

## Tri-County Batterer Intervention Provider Network Meeting Minutes July 12, 2016

Present: Chris Huffine (Allies in Change), Michael Davis (Eastside Concern), Jacquie Pancoast (Eastside Concern), Ashley Carroll (Multnomah County Domestic and Sexual Violence Coordinator's Office), Tiffany Hicks (Clackamas County Parole and Probation), Shannon Barkley (Clackamas County Parole and Probation), Chelsea Penning (Multnomah County Department of Community Justice), Rachel Paris (ARMS), Jenny Woodson (Multnomah County Court), Kate Sackett (Portland State University), Matt Johnston (Domestic Violence Safe Dialogue)

Minutes by Kate Sackett, edited by Chris Huffine

### Discussion Topic: Addressing Issues of Domestic Violence in Our Own Community

This is intended to be a discussion of how we address DV issues within the DV community itself. The group first wanted to acknowledge that there may be some that were present in the room for the discussion and those reading the minutes who may identify as a survivor or former perpetrator of domestic violence. How do we address and deal with this as members of the community and as we continue to do this work?

It should come as no surprise that some people working in this field are DV survivors. This could include growing up in a family with DV as well as having experiences as an adult with an abusive partner. More rare are people working in the field who have been abusive in their relationships. Some programs around the country use formerly abusive partners as group facilitators, although this is more the exception than the rule. However, there have been at least a few people over the years locally who have facilitated abuse intervention groups and been open with the group about their own histories of domestic violence perpetration.

Initial group comments attempted to differentiate between "our community" as a community of colleagues and the broader community including members of the public. One group attendee discussed what it feels like as a female to try to challenge those areas where you do see instances of abuse of power in the community, or seeing her own silencing of her daughter by telling her to "be nice." There is a cultural piece to this, as domestic violence exists within a social construct of gender with multiple pieces that support that. How we are socialized also affects this.

The discussion shifted focus to particular concerns of working to address domestic violence when we ourselves may be personally affected by it in some way. We may also run into conflicting perspectives. For example, some may think that someone who was previously an abusive partner might have done their work and made real change while others believe that if someone is once a batterer they are always a batterer.

One issue in practice relates to policies about disclosing with clients. The question was posed whether anyone does disclose their personal history with domestic violence and if so, how? Are there different approaches to this by different agencies? One group attendee with over a decade of experience each at two agencies said that in their experience, it is extremely rare for staff to disclose either survivor or perpetrator identities. They speculated that disclosing a survivor identity might not help or could even become a mark against them in the eyes of others. A colleague who was very open and expressive about being abusive in the past was more grassroots-thinking in their approach in that they had done the work themselves and were working with clients to help other men. In the speaker's experience it has seemed best to be careful with disclosing that.

There seems to be a difference here between working within the domestic violence world and within the addiction world. One group attendee said that the boundaries are very different. In the substance abuse world, many of their colleagues are in recovery and share that openly in and out of the group. This group attendee also has seen a facilitator who is new and did not have much training disclose a personal connection to domestic violence, which led some in the group to get more focused on them rather than on their own behavior. A more experienced facilitator can pick and choose when and how to share something, or put a story into more of a generic, third-party example to establish a healthy boundary. If someone uses a personal experience they would try not make it all about themselves as a counselor, rather share for the therapeutic intervention with the client.

There is also a need to think about the purpose of sharing such information with clients. There could be “instant credibility” established by disclosing, or a need to work for credibility if someone does not disclose. This same phenomena can be seen by people working with survivors, for example with SCARS (Survivor Collective Alliance Reaching Society), which uses a pure mentorship model where everyone working with clients at that organization will be a survivor. Survivors that they serve are really appreciative of this model.

On the other hand, by not disclosing, this can send a message that one’s identity is a little bit shameful (“you don’t talk about it”). Addiction intervention also had that same shame piece and now people in recovery are much more open and public with it. It takes work to de-stigmatize, identify labeling and instead talk about behavior.

One group attendee thought that a complicating factor in this is how perceptions of behavior influence its stigma. Some might see substance abusers as mainly hurting themselves and “not hurting anyone else,” while inherently domestic violence perpetration is hurting someone else. Although both domestic violence and substance abuse have collateral damage on family and the community, it is difficult to show compassion and empathy for people who hurt other people. It might be easier to separate the addiction from the person, while it is difficult to do the same for domestic violence abusers. There can be lots of judgment that an abuser’s “nice guy” behavior is all an act and is not real.

There is also further work needed on this because of the “behind closed doors” nature of domestic violence. Privacy contributes to shame. Stigma also persists because compliance is not changed, maintaining the shame and hiddenness of it. One group attendee suggested calling it “domestic violence intervention” instead of “batterers intervention” could decrease shame and frame it instead as guys talking to other guys who have been in the same place. This could decrease the sense of judgment from one another (beyond collusion) and then guys can really make some progress. One area where this group attendee self-discloses is related to his marriage, saying that teaching domestic violence classes has helped his relationship. He says he did have controlling behaviors and he has grown a lot with that, where they both can notice places where he has been controlling, and the most crucial piece is that his partner feels safe telling him about that. This can lead to a group question with his clients that we need to consider: how can we make it safe for our partners to talk with us? Disclosing an instance about that occasionally in groups can sometimes give him credibility in the group and also de-stigmatizes controlling behaviors. He says to the clients that he is not cured, he is still in the process of working on that. This is role-modeling behavior of taking accountability and demonstrating a responsible way for someone else to handle that if they hear about it in a group. It also creates a social norm within the group that it is okay to admit something if you take responsibility for it.

One group attendee said that they do not know that we are ready for people to self-disclose in these rooms. This person discussed their very different experiences at a showing of *The Hunting Ground* during Sexual Assault Awareness Month in April, where 30-35 women present having very intense conversations about the subject with no personal disclosures, and at the PSU (Portland State University) Campus Speak Out, where everyone disclosed. The group attendee thinks that people may not be ready to do the caretaker required for disclosures, and if there is no

caretaking afterwards, then people learn that they should not talk about it. There is an issue though if we cannot share with fellow staff members, then we should be able to disclose here with colleagues. As someone who has served in a role representing survivors on a team, as a survivor, this person did not have a good experience. For example, this person felt either discounted or tokenized on a team of people working on court reform, many of whom were used to being very powerful.

Deeper, unconscious beliefs about victim blaming need to be surfaced and challenged or will likely contribute to that negative experience. It is easy to objectify and tokenize and we need to be mindful about how we speak in groups. This also applies to how we speak about potential abusers. We need to foster space where people feel safe to talk about all of this, treating everyone with humility and compassion. Compassion is not collusion.

The setting also influences how easy it is to disclose. It is probably easier to disclose abusive behaviors in a group with abusive men than in a professional context like this, as that group is one of the only places where it is normalized and acceptable for that disclosure to happen. The group can be a practice arena to do that and people can slowly branch out from there, spiraling to close friends, partners, and so on to overcome shame.

One person present for this discussion spoke of their own negative experience disclosing their history as an abused partner to colleagues. They spoke of feeling ashamed and isolated in that situation since their experience was that some people disregarded what they said or admonished them for putting up with the abuse in their relationship, especially as someone who works in this field. This is similar to what survivors outside of the profession might experience. When this group attendee was in a high leadership position and took a break from vicarious trauma, it was communicated that taking such a break was not okay. When trying to talk about that reaction and how it stalled and de-railed a healing process, there was no room for that conversation.

For these kinds of disclosures to happen it takes seeing domestic violence as more gray than black and white, understanding behaviors rather than seeing people reduced to a single identity. Everyone engages in controlling behaviors, which does not mean that everyone is abusive, and we need to understand that there's a difference between having moments of responding imperfectly versus having a pro-abuse belief system. People can have the behavior in different contexts, but shades of gray are not recognized about this. Those working in advocacy can see this, working to build compassion and seeing that the person they're serving could very easily have been them. Judges and others in the field probably are not having that response, and instead may be "othering" when seeing people in front of them. Knowing that some judges say "I'm not going to put a man in jail for something that I've done," shows more pathologizing of the victim and de-pathologizing of the perpetrator. Despite the Family Law bench being mostly women in Multnomah County, there is an interesting dynamic there seeing women victim-blaming other women and holding them to a "higher standard." Victim-blaming helps others feel safer, as in the just world fallacy, but when victims disclose and are met with statements like "If you had this knowledge you wouldn't be in that position" it only further stigmatizes their experience. This is not as cut and dried as "Just say 'no' to abusers."

Another important difference to recognize is between people who have been through abusive behavior (on either side) and those who have not only had that experience but also done their own work. Those with direct experience with abuse, as a survivor or offender, are also different than people working in the field without such direct experience who might have vicarious traumatization. A direct experience being triggered can then drive inappropriate anger or aggression and that does not often get talked about and is hard to gauge.

Are there supports in the field for people with direct experience with abuse who need to work through that? It is much easier to support people who are already engaged in that work and difficult to try to engage with an employee who has not done the work but needs to do so. If someone is not aware that they have further work to do, it can surface in a way that the agency becomes aware of when a person acts out (almost always in anger, aggression, intensity, a

becomes aware of when a person acts out (almost always in anger, aggression, intensity, e.g., with confrontations and righteousness). An external focus rather than an internal focus can also show that. Relationships with colleagues, students, and front desk workers, where there is a power differential, can also highlight this. If another person has less power, that can elicit the acting out.

We are also much quicker to acknowledge victimization than perpetration issues. When someone is employed at an agency and has their consciousness raised, sometimes they quit because they are triggered too much, some have acted out, and some have done powerful healing work. There is a subset who only realize that they have the issue when they get better educated. One group attendee shared an example of a student worker who seemed unhappy most of the year, did not take supervision well, and only at the very end of her position disclosed that she was a survivor. It was not a good placement for her, but she did not understand the full extent of her trauma until she came to the agency. A second example of a different student who was an adult child witness who was candid about that from the start. Her experience gave her additional insights and she had a great experience working with the agency, in groups. One student was much more open and honest with her experiences, while the other seemed to not want to deal with them.

A discussion question was raised about what we can do to support this environment where it is possible to disclose to our colleagues or peers. The following recommendations were discussed:

1. Presume that there are unidentified survivors or perpetrators in any given setting and that some of those people are people that we know. Be very mindful of language and be careful of others.

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2. Understand the difference between compassion fatigue, which anyone can have, and being a trauma survivor and having one's own trauma triggered. Although we talk about the impact, working with men or women, we are dealing with traumatic experiences every day.

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3. Work on disclosing in spaces where it might seem inappropriate, busting myths about what it looks like to struggle with mental health or other issues. One group attendee thinks of this as "inappropriately disclosing" (e.g., around judges). This is courageous and is also a real risk. It puts pressure on survivors and highlights the need to have support for these kinds of disclosures in place.

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4. Seriously committing to checking in with others and asking others if they are alright. This can be difficult to talk about and requires thinking about how you can support that conversation and how you can be a genuine ally.

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5. Consider where it seems appropriate to you personally to share something like this. One group attendee has found communities and support groups for that and finds it important to continually ask "Why am I doing this work? What in me is driving me to do this work?" This can help someone be clear that if they do self-disclose in a group, it is for the benefit of the clients and not for the benefit of them as an individual. Again this requires resources to deal with our own stuff.

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6. Use your own felt experience to express and inform what you do.

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7. Recognize that there is a difference between being private and feeling shame. It is perfectly fine not to self-disclose, and it is possible not to disclose but to still know how your own felt experience may influence what you are saying, who you are listening to and who you want to hear from.

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8. Make sure that workplaces are using trauma informed approaches in any setting, beyond the therapy room. Consider to what extent people in the workplace are doing trauma-informed practices.

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9. Keep the vicarious trauma conversation open. Recognize that as a product of the work and something that is expected, not a weakness in the employee.

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10. Foster self-awareness for trauma workers to step up and not dismiss the experience of a colleague. Try to take off some of our armor, treating them as a colleague, not a client, (i.e., not professionally removed or detached) and possibly reveal more how the other person is affecting you, providing a warmer response and more intimate conversation. It can be isolating when domestic violence is not always very understood outside the field, and those in the field struggling with their own history might feel like there aren't any

and those in the field struggling with their own history might feel like there aren't any options outside the field to understand the dynamics.

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11. Be mindful that people entering the field might be very personally affected when they begin the work. Give warnings in training that there may be consciousness raising and be mindful and thoughtful about acknowledging and responding to that (e.g., with students). When interacting with other agencies or people outside the field, work to educate them that there are ways to get support. Raise consciousness about how to take care of yourself and provide resources.
  12. Know that this is very complicated. In this group today, talking about people who are being abusive and how to end that, people in the room can identify with that and become uncomfortable and awkward because this is difficult for people to talk about. We need to include people who are abusive and think about how to deal with this in a thoughtful way (e.g., using a person's first language) rather than trying to expel or other people.
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