

Tri-County Batterer Intervention Provider Network Minutes: February 13, 2001

Present: Wendy Hunt (Gresham Police Department), Maggy Khilnani (Women's advocate/support group facilitator), Paula Manly (private practice), Songcha Bowman (private practice and Men's Resource Center), Christine Crowe (Choices DVIP), Chris Huffine (Men's Resource Center), Michael Davis (Changepoint), Margaret Langslet (PSU student), Devarshi Bajpai (ASAP), Marc Hess (Multnomah County Community Justice and Sage).

Minutes by Margaret Langslet and edited by Chris Huffine

Discussion Topic: How batterer intervention providers  
can be good allies to victim advocates

-How should providers talk to victim advocates? It's a challenge to get victim advocate's input at these meetings and the time and location have been modified in the past to try and attract them, with limited success. A victim advocate pointed out that they have never been contacted by providers and didn't know about these meetings. Perhaps individual contacts and outreach, to specific individuals, would be more effective. Victim advocates are quite busy and may already be overloaded with other meetings to attend as well as other work demands.

-Other states mandate batterer intervention providers to victim advocacy training. Providers should be attending training offered by victim advocates. A provider only knew of one training for batterer intervention providers and there is very little promotion. Voices Set Free is the only training that is regular and has good publicity. There is an annual Oregon Domestic and Sexual Violence Training as well as one every October at Portland State University. How do we find out about other relevant training?

-Perhaps providers should be required to have some experience/training working with victims. This might help increase their sensitivity to victim concerns.

-Providers need to be "plugged in" to some part of the DV network—attending local DV council meetings, this meeting, or other meetings which share information about DV and might be attended by victim advocates.

-An alternative is to work with a particular shelter. This develops a more personal relationship and this is part of being an ally.

-Who do we mean when we say "victim advocate"? One general definition is anyone who is working primarily with the victims of domestic violence. However, others make a distinction between those who work primarily in a grassroots organization such as a women's shelter and those who work as part of a larger organization such as SCF or victim's assistance or the police department. It was suggested that victim advocacy can be on a continuum rather than exclusively part of one or the other groups.

-How do we align with victim advocates while still retaining our own philosophical perspective? Victim advocates have different styles and approaches. How can a provider align with them and bring scholarly and clinical views to the table?

-How receptive are they to our voice? That, too, can be a major roadblock, in some cases. While batterer intervention providers have much they can learn from victim advocates, it needs to be a two way conversation.

-The stereotype is that batterer intervention providers don't care about the victim. It's hard to be an ally with hostile advocates that don't want you to exist.

-The advocate's main goal is to keep women safe and have accountability for the perpetrators. The misperception by some is that batterer intervention providers have different goals and that one is to get the batterer excused. Women need to know that providers have the same goals as them.

-Someone pointed out that batterer intervention is a young and evolving field. It is no different from the shelter movement and early shelters made mistakes. That is one reason why it is good to talk to advocates.

-One way of being a better ally to victim advocates is the language we use in our meetings and how we talk about domestic violence. We need to demonstrate, through our words as well as actions that we are on the same page as victim advocates. We get evaluated by victim advocates on what we publicly say or do.

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Another thing that may contribute to misunderstandings is that we may not fully realize that we may be working with a somewhat different population of DV than shelters.

Shelters typically see the women who are the most severely abused and are usually impoverished. Their partners are more likely to be psychopathic or to be doing very severe levels of abuse. Those men are often very resistant to coming to a BIP voluntarily. If he is ever arrested, because of the severity of the abuse, it's more likely to be a felony charge which means he'll end up in prison. Batterer intervention providers, on the other hand, see the misdemeanor offenders or men who are coming in on their own. They are less likely to have as severe a history of physical abuse, which means their partner is less likely to view herself as a victim and to have previously contacted a shelter. While there is obviously some overlap between these two groups, they may be more distinct than we realize, which can lead to misunderstandings over those differences.

-A question was asked about providers calling batterer programs anger management. Some victim advocates complain that some programs working with abusive men publicly talk about "anger management". A provider said that they call it anger management in order to use language that the population understands. The common language used by the general population to talk about abuse and control is "anger" and "anger issues", "anger management", etc. Many batterers, before going through a program, think that they have an anger or temper problem. Programs reach out to more voluntary clients when they use the words anger management and not batterer intervention.

-We also need to consider children who witness violence and their needs and advocates as well.

-When in meetings or public situations in which victim advocates are not in attendance we need to do the best we can to be a voice for their concerns and issues. If there is an on-going meeting that might be of interest to victim advocates, alert them to such meetings.

-Invite victim advocates to assist with training offered to others. They should be invited into the planning process as well. Whenever possible they should be financially compensated for their time.

-Offer to assist with public training offered by victim advocates. Such training is often uncompensated, but an important part of the community wide intervention effort. Batterer intervention providers should be willing to donate time to help with such public training.

-Attend shelter events or other activities concerning domestic violence and victims. These

might include public speakers, fund-raisers, and other events. Often batterer intervention providers rarely attend these events. This is one way of publicly showing support for victims of abuse and advocates.

-Encourage men to make donations to DV shelters and other programs for victims. Most batterer intervention providers make a living off of the group fees. Most services to victims are free and agencies are often financially strapped. Encouraging men to “put their money where their mouth is” can be of direct benefit to shelters. One way of doing this is suggesting that men budget an additional month or two of payments after they complete their program, with those payments going to an agency working with battered women.

-It is also important to continue to have on-going consultation with victim advocates. It’s not enough to get some training early on. On-going consultation and collaboration are important.

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It is also important that we keep apprised of what services are available to the victims and work to link victims with the resources that are available to them.