

# Patients as Victims

Sexual Abuse in  
Psychotherapy  
and Counselling

Derek Jehu  
with specialist contributions by  
Davis Tanya Garrett,  
Mabus Jorgenson and  
Mary Richard Schoener



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**Derek Jehu**

*University of Leicester, UK*

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Linda Mabus Jorgenson and  
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# **PATIENTS AS VICTIMS**

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## **xii Specialist contributors**

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# Preface

My interest in the topic of this book began when treating adults who had been sexually abused in childhood, a substantial proportion of whom were similarly victimized by therapists in later life. I was precipitated into writing by my Investigatory Panel membership and my advisory role to Disciplinary Committees of the British Psychological Society. It seemed that there was a need for a reasonably concise and readily available presentation of the data, issues, opinions and regulatory provisions concerning the sexual abuse of patients by therapists in both the United States and the United Kingdom, and this book is an attempt to fill this gap.

To avoid tedious repetition, the term "therapist" is used generically to refer to psychotherapists and counsellors, regardless of the professions to which they belong, including psychiatry, psychology, counselling, nursing and social work. For the same reason, and because most abuse in therapy is perpetrated by male therapists on female patients, the male and female pronouns are used to refer to therapists and patients, respectively. As the focus of the book is on clinical rather than occupational, educational or other settings, the term "patient" is preferred to "client". The patients discussed are adults rather than children; the sexual abuse of the latter by therapists has much in common with that by others in positions of trust in the children's lives and there is already an appreciable literature on such abuse.

In part I, what constitutes sexual abuse in therapy is discussed, followed by the rationale for its proscription, and an exploration of the still controversial issue of the propriety of sexual relationships between therapists and their former patients.

Data on the epidemiology of sexual abuse by therapists in the U.S. and the U.K. is reviewed in part II. This includes publication of the results of the first survey of therapists on this topic undertaken in the U.K., those studied all being clinical psychologists.

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Part III is devoted to various aspects of the topic of abusive therapists. Certain psychological characteristics that appear to enhance the risk of a therapist abusing his patients are identified, and a four-factor model of certain preconditions that must be present for abuse to occur is proposed. Finally, there is a discussion of the management of abusive behaviour by self-regulation, consultation, rehabilitation and treatment.

In part IV, the focus shifts to victimized patients. Some psychological characteristics that render patients vulnerable to sexual abuse by therapists are identified. The psychological consequences for patients of such abuse are discussed, followed by consideration of the psychological treatment of these consequences.

The legal and professional regulation of sexual abuse by therapists in the U.S. and U.K. is discussed in chapters 10 and 11, respectively, and its primary prevention is reviewed in chapter 12.

I am grateful to the two former patients who were willing to share their distressing experiences of victimization by therapists in appendices B and C.

It is my hope that this book will increase awareness of sexual abuse in therapy, as well as contribute to its reduction and to more effective help for patients who suffer in this way.

Derek Jehu  
*University of Leicester, 1993*

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## **Derek Jehu**

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## **Linda Mabus Jorgenson and Gary Richard Schoener**

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**Part I**

# **ETHICS**



# 1 Proscription of sexual activities

I will abstain from . . . abusing the bodies of man or woman

(Hippocrates, n.d., a, p. 301)

This ancient prohibition is reflected in the current ethical codes of most of the major mental health professions in both the United Kingdom and the United States of America, as the examples in Table 1.1 show.

The nature of the proscribed sexual activities is not specified in these codes, and traditionally it is the responsibility of the professions concerned to decide such matters. Thus, in England it has been held that serious professional misconduct is conduct “reasonably to be regarded as dishonourable by professional brethren of good repute and competency” (Halsbury, 1980, vol. 30, para. 125), and that “the Medical Acts have always entrusted the supervision of the medical advisors’ conduct to a committee of the profession, for they know and appreciate better than anyone else the standards which responsible medical opinion demands” (*McCoan v. General Medical Council* [1964], All ER 143). Therefore, the opinions of therapists concerning the ethical acceptability of a range of sexual activities are reviewed next. It is recognized that these opinions do not in themselves constitute definitive ethical standards, but they do provide some guidelines as to what might be judged to be right or wrong according to more fundamental ethical criteria (see the section “Rationale for proscription”, pp. 7–11).

## Proscribed activities

### *Explicit acts*

When performed by therapists with patients certain explicit sexual acts are widely regarded as improper, unacceptable and abusive. For instance, a survey