



CONDUCT IN SITUATIONS OF SUSPECTED ABUSE OF VULNERABLE PERSONS

As homoeopaths we need to be aware of our obligations under law. See “Children First” the national guidelines for the protection and welfare of children/vulnerable adults. Although our first priority is to our patient welfare if there is a definite or probable threat of abuse the greater picture must be considered and action taken accordingly.

We must educate ourselves about the nature of abuse, its common signs and symptoms, the effect it has on a person’s health, will, understanding, memory and emotions. To fully understand the nature of this aetiology we need also to become aware of our own fears and prejudices, enabling us to challenge them through appropriate channels such as supervision and group work.

Management of cases

Be aware of obstacles to cure by way of maintaining and exciting causes. Listen without prejudice, perceiving what is to be cured, validating the patient’s reality. The prescribing of the minimum dose of the well-chosen remedy is as essential to the management of abuse cases as it is to all other cases.

Careful and detailed note taking is essential with children/adults who are currently being abused in case they are subsequently needed to enter the legal process.

Action in current cases of abuse

If we perceive abuse to be current by signs and symptoms, pattern of relapse or disclosure, in a more or less obvious way, by the victim, it is our responsibility to take the appropriate action

Our Legal Position

Children First, the National Guidelines for the Protection and Welfare of Children, provide that professionals in private health care who see children and their families, must follow child protection guidelines if they become concerned about a child’s safety and welfare. Chapter 4 of Children First outlines the standard reporting procedure to be used in passing information to the statutory authorities (the local health board and/or An Garda Síochána) about child protection concerns. The safety and well being of the child or young person is paramount and reports should be made without delay. It should be noted, that concerns can be discussed with a professional, such as a social worker or public health nurse, in an informal capacity, initially, to assist with the decision of whether or not to make a formal complaint.

Reporting child abuse is clearly a fraught issue and homoeopaths should be aware of the provisions of both Children First and The Protection for persons Reporting Child Abuse Act 1998. The Act provides immunity from civil liability to persons who report child abuse “reasonably and in good faith” to designated officers of health boards or any member of An Garda Síochána.

Mere suspicion of child abuse, without any objective indications of abuse or neglect, does not constitute a reasonable suspicion or reasonable grounds for concern and should not be reported.

Steps to consider

1. Consult the Code of Ethics to clarify your duty to the patient and the carers and with respect to confidentiality. During the case taking establish the reality of the situation and carry on with the homoeopathy. Establish the nature and extent of abuse and also the degree of co-operation that can be expected from adults important in the child's life.
2. Ask yourself if you consider the risk to be such that the child might need to be removed to a place of safety.
3. Be aware of other agencies in your area such as G.P., social services, local health board. Establish their roles and procedures in such cases. Speak informally to child psychiatrist or local duty social workers trained in this area to clarify the seriousness of the situation.
4. Bear in mind that once the authorities have been informed of a possible case of child abuse they are obliged to take action.
5. Seek support for yourself so that you can support the child. Discuss the case with supervisors and colleagues whilst maintaining confidentiality.
6. Ensure that a detailed and dated record is made of all communications in relation to the case. Ensure that any decisions you reach in connection with your management of the information disclosed to you is fully recorded in your case notes and record all actions in relation to the case.

Working with Adult Survivors

It is inevitable that we will encounter patients who have been abused. We must understand this if we are to provide a safe and comfortable environment for disclosure and be effective in treating these survivors. It is important to realise a survivor may present in different ways.

The significance of, an adult retrieving buried memories of childhood abuse, needs to be understood fully. It is usually a very intense time and the way this knowledge is received when disclosed can have a strong effect on the future healing of the survivor.

If they feel they are believed, that the awfulness of their experience is unequivocally acknowledged and they will have support in integrating it, the possibilities for healing are greatly increased.

You should never volunteer the opinion that the patient has or has not been abused in the past. The patient must reach their own conclusions about whether actual abuse has taken place, they should not be asked directly. There is need to acknowledge the patient's subjective feeling of having been abused. You should not draw conclusions about objective facts but should concentrate on helping the patient to heal their subjective state, which may or may not, involve drawing final conclusions about what actually happened.

Patients may disclose to you that they have been abused; sometimes this will not come out until later consultations when they feel they can trust you. Often this will be the first time they have told anyone. This is a vital moment for sensitivity and above all showing you believe them, not only with your words but also with your attitude.

If a patient discloses to you in a casual way, you should not respond casually. A disclosure should always be met with respect; in this way the patient is free to explore his/her own feelings about it.

Patients may already be having therapy or counselling about this issue and this can be a valuable and vital part of their healing. A major part of the picture of abuse is secrecy and denial.

We need to encourage the survivor to find supportive people to confide in and recommend counselling help. Professionally organised or self-help groups are also available. If you are referring a patient for therapy make sure the therapist belongs to a professional body, has regular supervision and has training in working with survivors.

During the course of retrieving memories and integrating them, old “somatised” physical symptoms such as migraines or digestive disturbances may recede dramatically, and at the same time emotional disturbances may become more pronounced. For example, patients may feel suicidal, have nightmares, weep continually or have uncontrollable rages. Superficially this may seem to contradict Hering’s law, but on closer examination it can be seen as a return of old symptoms.

They are re-experiencing a shadow of the original trauma. This is a part of the natural process of cure.

Homoeopaths working with abused clients are strongly recommended to be in supervision. This is important, not only to enable us to work effectively with the patient but also to enable us to have a place to take the feelings that working with survivors can bring up. This supervision should preferably be with someone with experience of working with sexually abused clients. This might be a suitably qualified homoeopath or counsellor/therapist.

Perpetrators

Consider what you would do if a patient discloses that they have abused a child either currently or in the past. This does happen and we must be able to respond in the most appropriate manner.

It is important to realise that perpetrators can be male, female, adults or minors. The most important thing to establish if the abuse is happening now and insist that it must stop.

The other important thing is disclosure: the secrecy and denial must be stopped. Note our ethical and legal obligations

We must be aware of our own feelings and responses and judge the patient’s behaviour and not the patient. It is also important to understand that a perpetrator has often his/herself been abused in the past but this does not absolve them from taking responsibility for their current actions.

Third Party Disclosures

Consider what you would do if your patient discloses knowledge of abuse but is neither the perpetrator nor the person who has been abused.

It is important to adopt a common sense approach in deciding how you might deal with this information. Is the abuse continuing? What circumstances brought this information to light?

In the course of the consultation you should do everything possible to encourage and support the patient to make a formal complaint. Should the patient choose not to take the matter further, their wish should be respected, within the bounds of confidentiality of the consultation and your legal obligations under current legislation.