Tri-County Batterer Intervention Provider Network Meeting Minutes September 8, **2015**

Present: Chris Huffine (Allies in Change), Matt Johnston (Domestic Violence Safe Dialogue), Linda Castaneda (Castaneda Counseling), Sandi Rorick (Multnomah County DCJ-DV Unit), Katherine Stansbury (Eastside Concern), Alison Dunfee (Pathfinders of Oregon), Guruseva Mason, Shannon Barkley (Clackamas County Community Corrections), Jennifer Hopkinson (Clackamas Women's Services), Lisa Moore (SoValTi), Tim Logan (SoValTi), Eric Mankowski (Portland State University), Rachel Smith (Portland State University)

Minutes by Rachel Smith, edited by Chris Huffine

Topic: National Perspectives on What is Going on in the Batterer Intervention Field

Presentations by (1) Chris Huffine and (2) Eric Mankowski, with Rachel Smith, from Portland State University

Presentation: Debriefing the National Conference of Batterer Intervention Providers (April, 2015), Chris Huffine

The National Conference of Batterer Intervention Providers, hosted by the Batterer Intervention Services Coalition of Michigan (BISCMI) was held this past spring and had around 260 attendees. About half of those who attended were coming from outside the state of Michigan, and half had been in the field for more than ten years.

Michael Paymar was the initial presenter and provided an excellent presentation focusing on his work with Ellen Pence and Barbara Hart on the Duluth Curriculum's background history and implementation. Importantly, the Duluth Curriculum was born out of a realization, back in 1980 and 1981, that traditional 12-week anger management was not working for domestic violence offenders. Together, they developed the Power and Control Wheel and the Duluth Curriculum, a framework for understanding domestic violence within the context of oppression. Paymar argues that the three reasons that men abuse are either (1) to get their partners to stop doing something, (2) to silence their partners, or (3) to punish their partners. He also acknowledges that while mandatory arrest laws further remove power from the victims and discriminate against men of color and working class men, to not intervene is even worse.

Jeffrey Cape provided a presentation on the AQUILA working group of BISCMI. AQUILA stands for "Aquiring Qualitative Understanding of Intervention Leading to Advocacy". The group is now a national listserv that has been going on since 2008. The presentation highlighted a few disturbing national trends related to batterer intervention. Florida has dismantled its model of strictly monitoring programs and replaced it by only allowing evidence-based programs for referrals. Iowa got the Pew Foundation to research BIPs in the state, and the Foundation concluded that, using a cost-benefit analysis, there was not a decent return on reduction in crime relative to the cost of BIPs in Iowa. As a result, programs in both Iowa and Vermont were

defunded. New Mexico was on the verge of doing the same thing, but the director of the New Mexico coalition was able to delay cutting the state's program for at least a year. Pew is also beginning to do research in New Mexico.

One of the strongest presentations at the conference was by Etiony Aldarando (his PowerPoint is attached to these minutes). A key point he made is that even at its best, batterer intervention can only have limited effectiveness due to the role that larger social issues play in contributing to distress (e.g., unemployment, poverty). Homicide, drug use, mental illness, and health and social problems are all higher in unequally rich countries.

He observed that the focus of batterer intervention has changed somewhat over time, BIPs were:

-value based in the 80's (social justice, gender equity, social change)
-crime based in the 90's (those other issues became "background music")
-Evidence Based Practice in the 00's (those other issues became elevator music)

Another very important point has been the mischaracterization of random assignment with a control group being the "gold standard" of Evidence Based practice (EBP). He pointed out that a 2009 roundtable of evidence based medicine concluded (in Shorr, 2009) that medical randomized clinical trials should not be considered the gold standard. Preferable is an inclusive approach that utilizes research, theory, and experience. These days evidence based medicine is defined as a mixture of: research/clinical state & circumstances/patient's preference and actions.

There were two presentations by monitors of batterer intervention in two other countries: Neil Blacklock from England and Rodney Vlais from Australia. They spoke some about how programs are both different from and similar to programs in the U.S. and Canada.

Neil Blacklock summarized the Mirabel research project (again, refer to the attachment) which he was not directly involved in, but was done with programs he supervises. Rather than use a simplistic/reductionistic definition of success such as rearrest, the study used six definitions of success:

-Improved relationships between partners (modest improvement)
-Expanded space for action (some improvement)
-Safety and freedom from violence (significant improvement)
-Safe positive parenting (little change)
-Enhanced awareness of self/impact of the behavior (some improvement)
-Safer, healthier childhood (little change)

The key program aspects that appeared to have the greatest impact: time-outs, self-talk, and empathy.

Presentation: National Survey of BIP Standards Implementation: Preliminary Results, Eric Mankowski & Rachel Smith

Editor's note: This is information from September, 2015. This research has continued to progress and there have been additional states surveyed and additional analysis since this presentation. This only summarizes what was known as of September, 2015.

Eric Mankowski has been overseeing an attempt to survey all 50 states to determine how they are monitoring batterer intervention programs in their states as well as challenges in this process. Rachel Smith has been one of several graduate students involved in this process.

Among the 37 interviewed states (so far), 32 (78%) have processes in place to monitor intervention programs' compliance with their standards. Of the 32 states with monitoring practices, 23 (45%) states conduct site visits as part of their monitoring processes, 19 have either formal or informal processes for collecting data regarding which standards are most and least complied with, 29 have processes for endorsing or certifying intervention programs, and non-compliance repercussions exist for programs operating in 25 (78%) states.

While monitoring processes and practices vary quite a bit from state-to-state, there are some practices that are common across multiple states. For instance, several states' monitoring processes, intentions, and goals are focused around assessing the programs at the organizational level, while a subset of states also assess client-related information and outcomes (e.g., attendance recidivism records of individual clients). In addition, a few states have processes in place to gather information about individual intervention programs from third-party informants (e.g., local judges, probation, and victim services agencies), and in some states monitoring is carried out entirely by a third-party monitor (e.g., local victim services agencies, other intervention programs, etc.). In those states that do *not* provide any funding to intervention programs (i.e., all programs are self-sustaining), the monetary costs of monitoring procedures are often the responsibility of the programs themselves.

Non-Compliance Repercussions. There are several common repercussions for programs that are found to be non-compliant with the standards across the 25 states indicating non-compliance repercussions existed. However, the specific implementation of repercussions, as well as the impacts of repercussions on individual programs, varies according to each state's general standards and monitoring processes. Many states have indicated that any repercussions imposed on non-compliant programs usually begin with formal or informal investigations and corrective action plans, often with corresponding timelines for implementing the corrective actions and usually developed either entirely by the programs themselves or through a joint process involving both the programs and the monitoring body.

In cases where non-compliant programs are either not given the opportunity for implementing corrective actions, or are eventually deemed unable to come into compliance via corrective actions, programs face more serious repercussions that can ultimately affect their capacity to

continue operating in the state. The exact nature of these more serious repercussions vary depending on a state's general structure for monitoring programs or providers, and, thus far, seem to fall under one of two categories: (1) repercussions that indirectly affect programs' capacities to provide domestic violence intervention services in the state, or (2) repercussions that directly and immediately cause programs to no longer provide domestic violence intervention services in the state. Regarding the former category, programs can be removed from general referral lists or lists of endorsed, approved, or certified intervention programs. Because these referral and endorsement lists are typically utilized by judges and probation to provide referrals to individuals in need of intervention services, exclusion from these lists limits the number of referrals programs will receive, thereby indirectly impacting programs' income sources and abilities to continue providing intervention services in the state. One state falling under this category has a process for publically admonishing non-compliant programs, which is also done as a way to indirectly affect programs' capacity to provide services by causing a reduction in the number of referrals received by publically admonished programs. Removal from referral or endorsement lists and public admonition seems to occur in states where no state or local government funding is provided to programs. In cases where repercussions with more direct and immediate impacts are implemented, non-compliant programs/providers (depending on the structure of programs in a given state) can have their approved status, certification, licenses, or contracts revoked or terminated. These direct repercussions seem to occur mostly in states where domestic violence intervention programs or providers are either partially or entirely funded through the state, county, or local municipality; thus, the loss of approved, certified, licensed, or contracted status for non-compliant programs typically results in an immediate loss of funding.

Barriers to Compliance. Of the 37 interviewed states, 30 have indicated that the standards and/or monitoring body has noticed or identified barriers to programs compliance with state standards. While these barriers vary according to the structure and monitoring processes in a given state, the most common barriers seem to be around funding and access to training or continuing education opportunities. In many states, standards specifying training or continuing education, certification, and/or licensing requirements for providers are difficult for many programs either due to limited access to training/education opportunities or the costs of training/education, certification, and/or licensing. Further, some states have noted that standards requiring intervention groups to be co-facilitated, especially if mixed-gender co-facilitation is required, are particularly difficult for smaller programs or programs operating in more rural areas of the state. Co-facilitation difficulties are typically attributed to funding and economic issues due to the cost of paying for two facilitators for groups, especially in cases with smaller-than-normal group sizes.

Outside of barriers specifically related to funding and/or training and education, several states have identified barriers related to philosophical and cultural differences among programs. In some states, for instance, programs are resistant to the program model or curriculum required by the standards because they disagree with the use of those models or curricula either on principle alone or because providers feel that the specified model or curriculum is not effective for

domestic violence intervention. These disagreements have been especially noted among faith-based programs. In addition, some states have discovered that the standards themselves are too broad according to some providers, and that they do not sufficiently address the needs or characteristics of offenders being served by a given program. This latter barrier has been noted with regard to programs serving heterosexual women and sexual minority men and women (i.e., homosexual or bisexual men and women), as well as those programs serving a large number of offenders with substance abuse and/or mental health concerns. In addition, some states have found that offenders' behaviors, or what one interviewee named "offender nuance", in terms of offenders attempting to manipulate the criminal justice system and/or intervention providers as one of the barriers program face in remaining in compliance with the standards. Finally, several states have identified barriers specifically related to implementation of a coordinated community response. For these states, programs/providers facing challenges to their compliance with the standards are either unable or unwilling to sufficiently and/or effectively participate in their local coordinated community response to domestic violence, either due to strained or non-existent relations with other system entities (i.e., judges, probation and parole, victim services, and other intervention programs for offenders). Issues with programs' relationships with other system entities have been attributed to either philosophical disagreements among providers and other system entities or programs' capacities to take the time and energy to foster relationships with other system entities.

Comments from the group: It was noted that creation of standards for batterer intervention programs is often more of a political process. It was noted that the first set of standards for batterer intervention programs in Oregon came in the mid 90's as part of a larger document developed by a statewide DV council to address how various fields (e.g., mental health professionals, mediators) should respond to domestic violence. The second set of standards, which are the ones we use today (with some slight revisions) were developed through the attorney general's office in the early 00's.

Hot topics with regards to statewide standards:

- How often to revise standards?
- Not everyone can afford services so there's a press to charge less
- Staff turnover
- Involvement of the courts/probation
- Needing to comply with changes in the standards
- Funding
- Politics
- Programs are releasing attendees early