

Tri County Batterer Intervention Provider Network Meeting Minutes April 8th, 2014

Attendance: Chris Huffine (Allies in Change), Sandi Rorick (Multnomah County Dept. of Community Justice), Tim Logan (SoValTi), Olga Parker (Modus Vivendi), Tatyana Bondarchek (Modus Vivendi), Jaime Chavez (Cedar Counseling Center), Regina Rosann (ARMS), Phil Broyles (TERAS), Linda Castaneda (Manley Interventions), Jennifer Hopkinson (Clackamas Women's Services), Wendy Viola (Portland State University), Matt Johnston (Domestic Violence Safe Dialogue), Jacque Pancoast (Eastside Concern)

Minutes by Wendy Viola, edited by Chris Huffine

Topic: Tricks, techniques and concepts to help hold abusive men accountable

For the purposes of this meeting, we'll conceptualize accountability as follows: abusive behavior is 100% the responsibility of the abuser, abusive behavior is always a choice, and there are no excuses for abusive behavior. Accountability involves taking responsibility for the choice to be abusive and the impact of that abusive choice on others, as well as applying new understandings from the group to other aspects of their lives. Accountability involves acknowledgment of choice, responsibility, the consequences of behavior, and acceptance of one's own behavior. It is an ongoing practice, an ability to self-reflect that keeps going into the future. Some providers look for specificity, details, and disclosures about past behaviors as signs of accountability. Some also look for emotional accountability, which involves going into detail about the impact of abusive actions as well as the actions themselves, and feeling guilt, remorse, and other feelings rather than being completely emotionally detached. Some providers are looking for tears and want to see the depth of actually understanding the impact of behavior.

Some providers talk about primary accountability, or responsibility for all behavior and emotional states, not just bad behavior. Clients are responsible for how they respond to the things that happen to them (e.g., if you're unhappy in a relationship, what are you going to do about it?). This brings clients' attention back to themselves and their responsibility for their own well-being in their day-to-day lives and relationships. This is the opposite of taking a "victim stance", which involves inappropriately viewing others as having complete power over everything they do.

There is a connection between the language that clients use and their accountability. Language is our reality and how we define our world. The language that some participants use is so violent, demeaning, and aggressive that getting them to shift it can be powerful. It can be helpful to attend to the use of minimizing words (e.g., only, but, kind of, sort of), what happens when you take them away, and why they are there. Language also reveals clients' defense mechanisms and steps towards getting past them. Clients can begin to own their feelings by speaking in I-statements. A number of agencies require that participants use first names in talking about the

people in their lives, as opposed to “my wife,” to humanize them. Some new clients are unable to say their victims’ names, and that makes some providers wonder if they’ve ever said their name. Clients’ word choices can indicate that they are choosing to focus on either their partners’ actions or their own actions, which can be very revealing of their worldview.

Clients’ attention to details can also be telling. If they focus on the details, it can be indicative that they’re missing the point of being accountable, though some cultural groups use different linguistic discourses that integrate details in different ways. Hence, as providers, the task is not just being able to decipher what’s true and what isn’t, we also have to attend to discourse as a part of the multifaceted way that we have to work. For example, we may think that a certain person is or is not being accountable, but if we listen closely enough, we can figure out that he’s telling a story, but it’s in an accountable way; he may be using the third person, but taking ownership of his behavior. There’s an equal responsibility for us to confront language responsibly instead of jumping to conclusions. However, there are some universal patterns to look for in clients’ use of language (i.e., implying that it happened vs. this is what I did). While some providers place a strong emphasis on their clients’ use of language, others use their sense of the attitude and intention behind clients’ words to get a sense of their accountability. Clients can express accountability by acknowledging that they perpetrated abuse, telling other people about it, and engaging others in their stories. A more telling sign of accountability is reflecting on their state at the time of the abuse, their feelings and thought processes at the time, and how they’re going to avoid doing it in the future, in front of someone else (their kids, their PO, etc.).

A critical sign of accountability is the absence of defensiveness. Clients can sometimes easily point it out in others’ victim blaming, victim stance, etc., but they are unable to identify these behaviors within themselves. We want participants to take responsibility for what they did, what they were thinking and feeling at the time of the abuse, and how they’re going to avoid doing it again. To get participants to this point, some programs emphasize the importance of thinking about thoughts that become behavior, which becomes destiny.

This population does not have great communication skills. Instead of sharing their feelings, they stuff things down and build up resentment. Part of providers’ jobs is getting them to trust enough to talk about what they’re feeling. Clients refrain from sharing certain things in their relationships because they don’t want to be vulnerable and fear that their partners will use this information against them. They bring this same belief to the group (i.e, if I tell my facilitator this, they’re going to use it against me). Clients have to have built enough trust to be accountable in front of providers. Many of the men who come in at the beginning are afraid of sharing anything for fear of it being used against them. This speaks to the necessity of strong relationships between clients and providers.

You can’t have accountability without a relationship. Clients have to be comfortable in order to say that, “I did this thing that I’m not proud of.” Traditionally, some programs have just pointed out all of the things that clients have done that are wrong and bad, which is not helpful. You

haven't earned the right to hold someone accountable until you've taken the time to get to know them. There's a difference of opinion here. Some providers believe that taking the time to know clients doesn't matter: we know that clients have been abusive because we have the police report. Even if providers don't trust the police report, clients are attending the group, so they can either try to get something out of it, or they can continue being defensive. On the other hand, some providers believe that it takes time to build a relationship in which you can validly hold someone accountable. A lot of the work at the beginning involves developing therapeutic rapport, to overcome clients' perceptions of BIPs as an offshoot of the justice system.

By the time that clients get to their final reports, the stories that they share are far more advanced than the stories that they tell during their intake. At the end of the program, some clients conduct their own DV risk assessment, which they get back with their statement of accountability. Even clients who deny having done anything wrong when they first enter the program are able to identify things that they've done and how they've negatively impacted others by the end of their time in the program. The group dynamic is important in helping participants take accountability. At the end of participants' time in the program, how do you determine whether participants are accountable? Some programs have checklists of competencies that demonstrate accountability and a willingness to make changes (written work, presentations). However, providers acknowledge to clients that they aren't going to give anyone a stamp of approval, as accountability is a process and never a done deal.

What does accountability look like? It's extremely subjective. Some providers would really prefer to see their clients twice a week; the more contact we have during the week, the more we know that they're thinking about the program and moving towards accountability. Shifts in language, offering to talk about things that they've been thinking about, and using the program jargon appropriately all demonstrate greater accountability. There are some prosocial behaviors that we can observe in groups, which indicate increasing accountability. These include: identifying others' challenges; making efforts to reach out to group members in need; bringing new material to the group; showing up on time; bringing up new parts of their histories that they hadn't discussed during intake or that other people aren't prompting them to talk about; and acknowledging their own struggles and imperfections. Clients who are accountable engage in these behaviors as well as using program jargon to talk only about others' problems. Acknowledging their own struggles and where their own work is are other signs of accountability, as is transparency across spectrums and in many domains.

Some providers look for a degree of humility as a marker of accountability. Accountable and humble clients start initiating amends on their own, doing volunteer work in the field, and behaving more appropriately on their own, as well as initiating conversations about abuse with other people in their lives. You can see a real divide between the clients who want to use their accountability to help others heal, and those who are not motivated to do so. Accountability and humility are both very relational. They both involve acknowledging that you are important but that you are no more important than anyone else.

Some clients can be abusive to others within the group, which is an observable sign of a lack of accountability. Some providers look for clients' expression of empathy towards other group members as a sign of accountability. Accountability is relational, and accountable clients acknowledge other people in their homes and in the group, and demonstrate a general awareness of others. At the same time, as clients become more accountable, they shift to a more internal focus from an external focus, which is very hard to fake. As clients become accountable, they naturally become calmer and more centered. Displaying clarity and non-reactivity in difficult situations is a key piece of accountability. While some providers believe that this is a difficult and not obvious thing to fake, others are more skeptical and believe that participants can and do fake this.

Sometimes, as clients become more accountable, they spend more group time processing the effect of their abuse on others without facilitators or group members asking them to do so. If this becomes a distraction for the rest of the group, providers send these clients to get one on one counseling to work through their guilt, as opposed to using the group to do so.

Accountability is only the beginning of the work that clients have to do. Once they become accountable, they can start to do the real work, everything up to that point is just getting them ready to do so. Once clients become accountable, they stop trying to get out of the program and realize the extent of the work that lies ahead of them.

Some clients may never become accountable, but we can't keep them forever. There could be something much deeper that gets in the way of their accountability (trauma, disability, etc.). We should ask ourselves about the barriers to clients' accountability, and what we can give them to help them get there. With low-functioning clients, some providers don't even talk about accountability, but take a much more simplistic approach instead. Clients with personality disorders also have barriers to accountability. There can also be cultural and individual differences in the willingness and ability to be accountable, including being on the autism spectrum, trauma histories, etc.

Modeling accountability is a tightrope: facilitators shouldn't make inappropriate self-disclosures that they haven't yet processed, but hearing facilitators discuss their own abusive behavior can help in establishing rapport. Facilitators have to have done the work that they're asking participants to do. We have to be accountable when we tell participants that we're going to do something for them, avoid using minimizing language, own our mistakes and our choices, and take responsibility for them as facilitators. For example, one facilitator took clients' homework home and her dog ate it. She came clean to the group and modeled accountability in explaining her mistakes and responsibility. It can make you second-guess yourself if less-than-accountable participants tell you that you've done something wrong, or that you were responsible for something that you didn't think you were responsible for. Under these circumstances, you can talk to clients about what they're blaming you for: what did I do? How is this my fault? Facilitators must be receptive to clients' responses and engage them in a conversation.

Some facilitators are straightforward and set a precedent of telling clients' PO's if they're doing something wrong and expecting that the group will hold itself accountable by not lying to each other or to themselves. This is not traditional modeling, but it's setting a clear expectation of how facilitators will respond under different circumstances so that clients are not surprised. Being clear that we are obligated, in our role as facilitators, to report indiscretions to PO's is a facet of transparency. It also gives facilitators the opportunity to ask clients to approach their PO's first, to seek help and problem solve with them. The majority of the time, this process is beneficial for clients. The process of being accountable to their PO's often teaches clients that their thought processes are wrong; they expect the very worst, but their PO's are responsive and everything turns out alright, which reinforces their accountability. Facilitators can teach group members to think through ways to be accountable and to problem-solve on their own, so that they can approach their PO's with potential solutions to the problems they're encountering.

Some programs use the analogy of clients coming in naked and being dressed by the group so that they can go out into the world. If clients enter the group trying to hide, the whole process will take longer. When clients share their stories, they expose themselves and it can feel very vulnerable. But once clients get it out, they always feel better. The majority of the clients hold very specific pro-social values; we can draw on these to help clients be accountable and pro-social within the group.

Growing accountability requires transparency, building on pro-social values, encouraging prosocial behaviors, vulnerability, shifting from an external to an internal focus, ceasing to blame everyone else and take responsibility for one's own choices, and becoming more relational. Fostering accountability involves helping clients increase their awareness of their choices, conduct self-assessments for resiliency (understanding where you're most vulnerable and which emotional states are most challenging for you), and developing realistic expectations about their partners' behavior.

Working towards accountability necessitates pacing support and confrontation: if facilitators are too confrontational early on, participants will learn really fast what to say and what to filter out, which leads to superficial accountability without any real change. Some programs can look like they're not working towards accountability, when they may be biding their time until clients are receptive to their confrontations and they can do the best work. Sometimes, pressing for that superficial accountability right up front can also be helpful for some people. As facilitators, we have to know what will work for some clients versus others.

In groups for female primary offenders, there is more discussion of tone of voice, but otherwise, the conversation about accountability looks exactly the same. In groups for secondary aggressors, there is an emphasis on backing off responsibility for perpetrators' bad choices.