



Hampshire
Safeguarding
Children
Partnership



Hampshire, Isle of Wight, Portsmouth and Southampton Safeguarding Children Partnership's Practice Guidance

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Adults who Disclose Childhood Sexual Abuse

Author: Kim Jones (Designated Nurse for Hampshire CCGs) on behalf of the HIPS LSCP Policy and Procedure Group

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1. Introduction

- 1.1. Victims of childhood sexual abuse carry the experience of abuse into adulthood. One of the dilemmas victims face during adulthood is the decision to disclose or conceal the abuse. Although adult disclosure may be affected by former disclosure during childhood, adult survivors face new challenges and dilemmas, such as to whom, when, and how to tell (Tener & Murphy, 2014 – [Tener et al 2014](#)).

2. Significance

- 2.1. Adults who disclose historical childhood sexual abuse should be able to do so in confidence and be provided with help and support that they need. The adult may require help and support from professionals before they feel able to disclose who the perpetrator of their abuse was.
- 2.2. Any adult who discloses historical childhood sexual abuse should be asked if they have any children or caring responsibilities for any child/ren under the age of 18.
- 2.3. Allegations of historical child abuse by an adult should be responded to robustly because:
 - a. There is a significant likelihood that a person who abused a child/ren in the past will have continued and may still be doing so;
 - b. Criminal prosecution remains a possibility if sufficient evidence can be carefully collated.

3. Response

- 3.1. As soon as it is apparent that an adult is revealing childhood sexual abuse, the member of staff must record what is said by the adult (using their own words) and the responses given by the staff member; and discuss with the individual the next steps/available options.
- 3.2. A record of all conversations, including the timings, the setting, those present, as well as what was said by all parties and actions must be recorded. All records must be dated and the authorship made clear by a legible signature, printed name and job role.
- 3.3. The adult making the disclosure should be asked whether they want a Police investigation and should be advised of the Police's role in investigating matters of abuse with adults who are vulnerable as a result of mental health or learning difficulties.
- 3.4. Professionals should be aware that if the person reports matters to the Police, any notes taken by the professional may be subject to disclosure and/or a witness statement required. This 'evidence of first complaint' is an important evidential issue for sexual abuse cases. It is critical to handle these situations as sensitively as possible.

- 3.5. If possible, the member of staff to whom the disclosure is made should establish if the adult is aware of the alleged perpetrator's recent or current whereabouts and whether they continue to have contact with the alleged perpetrator and if they are aware if the alleged perpetrator has any contact with children. When a disclosure of historical childhood sexual abuse occurs, practitioners should be guided by best practice principles of working in a collaborative way and wherever possible, with the explicit consent of the service user. There may be circumstances when it is deemed necessary to disclose without the consent of a service user; however this should not be a unilateral individual practitioner's decision.
- 3.6. Consideration must be given to the therapeutic needs of the adult and reassurance given that all reasonable efforts will be made to look into what they have reported.
- 3.7. The first course of action should be to discuss concerns within clinical teams; line management or further escalation to safeguarding leads before making a referral to the Police or Children's Services without adult consent.
- 3.8. Where the alleged perpetrator can be identified because details such as name, date of birth/age, address etc are known, this information should be reported to the Police. If the alleged perpetrator is known to currently have contact with children, then in addition this needs to be reported to Children's Services. If the adult disclosing sexual abuse refuses to consent to share information with the Police, then duty to safeguard children will necessitate the need to share with Children's Services with or without consent.
- 3.9. For those adults who do not have children or any caring responsibilities for children and do not consent to a referral, consideration needs to be given as to if the adult has capacity. The adult should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety. The referrer must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation. A record should also be made of what information the person at risk was given. For more information regarding safeguarding adult procedures, refer to the HIPS LSCP Multi-Agency Safeguarding Adults Policy and Procedure - [4LSCB Safeguarding-Adults-Policy-and-Guidance](#)
- 3.10. The Police must be informed about allegations of a crime at the earliest opportunity. Whether the Police become involved in an investigation will depend of a number of factors including the victim's wishes and the public interest.
- 3.11. Children's Services for the area where the alleged perpetrator is known to live must initiate a Section 47 Enquiry (Child Protection) if the alleged perpetrator is known currently to be caring for, or has access to children.

- Though it may be too late to consider forensic issues, Sexual Assault Referral Centre's (SARCs) can still offer emotional and practical support and can explain available options. This can include access to a specially trained crisis worker, information and support regarding contacting the Police, forensic medical examinations as required and Police interview facilities.

3.12. Irrespective of whether the adult disclosing wishes the Police to investigate or not, 'Rape Crisis' can offer counselling, practical and emotional support to all victims who have experienced sexual violence of any kind at any time in their lives. Alternatively, Victim Support can be contacted.

3.13. Rape Crisis Contacts:

- South Hampshire, Southampton and Isle of Wight can access 'Yellow Door' Yellowdoor.org.uk
- Portsmouth and South East Hampshire can access 'PARCS' Parcs.org.uk
- Basingstoke rape and sexual abuse crisis centre www.brasacc.com
- Hampshire and National can access 'Cis'ters' (female only) cisters.org.uk
- Treetops SARC based in Portsmouth Treetops - Sexual Assault Referral Centre
- Victim Support information can be access from the following link: www.victimsupport.org.uk

3.14. Consideration should also be given as to whether the person concerned comes within the definition of a Vulnerable Adult or Adult at Risk and whether a referral to the Adult Social Care Services under the Safeguarding Adults Procedures is required.

For more information regarding Safeguarding Adult Procedures, refer to the Multi-Agency Safeguarding Adults Policy and Procedure – [4LSCB Safeguarding-Adults-Policy-and-Guidance](#)

3.15. Consideration should also be given as to whether the alleged perpetrator has any access to children in their working capacity such as a foster carer, teacher etc. If this information is known the Local Authority Designated Officer (LADO) should be informed.

For more information regarding allegations, refer to the [HIPS Allegations Against Staff Procedure](#).

4. Possible routes whereby organisations may be aware of such issue

4.1. In addition to disclosures from adults known to a service concerns may we raised through litigation where an adult alleges past abuse was due to poor practice or lack of appropriate response from an organisation and asks a solicitor to seek compensation on their behalf.

- 4.2. In such circumstances organisations should ensure processes are in place such that the detail of these cases are passed to their relevant safeguarding leads, not dealt with in isolation as legal issues, so that proper consideration can be given to the points articulated in section 2.0 above.