

Tri County Batterer Intervention Provider Network Meeting Minutes 9/14/2010

Attendance: Chris Huffine (Allies in Change Counseling Center), Paul Lee (Men's Resource Center), Regina Rosann (ARMS), Jacquie Pancoast (ChangePoint), Elka Grisham (Allies), Steve Stewart (Allies), Diana Groener (Allies), Dean Camarda (MRC/Allies), Marta Bringas (Cedar Counseling Center, formerly MHFCS), Linda Castaneda (Manley Interventions), Ashley Boal (Portland State University), Ryan Alonzo (Bridges to Safety), Phil Broyles (Teras Interventions), Emmy Ritter (Raphael House), Samantha Naliboff (VOA Home Free), Justin Donovan (Allies)

Minutes by Ashley Boal, edited by Chris Huffine

Topic of discussion: Evidence based practice in sex offender field and what the DV field can potentially learn from it

We may schedule another time to talk about this because some of the people who work in the area weren't able to make it today. However, there will still several people present who work with adult or adolescent sex offenders.

Polygraphs are used in the sex offender field both at baseline and for maintenance. They are used to get a full history and find out if the individual has offended again. For adult sex offenders on federal caseloads the feds pay for the polygraphs; for juveniles, criminal justice pays for it. One concern is the high cost involved to get a polygraph (\$150-\$300), which would be a particular stress on working class men. The test comes to one of three conclusions: deceptive, truthful, or inconclusive. Anecdotally, they seem to be helpful because they get discussions going. If deception is detected there is usually something going on and it allows a conversation to begin. They are used as part of a larger process. It may be easier to use these with sex offenders because they are asking about more concrete behaviors directly related to probation/parole stipulations. It is also used as a therapeutic tool. For example it allows questions such as: "what is keeping you from being honest" to be raised. In WA County those abusive men on deferred sentencing are required to complete a polygraph test before the no contact order is lifted. There seems to be interest in having a polygrapher come in and talk about this topic.

One big part of working with sex offenders is safety contracting from the time they come in. It is tailored to specific behaviors for each person based on the charges and situation of the person. For example: may have no contact with the victim, no contact with anyone 2+ years younger, no overnight stays, no threatening, no coercion, hands off, have to get approval to play sports or do other activities. Much of it is based on what the counselors will permit. There is lots of conversation between counselors and probation. The plans are very individualized. One problem with safety planning with offenders is typically their victim pool is very low and specific—their romantic partner and/or their children. The no contact order is intended to address this.

Assessments are another important tool in working with sex offenders. They determine things like level of treatment, treatment planning, etc. These are expensive (\$500-800 minimum) but they are used with any client. It is also helpful that they receive information from the criminal justice system for men coming out of prison or on probation. Also, more interactive POs because sex offender caseloads seem to be smaller (60-90 compared to 25). Within the sex offender units they have preferred polygraphers and assessors based on past experience.

Why do they need to be evaluated? How is it used? The biggest reason evaluation is important is safety in the community. It dictates whether the individual receives inpatient or outpatient services. It also allows individualized treatment plans including what type of group (high risk vs. low risk; individual vs. group), and other treatments (drug and alcohol). All recommendations are sent to PO and PO decides what to do with it. Groups end up being pretty much the same, so may refer to different agencies if the right services aren't offered. Also different groups, though covering the same material, have different personalities so that is used when deciding where an individual will get treatment. One problem is that the DV field doesn't have the same assessment tools that the sex offender field has.

Another innovation in the sex offender field is the risk, needs and responsivity model. This model works to determine the level of risk for recidivism, what his treatment needs are, and what the individualized response will be (how PO, therapist, etc. reacts to him). It is a team-based response. This model doesn't mix high and low risk offenders and targets high-risk offenders more heavily. The responsivity piece is where Stages of Change (i.e., Motivational Interviewing) and cultural issues come in. They use case reviews with the whole team every so often, progress reports every month, and lots of communication among various components of treatment. It would be difficult if not impossible to do this type of assessment in the one hour assessment that most BIPs are able to do. Additionally, providers may not have the training to do this even if they had the time.

The cost of a sex offender program is more than a typical BIP. \$50 flat fee per week in one program, in other cases state pays (juvenile). Hourly rate may be higher than typical BIP rate.

One difference that was noted is that sex offenders are seen as having a pathology while dv offenders are seen as needing to change attitudes and beliefs. This changes how you plan to work with the individual.

Another issue is that sexual abuse done by an abusive man within a romantic relationship is often taken less seriously and minimized. We need to think about changing language. For example, don't say sexual abuse, say rape, don't say spousal rape, say rape. Produce same ick feeling that sex offenders produce.

Another issue is that in terms of prioritizing issues, if someone is labeled a “Sex offender” that offense is taken seriously and addressed, regardless of what other legal charges they might have. On the other hand, if someone has committed domestic violence, that behavior is taken less seriously, and less likely to be addressed if there are other criminal behaviors present (e.g., addiction, robbery, sex offenses, etc).

Goal based programs are used for sex offenders, not certain number of weeks; instead have to earn way out. The programs tend to be longer than DV programs, on average 2-3 years. Components seem similar to DV treatment, just longer and focused on achieving goals and fulfilling tasks (assignments they have to do, final exam accountability statement, polygraphs passed, plethysmograph, risk assessment to see if risk has gone down). They also work to detect things that would make it difficult for the individual to succeed in a program.

There seems to be a couple critical differences within the system between working with sex offenders and dv offenders. First, the amount of resources. The sex offender field has way more resources. This includes a level of supervision, funding available to subsidize services, etc. Second, the level of awareness in the system and society is different for the two. The system appears to take risk of new sex offenses far more seriously than the risk of new DV offenses. Those in the system realize that assessment is important and valuable for sex offenders but not for dv offenders. Social issue of DV is not seen as important as sexual offending.