

Batterer Intervention and Victim Advocacy are not Mutually Exclusive

By Dona Pierce

Ohio Domestic Violence Network

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Most batterer intervention facilitators are quite knowledgeable when it comes to facilitating batterer intervention groups. They have enormous amounts of information at their disposal as it relates to the dynamics of intimate partner violence, power and control tactics, ways to challenge the batterer to change, and so forth. It is also true that victim advocates are highly competent at providing information, crisis counseling, and a variety of other support services to victims of intimate partner violence. However, for the most part, the batterer intervention group facilitator and the victim advocate tend to view their roles as uniquely different and unrelated. This tendency can diminish the overall effectiveness of both. Batterer intervention facilitators and victim advocates should become aware of the intersections that their roles have in the lives of the victim and the batterer. These roles are not mutually exclusive, and in order to enhance the real impact on domestic violence in our society and our communities, a clearer partnership should and can exist.

It is certainly understandable to see how such a disparity between the two disciplines could exist. Both professions have staff with great passion for their work in domestic violence issues, but mostly it seems like they're on opposite teams; one helping the batterer while the other the victim. At first glance it may not seem like they would have much in common outside of the overall issue. Taking matters a step further, you can recognize the potential dangers of collaboration for the victim, especially if confidentiality were breeched. With that said, I also know from my own experience as a probation officer with a specialization in batterer intervention that a collaborative relationship can be established with the victim agency, and maintained with the safety of the victim being the number one priority. Conversely, I would also assert that if such a relationship does not exist, then the batterer and the victim are getting less than optimal services.

Early in my career I attended one of several trainings in Duluth, Minnesota at the Domestic Abuse Intervention Program (DAIP). I was provided with an abundance of information on domestic violence, including training on how to co-facilitate a batterer intervention group. It was all very useful, but the most memorable thing that came from the first training was information about the importance of batterer intervention providers and victim advocates not being insulated from each other when doing domestic violence work. I was told in so many

words that if you want to have a top tier program, go home, contact your victim agency and establish a genuine working relationship.

Shortly after my return I did just that. I contacted the Artemis Center in Dayton, Ohio, which is the victim advocacy agency (not the shelter) in my community. Nancy Grigsby (now at ODVN) was the Executive Director at that time. She referred me to the clinical supervisor. When we were introduced, she was very polite but appeared less than enthusiastic about the idea of a partnership with a batterer intervention program. I understood her apprehension since theoretically we were the ones standing in the way of the batterers being held accountable in the criminal justice system, or so it seemed. Despite that, she agreed to allow me to visit their agency regularly. Prior to the agreement being reached, considerable thought had been given to what would be the best scenario for a probation officer who was also co-facilitating a batterer intervention group. Safety and the dignity of the victim were given top priority. We then agreed to a weekly or sometimes bi-weekly meeting where I would observe the clinical supervision of the Artemis Center's Court Victim Advocates. They were assigned to the county and municipal courts to provide advocacy to victims who had experienced intimate partner violence. As time went on, a true partnership emerged.

That particular arrangement continued for the next five years. Needless to say, the experience was an eye opener, and over time the batterer's distortions of reality really unfolded. I began to realize that despite my training on the characteristics of the batterer, (minimizing, denying, and blaming tactics), listening to the victim's experience, recounted by the advocate, was quite illuminating. The work I had been doing had influenced me to the degree that I was subconsciously relating too much with the batterer, while the victim's experience got further and further from the forefront. Now it was so much easier to empathize with the victim (even though I thought I had been) as I listened to the advocate relate the disturbing events that the victim endured at the various stages of her relationship with the batterer. My role in those meetings was mostly to be an observer. I was quiet and listened intently. I found myself so moved by not only the victim's reality, but also how it affected the advocate and how she coped with it in one way or another. My knowledge of the advocate's role increased and I believe I earned their trust along the way. The advocates also came to have a better understanding of the role of the batterer intervention co-facilitator; that it was not intended to pose a risk to the victim or be somehow counter-intuitive to the work that they were doing. Whether the victim and the batterer stayed together or not did not change the fact that domestic violence work on all fronts benefited from a collaborative approach within the disciplines in order for real progress to be made.

The Ohio Domestic Violence Network can provide technical assistance to agencies wishing to enhance their respective programs. The following are some suggestions for establishing a

collaborative relationship between the batterer intervention group facilitator and the victim advocate:

1. BIPs should read the Ohio Domestic Violence Network (ODVN) Standards for Batterer Intervention Programs and complete the ODVN Self-Audit and Guide to Working with the Batterer Intervention Standards found at www.odvn.org under the Resource Center tab, then go to Batterer Intervention Programs (BIP). If you are not a BIP, I encourage you to read the documents so that you are familiar with what the BIP should or should not be doing.
2. Schedule a meeting for a site visit and meet as many of the staff as possible. You should be on a first name basis with at least part of the staff.
3. Share information among agencies like the struggles you are having, goals you've set, accomplishments, etc.
4. Sign confidentiality agreements so that everyone agrees to protect the privacy of the clients.
5. Attend a staff meeting at the other agency and offer a short synopsis of your program.
6. Get involved! Observe the Hotline, a batterer's group, a victims group, the clinical supervision of staff, etc.
7. Share training information with the other program or invite them to one of your staff trainings.
8. Barter services. For example, one program can provide a BIP group monitor while the other offers some clinical services.
9. Attend special events sponsored by the other agency.
10. Have an active position on a board, council, or committee for the other program or for one that they are involved in.

In order for the batterer intervention and victim advocacy programs to provide the best possible services to their clients, a genuine collaborative should be maintained. Most of the ten suggestions mentioned here can be done on a regular basis. It is essential to see ourselves as on the same team if we are to have a real impact on domestic violence.