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Love in the time of COVID?

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Please note this is a joint blog with ATSA/SAJRT blog site, take care, Kieran.

Like everyone else, we've had our share of worries and concerns as we enter the rising side of the COVID-19 curve. Canceled trainings, travel, and classes, ensuring the safety and wellbeing of loved ones have shaped the lives of many for a long time to come. For many of us, it's the state of not knowing that is the most frustrating. On the other hand, there are some areas of [good news](#), such as indications of decline in some areas, and medical advances in others. And proving the axiom that "Alone I travel faster; together we travel further", the word "[caremongering](#)" has entered our lexicon.

At this writing, numerous state chapters of ATSA, regional branches of NOTA (NOTA Scotland) and ANZATSA have had to cancel or postpone their conferences, workshops, seminars and trainings.. Ditto with the otherwise seemingly indestructible NAPN conferences. Many trainers are taking to web-based and videoconferencing technologies, where the questions of the day involve the best ways to break participants up into small group discussions and paired practice exercises. Everywhere we look, discussions abound about how to balance the needs and rights of our clients with our own obligations for self-care and safety. These discussions have ranged from how many clients in group therapy in some areas to whether or not clinicians can work with videoconferencing platforms and which methods adhere to confidentiality laws. Additionally, these discussions raise questions of access to online technology, which can be a challenge to some of our clients because of the conditions to their license conditions, the speed of internet in certain areas and whether professionals can work from home (i.e., access to encrypted networks and client reports).

One opportunity that we all have in these uncertain times is to work on our messaging. As the world talks about "social distancing", we are painfully aware of the elements of social



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SAJRT Bloggers' Profile

We are longtime members of ATSA dedicated to furthering the causes of evidenced-based practice, understanding, and prevention in the field of sexual abuse.

The Association for the Treatment of Sexual Abusers is an international, multi-disciplinary organization dedicated to preventing sexual abuse. Through research, education, and shared learning ATSA promotes evidence based practice, public policy, and community strategies that lead to the effective assessment, treatment, and management of individuals who have sexually abused or are risk to abuse.

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isolation that have long been recognized as a risk factor for offending and re-offending. Professionals in our field find themselves in a subtle bind: Social isolation is a risk factor in some respects, and yet social distance is a protective factor in others. How do we ensure that we don't approach clients as if they are one more surface to sanitize?

Maybe it's time to move beyond focusing on the construct of social distance and turn our message in other directions. Instead, we might think of this in terms of promoting "physical distance and safety" and "creating a healthy space". From a prevention perspective, social distance can facilitate abuse and create the conditions where people at risk of committing an offense, whether for the first time or as part of an ongoing pattern may be more likely to do so. For this reason, we should also think of increased social isolation as an opportunity for us to intervene and talk about prevention.

Of course, creating and transmitting healthy and safe spaces can begin with maintaining a positive and hopeful attitude (which itself is a protective factor against illness) and with being careful with media coverage. In some ways, the rapidly escalating strong emotions inspired by media coverage may be a bigger risk factor for negative outcomes all around. As one comedian observed, "If I don't watch the news, I'm uninformed. If I do watch it, I'm misinformed."

The messaging from leaders is also a lesson for all in our field and provides an opportunity to reflect on what messages our clients and colleagues get from us. One world leader has already tried to monetize the eventual vaccine. Another has blithely reminded us that many of our loved ones will die. Yet another, from Ireland — a country that knows about staring directly into the eyes of violence, starvation, and despair— reminded his country that "Together we can save lives." This last example gives us an opportunity to reframe our message to our clients, ourselves, and each other: at the very least, we're all in this together. That's one small step we can take to reduce social isolation.

Finally, there is one small message that we can remind ourselves about providing excellent assessments and treatments to people who have abused. For years, our field has grappled with providing the best evidence-based services, while implementation science has reminded us that optimizing service delivery can take years. Every time we've thought about the importance of implementing best practices, we've also thought about how long it takes to implement even the most basic of safety interventions, such as handwashing and seat belt usage. One silver lining to the Coronavirus crisis is that at least handwashing is up. As with reducing sexual violence, simply getting people to talk about the issues and forge a way forward can change lives for the better.

Many organizations have offered advice for professionals in this field:

British Psychological Society: <https://thepsychologist.bps.org.uk/volume-33/april-2020/coronavirus-psychological-perspectives>

British Association for Counselling and Psychotherapy: <https://www.bacp.co.uk/about-us/contact-us/faqs-about-coronavirus/>

Centers for Disease Control: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>