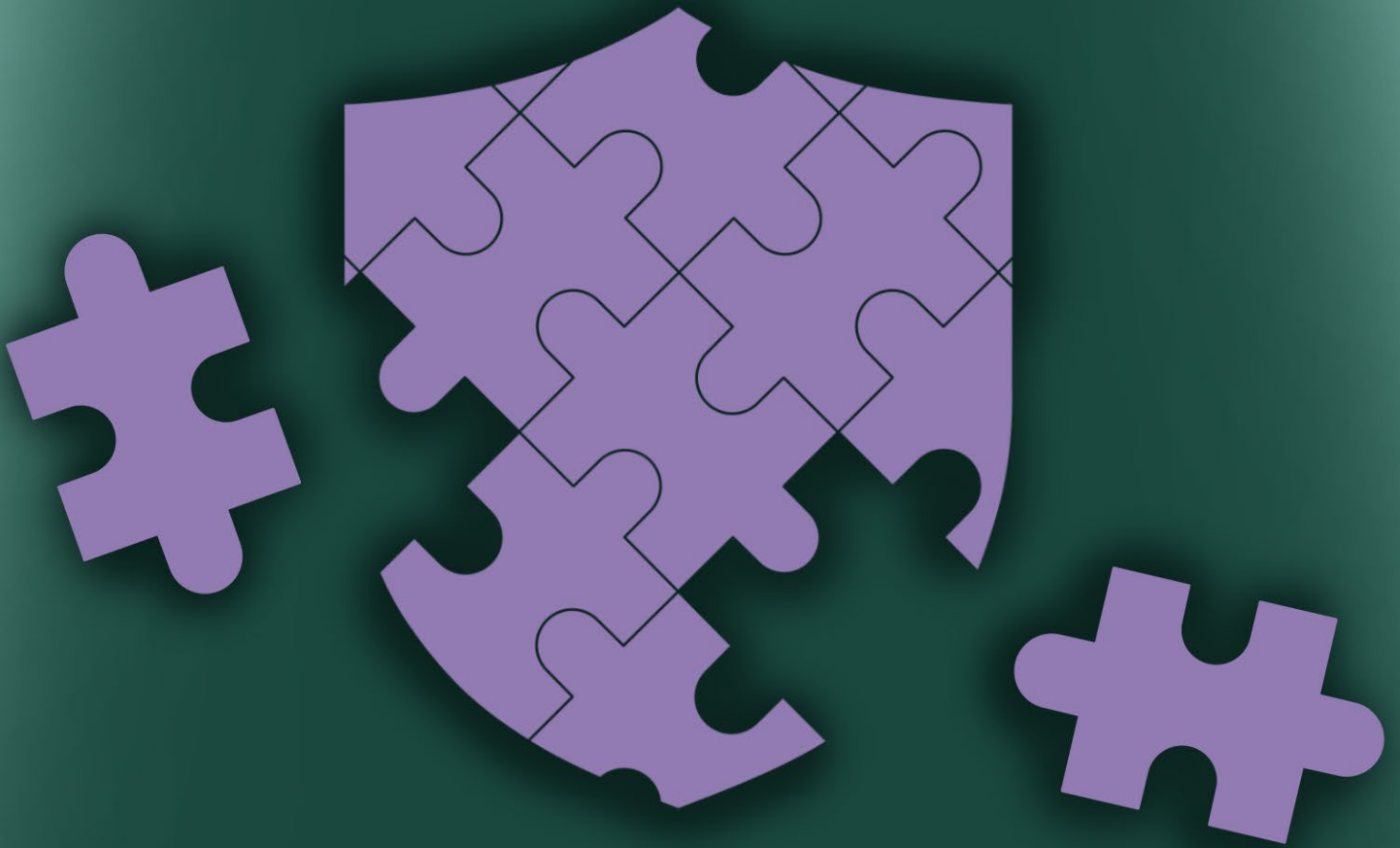


# **Coming Together For Safety**

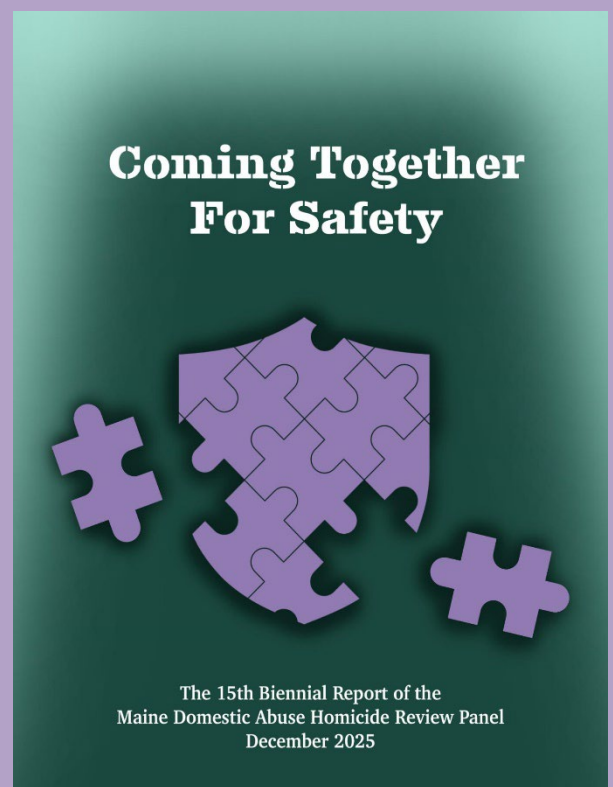


**The 15th Biennial Report of the  
Maine Domestic Abuse Homicide Review Panel  
December 2025**

# PRESENTERS

**Lisa R. Bogue**  
**Deputy Attorney General**  
**Panel Chair**

**Randi Clatchey**  
**Panel Coordinator**



# CURRENT MEMBERSHIP

## MAINE DOMESTIC ABUSE HOMICIDE REVIEW PANEL

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Chief, Criminal Division  
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**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 also like to acknowledge Megan Cormier for creating the report cover.

# ABOUT

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## PANEL DESCRIPTION

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

The Maine Domestic Abuse Homicide Review Panel meets 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

## 15<sup>TH</sup> BIENNIAL REVIEW PERIOD

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### Introduction

This biennial report addresses the fatality reviews completed by the Maine Domestic Abuse Homicide Review Panel since 2023. 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 17 cases involving domestic abuse, which occurred from 2021 to 2024. Of the cases reviewed, 17 perpetrators killed 20 victims in domestic abuse homicides.

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

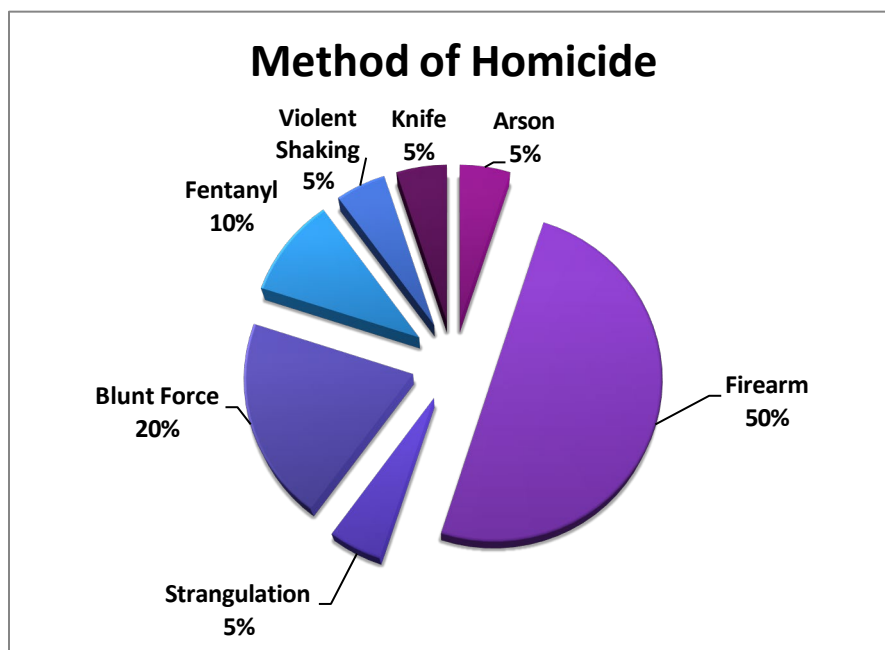
- In 2023, perpetrators committed 53 homicides (18 in the Lewiston mass shooting), 15 of which the Department of Public Safety categorized as domestic abuse homicides.
- In 2024, perpetrators committed 34 homicides, 15 of which were categorized as domestic abuse homicides.
- As of November 2025, perpetrators committed 18 homicides, 10 of which were categorized as domestic abuse homicides.

**Domestic abuse homicides accounted for nearly 28% of Maine’s total homicides during 2023 and 44% during 2024.** (See Appendix B homicide lists from the Maine Department of Public Safety.)

Nationally, more than 2,400 females were killed by males in 2023. Of these, 89.9 percent knew their killers. For homicides in which the weapon could be identified, males used guns to kill females 64.9 percent of the time. The percentage of males who killed females with a firearm has increased substantially from 51.0 percent in 2011 to 66.0 percent in 2022 before dropping slightly to 64.9 percent in 2023. (See [WMMW 2025](#).)

## 15th 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 17 perpetrators of homicide responsible in the cases reviewed by the Panel:*

*7 used a firearm to kill 10 victims, (Of these, 4 perpetrators were prohibited from possessing firearms) (2 victims were bystanders)*

*4 used blunt force and/or objects to kill 4 victims*

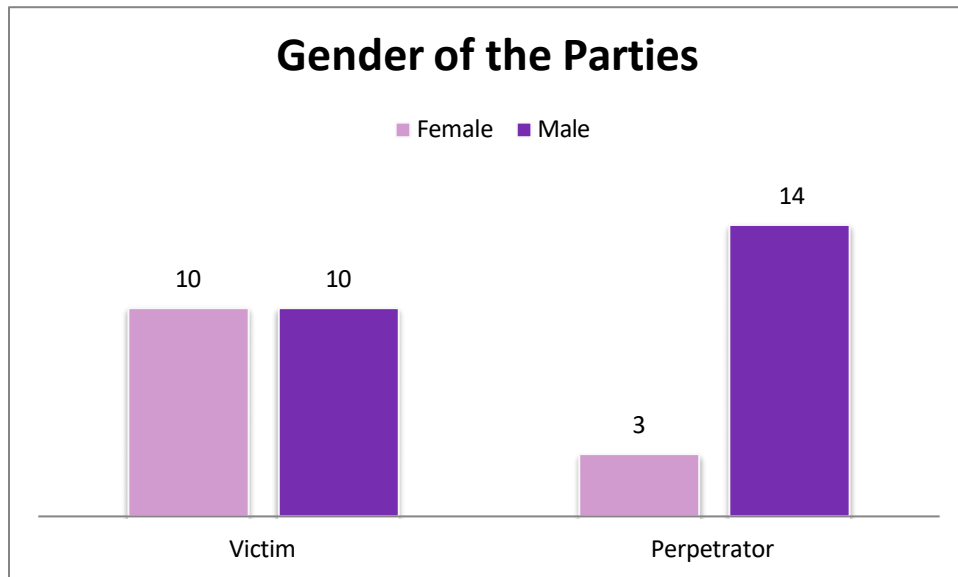
*2 caused fentanyl exposure that killed 2 victims*

*1 used a knife to kill 1 victim*

*1 used manual strangulation to kill 1 victim*

*1 used violent shaking to kill 1 victim*

*1 used arson to kill 1 victim (bystander)*



The 20 homicide victims ranged from 6 weeks old to 72 years old.

- 7 victims were 55 and older
- 2 victims were 41 to 54 years of age
- 4 victims were 26 to 40 years of age
- 3 victims were 5 to 25 years of age
- 4 victims were under the age of 4

The 17 perpetrators ranged from 19 to 76 years old.

- 2 perpetrators were 51 to 76 years of age
- 10 perpetrators were 31 to 50 years of age
- 5 perpetrators were 19 to 30 years of age

In 15 of the 17 cases (88%) 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 and/or the Department of Health and Human Services, encouraging or helping them to move out, assisting victims with retrieving belongings, and following up with victims after witnessing abuse.

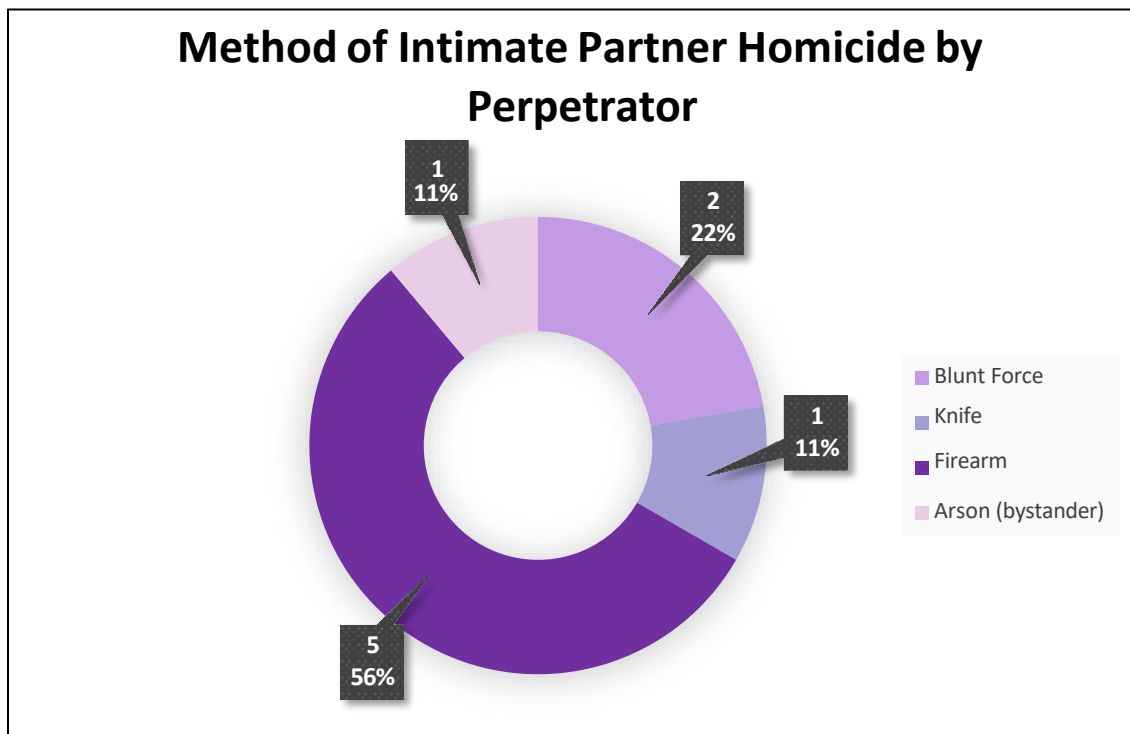
## Intimate Partner & Intrafamilial Homicide Data

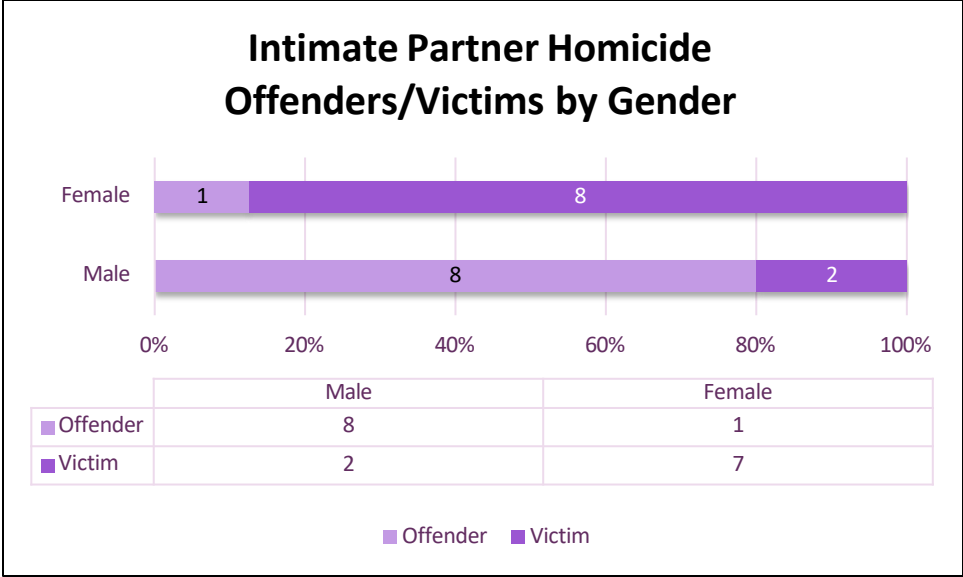
The Panel reviews cases of “intimate partner homicides” as well as “intrafamilial homicides.”

**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.

### Intimate Partner Homicide Data

The 17 cases reviewed during this period involved a total of 9 perpetrators and 9 victims of intimate partner homicides. The 9 victims included 7 female intimate partners, 1 male intimate partner, and one male friend (bystander) of a female intimate partner.

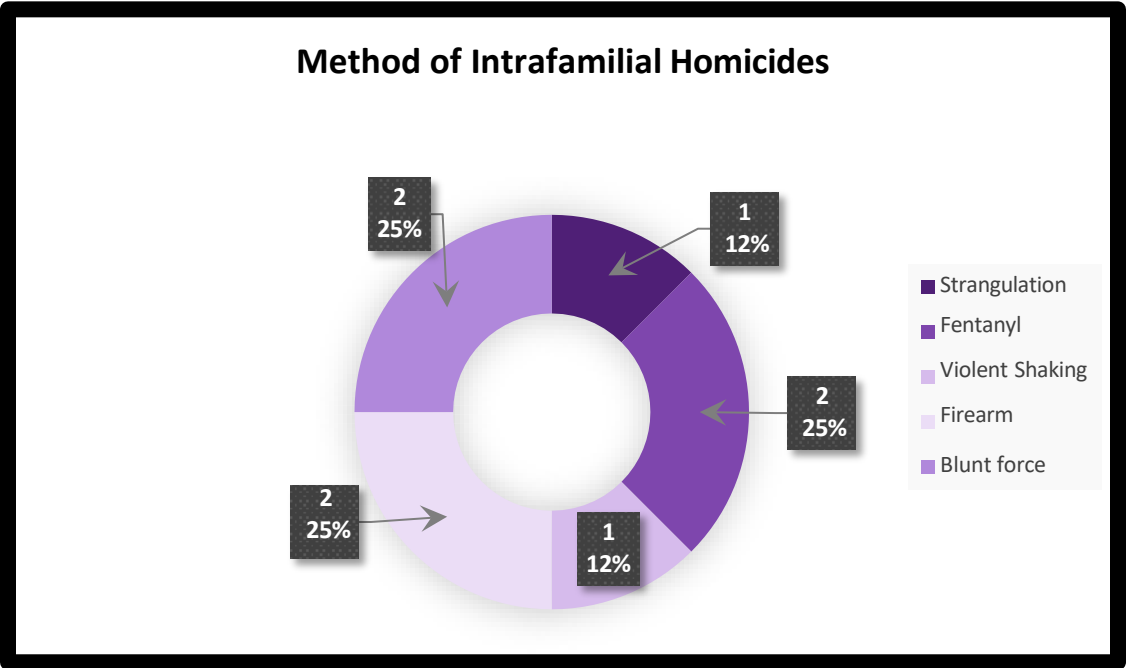


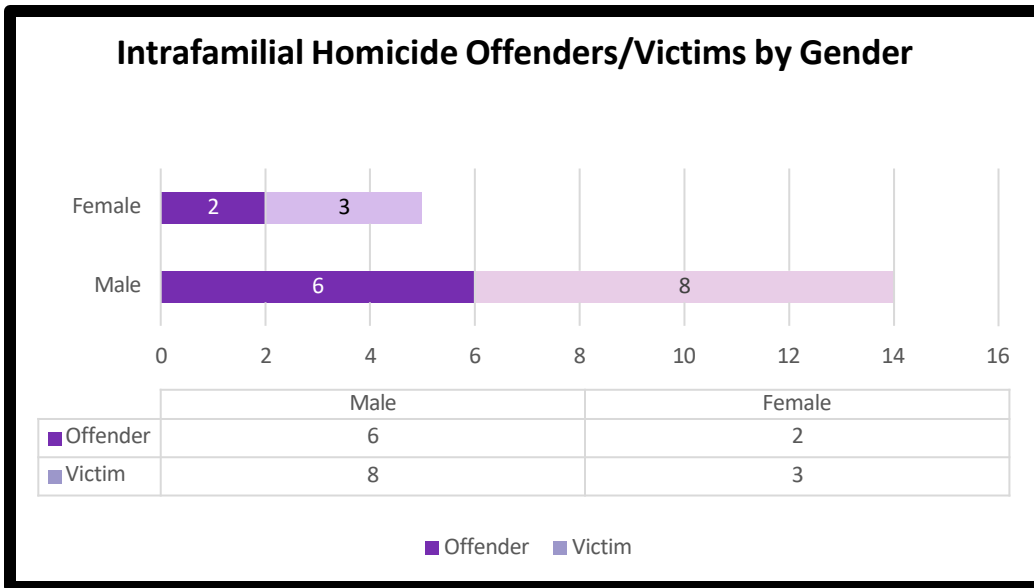


### Intrafamilial Homicide Data

Eight perpetrators were responsible for the intrafamilial homicides of 11 victims. Two men killed 2 brothers, 1 man killed 2 bystanders and both of his parents, 2 fathers killed 2 sons, 2 mothers killed 2 sons, and 1 son killed his mother.

The ages of the perpetrators in Intrafamilial Violence (IFV) homicides ranged from 21 to 42 years old. The ages of the victims ranged from 6 weeks old to 66 years old. Four of the victims were under the age of 2.





### Impacts of Domestic Violence on Children

People who abuse their intimate partners cause harm to children in the home that may have lifelong impact. In cases of intimate partner homicide, children suffer the loss of at least one parent, often witnessing ongoing abuse in the months or years prior. In cases of intrafamilial homicide resulting in the deaths of children, the Panel has observed that those deaths were preceded by physical and psychological harm to the children over the course of time. In the period of this report, the cases reviewed which involved children had these immediate impacts:

- 4 perpetrators ended the lives of 4 children.
- 5 surviving children were home at the time the homicides occurred.
- 14 minor children lost at least 1 of their parents or primary caregivers due to homicide, incarceration, or suicide.

## Involvement with Community

In the 17 cases reviewed, perpetrators and victims were involved with 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.

<b>Community/Service Involvement with Parties by Intimate Partner Homicide (IPV) &amp; Intrafamilial Homicide (IFV)</b>		
	<b>IPV</b>	<b>IFV</b>
Working with Community-Based Advocacy Organizations <sup>1</sup>	1	0
DHHS involvement (active or prior)	0	4
Treatment of Substance Use Disorder (active or prior)	1	1
Protection from Abuse Order	1	0

## Status of Perpetrators

<b>Status of 17 Perpetrators Who Committed Homicide by Intimate Partner Homicide (IPV) &amp; Intrafamilial Homicide (IFV)</b>		
	<b>IPV</b>	<b>IFV</b>
Found or pled guilty to murder or manslaughter and incarcerated <i>(Sentences ranged from 4 years to life x4)</i>	6 (5 murder, 1 manslaughter)	6 (1 murder, 5 manslaughter)
Suicide after committing homicide	4	0
Not Criminally Responsible (NCR)	0	1

<sup>1</sup>Community-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.

## **Suicidality, Stalking, Strangulation, Sexual Abuse & Serial Battering in Intimate Partner Violence**

The Panel has observed several dangerous and prevalent tactics employed by perpetrators of intimate partner 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 serial battering.

**The Panel recognizes that people often commit domestic abuse and violence 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, 22% (2 of 9) of the perpetrators displayed suicidality including signs prior to the homicide and/or 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, 78% (7 of 9) of the perpetrators stalked the victims prior to committing homicide.
- 3) **Strangulation Assault/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, 11% (1 of 9) of the perpetrators were known to have committed strangulation against the victim 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, there was insufficient information to assess the prevalence of sexual abuse in the cases the Panel reviewed.
- 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, 56% (5 of 9) of the perpetrators were serial batterers.

Perpetrators of intrafamilial homicides may also utilize some of the tactics above, as apparent in the investigative materials of the cases reviewed by the Panel.

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 reflective of the tactics on the Power and Control Wheel. (*See Appendix C.*)

**Physical Abuse** – At least 38% (3 of 8) of the perpetrators physically abused the victims prior to the homicides in intrafamilial violence homicides, and in 78% (7 of 9) of intimate violence homicides.

**Emotional/Verbal Abuse** – In at least 38% (3 of 8) of intrafamilial violence homicides and 89% (8 of 9) intimate partner violence homicides 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** – In at least 38% (3 of 8) of intrafamilial violence homicides and 33% (3 of 9) of intimate partner homicides, 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** – In at least 13% (1 of 8) of intrafamilial violence homicides and 56% (5 of 9) of intimate partner homicides, the perpetrators isolated the victims from family, friends, and other support networks.

**Substance Use** – Substance use co-occurred with the homicides in 100% of the cases reviewed. The substances used by perpetrators were: 24% (4 of 17) alcohol; 12% (2 of 17) alcohol and marijuana combined; 29% (5 of 17) marijuana; and 35% (6 of 17) other (fentanyl, cocaine, methamphetamines).

(*See [13th Biennial Report: 20 Year Lookback \(maine.gov\)](#) for more information about perpetrator tactics.*)

## **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 person experiencing abuse, 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 family, friends, co-workers, neighbors, and other community members were aware of domestic abuse in the relationships prior to the homicides but felt powerless to take any action that would be effective and safe.
- The Panel continues to observe that family, friends, co-workers, neighbors, and other community members commonly believe that helplines and community-based advocacy organizations are only for people directly experiencing abuse and are unaware that helplines are resources to explore possibilities for taking action to help.
- The Panel observes that the strongest indicator for homicide is the victim's belief that they are going to be killed. In several cases, the Panel read of people in the victim's life hearing her say that she was afraid that her partner would kill her.
- The Panel observes that domestic violence is a pattern of coercive, controlling behavior used intentionally by perpetrators to assert and maintain their position of power over the people they choose to abuse. While co-occurring mental health or substance use issues, a history of trauma, or other factors may be present, these should not be assumed to be causes for abusive behavior. At the same time, the Panel observes that victims of abuse may be concerned about the well-being of those abusing them and may not recognize the danger they face as they assist the people abusing them to access treatment and support as the abusive person cites these issues as reasons for their abusive and violent behavior. Abusive people will often insist that they will only seek treatment if the victims stay in a relationship with them.

- The Panel observes that society generally has a high tolerance as a community for allowing mistreatment to go on. Short of physical violence, people are reluctant to consider coercive and controlling abusive behavior as potentially lethal, particularly if the abusive person has not done something recognized as a crime.
- The Panel observes that each of us has an idea of what abuse is and what abusive people look and act like, which may affect our ability to identify words and actions as abusive, or we may consider things that are not abusive to be abusive.
- The Panel observes that the vast majority of those who commit domestic violence homicide are men yet far more public discourse focuses on the importance of victims of abuse leaving their male partners than on men changing their behavior and becoming less dangerous.
- The Panel observes that jealousy is commonly cited as the motivation for domestic violence homicide and that perpetrators of domestic abuse and violence often say that they have the right to retribution when they believe that their partner has done anything to cause them to feel jealous.
- The Panel observes that when tragedy occurs, the community seeks to understand what happened, wanting to know why, for example, that a man would kill his wife and child. It is a complicated question, because it implies that there might be some justification that would help us understand how this tragedy makes sense. People may be reluctant to recognize that domestic violence homicide is the ultimate act of abuse following a pattern of coercive, controlling behavior and is based on the belief that victims have no right to be noncompliant with abusive people's expectations – particularly that victims have no right to end the relationship.
- The Panel again 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 when older people have been married for a long time, the public tends to view murder/suicide as a tragic act of love rather than a lethal act of domestic violence. Family members, neighbors, friends, and media often frame domestic violence homicide/suicide cases involving older adults as tragic for both people in equal measures. There may be speculations of a pact, even with no indication of this, which leads to

unfounded assumptions of mutuality and mercy - a common idea that it was what both people 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 that “he had no idea what else to do.”

## **Recommendations:**

- The Panel continues to recommend 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 domestic violence resource center helplines. 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 continues to recommend that the news media take care not to minimize abuse by editorializing about victims or perpetrators when reporting on domestic violence situations. Denigrating descriptions of victims may appear to justify perpetrators’ violence. Positive character reports about perpetrators not related to the violence may obscure the dynamics and impacts of abuse. Domestic violence, by nature, involves manipulation and secrecy, so bystanders’ lack of recognition of abuse, for example, should be expected and reported through that lens.
- The Panel recommends a statewide media campaign(s) to educate the public about the full range of coercive behaviors perpetrators feel entitled to use to maintain power and control over their intimate partners. Perpetrators who have not previously used physical violence as a tactic may still be capable of committing homicides. Providing ongoing education and intervention to address perpetrators’ behaviors and belief systems may help prevent domestic violence homicides.
- The Panel recommends continued education to the public that domestic violence resource centers provide services for all people affected by abuse and violence, regardless of sex, gender identity, race, ability, or other characteristics. Domestic violence resource centers

The Maine Coalition to End Domestic Violence (MCEDV) 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 for 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 is available on the MCEDV website (*See [www.mcedv.org](http://www.mcedv.org)*) and on Facebook (*See <https://www.facebook.com/mcedv/>*).

are also the appropriate resource to refer people seeking intervention for their own use of violence.

## **Legal System**

### **General**

#### **Observations:**

- The Panel observes that defense attorneys utilize private companies to prepare mitigation reports for presentation to the court at sentencing to encourage the court to order a lower sentence. Mitigation agents will speak with family members and gather photographs and other information. Currently, the timing of when these mitigation reports are introduced at sentencing hearings does not provide opportunity for prosecutors to verify the asserted information prior to sentencing arguments.
- The Panel observes that Maine law enforcement and courts do not receive out of state juvenile criminal history as a matter of course during an investigation, prosecution, or sentencing. This gap in information can result in a missed opportunity to assess danger to others around the juvenile when that juvenile commits crimes of increasing danger that escalate to homicide.
- The Panel observes the need for economic justice for minor children who suffer the loss of a parent through homicide committed by the other parent/caregiver. The Panel also observes that surviving adult family members or other responsible adults must shift their lives significantly and expend significant personal resources to support and raise these children.
- The Panel has reviewed multiple cases involving fentanyl exposure investigation and forensic toxicology testing, implicating significant financial cost to the State. The Panel observes that the Maine Office of Chief Medical Examiner (OCME) currently sends forensic toxicology samples to NMS Labs in Pennsylvania. Overall, for all case types and substances, in the past three years an average of 1,520 cases received toxicology testing annually. The standard test screens for just over 200 substances. This would average approximately 304,000 tests being run each year. The average turnaround time for NMS is 20 days. The Health Environmental Testing Laboratory (HETL) in Maine has the equipment to test some of the 200+ substances OCME tests for, however, their turnaround is close to 9 months. Currently the Maine HETL cannot handle the scope and volume of necessary testing.

## Recommendations:

- The Panel continues to recommend the revitalization of the Pre-Sentence Investigation process so contextual information about criminal history and dangerous conduct can be taken into account at the time of sentencing to enhance accountability in cases of domestic violence and other violent crimes.
- The Panel recommends that the courts require the Pre-Sentence Investigation and the mitigation reports from the State and the Defense to be submitted at least 7 days in advance of the sentencing hearing to provide adequate opportunity for investigation and verification.
- The Panel recommends that if people investigated for domestic violence related crimes have a domestic violence history from out of State, law enforcement should request that information from those States as part of their investigations.
- Maine statute recognizes that dependents of homicide victims are entitled to financial support from the people who committed homicides to address the economic impact of the loss of the parents/caregivers (*See* 17-A M.R.S. §2003). The Panel recommends that prosecutors request and courts order restitution in cases that involve the death of a person who is a parent of a minor child provided for in this statute.
- The Panel recommends legislation requiring that when a person is convicted of homicide which leaves a child(ren) without a parent or parents, a percentage of income earned by the defendant while in prison<sup>2</sup> will go to the child(ren). This is a mechanism for ensuring restitution to the benefit of the surviving child(ren).
- The Panel recommends that the State of Maine establish an accredited forensic toxicology laboratory to ensure quality, timely, and cost-effective evidence in cases involving fentanyl exposure investigation and forensic toxicology testing.

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<sup>2</sup> Residents of the Maine State Prison have many opportunities to earn substantial income during their period of incarceration.

## Prosecution

### Observations:

- The Panel observes that surviving family members who receive support from Victim Witness Advocates at the Office of the Maine Attorney General during the time of a homicide investigation and prosecution, continue to face difficulties related to the death of their loved ones beyond the timeframe of the legal matters.
- The Panel observes that people who experience domestic abuse and violence may initially report the abuse to authorities and then may formally retract some or all of their statements about the abuse – this retraction of statements is called “recantation.” Recantation has been estimated to occur in approximately 80% of domestic violence related criminal cases.<sup>3</sup> When either the dynamics of abuse or the lack of safety for the victim are not known and understood, recantation may appear “counterintuitive,” and mischaracterizations of the person experiencing abuse and/or questions about their credibility may result. The Panel observes that crime victims’ decisions to recant often result from and/or are influenced by the abusive behaviors of the partners as well as by the length of time it often takes for cases to be resolved.

### Recommendations:

- Surviving family members often benefit from access to ongoing support and services from the community-based advocacy organizations – Maine’s regional domestic violence resource centers. The Panel recommends that the Attorney General’s Office establish a practice that the Victim Witness Advocates provide contact information and warm referrals linking surviving friends and family members of domestic violence homicides with domestic violence resource centers.
- As in previous reports, the Panel recommends that all District Attorney’s Offices employ domestic violence investigators. Individuals in these positions often play multiple important roles in coordinating investigations, remaining in contact with crime victims, and following up on potential violations of conditions of release, for example.
- The Panel recommends that when a victim of a domestic violence related crime(s) recants a complaint of domestic violence, the response to the crime victim and prosecutorial decision-making following recantation include consideration and conversation regarding the presence of high risk and/or lethality factors present during the incident(s) underlying

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<sup>3</sup> Joan Meier, Davis/Hammon, *Domestic Violence, and the Supreme Court: The Case for Cautious Optimism*, 105 Mich. L. Rev. First Impressions 22-27, 2015. See also Andrew R. Klein, *Practical Implications of Current Domestic Violence Research Part II: Prosecution 2-92*, National Institute of Justice, 2009.

the prosecution, and in current circumstances for the crime victim. The actions of people who commit abuse may cause the safety of crime victims to plummet during the course of prosecution. When recantation occurs, a referral by the District Attorney's Office to the community-based advocacy organization and a high-risk response team may be especially timely.

- The Panel recommends that Maine elevate the prosecutorial response to crimes involving domestic abuse and violence by providing sufficient resources to establish and sustain a domestic violence prosecutor or team in every prosecutorial district. Specialized domestic violence prosecutors are focused and more deeply trained and familiar with the dynamics of these cases, in supporting these crime victims who are vulnerable and often recant, and in prosecuting cases without crime victim testimony.

## **Probation**

### **Observations:**

- The Panel observes that probation is an important mechanism for enforcing compliance with court-ordered supervision provisions for the purposes of accountability and rehabilitation.
- The Panel observes in some cases that people convicted of probation violations receive sentences for those violations that include the balance of their time incarcerated with no probation to follow. This results in people who have committed violent crimes being free from any legal system oversight immediately following their release from incarceration.
- The Panel observes that some dangerous and abusive behaviors by people who are on probation following convictions for domestic violence related crimes are considered “technical violations” of probation. Technical violation is the term often used to describe those violations of terms of probation that are not new crimes in themselves. Often, these types of violations do not result in people being jailed or experiencing meaningful consequences. People who commit abuse often will often engage in ongoing abusive behavior that is not identified as new criminal conduct. Conduct that in other contexts may be benign, in the context of domestic violence may indicate higher risk behavior overall, such as unwelcome gifts or unannounced visits, for example. In the context of domestic violence, even one instance of these behaviors can indicate continued intent to exert control, and more than one instance likely constitutes the crime of stalking.

## **Recommendation:**

- The Panel recommends that when probation officers are aware of multiple technical violations, they should consider making a referral and coordinating with law enforcement to determine whether these technical violations could, taken together, constitute the new crime of stalking.

## **Bail/Pre-trial**

### **Observations:**

- The Panel observes that conditions of release associated with bail can enhance safety for people who experience domestic abuse and violence. Conditions of release are responsive to the patterned nature of domestic abuse, and investigation and prosecution of violations serve an important purpose in protecting crime victims and holding defendants accountable.
- The Panel observes that the Maine Bail Code (*See* 15 M.R.S. §1026(3)(A)(1)) authorizes the court to order a person to remain in the custody of a designated person or organization and authorizes the court to impose the responsibility upon the defendant to produce that designated person or organization; and permits the court to interview the designated person or organization to ensure satisfaction of both the willingness and ability required.
- The Panel observes that bail bonds often include documentation of crime victims' addresses, to indicate locations where defendants may not be due to no contact provisions. The Panel further observes that bail commissioners do not consistently document the anticipated addresses of defendants at the time of release. This leaves others working in the criminal legal system without current addresses for defendants.
- The Panel observes that defendants charged with domestic violence related crimes, who pose a high risk of continued violence, are typically released into community pre-trial with no structured supervision that would ensure compliance with conditions of release.
- The Panel observes the limited availability statewide of electronic monitoring to be a significant barrier to its use as a condition of release.

### **Recommendations:**

- The Panel recommends that the court engage directly with the designated persons with whom defendants will reside, to ensure that designated persons are in agreement with

defendants staying at their home in accordance with 15 M.R.S. §1026 (3). The court should also inform designated persons of other bail conditions on defendants, and in particular conditions in which firearm possession is disallowed.

- The Panel recommends training for bail commissioners regarding the importance of documenting the current address to which a defendant is released.
- The Panel recommends that all District Attorney's Offices initiate a high-risk response team referral when a person of concern for being at a high risk of continued violence is released on bail.
- The Panel recommends that prosecutors request time from the court to verify addresses of residence as well as electronic monitoring availability prior to the release of dangerous, high-risk defendants.

## **Firearms**

### **Observations:**

- The Panel observes that Maine has implemented a clear process to ensure consistent relinquishment of firearms when required by a Protection from Abuse Order. However, there is not a similar process in place to ensure relinquishment of firearms as a consequence of conditions of release or a criminal conviction that prohibits firearms possession (*See* 15 M.R.S. §393).
- The Panel observes that under Federal law, marijuana use is a disqualifier for an individual (in Maine/in the U.S.) to be able to purchase a firearm (*See* 18 U.S.C. §922(g)(3)). If regular or habitual use is disclosed on Form 4473<sup>4</sup> at the time of sale, the sale would be denied. If a person uses marijuana regularly or habitually but does not disclose marijuana use on Form 4473, it is a violation of federal criminal law.

### **Recommendations:**

- The Panel recommends that the courts develop a firearm relinquishment order that could be sought during the bail stage of cases. This order would allow law enforcement to go to addresses of defendants to search for firearms, and officers could apply for search warrants if defendants are not cooperative with relinquishment. The Maine Criminal

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<sup>4</sup> Firearms Transaction Record of the U.S. Department of Justice, Bureau of Alcohol, Tobacco, Firearms and Explosives, available at <https://www.atf.gov/firearms/atf-form-4473-firearms-transaction-record-revisions>.

Justice Academy would be the appropriate body to develop mandatory minimum policy standards to procedurally support this follow-up from law enforcement.

- The Panel recommends continued work by the Firearms Relinquishment Action Committee, a subcommittee of the Maine Commission on Domestic and Sexual Abuse, to include attention to firearms relinquishment by people who are prohibited from possessing firearms due to qualifying criminal convictions (*See* 15 M.R.S. §393). Specifically, the Panel recommends that this work group develop policies and procedures that:
  - Ensure defendants convicted of certain qualifying crimes, including domestic violence related crimes, are notified by the courts at the time of their convictions of their ineligibility to possess firearms under state and federal law due to their convictions.
  - The Panel continues to recommend that a formal process be developed and implemented consistently across Maine jails to notify persons being released when they are prohibited persons regarding firearm ownership/possession. Any release with a condition that prohibits firearms possession would prompt this process and would include documentation of firearms owned/possessed to be relinquished.
  - Ensure individuals convicted of certain qualifying crimes, including domestic violence related crimes, surrender their firearms to appropriate law enforcement authorities upon their qualifying convictions.

## **6<sup>th</sup> Amendment**

In the State of Maine, anyone charged with a crime who is determined to be indigent, is guaranteed by the U.S. and Maine Constitutions to be provided a competent defense attorney at State expense. Timely provision of counsel for indigent defense is thus a core function and responsibility of the criminal legal system. Crime victims and the courts themselves rely on the functioning of this system. When the system malfunctions, particularly when it does so in a manner that has direct implications for victims of crime and public safety more broadly, all state leaders and policy makers bear the responsibility to do everything in their power to correct the malfunction immediately.

At any given time over the last several years, 30-40% of the list of indigent defendants waiting for appointment of an attorney were, and continue to be, charged with domestic violence crimes. The domestic violence related crimes alleged to have been committed by those being held in

custody pre-trial are almost exclusively felony level or reflecting repeated and persistent abuse. Many of these defendants<sup>5</sup> have a high Ontario Domestic Assault Risk Assessment (ODARA) score, indicating a significant risk of re-offense. Many are charged with conduct that has been consistently observed by the Domestic Abuse Homicide Review Panel as precursors to homicide. Several defendants also face probation violation charges. To date, at least one domestic violence assault case has been dismissed due to a defendant's lack of assigned counsel. One bail modification case resulted in a defendant's release and subsequent commission of homicide and arson.

The State's current failure to meet its 6th Amendment obligations to those charged with crimes is having a profound impact on the safety of victims of crime, communities, and emergency systems who respond to crimes-in-progress and critical incidents. In addition, this failure is causing a substantial change in perceptions of the efficacy of the criminal-legal system in Maine.

At any given time over the last two years, less than half of Maine's district courts had no domestic violence rostered attorneys. At several points, this included entire regions of the state with no attorneys on those rosters. Courts with empty domestic violence rosters for prolonged periods of time include several major population centers – Portland, Bangor, and Augusta. It is clear that current policies and practices are creating disincentives for, or barriers to, qualified defense counsel accepting appointment of domestic violence cases in particular.

## **Observations:**

- The Panel observes that our current model of public defense in Maine is not resulting in the prioritizing of domestic violence cases, which have profound impacts, as discussed. The Panel recommends that these cases receive prioritization in the acceptance of cases for counsel.
- The Panel observes that when a person is charged with a domestic violence offense, it represents a safety risk to the victim which is exacerbated by the failure to provide counsel to the person charged in a timely manner. A victim's safety should not be compromised by the inability of the multiple systems involved in the appointment of counsel to ensure that appropriate counsel is appointed timely.

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<sup>5</sup> This observation is based on a collaborative, informal review by MCEDV and the Maine Prosecutors Association of the list of indigent defendants awaiting appointment of attorneys

## Recommendations:

- The Courts, Public Defender's Office, Legislative leaders and Prosecutors should convene a working group to address the 6<sup>th</sup> Amendment crisis that is currently impacting victims and defendants across the State.
- The Panel recommends that the Courts follow a priority-based assessment on the assignment of counsel to consider high-risk nature, age, seriousness of the case, and incarceration.

## Law Enforcement

### Observations:

- The Panel continues to observe that some law enforcement agencies require additional training, experience, and resources regarding domestic violence cases. The Panel recognizes that the need for training may be tied to the lack of available funds.
- The Panel observes that the Maine Criminal Justice Academy Board of Trustees Minimum Standards Policy 3, Domestic Violence Policy, provision #23 ([See Mandatory Minimum Policy Standards Sept 2025.pdf](#)) provides that a law enforcement agency reviews the case and generates a report (sent to the Maine Domestic Abuse Homicide Review Panel) to ensure compliance with this policy in a case where a person experiencing abuse who lives in their jurisdiction is killed when any protection order is in effect or if there was past agency involvement between the victim and the perpetrator. The Panel observes the policy does not require a report where a child is a victim and there was only law enforcement contact with household or family members of the child for domestic issues.
- The Panel observes that an open exchange of information between witnesses and those with knowledge of the involved person's circumstances, and criminal justice personnel, has the potential to enhance safety for everyone.
- The Panel observes that Maine's yellow flag law can keep more serious harm from happening as it is preventing suicide and other violent behavior. The yellow flag law is the only law of its kind in the country. It authorizes law enforcement to temporarily confiscate firearms from people who are determined to be a danger to themselves or others. Confiscation is affected through law enforcement officers taking people into protective custody and bringing them to facilities for mental health evaluations. Law enforcement officers then seek court orders to authorize the removal of firearms.

Passed by state lawmakers in 2019, the Yellow Flag law was used approximately 81 times in the first three years. The next full year it was used 180 times. As of December 2025, yellow flag evaluations have increased to 1196, often to deal with potentially suicidal individuals. The rise is ascribed to education, awareness, training, and the Lewiston mass shooting. Through a state contract with the behavioral health organization Spurwink, law enforcement agencies anywhere in Maine can obtain mental health assessments remotely for yellow-flagged individuals, rather than having to find an emergency room willing to conduct an in-person evaluation.

On November 4, 2025, Maine voters, through referendum, enacted the Extreme Risk Protection Order Act (ERPO), commonly referred to as the “red flag law.” This creates a process for law enforcement, family, or certain household members (the petitioner) to seek a court order that temporarily prohibits a person (the respondent) from having dangerous weapons if the petitioner can show that the respondent poses a significant danger of causing physical injury to themselves or others.

- The Panel observes that during the initial investigation of crimes related to sexual abuse or domestic violence, people experiencing these crimes may lack safe, stable housing.
- The Panel observes that the process of safety planning between law enforcement and victims should be victim-centered, with input from victims. Officers should be aware that when victims express reluctance to move forward, it could be an indication of fear and likelihood of further harm and should warrant further investigation.
- The Panel observes that all law enforcement agencies do not use the same operating systems to enter and review reports and there are limitations on accessing and sharing information between law enforcement agencies. Timely information sharing is central to investigations and could jeopardize victim(s) and community safety.
- The Panel observes that people prohibited from having firearms must be held accountable if they possess firearms. Reported violations must be thoroughly investigated and firearms removed.
- The Panel observes that in relationships in which one person is committing domestic violence against an intimate partner, sexual abuse is a prevalent tactic of control, as reflected on the Power and Control Wheel (*See Appendix C*). The Panel further observes that sexual abuse is a lethality factor in evidence-based risk assessment tools such as the Danger Assessment (*See dangerassessment.org*), which assesses dangerousness for the purpose of assisting people with safety planning when experiencing domestic violence. Yet in Panel reviews of investigation materials in intimate partner homicides, including

interviews with friends, family and others with knowledge of the lives of homicide victims, the Panel observes that investigation is not included as a matter of course into sexual abuse by the person who committed the homicide against the intimate partner. This approach may unintentionally reinforce harmful silences around sexual abuse, obscure patterns that are critical for prevention, and miss opportunities to engage with sexual abuse-specific services and supports. This approach also leaves sexual abuse as an under-investigated risk factor in the context of domestic violence homicide prevention.

## **Recommendations:**

- The Panel recommends that Maine Criminal Justice Academy Board of Trustees Minimum Standards, Policy 3: Domestic Violence Policy, provision #23 ([See Mandatory Minimum Policy Standards Sept 2025.pdf](#)) be revised to require that case reviews be conducted in all cases involving domestic violence homicide, including those cases in which the homicide victims are children or any other family or household members. To clarify, the Panel recommends that the current language regarding an existing Protection from Abuse Order at the time of the homicide, or prior law enforcement interactions with the parties, would no longer prompt case reviews in only a subset of domestic violence homicides. Rather, these case reviews would be completed following all domestic violence homicides. Copies of reports from case reviews would be sent to the Maine Domestic Abuse Homicide Review Panel through the Office of the Maine Attorney General. In cases when multiple law enforcement agencies have interacted with households, all involved agencies should participate in the case reviews.
- The Panel recommends that the Maine Chiefs of Police Association and Maine Criminal Justice Academy clarify that a department review requires inclusion of a community-based advocate at a minimum for the review. (*See Domestic Violence Model Policy IV(L) and BOT 3-23, [MCOPA Policies](#)*)
- The Panel recommends an internal review of domestic violence homicides to ensure compliance with the Maine Criminal Justice Academy minimum standards and department policies regarding domestic violence response.
- The Panel recommends the exploration and implementation of a unified information sharing system for law enforcement or a system that all law enforcement agencies have access to.
- The Panel recommends training for all departments regarding best practices in topic areas to include interviewing, referrals, strangulation, the arrest decision, the requirement of ODARA and first responder to death scenes. This training should include smaller

departments who utilize reserve officers in accordance with Maine Criminal Justice Academy Board of Trustees Minimum Standards, Policy 3: Domestic Violence Policy, provision 21. (See [Mandatory Minimum Policy Standards Sept 2025.pdf](#))

- The Panel recommends that law enforcement agencies continue to focus on strengthening trust and relationships with marginalized communities by enhancing community policing programs through education and training.
- The Panel recommends that when the State Forensic Service receives requests for evaluations, they should also receive the Interstate Identification Index (Triple I Report).
- The Panel recommends that law enforcement conduct an investigation when someone says they are in fear of being killed, to determine if a crime has been committed.
- The Panel continues to recommend that every law enforcement agency has a domestic violence detective/investigator or access to one. Smaller departments should collaborate with domestic violence investigators from other departments, or each department designate a person to be trained for domestic violence investigations.
- The Panel recommends statewide or individual law enforcement agency funding for (at least) two-day hotel vouchers for people who experience sexual abuse or domestic violence to provide safe housing during the initial investigation of the incident, pending connection with the regional domestic violence resource center for longer term sheltering options.
- The Panel recommends that domestic violence homicide investigations include inquiries into the presence of sexual abuse in relationships, during interviews of people with knowledge of the victim, and seeking other sources of relevant information. The Panel recommends that homicide investigators receive additional training regarding how to ask about sexual abuse as an aspect of domestic violence.
- The Panel further recommends in investigations of all domestic violence related crimes, that law enforcement officers investigate the presence of sexual abuse in relationships and receive additional training as necessary. Investigating sexual abuse in all cases can lead to more complete risk assessments, will lead to lower stigma and shame experienced by people who experience sexual abuse, and will result in increased opportunities for meaningful intervention including referral to/engagement with sexual violence-specific services and supports.

## **Department of Health and Human Services (DHHS)**

### **Observations:**

- The Panel observes that missed medical appointments for children may be an indicator of child abuse or neglect.
- The Panel observes that lack of collaboration and cooperation between DHHS and law enforcement can create increased risk of harm to children. The Panel observes that collaboration and cooperation between DHHS and law enforcement can lead to safer outcomes for children.
- The Panel observes the risks to children primarily in the care of their mother can be related to a lack of resources. This lack of resources can create vulnerability in the mother which can lead to dependence on different partners. When the mother also has a disability or mental health diagnosis, the risk is higher for abuse to herself and her children. Addressing poverty with economic assistance and concrete support can reduce the risk of neglect and improve overall family wellbeing.
- The Panel observes that alcohol use may not be considered as dangerous as use of illicit substances such as fentanyl, methamphetamine, or cocaine. As such, child protective reports involving alcohol use by a caregiver may not be considered as high risk and may not lead to appropriate intervention.
- The Panel observes that a prior voluntary termination of parental rights does not create an aggravating factor such that if DHHS becomes reinvolved with a perpetrator again, DHHS would be obligated to engage in reunification efforts with them.
- The Panel observes that the Office of Child and Family Services (OCFS) convened a workgroup to include representatives from law enforcement, hospitals, and the Office of the Attorney General. The workgroup proposed legislation that was passed in 2023 related to information sharing between law enforcement and hospitals.
- The Panel observes that DHHS has developed a relationship with the Office of Chief Medical Examiner (OCME) and has identified a point person who requests and tracks the receipt of autopsy results in child fatality cases.
- The Panel observes that DHHS intake staff are tasked with making difficult decisions quickly, often with limited information. DHHS intake staff may not have a full understanding of the complexity and nuances of the child welfare history related to the

subject of a report. DHHS intake staff are often limited to reading only closing summaries of previously closed child welfare involvements.

### **Recommendations:**

- The Panel recommends that when medical professionals report to DHHS concerning children's missed medical appointments that these reports be recognized as possible indicators of child abuse or neglect and that further investigation may be needed.
- The Panel recommends that DHHS intake staff gather as much information as possible from the referent when determining whether a child abuse or neglect report is appropriate for assessment. The Panel recommends that child welfare intake staff review relevant child protective history related to the family. The Panel recommends that closing summaries from prior child welfare cases should accurately and succinctly capture any ongoing child welfare concerns for the family.
- The Panel recommends when homicides involve out-of-state victims and there are known surviving children of the victim, that law enforcement make a child protective report to the home state of the victim and/or to any state in which the victim's surviving children may be residing.
- The Panel continues to recommend information and record sharing between DHHS and medical personnel pursuant to 22 M.R.S. §4008 and other applicable statutes.
- The Panel recommends that in child death cases, surviving siblings should be seen by a medical provider immediately to check for any marks, bruises, or other concerns.
- The Panel recommends that DHHS develop a policy whereby caseworkers are trained/instructed to advise clients or their attorneys that the Department cannot or does not take a position on bail conditions in criminal matters.
- The Panel continues to recommend ongoing collaboration and communication to the fullest extent allowed by law among agencies tasked with investigating abuse or neglect of children.

Following multiple child deaths, DHHS has fully implemented several 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. OCFS continues to engage with content experts, community partners and youth and families with lived experience to review and update OCFS's policies, including Domestic Abuse and Violence policies 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 work group of OCFS district child welfare staff.
4. OCFS has established a dedicated after-hours Children's Emergency Services (CES) team. Five additional casework lines were added in May 2024 to the CES unit.
5. Youth and Family Engagement Teams have participated in work groups and committees for policy and training development as well as other changes in systems.
6. OCFS is piloting a substance use disorder program with consultants embedded within each OCFS district. These consultants can immediately provide a level of care assessment for parents when substance use is a concern and can help with referrals to the appropriate level of service. These consultants are also available for OCFS staff as a resource for questions, information and training.
7. In 2022, DHHS stopped using the Alternative Response Program and committed to using evidence-based, effective prevention services.

# Health Care, Mental Health Care, and Substance Use

## Health Care

### Observations:

- The Panel observes the tension between the legal confidentiality of child protective matters and operating on a need-to-know basis, and both the helpfulness to healthcare providers being aware of circumstances balanced with protecting the sanctity of healthcare.
- The Panel observes that healthcare screening for domestic violence that involves asking patients the question “Are you safe at home?” does not adequately address the risks to patients who may be experiencing abuse nor seek to fully assess a patient for harm. Patients experiencing a range of coercive, controlling behaviors may not identify a lack of safety, even when their autonomy and freedoms are limited by their intimate partners.
- As in previous reports, the Panel observes that homicide-suicides are primarily gendered, in that 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 or suicide pact 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 enacts the homicide of the female intimate partner. The Panel further observes as in previous reports that for males who are suicidal, they are more likely than females who are suicidal to be homicidal as well.
- The Panel continues to observe that non-fatal strangulation, also called strangulation assault, is a lethality factor. (See [14th DAHRP Report Final word 1.23.24 - accessible.pdf](#) for more information about strangulation.)
- The Panel observes from cases reviewed that when a child dies there may be a history of missed healthcare appointments, such as well-child visits. This may occur for many reasons, but may be related to neglect, particularly if a child has a chronic illness, or previous injury due to abuse. Missed appointments may indicate a need for more social support for children to attend appointments, and/or may mean that children are living with risk.

- The Panel observes that while the Maine Legislature has restored funding for public health nursing services, there remains limited access to these services, particularly in rural areas of the state. This results in missed opportunities for the State to support new parents and children through interactions and observations by PHNs that may reveal concerns related to domestic abuse and violence, and to provide referrals to community-based advocacy and other organizations.

Public Health Nurses (PHNs) who work with older adults, new parents and children are in a unique position to observe possible dynamics of domestic abuse and violence, to document observations and provide support and referrals to community-based advocacy organizations. Public Health Nurses (PHNs) work to “...improve, preserve, and protect the health and quality of life for all Mainers. Public Health Nurses work to improve the health of individuals, populations, and communities across Maine.” (State of Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention, See <https://www.maine.gov/dhhs/mecdc/healthy-living/public-health-nursing>). These services are particularly important for the most vulnerable – older adults seeking to age in place in their homes, new parents, and infants and young children. Historically, it has been the role of PHNs to provide essential supports and community links for new parents, and to work closely with child protection caseworkers to ensure the safety and well-being of children when necessary. Maternal and child health services are provided by PHNs at no cost, can be provided in the home or virtually, and cover prenatal care as well as after the birth of a child.

## **Recommendations:**

- The Panel continues to recommend that healthcare providers identify the broad range of health concerns that may be caused by intimate partners committing abuse against patients.
- The Panel recommends that within a universal education and assessment model of healthcare, providers who treat patients with behavioral health concerns such as anxiety, depression, and suicidality in particular use an evidence-based intervention regarding the possible presence of domestic abuse and violence in the patient’s life.
- The Panel recommends that primary care physician and pediatrician offices develop a system of tracking appointments with children, to include office staff attempting contact with the family to reschedule. If this is not successful, and/or a pattern of missed appointments emerges, this may indicate concerns for the health and safety of the child(ren) and a report to Child Protective Services may be in order. The Panel notes that this recommendation from our case reviews reflects similar recommendations made by

the Maine Child Death and Serious Injury Review Panel in their 2022 report (*See <https://www.mecitizenreviewpanels.com/child-death-and-serious-injury-review-panel/>*).

- Due to the prevalence and dangerousness of non-fatal strangulation, the Panel recommends that all law enforcement officers, paramedics, and other first responders attend comprehensive strangulation training. Those who understand the signs and symptoms, and other indicators of strangulation are in a position to determine the predominant aggressor in domestic violence circumstances, and more importantly, encourage the victim/survivor of strangulation to receive a thorough medical assessment. This knowledge saves lives.

### Applause

The Panel applauds the Maine Coalition to End Domestic Violence (MCEDV) for undertaking a statewide initiative to provide policy consultation, specialized training, and provision of physical resources to support healthcare systems in Maine in providing universal education and evidence-based assessment for patients regarding domestic abuse and violence. (*See [9.26.23 MCEDV Healthcare CUES Final](#)*.)

Between 2022-2023, the Maine Centers for Disease Control (CDC) Public Health Nursing (PHN) Division partnered with the Maine Coalition to End Domestic Violence (MCEDV) to train PHNs regarding the healthcare response to domestic abuse and violence. In addition, CDC PHN and MCEDV worked to review policies, practices, and evidence-based tools regarding perinatal intervention for domestic abuse and violence. CDC PHN finalized its policy in September 2023 to include assessment of perinatal clients and began using the "Extended - Hurt, Insulted, Threaten, Scream" (E-HITS) screening tool along with other assessment practices. CDC PHN and MCEDV continue to collaborate in providing training for all new nurses, tracking assessment outcomes and supporting local partnerships with domestic violence resource centers.

The Panel applauds the Advanced Nursing Education Sexual Assault Nurse Examiner program at the University of New England School of Nursing for developing a daylong course targeting health care providers including medical assistants, nursing assistants, techs, RNs, NPs, PAs, and physicians to improve understanding of domestic abuse and violence and the healthcare response of universal education and use of an evidence-based assessment. This course will educate healthcare providers on the use of the national, evidence-based healthcare intervention created by the National Health Resource Center on Domestic Violence, a part of the national organization Futures Without Violence (*See <https://futureswithoutviolence.org/initiative/national-health-resource-center-on-domestic-violence/>*). This evidence-based intervention, called Confidentiality, Universal Education, and Support, or "CUES", combines best practices regarding patient interaction and an evidence-based intervention involving universal education and assessment. This intervention facilitates the provision of accurate information and support for patients without pressuring or requiring patients to disclose abuse. (<https://ipvhealth.org/health-professionals/educate-providers/>) Set for launch in 2026, the course will be free of charge.

- The Panel recommends that Public Health Nursing (PHN) Services be expanded to those areas of the state currently lacking PHN coverage so that every parent is provided services for improved outcomes for children. The Panel further recommends that healthcare providers with concerns regarding the appropriate care provided by a parent(s) make a PHN referral for services, as well as reporting to Child Protective Services so that support and community referrals can be put into place.

## **Mental Health and Substance Use**

### **Observations:**

- The Panel observes that within formal measures used to assist psychologists in the evaluation of violence risk, violations of probation terms are a risk-relevant variable. In those assessments, it does not matter whether the violation was technical (e.g., not providing a urine sample, not attending a probation meeting) or a new criminal charge. In either respect, an individual's lack of adherence/responsiveness to terms of community supervision is correlated with increased risk for future violent offending. (*See Douglas, K. S., Hart, S. D., Webster, C. D., & Belfrage, H. (2013). HCR-20V3: Assessing risk for violence: User guide. Mental Health, Law, and Policy Institute, Simon Fraser University.*)
- The Panel observes that many physical and mental health problems may stem from experiences of domestic abuse in patients' lives. Symptoms may be subtle or overt and every system in the body may be affected in short- and long-term ways. The Panel observes that healthcare encounters are critical systemic opportunities to identify the possibility or presence of an abusive person in a patient's life for support and intervention with patients who experience domestic violence. In cases reviewed by the Panel, healthcare encounters at times appear to be the singular opportunities for any intervention in the homicide victims' lives.
- The Panel observes that when a person suspected of committing domestic violence is suicidal and brought into an emergency department by law enforcement, the officers do not always communicate the domestic violence context to providers, and victims/survivors and law enforcement are not always notified of the person's release. This is critical in particular given that suicidal thinking/statements by males who are abusive is associated with risk of homicide, particularly of their current/former intimate partners and children. This communication barrier between hospitals, victims/survivors and law enforcement may be due to patient confidentiality in the absence of a duty to warn and protect.

- The Panel observes in cases reviewed, the devastating spread of fentanyl use in Maine, and an increase in the exposure of children to fentanyl due to parental/caregiver use. This has resulted in catastrophic effects and the eventual death of children.
- The Panel observes from its review of multiple cases, that the healthcare system misses critical care opportunities when initial screenings for fentanyl exposure or ingestion are not completed with children who present to healthcare providers as not rousable or unresponsive and might benefit from the immediate provision of naloxone. Naloxone, is the active ingredient in Narcan® Nasal Spray, can revive people during an overdose of drugs like heroin, fentanyl, hydrocodone, codeine and morphine. Naloxone competes with opioids to bind with the same receptors in the brain, reversing the effects of an opioid overdose in 2-3 minutes. Not enough hospitals provide the initial screenings that would indicate the use of naloxone/Narcan. Naloxone/Narcan is on the MaineCare covered drug list and is safe to be administered to children.

### **Recommendations:**

- The Panel recommends that law enforcement officers bringing people suspected of committing domestic violence related crimes to the emergency department for an evaluation for suicidality, share information with medical providers regarding the domestic violence context.
- The Panel recommends that law enforcement be notified of the release of suicidal patients who have been taken to the hospital by officers in the context of a domestic violence related situation, so that public safety can be maintained, particularly the lives of victims/survivors.
- The Panel recommends that midwives, nurse-midwives, and healthcare providers in obstetrical units provide universal education for parents about the use of naloxone/Narcan.
- The Panel continues to recommend that first responders/Emergency Medical Services personnel receive education about the use of naloxone/Narcan for children who may have been exposed to and/or ingested opioids.
- The Panel recommends that following an unexpected or unexplained death of a child and substance use by adults in the home is known, other children in the home be administered drug screens and medical forensic exams.

- The Panel recommends that law enforcement investigations of suspicious deaths of children include immediate inquiries into the presence and possibility of fentanyl exposure and/or ingestion.
- The Panel recommends that hospitals implement initial screening for fentanyl as proposed by the Maine Opioid Response Clinical Advisory Committee.
- The Panel recommends the following Maine Opioid Response Clinical Advisory Committee (See: [Fentanyl testing in Hosps\\_Opioid Clin Adv Comm Position Statement.pdf](#)) proposal be adopted as follows:

*“To improve the health and wellbeing of the people of Maine in the setting of an opioid epidemic, we propose that all hospitals commit to the following:*

- Ensure an assay for fentanyl testing is available so optimal care can be provided to patients and to ensure the safety and wellbeing of children in the home,
- Remove opioid drug screens that do not include fentanyl from order sets/electronic medical records so that providers do not inadvertently order the wrong test,
- Ensure an assay for fentanyl is available in meconium/umbilical cord toxicology testing designed to detect substance exposure during pregnancy,
- Ensure that confirmatory testing (e.g., Gas Chromatography-Mass Spectrometry, (GSMS)/ Liquid Chromatography-Tandem Mass Spectrometry (LCMS)) is available so that positive assay results can be confirmed as needed,
- Encourage its medical staff to obtain training in toxicology testing as part of their required opioid training. Toxicology CME (Continuing Medical Education) is available from a variety of sources including the Maine Substance Use Disorders (SUD) Learning Community, MaineHealth, American Society of Addiction Medicine (ASAM), and the Medical Review Officer Certification Council,
- Encourage the federal government to expedite approval of a Clinical Laboratory Improvement Amendments (CLIA)-waived point of care fentanyl toxicology test.”

## Applause

The Panel applauds efforts across Maine to improve support and responses to new parents through the provision of free, first-aid kits including naloxone/Narcan. For example, the Panel is aware of programs at Maine Medical Center, Mid Coast Hospital, and Franklin Memorial Hospital in which all new parents receive naloxone at discharge. Participation in these programs is voluntary and confidential. In addition, the Panel recognizes the Maine Department of Health and Human Services NewMom program, “a MaineCare model that improves care for pregnant and postpartum people with opioid use disorder and their infants by integrating perinatal and postpartum care with substance use treatment services” (See <https://www.maine.gov/dhhs/oms/providers/mainemom>)

## Domestic Violence is Not a Mental Illness

Scientists have used research methods to identify factors associated with increased risk of Intimate Partner Violence (IPV); however, diagnosable mental illnesses share only a weak and inconsistent relationship with perpetration of IPV. That is, diagnosable mental illness alone is neither necessary nor sufficient to increase someone’s risk of perpetrating violence towards their partner. The connection between mental illness and IPV is even weaker when it comes to the most severe and persistent forms of mental illness, such as psychotic disorders (e.g., Schizophrenia) and major mood disorders (e.g., Bipolar Disorder). Nonetheless, in rare instances, IPV and serious mental illness overlap. When such an intersection occurs, it highlights tensions and intricacies between mental health and legal systems.

One of the many complexities associated with mental health care is determining when treatment can be forced upon an individual who does not consent. Because forcible treatment involves taking away someone’s civil liberties (e.g., freedom from confinement, bodily autonomy), this determination is a legal one, made by judges in courtrooms, rather than a medical one, made by doctors in hospitals. This means the standard for involuntarily committing someone or medicating them over their objection is a legal standard that requires findings of fact with evidentiary rules that apply. Typically, being actively symptomatic (e.g., delusional, hallucinating) is too low a bar for courts to justify taking away someone’s constitutional rights. Most individuals with severe mental illness are not dangerous and are more likely to be victims of violence than perpetrators of it. The courts usually require a finding of dangerousness, proven with evidence. They also might require a finding of *imminent* risk of dangerousness, again, proven with tangible evidence. The evidentiary standard in most jurisdictions is just one step below that required to find someone guilty of a criminal act, meaning the evidence must be clear and convincing, not just probable or likely. Some data relied upon by medical professionals that could help prove these facts might be considered hearsay, and thus inadmissible, in a court of law.

It would be an understatement to summarize this process as “frustrating” to the families and friends whose loved one is acutely mentally ill but refuses treatment. They grow concerned, even frightened, by the odd and unpredictable behaviors of the person they care about and seek emergency mental health help. At times, they are told by clinical personnel that their loved one does not meet criteria for involuntary hospitalization and are immediately discharged. At other times, their loved one does meet involuntary hospitalization criteria, but only briefly, and is again discharged back to the community after a few days. This cycle repeats ad nauseam much to the despair of those witnessing their loved ones’ illness: emergency help seeking, brief return to psychiatric stability with short hospital stays, discharge to the community, non-adherence to medications in the community, and psychiatric decompensation. For the acutely ill person, the process of repeatedly being confined or treated by force can be traumatizing, and result in avoidance of the entire mental health system.

This demonstrates a tension at the intersection of mental health and legal systems that is not easily remedied: What happens when someone is actively mentally ill, not legally dangerous, and objecting to medications? They do not meet the strict legal criteria for involuntary treatment, and they do not otherwise provide consent for treatment. In Maine, as is true in other jurisdictions, there is no legal mechanism to compel treatment of someone at this intersection of active symptoms and objection to treatment, absent meeting legal criteria for dangerousness. This confluence of factors is common; individuals with the most severe forms of mental illness often are unaware of their own symptoms.

For others, their disorder may include paranoia and suspiciousness. Thus, medications and treatment may be viewed as unnecessary at best and a threat to their safety and wellbeing at worst. Community based services, such as Assertive Community Treatment, do not have the legal authority to treat over objection.

Legislatures, scholars, and legal personnel have grappled with this precise issue for hundreds of years. Properly balancing civil liberties enshrined by the Constitution with community safety is immensely complex and is accompanied by the potential for dire consequences. Assuming risk where there is none creates substantial potential for harm and deprivation of rights to the

### **Anger is Not a Mental Illness**

Experiencing anger does not automatically render someone mentally ill. There is no diagnosis for which the only, nor primary, symptom of the disorder is anger. Anger is a normal *emotion* experienced by everyone and is not a justification for domestic abuse and violent *behavior*. It is common for those who commit domestic abuse and violence to use their behavior as a tool to achieve specific goals, such as asserting dominance through intimidation, and coercing compliance, however, this is an intended behavior and not the product of anger nor mental illness. Rather, this purposeful behavior is consistent with common belief systems associated with entitlement and control.

individual, while underestimating risk where it does exist creates the potential for psychological and physical harm to the community and its members. At what point does one outweigh the other and justify risk to the community vs. restriction of human rights? Given the extraordinary complexities, ramifications, and the implied moral judgments, the panel aims to shed light on this dilemma rather than make any specific recommendations.

## APPENDIX A: ENABLING LEGISLATION

Title 19-A M.R.S. §4013(4)

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

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

# APPENDIX B: MAINE'S HOMICIDES

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## 2023 Maine Homicides (MURDER-MANSLAUGHTER) Compiled from Information from the Maine Department of Public Safety

### 53 Homicides/15 Domestic Violence

1/6/23 **Lincolnton** Victim: **Kevin Curit (47) of Lincolnton** Offender: Matthew Pendelton (47) of Lincolnton charged with Murder

1/12/23 **Berwick** Victim: **Mark Forest (37) of Berwick** Offender: Daniel Lafrenier (31) of Rochester, NH charged with Murder

1/12/23 **Bangor** Victim: **Ariah Jacques (24) of Bangor** Offender: John Neff (57) of Bangor **Murder – Suicide (DOMESTIC)**

1/25/23 **Caribou** Victim: **Jason Donahue (30) Caribou** Offender: Susan Kochanowski (34) of Caribou charged with Murder **(DOMESTIC)**

2/17/23 **Portland** Victim: **Christopher Godin (58) of Portland** Offender: Jonathan Alas (27) of Portland charged with Murder

2/21/23 **Poland** Victims: **Shoeb Mohamed Adan (21) from Massachusetts and Mohamed Aden (16) of Lewiston** Offender: Aaron Aldrich (46) of Auburn charged with Murder

03/25/23 **Madawaska** Victim: **David Morin (71) of Madawaska** Offender: Shawn Cote (45) of Madawaska **Murder - Suicide**

4/10/23 **Alfred** Victim: **Kristan Crow (39) of Alfred** Offender: James Crow (40) of Alfred charged with Murder **(DOMESTIC)**

4/18/23 **Bowdoin** Victims: **Robert Eger (72) and Patricia Eger (62) of Bowdoin. Cynthia Easton (62) and David Eaton (66) of Florida** Offender: Joseph Eaton (34) of Bowdoin charged with Murder **(DOMESTIC)**

6/16/23 **Monticello** Victim: **Kimberly Hardy (42) of Monticello** Offender: Jayme Schnackenberg (39) of Monticello charged with Murder **(DOMESTIC)**

6/19/23 **Westbrook** Victims: **Brittney Cockrell (37) of Westbrook Michael Hayter (41) of Westbrook** Offender: Marcel Lagrange Jr. (24) of South Portland charged with Murder

7/2/23 **Brooklin** Victim: **Pamela Cohen (71) of Brooklin** Offender: William Cohen (75) of Brooklin **Murder Suicide (DOMESTIC)**

7/8/23 **Norway** Victim: **Barbara St. George (60) of Norway** Offender: Andrew St. George (61) of Norway charged with Murder (**DOMESTIC**)

7/10/23 **Madison** Victim: **Mark Trabue (57) of Anson** Offender: Roland Flood (61) of Madison charged with Murder

7/28/23 **Augusta** Victim: **Tyler Robinson (34) of Augusta** Offender: Andrew Redmond (34) of Augusta charged with Murder

7/30/23 **Lewiston** Victim: **Keyt Hussein (23) of Lewiston** Offender: Mohamed Sheik (30) of Lewiston *Mohamed Sheik was shot and killed by Mohamed Liban (24) of Lewiston (ruled self-defense)*

9/4/23 **South Portland** Victim: **Danielle Goodwin (52) Freeport** Offender: Gary Mariner (65) of West Newfield charged with Murder

9/13/23 **Hiram** Victim: **Stephanie Ranieri (43) of Hiram** Offender: Chad Adams (48) of Hiram **Murder – Suicide (DOMESTIC)**

10/6/23 **Lisbon Falls** Victim: **Kylee Turcotte (30) of Lisbon Falls** Offender: Benjamin Peterson of Pittston **Murder – Suicide (DOMESTIC)**

10/25/23 **Lewiston**

**Victims:**

**Tricia Asselin (53) of Lewiston**

**Peyton Brewer-Ross (40) of Bath**

**William, Brackett (48) of Lewiston**

**Thomas Conrad (34) of Lewiston**

**Michael Deslauriers (52) of Sabattus**

**Maxx Hathaway (35) of Lisbon Falls**

**Bryan McFarlane (41) of South China**

**Keith Macneir (63) of Fort Lauderdale, FL.**

**Ronald Morin (55) of Lewiston**

**Joshua Seal (36) of Lisbon Falls**

**Arthur Strout (42) of Lewiston**

**Steven Vozella (45) of South Paris**

**Lucille Violette (73) of Lewiston**

**Robert Violette (76) of Lewiston**

**Joseph Walker (57) of Winslow**

**Jason Walker (51) of Sabattus**

**William Young (44) of Manchester**

**Aaron Young (14) of Manchester**

Offender: Robert Card (40) of Bowdoin (murder-suicide)

11/3/23 **Lewiston** Victim: **Anthony Ayotte (40) of Lewiston** Offender: Jerry Thibodeau (36) of Lewiston charged with Murder

11/21/23 **Topsham** Victim: **Christine Miller (64) of Topsham** Offender: Robert McClure (71) of Topsham charged with Murder (**DOMESTIC**)

11/24/23 **Biddeford** Victim: **Ahmed Sharif (27) of Lewiston** Offender: Lorenze Labonte (25) of Saco charged with Murder

11/25/23 **Denmark** Victims: **Aremean Mayo (93) of Denmark and Michael Willette (69) of Denmark** Offender: Tzara Jones (53) of Denmark charged with Murder (**DOMESTIC**)

11/27/23 **Searsmont** Victim: **Amy Nickerson (50) of Stockton Springs** Offender: Lance Lucas (50) of Searsmont **Murder – Suicide (DOMESTIC)**

11/28/23 **Westbrook** Victim: **Clarence Pearson (61) of Westbrook** Offender: Deng Malual (36) of Portland charged with Murder

11/28/23 **Fairfield** Victim: **Edwin Weeks (62) of Fairfield** Offender: Raheem Shamar Goodwin (22) of Benton charged with Murder

12/27/23 **Farmington** Victim: **Jean Robinson (76) of Farmington and Allison Cumming (53) of Farmington** Offender: William Cumming (56) Murder/Suicide (**DOMESTIC**)

12/28/23 **Waterville** Victim: **Angela Bragg (52) of Waterville** Offender: Spridal Hubiak (20) of Waterville arrested and charged with Murder

**2024 Maine Homicides  
(MURDER-MANSLAUGHTER)  
Compiled from Information from the Maine Department of Public Safety**

**34 Homicides/15 Domestic Violence**

**1/12/24 Portland** Victim: **David Hannauer (60)** Suspect: Robert Lancaster, 49-years-old  
Suspect arrested and charged with Murder.

**2/18/24 Bangor** Victim: **Braxtyn Smith (10)** Suspect: Joshua Smith, 33-years-old Suspect: Jem Bean, 35-years-old Suspect: Mistie Latourette, 56-years-old Suspects arrested and charged with Murder. **(DOMESTIC)**

**2/19/24 Waterville** Victim: **Justin Iraola (22)** Suspect: Tyler Quirion, 20-years-old Suspect arrested and charged with Murder

**3/2/24 Portland** Victim: **Raoul Mapendo Tshiyuka (30)** Suspect: Abdirahman Mahmoud, 36-years-old Suspect arrested and charged with Murder

**4/2/24 Bangor** Victim: **Daniel Ford-Coates (24)** Suspect: Olivia Babin, 20-years-old Suspect arrested and charged with Murder **(DOMESTIC)**

**4/11/24 Minot** Victim: **Emali Sallee (19)** Suspect: Tyson Peters, 20-years-old  
Murder/Suicide **(DOMESTIC)**

**5/10/24 Litchfield** Victim: **Gerald Marin (90)** Suspect: Shari Allimah, 55-years-old Suspect arrested and charged with Murder

**5/20/24 Great Pond** Victim: **Marie Robbins (35)** Suspect: Ryan Devisme, 38-years-old  
Murder/Suicide **(DOMESTIC)**

**5/28/24 Peru** Victim: **Dale Gaudreau (59)** Suspect: David Gaudreau, 60-years-old Suspect arrested and charged with Murder **(DOMESTIC)**

**5/30/24 Thomaston** Victim: **Quayshawn Wilson (22 months)** Suspect: Aziayh Scott, 23-years-old Suspect arrested and charged with Murder **(DOMESTIC)**

**7/12/24 Cushing** Victim: **Kyle MacDougall (45)** Suspect: Jason Hewett, 39-years-old Suspect arrested and charged with Manslaughter

**7/14/24 Lewiston** Victim: **Sahal Muridi (17)** **Active Investigation**

**7/18/24 Augusta** Victim: **Joseph McKenna (56)** Suspect: Warren Sidelinger, 42-years-old  
Suspect arrested and charged with Manslaughter

**7/26/24 Gardiner** Victim: **Alfred MacMaster (75)** Suspect: Gregory Fisher, 52-years-old  
Suspect arrested and charged with Murder (**DOMESTIC**)

**7/27/24 Mechanic Falls** Victims: **Harmony West (11)** Victim: **Hope West (6)** Suspect:  
Jennifer Barney (37) Murder/Suicide (**DOMESTIC**)

**7/30/24 Portland** Victim: **Susan McHugh (54)** Suspect: Aaron Karp (47) Suspect arrested and  
charged with Murder

**8/18/24 Waterville** Victim: **Charles Bellows (43)** Suspect: Thomas Lowrie (41) Arrested and  
charged with Murder

**8/29/24 Kittery** Victim: **Benson Weston (8)** Suspect: Trent Weston (37) Murder-OIS **Domestic**

**9/25/24 Bangor** Victim: **Virginia Cookson (29)** Suspect: Richard Thorpe (42) Suspect attested  
and charged with Murder (**DOMESTIC**)

**9/26/24 Mexico** Victim: **Lacey Tidswell (23) Mexico** Suspect: Elijah Cowper (23) of Mexico  
Suspect arrested and charged with Arson and Murder (**DOMESTIC**)

**9/28/24 Biddeford** Victim: **Gene Dares (46)** Suspects: Garret Labonte (45) Suspect: Linda  
Lambert, 57-years-old Suspects arrested and charged with Murder

**10/6/24 Bath** Victim: **Lisa Bailey (58)** Victim: **Jennifer Bailey (32)** Suspect: Michael Bailey  
(66) Murder Suicide (**DOMESTIC**)

**10/11/24 Palmrya** Victim: **Todd Parsons (48)** Active Investigation

**10/15/24 Waterville** Victim: **Stephen Killam (47)** Suspect: Richard Hatt (53) Suspect arrested  
and charged with Murder

**10/23/24 Bangor** Victim: **Dylan Caruso (27)** Suspect: Kenneth Creamer (35) Suspect arrested  
and charged with Murder

**10/28/24 Portland** Victim: **Edgar Candollivizaca (31)** Suspect: Omar Abd Elkader (21)  
Suspect arrested and charged with Murder

**11/20/24 Lincoln** Victim: **Jason Nadeau (51)** Active Investigation

**11/30/24 Portland** Victim: **Matthew Merrick (43)** Suspect: Domengues Nobrega (48) Suspect  
arrested and charged with Murder

**12/3/24 Edgecomb** Victim: **William Robinson (34)** Active Investigation

**12/4/24 Bangor** Victim: **Lee Rouna (64)** Suspect: Gary Brinson (69) Suspect arrested and  
charged with Murder

**12/4/24 Westbrook** Victim: **Robert Seger (59)** Suspect: James Fowler (47) Suspect arrested and charged with Murder

**12/20/24 Sidney** Victim: **Juvenile** Suspect: Megan McDonald (39) Suspect arrested and charged with Murder (**DOMESTIC**)

## APPENDIX C: 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.

*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.*



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