

Tri-County Batterer Intervention Provider Network Meeting Minutes December 10<sup>th</sup>, 2013

Attendance: Jeff Hartnett (ChangePoint), Katherine Stansbury (Eastside Concern), Jacquie Pancoast (Eastside Concern), Matt Johnston (Domestic Violence Safe Dialogue), Suzanne Guy (Multnomah County DV Coordinator's office), Regina Rosann (Abuse Recovery Ministry and Services), Wendy Viola (Portland State University), Sandi Rorick (Mult. County Dept. of Community Justice), Ella Smith (ChangePoint), Jaime Chavez (Cedar Counseling)

Minutes by Wendy Viola, edited by Chris Huffine

Topic: Alcohol and Drug Use and Abuse in DV Perpetrators

ChangePoint and Eastside Concern have dual focused programs that address both DV and substance abuse. Part of their work is raising awareness about the impact of addictive behavior on others. Some providers are referring out for work with active addictions. The intention for this meeting is to discuss how other providers address substance use and abuse among participants who aren't primarily focused on addiction. Substance use/abuse is a significant co-occurring issue for many participants.

The 4<sup>th</sup> of July tends to be a more potent holiday for relapse than Christmas. Relapse around Christmas has more to do with coping with stress than social pressure.

*Pleasure Unwoven*, a short documentary about understanding the disease concept of addiction, is recommended for general education about addiction.

For clients who claim that they're only abusive when they're under the influence, using is an abusive act. Usually, though, these relationships are characterized by a lot of controlling behavior under all circumstances, which only gets overtly violent when the perpetrator is under the influence.

There are four relationships that people can have with substances: abstinence (no use, no problems); use (use, no problems); abuse (use, problems, and being able to control it); and dependence (use, problems, and not being able to control it). For those who are dependent, because they cannot reliably control their use, any use runs the risk of becoming excessive, which is why abstinence is typically necessary. Most Americans have abused substances at some point, usually between their mid-teens and mid-twenties, but have been able to move back to use without problems. There's a small population that's dependent. There's also a large population that doesn't use any given substance at all.

Not all programs require that participants stay sober throughout their time in the program. Some programs are more concerned with honesty and monitoring participants' use than with having to kick them out if they do use. All programs require that men meet the conditions of their probation; if clients' probation necessitates that they stay sober, then they have to do so. Some programs do require that all participants stay sober to be in compliance with the program, even if

it is not part of an individual's probation package. One local judge did not think that it was necessary to insist upon abstinence among all perpetrators, but probation disagreed and asked that BIPs in that county require abstinence. Some programs, but not all, do U.A.'s.

Some clients have medical marijuana cards. Some P.O.'s confiscate these cards. When they are being candid, most of the men with medical marijuana cards admit they use marijuana recreationally or for reasons other than what is covered by the card.

Some providers challenge clients to try the "big experiment": staying off the substance for a little while to see what happens. This does not help for men who have real addiction issues. When it comes to working with addicts, programs *don't* talk about moderation or harm reduction. There are men who aren't struggling with addiction, but who use, and whose use leads to bad behavior. Some of the worst behavior tends to happen after perpetrators and their partners have had a few drinks together. This group can benefit from thinking about moderation, and this pattern can open up a conversation about underlying beliefs. We learn how to be drunk. There are some cultures where drinking is not associated with violence. While there is a physiological process involved in intoxication, the way to act drunk is strongly culturally influenced.

There are plenty of alcoholics who aren't abusive at all, beyond being manipulative to manage their addiction. Addiction is its own, distinct issue, as is abuse. Most of these clients don't get violent or pick fights with just anyone when they're drunk; they still perpetrate just against their partners. Similarly, some men are able to restrict violence to while they're within bars. One does not cause the other. Sometimes, perpetrators have told themselves the story that they didn't have control over themselves because they were under the influence. When participants first tell their story about how they've ended up in group, it almost always starts with "well, I was drunk." However, the behavior is almost always very intentional and helped them achieve a goal. If violence was really the result of a loss of control, participants would have done something less logical, as opposed to something that made their partner act a certain way or understand something specific.

A lot of participants are very willful and very intentional in their abuse when they're sober. They know how loud they can get, which words to use, where to hit so any marks won't be seen or no marks will be present, etc., but when they get drunk, they get a bit sloppy. When perpetrators are drunk, they lose control of their usual controlling behavior. Perpetrators are more likely to get caught when they're drunk, and then society tends to blame the drunkenness for their perpetration. When programs talk about staying clear-headed, they're referring to avoiding disinhibitors. If you already have pro-abuse beliefs, further disinhibition can lead to abuse. It's pre-existing pro-abuse attitudes that leads to abuse, not the drunkenness/intoxication.

Anything that's artificially mood altering can be addictive: food, gambling, shopping, TV, sex, the internet, etc. All of us have artificially mood altering experiences that we use to help us feel better. It can be informative to ask clients which ones they tend to use to make themselves feel better. These are the ones that require the most vigilance, because they're the ones that are most

likely to be overused or contribute to an avoidance of other issues. Inappropriate self-soothing tends to increase as you get closer to relapse.

Exerting power and control over a partner can be very mood altering, especially if you've been being disempowered all day at work. Perpetrating abuse is rarely about causing a partner pain or suffering. It's more about exerting power and control. Most perpetrators don't like seeing their partners hurt, but they like being in control, and sometimes act abusively to achieve that. A lot of clients talk about feeling regret and remorse after being abusive, and self-soothe these feelings of shame or guilt by turning to substances, which throws the relationship further off kilter. Getting participants to look at this cycle can be very powerful.

There was a tangential discussion about how there aren't really "twelve step" groups or support groups for men who are striving to be non-abusive. It seems like there is some need for such groups, especially for men who have made real changes in their lives. Some report feeling very alone once they leave the BIP for the week. However, it seems that there are a lot of men in our community who have been in BIPs. People in AA meetings will talk about BIPs, etc. Programs are beginning to create a ripple effect. You have to change your peer group if you're trying to stay sober, the same thing happens when it comes to being non-abusive. However, a lot of these men stay "closeted" about their perpetration of abuse. It can sometimes be difficult for them to find other people who don't have pro-abuse attitudes. You can predict where there will be alcohol and where to find people who are clean, but you can't as easily avoid pro-abuse attitudes and find other people who are non-abusive. Sometimes perpetrators' partners will place limits on the time that they will spend with family members (both his and her's) who have pro-abuse attitudes. Exposure to family members with pro-abuse attitudes can be very difficult this time of year. The whole family can get thrown off when individuals change their behavior, and pressure them to maintain their previous behavior.

It's common to hear from clients that "I was drunk, I don't remember what I did, but someone told me that I..." – how do you work with these participants? Providers can acknowledge that it must be extremely frightening to have blacked out, and emphasize that clients have to be accountable for what they've done to others, regardless of whether or not they were blacked out. Individuals are also responsible for all of the steps leading up to blacking out. The person who has blacked out has to take as truth whatever their victim says; you can help participants understand that blacking out puts them in the position of blindly accepting what their victim says they have done. Getting hung up on specific instances when a person blacked out gives them a bit of a pass by implying that the reason that this one particular instance matters is because it was the only time that abuse occurred, which usually is not true.

We know that a lot of survivors do have drinking problems. It can be particularly troubling when the victim blacks out. When she does so, she gives the perpetrator the power to make up a story about what happened. You can't be responsible for your safety when you're blacked out. Another common dynamic is that men "care too much" about their alcoholic/addicted partner and use *her* addiction as an excuse to perpetrate violence (i.e. "I just tried to take the keys from

her when she was going to drive drunk”). Some psychopathic men play into their victims’ addiction to keep them in the relationship by being their provider.

In some cases, especially with pot, substance abuse intoxication may actually decrease violence and the riskier time is when the perpetrator is clean/sober. It isn’t healthy behavior, but getting stoned or drunk releases stress. Physical abuse may also be more dangerous when the perpetrator is sober because they are more likely to have complete control at that moment. Abuse can also escalate when partners begin to object to the perpetrators’ use or set limits on their use.

There was some discussion of the dangers of on-going “low grade” abuse. This describes those individuals who typically only have about 3 drinks or 1 hit of pot most nights. These clients are mostly functional, but the timing of these drinks or the hit of pot, later in the evening as the day is winding down and there’s space to better sit with feelings, is such that it prevents emotional connection. They may not look like the typical addict, but as they reduce their use, they tend to notice a big difference. They use a little bit each night to short circuit or to disconnect. They don’t use enough to get a DUI, but enough to numb and detach.

For some clients, using is part of the cycle of violence; getting high or drunk can help clients get pumped up to commit a crime.

There’s yet another pattern where the victim stands between the client and his addiction, and the abuse is used to get the victim out of the way. If this is the only circumstance under which the client is violent, it’s less symptomatic of power and control issues. This pattern is more indicative of a substance abuse issue, and the violence will likely disappear when the client gets clean and sober. However, this violence is primarily enabled by pre-existing beliefs that it’s ok to be violent in some situations-- the thought pattern is the same though the direct trigger is a bit different.