

26 March 2020

WWP EN update on guidelines for working with perpetrators currently enrolled in programs during the COVID-19 crisis

Please note that these guidelines DO NOT reflect good practice for general perpetrator work. The below guidelines are tailored to the special circumstances perpetrator programmes are in because of COVID-19. You can find the regular WWP EN Guidelines for Standards [here](#).

The situation is developing by the hour and differently in different national and sometimes regional contexts, so we would like to strongly encourage you to make your own assessments guided by your knowledge of your programs, the current (under COVID-19) provision of services for victims and the current community response (social services and police) to domestic violence.

We know that in times of crisis, we as people, as service providers and as managers of services are struck by anxiety and concern: for ourselves and our loved ones, for our colleagues, for those affected by violence and for our clients.

Anxiety and concern tend to spring people like us into action and this is both a good and a bad thing. It is good, because we want to be engaged and make things better, it is bad because when we leap into action based on anxiety and stress, we tend to do anything to placate our anxiety and not necessarily what is best for those affected by violence and our clients.

Our first recommendation in this situation is to think things through carefully before you plan any action. Here are some of the things you should be considering when evaluating how to ensure a safe and consistent support for those who perpetrate violence.

- 1) Consider the context you and your clients are living in:
 - a. What is the state of the lockdown?
 - b. Can people leave their home?
 - c. How many people are affected?
 - d. How many are still working?
 - e. How many are in financial strain and
 - f. What are the measures the government has taken to support the loss of income?
 - g. What is the state of supplies in your country?
 - h. How easy/difficult is it to buy food, other supplies, etc.?
- 2) Also consider the social responses that are available at this time:
 - a. Does police respond to calls?
 - b. Are shelters still functioning?

- c. Will they take new women?
 - d. What kind of support is the government giving to shelters for women that need to leave in COVID 19 crisis?
 - e. Do courts still function?
- 3) Consider the major stressors that families are facing in this crisis:
- a. social isolation, public entertainment/events getting cancelled, being in quarantine, being in close quarters with family members, feeling imprisoned at home
 - b. fear of getting sick, fear of loved ones/children getting sick/dying, loved ones getting sick/dying, concerns for elderly/medically vulnerable getting sick/dying, not knowing who is sick/infected
 - c. fear of losing income/job, losing income/job, slower economy/stock market, work temporarily shutting down, being unable to pay bills
 - d. public transportation fears
 - e. misinformation
 - f. not getting adequate supplies
 - g. not getting medical help, appointments getting cancelled, risk of losing medical benefits, fear of medical expenses
 - h. not going on vacation, not being able to travel
 - i. kids out of school and having to stay at home, additional childcare demands, unable to comply with probation/child welfare requirements
 - j. dealing with other people's fear
- 4) Think of ways of adjusting your "normal" curricular activities to this specific situation (e.g. How do you do a "Time Out" if you can't leave the house?). We will be providing some input on this and we will share resource as they become available from service providers, members and other agencies. **Please share any materials that you are using and that you consider could be helpful for others.** With your permission, we will share it with the European Network and with all service providers around the world that are struggling with our same issues.

To summarize the current situation there may be different regional and national situations:

- 1) You are still running in-person services, but you think you may be facing lockdown
- 2) You have been recommended to limit in-person services, but you have no formal notification and you are evaluating your options
- 3) You have been given a date for lockdown but you still have a few days
- 4) You have been put in lockdown with no possibility to prepare your clients.

SITUATIONS 1-3

For those of you that are in situation 1); 2) and 3) we provide an exercise to prepare men for the COVID-19 lockdown analyzing stressors and possible ways of coping. We suggest you have a group session (or more if possible) on this. Additionally, you should set up some kind of online platform to be able to reach the men if the groups are suspended as soon as

possible. Find out what access the men have to the internet through laptops or phones and what software they could use. Try to accelerate the process as much as possible in your agency to have a contingency plan in place if you decide to reach the men remotely. Remember to collect email and phone numbers and try to problem shoot for issues like poverty and not having a phone or access to the internet.

Make a supplementary partner contact and get her input on how she would feel if you were to continue online sessions with her partner if the situation were to deteriorate and if the region or country goes into lockdown.

Additionally, read issues related to SITUATION 4 and prepare accordingly.

SITUATION 4

If you are in situation 4 please carefully read the following guidelines and devise a strategic plan for your organization.

Specific treatment issues related to current COVID-19 interventions

There is little evidence and research concerning efficacy of using video conferencing software to deliver perpetrator programs online. Some initial effort on attempting and analyzing similarities and differences between online and in person groups has been attempted and the initial findings suggest caution in this area (“Initial lessons Learned in using Video Conferencing Software to deliver Interventions for men using Violence in Intimate Relationships” by Bellini and Westmarland, unpublished). Since the following guidelines are empirically driven and have not been tested, we suggest you follow these basic steps:

1) Prioritize the safety of those who are affected by the violence in your intervention plan

This could mean suspending any contact with the perpetrator, but may also mean intensifying interventions to help manage heightened levels of stress and increased risk factors.

2) Identify the risk level of perpetrators

Collect information on all men in your program and screen for those living alone or with family or new partners. It can be assumed that if the men are in isolation and live alone, they can be safely contacted and nobody is at risk (at least of physical harm), so they will fall in the low-risk category. Of the men living with a long-term partner, new partner or family, screen for those that are still working and ones that are in isolation at home. For those that are still working, it will probably be safe to contact their partners (during working hours) and ask about the situation and if they think the men need support in this phase. We estimate that between 20-40% or higher (depending on the country and level of lockdown) of the men as well as a percentage of the women should be working and thus

accessible for partner contact. This should give you some victim-based indications on directions in which to proceed.

Once you have an idea of how many of the men in your programs are currently living with their partner **and** are in lockdown you should also assess other risk factors (similar to usual risk assessment):

- a) Previous arrests for DV and convictions
- b) Court mandated clients
- c) Alcohol and drug use
- d) Previous severe episodes of physical violence
- e) Coercive controlling behaviors
- f) High jealousy and controlling behaviors
- g) Low motivation to change
- h) Doesn't take responsibility for his violence

3) Possible interventions during the COVID-19 crisis

These indications are to be intended as “crisis management” in extraordinary circumstance due to life threatening events that have forced a sudden lockdown of portions of the world's population. It is in **NO WAY** reflective of “good practice” intervention with perpetrators and does not have the aims or goals of normal perpetrator programs interventions.

The **goal** of these short/mid-term interventions are to:

- 1) Reduce the risk of violence
- 2) Decrease perpetrators level of stress and emotional arousal
- 3) Increase coping mechanism for perpetrators
- 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 possible and safe, coordinate with victim support services and listen to victim's voices and continue to make efforts to gather feedback from victims

Therefore, **interventions** should be based on:

- 1) Providing Support
- 2) Facilitating emotional release
- 3) Increasing coping skills

Once you have assessed your specific situation and screened for higher levels of risk, service providers are reporting that adopting a **very pro-active attitude** (e.g. the program reaching out without being asked) is being positively received by men..

At the moment, service providers of perpetrator programs that have been reaching out pro-actively to men have found they are very open to receiving help and many of them are very grateful for the concern and efforts. Since perpetrators are considered a group of clients that are often less than

enthusiastic about coming to programs, this has been a pleasant surprise. So far, the men that have been reached have been very eager to attend sessions.

In terms of services offered to all men and given the “crisis” intervention it would make sense to have a “work” phone that all service providers manage at home. This would allow activating options of messaging like Skype and WhatsApp with a specific set of rules to safeguard service providers.

The suggested **basic rules for online and phone management** are as follow:

- 1) Service providers and men should not be friends on social media
- 2) Accounts must be specifically set up and “work related” intended for communication in this period
- 3) Dedicated professional sim cards and phone line numbers should be activated, even if service providers work from home

The **basic intervention rules** are:

- 1) Set up specific times for contact
- 2) When encouraging the men to use messaging at any time to express how they are feeling, or difficulties they are having, make it very clear that service provider may not answer immediately to the requests. The idea is for the men to have an alternative route to address difficult emotions NOT necessary to get immediate feedback. Service providers should be free to have off time and not answer at all times. The information provided through the messaging can also be used in the sessions to revise what happened during the week. If there is “excessive” use of messaging, this can also lead to reflections in post COVID 19 sessions on boundaries.
- 3) In general, consider that all non-planned interferences that would normally be dealt with directly in groups or in person might be better left on hold. However, service providers should make written notes of all issues coming up and be sure to address them in “post” COVID 19 safe setting individual or group.

Possible **intervention options**:

A) Individual weekly support via phone/Skype

Individual support can be offered via phone or Skype on a weekly basis if the situation is stable. Suggested length would be between 45 minutes and 1 hour. Always allow for extra time (at least 30 minutes more), in case the level of arousal or agitation is such that you need time to talk the man down. This may be caused by the circumstances, but any arousals from interventions should be avoided as much as possible (e.g. discussing challenging issues that are contingent on solving immediate risks of violence).

Suggestions for activities with men:

- a) Daily journal or diary
- b) Using messaging (WhatsApp, other) with service providers to help express emotions by writing them down or just to use as an outlet
- c) Remember to address and work specifically on childcare and how children can be affected by any outburst of violence. You might want to address specific unrealistic expectation the men may have of their children and also strict and authoritative attitudes concerning rules, education, homework and home-schooling.
- d) Consider adjusting group materials to the situation (e.g. "COVID-19 Time Out"). Many men have resorted to using their car both for calls and for quiet down time.
 Consider revising all materials that you are supplying to make sure that they are: simple, clear, can be read alone and understood, non-threatening, not arousing, not challenging. If you elect to use group materials, they will probably need major revision.
 We will be collecting materials produced by programs over the course of the next few days and weeks and share them through our website, so check for updates. Please send us anything that you have prepared and that you are willing to share.
- e) Consider preparing audio recordings for the men. This could include relaxations or reading out adjusted materials, like modified steps of COVID-19 Time Out, or relevant readings. Do not underestimate the potential soothing effect of hearing the voice of the group leader in these circumstances.
- f) Consider making a schedule with the men, so that they have some reference points in a situation of uncertainty, especially for those men that are home from work.
- g) Discuss and evaluate what "privacy spaces" are available (for those living with others). It's important to be flexible, many don't have much space or technical equipment. Consider using gardens, garages or cars for calls and time outs.
- h) Provide information on ideas and constructive ways of spending time: apps; eBooks or free audio books, cooking webpages, podcasts, etc.

B) Intensive individual support via phone/Skype

In situations of higher risk, a more intensive approach might be necessary. In this case one idea might be to have short daily (or every 2 or 3 days, depending on the situation) 15-minute morning check ins. The idea could be to briefly address 3 question: Something good you expect out of today? What problems do you expect today? How do you think you could overcome these problems?

In the intensive support, if there are children in the household, make sure you also address the children's safety and wellbeing.

Additionally, you should schedule phone/skype calls 2-3 times a week. See intervention A for indications.

C) Group format via online services (Skype, Zoom, etc.)

In some specific circumstances, it might be worth considering having group formats.

In most cases, these would be groups that met before and have some previous experience of being together. We would caution not to start new groups in this period.

These group sessions **WOULD NOT** be normal group sessions transferred online. These would be specific “crisis” group COVID-19 emergency sessions. Before structuring the sessions, you should assure that:

- a) You individually reach out to the men and clarify:
 - o If they are interested in being involved
 - o That the groups will have a different format and rules from the regular groups
 - o That due to privacy concerns (living together and having other people possibly overhearing conversation) the sharing will be limited and nobody will be required to contribute
 - o To inquire about the men’s privacy concerns and if it would be possible for them to join
- b) The content and discussion in the groups is limited to catching up with each other in a supportive way and making sure everybody is ok and healthy.
- c) The check-in on violence is limited to flagging concerns that may then be dealt with individually (nobody should be confronted).

D) Partner support service – Guidelines

Specific care should be taken to assure that communication with partners protects all online activities and be aware of the ways in which technology may compromise safety. Make sure partners know how to delete or clear all “footprints” from computer or online activities. Please also be aware of the risks posed by [stalkerware](#).

- a) As we do not know if the woman is in a safe situation that allows her to feel safe to talk (away from her partner or children), it might be good idea to send her an SMS message asking if she can talk by phone in a private setting
 - o If she cannot talk, tell her she can communicate with you through WhatsApp or you could offer to exchange emails, so that she can have more privacy in case she is not alone, to assess the situation
- b) If you can proceed with the partner contact you can assess how the situation is going at home:
 - o Working situation and financial stress: Is she working? 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 episode of violence? How has she managed them?
- 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 living the isolation, how is she doing, how does she manage stress?
- If she is going to the women's support service - Is she in touch with them? If she is not, you should provide the resources.
- Inquire about any concern that she might have about her partner being contacted by phone or Skype by the perpetrator program. Is she concerned that the contact might jeopardize her safety?

Please take a look at the following flow chart to check which intervention could be considered in each situation. When there is a question mark, that indicates that you need to assess the specific situation. Indications for partner contact have been given only in situations that are safe, however personal discretion is required in all situations and when it is deemed safe, partner contact should be attempted. High risk is assessed according to the indications given in point 2 "Identify the risk level of perpetrators").

All indications refer to men that are already in treatment with the perpetrator programs. We will be working on guidelines for new cases referred by agencies as soon as we will have collected evidence as to what service providers are doing. Currently most agencies are postponing new referrals.