

# WWP

# EN

## COVID-19 Revision of Practice Toolkit



# COVID-19

Revision of Practice

## Toolkit



Welcome to the COVID-19 Revision of Practice Toolkit. This toolkit takes you on a journey of self-reflection and critical thought through altered practices during the pandemic, which have ultimately become an intervention in and of themselves. The overall toolkit contains three mini toolkits, which guide you through self-reflection on challenges that have arisen over the past year.

- Our first toolkit addresses general challenges facing programmes and how this may impact outcome.
- The second toolkit allows for self-reflection on online work and how practices have either embraced or rejected these activities and what the results of this appear to be.
- The third toolkit is designed to push your boundaries and question your practices during the pandemic, confronting the pros and cons on universal emerging issues of perpetrator work in light of health restrictions.

You can decide on the order in which you go through the toolkits and which subjects are particularly pertinent to your programme.

We invite you to first read the introduction to the toolkit before beginning the self-reflection activities. As ever, we are looking forward to your feedback and the discussion this toolkit hopes to inspire.

COVID-19 Revision of Practice

Toolkit

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Revision of Practice

Toolkit



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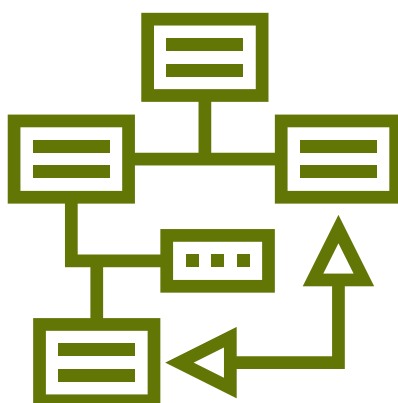
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# Introduction

Over the course of the last year, we have seen a complete change in the world as we know it. We have experienced collective restrictions, though they have taken many different forms, of our spaces of action at work, in schools, in public and private spheres. The experience has been global, but with huge variations.

When comparing three elements: workplace, stay at home policies and school restrictions, it is clear that we have been, continuously going through many changes. To put this in context, we provide 3 figures comparing the situation one year ago with the current situation, showing not only the big differences in lockdown measures between then and now, but also between various European countries.<sup>1</sup>

Figure 1

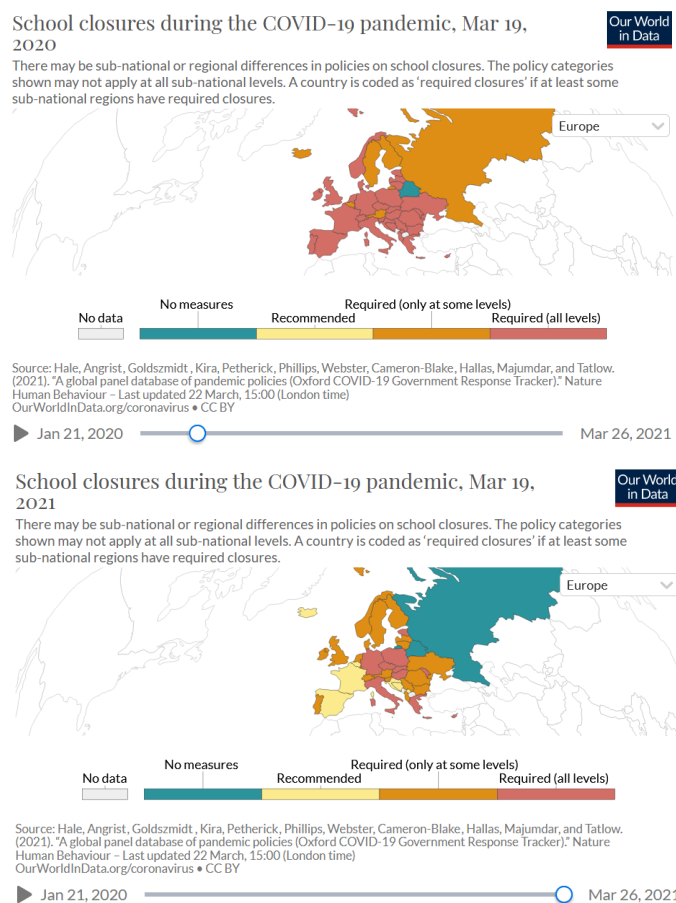


Figure 1 shows how, in March 2020, schools across much of Europe were required to shut down. This means that households with children would have been dealing with providing support for children, homework and distance learning. When compared with the situation in March 2021, there is huge variation, showing different measures and noticeable differences within one country and different restrictions depending on the school.

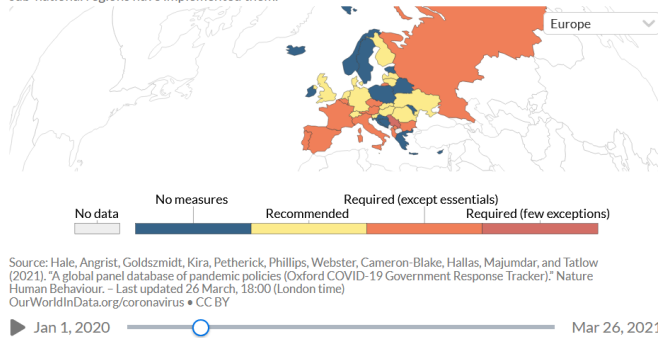
<sup>1</sup> <https://ourworldindata.org/grapher/stay-at-home-covid?time=2021-03-19>



## Figure 2

### Stay-at-home requirements during the COVID-19 pandemic, Mar 19, 2020

There may be sub-national or regional differences in restrictions. The policy categories shown may not apply at all sub-national levels. A country is coded as having these restrictions if at least some sub-national regions have implemented them.



### Stay-at-home requirements during the COVID-19 pandemic, Mar 19, 2021

There may be sub-national or regional differences in restrictions. The policy categories shown may not apply at all sub-national levels. A country is coded as having these restrictions if at least some sub-national regions have implemented them.

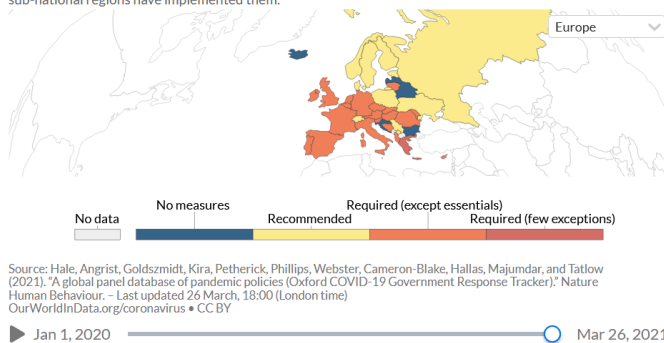


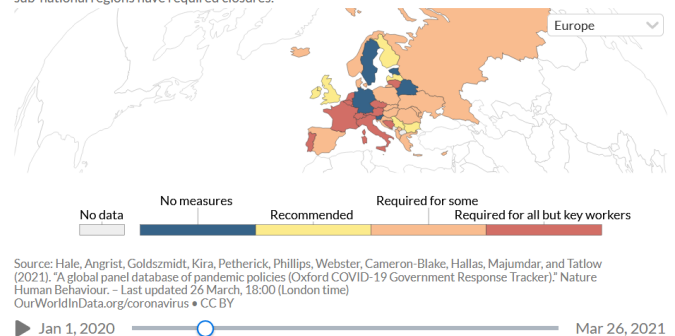
Figure 3 demonstrates workplace closures and indicates that, although there have been some changes, restrictions have been largely consistent, with only essential workers providing full working services and all other professions still placed under work restrictions. In the case of domestic violence, it is clear that working from home and not having access to the workplace presents a risk factor for increased levels of violence and more complicated access to external support for victims.

Figure 2 illustrates the stay at home policies and can be linked to the level of restrictions individuals and families were facing in March 2020. Interestingly, the map displaying the situation in March 2021 shows how currently, there are increasing limitations of movement for individuals, with more countries implementing restrictions.

## Figure 3

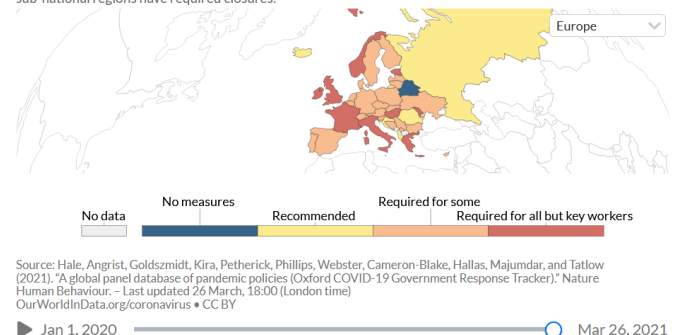
### Workplace closures during the COVID-19 pandemic, Mar 19, 2020

There may be sub-national or regional differences in policies on workplace closures. The policy categories shown may not apply at all sub-national levels. A country is coded as 'required closures' if at least some sub-national regions have required closures.



### Workplace closures during the COVID-19 pandemic, Mar 19, 2021

There may be sub-national or regional differences in policies on workplace closures. The policy categories shown may not apply at all sub-national levels. A country is coded as 'required closures' if at least some sub-national regions have required closures.



The different figures show a complex and ever-changing context that highlights the many restrictions and challenges the EU has been facing, and reflects directly on family and work stress, as well as physical restrictions and financial strains that represent key risk factors for an increase in domestic violence.

In the context of these differences, we know that in the immediate onset of the Covid-19 lockdown (March 2020), some of WWP EN's members were faced with critical issues regarding delivery of perpetrator programmes due to the strict restrictions on life and mobility. This challenged practices at a time when many risk factors were heightened. Perpetrator programmes had limited possibility of knowing how to provide victim safety in their interventions. In the immediate aftermath of the first lockdowns in Italy, WWP EN developed "The Guidelines for Working with Perpetrators During the COVID-19 Crisis", issued in March 2020.

## How has the pandemic affected violence?

The pandemic has affected violence against women and domestic violence globally. UN Women flags such violence as a 'Shadow Pandemic', highlighting that violence has intensified, victims' access to support services has been limited, while there is an increasing need for support.<sup>2</sup>

Perpetrator programmes were in the position to monitor the impact of the pandemic on violence due to their position as front line services. During the pandemic, men used specific forms of violence and controlling techniques. For instance, many perpetrator programmes have noticed an increase in cyber violence. Different forms of digital violence, especially stalkerware were more frequent. This created the need for facilitators and victim support professionals to deal with these emerging issues by building new skills. Likewise, men used restrictive measures and the anxiety surrounding COVID-19 as methods of control, using the pandemic as a narrative for intensifying isolation of women, further limiting mobility and the possibility to reach out for support. Abuse around child contact has also been flagged as an emergent form of violence. Men have been using mobility restrictions as a framework for keeping children contrary to the existing child contact agreements, as well as the assumptions that a woman, or someone from her home might be infected.

Many perpetrator programmes have also registered an increase in referrals, putting additional pressure on organisations and existing resources. New challenges have also appeared, for example when restraining orders to move out of the house are imposed, finding a place for a man to stay has been extremely complicated (hotels were closed, moving to other places is also challenging).

<sup>2</sup> [The Shadow Pandemic: Violence against women during COVID-19 | UN Women – Headquarters](#)

The initial working framework recommended was that of providing crisis intervention as a response to a situation that was unpredictable in terms of how long it was going to last and the severity of the restrictions that might be necessary. The Guidelines gave clear indications to service providers minimising the risk of intervention and setting the boundaries of a “crisis intervention”.

Over the course of the following months, there were many developments that followed different models of approach depending on programme, region, country and level of restrictions. This was due to how quickly COVID-19 was spreading in different areas and the implementation of specific national guidelines. These differences have led to a variety of practices with a noticeable development of practitioners' experience and knowledge. Bearing in mind the heterogeneity of responses that not only varied in typology of intervention, but also alternated different kinds of intervention over time and the inability to have any form of control groups, it is probable that no research conducted on intervention during the pandemic will be conclusive.

A knowledge gap has developed between research-based evaluation of perpetrator programmes (research that is being developed, but is still not available) and experimental practice of different modalities of perpetrator support (phone support, individual online support, group online support, etc.). WWP EN attempted to fill these gaps by developing this toolkit, providing a consolidated document that highlights some of the lessons learned and some of the open questions.

The most common recurring issue we have heard over the course of this year is: Is online individual and group work equal/better/worse than in-person perpetrator work? We are obviously unable to respond to this question, but we think that this question might be hiding a more relevant one.

### **How should we evaluate and conceptualize the ongoing interventions and treatment that have occurred over the course of the past year?**

Even basic crisis management, if extended for almost a year, becomes a form of intervention. So the question, at this point is not : “What kind of intervention is the best to deliver in these circumstances?”, but:

- How do we critically reflect on the interventions that we are delivering?
- How do we elaborate mitigating factors for possible risks?
- How do we engage with the changes that may have long-term effects?

**Everything we have been doing in light of the pandemic over the course of the year has become an intervention because it is an ongoing process over a long period of time.**

It is impossible to unify the incredible variety of forms that intervention has taken. This is partly because of differences between countries, but also, even in the same country there have been disparities due to regional and specific programmes being implemented. For example interventions have been in person, by phone, online, one on one, group sessions, alternated in person and online and everything in between; in strict lockdown, in light lockdown and with no lockdown. Some programmes were accepted as essential services in their countries, enabling them to organise in-person meetings during the lockdowns. Over the next few months we should be able to have the first evaluations completed regarding the various responses to the COVID-19 crisis. This launchpad will undoubtedly require adjustments and further revisions. Growing reflection in the field of domestic violence is well documented by networks like Respect and the Drive Project, which have provided an ongoing source of indications and common platforms for exchanging practices, doubts and suggestions.

Given the level of diversity in, and the practice of, delivery, we are currently unable to endorse any specific working method. We would like to enhance self-reflection on programmes' own practices and encourage this to be viewed with a critical lens by conducting follow-ups on their practices, and adjusting practices according to the lessons that are learned. We will put a special focus on online interventions due to their frequent use during the pandemic. This should not be seen as an endorsement of online perpetrator work, but as a way of finding the best and safest practices in light of the various health restrictions.

# Methodology

In order to collect information on the experiences of perpetrator programmes during the year of the pandemic, three focus groups were set up. We gathered participants through an online form where they had to register for the focus group and where information about their delivery format was amassed (i.e. programmes that have either carried out online work, stopped work altogether, offered support via phone calls or conducted a mixture of online and in-person work).

One programme delivery format was represented in each of the three focus groups (for example, in one focus group, most of the participants had moved their work online). However, there were some participants with different delivery formats in each of the focus groups due to time management issues and scheduling conflicts of participants.

The research began by conducting an online survey that was sent out to WWP EN members containing questions related to the host country of the programme, the restrictive measures implemented in their countries, the delivery format adopted by their programme, their feelings and challenges as professionals during the pandemic, and if they were willing to participate in a focus group session to further discuss those issues. We received 61 answers and, of those, 26 expressed their interest in participating in a focus group session. All 26 were invited to the sessions. In the end, there were 22 participants in total, with 6 to 9 participants in each session. Focus group sessions took place between the 12th and the 18th of January, two of them were held in English and one in Italian. The sessions were approximately 2-hours long, and participants were based in different countries, such as the UK, Italy, Spain, Germany, Kosovo, Croatia, Greece, Ireland and Scotland. Focus groups sessions took place via Zoom and sessions were recorded for further analysis of the data. A staff member of WWP EN facilitated each focus group session, which tackled two main topics:

The effects of the pandemic on the type of programme delivery. The discussion was focused on how the pandemic situation had changed the programmes and what the recommendations were and the lessons learned for this method of work.

The effects of the pandemic on life and violence. The discussion was focused on how the pandemic situation had affected the life of men in programmes, their (ex-) partners and their children; how the pandemic had impacted the violence (if it had changed it in some way), and how the changes in the type of programme delivery had affected professionals everyday work.









# Self-Reflection Toolkit on Services Provided

Over the course of the past year, perpetrator programmes have undergone a series of changes in social and external circumstances, as well as in their service delivery. We suggest to begin with self-reflection on what kind of services were provided, or indeed what services were lacking, and what kind of outcomes this has produced. This self-reflection should take into consideration the time period from March 2020 until March 2021.

What was your roadmap when facing the pandemic? What were the decisions made during lockdown and what was the process?	
Did you conduct crisis management at the onset of the first lockdown (During the first quarter of 2020)?	



Did your intervention change over time?	 If yes, how?	
Did you shift from a supportive to a more challenging approach?	 If yes, what did you change and how?	
Did you resume your previous activities (i.e. shift to providing individual services that were previously done in groups or did you start doing online counselling of group work based on previous syllabus)?		





## Self-Reflection Toolkit on Services Provided

If you changed your practice, how did you ensure partner safety?	
If you did not change your practice, how did you ensure partner safety?	
Which aspects of the perpetrator programme's outcome do you use to assess the success of your programme in changing abusive behaviour over the past year?	
How did you provide risk assessment and management during the different stages of the pandemic?	
How many men who were in the programme in March 2020 are still in the programme?	
How many men who were in the programme in March 2020 have you conducted a follow-up with?	
How can you evaluate the positive outcomes of the different kinds of activities, including online and phone intervention?	
Would you consider doing some follow-up work after the pandemic to evaluate the outcome?	





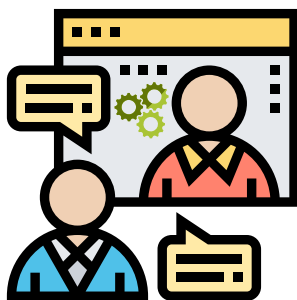
## *Self-Reflection Toolkit on Services Provided*

*What have you learned?*

*What new methods of working will you continue to use after the pandemic?*

*What was the most negative development?*

It is important that perpetrator programmes take the time to reflect on their practice during the pandemic. This self-reflection should take into consideration the time period from March 2020 until March 2021. Follow-up work done in-person should further assess if the different kinds of delivery (phone, online) and practice (holding, crisis management, support, group, individual) have produced the desired change, or if additional in-person work should be integrated into the curriculums of the men that have been in the programme during this time period.

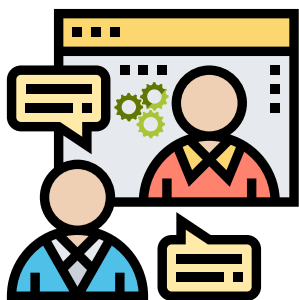


## *Self-Reflection Toolkit on Online Group Support*



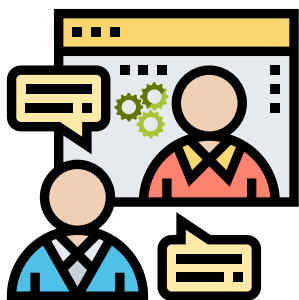
It is widely known that the pandemic has affected different spheres of our work and life. Perpetrator programmes had to take crucial decisions in a very short time during a period of crisis; those decisions were focused on whether continuing the work in online format or face-to-face was best, or if their work had to be re-adapted. Some programmes decided to adapt their work to the online format. In this complex situation, it is especially relevant to reflect on the challenges that perpetrator programme professionals have been facing when doing their work online, and also to reflect on the lessons learnt by those who went through this experience.

In the following kit you will find the challenges that the professionals were faced with when moving to online work and the recommendations, best practices, and practical examples of actions that can be applied in order to face those challenges.



## Self-Reflection Toolkit on Online Group Support





# Self-Reflection Toolkit on Online Group Support

## Challenge 1

### Recommendations

Conduct more frequent risk assessments in order to assess the impact of every intervention that is to be implemented. As online work is a quite new experience for perpetrator programmes, these continuous risk assessments would allow to monitor the risk of the intervention in place.

Develop, together with the men in the programme, a plan of what to do if a session triggers something.

Risk assessment checks should be held during individual sessions at different time-points and include assessment of the situation of children.

Gather regular input from victims about their feelings towards the online service provision. For example, gather information on whether she can hear what her partner says during online sessions and if this situation frightens her. During the pandemic, there were different options for contacting victims, which were considered very useful. It is important to find a suitable time to contact the victim so that she can speak more freely about her situation. When possible, exchanging SMS messages can be used to find a suitable time to call her, this could be, for example, when she is shopping or when she is at work.



## *Self-Reflection Toolkit on Online Group Support*

Online spaces can be used as an “excuse” to develop and/or use manipulative strategies

The online setting can be used in “potentially” dangerous ways

**Challenge 2: Ensuring that men use “virtual” space in non-manipulative and potentially dangerous ways**

Confidentiality can become an issue when conducting online work



# Self-Reflection Toolkit on Online Group Support

## Challenge 2

### Recommendations

Record all sessions in order for the professional to be able to watch some moments of the session if he/she is unsure whether manipulative or dangerous attitudes have been in place during the session

Where possible, it is important to try to include some in-person sessions in order to enhance the practical parts of perpetrator work, for example, practicing dialogue skills and other techniques. Follow-up work face-to-face is very important when in-person meetings become possible again

In order to ensure confidentiality, it is really important to set very clear rules and agreements at the beginning of the online treatment, especially those that focus on the importance of confidentiality

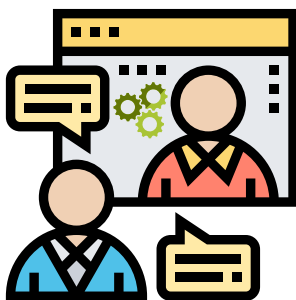
Service providers should have conversations on how to manage complicated situations, like the partner walking into the room where the man is doing online work and asking to speak to the group/or service providers. In this context, it is also recommended to add specific consent forms around confidentiality



# Self-Reflection Toolkit on Online Group Support







# Self-Reflection Toolkit on Online Group Support

## Challenge 3 Recommendations

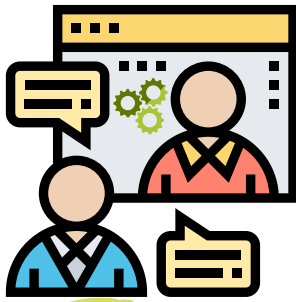
Set clear rules on the development of the online group work. For example, men should keep the camera on, have/find a private space, stick to the agreed time and have the right kind of attitude.

It is crucial to promote emotional engagement with men, especially in this online format. This can be done through creating videos or using movie-clips with case-examples to be discussed, creating break-out rooms as spaces to promote discussion in small groups or to practice some role-playing activities.

Try to have shorter sessions of approximately one hour or one and a half hours maximum length to maximise concentration. Try to keep group sessions small (up to five participants).

It is important to avoid overly restrictive rules. Men should be able to use any device from which to connect to the session (even mobile phones), find the most suitable place from where to connect, even if this is in a car. Another example of this flexibility could be to organise “walking meetings” in cases where there is a strong need for in-person contact (if pandemic restrictions allow going out to exercise with another person).

If men have limited access or command of technology, it is important to help them set up accounts or download the necessary apps that would enable them to take part in the online sessions.



# Self-Reflection Toolkit on Online Group Support

Men in treatment are, obviously, not immune to the pandemic situation, and so they might be affected by it and all the restrictive measures that it brings

**Challenge 4: Clients face challenges in coping with the pandemic and its restrictions, so it also becomes a part of the work**

This adds a layer of complexity to perpetrator treatment as this situation might increase the feelings of anxiety and tension of the men in treatment.

## Challenge 4 Recommendations

Focus on coping strategies related to the pandemic and the restrictive measures within the programme. For example, create a plan on how to manage the situation when you are in confined spaces and have to find time for yourself, plan with the perpetrator how to take a timeout if they are living in strict lockdown.





## *Self-Reflection Toolkit on Online Group Support*

Professionals working in perpetrator programmes have expressed the emotional impact that the pandemic and online work has had on them.

Service Providers often have feelings of isolation.

**Challenge 5: Service providers' adaptation to the new treatment setting**

There is a need for some guidance on the processes and practicalities around how perpetrator programmes should run during the pandemic.



# Self-Reflection Toolkit on Online Group Support

## Challenge 5

### Recommendations

It is crucial to set up support for facilitators. For example, online chats where professionals can discuss the main challenges they have faced, webinars covering the key topics of this treatment type, which should be available for professionals at any time they need.

Regular updates for facilitators on available services in the community, especially mental health services, should include working hours and other relevant information on these services.

All facilitators should be able to receive support and/or training on building technical competencies for online work and provision of necessary resources.

Other possible activities to support facilitators include: regular supervision sessions, case review sessions, weekly meetings with all staff members to discuss main concerns, challenges, best practices, etc.



# ***Self-Reflection Toolkit to Challenge Yourself and Your Practice***

Perpetrator programmes across Europe have developed a variety of approaches to address GBV and continue their work during the COVID-19 health restrictions. It is very important to reflect on current practices at a time when research and evidence-based conclusions are still not available, yet huge and valuable experiences exist throughout Europe. In this kit, we will explore two leading questions:

**What are the opportunities arising from COVID-19 perpetrator work**

**What open questions need our attention**

This toolkit does not aim to provide definitive conclusions or prioritise any practice. It will focus on presenting positive experiences that some programmes have with an online or blended approach as grounds for reflection and support for other programmes. It will also highlight some of the open questions that arise from current practices and challenge them from the perspective of the risk and safety of the survivors, which is the leading principle of our work.



# Self-Reflection Toolkit to Challenge Yourself and Your Practice

## Opportunities Arising from COVID-19 Perpetrator Work

Running perpetrator programmes online or in a blended way became everyday practice for many programme facilitators. Some programmes emphasise positive experiences with these practices.

### Men are more open and cooperative

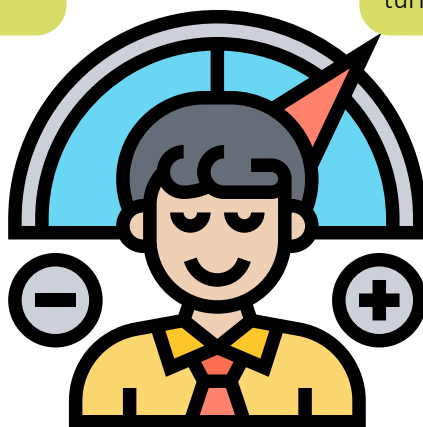
Men seem to respond to service providers who are struggling with similar issues, for example, noises at home, internet connection issues. This creates a more intimate setting, allowing men to accept support and open up. Men are more relaxed and willing to open up and connect in their homes.

### Able to include men who would normally be unable to participate

Programmes can reach men who would usually be excluded, due to geographical location or time conflicts. Some men are more responsive to online programmes than in-person programmes. In some cases, online engagement can serve as a smooth transition to in-person programmes, in turn preventing early dropouts.

### Multi-agency work is improved

Institutions that are usually hard to reach became more available, for instance, meetings are easier to set up. Online meetings tend to be more productive and result oriented, so reaching agreements and coordination is easier.



### Internal communication in the organisation is improved, staff training is easier to organise

Staff meetings are more time and cost effective, and have a higher rate of attendance. Internal and external training is easier to organise and run, ensuring high attendance, as well as being time and cost effective.

### Tackling key topics in an engaging and effective way

Some programmes have developed visual materials that ensure better engagement of men and provoke reflections and change.





# Self-Reflection Toolkit to Challenge Yourself and Your Practice

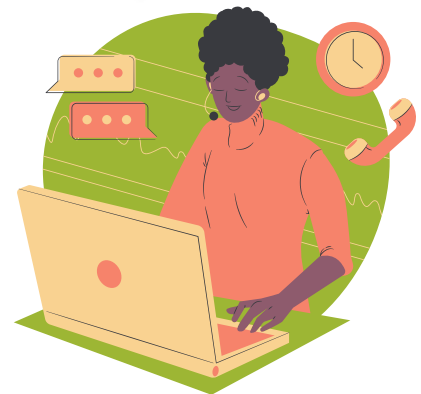
## COVID-19 perpetrator work open questions



As already stated, the work that perpetrator programmes have been doing during the pandemic is an intervention in and of itself, which requires each organisation to reflect, but also demands reflection on a more general level. There are a variety of applied models and developed practices, each bringing unique advantages and challenges. However, in order to ensure that the key principles of safe and accountable work are met in the best possible way, some approaches require careful planning and analysis.

## Phone call intervention or online intervention, which is safe(r)?

Some programmes prioritise phone call interventions as a safer way of working with men when in-person work is not possible. Online interventions are seen as more risky, so phone contact is used as the “holding



strategy”, keeping the men in the programme (until in-person service delivery can continue), and providing basic counseling and risk assessment. Programmes that have adopted this model are hesitant to use online perpetrator interventions, questioning confidentiality, potential misuse of the online format by men, and its efficiency.





# Self-Reflection Toolkit to Challenge Yourself and Your Practice

Let's challenge the assumption that conducting perpetrator work via phone is safer than online intervention. What are the pros and cons?



If there is a short-term break from an in-person programme, phone interventions require less resources and are easier to organise.

Men can record and misuse online sessions.

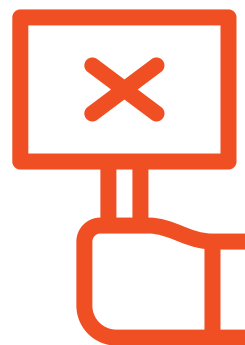
Privacy of the facilitators can be threatened during online work, due to them working from home and parts of their private lives becoming visible to men.



*What is your stand on this?  
What pros and cons would you add, or change?*



WWP EN is encouraging all programmes to assess risks posed by phone call or online interventions, especially if they are delivered over a longer period of time, and prioritise interventions that enable better risk assessment and management, as well as work on behavioural change. When well designed and aligned with available guidance, online interventions seem to provide a better framework for providing safe and quality perpetrator work.



Providing support via phone gives even less relevant control and information to the facilitators for risk assessment and confidentiality. For instance, if someone else is listening, non-verbal information is not possible.

Men can record and misuse sessions regardless of the format they are delivered in. However, if a man has a tendency to manipulate and disrupt the programme and its rules, this can be detected and addressed in a better way in an online format.

Working on behavioural change is more challenging and questionable by phone online

Phone call interventions are limited to individual work, whereas in online intervention the positive effects of group work are maintained



## ***Self-Reflection Toolkit to Challenge Yourself and Your Practice***

Victim contact and support is an essential part of safe perpetrator work. Can it also be a condition for men's involvement in an online programme?

In order to minimise the risks of online perpetrator work, some programmes have adopted the strategy to include a man in an online program only if victim contact and support is ensured, and if the victim accepts it. These programmes keep in mind potential risks that the participation of a man in an



online programme could bring to the victim. For instance, the woman can hear what a man is saying and how angry he is during the session, and this frightens her. They recognise victim involvement as the only way of ensuring that the intervention does no harm, and that all relevant information for risk assessment and management is available.

If the victim contact and support is not in place, for instance, if a woman doesn't want to be involved, or can't be involved for various reasons, the man is put "on hold", until conditions for in-person work are met.



# Self-Reflection Toolkit to Challenge Yourself and Your Practice

Let's challenge the assumption that in cases where the victim support is not in place, it is less risky to put the man on hold than to include him in an online perpetrator programme. What are the pros and cons?



All interventions need to be assessed with a special focus on the potential risk that their implementation could impose to the victim. Having no information from the victim on the impact of an online perpetrator intervention limits the ability to assess and manage risk.

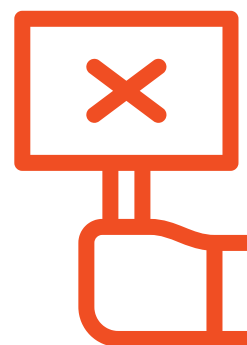
Online interventions are a new experience for the majority of facilitators and have still not been evaluated. In these circumstances, it might be better to have higher criteria for their implementation.



*What is your stand on this?  
What pros and cons would you add, or change?*



WWP EN strongly supports victim safety oriented perpetrator programmes as well as accessing and managing the risk of all applied interventions. In cases where victim support is not available, any type of intervention, online or in-person is more challenging and sensitive. With this in mind, every decision involving an online programme or putting a man on hold, has its risks. We would like to encourage careful analysis of each individual case, rather than imposing strict rules.



These conditions increase pressure on the woman to accept cooperation with the victim support service. It can reinforce the violent dynamic and it is not in line with the principle of involvement of the victim on a voluntary basis.

Working with the man in an online format, even if contact with the victim is not possible, gives an opportunity to assess the risk and work on violence, and react where necessary.

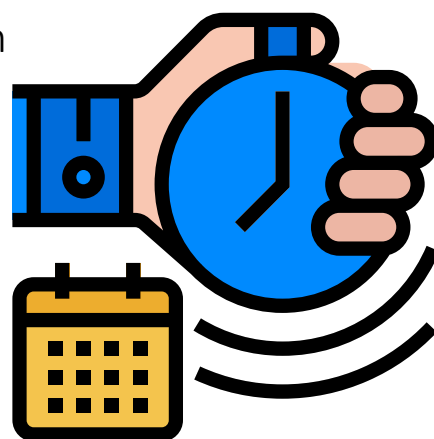
If in-person work is prohibited for a longer period of time, we are not doing much to stop the violence and support the change of violent behaviour.



## ***Self-Reflection Toolkit to Challenge Yourself and Your Practice***

Can we “hold” a man until the conditions for in-person work are met? If so, for how long?

“Holding” strategies, focused on keeping men in the programme and continuing basic risk and counseling work, were usually the first adaptations of the programmes when the pandemic began. It was based on the idea that there would be short term “holding” support, until the conditions for in-person work are met. However, in-person sessions were unavailable for a long period of time for many programmes. Some of them decided to organise their work in a different way (e.g. online programmes), while others continued to apply the combination of “holding strategies” and in-person sessions. Thus, questions on the efficiency and justification of prolonged “holding” strategies arose. Why is it better or safer to put a man on hold than to run an online programme? What does it communicate to the man? Are there any cases when this kind of approach is justified?





# Self-Reflection Toolkit to Challenge Yourself and Your Practice

Let's challenge the assumption that it is better or safer to put a man on hold than to engage him in an online programme. What are the pros and cons?



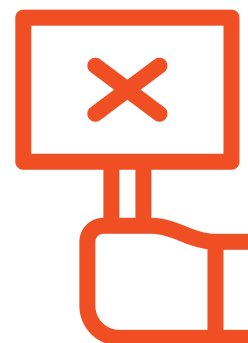
Some men don't have access to technology that would enable them to engage in online work.

There is less need to adapt the program and its curriculum.

There might be cases when online work could significantly increase the risk of violence, so holding strategies alongside safety planning and multi-agency work are a better approach.



*What is your stand on this?  
What pros and cons would you add, or change?*



Not much is being done to stop the violence and support the victims, especially in the cases of prolonged "holding" strategies.

Men could feel that the violence they are committing is not so relevant in the pandemic, because it is not the priority of perpetrator programmes.



Victims could feel that their experience of violence and protection from it are not a priority during the pandemic.

WWP EN wants to send a clear message that even holding strategies that are applied for a longer period of time, or frequently, are an intervention that we need to monitor, reflect on, and evaluate, whilst being aware this intervention poses its own risks.

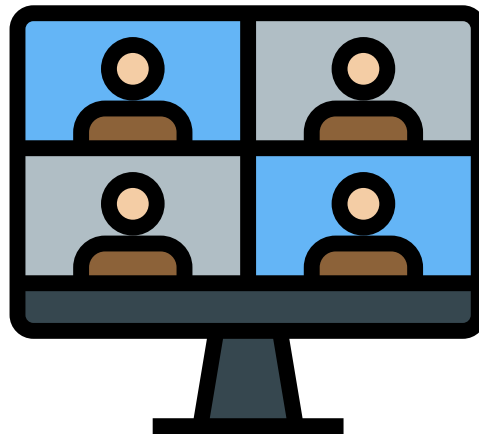
Although it raises some concerns, there are some highly relevant advantages of imposing online work instead of the "holding" strategies in cases when in-person meetings are not available.

It creates administrative problems; men can't complete programmes within the framework of referrals, so it creates problems with their sentences, probation, etc.



## ***Self-Reflection Toolkit to Challenge Yourself and Your Practice***

Is individual online work safer than group online work?



Some programmes consider individual online work safer/better than online group work, so they have turned their in-person group sessions into online individual sessions.

Some facilitators emphasise positive experiences with these kinds of modifications.



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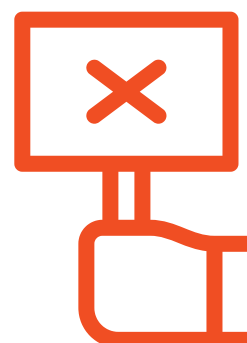
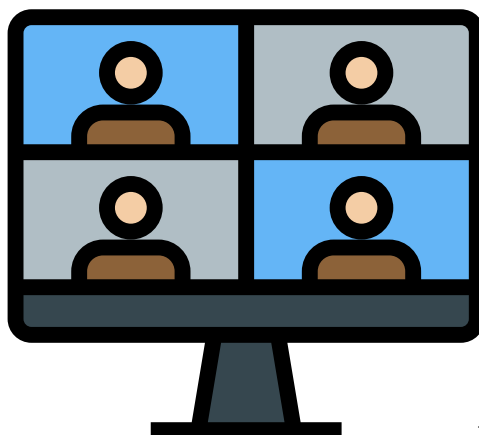
Let's challenge the assumption that individual online work is better or safer than group online work. What are the pros and cons?



It might be easier for a facilitator to manage individual online sessions than group sessions.

Potential violations of confidentiality don't affect other group members.

Work can be adjusted to better suit the specific needs of each man.



Requires more resources and more time to run individual rather than group sessions.

Breaks established group cohesion and dynamics, which are relevant for the impact of the work.

Individual online sessions can be misused or disrupted in a similar way to group sessions. The same challenges and worries about safety and confidentiality remain, and can likewise be addressed

*What is your stand on this?  
What pros and cons would  
you add, or change?*



There are pros and cons of both online individual and online group work, as a way of managing the work during the pandemic. Each programme should carefully assess what best responds to their needs, curriculum and their belief in what supports change. Programmes that are experimenting with online groups seem to be having positive experiences and finding new and challenging ways of delivering services.