## <u>Tri-County Batterer Intervention Provider Network Meeting Minutes-11/13/2018</u>

Present: Chris Huffine (Allies in Change), Matt Johnston (Domestic Violence Safe Dialogue—Lutheran Community Services NW), Krystal Duff (Bridges to Safety), Christine Ripley (Clackamas Probation and Parole), Regina Holmes (ARMS), Linda Castaneda (Castaneda Counseling)

Minutes by Chris Huffine, edited by Chris Huffine

## <u>Discussion Topic: Working with referrals from family court</u>

Providers are seeing a significant uptick in referrals from family court. These are abusive partners who are directed either by the divorce court judge, the custody/parenting evaluator, or as a written condition in the divorce decree. This uptick reflects the progress that has been made in getting judges, evaluators, and divorce attorneys to consider domestic violence in the cases they are seeing. While this issue is still often overlooked, it is being acknowledged more frequently than it ever has. The court is taking it more seriously and victims are being taken more seriously than they historically have been. The goal of today's discussion is identifying some of the challenges and distinct issues in working with this subset of referrals.

The most common local referral sources appear to be Multnomah County and Marion County family court. Allies in Change has been getting a substantial number of referrals from the Portland metro area. Bridges to Safety is getting a substantial number of referrals in Marion County. Other providers seem to be getting a smaller number of these referrals. There have been female as well as male referrals made.

There was some discussion of mandatory reporting of child abuse, given that nearly all of these referrals are parents. Given that Child Welfare is typically not involved with this subpopulation, to what extent do we need to make reports on children being exposed to DV? There is a state requirement to report children who are exposed to DV. When to make such a report is a debatable issue. Technically nearly all of the children are exposed in some way to DV in these abusive homes. Does that mean we need to make a report on all of them? One provider said they would only make a report if there is certain knowledge that not only did the child witness the abusive behavior in some way, but that they were severely negatively affected by it. This is a tricky issue without a clear and easy solution.

This sub-population is typically under no formal supervision, so there really isn't any one to respond to concerns. Reports are typically made to a variety of people—the family court judge, the attorney for either side, or directly to the abusive partner or the abused partner. Because of the limited supervision, it is more difficult to get these individuals into compliance or to get much help when they aren't in compliance or doing what they need to be doing. Another problem is that it is often left to the victim to monitor the abusive partner to make sure they are following through with what they have been directed to do.

It was suggested that perhaps there should be a "user's guide" developed to suggest how to supervise these situations and how to most effectively navigate the system. Perhaps it could draw on the accumulated wisdom of abused partners who have already been through this process to talk about what worked best for them.

One reason why there may be an uptick in referrals from the family court in Marion county is that the DV court judges are also family court judges so there might be some cross-pollination happening.

As it turns out, as a group, family court referrals tend to trend towards being more difficult to work with. They tend to skew more towards pre-contemplation, tend to have greater resistance and higher denial than the typical court or child welfare mandated individual. Why is this? Folks offered thoughts about why. For one, there's no formal documentation of DV as there is with a criminal arrest so it relies more on a "he said/she said" perspective. This is similar to Violation of Restraining Orders which also involve less formal documentation and greater levels of resistance. Related to this, many of these individuals have no criminal history which may reflect that they have done a better job of keeping their abusive behavior hidden and beyond the criminal justice system. Because there have been no arrests or possibly laws broken it may be easier to justify to themselves that they weren't abusive. Another factor that may play a part is because they are continuing to be monitored they may be more hesitant to disclose abusive behavior, in part out of fear it might lead to criminal prosecution or further consequences. With court mandated abusive partners they have already received their punishment so admitting to further past abuse is unlikely to lead to further consequences for them. Related to this, there appears to be higher levels of impression management relative to other groups of abusive partners. They are quicker to say "none of this applies". There may also be higher levels of entitlement and, as a result, higher levels of denial.

Are characterological referrals more common in this group? It's hard to say. One provider reported a higher percentage of characterological referrals within this subpopulation while another was less clear on this. The thought is that those with a character disorder (Axis II issue) may be easier to identify because of their more extreme behaviors and ways of thinking. They are more likely to fit the stereotype of an abusive partner.

Many of these referrals would score/do score relatively low on typical risk assessment scales like the ODARA. So they may need to be placed in different groups with other abusive men who likewise score lower on risk assessment tools.

Another challenge in working with this population is that subpoena's to testify in court appear to be more common, including coming from the abused partner side. This can be a time consuming and stressful process as well as causing additional financial hardship on the agency/staff if they aren't able to charge for the time spent in court.

It is important to educate the court and referral sources about what to expect. There can be a variety of misconceptions about programing including how long attendance is required, what are completion requirements, what the focus is, etc. Related to this, it is unclear how often family court mistakenly refers these individuals to short term anger management services, which are typically not appropriate.

Overall, these referrals fall between court mandated and voluntary (or "partner mandated") clients. Some respond fine to being treated like a mandated client, while others respond much better to being treated like a voluntary client. However, their denial tends to run higher than typical voluntary clients.

In general, it's important that family court referral sources understand that at least some of these referrals are particularly challenging to work with due to the their higher levels of denial and resistance.