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Tri County Batterer Intervention Provider Network Meeting Minutes

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January 11<sup>th</sup>, 2011

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Attendance: Chris Huffine (Allies in Change), Justin Donovan (Allies in Change), Guruseva Mason (Choices), Jacquie Pancoast (ChangePoint), Paul Lee (Men's Resource Center), Regina Rosann (ARMS), Wendy Viola (Portland State University), Ashley Boal (Portland State University), Aaron Potratz (Cedar Counseling Center), Phil Broyles (Teras), Ryan Alonzo (Bridges to Safety)

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Minutes by Ashley Boal, edited by Chris Huffine

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Topic: Alcohol and drug use of men in BIPs

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Given that the majority of the men we see have some contact with alcohol or other drugs, even if they are not alcoholics or addicts, how do we address this in our groups?

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Abusive men that drink alcohol are more likely to be abusive to a partner and more violent in general. Substance abuse doesn't cause DV but can aggravate it.

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When the topic of substance abuse is raised in groups we have to be careful not to introduce material that provides excuses for the abuse. We should use curriculum to talk about alcohol and drugs but frame it in a way that it is an intentional choice. It may be a tactic to abuse. For example the individual may start a fight with a partner so they can go drink or drink so that they have a manipulative tactic for "why" they were abusive.

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How do we screen and identify addiction issues? Where do we go from there? One tip: when screening, instead of asking do you drink ask how much you drink. It is important to screen for potential issues. Ask how much do you drink? In what situations do you drink? Look at use of substances as a choice and what is the lead up to use? How is that lead up similar or different than lead up to DV? Helps show a process tangibly with substances that can be applied to better understand progression to DV.

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If the offender was drunk at time of offense should they have to go to both dv and addiction treatment? We have to dig deeper. Drug and alcohol evaluation should be required if this is the case in order to determine the best course of action.

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Are there different types of alcohol abusers? Maybe they are more criminally oriented that are thoughtful and planful about using alcohol or drugs as a tactic and then more truly alcoholic men that chose more visible forms of abuse when drunk. Some that are truly alcoholic believe that violence really is caused by substance abuse and once they become sober may realize that the DV issues are still there, even if they are less physical and overt. Sometimes drinking follows the violence to help with guilt. Have to think about when he is using it. Is he using during the "usual" state? Or using after an activating event? Drinking itself becomes an abusive behavior when it is tied to activating events.

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From experience it seems voluntary men are different from court mandated men. Usually voluntary men don't have the same degree of drug and alcohol abuse.

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Emphasize that they need to be accountable to the decisions they make and what they put into their body.

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Do you allow men to drink in the program? Some programs require men to be abstinent 48 hours before group. Some programs follow probation rules. Some programs say no drinking at all.

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What about prescription addictions? This can be especially difficult since the man may have a legitimate reason for the medication, but may not be using it appropriately. The three classes of prescription drugs most likely to be abused are narcotic pain killers, anti-anxiety medication (especially with a sedative effect), and stimulants (for ADHD). What about medical marijuana? This is difficult because men tend to minimize situations. They say it is legal and the doctor gave it to them.

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How are beliefs and substance abuse related? It is important to look at use and beliefs in relation to the whole picture. Beliefs don't go away or change when intoxicated. Alcohol doesn't make someone be abusive but may change the type of abuse they choose. All of the abusive behaviors stem from the same belief system.

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Is it colluding to say that first you have to have these beliefs but when you are sober you inhibit things but when drunk you are disinhibited? No, as long as you focus on the fact that it is more about behaviors that are chosen than about the dichotomy of abusive or not.

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What about passive-aggressive men? These are the ones that may get especially violent when intoxicated, when sober they are abusive in ways that are less overt.

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What do you do when men say this "isn't me" because they were drunk or "can't remember"? Emphasize that yes it is, this is what you did. If you just lost control why is it directed at your partner? Why did you stop if you had no control?

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There clearly are some similarities between substance abuse and violence intervention models. Both sobriety and being non-abusive are a choice. Both are on-going, lifelong processes. Both are about a lifestyle (at least some BIPs talk about a lifestyle shift, although not all may).

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Recovering addicts/alcoholics have to make sobriety a constant no matter the day to day circumstances. In the same way, some providers believe that men have to make nonviolence a constant. Sobriety is counter-cultural, nonviolence may also be countercultural for males- have to find a way to walk your own path despite cultural norms.

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There are also clearly some differences. It's generally agreed that abusive men do not become "addicted" to abuse or to "anger". In the traditional addiction model is the idea that the person will always have a desire to use. In the nonviolence model we hope that changing belief systems will get rid of desire to be violent.

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What about casual use of alcohol? This can still be an issue even if the person isn't an alcoholic. Some think that this is creating an excuse. What about when the man doesn't like his partner's drinking? Encourage him to focus on setting personal limits rather than trying to control her use. Have to balance between setting boundaries and being controlling. Have to hold them accountable for how they respond. When a man resonates with the agency/probation abstinence policy or quits using and wants a partner to follow he may use controlling behavior to try to achieve this. Tell clients that we need to focus on the individuals in the room that's all we have control over and complete information about. Also, general discussion of what we do when you have different beliefs than our partner. This is a core issue that can be applied to this situation.

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What are other forms of addition/compulsions/coping or avoidance techniques? Sex, food, internet, gambling, video games, television, shopping, etc. All of these artificially change the way you are feeling. One provider reported that after alcohol and other drugs, the most common form of addiction reported was food as a coping strategy. Allow men to discuss their go-to ways to artificially change the way they are feeling. Make men more aware of how they anesthetize

and then talk about how to manage their distress.

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Throughout the conversation there was a strong interest in discussing the issues related to working with individuals with mental health problems. This was put on the list for future discussions.

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