

Tri County Batterer Intervention Provider Network Meeting Minutes April 12th, 2011

Attendance: Chris Huffine (Allies in Change), Jennifer Warren, Taylor Stark (Allies), Justin Donovan (Allies), Jacquie Pancoast (ChangePoint), Tim Logan (SoValTi), Rylan Alonzo (Choices), Suzi Evans (Bridges to Safety), Guruseva Mason (Choices), Regina Rosann (ARMS), Johnnie Burt (ARMS), Susan Cazier (Clackamas Women's Services), Stacey Womack (ARMS), Emily Kamm (YWCA), Aaron Potratz (Cedar Counseling Center), Karen James (Catholic Charities El Programa Hispano), Ashley Boal (Portland State University), Wendy Viola (PSU), Samantha Naliboff (VOA Home Free), Emmy Ritter (Raphael House of Portland), Brooke Gateley (Raphael House), Paul Lee (Men's Resource Center), Choya Adkison-Stevens (YWCA), Phil Broyles (Teras)

Minutes by Wendy Viola, edited by Chris Huffine.

Topic: What would a good working relationship with victim advocates look like?

Standards for BIPs include maintaining a good working relationship with victim advocates, but what does that mean? What would that look like, what should it involve? There ought to be a common goal. Victim services and BIPs shouldn't consider the goals of victim safety and batterer accountability as separate and mutually exclusive.

Greater contact between advocates and BIPs would enable appreciation and understanding of what the other group is doing. It will also enable advocates to inform victims about what to expect when their partners are in BIPs including that they have the right to speak to the BIP facilitators who work with their partners. It is essential that BIPs are responsive to these requests when they receive them. Allies in Change, ARMS, and likely other BIP providers would welcome observers in their groups, especially advocates.

What are some ways to increase communication and exposure between advocates and BIPs? It is useful for BIPs to carry advocates' phone numbers to check in with whenever they're not sure about a situation. It may be especially useful to build protocols together around victim contact in particular.

DV Council meetings are the easiest way to increase contact, but not all providers attend at all, or regularly. A second place where they may come in contact is at training, but again, not everyone attends these.

One common provider meeting that advocates are not always present, but really need to be is when providers are meeting with probation units. When advocates are not present at such meetings BIPs often end up being the voice of victim safety. It is important for advocates to counter law enforcement's (and BIPs') perspectives sometimes.

It would be useful to hear from victims and victim advocates about their experiences with BIPs—if there's something that's not right, BIPs should know.

When advocates and providers are involved with the same couple, communication between them may enable collecting more complete information about the perpetrator. How often are victims' and survivors' partners in BIPs when they are in contact with advocates? Not very often, based on advocates' experience. Likewise, BIPs often have very few men whose partners are concurrently receiving services through DV agencies.

Why does there appear to be so little overlap between these populations? Several people speculated. One possibility is that many DV victims do not self-identify as being a victim unless the abuse is quite severe (and often physical). Because many of the court mandated men's abuse is not as extreme (i.e., not particularly extensive physical abuse), many of their partners do not consider themselves to be victims/survivors of DV and as a result would not seek out services. The men who do the most severe abuse may ultimately end up in prison with felony charges and relatively few parolees are required to complete batterer intervention when on parole. Also, many of the partners of the women who are receiving DV services are not involved in criminal proceedings and are unlikely to seek out such services on their own.

Many women who come in contact with ARMS only start receiving services themselves when they find out about services that are available to them through their contact with the BIPs and the organizations through which they're administered. About 85% of survivors have not taken advantage of services and not a lot of them have partners who had participated in BIPs.

What does confidentiality look like for men who are involved in the services? This varies a little among providers. Most BIPs regard the information shared as confidential. Some have informed consents outlining this to men as they enter the program. If information is treated as confidential then it cannot be released without the man's written permission except under certain circumstances (i.e., child or elder abuse, if there is imminent danger of self or other abuse, if ordered by a judge). BIPs who treat the information as confidential routinely get releases of information for probation or other mandating agencies as well as for the partner/victim. Any information that providers receive from victims is kept confidential, and kept separate from perpetrators' files. Providers let the victims decide what they do and do not want shared with the partner. Sometimes they definitely do want their partners to be spoken to about specific issues. Other times when she asks that the information not be shared with her partner, the provider may bring it up generally in a meeting a couple of sessions later. Providers most often hear from victims when they want the provider to talk to the PO about lifting no-contact orders. Providers who work with voluntary clients tend to have more contact with the families of voluntary men (in part because the partner or other family members may be the de facto mandating authority).

There are “elephants in the room” that can hinder working relationships between advocates and BIP providers. One provider speculated that the victims seen by advocates tend to skew towards those who have experienced more extreme (i.e., physical) domestic violence while those seen by providers tend to have less extreme (i.e., more verbal/psychological) domestic violence. This may lead to mis conceptualizations about the DV affected families the other agency tends to see. Others present disagreed with this characterization, questioning whether there is such a difference. The heated discussion that ensued appeared to prove the point, although the disagreement occurred among providers and not just between providers and advocates.

Language is very important for getting men to admit what they’ve done, particularly surrounding sexual violence. One person speculated that many BIPs may not even address much the subject of sexual abuse. There was also speculation that men and women may have different perspectives on what constitutes sexual abuse and coercion. This is one reason why we have male-female co-facilitation. There was speculation that victim advocates tend to be female while providers tend to be male which could also lead to differing perspectives. This gender differentiation appears to be more true for advocates than providers. Among the 11 providers (not counting students) who were present at the meeting today, four were women and seven were men. All of the advocates present today were women.

BIP providers need to know what questions to ask—there may be behaviors that victims report that providers don’t even know to address. When providers do assessments and ask explicitly about different behaviors, would the providers get in touch with victims to connect them to resources? Every provider should be doing so. Many of them have specific advocates that they go to. During intake, some providers call victims to get their story at intake as well.

Greater coordination is for providers to be aware of resources that are available in the community so that they can make appropriate referrals. It may be useful for service providers to make presentations to providers so they can link names, faces, and services. A suggestion was made that each month a different victim service agency could present on what services they offer.

How can information provided by advocates be integrated into what BIPs do? We can’t tell each other how to do their jobs, but we can bring up concerns that we have about each other’s work. We can and should provide input on what the other is doing. It can be hard to hear that feedback though. We have to remind ourselves that we’re allies, we’re all here addressing the same thing. Suggestions for improvement should be balanced with attention to what we think the other is doing well.

It may be useful to engage in a shared analysis of oppression and its dynamics. Advocates and BIP providers are not equal in their ability to identify or identify the extremity of the issues that the other group works with.

How much of advocates' time should BIP providers ask for, and how should that time be used? What else should we be doing to increase collaboration? We should be asking how BIP providers can help victims services as well, so that the relationship feels more balanced. One option may be using one Tri County meeting for victim advocates to collaborate on a protocol for victim contact. Part of the reciprocity that would be challenging is that advocates don't often work with women whose partners are in BIPs.

To what extent do BIP providers actually have relationships with specific victims services agencies? It would be useful to form relationships with specific individuals at a given agency so that relationships are pre-existent for providing feedback on ideas and curricula, instead of seeking them out on an as-needed basis. It may be helpful to formalize these relationships through MOUs (memorandums of understanding). More generally, it might be helpful to draft a formal document to remind us of common goals. A starting point would be clarifying these goals, and if we can clearly articulate how they will be beneficial to survivors, advocates will be much more willing to carve out the time to be involved with BIP providers.

There are some providers who work very independently, and it is important to bring them into the fold more to be a part of community collaborative responses. Some of those programs are the ones who work exclusively with court-mandated men, and would participate much more actively if the county threatened to stop giving them referrals.

BIP providers would also really benefit from going to advocacy training, in addition to their own 40 hour training. ARMS has previously put together an advocacy training for people who usually work more with perpetrators. These training are most attended when probation gets involved to put pressure on BIP providers to do so.

When BIP providers meet with probation, advocates are often missing, and that would be a very useful perspective to have. BIP providers should reach out to advocates when they will be meeting with probation so that there can be an advocacy perspective present. We should get in the habit of asking ourselves "have advocates been invited?" In some counties there are regularly scheduled meetings of BIP providers and probation which advocacy organizations could be alerted to. For example, Multnomah county probation has talked about having quarterly meetings with providers. In the one previous meeting there were no advocates present.

Another piece of the elephant in the room is that some victims don't want any contact with probation while others don't want any contact with advocates and resist even being labeled a victim or survivor of DV. Advocates play an especially important role in

working on the behalf of victims who have complaints about the criminal justice system. Dealing with these complaints on the part of individual women is part of advocates' jobs. When partners call BIPs with complaints about probation some providers give them phone numbers of advocacy agencies to contact. But even better might be directing women towards specific advocates by name. This can strengthen the referral.

What would we like to see happen for victims' safety, and how can BIPs help? There are also places where it would be really helpful to have BIPs (e.g., in court) to speak to the assumptions that can and cannot be made about men on the basis of their participation in the programs, essentially to corroborate what victims and advocates are saying. Information sharing is also helpful—some providers have spoken at survivor support groups to address questions about batterers.

We need to recognize that no one has the complete picture. We never have all the facts regardless of who we talk to. We can't take anything at face value. We should think about what defines the whole story. Providers and advocates alike have coping mechanisms, which sometimes distort our perspectives of the people and situations we interact with on a daily basis. Greater contact between advocates and BIP providers may help both groups stay grounded.