

Alternative delivery formats for domestic and family violence perpetrator programs in the COVID-19 situation

Draft report for consultation and feedback

Rodney Vlasis and Elena Campbell
RMIT Centre for Innovative Justice
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Part 1: Introduction

The COVID-19 pandemic has caused an unprecedented level of disruption to the health, social, economic and cultural spheres of people's lives and communities. There is concern that during the crisis phase of the pandemic – and now continued into the long and uncertain recovery phase – that the incidence of family violence has increased.¹ There is also widespread concern that some existing perpetrators are making use of the social restrictions and other changes brought about by the pandemic to widen and tighten their tactics of coercive control, at the same time that it is harder for victim-survivors to reach out for help and to be proactively supported.

As a consequence, and in the context of in-person group-work sessions currently not being possible due to current social restrictions, many specialist perpetrator intervention services have moved towards a crisis intervention engagement approach, based on one-to-one phone call, videoconferencing and messaging app technology. There is widespread industry consensus that the most important objective at the current time is to engage with perpetrators in a way that helps to identify and manage escalations in risk, and to coordinate closely with other non-government and government agencies to keep them within view.²

While there is broad agreement regarding the importance of a crisis intervention, risk management approach directed towards perpetrators, there is much uncertainty regarding what forms of men's behaviour change program (MBCP)³ work might be possible at this time. In particular, whether it is safe and appropriate to conduct videoconference-based MBCP groupwork sessions with perpetrators, either with men who are already part-way through a MBCP before in-person sessions were put on hold, or for new referrals.

There are several conflicting pressures and tensions here:

- Some mandated referrers in some jurisdictions are placing pressure on contracted MBCP providers to move group-work sessions online, so that the requirements of existing contracts can be fulfilled. This reflects not only contractual pressure; it also relates to these referrers coming up against their own institutional, policy and legislative constraints that make it difficult for them to provide flexibility for contracted providers (for example, longer time periods in which to work with the perpetrator).
- The existing tendency for some referrers in some jurisdictions to place too much responsibility on to MBCP providers (and expect too much from them); an implicit assumption that program providers will be able to 'bend over backwards' to adapt their business-as-usual approach rather than the referrer working with the perpetrator to accept that he will need to wait until in-person group-work can resume before he can complete the requirements of the mandate.
- Concerns about what it might mean to leave perpetrators 'hanging' if it will be some months before in-person group-work can resume, and what this might mean for keeping them engaged and within view, and for risk.

¹ For example, calls to the Men's Referral Service by men who are concerned about their behaviour have increased significantly during this pandemic period.

² <https://sDFV.org.au/2020/03/20/covid-19-mens-behaviour-change-programs/>;
<https://globalrightsforwomen.org/wp-content/uploads/2020/04/US-Considerations-for-Working-with-Perpetrators-during-COVID-19.pdf>; <https://www.work-with-perpetrators.eu/covid-19>

³ MBCPs is the Australian term for Batterer Intervention Programs in the US, Partner Abuse Programs in Canada, Domestic Violence Perpetrator Programs in the UK, and Non-Violence Programmes in New Zealand.

- There are some reports from the UK of perpetrators stating that they miss the peer challenge/support components of group-based interventions given that contact is now occurring through individual contact with a practitioner.⁴
- Significant differences between MBCP providers in terms of their position on the safety and appropriateness of conducting any videoconference-based MBCP group-work.⁵
- An unease amongst practitioners, even when considering providing group-work components online, of offering program completion certificates or completion reports to referrers without the capacity to conduct ongoing in-person assessments and in-person program completion exit planning.⁶

Purpose of this paper

Keeping the above context in mind, the CIJ has been asked by a court-based authority to consider what types of ‘therapeutic’⁷ MBCP interventions might be safe and appropriate for MBCP providers to deliver, during this phase of the COVID-19 pandemic when in-person group-work is not possible. The CIJ has also been asked to what extent these adapted interventions can work towards meeting the therapeutic requirements that perpetrators have to meet the conditions of the court order.

This paper commences in Part 1 by providing some important contextual information on MBCPs, which will serve as a basis for understanding some of the recommendations to follow. The above questions will then be addressed in two parts.

Part 2 of this document will recommend a set of guidelines for MBCP providers in terms of videoconference MBCP group-work. In particular, the CIJ has been asked to address the following questions:

- Under what circumstances, and for which perpetrators issued with a court order, might it be safe and appropriate for videoconference MBCP group-work to be considered?
- When should this medium of group-work never be attempted?
- When safe and appropriate to use videoconferencing as a group-work medium, what are realistic expectations for this work? To what extent, and to what degree, is it possible for perpetrators to complete a MBCP based on videoconference-based participation alone?

⁴ https://hubble-live-assets.s3.amazonaws.com/respect/redactor2_assets/files/135/Impact_of_COVID19_on_DA_Perpetrator_Services_24.04.20.pdf

⁵ It is difficult to estimate the proportion of MBCP providers in Australia who are either delivering, or considering delivering, MBCP group-work curriculum online. The CIJ’s research suggest that this practice is not occurring frequently in NZ; UK Respect reports that as of late April, approximately 15% of program providers were offering group videoconference programs, and a further 22% exploring the feasibility of doing the same; an analysis of recent posts to the predominant U.S. list-serve for BIP providers (Aquila) reveals that some are moving to online group delivery, however this remains contentious and it is not possible to ascertain how many are providing videoconference groups for new referrals as well as existing clients.

⁶ https://hubble-live-assets.s3.amazonaws.com/respect/redactor2_assets/files/135/Impact_of_COVID19_on_DA_Perpetrator_Services_24.04.20.pdf

⁷ The use of the term ‘therapeutic’ to describe MBCP interventions with men is highly contentious. Many stakeholders and practitioners in the field are concerned that this language frames DFV perpetration as a mental health issue rather than a social problem, and misconstrues the nature of the work in these programs. This term is also inconsistent with the multiple ways that these programs work towards the safety and wellbeing of adult and child victim-survivors. The CIJ uses this language tentatively in this document in recognition of the specific use of this term in court environments.

There are three important considerations and contextual factors in the CIJ's response to these questions. First, the recommendations contained in this paper are specific to the COVID-19 pandemic environment. While the substance of many of the recommendations might apply more broadly, including to a post-COVID environment, the pandemic creates unique circumstances that the CIJ has attuned this paper to. It is highly important, therefore, that this paper is not seen as the definitive word in addressing the above-mentioned questions.

Second, the CIJ has been tasked with addressing these question both in relation to Counselling Order perpetrators who had commenced a MBCP before in-person group-work ceased in early April, and for new referrals arising after this point.

Third, the CIJ's recommendations do not consider broader question of the safety and appropriateness of conducting a limited number of group videoconference sessions that focus on crisis intervention rather than MBCP objectives.⁸ While the recommendations apply to a greater or lesser extent to this broader context, they were developed to focus specifically on the delivery of 'therapeutic' MBCP group-work components.

Part 3 of this paper focuses on one-to-one interventions, either videoconference or phone-based, with perpetrators for the purposes of delivering MBCP work – as distinct from one-to-one engagement as a crisis intervention risk management response. As this is, in general terms, less contentious than videoconference group-work, this part of the paper will be less detailed than part 1. Much of the focus in part 2 will concern to what extent MBCP curriculum can be delivered through these means.

Part 4 of this paper will focus on considerations and recommendations regarding the upcoming return to the ability of MBCP providers to provide in-person MBCP work, as social restrictions are gradually eased in a phased approach. The CIJ has included these considerations due to the likelihood that some degree of in-person one-to-one and group-work might become possible during the early winter months.

It is important to note that while the CIJ's recommendations are divided according to each part in the paper, many of the recommendations in Parts 2 and 3 draw upon, or refer to, those in Part 1.

A multi-tiered approach to perpetrator engagement

An important consideration across the whole of this paper is under what circumstances is it safe and appropriate to attempt MBCP curriculum work with the perpetrator using any medium in the current COVID-19 context. As per guidelines published in the UK, Europe and the US concerning perpetrator responses in the pandemic environment, standard MBCP work should not be attempted with perpetrators who are particularly emotionally labile and/or in highly precarious economic/social circumstances due to the changes brought about by the pandemic.⁹

The peak body for domestic violence perpetrator programs in the UK, for example, states that:

⁸ A small series of group-work sessions for perpetrators being held by a MBCP provider until in-person group-work can recommence who all face similar circumstances (for example, three or four isolated international students in precarious financial and social circumstances) and where the main objective of the sessions is to provide a crisis intervention risk management response rather than to deliver MBCP group-work sessions.

⁹ <https://www.respect.uk.net/pages/15-covid-19>; <https://www.work-with-perpetrators.eu/covid-19>; <https://globalrightsforwomen.org/wp-content/uploads/2020/04/US-Considerations-for-Working-with-Perpetrators-during-COVID-19.pdf>

It is Respect's strong recommendation that any work delivered remotely should be focused on safety planning¹⁰, stress and de-escalation techniques in the short to medium term, rather than long-term attitudinal and behavioural change.¹¹

The CIJ's recommendations across all parts of this paper reflects a multi-tiered understanding of perpetrator engagement in the COVID-19 context. In broad terms, and drawing upon the work by No To Violence (www.ntv.org.au) to develop a multi-tiered approach for its members and government referrers, perpetrator responses at the current time can be categorised into the following tiers:

Crisis intervention focusing on active monitoring and risk management – for those perpetrators who are in precarious or highly unstable circumstances due to the COVID-19 situation and/or for other reasons, many of whom pose a heightened risk to victim-survivors. These perpetrators require regular (in some cases daily or near-daily) engagement,¹² case management to address non-central dynamic risk factors (for example, AoD or mental health issues, accommodation instability) and a strongly coordinated and collaborative multi-agency response. While a focus on safety planning and violence-interruption strategies is important as part of regular engagement, adapted MBCP curriculum work (phone or videoconference, one-to-one or group) would not be attempted with these perpetrators, and none of the engagement would count towards requirements for participating in and completing a MBCP. While not suitable for remote MBCP work, many of these perpetrators would be suitable for in-person MBCP delivery once this option resumes.

Active holding and casework – for those perpetrators who are not in a state of crisis or precariousness, but who are not suitable for adapted MBCP work for other reasons, or not prioritised for this work. This would include perpetrators who are ineligible to participate in videoconferencing MBCP group-work for the reasons outlined in Part 2 of this paper. It would also include perpetrators who would be suitable for one-to-one adapted MBCP sessions, but are not prioritised to receive this by the program provider due to limited capacity. These perpetrators would participate in weekly or fortnightly individual contacts (phone or videoconference) focusing on monitoring, risk identification and management, 'holding' them until in-person MBCP work can resume, and where required, some degree of case management. These contacts would, where possible, involve some degree of MBCP curriculum exploration, in addition to a focus on safety planning and violence-interruption strategies.¹³

¹⁰ Safety planning in this context is different from the usual meaning of the term when applied to victim-survivors. In work with perpetrators, safety planning focuses on a range of strategies to assist the perpetrator to identify upcoming situations, in the immediate to short-term, where there is some likelihood of him using one or more forms of family violence, and to apply violence-interruption strategies prior to and during these situations so that he does not, at the time, choose to use violence. Safety planning can involve focusing the perpetrator's existing repertoire of violence-interruption strategies and strengths to use at this time, as well as learning and applying new strategies. Safety planning also includes a focus on those variables that might hinder his capacity or inclination to use these strategies, such as positive mental health practices and substance use reduction. The effectiveness of safety planning strategies, however, relies on the perpetrator's motivation to apply them, and whether his violence-supporting narratives and entitlement-based beliefs (for example, that she 'deserves to be punished') overrides any intention to apply them. Safety planning also includes ongoing suicide risk identification, assessment and response, both because of the heightened risk of suicide amongst DFV perpetrators, and due to any suicide-homicide risk.

¹¹ https://hubble-live-assets.s3.amazonaws.com/respect/redactor2_assets/files/81/Respect_Covid19_Guidance_for_DA_Practitioners_March_2020.pdf, p5

¹² US and European practice advice suggests that these high-risk perpetrators require two types of contacts. First, daily or near daily contacts, of approximately 15-20 mins, based on questions such as "What good do you expect to come out of today?", "How are you feeling today?", "What challenges are you concerned about for today?", and "How do you think you could overcome these problems?", in addition to lengthier weekly contacts focusing on more detailed exploration of the use of violence-interruption strategies in at-risk situations.

¹³ An active holding / casework approach involves asking the perpetrators how things have been since the last contact, whether any new challenges and concerns have arisen, and addressing the following:

However, any such exploration would focus only on 'small pockets' for the curriculum in 'manageable small bytes', and would not count as participation towards the requirements of completing a MBCP.

Adapted MBCP work – for those perpetrators where participation in videoconference MBCP group-work or individual (phone or videoconference) MBCP curriculum sessions is considered potentially safe and appropriate, and where the provider has the capacity to deliver such interventions. Some of these perpetrators, in addition to these adapted 'therapeutic' interventions, might also require case management oriented individual contacts to address complex needs or issues arising from the COVID-19 situation; however, not to the extent of those perpetrators requiring a crisis intervention response.

Partner and family safety contact work would of course be a crucial component of all perpetrator response and interventions across all tiers; as would information sharing and multi-agency risk assessment and risk management.

This paper and the CIJ's recommendations in Parts 2, 3 and 4 focus on the third of these tiers in the multi-tiered approach – in ways that keep this broader approach firmly in mind.

About MBCPs

MBCPs work towards the safety, wellbeing and human rights of women, children and others affected by men's use of family violence. The term 'men's behaviour change program' is somewhat misleading as it focuses attention on only one aspect through which these programs work towards this fundamental aim; other mechanisms include to:

- enhance women's safety, wellbeing and agency through family safety contact
- enhance children's safety, wellbeing and agency through support for their mother and work with their father or male guardian, close collaboration with child-focused agencies and services, and in some instances through direct work with children themselves
- learn more about the perpetrator's patterns of coercive control and the behaviours he uses to harm family functioning
- focus on short-term risk identification, risk reduction and risk management goals in a multi-agency collaborative context
- monitor the use of violence by male participants
- work with the law enforcement and justice systems to support processes that lead to appropriate responses to men who use criminal violence
- contribute to the achievement of coordinated community responses to family violence, and towards an integrated service system.

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- current situations in which the perpetrator might use DFV (e.g. children becoming too loud, partner repeatedly entering 'his' workspace), and troubleshooting how to effectively manage each situation without being abusive or controlling;
 - most stressful aspects of the COVID-19 pandemic for the individual (e.g. being home all of the time, children becoming restless, partner "overreacting" to the danger), and troubleshooting how to effectively manage each of these on-going stresses;
 - most important on-going practices the perpetrator can do to maintain their centre and not act out with abuse and control (e.g. going for walks, meditation, checking in with supportive people); and
 - impact of AoD, mental health or other issues that can increase risk.

(adapted from material provided by Allies in Change and Global Rights for Women)

While there are multiple philosophical and conceptual approaches to men's behaviour change work, based on distinct though somewhat overlapping theories of change, almost all are based on the assumption that a successful behaviour change journey requires an involved, deep process spanning many months if not (in some cases) years, at least for moderate and high risk perpetrators. Significant intervention power – in part facilitated through the careful development of an accountable group culture – is required to shift long-held violence-supporting attitudes and beliefs. Many theories of change emphasise dialogical processes, which while having some elements of tightly scaffolded facilitator directed 'psychoeducation', prioritise inviting group participants into an individual and collective struggle with the underlying beliefs and attitudes that fuel their use of family violence.

The current state of knowledge into the effectiveness of these programs suggests that while there is some evidence of effectiveness, especially across the multiple mechanisms through which they work towards their fundamental goal, programs generally lack sufficient power to facilitate long-term behaviour change for a significant (if not majority) proportion of participants.¹⁴ Attention has therefore turned towards how to improve the quality of MBCPs to maximise effectiveness, particularly for moderate to high risk perpetrators.¹⁵

The CIJ's literature review to inform the development of recommendations for a best-practice court-mandated MBCP model emphasised the critical importance of court-based services – and partner agencies such as police, specialist women's DFV (domestic and family violence) services, child protection and integrated family services – preparing for the reality that the risk posed by some perpetrators will not reduce over the course of their participation in the MBCP.¹⁶ In other words, to determine who these perpetrators are, and to work with the MBCP to manage risk and keep him within view. The CIJ's review also highlighted the need for program providers to intensify their interventions through adopting a more tailored approach based on an ongoing analysis of perpetrator risk and the complexity of dynamic risk variables.

Signposts of change

MBCP work is highly complex. Despite the differences amongst the theories of change used to guide the field, most perspectives would agree that for a perpetrator to work towards long-term, sustainable behaviour change, he would need to:

- Learns and apply violence-interruption strategies and other nonviolence approaches, including:
 - Identify the situations in which he is at most risk of using violence and uses self-management plans to manage risk in these situations
 - Identify his own particular patterns related to his use of violence, and their associated physiological states, emotions, thoughts and behaviours
 - Identify existing strategies that the man has used to prevent violent behaviour

¹⁴ Ferraro, K. (2017). Current research on batterer intervention programs and implications for policy. Minneapolis: The Battered Women's Justice Project; Nessel, M., Lara-Cabrera, M., Dalsbo, T., Pedersen, S., Bjorngaard, J., & Palmstierna, T. (2019). Cognitive-behavioural group therapy for male perpetrators of intimate partner violence: A systematic review, *BMC Psychiatry* open access; Polaschek, D. (2016). Responding to perpetrators of family violence. Issues Paper 11. New Zealand Family Violence Clearinghouse; Vlasis, R., Ridley, S., Green, D., & Chung, D. (2017). Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations. Stopping Family Violence.

¹⁵ Centre for Innovative Justice. (2018). Beyond 'getting him to a program': Towards Best Practice for Perpetrator Accountability in the Specialist Family Violence Court context, RMIT University, Melbourne; Day, A., Vlasis, R., Chung, D., & Green, D. J. (2019). Evaluation readiness, program quality and outcomes in men's behaviour change programs (Research report, 01/2019). Sydney, NSW: ANROWS.

¹⁶ *ibid*

- Learn new violence-interruption strategies
 - Apply violence-interruption strategies in appropriate ways that do not serve as controlling or manipulation tactics
 - Apply violence-interruption strategies in ways that do not require the man to withdraw from or avoid listening to and understanding the victim-survivor's experiences and perspectives
 - Is alert to indirect or direct feedback (for example, how the victim-survivor is experiencing the violence-interrupting strategy) to improve or modify strategies
 - Identify beliefs that hinder the application of violence-interruption strategies
- Develop and strengthen personal identities consistent with nonviolence
 - Identify, reflect and consider the impacts and ethics of holding violence-supporting, entitlement-based beliefs
 - Identify the range and diversity of tactics, and the intent behind their use, to exert power and control in intimate and family relationships
 - Accept responsibility for his use of all forms of DFV
 - Accept accountability for and the consequences of using DFV
 - Demonstrate a commitment to cease all forms of violence and abuse in current and future relationships
 - Identify and progressively reduce patterns of power and control behaviours, beliefs, and attitudes of entitlement
 - Recognise that his use of violence was made possible by a larger context of attitudes and beliefs adopted from wider patriarchal society
 - Identify the specific forms of day-to-day abuse and coercive control that have been utilised, as well as the underlying outlook and excuses that drove those behaviours
 - Demonstrate behaviours, attitudes and beliefs congruent with equality and respect in personal relationship
 - Understand and be committed to the sexual autonomy of intimate partners
 - Fully cease all current and planned financial violence tactics
 - Understand how DFV impacts on children and young people, and on family functioning
 - Understand the importance of the relationship between the non-perpetrating parent and their children, and demonstrates commitment to support rather than sabotage this relationship and the non-perpetrating parent's parenting capacity
 - Demonstrate commitment towards listening, understanding, and caring about, the experiences, perspectives and uniqueness/individuality of intimate partners and family members
 - Understand the decisions, actions and responses by intimate partners and family members in the light of the impacts of experiencing DDFV, including victim-survivor resistance
 - Demonstrate continuing empathy for women and children, and a broader understanding of impacts on women and children as a result of gender-based privilege in society

- Demonstrate active ownership of and commitment towards enacting a personalised Safety and Accountability Plan
- Demonstrates commitment towards enacting non-violence and respectful relating as an ongoing, daily practice

Most perpetrators who participate in a MBCP do not achieve all or even most of these 'signposts' or specific change-related goals. However, it is crucial for program design and delivery to have the power to work towards them, as these signposts are generally considered, across most theories of change employed in the field, as necessary requirements for long-term sustained behaviour change (at least for moderate and high risk perpetrators). The CIJ has spent some detail outlining this, as it puts into the context the incredibly difficult task of moving program delivery to either a group-based videoconference or one-to-one phone or videoconference environment, raising the question of which and how many of the program's processes to work towards these signposts would need to be sacrificed in the process.

DRAFT FOR CONSULTATION

Part II: Videoconference group-work interventions

Existing research in videoconference MBC group-work

The CIJ has sought peer-reviewed and grey literature that directly or indirectly addresses the following question: *Under what circumstances might videoconference-based MBCP group-work be a safe and appropriate option, and why?* Research methodologies consisted of searches via:

- university electronic journals and databases
- Google Scholar
- individual contacts and discussions with several perpetrator intervention program experts in the UK, Canada, NZ and the US
- participation in the Aquila list-serve, the predominant US list-serve for leaders in the Batterer Intervention Program field in that country and Canada
- consultation with No To Violence representatives from their policy and practice team.

Literature that does not directly or indirectly address this question has not been considered for this review. For example, any literature that provides detailed descriptions of how the group-work component of a program has been developed or adapted for online delivery, but does not detail safety and perpetrator eligibility criteria for this work and the reasons for the restrictions and parameters adopted, have not been considered. The CIJ's recommended guidelines do not concern the intricacies and practices concerning how to conduct this work safely through online mediums, but rather, under what conditions might this work be safe, and for which perpetrators.

The CIJ's searches confirmed a recent finding reported earlier this year by the University of Durham that:

At the moment there is no research that demonstrates that VCS is an effective and safe means of delivering a perpetrator/batterer intervention programme/men's behaviour change programme in any country.¹⁷

The CIJ found only exploratory study^{18,19} of a videoconference-based MBCP that involved an independent evaluation component to address these questions, where University of Durham researchers (some of whom were involved in the Project Mirabal study) are currently evaluating a Duluth-focused videoconference program run by Pathways to Family Peace in Maine.²⁰

The literature does contain at least a few dozen studies evaluating online (including group videoconferencing in some) interventions to support victim-survivors. There is also a significant volume of research focusing on comparing in-person and online (again, including group

¹⁷ Initial lessons Learned in using Video Conferencing Software to deliver Interventions for men using Violence in Intimate Relationships" by R.Bellini and N.Westmarland, unpublished

¹⁸ The CIJ is aware that an evaluation was conducted of Violence Free Families online MBCP trials conducted between 2014 and 2016; however, we were unable to locate the evaluation report, and the program, subsequently licensed to On The Line, is not currently running.

¹⁹ Literature pertaining to online interventions that clearly do not meet minimum standards for MBCP practice was not considered (for example, couples-focused online interventions for 'relationship distress leading to low-level common couple violence', and online anger management courses such as <https://angermanagement.site/>)

²⁰ <http://www.minnesotaironwoman.com/pathways-to-family-peace.html#>; interim evaluation results are documented in "Initial lessons Learned in using Video Conferencing Software to deliver Interventions for men using Violence in Intimate Relationships" by R.Bellini and N.Westmarland, unpublished. Additional findings are also outlined in a webinar available at the above URL, which the CIJ has drawn upon.

videoconferencing in some) interventions focusing on a range of physical and mental health issues. However, the CIJ found no peer-reviewed studies, nor grey literature, using either qualitative or quantitative research methods to independently evaluate any aspect of a videoconference-based MBCP intervention – irrespective of evaluation focus (e.g. process vs impact).

Over the past five years, there has been a preponderance of online Batterer Intervention Programs (BIPs) being offered in the U.S.²¹ While some judges appear to accept these programs as meeting the requirements of a Probation Order, they clearly do not meet state-based minimum standards for BIP work. Most (or possibly all) consist of remote learning ‘lessons’ which perpetrators can conduct at their own pace (potentially completing the course within a 2-3 day ‘binge’ if they choose), without any live videoconferencing with other perpetrators. It is not surprising that the CIJ has found no research evaluating their safety or effectiveness, and that the only research and KTE (knowledge transfer and exchange) activities we have found in the U.S. relates to the previously-mentioned Duluth-focused Family Pathways to Peace program.²²

In February 2018 No To Violence (NTV) published the only paper that the CIJ could find focusing specifically on the delivery of MBCPs in an online environment.²³ NTV argued that there are some promising avenues through which remote technologies (for example, the use of a bespoke-designed app or the combination of phone-based and webchat mediums) could pre-empt (through serving as a motivational tool)²⁴, supplement or extend men’s participation in in-person MBCP work; however, that none of these should be used as a substitute for this work. With respect to MBCPs themselves delivered via videoconferencing, NTV drew three main conclusions, that these interventions:

- involve minimum software, hardware and bandwidth requirements that not all perpetrators might have (or be comfortable in using);
- might be unsafe in situations where perpetrators are living in the family home, due for example to the close proximity of adult and child victim-survivors if the perpetrator should become aggravated or aggrieved; and
- might not be effective due to a range of reasons, such as the lack of group cohesion and group culture development, lack of face-to-face cues, difficulty in managing complex group dynamics, limitations in co-facilitation modelling of gender equality, and the limited power of participants disclosing their use of violence behind a computer screen rather than in a face-to-face context.

It is important to note, of course, that while these concerns are widely held across the MBCP industry (both in Australia and internationally), they reflect clinical judgment and expert opinion rather than coming from an experience-base, as so few videoconference MBCPs have been attempted in any English-speaking or Western nation context. Of course, NTV’s cautiousness arises from an understandable commitment to the principle of *do no harm*.

In this context, the CIJ emphasises that both the second and third themes explored in the NTV paper related to safety, though across different timeframes. NTV’s considerations point to two main categories of risks, that of:

1. a perpetrator’s participation in a videoconference MBCP resulting in immediate risks to family members, particularly if he is living with his family, and

²¹ See, for example: <https://www.onlinedomesticviolenceclasses.com/>; <https://www.dvclass.com/>; <https://www.logandvclasses.com/>; <https://www.onlinecourtclasses.com/batterers-intervention-programs>; <https://mentalhealth.openpathcollective.org/batterers-intervention/>

²² See, for example <https://www.bwjp.org/training/utilization-of-video-conference-software-for-mens-bips.html>

²³ <https://www.ntv.org.au/wp-content/uploads/2018/02/Online-MBCP-Position-Paper-final-1.pdf>

²⁴ see, for example <https://www.betterman.org.au/>

2. more medium-term risks of the perpetrator, his family and the service system considering him to have ‘changed’ when the ‘second best’ nature of the videoconference intervention has limited power to result in attitudinal and behavioural change.

There is always a risk, of course, of a perpetrator being able to ‘wave a MBCP completion certificate’ (metaphorically or literally) in front of his partner, a court, other services or to his community as ‘evidence’ that he has changed, when the reality is that he remains a significant risk to current and future victim-survivors, and has not changed his violence-supporting attitudes or coercive controlling behaviours. The issue with videoconference interventions, however, is *how second-best is second-best*, particularly for perpetrators who engage in coercive controlling violence and who pose more than a low risk of using injury-level violence against victim-survivors in their current or future family configurations. In the CIJ’s view, considerations of whether a videoconference intervention ‘passes the safety test’ includes considering the risk of perpetrators directly or indirectly weaponising their participation in an intervention with insufficient power against current or future victim-survivors.

The CIJ is conscious here of the growing volume of Australian and international qualitative research demonstrating consistent findings of significant numbers of victim-survivors reporting that their (former)partner used his participation in the MBCP against her, or in other ways made things worse for her and her family.²⁵ Unfortunately there is no research available to guide considerations of to what degree these risks are heightened through videoconference-based program delivery formats.

University of Durham evaluation

The evaluation results of the modified Pathways to Family Peace videoconference program are interim, and have been publicly released earlier than planned due to the current pressures outlined earlier in this paper. It is important to emphasise that the evaluation conducted is a process evaluation, with no attempts at measuring impacts or outcomes.

The Pathways to Family Peace videoconference program is one of the few, and perhaps only, online BIP in the U.S. that is not a self-paced educational course. Commencing in January 2019 – conceived well before the COVID-19 pandemic, the program adopts the Duluth curriculum and is run over 27 sessions for court-mandated men on probation orders. The program was trialled due to the experience of men in rural locations finding it genuinely difficult to physically travel to the nearest BIP delivery site.

In a webinar²⁶ reporting their experiences, the facilitators pointed to some unexpected potential advantages of videoconference compared to in-person delivery. These included:

- The need for smaller groups and ‘the portrait effect’ of men’s faces being close to the camera means it is more difficult to men to sit back and ‘hide out’ in the sessions – facilitators have been able to detect when a man is not concentrating;
- More frequent engagement between the facilitators and participants *in-between* group sessions than would normally occur in an in-person context;²⁷

²⁵ Chung, D., Anderson, S., Green, D., & Vlasis, R. (2020). Prioritising women’s safety in Australian perpetrator interventions: the purpose and practices of partner contact: ANROWS research report; Day, A., Vlasis, R., Chung, D., & Green, D. (2019). Evaluation readiness, program quality and outcomes in men’s behaviour change programs (Research report, 01/2019). Sydney, NSW: ANROWS; Opitz, C. (2014). Considerations for Partner contact during men’s behaviour change programs: Systemic responses and engagement. *Ending Men’s Violence Against Women and Children: The No To Violence Journal*, Autumn, 114–142; McGinn, T., Taylor, B., & McColgan, M. (2019). A qualitative study of the perspectives of domestic violence survivors on behavior change programs with perpetrators, *Journal of Interpersonal Violence*, online first.

²⁶ <http://www.minnesotaironwoman.com/pathways-to-family-peace.html>

²⁷ Although this was not explored in the trial program, videoconference group-work sessions would enable the application of flipped classroom approaches (see, for example, <https://teaching.unsw.edu.au/flipped->

- some of the quieter men creating opportunities to participate more deeply via email in written form to reflective questions posed by facilitators;²⁸ and
- The ability of the co-facilitators to use the private chat function to communicate in real time about how to respond to complex issues without the men knowing.

However, both the facilitators and the researchers were unanimous across three themes, similar to those found in NTV's position paper highlighted previously: the technical requirements and physical environment to participate in videoconference sessions being a major barrier for many perpetrators; videoconference-based program delivery not being safe in certain circumstances; and the 'second best' nature of the program due to limitations compared to in-person delivery. These disadvantages included:

- Some men not having a private space in their home or place of accommodation to participate in the sessions;
- Some men not having a PC, laptop or tablet to be able to participate in the sessions;²⁹
- Bandwidth limitations and broadband speeds not permitting a stable connection through the videoconferencing platform;³⁰
- Men being distracted by children in the home, family pets, or carrying their tablet around with them to various rooms in the house while participating in the session;
- Difficulty in streaming video-based content due to software-related delays;
- Data privacy issues, as screen shots could be taken by participants and shared with others outside the group without the facilitators knowing (while the facilitators were not aware of any such incidents occurring, there was no way of knowing if any participants were capturing and broadcasting any of the material);
- Workload pressures on facilitators and providers due to the need for smaller groups;³¹
- Inability to determine if participants have been consuming alcohol prior to group sessions;
- Significantly longer time required for men to build a sense of trust with each other, and due to this, the difficulty of running open groups where new men can join the program at any point;
- Significantly less communication between participants during the sessions than in in-person contexts, less instances of the men challenging and holding each other to account, and most communications occurring in a 'turn-taking' effect channelled through the facilitators.

classroom), where participants would be expected to work through self-paced online learning activities *prior* to each group-work session, to enable the session to focus on more interactive, personalised and reflective learning.

²⁸ Some program providers trialling videoconference group-work sessions report that some of the quieter men, or men who are socio-demographically different from most of the other men in the group (e.g. a man much younger than the others) feel more comfortable participating in this medium than in an in-person context

²⁹ Headphones are also an important part of the equipment set-up, as if there are others in the house, this will make it less likely that the contributions of the other men and the facilitators will be overheard.

³⁰ An important consideration in the Australian context is limited bandwidth, including the risk that some participants would need to periodically turn off their video and participate via audio-only in order to maintain the connection.

³¹ The facilitators and researchers recommended that smaller groups are required to attempt to address some of the disadvantages and limitations encountered during the trial; furthermore, having too many faces on the screen can be unmanageable, especially for participants using a tablet or small-screen laptop.

On this last point, one international expert remarked based on his observation of videoconference practice:

With videoconferencing we do not observe body language, the men do not interact with each other, they don't experience their vulnerabilities and participants can't look each other in the eyes and talk about hard issues. In essence there is no real dialogue and the process is impersonal. The men are waiting to be called upon [by the facilitators, to speak].³²

The main safety concern highlighted was that of perpetrators participating in the program while living at home with family members affected by their use of family violence. Research conducted by the program team with victim-survivors³³ found strongly held concerns about the dangers of the perpetrator participating in a videoconference session while he is living with his family (especially now given the likelihood that his partner and children are home due pandemic-related social restrictions), due to the potential of the session to directly or indirectly aggravate him. As one victim-survivor expressed "If he leaves group feeling bad he will take it out on us. At least with in-person group he has the drive home to chill out."

Perpetrators participating in videoconference sessions in the vicinity of family members was raised as a safety risk for other reasons. In one situation, for example, the perpetrator's partner was attempting to listen in to the perpetrator while participating in the sessions, initially unbeknown to the perpetrator until he discovered this through her raising something with him that he said in group that he had never mentioned to her. More generally, it was strongly emphasised that men should not be discussing their use of violence in close proximity to family members.

As one international expert in domestic violence perpetrator programs recently commented about conducting videoconference sessions when family members are living at home:

There are obvious issues if partners and children are in the house when the group is being conducted. Muting a device only means others can't hear the whole group. Will participants talk freely if their voices can be listened to by partners and other family members or will they withdraw because their thoughts, feelings, angry explanations of recent abusive events will potentially be heard? Will participants nonchalantly walk out of the room after a virtual group without emotion, anger and rage and simply interact with the family as if nothing happened in their virtual group? When men leave an in-person group they have some time to internally process what happened before going home. This is not to say that participants attending in-person groups don't get worked up before going home, but virtual groups in the home are not the same.³⁴

The concern regarding the potential for privacy breaches is worth further attention. The CIJ received advice from a leading international expert in DFV perpetrator interventions that it would be very easy for a perpetrator with a moderate level of IT knowledge to livestream a videoconference session without the facilitators being aware, or to record clips of the session and post online without there being a way to trace back which group participant did so. This expert highlighted the risks not only to the privacy of group-work participants (and their families) from any such breaches, but also, to the credibility of the program provider and the DFV system as a whole.

Minnesota experience

In considering whether to conduct videoconference group-work during the COVID-19 situation, the Domestic Abuse Intervention Program in Duluth initially contacted the 120 perpetrators who had enrolled in their Batterer Intervention Program (and had either started in-person group-work, or were

³² Michael Paymar, email to the Aquila list-serve, 3/5/20

³³ Not the (ex)partners of the men participating in the program, but interviews with other victim-survivors.

³⁴ Michael Paymar, email to the Aquila list-serve, 3/5/20

accepted into the program), and separately contacted their (ex)partners. The purpose of these initial contacts, in part, was to determine what might be appropriate interventions with the perpetrators during the pandemic period.³⁵

The program found that only 20% of the men had the capacity to participate in videoconference sessions – while most had access to the internet, often this was only through their phones based on limited data plans.

During the contacts with the partners, women (those who were living with the man) were asked what it would be like for them if the men were to participate in videoconference group-work sessions in the family home. Many women reported that they would be very keen to find out what was occurring during the sessions, whether the man was being honest in his disclosures and his dialogue during the program, and whether the facilitators are holding him to account. Some women reported that they would be very tempted to eavesdrop or to try to overhear some of what he was saying.

The practitioners asked these women what they would do if they heard the man being dishonest, making excuses for his use of violence, blaming her, or using other strategies to avoid responsibility for his behaviour. The women overwhelmingly responded that they would either want to confront the man during or immediately after the session; or if they felt it was not safe, would choose a moment at another time to talk to him about what she had heard. Given how often perpetrators minimise responsibility for their behaviour during group dialogue, the program provider decided that it would not be safe to run videoconference group-sessions with men living at home with their partners, due to the possibility of this resulting in unsafe situations for women and children due to women's understandable reactions when they overhear the man not taking responsibility for his behaviour.

Due to these factors, the program provider decided to not run videoconference sessions, but rather to conduct individual phone call sessions with the men. The provider's experience in doing so is that the men have very much welcomed these contacts, that a service is taking an interest in their lives. The CIJ has heard similar reports from elsewhere in the U.S. and in Europe that men are appreciating phone call contact during the COVID-19 situation, given the stressful circumstances that many of them face – that the men are actively seeking assistance with coping skills and potential strategies to deal with these stressors.

Learnings from US, Canadian and UK programs that are transferring to videoconference group sessions

It is unfortunately too early to draw definitive learnings or themes from overseas program providers that are currently moving to videoconference group-work, beyond the University of Durham study of an established trial program. However, the CIJ's research has identified several emerging themes.

A highly consistent theme is the need for program providers to invest more resources into family safety contact. This has been identified as a need in the COVID-19 environment in any case, irrespective of whether a program provider is providing videoconference group sessions or individual contact with perpetrators. However, it appears especially the case in order to determine if a given perpetrator's participation in videoconferencing group sessions would be a safe option in that particular case, and to determine if using videoconferencing as a medium is creating inadvertent safety risks.

A second highly common theme is that the provision of perpetrator program work online is a second-best option to in-person group-work, of making the most of a difficult situation. No-one to date who have moved their programs on-line are reporting that this is a superior medium to in-person delivery.

³⁵ The findings in this section were reported from a webinar on 1/5/20 organised by Global Rights for Women <https://globalrightsforwomen.org/blog/trainings-webinars/>

Third, it is clear that the transition to videoconference groups can be highly challenging for practitioners. The view to date is that conducting group sessions using this medium *is harder* than working in-person, both in terms of the style of facilitation required to maintain cohesive and productive group sessions, and in determining what aspects of program content can be adapted for online group delivery and how. There is much concern in the industry overseas regarding what it means for program providers, who have never conducted videoconference group-work sessions, to hurriedly move towards this medium. One program provider, for example, describes how its staff are ‘working around the clock’ in order to do so.

Fourth, it is likely that some program approaches and theories of change might be more amenable to a videoconferencing medium than others. More didactic approaches that focus on facilitator-provided ‘psychoeducation’ possibly appear more suited than those that rely on high quality discussion between the men. As noted previously, this has been a challenge with the University of Durham evaluated trial, as the Duluth approach relies on highly interactive dialogical processes where program participants explore underlying beliefs, intents and impacts regarding their behaviour together.

Related to this, for many programs, it appears not possible to shift the entirety of their program content and curriculum to a videoconference group session based format. To a greater or lesser extent depending on the program’s approach, some degree of program content might not be able to be delivered using this medium. The CIJ consistently heard in its consultations with international experts in the field that videoconference group-work is necessarily ‘narrower’ than in-person group-work, and leans the process more heavily towards education rather than ‘therapy’.³⁶

Fifth, a significant degree of adaptivity appears required to respond to unusual and even volatile situations. The CIJ’s consultations has revealed that most UK program providers who commenced videoconference group-work sessions in April have now ceased doing so, or have at least put this on pause, due to the inability to offer this work safely. These providers initially moved quickly towards trialling this approach, and despite the best assurances from perpetrators that they had a private space free from distraction, they experienced numerous situations where it was clear that family members were in the background, or children or pets coming in and out of the space/room that was being used to participate.

Which aspects of a MBCP group-work curriculum are amendable to online sessions... and which are not?

A final consideration that program providers are grappling with in the course of considering videoconference group-work sessions, is uncertainty concerning what aspects of their program’s group-work curriculum can be delivered via videoconferencing – especially in the COVID-19 situation, due to the stressors and pressures faced by program participants in the current day-to-day fabric of their lives. As one U.S. practitioner recently noted, there is an immediate need with many perpetrators to focus predominantly on violence-interruption strategies and safety planning from a crisis intervention perspective:

With so many individuals losing their jobs, their savings, having kids at home in some cases with little structure is fraying our families’ abilities and capabilities to cope. If you check in with your clients [perpetrators] as we are doing, they will tell you that they are stressed and we know what happens when coping capacities are stressed... If we approach our clients with the care and concern that brought us to this field, they will deeply appreciate it and may be “all ears” as we use our skills to help them learn to better regulate themselves.³⁷

³⁶ Again the CIJ urges caution in the use of the term ‘therapy’, given that family violence is a social problem rather than a mental health issue; our point is that that weight of international expert opinion is that videoconference group-work sessions alone might not have sufficient power to facilitate change processes beyond those that are based on *learning* outcomes.

³⁷ <https://domesticviolenceintervention.net/conducting-batterer-intervention-groups-during-covid-19-crisis/>

Experiences such as this requires MBCP work to 'lean' towards some aspects of a program curriculum more strongly than others – for perpetrators in the above situation, curriculum components that focus on challenging underlying beliefs, and other 'deeper' aspects of the curriculum, might not be appropriate at the current time.

This has been borne out through the University of Durham evaluation of the Pathways to Family Peace videoconference program, where the group facilitators have recently ceased conducting control logs with participants concerning their violent and controlling behaviour and are focusing on respect logs only. The facilitators were concerned that continuing the usual program processes of scaffolding men to disclose and analyse their use of violent and controlling behaviour – to focus discussion on entitlement-based and other underlying beliefs and intents in using violence – might, in the context of participants' heightened stress and anxiety levels due to the pandemic, result in emotional volatility and resistance that would be too difficult to manage online.

A central question here is to what extent is it safe through videoconference group-work, particularly in the current pandemic environment, to elicit arousal – felt emotions or emotional responses, such as shame, guilt, sadness, anxiety, embarrassment, agitation and indignation – during these sessions. Participation in MBCP group-work sessions cannot be a purely intellectual exercise if change is to occur; the work is also an (difficult but potentially rewarding) emotional journey. The approach taken by Pathways to Family Peace facilitators during the videoconference program has been to attempt to avoid arousal elicitation, including to discourage participants from discussing specific disclosures or examples of use of violence in the group-work sessions (and rather, to discuss these one-to-one with the facilitator before or after the group session).

This issue relates not only to concerns about what it might mean for facilitators to be unable to help a perpetrator manage a highly aroused state in the context of a videoconference session; but also, the ability to harness a positive group culture to respond sensitively and productively to perpetrator resistance. The danger is that if the videoconference platform makes this more difficult, participants' violence-supporting narratives and beliefs could become activated during the sessions without an effective response. The question then becomes that if eliciting arousal should be minimised in videoconference group-work in the current pandemic environment, to what extent would a program provider be able to apply its theory of change and anything approaching the full integrity of its program.

Indeed, adopting a cautious approach towards arousal elicitation in videoconference group-work sessions, in the context of the COVID-19 situation, would make it difficult to work towards many of the necessary [signposts of change](#) outlined earlier in this paper. The CIJ recognises that this approach – recommended in the context of the significantly worse pandemic situation in North America and Europe – could be considered overly cautious in the Australian context. Nevertheless, while the exact trade-off can be debated between parameter-setting due to concerns about safety, and limiting the objectives and power of group-work sessions, it is undeniable that some degree of caution is required, especially in the pandemic environment.

[Suitability to participate in video-conference sessions is a case-by-case basis](#)

Anecdotally, the CIJ hears that the extent to which the pandemic and its broader impacts have affected perpetrators' lives and family contexts differ substantially. While no-one has not been impacted by the pandemic, some perpetrators have not lost any work, remain living away from the family home, and are in good physical and mental health. Others have had their world turn upside down and experience significant stress, anxiety and boredom on a daily basis. This provides a challenging context to conduct videoconference group-work sessions, when some perpetrators require substantial 'front-loading' on violence-interruption strategies and a more supportive approach to help them get through each day, with others having the capacity to engage in wider and deeper aspects of the curriculum in a more challenging context.

These considerations also, of course, apply somewhat differently depending on whether a perpetrator has mostly completed a MBCP in-person prior to the COVID-19, had just started, or is a new referral/intake yet to commence group-work. For those perpetrators who had commenced the program prior to the pandemic, the important variable is not so much how much of the program they had completed, but rather, to what extent they had met risk reduction and other program goals at the point in which in-person group-work ceased.

In the CIJ's view, a case-by-case consideration here is vital. It is possible, for example, for a perpetrator who has completed 80% of the group-work sessions in-person to now be in a state of significant crisis due to the impact of the pandemic, and for risk to have increased for a range of reasons. Providing a one-to-one crisis intervention response focusing on reinforcing the violence-interruption strategies that the perpetrator has learned through the program, as part of an overall case management approach, might be the most appropriate service system response than enabling him to complete the program through conducting the final few group-work sessions online.

Recommendations for the use of videoconference MBCP group-work in the COVID-19 situation

The CIJ's recommendations, based on our research, are based on several key considerations and principles. These are outlined below before more specific recommendations relating to the use of videoconferencing as a MBCP group-work medium are detailed.

Overarching recommendations

Many perpetrators will need some degree of one-to-one crisis intervention risk management response, separate and additional to any provision of videoconference MBCP group sessions. While these individual crisis intervention case management sessions might often include some focus on safety planning³⁸ and the application of violence-interruption strategies on a day-to-day basis, this work is no substitute for the need for the perpetrator to participate in a program. MBCP work involves substantially more than what can be provided through crisis intervention case management sessions, even though the latter can result in some important steppingstones.

The lack of research on the safety, appropriateness and effectiveness of videoconference group-based MBCPs means that a cautious approach is required. The provision of something is not better than nothing, if the risks inadvertently generated through that something causes more harm than the benefits of proceeding. Unfortunately, there is no evidence to guide risk—benefit considerations; in this context, and given the growing evidence base demonstrating the existence of inadvertent adverse outcomes for some victim-survivors related to the perpetrator's participation in an (in-person) program, the CIJ urges a considered approach in moving to videoconference platforms.

The overall evidence base concerning the effectiveness of MBCPs is already not strong; expectations for what lower quality (videoconference-based) programs can achieve need to be realistic. MBCPs are worth investing in because of the multiple pathways through which they work towards the safety and wellbeing of adult and child victim-survivors: these pathways include learning more about and responding to perpetrator-driven risk within the context of a whole-of-system integrated approach, and directly supporting victim-survivor safety and other needs. Investing in MBCP work for the sole purpose of facilitating long-term behaviour change is more marginal, with outcomes varying substantially across perpetrators. The overall success rates of 'second-best' approaches in facilitating long-term behaviour change – as distinct from short-term risk reduction – might be even more

³⁸ In the way described previously, to mean work with the perpetrator towards keeping his family members (and himself) safe.

marginal. There is little 'wriggle room' for programs to decrease in quality and still effect positive behaviour change.

It is most important at the current time to prioritise two crucial components of the court-order program – partner and family safety contact, and keeping perpetrators within view through the integrated response – than to dedicate resources to shifting MBCP delivery to an online format. For a MBCP provider that has never engaged in videoconference group-work, the CIJ's research indicates that making this shift is a major endeavour. In the CIJ's view, program providers should not dedicate resources towards making this shift if this means that they cannot allocate the additional resources to family safety contact that is required at the current time, nor to liaison with the Family Violence Perpetrator and Applicant Workers, local specialist women's DFV service providers, police, child protection and other partner agencies as part of an integrated response.

Program providers need to take sufficient time to develop videoconference group-work curriculum, and to meet all the conditions required to conduct this work safely, before commencing any group-work sessions. Program providers should not prematurely launch into this work and develop the modified approach as they go along. To provide this work safely, and to ensure that program practitioners do not burn out and de-prioritise other aspects of the integrated response as outlined above, the CIJ suggests that a minimum of 4-6 weeks is required from the point at which a MBCP provider confirms its attention to run MBCP group-work sessions online, to when the first of these sessions is conducted. The CIJ cannot see how this work could be conducted safely, by providers with no prior experience at running videoconference group-work sessions, with less developmental time than this.

Program providers might choose to initially trial videoconference group sessions with small numbers of men who are at least mid-way through program completion via in-person work up until March, and who do not meet any of the exclusion criteria. This could assist with a stepped developmental process, beginning with small groups of men who are already used to working with each other.

The CIJ's research indicates that rigorous assessment is required of the environment in which a perpetrator would participate in videoconference group-work sessions, the equipment he has available to do so, and his level of technological literacy. Program providers need some time and capacity to support those men with lower levels of technological literacy to adapt to the technology required. If a provider is offering videoconferencing group-work sessions, in the CIJ's view there is an equity issue in men who do not meet any of the exclusion criteria not being offered a place in the sessions because of a lack of technological literacy. The CIJ believes it is the provider's responsibility to arrange the necessary technological support and coaching for these men to start to become sufficiently comfortable with the technology, prior to their participation in the series of group-work sessions.³⁹ Some men who have a borderline degree of technological literacy, and who can become quite 'flustered' and even aggravated when technology does not work as they expect it should, might also need some prior coaching concerning how to manage their frustration when technological glitches occur during the group-work sessions.

At the same time, the CIJ recognises that there will be some perpetrators, for a range of reasons, who will not be suited to videoconferencing group-work interventions. The CIJ has recommended some exclusion criteria to this effect. However, beyond these, some perpetrators will find it difficult to adjust to the use of this medium, and will struggle to participate with any genuine presence. As such, the CIJ recommends that **program providers who trial videoconference group-work sessions periodically check in individually with participants, to assess their experience of the group-work process.** While this might particularly be needed for those participants who are 'quiet' during the

³⁹ This is different from a perpetrator not having a private space nor the fundamental computer hardware to participate. It is probably not a provider's responsibility, for example, to arrange for a perpetrator in this situation to have a laptop or tablet that they can use. In the Pathways to Family Peace trial, probation centres have in some circumstances provided tablets for perpetrators to participate in the program to assist them to meet probation order conditions.

sessions, it should not be assumed that the experience is positive and productive for those who appear more comfortable with the technology.

Program providers who trial videoconference group-work should arrange weekly clinical supervision to their practitioners, at least for the first four weeks of conducting the trial. Group-work sessions are to be recorded and the clinical supervisor should view the recording prior to providing supervision, at least for the first four sessions. The CIJ recognises that this will result in increased supervision costs for providers during this period; however, it is a necessary safeguard when program providers attempt this work for the first time.

Program providers should only shift part of their existing MBCP group-work curriculum to a videoconference platform. Even when a series of videoconference group-work sessions are provided, in most instances, perpetrators will not be able to complete a MBCP through these sessions alone; subsequent in-person work will be required once the scaling back of current social restrictions enables this to occur.

A case-by-case approach is required, as participation in videoconference group-work sessions will be an appropriate option for some perpetrators in some circumstances, and not for others. The more specific recommendations in the remainder of this document relate to a suggested approach.

Exclusion criteria for participation in videoconference group-work sessions

The CIJ's research points to four recommendations concerning when the risks associated with participation in videoconference group-work sessions appear to be too high.

Perpetrators should not participate in videoconference group-work sessions if they are living with adult and/or child victim-survivors, or with other persons at-risk of experiencing his violence, unless stringent conditions are met. Although most perpetrators issued with a court order will be living separately from family members, this consideration might apply to a small number: for example, those whose protection conditions enable them to be living with their partner or family; or where he is living with one or more parents and there is potential risk of elder abuse.

In situations where a perpetrator is living at home with his family, or living with another person potentially at-risk, the CIJ recommends that the following conditions would need to be met for the perpetrator to be eligible for videoconference group-work sessions:

- the program's family safety contact worker has a strong and stable connection with the perpetrator's partner or other vulnerable person, *and*
- the perpetrator's partner / other vulnerable person expresses a desire for the perpetrator to participate in video-conference group-work sessions and believes that it is safe (for the family) for him to do so, *and*
- and the perpetrator has a private space in which he can participate in the sessions in a part of the house separate from where his partner and any children will be at that time⁴⁰, *and*
- the perpetrator has his own laptop or computer to use for the video-conference sessions without needing to use hers, and uses headphones so to minimise the likelihood of his family or other persons being exposed to group discussions, *and*
- the perpetrator does not fall into any of the exclusion categories recommended by the CIJ below.

⁴⁰ If appropriate, the time in which he is participating in a group-work session could be used for the family safety contact worker to have contact with her.

In exploring with the perpetrator's partner whether she feels comfortable with his participation in videoconferencing group-work sessions in the family home, the family safety contact worker should explore with her:

- how she feels about MBCP work being brought into her family home, particular how all-pervasive and constant her experience of DFV might already be;
- how their children will make sense of their father being 'locked away in the bedroom for a couple of hours doing important work where he can't be disturbed', and what this means for bringing MBCP work into their physical proximity;
- any risk that the perpetrator will seek to expose her to any of the sessions, either live or through making recordings, for example to make himself out to be 'less bad' compared to the other men;
- any risk that the perpetrator, if becoming agitated or distressed during a session, or feeling aggrieved or defensive, would then choose to use violence (physical or emotional) against her and the family,
- any other perceived risks or concerns.

It is important to note reports from a number of MBCP providers in [de-identified jurisdiction] that rates of family safety contact have decreased significantly during the COVID-19 situation.⁴¹ An added complication is the difficulty of contacting women not only due to the presence of the perpetrator in some instances, but because of their children being home engaging in online schooling – and the risk of conducting conversations with women that might impact children who overhear. This relatively low rate of partners participating in family safety contact at the moment will constrain the number of men living with their family who can be safely offered videoconferencing group-work sessions.

In making this recommendation, the CIJ emphasises that exploring partner consent for the perpetrator, when living in the family home, to participate in videoconferencing group-work sessions should not be a one-off process. The CIJ recommends that **family safety contact workers need to make it clear to partners that if they provide consent for this intervention to occur, they can withdraw that consent at any time if they no longer feel comfortable or safe with the perpetrator participating in videoconference sessions in the family home.** Program providers therefore need to prepare for the possibility that they might need to withdraw a man from a videoconference group-work intervention, *and to be able to explain this to him in a way that does not alert him to the real reason for needing to do so*, due to the risk this might create for his family members. Of course, what is explained to the man in this situation will depend on what his partner has told him about her experience of him participating in the sessions in the family home – if she has already informed him of the concerns she has raised with the program provider, the provider's approach in communicating with the perpetrator will need to be more honest, and with a focus on managing the associated risks of this situation.

In situations where the perpetrator is living with one or more parents due to protection order conditions excluding him from the family home, the program's family safety contact worker would need to establish contact with the parent(s) and assess whether there is any potential risk of elder abuse. In addition to there being no identified risk of elder abuse, as per above, the parent(s) would need to feel comfortable with MBCP work and issues of their son's use of DFV being brought into their home via the videoconference group-work program. These would need to be preconditions for the

⁴¹ This is quite different from the UK experience, where program providers are reporting significantly increased rates of partner contact, due to many women who initially declined the offer of partner contact now seeking this support. In the UK partner contact is generally provided by specialist women's DV Independent Support Services, who have needed to allocate increased resourcing towards supporting partners of men participating in programs.

perpetrator to be able to participate in the videoconference group-work sessions. Of course, if family safety contact is not able to be established with his parent(s) for whatever reason, then this would also exclude the perpetrator's participation.

It is critical that when a man is not offered a place in videoconference group-work sessions because of the lack of sufficiently stable (or any) family safety contact, or because his partner does not think it would be safe for her and her family, that the reason for not offering him a place is not directly or indirectly communicated to him. To do so could obviously place his partner at some risk. While this might seem obvious, if the reason for his non-acceptance into the sessions is communicated to a referrer (for example, child protection) it is crucial that the referrer knows the importance of not communicating this reason to him.

Perpetrators should not participate in videoconference group-work sessions if they are struggling with substantial AoD or mental health issues. Monitoring participant substance use and mental health states can be more difficult (though still possible to a large degree) when engaging with group participants online; including participants who are struggling with these issues on a day-to-day basis would add a layer of complexity to the already-difficult task that practitioners would face in adapting group-work to an online environment.

Perpetrators should not participate in videoconference group-work sessions if, since in-person group-work was put on pause, they have not engaged in consistent and responsive individual contact with the program. Due to the potential for unanticipated difficulties and risk situations to arise, there will be times when program practitioners will need to proactively and reactively work with perpetrators one-to-one on issues immediately after or even during group-work sessions. Follow-up responses might be required during the week between group-work sessions. Perpetrators need to have demonstrated a consistent pattern of engaging in individual contact with a program practitioner during the pandemic period to be appropriate to include in videoconference group sessions; otherwise, the risk of group-work facilitators being unable to address or follow-up with the perpetrator regarding an issue arising in the online group might be too high. Furthermore, while there is no way for facilitators to ensure that participants do not capture and disseminate/broadcast screenshots or parts of the videoconference sessions, this might be a higher risk when the program does not have a consistent connection with the perpetrator.

Careful consideration needs to be given towards including perpetrators who currently face highly precarious circumstances due to pandemic-related impacts, especially if associated with significant emotional volatility and/or stress in relation to meeting basic daily needs. Perpetrators who face precarious circumstance require a crisis intervention risk management response, which as outlined previously, is categorically different from a MBCP response despite having a small degree of overlap in the focus on violence-interruption strategies and safety planning. Furthermore, the transition to providing group-work sessions online will be highly challenging for MBCP practitioners who have never conducted this work through this medium before; it is preferable in these circumstances to not include participants who might easily become aroused and resistive or who frequently 'tune out'.

For the reasons outlined above, **careful consideration also needs to be given towards including perpetrators who have demonstrated, through recent in-person group or phone/videoconference individual sessions, to be disruptive and highly resistant, even if they are not facing pandemic-related precarious circumstances.** In general, perpetrators will need a slightly higher level of group readiness to be appropriate for videoconference than in-person group-work. It is important to note here that due to doubts about the level of communication between participants and the strength of group culture, videoconference groups might have less power than in-person work to motivate men towards change readiness.

Careful consideration needs to be given towards including perpetrators who feel aggrieved due to COVID-19 situation-related restrictions in their ability to see their children, especially if protection order conditions enable them to have some contact with their (ex)partner concerning child contact

matters. No To Violence reports that feedback from member MBCP providers suggests that a highly frequent and sometimes volatile risk issue concerns child contact matters where the normal means through which the perpetrator is able to see his children – for example, via supervised access through a child contact centre – is no longer available. The CIJ recommends that videoconferencing might not be a safe medium for perpetrators who are highly aggrieved about such matters, and who are at heightened risk of using permitted contact with their partner to place pressure on her to agree to alternative child contact arrangements (or of breaching protection conditions to do so). It can be highly difficult for group-work facilitators in an online environment to monitor how participants respond to content that relate directly or indirectly to their perceived ‘rights’ to see their children.

Further considerations of partner consent

As outlined above, the CIJ recommends that in any situation where the perpetrator is living with family members, the partner’s consent would be required for him to participate in videoconference MBCP group-work sessions. The CIJ makes this recommendation because the man’s partner is often the best source of judgement concerning whether offering this modality of intervention to him will be safe for her and their children.

The CIJ has considered whether this stipulation should also apply more broadly to perpetrators who are not living with their family members. To address this, we have interrogated the question: “As the partner’s consent is generally not required when offering men in-person MBCP work, what is different about offering this work through videoconferencing that makes it important to seek such consent?”

In situations where the perpetrator is living with his family, the University of Durham evaluation suggests there is a clear difference in terms of the potential impact of videoconference group-work sessions on the immediate safety of family members. However, in situations where the perpetrator is living away from his family due to protection order restrictions, and none of the exclusion criteria for videoconference MBCP group-work participation recommended by the CIJ apply, the CIJ is uncertain whether there is sufficient reason to require partner consent when this is not required for in-person programs. As outlined elsewhere in this paper, several recent Australian and overseas studies have provided numerous sobering victim-survivor accounts of how perpetrators participating in a MBCP have weaponised their participation in the program as a tool to tighten or develop new coercive controlling tactics, or to otherwise make things worse for his family. The CIJ notes that partner consent is not required for perpetrator participation for in-person programs, despite the risk of such outcomes.

Considerations of high-risk

The CIJ’s research does not point to the automatic exclusion of high-risk high-harm perpetrators from videoconference group-work sessions, except when they fall into one of the four exclusion categories outlined above. While the use of an online group format is likely to place some limits on the power of the intervention to facilitate change for some (if not many) perpetrators, it is important to recognise the limited power of even in-person MBCP group-work to effect long-term attitudinal and behavioural change amongst the highest-risk cohorts.

What is perhaps most important for this cohort, aside from the centrality of family safety contact and integrated responses geared towards identifying and managing risk – is the whether the intervention has sufficient intensity and longevity to make a difference. Drawing upon the Corrections ‘what works’ literature and the Risk Needs Responsivity framework, high-risk high-harm perpetrators would generally require an intervention spanning close to or beyond a year to provide a reasonable chance of significant change.

In the current pandemic context, the participation of a high-risk high-harm perpetrator (who does not meet any of the exclusion criteria) in videoconference group-work sessions would be additional to, rather than a substitute for, individual phone/videoconference sessions. There should be no reduction in frequency of individual sessions even if the perpetrator participates in online group-work.

What counts towards program completion?

Although there is no evidence to guide considerations of the power of videoconference versus in-person group-work, the CIJ's research suggests the need to assume – at the current time – some degree of reduced effectiveness. The CIJ cannot answer whether this degree of reduced effectiveness, taken across perpetrators as a whole, is moderate or significant. However, given that MBCP providers have no history of providing videoconference group-work sessions, a limited timeframe, and no available research to guide them on what might be best practice in conducting work using this medium, it is perhaps likely to be more towards the latter.

The CIJ also notes that videoconference group sessions should be limited to no more than 90 minutes duration.

In this context, the CIJ recommends that **each videoconference group-work session count as no more than a one-half (0.5) session in terms of meeting the requirements of program completion** – that is, two videoconference sessions count as one in-person session. And furthermore, given uncertainties regarding what proportion of a MBCP group-work curriculum can be shifted to an online format in ways that maintain the program's theory of change and conceptual integrity, that **participation in videoconference group-work sessions can in total count to no more than 50% of the remainder⁴² of a perpetrator's program completion requirements.**⁴³

This means that, for perpetrators who are new intakes and have not participated in any in-person MBCP group-work sessions before in-person delivery was put on hold, the maximum amount of the program they can complete through videoconference groupwork sessions is 50%. These perpetrators will be able to complete their program participation requirements through in-person group-work sessions once this becomes possible through the government's phased lifting of social restrictions.

The CIJ's recommendation to base the 50% figure on the remainder of group-work sessions to complete, rather than on the total number of sessions required, is designed to prevent the situation where perpetrators who completed approximately half of the group-work commitment in-person pre-COVID can then complete their requirements purely through videoconference sessions. This is because often the 'deeper' content focusing on attitudinal change, and more intense topics such as intimate partner sexual violence and effects of violence on children, are placed in the second half of groupwork curriculum. The CIJ's research, however, has raised doubts about the ability to move some of this content to an online engagement modality, or at least, doubts about the power of videoconference sessions to sufficiently engage men on these issues. If perpetrators who have completed the first half of their program requirements in-person then have the opportunity to complete the rest purely online, it is likely that these issues will not be sufficiently addressed.

Overall, the CIJ's research strongly suggests that a 'substantial chunk' of MBCP delivery needs to occur in-person in order for the program as a whole to have sufficient power and be integrous to its theory of change; the CIJ therefore recommends that most perpetrators should only be able to complete their court-ordered requirements once in-person MBCP work becomes possible through the phased lifting of social restrictions.

⁴² This means, for example, if program completion requires a minimum of 20 group-work sessions, and the perpetrator participated in four in-person sessions prior to the pandemic, he can complete up to the equivalent of a further eight in-person sessions through videoconference group-work; the final eight group-work sessions he would need to complete once in-person work resumes.

⁴³ The CIJ realises that applied more broadly, and outside of this specific, temporary context of the COVID-19 situation, this recommendation would have the potential to make non-specialist and inappropriate psychotherapeutic and generalist counselling approaches more attractive to referrers if they would be deemed as options to get the men to a point of program/intervention completion quicker. Assigning a weight of 0.5 to each session of a DFV perpetrator intervention could be seen as a 'barrier to service' by referrers, and a 'self-depreciating vote of no confidence' that the specialist DFV perpetrator intervention field makes on its own practice. The CIJ emphasises the specificity of this recommendation to the current COVID-19 situation.

Perpetrators who have nearly completed in-person MBCP group-work

The CIJ recognises that a special case for a more flexible approach can be made for perpetrators who had almost completed their MBCP requirements before the pandemic put in-person work on hold. When a perpetrator fell short of meeting requirements by only two or three group-work sessions, the arrangements that the program provider puts in place to enable him to complete the program will depend on several variables and needs to be determined on a case-by-case basis.

In many situations, individual videoconference sessions might be the best approach for the perpetrator to complete the program. This would enable the program provider to tailor this final stage of his participation in the program to each perpetrator, delivering the final content in the curriculum in a way that is attuned to his specific case plan. A general rule of thumb here is that two individual sessions might be required for each group-work session that he is yet to do.

If a number of perpetrators are in the same situation, of having only two or three sessions to complete, it could be worth considering running videoconference sessions for these particular perpetrators to complete the program. However, the CIJ believes that this would have less power than individual videoconference sessions. The international experience shows that men can take a bit of time to adjust to the new medium, even those who are technologically savvy; furthermore, due to the time lag between the last in-person session, group culture would likely have withered before videoconference group sessions would commence. Much intervention time is likely to be wasted in this context.

Individual videoconferencing is also an opportunity to give more 'airtime' to perpetrators who have not progressed as far in taking responsibility for their behaviours as others. There might be an opportunity to negotiate a larger number of individual sessions as part of program completion requirements for these perpetrators.

Combination of videoconference group-work sessions and one-to-one sessions

The CIJ sees some potential promise in overcoming some of the short-falls of videoconference group-work through the supplementary use of phone or videoconference [one-to-one adapted MBCP sessions](#) (see Part 3 of this report). This could occur through engaging the perpetrator in parts of the curriculum not suited to a videoconferencing platform via phone-based sessions.

The relative timing of videoconference group-work sessions and one-to-one adapted MBCP sessions would need to be carefully considered. Intermingling the two modalities (for example, online group-work one week, one-to-one sessions the next) might be too disruptive and make it difficult for the facilitators to regulate parameters for what is discussed in the online group-work sessions. It might be more feasible to offer one-to-one adapted MBCP sessions *after* a series of videoconference group-work sessions.

The peak body for domestic violence perpetrator programmes in the UK, Respect, has very recently commenced work on conceptualising a combined approach through which the use of individual phone sessions would complement videoconference group-work. This could potentially involve the initial use of phone calls to prepare men for the group-work sessions, as well as to build upon and individualise the discussions stemming from these sessions. However, this is in the very early stages of conceptualisation, and is not a certainty to proceed.

It is also important to note that for new referrals, some use of individual phone or videoconference one-to-one sessions would be required for program providers who develop a videoconference group-work approach. Individual sessions will be required, at the very least, for intake and initial assessment, including to determine if the perpetrator is suitable for this type of approach, has an appropriate environment to participate in the sessions, and can use the technology. Some use of individual sessions would also be required to work with each perpetrator towards a safety and accountability plan. The CIJ therefore recommends that **for new referrals, any videoconference group-work**

approach requires the use of at least five individual sessions for each perpetrator, at least three before the commencement of group-work sessions, and at least two afterwards.

Part 3 of this report provides some considerations for MBCP providers in conducting one-to-one adapted MBCP sessions.

Combining phone-based work with online motivational enhancement modules

One variant of this approach was suggested in one of the CIJ's consultations with international industry leaders, to combine phone-based individual sessions with online motivational enhancement modules rather than videoconference group-work sessions. This suggestion was made due to concerns about the safety of videoconference group-work, including the inability of any videoconference platform to prevent the possibility of participants recording session parts and using the recordings to their family's disadvantage (with the associated breaches of privacy). This suggestion was to design a series of online motivational enhancement modules that would each take approximately 15 minutes for the perpetrator to work through, based on the goals of:

- raising his consciousness about some basic issues related to understanding DFV – something of an 'educative' function, and
- scaffolding reflective processes to help the perpetrator move closer towards contemplating the importance of him participating in a program to work towards changing his behaviour – a motivational enhancement function.

It was emphasised in this consultation that the use of online 'learning' modules would represent only a relatively minor part of the overall intervention, and that these would need to be bookended by a considerable number of phone-based adapted MBCP sessions. However, this was viewed as a safer alternative to make use of the potential of the online environment than men participating together in videoconference sessions.

Two caveats or cautions were expressed for this approach, however. First, the time and resources it would take to develop these online modules, even to a 'good enough' standard. Second, given the preponderance of US 'programs' where in some jurisdictions some judges allow perpetrators to meet their court-ordered intervention program requirements entirely through self-paced online modules without any live engagement with practitioners or group-work, concern was expressed about any unintended precedent the development of online modules might set, particularly for North America.

Resourcing for program providers who attempt videoconference group-work

All MBCP providers, irrespective of funding source or service provision context, are required at the current time to shift towards a crisis intervention risk management response, engaging individually with perpetrators via telephone or videoconferencing. All MBCP providers should also be ensuring that they prioritise family safety contact, and risk management through 'as close as possible' collaboration with police, child protection, integrated family services and other agencies that make up their local integrated response. This is no different for MBCP providers.

Making this shift requires a reallocation of work away from running group-based sessions, and towards much greater individual contact with perpetrators, and adapted family safety contact practice. Some agencies will make this reallocation easier than others. Program providers that approach MBCP delivery through adopting quite siloed roles – for example, practitioners who *only* co-facilitate groups and others who *only* conduct initial assessment sessions and other one-to-one supplementary work with program participants – might find this adaption difficult. Practitioners who specialise only in group-work facilitation will in general find it more difficult, and might even 'resist', moving to a crisis intervention risk response model.

It would therefore be simplistic to assume that time saved through not running group-work sessions will be sufficient, in all cases, to absorb the additional workloads involved in regular individual engagement with perpetrators. Particularly for program providers who have a relatively high proportion of higher-risk higher-harm perpetrators in this caseloads, and/or who a high proportion who are in precarious situations due to loss of employment, income and social connections due to the COVID-19 situation. Indeed, the CIJ expects that case management workloads for program providers will continue to remain relatively high even after in-person MBCP work resumes, given how the COVID-19 situation has added complexity and intensified non-central dynamic risk factors (substance abuse, mental health issues, etc) into the lives of some perpetrators.

Program providers who attempt to shift MBCP group-work sessions online will face an immediate need for additional resourcing, in order for this shift to occur as safely as possible. The CIJ strongly advises that making this shift should not come at the expense of the continued need to provide individual risk response contacts with perpetrators on a regular basis, nor at the expense of resourcing for family safety contact or working with partner agencies towards integrated risk management responses – otherwise the net effect is most likely to be a *reduction* in the program's power to work towards the safety of adult and child victim-survivors.

As also noted in one of the CIJ's recommendations, supervision expenses would need to increase significantly, at least for the initial month of implementation, to maximise the likelihood that videoconference group-work sessions are safe and potentially effective.

The CIJ's final recommendation concerning videoconference group-work, therefore, relates to resource capacity in this context, that **MBCP providers seeking to shift towards videoconference group-work delivery provide [funder de-identified] with an implementation plan concerning what additional resourcing would be required to do so without reducing (i) the frequency or intensity of their crisis intervention risk management responses to perpetrators on a one-to-one basis, (ii) resource allocations into family safety contact, nor (iii) capacity to liaise and share information with court-based practitioners and other agencies as part of their local integrated response.**

As outlined in [Part 4](#) of this report, as new referrals come in and with most perpetrators placed in a holding environment, each MBCP provider is steadily accumulating an enlarged caseload of perpetrators. This has implications not only for direct work with the men, but also enlarging workloads required to offer and maintain family safety contact, and to conduct indirect non-client-contact work related to multi-agency risk management and joint approaches to casework. Although videoconference group-work might on the surface appear as an option to 'keep perpetrators moving' to a point closer to program completion – to create some degree of 'throughput' to manage escalating caseloads – it is not automatic that investing in the time required to safely create online program components will achieve this purpose in the medium-term. This is especially the case given that a return to some form of in-person group-work is highly likely in the coming months, possibly with group sizes no smaller, or not much smaller, than what is feasible for a videoconference approach.

Part III: Individual MBCP work in the COVID-19 situation

In the third part of this paper, the CIJ will consider the applicability of one-to-one sessions with perpetrators – through either phone or videoconference mediums – for the purpose of pursuing the therapeutic goals associated with the court order.

Although resource-intensive, or resource-intensive in a different way, one-to-one adapted MBCP curriculum work is an alternative to videoconference group-work sessions as a way of enabling perpetrators to continue behaviour change work in the COVID-19 situation.

For example, in New Zealand, where many program providers are finding that logistical issues are making group-based videoconferencing sessions difficult, there is some focus on how to adapt in-person MBCP group-work to individual videoconferencing sessions. Some work is also occurring in some jurisdictions to support program providers to incorporate some (limited) aspects of their group-work curriculum into individual phone-based contact with perpetrators, where the main goal of this contact is to focus on day-to-day issues of risk in the perpetrator's / family's life fuelled by the COVID-19 situation. This work, however, is not based on the delivery of structured MBCP curriculum into these individual phone-call sessions with the men; rather, on drawing upon 'small pockets' of curriculum content at various points of a call when the practitioner identifies opportunities to explore an issue with some depth that relates to the day-to-day realities of the man's life and the stressors/situations he is responding to.

It is important to restate here the difference between providing one-to-one contact with perpetrators for the purposes of:

- crisis intervention risk management, for those perpetrators in particularly precarious situations due to the COVID-19 pandemic, or who otherwise have complex and pressing case management needs
- maintaining contact to keep perpetrators (including those who are high-risk high-harm) engaged, and within view, during a wait period before in-person MBCP work can resume, and
- adapting MBCP group-work for a one-to-one intervention context.

Individual contacts with perpetrators for the first two of these purposes, while highly important, are not the CIJ's focus in this paper. Rather, Part 3 of this paper addresses the questions:

- Under what circumstances, and for which perpetrators issued with a court order, might it not be safe or appropriate to offer perpetrators one-to-one sessions (phone or videoconference) for the 'therapeutic' purposes of adapting MBCP group-work curriculum?
- To what extent, and to what degree, is it possible for perpetrators to complete a MBCP based on one-to-one phone or videoconference sessions alone?

The CIJ's recommendations in this part of the paper are informed by consultations with industry leaders in New Zealand and Canada, and in Australia including No To Violence. There is no available literature focusing on adapting DFV perpetrator program work for one-to-one contexts specifically using phone or videoconferencing as the intervention medium.

General considerations for engaging perpetrators in 1-1 MBCP work

Minimum standards for MBCP work, published either in Australian or overseas jurisdictions, rarely provide guidance on adapting group-work programs for one-to-one delivery. Respect, the UK's peak body for domestic violence perpetrator programs, states in its accreditation standard:

Individual work can be a demanding way to work with this client group. The perpetrator does not have the support of working with other people facing similar challenges and the worker does not have the support of a co-facilitator.⁴⁴

Respect also emphasises the importance of practice/treatment management strategies for providing 1-1 behaviour change work, recommending that a sample of sessions be recorded, viewed and analysed through clinical supervision.

The New South Wales Graduate Certificate for Men's Behaviour Change Individual and Group Work Interventions provides some content and scaffolds exploration for students in adapting group-work interventions for individual session contexts. Some of the main themes explored include the:

- additional safeguards required for practitioners providing individual sessions not to fall into collusive practice,
- potential for practice to drift into providing a counselling intervention not based on the MBCP provider's theory of change that underpins their men's behaviour change work,
- potential for the practitioner's own generic counselling frameworks to 'muddy the waters' in this respect, particularly if they engage in concurrent counselling work outside of the MBCP field,⁴⁵
- need to find alternative ways to bring in the voices of women into the work, if the sessions are being conducted by a male practitioner,
- adjustments required due to the practitioner not having the power of the group to harness responses to client resistance or to support new reflections and perspectives, and what this means for added pressure on the practitioner to be *the* change agent,
- danger of taking an overly instructive, advice-giving and moralising approach to men who are not taking responsibility for their behaviour, rather than taking a more flexible and patient approach focused on reflective questioning and that is matched to where the man is at in his journey towards potential change,
- skill required in finding a balance between a semi-structured approach that covers as much of the curriculum content as possible, while taking advantage of issues that are most pertinent to the man at a given moment and opportunistically linking these to content,⁴⁶

⁴⁴ Respect (2017). Accreditation Standard. p25 <https://www.respect.uk.net/pages/20-accreditation>

⁴⁵ This is not uncommon given that most MBCP practitioners work only part-time in this field, and either within the same or with a different agency conduct

⁴⁶ Practice guidance from the US in relation to one-to-one phone/videoconference adaptations of BIP content in the COVID-19 situation suggests that "Perpetrator program staff may review curriculum, content and plan for the interaction with a topic in mind to discuss. However, we encourage facilitators to choose topics most relevant to the men, not the facilitator. For example, it is possible that a facilitator spent time planning to discuss isolation and the man needs to discuss being more nurturing with his children at this time... This means that during any given one-on-one contact, facilitators will have no idea where the conversation will lead to until the perpetrator starts talking. Instead of focusing on his mis-steps and mistakes, talk to him about how to get to a place where he needs to be. (<https://globalrightsforwomen.org/wp-content/uploads/2020/04/US-Considerations-for-Working-with-Perpetrators-during-COVID-19.pdf> p29)

- adjustments in role play activities and practice sessions, given that the client does not have other men to conduct these with and that the practitioner will constantly need to be the 'other party' in these
- importance of thorough preparation before each session, due to the tendency to operate predominantly from a 'respond to the client in-the-moment' basis,
- amount of time and work required to adapt group-work activities for a one-to-one delivery contact,
- use of flipped learning approaches where the participant is provided with and expected to work through exercises, reflections, readings, etc. as preparation prior to each session, and
- the need for program providers conducting one-to-one MBCP sessions to translate standards of practice designed for group-work interventions into the one-to-one domain; this of course includes adapting and meeting minimum standards for family safety contact, risk assessment and risk management, and multi-agency collaboration and coordination.

This latter point is crucial. All of the family safety contact, risk assessment risk management and integrated response practices that form fundamental pillars for safe MBCP group-work apply equally to one-to-one program delivery contexts. One Australian program provider that has moved to phone-based MBCP curriculum delivery, for example, has described the following practices in this respect:

- proactive family safety contact as the lockdown period was approaching, to attempt to establish safe lines of communication through the lockdown period
- ongoing risk assessment conducted during each call with the perpetrator and with his partner through family safety contact
- a thorough environmental screen at the beginning of each call, in terms of where the perpetrator or partner is in receiving the call, who else is around them, etc
- at the conclusion of each call with the perpetrator, a quick debrief with one of the program's team leaders to discuss the call, consider any issues related to risk, and to briefly discussion key reflections on practice
- highly frequent communication between the men's practitioners and family safety contact practitioners, if anything more frequent than usual.

Mike Cagney and Ken McMaster from New Zealand, in recent training provided for Te Kupenga – National Network for Stopping Violence Services⁴⁷ concerning the adaption of group-based programs for one-to-one contexts in the COVID-19 situation, emphasises that an individual program needs to adopt a 'staircasing model' focusing on a number of steps, including but not limited to:

1. Meeting and assessment
2. 'Facing' and disclosing the violence
3. 'Mapping' the violence and associated behaviour
4. Impact and empathy work
5. Accountability / Patterns and cycles
6. Relapse Prevention – 'danger' safety planning
7. Relapse Prevention – 'high risk' safety planning
8. New directions, accountability and completion

⁴⁷ NZ Kaimahi Working with Perpetrators - Practice Hui 21 April Mike Cagney, and NZ Kaimahi Working with Perpetrators - Practice Hui Panel Discussion 28 April. Contact Te Kupenga <https://nnDFVs.org.nz/> for details.

The staircasing concept is based on a cumulative learning and critical thinking process, whereby each session builds upon the learning of the previous session. Tasks are set between sessions for participants that feed into the next one. While it is not the CIJ's intention in this report to map out the detail of possible alternatives to in-person MBCP group-work in the COVID-19 situation, this New Zealand work points to the need for a significant amount of planning and structuring to help scaffold changes processes in individual programs with perpetrators – in similar but adapted fashion to how scaffolding is required in any form of MBCP work.

The CIJ's research into one-to-one MBCP work with perpetrators points to the potential for some advantages as well as significant disadvantages. One of the most experienced providers of individual stopping violence programme work in NZ, if not internationally, emphasises that it can be more difficult for perpetrators to 'slip by' and provide glib/vague answers in individual work, to say what the practitioners want to hear without genuineness.⁴⁸ This points to a particular intensity of one-to-one work, a different type of intensity to group-work, that requires skilled questioning to help move the man through a process of change – in a context where it is more difficult for a perpetrator to hide his true underlying beliefs and attitudes.

Organisational capacity and practitioner skill

Adapting MBCP group-work curriculum for delivery in one-to-one intervention contexts – irrespective of the modality (in-person, videoconference or phone) – is highly resource-intensive. Providing separate individual interventions for each perpetrator in what would ordinarily be, for example, a group size of 10 – 12, involves at least two to three times the overall workload as engaging them in group-work. Most providers will therefore be unable to offer a one-to-one adaption of a full MBCP for all, or even possibly most, perpetrators on their books. This is even more so due to the need to allocate some resources towards a crisis intervention response for perpetrators in particularly precious or high-needs circumstances due to the COVID-19 situation and/or to other factors.

Capacity in terms of practitioner skill is another important (and indeed crucial) consideration. Providing a MBCP through individual sessions – again irrespective of the medium used – is very different to co-facilitating group-work sessions. Practitioners, on the one hand, need to have the clinical skill to engage perpetrators through the intensity of the one-to-one environment; and on the other hand, to not drift into a more generic counselling mode of delivery that at best dilutes the program's power, and at worst, inadvertently colludes with the perpetrator's tactics to avoid responsibility for their use of violence.

Many MBCP group-work facilitators have sufficient skill to adopt some level of one-to-one engagement with perpetrators, such as to offer group participants occasional supplementary individual sessions, or to follow-up individual perpetrators after or between group-work sessions when required. However, only some have the experience and skill to offer a complete series of individual sessions in ways that stay true to the program's theory of change, and that can translate group-work change processes into the one-to-one context. As such, each program provider will differ in their capacity to offer one-to-one MBCP adaptations, depending on the specific skillsets of the program team.

Recommendations for adapting MBCP group-work sessions for one-to-one phone/videoconference practice

It is critical that each one-to-one engagement with a perpetrator commences with an environmental assessment, to minimise the possibility of the session having an impact on family members. This includes the physical environment in which he takes the phone or videocall, and the presence of any others in his vicinity. It is important that practitioners have the authority to use their professional

⁴⁸ Kay Wilton, second hui as above.

judgment and ‘instinct’ in situations where they believe that a one-to-one engagement might be unsafe for family members, even if there is no direct information pointing to this.⁴⁹

Based on the considerations raised earlier in this part of the paper, the CIJ recommends that **a 40-55 minute high quality one-to-one session focused on adapting MBCP curriculum – conducted using phone or videoconferencing as the medium – counts towards program participation and completion to the same extent as a group-work session**, that is, a 1:1 equivalency on a per session basis. The CIJ does not believe that the 0.5 multiplier recommended for comparing videoconference group-work with in-person sessions needs to be applied for one-to-one MBCP sessions, provided that these sessions are of an equivalent length to an in-person one-to-one MBCP session (that is, generally 40 – 55 minutes).

The CIJ does recommend, however, **that program providers have the discretion to not count a series of one-to-one adapted MBCP sessions towards a perpetrator meeting the therapeutic conditions of the court order when it is clear that the perpetrator is not making any progress in taking responsibility for his behaviour.** Of course, perpetrators can ‘float through’ a series of group-work sessions without making any shifts in taking responsibility for their behaviour; however, due to the intensity of one-to-one work, it can be more difficult for a perpetrator to ‘fake’ taking-responsibility or to hide the fact that they are not doing so. The lack of any positive shifts can be more obvious. Of course, perpetrators need to be given time across a series of one-to-one sessions to being to make these shifts; however, if by five or six such sessions the practitioner detects no movement, then these sessions should not count towards the perpetrator’s court order requirements to complete a MBCP.

The CIJ further recommends that **phone or videoconference sessions of 20-30 minutes duration, that include brief opportunistic forays into MBCP curriculum content, are not counted as MBCP sessions for the purposes of meeting the conditions of the court order.** This type of intervention has been described in Canada as an ‘off-ramp model’, where in the course of the practitioner working with the perpetrator on dealing with day-to-day situations in which he might be at risk of choosing to use violence, the practitioner takes targeted/strategic foray into focusing on relevant program curriculum content.⁵⁰ While this approach has much merit to plant seeds or introduce core concepts in the curriculum, in the CIJ’s view, these brief forays are preparatory for the perpetrator’s participation in a MBCP, but are not the equivalent, nor near equivalent, of full MBCP sessions. Most of these situations will require a predominant here-and-now focus on the application of violence-interruption strategies to keep family members immediately safe, with the foray into deeper curriculum content relatively brief.

Indeed, the CIJ reiterates here that one-to-one contacts that serve the purpose of [crisis intervention](#), or that provide a [casework-oriented holding environment](#) with opportunistic forays into MBCP curriculum work brought into the process, should not count towards the perpetrator’s requirements to complete a MBCP.

⁴⁹ There have been reports from family safety contact practitioners of perpetrators lying to the practitioner that they are alone when taking the call, when in fact they have made their partner be in the room and listen in to the call.

⁵⁰ For example, if the perpetrator discusses ‘conflict’ with his partner over their child’s approach to on-line schooling, or the children being ‘too loud’, the practitioner could segue into some curriculum content on how the ways in which he values (or doesn’t value) his partner’s perspective, and how he creates space for and respects her views, is an essential part of him becoming the best father he can be for his children; or if the perpetrator reports feeling frustrated due to his partner ‘entering into his work space’, a segue into inviting the perpetrator into some critical thinking about entitlement-based expectations concerning who gets to decide how this space is managed and who/what it is for, might be possible.

For perpetrators who have done some in-person work before this was put on hold due to the COVID-19 situation, ‘foraying’ can include, and even primarily focus on, reinforcement of content that was covered during the in-person sessions.

However, the CIJ doubts the capacity for MBCP providers to provide significant volumes of high quality one-to-one adapted MBCP work. A program provider's capacity to do so will depend on:

- the number of program practitioners who have the experience and clinical skill to provide extended one-to-one adapted MBCP work, and how much time they are able to give to this work;
- the number of perpetrators requiring an intensive crisis management response (thereby placing some limits on resources available for one-to-one adapted MBCP work);⁵¹ and
- the extent of any resources required to develop videoconference group-work adapted sessions.

Given this limited capacity, the CIJ recommends that **MBCP curriculum work adapted for one-to-one sessions – provided either via telephone or videoconferencing – be prioritised for enabling perpetrators who had mostly completed the program prior to the COVID-19 situation to complete the program.**

Unlike Community Corrections Orders in the criminal jurisdiction, the specific form of court orders considered in this report do not expire after a twelve months period. Provided there is sufficient commitment by courts and police to enforce the conditions of the order, perpetrators can be required to wait – even for a considerable number of months – until in-person work resumes before they are able to continue the therapeutic work required to complete the order. Advice provided to the [de-identified court-based authority] also suggests that perpetrators can be required, under the purview of the court order, to maintain contact with the MBCP provider on a regular basis during this wait period.

The CIJ therefore recommends that **priority be given to conducting shorter one-to-one sessions with a larger number of perpetrators, focusing on providing a casework-oriented holding environment, than on full-hour one-to-one adapted MBCP sessions with a smaller number of perpetrators.** Shorter sessions that serve as a check-in, focusing on risk assessment and risk management, safety planning, some degree of case management if required, and that 'segue' into some pockets of MBCP curriculum exploration, can often take 25-30 rather than 60 minutes. When provided mostly weekly but in some cases fortnightly (the latter when the degree of risk is lower), twice as many perpetrators can participate than in the case of weekly adapted MBCP curriculum work.⁵² While these sessions would not count towards the perpetrator's requirements to meet the therapeutic component of the court order, the CIJ believes that this is the most efficient way for MBCP providers to manage their limited capacity to provide one-to-one work during this time.

Exclusion criteria for phone-based one-to-one adapted MBCP sessions

Phone-based contact enables more flexibility in situations where the perpetrator is living at home with his family. While considerations of the impact of these calls on family members when conducted in the home are still highly important, there are more options concerning how to minimise this impact when contact is phone-based. Not only can the perpetrator move to a different part of the house, or contact the call outside, in the garage, or in his car, the practitioner can also decide to limit the duration of the call if concerns arise about the impact of the call on the man's family.

However, the CIJ recommends that **phone-based adapted one-to-one MBCP sessions should not be conducted, when a perpetrator is living at home with his family, if the perpetrator is particularly**

⁵¹ Crisis intervention work concerning high-risk cases can absorb considerable amounts of a practitioner's time. The experience of one of the CIJ's authors to this paper, who provides clinical supervision to MBCP practitioners in the current COVID-19 environment, is that responding to just three or four complex, high-risk cases can in itself absorb 0.2 – 0.3 EFT of a men's practitioner's time.

⁵² It is important to note that adapting MBCP curriculum for one-to-one delivery requires significantly greater session planning time than briefer contacts focusing on providing a casework-oriented holding environment.

resistant, defensive or prone to becoming agitated or highly emotionally labile during engagement by the program. The CIJ recommends this due to the risk of the perpetrator choosing to use violence against family members after the call.

Exclusion criteria for videoconference one-to-one adapted MBCP sessions

The CIJ recommends two exclusion criteria with respect to videoconference one-to-one adapted MBCP sessions.

First, the CIJ recommends that the exclusion criteria for videoconference group-work MBCP sessions also apply when using videoconferencing as a medium for one-to-one adapted MBCP sessions. Here, the CIJ recommends that perpetrators **should not participate in videoconference group-work sessions if they are living with adult and/or child victim-survivors, or with other persons at-risk of experiencing his violence, unless the same stringent conditions are met as those outlined in the equivalent recommendation for videoconference group-work sessions.** Although these sessions are briefer (maximum one hour) compared to 90-minute group-work sessions, similar risks apply across the two intervention situations.

In the CIJ's view, other exclusion criteria required for videoconference group-work session contexts might not be required when videoconferencing is used for one-to-one adapted program curriculum sessions. This is because the directness and individual focus of one-to-one sessions can go some way towards enabling the practitioner to identify and respond to some of the risks highlighted in these other recommendations.

Second, as per phone-based contexts above, the CIJ recommends that **videoconference adapted one-to-one MBCP sessions should not be conducted, when a perpetrator is living at home with his family, if the perpetrator is particularly resistant, defensive or prone to becoming agitated or highly emotionally labile during engagement by the program.**

Support required for practitioners to adopt one-to-one practice

Given the difficulty of the work, the CIJ recommends that **practitioners who provide one-to-one adapted MBCP sessions, who have no prior experience in translating group-work sessions into a one-to-one delivery context, receive clinical supervision focusing directly on this work initially on a weekly basis before moving to fortnightly.** This would ideally include recording some sessions, if possible, for analysis by the clinical supervisor and practitioner together in a reflective practice environment. Indeed, the CIJ recommends that **in situations where the practitioner providing one-to-one adapted sessions is male, that due to the increased possibility of collusion by a male practitioner, it is imperative that at least one in four sessions are recorded and analysed by the clinical supervisor.**

The CIJ further recommends that program providers utilising this option do so through a reflective team environment, so that program practitioners who are conducting one-to-one phone/videoconference adapted MBCP sessions have an opportunity to meet regularly, across their team, to learn from each other's experiences and to support a consistent approach.

The CIJ understands that there is not sufficient time for MBCP providers to formally write up a curriculum manual concerning the translation of group-work session plans into a one-to-one intervention context. The CIJ also recognises that considerable flexibility is required in this translation, including a large degree of creativity to be as responsive as possible to each perpetrator's learning styles, progress through the program, and his particular patterns of abuse and coercive control. Practitioners will need to decide, in each case, which part(s) of the curriculum to focus on with respect to any given perpetrator, at a given point in time.

However, at the same time, a 'make it up as you go along' approach is clearly not appropriate. The CIJ therefore recommends that **MBCP providers engaging in one-to-one adapted MBCP sessions, allocate some resources to developing brief, written guidance for their practitioners to support the**

translation of practice. This could include guidance, for those situations in which a perpetrator will be able to meet a significant chunk of the therapeutic requirements of the court order through one-to-one phone/videoconference MBCP sessions, which parts of the curriculum would be mandatory to cover through these sessions for all perpetrators.

DRAFT FOR CONSULTATION

Part IV: Planning a return to in-person engagement

In this final section of the paper, the CIJ will provide some brief considerations for MBCP providers when some degree of in-person contact with clients becomes possible.

No-one of course has a crystal ball in terms of exactly when this will become possible, and what the exact easing of restrictions will enable. However, it is looking more likely than unlikely that some forms of in-person work will, hypothetically at least, become possible around the start of winter.

The maximum number of indoor participants allowed when [de-identified jurisdiction] begins to ease its restrictions is of course unknown. It will make a big difference to program providers if this restriction is eased initially to say five vs ten vs fifteen participants. The first of these would effectively only initially enable one-to-one in-person work to return. The second of these would enable the return to group-work; however, with significant resource implications for program providers – a provider with 48 perpetrators on its books, for example, would need to choose to either run six groups of eight perpetrators each rather than its customary four groups (thereby increasing group-work workload by 50%), or prioritise which 32 of the 48 to include in the four groups. This however would be something of a ‘false choice’, as not increasing the number of groups run to accommodate limits on group size would increase the provider’s workload through the number of men who need to be engaged in a holding space via one-to-one basis.

It is also likely that a higher proportion of perpetrators, compared to normal circumstances, will require some degree of case management parallel to their participation in in-person MBCP group-work. This will be due to the lingering effects of the COVID-19 situation on mental health, substance use, employment and the additional focus that some perpetrators will have on meeting basic daily needs.

Program providers will also have accumulated a higher number of active cases than usual. While the use of videoconference group-work and one-to-one phone/videoconference adapted MBCP sessions can create some degree of forward movement in terms of some perpetrators working towards program completion, for the reasons outlined in this paper, this movement will necessarily be slow relative to the normal progression of perpetrators through in-person group-work, and necessarily limited. Furthermore, these will not be an option for many perpetrators, due to necessary exclusion criteria in the case of videoconference group-work, or due to limited staff capacity in offering adapted one-to-one interventions. With new referrals coming in at what is assumed a similar rate to before the COVID-19 situation, the number of perpetrators on each provider’s books is steadily increasing.

It is likely to take some time until program providers are able to ‘catch up’ to the accumulated demand (‘backlog’) and return back to the situation where service provision patterns resembled how they were before the pandemic. While the timing of when providers will be able to run groups of a normal size (e.g. 12 participants and two facilitators) will have a bearing,⁵³ it is not likely that this point of ‘catch up’ will occur before 2021. In the meantime, each provider will need to find the ‘right’ balance between returning resources towards conducting in-person group-work, and individual engagement for the purposes of crisis intervention, case management and to hold men / keep them within view while they wait for a group-work place to become available.

Program providers will therefore need to prioritise which men are allocated spaces in the initial in-person MBCP group-work programs once this becomes possible. It is understandable that providers

⁵³ It is important to note that providers will need sufficiently sized group-rooms to be able to return to running groups at normal size. Given that physical distancing requirements are likely to remain until a vaccine is found, a group size of 12 would, in addition to the two facilitators, require a group-work room of at least 56 m². Some providers would need to source new and larger rooms to accommodate this.

will be keen to enable opportunities for perpetrators who are near completion of the program to do so; however, it might be most efficient and responsive to use one-to-one sessions for this purpose. Perpetrators associated with child protection involvement, where the outcomes of the man's participation in the program might have implications on the actions they take, might also be prioritised. A further consideration would be returning higher-risk higher-harm perpetrators to group-work at an early point, so that these perpetrators receive the intensity of intervention required to address risk.

Working through this backlog such that MBCP providers reach a point of 'normal' either towards the end of 2020 or into 2021 will be a major endeavour. The CIJ suggests that **[de-identified court authority] and No To Violence collaborate on providing guidance for program providers concerning safe and appropriate options to do so.**

Furthermore, based on this guidance and the options contained within, the CIJ recommends that **each MBCP provider develops a transition (back to 'normal') plan concerning how to manage the backlog of cases accumulated during the COVID-19 lockdown phase, that focuses as much on the provision of family safety contact and multi-agency information sharing and risk management work as on direct engagement of perpetrators.** The CIJ suggests that this transition plan should consider requirements for any increased need for the provision of men's DFV case management to address non-central dynamic risk factors,⁵⁴ for perpetrators due to the effects of the COVID-19 situation, to run parallel to their participation in men's behaviour change focused sessions. The CIJ suggests that program providers commence the development of this transition plan now, if they have not already done so, due to the likely near-term easing of social restrictions that will enable some degree of in-person work with clients to resume.

Based on the research and consultations conducted to inform this report, the CIJ also recommends that as part of this transition plan **MBCP providers who conduct videoconference group-work sessions during the lockdown restrictions quickly transition away from this mode of delivery once in-person group-work becomes possible.** Given that videoconference group-work is likely to have been conducted with only small group sizes (n = 8 or less), moving back to in-person delivery when restrictions ease is not likely to lengthen the timeline in which providers are able to catch-up with the backlog of referrals. Indeed, given the CIJ's recommendation that each videoconference group-work session count as only one-half of an in-person session, transferring back to in-person group-work will do the opposite.

Assessing the clinical impact of 'second best' interventions

The use of phone and videoconference-based approaches are widely recognised as 'second best' to standard in-person group-work MBCPs. In this report, the CIJ has analysed expert opinion suggesting that, taken as a whole, these approaches might have less 'power' in facilitating behaviour change.

How 'second best is second best' will vary for each perpetrator. There might be some perpetrators where similar (or even better) outcomes are achieved in terms of behaviour change and the safety of wellbeing of family members through these approaches compared to participation in a standard program. For other perpetrators and families, the adapted interventions might fall (considerably) short of a standard approach.

In consulting with international experts, it has become clear to the CIJ that a central question here concerns how to assess, on a case-by-case basis, whether by the end of any intervention a perpetrator has achieved at least interim behaviour change goals. Behaviour changes is a long-term process, and it is generally not possible until some time after an intervention or program to determine whether his participation in the program has translated into sustainable changes to his behaviour, and sustained

⁵⁴ For a distinction between central and non-central dynamic risk factors, see pp 67-68 of <http://sDFV.org.au/wp-content/uploads/2017/05/FDV-perpetrator-programs-issues-paper.pdf>

safety and freedom from coercive control for his family members. However, for any such sustainable positive outcomes to occur, it is necessary for the perpetrator to have achieved some proximal changes in his attitudes, beliefs, perspectives and behaviours by the end of the program.

Two recent Australian reviews of the MBCP field provide discussion about the concept of proximal indicators, including their potential use in the evaluation of intervention outcomes at both clinical and programmatic levels, and the CIJ will not elaborate on this here.⁵⁵ An example list of proximal concepts (not so much specific indicators) was provided [earlier in this report](#). More succinctly, to determine if an adapted/compromised program has been sufficient in facilitating a process for any given perpetrator to take steps towards being a safer man for current and/or future family members to be around, and towards being a man who adopts a stance of care, responsibility and partnership with his family rather than control, entitlement-based thinking and ownership, a series of key questions would need to be answered:⁵⁶

Has he 'faced up' to his violent and controlling behaviour and stopped the use of denial, minimisation and blame to avoid taking responsibility?

Does he understand (can he 'map') how his violent and controlling practices occur?

Can he see the impact of his violent and controlling behaviour on each affected family member, and on his family (and community) as a whole?

Does he understand the intent of his violent and controlling behaviour, and sees the links between this intent and underlying beliefs that drive this intent?

Does he experience (or allow himself to experience) empathy for how his family members are affected by his use of violent and controlling behaviour?

Has a growing consciousness about his behaviour and his impacts reached a point of conscience, where he becomes motivated internally and ethically to change his violent and controlling practices?

Has he established, structured and tested elements of a safety and accountability plan?

Has he taken responsibility to work on aspects of his life or habits that make it hard for him to build safety for his current and/or future family members?⁵⁷

In a recent paper highlighting the danger of MBCP providers offering completion certificates for participants without determining, on a case-by-case basis, their actual progress in becoming safer men for current or future family members to be around, Mandel suggests the following three markers of change:

- Has the perpetrator admitted to a meaningful portion of what he has done? ('Naming the behaviours'),
- Is the perpetrator able to talk about the impact of his abusive behaviours on himself and others? ('Claiming the harm'), and

⁵⁵ Day, A., Vlasis, R., Chung, D., & Green, D. J. (2019). Evaluation readiness, program quality and outcomes in men's behaviour change programs: ANROWS research report; Vlasis, R., Ridley, S., Green, D., & Chung, D. (2017). Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations. Stopping Family Violence.

⁵⁶ The CIJ drafted these questions based on material provided by Mike Cagney from New Zealand, and Scott Miller from the Domestic Abuse Intervention Programs (Duluth). These 'signposts of change' do not necessarily occur in this linear fashion; rather, they each represent continuous and overlapping parts of a man's journey towards change.

⁵⁷ For example, AoD use, poor habits of mental health care, associations with misogynist sub-cultures.

- What relevant changes has the perpetrator made in his behaviour pattern? ('Making real changes')⁵⁸

Determining if a perpetrator has achieved these necessary, proximal steps towards sustained behaviour change can be a highly subjective and fraught process.⁵⁹ This can particularly be the case if the only source of information is observations of the perpetrator via group-work and individual sessions, when there is no family safety contact and external referrers (child protection, corrections, etc.) have a relatively 'light touch' engagement with the man and/or his family.

It can be difficult to determine, in the absence of corroborating reports from his partner, whether a perpetrator who appears to articulate the right things, who appears to be participating earnestly in the program, actually is genuinely achieving these proximal indicators of change. The field is littered with practitioner experiences of being lulled into a false sense of positive assessment about the changes men are making based on the quality of their participation in the program, only to later find out that they have continued to use impacting tactics of DFV throughout the time.

However, there are many situations where it is obvious to program providers, based solely on observations of the man's participation in the program, that a perpetrator has not achieved one or more of these signposts towards change. There are many men, part-way or most-way through a program, where it is clear to program practitioners that they have achieved very few, if any, of the above steps.

The CIJ therefore recommends that **program providers adopt the use of proximal indicators of change to determine which perpetrators who participate in an adapted/compromised program are clearly not achieving the fundamental building blocks required for a successful 'clinical' outcome.** In the CIJ's view, perpetrators who are clearly not making progress on any of these signposts of change half-way through an adapted/compromised program should be pulled out of this intervention, and moved to the provision of a holding/casework engagement approach as per NTV's multi-tiered COVID-19 perpetrator engagement model. These perpetrators would then need priority focus once standard in-person MBCP work is able to resume.

⁵⁸ Mandel, D. (2019). Perpetrator intervention program completion certificates are dangerous. Safe and Together Institute. https://safeandtogetherinstitute.com/wp-content/uploads/2020/03/CertsAreDangerous_paper2142020_web.pdf

⁵⁹ Hansen, J. (2016). Standards for Treatment with Court Ordered Domestic Violence Offenders: A Process Evaluation. Colorado Domestic Violence Offender Management Board.