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research article

Never waste a crisis: initiatives responding to men who use violence during COVID-19

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A crisis creates a time when normal problem-solving mechanisms are thrown into disarray. The COVID-19 pandemic plunged individuals and service systems into crisis. While recognising the destructive impact on health and well-being for those involved, the aim of this study was to explore opportunities for change created during a crisis, addressing the question: *What has been learnt under COVID-19 about delivering domestic abuse services to perpetrators in the UK and Australia?* Documentary analysis (31 documents reviewed in Australia, and 180 searched and analysed in the UK) and interviews (24 interviews with practitioners and policy and practice leads in the UK, and 11 interviews, and one focus group in Australia) were used to explore innovations in responses to perpetrators. Two key shifts in the delivery of services to men who use violence were identified: the pivot to remote delivery; and the emergence of interventions to provide accommodation and support for perpetrators. The study demonstrated that the policy window could open at a time of crisis to support innovative developments. Early evaluations highlighted positive developments. However, further research is needed to understand more fully the implications for safety and accountability.

Key words domestic abuse • domestic violence • COVID-19 • crisis response • perpetrators

Key messages

- The COVID-19 pandemic was used in some jurisdictions as a point when the policy window opened to allow new services for perpetrators of domestic abuse to be piloted.
- The experience of moving services for perpetrators of domestic abuse online indicated that new skills and technology were required alongside extensive new guidance and support.

- Providing accommodation and support for perpetrators may allow women and children to remain in the home. These initiatives require further evaluation.

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COVID-19 created a major crisis in the health and human services sectors. Particular concerns lay in the area of gender-based violence where there were fears about women and children being locked in 24/7 contact with perpetrators of domestic abuse (DA) with restricted options for help seeking or leaving (Boxall et al, 2020). However, crises are also renowned for creating opportunities for change (Boin and 't Hart, 2022), and the service system response to domestic abuse was no exception (McKibbin et al, 2021; Gregory et al, 2022). The DAHLIA-19 (Domestic Abuse: Harnessing Learning Internationally under COVID-19) project explored domestic abuse service and policy developments in four countries (UK, South Africa, Ireland and Australia). Interesting innovations occurred in each country in response to the crisis. This article identifies a number of developments in relation to men who use violence in the context of domestic abuse, with a particular focus on developments in Australia and the UK. Initiatives in this area were the most clearly identifiable and resourced in these two of the four countries in the DAHLIA-19 project.

We examine two key areas where innovation was identified: Men's Behaviour Change/Perpetrator programmes and related services for men who use violence; and Safe at Home initiatives that provided accommodation and support for men away from the family home. In each area, innovations emerged that would not have been possible without the COVID-19 crisis creating a catalyst for change that overcame previous hurdles to these developments.

The article will describe these initiatives raising questions about sustainability and potential evaluations to consider the context for 'bright innovations', noting that in areas of public sector reform that intrinsic factors such the motivation to improve performance and experimentation are critical to achieving sustained innovations (Demircioglu and Audretsch, 2017). Alternatively, the reforms may only be a short term, 'desperate response' to limited options during a crisis.

Background

The global impact of COVID-19 was shattering, with 6.19 million recorded deaths from January 2020 to March 2022 (WHO, 2023). Fatalities provided the backdrop to the pandemic. However, extensive, negative impacts have been reported for all aspects of health, well-being and economic life. The impact on adult and child DA survivors was significant and severe and coincided with restrictions which ensured that victims/survivors were locked down in their homes with the perpetrator of violence (Boxhall et al, 2020). In Australia, a survey of 15,000 women found that for those suffering abuse (4.6% physical and/or sexual; 6% coercive control, 11.6% at least one form of abuse), both onset and escalation of abuse coincided with the start of the pandemic. Those with existing structural inequalities experienced an increase

in their vulnerability to abuse (Boxhall et al, 2020). In the UK, as in Australia, there was an initial dip in reporting to police and domestic violence helplines followed by a rise in demand. England and Wales, saw a 6 per cent increase in reporting of DA incidents to the police in the year ending March 2021 (ONS, 2021), while Scotland reported a 4 per cent increase (Scottish Government, 2021) and a steady increase in police reporting was found in Northern Ireland (PSNI Statistics, 2021).

Governments in the UK and Australia recognised the paradox of keeping women and children 'safe' from the virus in their homes, while increasing their risks of experiencing DA. Public campaigns emphasised that help was available and services were open (Gregory et al, 2022). Perpetrators of DA were arguably more sharply in focus.

While emphasising that perpetrator accountability has always had a role in the DA service response, there has been growing recognition that ignoring the needs of men who use violence or making them invisible may have serious negative consequences for victims/survivors (Heward-Belle et al, 2019). COVID-19 emphasised this need (Boxhall et al, 2020). The impetus for change has resulted in programme developments internationally in the response to perpetrators of DA and evidence for programme impact is accumulating (Kelly and Westmarland, 2016; Hester et al, 2019), although concerns regarding recidivism endure (Travers et al, 2021). In this article, we explore innovations in the process and mechanisms of delivering services to perpetrators during the pandemic focusing in particular on the pivot to remote delivery. Research has highlighted the accessibility of perpetrator services delivered online, but also the new technological barriers that may be created (band width and suitable computer access), and concerns about safety (Bellini and Westmarland, 2021; 2022). The impact on workers of the shift to home working has also not been straightforward with the convenience of working from home, balanced against the absence of workplace support (Pfitzner et al, 2022). The possibilities and challenges of rapid change in response to the COVID-19 crisis is a constant theme across the emerging research (Bellini and Westmarland, 2022).

Crisis theory and crisis intervention have their roots in early social-psychological developments associated with understanding the grief reactions of people following a fatal fire in Boston (Lindemann, 1994) and later application of these original ideas to suicide prevention (Caplan, 1989). While there have been ongoing theoretical developments, the essential elements remain consistent: in reaction to a hazardous, time limited event (crisis) the normal coping mechanisms of an individual are disrupted; a period of tension arises as different problem-solving solutions may be trialled; and through the chaos individuals may grow, resume their previous management of their lives, or may deteriorate in their personal and social circumstances. Crucially, individuals are more open to help and change (Hafen and Peterson, 1982). Critics of the original crisis theory point out that it underestimates the role of social context in the response of individuals, and that crises may be as much about social and service systems as they are about the individual (Baumgardt and Weinmann, 2022). New responses are required which highlight the role of the 'crisis to reform' policy agendas which have frequently configured social policy shifts (Boin and 't Hart, 2022). COVID-19 represented such a crisis.

Advocacy from the DA sector emphasised and demanded that 'the shadow pandemic' of domestic abuse be acknowledged by governments, as it was placing women and children at greater risk of serious injury, mental health impacts and death (Kandula and Wake, 2022). A crisis was emerging and the current service system response to

both perpetrators and victim survivors needed to change to address the strictures that COVID-19 imposed. In response to this unprecedented event, the DAHLIA project was established to explore these DA service system changes in four countries.

Methodology

The DAHLIA-19 study was underpinned by two broad research aims which were: to capture and assess policy and practice initiatives in four countries – the United Kingdom, Australia, Ireland and South Africa – in responding to DA under COVID-19; to disseminate the findings to key stakeholders to inform policy and practice that could be used to build strategies for recovery, any further lockdowns and the longer-term future of DA services. A mapping study was completed in each of four nations (England, Scotland, Wales, Northern Ireland), and Australia to identify policy and interventions developed in response to COVID-19.

In this article we explore the findings generated in response to the research question: *What has been learnt under COVID-19 about delivering domestic abuse services to perpetrators in the UK and Australia?* We focus primarily on responses in the UK and Australia where there were particular developments in this area. To address the research question, the most appropriate and feasible methods were chosen (Royce et al, 2010): semi-structured interviews with experts in the field; and documentary analysis.

Rapid documentary analysis review

In each country, a stakeholder advisory group was established to guide the project. Early meetings with these groups provided links to relevant sources and initiatives. Stakeholders were experts from the specialist DA sector who had contributed to developing the COVID-19 crisis response. Following the first stakeholder meeting, a call for evidence was circulated to relevant informants, identified with the help of partner organisations. In the UK, this elicited 47 responses, whereas in Australia there was heavy reliance on the stakeholder advisory group to identify COVID-19 developments, supplemented by proactive searches of relevant websites, databases and back-linking from published papers and media accounts.

A documentary analysis was undertaken (Bowen, 2009) with the multi-case study methodology developed by Stake (2013) providing a unifying framework between Australia and the UK for the analysis. In Australia, 31 documents were identified, while a ‘call for evidence’ from stakeholders in the four nations of the UK produced 180 documents. The difference in numbers of documents searched may reflect the positive response to the ‘call for evidence’ received in the UK: a similar call was less fruitful in Australia. However, it can also be attributed to the range of policy and practice documents developed in the UK’s four nations compared with the more specific national focus in Australia, though states also had their own developments. In both Australia and the UK, the material included government documents, reports from professional organisations and non-government organisations (NGOs) and data on DA services and initiatives, including helpline data. Data was extracted and stored on a spreadsheet designed to be used across both countries. Most documents were taken from the period 2019–2021. However, when key evaluations were completed in 2022 these were also considered. Analysis used a common framework across Australia,

England, Scotland, Northern Ireland and Wales with some local variations. The framework was derived from ten research questions developed in collaboration with stakeholders from the DA sector and which aimed to identify the reach, acceptability, accessibility, implementation barriers and future promise of innovations under COVID-19. Many accounts of policy and practice included promising elements, but these mostly lacked robust evaluation data.

Expert interviews

Twenty-four interviews in the UK and 11 interviews and one focus group in Australia were conducted with practitioners and leaders from relevant policy and practice sectors (Government (13), Public Service Workers (5), NGO (15), and children's services (7 in a focus group)). Differences in numbers of interviews between countries may be attributed to the difference in population size and larger number of DA specialists across the nations of the UK. The Australian focus group was undertaken as a pragmatic response to requests from professionals who asked that their views be conveyed at a time when they were already meeting online. In Australia, the DA sector was under considerable operational pressure with many policy and practice leads deployed into the health crisis response. A common interview schedule was used in Australia and the UK (Stake, 2013) with the ability for interviewees to provide in-depth knowledge from their field of expertise. All interviews were recorded, transcribed (or notes taken) and analysed using the framework of ten research questions described earlier.

Ethical approval was provided for the study by all four university partners in the DAHLIA-19 project countries (UK, Australia, Ireland, South Africa) and care has been taken throughout the study to protect the safety and anonymity of all participants.

Results

Initially, participants spoke of the context for the emergence of new developments in working with perpetrators. Against a background of concern about the increased risk of DA, two key shifts in the delivery of services to men who use violence were identified: the pivot to remote delivery of perpetrator services; and the emergence of interventions that aimed to provide accommodation and support for perpetrators. Sub-themes emerged in each of these areas.

Increased need and service demand

Study participants noted the likelihood of the extent and severity of perpetrator abuse increasing under lockdowns:

With the pandemic came additional concerns about the risk management of the men. We realised that, under lockdown measures, some of the men we worked with would face a considerable test of behavioural self-management, and there would be a high likelihood that their criminogenic needs would increase. (Call for Evidence, DA organisation, UK)

Both countries reported an increase in calls to their men's helplines. For example, in the UK, the Respect helpline for perpetrators experienced a significant growth in activity in the first lockdown: the number of calls increased by 67 per cent, emails by 185 per cent, webchats by 2,200 per cent and website visitors by 58 per cent (Respect, April 2020). In the period April 2020–March 2021, figures provided by Respect showed an average of 680 calls per month, compared to 364–448 in the first three months of 2020 as well as a sustained increase in the number of webchats and emails. Calls were described as increasing in complexity and severity, with a larger number of concerned professionals seeking guidance. In Australia, The Men's Referral Service in Victoria, reported an 11 per cent rise in calls from the previous year ([Premier of Victoria, 2020, 17 August](#)), including reports of increased complexity but also an interesting increase in men seeking help. The awareness of increase in risk was evident in the responses from men's providers in each country, who noted that the need for a more intense response was not necessarily matched by an increase in resources to respond to need ([NTV, 2021b](#)).

Pivot to remote delivery

Initially, a crisis was created as the service system for men who use violence, along with the rest of the community, went into lockdown:

'From the first national lockdown, the biggest impact was that all face-to-face services stopped. Therefore men, some of them in the middle of groups; some were sitting on waitlists. Then you think about the courts not happening, and the pause that was put on family courts for example, so there was not just what was happening within each program and service but the general usual referral pathways in, and the system that sits around, everything was on pause.' (Interview 4, Australia)

In common with many services, the sector moved to online provision. Multi-intervention service models were developed to support perpetrator or men's behaviour change (MBC) programmes (as they are known in Australia). Providers were challenged to tailor responses to individual perpetrators while responding to need and risk within the constraints imposed by COVID-19. Commonalities, outlined later emerged across both the UK and Australia.

The focus on risk assessment highlighted the increased need for information sharing between agencies and therefore potentially ensured greater collaboration between organisations focused on the individual using violence. An example lies with the development in No to Violence (NTV) in New South Wales (NSW) which extended its pre-COVID work to provide a more comprehensive service:

'This initiative prioritised the use of collaborative multiagency approaches to current, changing and future escalations of risk which included making appropriate and timely referrals, sharing responsibilities for contact and monitoring, clearly allocating tasks within teams, keeping stakeholders updated with changes and escalations of risk or changes in circumstances, and ongoing monitoring of the perpetrator and family's situation.' (Interview 6, Australia)

A simple switch from providing group work programmes for perpetrators to delivering online group work was not evident in either country. Instead, a more complex process emerged of programmes combining individual and group work alongside the rapid development of guidance and resources to support remote working and new ways of meeting with perpetrators. These included check-in telephone calls and ‘walk and talk’ appointments when restrictions allowed. Many groups switched to online delivery, but this was not suitable for all, and some providers reported an increase in one-to-one appointments. In Scotland, for example, developments occurred in local teams:

[Local teams were] very creative and risk centred in their response. They prioritised highest risk men for continued face-to-face contact throughout the pandemic and with others continued to do what programmed work was deemed safe to be conducted by phone. (Call for Evidence, DA Organisation, UK)

Active ‘holding’ approaches were developed to maintain engagement with men who were on the waitlist for a perpetrator programme. This ongoing monitoring of risk led to frequent contact with perpetrators through facilitated discussions about the impact of COVID-19 on their family and their behaviour, as well as strategies for managing themselves, and the lockdown situation. Foundations were developed for work with men on empathy and child-centred fathering alongside interventions such as crisis counselling, crisis casework and co-ordinated risk management. (Participant 6, Australia)

Case management processes emphasised the need for engagement prior to change-focused intervention. This engagement needed to address perpetrators’ complex issues while reducing DA risks. In Victoria and NSW, Australia, new Federal funding available under the pandemic enabled a new service response, The Brief Intervention Service:

‘We offer six sessions to men, primarily picking up men on waitlists and doing risk safety assessment work, stabilising him, and then getting him ready to potentially go into a program. It’s not an MBC program but a holding space. This was a brand new thing.’ (Interview 6, Australia)

Individual behaviour change sessions delivered via phone or videoconferencing were introduced to build motivation to change, encourage deeper self-reflection, and increase awareness of behaviour and its impact on others ([NTV and Men’s Behaviour Change Network NSW, 2020](#)).

Groupwork programmes had to be developed to suit the technology chosen as well as the theory of change. This shift required new skills focused on virtual rather than face-to-face engagement and less reliance on other men in a group to facilitate change for others ([Chung et al, 2020](#)). The switch to online delivery was described by participants as beneficial for some, allowing for continuity of service, increasing opportunities to engage with perpetrators, and offering more flexibility and convenience.

These developments in working with men who use violence have yet to be evaluated. Early feedback suggested that one-to-one sessions were suiting some men with complex needs, including mental health problems. Online developments were

also seen to have a role in the remote, rural Australian landscape where accessing face-to-face groups could be particularly challenging if not impossible (Interview 4, Australia). In the UK, issues of 'digital poverty' and access to services were noted by some service providers:

'I mean the people who are under-represented in our services, are under-represented for a variety of reasons, tech impoverishment being one of them. So, you know, people who don't have a lot of money, you know, will struggle to have the laptops and the requisite broadband and all the rest of it.' (Interview 2, UK)

Another, but different concern also remained about the safety of women and children:

'Ringing and not knowing – is he in the house with his family, is he in the same room when we call? And for any family safety advocacy work to happen, how does that worker call her and know that she can talk freely or that he's not in the same room?' (Interview 5, Australia)

The continued issues in relation to privacy and safety, as well as small online group sizes, were reported to result in longer waiting lists.

Guidance for the sector

As outlined earlier, the change to online working was not straightforward. New skills and strategies for engagement and safety were needed. In a context of rapid change, the sector required fresh guidance and learning. The shift to online communication facilitated international collaboration and learning and NTV in Australia worked with Respect in the UK, establishing a network to share practice innovations as well as developing guidelines to support the shift to online group work (Interview 6). Respect UK provided guidance for their accredited members on service delivery during the pandemic (2021), and various practitioner guidance notes were issued throughout the pandemic by the central Caledonian coordinators in Scotland (Scottish Government, 2020). The [European Network for the Work with Perpetrators of Domestic Violence \(2020\)](#) also produced guidance for working with perpetrators, and in Australia, [No to Violence and the Men's Behaviour Change Network NSW \(2020\)](#) developed guidelines for both online perpetrator groups and individual sessions. A summary of the key principles contained in these guidelines is provided in [Table 1](#). While a focus on risk and safety is apparent, different strategies emerge for ensuring access and privacy, for maintaining perpetrators' engagement and for developing a picture of the wider social, family and relationship contexts in which the perpetrator's behaviour sits.

Practitioner experience of remote working

The shift to online delivery required workers to diversify their practice and skills. Some workers were initially reluctant to adapt: 'I only do group work, I am not a one-to-one counsellor' (Interview 6, Australia). However, remote work from home was experienced as stressful by all practitioners working in the DA sector:

Table 1: Summary of principles contained in guidelines for working with perpetrators during COVID-19

Guidelines	Purpose	Principles
Respect UK (2021) <i>Responding to the Challenges of COVID-19: Guidance for Online Service Delivery</i>	Provide guidance for accredited members on service delivery during the pandemic	• Assess whether potential clients have access to equipment to participate • Integrate support services prior to and during intervention • Facilitate group sessions with a co-gender pair and deliver shorter sessions online • Clients who consent to participate must agree to attend all sessions; if they fail to attend, they will be offered catch-up sessions • Ensure online platforms used have interactive features, including a chat function, hand-raising, breakout rooms, interactive whiteboards and video clips • Provide access for safe places and support for practitioners and staff • Frequent and robust case management • Treatment management is undertaken at a frequency of one feedback session for every five sessions facilitated
Scottish Government (2020) <i>COVID-19 Guidance Notes for Caledonian System Managers – Issue 2.0</i>	Assist Caledonian operational and system managers to reach decisions on how to prioritise cases and workload with due regard to risk and vulnerability	• Conduct assessment interviews by phone during lockdown period, unless perpetrators are considered high risk • Consider video calling when in an office setting (but not if working from home) • Notify perpetrator that attempts will be made to contact partner, to minimise risk to her • Face-to-face meetings for high-risk perpetrators • Work with an awareness that stress experienced by men in current circumstances may increase risk of suicidal thoughts as well as the risk they pose to women and children • Work with an awareness that if men are experiencing homelessness, coercion may be used as a means to re-establish a relationship or ask partners for temporary housing • Address the potential that, in cases where formal or informal child contact arrangements are in place, perpetrators may seek to control or punish their partners by refusing to return children or insisting on direct pick-up while access centres are closed

(Continued)

Table 1: Continued

Guidelines	Purpose	Principles
No to Violence and Men's Behaviour Change Network NSW (2020) <i>NSW Service Guidelines for Perpetrator Interventions during the Coronavirus (COVID-19) Pandemic</i>	Support agencies to deliver a consistent approach to delivering behavioural change interventions during the pandemic	• Comprehensive sessions with each participant prior to online groups • New and unique links shared prior to commencement of each session to prevent invasion of group privacy • Access to a device for all participants • Video and audio switched on for each session (for every participant) • Appropriate physical environment where the background is visible with no identifying cues like family photos or obvious landmarks • Establish capacity and agreement with participants to remain online or contactable after the group • Consider individuals' circumstances • Consider cognitive capacity and coping strategies
European Network for the Work with Perpetrators of Domestic Violence (WWP EN) (2020) <i>COVID-19 Revision of Practice Toolkit</i>	Provide best practice recommendations and challenges encountered in the pivot to online delivery due to COVID-19	• Consider the context of the practitioner and client including COVID-19 related factors • Consider the social supports available to clients • Consider the major stressors that families are facing in this crisis • Prioritise safety of those who are affected by the violence in intervention plans • Identify the risk level of perpetrators

‘We had service managers and colleagues saying, you know, I’ve now imported all of this trauma into my own home and I’m also struggling to kind of keep my children away from the calls. . . . Colleagues were taking their phones to bed in case somebody needed to call them in the middle of the night.’ (Participant 21, UK)

Work with perpetrators has always required high levels of supervision and support (Chung et al, 2020) and these were not always readily available during the pandemic. The multi-intervention service model described here was reported to increase the intensity of work for both men and practitioners, and staff required additional supervision and support. Some of the resulting arrangements included: male workers having access to an experienced supervisor who was not of their gender; providing regular and joint facilitator supervision; and adopting clinical review processes that included practitioners/facilitators, supervisors and family safety contact workers (NTV and Men’s Behaviour Change Network NSW, 2020).

Accommodation and support for perpetrators

The idea of keeping more women ‘safe at home’ in their primary residence while excluding the person using violence has been an aspiration in both the UK and

Australia (Diemer et al, 2017). However, the realisation of this vision has been slower to develop. For example, in Victoria, Australia, in 2019–20, there were 12,964 incidents where police issued Family Violence Safety Notices that would have excluded a man temporarily from the home (NTV, 2021b). Translating this temporary exclusion into measures that ensure that women and children remain safely in their homes in the longer term has had relatively limited success (Soraghan et al, 2022).

It has been hypothesised that providing accommodation and support for men excluded from the home would keep women and children safer at a time when they may be most at risk. The high risks associated with men excluded from the home spreading COVID-19 through unsafe housing and sleeping rough provided the final leverage to gain government support for this hypothesis to be tested. While it was a recommendation of the Victorian Family Violence Royal Commission (2016) that accommodation for men excluded from the home be piloted, the COVID-19 crisis gave the impetus for the Victorian government to finally fund a pilot provided by NTV and the state-wide, 24-hour crisis accommodation service. Accommodation places for 1500 men excluded from the home alongside support services were to be trialled (NTV, 2021a). Similarly, in the UK, Drive/SafeLives and Respect UK seized the opportunity of the COVID-19 pandemic to test a combination of accommodation and support for abusive men rather than only offering emergency accommodation for women (Bethel et al, 2022). The Restart pilot involved five London boroughs and attracted referrals from families who were receiving children's social care support for DA (Bethel et al, 2022).

Comments from DAHLIA-19 participants highlight the potential importance of this shift in perspective:

‘An incredibly brave policy change [accommodation for perpetrators], given everything that was going on and, you know, the kind of cutting-edge ground breaking nature of it.’ (Interview 5, England and Wales)

‘We’ve thought about it for a long time, but under COVID, the government finally got it [accommodation for perpetrators]. There have been good things that have come out of COVID.’ (Participant 6, Australia)

In Victoria, key elements of the Perpetrator Accommodation and Support Service (PASS) programme involved: a referral pathway to the service primarily through the police; 14 days of accommodation conditional on the perpetrator accepting a daily support phone call; access to brokerage funding; and a referral from the service for further support. One of the benefits of the programme lay in connecting the man to support services both in the short and longer term. For example, referrals could be made to various substance misuse and mental health services. The housing provider also offered assistance with longer-term housing options. Perpetrator accountability was emphasised through a wraparound support approach developed out of an assessment of both risk and need (NTV, 2021a).

The policy and practice shifts required were not straightforward. The early process evaluations highlighted both strengths and challenges in both programmes (NTV, 2021a; Bethel et al, 2022; Taylor et al, 2022). In the UK, findings from the early evaluations of Restart were promising and included the positive engagement of

perpetrators in the intensive support, behaviour change and a reduction in abuse reported by case managers (Taylor et al, 2022). The need for support for all family members, including adult victims, was also flagged by this study. Restart was a short-term intervention lasting only four weeks and the parallel offer of long-term perpetrator programmes was also identified as important (Taylor et al, 2022). However, the 12-month internal evaluation (Taylor et al, 2022) found that only a small number of perpetrators using the service took up the accommodation offer. There was no comparison available regarding outcomes for those who did and the majority who did not access accommodation (Taylor et al, 2022).

While this intervention had been planned as an ‘early intervention’, it was notable that the men referred to the Restart programme by children’s social care generally had long histories of DA or were already involved with child protection services:

‘It was funny, because it was called the Early Intervention Pilot, and none of them were early interventions.’ (Case Manager, Taylor et al, 2022: 16)

In Victoria, the evaluation (NTV, 2021a) was positive about the benefits of providing support for men excluded from the home. Practitioners reported that the breaching of intervention orders was lower for these men, and that women and children were safer due to the support for the perpetrator of violence during the crisis of separation. Men who were surveyed made comments such as:

‘There were a few times there where I was at a loose end and nearly walking out the door to get some stuff from my house. But the calls always seemed to come at the right time, and it was reassuring that staying where I was, was the right option.’ (NTV, 2021a: 29)

A number of interesting findings emerge from analysis of the evaluation reports. In common with the UK programme (Taylor et al, 2022), the NTV evaluation (2021a) found that men coming into the programme generally had complex needs, sometimes with quite serious mental health or substance misuse problems. Housing was a key issue, with the Australian evaluation showing 96 per cent of the men entering the programme were either sleeping rough or in crisis accommodation due to exclusion from the family home (NTV, 2021a: 19).

There has been, however, some reluctance to take up the places on the Australian programme and, in a six-month period, only 164 of 1500 available places were taken up, despite the large number of men excluded from the home. It is unclear whether this response was specific to the new PASS service as slow initial take-up frequently characterises new DA service provision. The service system and referral pathways require intensive work, both to activate the pathways and for men to recognise the need they may have for a behaviour change service (Diemer et al, 2020).¹

The NTV (2021a) evaluation suggested that many men who could have potentially taken up referrals did not want to be associated with a DA programme. However, PASS workers reported that men were happy with the accommodation provided but there were mixed reactions to the wrap-around support service (NTV, 2021a). The counselling service was described as positive by those men who engaged with the programme and responded to interview or survey questions. There was also ambiguity

in the data as the daily check-in/support provision (supposedly compulsory) actually only averaged four sessions per stay for each man. A further evaluation once the programme is more established could explore these inconsistencies (NTV, 2021a). One of the DAHLIA-19 participants suggested:

‘There is a lot of shame for some men in admitting to the violence they have perpetrated. The need for housing and general desperation may be what we are seeing.’ (Interview 4, UK)

The evaluations in both England and Australia of the men’s accommodation and support programmes were undertaken in the early stages of these interventions. There are indications of the programmes continuing, particularly in Australia where funding and places have been allocated but not yet taken up. However, the long-term establishment of these programmes is yet to be secured and further evaluation is required to confirm their value in a coordinated DA response.

Discussion

During the pandemic there was a substantial increase in calls to DA services from men compared to pre-COVID rates (Respect, 2020). In response to the DA ‘shadow pandemic’, shifts occurred in the response to perpetrators including: the pivot to remote delivery; and the emergence of interventions that aimed to provide accommodation and support for perpetrators. Multi-intervention service models were developed to retain engagement, including introducing active ‘holding’ approaches for men on the waitlist for perpetrator programmes. Guidelines were introduced to facilitate online groupwork and these aimed to manage and mitigate the perceived increase in intensity of work arising from smaller group sizes and the online environment for both practitioners and participants. These guidelines included changes to supervision and specific accommodations to support participation and privacy online. Together these developments add nuance to the growing body of knowledge addressing the complexities of working with perpetrators. The response to the crisis allowed projects that were ‘waiting in the wings’ to be instigated. These pilots threw light on those practices that needed to be retained (the importance of in-person services including group work) alongside the requirements needed to provide both safety and accountability when new services for men who use violence are implemented.

The experience of adapting perpetrator services under the pandemic challenges earlier scepticism (Bellini and Westmarland, 2021) about whether perpetrator work can be delivered safely and effectively in digital formats. Perpetrators are known to value interventions that are delivered remotely (Thomson et al, 2013) since these can offer anonymity and a degree of control over the amount and content of the communication. An evaluation of an earlier pilot of an online men’s behaviour change programme in Australia (where refunding did not occur) highlighted the value of these aspects of the service as reported by men accessing the programme (Brown and Hampson, 2009). These features of online programmes potentially assist with the management of shame and increased take-up and engagement with interventions. Currently, expertise in delivery of perpetrator programmes is a scarce resource (Diemer et al, 2017). The experience of delivering online perpetrator programmes during the pandemic offers the prospect of delivering these services more widely and making

them available outside large centres of population. In-depth evaluation is required to assess the effectiveness of online perpetrator services and the extent to which they can address safety concerns.

We found, however, that indications supported by other studies on the remote delivery of perpetrator services (Bellini and Westmarland, 2022; Healy et al, 2022) that the flexibility and reach that remote services afford need to be balanced against increased demands on staff who, in the context of COVID-19, often lacked the necessary support to deliver online services alone from their homes. Staff shortages, isolation and blurred boundaries between work and home were a feature for many during the pandemic (Women's Aid, 2020; Pfitzner et al, 2022). Work with perpetrators of violence and abuse may make particularly high demands on practitioners (Heward-Belle et al, 2019), and maintaining adequate levels of supervision for these practitioners during the pandemic was not always achievable (Healy et al, 2022). Delivering and evaluating these services in the longer term may yield further insight into the types of support and supervision that staff providing remote services for perpetrators require if they are to avoid secondary trauma.

Perpetrator work during the pandemic also experienced a shift away from the traditional groupwork to more individualised modes of delivery. This approach may represent an acceleration of existing trends. In England and Wales, the Drive programme for perpetrators has adopted the individualised IDVA (Independent Domestic Violence Advocate) model of delivery with positive results (Hester et al, 2019). This shift towards more individualised approaches under COVID-19 may have been assisted by the adoption of digital forms of delivery. Individualised services can offer flexibility and target need more precisely than group programmes, addressing individual needs with regards to mental health, substance misuse, homelessness and adverse childhood experiences. These needs are known to be high in this population (Gilchrist et al, 2017; Isobe et al, 2020). The increased level of resources and costs required for the delivery of individualised services may be offset by the savings afforded by remote delivery and studies of comparative costs and benefits may be helpful here. Currently, the early evaluations of the men's accommodation programmes demonstrate that the delivery costs of services are comparable to those of other programmes in the DA sector (NTV, 2021a; Taylor et al, 2022).

The pandemic provided the impetus for the introduction of interventions offering temporary accommodation for perpetrators with additional monitoring and support that aimed to combat the displacement of women and to mitigate the risk of household members moving to other houses while carrying COVID-19. Previously, perpetrators removed from the home who had complex needs would often end up sleeping rough and disconnected from services (NTV, 2021a). Through these programmes, perpetrators were connected with substance misuse and mental health services and worked on accessing longer-term housing options. However, evaluations completed to date indicate that accommodation may not be the most significant element of these schemes. At this stage in the development of these initiatives, it is difficult to tease out whether, as the London pilot evaluations (Bethel et al, 2022; Taylor et al, 2022) suggest, there were difficulties in providing speedy access to alternative accommodation, or if a high level of monitoring, a relationship with a key worker and joined-up services were the core and effective components of these interventions.

The Australian evaluation of the accommodation pilot shows ambiguity in the perspectives of men on the PASS programme, with those engaged in counselling

reporting positively, but also many men engaging only intermittently with this aspect of the service. Most importantly, there was a very significant mismatch between the large number of men initially excluded and the very small number of men who took up the service on offer. Those men engaging with the service in both England and Australia not only used DA, but also had other complex needs, including substance misuse and mental health problems (NTV, 2021b; Taylor et al, 2022).

Conclusion

The COVID-19 pandemic had widespread negative impacts on the health and mental health of populations globally, including victims/survivors of DA (WHO, 2020). However, as with any crisis, opportunities for change generated ‘bright innovations’ which involved service system change (Boin and ‘t Hart, 2022) in the DA service response. The crisis forced change, including in the response to DA perpetrators. Boin and ‘t Hart (2022) question why some crises result in reform, while others do not. An exploration of the service sector response to DA perpetrators suggests that a number of factors were present that aligned with a generally positive reform process, potentially contributing to the impetus for medium- to long-term changes, rather than simply a ‘crisis fix’. First, there was widespread, public concern for women and children locked down in their homes with a DA perpetrator (McKibbin et al, 2021) and the need for a compensatory service system response was recognised. Second, the service system was sufficiently ‘ready’ to test different responses to perpetrators whose needs were unmet, and who therefore were creating further danger for women and children under COVID-19. The potential for online individual and groupwork service development was already acknowledged, at least for men in rural and remote areas (Brown and Hampson, 2009), and pressure had been building to provide a service for perpetrators of DA excluded from the home. This was not a new idea, but one which required the extra pressure of the health risks generated by the pandemic to test pilot programmes (Bellini and Westmarland, 2021).

Without further evaluation, it is too early to know whether these changes to the service system are positive and contribute to supporting safety and accountability which are the key principles in the DA sector used to assess the value of these interventions. It is also premature to ascertain whether the development of these service system responses will be sustained, given that the public health crisis provided the context for the changes. However, an agile group of practitioners and organisations responded to the crisis and new service responses emerged to be tested. A policy window opened (Kingdon, 1984). The changes in the landscape are not yet embedded, and to stretch the metaphor, we could say, ‘watch this space’.

Note

¹ Discussion with providers in early 2023 indicates the PASS programme now has a waiting list!

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Conflict of interest

The authors had no conflict of interest to report.

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