How the pandemic challenges and questions our perspectives on and work with people who have sexually abused.

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Please note this is a joint blog with NOTA blog site

Over the last couple of months, we have focused on what the challenges and realities of living in lockdown with COVID-19 are, but this is starting to change as lockdown is ending. What is the new "normal" and how will this impact the prevention, management, and integration back into the community of men convicted of a sexual offence? Now it feels like there are more questions than answers, which can present a daunting challenge! Sometimes we cannot see beyond what we know, but we also know that need that drives change. In the months and years ahead, we will not return to the way things were before, 2021 will bear little resemblance to 2019. The nature of the game and its rules has changed. So, what does this mean in reality?

Here are some points that occur to us as of this week (and who knows what tomorrow may bring?)

Changing perspectives on causes and responses to sexual offences: What COVID-19 has taught the world is that health and wellbeing are connected to everything that we do. A healthy population is an engaged, productive population. Therefore, we need to continue to integrate health and wellbeing into the work that we do in preventing as well as responding to sexual offences. This involves maintaining the public health approach, thinking about the impact of adverse experiences and trauma as well as considering the impact of these in framing desistence and integration.

Risk management vs management: We talk so much about “risk” and what that means for people with a conviction, not to mention criminal justice agencies, therapists, victims, and the
public; but the reality is that the terms risk and risk management mean different things to different people, each of whom has different roles. Ultimately, what we are all saying is that we are helping and supporting people to manage their own behaviour. This reframing is important because the individuals themselves are not always the sole source of risk (an internal locus of risk) but often the circumstances of the outside world are also the source of risk (an external locus of risk). The pandemic has shown once again that circumstances do matter and that they should be incorporated more often in our risk assessment and management. Therefore, how they manage themselves in various and sometimes extreme circumstances as during the pandemic matters.

**Changing regimes:** We have seen that because of COVID-19 our ways of working have changed, sometimes for the better and other times for the worse. We need to evaluate these changes and learn from them. Does remote working improve prevention, treatment, management, and integration? Or does it make it worse? In what ways? How does it impact relationships with clients? How does it impact staff working, resilience and confidence?

**Changing processes and conditions:** COVID-19 has taught us that prison may not be the answer with lower risk and people on shorter sentences getting released under supervision. This begs the question whether they needed to go to prison in the first place? Was community management a better approach? And was it adequately considered? Further, what does community management look like in a computer-enabled age? Especially with individuals who may not have access to the internet or technology, because of their conditions of release or the fact that they live in socio-economic areas that suffer from poor internet access.

**Improving Partnership & collaboration:** It has become obvious through lockdown that working together, in a collective evidence-informed way is possible. Therefore, we need to up the stakes in terms of partnership working, communication and collaboration between the public and the system, across all levels of prevention and forms of (risk) management; we need -more than ever- to be on the same page to take on all these old and new challenges.