Engaging Responsibly with Perpetrators of Domestic Abuse Individually and in a Videoconference Software Group during COVID-19 and Beyond

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written by

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Pathways to Family Peace
Pathways to Family Peace (Pathways) is a men's domestic violence program offered using video conference software (VCS) started as part of an exploratory study. Melissa Petrangelo Scaia and Jon Heath created Pathways to Family Peace in January 2019 to explore whether or not VCS should be an option available for men who could not access in-person groups. The exploratory study was conducted by Professor Nicole Westmarland and Rosanna “Rosie” Bellini of Durham University in England. The exploratory study was completed before COVID-19 began in the US. The exploratory study proved to be very helpful when many in-person programs ended because of COVID-19.


Additional information about Pathways to Family Peace can be found at: www.pathwaystofamilypeace.org

Family Violence Project of Maine
Family Violence Project is a private non-profit organization serving victims and offenders of domestic violence in the state of Maine. The mission of the Family Violence Project is to end domestic abuse in Kennebec and Somerset counties. The Menswork Program is a Maine Certified Domestic Violence Intervention Program (CBIP) serving Kennebec and Somerset Counties. It is a cognitive-behavioral education program that meets weekly for 48 weeks. The Family Violence Project and its Menswork program specifically have provided leadership, in-kind contributions and support to this effort through its collaboration with Pathways to Family Peace.

Additional information about the Family Violence Project can be found at: https://www.familyviolenceproject.org

Global Rights for Women
Global Rights for Women (GRW) is a private non-profit organization that works with leaders around the world to advance women and girls’ human right to live free from violence through legal reform and
institutional and social change. GRW is a leading voice in the global movement to end violence against women and girls. GRW builds international partnerships that advance laws, values, and practices to create communities where all women and girls live free from violence and threats of violence. In times of greater resistance to human rights from regressive forces, GRW makes an uncompromising commitment to the universal acceptance of women and girls’ human right to be free from violence. GRW has provided leadership and support to this effort through its collaboration with Pathways to Family Peace and in providing training and technical assistance to communities around the world in addressing violence against women and girls during the COVID-19 pandemic.

Additional information about Global Rights for Women can be found at: https://globalrightsforwomen.org

The European Network for the Work with Perpetrators of Domestic Violence (WWP EN)
This guide for United States domestic violence perpetrator programs is an adaptation of the guidelines prepared by the European Network for the Work with Perpetrators of Domestic Violence (WWP EN). The WWP EN was founded in 2014 and consists of over 50 member organizations throughout Europe. Their member programs include perpetrators programs, researchers, as well as victim support services. As an umbrella organization, WWP EN supports its members in offering responsible, victim-focused perpetrator work. In particular, we are grateful for the contributions, time, and expertise of the Executive Director of WWP EN, Alessandra Pauncz.

WWP EN Guidelines to ensure responsible perpetrator work during COVID-19 can be found at: https://www.work-with-perpetrators.eu/covid-19
INTRODUCTION

We begin by emphasizing that the original work of Pathways to Family Peace was developed prior to COVID-19. Many of the guidelines in this guide come from the European Network for the Work with Perpetrators of Domestic Violence (WWP EN) during the COVID-19 Pandemic. The United States does not have a formal association of domestic violence perpetrator programs. In addition, we are learning as we are experiencing this global health pandemic and encourage feedback, comments and suggestions to this document. We have engaged in 14 hours of individual interviews with victims of coercive controlling violence and abuse and advocates who work on behalf of victims. We included input from Pathways to Family Peace, the WWP EN, Family Violence Project, and Global Rights for Women. In addition, we sought the input of a number of nationally respected persons for their thoughts and input. In particular, we would like to thank the following people for their input and review of this guide:

- Patricia Cumbie, Communications Director, Global Rights for Women
- Laura Wilson, Women’s Human Rights Attorney, Global Rights for Women
- Cheryl Thomas, Executive Director, Global Rights for Women
- Juan Carlos Arean, Program Director, Futures Without Violence
- Karen Wyman, Violence Prevention and Intervention Coordinator, Maine Coalition to End Domestic Violence
- Chris Huffine, Psy.D, Executive Director, Allies in Change
- Alessandra Pauncz of the European Network for the Work with Perpetrators of Domestic Violence (WWP EN)
- Scott Miller, Executive Director, Domestic Abuse Intervention Programs (“the Duluth Model”)
- Lisa Young Larance, Consultant on Violence Against Women and Women’s Use of Force
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- Christopher Hall, Ph.D. Candidate UNCG Educational Research Methodology
- Julie Owens, Consultant Expert on Violence Against Women
- Bea Cote, LCSW, LMFT, Executive Director IMPACT Family Violence Services

We are cognizant that the shared experience of a limited number of victims and advocates does not represent the vast diversity of needs and experiences across the United States. Please consider this guide a thoughtful first start and attempt to work with perpetrators of domestic violence responsibly during this global pandemic of COVID-19.

In solidarity,

Melissa Scaia and Jon Heath

ORGANIZING PRINCIPLES
Pathways to Family Peace began in January 2019 as part of an exploratory study to discover whether or not using videoconference software (VCS) should be offered for men who cannot attend an in-person group. Pathways started before COVID-19 began.

Pathways to Family Peace was organized with the following principles:

**Pathways to Family Peace:**

- Prioritizes the voices and experiences of women who experience domestic violence in the creation of its policies and procedures
- Shares our policies and procedures for holding offenders accountable and keeping victims safe across all agencies in the criminal and civil justice systems from 911 to the courts
- Believes that coercive controlling violence and abuse is a pattern of actions used to intentionally control or dominate an intimate partner and actively works to change societal conditions that support men’s use of tactics of power and control over women
- Offers change opportunities for offenders through educational groups for men who have used violence against an intimate partner
- Has ongoing discussions with criminal and civil justice agencies, community members and victims to close gaps and improve the community’s response to coercive controlling violence and abuse.

Because Pathways to Family Peace was organized using a video conference software (VCS) format prior to COVID-19, we have interviewed five advocates and five victims of coercive controlling violence and abuse to specifically get their input on providing perpetrator programs during COVID-19. In the 14 hours of interviews with these women, we have gained invaluable information. Pathways to Family Peace operates as part of a CCR and accounts for the input of victims of domestic violence as well as advocates. The input of victims and advocates is one source of information used to inform perpetrator programming.

Before deciding on your goals, conducting risk assessments and collecting information from the perpetrator program members about whether or not they want to stay connected with the program, we recommend that programs attempt to assess the following:

- What do you know about the impact of COVID-19 on victims of domestic violence in your community?
- Have you spoken to a diverse sample of advocates who work on behalf of victims about their input on what would increase their safety at this time?
- What do you know about the impact of COVID-19 on victims and perpetrators living in marginalized communities?
- What do you know about the current police response during COVID-19?
- If COVID-19 domestic violence risk assessments heavily rely on previous arrests for domestic violence and convictions, will this perpetuate a system that disproportionately targets and punishes people of color and working class/poor men?
- Have you spoken to a diverse sample of victims of domestic violence about their input on what would increase their safety at this time?
- Have you spoken to a diverse sample of victims of domestic violence about their input on what would increase their safety and if videoconference software groups would?
It is important that the answers to the above questions do not solely come from the staff and volunteers of the perpetrator program exclusively. The principles of Pathways to Family Peace come from the Duluth Model method of organizing. This model prioritizes including the voices and experiences of a diverse group of victim advocates and victims themselves as the basis for making any significant changes to policy or practice. When getting feedback and input from victims of domestic violence, this should be input from victims who have had distance from their experience and are not currently living in an immediate crisis situation. When getting feedback from victims it is important to consider compensating victims for their time.

Contact a diverse and representative group of victims and advocates for their input as a basis for making any significant changes to policy or practice of your perpetrator programming.

It should be noted that Pathways to Family Peace continues to prioritize gathering input from advocates and victims of domestic violence across the United States. The input from a diverse group of practitioners is important. However, it can never replace the thoughtful input of survivors and advocates of domestic violence.

Victims who give input should not be the victims of the men in the perpetrator program but victims who have had distance of time from their crisis situation. They are able to look back on and reflect and provide useful information to the perpetrator program. Consider financially compensating victims for their time when giving feedback and input on your perpetrator programming. Pathways to Family Peace provided $50 compensation to each victim who provided feedback on perpetrator programs.
GOALS FOR WORKING WITH PERPETRATORS OF DOMESTIC VIOLENCE DURING COVID-19

It is important to identify your goals when working with perpetrators of domestic violence during the COVID-19 pandemic and beyond. As always, protecting domestic violence victims’ and their children’s safety should be paramount.

In general, three options have been identified related to perpetrator programming during COVID-19. The goals of your perpetrator program will be guided in part by which type of programming you decide to offer.

1) Crisis management and support conducted individually or in a group setting

The European Network for the Work with Perpetrators identifies crisis management as the primary focus needed during the COVID-19 pandemic. Crisis management and support is an additional goal that will promote victim safety during the COVID-19 pandemic. The European Network recommends the following as short and mid-term goals for those choosing to do individual crisis management during COVID-19:

1. Reduce the risk of violence towards intimate partners and children.
2. Decrease the level of stress for perpetrators of domestic violence at this time.
3. Increase coping mechanisms for victims and perpetrators of domestic violence.
4. Mitigate increased risk factors in families forced into lock down.
5. Indirectly mitigate the effects of violence on family members.
6. As much as is possible and safe, coordinate with victim support services, incorporate and listen to the voices of victims and continue to make efforts to gather feedback from victims.
2) Adapted perpetrator programming individually or in a group setting

In the United States, many perpetrator programs have begun to adapt their in-person programming to video and teleconference groups in an individual or group setting. The following are some considerations to goals of adapted perpetrator programs during the COVID-19 global pandemic:

1. Increase the safety of women and children victims of domestic violence.
2. Provide an opportunity individually and in a group setting for perpetrators to share their lived experience during the COVID-19 global pandemic and beyond, develop strategies for staying non-violence for the men during this time and reflect on and examine their beliefs that have justified their past use of violence.
3. Examine and expose perpetrators to alternative belief systems that will lead to perpetrators behaving in non-violent and loving ways to their intimate partners and children.
4. Promote non-violence and peace in every interaction with others as an opportunity to advance non-violence while continually working toward and building a culture and a future of peace.
5. Raise awareness of, educate and encourage respectful and loving relationships in oneself, children, partner and community.

For perpetrator programs conducting adapted perpetrator programs groups during COVID-19, what are your goals?

3) Suspend all services until the COVID-19 crisis ends

Some agencies in the United States will need to suspend all services during the COVID-19 pandemic for a number of reasons. Not all agencies have the resources or capacity to provide services at this time. If an agency suspends all services, perpetrators currently enrolled in the program will possibly have no one to interact with. It is vital that providers continue to provide support in helping their attendees remain accountable, non-abusive, and non-controlling in their day-to-day lives during this global pandemic.

If your agency has suspended services, we recommend the following:

- Contact all the perpetrators to let them know that services are being suspended. We encourage perpetrator programs to contact them again in about 14 days after the initial contact to let the know the status of the program. Inform the perpetrators that you will be contacting victims to inform them that all services have been suspended.
- Communicate the suspension of services to all CCR partner agencies.
- Contact victim advocates about the potential impact on victims for suspending services.
- Contact all victims of the perpetrators to notify them of the program suspension during COVID-19. Provide information to all victims with the contact information for victim support services.

**Decide on what your goals for perpetrator programming will be during the COVID-19 pandemic and share them with CCR agencies, perpetrators, and victims.**

- Your goals should not be decided until after you have chosen what type of services you will provide to perpetrators during COVID-19.
- While there will be overlap with your goals prior to COVID-19, your goals should also be reflective of the current lived experience of victims, children, perpetrators and your staff.
- Victims of domestic violence and advocates should have on the goals of your perpetrator program.
 Assessing risk for lethality and dangerousness of domestic violence should not be a one-time event. The risk assessment for completed pre-COVID 19 was accurate then. Would it be accurate now? As societal norms and circumstances change, should the risk assessment change? The current COVID-19 pandemic has increased the frequency of contact that family members have with each other, families are more socially isolated, financial strain has increased, in many situations parents are more involved and responsible for their children’s education and fear for our own and loved one’s health has increased. None of these societal changes are the cause of domestic violence but can contribute to increasing the severity and frequency of violence.

Conducting a risk assessment during COVID-19 is necessary in order for perpetrator program to make decisions about:

- If it safer or less safe for victims and children when and how programs have contact with perpetrators during COVID-19,
- how often to have contact with perpetrators, and
- what type of contact with the perpetrator is appropriate during the COVID 19 crisis.

For perpetrator programs who have never conducted a risk assessment should not begin to do one now. If previously probation agencies conducted the risk assessment and shared that information with the perpetrator program that should continue to occur. If a man becomes labelled as “high-risk” during the COVID-19 phase, it does not mean to NOT engage with him.

Decisions to suspend, maintain, change, or increase perpetrator contact could affect the safety of victims and children. The level of risk of further criminal domestic violence perpetration is going to be fluid and non-going during COVID-19. If a perpetrator is deemed high risk during COVID-19, it does not mean that the perpetrator should automatically be considered high risk post-COVID-19. Another risk assessment should be conducted post-COVID-19 when societal and cultural norms change. The following are considerations for developing risk assessments in the United States during COVID-19.

**COVID-19 Domestic Violence Risk Assessment Guidelines**

The following inquiries should be asked by perpetrator program staff to perpetrators currently enrolled in the program during COVID-19:

1) **Who currently lives with you in your residence or who are you currently staying with?**

   - Screen for those living alone, with family members (including partner who was victim of domestic violence), new partners and children (biological and non-biological children).
   - For men living with an intimate partner: Is your partner pregnant?

2) **For men with biological minor children or non-biological children**

   - Ask about children specifically.
o Are there any children living with you?
   If yes:
   - How many children are living with you?
   - Are any of the children staying with you non-biological children?
   - Are they children at home all day because of a lockdown?
   - Are any school-aged children expected to do any online school?
   - Are there any new childcare challenges?

o If the children are not living with you, what is your current custody and visitation arrangement with them?

3) Are you currently employed during COVID-19?
   ● If yes, has your work changed at all because of COVID-19?
   ● Is your job considered essential or on the frontlines of responding to COVID-19?
   ● If the perpetrator lives with his partner, ask him:
     o Does your partner work?
     o If yes:
       - Does she work from home or outside of the home?
       - Does she work in a job where she is considered an essential frontline employee?
       - What are her hours of work? The reason for this is to find out if there are opportunities to speak with him when she is not physically near him.

i. Are you currently in a lockdown or quarantine where you live because of COVID-19?
   ● Be sure to focus on where the perpetrator lives rather than where your program is located. The restrictions for lockdown could be different.

4) How has the current experience of COVID-19 affected your life? How has it affected you: emotionally? Mentally? Physically? How has it affected the lives of those close to you (partner, children, family members, friends)? What kinds of things are you doing to cope with the situation?
   ● It is important to understand the stressors in the lives of the victim, the children, the perpetrator and their families.

5) What has been particularly stressful for you during the COVID-19 pandemic? What are you worried about related to COVID-19 in the near future? How about the long-term? What kinds of things are you doing to cope with the situation?
   ● Consider asking all of the men about their use of alcohol and drugs during the COVID-19 pandemic and if they find themselves using substances more than they usually do.
   ● If the man has a history of alcohol or drug use ask him if he has any concerns about sobriety during COVID-19. Alcohol is an aggravating factor in domestic violence cases.

6) In what ways could we support you during this time?
   ● The perpetrator’s ability to express his needs and for program staff to provide support may provide an opportunity for de-escalation of tension and increased safety for the victim and children.
Program staff should not ask perpetrators for the information indicated below during the COVID-19 crisis. Instead, this information should be collected from previous records and/or from partner agencies in your coordinated community response (CCR). If the following information is not available, it will be difficult to conduct a thorough risk of lethality and dangerousness related to domestic violence during COVID-19.

Recent data during the COVID-19 crisis in 2020 in the United States shows that most calls to the police are related to domestic violence. Risk assessments should incorporate the information gathered from these calls through coordination with criminal justice agencies and access to data. For some agencies, having access to this data could prove difficult at this time.

7) **Was the perpetrator of domestic violence considered a high risk for lethality and dangerousness prior to COVID-19?**

   - YES
   - NO

   **COVID-19 DV Risk Guide:** If prior to COVID-19, the perpetrator of domestic violence was considered a high risk for lethality and dangerousness, the perpetrator should still be considered as high risk during the COVID-19 period.

8) **Alcohol and drug use**

   - Does the perpetrator have a history of alcohol and drug use?  **YES**  **NO**
   - Did the perpetrator complete any court ordered treatment for substance abuse?  **YES**  **NO**  **N/A**
   - Is the perpetrator currently enrolled in any court ordered treatment for substance abuse?  If yes, has that program been suspended during COVID-19?  **YES**  **NO**  **UNKNOWN**
   - Do perpetrators who rely on AA or NA have access to support during COVID-19?  **YES**  **NO**  **UNKNOWN**
   - Is there a valid concern for use of alcohol or drugs by the perpetrator during lockdown?  **YES**  **NO**  **N/A**

   **COVID-19 DV Risk Guide:** If the perpetrator has a history of alcohol and substance abuse and has not completed treatment, the perpetrator should be considered high risk during the COVID-19 period.

9) **Incidents of violence that included high-risk factors for lethality**

   - Prior to COVID-19, were there previous incidents of domestic violence that included excessive jealousy and controlling behaviors, loss of employment/income, strangulation, stalking, presence of or use of firearms, threats to kill, increasing frequency of violence, sexual violence, threats or attempt of suicide, physical violence during pregnancy, or severe injury to the victim?  **YES**  **NO**
   - Have there been any incidents reported to the police during the COVID-19 crisis that included excessive jealousy and controlling behaviors, loss of employment/income, strangulation, stalking, presence of or use of firearms, threats to kill, increasing frequency of violence, sexual violence, threats or attempt of suicide, physical violence during pregnancy, or severe injury to the victim?  **YES**  **NO**
• Are there any non-biological children currently living with the perpetrator?  YES  NO

**COVID-19 DV Risk Guide:** If the perpetrator has a history of incidents of domestic violence that include excessive jealousy and controlling behaviors, strangulation, stalking, weapons, threats to kill, increasing frequency of violence, sexual violence, physical violence during pregnancy, or severe injury to the victim AND is living with any intimate partner during the COVID-19 crisis, the perpetrator should be considered high risk. If there is a non-biological child living with the man during COVID-19, the perpetrator should be considered high-risk.

10) **Calls to 911, arrests and convictions**

• While the perpetrator has been enrolled in your program, were there calls to 911, arrests, probation violations, or convictions for any acts of domestic violence?  YES  NO
• Have there been emergency calls to 911, arrests, probation violations, or convictions for any acts of domestic violence related to the perpetrator during COVID-19 crisis?  YES  NO

**COVID-19 DV Risk Guide:** If the perpetrator was arrested while enrolled in your program and if, during the COVID-19 crisis, there have been any relevant calls to 911, arrests or convictions, the perpetrator should be considered high risk during the COVID-19 period.

The level/frequency of individual outreach should be determined based upon the results of the risk assessment. When a perpetrator has been determined high-risk and he does not have access to a computer or tablet, we encourage you to state to the high-risk perpetrator: “We are all currently struggling in this unprecedented situation and it sounds like you have a lot going on that could cause you even more stress. I’m going to reach out and check-in on you by phone once every week while you are unable to come to our in-person classes.”
POSSIBLE INTERVENTION OPTIONS WITH PERPETRATORS OF DOMESTIC VIOLENCE DURING COVID-19

The intervention options for working responsibly with perpetrators during COVID-19 are based on the guidelines of the European Network for the Work with Perpetrators of Domestic Violence\(^1\) and have been adapted for working with perpetrators in the United States.

The option chosen for each perpetrator should be a mutual decision between the perpetrator and the perpetrator program and based on the following:

1) **Voluntary participation**

The willingness of the perpetrator to have contact with the perpetrator program should be voluntary during COVID-19. All contact with a perpetrator program during COVID-19 should be voluntary and not required. In addition, perpetrators should not be penalized by the program or the courts for choosing to not participate or not staying in contact with the perpetrator program during COVID-19. The length of the COVID-19 pandemic is unknown. Therefore, we recommend that the perpetrator program make a second contact to perpetrators two weeks after their initial declination of contact and services.

For men considered high-risk, who live alone and have the capacity to participate, should they be required to participate?

In general, to address the safety of women and children at this time, outreach by perpetrator program is strongly encouraged.

2) **Capacity to participate**

Once you have done your best to determine a perpetrator’s risk level during COVID-19 and he has expressed interest in contact during the COVID-19 pandemic, it is important to assess his ability to make contact with you.

Questions for perpetrators to determine their ability to connect with you during COVID-19:

- Do you want to stay in contact with our agency during the COVID-19 pandemic?
- How can we be helpful to you?
- Do you have your own telephone that we could make contact with you on via voice or text?
- Do you have a tablet or computer that you could use to connect to the internet?
- Does that tablet or computer have enough hard drive space on it to add an app that you could use to connect with us?
- Do you have headphones that connect to a computer or tablet?
- Do you have a private space where you could communicate with us and not be in sight or sound of others?
- Do you have a reliable internet connection?

Do you have your own email address?

If the perpetrator lives with an intimate partner, ask:
  o Does your partner work outside of the home? If yes, does she have a regular work schedule?

Do you have children who live at home with you? If yes, how old are they?

Do you have your own phone where we can contact you?
  o Consider asking for an emergency contact and request permission to contact the emergency contact if needed (especially for perpetrators who live alone).

For individual contact, men will need access to either a phone, computer or tablet. Some men will not possess a digital device suitable for videoconference for visual communication or have broadband speeds that could reliably sustain a connection between the facilitators and perpetrators using video. Perpetrator program staff should set up an initial ‘testing session’ with each of the perpetrators joining individual sessions or the group in order to establish technical proficiency if using a computer or tablet. For those programs offering group sessions via VCS, will you allow some men to participate only by phone?

If VCS is deemed as being an appropriate channel to deliver a program, each participant needs to be in a safe, quiet and isolated location away from victim-survivors, children, pets and friends. This is to ensure sensitive and private conversations do not present an additional risk to victim-survivors as a result of being overheard or the privacy of the participant or other group members being compromised. Please be mindful that there is always a data security risk in the use of any smartphone, tablet computer or laptop through the ability to Screen Capture or Screen Shot the live session. For those using VCS, we recommend that while participants may be in a more comfortable environment, the expectation should be that their behaviors should be in line with attending an in-person group.

Facilitators of individual sessions and group sessions should also be aware of their surroundings and ensure that they apply the same rules to themselves as to their participants. For example, facilitators should use headphones and making sure they are visible to emphasize this rule applies to all. They should also be very aware of things on their screen (e.g., personal documents, family photos as screensavers/wallpapers etc.) if they are sharing their screen and of their physical location within the home, e.g. family photos etc. in the background should probably be removed.

3) Living situation

If a perpetrator expresses interest in contact with the perpetrator program during COVID-19, another consideration for the type of contact and frequency should be based on the living situation of the perpetrator. For example, perpetrators who live alone and have no children living with them or children at their home for visitation the risk to victims and children pose significantly lower risk possibly to the women and children in their lives than men who live with their partner they used violence against, have children in the home, and prior to COVID-19 were considered high risk. On the other hand, men who are living in extreme levels of isolation because of COVID-19 could also pose great risk for deteriorating abilities to function on a day-to-day basis, become suicidal, and become obsessed with the whereabouts of their victim and children and begin to stalk them.

4) Level of risk for lethality and dangerousness for domestic violence during COVID-19

The level of risk that the perpetrator poses during COVID-19 will determine the type and frequency of contact for offenders. Perpetrator program staff are encouraged to find ways to have regular and frequent contact with high-risk offenders.
5) Options provided by the perpetrator program

For some perpetrator programs in the United States, they will not have the capacity to provide for all options described in A – D. For other programs, providing crisis management and support as their sole function has not been a primary role of their agency previously and may choose to not offer this during COVID-19 because of their lack of capacity to do so. Perpetrator programs need to decide which options they have the capacity to provide.

6) Crisis level for COVID-19 in your community

By some estimates, the United States is about 3-4 weeks behind Europe in the timeframe for the peak of the COVID-19 pandemic. In addition, the United States is vastly different by region and by state in how they have been affected and are responding to the COVID-19 pandemic. For example, New York City has been named a COVID-19 “hot-spot.” If your region or community is a known “hot spot” for COVID-19, should your perpetrator program be offering anything else other than crisis management and support? When a large number of people in a perpetrator’s community are threatened and affected by COVID-19, should we expect men to engage in a traditional behavior change process? During the time of an intense crisis such as COVID-19 will perpetrators be able to learn and have deep reflective thought about their beliefs and values? How is this crisis the same or different from other crisis the men face? Considerations should be made to keep the pedagogical material should be kept to a minimum and be responsive to what participants need at the moment during the COVID-19 crisis.
Considerations for Providing Individual Intervention Options A, AA, B, or BB

Research shows that individual sessions for domestic violence perpetrators is less effective than group sessions. Perpetrator programs should consider the following for offering individual sessions to perpetrators during COVID-19:

- During the pandemic of COVID-19, is some contact with perpetrators better than no contact?
- Is contact with a perpetrator in an individual session during COVID-19 enhancing or diminishing the safety of victims and their children?
- What if your state's standards explicitly state you cannot conduct ANY one-on-one work with perpetrators?
- One on one work will take more time if you do this with numerous men. Does the perpetrator program staff have the resources to do this?

Individual Session Credit toward Court-Ordered Requirements

Will individual session contact described in Interventions A, AA, B, and BB be considered in meeting the required number of court ordered sessions?

- If the contact was crisis management only, should it count?
- If contact included adapted curriculum content with a goal of critical thinking, could it count? If 20-30 minutes is spent with one perpetrator in an individual session, is it equivalent to a 90-minute group session?
- Have you communicated to the perpetrator about session credit during COVID-19?
- If the men are voluntarily participating in the individual session and if this choice is related to lack of capacity to engage in VCS, shouldn’t the session be counted?

Individual Session Fees

Will perpetrator programs charge session fees for any contact on an individual basis during COVID-19?

- Will fees be charged to perpetrators for Interventions A, AA, B, or BB during COVID-19 if they were charged previously?
- If a session does count toward court ordered requirements, then does a fee apply? If yes, when would payment be expected?
- What form of payment can your program administer during COVID-19?

Because you will not see the men in person, administering payment will be completely different. Payment options include electronic such as: PayPal, Venmo, CashApp, or Zell. Programs can also consider allowing the amount owed to increase during the time and allow payment at a later date.

Consider not charging a fee for sessions offered during COVID-19. If agencies must collect fees in order to operate at this time, consider a delay in collection of money.
**A) Individual weekly support via phone/VCS for Crisis Management**

Individual support for crisis management can be offered via phone or Skype on a weekly basis if the living situation is stable. Suggested length would be between 20 - 45 minutes. Always allow for extra time (at least 15 minutes more), if you sense the perpetrator is agitated and needs further time. Interventions and contact for crisis management should always seek to “do no harm”.

Consider asking men the following “COVID-19 check-in questions”:

- Since last time we talked, how have your daily activities and life changed as a result of COVID-19?
  - Are you still working? (If previously employed)

- How have the daily activities of your intimate partner changed as a result of COVID-19?
  - Is your partner still employed? (If previously employed)

- How have the daily activities of your children changed as a result of COVID-19?
  - Are your children doing distant learning for school?

- Are you responsible for taking care of any elderly persons in your life?

- Do you know any family members, friends, or anyone else who is sick or hospitalized with COVID-19?

- Ask about the following:
  
  - What are the current situations that are most likely to lead to abusive and controlling behavior (e.g. children getting too loud, partner repeatedly entering their work space, differences over what to watch on television)? Trouble shoot how to effectively manage each situation without being abusive or controlling.
  
  - What are the most stressful aspects of the COVID-19 pandemic for the individual (e.g., being home all the time, children getting restless, partner “overreacting” to the danger)? Trouble shoot how to effectively manage each of these on-going stresses.
  
  - Identify the most important on-going practices the individual can do to maintain their center and not act out with abuse and control (e.g., going for walks, meditation, prayer, checking in with supportive people)
  
  - Each session would involve asking how the previous week had gone, new challenges and concerns, and reviewing of the above.

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2 Check-In questions developed by Pathways to Family Peace

3 Developed by Chris Huffine of Allies in Change and available at: www.alliesinchange.org
Suggestions for activities with perpetrators on an individual basis for crisis management from the WWP EN guidelines:

- Encourage daily journaling.
  - There is a concern that for men who live with an intimate partner, what if she finds the journal? In addition, the activity requires perpetrators to be literate as well.
- Encourage using messaging (WhatsApp, other) to communicate with perpetrator program staff.
- Discuss how victims can be affected by abuse or violence. Consider discussion of unrealistic expectations perpetrators may have of their intimate partner during the COVID-19 pandemic.
- Discuss childcare and how children can be affected by abuse or violence. Also consider addressing unrealistic expectations perpetrators may have of their children, strict and authoritative attitudes concerning rules, education, homework, and home-schooling.
- Consider preparing audio recordings or videos if they have access to e-mail and technology and sharing them with the men.
- Consider making a schedule for contact, so that perpetrators have some reference points in situations of uncertainty, especially for those men that are home from work.
- Discuss and evaluate what “private spaces” are available for perpetrators and those with whom they are living. It’s important to be flexible; many live in small spaces without access to technology. Consider using gardens, garages or cars for calls.

**AA) Individual weekly contact via phone/VCS for adapted behavior change programming**

The difference in making contact with a perpetrator during COVID-19 on an individual basis via phone/Skype for adapted behavior change programming vs crisis management and support is that the facilitator would prepare for the contact similarly to when they prepared for an in-person group session. Perpetrator program staff may review curriculum, content and plan for the interaction with a topic in mind to discuss.

Suggestions for activities with perpetrators on an individual basis for adapted behavior change programming:

- Consider not focusing on topics that solely address violence and accountability for violence during the COVID-19 pandemic.
- For example, the Duluth Model curriculum “Creating a Process of Change for Men Who Batter” covers the Power and Control Wheel and the Equality Wheel as it relates to adult intimate partner relationships. During COVID-19, many groups are only focusing on the Equality Wheel and Nurturing of Children Wheel.

**B) Intensive individual support for crisis management via phone/VCS for high risk cases**
For higher risk perpetrators a more intensive approach will likely be necessary, such as short daily, or bi-weekly morning check ins.

Consider asking the “COVID-19 Check-In” questions developed by Pathways to Family Peace in Intervention A.

Consider asking the questions outlined in Intervention A.

Program staff could ask the perpetrator questions such as the following in addition to the ones mentioned above in B:

- What good do you expect to come out of today?
- How are you feeling today?
- What challenges are you concerned about for today?
- How do you think you could overcome these problems?

If there are children in the household it is important to address the children’s safety and well-being.

The content for these shorter regular calls for high-risk perpetrators should be in addition to the regular contact described above in Intervention A.

**BB) Intensive individual contact for adapted behavior change programming via phone/Skype for high-risk cases**

For higher risk perpetrators, a more intensive approach will likely be necessary, such as short daily, or bi-weekly morning check ins in addition to adapted content from behavior change curricula. If there are children in the household it is important to address the children’s safety and well-being.

The content for these shorter regular calls for high-risk perpetrators should be in addition to the adapted perpetrator program contact described above in Intervention A. Suggestions for activities with high-risk perpetrators on a frequent and individual basis for adapted behavior change programming:

- Consider focusing on the issues that the perpetrator brings up to you that have been a struggle for him. Help him examine the belief systems that support the abusive behaviors.
- The Duluth Model curriculum “Creating a Process of Change for Men Who Batter” covers the Power and Control Wheel and the Equality Wheel as it relates to adult intimate partner relationships. During COVID-19, many groups are only focusing on the Equality Wheel and Nurturing of Children Wheel.

**Considerations for Providing Interventions C and CC: Videoconference Groups During COVID-19**
There are two types videoconference groups that could be offered to perpetrators:

1) Intervention C: crisis management groups or

2) Intervention CC: adapted behavior change groups.

All videoconference software groups during the period of COVID-19 should be altered from programs pre-COVID. It is important that content and methodology not be simply transferred to an on-line format.

At the peak of the COVID-19 crisis where communities are experiencing lockdown, sickness and death and threats to life and well-being are acute, perpetrator programs should consider offering crisis management groups.

Individually reach out to perpetrators to clarify:

- Whether they are interested and/or able to be involved in group sessions
- Communicate to the men what type of group it will be, the goals and whether it is for crisis management and support or an adapted behavior change program
- That the groups will have a different format and rules from the in-person groups
- That due to privacy concerns (living together and having other people possibly overhearing conversations) sharing of personal information may be limited

**Videoconference software group format, limits, and expectations for the men**

- It is recommended to have at least three men to constitute a group and a maximum of 10 participants if possible: with the preferred number being 8 men.
  - Do your state standards address the number of men in a group?
- If possible, encourage the use of earbuds/ headphones to reduce risk of outsiders overhearing the discussion, and to reduce impact of noise pollution for all participants.
- Assess the internet connectivity of the men and their access to tablets and computers.
- Discuss whether or not to accept any new intakes into group during this time period of COVID-19 when this situation will be temporary and in-person groups.
- Private place is needed throughout the group time where others can hear you or other group members and cannot see your screen.
- Remind the men that it is a confidential group and that there is no recording of the group.
- Turning off or silencing cell phones during group.
- Make sure to have cell phones, tablets and computers fully charged and updated.
- Do not check e-mail, other apps, or do other tasks on your computer during the group session.

**Group Session Credit toward Court-Ordered Requirements**

Will group session contact described in Interventions C and CC be considered in meeting the required number of court ordered sessions?
If the contact was crisis management only, should it count?
If contact included adapted curriculum content with a goal of critical thinking, could it count? Does the length of the group session matter?
Have you communicated to the perpetrator about session credit during COVID-19?

Group Session Fees
Because you will not see the men in person, administering payment will be completely different. Payment options include electronic such as: PayPal, Venmo, CashApp, or Zell. Programs can also consider allowing the amount owed to increase during the time and allow payment at a later date.

Will perpetrator programs charge session fees for any group contact during COVID-19?
- Will fees be charged to perpetrators for Interventions C or CC during COVID-19 if they were charged fees previously?
- If a session does count toward court ordered requirements, then does a fee apply? If yes, when would payment be expected?
- What form of payment can your program administer during COVID-19?

Consider not charging a fee for sessions offered during COVID-19. If agencies must collect fees in order to operate at this time, consider a delay in collection of money.
C) Group format via videoconference software (Skype, Zoom, GoToMeeting, etc.) for Crisis Management and Support

Before structuring group sessions for crisis management and support during COVID-19 the following steps are recommended:

- Content and discussion should be altered to supportive messages, catching up with each other, and checking in on participants’ health and well-being.

- For crisis management groups, the check-in on the use of violence could be limited to flagging concerns. These concerns could be addressed in later individual contact; the perpetrator should not be confronted in the group session. Instead, facilitators should work to respectfully challenge the men during this crisis.

- For crisis management groups, consider offering the men a “drop-in” format group where facilitators tell the men that they will be available at a certain day and time every week during the COVID-19 crisis. Most videoconference software groups allow for video and/or phone only participation. If the perpetrator program organizes a “drop-in” group, consider allowing men to participate via the phone or computer.

- If a facilitator develops a relationship with men where they become a primary support advocate, how will this relationship shift to one of a facilitator of men’s group? What are the challenges to resuming programming or put another way, what are the effects of what we are doing in the short term for the long-term process of the men?

CC) Group format via videoconference software (Skype, Zoom, GoToMeeting, etc.) for adapted behavior change perpetrator program

During COVID-19, it is recommended that traditional behavior change perpetrator programs only be offered if your community is not near or in the peak of the COVID-19 crisis locally or in a COVID-19 “hot spot” in the United States.

Considerations for adapted perpetrator programs being offered during COVID-19 should include:

- Do perpetrators live with their partners? Will she and/or the children by physically near the perpetrator during contact?

- Does the physical space allow for privacy?

- Are the children home during and are they being cared for?

- Is it riskier to not provide anything? Or, is it riskier to do this?
How will you adapt your curriculum and content?

**Curriculum Content for Adapted Behavior Change Programs during COVID-19**

Consider ways of adjusting your “normal” curricular activities to this specific situation. You cannot conduct group in the exact same way through videoconference that you do in-person. In addition, as the “life threat” increases to men from COVID-19, the content of the curriculum related to power, control, violence and accountability should possibly decrease. For example, during the timeframe of COVID-19, Pathways to Family Peace is only discussing topics related to the Equality Wheel and Nurturing of Children Wheel and not the Power and Control Wheel during the time of the global pandemic. If using other curriculums during this time of COVID-19, focus on equality-based portions of the curriculum, versus traditional “Holding men accountable” portions of the curriculum. Consider the balance needed for this intervention. We seek to provide support and critical thinking. It is also possible that you may begin by providing an adapted behavior change program but if and when the COVID-19 peak crisis occurs should stop this format and switch to only providing crisis management and support.
D) Partner⁴ support – Guidelines

Specific care should be taken to assure that communication with perpetrator’s partners protects all online activities and be aware of the ways in which technology may compromise safety. Make sure victim/survivors know how to delete or clear all “footprints” from their computer or online activities. Please also be aware of the risks posed by stalkerware.

Begin by contacting your local victim-support agency to develop a plan and questions that would be helpful and appropriate for partner support. The plan could include examples and suggested questions for victims.

Consult with partnering advocates and victim-support services throughout planning, implementation, and practice. Confer with referral and monitoring sources frequently. Think through how you will assess the impact your work is having on partners and children. How will you know if you are reducing harm, or creating it?
- Karen Wyman, Maine Coalition to End Domestic Violence

Confirm that victims are in a safe situation. Ask victims what their preferred way to communicate privately is before continuing to speak. Text messaging, What’s App or other social media is an option for this contact.

If you determine that you can proceed with the partner contact, gather the following information:

- What is her work situation? Is her partner working? Is she having financial difficulties?
- Does she have children in the household? How is the management of the children going? How are the children? How is the perpetrator’s behavior affecting the children?
- Has there been more conflict? If yes, have there been episodes of violence? How has it affected her?
- If there has been no further violence, does she fear a new episode of violence?
- Has the management of spaces in the house changed? How is she coping with living in social isolation? How is she doing? How does she manage stress?
- If she previously accessed woman’s support services - Is she in touch with them now? If she is not, provide the resources to her.

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⁴ The term “partner” is used to describe and include past and current intimate partners of perpetrators of domestic violence.
● Inquire about any concern that she might have about her partner being contacted by phone or videoconference by the perpetrator program. Is she concerned that the contact might jeopardize her safety?

● What are the situations and/or behaviors that are of greatest concern for her?

● Where does she think it is most important that her partner focus on right now?

● How can the perpetrator program be most supportive right now in their interactions with the abusive partner?
CONSIDERATIONS FOR PERPETRATOR PROGRAMS POST-COVID-19

Once the United States is past the timeframe in which the global pandemic of COVID-19 is a daily threat to our lives, the adaptations for perpetrator programming that was offered during this global crisis may be seen by policymakers and legislative bodies as cost-efficient. Offering perpetrator programming through VCS has only been considered in one exploratory study with Pathways to Family Peace. In those initial lessons learned, VCS groups are secondary to in-person groups. We seek to learn from this experience during this global pandemic and encourage programs to contact us to provide information and feedback about lessons learned.