



Uncertain Paths: A Preliminary Inquiry into the Safety of Digital Perpetrator Work

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Introduction

Intimate partner violence (IPV) remains a pervasive social and public health issue, affecting individuals and families across all cultural, geographic, and socioeconomic contexts. Traditionally, interventions targeting IPV perpetrators have been delivered in-person, focusing on behavioural change, accountability, and the reduction of recidivism. However, the increasing integration of digital technologies into social services has opened new possibilities for delivering perpetrator programs online. Recent practice-oriented reviews caution that these “new possibilities” are best understood as pragmatic adaptations rather than established innovations, noting that most online perpetrator work has emerged in response to service disruption, workforce constraints, or access barriers rather than as a result of demonstrated effectiveness (No to Violence, 2024; Vlasis & Campbell, 2020)

1.1. Typologies of online perpetrator programmes

A wide range of online perpetrator intervention formats has emerged in recent years, particularly since the COVID-19 pandemic. Although these formats are often grouped under the single heading of “online perpetrator programs,” they represent fundamentally different practices that vary widely in purpose, intensity, and safety considerations. Current formats can include:

1. **Call-based services** – typically telephone helplines or brief counselling interventions that offer immediate support, safety planning, motivation-building or crisis de-escalation. These are usually low-dose, short-contact modalities aimed at stabilisation rather than behaviour change (ANROWS, 2023; Vlasis & Campbell, 2020).
2. **Synchronous online programs** – real-time group or individual sessions delivered via videoconferencing. These seek to replicate aspects of traditional Men’s Behaviour Change Programs (MBCPs) but face challenges relating to safety, engagement, group cohesion and facilitator oversight (Bellini & Westmarland, 2021; Vlasis & Campbell, 2020).
3. **Asynchronous online programs** – self-directed, module-based courses completed at a participant’s own pace. These may include videos, quizzes and reflective activities. While accessible and scalable, they lack facilitator oversight, accountability mechanisms, and opportunities for relational learning, and many internationally do not

meet minimum standards for perpetrator intervention (Vlais & Campbell, 2020).

4. **Hybrid programs** – services combining online and in-person components. Examples include remote intake or assessment followed by face-to-face group work, or online components used before program commencement to increase readiness or after completion to maintain engagement (No to Violence, 2018).
5. **Supplementary digital tools** – online content, apps, or follow-up sessions added to in-person interventions, not intended as substitutes. These can support motivation, reinforce learning, and maintain post-program contact (No to Violence, 2018; Bellini et al., 2020).

Together, these diverse approaches reflect a rapidly evolving service environment, but they also introduce varied safety, quality and ethical considerations.

1.2. Context for the shift to digital delivery

The rapid expansion of online perpetrator interventions—accelerated during the COVID-19 pandemic—has therefore produced a fragmented and uneven landscape of digital service delivery (Vlais & Campbell, 2020). While online formats have increased geographical reach and enabled continuity of service during periods of physical distancing, they also carry significant limitations and risks that must be critically examined (Vlais & Campbell, 2020; Bellini & Westmarland, 2021). Australian and international reviews consistently stress that the rapid pivot to online delivery occurred in the absence of a clear evidence base and often outpaced the development of safety frameworks, facilitator training, and survivor-informed safeguards (No to Violence, 2024; DSS, 2024)

Vlais and Campbell's (2020) work represents one of the most comprehensive practitioner-informed analyses of online perpetrator interventions produced prior to and during the early stages of the COVID-19 pandemic. Rather than presenting outcome evidence, the article synthesises frontline practice insights, ethical considerations, and emerging risks associated with digital delivery in perpetrator work. Its relevance lies in articulating early warnings about safety, accountability, and system integration that continue to shape contemporary debates about online modalities, particularly in the absence of robust evaluative research.

1.3. Insights from Online Group Psychotherapy Relevant to Perpetrator Work

Although online delivery has expanded rapidly across health and social services, research on online group psychotherapy highlights several structural limitations that are highly relevant to perpetrator interventions. Studies consistently show that videoconferencing environments reduce access to non-verbal cues, emotional attunement, and the subtle interpersonal dynamics that facilitate meaningful engagement and relational learning (Chovanec, 2012; Turhan, 2019). Group cohesion—central to challenging denial, minimisation, and externalisation—is often weaker online, with participants more likely to disengage, multi-task, or adopt a passive observational stance rather than actively contribute (Weinberg, 2020; Giordano et al., 2021). Facilitators note increased difficulty interpreting emotional shifts, assessing readiness, and detecting avoidance strategies, all of which are critical in work with men who use violence (Bellini et al., 2019; Bellini & Westmarland, 2021).

These limitations have significant implications for perpetrator work, where behavioural change relies on relational accountability (including reflection on power dynamics and gendered patterns of violence), peer accountability (creating spaces in which participants challenge and support one another to take responsibility for abusive behaviour), and facilitators' capacity to detect and interrupt patterns of minimisation, entitlement, and coercive control. . The reduced interpersonal bandwidth of online formats can make it harder to challenge harmful narratives or sustain momentum during emotionally demanding conversations. Moreover, the risk of “performed” compliance—appearing cooperative while avoiding deeper introspection—may increase when facilitators cannot fully monitor participants' behaviour or environment (Bellini et al., 2020; Turhan, 2019). While some men may find the online setting less intimidating and therefore more conducive to disclosure, the broader psychotherapy literature consistently indicates that digital group spaces require far more effort from facilitators to establish trust, contain emotional intensity, and maintain productive group dynamics. Evaluations of online men's behaviour change-adjacent programs similarly note that while some participants experience increased comfort or reduced initial defensiveness online, these conditions do not necessarily translate into deeper accountability or sustained behavioural change, particularly without strong relational pressure and facilitator containment (Helps et al., 2023)

Taken together, these findings suggest that the inherent constraints of online group work must be considered carefully when designing or adapting perpetrator interventions. The challenges observed in general psychotherapy—including reduced emotional presence, diminished group cohesion, and weaker facilitator oversight—become amplified in safety-critical contexts. This

underscores the need for careful consideration of the rationale for online delivery, cautious and limited implementation, robust screening processes, and strong risk management protocols grounded in victim safety. Where these conditions cannot be reliably met, withholding online modalities may be necessary to avoid increasing risk to partners, children, or other affected family members..

1.4. Online perpetrator programs approaches, risks, ethical dilemmas, and safety limitations

Across the sector, some of the online perpetrator interventions are widely recognised as *low-dose* services, referring to their shorter duration, reduced contact hours, or more limited opportunities for sustained relational and group-based work compared to standard in-person programs, not providing the level of intensity associated with sustained long-term behavioural change.. The Australian research and advocacy body, Centre for Innovative Justice suggests that high-risk offenders require over 200 hours of intervention and moderate-risk offenders over 100 hours—far exceeding the dosage typically offered in online settings (Vlais & Campbell, 2020). Consequently, online programs are best understood as early engagement tools or “top-of-the-funnel” services that build motivation, readiness and initial accountability rather than achieving behavioural change in isolation (ANROWS, 2023; Spencer et al., 2021). This framing is consistent with findings from pilot evaluations of online men’s programs, which suggest that digital formats may support early engagement and reflection for some participants, but remain insufficient as stand-alone interventions for addressing entrenched patterns of coercive control and violence (Helps et al., 2023; Vlais & Campbell, 2020).

For many men, these online entry points—often through helplines or brief online contacts—represent their first interaction with the service system, making the quality and safety of frontline engagement critically important (Spencer et al., 2021; Vlais & Campbell, 2020). Online delivery can also reduce geographic barriers faced by men in regional, rural or remote areas (Vlais & Campbell, 2020).

Nevertheless, substantial concerns persist. Prior to the pandemic, No to Violence (2018) emphasised that online programs should only supplement, not replace, in-person MBCPs, identifying them as “second-best” alternatives. The shift to online work during COVID-19 was driven by necessity rather than evidence (Vlais & Campbell, 2020). Emerging research shows some potential benefits, including improved attendance and increased willingness among some men to disclose thoughts and emotions (Bellini & Westmarland, 2021; Spencer et al., 2021). However, these findings coexist with evidence of significant limitations: reduced facilitator oversight, difficulty reading non-verbal cues, weakened group cohesion, and heightened

opportunities for “performed” compliance rather than genuine accountability (Bellini & Westmarland, 2021; Bellini et al., 2020; Vlais & Campbell, 2020).

Safety risks are particularly concerning. When men participate from their homes, victim-survivors may overhear sessions, feel compelled to monitor disclosures, or face retaliation following emotionally challenging content (Vlais & Campbell, 2020). Facilitators cannot reliably assess men’s sobriety, emotional state or physical surroundings, nor intervene if risk escalates. Privacy breaches—including screenshotting or recording sessions—pose serious implications for participants and programs (Bellini & Westmarland, 2021; Solove, 2013).

The evidence base for online perpetrator interventions remains extremely limited. Broader digital mental health literature similarly warns against assuming equivalence between online and in-person group interventions, noting that safety-critical work involving power, control, and harm requires a higher threshold of evidence, oversight, and ethical justification than general wellbeing or psychoeducational programs (Emezue, 2020). The University of Durham also emphasised that no research has yet demonstrated that videoconferencing constitutes a safe or effective mode for delivering MBCPs (Bellini & Westmarland, unpublished, as cited in Vlais & Campbell, 2020). Most evaluations are exploratory and consistently identify significant constraints (Bellini & Westmarland, 2021, 2023; Vlais & Campbell, 2020).

Compounding these concerns is the rise of unregulated asynchronous programs internationally, especially in the United States, where online “domestic violence classes” may be accepted by courts despite lacking core components of perpetrator intervention and no independent evaluation (Vlais & Campbell, 2020).

1.5. Purpose and scope of this report

Within this complex and evolving context, this report presents qualitative insights from practitioners delivering online perpetrator interventions. These reflections illuminate emerging practices and adaptations across Europe but **must not be interpreted as evidence of effectiveness or safety**. Rather, they represent practice-based knowledge generated in the absence of robust empirical research (No To Violence, 2018; Vlais & Campbell, 2020).

Ultimately, online perpetrator interventions occupy a **paradoxical** position: they expand access and provide valuable engagement opportunities, yet risk entrenching low-dose, low-accountability models as substitutes for comprehensive behaviour change programs (ANROWS, 2023; Spencer et al., 2021).

The critical question is therefore not simply whether online work is “better than nothing,” but rather:

Under what conditions, for whom, and with what safeguards can online perpetrator interventions be delivered safely, ethically, and in ways that meaningfully contribute to accountability and victim-survivor safety?

Methodology

Scope

This paper examines current approaches and practices across Europe that incorporate varying levels of online delivery in interventions for perpetrators of intimate partner violence (IPV). It explores how such programs are coordinated, how risk is assessed and managed in virtual settings, and identifies key limitations, gaps, and perceived benefits associated with online perpetrator work.

Data design and sample

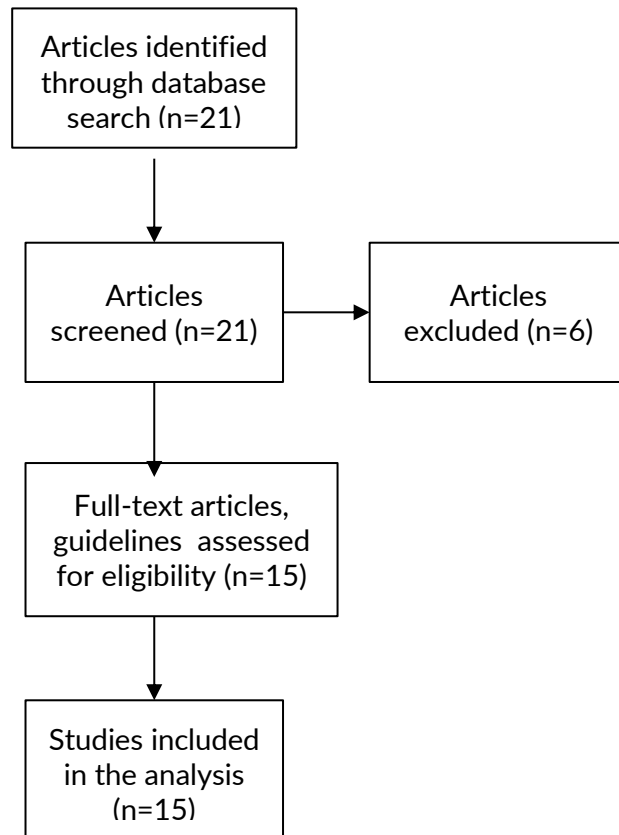
The study employed a mixed-methods approach, combining desk research with semi-structured interviews conducted by WWP EN staff. The following subsection outlines the data collection process in detail.

Desk research

The available literature addressing practices and experiences of online IPV perpetrator programmes is limited. Existing studies predominantly focus on general online support groups aimed at stress reduction, emotional regulation, or self-confidence building—particularly in response to the COVID-19 pandemic—rather than on interventions designed to achieve behavioural change. In addition, several sources consist of guidelines for conducting general online therapy. Only one identified study examined an online group intervention aimed at behavioural change among Black men and other culturally specific communities, and three that focused on online interventions for IPV offenders.

Relevant research materials were identified through targeted searches of Google Scholar, PsycINFO, Scopus, and Web of Science, using keywords related to online group interventions for IPV perpetrators, general online group therapies, and practice guidelines published between 2020 and 2025. Of approximately 21 sources initially reviewed, 15 studies and guidelines met the inclusion criteria¹ and were retained for analysis (see Figure 1).

Figure 1. Identification of studies via databases



Interviews

Thirteen semi-structured interviews (see Annex 1 for interview questions) were conducted between June 2 and November 20, 2025, recorded and transcribed for analysis. Participants were identified through convenience sampling, drawing on organisations found during the desk research, a previous mapping conducted by WWP EN, and the authors' professional networks.

Interviewees represented organisations with varying levels of online service provision for IPV offenders. These included perpetrator service providers from Austria, Ireland, Moldova, the

¹Inclusion criteria: (a) guidelines addressing online or remote mental health service delivery, including identified limitations, safety concerns, and practice principles; and (b) empirical studies examining perpetrator interventions (educational, therapeutic, group-based, or individual) that included at least a minimal evaluative component.

United Kingdom, Germany, Norway, Denmark, France, Russia, and the Czech Republic—some of which are WWP EN members (Table 1).

Several of the mapped organizations highlighted that the services offered online are less than the 10% of all their services, most of them are still in the experimental phase, continuously reflecting on their experiences.

Some organizations targeted rural areas with limited public transport, underdeveloped infrastructure, and restricted access to service centres. In some cases, online sessions were offered only as a temporary alternative when in-person meetings were not feasible. Finally, few organizations used it as a pre-program intervention, offering individual coachings besides the webinar. One organisation offered predominantly online services, due to geopolitical factors such as war, with both facilitators and clients residing outside their country of origin.

Table 1. Mapped organizations

Country	Type of delivery
Norway	Occasional use for individual cases only
United Kingdom	Pre-program webinar
	4-10 online educational sessions for first time offenders; supplementary option for rural participants
	Barely doing online, only in exceptional cases
Moldova	One online group per year, apart from the regular face-to-face group work
Germany	Temporary online delivery during COVID; now used only as a complementary or exceptional service
Denmark	Individual online sessions
France	Online groups following in-person individual intake
Czech Republic	During COVID: 4-5 online groups annually; post-pandemic reduced to one per year
Austria	Occasional supplement to in-person work
Ireland	One online group per year, apart from the regular face-to-face group work
Russia	Fully online – mostly individual
Sweden	Only as complementary to individual services

Interview Results

Program practices and online delivery in work with IPV perpetrators

Services for perpetrators of intimate partner violence (IPV) vary considerably in format, structure, and delivery mode, reflecting local resources, practitioner philosophy, and client needs. While some organizations run highly structured, standardized programs, others take a more flexible, therapeutic approach tailored to each individual. **Across interviews, practitioners consistently emphasised that online delivery should be used cautiously and, in most cases, only occasionally or as a supplementary component to in-person work.** Approximately half of the interviewed organizations explicitly stated that, in their view, online delivery should not replace face-to-face intervention but function as an adjunct, interim, or preparatory tool.

Organizations that offered online services at a higher volume also stressed the importance of **robust risk assessment, clear eligibility criteria, enforceable participation rules, and explicit attention to victim safety**, alongside the development of internal guidelines and protocols to mitigate the risks associated with online delivery.

It is important to note that the findings in this section reflect practitioners' perspectives and reported experiences. Robust outcome evaluations were not available, and the results presented here should not be interpreted as evidence of effectiveness, recidivism reduction, or improved victim safety.

Formats and Approaches

Offered formats and approaches varied among programs. Seven organizations reported providing individualized psychotherapeutic interventions, often led by clinical psychologists, beginning with detailed assessments of the client's history, functioning, and violence background. These interventions typically do not follow rigid curricula but are adapted to emerging issues identified in individual work, while maintaining a central focus on stopping violent behaviour. Common themes included violence, responsibility, mentalization, and

emotional regulation. The duration of these interventions ranged from short-term crisis responses to longer processes of up to 46 sessions, most organizations providing 6-months long programmes.

Structured programs, by contrast, followed more fixed methods and timelines, such as six-month rolling groups of 5–8 participants or Duluth-model groups of 6–15 participants meeting twice weekly. Many services combined formats, with risk assessment and individual sessions preceding group work lasting 3–6 months. These programs drew on Duluth-model, CBT, psychodynamic approaches, Gestalt techniques, and anger management. Five organizations also provided dedicated counselling or support services for (ex-)partners.

Regardless of structure, practitioners described accountability and empathy as core principles. Some groups were participant-led, with clients bringing their own situations for discussion. Facilitators emphasised non-judgmental listening and perspective-taking to reduce defensiveness, while maintaining a focus on responsibility, recognition of harm, and empathy toward victims.

Practitioners repeatedly highlighted the importance of **thorough pre-intervention risk assessment, strict eligibility criteria for online participation, and consistent enforcement of participation rules**, noting that these elements were particularly critical in online settings.

The following section outlines the distribution of these services by delivery mode, distinguishing between online, offline, and hybrid provision.

Online and Hybrid Delivery

During the COVID-19 pandemic, organisations were required to shift services to online formats, primarily to maintain continuity for participants already engaged in in-person work. While many services have since returned primarily to offline delivery, online formats continue to be considered in specific circumstances, including rural or underserved areas, and crisis situations (such as war or displacement).

Delivery models ranged from fully online to hybrid approaches, often involving offline pre-admission interviews or occasional in-person sessions. Online programs generally mirrored the structure of their offline counterparts and were supported by accountability contracts and explicit participation rules. **Some practitioners reported relatively high completion rates under these conditions; however, they consistently cautioned that program completion should not be conflated with behavioural change or improved safety outcomes.**

Access was sometimes facilitated through lending devices to participants and adapting facilitation techniques (e.g., breakout rooms, interactive exercises), while maintaining attention to privacy and focus. Table 2. below shows the ratio of online services provided by interviewed organizations.

Table 2. Services offered by organizations

Services	Nr of organizations
HYBRID	In-person pre-admission assessments with all group sessions delivered online (n=1)
INDIVIDUAL	Occasional online delivery supplementary to primarily in-person work (n=5)
	Predominantly online individual sessions and limited in-person groups for parents using violence against children (n=1)
	Parallel online and offline individual delivery, depending on assessed need and context (n=1)
	Targeted online educational use (n=1): <i>Online delivery is used selectively for a short educational programme for first-time offenders or for individuals living in rural areas; the standard programme remains in person</i>
GROUP	Around 10% of the groups are delivered online (n=1)
	Around 30% of the groups are delivered online (n=1)
	One online group per year (n=2)

Benefits of Online Delivery

Practitioners reported several ways in which online delivery can **increase accessibility and engagement**, particularly in contexts where in-person participation is challenging. Practitioners emphasised, however, that **increased accessibility alone does not ensure safe or effective participation**, and that any expansion of access must be accompanied by rigorous risk assessment and ongoing monitoring.

Online formats can reduce geographic and logistical barriers. Practitioners noted that clients living in rural or remote areas, those with irregular work schedules, or individuals temporarily abroad may be able to participate when in-person attendance would be difficult or impossible. Some probation offices even provide devices to facilitate participation. However, practitioners

emphasised that increased accessibility does **not automatically equate to safe or effective engagement and client convenience should not be a primary justification for online delivery**, Participation must be considered alongside thorough risk assessment and safeguarding procedures, considering potential consequences for partners and families carefully.

Weekly reminders, direct video links, and flexible scheduling may improve attendance. Facilitators also reported that online tools—such as the ability to manage group behaviour, use breakout rooms, muting disruptive participants to reinforce boundaries and group rules can support session management, while observing aspects of a participant’s home environment could inform risk assessment.

Practitioners consistently distinguished these engagement and access-related benefits from accountability or safety outcomes, noting that increased disclosure or attendance online does not necessarily translate into deeper responsibility-taking, behavioural change, or improved victim safety. Several highlighted the risk that online settings may facilitate “performed compliance,” where participants appear engaged while maintaining emotional or relational distance from the work.

Overall, online delivery is perceived as a **pragmatic tool** to maintain contact, provide preparatory or supplementary support, and reach clients who face barriers to in-person services. These potential benefits are **conditional**, dependent on careful screening, robust risk assessment, clear participation rules, and integration with in-person work and broader safety monitoring.

Challenges and Limitations

Professionals emphasised that while online delivery may increase accessibility and continuity, it introduces significant practical and clinical challenges.

Loss of non-verbal communication. A consistent theme across interviews was the reduced availability of body language and subtle cues online. Facilitators rely on these indicators to assess emotional states, detect escalating risk, and build rapport. Their absence weakens therapeutic connection and complicates risk management.

Adapting methods and group work. Certain techniques, including role plays, whiteboard exercises, and psychodynamic methods, were described as inherently more effective in person. Online, these methods often require substantial adaptation or are abandoned altogether. Group

cohesion—central to accountability and peer challenge—was also described as harder to establish without shared physical space.

Boundaries and participant engagement. Practitioners reported challenges related to participants joining sessions from inappropriate settings, engaging in distracting behaviours, or treating sessions with reduced seriousness. Enforcing rules remotely required increased vigilance and consistency.

Technical and access barriers. Reliable internet, functional devices, and digital literacy were unevenly distributed. These barriers disproportionately affected participants from lower socio-economic or rural backgrounds and contributed to inequities in participation.

Safety and post-session risks. Online sessions can end abruptly, with participants returning immediately to shared living environments. Practitioners expressed concern that this increased risks for partners and children, particularly following emotionally charged sessions. Facilitators also had fewer options for de-escalation if participants became distressed or disconnected abruptly. Professionals also expressed concern about the risk of clients recording sessions or sharing devices with partners, potentially using online participation as a means to extend or conceal abusive behaviour.

Together, these challenges illustrate that choosing to deliver any level of services online requires significant adjustments in facilitation style, risk management, and participant engagement strategies compared to in-person work.

Evaluation Practices

Evaluation practices varied widely and were often limited. Three organizations reported contacting victims as part of evaluation, two gathered feedback from both clients and victims, three relied solely on client feedback, two included facilitator perspectives, and four reported no formal evaluation procedures. At the time of the interviews, data processing was still underway in some organisations, while others reported having no systematic procedures in place. One organisation shared partial results.

Overall, evaluation of online perpetrator programs was inconsistent. Some organizations adapted existing tools, while others avoided direct victim contact due to safety concerns, relying instead on information from probation or judicial services. Practitioners widely acknowledged the absence of systematic evaluation and expressed interest in developing more

robust methods, particularly those capable of assessing behavioural change and safety impacts specific to online delivery.

Risk Assessment

Reported approaches to risk assessment varied across organisations. Five organisations indicated using standardised (e.g., SARA, B-Safer, WHO measures) or internally developed risk assessment tools in combination with professional judgement. Five reported relying primarily on professional judgement and individual clinical assessment without formal tools. Several organisations did not specify particular risk assessment procedures. Risk assessments were mostly conducted at intake, and at programme completion, with few organizations assessing risk throughout the programme as well, gathering information from victims, victim support or probation services.

Almost all practitioners mentioned additional safety measures specific to online delivery, including environmental checks before each session to ensure privacy, and requirements for participants to be alone during sessions.

In case of emerging risks –such as suicidal ideation, or escalating aggression—programs may pause online work, revert to individual sessions, or shift to in-person meetings. Facilitators are also mindful of the risk of online misuse, such as participants recording sessions without consent. Collaboration with local police, probation services, or victim support organisations was limited and was reported by only two to three organisations.

Risk management also extends to the facilitators themselves, who may face increased burnout from working in isolation and dealing with high-intensity cases without the grounding effect of shared physical space.

Safety and Confidentiality

Maintaining confidentiality, victims' and participant safety online requires both technological safeguards and clear procedural rules. Programs use encrypted platforms, prohibit recording, and require participants to confirm they are alone in a private space before sessions begin. Facilitators often scan the room at the start, check for background noise or interruptions, or establish agreements about using headphones.

Some jurisdictions mandate secure, specially designed platforms for counselling. Others provide separate devices to clients—particularly when perpetrators and victims still live

together—to prevent monitoring or breaches of privacy. Written consent, moral contracts, and confidentiality agreements are common, and facilitators are trained to respond promptly if a partner or child enters the session unexpectedly.

Skills and Training for Facilitators

Practitioners noted that delivering perpetrator programs online requires specific competencies in technology, online presence, and remote group facilitation. However, reported training and support for online delivery varied across organisations. Three reported providing both targeted training and peer supervision, one offered formal training, six relied on regular peer or professional supervision, and two reviewed recorded sessions together as part of professional development to share strategies, debrief difficult cases, and refine techniques. Three organisations did not mention any specific training related to online work.

Four organisations specifically reported requiring facilitators to gain experience leading in-person groups before transitioning to online delivery, with annual role rotations to maintain skills across both formats. Practitioners also highlighted the use of team debriefings, formal and informal case management sessions, and peer supervision contributing to professional development and emotional support for staff.

Partner Contact

Reported approaches to partner contact varied across organisations. One organisation hired domestic abuse workers to provide direct support to victims. Another worked closely with victim support services. One checked in with victims regularly, another contacted victims at the end of the programme to inquire about their safety, and one offered an initial offline meeting followed by further support online or via phone. One delegate all victim contact to judicial or probation services, maintaining no direct communication to avoid potential harm or conflicts of interest.

Practitioners acknowledged that limited or absent partner contact be considered a significant safety concern in online perpetrator work rather than a neutral programmatic variation. Where partner contact was integrated, it functioned both as a safety mechanism and as an additional source of information regarding behavioural change and victim safety over time.

Key Gaps & Challenges

Beyond the immediate practical and clinical challenges of online delivery, professionals highlighted several systemic gaps that constrain the long-term development, credibility, and consistency of online perpetrator interventions.

Limited evidence base

Despite a level of adoption of online delivery during the COVID-19 pandemic and beyond, robust research remains scarce. Existing studies are often small-scale, context-specific, or focused on general online group therapy rather than IPV perpetrator interventions. Evidence on long-term outcomes—such as sustained behavioural change, recidivism, or victim safety—is particularly limited. The absence of standardized evaluation frameworks further restricts the ability to compare programs or identify best practices for online delivery. It is important to note that reported practitioner experiences should not be interpreted as evidence of effectiveness.

Insufficient integration of survivors' voices

Victims' or partners' perspectives are not systematically incorporated into most program evaluations. This gap undermines efforts to assess whether online interventions genuinely improve safety or wellbeing. While some programs avoid direct contact with victims due to safety concerns, alternative mechanisms to embed survivor input remain underdeveloped, leaving a key safety dimension unmonitored.

Unequal access and participation

Although online formats can expand geographic reach, significant equity challenges remain. Many perpetrators lack private spaces, stable devices, or reliable internet connections. Others experience digital illiteracy. Without targeted support, these barriers risk reinforcing exclusion rather than increasing access.

Facilitator training and support

Delivering perpetrator programs online requires a distinct skill set, including technological competence, remote group facilitation, online risk monitoring, and strategies to maintain accountability and group cohesion. Practitioners highlighted the need for enhanced supervision, peer support structures, and updated digital tools and materials to strengthen facilitator capacity and maintain safety.

Lack of standardized safety and confidentiality protocols

Approaches to confidentiality, participant monitoring, and crisis management vary widely across programs. Concerns include perpetrators joining sessions from unsafe locations, breaches of privacy (e.g., recording sessions), and limited options for facilitators when participants abruptly disconnect during crises. Without sector-wide guidance, practices remain inconsistent and fragmented, making online delivery rather dangerous and unsafe.

Coordinated efforts should focus on:

- building a stronger evidence base through rigorous, systematic evaluation;
- embedding survivor perspectives into program design and evaluation;
- ensuring equitable access to technology and safe spaces;
- investing in facilitator training, supervision, and professional development;
- developing sector-wide standards for confidentiality, monitoring, and crisis management.

Practitioner accounts illustrate perceived opportunities and practical adaptations, but must be interpreted in the context of the limited evidence base and the significant risks outlined elsewhere in this report.

Recommendations, Conclusions, and Next Steps

Recommendations

The findings of this study indicate that online IPV perpetrator interventions might have a limited but potentially useful role within a broader system of perpetrator accountability and survivor safety. However, consistent with the CIJ's central principle that "the provision of something is not better than nothing if the risks inadvertently generated cause more harm than the benefits" (Vlais & Campbell, 2020, p. 20), these recommendations should not be interpreted as endorsing online work as a safe or equivalent replacement for in-person programs. Rather, they outline minimum conditions that should be met for programs that are delivering or considering to deliver perpetrator interventions online, in order to mitigate risks and avoid unsafe practice.

Treat online interventions as low-dose, adjunctive, and tightly scoped

At least half of interviewed programmes had a similar approach to online perpetrator programs as outlined in Helps et al. (2023), and Vlais and Campbell (2020) study, that these programs

should be used as an educational or **supplementary** services rather than stand-alone behaviour change interventions (Helps et al., 2023; Vlasis & Campbell, 2020).

Online formats can serve functions such as:

- crisis engagement,
- motivation-building,
- increasing readiness for in-person work, and
- providing interim contact when no other services are available.

Delivering online services in **rural, regional, remote, or conflict-affected and geopolitically restricted settings** -where travel or physical attendance is impossible - requires heightened consideration of potential risks and safety implications when deciding whether to offer such services at all. Programmes must ensure through strict risk protocols that pressures to increase accessibility do not override victim safety, risk management, or minimum quality standards. Several programmes included in this mapping shared about their continuous effort to develop specific guidelines integrating recent experiences.

Prioritise partner and family safety contact and integrated responses

Our findings, reinforced by the study of Vlasis and Campbell (2020) and Helps et al. (2023), online expansion must **not** divert resources from:

- partner and family safety contact,
- ongoing risk monitoring,
- multi-agency coordination, and
- crisis-oriented one-to-one work.

These functions remain central to perpetrator intervention effectiveness—far more so than rapid scaling of online groups.

Where resources are limited, **partner and family safety** must always be prioritised above investment in new online formats.

Embed rigorous screening, exclusion criteria, and environmental checks

Practitioners reported highly variable screening approaches. To align with CIJ's guidance (Vlasis & Campbell, 2020), we recommend structured, multi-domain screening that assesses:

- living arrangements (especially whether victim-survivors may overhear sessions),
- alcohol and other drugs use, and mental health stability (e.g. suicidal thoughts),
- current level of crisis or volatility,

- engagement history,
- technological literacy, and
- capacity for privacy and confidentiality.

Clear exclusion criteria are essential—for example, men who:

- live with victim-survivors without stable partner contact and explicit partner consent,
- are experiencing significant substance abuse/mental health instability,
- show poor responsiveness to one-to-one contact,
- experience heightened situational precarity (e.g. acute stressors, unemployment crisis),
- pose elevated risks relating to child contact disputes,
- demonstrate limited capacity to manage strong reactions or act impulsively when distressed.

Environmental checks must be completed before group participation, including:

- guaranteed private space,
- headphones,
- stable internet,
- access to a dedicated device (not shared with family members).

These conditions are non-negotiable for safe participation.

Build online delivery around structured one-to-one work

Both our findings and external evaluations (Vlais & Campbell, 2020; Helps et al., 2023) confirm that **one-to-one work is foundational**, not optional, in online formats.

Individual sessions should be embedded:

- **prior to** group work (intake, orientation, readiness),
- **during** the program (risk checks, deeper reflection, managing resistance),
- **after** program completion (follow-up, integration).

One-to-one work is especially important for material:

- too sensitive or volatile for group discussion,
- requiring emotional containment,
- addressing minimisation, denial, or “exceptionalism”—patterns which MEND found can be reinforced online due to the emotional distance of digital environments.

Tighten design parameters for online groups

Online groups require **stronger structure** and **more intentional design** than in-person groups.

Recommendations include:

- **Small group sizes** (maximum ~6 participants), to maintain depth and manage risk.
- **Session length adjustments:** some practitioners found 90 minutes insufficient; careful testing of slightly longer sessions (up to two hours) may support deeper reflection.
- **Tech orientation sessions** provided before the group begins, so group time is not lost to troubleshooting.
- **Clear facilitation protocols**, including rules about:
 - cameras on,
 - sobriety checks,
 - no multitasking,
 - no recording or screenshots,
 - managing chat functions transparently and safely.

Despite these adjustments, available sources and mapping results continue to show persistent limitations in achieving group cohesion, peer challenge, and genuine accountability online (Bellini & Westmarland, 2021; Vlasis & Campbell, 2020).

Strengthen evaluation

Evaluation is needed, but it must be framed within **caution**, not optimism. Online work should only proceed in:

- **pilot**,
- **time-limited**, or
- **tightly bounded** forms,

with clear criteria for suspension if safety concerns arise.

Any promising practices identified in this report should be understood as **emerging** rather than proven. They cannot yet be generalised or codified as “good practice”.

Integrate survivors’ perspectives and partner contact into evaluation

Survivor perspectives are essential for:

- detecting adverse or unintended consequences,
- understanding how perpetrators may weaponise online participation,
- evaluating changes (or lack thereof) in household safety,
- assessing the impact of home-based sessions on partners and children.

This approach aligns with international practice-based evidence, including evaluations that incorporate structured feedback from affected family members at multiple stages during and after perpetrator interventions to monitor safety and perceived behavioural change. Research

indicates that victim-survivors often provide more cautious and safety-focused assessments of change, including reductions in violence and its impacts, than men participating in programmes themselves (Vall et al., 2023). Consistent with this, several organizations in the mapping emphasised the importance of integrating survivor perspectives, with one program developing its preliminary online intervention model in close consultation with victim-survivors.

Strengthen digital safety, confidentiality, and data protection protocols

Given the heightened risks online—screenshotting, covert recording, overhearing by family members, or technology misuse—sector-wide digital standards must address:

- platform security and encryption,
- prohibition of recording or sharing content,
- guidelines for safe storage of digital materials,
- protocols for breaches,
- digital literacy support for participants and practitioners.

While current practices intend to apply these aspects, it should be systematically addressed before further online expansion.

Acknowledge practitioner burden and support needs

The interviews and findings of Vlasis & Campbell's report (2020) show that online facilitation:

- increases cognitive and emotional load, the sense of isolation,
- reduces access to non-verbal cues,
- heightens fatigue,
- requires more pre-session and post-session work,
- demands stronger co-facilitation coordination.

Therefore, services should ensure, as some of them partially already does:

- increased supervision frequency,
- reflective practice time,
- supportive structures to mitigate burnout,
- additional training for online-facilitation-specific competencies.

This is especially critical as online work can appear “easier” or “less resource-intensive,” when in reality it requires more support to manage safety and risk.

Conclusion

This study reinforces a central insight repeatedly emphasised by both practitioners and the CIJ report (Vlais & Campbell, 2020) and the MEND evaluation (Helps et al., 2023): online perpetrator work is neither a straightforward innovation nor an unequivocal improvement in service accessibility. Instead, it represents a pragmatic, emergent, and still experimental response to contextual pressures such as the COVID-19 pandemic, geographical barriers, infrastructure gaps, or conflict-related instability.

Online delivery undeniably expands possibilities for reaching men who would otherwise be unable or unwilling to attend in-person programs—particularly those living in rural or remote areas, or those experiencing logistical barriers related to transport, employment, or stigma. Practitioners interviewed across Europe echoed this, noting that online work allowed continued engagement with men who were frequently on the road for work, those living abroad, or in sparsely populated regions where in-person services do not exist. Others observed that clients who were deeply ashamed, highly introverted, or worried about being recognised when entering a perpetrator program were “more openly and consistently” engaged online. Some practitioners also mentioned the ability to observe clients’ living conditions, potentially providing useful contextual information for risk assessments.

However, these potential advantages coexist with significant risks and structural limitations. The findings underscore that online formats fundamentally alter the therapeutic conditions under which accountability, challenge, and behavioural change are cultivated. Practitioners repeatedly emphasised that the absence of body language, posture shifts, and subtle affect changes leaves them “working partially blind”, also losing the spatial and relational cues that normally help contain escalating emotions. Multiple interviewees mentioned the difficulty in building deeper connections with participants, and in their engagement. The risk of “performed compliance,” already a concern in traditional perpetrator services, may be amplified online, where participants can more easily present a curated version of themselves to facilitators, peers, or external systems.

The integration of survivors’ perspectives is even more critical in online contexts, where the risk of retaliation, monitoring, or escalating control following sessions may be heightened. Some practitioners provided concrete examples of risk spikes: a man walking straight from an emotionally charged online session into a shared living room where his partner was present; another who became agitated, abruptly logged off, and could not be reached for hours; and cases where facilitators suspected that a participant’s partner might be within hearing distance despite his assurances. These examples demonstrate that online participation from the family

home introduces safety concerns that are qualitatively different from those encountered in physical group settings, particularly when victim-survivors or children are in adjacent rooms. Our findings, consistent with Vlasis and Campbell's (2020) cautionary stance, show that these risks cannot be treated as secondary considerations or mitigated solely through technological solutions.

The limited evidence base remains a persistent barrier to meaningful conclusions about effectiveness. As highlighted in the introduction, few studies—including those on general online group psychotherapy—provide robust outcome data on behaviour change, recidivism, or survivor safety in digital perpetrator interventions. The rapid scaling of online delivery risks creating a situation in which low-dose, low-accountability models become entrenched as substitutes rather than supplements to in-person programs, particularly in under-resourced systems.

Overall, the findings suggest that online perpetrator interventions hold a carefully bounded place within the broader ecosystem of IPV response, urging a cautious, survivor-centred approach. They may function effectively as entry points, preparatory stages, or complementary formats—especially for lower-risk participants or those facing severe access barriers—but they do not yet constitute a safe or adequate alternative to the depth of work achievable in face-to-face settings. Several mapped programs reported that they used online services as complementary to offline programmes, or offered only to low risk, first-time offenders as an educational, preliminary tool before joining groups, covering about 10% of their total work. .

Online work should continue to be framed not as a replacement for in-person intervention, but as a provisional, conditional, and deliberately constrained component of coordinated community responses to IPV. Strengthening evaluation frameworks, integrating survivor perspectives, and maintaining rigorous safety and quality standards will be essential to prevent online delivery from weakening rather than enhancing perpetrator accountability. Only under these conditions—and through ongoing collaboration across practitioners, researchers, policymakers, and survivor advocates—can online perpetrator programs evolve into a sustainable and ethically defensible complement to established practice, rather than a risky diversion from it.

Next Steps

For Policymakers and Funders

- Recognise explicitly that online work is **not automatically safe** and may cause harm if poorly designed (Vlais & Campbell, 2020).
- Prioritise investment in **partner/family safety contact**, risk coordination, and integrated responses before funding online expansion.
- Require rigorous screening, supervision plans, and one-to-one components for all online pilots.
- Mandate independent evaluations focusing on **survivor safety outcomes**, not user satisfaction.
- Develop national standards for **digital safety, confidentiality, and platform security**.

For Practitioners and Service Providers

- Treat online group work as a **specialised, higher-risk practice** requiring dedicated preparation and supervision.
- Embed one-to-one work around online groups or as a supplementary support to in-person groups.
- Maintain small groups, structured facilitation, and clear boundaries around privacy and sobriety.
- Implement digital safety protocols and ensure technological orientation for all participants.
- Avoid interpreting online attendance as evidence of change—continue to “hold men in view.”

For Researchers and Academic Institutions

- Evaluate online programs - particularly regarding reduced effectiveness and increased risk.
- Examine survivor perspectives and unintended harms.
- Identify which program elements are transferable to online formats and which are not.
- Build multi-country evidence-sharing platforms to accelerate learning across contexts.

Cross-Cutting Priority

A central priority across the entire sector is to resist the premature normalisation of online perpetrator programs as equivalent alternatives to in-person work. As both the CIJ report (Vlais & Campbell, 2020) and our findings stress, online delivery remains a limited, conditional, and higher-risk modality whose safety and effectiveness depend on stringent preconditions rather than technological possibility alone. In this context, coordinated knowledge sharing becomes essential to develop a shared understanding of the boundaries, safeguards, and circumstances under which online work may be used ethically.

Building mechanisms for evidence exchange—across countries, professional networks, victim-survivor services, and perpetrator programs—can help prevent the fragmentation that currently characterises digital intervention provision. These shared platforms should not simply disseminate promising practices but also document failures, unintended consequences, and survivor-reported harms. Such transparency is crucial to avoid repeating mistakes, to ensure that the risks identified in one context inform decisions elsewhere, and to maintain a survivor-centred orientation to digital perpetrator work.

This cross-cutting priority echoes concerns expressed earlier in this report, highlighting the lack of standardised evaluation frameworks, limited data on recidivism, and persistent unevenness in risk assessment protocols. Without coordinated learning, these systemic weaknesses are exacerbated by the shift to online delivery, risking the development of an even more uneven and unregulated service landscape. Collaborative platforms—supported by funders, governments, researchers, and practitioner networks—are therefore necessary to ensure that online perpetrator interventions evolve in a cautious, accountable, and ethically grounded way. Rather than accelerating innovation, these platforms must ensure that the field remains anchored in survivor safety, rigorous assessment, and realistic expectations about what online work can and cannot achieve.

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Annex

Interview questions

Interview Questions for Online Perpetrator Programmes Mapping

1. Organisational Background

- What type of organisation are you?
 - NGO
 - Public/Statutory
 - Private
 - Other (please specify)
- In which country and region are you based?
- Are you also providing in-person perpetrators programmes?
- Can you briefly describe this programme? (e.g. target groups, structure, format, etc.)

2. Overview of the Online Perpetrator Programme

- Can you briefly describe the online perpetrator programme you offer?
(Structure, duration, format, approach)
- What language(s) is the programme delivered in?
- How is the programme funded? (Public funding, private, project-based, client-paid, etc.)
- What is the target group?
(Geographic reach, demographics, gender of the perpetrator, type and severity of violence, referral sources)

3. Programme History and Evolution

- Since when have you been offering online services?
- What prompted the move to online delivery (e.g., COVID-19, accessibility, innovation)?
- How has the online component evolved since it started?
- Have these changes influenced your in-person/offline services?

4. Programme Content and Format

- Is your online work delivered as group sessions, individual sessions, or a mix?
- Is the programme structured, semi-structured, or fully individualised?
- What core topics or modules are covered?
- Do you use any specific theoretical or therapeutic approaches?
- How does the online format affect participant engagement, dropout rates, or attendance? recidivism (compared to offline groups)

5. Benefits and Opportunities

- What would you say are the key benefits of delivering perpetrator work online?
- Have there been any unexpected advantages or opportunities?
- What kind of feedback have you received from participants?

6. Evaluation and Impact Measurement

- Do you evaluate the effectiveness of your online programme?
 - Yes
 - No
- If yes:
 - What tools or methods do you use?
 - What outcomes do you track (e.g., behavior change, recidivism, self-reports)?
 - What insights have you gained?
- If no:
 - Would you be interested in using tools such as our *Impact Toolkit*?
- How do you assess the impact of specific formats (e.g., phone sessions, asynchronous tools)?

7. Risk Assessment

- Do you assess the risk levels of participants?
- What risk assessment tools or procedures do you use?
- Have your risk assessment practices changed in the shift to online?

8. Safety and Confidentiality

- What safety concerns or risks have emerged in online delivery?
- How do you ensure confidentiality and privacy for participants and staff?
- Does partner contact service make any changes in their work due to the online programme delivery?
- What measures are in place to ensure partner/ex-partner safety, especially in shared households? Do you have a partner contact procedure in place?
- Are any protocols in place if a participant becomes threatening or abusive during a session?

9. Comparison with In-Person Work

- From your experience, how does online delivery differ from in-person work?
- Describe if there are any there notable differences in group dynamics or emotional engagement_____
- Describe any adaptations that you have made to your methods or content to suit the online format if any_____

10. Skills, Training, and Support

- What specific skills do facilitators need to engage with programme participants and manage sessions online?
- How do you handle resistance, denial, or disengagement in a virtual setting?

- Do facilitators receive any specialised training or supervision related to online work?

11. Challenges

- What are the main challenges you've encountered in delivering services online?
- How have you addressed these issues, and which remain unresolved?
- How does collaboration with other agencies (e.g., child protection, victim services) function in an online context?

12. Accessibility and Inclusion

- Are there any access barriers for participants (e.g., digital literacy, technology, housing conditions)?
- Do specific groups (e.g., migrants, low-income men, men with disabilities) face more difficulty accessing the service?
- Do you provide support (devices, internet, digital skills) to help participants attend?

13. Setting Up and Sustainability

- What would you recommend to organisations planning to launch an online perpetrator programme?
- Were service users or survivors consulted during the planning or design phase? Were there any legal, technical, or ethical issues you had to navigate?
- How do you support facilitators to prevent burnout (e.g., debriefing, supervision, team support)?
- Have you developed any protocols or guidelines of your work?

14. Additional Reflections

- What would you say is the biggest difference online work has made in your practice?
- Do you have any materials, guides, or digital tools you would be willing to share?
- Would you be open to joining a European working group to continue sharing and improving practice?