Tri-County Batterer Intervention Provider Network meeting minutes—July 13, 2010

Attendees: Chris Huffine (Allies in Change), Paula Manley (Manley Interventions), Steve Stewart (Allies in Change), Jacquie Pancoast (ChangePoint), Sara Windsheimer (Choices DVIP), Ryan Alonzo (Bridges to Safety), Amanda Binley (Bridges to Safety), Samantha Naliboff (VOA Home Free), Emmy Ritter (Raphael House of Portland), Choya Adkison-Stevens (YWCA DV Services), Dean Camarda (Men's Resource Center/Allies in Change), Melinda Sherman (Men's Resource Center), Carrie Banks (Domestic Violence Surrogate Dialogue), Gayle Sheller (Domestic Violence Surrogate Dialogue), Phil Broyles (Teras)

Minutes by Steve Stewart, edited by Chris Huffine

Meeting topic: Domestic Violence Surrogate Dialogue

Guest speakers: Gayle Sheller, LCSW; Dr. Carrie Outhier Banks

I. Restorative Justice Roots

The concept of DV Surrogate Dialogue (DVSD) was derived from and shares its core principles with the Restorative Justice movement of the late 1980s and early 1990s. That movement came out of the Mennonite tradition and their efforts to assist victims engaged (lost and overlooked) in the court systems. They found that many victims and their family systems wanted contact with their offenders (and relatives) on death row, but the corrections system blocked their efforts. Leaders of the Restorative Justice movement agreed that such contacts would help victims find answers and promote social-emotional-spiritual healing. These governmental systems served the state's interests exclusively (not the victims') and were typically created and represented by white males, not women or people of color.

The Restorative Justice movement strives to listen to the intentions and needs of victims of violence. A core value is recognizing that the victims' community is important. This awareness has been particularly helpful for—and influenced by—African American communities in the USA as well as the indigenous communities of Canada. The Restorative Justice movement has helped prevent the further victimization of victims as well as helping to restore victims (and some offenders) back into the community.

The Restorative Justice movement also listens to the needs of offenders in the context of the whole community. A core value is to treat offenders not as objects but as a relational human being regardless of where they end up. Offenders may be too dangerous to allow back into the community, but they are still part of a specific community that is victimized again if the offenders' relational systems aren't adequately addressed.

Restorative Justice values are also used in restitution processes. However, a pure Restorative Justice model is not merely mediation or dialogue that is outcome driven. It is process driven by and based solely on the unique needs of each individual victim—it holds the victim's "space" in both safety and respect.

The book *Sacred Space* (Denise Linn?) describes how storytelling is crucial to our understanding of ourselves … daily and continually. This is particularly apparent in the traditions of the Inuit and other First Nation peoples. These peoples reject written histories, largely because they have been left out or because they are not accurately represented in them. Our narratives need to be told, retold, and re-shaped as our understanding matures.

The goals of Restorative Justice are as follows:

1. Direct and frank dialogue
2. Mutual hearing and telling
3. Belief in the possibility of healing
4. Closure for victims

Markers of Restorative Justice are as follows:

1. Empathy (a research team at PSU is developing a measure of empathy in offenders)
2. Accountability instead of blaming (for violent offenders, this process takes a year before victim contact is arranged)
3. Restitution (for the offender's healing, too)
4. Crime is no longer depersonalized

Directions for Restorative Justice are (1) voluntary at every level, at every moment in the process and (2) sensitivity to both the victim and the offender.

Evidence-based work with Restorative Justice (and DV Surrogate Dialogue) is in its infancy. Current research does show, however, that 23% of victims want to stay in relationship with their offenders.

Book resources include:

- *Restorative Justice Against Women* (Edited by James Ptacek, Oxford University Press)
- *Transformative Family Therapy: Just Families in a Just Society* (Rhea V. Almeida, Allyn & Bacon)
- *Restorative Justice Dialogue: An Essential Guide for Research and Practice* (Mark Umbreit & Marilyn Peterson Armour, Springer Publishing Co)

II. Domestic Violence Surrogate Dialogues

Besides being an outgrowth of the Restorative Justice Movement, Dr. Bank's DVSD model was influenced by local efforts to intervene with DV and IPV abusers. Working therapeutically with offenders is counter-cultural but crucial work.

Victims frequently complain of hearing their therapists and advocates dismissing their needs by comments like, "Some questions can't be answered." DVSD helps victims find answers to many questions about offenders' thought and behavioral processes.

During surrogate dialogues, victims and offenders often hear for the first time concepts that their therapists or support system have been telling them for years. “It’s as though they heard it for the first time,” some therapists report.

Victims and offenders are able to move into vulnerable honesty with surprising speed. Because offenders and victims have no prior history with each other and because they don’t look the same as their victim or offender, they don’t have the same anxiety-triggering mannerisms. Consequently, both transference and countertransference become valuable therapeutic tools.

In a DV Surrogate Dialogue, six people are present in the room; all are volunteers throughout the entire process:

1. The victim
2. The offender
3. A female (same sex as the victim) facilitator, who monitors the victim’s needs
4. A male (same sex as the victim) facilitator, who monitors the offender’s needs
5. A therapist for the victim, who has prepared the victim for this and who will follow up with the victim after the DVSD. This person functions mostly as an observer.
6. A therapist for the offender, who has prepared the offender for this and who will follow up with the offender after the DVSD. This person functions mostly as an observer.

Leaders of DVSD sessions are called facilitators, not mediators, coaches, or therapists. Clinical interns, by the way, can be excellent facilitators.

Careful, tight screening of offenders is essential. Because no one is 100 percent accountable, “stellar” offenders are not needed. Stellar offenders might not be the best ones to match with some victims. All offenders do, however, need a base level of understanding accountability and appropriate behaviors before they are put into a pool of available offenders for a DVSD. Therapists should not coach their offenders: this sets false goals and expectations.

When a facilitator senses that the victim or offender is distressed or confused, he or she can call for a break to privately check in with the victim or offender. This helps to ensure that they are doing well and having their needs adequately attended to.

There are three sessions in a DV Surrogate Dialogue:

1. Pre-dialogue meeting without the offender present so the victim understands the process and sets up safety procedures (e.g., establishing private signals so the facilitator can call for a break without inferring that the victim is distressed, and predetermining seating arrangements)
2. The DVSD
3. Scheduled and impromptu breaks where the therapists and facilitators confer with their clients in separate rooms

For victims, benefits of DVSDs include the following:

- Realizing the scope and depth of their offender's "crazy-making"
- Stopping false self-blame
- Stopping lingering irrational self-talk
- Stopping the offender's voice (obsessive memory) and replacing it with a new voice—the surrogate's believable voice (non-obsessive memory)

For offenders, a consistent benefit of participating in a DVSD is realizing the depth of the long-term harm they've done. It promotes a more realistic empathy. Offenders who volunteer to be in a DVSD might be able to use this experience to meet their program's amends requirements. Sometimes offender become inspired to participate in other DVSDs or to make amends in additional ways.

After the DVSD, the clients debrief the experience with their therapists. This works best if the clients' therapists (instead of a substitute therapist) attends the DVSD with their clients.

Victims get to choose the type of offender that seems most helpful (e.g., young, old, with children, without children, or with a history of childhood abuse). Most offenders come to these sessions expecting to be verbally assaulted but are shocked to find that they are treated respectfully which frees them to let down their defenses and to answer questions frankly.

As DVSD concepts have been introduced to clinical peers, the following concerns have been voiced (and consequently refuted):

- Victims and offenders will fall in love (this notion underestimates the ego strength and insights that caused the victims to become survivors)
- Victims will be re-victimized by the process (this notion underestimates the surrogate role—that the surrogate didn't offend that victim in the first place; therefore, re-victimization is impossible).
- Victims won't have enough ego strength to go through this process (this notion also underestimates the ego strength and insights that caused the victims to become survivors)

Although the DVSD is primarily for the victim to ask questions of the offender, it is important to always give the offender a little time at the end of the dialogue to ask his own questions. Sometimes this is surprisingly powerful and beneficial.

Setting up DVSDs to be safe for both victim and offender is extremely important. According to Restorative Justice principles, both victim and offender are worthy of respect. Confidentiality is an example of how this is set up for the safety of both: they agree before the DVSD that if the victim and offender (or anyone else involved in the DVSD) happen to see each other in a public setting, neither will recognize or acknowledge the other.

What is the success rate of DVSDs? They have not had any failures. According to its definition, the only measurements are the participants' self-reports because they alone decide, define, and measure objectives. Six months after the DVSD, victims are contacted for follow-up, and typically they are even more positive then than they were immediately after

the DVSD. They typically report that the DVSD served to empower them. They report that telling their story and being heard by a similar offender was healing to them.

Contacting the offenders for a six-month follow-up seems valuable, but it skews their chances of funding. Perhaps that is better done by the offenders' therapists.

Because domestic violence is an "absolutely generational issue," DVSD is exploring a teen-boy DV program that includes a 12-week dialogue. It's comparable to the Big Brother program, where surrogate fathers are matched to the teens: "Boys typically have a much harder time telling their story than girls."

Before a victim (survivor) is ready for a DVSD, they are usually in treatment for 24 months. It could take up to three months to match a survivor with the right offender.

Readiness is assessed by the clinicians. DVSD is dependent on clinicians for that. Offenders need to be accountable and emotionally stable (self-regulated).

In ten years, the DVSD program has arranged about 60 surrogate dialogues. The pre-dialogue meeting lasts about 15-60 minutes, and the actual dialogues average 1-2 hours.