



Hampshire, Isle of Wight, Portsmouth and Southampton Safeguarding Children Partnerships and Safeguarding Adults Boards

Practice Guidance:

Adults who Disclose Non-recent Sexual Abuse

**DRAFT Approved for circulation/use by the 4LSAB
Policy subgroup February 2024**

CONTENTS

Sections	Page
Section 1: Introduction	3
Section 2: Significance of a Disclosure	3
Section 3: Practitioner Response to Disclosures of Non-Recent Sexual Abuse	4
Section 4: Consent, Reporting and Information Sharing	6
Section 4: Practice Flow Chart	7
Section 5: Ongoing Support for the Adult Making the Disclosure	8
Section 6: Agency Roles and Responsibilities	8
Section 7: Special Circumstances	10
Appendix A: Community Partnership Information Form	12

1. Introduction

- 1.1 Practitioners may find themselves in situations where an Adult discloses non-recent child sexual abuse. It is recognized that it may be difficult for practitioners to respond to disclosures of this kind, particularly when it may involve deciding between their professional duty to the Adult and the prevention of potential harm to a Child.
- 1.2 Each survivor is first and foremost an Adult and each will disclose in their own way. You may be the person an Adult feels most comfortable to discuss this matter with.
- 1.3 The NSPCC, (2019), defined Non-recent abuse, (also known as historical abuse) as an allegation of neglect, physical, sexual, or emotional abuse made by or on behalf of someone who is now 18 years or over, relating to an incident which took place when the alleged victim was under 18 years old. This guidance has the subject of non-recent sexual abuse.
- 1.4 This guidance provides an overview of how best to support an adult, over the age of 18, who discloses non-recent abuse. Any concerns about the wellbeing of a child under the age of 18 should be dealt with using current child safeguarding policies and procedures. Adult Safeguarding policy and guidance should also be used where there are concerns identified about risks of abuse to the referrer or to other Adults.
- 1.5 In order that the current risks to children and adults can be assessed, it is often necessary to share non-recent information about alleged abusers. Police and practitioners need to understand each other's roles and responsibilities to enable effective joint working whilst safeguarding children and adults and minimising any detrimental effect to the individual disclosing the abuse.
- 1.6 Survivors of childhood sexual abuse carry the experience of abuse into adulthood. One of the dilemmas survivors 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](#))
- 1.7 This document uses the term "alleged abuser" throughout. It is recognised this term may be contentious and may conflict with the clear need to believe the survivor who has disclosed non-recent sexual abuse and/or where an abuser has been previously investigated and /or prosecuted. However it is primarily used for purposes of consistency. The phrase is generally used in the singular, though it is also recognised that an Adult may have experienced abuse by multiple people

2. Significance of a Disclosure

- 2.1 Often childhood experiences of abuse are not reported until years after the offence, you may be the first person they have told about the abuse. There may be complex and multifactorial reasons for this, including:
 - Fear of repercussions from disclosure

- Poor experience of previous disclosure; including survivors reporting that as children they were told that they were lying, or that there was no response to a disclosure to staff or others.
- The alleged abuser may be a close family member or a person in a position of authority.
- Lack of clarity/recall around alleged abuse incident and fear of not being believed.
- Cultural or language barriers
- Poor understanding of the abuse experienced impacted by developmental age at time of offence
- People may have perceived the relationship with the alleged abuser as loving and supportive when it is clear there is or was an abuse of power.

2.2 (a) If the survivor discloses details of the perpetrator(s) it is imperative that it is ascertained if the alleged abuser has any current access to children. If they do, a safeguarding referral needs to be made to children's services, in line with local policy and procedures.

2.2(b) Adult Services have parallel duties to respond to disclosures from Care Act Safeguarding Adults legislation and guidance and local 4LSAB Policy and Guidance. If there are concerns about abuse or the risk of abuse to adults with care and support needs, a referral should be made to Adult Services. If the alleged abuser has current access to adults, this should be notified also.

2.3 Allegations of non-recent sexual abuse by an adult should be responded to robustly because:

- There is a significant likelihood that someone who abused a child/ren in the past will have continued and may still be doing so.
- Criminal prosecution remains a possibility if sufficient evidence can be carefully collated.

3. Practitioner Response to Disclosures of Non-Recent Sexual Abuse

3.1 For many survivors, at the point of disclosure, their lives will be in crisis. The survivor can feel like they are not coping with what happened. It is important to recognise the strength and courage it took them firstly to survive those childhood experiences and secondly to come forward to tell their story as an adult. It is extremely important to accept what the survivor is telling you. The fear of being judged or not being believed is one of the biggest barriers to survivors speaking out. You are not there to question any of the content nor investigate allegations being made, you are there to listen.

3.2 As soon as it is apparent that an adult is disclosing non-recent 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 and available options.

Please refer to the flow chart below.

3.3 Points to Consider:

- Does the information that has been disclosed to you indicate that the adult was sexually abused as a child or young person?
- Does the information disclosed identify that a child or children or adults may be at current risk of harm? You must consider:
 - Children within the alleged abuser's family or social network
 - Whether the alleged abuser holds or held a position of trust in relation to children (paid/voluntary)
 - Whether the alleged abuser holds or held a position of trust with adults with care and support needs
 - Whether the nature of the alleged abuse indicates that the alleged abuser may actively seek further contact with children and adults
- Are you concerned that if you discuss the sharing of relevant information with the adult that they may then seek to inform an alleged abuser or undermine any further investigation? If so, do not discuss sharing of information and liaise further with a senior manager or safeguarding team.
- Are you concerned that discussing the sharing of information with police or other agencies may increase the risk to the survivor? Possibly from disengagement with you as a professional, from self harm or harm from others. You may wish to seek supervision on this, but do so without undue delay.
- Be aware that a disclosure may be made from a past abuser, and that this Adult may have also been subject to non-recent sexual abuse.

3.4 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. Rationales for decisions that are made should also be recorded in detail. All records must be dated and the authorship made clear by a clearly printed name, date, and job role, in line with the organisations record keeping processes and guidance.

3.5 Practitioners should be aware that, any notes may be subject to disclosure as evidence 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 sensitively.

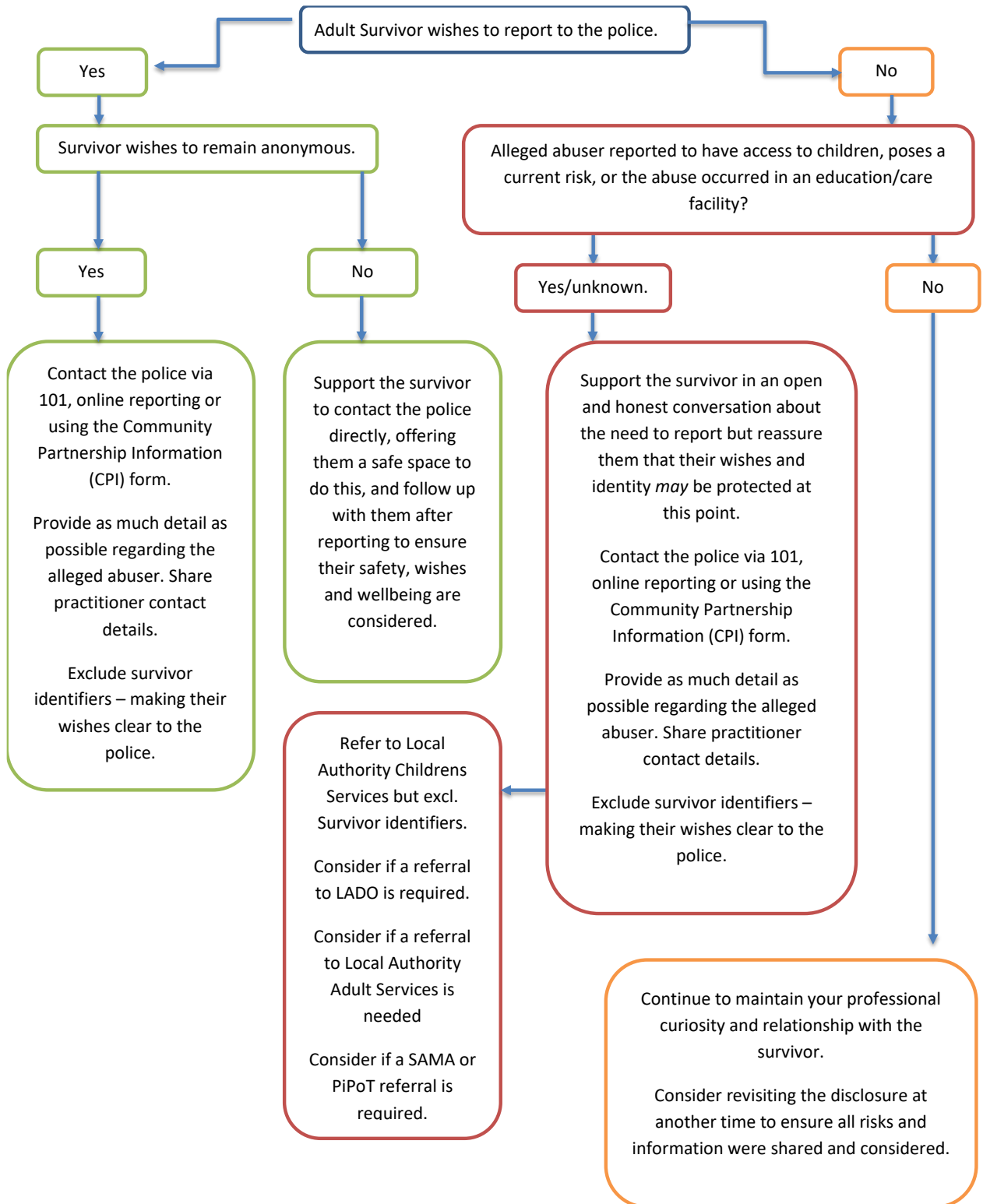
3.6 The alleged abuser may be unknown to the adult, the Adult may have incomplete details about him/her, or the Adult may have decided not to disclose the details of the alleged abuser. However with support to understand and be empowered, they may be able to disclose further detail in the future. The practitioner to whom the disclose was made may consider further follow up work with the Adult.

3.7 The practitioner should seek to understand the wishes of the survivor, past and present, in relation to reporting the abuse to other agencies such as the police and child services. The survivor should be reassured that information will be handled sensitively, and that their wishes will be represented if onward reporting is required.

4. Consent, Reporting and Information Sharing

- 4.1 Police should be informed about allegations of a crime at the earliest opportunity, however, due to the complex and sensitive nature of these disclosures careful consideration must be given to when and how this report is made.
- 4.2 The need to safeguard children must be paramount and professionals may have a duty to report without the consent of the survivor. This must be carefully communicated with the Survivor, and their wishes represented in any reports made.
- 4.3 Where the alleged abuser can be identified because some personal details are known, this information should be reported to the Police. The practitioner should follow the consent guidance above.
It may also be necessary to report the concern to Children's Services if the alleged abuser is known to currently have contact with children.
This information should also be shared with Adult Services where the alleged abuser may have contact with Adults with care and support needs.
The survivor should be informed about how information should be shared.
- 4.4 Consideration should also be given as to whether the alleged abuser works as a Person in a Position of Trust. If so, consideration should be given to sharing information with the Local Authority Designated Officer (LADO-Childrens Services), or Safeguarding Allegations Management Advisor, (SAMA/PIPOT-Adult Services). For more information regarding allegations, refer to the HIPS Allegations Against Staff Procedure and to the 4LSAB SAMA Guidance. Advice should always be sought from the organisations Safeguarding Advisor.
- 4.5. The Police Community Partnership Information Form can be considered for use when a disclosure of non-recent sexual abuse is made but no details of the abuser are known.
- 4.6 Where it is known or understood to be the case that the alleged abuser has died, it may still be necessary to consider reporting the disclosure to the police.
- 4.7 Practice Flow Chart (below)

4.7. Practice Flow Chart



Definitions

LADO; Local Authority Designated Officer (Children's Services)

SAMA; Safeguarding Allegations Management Advisor

PiPoT; People/Person in a Position of Trust

5. Ongoing Support for the Adult Making the Disclosure

- 5.1 Though it may be too late to consider forensic issues in non-recent sexual abuse, Sexual Assault Referral Centres (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.
- 5.2 Irrespective of whether the adult survivor who is disclosing wishes the Police to investigate or not, 'Rape Crisis' can offer counselling, practical and emotional support to all survivors who have experienced sexual violence of any kind at any time in their lives. Alternatively, Victim Support can be contacted, whether or not a report of the disclosure has been made to the Police.
- 5.3 Contacts, (this is not an exhaustive list):
- Survivors UK : [Survivors UK](#)
 - The Survivors Trust: [The Survivors Trust](#)
 - 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 center [www.brasacc.com](#)
 - National support for women can accessed through 'Cis'ters' [cisters.org.uk](#)
 - National support for men can be accessed through Safeline: [Men's mental health: a silent crisis - Safeline - Believe in you - Surviving sexual abuse & rape](#)
 - Treetops SARC based in Portsmouth [Treetops - Sexual Assault Referral Centre](#)
 - Victim Support information can be access from the following link: [www.victimsupport.org.uk](#)
 - This is not a full listing of support organisations, there are many other local and national agencies and forums.
 - The local NHS website will provide information about GP and psychological support services.
 - Referral can be made to The Criminal Injuries Compensation Authority (CICA), where a Police referral has been made.
 - An Adult can seek access to their childhood and adult case local authority case records by making a Subject Access Request (SAR) to a Council.

6. Agency Roles and Responsibilities

Local Authorities, NHS Integrated Care Boards and police have lead statutory roles in respect of safeguarding. Aside from this there are several organisations and agencies who have fundamental and key roles. For more information see [Multi-agency Role and Responsibilities in Adult Safeguarding](#)

This is an overarching guidance document aimed at supporting frontline professionals and their line managers in understanding how to respond to disclosures of non-recent sexual abuse.

Individual agencies will have responsibilities to respond once reports have been made e.g. criminal investigation or child safeguarding, and these roles are outlined in alternative policy documents.

6.1 Children's Social Care

Details of the involved people and the referral concerns will need to be considered to assess any potential risk to children / young people and to ensure safety planning is in place where required. It is important that effective communication about roles and responsibilities between agencies is in place. In the context of those working in a position of professional responsibility, the LADO (Local Authority Designated Officer) will need to be informed and included.

If the alleged abuser is known to have contact with children / young people under the age of 18 years, a referral will be required to Children's Social Care. This can be in relation to their own children, children within the wider family or friends network, or as part of their professional capacity.

6.2 Police

All sexual offences reported to the Hampshire & the Isle of Wight Police, will be investigated with the victim's wishes in mind. If the abuse involves a complaint of Rape, whether as a child or as an adult, this would be assigned to the Amberstone Team, who are the Specialist Rape investigation Team.

The victim is allocated a Sexual Offences Investigation Trained Officer (SOIT) whose primary responsibility is managing the initial contact with the victim, explaining options around the police investigation, supporting and guiding them through their Video Recorded Interview. For those victims that are still within the forensic window, the SARC process will be explained also. SOIT's also undertake safeguarding actions and provide appropriate advice in helping the victim to keep themselves safe, whilst making referrals to other agencies, in particular ISVA. The SOIT works alongside the Officer-in-the-case (OIC) who will be allocated the overall responsibility for the progression of the investigation, providing relevant updates in the form of a Victim's Contract in line with the Victim's Code.

The OIC will investigate the complaint, interview and manage the risk of the suspect and pursue further lines of enquiries, until such time that consultation can be made with the Crown Prosecution Service, for an appropriate outcome to be achieved.

If the offence reported is one of sexual assault, this is not investigated by Amberstone, but would be assigned to the Criminal Investigation Department, to the team responsible for the area in which the offence took place. An OIC will

also be allocated to progress the investigation and the same principles applied concerning how the investigation is conducted, until such time that a charging decision or other appropriate outcome has been reached.

If the victim wishes to report a Rape and/or Sexual Assault, but does not support an investigation, consideration will need to be made concerning any current risk that the suspect poses to others. An assessment would need to be undertaken as to whether immediate action needs to be taken to keep people safe from harm. This decision would not be made without consultation with the victim, and with their wishes in mind, and will not place the victim at risk of further harm.

The SOIT and OIC will maintain contact with the victim and support them through their investigative journey up until the case reaches the Court arena or until such a time that the investigation is ended.

6.3 Adult Social Care and Health

To support survivors to make referrals and to report allegations to the Police. To provide support and guidance to enable access support services. To ensure that Safeguarding Adults concerns are notified, and Safeguarding enquiries are carried out. To respond to allegations about People in Positions of Trust who are or may have caring or support duties towards Adults with care and support needs.

7. Special Circumstances

- 7.1 Where an adult alleges abuse in childhood in a different geographical/local authority area, a referral to the adult's current local Children's Services and Police should still be made. The children's social care service will make a referral to agencies in the area where children are currently believed to be at risk of harm. The practitioner who is involved with the Adult should ensure that they are clear which is the lead investigating Local Authority if the case involves more than one authority. Children's social care will provide this information.
- 7.2 Where the abuse is alleged to have occurred in a former children's home or residential school, or custodial unit a referral into the local children's social care should still be undertaken. The children's social care service will then determine which other local authorities and/employing organisations will need to be involved and which local authority will lead the investigation of children/adults. It is important that there is effective communication about roles and responsibilities between agencies in such circumstances.
- 7.3 Where the abuse occurred outside of the United Kingdom, a referral to the Police and the Local Authority can still be made.

Related Guidance Documents (to be confirmed/finalised)

1. Version of Oxford NHS Trust Guidance "Reporting Abuse You Experienced as a Child"
2. Non-Recent CSA Network Zine "Breaking the Silence"

Appendix A – Hampshire Police Community Partnership Information Form



AD362

Community Partnership Information

Guidance

This form is used for the sharing of non-urgent information by partner agencies. It can also be used to share information about MAPPA offenders.

This is not a referral form, nor does it replace any pre-existing referral or notification mechanism

This information may be sanitised and used in subsequent partnership forums for the purposes of identifying and mitigating risk. Further guidance on how to use the form and what it can be used for can be found on the dedicated Safe4me Information Sharing web-page: www.safe4me.co.uk/portfolio/sharing-information/

Any other questions regarding this form can be raised with your police contact or via the email below.

Completed forms should be sent electronically to 247-Intel@hampshire.pnn.police.uk

Your Details			
Name			
Organisation			
Telephone		Email	
Information <i>including date and location</i>			
Information Source			
Where did this information come from?			
Name			
Date of Birth			
Address			
Can they be re-contacted? <i>If yes, provide details</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Telephone Email		
How did they find this information out?			
When did they find this information out?			

Who else have you shared this information with?
If Police act on this information what difficulties might there be?
How can we mitigate those difficulties?