



Guidelines For Aha Members Working With Clients In Contexts In Which Issues Related To False Memories Of Childhood Sexual Abuse May Arise

Preamble

The following guidelines are intended to apply to AHA members working in all professional contexts in which 'false memories of childhood sexual abuse' issues may arise. It is clearly part of the professional duty of such members to seek to maintain an awareness of the debate about 'recovered memory therapy' and to develop an empirical and professional perspective on false memory/recovered memories, and base their practice on sound principles and evidence as a counter-balance to the polarised beliefs that currently abound in this emotive area.

As the result of extensive reviews by various professional bodies there is no doubt that child sexual abuse is a serious social and individual problem, commonly with long-lasting effects. In addition there can be little doubt that at least some recovered memories of Child Sexual Abuse are recollections of historical events. However, there is also genuine cause for concern that some methods of intervention and questioning can lead clients to develop illusory memories or may foster false beliefs concerning Child Sexual Abuse.

AHA Guidelines

1. The welfare and interests of their clients are to be the primary concern of all AHA members. This concern includes the requirement to maintain respect for the client's autonomy and confidentiality, the extent of which should be clarified and agreed to at the outset of the professional engagement.
2. Thus, the AHA strongly cautions against any member becoming involved in any therapy or counselling that focuses on probing for forgotten or repressed memories of child sexual abuse.
3. Members need to be aware that the question of whether traumatic memory is processed, stored and recalled differently from normal memory is currently still unresolved. Unusual, dramatic, powerful or vivid memories, and 'flashback' bodily sensations cannot always be relied upon as evidence of the historical truth or falsity of the memories.



4. However it is important always to take the client who recovers Child Sexual Abuse memories seriously. The first response of members should be to accept that what the client tells them reflects their reality and respect their feelings. Nevertheless the member should draw no conclusions about the historical truth of a memory.
5. Members need to tolerate, and help their client tolerate, uncertainty and ambiguity regarding the client's possible early experience/s, as eventually they may both have to accept that the historical truth cannot be known for certain, and that helping the client to make reasonable sense of their lives is not the same as discovering objective facts.
6. Members need to be alert to a range of possibilities; for example that a memory may be literally/historically true or false, or may be partly true, thematically true or metaphorically true, or may derive from fantasy or dream material. Discovering that some aspects of a 'memory' are displaced, metaphorical, or part of a construction or narrative derived from the therapeutic relationship, should not lead members to immediately discount the rest of that memory. Likewise, the discovery that some aspects of a memory are factually accurate does not imply that the whole content of the memory is factual. It is not really possible to establish whether a memory represents factual events without external corroboration.
7. Whilst it may be part of a member's work to help clients to think about their early experiences they should avoid imposing their own conclusions about what took place in childhood.
8. Members should seek supervision before engaging in activities and techniques that are intended to reveal indications of past sexual abuse of which the client has no memory. Members must be aware that these techniques may make memory more confident but less reliable.
9. If a client wishes to come with the sole purpose of uncovering a Child Sexual Assault memory, the AHA recommends referring him/her to a forensic specialist. Members need to be aware that only those especially trained in this area, know the correct procedures required to deal with this type of request.
10. Members must be alert to the dangers of suggestion. Potential sources of suggestion include subtle cues about the member's attitudes and beliefs that may be inferred from the therapeutic context (e.g. particular books on the shelf) or client contact with 'survivor literature' and subcultures of abuse. Members must be aware that there may be



situations in which clients are motivated to recall memories of child sexual abuse for a variety of reasons.

11. When working therapeutically, members must be aware of their inevitable engagement in the client's narrative. Whilst taking care about the implications of active investigation and suggestion, they should not seek to manage these risks simply by refusing to deal with past events and 'work in the present', since this actively denies the client's experience and is unlikely to meet their needs.
12. Members should be clear about the circumstances in which they would feel ethically or legally obliged to breach client/therapist confidentiality. They should carefully assess the risk of self-harm and the risk of abuse to minors. Members should be aware of current child protection guidelines and procedures:
http://www.community.nsw.gov.au/documents/caypcapa_act1998.pdf and abide by them. Members should also be aware of their ethical responsibilities to protect others from significant harm.
13. Members are reminded of their ethics for good practice.

A Hypnotherapist who is a member of this Association is governed by a sworn code of ethics to take the deepest possible interest in every client, to be at all times conscientious, persevering, empathic, thorough and trustworthy and to treat all information acquired during the treatment as highly confidential.

Over the years Australian Hypnotherapists have successfully treated many thousands of clients who suffered a multitude of conditions. Most of these clients consulted them only after they had been unable to obtain relief by other means.

The members of this Association are qualified in this highly specialised field and are providing a service quite distinct from that of the general medical practitioner, psychologist or psychiatrist.

The AHA is a member association of the Psychotherapists and Counselling Federation of Australia (PACFA).