

**Testimony in Support of L.D. 1238
An Act to Improve Professional Training for Licensed Mental Health Clinicians
April 18, 2013**

Senator Patrick, Representative Herbig and members of the Committee on Labor, Commerce, Research and Economic Development:

Good Afternoon, My name is Margo Batsie. I am the Member Services Coordinator at the Maine Coalition to End Domestic Violence and the past Coordinator of the Maine Domestic Violence Homicide Review Panel. I am here today to support LD 1238.

As you have heard from other speakers this afternoon, the need for more education for Maine's licensed mental health clinicians on the topic of domestic violence and its complex dynamics is needed for many reasons. I will focus on two of those for you today.

First and foremost of concern for me as an advocate is the need for a true coordinated community response in the mental health field to domestic violence, similar to the one with law enforcement that has been active in Maine for 20 plus years. Part of any coordinated community response has to include training and education. As the public's awareness is raised about the existence of domestic violence in our communities, advocates are increasingly aware that victims of DV are being referred to mental health clinicians. Without the additional training proposed in this legislation, I fear that some victims will not be getting the most accurate information about domestic violence, which could potentially expose a victim to unnecessarily increased danger.

For example, in 2005 the State of Maine undertook the huge task of requiring all of its departments to have a domestic violence in the workplace policy. As part of many of these policies, employee "responders" are encouraged to refer victims and/or perpetrators in their offices to two places: EAP and their local domestic violence resource center. For many people there remains an emotional hurdle for reaching out for help to a DV resource center, but they feel comfortable and confident with the service that they will receive at their work sanctioned EAP. Unfortunately, sometimes victims find themselves in the office of a clinician that has had very little if any training specifically on domestic violence.

As the former coordinator of the Maine Domestic Violence Homicide Review Panel, I am aware over the last few years it was a regular theme of our case reviews to see a gaping whole in the coordinated community response against domestic violence with the mental health community. In the April 2012 report of the Panel, there are many

recommendations, about increased training and coordination between mental health clinicians and domestic violence advocates.

As you may know, the work of the Panel is done in a de-identified way to protect the confidentiality of the victims. To this end, recommendations that are published in the Panel's reports are not linked with specific homicides. However, in this context, I would like to share a piece of a case that was reviewed at the Panel.

A perpetrator, who was out on bail for assaulting their partner, was placed in-patient at a psychiatric hospital. While, at the hospital, the victim made it clear to hospital staff, that they remained afraid of their perpetrator. However, when it came time for discharge planning, the victim was asked to allow the perpetrator to come home to the house they shared. Seeing no other options, the victim acquiesced to the hospital's request. The evening of discharge, the victim was killed in their home.

This is such a stark example of a system failure; that I will allow it to stand and speak for itself.

I urge you to vote Ought to Pass on LD 1238.