

Historical Abuse Policy

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Clinical Partners
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Historical Abuse Policy

Scope of this policy

This policy covers situations where a client or caller discloses to a member of the Head Office or clinician that they were abused as a child. This is known as historical abuse. The scope of this policy is to cover what Head Office staff should do in these situations. It is acknowledged that there are added complexities for Clinicians, as there are implications for the therapeutic relationship which need to be considered.

Clinical Partners advise that clinicians seek guidance from their governing body should they be unsure as to how to deal with allegations of historic abuse. However, all staff should be mindful of the possible risk that alleged perpetrators could pose to other children and should do whatever actions are considered necessary to safeguard these children. The local MASH team will be able to advise on this.

This policy will outline the options for responding to disclosure, helping them to be as effective as possible in supporting vulnerable adults, as well as in ensuring they meet their duty to safeguard children, young people or adults who may be at risk now.

Non-Recent Abuse

There is a growing recognition that a disclosure of nonrecent abuse may reveal current risks to others from an alleged perpetrator. Some high-profile cases show the potential extent of abuse by one individual. Everyone working within Clinical Partners has a duty of care to those people calling Clinical Partners, and in the safeguarding of others.

Reporting Non-Recent Abuse and Who Can Help

A client's allegations should be taken seriously, regardless of their presenting problems or mental health diagnosis. It is not expected that callers will have a sufficiently in-depth discussion with triage staff to disclose historic abuse. However, should a caller disclose to a member of the team that they were abused as a child, the call handler should try and ascertain if this abuse was ever reported.

The call handler should make notes of the call, noting the time and trying to record, verbatim, the words that the caller uses.

- If the caller says the abuse was reported, the call handler should continue to make notes and to alert the clinician involved.
- If the caller says the abuse was never reported, the call handler should attempt to ascertain if the alleged perpetrator could still pose a risk to others (for instance, are they still alive, where do they work). This questioning needs to be done in a sensitive manner and the caller should be informed that if the alleged perpetrator currently poses a risk to children, then action may be needed to be taken to safeguard them.
- In exceptional circumstances it may be necessary to breach the client's confidentiality either with or without their immediate knowledge and consent. This could be the case where there

are significant risks to the client's psychological wellbeing; where the alleged perpetrator may be a current risk to others; or there is risk of jeopardising a potential investigation.

- 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 because of mental health or learning difficulties.
- Professionals should be aware that if the person reports the matter 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.
- 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.
- 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

Historical Abuse Policy – Information for Clients

We want you to know that we are very experienced at working with people who have in their life history experiences of sexual, physical or emotional abuse or neglect. During the process of adoption or psychological treatment these memories can easily arise and come to the surface.

You may have realisations from the past that you had not thought were there and this can be disturbing and upsetting. We would like you to feel that you can raise any of these experiences freely and easily with the triage team or your Clinician. We will want to support you and help you to think clearly about how any historical or past abuse may have affected you.

It is often the case that once difficult or traumatic scenarios from the past have been reflected on and talked about, any stress or anxiety in relation to the matter will reduce and the trauma will cease to be so debilitating. We have expertise in helping with trauma in relation to past abuse and we will deal with all your concerns in confidence and with sensitivity. We hope you will feel free to talk with us as freely as you wish.

In relation to children and young people we are very aware that past trauma and historical abuse will deeply affect their behaviour and we aim to work together to assist with easing the stress and trauma that may be affecting their thinking and disturbing their behaviour.

Please be assured that we are here to support you in all matters that may arise for you while you are working with us and we hope you will feel free to talk with us. You may want to put your thoughts in writing and send them to us in a letter if it is too difficult to talk openly initially or you may want a friend or partner to talk with you. Our aim is to ensure you feel able to be open with our clinicians and team.