## Tri-County Batterer Intervention Provider Network Meeting Minutes January 9, 2018

Present: Chris Huffine (Allies in Change); Matt Johnston (DVSD); Jason Kyler-Yano (Portland State University); Jacqueline Pancoast (Eastside Concern); Regina Holmes (ARMS); Kelly Bjordahl (Pathfinders)

Minutes by Jason Kyler-Yano, edited by Chris Huffine

<u>Discussion Topic: Discouraging Negative Peer Networks and Encouraging Positive Peer Networks</u>

**Background:** In the past (12/9/2014 meeting), Wendy Viola, doctoral student at Portland State University, presented her findings on how abusive men often have very small social networks and also tend to target women who also have small social networks. She found that with regard to risk for recidivism, men's peer networks have a substantial role, even more so than parental influences. We know that the more you have an antisocial peer network (i.e., supports criminal behavior, distorted thinking, and pro-abusive beliefs), the more likely you are to continue doing it. Related, but separately, we also know that having a positive prosocial social network also has an independent impact on recidivism in the opposite direction. Viola's study also found a client's *perception* of their peer group's thoughts on their abusive behavior was more important than their peer group's actual thoughts.

*Positive and Negative Peer Characteristics:* The group proposed and discussed the characteristics of both positive and negative peers of BIP clients.

Positive peer characteristics that were discussed included:

- -not assuming partner malice
- -presuming an alliance
- -encouraging compassion and empathy
- -views relationships as collaborative
- -encourages client's accountability for their choices and behaviors
- -says something like "I can't believe you did that" in reaction to their charge/arrest
- -have the general view that abuse and control are not an option
- -automatically push back against client's abusive behaviors
- -know subtle forms/signs of abuse when they see them (e.g., contempt)
- -emotional availability.

Negative peer characteristics that were discussed included:

- -putting partners/women in adversarial roles
- -encourages client's victim blaming and having an external focus of control
- -says something along the lines of "I knew she was bad news. I can't believe she did this to you," in reaction to the clients sharing their charge/arrest
- -are emotionally standoffish

-have a clan-like protectionist stance and respond very defensively and demonizing to threats from the outside (the partner and their accusations of abuse).

How to Differentiate Positive v. Negative Peers: Moving beyond the characteristics of positive and negative peers, we discussed the ways in which people who work with BIP clients can assess whether a client's peers are positive or negative. While clients might describe a family member or friend as a positive peer, that assessment might not include differentiation between pro-abuse and anti-abuse language usage or the difference between empathizing with the client and facilitating negative talk about his partner.

*Peer Influence:* Since the types of peers (i.e., positive or negative) that clients have influences their thoughts and behaviors around abuse, it is important to understand how this peer influence occurs. Some men are unwilling to listen to the perspective of peers, which is particularly important in the context of group sessions where a client is perhaps unwilling to listen to more advanced clients. Outside of the BIP group setting, it is possible for clients who had substantially gained accountability and anti-abuse beliefs to have problems with peers who previously helped them trash talk their partner. Clients can face resistance from such "negative" peers for taking accountability for their abusive behaviors toward their partner in the form of victim blaming push back and discouraging accountability. While sometimes peers initially are supportive and empathetic toward clients' "venting" about their relationship problems (before they gain accountability), if they are not pro-abusive "negative" peers, once clients becomes accountable for their abuse by detailing and taking responsibility for how they have been abusive to their partner, non-negative peers generally realize the extent of the abuse and no longer are supportive of these "relationship problems." If the accountable anti-abuse client is in a peer group that does support pro-abuse beliefs, and he willfully and explicitly clarifies to them his abusive behaviors, this correction of accountability of abuse could lead him to either lose those peers due to rejection of accountability, to the changing of the beliefs and behaviors of the peer group members, or to continue on his anti-abusive belief and accountability on the "down-low."

Cultural Definitions of Abuse: Culture also plays a role in both the definition of and the perceptions of abusive behaviors. Particularly, where highly emotive, loud, and animated discussions/arguments among family members might be perceived as abusive behaviors from an outsider, none of the participants in this family neither feel threatened nor are intending to control or exert power over each other. Gottman suggests that conflicting definitions and perceptions of abuse can most easily occur in relationships where there is a high conflict partner (one used to and participatory in emotional and animated discussions/arguments) and a low conflict partner (one who is used to not addressing or engaging in conflict). This brings up the point that anger (and volume in reference to the previous example) is not always abusive.

Additionally, non-physical acts of abuse may not be culturally defined as abusive as easily as physical acts of abuse. Extending this cultural context of abuse definitions to corporal punishment of children, we discussed how the presence or absence of anger, the perception of terror/fear in the child, and the child's perception/understanding of the event can help to

differentiate discipline from abuse. Adding to the cultural texture of this discussion, research has found that the traumatic effects of physical discipline on children differs by cultural group, which supports the idea that the meaning behind the discipline and the caretaker's contempt and disdain are important factors for consideration.

Peer Influences in BIP and Parenting Sessions: Positive peer influences can result from men's parenting group sessions both during the program and after the program is over. The peer interactions and quality of peer influences can depend on whether the sessions are taught in an interactive, values based, and participatory manner (more positive peer influence), or a more detached, skill-building, and lecture-based format (less positive peer influence). In BIP programs, there are "sensitive periods" of peer interaction and connection opportunities for clients, namely during the duration of no contact orders when they are not legally allowed to interact with their partner or kids. Since many clients do not already have connections outside of work and family (often work long hours, come home, sleep, and do it all over again), this period when they might feel isolated is an opportune time for providers to encourage community based support outreach, to coach them on how to figure out what they can do about their isolation/loneliness, and to help and instruct them on how to develop positive peer friendships both in their community and in the BIP groups themselves.

While social peer opportunities among BIP group members are less common than in addiction programs such as AA, there are opportunities and situations where clients become peer supporters outside of the group setting. These opportunities for out of group interaction is most likely to happen with clients who have moved from pre-contemplation or contemplation stages of change to the preparation stage where they realize and acknowledge that they have abuse issues, start to understand why and start to become accountable for why they are in a BIP, and are at a place of receptivity to the group and facilitator. This shift in stage of change has been seen in clients just entering a program, after around 3-6 months of programming, but also can take others around 9-12 months of sessions, and still others can graduate the program without ever really changing their beliefs or behaviors. While outside peer relationships usually occur with clients at the same stage of development in their belief systems and behaviors, in-group interactions generally occur with clients at different developmental levels, in a more informal mentoring or accountability dynamic. An example of in-group interactions includes a more advanced client calling out a less developed client's pro-abuse beliefs and language by sharing that he too used to think in that way but now is more accountable and understands his abusive beliefs and behaviors. This in-group mentoring dynamic has also been observed in women's groups.

Peer influence: Knowing that positive peer interactions and relationships do occur and develop in BIP groups (as well as parenting groups) and most specifically during sensitive isolation periods, it is important to also understand the barriers to, facilitators of, and benefits of positive peer influence. Barriers include the masculinity norms of self-reliant thinking (which keep men from "needing" other men and people), emotional restrictiveness (not being open to sharing their and receiving other men's emotional experiences), and low emotion regulation (which is often seen as the responsibility of their partner) and responsibility (which leads to avoidance of

vulnerability and facilitates only talking about activities). What can facilitate positive peer relationships are interactions that are "shoulder-to-shoulder" vs. "nose-to-nose" and that are conveyed and conceptualized using language which meets men where they are at. What this looks like is starting with "the weather report" or "the game" and then building from there to create emotional connections among men. Benefits of positive peer relationships include healthier and longer life, more resources (social and otherwise), and faster recovery from illness and injury.