Tri County Batterer Intervention Provider Network Meeting Minutes June 11th, 2013

Attendance: Chris Huffine (Allies in Change), Karin Smith (New Hope Counseling Services), Yevette Wright (Life in Focus Education), Jeff Hartnett (ChangePoint), Samantha Naliboff (VOA Home Free), Phil Broyles (Teras Interventions), Linda Castaneda (Manley Interventions), Krystal Duff (Bridges2Safety), Debbie Tomasovic (A Better Way Counseling), Regina Rosann (ARMS), Wendy Viola (Portland State University), Brian Valetski (Multnomah County Dept. of Community Justice DV unit), Emmy Ritter (Raphael House), Jacquie Pancoast (ChangePoint)

Minutes by Wendy Viola, edited by Chris Huffine

<u>Topic: Tapping the Wisdom of Advocates</u>

Samantha Naliboff and Emmy Ritter presented information about the frameworks that advocates most often draw upon in their work, and facilitated a discussion on the topic. The contents of both the presentation and the discussion are summarized below.

A good coordinated community response necessitates an ongoing working relationship between BIP providers and advocacy organizations, both of which favor a strong coordinated community response. The intention of the current meeting is to build on the more basic 40-hour training that providers are likely to receive at a shelter. A few months ago, the group brainstormed a number of questions that we had for advocates, which will hopefully be addressed during the current meeting. Ideally, the current session will move the relationship between advocates and providers forward as much as possible.

The common ground that advocates and providers share includes the following:

- Advocacy work is not necessarily shelter based, though that is the model that we think of most often when we think about advocacy. Advocates define their clients as women and children who are victimized by perpetrators, regardless of the extent of their contact with a shelter. Similarly, providers work with perpetrators who are in the community.
- Both advocates and providers recognize that when there are breaks in the coordinated community response, perpetrators are more likely to not be held accountable and to continue being abusive.
- Advocates and providers do really hard work. Providers have to remember what their clients have done to the lives of others, while still maintaining a belief that they can change, which is a difficult place to be.
- Advocates and providers alike feel that our work is minimized and we don't have a lot of necessary resources.
- Neither group has clear-cut answers for the clear-cut questions that are asked of us.

- Both groups do the work that they do because of a belief in the work, not the money. ---
- -This passion that drives both advocates and providers often tends to be the source of problems as well.

The Advocacy Philosophy

Some of the advocates who have attended these meetings have noticed some gaps in the collective knowledge of the group, in terms of the frameworks and philosophies that advocates work from. The tenets of an advocacy philosophy are as follows:

- Survivors are considered the best judges of what they need, what would be safe, and what would put them in danger. Research continues to bear out that victims know the perpetrator and their circumstances better than anyone else, so advocates rely on victims' expertise. Things tend to blow up when professionals assume that they know better than victims what would be best for them. Providing advice implies that there is a right answer or a right course of action, which just isn't true. Instead of giving advice, advocates' work draws on the wisdom of victims, helps them organize this wisdom, and supplements this wisdom with some information about systems and services. Respecting victims' expertise is much more productive than recreating the dynamics of the abusive relationship by telling victims what's best for them or what they don't know. The philosophy is similar to that of support groups, wherein the role of the facilitator is to unite the experts.
- Services should be voluntary. The voluntary nature of advocacy services is federally recognized as a best practice. Sometimes advocates are asked to provide mandated services, which puts them in a difficult situation. It's not productive to shove support at somebody who doesn't want it. The most useful course of action is to put victims in the drivers' seat and reaffirm that they know what's best for them. In situations where victims' children have been taken away from them, it's important to emphasize that it was *not* because they don't know what's best.
- Just as not all perpetrators are the same, not all victims are the same. Responses to victims' situations have to be individually tailored. Many of the other services and systems in which victims are involved don't allow for the flexibility that victims need. Advocates help victims navigate these other services that won't yield to their life circumstances.

In the context of substance abuse, just a brief window of sobriety can allow individuals to see why they might want to work towards more prolonged sobriety. Only brief contact with an advocate may serve the same purpose, providing victims with an opportunity to begin thinking about the abuse in their relationships. The initial contact with an advocate may not convince victims to take advantage of their services, but planting lots of little seeds through many brief contacts over time can lead victims to eventually take full advantage of victims' services. "The stuff that clicks sticks," and the tiny seeds that advocates plant may be carried within individuals indefinitely. Advocates plant seeds everywhere, and very rarely get to know whether or where

those seeds are sprouting and whether those victims are now safe. Victims may seek services years and years after an initial contact with an advocate, and that advocate may never know.

DV involves a lot of brainwashing: perpetrators often undermine victims' judgment, and teach victims not to trust their own judgment, either. It has been some providers' experience that what victims want is what perpetrators want, as perpetrators attempt to turn their partners into robots to fulfill their desires. How do advocates navigate this dynamic? Advocates attempt to tap into victims' own judgment and desires by: asking questions, taking a more strengths-based approach, calling attention to the trauma that they have likely incurred, referring to the power and control wheel, pointing out that they must have some inherent skills and knowledge in order to survive as long as they have, and just taking their cues from victims' perspectives.

Advocates can't challenge anyone else's truth. When a victim says that she just needs to be a better wife, that reflects her truth, and advocates are in no place to challenge that. By asking more questions about what it means to be a better wife and examining this claim more closely, advocates often find that victims share their perspective and are simply using different language. There's no use in arguing about something that advocates are simply misinterpreting.

We don't have the capacity, systemically, to respond to what victims are telling us to be true. Instead, when we, as a community, encounter victims, we often classify them as either being traumatized or blowing their circumstances out of proportion. We often push victims into one of these two categories, when it's rarely that simplistic.

The Iceberg Framework

One of the primary frameworks that advocates draw upon is the iceberg framework, which may be useful for this group to bring to our own work more often. Abuse may be conceptualized as an iceberg. What victims report is what peaks above the waterline. As humans, we typically don't talk about the worst things that have ever happened to us. In that vein, advocates assume that when victims come to receive services they share only the events and information at the very tip of the iceberg, and there's much more beneath the waterline that they're not disclosing. For example, it tends to surprise advocates when victims disclose sexual assault at intake, because there is so little trust in the relationship at that point. It's more productive to assume that there has been sexual assault, which the victim is not yet comfortable disclosing. Holding this in mind does not necessarily change the work that advocates do, but it does come across to victims in advocates' mannerisms and body language, which may make them more comfortable disclosing later on. Advocates can help victims expose more of the iceberg by helping them reduce their minimizing. However, that is not a primary goal of advocacy work, more of a result. Regardless of whether it's shared, it's important to acknowledge/presume that there has been far more abuse and suffering than has been disclosed "beneath the waterline".

Providers should also assume that what perpetrators share represents only the very tip of their icebergs. The tip of the iceberg that victims share may be very different from the tip that their partners share with providers.

There is a concern among some that some providers may presume that they are hearing about all of the abuse that was ever done, which is not likely the case. However, most providers readily acknowledge/presume that they are only hearing a small part of the abuse. The iceberg analogy has been used by at least one provider, if not others, in characterizing what they are hearing from perpetrators. The waterline on perpetrators' icebergs do tend to come down a bit over the course of weeks or months of work, as they become more willing to expose their past behavior. However, perpetrators often share only what they feel must, or what would be in their best interest to share, in order to survive the BIP. Many perpetrators don't even know the shape of their own icebergs. Thus, perpetrators are prone both to lying and to willful ignorance.

Providers might encourage perpetrators to look beneath the waterline to get a better sense of their own icebergs, though this shouldn't be the focus of the work, as it could motivate perpetrators to lie further. This may be particularly true during the first 3-6 months that it often requires for perpetrators to drop their denial, though they can easily identify others' abusive behavior during that window. There's a difference between denying abusive behavior and being in denial.

There were some concerns expressed among advocates that perpetrators might not disclose more abusive behavior than that for which they were caught. It may be incorrect to assume that perpetrators disclose more than they must. The analogy was given that if you get pulled over for speeding, you're not likely to admit that you've been speeding in that spot for 30 years. Some BIPs may also not be designed to make batterers feel comfortable disclosing this information. In other programs, though, men may feel more comfortable revealing more about the abuse that they've perpetrated, as well as their own trauma. It was speculated that a lot of what forms perpetrators' iceberg is ways in which they've been traumatized or victimized themselves. However, while acknowledging that some of the men are themselves trauma survivors, most providers don't allow much focus on their own trauma, instead emphasizing what they have perpetrated.

The question remains, however, whether there's value in self-disclosure for the sake of self-disclosure. A major benefit of the group format is that one person can reveal something that's a part of their iceberg, and which is also true for everyone else in the room. When one person in the group starts to reveal more of what's beneath their own waterline and its impact on their partner, it has a ripple effect, creating a sense of safety for personal disclosures throughout the group. Hearing other perpetrators' recognition of their behavior and its impacts on the victim, and communicating with the victim about this impact can be very powerful. Hence, there is motivation to self-disclose for those perpetrators that believe that it's in their best interest and feel safe enough in their group to do so. However, it's dangerous for providers to assume that perpetrators are ever telling the full truth. Providers don't often hear about the impact, the trauma, or the ripples caused by their behavior. Sometimes providers can get too focused on the discrete behaviors that underlie the iceberg, as opposed to the ways that these behaviors impacted others. None of us, unless we're asking victims, can really understand the true impact of the abuse on the victim.

A lot of victims use language of perpetrators' "graduations" from BIPs, which may lead to the assumption that, if a perpetrator has graduated and he's still being abusive, then it must be their fault. Even when perpetrators appear to be doing good work in a group and are approaching the end of their time in the program, we still have to keep this iceberg analogy in mind.

<u>Trauma-Informed Care</u>

What advocates have been doing for years and years has recently been labeled as "trauma-informed care." All victim advocacy agencies provide trauma-informed care, and are held to its standards. The four main components of trauma-informed care are as follows:

- -awareness of the trauma (either cultural, within an individual's lifetime, the trauma of navigating the system, etc.)
- -emphasis on safety (within the advocate-participant relationship)
- -rebuilding the clients' sense of control
- -utilizing a strengths-based approach

Providing trauma-informed care prompts advocates to think about the impact of the trauma on all aspects of victims' behavior. It is important to remember that trauma makes it hard for people to make decisions because they've been brainwashed by someone else, trauma makes it hard to get up in the morning, etc. It's necessary to remember the potential impacts of trauma whenever a victim displays any particular behavior. Everyone who works in advocacy agencies is experiencing some form of secondary trauma as a result.

Some concrete manifestations of trauma-informed care include the following:

- -creating a safe context and fostering emotional safety. This involves being transparent about what the agency needs from victims and that there are some things that they can't do because of a lack of resources; setting clear and consistent boundaries; being predictable; giving victims true choices; providing physical safety; and engaging in safety planning
- -restoring victims' power. This is based in the advocate model, and involves providing victims with as much choice as possible, emphasizing skill building, and maintaining a strengths-based orientation.
- -valuing the individual: building rapport with victims, being compassionate but not making excuses, working in collaboration with victims, and enabling program participants to contribute reciprocally to the program.

Advocates model establishing boundaries, genuinely partnering with victims, and providing trauma-informed supervision for advocacy staff.

Trauma-informed care is a largely gendered idea. Often, when people talk about "trauma-informed care," we assume that we're talking about just female victims who have been victimized. However, maintaining an awareness of male perpetrators' trauma can also be very powerful, especially because perpetrators tend to act out their own trauma through violence. Some ways it may be applied to male perpetrators:

-presenting information in a way that doesn't further traumatize them, enabling them to remain receptive to the program

-presenting information in a way that's palatable to male perpetrators can also be considered a form of trauma-informed care.

While this may be very useful to keep in mind, we should also remember that not all BIP participants are trauma survivors, and not all male trauma survivors are perpetrators. This is a very tricky area. Children who grew up in the same home where the same traumatization was occurring can respond to this very differently. Providers may be prone to inadvertent collusion with perpetrators if the prevalence of their trauma is over-assumed or over-emphasized.

Children's brains are altered by early exposure to violence and neglect, which seems a bit like a "life sentence". However, though these changes occur, we don't know the impact of those changes or what they mean. They could become individuals more prone to perpetrating violence or they could make them more empathetic and hypersensitive to violence. This element of choice, and how early trauma isn't necessarily a "life sentence", is discussed in some BIPs.

When victims and perpetrators report on the same exact incidents, victims' reports tend to be much more impactful. Perpetrators tend to provide the "PG version" of abuse where there are few details and little attention to the suffering or negative impact. When victims share this information, it can be very different—far more explicit, detailed, and emotional. As a result, when advocates experience vicarious traumatization, it often takes the form of becoming overly sensitive, while vicarious traumatization among providers may result in desensitization, as a result of hearing about violence so often and in a way that's so down-played. What does this difference in the manifestations of secondary traumatization mean for victim safety? The story that providers hear is so Disney-esque and shallow that it can easily lead them to think that some abuse is "not so bad." This puts victims in more danger because it leads us to believe that much of the abuse that they incur is not so bad. Where perpetrators do provide much more detail is in their descriptions of what their partners did. This can result in drift in the direction of "men and women are both perpetrators." Drift in this direction can sometimes be seen among some providers.

Questions previously posed by the group:

Regarding no contact orders: how do advocates discuss no-contact orders and the advice that they provide around no contact orders. In particular, what might be helpful to victims concerning this issue? Advocates don't encourage anything regarding no contact orders, as they don't encourage anything or give advice. They share information, not advice. Instead, they have conversations with victims about how no contact orders are working well for them or not, and how they've been helpful or hurtful. No contact orders cannot be dropped, but victims can petition to have restraining orders dropped, though judges might refuse to do so. These systemic processes can be traumatic, and victims' anger about these circumstances is appropriate and reassuring to advocates. There can also be a false sense of security with no contact orders. Sometimes if there's a no contact order, other systems back away because they assume the

situation is under control. Even though no contact or restraining orders don't stop perpetration completely, they can still shift behavior enough to be powerful for victims.

No contact orders are often seen as paternalistic, because it's the system saying that they know what's best, which can further traumatize the victim or play right into her brainwashing. No contact orders can also work in the opposite direction: if we hear victims asking for no contact orders to be dropped, we often assume that it's the perpetrators' brainwashing at play. We tend to respect victims' voices until they say something that we think that they shouldn't, at which point we assume that it's her brainwashing speaking. Men sometimes use no contact orders as an excuse to become more financially abusive and be more manipulative (I can't give her the money, I can't see her).

The reverse situation also occurs in cases when the system has deemed the perpetrator not very scary, but the victim wants a no contact order. The system can push for or against a no contact order based on what the system thinks of him. We need to remember that, and pay attention to who we're listening to in making these decisions. This reflects the fact that everyone responds to the same things completely differently. There are some situations that make our skin crawl, but which victims don't bat an eye at. In these situations, an appropriate response might be to say "wow, that sounds really scary to me. Tell me more about that" and come from a genuine place in doing so. We could make up a hundred stories about why victims respond as they do to a given circumstance, or we could simply ask them.

Whether or not no contact orders work for specific individuals has to do with whether or not they're being respected. The norm in BIP groups tends to be that nearly everyone has a no contact order against them, but that some are not compliant with them. There's a lot of discussion in BIPs about no contact orders and parenting. If the perpetrator holds the lease, a no contact order can render a victim homeless, which makes her vulnerable to other forms of victimization. Providers often hear from victims about no contact orders because they either want them lifted so that the perpetrator can come home for the holidays, or because they've met with an advocate that recommended a no contact order under the assumption that he would never change. These conversations can be very difficult for providers, because the unintended consequences of no contact orders can be huge, and when they are in a position to advise victims, it sometimes feels like there's no way to end a conversation and feel good about it.

The way to be thoughtful about no contact orders is to individualize the process. Victims have a variety of responses to no contact orders, which are grounded in their other life circumstances. The women who are often most upset by no contact orders are often those who don't self-identify as victims. A lot of systems don't have the staffing or the time to individualize the services that they provide as much as necessary to ensure that the process is actually beneficial to the victim. Social services are not meant to be individualized and tailored, and when victims encounter these other systems, problems arise because no two situations are ever the same. Other systems' lack of responsiveness to victims' needs begs the question of what we're doing as a society. This speaks to the bigger issues of subsidized child care, unequal wages, etc.

Another question to add to the conversation when we return to it would be: how do advocates deal with victims' ignorance? How do advocates navigate consciousness raising and also being survivor-driven? Victims' perspectives on emotional abuse in particular tend to depend on their knowledge of emotional abuse and having read *The Verbally Abusive Relationship* by Patricia Evans. These questions assume that consciousness-raising is helpful for survivors, which might not necessarily be true. Though it is our belief, as educators, that more information is better, there are women who are able to get safe and have done very little consciousness-raising. This conversation covered only about a third of what had been slated for this meeting. We can continue the conversation in either October or November, we'll decide at the next meeting. Hopefully, there will be many follow-up sessions to come. Answering the questions that the group brainstormed previously will be challenging, and it would be interesting to talk about them more in depth. Additionally, Jennifer Hopkinson developed a questionnaire that is being distributed to victims, and it would be great to have some more data to discuss the next time that we address this topic.