

Tri County Batterer Intervention Provider Network Meeting Minutes February 14th, 2012

Attendance: Chris Huffine (Allies in Change), Jennifer Warren (Seeds of Change Counseling), Cassandra Suess (Allies in Change), Katherine Stansbury (Turning Points), Sarah Voruz (Allies in Change), Regina Rosann (ARMS), Johnnie Burt (ARMS), Linda Castaneda (Manley Interventions), Simon Quartly (Allies in Change), Wendy Viola (Portland State University), Ryan Alonzo (Bridges to Safety), Emmy Ritter (Raphael House of Portland), Samantha Naliboff (VOA Home Free), Steve Stewart (Allies in Change), Olga Parker (Modus Vivendi), Guruseva Mason

Minutes by Wendy Viola, edited by Chris Huffine

Topic: Contact between providers and the partners of the men with whom they work

At this point, we're unaware of best practices around victim contact. There hasn't been much, if any research on what is most appropriate in terms of contact between providers and the partners of the men with whom they are working. Likewise, standard practices can differ significantly from program to program even within the same area. Practices around the country range from intensive, ongoing contact on a regular basis to no contact whatsoever. In Oregon, most programs do or are expected to attempt to have some sort of contact with those women, if only via mail.

It is important to remember that in some cases the man's current partner and his identified victim may not be the same person. Agencies differ with regard to who they contact: identified victims and/or current partners, who may not be the identified victim. Some agencies are more concerned with contacting current partners, unless the man is still in contact with the identified victim and/or they have children together. The rationale is that the individuals who are still in contact with the men are more vulnerable and should be more aware of what the program does and doesn't do as well as its limitations and resources in the area for her, among other things. For the purpose of this discussion, "partner" and "victim" are being used interchangeably, although they may not be the same person.

Upon intake, how is victim contact addressed with men? Most, if not all, providers require men to give permission to have contact with their partners by signing a release of information. If they refuse to do so they are denied entry into the program. It's unclear whether there are any providers that don't use the signing of the release as a deal-breaker. Some providers may make some exceptions. For example, men who aren't in a relationship or are in a contentious divorce where there is no further contact expected to occur in the future may not have to sign a release. One provider reported that is very rare that a man refuses to sign a release. Typically men who object are already at higher risk of recidivating.

Some programs (e.g., Emerge) make it explicit that they will be having contact with victims and that there are clear consequences for men if they retaliate as a result of the program's contact with victims, but this is not done widely. Some programs also tell men upfront that the one time that the program would conceal information from them is when the victim asks that their contact not be disclosed. This is very rarely met with pushback.

A significant concern related to victim contact is her safety. The fear is that contact with victims can compromise their safety. For example, he may become abusive if he suspects she has had contact with his provider or he may pressure her into either not responding or responding in a falsely favorable light. Others argue that contact can actually increase her safety. For example, most risk-assessment tools rely on some amount of information from victims.

Another complicating issue is there are multiple interpretations of victim safety, including immediate safety vs. safety in the long term. All of this reasoning is based on philosophy, with little empirical support one way or the other. Perhaps providers should be allowed some leeway to do things on a case to case basis and adjust contact with victims depending on the dynamics of each family.

There's a very wide range of responses among partners to being contacted by BIP providers. Having contact may increase the risk for some women, but be really beneficial for others. One group of women is so done with the system that they don't want to have any contact with anyone involved in the system, including the provider. Some women don't want any contact because they believe that the facilitators are on the perpetrators' side due to the distortions that they hear from their partners. Other women may be more inclined to speak to group facilitators who work directly with their partners, to clarify what's actually going on at home and to ensure that men haven't fooled the group facilitators.

One mistaken belief that keeps some partners who might wish to talk with the provider, but don't is that they aren't allowed to have contact with the provider due to confidentiality issues. It is important that information be shared with partners to dispel this misperception so that those who want to have contact with the provider, whether to ask questions or share information, do. The critical piece, in the forefront, is to clarify that the programs are there and willing to be in contact with the victim if they want to, but that they are not at all obliged to be in touch with them.

In order for the contact to be beneficial for victims, victims must be clear on the intentions of the person contacting them, and if we don't know what our intentions are, then how can we convey these intentions to anyone else? An important distinction is whether the contact is initiated by the victim for the purposes of information sharing or whether the providers initiate the contact, and if so, why. It can be most problematic when it's unclear *why* there's contact with the victim. It seems like a best practice would be to let the protocol for victim contact be determined by the motivation for the contact

(whether it's initiated by victims or providers). For what purposes do providers have contact with victims? Different providers have different reasons/intentions.

Among some providers, the only formalized contact is mailing the identified victim and/or partner an introductory packet when the man enters the program. One provider reported that a large quantity of these packets get returned; maybe half to two-thirds ever reach partners/identified victims. The addresses tend to be provided by men and by the referral source. These packets vary among providers in what they contain. They may include information about the program and group expectations for the men, to clarify program policies and procedures so victims are clear about their role, resources for the partner in the community, information about domestic violence, and safety planning information. Part of the education that needs to happen is that victims are not responsible for men's abusive behavior. It's important to make it clear that she also, in no way, deserves to be abused or mistreated, regardless of what she may have done herself.

Intentions for sending out introductory packets include the following:

Notification about resources for victims in the community

To let them know that they don't have to participate at all in their men's group

What actually goes on in the group

What distortions to look out for

Some programs also get in touch with partners whenever men's status changes—when they're discharged from the program.

There are pros and cons to sending out materials through the mail. Packets are the least intrusive way of contacting partners, however, it's also the most easily intercepted means of communication (men can just ensure that the packet never gets to their partner).

Victims are usually overwhelmed with paperwork—how do we make sure that packets don't become just yet more paper? Some women are so in denial/upset about events that transpired leading to men's involvement in the program that they don't even look at the packet at first, so it might be helpful to send out a second packet of information a few months in.

It seems that having verbal contact is more powerful than sending a packet to determine their risk and to debunk distortions. It allows for true question and answer. Some programs have a designated staff member who either initiates or receives these phone calls. Others designate the man's group facilitator as the person to initiate or receive such calls.

One person suggested that those women who are in the greatest danger are usually the least likely to be willing to have contact. For this reason, the first call may be met with resistance. It could be very helpful to say “well can I check in with you in X amount of time” instead of leaving it up to the victim to initiate future contact if they ever want to. This allows for a follow up call at some later time that might be better received by the victim.

When providers do have phone contact with a partner, one common question she asks is how the provider thinks he's doing. If they ask how he's doing, the answer is that "you're the expert on that." His behavior in group, particularly positive behavior, has little bearing on how he is doing in the community. It is important to make that clear to her and that she should trust her own judgment/experience of him, rather than looking for reports on how well he is doing in group to make decisions.

In the Russian-speaking community, victims often approach the providers, particularly around financial problems, asking that the provider convey messages from victims to perpetrators. This puts the provider in a difficult situation.

There's a risk that men will "prep" their partners for being in touch with BIPs. Sometimes you can even hear men in the background telling their victims what to say. This puts her in the uncomfortable spot of either being dishonest with the provider, presumably providing an overly positive report or being candid and risking him retaliating. This can even be an issue when he has not directly told her to say anything, just based on past experiences with him.

Another danger is that women will obtain a lot of information from providers on his status, particularly concerns and later directly confront him with this information. Some providers have learned by experience not to say anything to victims that you wouldn't want the men to hear directly from you.

There is also a group of victims who *want* their partner to know what they've told providers. They are quite clear that they are fine with the information being shared, sometimes even insisting that the information be shared. How should providers respond to such a request?

How are the words "victim" and "abuse" received by partners? "Survivor" doesn't always work as well because many women don't feel like they're out of the woods and into the category of "survivor" yet. One way to reframe it is to acknowledge that "you've been in a relationship with an abusive person." However, the legal system and other parts of the community response use the phrase "victim" more readily, and it makes it difficult to go back and forth in vernacular. It's best to use women's names and let them choose or reject their labels themselves. Additional helpful phrases are "had experience with" or "been through" and asking "How would you like for me to refer to your experience?"

For a few one reason to have contact early on and to solicit information from her is for risk assessment. There is clear evidence that a victim's level of concern for her own safety is a significant risk factor. In addition, most risk assessment tools require information from the victim to be able to complete it. Without this information the tool may not be completely valid. This additional information can assist with safety planning and coordination.

It's unclear what to do with information obtained through contact with partners—some organizations try to keep very limited records of their contact with partners, and try avoid sharing that information with facilitators so that information doesn't come up in groups. Men's files can get subpoenaed and eventually end up in their hands, so it's very important that contact with victims be kept in separate files so that this information does not ever become accessible to the perpetrators. This is made explicit in the Oregon state standards that require partner contact information to be kept in a separate file that is not accessible to the perpetrator. The one exception might be when the partner wants the man to know she has had contact with the information or it is not done secretly. If she wants to have a voice and she wants that voice to be known, then philosophically, it's important to respect that.

Another factor in all of this is the tightness of the coordinated community response. If there isn't adequate outreach to partners by probation or advocacy they may be more likely to turn to providers to do that for them. It's important that when providers do have contact with partners, they make them aware of the resources available to them through probation, victim advocacy, and victim assistance, among others. If providers are talking with other parts of the system on an on-going basis, partner contact is likely to be safer and lead to better outcomes for the partner.

The hope is that if everyone involved in the coordinated community response is sharing the same information, the message will be stronger and clearer. Do different parts of the community response provide different information to victims? At least within Marion County, victims' services helped other aspects of the community write their information so there is a great deal of consistency. Advocacy and BIPs have put together events collaboratively for victims for the purposes of education. In Marion County, they're putting together a program for BIP participants to invite anyone who's part of their pro-social network (ministers, therapists, etc.) to learn about what they're doing in group and get everyone on the same page. It tends to be difficult to get a lot of participation in this program, so they're thinking of partnering with others to get a large enough group. Victims are the least represented groups in these gatherings.

Trainings about victim contact emphasize the importance of generalizing information that comes from partners so that men can't figure out that victims have been in touch with the providers. For similar reasons, it's important to filter what information from victims finds its way to parole officers so that the officers don't let it slip that the victims have been in contact with the provider.

If victims share information with providers that reveal that men are violating the conditions of their probation, how should/do providers proceed with this information? Do we share it with probation? What are our goals, to whom are we accountable? Do providers value treatment above accountability? How tight is the coordination between the parole officer and the provider? If they have a good relationship, the provider can suggest, off the record, that the PO make a home visit at a certain time. If providers don't have a lot of trust in the PO's, the less likely the providers are to provide information to

the PO's. It seems to come down to providers' discretion in balancing trust in PO's, accountability, and victims' safety and men's confidence that they can trust providers. It takes so much for victims to disclose certain information to anyone (particularly if they haven't participated in the community response at all) it's really doing her a disservice to turn around and tell a PO when she asked that information not be shared.

If agencies have a policy of reporting everything that victims say, it would be very important to notify victims of this policy immediately, and point them to other resources that don't have as strict policies about reporting. It's also crucial that you tell victims that you will be reporting something that they disclosed when they've asked that you don't do so. One opinion is that it's paternalistic to go against a partner's wishes by saying that "we know better" because we work in the field of DV. We should respect victims' wishes about who we should pass information from them along to. This comes back to the initial question of letting victims set the pace for contact, and actually making contact with victims to clarify what they want from providers.

One agency has a partners' night every six months for their voluntary groups, when the women choose whether or not they'd like to come in place of their partners. It's an opportunity to explain what goes on in the group, to hear from each other. The response has generally been quite positive. The program relies on the men to inform their partners about this event, and because they're voluntary men, they tend to be more motivated and actually do convey this information. It's been a means of connecting these women with other services, it's validating for them to hear each other's stories, and it helps them clarify their perceptions of the providers and the other men. It's also good for facilitators to get confirmation of their perceptions of how men are doing. They're thinking about trying a partners' night for groups of mandatory men.