

Tri-County BIP Providers Network Meeting Tuesday, April 15, 2008

Attendees: Chris Huffine (Allies in Change), Debbie Tomasovic (Allies in Change), Sarah McDowell (Raphael House), Shaun Konradson (ARMS), Margaret Braun (PSU), Johnnie Burt (ARMS), Paula Manley (Manley Interventions), Sara Windsheimer (Choices), Regina Rosann (ARMS), Ofelia McManamy (Clackamas County Probation), Lorena Connelly (Los Ninos Cuentau/Children Count), Jennifer Warren (Men's Resource Center/Women's Counseling Center), Brad Peterson (A New Life Christian Counseling), Cindy Lyndin, Jacquie Pancoast (ChangePoint), Don Voeks (Gresham Intimate Violence Education)

Minutes by Margaret Braun

TODAY'S TOPIC: OUTREACH TO NON-MANDATED MEN

Most providers work almost exclusively with court-mandated men, and those who work with non-mandated men usually have a large number of court-mandated men.

There is a low percentage of men that are non-court mandated at the various agencies the attendees represent (ARMS, MRC, etc.).

Since most DV involves non-physical abuse, the vast majority of abuse is not illegal and therefore does not warrant a court-mandated requirement to DV intervention. We are missing a large number of abusers. How do we do outreach with men who are committing this "under the radar," non-physical abuse?

We might be able to recruit more generic DV offenders if we market BIP with more interesting topics.

At one time, Chris was invited to speak about anger in a short-term, 2 hour session. He instead addressed issues of power and control, which was more fitting for the group. Although participants seemed to appreciate the presentation, the evaluator of the session did not invite Chris back to present again.

So there is a fear that these short-term anger management sessions focus on the wrong issues. If this is the only form of outreach for non-mandated intervention, this is a problem.

What about having little town-hall type meetings talking about "healthy relationships?" Here we could start getting the word out with younger men and youths, teens and eventually invite parents.

Raphael House does a teen outreach programs that talks about healthy relationships. It is a peer-to-peer program where teen boys are trained to teach other boys about healthy relationships. Perhaps this would work more effectively if there was a level of collaboration with BIPs. Find

more information about this program at www.takecareonline.org

What about collaborating with Educational services to implement in schools or with teachers? Teachers at all levels are seeing interactions between students that are unhealthy. Kids are mirroring mom and dad's behavior at school and teachers are not trained on how to deal with this.

Listen To Kids is a non-profit that targets primary and secondary school aged children to prevent violent and aggressive, abusive behavior. They implement the program called "No Punching Judy". Their phone number is 503-280-1388.

Both bullying and teen dating violence is supposed to be a mandated part of the curriculum in schools. In Clackamas county there are presentations in schools that are ongoing, not just a one-time shot of intervention.

It is really challenging to get into the schools. So, while it may be a requirement, people don't want to hear it and feel that they already know what to teach. If this group wants to go this route, Sarah recommends that we try to get into the schools through channels that are already established and not as a separate entity. Attempt to collaborate. For example, Raphael House has been able to access schools already. There may be an avenue for collaboration there.

What about dove-tailing with safer sex programs? It is not a far jump to DV and dating violence from safe sex programs. DV education could be paired with these intervention programs.

The more we get into intervention and community outreach, the more we need to de-emphasize physical abuse and bring more attention to the impact of psychological and emotional abuse. It is so much easier to talk about the extreme forms of DV, but as we get into educating the public we need to talk more and more about emotional abuse. If we focus on extreme forms of DV, we lose a lot of victims and offenders who need intervention. Teen intervention programs offered by Raphael House focus on non-physical abuse. A lot of victims in support group sometimes say, "he never hit me, so I don't know if I should be here," which illustrates the idea that DV is only physical violence and abuse. They need to understand that it is still not right if they are shouting, yelling, controlling, etc.

It is so hard for a survivor to come to the conclusion that someone they love is hurting them. Talking about the broad range of abuse helps victims realize that they are being hurt.

This is also present in the men's groups. Men in groups sometimes stay in the precontemplation stage of change for longer because they have never "laid a hand" on their partner. Denial of abuse seems more persistent when there is no physical abuse.

It is difficult to tease apart men's and women's emotional and psychological abuse, especially when dealing with couples. Women can sometimes self-identify as aggressors but are then

determined to be secondary aggressors.

BIPs working with churches have met some resistance from pastors, who assert that DV is not happening in their church. Don Voeks has had some success in Evangelical churches, but not main line churches (e.g., Lutheran). Regina has gained access to a Catholic Women's group. Sarah from Raphael House is sometimes on Catholic radio.

Part of the way to start talking about this in a way that might make it okay to talk about is to refer to DV as a health issue and not a social issue. For example, alcoholism became "okay" to talk about when it became a health issue and not a social issue. The facts are strong enough to present DV as a public health issue. Presenting DV as a health issue might help us gain access to provide outreach. DV is indeed a health issue with real medical costs for victims, children, etc.

Multnomah County, in partnership with the CDC is creating a report of the costs of DV. The findings are just beginning to be published right now. This report could provide a lot of ammunition to back up claims that DV is a health issue.

Redirect: But how do we outreach to MEN who are not mandated?

Couch it in terms of becoming a great father. Do you have temper issues, discipline issues?

But how do we target men who are still in denial? How do we get the light bulb to go off for them? What if we couch it in terms of, "do you have problems with your wife?" Sort of a bait and switch.

What about publishing writing on DV in local magazines to give better public access?

What about encouraging people who are already in groups to provide more outreach and making a difference themselves? Teaching men basic skills to challenge their friends when they are abusive, make bad jokes, behave abusively, etc.

Educating women that they have more of a voice to challenge their partners and mandate them to services. "Spouse-mandated"

In the Latina cultures, however, women want to keep it quiet and do not want anyone to know, especially when the abuse is mostly or completely emotional and/or psychological.

What about drama performances of DV events? Raphael House performed during half-time at a Blazers' game! Target venues where people will be that wouldn't necessarily seek out services for themselves.

One of the gaps in services until recently is that there was no ultra-low cost for men who are not mandated to attend. Allies is now offering ultra-low cost for men who are not mandated, so cost

becomes a non-issue.

But men who are not mandated are much more likely to drop out relative to mandated men. With mandated men, you can be more direct, challenging, and to the point. With non-mandated men, the minute you begin to challenge them they might take the option to drop out. Drop outs happen very quickly, within the first 3 months.

So, once we get non-mandated men to attend, how do we get them to stay? The two most common things to deter non-mandated men from sustaining their attendance is that they don't want to be mixed in with a bunch of criminals. They have a stereotype about criminal offenders who talk about probation officers, police, arrests, etc. Other voluntary men are not completely motivated and are possibly still in denial.

Sometimes it takes a really significant event to motivate men to voluntarily attend BIP- Brad calls them "broken," where they are looking for answers and trying to fix their lives. It seems as if the mental and emotional health costs are so detrimental that men finally seek out help.

How can we support, as a group, the education component that is out there now? E.g., Raphael House's Take Care program. We need to augment it, get it out through different channels.

But are we ready for a big influx of non-mandated individuals? How do we handle that first phone call? Simply asking the person if he is being referred by the court when he first calls for information can be off-putting. Maybe we should make this a separate topic, working with non-mandated individuals.

Howard Hiton and his colleagues with BAM- a curriculum with middle-school boys that is not specific to DV but is specific to gender issues. www.bamgroups.com His point is to help boys transition into young men. It is a prevention curriculum to encourage healthy lifestyles for boys and a better model of masculinity.

There is some outreach for men that are not working from a framework of feminist principles. This can be tricky because it might encourage colluding with men and not address issues of men's violence in terms of power and control, privilege, dominance, etc. There needs to be talk about the larger, macro-level gender issues.

Sometimes outreach can happen "in cahoots" with the female partner. Sometimes the only way to get men to come in is as a couple or individually. If this is the only way to get him to come in, Chris will do this at first. It is better than nothing.

If you want presentations from Raphael House, they can provide these in English, Spanish, with male volunteers where there is need, etc. Call 503-222-6507 or go to www.raphaelhouse.com

A really good place to start leaving pamphlets is somewhere where anyone has to wait. DMVs,

doctor's offices, etc. Another option would be to put information in areas where D & A treatment occurs. Maybe making the information available in a smaller format, like a card, bookmark, etc. instead of a pamphlets. But what is the text? What words do you put in those pamphlets?

But likely one of the best avenues for outreach is to encourage men who are already in groups or in recovery to present about their process and recovery.

This topic will be revisited at a later meeting to discuss more concrete ways of doing outreach to non-mandated men.