person down with an arm across the chest or neck" rather than naming these acts as strangulation. Such acts may not leave marks immediately after the assault or at all. Sexual assault and suffocation/strangulation are crimes that are hidden and minimized, and yet when committed together become an extremely traumatic and lethal combination.

> *"I just wanted to shut her up." Offender told authorities after strangling his ex-girlfriend.*

- The Panel observes that offenders who use strangulation in one intimate partnership have often used strangulation in their previous intimate partnerships. In the cases reviewed, 33% of offenders used strangulation against their intimate partners. Of those 33% of offenders, 43% were known to have used strangulation against their previous intimate partners. Abusers use strangulation for a variety of reasons – to quiet a victim, to threaten death, and to kill.

- The Panel observes that due to the intimate nature of the crime, people who have been strangled by their intimate partners may not identify strangulation when asked if they have experienced abuse. Specific questions asked of victims by law enforcement and service providers will help identify strangulation as dangerous, criminal behavior.

In 2012, the legislature recognized the seriousness of strangulation when it amended the Aggravated Assault statute, 17-A M.R.S. §208(1)(C), to provide that strangulation is a specific circumstance that manifests extreme indifference to the value of human life. Specifically, the statute provides that a person is guilty of Class B Aggravated Assault if he "intentionally, knowingly or recklessly causes bodily injury to another under circumstances manifesting extreme indifference to the value of human life. Such circumstances include . . . the use of strangulation." Strangulation is defined as "intentional impeding of the breathing or circulation of the blood of another person by applying pressure on the person's throat or neck." Id.

The Panel makes the following recommendations regarding strangulation:

1. The Panel recommends that law enforcement officers responding to calls that involve victims of domestic abuse inquire whether "choking" or "suffocation" were involved in the incident. Officers should properly characterize the incident to the victim and the perpetrator as strangulation, explain the potential lethality of these acts, and investigate facts necessary to support a charge of strangulation.

2. ☑ The Panel recommends that those responding to victims and perpetrators of domestic abuse receive training on the dynamics, impacts, and appropriate responses to strangulation. *MCEDV and its member domestic abuse resource centers are actively partnering with criminal justice agencies to provide this training across Maine for law enforcement officers and healthcare professionals, and in addition are creating an online training for Emergency Medical Service professionals.*

Technology

The Panel makes the following observations regarding technology:

- The Panel observes that domestic abuse offenders are misusing technology to threaten "revenge pornography" on victims as a tactic of control. "Revenge pornography" centers on threatening to distribute sexually explicit pictures of a victim, in order to get the victim to comply with the offender's demands, or to embarrass and humiliate the victim.

- The Panel has recently reviewed cases in which misuse of technology by the abuser is a part of the homicide incident. Increasingly prevalent, misuse of technology (such as mobile phones and other handheld devices, computers, surveillance equipment including video/audio baby monitors, etc.) increases the ability of the abuser to monitor the victim, and enhances an offender's other tactics of power and control.

The Panel makes the following recommendation regarding technology:

- The Panel recommends that members of a statewide coordinated community response to domestic abuse review the relevant Maine statutes and law, and suggest legislative or other changes as may be appropriate to hold domestic abuse offenders accountable for threatening to distribute, or distributing revenge pornography.

Firearms

"It's not a second amendment issue. It's a safety issue."
Reflection of a Panel member

The United States Supreme Court recently recognized the dangers posed by the presence of firearms in domestic violence situations:
"This country witnesses more than a million acts of domestic violence, and hundreds of deaths from domestic violence, each year. Domestic violence often escalates in severity over time, and the presence of a firearm increases the likelihood that it will escalate to homicide… '[A]ll too often…the only difference between a battered woman and a dead woman is the presence of a gun.'" *United States v. Castleman*, 188 L. Ed. 2d 426, 432 (U.S. 2014)(citations omitted).

The Panel makes the following observations regarding firearms:
In December 2013, the Governor's Court Order Enforcement Task Force (The Governor's Task Force) issued its report. Both the Governor's Task Force and the Maine Domestic Abuse Homicide Review Panel independently recognized several of the following issues and made similar recommendations as indicated in italics below the corresponding recommendations. A complete list of the Governor's Task Force's observations & recommendations is in Appendix K.

- The Panel observes that a significant number of Maine's homicide/suicides are perpetrated with firearms. Victims and family members are sometimes concerned that taking firearms away from an offender may be "going too far" or may "push the offender over the edge." However, the risk of danger to the whole family increases when there are firearms in the home of someone who exhibits suicidal behavior or threatens homicide or suicide. The Panel further observes that quick and ready access to firearms can often result in fatal consequences for domestic abuse victims.

- The Panel observes that while licensed firearms dealers are obligated to conduct criminal background checks before selling or transferring a firearm, no such background checks need be conducted during a private sale. This allows a person, otherwise prohibited from doing so, to obtain a firearm which poses real danger to a domestic abuse victim.

- The Panel observes that a person may be prohibited from possessing firearms as a result of federal or state restrictions including a felony conviction, some misdemeanor domestic violence convictions, involuntary commitments to behavioral health facilities, or restrictions imposed by a PFA order.

- The Panel observes that the court may issue an Order Prohibiting Possession and Requiring Relinquishment of Firearms and Other Dangerous Weapons as part of a Protection From Abuse order. Currently, when weapons are ordered relinquished and permitted by the court to be given to a third party, the defendant must submit a list of those weapons to the court <u>or</u> local law enforcement, not both.

Recommendation #3 of the Governor's Task Force is to amend 19-A M.R.S. §4006(2-A) to require that an offender return the inventory on the Order Prohibiting Possession and Requiring Relinquishment of Firearms and Weapons to <u>both</u> the court and the law enforcement agency of jurisdiction.

- The Panel observes a deficiency in the Protection From Abuse relinquishment statute to keep firearms out of the hands of dangerous individuals. Currently, the statute has no mechanism to permit searching for weapons that have been ordered by the court in the PFA order to be turned over to law enforcement.

- The Panel observes that New Jersey statutes allow a court to issue a search warrant for firearms that have not been relinquished pursuant to a Protection From Abuse order if there is "reasonable cause" to do so. This is a lesser standard than the probable cause standard under Maine law. New Jersey maintains an official firearm registry allowing law enforcement to more easily identify guns that should be turned over.

The Panel makes the following recommendations regarding firearms:

1. The Panel recommends that the judiciary create a mechanism in the PFA order process to document the status of weapons confiscated. This information should include whether or not guns have been seized, a list of weapons seized, where weapons are stored, and who is responsible for them. This information should be filed with the court.

The Governor's Task Force made a similar recommendation that a tracking system needs to be established to ensure firearms are relinquished by defendants as ordered by the court and the Relinquishment Order should be provided to and tracked by the courts, with follow up by the appropriate law enforcement agency if needed. (Recommendation #2)

2. The Panel recommends that when the court orders weapons relinquished in a Protection From Abuse order, law enforcement should retrieve the relinquished weapons, confirm from the defendant that all weapons have been relinquished pursuant to the order, and then law enforcement should file the inventory of weapons with the court. The Panel further recommends that law enforcement interview the victim to try and confirm that all weapons have been relinquished.

3. The Panel recommends that given the potential risk to third parties when a prohibited offender possesses firearms, any weapons seized pursuant to a Protection From Abuse order should be turned over to law enforcement.

The Governor's Task Force made a similar recommendation that law enforcement should adopt the best practice of seizing firearms from defendants and not relinquishing them to a third party. (Recommendation #6)

4. The Panel recommends the creation of a third party form to be used when the court authorizes an offender to turn weapons over to a third party. This form should list weapons the third party received, who is taking responsibility for the weapons, and the form should require a signature of the third party acknowledging his/her understanding that the offender is a prohibited person and not allowed to possess weapons.

The Governor's Task Force made a similar recommendation that a document be created and provided to third parties, who receive firearms for defendants for safe keeping, which informs the third parties of the responsibility they have in taking and storing the weapons. The document should include information about the consequences of the third party returning any firearm to a defendant who has not had his/her right to possess firearms reinstated. The Task Force also recommended that the defendant should return this document to the court and the law enforcement of jurisdiction, along with the Order Prohibiting Possession and Requiring Relinquishment of Firearms and Dangerous Weapons document. (Recommendation #4)

5. The Panel recommends that when someone threatens to commit suicide or homicide, <u>all</u> firearms should be removed from the home and that people close to

the threatening person should try to ensure that the offender does not have access to firearms.

6. The Panel recommends a community discussion to address potential policies and procedures that would prevent prohibited persons from obtaining firearms. This discussion may be particularly important when domestic abuse is involved. For example, private firearm sellers, who are not required to conduct background checks, should be encouraged to conduct voluntary background checks as contained in the Legislative Resolve listed below.
http://www.mainelegislature.org/ros/LOM/LOM124th/124R1/RESOLVE53.asp

7. The Panel recommends that the work initiated by the Governor's Task Force be continued by the members of a statewide coordinated community response to domestic abuse. The continuation of the work should include formal consideration and implementation where possible of the recommendation of the Governor's Task Force.

Protection From Abuse Orders

The Panel makes the following observations regarding Protection From Abuse (PFA) orders:

- The Panel observes that a temporary Protection From Abuse order remains in effect until the permanent Protection From Abuse order is served on the defendant. Therefore, the terms of the temporary order apply even after the permanent order is issued, until the permanent order has been served on the defendant.

- The Panel observes that a PFA order can be a powerful tool for providing safety. Victims need consistent enforcement of protective orders by the criminal justice system to be confident that a protective order is a useful part of a safety plan. Offenders need a clear message that violations of a protective order are illegal and will be prosecuted.

- The Panel observes that Maine law (19-A M.R.S. §4012(5)), includes a mandatory arrest provision that requires law enforcement to arrest a person who violates a protection order or commits Aggravated Assault (17-A M.R.S. §208) against a family or household member.

Referring to PFA, perpetrator told victim that "It's only a piece of paper."

The Panel makes the following recommendations regarding Protection From Abuse orders:

1. The Panel recommends that law enforcement officers make consistent use of the mandatory arrest provision (19-A M.R.S. §4012(5)) when an offender violates a Protection From Abuse order through direct or indirect contact with the victim. To increase everyone's safety, the Panel further recommends that prosecutors vigorously prosecute these violations.

2. The Panel recommends that as part of overall safety planning, victims with Protection From Abuse orders in place notify supportive neighbors, friends, family and co-workers with the details of the orders and any restrictions.

"Having the support, guidance and reassurance from someone (probably the only person that saw some of the destruction first hand and saw me at my weakest moments) [helped]. I'm not sure I would have remained so strong without the support of a trained professional who showed he cared." ~ Excerpt from a MSP Detective's interviews with survivors. For more "Voices of Victims and Survivors" see Appendix I

Judiciary

The Panel makes the following observations regarding the judiciary:

- The Panel observes that an offender with a Protection From Abuse order in place often uses the opportunity to communicate with the victim about their children as a way to further abuse or threaten.

- The Panel observes that Certified Batterers Intervention Programs (BIP) are regulated by the Department of Corrections and provide a re-education option for domestic abuse offenders. The Panel observes a continuing lack of consistency within the legal system for ordering offenders to "Batterers Intervention Programs" instead of "anger management" or "domestic abuse counseling" or other interventions. Ordering an offender to other interventions or reducing an offender's original order from "BIP" to other interventions, such as "anger management" or "counseling" is ineffective for domestic abuse and may cause more harm than good by providing a false sense of action by the offender and security for those surrounding an offender. This may also have the unintended result of furthering the myth that anger problems cause domestic abuse.

- The Panel observes that a representative from the Clerk of Court's office is frequently the first person the victim seeking a protection order encounters within

the court system. Victims may not understand whether they need to file for a Protection From Harassment order or a Protection From Abuse order. The Panel observes that currently there exists a pamphlet that is distributed by the courts to assist victims because the clerks are not permitted to provide legal advice. Victims need clear information about the difference between the two orders including the fact that Protection From Harassment orders do not authorize the relinquishment of firearms.

The Panel makes the following recommendations regarding the judiciary:

1. The Panel recommends that judges use specific language when crafting Protection From Abuse orders especially regarding open exceptions to the prohibition of contact. One important exception lies in communicating about children. Protection orders can limit communications about children to email or text rather than leaving it in broad terms.

2. The Panel recommends that the judiciary make every effort to use legible handwriting in filling out protection orders. If court orders are not legible, they cannot be enforced.

3. The Panel recommends that for purposes of visitation, separating parents, or parents with a Protection From Abuse order in effect, consider making exchanges of children in safe places such as supervised visitation centers.
   For a list of supervised visitation centers visit:
   http://www.svdirectory.com/state.htm?st=me

4. The Panel recommends that district attorneys, judges and defense attorneys receive additional training on the differences between Batterers Intervention Programs and other interventions, such as "anger management" and "domestic abuse counseling." The Panel further recommends training on the importance of an offender complying with an order to attend a Batterers Intervention Program rather than substitute a BIP with other interventions such as "counseling" or "anger management," except in cases where BIP facilitators agree that the offender is not appropriate for the BIP.

5. The Panel recommends that court clerks receive training on the dynamics of domestic abuse in order to better respond with professionalism to individuals seeking relief from the court.

6. The Panel recommends that court clerks receive training on how to best to guide victims on the differences among protection orders.

The Governor's Task Force made a similar recommendation that court clerks be trained on how to better help plaintiffs complete the forms associated with obtaining a Protection From Abuse order. (Recommendation #5)

Department of Corrections

The Panel makes the following observations regarding the Maine Department of Corrections (DOC):

- The Panel observes that a domestic abuse victim may derive a false sense of security from knowing an offender is under the scrutiny of probation. Offenders must be motivated to change their thinking as well as their illegal abusive behavior, otherwise they run a high risk of reoffending even when the legal consequences are severe.

- The Panel observes that domestic abuse offenders with behavioral health issues who engage in criminal activity frequently are incarcerated in a county jail. Jails typically do not employ behavioral health staff and are ill-equipped to respond to an offender's behavioral health issues. The DOC contracts with Correct Care Solutions to provide mental health services in all its facilities. However, both county jails and state prisons are forced to respond to offenders and the significant issues they present in a system where community resources are lacking and frequently inaccessible due to distance, finances, and long waiting lists.

- ☑ The Panel observes that the changes in 2012 to the Bail Code which required a judicial review of bail for certain serious domestic abuse crimes had the unintended consequence of allowing defendants to contact victims while they were incarcerated and prior to the setting of bail. This contact could be intimidating to victims and potentially interfere with prosecutions. *The Maine Coalition to End Domestic Violence organized a response to this issue which was reflected in a statutory change via LD 1656 to constrain a defendant, while incarcerated for serious domestic violence crimes, from contact with the victim prior to review of bail. The Board of Corrections was assigned to create a model policy for the jails to implement this statute. Governor LePage signed this into law as an emergency measure in March 2014.*

The Panel makes the following recommendations regarding DOC:

1. The Panel recommends vigorous and consistent probation oversight for domestic abuse offenders.

2. The Panel recommends that the Department of Corrections create and implement a statewide model policy for correctional facilities in order to implement the legislative intent of LD 1656. The Panel further recommends that jails implement this model policy to assure that defendants are not able to intimidate victims while awaiting judicial review of bail for serious domestic violence crimes.

Children

"You killed my mother."... Son said to his father after discovering his mother's body.

The Panel makes the following observations regarding the impact of domestic abuse on children:

- The Panel observed in the cases reviewed the following examples of risks to children in homes where they were exposed to, or witnessed domestic abuse. This is not an exhaustive list of risks for children:

  - A father who does not want an expected baby or wants the mother to give up the child may have an increased capacity for abuse towards, or neglect of, a child. This capacity for abuse and neglect puts both the pregnancy and the mother at risk.

  - Young, unprepared, unwilling, ill-equipped or unskilled parents with a history of substance abuse, aggressive behaviors, or childhood exposure to domestic abuse, may put a child at greater risk for serious injury or death.

  - While most children exposed to domestic abuse do not end up in an abusive behavior pattern, they may be at higher risk for not learning the skills to develop healthy relationships as parents or as intimate partners in adulthood.

  - A significant level of risk to children exists in a home when one parent is abusing the other.

- The Panel observes that children are profoundly affected by the trauma of domestic abuse, domestic abuse homicide or homicide/suicide involving their parents.

The Panel makes the following recommendation regarding the impact of domestic abuse on children:

1. The Panel recommends increased awareness about how exposure to abuse impacts children. The Panel further recommends increased protection and early intervention for children exposed to abuse to help them develop emotional resiliency and healthy relationship skills.

Department of Health and Human Services

The Panel makes the following observations regarding the Maine Department of Health and Human Services (DHHS):

- The Panel observes that Home Visiting Services in Maine can provide enhanced services for Maine families which include domestic abuse and reproductive coercion screening and referrals to corresponding support services.

- The Panel observes that, depending upon the level of risk to a child, support services may be available when Child Protective Services becomes involved with a family.

- The Panel observes that the DHHS Office of Child and Family Services relies upon contracted care providers to ensure that a support system is in place and remains effective for children at risk.

- The Panel observes that in cases of domestic abuse homicide when one parent is convicted of killing the other, it is critically important for the surviving children to experience permanency and stability.

The Panel makes the following recommendations regarding DHHS:

1. The Panel recommends that immediately following a domestic abuse homicide when children are present, Child Protective Services convenes a Family Team Meeting to review the situation and make plans for the safest and most appropriate placement for the surviving children.

2. The Panel recommends that in cases where one parent is convicted of killing the other parent and DHHS has assumed custody of the minor children involved, that the homicide be classified as a statutory aggravating factor. See 22 M.R.S. §4002(1-B)(B).

Department of Education

The Panel makes the following observation regarding the Department of Education (DOE):

- The Panel observes that in order to promote and ensure more consistent school-based education regarding domestic abuse and dating violence, the DOE needs to create an organized approach that responds effectively to students and faculty affected by domestic abuse and dating violence.

The Panel makes the following recommendations regarding DOE:

1. The Panel recommends consistent and ongoing school-based education regarding domestic abuse and dating violence at all educational levels, and recommends that policies and education within schools may include the following:

- Maintaining an ongoing connection between schools and domestic abuse resource centers to support dating violence programs in schools.

- Supporting school groups that train students in domestic abuse and dating violence to educate and support their peers.

- Offering information on domestic abuse and dating violence at school, possibly in afterschool activities.

- Providing teachers with domestic abuse education regarding how to support and safety plan with students who may be experiencing dating violence or exposed to domestic abuse at home.

- Training school and public health nurses to effectively respond to students who identify as being in an abusive home, including providing information about how best to support students impacted by a domestic abuse homicide.

- Offering intervention and guidance to students who are exposed to domestic abuse or domestic abuse homicide so they feel supported and stay involved in school.

- Changing the offender's school schedule rather than the victim's schedule when a Protection From Abuse order is in place, and holding the offender rather than the victim accountable for the offender's abusive behavior.

- Taking threats and concerns seriously when a student shares information that parents are abusive or being abused.

2. The Panel recommends that schools partner with local domestic abuse resource centers to create workplace domestic abuse policies that provide teachers and staff with information regarding how best to support co-workers who may be experiencing domestic abuse and how schools can respond appropriately to employees who may be perpetrating abuse.

Behavioral Health

The Panel makes the following observations regarding behavioral health:

- The Panel observes that domestic abuse offenders may present in behavioral health crisis assessments with co-occurring factors, including behavioral health problems, substance abuse, physical health conditions and a pattern of violent or abusive behavior within their intimate relationships. The presence of multiple factors can

contribute to an offender's lethality. For everyone's safety, it is important to consider each of these factors in an assessment.

- The Panel observes that routine screening for domestic abuse, while considered a best practice, is not a consistent part of behavioral health assessments. The risk of re-assault and death for victims, as well as a suicide risk for the offender, increases when behavioral health assessments and related case planning overlook domestic abuse as one of the factors present.

- The Panel observes that safety may be compromised for both the victim and offender when the complexity of cases involving domestic abuse offenders who present with behavioral health issues is not adequately addressed.

In the Panel's 2012 report, ***Working Together to End Domestic Violence Homicide in Maine****, the Panel observed a link between an offender's suicidal ideation and abusive behaviors, and subsequent homicidal acts or homicide/suicides. The Panel* ***continues*** *to observe that same link in the cases reviewed for this report. The Panel notes that both clinical professionals and family members may underestimate the suicidal risk and may also not be informed about the link between the suicidal ideation and an increased risk of subsequent homicide.*

- The Panel observes that professional empathy, appropriate to the treatment setting, may blind professionals to real levels of risk for escalating domestic abuse. When domestic abuse is a factor, behavioral health professionals must understand an offender's tactics when conducting client assessments. Those tactics may include an offender's tendencies to minimize dangerous conduct, distort facts and otherwise mislead an evaluator toward underestimating the severity of an offense and the related risk presented by the offender. This under-evaluation of danger is particularly problematic when physical health issues, such as brain injury, lead professionals to focus on one element of the case to the exclusion of the offender's abusive behaviors. Assessments must be informed by all the contributing factors, full information and an expectation that the domestic abuse offenders will be held accountable for their abusive actions.

- The Panel observes that professionals have the responsibility to establish a safety plan prior to discharging an offender to his/her home, either from a crisis assessment setting or from a behavioral health facility.

- The Panel observes that individuals requiring behavioral health services are not able to acquire them in the current behavioral health system.

- The Panel observes that behavioral health professionals play vital roles in the prevention and detection of, and response to, domestic abuse and child abuse. Baccalaureate and graduate level educational programs in the areas of behavioral health must prepare clinicians for competent, effective practice with

individuals and families at risk for, or experiencing, abuse. Such preparation should include, but is not limited to, the dynamics and effects of domestic abuse and child abuse, mandatory reporting protocols, and multidisciplinary approaches and engagement with community services to improve safety and reduce the risk for harm for individuals at risk for abuse.

The Panel makes the following recommendations regarding behavioral health:

1. The Panel recommends increased communication among behavioral health providers, law enforcement, victims and family members regarding assessment and case planning when a domestic abuse offender presents with behavioral health issues.

2. The Panel recommends that clinicians explore for multiple co-occurring factors in behavioral health crises or other assessments and then respond to those multiple factors throughout the treatment process, including discharge planning. Some helpful guidelines include:

   - Clinicians should screen routinely for domestic abuse to identify both a victim and a perpetrator of domestic abuse.

   - Clinicians should collect sufficient information to identify the multiple factors in a complex case involving domestic abuse by eliciting and integrating information from the presenting client, family members, law enforcement and the victim, as well as from prior case files. Any available information regarding risk, including the results of the Ontario Domestic Assault Risk Assessment (ODARA) if there has been an arrest, should inform decision making about an offender's risk to himself/herself or others.

   - Clinicians should avoid focusing on one presenting element by identifying the complicated mix of co-occurring factors, including behavioral health, substance abuse, physical health conditions and a pattern of violent, controlling, coercive or abusive behaviors used by an offender in his/her intimate relationships. Clinicians should address each of the co-occurring factors within their assessment, case planning and discharge planning.

   - Clinicians should communicate information to other health professionals, including by documentation. To the extent legally possible, clinicians should also communicate with family members, law enforcement and the potential victim.

   - Clinicians should balance professional empathy with an awareness of the dynamics, often present in a case involving domestic abuse, when a domestic abuse offender may minimize conduct, distort facts and otherwise mislead an evaluator toward underestimating the severity of an offense and the related risk presented by the offender

3. The Panel recommends that current behavioral health crisis evaluation forms be amended to specifically screen for intimate partner violence or domestic abuse within the sections where suicidality and homicidal ideation are addressed.

4. The Panel recommends continued training and education for behavioral health professionals, including behavioral health crisis workers, on appropriate screening and response to family violence.

5. ☑ The Panel recommends that social work programming incorporate into standard curriculum, classes regarding identification and assessment for child abuse/neglect, and protocols regarding domestic abuse and child abuse. *In June 2013, the Governor signed into law LD1248, An Act to Improve Professional Training for Licensed Mental Health Clinicians which addresses improved training for licensed mental health professionals on family violence.* *http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=SP0432&item=1&snum=126*

Healthcare

The Panel makes the following observations regarding healthcare:

- The Panel observes that reproductive and sexual coercion and domestic abuse during pregnancy or after birth were present in a number of homicide cases reviewed.

The offender said he "was going to keep her pregnant so that she couldn't leave".

- The Panel observes that victims of domestic abuse may face increased risks from offenders during pregnancy. An offender often asserts more coercive control to limit a mother's attention toward the baby, or may threaten or engage in physical violence directed at the mother or the baby.

- The Panel observes that screening a patient for domestic abuse creates an opportunity for a patient to share what he/she may be experiencing in his/her relationship and for the provider to offer referral information for support services.

- The Panel observes that some healthcare providers are screening their patients for domestic abuse, documenting patient responses and referring patients to support services to appropriate resource centers, but that overall, domestic abuse screening in the healthcare system is inconsistent and more often than not, is non-existent or completed inappropriately.

The victim's OB/GYN physician documented "0" in the "DV" box after screening the patient... weeks before the victim was killed by her husband.

- The Panel observed several risk factors for child abuse in the homicide cases reviewed including:
  - Young and/or single parents
  - An unstable family situation
  - Stress factors including financial and housing stresses
  - Domestic abuse
  - Alcohol/drug abuse
  - Parental depression

- The Panel observes that healthcare providers are mandated by the State to report suspected abuse and neglect of children and incapacitated adults.

- The Panel observes that some of Maine's largest employers are healthcare facilities and that a significant percentage of their employees will be among the 1 in 4 women and 1 in 8 men affected by intimate partner violence in their lifetime.

"You didn't deserve to be treated this way." "What happened to you was not your fault" were important messages a survivor of domestic abuse reported hearing from her provider.

- The Panel observes that head injuries which include frontal lobe impairment may affect problem solving and may make a person less patient and more impulsive. While head injury is not a cause for domestic abuse, an offender may point to the injury as the explanation for abusive behaviors, effectively pulling a victim's or family member's focus away from the offender's potential risk of harm to himself/herself or others.

- The Panel observes that victims of domestic abuse may also experience co-occurring problems such as substance abuse and behavioral health issues and may benefit from having access to wrap around services including those offered by a social worker, case manager, or substance abuse counselor.

- The Panel observes that public health nurses are important resources for information and support for parents before and after childbirth.

The Panel makes the following recommendations regarding healthcare:

1. The Panel recommends that women's health care providers expand their domestic abuse screening efforts to include assessment for reproductive and sexual coercion.

The offender threatened his pregnant partner saying he would "cut the baby out."

2. The Panel recommends that providers screen all their patients, (including patients in same-sex relationships), privately, regularly, and especially frequently during pregnancy; for both physical abuse and coercive

controlling behavior. When coercive controlling behavior is present, providers should follow up with the patient.

3. The Panel recommends that when screening patients for domestic abuse, providers ask questions about suicidality, including inquiries about a partner's threats, such as "I can't live without you" or "I'll kill myself." An abusive person who is suicidal can also be homicidal. Therefore, when these concerns are present, referring a patient to local support services for safety planning is important.

> *One patient reported… "When I went into the hospital for surgery, the nurse screened me for domestic abuse with my husband standing beside me."*

4. The Panel recommends that, whenever practicable, a provider offer a private place for a patient who screens for domestic abuse to make a phone call to the local domestic abuse resource center. This offer indicates the provider's belief in the importance of what is happening to the patient and creates an opportunity for the patient to access support, safety planning assistance and information about other local resources.

5. The Panel recommends that healthcare providers document that the patient was screened, the screening questions asked, and the patient's responses. The Panel further recommends that when a provider believes a patient is living with a controlling or dangerous partner, that the patient's record be flagged so that practice partners who may care for the patient in the future will screen again and explore intervention strategies with the patient during each visit.

> *Panel member observed... "The victim saw a provider in the same practice nearly monthly with symptoms of insomnia, and described a stressful home-life, but no one provider really knew her."*

6. The Panel recommends that healthcare providers place domestic abuse resource center information readily available for all patients in waiting rooms, exam rooms and bathrooms.

7. The Panel recommends that when significant family risk factors of abuse and/or neglect are present, an anticipatory evaluation process to assess strengths and deficits in the family system expected to care for a child at home should take place prior to the birth of the child. The Panel further recommends convening a Family Support Team to develop a comprehensive plan of care for both mother and child following the birth, that provides supports and mobilizes resources which promote the health and safety of mother and child. The team may include: healthcare providers involved with the family, a hospital-based forensic nurse, a hospital and/or community social worker, the physician(s) caring for the mother and newborn, obstetric staff, hospital staff, public health nurses who may see the family

when they return home, Child Protective Services and other community agencies deemed appropriate.

8. The Panel recommends that in cases of missed "sentinel injuries," such bruising on a non-mobile child, hospitals should form Significant Event Assessment Teams (SEAT) where each part of the healthcare system involved is methodically scrutinized and a determination is made as to what caused the oversight. Teams should include all staff and healthcare providers involved with the child and parents. Teams should conduct these internal reviews of all cases of missed child abuse, neglect and, or homicide. (Note: A "sentinel injury" on a child is almost always caused by physical or sexual non-accidental trauma, yet may be subtle, i.e. any bruises or even minimal lacerations on the tongue or anywhere in the mouth of a toothless infant, even limited bruising on a non-mobile infant.)

9. The Panel recommends that healthcare facilities ensure compliance with state mandated reporting requirements by requiring and reinforcing training of all staff regarding child abuse and neglect and the corresponding reporting requirements.

10. The Panel recommends that the Board of Medicine and the Board of Osteopathic Medicine make mandated reporting of child abuse a priority by including in their newsletters case examples of missed injuries and inadequate mandated reporting by providers. The Panel further recommends that these Boards include qualifying questionnaires with questions regarding child abuse and domestic abuse, as part of granting state licensure and that those questionnaires be repeated for renewing licenses.

11. The Panel recommends that healthcare facilities create workplace domestic abuse policies that include supports for employees who may be affected by this serious problem, appropriate responses to employees who may be perpetrators, and mandated training to staff and supervisors about the dynamics of domestic abuse and the appropriate workplace response. Policy development and training assistance is available from the Maine Coalition to End Domestic Violence and domestic abuse resource centers.

12. Acknowledging that healthcare facilities have varying resources, the Panel recommends that rural hospitals collaborate with community partners to provide essential services, such as screening, assessment, treatment and referral. Providers may have access to the use of secure technology that may be available in their respective communities to facilitate this collaboration and provide these needed services.

13. The Panel recommends collaboration between the family's primary care providers and public health nurses. Such collaboration offers an opportunity to promote the best health and safety outcomes for the mother, baby and family.

For more information about domestic abuse screening in the healthcare setting visit- http://www.futureswithoutviolence.org/userfiles/file/HealthCare/FWV-screening_memo_Final.pdf

Please note that the specialized group of healthcare experts on the Panel provided research regarding the above observations and recommendations within the Healthcare section which can be found in Appendix L.

Public Awareness

The Panel makes the following observations regarding public awareness:

- The Panel observes that the coercive effects of physical abuse may continue even when the abuser's use of physical abuse has stopped and the abuser chooses other forms of non-physical abuse.

- The Panel observes a range of abusive behaviors of domestic abuse offenders that were found in the cases reviewed. The following does not constitute an exhaustive list of abusive behaviors for offenders:

  - Because abusers often seek to limit the social connections of victims, and may also feel a strong sexual ownership of victims, one tactic of coercive control is to accuse victims of having sexual affairs with other people. These accusations also serve the abusers' tactics of denying, minimizing, and blaming, by both telling victims that they are untrustworthy and also making victims responsible for the bad moods and bad acts of abusers.

  - For some abusers, the deep feeling of entitlement and belief in their ownership of victims and their children can result in the threatening and all-too-often-made statement to victims, "If I can't have you, no one will."

  - Quick and intense involvement in an intimate relationship where one partner also displays a sense of ownership and possessiveness over the other partner is a red flag for domestic abuse.

  - Offenders may view biological children as their possessions, and while professing to a deep commitment and loyalty to their children, may ultimately place those children at increased risk of harm.

  - Domestic abuse offenders who seek out young intimate partners whom they subsequently victimize place those victims at a greater risk for domestic abuse homicide. Age of the intimate partner as a risk factor for domestic abuse

homicide is recognized and validated in the research of Jacquelyn Campbell, PhD, of John Hopkins University.

- Offenders may use more passive-aggressive forms of controlling behavior, such as threatening to leave the relationship themselves. The Panel observes that an offender may be well-aware that a victim does not want to be alone, and may use the threat of leaving to control the victim.

- The Panel observes the importance of safety planning when retrieving belongings from a residence shared with an offender. A victim of abuse can utilize the help of law enforcement officers and the safety planning assistance of advocates at the domestic abuse resource centers when making plans to retrieve belongings.

- The Panel observes that many offenders commit abuse against more than one intimate partner. These "serial abusers" move from victim to victim using tactics of coercive control in more than one intimate partnership. The Panel further observes that it is important to recognize the risks and long-term impacts which serial abusers present to victims, past and present.

- The Panel observes that a bystander's assistance may reduce a victim's isolation, connect victims with services, and support a more positive outcome. Continued response by bystanders over time shows a consistent message of support to those involved with abusive partners, and may enhance offender accountability. The Panel further observes a continued reluctance on the part of bystanders to call law enforcement. Bystanders may "not want to get involved" for safety reasons, may see abuse as a private issue, or may misinterpret abusive behavior as mutual abuse or otherwise not identify an offender's behavior as abuse.

> *"Maybe there was something I could have done."*
> *Neighbor said to authorities after the homicide/suicide.*

- The Panel observes that when the community around a victim, including family and friends, law enforcement and others, are vigilant about supporting and engaging in safety planning with a victim, they can make a life and death difference to the survival of that victim when an offender is homicidal.

- The Panel observes that a common view of safety planning is that the victim is totally responsible for the process of creating safety for herself/himself and her/his children. When an offender kills, it often represents the community's failure to hold that offender accountable at many earlier stages. Safety planning is a necessary part of a victim's survival and minimizes the risks an abuser presents for everyone, including the community.

- The Panel observes that same-sex couples experience similar dynamics of domestic abuse as heterosexual couples do. In addition, the abusive individual in a same-sex relationship may threaten public disclosure of a victim's sexuality as an effective way of maintaining a victim's silence.

- The Panel observes that domestic abuse support services are available from Maine's domestic abuse resource centers for male victims, and victims who are gay, bisexual, or transgendered. Included in the core components of MCEDV's advocate training is information regarding how to respond to the needs of male victims, and gay, bisexual, and transgendered victims of domestic abuse.

- The Panel observes that a person accessing services from an individual service provider or organization benefits from being provided with knowledgeable information and referrals about services and benefits from other organizations, such as housing, the Maine Department of Health and Human Services, services for children, behavioral health services, domestic abuse resource center services, and the legal system.

- The Panel observes that an offender's tactics often distract victims and others from an offender's abusive behaviors and potential dangerousness. Abusers will tell victims and others how much they love the victim, or the focus may be on an offender's need for behavioral health services and "getting help," so it becomes more difficult for victims and others to focus on identifying an offender's behavior as abusive. In addition, an abuser may not be forthcoming about their criminal history or previous relationships, so the abuser's proven dangerousness remains unknown to the victim.

- The Panel observes that offenders may over time make repeated threats to harm or kill victims which may create an ongoing context of fear for victims. However, the fact that the offender has not carried out threats in the past does not indicate whether the offender will in the future. These continuous threats make it difficult for victims and others to discern when offenders may in fact use lethal abuse.

- The Panel observes that in 38% of the cases reviewed, the victim was asserting a status change in the relationship such as ending the relationship or moving out. Therefore, the level of risk may increase with changes to the relationship. The Panel further observes that it is crucial to recognize that controlling behaviors can escalate quickly when a person makes a status change in an intimate partnership, whether or not there have been previous signs of abuse, whether or not a person feels that danger exists, and whether or not one of the partners is feeling or expressing fear.

The Panel makes the following recommendations regarding public awareness:

1. The Panel recommends that people who know the victim and/or offender should avoid minimizing the offender's abuse as not serious or dangerous because the abuser is currently not using the tactic of physical abuse.

2. The Panel recommends that the public, friends and family of victims and offenders alike, contact law enforcement and report concerning or dangerous behaviors observed between current or former intimate partners as well as other family or household members.

> *"I know a battered woman when I see one… and she's a battered woman." Bystander reflected about victim after victim was killed by her husband."*

3. The Panel recommends that a coordinated community response to domestic abuse must recognize the risks offenders present to future intimate partners and respond by holding offenders fully accountable for their abusive behavior as early as possible.

The Panel makes the following observations regarding elders:

> *"Mercy shooting… double mercy shooting" Husband reported to 911 operator after he killed his wife and before he killed himself.*

- The Panel has reviewed a number of cases in which the person who committed the homicide, and possibly the victim as well, displayed a sense of hopelessness near the end of life. These situations involved a husband who killed his wife in what appeared to be a suicide pact or because he could no longer care for her. Chronic illnesses can be depressing and psychologically debilitating, and with depression can come irrational, tunnel vision: seeing only one answer. It is important for those around older adults, including family, friends, and service providers, to be aware of the devastating and possibly lethal combination of depression and grief as one approaches later years in life.

- The Panel observes that family members and caregivers of elder individuals may benefit from information from healthcare professionals, social service agencies and others about how to broach the subject of nursing home care.

The Panel makes the following recommendation regarding elders:

1. ☑ The Panel recommends that the community of elder service providers (such as Area Agencies on Aging, Adult Protective Services, Hospice, and Legal Services for the Elderly), continue to: integrate training to identify the dynamics and effects of domestic abuse

> *After learning his father had killed his mother then killed himself, their son "was in complete shock… and had no indications this was a possibility."*

and sexual assault; complete a routine screening for domestic abuse when visiting homes and assessing individuals; and routinely refer to domestic abuse resource centers to support individuals being safe
in their homes.
Understanding Elder Abuse *was a 3-hour training offered to service providers from across the state affiliated with Maine Hospice Council and Center for End of Life Care in April 2014. This training was presented by a multi-disciplinary panel representing the Greater Augusta Elder Abuse Task Force, the Aging and Disabilities Office of Adult Protective, Legal Services for the Elderly, Graham Behavioral Services, the Augusta Police Department, and the Family Violence Project.*

The Panel makes the following observations regarding public awareness and behavioral health:

- The Panel observes that while substance abuse and behavioral health issues do not cause a person to commit domestic abuse, both problems may exist for an offender or a victim. In the case of substance abuse, the offender may push substances on the victim or the victim may use substances to self-medicate. Consequently, an addiction to substances can then become an independent problem for the victim.

- The Panel observes that a victim who may also have behavioral health issues, and resides in unstable housing near others in similar situations, may experience isolation and fear and not know how to seek help. That victim, along with bystanders living in the same area, may also elect not to seek help, report to law enforcement, or access services, believing that abuse is unavoidable or "normal" in their community. While law enforcement involvement may be regular in their community, it may not be for domestic abuse related calls. For example, substance abuse or self-medication and suicide attempts may result in a law enforcement response that may not focus on the domestic abuse aspect of a victim's experience, even though these factors may be possible indications of domestic abuse in the victim's intimate relationship.

- The Panel observes the need for additional resources and information for parents or caregivers to appropriately respond to adult children with severe mental illness who also display abusive or violent behaviors towards themselves and/or others. The Panel recognizes the unsafe environment of homes in which parents or caregivers live in fear each day, yet are unable to commit adult children to institutional settings until crimes occur.

The Panel makes the following recommendations regarding public awareness and behavioral health:

1. The Panel recommends the following options for families and caregivers who are concerned about adult children with severe mental illness who display abusive or violent behaviors:

   - Consider threats made in the context of intrafamilial violence to be domestic violence. Victims of intrafamilial violence benefit from the same supports and services (such as social services, protective orders, law enforcement response and domestic violence resource centers) as a victim of intimate partner violence.

   - Consider creating a safety plan with assistance from the local domestic violence resource center. Leaving the home temporarily may be one part of a safety plan.

   - Seek recommendations from behavioral health professionals, including calling 211 for nearby resources and community behavioral health agencies.

   - Call law enforcement for a well-being check or service call.

   - Remove firearms from the home.

The Panel makes the following observations regarding public awareness and suicide:

- The Panel observes that in the homicide cases reviewed for this report, two thirds of the homicide perpetrators exhibited suicidal behavior prior to killing or attempting to kill their family members or loved ones. Fifty percent of those perpetrators went on to commit or attempt to commit homicide and then kill themselves.

- The Panel observes that when a person tells his/her intimate partner that his/her "life is over" and in any other way exhibits suicidal ideation, such as selling important belongings, this indicates that he/she may be a danger to himself/herself and others.

  "I kept telling her my life is over." Perpetrator wrote just before he killed his girlfriend then killed himself.

- The Panel observes that co-workers of offenders may observe behavior or hear statements indicating a risk for suicide. These may include an employee saying good-byes, giving money or personal belongings away, disappearing unexpectedly or making plans to leave.

The Panel makes the following recommendations regarding public awareness and suicide:

1. The Panel recommends that when a domestic abuse offender makes a threat to kill himself/herself, this must always be treated as if the person making the threats could not only commit suicide, but also commit homicide.

2. The Panel recommends that Maine Suicide Prevention Program and the Maine Center for Disease Control integrate consistent, educational messages about the link between suicidality and homicidality into ongoing suicide training for the public and service providers.

3. The Panel recommends that ongoing efforts to create workplace domestic abuse policies and response protocols should address the link between domestic abuse homicide and suicide.

Faith Community

The Panel makes the following observations regarding the faith community:

- The Panel observes that victims and others directly affected by domestic abuse may turn to their local faith community and its leaders for support.

- The Panel observes that clergy and lay leaders who are well informed about the dynamics of domestic abuse will be better able to focus on safety for victims, and accountability for abusers within their faith communities.

- The Panel observes that clergy and lay leaders may benefit from the support offered by anti-violence projects through hotlines, educational programs, and support groups.

The Panel makes the following recommendation regarding the Faith Community:

1. The Panel recommends that faith communities and lay leaders turn to their local domestic abuse resource centers and sexual assault support services to become educated and develop the necessary skills to offer adequate pastoral care to those affected by domestic abuse and sexual assault.

Applause

Office of Attorney General ~ The Panel previously recommended the need for a public awareness campaign to provide information about safety planning for those experiencing domestic abuse or for concerned bystanders. The Panel applauds Attorney General Janet Mills, the Maine Office of the Attorney General and the Maine Coalition to End Domestic Violence for their work with the Maine Association of Broadcasters on the Public Education Partnership Advertising Campaign. This campaign provided educational information to victims of domestic abuse and to bystanders who might be helpful.

Calais Police Department ~ Following a 2004 recommendation by the Panel, the Maine Criminal Justice Academy Board of Trustees enacted a new Minimum Standard for law enforcement agency domestic violence policy. This standard mandates that agency policy include a "requirement that an agency must review its adherence to all provisions of [its domestic violence response policy] in the event that a victim of domestic violence who resided in the agency's jurisdiction is killed or seriously injured during the time that any temporary or permanent Protection From Abuse order (PFA) was in effect. A report of such review must be kept on file by the agency and made available to the public pursuant to the Freedom of Access Law." The Panel applauds the Calais Police Department for its thorough and forthright internal review following an incident that was reviewed by the Panel.

Maine Department of Education ~ The Panel applauds the Maine Department of Education's creation of a model policy to assist school administrative units in facilitating training and education on dating violence prevention in response to 20-A M.R.S. §6554, *An Act To Establish a Model Dating Violence Prevention Policy*.

Maine Department of Health and Human Services ~ The Panel applauds DHHS and Maine Families, who in 2012 worked with Futures Without Violence, (a national resource center on domestic abuse) to provide statewide training to all home visiting programs about domestic abuse, reproductive coercion and children exposed to abuse. The training curriculum, *Healthy Moms, Happy Babies,* provided a framework for home visiting programs to collaborate with their local domestic abuse and sexual assault resource centers to educate and prepare home visitors to recognize and address abuse in the homes they serve. For more information visit http://www.futureswithoutviolence.org

The Panel applauds DHHS's partnership with Maine Families and the creation of their *Standards of Practice* handbook (originally created in 2007), which is updated annually and provides consistent guidelines and practice standards for state-administered home visiting services. These standards are designed to improve the consistency and quality of services delivered across the State. The Maternal and Child Health Bureau of the Health Resources and Services Administration of the United States DHHS has recognized this handbook as a

high standard of practice in the home visiting services arena. For more information on Maine Families visit **http://mainefamilies.org/index.html**

Maine Coalition to End Domestic Violence ~ The Panel applauds the Maine Coalition to End Domestic Violence, in collaboration with the Violence Intervention Partnership in Cumberland County, for their work to provide statewide training on the Ontario Domestic Abuse Risk Assessment as part of the Maine Criminal Justice Academy 2014 mandated training program for law enforcement, as well as training advocates and other first responders.

The Panel applauds family and friends who supported a person in their lives who was being victimized by an abusive partner. Family members and friends took the abuse seriously…they believed. They took firearms away from the offender. Family members and friends provided support and sometimes shelter. They worked with law enforcement to provide safety. They were a vital part of a safety and support system for a victim. They saved lives.

The Panel offers gratitude to the many family members, surviving parents, siblings, cousins and adult children, as well as friends and co-workers, who have generously and painfully shared information about the lives and killings of their loved ones, battered women and children, with police, homicide investigators, prosecutors, and the media. They told of the many ways they assisted their dear ones. They described their fears. They talked of feelings of helplessness in the face of escalating violence. They have offered their perspectives on the circumstances in which the abused were killed. They provided thoughtful perspectives on the motivation of batterers who chose fatal violence. They gave the Panel insights into systemic responses and missed opportunities to intervene to protect victims and incapacitate batterers. Angry or heartbroken, immobilized or inspired to forge new policies and practices in Maine, all advanced the work of the Maine Domestic Abuse Homicide Review Panel. We are grateful beyond that which words can describe.

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 mcedv.org 207-430-8334

Aroostook County
Hope and Justice Project
www.hopeandjusticeproject.org
754 Maine St.
Presque Isle, ME 04769
Office: 207-769-8251
Hotline: 1-800-439-2323

Penobscot & Piscataquis Counties
Spruce Run-Womancare Alliance
Bangor office:
www.sprucerun.net
P.O. Box 653
Bangor, ME 04402
Office: 207-945-5102
Hotline: 1-800-863-9909

Dover office:
www.wmncare.org
P.O. Box 192
Dover-Foxcroft, ME 04426
Office & Hotline: 207-564-8165
Hotline: 1-888-564-8165

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
Office: 207-667-0176
Hotline: 1-800-315-5579

Androscoggin, Oxford & Franklin Count
SafeVoices
www.safevoices.org
P.O. Box 713
Auburn, ME 04212
Office: 207-795-6744
Hotline: 1-800-559-2927

Knox, Lincoln Sagadahoc & Waldo Cour
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
83 Western Ave, Suite 2, Augusta, ME 04330
Phone: 207-626-0034

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

Aroostook County
AMHC Sexual Assault Services (AMHC SAS)
Office only: 207-493-3361
www.amhc.org

Hancock & Washington Counties
Downeast Sexual Assault Services (DSAS)
Office only: 1-800-492-5550
www.downeasthealth.org

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

University of Maine Community
Safe Campus Project (SCP)
University of Maine, Orono
Office only: 207-581-2515
www.umaine.edu/safecampusproject

Androscoggin, Oxford & Franklin Counties
Sexual Assault Prevention & Response Services (SAPRS)
SACC, Androscoggin County www.sexualassaultcrisiscenter.org
Office only: 207-784-5272
REACH, Oxford County www.reachmaine.org
Office only: 207-743-9777
SAVES, Franklin County www.savesrapecrisis.org
Office only: 207-778-9522

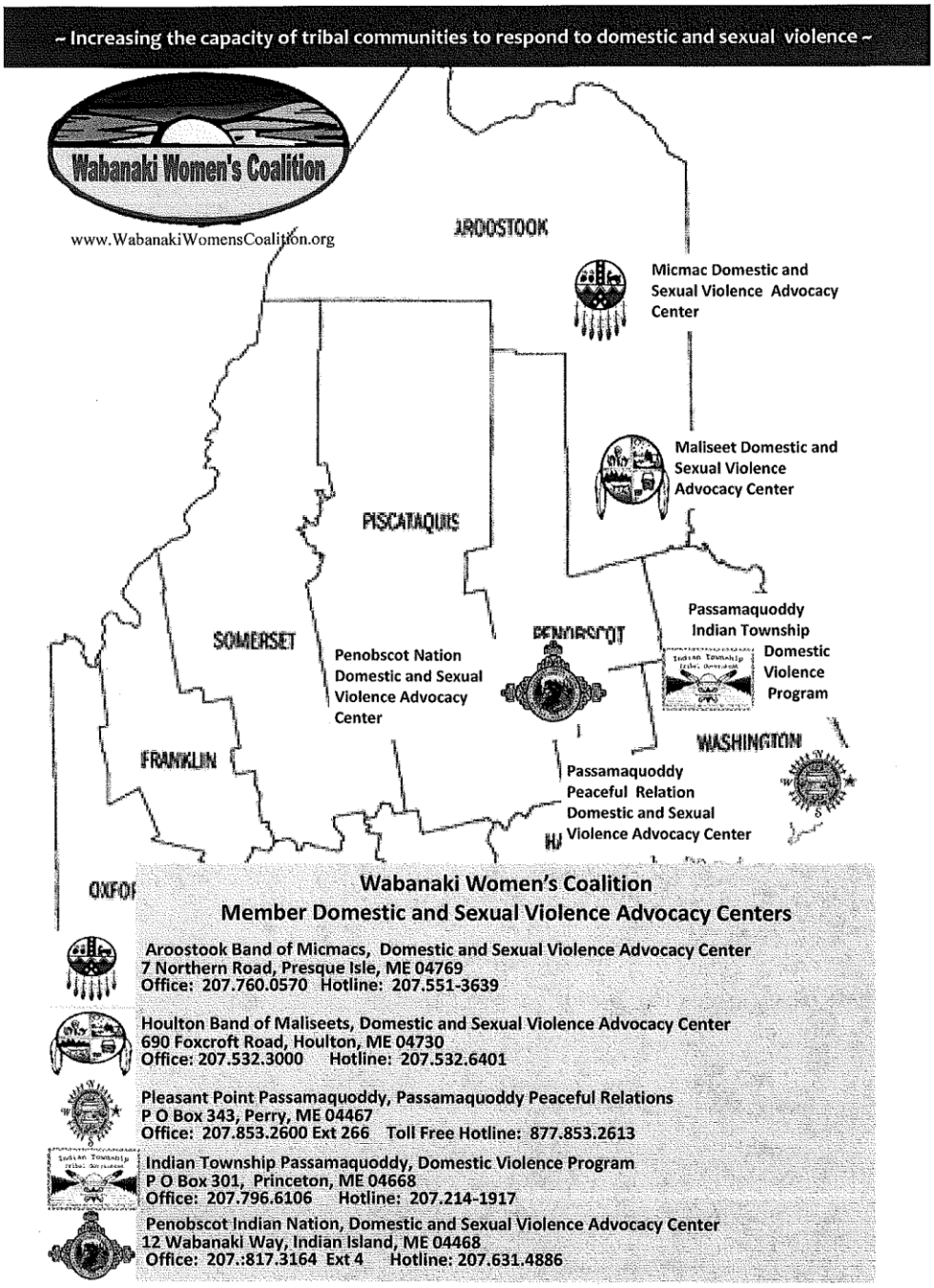
Kennebec & Somerset Counties
Sexual Assault Crisis & Support Center (SAC & SC)
Office only: 207-377-1010
www.silentnomore.org

Cumberland & York Counties
Sexual Assault Response Services of Southern Maine (SARSSM)
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
United Somali Women of Maine (USWOM)
www.uswofmaine.org
Office only: 207-753-0061

Appendix D: Wabanaki Women's Coalition
Map of Domestic and Sexual Abuse Programs



Appendix E: Creation of the Wabanaki Women's Coalition

The Tribal Domestic and Sexual Violence Advocacy Programs in Maine have accomplished a long sought after dream in the formation of the Wabanaki Women's Coalition (WWC). The five Wabanaki Tribal communities in Maine also have a ground breaking achievement in that all now have a sexual and/or domestic violence advocacy program of which four of the five are dual domestic and sexual violence advocacy programs. Two of the Tribal Advocacy programs have been in operation for over ten years and have been able to mentor and provide support for the other three Tribal communities in developing their advocacy programs.

The Board of Directors of the Wabanaki Women's Coalition are the Directors/Coordinators of the five Tribal Advocacy Programs: Nancy Soctomah, Director of Peaceful Relations at Pleasant Point Passamaquoddy, Julie Walton, Director of Micmac Domestic and Sexual Violence Advocacy Center, Dolly Barnes, Director of Indian Township Passamaquoddy Domestic Violence Programs, Tonia Dana, Coordinator of Penobscot Nation Domestic and Sexual Violence Advocacy Center, and Jane Root, Director of Maliseet Domestic and Sexual Violence Advocacy Center. Jane Root is also the Interim Executive Director.

The Mission *of the Wabanaki Women's Coalition (WWC) is to increase the capacity of tribal communities to respond to domestic and sexual violence and influence tribal, national and regional systems to increase awareness, safety, justice, and healing for all our relations.*

The Wabanaki Women's Coalition has a small subcontract with First Nations Development Institute who is the Fiscal Sponsor. The Wabanaki Women's Coalition is appreciative of the recognition from the Department of Justice, Office on Violence Against Women an area of Indian Country that was ready and able to launch a Tribal Domestic and Sexual Violence Coalition. The WWC has received IRS nonprofit 501(c)(3) status and will be fully funded October 1, 2014. The WWC is excited about the coming year ahead with many planned trainings and awareness events.

The Wabanaki Women's Coalition looks forward to working with other stakeholders, locally, regionally, nationally, and in collaboration with Tribal Coalitions throughout Indian Country. Contact information: Jane Root, Interim Executive Director wabanakiwomenscoalition@gmail.com Web page: www.WabanakiWomensCoaltion.org

Appendix F: "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" you 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 G: 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 H: Bangor Police Department's "Blue Card"

Bangor Police Department

INFORMATION FOR VICTIMS OF DOMESTIC ABUSE

The Bangor 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 law to: (1) break the cycle of domestic violence by preventing future incidents, and (2) protect victims of domestic violence and provide them with 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 Bangor Police Department with your personal contact information so that we can reach you once the defendant is released on bail. You may call the Bangor Police Department (947-7384) 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 Bangor Police Department (947-7384).
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 Spruce Run, a local domestic abuse advocacy group, at 947-0496 (24 hours) or the Penobscot County Victim Witness Coordinator at 942-8552. If needed, transportation is available to you in order to obtain a protection order.

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

- Bangor Police Department – (207) 947-7384 (24 hours);
- Spruce Run – (207) 947-0496 (24 hours);
- Penobscot County Victim Witness Coordinator - (207) 942-8552 or 1-800-696-5404 (Mon-Fri, 8 am - 4 pm).

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Bangor Police Department

INFORMATION FOR PERSONS CHARGED WITH DOMESTIC ASSAULT OR RELATED OFFENSES

The Bangor 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 law to: (1) break the cycle of domestic violence by preventing future incidents, and (2) protect victims of domestic violence and provide them with 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 that 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 947-7384 and ask to speak with the Commanding Officer.

Appendix I: Voices of Victims and Survivors

As the Panel has observed, the demeanor of a law enforcement officer, such as the respect an officer shows to a victim of domestic abuse and how seriously the officer takes the victim's complaint, can be a turning point for a victim who then feels enough support exists to escape the abusive partner.

The Panel applauds the Maine State Police detective who, following a homicide investigation, undertook a survey of several other victims/survivors with whom he had previously worked. This detective asked survivors what had made a difference for them in their process of escaping or getting safe from their abusive partners. This group reported that their encounters with law enforcement were a part of what made the difference.

Below are the detective's questions and the survivors' answers:

- What made you ask for help when you called 911?
- What was it that made you follow through with the prosecution of the abuser?
- What was it that made you follow through with removing the abuser from your life and the lives of your family members?
- What aspect of the above did you find the most challenging or intimidating?

"A supportive law enforcement officer played a big part in that as well. Having the support, guidance and reassurance from someone (probably the only person that saw some of the destruction first hand and saw me at my weakest moments). I'm not sure I would have remained so strong without the support of a trained professional who showed he cared."

"Once I made that call, my secret was out and I could stand up for myself and for my children, hold my head up high and show them what is and isn't acceptable behavior."

"I had a son who was getting ready to start high school and there was no way, I was going to have him grow into a young man believing that is how you treat someone."

"I did not want to ask for help and for a very long time I didn't. I felt very embarrassed, ashamed, and very much in denial. As lame as it may be, a part of me just believed and accepted this is the way things were meant to be, that no relationships were really all that different. I would talk with a few friends but really it never went beyond that until… things worsened beyond what I could rationalize."

"When things worsened to the point that police became involved, so did DHHS and I had distrust for all. I had fears that DHHS would step in and take my kids if I did not protect them to the best of my ability, so with the positive encouragement by the officers involved and with the support of one of my sisters – I went to Next Step. I had attempted years ago and chickened out but with this dark cloud hovering above, I knew somewhere inside that

it was time. Next Step helped me with the process of filling out paperwork for an order of protection, they were supportive, listened and offered assistance in areas that they were able…this was the beginning of asking for help."

"This has been an ongoing challenge, one I have not yet completed and not sure if I ever will completely. I removed myself and my children from the situation a year and a half ago. At first we had help from some very good friends, Next Step, the Citizen Protection Group, my sister, law enforcement and the justice system. It felt like a small army behind me, before me and all around me – together they gave me support, strength and courage."

"Every step has been a challenge and scary. But with each step I hope I am moving further and further away from my past and closer to a happier, healthier future…I hope. Trusting friends (new and old), leaning on family, finding faith and trust with the law enforcement officers and the courts, believing it's worth it – believing I'm worth it, maintaining strength, courage and hope and so much more."

"I was petrified when I first left. Fear and guilt filled me; I was causing my ex pain, taking his kids, breaking the family, I was supposed to stay, to make it work, to keep things together, what God planned, what was right, what was expected, what was normal. During the months he was in jail, I will admit, it was easier. It was a chance to rest, recover, plan and prepare but since his release, it almost feels sometimes like we are back at the beginning."

"Fear is very powerful, usually gets us at our weakest and sucks us away…but not this time."

Appendix J: Tactics of Abuse used by Offenders

In the course of investigating the homicide cases reviewed by the Panel, the following behaviors were reportedly used by perpetrators against their intimate partners or family members:

- Perpetrator accused his wife of cheating
- Perpetrator wanted his wife constantly with him
- Perpetrator never "hit" his wife, but grabbed, held her down, blocked the doorway so she couldn't leave
- Perpetrator gagged his girlfriend during sexual activities
- Perpetrator threatened to kill his girlfriend if relationship ended
- Perpetrator mock shot his wife in the head
- Perpetrator prevented his wife from leaving house or going anywhere alone
- Perpetrator shot gun into wall near his wife
- Perpetrator held gun to his wife's head and threatened to kill her
- Perpetrator was known to sleep with gun
- Perpetrator made multiple repetitive calls to his girlfriend
- Perpetrator refused to leave residence when asked by his girlfriend
- Perpetrator threatened to kill his girlfriend's family members
- Perpetrator made threats against his father to other members of his family
- Perpetrator exhibited dangerous, erratic and unpredictable behavior
- Perpetrator was loving one minute and then scary the next minute
- Perpetrator and victim argued and fought - neighbors could hear
- Perpetrator was known to sleep with knife under her pillow
- Perpetrators had multiple sexual partners
- Perpetrator viewed child pornography
- Perpetrator subjected his girlfriend to put downs and degrading name calling
- Perpetrators threatened suicide if the relationship ended
- Perpetrator stalked his ex-girlfriend
- Perpetrator used electronic technology to monitor his ex-girlfriend
- Perpetrators did not follow Protection From Abuse order restrictions
- Perpetrator kidnapped his girlfriend and held her hostage at knife/gun point
- Perpetrators strangled previous partners
- Perpetrator forced intercourse with his partner
- Perpetrator told his wife, after separation, that the pets really missed her
- Perpetrator coaxed estranged wife back to house to divide up belongings
- Perpetrator told wife he "loved her more than anything in the world"

Appendix K: The Governor's Court Order Enforcement Task Force Report

Listed the following observations:

1. That all those in the criminal justice system and services providers are dedicated to preventing and protecting victims of domestic violence.

2. That the current Protection from Abuse Order system is effective in protecting victims of domestic violence.

3. That the resources within the criminal justice system and service providers are inadequate to sufficiently provide the level of services needed to victims of domestic violence.

Listed the following recommendations:

1. The Protection Order Service Information form used by the Court should be modified to include how many and what type of firearms the defendant owns.

2. There needs to be established a tracking system to ensure firearms are relinquished by defendants as ordered by a Court. The Order Prohibiting Possession and Requiring Relinquishment of Firearms and Weapons document should be provided to and tracked by the Courts, with follow up by the appropriate law enforcement agency if needed

3. The Order Prohibiting Possession and Requiring Relinquishment of Firearms and Weapons document should be modified so the defendant is required to return the document to both the Court and the law enforcement agency of jurisdiction. This could initially be accomplished by checking both boxes on the document. Section 4006, subsection 2-A of Title 19-A of the Maine Revised Statutes should be amended to reflect this recommendation.

4. A document should be created and provided to third parties that receive firearms from defendants for safe keeping that informs the third parties of the responsibilities they have in taking and storing the firearms. The document should include information about the consequences of the third party returning any firearm to a defendant who has not had his or her right to possess firearms reinstated. This document should be returned by the defendant to the Court and the law enforcement of jurisdiction, along with the Order Prohibiting Possession and Requiring Relinquishment of Firearms and Weapons document.

5. Court clerks should be trained on how to better help plaintiffs fill out the forms associated with obtaining a Protection from Abuse Order.

6. Law enforcement should adopt the best practice of seizing firearms from defendants and not relinquish them to a third party.

7. The Legislature should examine ways to provide options for third party relinquishment of firearms.

8. Law enforcement should pursue obtaining search warrants for firearms whenever there is probable cause to do so.

9. Law enforcement should consult with the United States Attorney's Office regarding the possibility of federal prosecution in cases in which a defendant is a repeat offender or has a prior conviction for a violent crime.

10. Law enforcement and bail commissioners should consider a bail condition of random searches for firearms and ammunition when the facts of the case warrant such a condition.

11. The criminal justice system and service providers should continue to encourage victims of domestic violence to obtain Protection from Abuse Orders.

Appendix L: Healthcare Response to Domestic Abuse

(The Panel's Healthcare members offer the research below to more fully explain the observations and recommendations made within the Healthcare section.)

- **Reproductive and sexual coercion** includes behaviors that interfere with the use of contraception and may result in an unintended pregnancy, a miscarriage, or a pregnancy termination against the woman's wishes. [1] According to the National Domestic Violence Hotline, "Survivors of domestic violence don't always recognize reproductive coercion as part of the power and control their partner is exerting over them in their relationship." [2] In addition, reproductive and sexually coercive behaviors increase the risk of sexually transmitted infections and injury to the genitalia. Reproductive coercion and abuse during or after pregnancy also raise concern for potential abuse, neglect, or exploitation of the newborn and other children in the home and require assessment for reproductive and sexual coercion.[1]

- **During pregnancy** victims of domestic abuse face increased risks from the offender. The offender often asserts more coercive control to limit the mother's attention toward the baby, or may threaten or engage in acts of physical violence directed at the mother or baby. In most cases involving abuse against a pregnant woman, the offender will direct abuse to the woman's abdomen or will intensify abuse in general, but in some cases domestic violence ends during pregnancy because the abuser makes a conscious effort to not harm the fetus. [3] Pregnancy can be a protective period for some women in terms of a hiatus of pre-existing violence, but for others it is a risk period during which abuse may begin or escalate. Women with violent partners have a hard time protecting themselves from unintended pregnancy and sexual violence can directly lead to pregnancy. [4] However, international studies show that 25% of women are abused for the first time during pregnancy.[5] In one study conducted by Campbell *et al.*, women were asked to speculate on why they thought they were abused during their pregnancies. The answers were categorized into four categories: [6]

    - Jealousy towards the unborn child

[1] Chamberlain, L., & Levenson, R. (2012). *Addressing Intimate Partner Violence, Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic and Reproductive Health Care Settings*, 2nd Ed. San Francisco: Futures Without Violence.
[2] National Domestic Violence Hotline (2011). 1 in 4 callers to the National Domestic Violence Hotline report Birth Control Sabotage and Pregnancy Coercion. http://www.thehotline.org
[3] Campbell, JC, Oliver C, Bullock L. "Why battering during pregnancy?" AWHONN's clinical issues in perinatal and women's health nursing. 4.3 (1993.) 343. Print
[4] Heise LL, Ellsberg M, Gottemoeller M. Ending violence against women. Baltimore, MD, Johns Hopkins University School of Public Health, Center for Communications Programs, 1999 (Population Reports, Series L, No. 11)
[5] Irish Examiner, Pregnancy Offers No Protection from Abuse; Ring, E, June 24, 2010
[6] (Campbell, JC, Oliver C, Bullock L. "Why battering during pregnancy?" AWHONN's clinical issues in perinatal and women's health nursing. 4.3 (1993.) 343.)

- Anger towards the unborn child
- Pregnancy specific violence not directed toward the child
- "Business as usual."

- **Screening for domestic abuse** - The US Preventative Services Task Force has declared that healthcare providers should be screening annually for domestic abuse and frequently during pregnancy.

- **Barriers to screening** - Healthcare providers may experience barriers to screening their patients for domestic abuse. "Twelve studies identifying barriers to IPV [Intimate Partner Violence] screening as perceived by health care providers yielded similar lists; top provider-related barriers included lack of provider education regarding IPV, lack of time, and lack of effective interventions. Patient-related factors (e.g., patient nondisclosure, fear of offending the patient) were also frequently mentioned. Twelve additional studies evaluating interventions designed to increase IPV screening by providers revealed that interventions limited to education of providers had no significant effect on screening or identification rates. However, most interventions that incorporated strategies in addition to education (e.g., providing specific screening questions) were associated with significant increases in identification rates."[7]

- **Best practices for screening** include screening patients in private, regularly, and especially frequently during pregnancy as well as documenting patient responses. Provider should face the patient during screening making direct eye contact, as opposed to standing in front of a computer taking notes.

- **Screening questions** suggested:
  - "Because I see so many patients who are being abused by their partners, I ask all of my patients about abuse in their own lives."
  - "What happens when you and your partner have a disagreement?"
  - "How do you resolve conflict in your relationship with your partner?"
  - "How many doctors have you seen over the last twelve months and for what concerns?"

*For more information on screening, see below, Maine Chapter of Physicians for Social Responsibility's "*Screening Questions for Possible Victims of Domestic Violence.*"*

- **SAFE nurses** - Sexual Assault Forensic Examiners are nurses who have been trained and are skilled at domestic abuse screening and intervention.

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[7] Screening for Intimate Partner Violence by Health Care Providers
Barriers and Interventions
Jill Waalen, MD, Mary M. Goodwin, MA, MPA, Alison M. Spitz, MS, MPH, Ruth Petersen, MD, MPH, Linda E. Saltzman, PhD
Am J Prev Med 2000;19(4) 0749-3797/00/

- **Preventive care for child abuse and neglect -** An integrated system of healthcare response to domestic abuse and child abuse may result in better identification of victims, improved safety for parent and child, more referrals to community services, and enhanced comfort levels for providers making referrals.

- **Risk factors associated with child abuse** generally include:
  - Young and/or single parents (particularly step fathers and maternal boyfriends)
  - Those with lower levels of education
  - An unstable family situation
  - Stress factors within the family including perceived financial stress
  - Food insecurity
  - Housing stresses
  - Domestic abuse
  - Alcohol/drug abuse
  - Parental depression

For more information on risk factors for child abuse visit-
http://www.uptodate.com/contents/physical-abuse-in-children-epidemiology-and-clinical-manifestations?source=see_link&anchor=H3 - H3

- **SEAT= Significant Event Assessment Team** – In this context an "event" is considered a systematic failure, thus a system approach is used: a failure is a system problem and not any individual's problem. Thus, any hospital event that could have or did in any way lead to a major or catastrophic outcome is reviewed just as if it did lead to a problem. Each process in the system involved is methodically scrutinized and a determination is made as to whether it was caused by lack of awareness that there could be a problem, a lack of well-formed guidelines, individuals not following guidelines, issues with leadership making such problems a priority.

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.