

**DRAFT Adaptation of the
European Network Guidelines for Working Responsibly
with Perpetrators of Domestic Violence During the
COVID-19 Pandemic
for Consideration by United States Perpetrator Programs**

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European Guidelines created by



WWP//EUROPEAN NETWORK

**Draft Adaptation for Consideration by United States Domestic Violence Perpetrator
Programs written by**

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**GLOBAL RIGHTS
for WOMEN**

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The European Network for the Work with Perpetrators of Domestic Violence (WWP EN)

This draft 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>

Pathways to Family Peace

Pathways to Family Peace is a men's domestic violence program offered using video conference software (VCS) as part of an international 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 is being conducted by Professor Nicole Westmarland and Rosanna "Rosie" Bellini of Durham University in England.

"Initial Lessons Learned from using Video Conferencing Software to deliver Interventions for Men using Violence in Intimate Relationships" by Rosanna Bellini and Nicole Westmarland is available at: http://www.minnesotaironwoman.com/uploads/8/0/5/0/80504718/initial_lessons_learned_bellini_and_westmarland.pdf

Additional information about Pathways to Family Peace can be found at:

<http://www.minnesotaironwoman.com/pathways-to-family-peace.html>

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 Batterer 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 original content for this guide was created by the European Network for the Work with Perpetrators of Domestic Violence (WWP EN). On March 27, 2020, Melissa Petrangelo Scaia of Global Rights for Women / Pathways to Family Peace and Jon Heath of the Family Violence Project / Pathways for Family Peace Maine, met with Alessandra Pauncz, the executive director of WWP EN to learn from the European experience. The European Network shared with us their Guidelines for working responsibly with perpetrators of domestic violence during the COVID-19 pandemic. Melissa and Jon also interviewed victims of domestic violence, advocates, and leaders of perpetrator programs in the United States for input and then adapted the European guidelines to address the United States context for working with perpetrators of domestic violence.

Centers for Disease Control (CDC) Information – March 26, 2020

According to the United States Government Center for Disease Control (CDC), on March 26, 2020:

The United States and the world is currently responding to a [pandemic](#) of respiratory disease [spreading](#) from person-to-person caused by a novel (new) [coronavirus](#). The disease has been named “coronavirus disease 2019” (abbreviated “COVID-19”). This situation poses a serious [public health risk](#). The US federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to [respond](#) to this situation. COVID-19 can cause [mild to severe illness](#); most severe illness occurs in older adults.

Situation in U.S. according to the CDC

Different parts of the country are seeing different levels of COVID-19 activity. The United States nationally is in the acceleration phase of the pandemic as of March 31, 2020. The duration and severity of each pandemic phase can vary depending on the characteristics of the virus and the public health response.

- CDC and state and local public health laboratories are testing for the virus that causes COVID-19. View [CDC’s Public Health Laboratory Testing map](#).
- All 50 states have reported cases of COVID-19 to CDC.
- U.S. COVID-19 cases include:
 - Imported cases in travelers
 - Cases among close contacts of a known case
 - Community-acquired cases where the source of the infection is unknown.
- Most U.S. states are reporting some community spread of COVID-19.
- View [latest case counts, deaths](#), and a [map of states with reported cases](#).

This information can be found and verified at:

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html>

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¹ The term “partner” is used to describe and include past and current intimate partners of perpetrators of domestic violence.

INTRODUCTION

In response to the current COVID-19 global pandemic and on-going questions and concerns about how to work responsibly with perpetrators of domestic violence while prioritizing the safety of victims, we have created this document “Draft Adaptation to the European Guidelines for Working Responsibly with Perpetrators of Domestic Violence During the COVID-19 Pandemic for Consideration by United States Perpetrator Programs”.

We begin by emphasizing that the original guidelines 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. In less than 10 days, 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 are including the input of the victims and advocates in separate documents. What the victims and advocates from our communities told us is helpful to us. It does not mean that they should guide you. What is most important is that you contact victims and advocates in your community.

In a short period of time, we included input from Pathways to Family Peace, the WWP EN, Family Violence Project, and Global Rights for Women. In addition, we have 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 draft guide:

- Patricia Cumbie, Communications Director, Global Rights for Women
- Laura Wilson, JD, Women’s Human Rights Attorney, Global Rights for Women
- Cheryl Thomas, JD 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, PhD., 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
- Lori Stavnes, Advocate and Consultant on Violence Against Women
- Liberty Aldrich, Managing Director, Center for Court Innovation
- Rebecca Thomforde Hauser, Associate Director, Gender and Family Justice Programs, Center for Court Innovation
- Brittany Davis, LMSW, Coordinator, Gender & Family Justice, Center for Court Innovation
- Terri Strodthoff, PhD, Founder and Executive Director, Alma Center
- Amie Roberts, State of Washington, Domestic Violence Perpetrator Treatment Program Manager
- Christopher Hall, Ph.D. Candidate UNCG Educational Research Methodology
- Julie Owens, Consultant and 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 leaders in the field of domestic violence, victims and advocates does not represent the vast diversity of needs and experiences across the United States. We are also grateful to the leaders in Michigan who organize the Aquila list serve and the BISC-MI “Neighborhood Calls” on Zoom on Fridays during the pandemic. We encourage you to participate and learn from as many people as possible during this unprecedented time.

The document includes a lot of questions for perpetrator programs in the United States to consider. We are all exploring the answers to these questions together. We do believe that these are the questions programs need to be asking themselves before moving forward with a strategy. However, we don’t know what all of the answers would be across the vast United States country, let alone in the one’s the authors work in. This pandemic has given us unprecedented challenges that bring up more questions than answers. However, if we are asking the right questions, we are halfway to finding the right answers.

Please consider this draft guide a thoughtful first start and attempt to work with perpetrators of domestic violence responsibly during this emergency situation of the global pandemic of COVID-19.

To make suggestions, changes and/or additions to this guide please contact:

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ASSESSING THE CURRENT THREAT AND RESPONSE TO COVID-19 IN YOUR COMMUNITY / STATE

The first step in adapting programs or interventions with perpetrators of domestic violence in your community is to assess the current health risks that COVID-19 is posing and learn your state or community's current and projected response.

At a White House briefing on March 31, 2020, Dr. Deborah Birx, the coronavirus response coordinator for the US government, laid out a grim vision of the future. She said,

“The best computer models predict that between 100,000 and 200,000 Americans will die from COVID-19 during the coming months, even if the country continues the strict social distancing measures that most states have adopted. Relaxing those restrictions would send the toll much higher. It would be a shocking escalation in the epidemic's death toll. So far, the epidemic has claimed fewer than 4,000 lives in the United States, and roughly 40,000 worldwide.”

The response by individual states in the United States to COVID-19 is varied. To assess your community response, consider the following questions:

- Is your state / county in lockdown?
 - If yes, what restrictions are in place?
 - If no, what restrictions do you anticipate being imposed in the near future?²
 - If no, what measures for health and safety are being taken on a community level?
 - If no, what measure for health and safety are being taken by your agency when working with perpetrators of domestic violence?

- Are there statistics on the number of people affected by COVID-19 in your state/region? Are you in a COVID-19 hot-spot in the US?
- What is the level of unemployment in your state/community?
- How is COVID-19 affecting marginalized communities in particular?
- Are there reports that indicate the level of physical, emotional and mental strain of front-line or essential services workers?
- Is your community responding effectively to address the loss of income?
- Are childcare centers closed?
- Are schools closed?
- Are daily living supplies available?

Answering these questions will help you better understand the needs of victims, children and perpetrators in your community which will help inform what type of programming will be offered to perpetrators. For example, in New York, NY the level of crisis related to COVID-19 is high and considered a “hot-spot,” while northeast Minnesota has just completed a one-week lockdown and has one of the lowest infection and death rates related to COVID-19. In New York City, because so many police officers have become infected with COVID-19, they are conducting health screens before they enter homes. The arrest rates overall in New York are down. In addition, victims of domestic violence have stated that

² Perpetrator programs should find out whether or not they are considered essential personnel in their state.

they do not want their perpetrators to go to jail or prison at this time because in some of those facilities COVID-19 is rampant. Police and prosecutors are processing domestic violence arrests without sending perpetrators to jail in the pre-trial stage due to current levels of transmission in jails (even overnight).

The following factors related to the COVID-19 crisis will impact domestic violence victims in various ways:

- Many are living close proximity to family members in quarantine for an extended period of time
- Both victims and perpetrators may have concern for family members and friends who are immunocompromised and elderly or who are essential services workers and frontline healthcare employees
- Social isolation is widespread
- Fear of potential and actual financial strains and not having access to health care is widespread
- Many are wading through information and mis-information about COVID-19 and experiencing stress from this
- School age children are home and requiring attention and assistance
- Pre-school children are in need of parental care
- In many states, non-custodial children are unable to see their parents because supervised visitation services are not operating during lockdowns
- Perpetrators may be attempting to comply with existing court orders
- Fear of our own or loved ones' death or illness is widespread
- Even among people who have the choice to stay-at-home during COVID-19, people are making different choices about how they respond to the lockdown orders. Some perpetrators have indicated that their partner or mother is still going to church, for example, when it is their belief that everyone should stay home. In addition, a number of victims said that their perpetrators are resisting the stay-at-home orders, expressing the attitude of "No one is going to tell me what I am going to do."
- In many situations, new decisions and arrangements need to be made for the placement and visitation of children
- Everyone in communities affected by COVID-19 - including perpetrators - are facing a life-threatening situation that increases stress and tension. In addition, many people are facing threats to their basic needs, such as income loss, loss of support offered by schools and community organizations, and difficulty accessing medical and mental health care."
- Unequal access to healthcare and generational trauma appear to be increasing the incident rate and morbidity in communities of color
- Perpetrators will find gaps in the criminal process due to the pandemic and exploit them.

"I have been reflecting on the number of perpetrators who may not be willing to follow the current lockdown conditions in our state. So many perpetrators have the thinking of 'No one is going to tell me what to do.' Many women may feel helpless to protect themselves and their children when he is not willing to comply with social distancing. The thought of all of this has me very concerned for these women and children."

- Lori Stavnes, Advocate and Consultant on Violence Against Women

ASSESSING THE CURRENT RESPONSE TO COVID-19 BY YOUR COORDINATED COMMUNITY RESPONSE (CCR)

Work with perpetrators of domestic violence is more effective and victim safety is enhanced when it is part of a Coordinated Community Response (CCR). We emphasize the importance of this if you choose to continue to work with perpetrators during the COVID-19 pandemic. As it was before this crisis, it is critical that any changes to the delivery of interventions for perpetrators be approached as part of a wider, CCR to domestic violence. In part, it is critical that victim-survivor support service workers be consulted regarding any proposed changes prior to implementation by the perpetrator program. Victim support service workers should be made aware if there are changes made in how you work with perpetrators at this time. In general, work that is done by a CCR, such as making arrests in cases of domestic violence, conducting risk assessments, communication and coordination with probation or child protection still need to occur.

In assessing the current response of your Coordinated Community Response (CCR) during the COVID-19 pandemic:

- Are the police prioritizing domestic violence calls? Are they making arrests on domestic violence misdemeanors and felonies?
- Are advocates available for victims? In-person? By phone?
- Are domestic violence shelters able to provide services? Will they take new intakes?
- What kind of support is the government giving to women's shelters in COVID 19 crisis?
- Are courts providing any hearings for domestic violence? Are they in-person hearings? Are they delayed?
- Are the courts prioritizing orders for protections (OFPs)?
- Are the courts hearing technical violations of probation such as drinking/drug use?
- Is probation doing field checks for sobriety and compliance to conditions?
- Are violations of OFPs being prioritized?
- Is the input of victims of domestic violence being gathered about how to work with perpetrators during COVID-19?
- How is probation coordinating their monitoring and accountability of offenders?

“It is critical that perpetrator programs consult with victims and victim-survivor support services and hear their feedback before changes are made.”

– Juan Carlos Arean, Futures Without Violence

Perpetrator programs coordinate their work with criminal justice agencies that are part of a CCR. For example, in many CCRs, probation administers the risk assessment for perpetrators of domestic violence. If a perpetrator was arrested while in the program, would you be informed? Are the same information-sharing protocols in place during COVID-19? Do the information sharing protocols in place before COVID-19 have to change due to remote access? Perpetrator programs should prioritize making contact with victim-survivor programs. Perpetrator programs should prioritize making contact with victim-survivor programs.

Perpetrator programs should continue to coordinate their work with their Coordinated Community Response (CCR). Doing so at the time of COVID-19 will likely bring new challenges in your efforts as part of a CCR. Addressing challenges that affect victim safety need to be prioritized.

ORGANIZING PRINCIPLES

Before defining 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, programs should 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 victim 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 risk assessments conducted during COVID-19 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?

It is important that the answers to the above questions do not 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. It is best to seek input from victims who have distance from their experience and are not currently in living in a crisis situation. Consider compensating victims for their time in giving input

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 during COVID-19.

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 during COVID-19.

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 during COVID-19. 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.

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 to Family Peace is grounded in 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 victim advocates and five victims of coercive controlling violence and abuse to specifically gain their input on providing perpetrator programs during COVID-19. In the 14 hours of interviews with these women, we have gained invaluable information. The content of our interviews can be found in the appendix of this Guide. Pathways to Family Peace operates as part of a CCR and prioritizes 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.

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. 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.

In general, there are three options for your perpetrator program during COVID-19:

- 1) Offer crisis management services;**
- 2) Adapt behavior change programming; or**
- 3) Suspend all services.**

Which option has your agency chosen?

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. This focus promotes 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 goals to consider in adapting 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, develop strategies for staying non-violent 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 crisis. Therefore, whenever possible, perpetrator programs should consider maintaining even a minimal number of services to stay in contact with perpetrators during COVID-19.

If your agency has suspended services, consider the following:

- Contact all the perpetrators to let them know that services are being suspended. We encourage perpetrator programs to make contact again in about 14 days after the initial contact to let them know the status of the program. Inform 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 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 input on the goals of your perpetrator program.

ASSESSING FOR RISK OF DOMESTIC VIOLENCE DURING COVID-19

Assessing risk for lethality and dangerousness of domestic violence should not be a one-time event. The risk assessment of the perpetrator of domestic violence that was completed pre-COVID 19 was accurate then. Would it be accurate now? As societal norms and circumstances change, should the risk assessment be done again? The current COVID-19 pandemic has increased the frequency of contact between family members. All families are more socially isolated, financial strain has increased, and in many situations, parents are more involved and responsible for their children's education. In addition, fear for our own and loved one's health and well-being has increased because of COVID-19. None of these societal changes are the cause of domestic violence but can contribute to increasing the severity and frequency of domestic violence.

Conducting a risk assessment during COVID-19 is necessary in order for perpetrator programs 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.

Perpetrator programs that have never conducted a risk assessment should not begin to do one now. If probation agencies had previously conducted the risk assessment and shared that information with the perpetrator program, that should continue to occur. If a perpetrator becomes labelled as "high-risk" during the COVID-19 phase, it does not mean that programs should cease services and contact for him. We are encouraging perpetrator programs to prioritize contact with high-risk offenders of domestic violence during the COVID-19 pandemic.

Decisions to suspend, maintain, change or increase perpetrator contact could affect the safety of victims and children. Risk assessments that are traditionally used were not created with the current international pandemic in consideration. However, the risk factors remain the same. What is different is the threat that COVID-19 poses to all of us and the amount of contact and isolation perpetrators and victims live in.

The risk factors for lethality of domestic violence do not change because of COVID-19. However, the circumstances that perpetrators and victims of domestic violence are all living in might change the outcome of the assessment.

- Scott Miller, Domestic Abuse Intervention Programs "the Duluth Model"

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 again.

The following are considerations for conducting risk assessments in the United States during COVID-19. The information and questions below do not constitute a new tool for conducting risk assessment. All of the questions and considerations below seek to address the new social circumstances that have been created by COVID-19. Valid risk tools that were created prior to COVID-19 are still valid. Consider incorporating the following questions and comments below to account for how society and social order has changed during COVID-19.

COVID-19 Domestic Violence Risk Assessment Guidelines

Perpetrator program staff should ask 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 the 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.
 - 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 the 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?
 - 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 front-lines of responding to COVID-19?
- If the perpetrator lives with his partner, ask him:
 - Does your partner work?
 - 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.

4) 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.

5) 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.
 - It is important to remember that because probation and other agencies have difficulty monitoring alcohol and drug use at this time, it is unlikely that perpetrators will answer affirmatively if they are using alcohol or drugs because of the consequences.

6) 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 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.

7) In what ways can 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 assessment 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.

8) 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.

9) 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.

10) 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, use or presence of firearms, threats or attempts of suicide, 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 perpetrator during COVID-19, the perpetrator should be considered high-risk.

11) 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 tell him, “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.”

The risk assessment guidelines outlined above are for consideration by perpetrator programs to make decisions about how they will interact with each perpetrator of domestic violence in the program. In the WWP EN guide a flow chart was developed to determine what to do with perpetrators based on risk. It should be noted that in the United States, there are no empirical studies that correlate risk to motivation and participation in a perpetrator program.

CONSIDERATIONS FOR CHOOSING 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 Violence³ 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

All contact with a perpetrator program during COVID-19 should be voluntary for the perpetrator 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 duration of the COVID-19 pandemic is unknown. Therefore, we recommend that the perpetrator program make a second contact to perpetrators two weeks after his 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

When 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 so we can reach you on 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?

³ Guidelines to Ensure Responsible Work with Perpetrators during COVID-19 - <https://www.work-with-perpetrators.eu/covid-19>

- If the perpetrator lives with an intimate partner, ask:
 - 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?
- 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 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 that sensitive and private conversations do not present an additional risk to victim-survivors as a result of being overheard. It also aims to ensure that the privacy of the participant and other group members is not 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 may pose lower risk to victims and children than men who live with the victim, 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. They may become suicidal, obsessed with the whereabouts of the 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

Some perpetrator programs in the United States 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 is new; they 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 and whether they have sufficiently explored alternatives with CCR partners.

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 crises the men face? Considerations should be made to keep the pedagogical material to a minimum and be responsive to what participants need at the moment during the COVID-19 crisis.

During the weeks/months surrounding the peak of the COVID-19 crisis, should perpetrator programs offer anything other than crisis management contact?

POSSIBLE INTERVENTION OPTIONS WITH PERPETRATORS OF DOMESTIC VIOLENCE DURING COVID-19

Research shows that individual sessions for domestic violence perpetrators are 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?
- Consider your plan 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 your program staff have the resources to do this?

Changing Programming during COVID-19

Because perpetrator programs should be operating as part of a CCR, changing your programming should be discussed with your CCR over teleconference or video conference before making changes. In addition, in many states, a government agency must approve changes. In addition, if changes are made, those changes should be made in writing to the men in the program and new participant agreements should be drafted so that program changes are made clear to the men.

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 deferring payments due to a later time. Programs should consider exploring specialized Small Business Association (SBA) Loans by contacting your local lender. These have become available in response to the global COVID-19 crisis, and may not be required to pay back.

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 and/or applying for Small Business Association (SBA) loans offered during the COVID-19 crisis.

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 - 60 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”⁴:

- 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? (If currently in a relationship).
 - 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, hospitalized, or has died as a result of COVID-19?
- Ask about the following⁵:
 - What are the current situations that may lead a perpetrator to abusive and controlling behavior (e.g. children getting too loud, partner repeatedly entering their work space, differences over what to watch on television)? Troubleshoot 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 of the time, children getting restless, partner “overreacting” to the danger)? Troubleshoot 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)

⁴ Check-In questions developed by Pathways to Family Peace

⁵ Developed by Chris Huffine of Allies in Change and available at: www.alliesinchange.org

- Each session would involve asking how the previous week had gone, new challenges and concerns, and reviewing of the above.

Suggestions for activities with perpetrators on an individual basis for crisis management from the WWP EN guidelines:

- Encourage daily journaling if men have sufficient privacy and are comfortable with writing.
 - There is a concern that for men who live with an intimate partner that she may find the journal. In addition, the activity requires perpetrators to be confident about their writing skills.
- 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. Also, consider the potential impact to victims living with the man, if the schedule has a penalty, such as an absence, for them not answering the program call. Victims will likely then be blamed by the perpetrator, because they didn't help him remember the call.
- 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 backyards, gardens, garages or cars for calls.
- If your state requires specific attendance of perpetrator programming classes, consider how no credit given will impact victims and perpetrators in cases where the perpetrator has continued his commitment to engaging in all services being offered.

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

When making contact on an individual basis for adapted behavior change programming the facilitators preparing for the contact should consider whether or not it should be similar to when they preparing 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. However, we encourage facilitators to choose topics most relevant to the men, not the facilitator. For example, it is possible that a facilitator spent time planning to discuss isolation and the man needs to discuss being more nurturing with his children at this time. Listen to each man talk about his circumstance and discuss it through the Equality Wheel and Nurturing of Children Wheels⁶. Doing this will require the facilitator to have a firm grounding in nonviolence and equality but take what the man talks about and think about it with him through these Wheels. This means that during any given one-on-one contact, facilitators will have no idea where the conversation will lead to until the perpetrator starts talking. Instead of focusing on his mis-steps and mistakes, talk to him about how to get to a place where he needs to be. Approaching these conversations as someone who knows all of the answers and lecturing the men could create a situation where the men do not want to engage again with you in the future. Consider asking him reflective questions as opposed to giving advice about his situation.

Choose topics most relevant to the men, not the facilitator. This means that during any given one-on-one contact, facilitators will have no idea where the conversation will lead to until the perpetrator starts talking. Instead of focusing on his mis-steps and mistakes, talk to him about how to get to a place where he needs to be. Using the Equality and Nurturing of Children Wheels as a reference for discussions.

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.
- “Violent No More: Helping Men End Domestic Abuse” package by Michael Paymar is a resource focused on behavior change for perpetrators of domestic violence that includes a workbook, assignments and reflective exercises for men to do on their own and guided by facilitators.

⁶ Copies of the Equality and Nurturing of Children Wheels can be found at: www.theduluthmodel.org

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. We encourage you to have more regular and frequent contact with high risk offenders of domestic violence.

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 cited by Chris Huffine.

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

- 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, AA, and B.

Following are 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 raises that have been a struggle for him, and 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.
- If your state requires specific attendance of perpetrator programming classes, consider how not allowing credit given will impact victims and perpetrators in cases where the perpetrator has continued his commitment to engaging in all services being offered. Victims may be blamed and perpetrators may have increased time spent on probation and longer exposure to the correctional system.

C and CC: Providing 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
- 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, plus 2 facilitators; with the preferred number of participants 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. Because this situation is temporary, programs may decide it is best for the program and the perpetrator to delay intake. However, a decision may also be made that it is safest for the women and children if he does begin.
- A 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 the sessions will not be recorded.
- Ask men to turn off or silence 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?
- Have you considered how no credit given will impact victims and perpetrators in cases where the perpetrator has continued his commitment to engaging in all services being offered?

Group Session Fees

Because you will not see the men in person, collecting 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 collect 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 exploring specialized Small Business Association (SBA) Loans by contacting your local lender. These and others have become available in response to this global crisis, and may not require payback.)

Due to widespread financial strain, 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 focus on 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 once the COVID-19 crisis ends? 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 be physically near the perpetrator during contact?
- Does the physical space allow for privacy?
- Are the children home during the session and are they being cared for?
- Is it riskier to not provide any programming? Or, is it riskier to continue with adapted behavior change programming??
- 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 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 this global pandemic, 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. If using other curricula 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. Provide support and the opportunity for critical thinking. It is also possible that you begin by providing an adapted behavior change program, but if and when the COVID-19 peak crisis occurs, stop this format and switch to only providing crisis management and support.

We encourage facilitators to choose topics most relevant to the men, not the facilitator. For example, it is possible that a facilitator spent time planning to discuss isolation and the man needs to discuss being more nurturing with his children at this time. Listen to the men talk about their circumstances and discuss them through the Equality Wheel and Nurturing of Children Wheels⁷. Doing this will require the facilitator to have a firm grounding in nonviolence and equality but take what the man talks about and think about it with him through these Wheels. This means facilitators will have no idea where the conversation will lead to until the perpetrator starts talking. Instead of focusing on the mistakes of the men talk to them about how to get to a place where they need to be. Approaching these conversations

⁷ Copies of the Equality and Nurturing of Children Wheels can be found at: www.theduluthmodel.org

as someone who knows all of the answers and lecturing the men could create a situation where the men do not want to engage again with you in the future. Consider asking him reflective questions as opposed to giving advice. Instead it will be a topic arbitrarily chosen by the facilitator which will likely miss the mark.

D) Partner⁸ 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 with living in social isolation? How is she doing? How does she manage stress?

⁸ The term "partner" is used to describe and include past and current intimate partners of perpetrators of domestic violence.

- If she previously accessed woman's support services - Is she in touch with them now? If she is not, provide the resources to her.
- 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?
- What does she think is most important for her partner to focus on right now?
- How can the perpetrator program be most supportive right now in their interactions with the abusive partner?

MANDATED GROUP INTERVENTION FOR WOMEN WHO HAVE USED FORCE: CONSIDERATIONS DURING THE COVID-19 PANDEMIC

By Lisa Young Larence and Melissa Petrangelo Scaia

While the larger guide's primary purpose is to address work with men who have perpetrated domestic violence against their cisgender female partners, it is necessary to also address ongoing practice considerations for women court and/or agency mandated to services for using force in their intimate relationships. Research and practice have established that the majority of women arrested for using force against their intimate male partners and court and/or agency-ordered to services are both survivors of intimate partner and sexual violence. In addition, women in same-sex relationships may also be at the intersection of survivorship and abuse perpetration in their current relationships. Practitioners serving women in same-sex relationships, should also consider multiple, overlapping factors specific to same-sex relationship dynamics, particularly societal homophobia (Ristock, 2002)⁹. For women who continue to have contact and/or live with coercively controlling partners — or who have children in common with an abusive partner — mandatory services increase the risk that their partners will use their mandatory obligation as an extension of the abuse, as Roy (2012),¹⁰ Larence & Rousson (2016),¹¹ and Scaia (2017)¹² have shown in both their practice and research. Necessary global COVID-19 pandemic responses, such as sheltering at home, place these women at heightened risk of further partner abuse and dramatically increase the likelihood of system's abuse^{13,14} for women who have used force. In this context, system's abuse is any government/agency-based decision that unintentionally compromises a woman's safety while simultaneously increasing her vulnerability to a coercive controlling partner's abuse and the criminal legal system's monitoring and surveillance. This includes family court, child protective services, and other affiliated monitoring bodies. The likelihood of system's abuse is even

⁹ Ristock, J. L. (2002). *No more secrets: Violence in lesbian relationships*. New York, NY: Routledge Press.

¹⁰ Roy, D. (2012). South Asian battered women's use of force against intimate male partners: A practice note. *Violence Against Women, 18* (9), 1108-1118.

¹¹ Larence, L. Y & Rousson, A. (2016). Facilitating change: A process of renewal for women who have used force in their intimate heterosexual relationships. *Violence Against Women, 22* (7), 876-891.

¹² Scaia, M. (2017). In their own words: Victims of battering talk about being arrested and convicted, *National Clearinghouse for the Defense of Battered Women*. Available at <https://www.ncdbw.org/in-their-own-words>

¹³ Douglas, H. (2018). Legal systems abuse and coercive control. *Criminology & Criminal Justice, 18*(1), 84-99.

¹⁴ Miller, S. L. & Smolter, N. L. (2011). 'Paper abuse': When all else fails, batterers use procedural stalking. *Violence Against Women 17*(5): 637-650.

greater for women societally marginalized¹⁵ by their physical ability,¹⁶ class, race,¹⁷ immigration, gender identity, income, sexual identity, and/or housing status. System's abuse may take the form of, for example, agencies continuing court-ordered services in a virtual group intervention format that does not consider and address the unique challenges facing women of intersectional identities¹⁸ mandated to services with survivorship histories. It is important that service providers contextually consider and address multiple factors including but not limited to:

- women's safety from further abuse and/or coercive control as the first priority;
- perpetuating and/or furthering class and income-inequalities by only providing virtual services to those who can afford and/or have access to them;
- if offered, the likelihood that abusive partners will manipulate the virtual group process in the form of determining the nature of her access, participation, and content;
- because abusive partners routinely change their tactics, each virtual contact has the potential to pose additional, new, and unanticipated risks to her safety;
- abusive partners covertly listening in on and/or taking screen shots of virtual group sessions and using the content of disclosures, both hers and other group members, against her;
- abusive partners posing a risk to cofacilitators and other group members whose confidentiality is also compromised during the virtual group process;
- the short and long-term impact of documented court-ordered program contact with referring agencies (i.e., probation, child protection, family court, etc.) suggesting a woman's lack of participation or intermittent participation in a virtual group is less than the referring agency's ideal, without knowledge of what additional relationship-specific barriers she has to her virtual group participation; and
- unanticipated relationship-specific abuse perpetrated against her in a manner tailored to the unusual circumstances of the pandemic, which simultaneously place her at greater risk yet masks her partner's coercive control.

¹⁵ Larance, L. Y., Goodmark, L., Miller, S. L., & Dasgupta, S. D. (2019). *Violence Against Women's 25th Anniversary Edition: Understanding and Addressing Women's Use of Force: A Retrospective*, 24(1), 56-80.

¹⁶ Ballan, M. S., & Freyer, M. B. (2012). Self-defense among women with disabilities: An unexplored domain in domestic violence cases. *Violence Against Women*, 18, 1083-1107,

¹⁷ Potter, H. (2008). *Battle cries: Black women and intimate partner abuse*. New York, NY: University Press.

¹⁸ Crenshaw, K.W. (2012). From private violence to mass incarceration: Thinking intersectionally about women, race, and social control. *UCLA Law Review*, 59(6):1418-72

Consideration for Women Participating in Mandated Groups during COVID-19:

We recommend that agencies do not offer virtual videoconference groups for women mandated to services during the COVID-19 pandemic. Instead, we recommend programs consider brief, weekly facilitator-client check-ins via phone and/or text message. Brief check-ins will provide women with additional resources for safety and support during the COVID-19 pandemic rather than placing them at additional risk of harm. These recommendations are temporary measures to meet the group member needs during the COVID-19 crisis.

The points below outline further considerations for promoting women’s safety and mandated program integrity.

- Formal Program Contact with Her:
 - Does she see herself and her family in crisis at this time? Listen and respond appropriately.
 - How is the mandated program prioritizing her safety and emotional support during each contact?
 - How is the mandated program considering the impact her intersectional identities have on how she is experiencing the pandemic? (i.e., physical ability, class, race, immigration, gender identity, income, sexual identity, and/or housing status)
 - How is the mandated program providing access and/or referrals to additional community resources such as food banks, healthcare, and temporary financial assistance?
 - How is the mandated program encouraging informal group member contact for additional support?
 - If considering individual or group contact,
 - Is the format accessible to all?
 - Who is currently living full or part-time with the woman? Do any of those people place her at risk of harm or increase the risk that she will resort to using physical force?

- If she does not have secure housing, is she safe where she is residing?
- Do all or some of the women currently live with abusive partners?
- For women who were not living with an abusive partner at last contact, note that their status may change daily. Is she in a relationship with a new partner?
- How will the program promote the physical safety of women identified as being at risk during each contact?
- How will the program promote all group members' physical safety during each contact?
- How will the program promote the emotional needs of women identified as being at risk during each contact?
- How will the program promote all group members' emotional needs during each contact?
- How will the program promote the safety of women identified as being at risk against system's abuse during each contact?
- How will the program promote all group members' risk of system's abuse during each contact?
- What precautions are taken to prevent abusive partner interference at each contact?
- Contact with Referring Agency:
 - Consider releasing women working on the frontline of the pandemic — for example, doctors, nurses, certified nursing assistants — from the obligation of mandated services. Communicate this decision with referring agencies as soon as possible.
 - Pre-emptively inform referring entities of agency-based decisions for ongoing court-ordered contact and reasons for the nature of that contact. This is an opportunity to foreground the group members' safety and support while further educating systems actors about the complex circumstances these women face. By informing the referring agencies about why virtual groups pose a risk to group members' safety and why crisis calls are necessary at this time, agencies are providing group members' essential institutional support rather than leaving the communication burden to the group members.

- What previously qualified as group “participation” in formal agency documentation will need to be updated. Consider using language geared toward “making contact” rather than “completing a session.” This adjustment to language promotes social justice as well as program integrity in a manner that will, ideally, not delay women’s program completion and streamline communication.
- Program Fees:
 - The pandemic has resulted in vast unemployment and created a situation where already marginalized people are further harmed. Therefore, program fee suspension should be a first consideration.
 - Many funding agencies and private foundations are providing emergency assistance to victim serving agencies. Note that women court- and/or agency-ordered to antiviolence programming for their use force are often not visible¹⁹ to resource allocating institutions as worthy recipients. Consideration should be made to use these specially allocated funds to cover the costs of programming instead of collecting money from the women.

¹⁹ Sweet, P. (2018). The paradox of legibility: Domestic violence and institutional survivorhood. *Social Problems*, 0, 1-17.

CONSIDERATIONS FOR PERPETRATOR PROGRAMS POST-COVID-19

When 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.