

Tri-County BIP Meeting  
01-20-09

Present: Chris Huffine (Allies in Change), Jacquie Pancoast (ChangePoint), Paula Manley (Manley Interventions), Paul Lee (Men's Resource Center), Johnnie Burt (ARMS), Leonard Larson (ARMS), Lorena Connelly (Los nines cuenton), Sara Windsheimer (Choices), Vickie Johnson, Cindy Lyndin, Jennifer Harrington (Allies in Change), Joan Scott (Allies in Change)

Minutes by Jacquie Pancoast, edited by Chris Huffine

**Discussion: Topic: Qualifications of Mental Health professionals to address Domestic Violence issues; ie: couples counseling vs BIP's.**

Discussion led to the following suggestions/statements:

The Tri-County group created a handout for therapists, which would clarify the importance of education in domestic violence issues.

Create a DV 101 handout for therapists.

One person found it very difficult working with Mult. Co. Family Court

Get articles into professional magazines

Educate universities/programs that license counselors

Reinforce to a therapist that just because a man has done a DV program, he is not "cured". Power and control issues often continue.

Educate DHS workers/case managers.

Develop a list of questions we as BIP's, or a person identified as a batterer, would ask a potential therapist.

Development of a handout might include:

1. What would they say caused DV?
2. What are potential dangers/risks to victims participating in this intervention?
3. Are they aware of local resources?
4. BIP's keep track of appropriate/inappropriate referrals based on client statements/victim's statements.
5. Influences of feminist theory
6. Are they willing to consult with a DV Intervention Program or DV Resource Center.
7. Do they see a difference between DV and Anger Management?
8. What are the risks/are they aware of the potential risks of working with a perpetrator or survivor?
9. Are they aware of the impact on child witnesses?
10. Do they recommend couples counseling or mediation?

11. Are they aware of the importance of safety planning?
12. Are they aware of the potential dangers of leaving an abusive relationship?
13. Focusing on the individual's behavior without looking at the context of their environment, social forces.

Format: A bullet list – maybe put questions with checkboxes. Possibly add an introduction page. Try and maintain format in a single page.

What are some of the transgressions therapists have made?

1. Placing emphasis on sobriety – that sobriety will end DV issues.
2. Not acknowledging the continuing legacy of domestic violence (impact of the trauma).
3. Collusion with the perpetrator.
4. Blaming a perpetrator's abusive behavior on depression, mental health issues.
5. Professional thinking victims are safe because they have developed a strong relationship with clients and assume it safe to confront abuse and assume the victim is safe. A professional should maintain healthy skepticism.
6. Not getting collateral information.
7. Labeling partners as borderline or bi-polar.
8. Not considering gender issues.
9. Therapists who make a "have to stay" or "have to leave" mandate. Telling clients what they have to do.
10. Suggesting medication/couples counseling.
11. Victim blaming by therapist.
12. If after a screening which doesn't identify DV, is there any follow-up?
13. Are there "don't ask, don't tell" issues.

It was noted that sometimes a couples' counselor will recommend a victim discontinue individual therapy, seeing an advocate, and avoid friends who have been supportive.

Are they aware of the potential dangers of leaving an abusive relationship?

Focusing on the individual's behavior – not looking at the context of their environment, social forces.