

**Dear Editors,**

First of all, I would like to say 'Thank you, John!' for addressing the issue of the rapist (John Hills, 'A Citizen above Suspicion' [Letter from the UK], *ANZJFT*, 24, 2: 109–111). After reading your paper, some tiny little thoughts/ideas jumped into my mind and I decided to put them into a written format. Here they are:

1. When the rapist works (and I write 'when' and not 'if'), it is not only the 'Therapist above suspicion' but the ordinary male therapist. And we hardly dare to look at the numbers of these crimes — abusing a client is a crime and nothing less.
2. This leads me to another issue — the rapist seems to be handled as a kind of 'taboo': don't talk about it and let it happen in the dark. From training we all know about the influence of secrets. And a side effect of keeping the abuse secret might be that no one knows about the number of these crimes, they are part of the taboo. Thus, we men could behave as if abusing clients doesn't happen.

The issue that also came up has to do with the question: 'And what to do?' As I see it, there might be a kind of commonness in all these crimes — they are afraid of the light and happen in the twoness of the therapy-room.

I have never heard about the rapist caught when doing family or group therapy or when there is a team or when the session is videotaped. So, I think, one possibility might be to 'open' the therapy room and to give up the myth of therapy as a totally intimate two-person-relationship. Organising and structuring openness and transparency should be a good protection, I think.

And usually the *client* displays his 'symptoms' in the open — in his/her everyday life. So why is there any need for the *therapist* to be afforded privacy, as this might be the very first step to the rapist?

And another thing should become part of everyday therapeutic practice, I would suggest: we should explicitly tell (and teach) the client that whenever s/he feels uneasy, s/he should not just address the discomfort, but should also be encouraged to talk about it in another setting, e.g. in with his/her therapist, a second therapist and a friend of the client — an open forum. This should be part of the therapeutic enterprise and make it more open. Maybe one could make this an integral part of any therapeutic process — to consult with a colleague and a friend of the client regularly, e.g. every third or fourth session.

**Jürgen Hargens**  
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**Australian and New Zealand Journal of Family Therapy**

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