

Minutes from Tri-County Batterer Intervention Provider Network Meeting
January 7, 2003

Members Present – Michael Davis (Change Point), Paula Manley (Manley Interventions), Gustavo Picazo (Changepoint), Stacey Womack (ARMS), Chris Huffine (Men's Resource Center), Courtenay Silvergleid (Portland State University), Marc Hess (Multnomah County Corrections), Brendan Curtin (Multnomah County Corrections), Songcha Bowman (Private Practice), Diane Rivera (CODA), and Devarshi Bajpai (ASAP)

Minutes taken by: Courtenay Silvergleid

Topic for today: The larger social responsibility of batterer intervention providers

One member offered the following thoughts to frame the conversation. We probably all agree that domestic violence is a social issue, rooted in social institutions. It is a cultural issue and we need to intervene on a cultural level. Unfortunately, by its nature, BIP works almost exclusively with individual men. The question for today is that beyond our work with individual men, what are our responsibilities and obligations to address the larger social issues?

One member reminded the group that Gondolf (2002) recently highlighted the criticality of the entire batterer intervention system, emphasizing that BIPs are just modest pieces of this larger system. In other words, being engaged outside of our programs is just part of good practice in addition to responding to any moral or ethical commitment we may have as activists. Part of the coordinated community response is working with community partners, so providers need to evaluate their level of engagement with community partners.

Another member questioned whether anyone doesn't agree with the value of working with community partners? There may be some, but they probably aren't at today's meeting since simply coming to Tri-County Batterer Intervention Provider Network meetings expresses a desire to be a part of the larger coordinated system of intervention. It might be interesting to look at individual therapists or therapists who offer groups, but who choose not to participate in larger networks like Tri-County or OBIPA.

What else should providers be doing besides working with individual men another member inquired? Some candidates include: attending your DV council meeting, taking opportunities in your professional relationships with for example probation officers to discuss domestic violence, offering trainings to mental health workers, law enforcement, doing prevention education in schools, religious organizations, etc.

Another member offered that providers, when working with men in their groups, should be talking about oppression. When working with individual men, it often comes down to a question of personal choice, when unconscious themes become conscious, then choice is available. In order to do this you have to help men see when they are putting themselves in a victim stance. This doesn't work as well when you are working with men who are victimized by larger societal oppression. There are certain survival needs that need to be addressed before men can

effectively address their power issues. In other words, we need to address men's experiences of poverty and racism while talking about issues of power and control.

Another member concurred that we need to talk with men about larger issues of oppression, but also suggested that providers need to be the change. We need to be living that change in our own lives and in our company policies. BI providers need to work on their own issues. They need to be living advice. Modeling is really essential. What you model comes from the totality of what your life is like. We need to make ourselves more available to the larger community. Take every opportunities to make ourselves available, to educate people around us. Batterer intervention providers need to be a more active voice in the larger discussion about societal violence.

Another member concurred and talked about how this raises the issue of "us" versus "them". DV is not an individual pathology. Providers are part of the same system, they are part of the same culture that objectifies and demeans women, enabling violence against women. It would be hypocritical not to address power and control in our own relationships. We aren't above or separate from this. We are part of the culture.

One member suggested that one of the things that may be undermining providers' commitment to working more broadly within our community is the narrow referral system. The fact that most of our clients are court mandated to treatment means that providers are focused on maintaining good relationships with the folks who mandate intervention. One way to get providers more involved in community education would be to have those referral sources require this kind of community involvement in order to be eligible for referrals. We have to think and work outside of the corrections model.

Another member offered that if we are going to remain balanced in our own lives, we have to pick and choose where we are going to put our energies. Must continue to push on as many different levels as possible. Change occurs in lots of different ways. We are in generation one – just on the verge of being in generation two of batterer intervention.

One member asked why providers didn't do more work within the schools or with adolescents. Especially, since what we hear often from men is that they would have liked to get this information earlier.

One member pointed out that in some ways we are creating activists among the men we work with. The ones who take this to heart need to be encouraged to live activism. Just think of what we could do if we had something similar to promise keepers. Stadiums filled with men committed to change

Final comments: Comes back to the issue of doing the job and having passion for the work. One member offered that he/she couldn't do this work if I didn't have a bigger, maybe spiritual, connection with the activism. If that wasn't a part of the work, I couldn't keep up with the amount of work and networking that is necessary.