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**Testimony of Andrea Mancuso  
In Support of L.D. 1559:  
“Resolve, To Create the Commission to Develop  
a Paid Family and Medical Leave Benefits Program”  
Before the Joint Standing Committee on Labor and Housing  
Friday, May 7, 2021**

Senator Hickman, Representative Sylvester, and distinguished members of the Joint Standing Committee on Labor and Housing, my name is Andrea Mancuso, and I am writing on behalf of the Maine Coalition to End Domestic Violence (MCEDV)\* in support of L.D. 1559, “Resolve, To Create the Commission to Develop a Paid Family and Medical Leave Benefits Program.”

With the creation of paid family leave, a single change in state policy has the potential to strengthen economic supports, reduce the family discord that may arise over financial insecurity, and provide greater opportunity to empower women to remain in and advance in the workplace – all of which have been shown to positively affect rates of intimate partner violence. A 2011 study found that women who worked in early pregnancy who qualified for paid maternity leave had significantly reduced odds of reporting combined physical and emotional abuse in the first twelve months post-partum when compared with women who did not have access to paid leave.<sup>1</sup>

We strongly support paid family leave because we see time and time again how the absence of paid family and medical leave in Maine means that survivors must rely on the income of the person abusing them, which compromises their options and resources to advance their safety needs. Paid leave can create the space for a survivor to pursue support for their own safety and trauma healing needs, as well as those of their children, without impacting the household budget, which better enables them to keep their jobs and advance in the workforce, which can ultimately make the difference in the creation and long-term maintenance of an independent household – separate from the abuser.

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<sup>1</sup> Gartland et al., Intimate partner violence during pregnancy and the first year postpartum in an Australian pregnancy cohort study, *Matern. Child Health J.*, 15(5)(2011), pp. 570-578.

You would be hard pressed to find an advocate in our state who hasn't helped a survivor with a safety plan in which the survivor desperately wanted to separate from their abuser but was about to give birth and knew that separating would mean going back to work immediately. It would mean accomplishing the near impossible task of finding realistically affordable childcare willing and appropriate to take a newborn before they were six weeks old. You would face a similar challenge in finding an advocate in our state who hasn't helped a survivor create a safety plan in which the survivor knew that staying with their abuser was dangerous, and yet the survivor had a major surgery coming up (sometimes due to an injury caused by their abuser) that would keep them out of work and with no income for an extended period of time. These are just two examples of barriers to safety that survivors face due to their abusers' behavior exacerbated by restrictive workplace policies. These are fellow Mainers who are highly vulnerable at these points in their lives.

If this bill is enacted, we encourage the resulting Commission to consider recognizing domestic violence as the serious, preventable public health issue that it is and ensure any paid family and medical leave structure includes the ability for survivors to access paid family leave when they need to temporarily relocate as a result of domestic violence. The window of time immediately after separation is the most dangerous time for survivors and their children. Many survivors temporarily relocate for anywhere from a few days to a few months immediately after separating from abusers in order to construct the safety net that is necessary for them to build an independent household. While this will often be geographically close enough for them to continue to work, that is not always the case. Sometimes it is hours, or even several states away if that is where their most supportive contacts happen to be. Additionally, even if they stay close enough to reasonably commute to work, often their place of employment is the obvious and easiest place for an abuser to then find them, and so there are safety concerns for both the survivor and the workplace when survivors do not have the ability to take the time they need to attend to their safety.

For most survivors, having the ability to take a few days off over the course of separating and/or navigating their way through a path to safety is adequate, but for some – those whose abusers present particularly high levels of risk – a paid family leave of several weeks could be a life-saving option, providing three essential things: time, money, and long-term economic stability. We could use this opportunity to help survivors in our state struggle less to stay safe. This is one area of need unique to domestic violence survivors, and it would make a difference in the lives of many survivors in our state if family leave could accommodate their typically short term but vital need for time off without compromising their economic and job security. This aligns directly with the purpose of creating paid family medical leave.

Domestic violence will impact as least 1 in 4 women in Maine. With approximately half of Maine's charged assaults and homicides the result of domestic violence, there may not be a greater public health issue facing our state. For those who cause that harm - abusers who use psychological, physical, and economic tactics to control and victimize their intimate



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partners - the lack of practical support for those they victimize contributes to a community framework that is collusive with abusers' harmful intent.

Thank you for the opportunity to share our perspective. If MCEDV or any of our member programs can be of any assistance to the Committee in your discussions on this issue or to the resulting Commission as they engage in this important work, please do not hesitate to let us know.

\*MCEDV serves a membership of eight regional domestic violence resource centers as well as the Immigrant Resource Center of Maine. Our member programs provided services to over 12,000 victims of domestic violence in Maine last year.