Counselling in Prisons Network

**Charity Number: 1159028**

**Ethical Framework for working therapeutically**

**in the Criminal Justice system**

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This framework exists to provide a touchstone that informs behavior and attitudes of staff in their interactions with offenders, ex-offenders and other marginalized groups within the Criminal Justice System as applied to the disclosure of sexual violence and trauma. This section sets out clearly the ethical framework necessary for the safe engagement, management, and treatment of offenders and ex-offenders disclosing sexual violence**,** trauma, imported distress or other general counselling issues that present themselves in the Criminal Justice System.

These ethical principles will permeate the whole of the strategy. The following are predicated on the principles articulated in the Ethical Framework for Good Practice in Counselling and Psychotherapy (BACP 2010).

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| 1.1 | **Basic Justice.** This principle asserts the need to demonstrate just and impartial treatment of all those within the Criminal Justice System and the provision of adequate and fairly distributed services. The principle re-states the need to respect the human rights and dignity of offenders. It implies attention to legal obligations. It includes the commitment to equality of opportunity, and to avoidance of discrimination. |
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| 1.2 | **Beneficence**. This principle involves a commitment to promoting the offender’s wellbeing and to working in his / her best interests based on professional assessment. Ensuring that the offender’s best interests are served requires monitoring of practice and outcomes, including thorough research and systematic reflection. There is an obligation to use regular and on-going supervision to enhance the quality of the services provided and to update practice by continuing professional development. The obligation to act in the best interests of the offender may be highlighted by the person’s reduced capacity for autonomy, lack of understanding, extreme distress, or any of the range of personal constraints, which are a feature of the custodial setting. |
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| 1.3 | **Non-maleficence**. Non-maleficence refers to the avoidance of sexual, financial, and emotional or any other form of harm to or exploitation of the offender/ex-offender. This involves the practitioner in monitoring any threats to personal competence or fitness to practice. The practitioner has an ethical responsibility to strive to mitigate any harm caused to an offender/ex-offender even when the harm is unavoidable or unintended. The principle includes the responsibility to challenge, where appropriate, the perceived incompetence or malpractice of others involved in safeguarding the welfare of offenders. |
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| 1.4 | **Respect for the autonomy of others.** This principle implies respect for the offender’s basic right to be self-governing. The custodial environment places a range of constraints on the offender, who, bearing these constraints in mind, is perceived as having the basic human right to decision-making and self-determination. It is essential to provide accurate information about the therapy provided, including details of the degree of voluntariness of participation in the therapy. There should be clear contracting regarding participation, with limits to confidentiality set out. The principle of autonomy opposes the manipulation of offenders against their will, with whatever perceived justification. |
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| 1.5 | **Maintenance of trust**. This principle implies that practitioners will make every effort to ensure those offenders’ expectations of them and of the therapeutic intervention are ones that have reasonable prospects of being met. They should always strive to adhere to contracts and agreements made with offenders and employing organisations. The maintenance of confidentiality is seen as an obligation arising from the offender’s trust, meaning that any disclosure of confidential information about offenders should be restricted to furthering the purposes for which it was originally disclosed.1.6 Confidentiality  Counselling provides a confidential space for clients to discuss their problems in ‘low trust’ (Harvey, 2011) settings with a coercive ethos by default for prisoners. The private and confidential nature of counselling greatly contrasts with the prison environments often more intrusive way of being, be it through interruptions on the hall by inmates or the necessary requirement for self-disclosure through the prison process. It offers a place for prisoners to engage (either voluntarily or coercively) allow a therapeutic encounter to grow and over time trust to instil the good counselling relationship vital to positive therapeutic change.Whilst counsellors hold upmost respect for their client’s privacy and confidentiality, in exceptional circumstances personal details or presenting situations may need to be appropriately disclosed. In the first instance and if safe to do so the counsellor would encourage clients to self-disclose to the relevant body, secondly, they would suggest passing on agreed information with informed consent on the client’s behalf. Thirdly, and if the client is unwilling to disclose and the risk posed is significant enough, the counsellor may share relevant information without prior consent. Examples are listed below:* If there poses a serious risk or the client discloses information that could lead to harm to self, counsellor or others. This include suppling drugs, mobile phones and other items or behaviours prohibited in the prison setting.
* If the client discloses information that could threaten criminal proceedings or legal action for the counsellor if left undisclosed.
* When permission has already been sought and agreements have been made to speak to a specific agency or person (i.e. speaking to HealthCare, Addictions or Mental Health teams on the client behalf with a view to assist the client).
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