

BRITISH/ PSYCHOANALYTIC /COUNCIL

Safeguarding Guidance

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Overview

About us

The British Psychoanalytic Council (BPC) supports safe, psychoanalytic therapy. We protect the public by accrediting high quality trainings, holding a public Register of qualified psychoanalytic clinicians and investigating concerns and complaints.

The people on our register are referred to as 'Registrants' and they must continue to meet our [Standards of Conduct, Practice and Ethics \(2025\)](#). The BPC operates to cover Registrants across all four countries of UK but there are some differences in legislation, policy and practice across the countries.

The BPC position on safeguarding

The British Psychoanalytic Council (BPC) recognises the fundamental importance of protecting and supporting patients and others from suspected and/or actual harm.

The BPC is aware that tensions between confidentiality and safeguarding can arise when working with patients, and this can be very difficult. In each case, Registrants must meet legal requirements of safeguarding whilst weighing up the clinical need and safety issues when deciding how to respond to safeguarding concerns. BPC Registrants are personally responsible for the way they behave and must use their judgement to make informed and reasonable decisions, whilst meeting the BPC [Standards of Conduct, Practice and Ethics](#) at all times. Registrants must always be prepared to explain or justify their decisions and actions. Making informed and reasonable decisions might include getting advice and support from colleagues, education providers, professional bodies, or other people. Best practise is to record the reasoning for a decision in a contemporaneous note that has a date or time stamp.

Our Registrants must follow the BPC's [Standards of Conduct, Practice and Ethics](#). The Standard that refers to safeguarding directly is Standard 3 which states:

Registrants must:

3. Raise concerns if patients or others are at risk

3.1 Comply with legal obligations in relation to the safeguarding of children, young people and adults at risk.

3.2 Protect and safeguard children, young people and adults at risk from abuse by:

- being alert to signs of abuse; and
- promptly reporting concerns to an appropriate person or organisation if you believe any such person is at risk of harm.

We would expect that any safeguarding concerns would be discussed with the Member Institution's safeguarding lead where available, supervisors, colleagues and/or or safeguarding professionals and a note should be kept of what action was taken, or not taken, and the reasons for this.

Registrants are also expected to raise concerns about anyone who is in a position of trust, who poses a risk to children, young people and adults.

Registrants who provide supervision in situations where safeguarding is being considered must be alert to clinical, safety and governance responsibilities inherent within the supervisory task.

The BPC is not able to provide advice about what to do in specific instances but does provide general guidance about particular topics.

About this guidance on safeguarding

The purpose of this document is to provide guidance to Registrants and Member Institutions about the legal obligations in relation to safeguarding of children, young people and adults at risk. This guidance document is to support our Registrants to think about the possible issues, conflicts and actions that might arise when there are safeguarding concerns.

Key definitions

Safeguarding

The term safeguarding first appeared in response to the death of Victoria Climbiè. The subsequent Inquiry and legislation – the Children Act 2004 – focused on children who were hidden from professional oversight. Thereafter, safeguarding became an umbrella term designed to protect children with specific developmental needs, welfare concerns, including housing, parental care and more recently poverty and finally, children and young people directly affected by harm or likely harm – child protection¹.

¹ <https://www.legislation.gov.uk/ukpga/1989/41/section/31>

Adult Safeguarding

The law defines adult safeguarding as

- (a) an adult experiencing, or is at risk of, abuse or neglect, and
- (b) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The Care Act 2014 defines safeguarding as "protecting an adult's right to live in safety, free from abuse and neglect."

Adult safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs);
- is experiencing, or at risk of, abuse and neglect and;
- as a result of their care and support needs, is unable to protect themselves from the risk or experience of abuse and neglect².

Significant Harm

There is no legal definition of significant harm. "Harm" is defined as:

- Ill treatment.
- The impairment of physical or mental health (including that suffered from seeing or hearing another person suffer ill treatment).
- The impairment of physical intellectual, emotional, social or behavioural development (including that suffered from seeing or hearing another person suffer ill treatment)³.

"Ill treatment" includes sexual abuse, neglect, emotional and psychological abuse. Further definitions can be found in the glossary in Appendix A.

Individual responsibilities - safeguarding

Registrants may have concerns in relation to sharing personal information about children, vulnerable adults, families, individual adults or couples without consent of the person concerned. However, professional bodies permit the disclosure of confidential information when such disclosure is necessary to safeguard the best interests of the child or adult at risk.

² <https://www.cambridgeshire.gov.uk/residents/adults/keeping-safe/safeguarding-adults-mental-capacity/adult-safeguarding>

³ [https://uk.practicallaw.thomsonreuters.com/Glossary/UKPracticalLaw/13f4a471ee8db11e398db8b09b4f043e0?transitionType=Default&contextData=\(sc.Default\)&firstPage=true](https://uk.practicallaw.thomsonreuters.com/Glossary/UKPracticalLaw/13f4a471ee8db11e398db8b09b4f043e0?transitionType=Default&contextData=(sc.Default)&firstPage=true)

Clinicians who meet children and adults at risk in their everyday work have a responsibility to safeguard them and promote their welfare.

Registrant's responsibilities - safeguarding

- Fulfil annual CPD requirements and meet the Standards of Conduct, Practice and Ethics.
- Be familiar with the BPC safeguarding guidance and associated guidance from the BPC, Member Institution(s) and the organisations worked in.
- Know how to recognise, respond to, report and record a safeguarding concern regarding harm to others.
- Keep up to date with the statutory regulations relating to their part of the UK.

It is good practice to:

- Attend safeguarding training course appropriate to your role regularly and at least every 3 years.
- Have a DBS check, or equivalent, in place.
- Make yourself aware of your Local Authority's provision of designated safeguarding professionals who are able to support with enquiries (this available to the general public and to all professionals).

Consent and capability

The patient's ability to give consent and engage in rational decision making is an important consideration. The criteria of consent and capability are applicable to children and adults.

As per Standard 1.6, Registrants must clearly explain either orally or in writing a number of things before working with a patient. One of these is the limit of confidentiality. Registrants should discuss with a patient when they may need to

breach confidentiality and establish a plan, if required, if there is a risk of harm. Any plan established with the patient where they have given prior agreement to share information (in agreed circumstances) is not a breach of confidentiality.

It is however important to not wholly rely on patient consent established in the distant past, since when circumstances may have changed including circumstances that could not have been reasonably anticipated.

Keep a note about any discussions around consent and capability, particularly in terms of the limits of confidentiality so it clear what was agreed with the patient and when.

Confidentiality

The BPC's guidance on confidentiality and GDPR can be found [here](#).

The therapist's ethical duty of confidentiality has a very specific foundation. That foundation is the trust and confidence which are intrinsic to the psychoanalytic undertaking. The ethical duty of confidentiality allows the patient to express themselves freely and is essential for containment. In short, confidentiality is necessary for the work. Further, the reality that in a clinical encounter the patient trusts and expects their therapist to keep their confidentiality in and of itself engages the ethical values of fidelity, respect and justice, requiring the therapist to honour the trust placed in them.

However, the management of risk to the patient or others means that Registrants need to consider whether potential or actual harm can usefully be contained within the process.

Sharing Information

Sharing information should be on a need-to-know basis whether there is consent or not. In circumstances where there are safeguarding, harm or suspected harm concerns, Registrants must share sufficient information to support any necessary enquiries required by other professionals.

Registrants must also be aware of the patient's privacy and judge what information is necessary to disclose.

Some patients may pose a level of risk and/or danger that means they cannot be consulted regarding their consent to share information.

Responding to a safeguarding concern

Registrants should not work in isolation when managing a safeguarding or harm related concern. However, if it is an emergency situation and there are concerns of **imminent** danger, Registrants should contact the police.

- a) Registrants need to discuss safeguarding/harm concerns with their supervisor or a senior colleague;
- b) Registrants should consider also seeking safeguarding consultations from a suitably experienced professional;
- c) If Registrants do report a safeguarding concern, or decide not to report a concern, they should keep a written note of the decisions and actions taken and why;
- d) Registrants should also be mindful of the impact of traumatic events on themselves.



RAISING A CONCERN

Where a child or adult at risk discloses alleged abuse or likely abuse:

1. Discuss the concerns as quickly as possible

- with a supervisor, or a safeguarding lead (where relevant), a local Named or Designated Nurse or Doctor accessed via your local authority
- Within 24 hours.
- In circumstances where there is an emergency, call the police.

2. Keep detailed documentation

- as soon as possible and within 24 hours
- recording details such as time, date and persons involved in any action(s) taken and the outcome of any action(s) and/or investigative processes.
- be clear to distinguish between fact, for example, what the Registrant have witnessed (seen and heard), when the Registrant was advised of events and any information from a third party (hearsay).

3. Continue to keep a record

- of all discussions with supervisors or where you have consulted other professionals, including details of timescales.
- any subsequent discussions, decisions or outcomes.

SUPPORT AVAILABLE

Get in touch with:

1. Your Member Institution - check if your MI has a Safeguarding lead, policy or procedure and whether there is someone you can discuss your concerns with further;
2. Your supervisor;
3. The local social services – you can search for this online to find more about their provision of safeguarding professionals you can contact.

The BPC can provide information to signpost Registrants to appropriate resources but **cannot provide direct safeguarding advice.**

Obstacles to recognising and action on concerns about safeguarding

Given the intricacy of safeguarding and the need for professional, protective action involving diverse groups of people, anxieties about how to manage the juxtaposition of distressing circumstances reported and/or suspected in the consulting space, is of itself, a potential clinical crisis.

It is important to consider the possible reasons why Registrants may not wish to recognise or report concerns or discuss these in supervision;

- Hoping someone else will act;
- The discomfort of disbelieving or being found to have wrongly suspected client/patients;
- Anxieties about breaching confidentiality;
- A focus on understanding the internal reasons why harm may have occurred;
- Uncertainty about how to judge the situation, how to take up the concerns and what to write in the clinical file;
- Losing the treatment alliance as a consequence of referring to other agencies;
- Personal safety of the Registrant if they feel threatened by the patient(s) or others;
- Fear of complaints or litigation from patient(s);
- Anxieties about seeking support from colleagues, discussing clinical work and being perceived as being unable to manage, contain therapeutic anxiety, shame and guilt;
- Anxiety/uncertainty about consulting with other professionals such as social workers/GP etc.;
- Difficulty of judging how to respond, and whether the presentation really indicates harm that needs to be acted upon.

APPENDIX A – A glossary

Physical Harm (children)

Forms of abuse which may involve⁴

- hitting, shaking
- throwing
- poisoning
- burning, or scalding
- drowning, suffocating
- a parent or carer fabricates the symptoms of, or deliberately induces, illness now known as Factitious Disorder imposed on Another, previously known as Fabricating Illness and Munchausen by Proxy
- Female Genital Mutilation (FGM)
- Gang-related activity
- Deliberate self-harm
- Being groomed into criminality
- Contextual – environmental harm
- Teratogenic abuse

There is a legal requirement to mandatory report FGM related to any female under 18 years under the Serious Crimes Act 2015.

Adult Abuse

Forms of abuse that may involve⁵

- Domestic Abuse
- Emotional Abuse
- Financial Abuse
- Neglect
- Self-neglect
- Physical and sexual abuse
- Abuse in a residential other setting
- Discriminatory Abuse - age, culture, sex, sexual orientation, gender, physical and hidden disabilities, mental health, race and religion

Physical Harm (adults)

Forms of harm that may involve⁶

⁴ [Working together to safeguard children 2023: statutory guidance](#)

⁵ [Adult safeguarding - Kent County Council](#)

⁶ [Types and indicators of abuse: Safeguarding adults - SCIE](#)

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)
- County Lines grooming and cuckooing

Domestic Abuse

An estimated 1.6 million women and 712,000 men aged 16 years and over experienced domestic abuse in 2024; a prevalence rate of approximately 6.6% of women and 3.0% of men.

A higher percentage of people aged 16 to 19 years were victims of domestic abuse in the last year compared with those aged 55 years and over.

A higher proportion of people aged 16 years and over with a disability experienced domestic abuse in the last year than those without.

Domestic abuse is not limited to physical violence and can include a range of abusive behaviours. It can also be experienced as repeated patterns of abusive behaviour to maintain power and control in a relationship. The [Domestic Abuse Act 2021](#) defines domestic abuse as any incident or pattern of incidents between those aged 16 years and over who:

- are a partner
- are an ex-partner
- are a relative
- have, or there has been a time when they each have had, a parental relationship in relation to the same child

The Domestic Abuse Act 2021 outlines the following behaviours as abuse:

- physical or sexual abuse [repetitive behaviours sometimes orchestrated or imposed in a state of perpetual threat and terror]

- violent or threatening behaviour [including direct and indirect harm to children, other relatives and pets causal to short and long-term injuries and numerous health and A&E attendance]
- controlling or coercive behaviour [stalking, harassment]
- economic [and financial] abuse
- psychological, emotional abuse [insidious hard to detect form of abuse with significant deleterious outcomes]

The Domestic Abuse Act 2021 recognises children aged under 18 years who see, hear, or experience the effects of the abuse, as victim[s] of domestic abuse, if they are related or have a parental relationship to the adult victim or perpetrator of the abuse⁷.

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment
- provide suitable education It may also include neglect of, or unresponsiveness to, a child's basic emotional needs⁸

Neglect can also be applicable to adults at risk.

Sexual Abuse - Children and Adults

There are a range of crimes that can be considered as sexual offences, including non-consensual crimes such as rape or sexual assault, crimes against children including child sexual abuse or grooming, and crimes that exploit others for a sexual purpose, whether in person or online.

Crimes can occur between strangers, friends, acquaintances, current or ex-partners, or family members. The passage of time does not prevent the effective

⁷<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabus evictimcharacteristicsenglandandwales/yearendingmarch2024>

⁸https://assets.publishing.service.gov.uk/media/669e7501ab418ab055592a7b/Working_together_to_safeguard_children_2023.pdf

prosecution of sexual offences, and an increasing number of cases referred to the CPS by police feature allegations of a non-recent nature⁹.

Many of the above crimes occur in situations where the abused and their perpetrators are known to each other increasing the toxicity of trauma and secrecy and for some children being groomed to accept the abuse as normal.

Rape and Sexual Assault

Rape is when a person uses their penis without consent to penetrate the vagina, mouth, or anus of another person. Legally, a person without a penis cannot commit rape, but a female may be guilty of rape if they assist a male perpetrator in an attack.

Sexual assault is where one person intentionally touches another person sexually without their consent. The touching can be done with any part of the body or with an object.

Assault by penetration is where a person intentionally penetrates the vagina or anus of another person with any part of their body or an object without that person's consent. The penetration has to be sexual¹⁰.

Child Sexual Abuse

Child sexual abuse involves forcing or inciting a child to take part in sexual activity, whether or not the child is aware of what is happening and not necessarily involving a high level of violence.

This may involve physical contact including rape or oral sex, or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or exploiting or grooming a child in preparation for abuse (including via the internet) or prostitution. Child sexual abuse can be committed by both men and women, or other children¹¹.

Emotional Abuse - Children and Adults

Emotional abuse is a pattern of behaviour in which the perpetrator insults, humiliates, and generally instils fear in an individual in order to control them. The individual's reality may become distorted as they internalise the abuse as their own failings.

An isolated occurrence doesn't necessarily qualify as emotional abuse, but a pattern of behaviour that creates fear and control does. Such mistreatment can

⁹ <https://www.cps.gov.uk/crime-info/sexual-offences>

¹⁰ <https://www.cps.gov.uk/crime-info/sexual-offences>

¹¹ <https://www.cps.gov.uk/crime-info/sexual-offences>

occur in a range of interpersonal contexts, including a parental relationship, a romantic relationship, or a professional relationship.

Pornography

Significant numbers of children and adults are affected by the ease of access to online pornography, its extreme nature, and addictive use impacting negatively on their lives and others¹².

Types of Pornography

Extreme pornography describes pornographic images that are grossly offensive, disgusting or obscene, and portray a range of extreme acts in an explicit and realistic way. This may include images of extreme violence, mutilation, or sexual activity with an animal that are intended to sexually arouse.

Disclosing private sexual images without consent (so-called 'revenge pornography'). This relates to private sexual photographs and films of a person that have been disclosed without the consent of an individual who appears in them, with intent to cause that individual distress. Such images may be uploaded onto the internet, often by a person's ex-partner, to cause them distress, humiliation or embarrassment.

Indecent images of children is an offence to take, to permit to be taken, to make, to possess, show, or to distribute or publish an image of a child posed or pictured indecently, for example in a sexual way. This can also include images of adults involved in indecent act where a child is present but not themselves portrayed indecently. Images can include actual photographs or video footage, drawings or tracings, or images created digitally. 'Making' an indecent image does not just refer to a person taking a photo or video - it can also refer to a person downloading or printing an indecent image or opening an email attachment containing an indecent image¹³.

Online Abuse

Online abuse is an insidious, easy to mask means of harassment, bullying, grooming, sexual exploitation, sexual extortion, doxing, defamatory behaviour and faking someone's image. Online abuse also includes financial scams and stalking.

Contextual Safeguarding

A subset of concerns related to but not exclusive to young people. Including many unexpected communities with high levels of environmental risks related to drug addiction and crime involving children, young people and their families.

¹²<https://www.childrenscommissioner.gov.uk/resource/pornography-and-harmful-sexual-behaviour/>

¹³ <https://www.cps.gov.uk/crime-info/sexual-offences>

- Gang membership / serious youth violence
- Child sexual exploitation
- Child criminal exploitation
- Harmful sexual behaviours
- Missing from care, home and education
- Radicalisation
- Trafficking

APPENDIX B – Further links

Further information can be found in the legislation and government guidance:

- [Safeguarding Adults: The Role of Health Service Practitioners](#)
- [The Children Act 1989 and 2004](#)
- [The Education Act 1996, 2002, 2004](#)
- [The Safeguarding Vulnerable Groups Act 2006](#)
- [Children and Young Persons Act 2008](#)
- [The Children and Families Act 2014](#)
- [The Children and Social Work Act 2017](#)
- [Working together to Safeguard Children 2018](#)
- [Keeping Children safe in Education](#)
- [Care Act 2014](#)