**Tower Hamlets Safeguarding Children Partnership**

**Non-Recent Abuse Allegations Procedure**

**(2023)**

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**Non-Recent Abuse Allegation**

# **1. Definition**

The term *historical abuse* refers to any allegations of child abuse, which occurred when the victim was a child, and which have been made when the victim is an adult.

Historical abuse is not confined to abuse which occurred within institutions or at the hands of professionals; historical abuse allegations may also be made about non-professionals, i.e. family members, carers, or other young people.

When an allegation of historical abuse is made it is the responsibility of the local authority where the alleged abuse occurred to undertake an investigation.

Allegations of child abuse are sometimes made by adults and children many years after the abuse has occurred. There are many reasons for an allegation not being made at the time including: fear of reprisals, the degree of control exercised by the abuser, shame or fear that the allegation may not be believed. Other triggers may include the person becoming aware that the abuser is being investigated for a similar matter or their suspicions that the abuse is continuing against other children.

These cases may be complex as the alleged victims may no longer be living in the situations where the incidents occurred or where the alleged perpetrators are no longer linked to the setting or employment role. Such cases should be responded to in the same way as any other concerns. For further information, please see Referral Procedures.

# **2. The Effects of Non-Recent Abuse**

The impact of child abuse can last a lifetime. Abuse can have a huge effect on a person’s health, relationships and education and can stop them from having the childhood and life they deserve. They may find it harder to cope with life's stresses, getting a job or being the type of parent that they want to be. They are at increased risk of developing mental health problems and drug or alcohol issues.

The effects can be short term but sometimes they last into adulthood. If someone has been abused as a child, it's more likely that they'll suffer abuse again. This is known as re-victimisation.

The long-term effects of abuse and neglect can include:

* Emotional difficulties like anger, anxiety, sadness or low self esteem
* Mental health issues such as depression, eating disorders, self harm or suicidal thoughts
* Issues with drugs or alcohol
* Disturbing thoughts, emotions and memories
* Struggling with parenting or relationships
* Poor physical health

# **3. Reporting Non-Recent Abuse**

All practitioners in their work with people will ensure that they remind everyone that they are working with about confidentiality and how information shared with them will be treated. Practitioners will need to highlight that when information is shared with them about a perpetrator of non-recent abuse they have a duty of care in safeguarding others, and therefore they are required to report where other children could be at risk.

It's never too late to report abuse that someone has experienced; but adults don't have to report it to anyone if they don't want to. No one should pressure or force a potential victim to do anything they don't want to. Practitioners should be sensitive when supporting victims who have experienced non recent abuse and ensure that the person is safe and not at risk of harm to themselves or others.

Some people report non-recent abuse to stop the offender abusing other children. Some find that reporting gives them a sense of closure and helps them to start moving on.

If someone decides to, they can speak to the police about what happened to them. They can report abuse to the police no matter how long ago it happened. They can start by calling [101](tel:101) and briefly explaining what they're calling about.

It's normal for adults to be anxious about reporting and worry about what might happen. If the adult feels comfortable contacting the police or wants to find out more about their options, they can contact the NSPCC or NAPAC. Please see the support section for further details.

If the person reporting historical abuse is under 18 years, therefore legally a child, local and national policy will need to be followed and a referral to Children’s Social Care should be made. This is to support the child and their family to ensure the best outcomes for the child.

If the non-recent abuse took place outside of the UK, this should still be reported and police informed. Police will record any allegations, however further investigation may only be limited to larger-scale international cases, and prosecution can only follow where the perpetrator is a UK citizen committing the offence overseas.

# **4. Risks**

Some allegations will relate to abuse in institutions or may involve a complex network of abusers. In such circumstances, there is the potential for a lack of coordination which could undermine the investigation process and impact on the provision of support to victims.

There may be circumstances where the allegations made cross two or more local authority areas. This will require negotiation between senior staff and / or the LADO in each area to agree which area should take lead responsibility.

The scale and nature of some allegations may not be apparent immediately, and it is possible that additional victims or alleged perpetrators will be identified in the course of enquiries. It is crucial that the potential for this is recognised at the outset, with a clear agreement between partners as to how the investigation will proceed to avoid compromising any subsequent investigation or inadvertently alerting other alleged perpetrators. The strategy meeting or Allegations against Staff and Volunteers (ASV) meeting will be the appropriate forum to plan any subsequent investigation.

There could be tensions between criminal and civil claim processes where these are running concurrently. Effective communication between the key partners is essential to manage this.

Allegations may relate to a high-profile individual – in these circumstances, the same investigative principles should apply. It will be important to ensure media issues are properly considered at an early point in the enquiry, ensuring each partner's Communications team coordinate and there is an agreed Communications strategy in place.

If it comes to light that the alleged non-recent abuse is part of a wider setting of institutional or organised abuse, the case will be dealt with according to the [Organised and Complex Abuse Procedure](https://www.londonsafeguardingchildrenprocedures.co.uk/organised_complex.html).

# **5. Key Issues**

Investigating historical abuse will be a complex and difficult responsibility. The only source of information is likely to be the account of the victim and possibly corroborating witnesses. The passage of time is likely to impact on the clarity of the detail recollected. Importantly, there may be information contained within social care or other agency records which could assist the investigation. There are several reasons abuse may not have been disclosed which can include discrimination and inequality and its important to take this into consideration when supporting the victim.

The delay in reporting an allegation of abuse should not in itself be considered as a factor in deciding whether the allegation is founded. There are many valid reasons why the victim may have felt unable to disclose at the time of their abuse. It is recognised that fear of being disbelieved, not taken seriously, fear of the perpetrator, retaliation, shame and embarrassment have all been factors which have prevented victims from disclosing.

Complaints should be taken seriously regardless of the amount of information available, for example, where the name of the people involved is not available or cannot be recalled.

Counselling and support can have a cathartic effect in prompting a disclosure of historical abuse.

The victimisation of another child – particularly their own – can lead victims of historical abuse to discuss their own experiences for the first time.

The wishes of the victim and their expectations of the investigation processes and outcomes sought should be taken into consideration and managed honestly from the outset. Please refer to the referral flow chart.

Agencies may need to share information, necessary to safeguard children, regardless of the wishes of the victim. In these circumstances victims should be told, together with the reasons why information is being shared, with investigating bodies recognising that the victims may need support and advice to cope with such a situation. It is important that social care, police and other relevant colleagues, including for example Risk and Insurance, should discuss and agree next steps to be taken, in line with legal advice as necessary.

If an allegation concerns a person in a position of trust; this includes anyone who coaches, teaches, trains, supervises, or instructs a child under 18, on a regular basis, in a sport or a religion; enquiries should be undertaken by a person independent of the line management of the employee. The LADO will have oversight of such an investigation.

Consideration should be given to any risks posed to vulnerable adults and, if necessary, a referral made to the Service Manager for Adult Safeguarding.

There are a number of ways that historical abuse can come to light, e.g. complaints to local authority or solicitors' letters regarding compensation claims, and there may be parallel processes in progress as noted above, however the historical abuse procedure should still be followed.

Initially, allegations of historical abuse should be judged against the current levels of need and criteria and not against those which may have been in place when the abuse occurred.

Historical abuse allegations can span a period of time when societal values and attitudes towards children, sexual behaviour, families and parenting, children's rights and child abuse were significantly different. The public perception and tolerance of the threshold of what constitutes abuse has lowered. This, combined with the wider publication of reports and enquiries into cases of abuse, has changed the perception of society, victims and the criminal justice system.

The IICSA report highlights that more work needs to be done on public perceptions and tolerance of CSA:

"Alongside elevating the status of children in the political sphere, there remains a need to raise public awareness about child sexual abuse. Myths and stereotypes about child sexual abuse are still held by many. Outdated attitudes that perpetuate myths, for example that children lie about being abused, need to be dispelled, and although society’s attitudes to child sexual abuse have changed, more work is needed to ensure that members of the public are better informed."

[https://webarchive.nationalarchives.gov.uk/ukgwa/20221215051709/https://www.iicsa.org.uk/key-documents/31216/view/report-independent-inquiry-into-child-sexual-abuse-october-2022\_0.pdf](https://webarchive.nationalarchives.gov.uk/ukgwa/20221215051709/https:/www.iicsa.org.uk/key-documents/31216/view/report-independent-inquiry-into-child-sexual-abuse-october-2022_0.pdf)

# **6. Protection**

The priority will be the protection of any current potential victims through the identification of the alleged perpetrator's current work status and employment. Further enquiries need to be made regarding their domestic circumstances and any access to children they may have, including extended family members.

In cases of historical abuse where there are no ongoing concerns about the current risk to children, the lead agency is likely to be the police.

Consideration will need to be given to convening a multi-agency strategy meeting in consultation with the Local Authority Designated Officer, should this be appropriate.

# **7. Support for Survivors**

Individuals making allegations of historical abuse may have carried their traumatic experiences with them for a significant number of years. Each victim will have different experiences and needs, so it is important to ask them how they want to be supported. Signposting to support services is essential.

Professionals should ensure that the person is supported and safe following making the allegation and that they are not at risk of harm to themselves or from anyone else.

Within your own organisation follow your agency’s local pathways for supporting survivors.

Also encourage them to liaise with their GP so that any health needs can be met, they can be signposted to local support services.

If they have a social worker, or key worker, encourage them, or support them to share the information with them so that professionals are aware of the circumstances.

Support can also be accessed via national organisations such as:

* NSPCC on 0808 800 5000, email [help@nspcc.org.uk](mailto:help@nspcc.org.uk) or their online form <https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/report/report-abuse-online/>
* [NAPAC](http://napac.org.uk/) is the National Association for People Abused in Childhood. NAPAC's trained staff speak with survivors of any type of childhood abuse over the phone, exploring the options available to them such as support groups and counselling to help empower callers to move forward. Calls are confidential, free from UK landlines and mobiles and can me made anonymous.

NAPAC also supports family members, friends and professionals who are helping someone who was abused, advising them on who else can help.

The NAPAC website provides a wealth of information and advice, including a postcode searchable database which lists local trusted organisations who can offer free or low-cost on-going support.

* [Survivors UK](https://www.survivorsuk.org/) offers a range of support services to men who experienced childhood or adult sexual abuse.
* Rape Crisis [England and Wales](http://rapecrisis.org.uk/index.php), [Jersey](http://jaar.je/), [Scotland](http://www.rapecrisisscotland.org.uk/) and [Northern Ireland](http://www.rapecrisishelp.ie/)provide a directory of local support services.
* [Samaritans](http://www.samaritans.org/branches?gclid=CLDuxO3J-8cCFcRAGwodAFML7g) is available around the clock 365 days of the year to provide confidential emotional support for people who are experiencing feelings of distress or despair.

# **8. Pathway following a disclosure**

How should you respond?

Our response to disclosures of non-recent abuse must be of high a standard as a response to disclosures of current abuse. This is because:

* There is a significant likelihood that a person who abused in the past, will have continued and may still be doing so;
* Criminal prosecution remains a possibility, if sufficient evidence can be carefully collated;
* Any potential victims should have the opportunity to be listened to.
* As soon as it is apparent that a person is revealing non-recent abuse, the practitioner involved must record what is said by the person and the responses given by the practitioner must be recorded.

Taking a trauma-informed approach to supporting the person is key. The practitioner should assess immediate risks to the person and identify sources of ongoing support, being mindful that making a disclosure can be re-traumatising and can trigger symptoms of trauma which can be distressing, including flashbacks, and nightmares. The practitioner should also clarify whether or not there are immediate needs for support following the disclosure. For example, do they have any urges to self-harm or any other trauma responses.

In all circumstances of disclosure of non-recent abuse talk it through with a senior colleague, your supervisor, line manager or safeguarding lead and document your discussion as per your agency’s record keeping policy.

See flowchart on page 8.

When an adult discloses childhood abuse, the professional receiving the information should record the discussion in detail. If possible, the professional should establish if the adult has any knowledge of the alleged abuser's recent or current whereabouts and contact with children.

Discussion should be had with the client regarding the reasons disclosure is important.

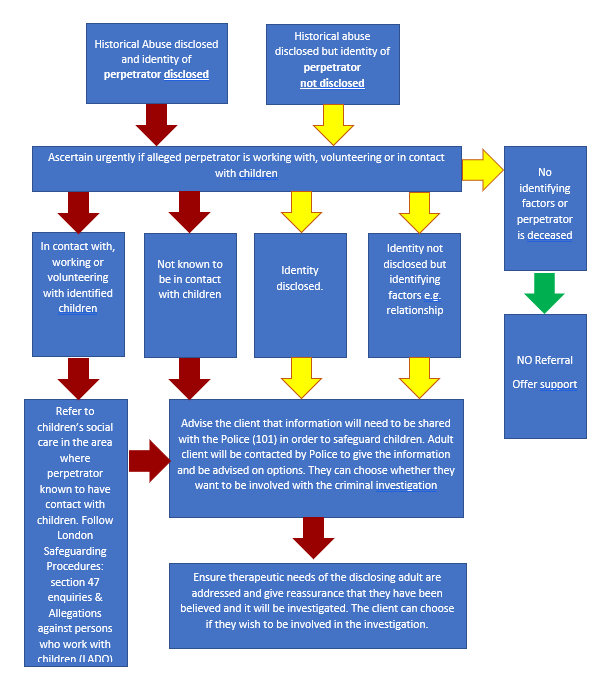
The perpetrator may still be a safeguarding threat to children. The perpetrator may have abused other children and their may be Police intelligence which this disclosure will add to, creating a bigger picture.

Encourage the person who is disclosing the abuse to also to disclose name of perpetrator if known. Ensure the wishes of the person disclosing are respected if they are not ready to disclose having discussed reasons this may be important to protect others.

Advise disclosure can be made in future when client feels ready to do so.

If the person is under 18 years, therefore legally a child, local and national policy will need to be followed and referral to Children’s Social Care should be made. This is to support the child and their family to ensure the best outcomes for the child.

**Flowchart – Non** **-Recent Abuse Pathway**



# **9. Multi-Agency Discussion Following a Disclosure**

As per the flowchart if the adult agrees to make a referral they should be supported by the practitioner that they made the disclosure to. When the practitioner completes the referral form they should clearly indicate on the referral form for any social workers and police to make direct contact with the practitioner and/or their line manager so that information is shared and assurance is given regarding the next steps and that the adult is supported and liaised with in a way which is supportive of their holistic health. It is vital that the referrer is communicated with directly by social care and the police to ensure the safest outcomes for the adult.

# **10. When an Adult does Not Wish to Disclose**

If an adult feels unable to disclose any information and a full disclosure cannot be obtained, then follow the guidance enclosed within the flowchart. Discussions should be had with your line manager and your agency’s safeguarding lead. All discussions should be documented clearly as per local record keeping policy. In exceptional circumstances it may be possible to have a multi-agency extra-ordinary meeting to explore if information can be gathered outside of a disclosure. This can be requested via your agency’s safeguarding lead

# **11. Examples of Non-recent Abuse where no details are given**

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| --- | --- |
| **Case** | **Actions** |
| 20 yr old disclosed to an ED doctor that she was raped and sexually assaulted at age 14 by her boyfriend of the same age who said it was allowed in a relationship. Would not disclose any details. | * Gather more info from service user and encourage service user to report to police * Refer to police on 101 and state she did not wish to report |
| During a maternity appointment a 28 yr old disclosed sexual assault as a minor by the babysitter’s son aged 15 (only had first name, no other details) and at 16 by a friend of the family. No other details remembered. | * Revisit to see if there are any more details * Encourage service user to speak with police * Report to police on 101 if any more details given |
| A 32 yr old with severe trauma contacted the mental health Crisis Team and told the clinician that he had been sexual abuse by different people in life. Details vague, he was unable to speak about it any further due to a very high level of distress. | * Ascertain further details where possible, check whether reported to police * Report to police if details given * Revisit later if not able to speak about it now * Discuss with Children’s Social Care if details are shared |
| 50 yr old service user reported to his mental health professional that he had abused by a member of staff at boarding school 35-45 yrs ago | * Gather more info * Discussion with LADO once info gathered * Refer to police on 101 |
| 21 yr old told her therapist that she was groomed at aged 15 by 19 yr old, she was only able to provide a name and area where his mother lived. Experiencing flash backs and some thoughts of suicide. | * Gather more info * Explore whether would speak with police * If any identifiable info is shared refer to police on 101 and MASH * Acknowledge risk of suicidal thoughts and support needed |
| 22 yr old disclosed sexual abuse by a family friend when aged 14- did not report as he is an elder in the community and saying anything would bring shame on the family. Experiencing depression, anxiety and disassociation. Would not disclose any identifiable details for fear of blame and what their family and community will say | * Discuss with service user again to see if they are willing to disclose further details (though this could be a difficulty due to dissociation) * If service user is too distressed to discuss this at this time let them know that you will revisit this later including how they feel about reporting to the police * If any information is shared to report to police via 101 within the context of any potential mental health risks and service user’s view of whether or not they would be willing to talk to the police |
| 25 yr old, disclosure of Child Sexual Abuse, has no contact with abuser, does not want to report to police | * Clinician to try and revisit to gather information * If information is gained to report to police on 101 with any information as to whether service user is willing to talk to police |

# **12. References**

*Tower Hamlets MASH* [Multi-Agency Safeguarding Hub (MASH) (towerhamlets.gov.uk)](https://www.towerhamlets.gov.uk/lgnl/health__social_care/children_and_family_care/Multi-Agency-Safeguarding-Hub-MASH.aspx)

*London Safeguarding Children Procedures 7th Edition* <https://www.londonsafeguardingchildrenprocedures.co.uk/responding_concerns.html#1.9-non-recent-(historical)-abuse>

*Non-recent abuse* <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/non-recent-abuse/>

*Working Together to Safeguard Children 2018* <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Acknowledgements to: <https://llrscb.proceduresonline.com/files/hist_abuse_alleg.pdf>