<u>Tri-County Batterer Intervention Provider Meeting-September 13, 2011</u>

Attendance: Chris Huffine (Allies in Change), Annie Neal (Multnomah County DV Coordinator), Margaret Kirlin (Pacific University/Allies), Johnnie Burt (ARMS), Robbie Miller (private practice therapist), Emmy Ritter (Raphael House), Cheryl O'Neil (DHS-Child Welfare), Linda Castaneda (Manley Interventions), Amanda Briley (Bridges To Safety/Choices), Guruseva Mason (Choices), Susanne Evans (Bridges To Safety), Sara Windsheimer (Windsheimer Counseling Services), Ashley Boal (Portland State University), Mark Amoroso (MEPS Counseling), Phil Broyles (Teras Counseling), Stu Walker (Dept. of Community Justice—DV Unit), Simon Quartly (Pacific/Allies), Debbie Tomasovic (A Better Way Counseling), Sarah Voruz (Pacific/Allies), Rachel Payton (VOA Home Free)

Minutes by Ashley Boal, edited by Chris Huffine

September Meeting Topic: Coordination with Victim Advocates part 2
This is a follow-up discussion to a meeting topic first discussed in April, 2011. The intent of this discussion is to focus on some more of the specific and concrete aspects of what a good working relationship between providers and victim advocates looks like.

What do you include in partner packets and what kind of outreach do you have to partners? Allies in Change uses a partner packet that includes a letter about the program philosophy, victim group information, county dv resource list, information about power and control, what you should know about your abusive partner handout, and program completion requirements for men in the groups. ARMS is primarily a victim advocacy agency. They give a handout about change within the program and what is realistic. They also have a designated victim advocate that tries to contact victim 3 times for a questionnaire (with ODARA questions) to get a litmus test of what the man is saying he is doing versus what she says. With this info they use numbers to code everything so that no names are on anything. The information is used by the provider to see how honest the perpetrator is being so the provider has a good understanding of what is going on but providers don't disclose what they know and instead use general statements to the whole group. Three months after the program the partner is contacted again to see what is going on and they have found these follow ups to be difficult. Most of the time they are unable to reach the partner for this follow-up contact. Bridges to Safety in Marion County works closely with victim advocates. They give out partner packets but don't often have contact with victims. When they do talk to victims they usually have a head person talk with them. They attempt to get as much victim info from perpetrators and the county independent evaluator. Victims are given contact info for program and information about Mid Valley. A Better Way Counseling sends an initial letter to the victim. Rarely do victims contact the program. They do have a close relationship with DV advocates but don't seem to be seeing the same families. Another program in Clackamas county sends a contact letter with info about the program, contact info, and county resources.

What should be the nature of contact with advocacy agencies? What do good working relationships involve? Victims may like to have access to an orientation to battering from someone that works with batterers. It is also useful for partners/victims to hear what does and doesn't actually happen in groups. One way this has been addressed in the past is having a batterer intervention provider come as a guest to survivor groups to answer their questions. Survivors may like to have dialogue with a perpetrator (not their own) or someone who works with perpetrators. The Domestic Violence Surrogate Dialogue program helps facilitate such dialogues with a lot of success. One program organizes a larger community educational component with all agencies that is open to anyone and not batterer specific.

It may be helpful for advocates to see a group and many BIPs would welcome advocates observing a bip group do see what it's like.

One provider noted that a typical time referrals are made to victim advocates are when partners are wanting a no contact order to be dropped or modified. Advocates are in the best position to sort out what is in the best interest of the victim in terms of no contact orders.

It might be helpful to open dialogue to talk to providers about expectations for the men. For example, if there is contact what should it look like and concretely what behaviors are acceptable and unacceptable.

One way to work with advocacy agencies could be through outreach to advocacy programs to give them the language to talk about BI and understand what victims are hearing from their partners. One way to do this is through BIP providers presenting at in service trainings. BIP providers are likely very open to this but it is important to remember that every provider is different and having multiple viewpoints from different providers is important.

While it appears to be fairly rare that victim advocates and providers are working with the same family, when they are it can be helpful to share information. In particular, if advocates are hearing troubling things about the provider, it is important to talk directly with the provider to better understand what is going on. Typically it reflects distorted characterizations by the abusive man. However, if the troubling information is accurate, it's important to share any concerns with the provider.

It is also important to consider collaboration with DHS when a family is involved. Again dialogue is needed among all agencies.

Not only is it important to connect advocates to providers but it is also important that providers are connected. Anyone can join the Tri-county email list and get new and archival minutes. The group is also always open to suggestions for future topics for discussion or training.

Some other areas of interest mentioned: Advocates may want to hear about different types of batterers and what those look like and how they might respond to treatment. Could also discuss

differences and similarities among men whose partners are in shelters and men whose partners are not in shelters. It's been suggested that more overt and life-threatening violence tends to send victims to shelters and perpetrators to prison, if they are caught (where providers don't work). More covert and less overtly dangerous violence is less likely to send a victim to shelter, but may result in the man getting arrested on a non-felony offense and sent to a BIP.

Many women have a variety of misconceptions about shelters and shelter services available. Perhaps a handout could be developed for partners about shelters and what they actually are like including what services they typically offer. This could include resources, cost and what shelters actually look like.

Providers coming to advocacy trainings is helpful for increasing communication and collaboration.

It is also important to consider collaboration at community level. The victim advocate may be the only voice at the table with goals regarding protecting victims in mind, BIPs can reinforce the victim safety stance. It is important that as much as possible providers and advocates speak with a unified voice. We should also make sure that advocacy is invited to meetings so that they have the opportunity to have a voice.

The Gateway Center is developing trainings for victims around a variety of topics (i.e., parenting, DV, etc). Perhaps one could be developed on batterers and BIPs.

What about new partners that the men meet once they have enrolled in a program? Allies in Change gets the man to sign a release if it is a serious relationship so that they can disclose information to the partner. An important point was brought up about what happens when new partner learns about what happened to the victim. From an advocacy perspective it is a Catch 22 because we want the new partner to know what the person is capable of BUT the new partner could buy in to the perpetrators story and get involved and stick up for perpetrator and revictimize victim. One potential solution is to check in with the victim and ask whether they want the new partner to know anything and how much you want her to know. Could also share generic information and emphasize expectations of programs and warn that program does not equal improvement rather than taking about the specifics of the past abuse. Most providers do NOT share specific information with partners about a man's past abuse with others, so this is less of an issue, at least, in terms of the information coming from the provider.

Allies in Change has offered a "partners group" once every six months with their voluntary groups where for one night the partner attends rather than the man. This has gone over very well and partners have found it very helpful. Currently it is only for voluntary groups but they are considering doing it for mandated groups as well. The goals of these partner nights are to dispel myths about the group, provide quality control, learn about partner concerns and get feedback, including areas of continuing concern the partners have about the men. The partner can chose the level of confidentiality they are comfortable with. In other words, nothing might be shared

with the man or some things might be shared, depending on the woman's preference. This could also be the type of event that could include advocates for warm handoffs. It is important to recognize that negative consequences such as the perpetrator getting angry or grilling their partner could happen and potentially increase risk.

Washington county probation used to have a meeting with an advocate and provider for victims to answer questions and connect them to services. The frame was not what the victim needs but what they should know about him and his treatment. The meetings had small turnouts but still reached some people. This is something we could do in Multnomah County.