Tri-County Batterer Intervention Provider Network Meeting Minutes—7/25/00

Present: Chris Huffine (Men's Resource Center), Branka Ivkovich (IRCO), Emma Reid (IRCO), Songcha Bowman, Ron Gorman (BI), Stephanie Thompson (BI), Devarshi Bajpai (ASAP), Lillie Zable (ASAP), Gustavo Picczo (Change Point), Antonio Centurion (Change Point), Andrew Price (Change Point, Men's Resource Center), Michael Davis (Change Point), Guruseva Mason (Transition Projects), Marc Hess (Multnomah County Community Justice)

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Topic: Development of a universal screening tool for perpetration of domestic violence

This is a summary of the discussion that ensued. The points listed were not necessarily endorsed by all who were present.

-The context is important—who will be present when the screening is done? Who do you get this information from?

-It's important that the questions are both specific and explicit. General questions (e.g., have you ever been physically abusive?) are more likely to get false negative responses.

-It's important that the underlying control issues are addressed.

-We have to be conscious of victim safety concerns. Any time there are inquiries into abuse the risk for further abuse to the victim increases.

-How are people currently screening for child abuse? Could we adapt that instrument to a DV screening application?

-Is it appropriate to screen everyone for DV? Given that most people are not abusive and are not being seen for issues related to abuse, is it excessive and a waste of people's time?
By any definition of an epidemic problem, DV qualifies--isn't that reason enough? AIDS is a major health issue, but it isn't routinely screened for.

-It is important that any screening come across as routine (i.e., it isn't being done based on information provided by someone else), that the questions feel non-intrusive, and that information be shared on where to get help. The intent of the screening is not as much direct intervention at that point as it is consciousness-raising and informational.

-We need to be dialoguing with victim advocates about all of this. A separate, but related issue is that sometimes the only contact an abusive home has with an agency is through the perpetrator. What is the best way to intervene with the victim(s) in those circumstances?

-A screening is likely only going to identify or reach a small number of the people who are abusive. However, even reaching a few who might not otherwise be helped makes it worthwhile. In addition, a screening may "plant a seed" that may lead to intervention at some later date.

-It is important that we keep in mind that the majority of DV perpetrators are never arrested or court-mandated. We need to work at finding ways to intervene with these individuals. Men's Resource Center is the one BIP in the area that works with a significant number of non-court-mandated men and has a number of techniques for working with this population.

-Should a screening for perpetration of DV even be done? The general consensus, with some hesitations, was yes. Any opportunity to increase awareness of DV is good, even if it's simply educating the health professionals who would be administering the screening. However, care needs to be taken to insure that danger to the victim is not increased by such a screening.

-What do you do if there is a positive response? If a person admits to abusive behavior, then what? It would be expected that most perpetrators would deny such behavior when asked.

-It's important that the screeners have some knowledge about DV. They also need to be able to gently hold the person accountable if they do acknowledge some abusive behavior. On the other hand, this sounds like a lot to expect of a health professional. Is it too much to ask/expect? Is it realistic to expect that they'll have adequate enough training and interpersonal skills to do an effective initial intervention that doesn't increase the risk of additional abuse to the victim?

-Perhaps hand out information on what domestic violence is. In particular, emphasize the non-physical aspects of DV, since that is more widespread and people who are physically abusive also do a lot of emotional abuse as well. The information could be written as if the reader were the perpetrator rather than the victim of abuse.

-The universal screening used with victims of DV includes some general questions about have any of a variety of abusive behaviors happened in the home without identifying a specific perpetrator. If there is a negative response than that's it. If there is a positive response then some additional questions are asked and an agency based identified DV expert might be contacted/ consulted. If there are immediate safety concerns, then further intervention is done right then. Interventions in doctors offices have generated both DV arrests as well as voluntary referrals.

-How much time and money are people willing to put into this? Is it realistic to expect agencies to do this, particularly in the manner it would need to be done?

-All alcohol and drug treatment agencies are required to do an HIV/AIDS screening for all clients. There's a whole protocol that's followed with set questions and a specific referral process. Perhaps we could see if that protocol could be adapted for our screening.

-Just because the clients may not follow-up does not mean they shouldn't be given the information. The goal is to raise awareness rather than identify specific perpetrators. Even asking questions raises awareness that the behaviors being asked about are problematic. For example, doctors ask about how many pillows a person sleeps with, implying that too many pillows used may be a problem. Even though that is not directly stated, awareness is still raised.

-There is a measure used by Donald Dutton to screen for abuse that has low face validity (i.e., the questions asked don't give away what they're screening for), which would make it harder to lie on. Perhaps that could be used.

-Perhaps have the screening be something in writing that each person reads, rather than something verbally administered. It could involve written questions that a person answers. That would make it clear that it is a routine screening. Since the goal is awareness-raising rather than identification, the client could even keep the screening once they have completed it. That would likely reduce any risk to the victim while getting some further information on DV into the home. It could also list phone numbers and agencies that could provide additional assistance if needed.

-The HIV risk protocol is very similar to the above. It was suggested that everyone review that and see if it can't be adapted for DV.

-If a person answers yes to any of the screening questions a statement could be said like: "if you answered yes to any of these questions, then you may be at risk for doing further abusive behavior which could cause you and your loved ones problems."

-Because victims of DV sometimes falsely believe they are the perpetrators (due to blame by the actual perpetrator), a screening like this might also identify some additional victims that the typical victim screening might miss.

-Perhaps list some of the consequences to perpetrators of committing DV, not only legal ones, but personal ones. Keep in mind that often, from the perpetrator's perspective, there are immediate benefits to being abusive, but longer term consequences may be ignored or overlooked.

-There was general agreement that there should be a primary emphasis on emotional abuse rather than physical abuse.

Final conclusions

-A universal screening for DV perpetration should be done.

-The universal screening should be a mandatory self-administered written questionnaire which the person would keep. The questionnaire would include resources in the area as well as list some of the consequences of DV. The HIV screening might provide a good template to work from.

-The emphasis of such a screening would be emotional rather than physical abuse.

The group agreed to a follow-up discussion, focusing on the specifics of the written questionnaire, for the next open meeting, which will be Tuesday, September 12th. Copies of both the HIV screening protocol and the universal screening for victims of DV will be distributed at that time to work in designing the screening for perpetration of abuse.

Minutes taken by Chris Huffine and have not been reviewed by others present at the meeting.