

THIS MONTH'S DILEMMA:

My neighbour could be my client's abuser

Mei, a counsellor in the NHS, is working with a young man, Micha, who is presenting for counselling to help him deal with issues relating to his sexual abuse by a sibling, seven years his senior, from age seven to 11.

Micha does not disclose the name of his abuser, but, on the basis of other identifying details, after the second session, Mei suspects it is his sister, who happens to be her neighbour, with whom she is on friendly terms and who volunteers

with the Brownies and has provided childcare for Mei's own sister-in-law.

Before the third session, and having discussed this with her supervisor, Mei decides to tell Micha she knows his sister and knows that she is his abuser, and to discuss with him what steps to take.

He does not turn up for the session. Mei twice leaves messages on his phone, asking him to make contact, but he doesn't return her calls. Mei is anxious about

whether her neighbour is a risk to local children and does not know how to manage her safeguarding concerns, because Micha has not disclosed the name of his abuser. Her nephews and nieces are now all of school age and no longer in need of childcare, but Mei is worried for other local children, and concerned that their parents may be unable to take steps to keep them safe because they are not party to the information Micha has disclosed to her.

WHAT, IF ANYTHING, CAN MEI DO?

Please note that opinions expressed in these responses are those of the writers alone and not necessarily those of the column editor or of BACP.

Responsibility to act

Sharon Campbell MBACP Counsellor with Base 51 and the NHS in Nottingham

Ideally, Micha should have been made aware of the exceptions around confidentiality at the contract stage, and that managing risk is part of the practitioner's duty of care. Mei has to make a judgment about sharing appropriately what information Micha has already shared with her, in order to safeguard potential children at risk in the greater public.

Although Micha hasn't made a full disclosure, Mei feels that she has adequate identifying details that would indicate the sister is

the perpetrator. Therefore, she has an ethical responsibility to act, and should make an appropriate referral to the local safeguarding team to initiate an investigation. She should trust her instinct to act, rather than ignore it.

The NHS will work to a legislative framework and to the principles set out by the Safeguarding Children Board, so Mei will have direct support

from a team within her local NHS trust. It is to be hoped that she is eventually able to contact Micha and have an open and honest discussion about why she has made the disclosure, involving him fully as well as offering him ongoing support.

Mei needs to ensure that she has acted in a timely way and that the facts she is aware of are recorded and shared

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appropriately and sensitively. She has her own supervisor for support during this process, to help with both the practical and emotional aspects in this situation. I can imagine that she will worry about a disclosure not being definite and fully factual, but the most important message is to act on her safeguarding concerns and to manage risk.

She can't act on a suspicion alone

Helen Cleverley

Therapeutic counselling trainee, Coleg Y Cymoedd

Mei is not in a position to act on her suspicions. While she clearly has a very strong suspicion that she knows the identity of Micha's abuser, it remains just a suspicion, which seems to be largely based on the 'other identifying details', and the exact nature of these details is not revealed. The facts in this case remain that Micha hasn't given the name of his abuser and is no longer in contact with Mei. Mei's loss of contact with Micha means he will not be able to confirm her suspicions.

The other information available doesn't completely support Mei's suspicions. Micha hasn't given the name of the sibling, and it's possible that he has a large family, with several sisters. Mei may be correct in her assumption that Micha and her neighbour are siblings, but this does not necessarily mean that her neighbour is the one who abused him.

It seems unlikely that Micha intends to return to counselling with Mei, so she will not have the chance to act on her supervisor's previous advice. Mei should take the issue back to supervision to discuss whether she can justifiably report her neighbour when Micha has not named or identified his abuser.

Responsibility lies with her employer

Jonathan Harris
Psychotherapist,
Combe Martin, Devon

This case highlights the complexity of being a counsellor in our community. As Mei is an NHS counsellor, responsibility for safeguarding lies with her employer. The possibility that Mei's client's abuser could be her friendly neighbour complicates Mei's difficulties. Counselling the relative of a neighbour is not advisable, as this case demonstrates.

Sexual abuse is a serious matter, and the safety of other children comes before that of confidentiality for the client or his sister. Mei, or the lead clinician, should contact the local Multi-Agency Safeguarding Hub (MASH) and discuss these concerns with the duty social worker. The responsibility is then passed to the correct authority.

Mei, or the lead clinician, can up the ante with the client (who may or may not have ended the counselling) by leaving a third message offering support and stating that they need to have a conversation about his sister. They could add that they are going to approach the sister (if this is what they have decided to do).

Mei's position with her neighbour needs addressing, too. As she is on friendly terms with the sister, she or the lead clinician may wish to tell her what her brother has revealed and tell her that the local authorities must, by law, be informed.

We do not know how old Micha is, only that he is a young man, suggesting he is 18 or older. He may be freaked out by his own revelations, and more vulnerable and in need of support than before he opened up in counselling. Consideration should be given to informing Micha's GP, so that

'As the criminal act of sexual abuse was a presenting issue, opportunities to avoid this dilemma were missed, both when Micha was first assessed and, again, when Mei contracted with him'

the GP can contact him and ensure that he receives ongoing psychological support. A home visit by a crisis team may be indicated, if there is one in Micha's area.

Missed opportunities

Jill Swindells MBACP
Person-centred counsellor
in the criminal justice system
(victims and offenders) and
pre-trial therapy trainer

Micha disclosed neither his abuser's identity nor any fears about current risks to children. So, unless he returns, there is nothing Mei can do directly, other than reflect on her assumptions and work through her anxieties in supervision. To help avoid similar difficulties with future clients who disclose crime(s) against themselves or others, Mei and her supervisor would benefit from reviewing relevant aspects of NHS policy and reflecting on the key principles of Crown Prosecution Service guidance for pre-trial therapy (PTT), even though it is designed for situations proceeding to trial.

In my view, as the criminal act of sexual abuse was a presenting issue, opportunities to avoid this dilemma were missed, both when Micha was first assessed and, again, when Mei contracted

with him. The assessor should have explained and explored with Micha: 1) his options and intentions around reporting his own abuse; 2) any concerns he has about current risks to children and related ethical/legal consequences; and 3) the implications for his own therapy, particularly contracting/confidentiality, if he and/or others report it, whether now or in the future. Without such discussions having taken place, the counsellor to which the client is allocated cannot be appropriately briefed and, consequently, their clients cannot give fully informed consent when contracting - as with Mei and Micha.

Until the situation is clearer, Mei should begin PTT, rather than generic counselling. Otherwise, significant details of the abuse might be discussed and documented inappropriately in the client's notes. In the event of a criminal investigation, prompted by the client or others reporting, these notes could be used as evidence in court. Counsellors then risk being accused of contaminating evidence or coaching the client and, consequently, criminal proceedings are likely to fail. If there is no known risk of reporting or a possible trial, Mei can safely re-contract for generic counselling. ■

April's dilemma:

Godfrey has recently qualified as a counsellor following a previous career in business, which he left after being diagnosed with fibromyalgia, a chronic condition that causes physical pain and exhaustion. The change in his lifestyle has led to a general improvement in his symptoms, which he also manages with conventional medical and complementary treatments for pain relief, alongside yoga, mindfulness and diet. Godfrey continues to suffer from periodic relapses in his health, which can be sudden and unpredictable, and render him unable to work.

During his training, he had time for rest and recovery when he was seeing clients on placement alongside the

coursework. Now he is qualified, he intends to set up in private practice. He plans to pace himself by working only three days a week and seeing no more than four clients in a day, with hour-long breaks in between each.

He is mindful, however, that there will be times when he will have to cancel sessions at short notice, and he is uncertain how or if to raise the issue with clients at the initial contracting stage.

WHAT WOULD YOU DO IF YOU WERE IN GODFREY'S POSITION?

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