

Tri County Batterer Intervention Provider Network Meeting Minutes

October 9th, 2012

Attendance: Chris Huffine (Allies in Change), Quinne Salameh (Raphael House), Emmy Ritter (Raphael House), Charley Zimmerman (Allies in Change), Linda Castaneda (Manley Interventions), Jacquie Pancoast (Central City Concern-Change Point), Krystal Duff (Bridges 2 Safety), Amanda Briley (Bridges to Safety), Brooke Duple (Allies in Change), Tim Logan (SoValTi), Wendy Viola (Portland State University), Guruseva Mason, Brian Valetski (Multnomah County Parole/Probation), Jennifer Warren (Allies in Change), Annie Neal (Multnomah County DV Coordinator), Regina Rosann ARMS), Katherine Stansbury (ChangePoint/Turning Points)

Minutes by Wendy Viola, edited by Chris Huffine

Discussion Topic: The Relationship Between Batterer Intervention Providers and Victim Advocates: Historical Context and Current Issues

This discussion started with the group listening to Scott Miller's portion of a webinar presentation sponsored last spring by the Battered Women's Justice Project. Mr. Miller is program director with the Domestic Abuse Intervention Project of Duluth, MN (aka Duluth).

This webinar can be accessed at: http://bwjp.ilinc.com/perl/ilinc/lms/recording_launch.pl?pvr_id=1210823&session_id=fpshppjp.

Group response:

Over the past 4-5 years, there's been more connection and more of an effort among advocates and BIP providers to get to know each other than there has been in the past, but the historical conflict is still present. If we could empower both sides more, we would be more empowered as a cause. What can we do as a BIP community to strengthen our relationship with advocates? If we're able to do so, we might see advocates providing more support for the credibility of BIPs. Attending trainings and meetings organized by advocates are opportunities to see and network with others within the DV community and other aspects of the community. It's clear that there's distrust, but where this comes from is a little unclear.

Chris Huffine provided some historical context. WWII created new opportunities for women and African Americans, which served as a direct catalyst for the Civil Rights Movement, which in turn laid the groundwork for other movements, including the women's movement. The women's movement began by addressing issues such as employment, followed by attention to situations where women were most likely to be victimized, specifically, in their own homes. The DV movement spun off from the women's movement in the late 1960s and early 1970s. Early shelters were created by women who housed survivors within their homes. Many of these women ended up going

back to the perpetrators, begging the question of what could be done to address men's perpetration of DV. Those women housing survivors began trying to address these issues with men, sometimes within the same physical contexts where they were providing victims' services. The Duluth curriculum and Duluth model arose from these contexts.

The Duluth model is the coordinated community response to DV. In bringing together the community to address DV, the question of what should be done with perpetrators arose, and Ellen Pence stepped up to address this problem. She and Michael Paymar developed the Duluth curriculum.

Locally, the Men's Resource Center opened in the early 1970s. Through the 1980s, they were doing work around anger management. Ellen Pence did a training there during the late 1980s, drawing more attention to power and control issues, and the importance of addressing power and control as opposed to anger management. (end of Chris' summary, further group discussion followed)

Around 1995 – 1996, the Portland Women's Crisis Line believed that MRC didn't let advocates observe groups, and advocates were very frustrated with this. There continued to be some on-going tension between MRC and advocates from the early 90's forward.

Locally and nationally, the mixing of mental health, addiction counseling, and beliefs about power and control and relationship issues led to tension among providers. Alcohol and drug treatment providers were tacking on batterer intervention work to what they had been doing previously, without being particularly well-informed about BI.

The women who end up in shelters are usually the women who have suffered the most severe abuse, and are the people that advocates come in contact with the most, as opposed to the women who are able to establish their own lives and move on from there. BIPs see a lot of the men whose partners do not end up in shelters, which is a somewhat different population than the group that advocates come in contact with the most. As a result, advocates often do not learn very much about what BIPs do through the women that they work with. More community intervention/information about victims services and what they do could also make the partners of men who do attend BIPs more willing to utilize victim services. Gateway seems to have made a large difference for individuals dealing with IPV.

There's a lot of misinformation about BIPs. BIPs get grouped in as colluders because they work with men. Abusers can and do incorrectly portray their relationships with aspects of the system, including BIPs, spreading misinformation about how and what BIPs do. Some in the victim advocate community believe that abusive men cannot be changed, and are therefore skeptical of BIPs' earning money by doing something that advocates believe cannot be done. Many participants also believe that BIPs are motivated by income. There's a misconception, held by both offenders and some victim advocates, that because BIPs work with offenders, they advocate for offenders, which may be due to vicarious traumatization. Actual survivors display very little anger and

hostility towards BIPs, while advocates sometimes do. However, BIP providers are not immune from vicarious traumatization either, as providers also see the victim impact of perpetrators' actions. Of those who believe that women are violent as much and as intensely as men, barely any of them have contact with victims.

An additional barrier between BIPs and advocates is their background. People working in BI tend to have more of a mental health background, while advocates tend to come from more of a social justice perspective. Everyone has their blind spots. It is easy to lose sight of domestic violence as a social issue, and it is sometimes overwhelming to bear the burden of single-handedly changing individuals. It can be helpful to remember that DV is an issue of social change.

Many programs started up in the mid to late 1990s, and this group of organizations has had relatively little contact with advocates.

All types of batterers are sent to the same interventions, not recognizing the diversity among them and their different needs. At first, most programs worked with non-mandated men, which is the opposite of the current situation.

There's still a pervasive misunderstanding that abuse is about anger. On some measures, perpetrators look more sane than their victims. Collusion is buying into this information.

Advocates' skepticism of BIPs is only fostered when they hear that information participants learn in groups is used to intentionally manipulate victims at home. Despite providers' instructions about how the content of groups ought to be used, perpetrators may still use the material that they learn in groups to find new ways of controlling their partners. Partners of BIP participants who do this tend to report that the physical abuse has stopped, but that it feels like nothing has changed. Before perpetrators' belief systems change, they continue trying to gather new tools for power and control; until a certain point, anything you give perpetrators will be used for perpetration. The point at which perpetrators' belief systems usually begin to change is typically 3+ months after beginning BIP participation.

Some providers have advocated for earlier and earlier interventions (in schools, etc.) to spread information about BIPs and what they do.

Some counties' victims' services will not allow male providers in their trainings, assuming that male providers are inherently collusive.

There are different ways for advocates and providers to have good working relationships. Strong working relationships can take many forms. Many over-arching relationships, or typical relationships between providers and advocates within geographic regions, are the results of the individual personalities of those involved—staffing changes can make or break working relationships within an entire county.

Victim advocates may be less skeptical of BIPs if they observed groups and had the opportunity to debrief them with facilitators, to elucidate what goes on within groups. It's possible, however, that advocates don't want to sit in on groups and would rather know and trust providers. PO's may deem it more important to see what goes on within groups than individuals working at the policy level.

There was at least one local BIP that was actively spreading misinformation about what BIPs do, which had an effect on what and how those outside of the community think about BIPs and the work that they do. Professionals' spreading of misinformation can be hugely detrimental to BIPs' representation in the wider community.

There are so many differences between providers (and among advocacy organizations) that there are very few generalizations that we can actually make. There are tensions among BIPs and among advocacy organizations, and certainly between the two movements.

Janet Loretson has reported a decline in DV in the last 25 – 30 years, but we've now gotten down to a population of batterers that will be very hard to change, and we might not see the same progress as we have in the last 20 years as we move forward. We have more men who are not being physically abusive, but are finding legal ways to terrorize their families. There's a higher proportion of severe and extreme perpetration, as the field has been able to address other forms of perpetration. The declines in DV reported in recent decades may be a result of changing forms of abuse, and the movement of perpetration more underground.

Teen dating violence seems to be increasing, though this is more likely a result of teens better able to identify and talk about violence than actual increases in teen dating violence.

BIPs struggle in working with non-mandated individuals. When men are court mandated, BIPs feel greater liberty to be more confrontational with clients. Providers often use a lighter touch in working with voluntary participants, which can appear more like collusion. On both sides, we can do better in working with people who aren't criminally involved.

In our conversation here, we talked about problems with advocates, as opposed to what working relationships require and who should contribute what to a working relationship. There's a lot of blaming of advocates, as opposed to what BIPs can be doing to make these relationships work better. The conversation has taken the form of "the relationship is not that great, what's wrong with the advocates?" as opposed to "what can we do to build trust and improve this relationship?" We should shift this focus. One thing that BIPs may do is look for and attend trainings that advocates hold. We should also pay attention to our attempts to do outreach to advocates. Genuine conversations with advocates may also prove helpful, to avoid reliance on stereotypes.

On a personal level, it can be hard when providers try to reach out to advocates and are poorly received. Stereotypes are developed among providers through repeated patterns in their personal experience.

We're all human and sometimes can rub each other the wrong way. Our professional beliefs matter less if we don't get along as individuals. Facilitating these conversations could help with this though. Have you done your own work? We're all challenged to do our own work to make sure that we've dealt with our own selves so we don't end up creating unnecessary tension with the people that we work with.