Testimony in support of LD 1238

Good Afternoon. My name is Lisa Marchese. I am an assistant Attorney General assigned to the criminal division of the Attorney General's office. I have been prosecuting homicide cases for the Attorney General's Office full time since 1997 and have chaired the Domestic Abuse Homicide Review panel since 2000. The Homicide Review Panel is a statutorily mandated multidisciplinary group of professionals who meet on a monthly basis to review and discuss domestic abuse homicide cases. The Panel makes recommendations to state and local agencies prospectively, including changes in the law, for the protection of people in domestic and sexual abuse cases. As a result of holding these two positions, I have seen firsthand the issues presented when mental health clinicians are not properly trained in the mechanisms of domestic abuse. Although nearly 50% of my homicide cases are domestic violence related, I continue to find domestic violence a complicated societal issue with no easy answers. I am here to support LD 1238 because the Panel, in its 9th biennial Report, has recommended that mental health clinicians, who treat either the victim or the offender where domestic violence is present in the relationship, receive training in the dynamics and best practice management of domestic violence.

As the chair of the Homicide Review Panel, I have seen numerous cases in which defendants have been seen by mental health professionals in the days or weeks prior to the homicide and yet, that defendant goes on to kill one or more family members. These offenders may intersect with mental health professionals on an in-patient basis or because of court ordered counseling or pastoral counseling or any number of different ways yet despite this, the

individual will go on to commit homicide or homicides. Of the cases reviewed by the Panel for the last report, 70% of the perpetrators threatened to commit suicide before that person went on to kill one or more family members. 67% of those perpetrators went on to kill themselves. While we are aware that predicting violence is not always possible, the panel observed that therapists frequently did not accurately assess the potential lethality when domestic violence is present, particularly when suicidal ideation is present. In contacts other than emergency evaluations, we observed a consistent pattern of therapists who were not screening for domestic violence; not discussing or engaging in safety planning, referrals or risk assessment. In some of the cases we reviewed, there appeared to be a lack of knowledge or understanding by the mental health professional of domestic violence issues.

Dealing appropriately with domestic violence victims and offenders by mental health clinicians has the potential of saving lives. All mental health providers need to understand safety planning for victims; what is the appropriate therapy for an offender; how to conduct a proper risk assessment; how to assess the credibility of the offender by obtaining police reports; and how to hold offenders accountable, and these are just a few of the important topics that should be required training. This is complicated, important training that should be mandated for all licensed mental health clinicians.