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THE 14TH BIENNIAL
REPORT OF THE MAINE
DOMESTIC ABUSE
HOMICIDE REVIEW
PANEL

December 2023



The Power of Collaboration:
FROM INTERVENTION TO PREVENTION

The 14th Biennial Report is Dedicated to all advocates who provide services to people experiencing violence:

Advocates working in State and County offices as well as in community-based advocacy organizations across the state play a pivotal role in the safety of victims and in our legal system. They create a bridge between survivors and the various stakeholders involved.

Advocates work with law enforcement agencies, prosecutors, judges, and social service providers. They recognize that addressing needs requires a collective effort. They ensure that voices are heard, concerns are addressed, and information flows smoothly.

Advocates offer short-term emotional support and coping strategies. They listen empathetically, validate survivors' and/or family members' experiences, and empower them to make informed decisions.

Advocates reinforce a shared commitment to positive outcomes for survivors and/or family members. Whether it's navigating legal processes, accessing services, or emotional support, their dedication is unwavering.

Advocates, we acknowledge you and thank you.



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FOREWORD BY MAINE ATTORNEY GENERAL AARON M. FREY

The 14th Biennial Report of the Maine Domestic Abuse Homicide Review Panel offers a thorough and insightful review of 27 domestic abuse homicide cases over the review period. This report provides substantial observations and meaningful recommendations for action. The content within these pages deserves careful review and consideration by all who are in contact with domestic abuse, whether in their work or personal lives.

Indeed, woven throughout this report is the recognition that in most homicide cases, third parties had awareness that domestic abuse was occurring in the lead up to the homicide. The call to action and wealth of information this report provides should prompt all of us to consider how we will respond when presented with evidence that a loved one, a friend, a co-worker, or even oneself, is experiencing domestic abuse.

I want to highlight some important points made in this report. First, community-based advocacy organizations offer a full range of services for people experiencing domestic abuse, which includes helplines that are available for not just survivors, but also for those who are concerned about someone else affected by domestic abuse. To quote this report: “helplines are available to the helpers as well.”

Second, access to trauma therapy for children who have experienced domestic abuse, and services for survivors experiencing co-occurring substance use disorder and domestic abuse, is critical. Recognition of these issues, referral for appropriate treatment, and resources are needed to provide support for survivors.

Third, more attention needs to be given to the risk of domestic abuse for senior Mainers. The increased need for home care and the prevalence of depression or suicidality experienced by aged individuals, particularly near the end of life, are areas recognized by the panel of deserving attention. More investment to support those family members who are stepping up to support aged family members, to support home health aides, and to support mental health screening is called for.

As a fourth highlight, while progress has been made, work remains to be done to more fully educate members of the criminal justice system and the public generally on the serious risks of strangulation in domestic abuse cases. This recommendation is not new from the panel, and its inclusion in this report emphasizes the continued importance of training on the dangerous dynamics of strangulation and the relationship that the act has to domestic abuse homicides. These are but a handful of important insights from this report.

Finally, and most importantly, I want to express my sincere appreciation for the numerous individuals who invested significant thought, energy, time, and applied experience to the work this report represents. These talented individuals have my thanks for their tireless dedication to prevent domestic abuse.

We all share responsibility to confront domestic abuse and, I cannot say it any better than the report: “everyone should learn to recognize the dynamics of domestic abuse, how to support accountability for someone committing abuse, how to be helpful to a victim, and what resources are available to each of us.”

INTRODUCTION BY PANEL CHAIR

LISA J. MARCHESE, DEPUTY ATTORNEY GENERAL

As the 14th Biennial Report of the Domestic Abuse Homicide Review Panel goes to press in December of 2023, Maine is experiencing a record number of homicides, including a mass shooting in Lewiston. Homicide robs a mother, father, child, colleague, relative, friend or co-worker of a loved one. Victims and surviving loved ones are often supported in life and in death by people who have dedicated their lives to helping people who have experienced the profound loss of someone close to them being murdered or injured – an advocate. Through many different agencies, services are available to victims and victims' families experiencing violence and homicide. Community based advocacy organizations and Victim-Witness Advocates across the State provide an expansive range of services to victims. In tribute to the women and men who have dedicated their lives to helping people who have experienced violence, the 14th Report of the Domestic Abuse Homicide Review Panel - *The Power of Collaboration - From Intervention to Prevention* is dedicated to all advocates who work on behalf of victims of violence.

The 14th Report looks at domestic abuse homicides that occurred between 2015 and 2022. Within the report, the Panel recognizes the importance of community-based advocates who serve victims of domestic abuse. In addition to reviewing cases involving intimate partner violence, the Panel also reviewed cases in which victims were children, the elderly, people experiencing substance abuse disorder and people with mental health conditions. The importance of providing community-based support and outreach when dealing with victims is highlighted throughout the report. The report also reminds us that community-based advocacy organizations are also available to people who know someone that is experiencing domestic abuse. As a prosecutor for over 35 years, I have the upmost respect and admiration for those people who dedicate their lives to working with victims of violence and for making the Criminal Justice System a bit easier to navigate while feeling supported.

Recognizing that preventing domestic abuse homicides takes collaboration, so does the drafting and publication of the 14th Biennial Report of the Domestic Abuse Homicide Review Panel. As the Panel Chair for 22 years, I have seen the process of this report come together in a variety of ways but the collaboration among Panel members to produce this report was unsurpassed. I would like to thank Randi Clatchey, the Panel Coordinator for her infinite patience in preparing draft after draft until the Panel proclaimed it was fit for print. Thank you also to Kate Faragher Houghton who has dedicated countless hours to this report. Kate is a violence prevention consultant and has donated her time and talents for years because of her commitment to victims. Thank you, Kate for all your hard work. Thank you also to Francine Stark, Executive Director of the Maine Coalition to End Domestic Violence, who not only devotes endless hours to the work of the Panel but has devoted her career to people experiencing domestic abuse. I want to recognize Polly Campbell and Nancy Fishwick who consistently remind us of the importance of the Health and Behavioral Health Care system in keeping victim's safe. I would also like to thank the members of the Panel who take time from their busy schedule to meet monthly for case reviews that led to the observations and recommendations found in this report. Some Panel members have been attending meetings and assisting with Biennial reports for over 20 years. Lastly, a very special thank you to all advocates who work tirelessly on behalf of victims experiencing all types of violence.

CURRENT MEMBERSHIP

MAINE DOMESTIC ABUSE HOMICIDE REVIEW PANEL

Panel Chair:

Lisa Marchese*

Deputy Attorney General
Chief, Criminal Division
Office of the Attorney General

Panel Co-Chair:

Lisa R. Bogue

Assistant Attorney General
Criminal Division
Office of the Attorney General

Panel Coordinator:

Randi Clatchey

Research Assistant
Criminal Division
Office of the Attorney General

Sherry Billings

Survivor, Advocate Trainer
Domestic Abuse Response

Polly Campbell, RN, BS, BA*

Clinical Director, ANE SANE Program
School of Nursing and Population Health
University of New England

Hon. Deborah P. Cashman*

Maine Superior Court Justice

Alice Clifford

Assistant District Attorney*
Penobscot County District Attorney's Office

Cara Cookson

Victim Witness Advocate Coordinator
Criminal Division
Office of the Attorney General

Kate Faragher Houghton, JD

Violence Prevention Consultant
Former Panel Coordinator

Sarah Firth

Director of HR and Compliance
Maine Coalition Against Sexual Assault

Nancy Fishwick, PhD, RN, FNP*

Bangor

Jennifer Fiske

Detective, Major Crimes Unit North
Maine State Police

Renee Fournier

Victim Advocate
Criminal Division
Office of the Attorney General

Aaron M. Frey

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Francine Garland Stark*

Executive Director
Maine Coalition to End Domestic Violence

Courtney Goodwin*

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Child Protection Division
Office of the Attorney General

Rebecca Hobbs*

Facilitator
Certified Domestic Violence Intervention
Program
Executive Director
Through These Doors

Bobbi Johnson, LMSW*

Associate Director, Child Welfare Services
Office of Child and Family Services
Dept. of Health and Human Services

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FABBIR, FABVR**
Doctor of Chiropractic
MidCoast Chiropractic Neurology

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Chief
Augusta Police Department

Lindsay Moon*
Legal Services Coordinator
Next Step Domestic Violence Project

Tessa Mosher*
Director, Office of Victim Services
Maine Department of Corrections

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

Suzanne Russell
Assistant Attorney General
Criminal Division
Office of the Attorney General

Michael Sauschuck*
Commissioner
Department of Public Safety

S. Taylor Slemmer, M.A., F-ABMDI *
Medicolegal Death Investigator
Office of Chief Medical Examiner

**Required by enabling legislation*

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

Shalene Kirkley, PhD
Forensic Evaluator
Maine State Forensic Service

Jared Mills
Chief
Augusta Police Department

The Panel would also like to acknowledge Jamie Landry for the report cover art.

ABOUT

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 C for the complete language of the Panel's enabling legislation.

The Maine Domestic Abuse Homicide Review Panel meets monthly to review and discuss domestic abuse homicide cases. The Panel Coordinator works with the prosecutor and/or the lead detective to present to the multi-disciplinary Panel detailed data about the homicide, information about the relationship of the parties, and any relevant events leading up to the homicide.

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

MISSION STATEMENT

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

SUMMARY OF CASE DATA

14TH BIENNIAL REVIEW PERIOD

Introduction

This biennial report addresses the fatality reviews completed by the Maine Domestic Abuse Homicide Review Panel since 2020. The Panel reviews domestic abuse homicide cases after sentencing or acquittal, and domestic abuse homicide-suicide cases after investigations are complete.

During the period established for this review, the Panel reviewed 27 cases involving domestic abuse, which occurred from 2015 to 2022. A total of 27 perpetrators in the cases reviewed killed 28 victims in domestic abuse homicides.

In the current biennial review period, the following homicides occurred in Maine:

- In 2020, 17 perpetrators committed 20 homicides, six of which the Department of Public Safety categorized as domestic abuse homicides.
- In 2021, 18 perpetrators committed 19 homicides, 10 of which were categorized as domestic abuse homicides. Of the 10 domestic abuse homicides, there were six child victims.
- In 2022, 35 perpetrators committed 31 homicides, 17 of which were categorized as domestic abuse homicides. (*One domestic homicide was not yet listed in the Maine Department of Public Safety's report for 2022.*)

Domestic abuse homicides accounted for nearly 49% of Maine's total homicides during this three-year period. (See Appendix D for homicide lists from the Maine Department of Public Safety.)

According to the Violence Policy Center's recent study, "When Men Murder Women: An Analysis of 2020 Homicide Data," Maine ranked 38th in the nation for single male offender and single female victim homicides.

Nationally in 2020, 1,604 out of 1,801 female homicide victims were killed by a male they know.

Eight times as many females were murdered by a male they knew (1,604 victims) than were killed by male strangers (197 victims) in single victim/offender incidents in 2020.

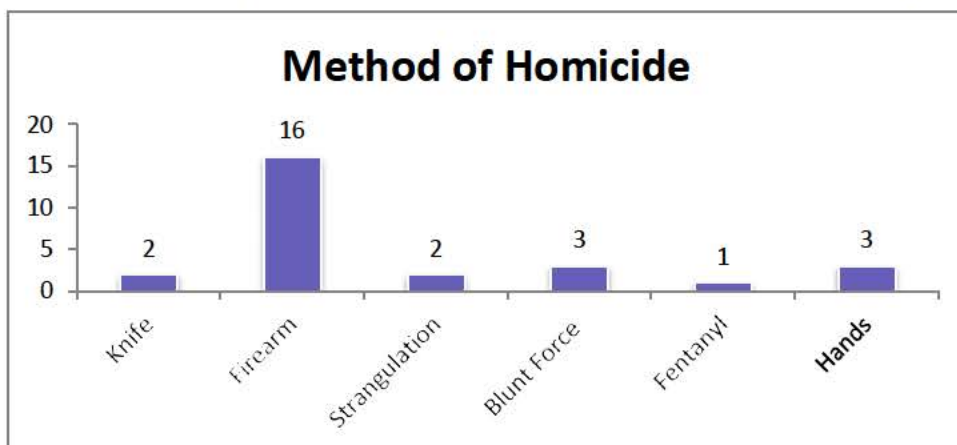
(See: [When Men Murder Women / Violence Policy Center \(vpc.org\).](https://www.vpc.org/when-men-murder-women/))

The timeframe for this biennial report (Fall 2020 – June 2023) is inclusive of the COVID-19 pandemic that included a period of “lockdown” to reduce risk of viral transmission which was jeopardizing the public’s health and safety. Although the State of Civil Emergency saved lives, there were many unintentional personal and societal consequences to this prolonged disruption of daily life and social connections. Among the negative consequences of mandates to reduce the spread of COVID-19 was that of increasing the risk of danger for women in abusive relationships. The United Nations declared violence against women to be a “shadow pandemic” during COVID-19 in their 2021 report of 13 nations (See <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>). A 2021 report by the National Commission on COVID-19 and Criminal Justice indicated that “domestic violence incidents in the U.S. increased 8.1% following imposition of stay-at-home orders” (See <https://counciloncj.org/new-analysis-shows-8-increase-in-u-s-domestic-violence-incidents-following-pandemic-stay-at-home-orders/>).

The Panel cannot make evidence-based correlations between the circumstances of homicides and the societal and individual restrictions imposed during the height of the COVID-19 pandemic but acknowledges the many ways in which the level of danger may be compounded by isolation at home with an abusive person and being socially isolated and cut off from helping services and personal networks. In Maine, 79% of people served by the Domestic Violence Resource Centers comprising the Maine Coalition to End Domestic Violence (MCEDV) in 2021 reported that the pandemic had affected their safety. Helpline call volumes increased by 13%. Electronic connections through chat, text, video, and email increased by 67% (See <https://www.mcedv.org/wp-content/uploads/2022/01/2021-Annual-Report-FINAL-1.pdf>).

2023 Biennial Review Cases: Domestic Abuse Homicide Data

(All data used throughout this report has been rounded to the nearest whole percent)



TRENDING DATA:

As depicted, and as reflected in every prior report of this Panel, Perpetrators primarily used firearms to commit domestic abuse homicides.

Of the 27 perpetrators of homicide responsible in the cases reviewed by the Panel:

16 used a firearm to kill 17 victims, (Of these, 1 perpetrator was prohibited from possessing firearms)

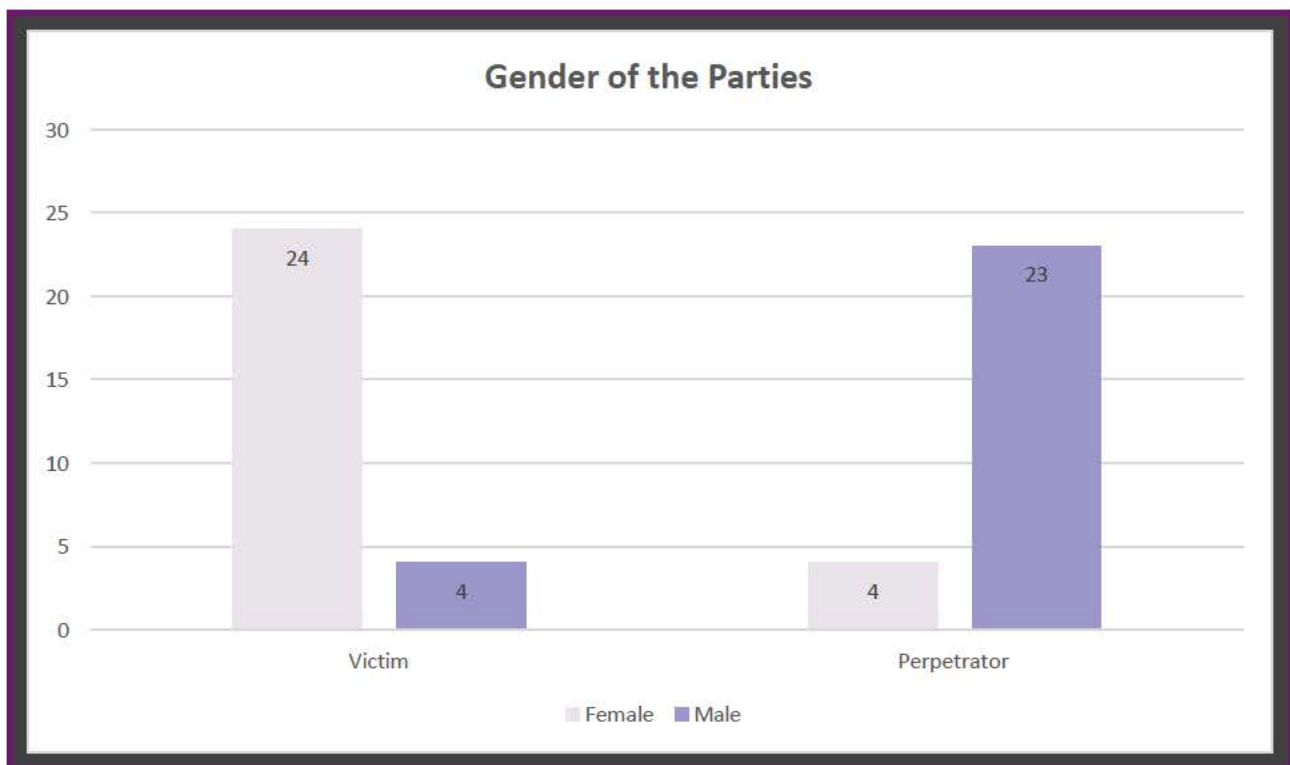
3 used blunt force and/or objects to kill 3 victims

2 used knives to kill 2 victims

2 used manual strangulation to kill 2 victims

3 used their hands in other ways to kill 3 victims

The toxic effects of Fentanyl killed 1 victim



The 28 homicide victims ages ranged from 6 months to 89 years old.

- 9 victims were 55 or older,
- 8 victims were 41 -54 years of age,
- 7 victims were 5-40 years of age,
- 4 victims were under the age of 4.

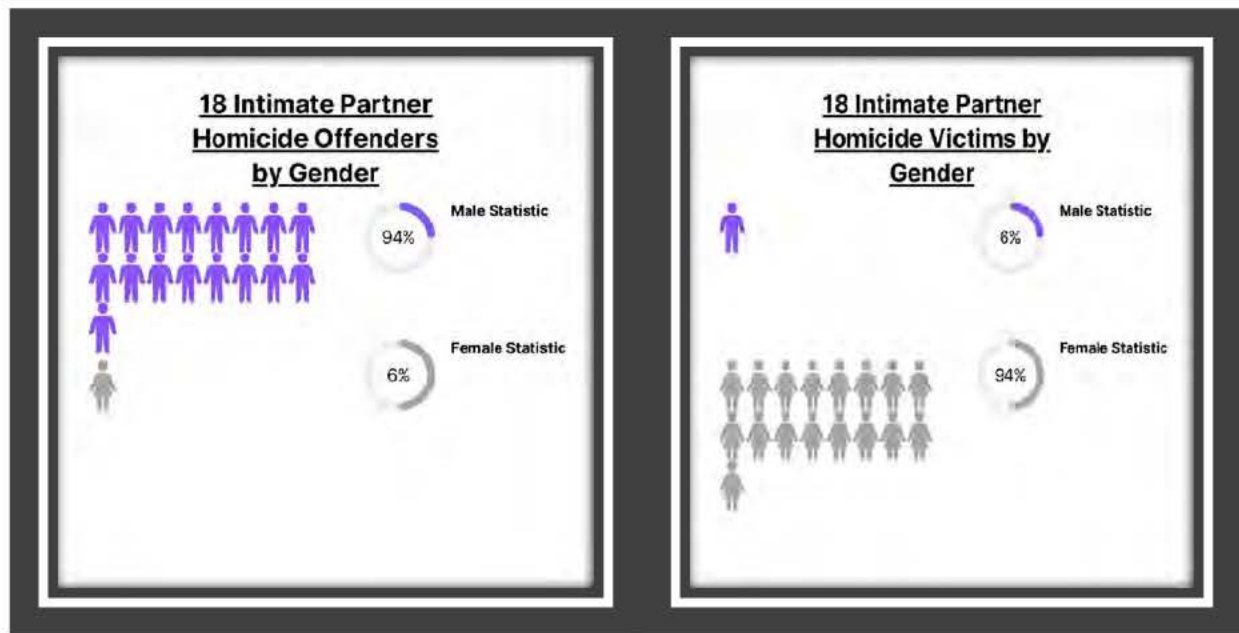
The 27 perpetrators ages ranged from 15 to 89 years old.

- 13 of the 18 perpetrators who committed **intimate partner homicide** were between the ages of 25-54,
- 7 of the 9 perpetrators who committed **intrafamilial homicides** were under the age of 55.

2023 Biennial Review Cases: Intimate Partner & Intrafamilial Homicide Data

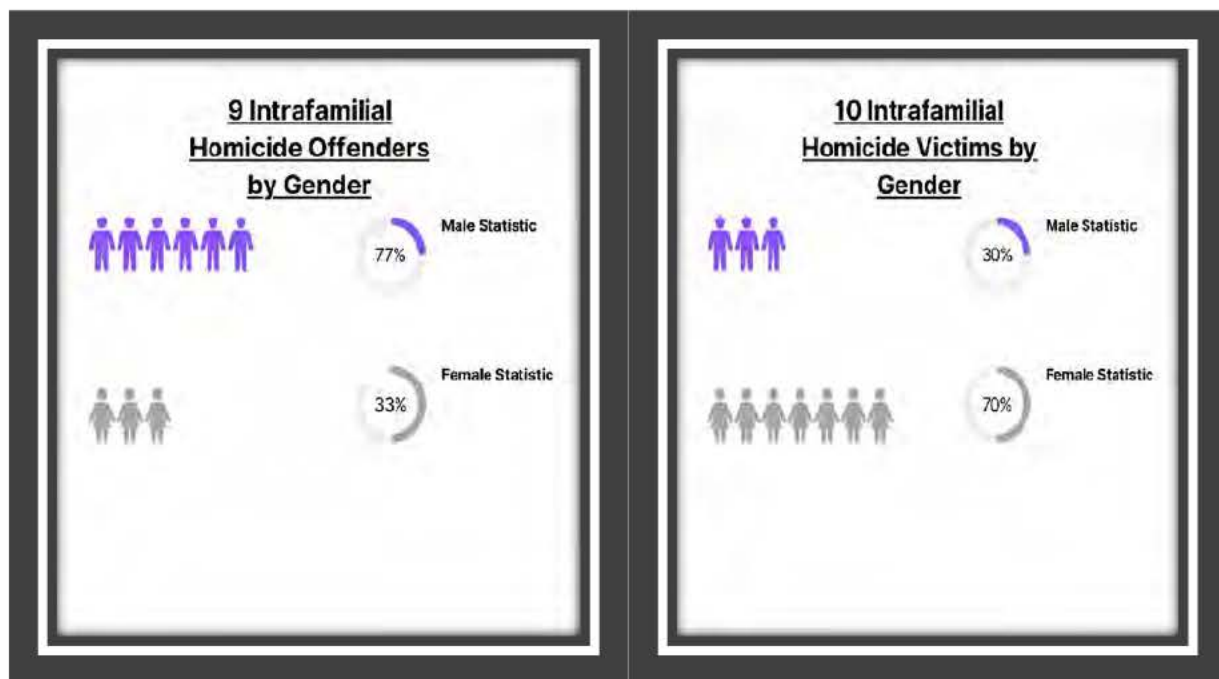
The Panel reviews cases of “intimate partner homicides” as well as “intrafamilial homicides.” **Intimate partner homicide** involves a person *killing a current or former intimate partner or spouse*. **Intrafamilial homicide** refers to a person *killing a parent, child, sibling, or other family member besides an intimate partner*. The Panel makes every effort to review all intimate partner and intrafamilial homicides.

The cases reviewed during this period involved a total of 18 perpetrators and 18 victims of intimate partner homicide. These included 17 female victims and one male victim of homicide. One perpetrator killed both his intimate partner and the intimate partner’s friend.



The ages of the perpetrators in Intimate Partner Violence (IPV) homicides ranged from 26 years old to 89 years old. The ages of the victims ranged from 19 years old to 89 years old. Seven of the 18 perpetrators were ages 40 years old to 49 years old. Seven of the 18 victims were ages 40 years old to 49 years old.

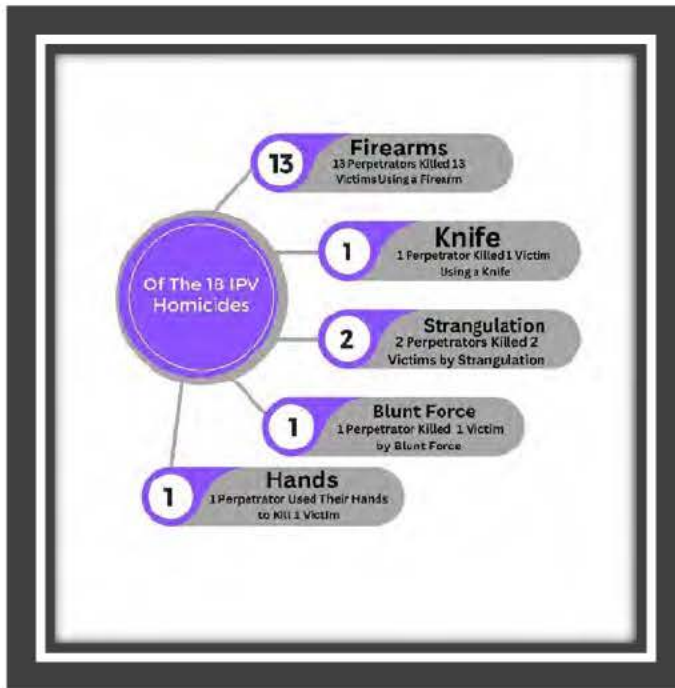
Nine perpetrators were responsible for the intrafamilial homicides of 10 victims, including seven female and three male victims: one man killed his girlfriend’s infant son; one mother killed her young daughter; one mother killed her young son; one juvenile killed their grandmother; one juvenile killed their mother; one woman killed her boyfriend’s young daughter; one man killed his sister and brother-in-law; one man killed his sister-in-law; and one man killed his mother.



The ages of the perpetrators in Intrafamilial Violence (IFV) homicides ranged from 15 to 66 years old. Two of the perpetrators were between the ages of 15 years old and 18 years old. The ages of the victims ranged from six months to 64 years old. Two victims were in their 40s, one was in their 50s, and three victims were over 64 years old. Four of the victims, two females and two males, were under the age of four years old.

In 23 of the 27 cases reviewed by the Panel, those who were aware of domestic abuse occurring in the relationship of the perpetrator and the victim included family, friends, and co-workers. In these cases, friends and family of the victims tried to assist victims by talking with them about Protection from Abuse orders, calling law enforcement, encouraging or helping them to move out, assisting victims with retrieving belongings, and following up with victims after witnessing abuse.

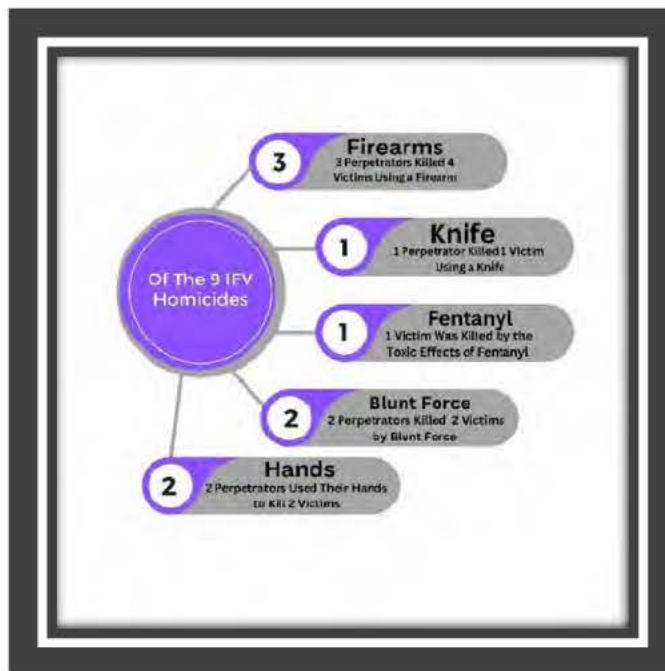
Intimate Partner Homicide Data



Of the 27 cases reviewed by the Panel, 18 involved intimate partner homicide. Seventeen men killed their current or former female intimate partners, and of these, one man also killed a bystander. One female killed her estranged husband.

Intrafamilial Homicide Data

The Panel reviewed nine cases involving people who killed family members other than intimate partners. In these cases, nine perpetrators killed 10 people. One case involved two intrafamilial homicides.





Impacts of Offenders on Children

Offenders' use of violence and coercive control has lasting, devastating effects on the children in their lives. Violence intentionally inflicted upon children and violence to those they love without regard to their well-being indicates that offenders do not conceive of children as people with value equal to their own. In the period of this report, the Panel reviewed cases which involved 29 children under the age of 18. In four cases, children were killed, their deaths preceded by physical and psychological abuse over time. In multiple cases, children were subjected to acts of physical violence, psychological abuse, isolation and deprivation, loss of loved ones, and trauma. In the cases reviewed this reporting period:

- 4 perpetrators ended the lives of 4 children.
- 9 perpetrators abused children in their care.
- 21 surviving children were home at the time the homicides occurred.
- 29 minor children lost at least 1 of their parents or primary caregivers due to homicide, incarceration, or suicide.

2023 Biennial Review Cases: Involvement with Community

In the 27 cases reviewed, perpetrators and victims were involved with several different community services. **The following table reflects only the information available to the Panel,** and in some cases, the perpetrators and victims were involved with more than one service.

Community/Service Involvement with Parties by Intimate Partner Homicide (IPV) & Intrafamilial Homicide (IFV)		
	IPV	IFV
Working with Community-Based Advocacy Organizations ¹	1	0
DHHS involvement (active or prior) *	2	5
Treatment of Substance Use Disorder (active or prior)	1	1
Protection from Abuse Order	1	0

2023 Biennial Review Cases: Status of Perpetrators

Status of 27 Perpetrators Who Committed Homicide by Intimate Partner Homicide (IPV) & Intrafamilial Homicide (IFV)		
	IPV	IFV
Found or pled guilty to murder or manslaughter and incarcerated <i>(Sentences ranged from 4 years to life x2)</i>	11 (10 murder, 1 manslaughter)	9 (5 murder, 4 manslaughter)
Suicide after committing homicide	7	0

¹Community-based advocacy organizations include the Maine Coalition to End Domestic Violence (MCEDV), the Wabanaki Women's Coalition (WWC), the Maine Coalition Against Sexual Assault (MECASA) and all of their member programs, including the Immigrant Resource Center of Maine.

Cultural/Religious Dynamics

The Panel observes that the cultural and/or religious context of a given case may become a factor in the abuse and violence and resulting homicide.

Several cases highlighted the need for greater awareness of the existence of community-based advocacy organizations in Maine and the services they provide among immigrant, new American, Native American, and religious communities. Community-based advocacy organizations should continue to build bridges with leaders of historically marginalized communities and culturally specific advocacy programs, like Immigrant Resource Center of Maine, Her Safety Net, the Wabanaki Women's Coalition, and other local agencies, such as Unified Asian Communities and Capitol Area New Mainers.

Likewise, ongoing training should remain a priority for domestic violence advocates to build greater awareness of differing cultural norms that may exist among people regarding familial relationships, domestic abuse, or help seeking.

Additionally, greater professional and public awareness is needed regarding the ways in which culture, immigration status, or religion can be utilized to justify power and control tactics by abusive partners. For example, an abusive partner might quote from a religious text to explain their abusive conduct or threaten the victimized partner with negative immigration consequences if they report abusive conduct or participate in prosecution.

If a victimized person is part of a marginalized community that is otherwise subjected to discrimination, they may be reluctant to reach outside their community for assistance, to avoid exposing their community to scrutiny. They may know of cases in which reaching out for assistance has caused additional harm rather than the desired help. This may serve as a significant barrier to such individuals reaching out to the child welfare, criminal justice, or other systems for interventions, emphasizing the need for assistance that is centered on the unique circumstances and choices of individual survivors and their families.

Suicidality, Stalking, Strangulation, Sexual Abuse, & Serial Battering

The Panel has observed several dangerous and prevalent tactics employed by perpetrators of homicide. The Panel continues to recommend that all people and systems who are concerned about or respond to perpetrators and/or victims of domestic abuse and violence identify these tactics as abusive and use this information to inform interventions and safety measures. Many of these tactics are recognized as crimes in Maine. Perpetrators frequently used high-risk tactics: suicidality, stalking, strangulation, sexual abuse, and committed serial battering.

The Panel recognizes that people often commit abuse that is unreported or undocumented.

The Panel's information about tactics used in these cases is limited to the documentation available, which, while instructive and in many cases extensive, may not capture the full scope of the abuse and violence. The perpetrator tactics described in this section are those apparent from the documentation.

- 1) **Suicidality** – The Panel continues to review cases in which the perpetrator displayed signs of suicidality prior to the homicide, often dying by suicide after committing homicide. In the cases reviewed in the last biennium, 26% (7 of 27) of the perpetrators died by suicide after killing an intimate partner or family member.
- 2) **Stalking** – Stalking an intimate partner is a dangerous and prevalent abusive tactic and a powerful form of coercive control. In the cases reviewed for this report, 22% (6 of 27) of the perpetrators stalked the victims prior to committing homicide.
- 3) **Strangulation/Non-Fatal Strangulation** – Maine law defines strangulation as “impeding the breathing or circulation of the blood of another person by intentionally, knowingly or recklessly applying pressure on the person’s throat or neck” (17-A M.R.S. §208(C)). For the Panel’s current biennial review period, 7.4% (2 of 27) of the perpetrators were known to have committed strangulation against the victims prior to the homicides.
- 4) **Sexual Abuse** – Sexual abuse is a common tactic of coercive control used by perpetrators of domestic abuse and violence to assert ongoing dominance over victims. In this biennium, 11% (3 of 27) of the perpetrators were known to have sexually abused the victims.
- 5) **Serial Battering** – Serial battering refers to perpetrators committing domestic abuse and violence successively against multiple intimate partners, creating immense cumulative harm. In this review period, 30 % (8 of 27) of the perpetrators were serial batterers.

The Panel continues to recommend that all system professionals engage in regular opportunities to educate themselves and refresh their understanding of the dynamics and appropriate responses in high-risk domestic violence cases, including known lethality factors and suicide concerns. In high-risk cases in which professionals are involved but not attuned to potential dangers, victims become even more vulnerable, and perpetrators are empowered.

Prevalence of Other Tactics & Circumstances:

The Panel continues to observe additional repeated perpetrator tactics and circumstances prior to the homicides in the cases reviewed, reflective of the tactics on the Power and Control Wheel. (*See* Appendix A).

Physical Abuse – At least 59% (16 of 27) of the perpetrators physically abused the victims prior to the homicides.

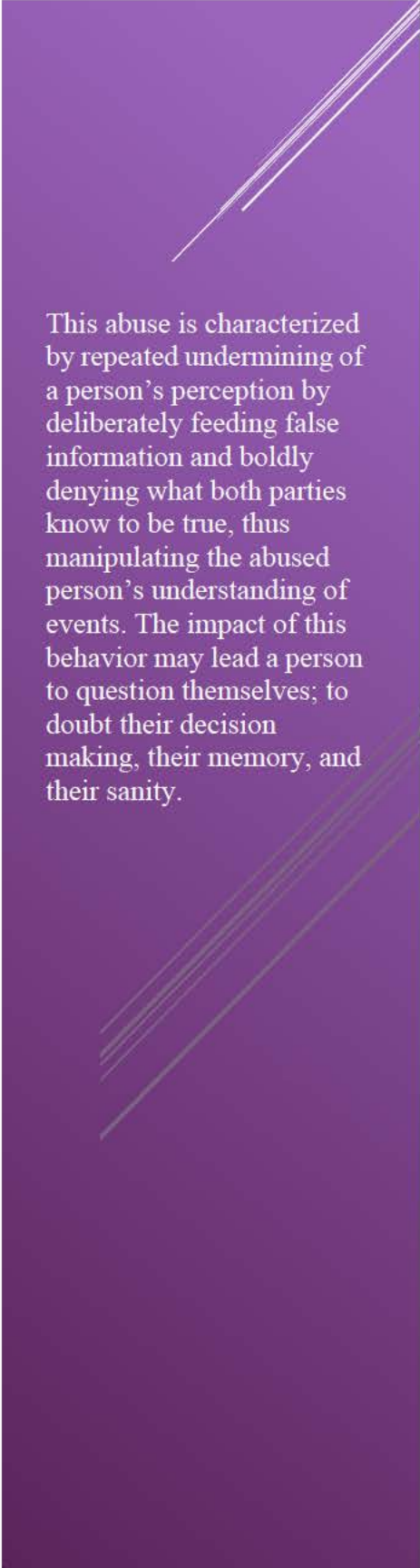
Emotional/Verbal Abuse – At least 78% (21 of 27) of the perpetrators used emotional and/or verbal abuse as coercive and controlling tactics in the relationships with the victims prior to the homicides.

Previous Threats to Kill – At least 37% (10 of 27) of the perpetrators previously threatened homicide. This includes threats made to kill the victims in the cases reviewed as well as threats to kill others associated with the victims.

Isolation and Jealousy – At least 37% (10 of 27) of the perpetrators isolated the victims from family, friends, and other support networks.

Substance Use – Substance use co-occurred with the homicides in 51% (14 of 27) of the cases reviewed. The substances used were: 22% (6 of 27) alcohol; 7% (2 of 27) alcohol and marijuana combined; 15% (4 of 27) marijuana; and 7% (2 of 27) other.

(*See*: [13th Biennial Report: 20 Year Lookback \(maine.gov\)](https://www.maine.gov/legis/biennial/13th%20Biennial%20Report%2020%20Year%20Lookback%20(maine.gov)) for more information about perpetrator tactics.)



This abuse is characterized by repeated undermining of a person's perception by deliberately feeding false information and boldly denying what both parties know to be true, thus manipulating the abused person's understanding of events. The impact of this behavior may lead a person to question themselves; to doubt their decision making, their memory, and their sanity.

“Gaslighting”

The term “gaslighting” refers to a form of manipulative psychological abuse used by those who seek to erode their partner's confidence and to achieve a dominant position in the relationship. This abuse is characterized by repeated undermining of a person's perception by deliberately feeding false information and boldly denying what both parties know to be true, thus manipulating the abused person's understanding of events. The impact of this behavior may lead a person to question themselves - to doubt their decision making, their memory, and their sanity.

Used in conjunction with other tactics of control, such as isolation, the person causing the harm can use their dominant position, combined with the victim's uncertainty, to shift blame and define the narrative of what is happening in the relationship, both to the victim and concerned others. For example, the abusive person may tell the victim that ‘we only argue after you have been out with your friends’ to manipulate the victim into not associating with friends, increasing their isolation from other points of view and perspective.

Psychological manipulation can lessen the impact of safety planning by making it more difficult for a person to trust their instincts about the danger they are facing. Often the abusive person has many justifications for their behavior rooted in the idea that the victim is somehow provoking the abuse. These justifications, shared with the victim and possibly others who may be able to help, coupled with the imbalance of power in the relationship, can leave a victim feeling responsible for the abuse. Victims may come to believe that all they can do to end the harm is to change themselves in accord with the abusive persons' standards and, that this would happen in any relationship, because the abuse reflects their own nature rather than the intention and responsibility of the person abusing them.

Panel Observations & Recommendations

The process of reviewing domestic violence homicides is instructive because it provides for in-depth, retrospective review and analysis of the lives of victims and perpetrators following homicides. The Panel recognizes that most domestic violence offenders do not ultimately commit homicide and that – fortunately – there are far more survivors of domestic abuse and violence than victims of domestic violence homicide. Maine has made progress; however, more must be done. Everyone should learn to recognize the dynamics of domestic abuse, how to support accountability for someone committing abuse, how to be helpful to a victim, and what resources are available to each of us. This fundamental approach applies to people personally and professionally.

Public Awareness/Advocacy Organizations

Observations:

- The Panel continues to observe that in most homicide cases, third parties including family members, friends, co-workers, neighbors, and/or others, were aware of the domestic abuse occurring prior to the homicide.
- The Panel continues to observe the significance of a perpetrator's threats of homicide and suicide. Following a homicide, family, friends, co-workers, and neighbors of the victim, expressed that they were aware of the threats but felt powerless to take any action that would be effective and safe. This can result in not referring the victim to services and not accessing services themselves.

Community-based advocacy organizations provide a range of services for people experiencing domestic abuse. Some of these services include: 24-hour helpline, individualized safety planning, legal assistance, court advocacy, supportive shelter and housing, support groups, and other assistance. Anyone who knows someone experiencing domestic abuse can also call for support.

Asking questions is an effective approach to support, and potentially increase safety for, someone you are concerned may be experiencing abuse from a current or former intimate partner or family member. Having a non-judgmental conversation could help to break their isolation. A safety plan is ever evolving for someone experiencing abuse due to the abusive person changing tactics to maintain power and control in the relationship. It is crucial to listen to and respect information and experiences victims share to support them in remaining safe. The most common referral sources to helplines are friends and family members who encourage people they are concerned about to reach out for support.

The Maine Coalition to End Domestic Violence (MCEVDV) statewide helpline, [1-866-834-HELP](tel:1-866-834-HELP), connects callers with advocates at the regional Domestic Violence Resource Centers. Callers can also reach a local advocate directly by calling their community-specific helpline number. Calling is free and confidential. Help is available at any time, day or night, for those in abusive situations and to people who desire guidance in ways to offer support and information to someone they are concerned about or assisting in a professional capacity. Extensive information may be found on the MCEVDV website (*See* www.mcedv.org) and on Facebook (*See* <https://www.facebook.com/mcedv/>). (*See* Appendix F for additional resources statewide).

- The Panel continues to observe that family, friends, co-workers, neighbors, and other community members have a misconception that helplines and community-based advocacy organizations are only for people directly experiencing abuse or that physical violence must have occurred for survivors to seek assistance.
- The Panel observes that perpetrators of domestic abuse may pose a threat to family members, friends, and other concerned people in a victim's life. People who commit abuse seek to isolate the person they are victimizing to maintain control. When they perceive that they are losing control of the relationship, their use of violence towards those whom they victimize, and sometimes people within victims' support systems, frequently escalates.
- The Panel observes the importance of communities recognizing those experiencing abuse and creating a culture that makes reaching out for intervention and support feel safe and attainable, especially for people who are a part of historically marginalized communities.
- The Panel observes that when a person explores filing a Protection from Abuse (PFA) order with the assistance of an advocate from a community-based domestic violence organization, an opportunity also exists to engage in individualized safety planning. A PFA order may be an important piece, yet only one part, of a victim's safety plan, and advocates work with the person to strategize and connect them to additional resources beyond legal remedies, to support their overall safety.
- The Panel observes that domestic violence resource centers provide services to people affected by abuse and violence regardless of the individuals' use of substances. These organizations are not treatment facilities and are not staffed for that purpose. Shelter staff make every effort to provide linkages to resources in the community for substance use treatment. However, the reality remains that these organizations at times, may lack the capacity to provide the intensive support needed to assist a survivor who is unable to abstain from using substances in a shelter setting. Sometimes, an individual's behavior due to substance use creates safety risks for others in shelter, including children, making it unsafe for that person to remain in shelter.
- The Panel recognizes the need for respectful, compassionate, and nonjudgmental approaches when offering assistance to those experiencing substance use disorder.

Recommendations:

- The Panel recommends public awareness campaigns and other efforts to continue to emphasize and clarify that professionals across many disciplines, along with anyone who is concerned about someone affected by domestic abuse, may reach out to community-based advocacy organizations. Emphasis should be placed on encouraging employers and co-workers, who are aware of abuse, to connect with trained advocates: *“Helplines are available to the helpers as well”*.
- The Panel recommends that anyone seeking to better understand domestic abuse and violence and pathways to safety is encouraged to reach out to their local community-based advocacy organization to ask questions, gather information, or schedule a more formal education or training opportunity.

Health & Behavioral Health Care

Health Care

Observations:

- As in prior Biennial reports, the Panel observes that the domestic abuse that affects so many individuals and families may be overlooked during health care visits of all types: primary care, emergency care, mental health care and in specialty health care settings. Domestic abuse is associated with poor health outcomes such as life-threatening injuries and death; lifelong physical and mental health conditions may also be a consequence of domestic abuse. Several readily available, evidence-based national guidelines exist to use health care visits as opportunities to provide accurate information to all patients about available help and support services. For example, the U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen all women of childbearing age for intimate partner violence (IPV) and to provide information or refer patients who screen positive to support services. (See <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening>) Available screening instruments can identify current and past abuse or increased risk for abuse. “Universal education,” which includes screening every patient for domestic violence, is designed to help a patient feel safe in disclosure of their circumstances. In addition, universal education is a means to provide information about services for patients who do not feel safe to disclose their experience of abuse or who may be concerned about a friend, family member or co-worker who is in an abusive relationship.
- The Panel observes that, as noted earlier in this Biennial Report, strangulation is a frequent and life-threatening tactic of domestic abuse which places the victim at high risk for future homicide by the person committing strangulation. Loss of consciousness occurs in as little as 7 to 10 seconds and death within 1-2.5 minutes of stopping blood flow to

the brain. Many victims suffer short- and long-term physical, cognitive, and psychological consequences of strangulation. Historically, strangulation has been ignored or minimized by all disciplines that interface with victims and with people who use strangulation. In addition, victims may not disclose experiencing strangulation, and there may be no visible injuries. It is essential that all professionals – healthcare and behavioral health care providers, social workers, law enforcement and prosecutors – ask direct questions about strangulation when interviewing people who have experienced abuse and investigate and respond appropriately.

Recommendations:

- The Panel recommends the expansion of educational and training programs on domestic violence for health care providers, including mental health and substance use disorder specialists, with an emphasis on the importance of connecting domestic violence victims to appropriate services and resources. Education and training programs must include attention to strangulation as a tactic of domestic abuse that warrants prompt and thorough assessment and appropriate care.

A “*Healthcare Response to Domestic Violence Toolkit*” is in development by MCEDV. Important components of the Toolkit include a training curriculum that promotes utilization of an evidence-based universal education approach in all health care settings and best practice recommendations for medical and post-trauma response to non-fatal strangulation.

MCEDV offers several mental health provider educational sessions throughout the year for licensed behavioral health professionals to address screening, referral, and intervention strategies. Knowledge of community resources, cultural factors, evidence-based risk assessment and same-gender abuse dynamics are included in the programs. Upcoming mental health trainings include one with the Maine Chapter of the National Association of Social Workers.

The University of New England Advanced Nursing Education Sexual Assault Nurse Examiner Program is developing a curriculum designed for all health care providers focusing on assessment and intervention for patients who may be experiencing abuse. This training and education are slated for launch in 2024.

Behavioral Health Care

Observations:

- The Panel observes that services for persons with mental health conditions and/or substance use disorder continue to be inadequate in number and in accessibility, particularly for a single person with a child when there is no safe place for that child to stay. The consequences of this gap in specialized services are compounded for those

who, in addition to experiencing mental health conditions and/or substance use disorder, also are living with domestic violence, potentially keeping them trapped in dangerous situations.

- The Panel observes that children who experience domestic abuse in the home, as well as children who are maltreated and abused, are at risk for short- and long-term consequences in their psychological, physical, and social development, and in their safety. Although many children are resilient and able to cope with, and recover from, this trauma, others may go on to develop abusive relationships with peers and intimate partners in adolescence and adulthood. In at least one homicide in this biennial review, the person who committed homicide had endured years of childhood abuse by his victim.
- The Panel continues to observe the co-occurrence of substance use disorder and domestic abuse and violence. Although substance use is not the cause of abuse, the use of substances can increase the severity of the violence that is being used and can have a negative impact on a survivor's ability to enact any safety plan they may have created. Substance use is a common excuse made by perpetrators of abuse and violence, including claims of "blacking out" to avoid responsibility. We note that having substance use related short term memory loss does not make it less likely that a person engaged in a specific behavior, only that they are a poor witness to the events that occurred.
- The Panel observes that in several of the cases reviewed, a member of the household was receiving regular, ongoing services to treat substance use. The Panel views these treatment settings as opportunities to provide information regarding available services, and support for change.
- The Panel observes that unintentional opioid poisoning of children is on the rise in the United States and occurs in Maine. A report published in *Pediatrics* in April 2023 reviewed data collected from 40 states by the National Fatality Review-Case Reporting System on fatal poisonings among children under five years old between 2005-2018. Opioids contributed to 47.3% of the overall deaths during this time. In 2018 alone, opioids contributed to 52.2% of deaths compared to 24.1% in 2005. Naloxone hydrochloride (Narcan™) is safe and effective in pediatric patients of all ages for known or suspected opioid overdose. (See Patient Education package insert for Narcan™ (naloxone hydrochloride) nasal spray (approved by the U.S. Food and Drug Administration 2020)) and See Gaw CE, Curry AE, Osterhoudt KC, Wood JN, Corwin DJ. *Characteristics of Fatal Poisonings Among Infants and Young Children in the United States*. *Pediatrics*. 2023;151(4):e2022059016. doi:10.1542/peds.2022-059016.)

Recommendations:

- The Panel recommends that referral for trauma therapy be offered when childhood or other past or ongoing trauma is revealed during health care encounters.

- The Panel recommends, to the extent safely possible, expanded capacity of community-based advocacy organizations to offer shelter both to women affected by substance use disorder and their young children.
- The Panel recommends continued public awareness regarding the benefits of naloxone hydrochloride (Narcan™) use, increased access to this medication, and education to guide its use for both adults and children.
- The Panel recommends increased public education regarding keeping children safe from accidental substance ingestion and how to respond appropriately if that occurs, including how to safely administer naloxone hydrochloride (Narcan™).
- The Panel recommends that first responders, as well as persons who take illicit or prescribed opioids, receive education about the use of naloxone hydrochloride nasal spray (Narcan™) for children who may have ingested opioids and that this life-saving medication be readily available for emergency use.

Abuse in Later Life

Observations:

- The Panel observes that the responsibility to coordinate home care for aging parents, ill spouses/partners, and other older or disabled family members, whether provided by home health aides or family members, typically falls on the shoulders of family members (if available). There is a presumption that whoever is in the home, or whoever lives nearby, will provide care, often at great personal cost. According to AARP and the National Alliance for Caregiving (2020), over one-third of caregivers are 50-64 years old and 7% of caregivers are 75 years and older. Although national and local efforts to increase availability of home care services and to ease the responsibilities of family caregivers are underway, a lack of public awareness regarding the needs of persons approaching the end of life and the needs of family caregivers continues to exist. In fact, with personal values of independence and self-reliance, today's oldest generation may resist help from non-family home care services.
- The Panel observes that, as is true nationally, most murder/suicides in Maine are committed with firearms and are gendered . The male intimate partner kills his female partner and then kills himself. When the partners are older adults and the question arises of whether a mutual plan existed, regardless of the answer to that question, based on the cases the Panel reviewed, it remains true that the male intimate partner is the one who decides and enacts the homicide.
- The Panel observes that family members, neighbors, friends, and media often frame domestic violence homicide/suicide cases involving elderly people as tragic for both people in equal measure. There are speculations of a pact, even with no indication of such a thing, which leads to unfounded assumptions of mutuality and mercy, a shared idea that

it was what they both wanted. The agency and the human rights of the person who is murdered are erased; the man committing the homicide may even be praised for doing the right thing for everyone, or at least “he had no idea what else to do” (See Appendix B to view the Abuse in Later Life Wheel).

- The Panel continues to observe that the insufficiencies in our public and home health care systems to attend to the needs of older and dependent adults contribute to unmanageable living conditions and invisibility of such individuals across Maine. These insufficiencies, together with ideas revering independence and leaving financial legacies, can lead to the community’s perception of these homicides as justifiable rather than wrong.
- The Panel observes that home health care providers, particularly non-professional direct care workers, are paid low wages and receive little acclaim and support for their vital work with older adults and people with disabilities. According to the Economic Policy Institute, this undervalued home care workforce is overwhelmingly composed of women, workers of color, and immigrants. High staff turnover is a common occurrence nationally, often related to a non-livable wage, inadequate employment benefits and heavy workloads without adequate preparation and support (See <https://www.epi.org/press/new-report-finds-that-home-health-care-workers-are-severely-underpaid-in-every-state/>). The humanity of these workers is often rendered invisible. In Maine, however, legislation passed in 2019 created The Commission to Study Long-term Care Workforce Issues. As one outgrowth of the Commission’s priorities, the Maine Department of Health and Human Services prioritized correction of low wages for direct service workers in MaineCare-funded programs, using federal funds from the American Rescue Plan Act. Funds were used for recruitment and retention bonuses to stabilize the home care workforce in the aftermath of the COVID-19 pandemic. In addition to building the workforce, agencies also have reported that the average hourly wage for direct service workers rose during this initiative.
- The Panel observes a lack of consistent screening for depression and suicide risk in older adults, particularly as they near the end of life; this is a serious public health concern. Despite a high prevalence of depression, even patients receiving hospice services and their home caregiver(s) are rarely screened for depression. If untreated, depression increases the risk for suicide. Social isolation, poor health, alcohol and other substance use, and lack of appropriate helping services compound the severity of depression and suicide risk (See Mayahara, A., & Paun, O. (2023). *Mental health of older adults at the end of life*. Journal of Psychosocial Nursing and Mental Health Services, 61(1), 12-15).

Recommendations:

- The Panel recommends that Maine support, sustain and expand community-based programs that serve as models for meeting daily needs of older adults who are homebound by health limitations and of those who are constrained by caregiver responsibilities. Many of these community-based programs function primarily through volunteerism and private donations; sources of stable funding are needed for sustainability.

- The Panel recommends that screening for emotional distress and mental health conditions, including anxiety, depression, and suicide risk, be incorporated in health care encounters with older adults and their caregivers. Screening may occur during home care visits and/or in health care settings. Several standardized screening tools are available. Based on screening results, further evaluation and supportive treatment are warranted.
- The Panel reminds home care agencies that their employees and volunteers are mandated to call 1-800-624-8404 to make a report to Maine Adult Protective Services when the person knows or has reasonable cause to suspect that an incapacitated or dependent adult has been or is likely to be abused, neglected, or exploited
(See <https://www.maine.gov/dhhs/oads/get-support/aps/report-abuse-neglect-exploitation>).

The Elder Abuse Institute of Maine offers several programs and resources for elder abuse prevention, detection, and intervention. One of their programs, “Martha’s Cottage Program,” offers transitional housing at no-cost for older adults who require safe, confidential support to escape abuse. Survivors are linked to services that can help them move toward permanent, safe housing. In addition, the Institute offers a confidential phone service (“A Helping Voice”) that provides support to people who have concerns about an older person being mistreated, exploited, or neglected and are uncertain about whether they should report this to Adult Protective Service (See <https://www.eaime.org/>).



Legal

Judiciary

Observations:

- The Panel observes that thorough and accurate information is critical to a Court's determination of an appropriate sentence. Due to limited resources, Courts rarely request pre-sentence investigations or reports to be completed by the Department of Corrections. Additionally, it is not uncommon for sentencing Memoranda to be received by the Court immediately before sentencing. This can result in Courts having incomplete or inaccurate information about the defendant at the time of sentencing.
- The Panel observes that Courts are required to decide disputes over parental rights and responsibilities of children. In some child custody disputes, the litigation is contentious, and the parties are volatile resulting in a dangerous situation for all the parties, including the children.
- The Panel observes, after the review of multiple cases involving fatal strangulation, that in some of those cases, the dynamics, mechanics, and impacts of strangulation do not appear to be understood by the Court or the parties.
- The Panel observes that when professionals – law enforcement officers, judicial officers, health care providers, advocates, prosecutors, social workers, counselors, and others, minimize or ignore non-fatal strangulation they strengthen the belief of both the person using strangulation and the survivor that it is not serious and thus not worth disclosing. Yet, many victims suffer short- and long-term emotional, cognitive, neurological, and physical consequences of strangulation as a constant reminder of the terror they survived.
- The Panel observes that when a person experiencing abuse files for a PFA order and is also the subject of a PFA order by the person abusing them, the person experiencing abuse may feel victimized by the legal system. In addition, that person's safety is compromised.
- The Panel observes that in several cases reviewed, some prosecutors and judicial officers were not aware that restitution can be awarded to the Victims' Compensation Program and did not consider restitution for the Compensation Program, because of an inaccurate perception that the Victims' Compensation Fund has ample federal and state dollars available to make awards to victims.

Recommendations:

- The Panel recommends that judicial officers receive education on the ways in which those who use abuse and violence against a partner utilize the legal system as a tool to

further perpetrate abuse, and that judicial officers must remain particularly cognizant of this when reviewing cross complaints for Protection from Abuse orders.

- The Panel recommends that when a judicial officer reviews a complaint for a temporary Protection from Abuse order from a person against whom a temporary order has recently been issued, the judicial officer should make reasonable efforts to review both files together to make sure that any orders issued between the parties thoughtfully account for the totality of the information that has been presented to the Court and that any issued orders are not inconsistent with each other.
- The Panel recommends the Judicial Branch develop and implement a standardized process to share Protection from Abuse complaints, temporary orders, and docket lists with local community-based advocacy organizations to ensure that victims are connected with critical community resources, including legal representation, as appropriate and available.
- The Panel recommends that the Judicial Branch provide continuing education for judicial officers regarding strangulation in the context of cases involving domestic violence.
- The Panel recommends the revitalization of the Pre-Sentence Investigation process to develop a thorough background of the defendant that includes a factual synopsis as well as a social and criminal history investigation in felony level cases of domestic violence, and homicide cases. The Panel further recommends that all Courts require the State and Defense to submit the sentencing memoranda at least seven days in advance of sentencing hearings.
- The Panel recommends in particularly volatile or contentious custody cases, when significant safety concerns exist, attorneys or self-represented litigants are encouraged to notify the Court of the concern. Judicial officers are encouraged to identify and make findings relevant to the best interest of the child factors in 19-A M.R.S. §1653(3)(L), (5), and (6), including but not limited to ordering child exchanges occurring in a protected setting pursuant to § 1653 (6)(B)(1).

The Maine Victims' Compensation Program provides limited financial assistance for crime victims and surviving families who have uninsured financial losses arising from physical harm, emotional trauma, and immediate safety needs. The Legislature intended that defendants would be expected to repay the Victims' Compensation Fund for any amounts awarded as a result of their crimes, as set forth at 17-A M.R.S. 2004(3), 17-A M.R.S. 2018, and 17-A M.R.S. 3360-I. Victims' Compensation routinely pays for funeral expenses, counseling, medical payments, and other financial losses. Nonetheless, the Victims' Compensation Fund receives less than \$100,000 each year in restitution despite paying out over \$700,000 in Victims' Compensation claims annually. The Victims' Compensation fund is a finite pool of money, and, without reimbursement restitution from offenders, the fund experiences a shortage of money to assist future victims as needed.

The Panel recognizes and applauds the efforts by the Victims' Compensation Program and the Victim Witness Advocate Coordinator in the Office of the Attorney General to dispel misunderstandings about how the Fund works and to assert the need for replenishing the Fund with restitution dollars.

- The Panel recognizes that under 17-A M.R.S. §2003 and §2005(1)(C), a Court shall consider restitution and order restitution when appropriate. The order for restitution must designate the amount of restitution to be paid and the person or persons to whom the restitution must be paid. The Panel further recognizes that defendants committed to the Department of Corrections have the opportunity and ability to earn money through work programs. This money can be withheld by the Department of Corrections as Court-ordered restitution for victims, which may include the Victims' Compensation Fund.

The Panel applauds the State of Maine Judicial Branch in collaboration with the Maine State Bar Association for developing Guardian Ad Litem (GAL) Core Training. This 18-hour training is required to become a rostered GAL in family and probate matters and includes programming regarding the dynamics of domestic abuse and the risks an abusive parent also presents to children. The Administrative Office of the Courts provides a separate 23-hour core training required for GALs to serve in child protective matters, that also includes the dynamics of domestic abuse and the risks an abusive parent also presents to children.

(See [Information for Guardians ad Litem \(GALs\): State of Maine Judicial Branch.](#))

- Recognizing that the defendant has the opportunity and ability to earn income through work programs, the Panel recommends that prosecutors request, and the Courts order defendants to pay restitution to the Victims' Compensation Fund as reimbursement for the claims paid on behalf of the victim or the victim's family. The Panel further recommends that when probation is ordered that the Court direct the time and method of payment of restitution during the probationary period.

Juvenile Justice

Observations:

- The Panel observes that juveniles commit violent, felony-level crimes against family or household members.

- The Panel observes that Maine Statutes articulate the victim of juvenile crimes more narrow rights than a victim of an adult crime. (*See* 15 M.R.S. §3307(1)(B), § 3308-A(3)(D), §3308- C(5) and 17-A M.R.S. §2106).

Recommendations:

- The Panel recommends training for prosecutors regarding cases involving sexual violence committed by juveniles.
- The Panel recommends an increase in communication among Juvenile Community Corrections Officers, law enforcement officers, DHHS when involved, and prosecutors. These professionals should share information about juvenile cases that have been informally adjusted (resolved through voluntary agreements between juveniles and Juvenile Community Corrections Officers, which if met mean the Officers recommend to prosecutors that no juvenile offenses be filed with the Court).
- The Panel recommends that Long Creek Youth Development Center continue to be a resource for the juvenile population.
- The Panel recommends that policy makers be aware when considering juvenile justice matters that statutes relating to juvenile justice do not provide the same provisions regarding victims' rights as adult crimes.
- The Panel recommends that law enforcement agencies responding to calls involving intrafamilial violence committed by juveniles, consistently provide information to the victims regarding domestic violence resources.

Law Enforcement

Observation:

- The Panel observes that the Maine Criminal Justice Academy Board of Trustees Minimum Standards, Policy 3: Domestic Violence Policy, provision #23 (*See* Appendix E) has not been followed consistently by law enforcement agencies. The provision requires “that an agency review its compliance with all applicable provisions of this policy if a victim of domestic violence who resided in the agency’s jurisdiction is killed or seriously injured as a result of a domestic violence incident. The review shall be conducted in consultation with a domestic violence advocate, as defined in 16 M.R.S. §53-B(1)(A), from the Maine Coalition to End Domestic Violence and a sworn law enforcement officer designated or trained as a domestic violence investigator. A report of such review must be kept on file by the agency. In any case where one or more victims are killed, a copy of the report shall be forwarded to the Maine Domestic Abuse Homicide Review Panel through the Office of the Attorney General.”

- The Panel observes that when law enforcement officers conduct a welfare check a victim may be left at risk if the law enforcement officer does not identify all individuals present in the home.

Recommendations:

- The Panel recommends that the Maine Criminal Justice Academy Board of Trustees review and update existing Minimum Standards Policy 3: Domestic Violence requirement by the end of 2023 and begin the rule making process in early 2024.
- The Panel recommends that the Maine Criminal Justice Academy Board of Trustees Minimum Standards, Policy 3: Domestic Violence Policy, provision #23 requirement be added to the Attorney General's Death Investigation Protocol.
- The Panel recommends that when a law enforcement agency conducts a welfare check on an individual, the officers should identify all residents present and visually confirm their welfare.

Firearms

People who commit domestic abuse homicide use firearms more often than any other means. Often the person who uses a firearm to commit domestic violence homicide subsequently uses that same weapon in a death by suicide.

Observations:

- The Panel continues to observe that when family or friends observe someone they love in crisis, it is both reasonable and potentially lifesaving to take appropriate steps to secure any weapons that person may have. Involving law enforcement or mental health crisis intervention may be helpful in determining appropriate next steps.
- The Panel continues to observe the importance of cross-system policies and procedures to ensure the timely, effective, and safe service of Protection from Abuse Orders, including relinquishment of firearms when ordered.

Recommendation:

- The Panel recommends continued work by the Maine Commission on Domestic and Sexual Abuse's Firearms Relinquishment Subcommittee to include attention to firearms relinquishment by people who are prohibited from possessing firearms due to qualifying criminal convictions.

Progress: Firearms Relinquishment

In the fall of 2019, The Maine Coalition to End Domestic Violence convened a working group of the Maine Commission on Domestic and Sexual Abuse to address these recommendations from the Panel's 13th Biennial Report:

- Consistent and effective enforcement of Firearms Relinquishment Orders granted as part of Protection from Abuse orders.
- Development of statewide policies and procedures to ensure the relinquishment of firearms to law enforcement by persons prohibited from possessing them.
- Recognition by everyone – bystanders and all professional disciplines – of the significant connection among suicide, homicide and firearms, and the importance of involving law enforcement to secure or remove firearms to prevent tragedy.

The working group's collaborative effort has resulted in the following:


1. The development and implementation of **a new protocol for law enforcement service of Protection from Abuse orders that focuses on the electronic transmission of the Court order** as opposed to reliance on the transportation of physical Court documents by the plaintiff or through the mail.
2. The development and implementation of **a new process for information flow and documentation when a defendant in a Protection from Abuse matter relinquishes firearms**. This new process is designed to ensure that both the plaintiff and the Court have clear and timely information about whether all weapons have been relinquished.
3. **Guidance for defendants** in a Protection from Abuse case who are ordered to relinquish weapons regarding how best to accomplish that relinquishment.
4. Development of **reference sheets for law enforcement** that unpack common challenges and share best practices to support Maine's law enforcement community in ensuring a defendant's compliance with relinquishment obligations. These include:
 - a. Guidance concerning **obtaining search warrants when a defendant has failed to fully relinquish weapons**; and
 - b. Guidance for **navigating the interaction with a defendant who has been ordered to relinquish weapons to law enforcement**, particularly when the defendant has already relinquished weapons to a third party or expresses a desire for a third party to take possession instead of law enforcement.

This work was accomplished without any changes in Maine's statutes, through a remarkably collaborative and multi-disciplinary effort. This progress would not have been possible without the partnership and commitment of Maine's law enforcement community and a notable investment by the Maine Judicial Branch. This work is expected to continue over the next few years and looks forward to reporting back on future improvements.

In the initial 18 months of implementation (May 2022 through October 2023) this new protocol resulted in 2,954 survivors – plaintiffs in protection from abuse cases – receiving better information about what happened to a defendant's firearm, improving their ability to plan for their safety.

Strangulation

Strangulation is the calling card of a killer”; it is “the last warning shot” according to the Institute on Strangulation Prevention, San Diego, CA. Further, the Institute states that the person committing strangulation assault, whether as a physical assault or during sexual activity, is “practicing homicide” - it is highly gendered, is a repeat tactic, and makes the person experiencing the strangulation 750 times more likely to become a homicide victim of the person committing strangulation. Offenders do not necessarily strangle their partners (or ex partners) to kill them – but rather to let them know that they can kill them any time they wish. The minimization of strangulation has shifted in recent years to recognition and response, with the onset of research, training, and changes to the laws. Today in Maine and in many states in the US, strangulation is taken seriously, and many people who use strangulation are being held accountable.



A person who uses non-fatal strangulation/strangulation assault can cause loss of consciousness within 7 to 10 seconds and death within 1 -2.5 minutes.

Non-fatal strangulation has been identified as a lethality factor by researchers and practitioners including but not limited to: Dr. Jacqueline Campbell, PhD, RN, FAAN, the developer of the Danger Assessment instrument for predicting lethality; the Training Institute on Strangulation Prevention in San Diego, CA; and the Maine Domestic Abuse Homicide Review Panel. The terrifying dynamics that accompany non-fatal strangulation are specifically researched by the Training Institute on Strangulation Prevention and include:

- Strangulation is a life-threatening tactic of abuse.
- Loss of consciousness occurs in as little as 7 to 10 seconds and death within 1-2.5 minutes.
- Victims of prior non-fatal strangulation are 750% more likely to become homicide victims.
- 87% of perpetrators of non-fatal domestic violence strangulation threaten death, and 70% of survivors believe they are going to die.
- Non-fatal strangulation is a repeat tactic – 79% of perpetrators strangle repeatedly.
- Strangulation increases vulnerability in victims during the incident, which can last for an extended time and results in heightened compliance with the demands of the person using strangulation.
- 50% of strangulations occur with children present.
- Only 50% of survivors have visible injuries, and only 15% of those survivors had injuries visible enough to photograph.

(See Training Institute on Strangulation Prevention. *Strangulation in Intimate Partner Violence Fact Sheet*. San Diego, CA. Available at: <https://www.familyjusticecenter.org/wp-content/uploads/2017/11/Strangulation-in-Intimate-Partner-Violence-Fact-Sheet-2017-1.pdf>. Also see trainings, research and resources available at www.strangulationtraininginstitute.com.)

When people who commit domestic abuse and violence use non-fatal strangulation, they practice and desensitize murder. This instills a terrifying understanding of victims' lack of worth and lack of physical safety in the relationships, and perhaps counterintuitively to those on the outside of the relationship, often cement compliance and/or submission by victims into the future. When professionals – police, health care providers, advocates, prosecutors, social workers, counselors, etc. -- minimize or ignore strangulation they strengthen the belief of both the strangler and the survivor that it is not serious and thus, not worth mentioning. Yet, many victims suffer short- and long-term consequences of strangulation as a constant reminder of what they survived.

In conjunction with a study of non-fatal strangulation by the Maine Commission on Domestic and Sexual Abuse, the Maine Coalition to End Domestic Violence conducted research in 2011 which highlighted the social and emotional impacts of strangulation on survivors. These impacts include fear and submission, flight and continued fear, and other consequences that contributed to apprehension about relationships in general. Strangulation leaves victims with a clear understanding that the people committing abuse literally hold their lives in their hands. See Maine Coalition to End Domestic Violence. 2011. *Maine Survivor Voices on Strangulation 2011*. Augusta, Maine.

Department of Health and Human Services

Observations:

- The Panel observes that children who struggle with significant behavioral needs, including violent or aggressive behavior, would benefit from intensive supports and services. At times, these intensive supports and services are not readily available in Maine, and it can be difficult for caregivers to obtain them.
- The Panel observes that, in a few cases reviewed, there was a lack of collaboration between various systems, including school departments, local law enforcement, and child protective services. A lack of collaboration may impact child safety.
- The Panel observes that state and federal statutory timelines require prompt adjudication of child protection cases. Homicide and other criminal investigations can be lengthy, and prosecution of these cases may not align with mandatory timeframes in child protection cases. The lack of alignment between a criminal investigation and a child protection case can result in minimal to no information sharing between law enforcement and the Department of Health and Human Safety (DHHS), which may impact child safety.

- The Panel observes that following multiple child deaths, DHHS, Office of Child and Family Services (OCFS) has implemented changes recommended by several Maine panels, including the Maine Domestic Abuse Homicide Review Panel, the Child Death and Serious Injury Panel, the Office of Program Accountability and Government Accountability, and the Child Welfare Ombudsman. These changes include the following:
 1. *Continued engagement with the Catherine Cutler Institute at the University of Southern Maine to review and update OCFS' policies, including the Domestic Abuse and Violence policy in which the Maine Coalition to End Domestic Violence and OCFS partnered to deliver training to staff.*
 2. *Development of a supervision framework which outlines supervisor competencies, policy and practice expectations and provides training and tools to ensure high quality consistent casework practice.*
 3. *Implemented changes to the Child Protection Investigation policy based on recommendations from the Collaborative Safety Review and a workgroup of OCFS district child welfare staff.*
 4. *OCFS has established a dedicated afterhours Children's Emergency Services (CES) team.*
 5. *Supported youth and family engagement in training for caseworkers, supervisors and resources parents, policy development, participation in committees and system improvement activities.*
 6. *OCFS is also considering models for peer mentoring and is establishing a pilot program for peer recovery coaches for individuals involved with the Family Recovery Courts in Bangor, Augusta, and Lewiston. This pilot is being implemented in collaboration with the Office of Behavioral Health and the Maine Reentry Network and is funded with Opioid Prevention and Treatment Funds.*
 7. *Submitted legislation in the 131st Legislative Session to improve information sharing between law enforcement and hospitals in the investigation of alleged child abuse and neglect. (LD 474 (P.L. 2023, ch.146))*
 8. *OCFS has established a contingency fund to provide temporary assistance to families involved with child protection to purchase concrete goods and/or services to ensure child safety or maintain the child in their home, such as automobile repairs, fuel, emergency housing, etc. (P.L. 2021, ch 625)*
- The Panel observes that abandonment of a child by a parent as defined by 22 M.R.S. §4002(1-A) can be a basis for a finding of jeopardy in child protective matters (*See* 22 M.R.S. §4002(6)).
- The Panel observes that a family's willingness to engage with child protective services during an investigation, absent a Court order, is voluntary. DHHS can engage in creating a written safety plan with a family but participation in a plan is voluntary. A violation of a safety plan may result in DHHS requesting removal of the child(ren), and that decision is based on the overall facts existing at that time.

- The Panel observes that in this Biennial Report, 29 minor children lost at least one parent to domestic violence homicide. Domestic violence homicide frequently results in family members taking on caregiving responsibilities due to the death of one or both parents or the death of one parent and the incarceration of another. Whether a family is entitled to receive financial support from the Department of Health and Human Services will depend on whether the child is in DHHS custody and whether the caregiver is licensed by the Department. Caregivers who take on the financial responsibilities of the minor children may experience financial hardship and confusion over navigating the financial resource opportunities available through DHHS.
- The Panel observes that individual children residing within the same home may be treated differently by parents. If one child is the specific target of abuse and/or neglect within a home, the non-targeted child(ren) will likely have witnessed abuse and/or neglect of the targeted child. Consequently, children who may not be specifically targeted are still at risk of emotional maltreatment. Additionally, removing a targeted child does not remove the risk of abuse and/or neglect to others in the home, because the choice and risk of abuse resides not in the child but in the parent who chooses to be abusive or neglectful. The risk to a non-targeted child(ren) could change or increase upon removal of the targeted child from the home.
- The Panel observes the extreme risk to, and vulnerability of, children who are in a family setting in which all the identifiable familial adults close to that child are unsafe and under resourced financially and socially.

Public Law 2021, Chapter 621, An Act to Prioritize the Prosecution of Child Homicide Cases (effective August 8, 2022) requires the Attorney General to prioritize the investigation and prosecution of cases involving the murder of a child and to request that the Judicial Branch give priority in scheduling those cases.

Recommendations:

- The Panel recommends that in cases when a family is left to care for children who survive the murder of one parent by the other parent, law enforcement, victim witness advocates, and DHHS personnel should apprise the family of factors that may impact future financial support. To ensure that law enforcement and victim witness advocates properly inform family members of financial opportunities through DHHS, DHHS should provide training to victim witness advocates regarding avenues of financial support for surviving children and their caregivers.
- The Panel recommends that law enforcement, child protective services, and other service providers collaborate when involved with youth that exhibit violent or aggressive behavioral issues that are not being or cannot be addressed by the youth's caregiver.

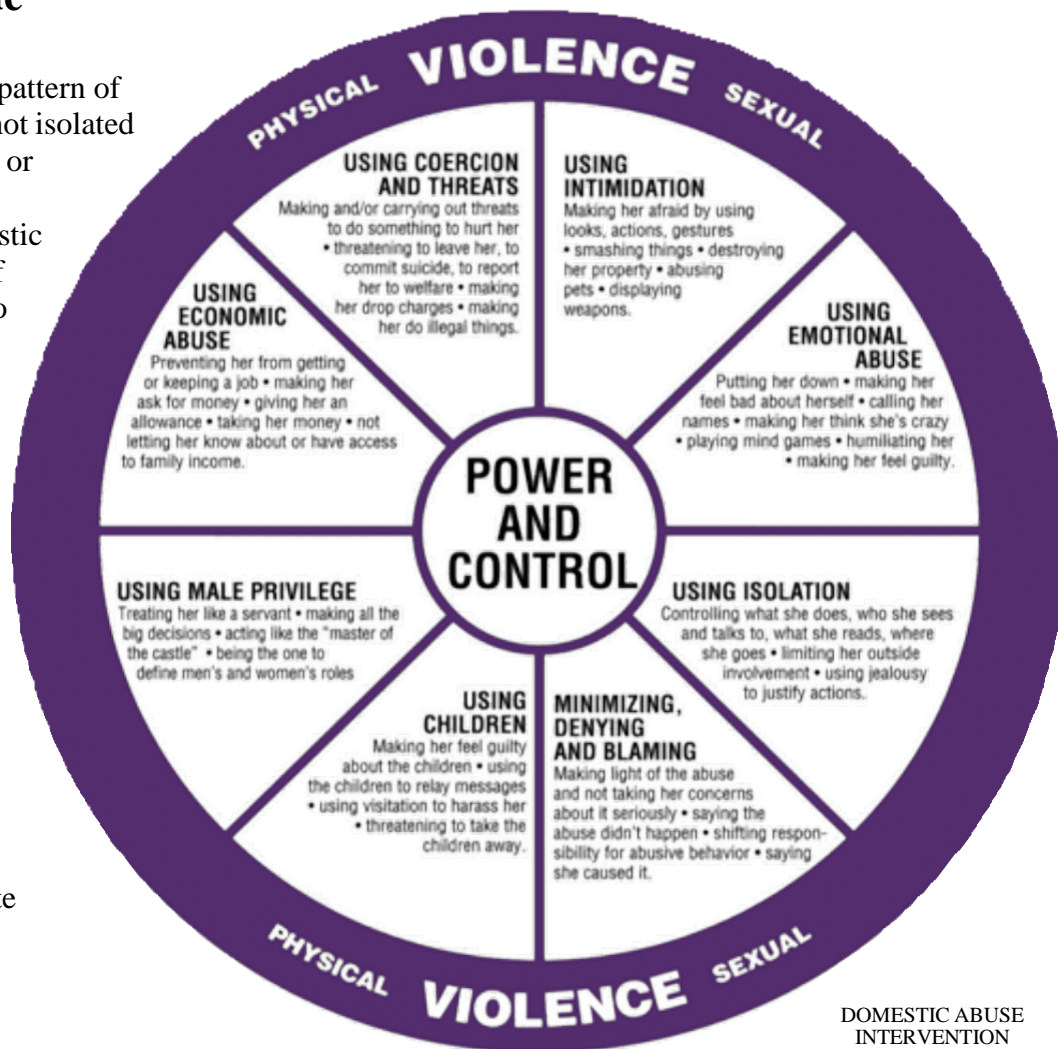
- The Panel recommends, to the fullest extent allowed by law, ongoing collaboration and communication among agencies tasked with investigating abuse or neglect of children. Law enforcement and child protective services should consistently seek the assistance of counsel when concerns exist regarding legal barriers to information sharing with each other.
- The Panel recommends the Legislature consider amending 16 M.R.S. §§804, 805, and 806 to enable and encourage information sharing between law enforcement and DHHS when investigating abuse or neglect of children.
- The Panel recommends that in-home medical and social services providers make appropriate referrals to another comparable agency if closing out a family, when a determination is made that ongoing support remains necessary. An adult protective report is mandatory when the provider knows or has reasonable cause to suspect that an incapacitated or dependent adult has been or is likely to be abused, neglected, or exploited.
- The Panel recommends that DHHS consult with a child protection Assistant Attorney General when interacting with a family and safety threats to a child are present, and the family does not voluntarily engage with DHHS.
- The Panel recommends that when a person makes a report of domestic abuse in the home, and DHHS determines through its investigation that a child was exposed to domestic abuse between the parents or caregivers, the child should be referred for a medical examination.
- The Panel recommends that child protective workers, attorneys, judicial officers, and others involved within the child welfare system receive specialized training regarding the risk of child maltreatment in cases involving a targeted, or scapegoated, child within a family.

APPENDIX A: POWER AND CONTROL WHEEL

Perpetrator Tactics Prior to the Homicide

Domestic abuse is a pattern of behavior over time, not isolated incidents of physical or sexual violence.

Perpetrators of domestic abuse use an array of coercive behaviors to assert and maintain power and control over their intimate partners, children, and family members. These behaviors are intentional and designed to enforce compliance through fear, based on the perpetrators' beliefs that they have the right to limit the human and civil rights of their intimate partners, children, and family members.

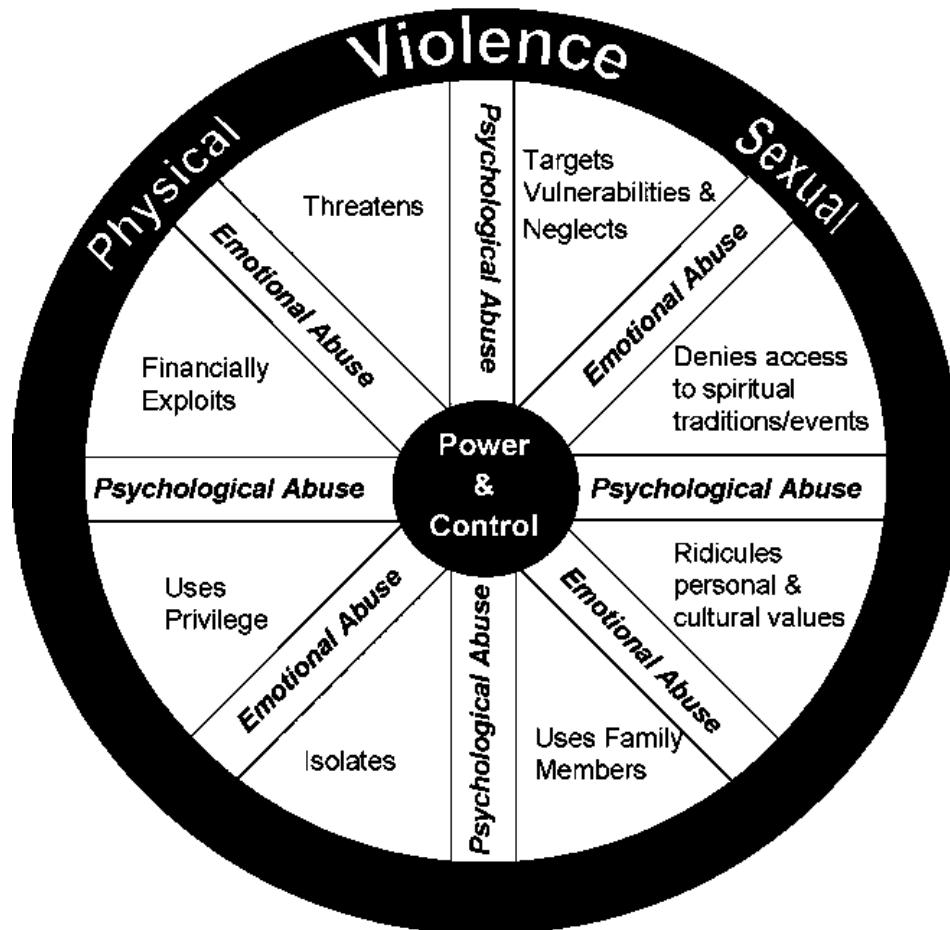


DOMESTIC ABUSE
INTERVENTION
PROJECT
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The Power and Control Wheel is a diagram that includes examples of the tactics that people who commit domestic abuse and violence use against their current/former intimate partners. Created in 1984 by domestic abuse survivors, this tool is used worldwide to support and/or educate individuals, communities, and professionals across many fields. The Wheel is available in multiple languages and has been adapted culturally as well. A powerful outreach tool, the Wheel validates the common experiences of victims/ survivors, provides a framework for exploring the tactics used by those who are abusive, and informs safety strategizing with advocates and other professionals.

APPENDIX B: ABUSE LATER IN LIFE WHEEL

Abuse in Later Life Wheel



In 2006, NCALL adapted the Power and Control Wheel, developed by the Domestic Abuse Intervention Project, Duluth, MN. Resource updated, April 2011.

Tactics Used by Abusers

During 2005, NCALL staff asked facilitators of older abused women's support groups to have participants review the Duluth Domestic Abuse Intervention Project's Power and Control Wheel. Over 50 survivors from eight states responded. NCALL created this Abuse in Later Life Wheel from their input.

In addition to the tactics on the wheel, many offenders justify or minimize the abuse and deny that they are abusive. Perpetrators of abuse in later life may make comments like "she's just too difficult to care for" or "he abused me as a child" to blame the victim, or try to minimize the abuse by stating the victim bruises easily or injuries are the incidental result of providing care. The list below provides additional examples of some of the behaviors victims might experience under each tactic included on the wheel.

Physical Abuse

- Hits, chokes, burns, pinches, throws things, restrains

Sexual Abuse

- Sexually harms during care giving
- Forces sex acts
- Forces elder to watch pornography

Psychological Abuse

- Engages in crazy-making behavior
- Publicly humiliates

Emotional Abuse

- Yells, insults, calls names
- Degrades, blames

Targets Vulnerabilities & Neglects

- Takes or denies access to items needed for daily living
- Refuses transportation
- Denies food, heat, care, or medication
- Does not follow medical recommendations
- Refuses to dress or dresses inappropriately

Denies Access to Spiritual

& Traditional Events

- Refuses transportation or access
- Destroys spiritual or traditional items of importance

Ridicules Personal & Cultural Values

- Disrespectful of cultural practices
- Ignores values when making decisions

Uses Family Members

- Misleads family members regarding condition of elder
- Excludes or denies access to family

Isolates

- Controls what elder does, who they see and what they do
- Denies access to phone or mail

Uses Privilege

- Speaks for elder at financial and medical appointments
- Makes all major decisions

Exploits Financially

- Steals money, titles, or possessions
- Abuses a power of attorney or guardianship

Threatens

- Threatens to leave or commit suicide
- Threatens to institutionalize
- Abuses or kills pet or prized livestock
- Displays or threatens with weapons

APPENDIX C: 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 D: MAINE'S HOMICIDES *

MAINE HOMICIDES IN 2020 – FINAL

(MURDER-MANSLAUGHTER)

Compiled by the Maine Department of Public Safety

Steve McCausland and Katy England

Updated 12/30/2020 – 20 Homicides/6 Domestic Violence

1/9/2020 | NEWPORT | Anielka Allen found strangled in her home. Her husband Frederick Allen, 40, is charged with murder. **DOMESTIC**

1/25/2020 | GARDINER | Jordan Johnson, 22, is shot to death and a second man is stabbed. Dylan Ketcham, 21, is charged with murder.

2/1/2020 | BANGOR | Demetrious Snow, 25, is stabbed to death in a parking lot on Harlow St. Charged with murder is Rayshaun Moore, 34.

2/3/2020 | MACHIAS-JONESBORO | Shawn Currey, 57, Samuel Powers, 33, and Jennifer Bryant- Flynn, 49, are shot to death at homes in the two towns and a fourth person was wounded. Thomas Bonfanti, 63, is charged with three counts of murder.

3/15/2020 | MILLINOCKET | Cameron Pelkey, 23, shot to death inside a home. Jason Mulligan, 45, is charged with murder.

6/3/2020 | AUBURN | Lawrence Kilkenny, 48 is stabbed to death outside an apartment house. Bryan Peabody, 25, is charged with murder.

6/6/2020 | WATERVILLE | Joseph Tracy, 33, is shot to death in an apartment on College Ave. State and Waterville Police continue to investigate.

7/2/2020 | AUBURN | Roger Cornell, 21, is stabbed to death in the McDonald's parking lot. Trai LaRue is charged with his murder.

8/19/2020 | LINCOLN | Pauline Taylor was shot and killed in her residence by her son Adam Groves, 44, of Lincoln. **DOMESTIC**

8/21/2020 | LEWISTON | Natasha Morgan, 19, is shot and killed outside of her mother's residence. Her ex-boyfriend, Jaquille Coleman is charged with her murder. **DOMESTIC**

8/26/2020 | GREENVILLE | Linda Coffman, 73, and her husband were both found dead inside their Beech Street residence and the death was ruled a murder-suicide. **DOMESTIC**

***The homicide lists are published by the Department of Public Safety and reflect the number of homicides as of the date the list was published.**

10/3/2020 | WINTHROP | 30-year-old Joshua Martin, formerly of Rochester, NY. Martin was last known to be staying in the Augusta area was killed in Winthrop.

10/5/2020 | Waldo | 64-year-old Glenn Brown of Lincolnville was charged with murder around of 64-year-old Richard Bowden and 64-year-old Tina Bowden. **DOMESTIC**

10/7/2020 | ROBBINSTON | Charles “Chip” Townsend, 32, of Robbinston, has been arrested for Arson and Depraved Indifference Murder following the investigation into the fire that claimed the life of 66-year-old Wayne Morrill.

10/28/2020 | SOUTH PORTLAND | Elliott Fama, 44, dies after an altercation at the Howard Johnson’s Motor Lodge. Robert Clarke, 35, has been indicted with manslaughter.

10/31/2020 | LEWISTON | Abdikadir Nur, 20, of Auburn, was charged with Murder in connection to the shooting of Hassan Hassan on River Street in Lewiston.

12/10/2020 | BANGOR | Syies Adams, 28, is found shot and killed in a home in Bangor. Bangor Police Department is still investigating.

**2021 Maine Homicides
(MURDER-MANSLAUGHTER)
Compiled by the Maine Department of Public Safety
Shannon Moss and Katy England
18 Homicides/10 Domestic Violence
UPDATED February 2022**

1/25/2021 | NEW SHARON | Police found the bodies of Jessica Dapolito, 42, and Robert Dapolito, 55 during a wellbeing check. It was determined that Robert killed Jessica and then himself. **DOMESTIC**

2/12/2021 | TURNER | Troy Varney, 52, and Dulsie Varney, 48, were found injured at a residence on Knight Farm Road in Turner and later died of their injuries at an area hospital. Patrick Maher, 24, of Turner was arrested.

3/26/21 |YORK| Rhonda Pattelena, 35, of Bedford, MA died of blunt force trauma to the head. Location was on Shorts Sands Beach in York. Suspect is her domestic partner Jeffrey Buchannan, 34, also of Bedford, MA. He was arrested and charged with murder. **DOMESTIC**

6/1/2021 |BREWER| Jaden Harding, 6 weeks old, was unresponsive and not breathing when transported to Eastern Maine Medical Center in critical condition on 5/31/21. He was pronounced dead on 6/1/21. The infant died from inflicted injuries. His father, Ronald Harding, 36, was arrested and charged with Manslaughter. **DOMESTIC**

6/6/2021 |OLD TOWN| Hailey Goding, 3, was pronounced dead at Eastern Maine Medical Center on 6/6/2021 after being rushed to the hospital two days earlier. Her mother, Hillary Goding, 28, was arrested and charged with manslaughter. **DOMESTIC**

6/16/21 |STANDISH| Amanda Brown, 29, was shot at her home at 35 Dow Street. On November 5, 2021 Brown's boyfriend Brandon Libby of Standish, 34, was indicted by a Cumberland County Jury. He was arrested and charged with murder. **DOMESTIC**

6/17/21 |LIMINGTON| Cheryl Cote, 47, and Daniel Perkins, 45, were killed in their Limington home. Cote's son Matthew Cote, 24, was arrested and charged with murder. **DOMESTIC**

6/20/21|STOCKTON SPRINGS| Maddox Williams, 3, died at Waldo General Hospital. His mother Jessica Williams, 35, arrested and charged with murder. **DOMESTIC**

6/30/2021 | SOMERVILLE | Joel Williams, 48, of Somerville was shot during an altercation at 1041 Rockland Rd. Charges against Kyle Hunt, 31, of Jefferson were presented to grand jury and Hunt was not indicted.

7/22/20 |Turner| Harper Averill, 2 months old died at Maine Medical Center. On 9/8/21 a Grand Jury returned an indictment charging the father, Trevor Averill, 27, now of Buckfield with

Murder and Manslaughter. **DOMESTIC. NOTE: Though this homicide occurred in 2020, we are including it on 2021 as the indictment occurred then.**

8/29/21 | MILO | Sylus Melvin, 1 month old, died at Eastern Maine Medical Center. His father Reginald Melvin, 28, was arrested and charged with murder. **DOMESTIC**

9/11/21 | Lewiston | Felician Betu, 70, died from injuries as a result of jumping out a window from the top floor of a 6 story building that was on fire. Three juveniles have been charged with felony murder and his death was ruled a homicide.

9/14/21|BIDDEFORD| Douglas Michaud, 31, was shot and killed on his front porch. 30-year-old Randal J. Hennessey of Biddeford was arrested and charged with murder.

10/13/21 |Fryeburg| Anderson Gomes, 28, was stabbed at the Fryeburg Fairgrounds at 1:05 a.m. Carlos A. Negron of Connecticut (no known town) was arrested and charged with murder

11/2/21 | Oakland | Karson Malloy, 14-months-old. Case is still under investigation.

11/4/2021 |Machias| Brandin Guerrero, 17, of Massapequa, NY was shot outside a home on High Street. Arrested and charged with felony murder was 41 year old Jorge Pagan-Sanchez of Taunton, Massachusetts, 23 year old and Nathanael Genao of New Bedford, Massachusetts. 27 year old Juan Ortiz of Concord, New Hampshire and 30 year old Emanuel Ramos of Roxbury Massachusetts.

11/20/21 |Hiram| Ian Morris, 18, of Portland was shot outside a home at 6 Oak Woods. This case is still under investigation.

12/26/21 |Perry| Jason “Cowboy” Aubuchon, 50, of Eastport was shot at a residence at 47 Tranquility Lane. Danielle Wheeler, 50, was arrested and charged with murder. **DOMESTIC**

2022 Annual Homicide List
Compiled by the Maine Department of Public Safety
(MURDER-MANSLAUGHTER)
29 Murders, 15 Domestic Violence

1/10/22 | LUBEC | Eva Cox, 58, her boyfriend Paul Deforest was arrested and charged with murder. **(DOMESTIC)**

2/8/22 | PEMBROKE | Paula Johnson Pembroke, 53, was found deceased in her home on Hardy Point Road. On 7/6/22, Rebecca Moores, of Robbinston was arrested and charged with Murder.

2/14/22 | PORTLAND | Salim Al Siraj, 50, Portland. Abdallah Salim Al Siraj, 22 Portland, was arrested and charged with murder. **(DOMESTIC)**

2/24/22 | LOVELL | Jennifer Lingard, 41, Massachusetts. The victim's domestic partner and the primary suspect, in this case, was found deceased in Rhode Island less than 48 hours after the homicide was found and the case has been closed. **(DOMESTIC)**

3/10/2022 | BIG LAKE TOWNSHIP | Darren Laney Sr.,62, Big lake Twp. Darren Laney Jr.,36, Big lake Twp., was arrested and charged with Murder. **(DOMESTIC)**

3/19/22 | EASTON | Jaden Raymond, 18 months, Easton. Mariah Dobbins, 28, Easton, was indicted and charged with Murder.

4/21/22 | PERRY | Kimberly Neptune, 43, Perry. Donnell J. Dana, 38, Perry, and Kailie A. Brackett, 38, Perry, were arrested and charged with Murder.

4/26/22 | PORTLAND | Derald Coffin, 43, West Bath. Jonathan Geisinger, 44, Portland, Damion Butterfield, 22, Saco, Thomas M. MacDonald, 44, Westbrook, Anthony L. Osborne, 45, Portland, were all arrested and charged with Murder. Butterfield was also charged with Attempted Murder.

5/6/22 | BROOKS | James Cluney, 49, Brooks. Atilio Delgado, 16, Brooks, was arrested and charged with Murder. **(DOMESTIC)**

5/10/22 | WINDHAM | Maine Correctional Facility| Renaldo Jones, 30, Windham. Carl Williams, 38, Windham, was indicted and charged with Murder.

5/21/22 | WELLS | Octavia Huber Young, 1 year, 10 months, Wells. Andrew Huber Young, 19, Wells, was arrested and charged with Murder. **(DOMESTIC)**

5/24/22 | BATH | Jeanine Ross, 66, Bath. Jason Ibarra, 42, Bath, was arrested and charged with Murder. **(DOMESTIC)**

6/18/22 | WINTER HARBOR, Acadia National Park | Nicole Mokeme, 35, South Portland. Raymond Lester, 35, Portland, was arrested and charged with Murder. **(DOMESTIC)**

6/19/2022 | AUBURN | Kelzie Caron, 21, Auburn and Pierre Langlois, 21, Connecticut. David Barnett, 34, Connecticut, was arrested on a warrant for Murder.

7/16/22 | SKOWHEGAN | Alice Abbott, 20, Skowhegan. Jason Servil, 19, Massachusetts, was arrested and charged with Murder. **(DOMESTIC)**

7/17/22 | MT. VERNON | Brooke McLaughlin, 14, Mt. Vernon. Aiden Grant, 15, Mt. Vernon, was arrested and charged with Murder. **(DOMESTIC)**

7/17/22 | LEWISTON | John Paquin, 20, Massachusetts. Mark John Sinclair, 28, Lewiston, was arrested and charged with Murder.

8/6/22 | MEXICO | Nicholas Trynor, 20, Mexico. Thomas Tellier, 52, Mexico, was arrested and charged with Murder. **(DOMESTIC)**

9/7/22 | PORTLAND | Walter Omar, 31, Portland. Amin Awies Mohamed, 38, Massachusetts, was arrested and charged with Murder.

10/3/22 | LAMOINE | Neil Salisbury, 71, Lamoine. **ACTIVE INVESTIGATION**

10/5/22 | ORRINGTON | Lois Swanson, 89, Orrington. Russell Swanson, 89, Orrington, Murder-Suicide. **(DOMESTIC)**

10/19/22 | LEWISTON | Nicholas Blake, 37, Lewiston. Barry Zollarcoffer, 47, Lewiston, and Andrew Stallings, 36, Rumford, was arrested and charged with Murder.

11/17/22 | CHERRYFIELD | Matthew Adams, 36, Whitneyville. **ACTIVE INVESTIGATION**

11/18/22 | PORTLAND | Bethany Kelley, 23, Portland. **ACTIVE INVESTIGATION**

11/24/22 | POLAND | Gabriel Damour, 38, Poland. Justin Butterfield, 34, Poland, was arrested and charged with Murder. **(DOMESTIC)**

11/29/22 | PORTLAND | Tyler Flexon, 26, Portland. Tristin Chamberlain, 21, Portland, was arrested and charged with Murder.

12/11/22 | LEWISTON | Lacresha Howard, 25, Lewiston. Eddie Massie, of the Lewiston area, was arrested and charged with Murder. **(DOMESTIC)**

12/19/22 | RUMFORD | Drew McKenna, 23, Rumford. Shea McKenna, 27, Rumford was arrested and charged with Manslaughter **(DOMESTIC)**

APPENDIX E:

Maine Criminal Justice Academy Board of Trustees Minimum Standards, Policy 3

DOMESTIC VIOLENCE POLICY

Date Board Adopted: 03/08/2019

Effective Date: 11/01/2019

The agency must have a written policy to address Domestic Violence, to include, at a minimum, provisions for the following:

1. A policy statement that recognizes domestic violence as a serious crime against the individual and society.
2. Officers are responsible for being familiar with the applicable statutes in 15 M.R.S. Chapter 12A; 19-A M.R.S. Chapter 101; 17-A M.R.S. §15 and the applicable chapters in the Maine Law Enforcement Officer's Manual.
3. Definitions of abuse, predominant aggressor, predominant aggressor analysis, self-defense, domestic violence crimes, family or household members, risk assessment, strangulation and domestic violence advocate.
4. Emergency Communication Specialist (ECS) procedures regarding the receipt and response to a complaint. These procedures must include: receipt and prioritization of the call; information to be elicited from the caller; exigencies of situation; "excited utterances;" consulting agency and available Court records pertinent to either party; and possibility of a back-up unit. (19-A M.R.S. §4012 (2)).
5. Complaint response procedure must include: receipt of the call; tactical approach to the call; initial contact; situation control process, on-scene investigation and enforcement action; and post-incident follow-up with the victim.
6. Agency responsibilities and procedures when a complaint involves a law enforcement officer, a family member of a law enforcement officer or any employee of a law enforcement agency. This must include an investigative follow-up and review by the administration that is consistent with these standards.
7. Agency responsibilities and procedures when any member of the law enforcement agency shows signs of experiencing or perpetrating domestic violence. This must include an investigative follow-up and review by the administration that is consistent with these standards.

8. Responsibility of an officer to determine who may be the predominant aggressor by investigating for probable cause, self-defense, and/or other factors, and take the appropriate enforcement action against that person.
9. Circumstances under which arrest is mandatory. (19-A M.R.S. §4012 (5) & (6) (D)).
10. Circumstances under which a warrantless arrest may occur (17-A M.R.S. §15).
11. Procedures for the administration of a validated, evidence based domestic violence risk assessment recommended by the Maine Commission on Domestic and Sexual Abuse, such as the Ontario Domestic Assault Risk Assessment (ODARA) and the conveyance of the results of that assessment to the bail commissioner, if appropriate, and the district attorney for the county in which the domestic violence occurred. (25 M.R.S. §2803-B (1) (5)).
12. Responsibilities of an officer when an arrest is not authorized.
13. Responsibility of a responding officer to remain at the scene to protect the safety of persons in danger and to obtain medical assistance, if necessary. (19-A M.R.S. §4012 (6) (A) & (B)).
14. Responsibility of an officer to provide written instructions to a victim concerning the victim's right to obtain a Protection From Abuse Order and the procedures involved. This must include a mechanism for language access services if the victim is limited English proficient. (19-A M.R.S. §4012 (6) (C)).
15. Responsibility of an officer to provide the victim with information about the local domestic violence resource center and/or relevant culturally specific domestic violence organization.
16. A reporting process for detailed documentation of the incident and any charges. This report must include ATN/CTN numbers.
17. Procedures to ensure expeditious service of both temporary and permanent Protection From Abuse Orders issued under 19-A M.R.S. §4006 and §4007. (25 M.R.S. §2803-B (1-D)(4)). This includes entering service information into the METRO system without unnecessary delay.
18. Recognition that a person who obtains a Protection From Abuse Order cannot violate the order regardless of any action taken by that person; a Protection From Abuse Order only constrains the defendant. (19-A M.R.S. §4001 (6) & §4007 (7) & (8)).
19. Must enforce validated Protection From Abuse Orders from other states and tribal courts under the authority of the federal Full Faith and Credit Clause.

20. Procedures to ensure that a victim receives notification of the defendant's release on bail. (25 M.R.S. §2803-B (1) (D) & 17-A M.R.S §1175-A).
21. Procedures for the collection of information regarding the defendant that includes the defendant's previous history of domestic violence, the parties' relationship, whether the commission of a crime included the use of strangulation as defined in 17-A M.R.S. §208(1) (C), sexual assault offenses as defined in 17-A Chapter 11 offenses, stalking as defined in 17-A M.R.S. §21-C, current or past suicidality of the defendant, the name of the victim, and a process to relay this information to a bail commissioner before a bail determination is made. (25 M.R.S. §2803-B (1) (2)).
22. Procedures for the safe retrieval of personal property belonging to the victim or the defendant that includes identification of a possible neutral location for retrieval, the presence of at least one law enforcement officer during the retrieval, and providing the option of at least 24 hours' notice to each party prior to the retrieval. (25 M.R.S. §2803-B (1) (3)).
23. Requirement that an agency review its compliance with all applicable provisions of this 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 or if there had been past agency involvement related to interactions between the perpetrator and the victim. The review shall be conducted in consultation with a domestic violence advocate as defined in 16 M.R.S. §53-B(1)(A) and a sworn law enforcement officer designated or trained as a domestic violence investigator. A report of such review must be kept on file by the agency. In any case where one or more victims are killed, a copy of the report shall be forwarded to the Domestic Violence Homicide Review Panel through the Office of the Attorney General.
24. A provision that any agency, as permitted by 16 M.R.S. §804(4) and subject to the conditions of that section may provide a copy of the incident report or intelligence or investigative information to a domestic violence advocate as defined in 16 M.R.S. §53-B(1).
25. Officers must abide by their agency policy as it applies to all standards of the Maine Criminal Justice Academy Board of Trustees.

Note: Any violation of these standards may result in action by the Board of Trustees.

MAINE CHIEFS OF POLICE ASSOCIATION MODEL POLICY

		Effective Date 02/04/2020	Number 1-3
Subject Domestic Violence			
Distribution All Personnel		Amends/Supersedes 1-3 dated 11/01/19	

I. Purpose

The purpose of this policy is to provide a consistent process for responding to domestic violence and to prescribe a preliminary course of action that officers should take in response to domestic violence incidents.

II. Policy *BOT 3-1 MLEAP 7-10*

This agency maintains that the nature and seriousness of crimes committed between family or household members are not mitigated solely because of the relationships or living arrangements of those involved. It is the policy of this agency that domestic violence be treated with the same consideration as violence in any other enforcement context.

It is also the policy of this agency that officers take steps to properly investigate, identify predominant aggressors, and combine the use of appropriate community services with enforcement of the law in an effort to: (1) break the cycle of domestic violence by preventing future incidents or reducing the frequency and/or seriousness of such incidents, (2) protect victims of domestic violence and provide them with support, and (3) promote officer safety when dealing with domestic violence situations.

This agency also recognizes that no one is immune from incidents of domestic violence, including law enforcement. As part of this policy, this agency will take a proactive approach when dealing with any domestic violence committed by agency employees.

Given this is a statutorily mandated policy; officers must abide by this agency's policy as it applies to all standards of the Maine Criminal Justice Academy Board of Trustees. ***BOT 3-25***

III. Definitions *BOT 3-3*

Adult: Means any person 18 years of age or older or a person under 18 years of age who is emancipated pursuant to 15 M.R.S. §3506-A.

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:

1. 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 17-A M.R.S. §106(1), (physical force by persons with special responsibilities) is excluded from this definition.
2. 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.
3. 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.
4. Knowingly restricting substantially, the movements of another person without that person's consent or other lawful authority by:

- a. Removing that person from that person's residence, place of business or school;
 - b. Moving that person, a substantial distance from the vicinity where that person was found; or
 - c. 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.
5. 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
 6. Repeatedly and without reasonable cause:
 - a. Following the plaintiff; or
 - b. Being at or in the vicinity of the plaintiff's home, school, business or place of employment.

Confidential Communications: Means all information, whether written or oral, transmitted between a victim and a domestic violence advocate in the course of the working relationship. Confidential communications includes, but is not limited to, information received or given by the advocate in the course of the working relationship, advice, records, reports, notes, memoranda, working papers, electronic communications, case files, history and statistical data, including name, date of birth and social security number, that personally identify the victim.

Dating Partners: Means individuals currently or formerly involved in dating each other, whether or not the individuals are or were sexual partners.

Domestic Partners: Means two unmarried adults who are domiciled together under long term arrangements that evidence a commitment to remain responsible indefinitely for each other's welfare.

Domestic Violence Crimes: Means crimes of domestic violence assault; domestic violence aggravated assault; domestic violence elevated aggravated assault, domestic violence elevated aggravated assault on pregnant person; domestic violence criminal threatening; domestic violence terrorizing; domestic violence stalking and; domestic violence reckless conduct.

Domestic Violence Advocate: Means an employee of or volunteer for a nongovernmental program for victims of domestic violence who:

1. Has undergone at least 30 hours of training; and
2. As a primary function with the program supports and provides safety planning services to victims, supervises employees or volunteers who perform that function or administers the program.
3. Domestic Violence Advocates include those who work or volunteer at the member domestic violence resource centers of the Maine Coalition to End Domestic Violence, and the member advocacy centers of the Wabanaki Women's Coalition.

Family or Household Members: Means spouses or domestic partners or former spouses or former domestic partners, individuals presently or formerly living together as spouses, natural parents of the same child, adult household members related by consanguinity or affinity (blood or marriage) or minor children of a household member when the offender is an adult household member. Holding oneself out to be a spouse shall not be necessary to constitute "living as spouses." For purposes of this subsection, "domestic partners" has the same meaning as in 18-A M.R.S. §1-201(10-A).

Law Enforcement Agency Employee: Means all sworn and non-sworn members of this agency.

Predominant Aggressor: Means the person most responsible for the violence, uses the higher level of violence, has an established history of violence in the relationship, and who represents the more serious present threat of violence, when one or both parties have committed some sort of violence towards each other.

Predominant Aggressor Analysis: Method in which used by an officer to identify a predominant aggressor. (See Appendix #3)

Risk Assessment: Means a procedure whereby we measure some characteristics of a person or situation and then use that information to predict the likelihood of some negative event, i.e. re-abuse for example, as measured by re-arrest.

Self-defense: Means a person is justified in using a reasonable degree of physical force upon another person in order to defend the person or a third party from what the person reasonably believes to be the imminent use of unlawful force. See 17-A M.R.S. §108.

Strangulation: Means impeding the breathing or circulation of the blood of another person by intentionally, knowingly or recklessly applying pressure on the person's throat or neck. See 17-A M.R.S. §208(1)(C).

IV. Procedures

A. General *BOT 3-2*

Law enforcement officers are responsible for being familiar with the applicable statutes of 15 M.R.S. Chapter 12-A, Chapter 101 of Title 19-A M.R.S. Chapter 101, and 17-A M.R.S §15 and the applicable chapters of the Maine Law Enforcement Officer's Manual (L.E.O.M.).

B. Emergency Communication Specialist (ECS) Responsibilities *BOT 3-4*

The ECS who receives a domestic violence call can provide the responding officers with vital information that could save the victim's and/or officer's life. The ECS shall give a domestic violence call the same priority as any other life-threatening call and shall, whenever possible, dispatch at least two officers to every incident.

1. In addition to information normally gathered, an effort should be made to determine and relay the following information to responding officers, but not limited to:
 - a. Whether the suspect is present and, if not, the suspect's description and possible whereabouts.
 - b. Whether weapons are involved.
 - c. Whether the offender is under the influence of drugs or alcohol.
 - d. Whether children are present.
 - e. Whether a current protective order, bail conditions, and/or probation conditions are in effect.
 - f. Complaint history at that location.
 - g. Whether medical attention is needed.
 - h. Any "'excited utterances" made by the caller.
 - i. Any agency or court record or risk assessment pertinent to either party.
2. The ECS should attempt to keep the caller on the telephone as long as possible and should tell the caller that help is on the way and when the caller can expect officers to arrive and should relay ongoing information provided by the caller to the responding officers.

3. The ECS shall NOT cancel the law enforcement response to a domestic violence complaint based solely on a follow-up call from the residence requesting such cancellation. However, the ECS shall advise the responding officers of the request.
4. The ECS shall ensure that officers at the scene of an incident of violence or violation of an order of protection are informed of a recorded prior incident of violence involving the abused party and can verify the effective dates and terms of a recorded order of protection.
5. If the call involves, or appears to involve, a law enforcement officer or other employee of a law enforcement agency, the ECS shall immediately notify the employee's supervisor, regardless of the involved employee's jurisdiction.

C. Initial Officer Response **BOT 3-5**

1. The officer should avoid the use of sirens and emergency lights in the vicinity of the scene of the incident. Officers should be alert to and note persons encountered while approaching the scene. If possible, an officer should question any potential witnesses to the incident.
2. The officer should not park the police vehicle directly in front of the residence of the disturbance. The officer should be alert for assailants leaving the scene and for the employment of weapons from doors, windows, or nearby vehicles.
3. The officer should consider the surroundings before knocking on the door, and listen and look in any nearby window to obtain additional information about the situation (layout of house, number of people involved, weapons).
4. Officers must be concerned for their own safety as well as the victim's. Minimize the possibility of injury, stand on the side of the door when knocking. The unexpected may occur when the door opens.
5. If the incident involves a law enforcement officer or other employee of a law enforcement agency as the suspect, refer to additional initial officer response protocols below in section J of this policy.

D. Complaint Investigation **BOT 3-8**

Upon arriving to a domestic violence call, officers shall:

1. Identify oneself as an officer by name, explain the law enforcement presence, and request entry into the home. If the complainant is in the home, ask to see the complainant. If the person who called the police is someone other than the subject of the call, the officer should not reveal the caller's name.
2. Restore order by gaining control of the situation, in particular by securing the suspect and controlling the suspect's movement and ability to interact visually or verbally with others at the scene.
3. Take control of all weapons used or threatened to be used in the crime.
4. Assess the need for medical attention and call for medical assistance, if needed. In cases involving non-fatal strangulation, always call Emergency Medical Services to examine the victim, regardless of whether visible injury exists.
5. If any of the parties are Limited English Proficient, officers should arrange for interpretation services.
6. Interview all parties, to include children, neighbors, and other witnesses, separately.

7. Process the crime scene.
8. In cases when one or both parties have committed some kind of violence against the other, utilize the predominant aggressor analysis by 1) establishing that probable cause exists that a crime has occurred, 2) actively investigating whether any party used self-defense, and 3) determining who is the overall predominant aggressor in the relationship. This is the person who poses the most past/present/future risk to the other, who uses an overall pattern of coercive, controlling tactics, and the person who places the other in fear. These steps in the analysis should be completed in order. Officers should consult the Predominant Aggressor Decision tree (Appendix 1) when utilizing the analysis. This analysis is to be used in making arrest decisions.
9. Collect and record evidence and, where appropriate, take color photos of injuries and property damage.
10. If the offender has left the scene and a crime has been committed, officers will:
 - a. Conduct a search of the immediate area.
 - b. Obtain information from victims and witnesses as to where the offender might be.
 - c. Officers are encouraged to make a warrantless arrest when the offender is found or write an affidavit for an arrest warrant and arrest the offender.
11. If probable cause does not exist to make an arrest for violation of any domestic violence crime, officers must indicate in the agency incident report the reason for such.
12. In-custody arrest is mandatory when an officer has probable cause to believe that a violation of a court-approved consent agreement or protection order has occurred, or if a domestic violence aggravated assault, a domestic violence elevated aggravated assault (17-A M.R.S. §208-, or domestic violence elevated assault on a pregnant person has occurred, pursuant to 19-A M.R.S. §4012(5). **BOT 3-9**
13. A warrantless arrest is authorized if an officer has probable cause to believe that a person violated an order issued pursuant to 15 M.R.S. §321(6). Furthermore, when an officer has reason to believe that a family or household member has been abused, the officer shall immediately use all reasonable means to prevent further abuse, which may include arresting the abusing party with or without a warrant pursuant to 19-A M.R.S. §4012(6)(D) and Title 17-A, §15.. **BOT 3-10**
14. A warrantless arrest is also authorized if an officer has probable cause to believe a person has committed or is committing any crime listed in 17-A M.R.S. § 15.
15. Officers must make a good-faith effort to complete a validated, evidence-based domestic violence risk assessment, currently the Ontario Domestic Abuse Risk Assessment (ODARA) (see Appendix 2), on the offender:
 - a. ODARA is used In any case involving a male or female arrested for: domestic violence assault; domestic violence aggravated assault; domestic violence elevated aggravated assault; domestic violence elevated aggravated assault on pregnant person; domestic violence criminal threatening with a dangerous weapon; and/or domestic violence terrorizing when the circumstances include:
 - a. An act of violence involving physical contact with the victim or;
 - b. A credible threat of death with a weapon in hand made in the presence of the victim.

- b. ODARA is validated for use in heterosexual intimate or dating partnerships only; it is not yet validated for use in same sex intimate partnerships; not validated for cases involving other family or household member relationships.
 - c. In addition to completing the ODARA score sheet, the officer should document in the narrative of the investigative report the specific facts and circumstances that support the scoring of the ODARA.
 - d. The officer must provide the ODARA results with the Bail Commissioner, see 19-A M.R.S. §4012(6).
 - e. The officer must provide a copy of the ODARA to the Office of the District Attorney for the county in which the abuse took place, see 19-A M.R.S. §4012. At a minimum, the officer must ensure that a copy of the ODARA assessment is included in the case file for provision to the District Attorney's Office.
 - f. The officer should attach the ODARA scoresheet to the incident report and also provide details about the sources of information and scoring of each ODARA item in the report narrative.
16. Complete appropriate offense or incident reports and include, if possible and at a minimum, the following:
- a. Time of dispatch, time on the way to the call, and time of arrival.
 - b. Description of the scene and the appearance and demeanor of the parties.
 - c. Excited utterances/present sense impressions from the parties or witnesses.
 - d. The officer's own observations of injury, people, and the scene.
 - e. Each person's description of the relationship of the parties.
 - f. Photographs.
 - g. Any other physical evidence, including digital/technology.
 - h. Names, ages, addresses, phone numbers of witnesses (including children and neighbors).
 - i. Written statements.
 - j. The three-step analysis when making the predominant aggressor determination.
 - k. Whether an arrest was made.
 - l. Details about the validated, evidence-based domestic violence risk assessment (Ontario Domestic Assault Risk Assessment), including the sources of information for each item and the score, if an arrest is made for an eligible crime and an eligible relationship exists.
 - m. Details about medical intervention if any.
 - n. Request for medical records.
 - o. Note all existing Protection From Abuse Orders, bail conditions, and probation conditions.
 - p. Information and referrals provided to the victim, including Protection From Abuse Order information if no order already exists, and contact information for the domestic violence resource centers of the Maine Coalition to End Domestic Violence and the advocacy centers of the Wabanaki Women's Coalition.
 - q. ATN and CTN numbers when necessary.
 - r. Current contact information for the victim or another person who knows where to contact the victim.
 - s. SBI and Triple-I.
17. The agency may provide a copy of the incident report or information to an advocate at a domestic violence or sexual assault center, pursuant to 16 M.R.S. §806(3).

E. Bail Commissioner Information Form **BOT 3-21**

1. Officers should make a good faith effort to complete the Bail Commissioner Information Form (see Appendix 3). The form includes:
 - a. The officer's name, agency, incident number, ATN and CTN numbers.
 - b. The pending charges with statutory cites and class of the pending crimes charged.
 - c. The defendant's name, DOB, address(es), phone numbers, place of employment, physical description and location of arrest.
 - d. The victim's name, DOB, relationship to the defendant, phone numbers and the victim's address only if it is clear the defendant already knows where the victim lives.
 - e. Maine SBI, NCIC Triple III (if appropriate), MV history information and any other history.
 - f. Failing to Appear, Protection for Abuse/Harassment Orders or Other Bail Conditions information.
 - g. When appropriate, the validated, evidence-based domestic violence risk assessment (ODARA) score.
 - h. Whether the incident included the use of strangulation.
 - i. Other information to include, but not limited to the presence/use/threat of weapons, threats to kill self/others/pets, alcohol or drug use, if the victim is pregnant, or if there was a recent separation.

F. On Scene Assistance to Victims and Dependents **BOT 3-12, 3-13, 3-14, 3-15**

Maine law provides that whenever an officer has reason to believe that a family or household member has been abused, the officer shall immediately use all reasonable means to prevent further violence. The LEO shall assist the victims of domestic violence in the following manner:

1. If any of the parties are Limited English Proficient, officers should arrange for interpretation services
2. Advise all parties about the criminal nature of domestic violence, its potential for escalation, and that help is available.
3. Remain on the scene as long as there is a reasonable belief that there is a danger to the physical safety of that person without the presence of an officer, including, but not limited to, staying in the dwelling unit.
4. Assist that person in obtaining medical treatment necessitated by an assault, including driving the victim to the emergency room of the nearest hospital.
5. Give that person immediate and adequate written notice of rights, which shall include information summarizing the procedures and relief available to victims of violence. This includes information about Protection From Abuse Orders and contact information for local domestic violence resource centers of the Maine Coalition to End Domestic Violence and the advocacy centers of the Wabanaki Women's Coalition.
6. In circumstances in which it is necessary for the victim to temporarily leave the residence, officers should offer the victim assistance in locating lodging with family, friends, public accommodations, or a domestic violence shelter/safe home.

G. Victim Notification, see 17-A M.R.S. §1175-A **BOT 3-20**

1. For victim notification to be possible by a jail, the officer must provide current victim contact information to the jail to which the defendant is delivered.
2. In a case of a crime involving domestic violence, a jail shall notify a victim of a defendant's release on pre-conviction bail as soon as possible but no later than one hour after the defendant's release. If the defendant is released on bail before being delivered to a jail, the arresting officer shall notify the victim as provided in this section.
3. Victim notification must be made by a telephone call directly to the victim. If the jail has not succeeded in contacting the victim after the jail has exercised due diligence in attempting to contact the victim, notification of the defendant's release must be made to this agency.
4. This agency shall make a reasonable attempt to notify the victim of the defendant's release. All notification attempts will be logged.
5. Notification to a minor victim must be made to an adult who is the victim's parent or legal guardian.

H. Law Enforcement Officer Follow-up

Officers assigned to domestic violence follow-up, accompanied by a back-up officer if reasonably available, shall contact the victim within 48 hours of all domestic violence incidents whether an arrest was made or not. In doing so, the officer can:

1. Check on the safety and well-being of the victim.
2. Ensure adherence with bail conditions, protection orders, and any other court orders. If violations are found, the officer should determine the nature of bail and court orders in that they are subject to change and, if there is a violation, arrest the offender.
3. Further advise the victim of information about Protection From Abuse Orders and advocacy programs.
4. Collect statements or other evidence.
5. Take follow-up photographs of any injuries from the original incident, if warranted.
6. Check social media outlets or other forms of digital technology in order to determine if any misuse of technology and/or stalking is occurring.
7. The officer shall complete a supplemental report regarding each follow-up visit and will ensure that it is attached to the original paperwork for the Office of the District Attorney. The officer will also ensure that the Office of the District Attorney receives any additional photographs or other evidence obtained as a result of the follow-up visit.
8. If the officer is unable to contact the victim within 48 hours, the officer will contact their supervisor who will make alternative arrangements to ensure that reasonable efforts to contact the victim continue.

I. Property Retrieval **BOT 3-22**

Officers shall assist the retrieving individual in obtaining the safe retrieval of the personal property belonging to the victim/defendant by using the following procedures:

1. Officers shall make reasonable efforts to ensure a property retrieval has not already occurred. The officer shall then contact each party to determine a convenient time for

the retrieving individual to obtain personal belongings, if possible, giving the victim the option of at least 24 hours' notice.

2. When possible, meet the retrieving individual at a pre-determined neutral location, with at least one officer.
3. Identify any language, cultural, or other barriers to assistance and safety and provide referrals to community-based advocacy organizations.
4. Determine what personal belongings are to be obtained. These should be limited to clothing, children's clothing, toiletry items, and other reasonable personal belongings.
5. In a "keep the peace" retrieval for additional property, the officer shall review any court order provided detailing the property to be retrieved. The retrieving individual may not remove property unless specifically designated in the order unless both parties confirm the agreement. If any property is in dispute and possession is not designated in the order, the officer may not allow the retrieving individual to remove the property. The officer may refer the parties to the court for resolution of the matter.
6. The officer should keep the retrieving individual at a safe distance until it can be determined that the other person is not present.
7. Once the officer determines the other person is not present, then the retrieving individual can be accompanied into the location in order to obtain personal belongings.
8. The officer shall accompany the retrieving individual throughout the entire retrieval.
9. If it is determined the other person is at the location and violating any bail conditions or protective order stipulations, the officer shall arrest that person for the violation.
10. If it is determined other person is at the location and there is a "no contact" provisions in place, the officer shall attempt to have that person leave prior to the retrieving individual retrieving personal items.
11. The officer shall check the existence of any order or conviction that prohibits possession of firearms from the retrieving individual. The officer shall not allow firearms or ammunition retrieval by any prohibited person.
12. Advise the victim(s) in writing of the availability of Temporary Protection from Abuse Orders and where they can be obtained. This information can be obtained from the local domestic violence resource center. The officer shall also advise the victim(s) that transportation is available to a court or person authorized to issue such Protection from Abuse Orders.

J. Procedures Involving a Law Enforcement Agency Employee **BOT 3-6, 3-7**

This agency also recognizes that no one is immune from incidents of domestic violence, including law enforcement. As part of this policy, this agency will take a proactive approach when responding to any domestic violence committed by agency employees. Incidents of domestic violence involving agency employees shall be investigated utilizing both the procedures outlined above in this policy, and the following procedures and considerations:

1. Agency Responsibilities

- a. This agency shall, either in response to observed warning signs or at the request of an officer or a member of an agency employee's family, provide non-punitive avenues of assistance to employees, their partners, and other family members to mitigate potential acts of domestic violence.
- b. This agency shall identify a procedure for making confidential referrals to counseling services, either internally or in collaboration with existing community services that have specific expertise in domestic violence.
- c. Information learned by the CLEP about an employee's conduct relating to the commission of domestic abuse, which could include criminal conduct, being a defendant in a temporary or permanent protective order in any jurisdiction, or other conduct reportable to the Maine Criminal Justice Academy under 25 M.R.S. §2806-A & §2807 shall be investigated both criminally and administratively as outlined in Model Policy 1-10 Investigation of Employee Misconduct.
- d. Following a domestic violence incident, the agency shall designate a member of the command staff to act as a principal contact for the victim. The assigned contact officer will:
 - a. Keep the victim apprised of the case throughout the adjudication process.
 - b. Inform the victim of confidentiality policies and their limitations, and ensure that confidentiality is maintained throughout the case.
- e. When responding to a domestic violence incident involving a law enforcement officer or other law enforcement agency employee from another jurisdiction, all law enforcement personnel shall follow the same procedures that are to be followed in responding to a domestic abuse complaint involving an employee from their own agency. The agency shall provide written notification to the CLEO in the suspect's jurisdiction in a timely manner, and if possible within 24 hours.
- f. 25 M.R.S. §2807 requires the Chief Law Enforcement Officer (CLEO) of an agency to notify the Director of the Maine Criminal Justice Academy within 30 days when an officer employed by that agency is convicted of a crime or violation or engages in conduct that could result in suspension or revocation of the individual's certification.
 - i. In practice, this could include for example, a domestic violence related arrest, or being the defendant in a temporary or permanent Protection From Abuse Order.
 - ii. This could also include other conduct not resulting in an arrest, charge or conviction that would constitute engaging in conduct that is prohibited or penalized by state law as murder or a Class A, Class B, Class C or Class D crime or by any provision of Title 17-A, chapter 15, 19, 25, 29, 31, 35, 41 or 45, as per 25 M.R.S. §2806-A(5)(F).

2. Supervisor Responsibilities

- a. Supervisors shall be cognizant of and document all behavior, on-duty or off-duty, in which employees may be exhibiting signs of possible domestic violence related problems, including increased use of force during arrests, alcohol and/or drug abuse, increase in "controlling" behaviors, stalking activity, citizen and fellow officer complaints of unwarranted aggression and verbal abuse,

inappropriate aggression towards animals, and on-duty or off-duty injuries. Off-duty related problems and injuries would include problems as a victim or a suspect.

- b. Supervisors shall immediately make their ranking supervisor aware of any and all such behavior.
- c. The CLEO shall be informed of such circumstances or concerns in a timely manner through the chain of command, and if possible within 24 hours.
- d. Whenever an agency employee is arrested, the supervisor shall relieve the employee of any agency-issued weapons provided that the weapons can be legally obtained. The supervisor shall inquire whether the victim wants any weapons removed from the home for safekeeping by the agency and thereafter remove such weapons provided that such removal is accomplished legally.
- e. In the event that an incident involves the CLEO of the agency or the agency of another jurisdiction, the supervisor shall immediately notify the individual who has direct oversight for the CLEO.

3. Responding Law Enforcement Officer Responsibilities

- a. Investigating officers follow all procedures outlined in this policy, in addition to the procedures and considerations in this section.
- b. Upon arrival on the scene of a domestic violence call or incident involving a law enforcement officer or other employee of a law enforcement agency, the primary officer shall immediately notify dispatch, and notify or request notification of a supervisor of higher rank than the involved officer. The ranking officer should report to the scene, regardless of the involved officer's jurisdiction.
- c. Responding officers shall be aware of the heightened risk that a suspect who is a law enforcement officer will likely possess firearms, other weapons, physical combat training, or all three.
- d. Officers should be aware that the suspect might attempt to make emotional appeals to responding officers.
- e. In cases involving a suspect who is a law enforcement officer or other employee of a law enforcement agency, responding officers must respond to the victim in a way that assures the victim that their case will be investigated and handled thoroughly and professionally, without regard for the suspect's employment as a law enforcement officer.
- f. Responding officers shall seek out and preserve secondary sources of information and supplemental evidence, in order to ensure that coercion and tampering is not being attempted or committed, and in order to support the case in the event that the victim may discontinue involvement in the case for safety or other reasons.

4. Law Enforcement Employees Responsibilities

- a. Agency employees are encouraged and entitled to seek confidential assistance from the agency to prevent a problem from escalating to the level of criminal conduct against a family or household member.
- b. Agency employees with definite knowledge of violence and/or violence involving fellow employees must report such information in a timely manner to their supervisor. Failure to do so will subject the employee to disciplinary action.
- c. All employees shall be aware of possible witness or victim intimidation, coercion or tampering. Whenever an employee suspects this is occurring, the employee shall prepare a written report and immediately deliver it to the investigator in charge of the case.

- d. Employees who are the subject of a criminal investigation, protective order related to domestic violence, regardless of jurisdiction, are required to report themselves to the CLEO and provide notice of the court dates, times, appearances, and proceedings in a timely manner.

K. Protection Orders **BOT 3-9, 3-17, 3-19**

1. General
2. Arrest is mandatory if there is probable cause to believe that a violation of a court-approved Protection Order or a consent agreement has occurred, pursuant to 19-A M.R.S. §4012(5).
3. Once a Protection From Abuse Order has been issued, whether temporary or permanent, officers shall place a high priority on service of the Protection Order, or any modification of such order. The order must be served on the individual, by delivering a copy to the individual personally.
4. If the individual refuses to receive any Protection Order, the officer shall leave the Protection Order in the immediate presence of the individual and advise the individual of the content of the Protection Order, the fact that the individual has been officially served, and the consequences of a violation of the Protection Order.
5. Officers will document all Protection Order services and/or attempts, articulating the circumstances surrounding the service/attempt of the Protection Order. Once service has been made, the serving agency shall ensure the service information is entered into the METRO System without delay and the return of service is sent to the court.
6. Uniform Full Faith and Credit Clause: Officers shall expeditiously enforce valid Protection Orders from other States and Tribal Courts. Officers shall verify the validity of the protection orders prior to enforcing them.
7. Violation of a Protection Order **BOT 3-18**

A person commits the offense of “Violation of a Protection Order” if:

- a. A District Court has issued a Protection Order, Temporary Protection Order, or any modification of such an order against a person, and that person violates that order;
 - b. The defendant received prior actual notice of the order or consent agreement, which may be by physical service of the order or notice other than service in hand, pursuant to 19-A M.R.S. §4011(1); and
 - c. That person knowingly violated any condition of the Order.
 - d. Officers must recognize that a person who obtains a Protection From Abuse Order cannot violate the order regardless of any action taken by the person or the defendant; the order only constrains the defendant.
8. Enforcement of a Violation of a Protection Order
- Pursuant to 19-A M.R.S. §4012(5), in-custody arrest is mandatory for any violation of a protective order.

L. Agency Follow Up if Victim is Seriously Injured or Killed **BOT 3-23**

The Chief Law Enforcement Officer (CLEO) of this agency shall cause to have this policy reviewed, and document the agency’s compliance with policy, in the event that a victim of domestic violence who resided in this agency’s jurisdiction is killed or seriously injured during the time that any temporary or permanent Protection from Abuse order (PFA) was in effect or there had been past agency involvement related to interactions between the perpetrator and the victim. The review shall be conducted in consultation

with a domestic violence advocate as defined in 16 M.R.S. §53-B(1)(A) and a sworn law enforcement officer designated or trained as a domestic violence investigator. A report shall be prepared and kept on file with the agency.

In any case where one or more victims are killed, a copy of the report shall be forwarded to the Maine Domestic Abuse Homicide Review Panel through the Maine Office of the Attorney General.

PER ORDER OF: _____

Chief Executive Officer

*****ADVISORY*****

This Maine Chiefs of Police Association model policy is provided to assist your agency in the development of your own policies. All policies mandated by statute contained herein meet the standards as prescribed by the Board of Trustees of the Maine Criminal Justice Academy. Prior to implementation, it is recommended to review this model policy and incorporate any changes that will make it unique to your agency. The watermark may be removed by going to page layout, click on watermark, and click on remove watermark.

***** DISCLAIMER*****

This model policy should not be construed as a creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this policy will only form the basis for administrative sanctions by the individual law enforcement agency and/or the Board of Trustees of the Maine Criminal Justice Academy. This policy does not hold the Maine Chiefs of Police Association, its employees or its members liable for any third-party claims and is not intended for use in any civil actions.

Any questions regarding the policy can be directed to the MCOPA Policy Committee.

Chief Jason Moen, jmoen@auburnmaine.gov Chairperson

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Chief Jack Peck jpeck@FarmingtonPD.org

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Domestic Violence Response: Best Practices for Law Enforcement Officers in Maine



L INITIAL RESPONSE

- A. Secure the scene and restore order
- B. Locate parties upon arrival and *separate them*
- C. Secure all weapons
- D. Assess medical needs of parties
- E. *Note excited utterances*-f:XBct words by all parties including children, and all parties' emotional and physical condition

II. AT-SCENE INVESTIGATION

A. Interviews-recording preferred

1. **Victim and Suspect**

- a. Provide language services to those with Limited English Proficiency and avoid using family members to interpret for each other
- b. Interview parties out of sight and sound of **each** other, if possible
- c. Interview twice to test consistency of statements-determine what occurred with detailed description of the crime(s)
- d. **Determine history of abuse**-include convictions, arrests, time in jail, undocumented/unreported abuse
- e. Seek additional details about the context of the relationship- Ongoing stalking behaviors, misuse of technology to enhance abusive tactics, any non-criminal dynamics of coercive control observed at the scene or heard in interviews.
- f. In all cases involving Domestic Violence Assault or threatening with a weapon, gather information to complete the 13 **ODARA** items:
 - i. Prior domestic incident of assault in a law enforcement or criminal record
 - ii. Prior non-domestic incident of assault in a law enforcement or criminal record
 - iii. Prior custodial sentence of 30 days or more
 - iv. Failure on prior conditional release
 - v. Threat to harm or kill at the index: assault
 - vi. Confinement of the victim at the index assault
 - vii. Victim concern about future assaults
 - viii. More than one child
 - ix. Victim's biological child from a previous partner
 - x. Prior violent incident against a non-domestic victim
 - xi. Two or more indicators of substance abuse
 - xii. Assault on the index victim while pregnant
 - xiii. Barriers to victim support
- g. Due to prevalence and lethality of strangulation, ask about it and look for signs and symptoms in all cases, especially when the suspect has committed any other form of Domestic Violence Assault
- h. Check NCIC for warrants and Protection From Abuse Orders

2. **Children (in the home, even if not present at the scene)**

- a. Names and dates of birth
- b. Current/historical abuse that the children have witnessed
- c. Talk to children about their safety

3. Other witnesses at the scene

- a. Family b. Friends c. Neighbors d. Others with knowledge

B. Make the predominant aggressor determination

- 1. *Actively Investigate the possibility of self-defense by either party*
- 2. Note the relative strength of each party
- 3. Note the nature and severity of any injuries-look for self defense injuries
- 4. Determine credibility and ability
- 5. Determine the history of abuse and likelihood of future harm

C. Obtain written statements at the scene-do not leave affidavits to be filled out later

- 1. *Record or document SUSpect's statement*

2. Record or document victim's statement
3. Determine where suspect lived previously to locate priors and determine felon status (side 2)
4. Obtain name/contact info. of someone who always knows how to reach victim

D. Collect and Preserve All Relevant Evidence

1. ***Photograph the crime scene***
 - a. All parties including children to show injury and demeanor-for use at bail hearings, trial, sentencing
 - b. Property damage
2. Collect technology-based evidence (texts, e-mails, telephone records, social-networking, hardware, etc.)
3. Seize weapons used
4. Collect damaged property
5. Collect other pertinent physical evidence-hair, blood, torn clothing, etc.

E. Possible actions at the scene

1. ***Arrest***
2. Serve trespass/harassment notice
3. Transport for medical attention
4. Obtain medical release from victim
5. Complete jail phone block form with victim
6. Provide referral information for PFA/PFH Order
7. Provide referral information for local domestic violence resource center, sexual assault support center, and/or batterers intervention program
8. Complete the ODARA
9. Remain on the scene until believing all parties will be physically safe

III. REPORT WRITING CHECKLIST

- A. Note who called law enforcement
- B. Note the names, dates of birth, and relationship between parties-note elder abuse and gay/lesbian/bisexual/transgender
- C. Note the times of the incident, arrival, and statements-for excited utterance purposes
- D. Describe the scene/all crimes**
- E. Describe injuries, medical attention, and emotional states of parties
- F. Note the use of weapons
- G. Note liquor/drug use
- H. Note bail status and conditions, probation status and conditions, and PFA/PFH Order status and conditions
- I. Victim and suspect statements
- J. Note primary language spoken by victim and suspect
- K. Information from children and other witnesses
- L. Photographs and other relevant evidence
- M. Probable cause determination for each arrested party
- N. Attach criminal records checks-SBI, Triple-I
- O. Attach ODARA Item Summary score sheet

IV. FOLLOW-UP

- A. Bail
 1. Give bail commissioner detailed information including victim's name, date of birth, address and phone number, exact relationship to offender, history of domestic abuse, any probation, bail, or PFA Order conditions, and ODARA results
 2. Ask for appropriate bail conditions-for example: no contact direct or indirect with the victim, no returning to residence, no possession/consumption of liquor or drugs, no possession of firearms
- B. Notify victim upon receiving information from correctional facility re: suspect's release
- C. Advise local domestic violence investigator of the case
- D. Collect 911 recording and other recorded evidence
- E. Follow-up with victim and take additional photographs of injuries
- F. Interview and obtain written statements from EMTs-including notes and communications officers/dispatchers
- G. Obtain medical records and ER photographs
- H. Deliver victim consent form to domestic violence resource center for follow-up contact
- I. Refer to other domestic violence services in Maine including Wabanaki Tribes of Maine Domestic Violence and Sexual Assault Services, and/or culturally specific services for members of Somali or Sudanese populations
- J. Refer to victim-witness advocate for follow-up contact
- K. Report to DHHS--Child or Adult Protective Services
- L. Refer to State of Maine Address Confidentiality Program
- M. Follow up with Office of District Attorney and Office of U.S. Attorney for federal prosecution

This Best Practices Guide was originally created by "Peace In Our Families" and endorsed by the following groups: Maine Chiefs of Police Association, Maine Coalition Against Sexual Assault, Maine Coalition to End Domestic Violence, National Crime Victims' Rights Institute, Maine Domestic and Sexual Abuse, Maine Prosecutors Association, Maine Sheriff's Association, Maine State Police, Office of the Attorney General, Office of the U.S. Attorney. The template for this guide is available from the Maine Coalition to End Domestic Violence 3/14

APPENDIX F: RESOURCES



MCEDV.

The Maine Coalition
to End Domestic Violence

Help is just a call away.

24 Hour • Toll Free • Confidential • Interpreters Available

1-866-834-HELP (4357)

Maine Telecommunications Relay Service:
1-800-437-1220

MCEDV MEMBERS:



AROOSTOOK

Hope and Justice Project

PENOBSCOT & PISCATAQUIS

Partners for Peace

KENNEBEC & SOMERSET

Family Violence Project

HANCOCK & WASHINGTON

NextStep Domestic Violence Project

ANDROSCOGGIN, FRANKLIN & OXFORD

Safe Voices

KNOX, LINCOLN, SAGADAHOC & WALDO

New Hope Midcoast

CUMBERLAND

Through These Doors

YORK

Caring Unlimited

CULTURALLY SPECIFIC SERVICES

Immigrant Resource Center of Maine

Her Safety Net

mcedv.org

i!§!:) MCEDV MEMBERS

Aroostook County

Hope and Justice Project

www.hopeandjusticeproject.org

P.O. Box 148, Presque Isle, ME 04769

Admin: 207-764-2977 Helpline: 1-800-439-2323

Penobscot & Piscataquis Counties

Partners for Peace

www.partnersforpeace.org

P.O. Box 653, Bangor, ME 04402

Admin: 207-945-5102 Helpline: 1-800-863-9909

Kennebec & Somerset Counties

Family Violence Project

www.familyviolenceproject.org

P.O. Box 304, Augusta, ME 04332

Admin: 207-623-8637 Helpline: 1-877-890-7788

Cumberland County

Through These Doors

www.familycrisis.org

P.O. Box 704, Portland, ME 04104

Admin: 207-767-4952 Helpline: 1-800-537-6066

Hancock & Washington Counties

Next Step Domestic Violence Project

www.nextstepdvproject.org

P.O. Box 1466, Ellsworth, ME 04605

Admin: 207-667-0176 Helpline: 1-800-315-5579

Androscoggin, Franklin & Oxford Counties

Safe Voices

www.safevoices.org

P.O. Box 713, Auburn, ME 04212

Admin: 207-795-6744 Helpline: 1-800-559-2927

Knox, Lincoln, Sagadahoc & Waldo Counties

New Hope for Women

www.newhopeforwomen.org

P.O. Box A, Rockland, ME 04841-0733

Admin: 207-594-2128 Helpline: 1-800-522-3304

York County

Caring Unlimited

www.caring-unlimited.org

P.O. Box 590, Sanford, ME 04073

Admin: 207-490-3227 Helpline: 1-800-239-7298

Serving Refugee and Immigrant Communities

Through Culturally and Linguistically Sensitive Services

Immigrant Resource Center of Maine

www.ircofmaine.org

PO Box 397 Lewiston, ME 04243

207-753-0061



Member Programs of the Wabanaki Women's Coalition

Tribal Domestic & Sexual Violence Coalition

www.wabanakiwomenscoalition.org

Aroostook Band of Micmacs

Domestic & Sexual Violence Advocacy Center

www.micmac-nsn.gov

7 Northern Rd., Presque Isle, ME 04769

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

Houlton Band of Maliseets

Domestic & Sexual Violence Advocacy Center

www.maliseets.com

690 Foxcroft Rd., Houlton, ME 04730

Admin: 207-532-3000 Hotline: 207-532-6401

Pleasant Point Passamaquoddy

Peaceful Relations Domestic & Sexual Violence Advocacy Center

www.wabanaki.com

P.O. Box 343, Perry, ME 04467

Admin: 207-853-0092 Hotline: 1-877-853-2613

Penobscot Indian Nation

Domestic & Sexual Violence Advocacy Center

www.penobscotnation.org

2 Down St., Indian Island ME, 04468

Admin: 207-817-3164x2 Hotline: 207-631-4886

Indian Township Passamaquoddy

Domestic & Sexual Violence Advocacy Center

P.O. Box 301, Princeton, ME 04668

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

MCEDV

**The Maine Coalition
to End Domestic Violence**

Connecting people,
creating frameworks for change.
mcedv.org

mecasa

MAINE COALITION AGAINST
SEXUAL ASSAULT

info@mecasa.org | mecasa.org
207-626-0034



STATEWIDE
SEXUAL ASSAULT HELPLINE
1-800-871-7741

Free. Private. 24/7.

MAINE'S SEXUAL ASSAULT SUPPORT CENTERS

AMHC Sexual Assault Services (AMHC)
Serving Androscoggin, Hancock, & Washington Counties •
amhcsas.org

Immigrant Resource Center of Maine
Serving Androscoggin & Cumberland Counties • ircofmaine.org

Rape Response Services (RRS)
Serving Penobscot & Piscataquis Counties • rrsonline.org

Sexual Assault Prevention & Response Services (SAPARS)
Serving Androscoggin, Oxford, & Franklin Counties and the towns of
Bridgton & Harrison • sapars.org

Sexual Assault Crisis & Support Center (SAC & SC)
Serving Kennebec & Somerset Counties • silentnomore.org

Sexual Assault Response Services of Southern Maine
(SARSSM)
Serving Cumberland & York Counties • sarssm.org

Sexual Assault Support Services of Midcoast Maine
(SASSMM)
Serving Eastern Cumberland, Sagadahoc, Knox, Waldo & Lincoln
Counties • smmm.org

MORE SEXUAL VIOLENCE SERVICES

Maine TransNet • mainetrans.net • info@mainetransnet.org

Wabanaki Women's Coalition • wabanakiwomenscoalition.org
207-763-3478

Aroostook Band of Micmacs, Domestic & Sexual Violence
Advocacy Center • 207-551-3639

Houlton Band of Maliseets, Domestic & Sexual Violence
Advocacy Center • 207-532-6401

Indian Township Passamaquoddy, Domestic & Sexual
Violence Advocacy Center • 207-214-1917

Passamaquoddy Peaceful Relations • 1-877-853-2613

Penobscot Indian Nation, Domestic & Sexual Violence
Advocacy Center • 207-631-4886



**Increasing the Capacity of Tribal Communities to
Respond to Domestic and Sexual Violence.**

www.wabanakiwomenscoalition.org

Donna Brown, Executive Director
207-866-3030 (Office)
207-322-6604 (Cell)

