

Report on A.P.P.I .training event: 'Child Protection: Implications for the Counsellor/Psychotherapist' with Julie Brown

Dublin, April 2014

Julie Brown is a psychoanalytic psychotherapist, a member of I.F.P.P. executive committee, who also works in the Advocatory Department in One in Four, an organisation which helps and supports individuals who have experienced sexual abuse in childhood. In One in Four there are three directions in which this help can take place: psychotherapy, advocacy and prevention services. Julie has a long-term practice working with people who have experienced sexual abuse. She does this not only through psychotherapy but also by providing information and support to affected individuals. Julie's background in psychotherapy, as well as her experience in One in Four, gave this workshop the opportunity to engage in discussions, clarifications and raise questions regarding Ireland's new legislation which deals with mandatory reporting and issues of child sexual abuse.

As she had to deal with two very different aspects of the work with people who suffered sexual abuse, Julie's presentation was divided into two parts, the first of which introduced the audience to the recent changes in legislation on notifying the abuse of children. This short and essential summary included a background to some of the most relevant and quoted documents in the field concerning psychotherapy and counselling such as the Children First Bill (2014) and the Children First Guidance (2011, see www.dcy.gov.ie/viewdoc.asp?.../Children_First/ChildrenFirstGuidance). In this way the new changes were more easily understood since they were presented in the context of other documents. Julie carefully led the group through various aspects of the text and helped us have a better understanding of it by sometimes giving examples from her own work. The unfolding of this outline in the first part of the presentation involved looking more closely at the Children First National Guideline, and in particular the aspect of 'retrospective disclosures by adults' which opened a wider discussion.

The practice demonstrates how often in cases of sexual violence, the therapist/counsellor encounters cases where adults spoke about sexual abuse in childhood many years after it happened. If the case hasn't yet been reported and the therapist sees a risk to any child from the alleged abuser, the new changes require that the therapist should notify the case to the Children and Family Services of the HSE. Hence the therapist will now be obliged to notify cases of sexual abuse where there has been sexual abuse in childhood even when the client is now an adult. The mandated person (psychotherapist, counsellors) 'must report where he/she, believes or has reasonable grounds to suspect that a child has been or is being harmed or may be at risk of being harmed.' Julie dedicated some time to clarifying various legal definitions such as 'child,' 'vulnerable person,' as well as distinguishing what the reporting actually involves. She also outlined the time frames of notifying and reporting.

This brought us to the second part of Julie's presentation where she addressed the question of what kind of implications may follow from this mandatory reporting/notifying and the impact on the therapeutic relationship. While some of the presentation focused on describing

possible counter-transference issues that may appear during the process of mandatory reporting, the discussion, which seemed to elicit more responses in the workshop group, was the question of whether mandatory reporting would lead to obstacles in the transference as understood in the Freudian and Lacanian tradition. Here, earlier queries which remained unresolved in the first presentation joined to open a space for discussion of some possible weaknesses in this plan, which seems not to be supported by a national strategy to deal with this problem. Further contradictions were highlighted by some of the questions brought by participants, as for instance the lack of action by the HSE after a report/ notification was made by a psychotherapist.

Furthermore, debate concerning the implications on the transference complicated the issue since psychoanalytically speaking the therapist cannot step out of transference and step back in it again. The position of the psychotherapist who signs the Code of Ethics is that of a 'specialised listener who gives a particular privilege to the place of the unconscious'. The new obligations presented in the workshop left some aspects introduced by the changes unresolved and requires a response which will take the Code of Ethics into consideration.

Nadezhda Chekurova