

Historic abuse/neglect, deaths, and non-recent allegations of childhood sexual abuse

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Introduction

Proper consideration should be given whether the person comes within the definition of [an adult at risk](#) and whether safeguarding procedures may apply, or whether alternative access to other social care services may be appropriate, such as accessing therapeutic supports, mental health, psychology, or recovery services. (e.g., Direct access to Mental Health Team, Learning Disability or Adult Social Care Teams may be appropriate). A referral for advocacy may also be helpful to the person.

We will not impose specific time constraints to what historic or non-recent means, as the person may need access to support at this current time to promote their welfare and wellbeing.

In addition, there is no statute of limitations in Jersey; meaning there is no time constraint in reporting matters to the States of Jersey Police.

Part A: Historic abuse/neglect and deceased adults

Historic safeguarding concerns will be carefully considered to determine whether they demonstrate a potential current risk of harm to the person or other adults or children.

If so, a safeguarding enquiry may be appropriate.

A criminal or other enquiry through parallel processes (e.g., complaints, inquests, regulatory, commissioning, health & safety investigations) may also be indicated.

A historic concern regarding child sexual abuse or exploitation must include a consideration of whether children are currently at risk of abuse from the same perpetrator. If it is believed children are at risk a report must be made to Children & Family Hub.

The Police will still consider allegations of historical abuse should the adult wish to report this.

Deaths

Where an adult safeguarding concern is received for an adult who has died the same considerations will apply. An enquiry will only be made where there is a clear belief that other identifiable adults with care and support needs are experiencing, or are at risk of, abuse or neglect.

It is usually a doctor, or the police, who will decide whether a referral to the Deputy Viscount is required. When a death has been referred to the Deputy Viscount, **they will make decisions** regarding whether a police investigation should take place and whether a post-mortem is required.

If there are concerns about how an adult died but there is no risk to any other adult at risk the matter should be reported to the Deputy Viscount's Office or States of Jersey Police. The decisions of the Police and Deputy Viscount are final, and safeguarding procedures **will not** be invoked to look into individual deaths.

In cases where an adult with care and support needs has died after experiencing abuse or neglect and where there is a concern about how agencies worked together to safeguard the adult there is a responsibility to consider raising a Serious Case Review with the [Safeguarding Partnership Board \(SPB\)](#).

Part B: Non-recent allegations of childhood sexual abuse

Introduction

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*).

Significance

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.

Any adult who discloses historical childhood sexual abuse should be carefully asked if they have any children or caring responsibilities for any children under the age of 18. (To establish if they are at risk of harm from the same person)

If the victim discloses details of the perpetrator, it is imperative that we ascertain if they have any current access to children or vulnerable persons.

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.

Response

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.

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.

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.

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.

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.

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.

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 & Family Hub. If the adult disclosing sexual abuse refuses to consent to share information with the Police, then the duty to safeguard children will necessitate the need to share with Children's & Family Hub with or without consent.

For those adults who do not have children or any caring responsibilities or have care and support needs, the adult should be given information about where to get help if they want to access support to promote their recovery or safety.

The referrer must assure themselves that any 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.

The Police must be informed about allegations of a crime at the earliest opportunity. Whether the Police become involved in an investigation will depend on a number of factors including the victim's wishes and the public interest.

Non-recent abuse disclosures may involve allegations regarding deceased perpetrators. High profile cases have highlighted the need to take these allegations seriously. For example, disclosures may involve allegations about a perpetrator who has abused multiple victims.

[Dewberry House, the Sexual Assault Referral Centre \(SARC\)](#) 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.

Part C: Historic abuse considerations: allegations implicating staff currently employed or volunteering.

If any allegations of abuse, neglect, or historic sexual abuse implicate a staff member of any organisation that provides care & support to adults or children then a concern must be raised and the appropriate route for adult or child safeguarding ([Report a Concern](#)) – or the [Multiagency Managing Allegations Framework for People in a Position of Trust](#) can be properly considered.

Part D: A recap of what safeguarding is

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing

is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.” ([Care Act 2014 – Statutory Guidance section 14.7](#))

Please consider the **promotion of wellbeing in every interaction** and involvement. Click [here](#) to read the Wellbeing chapter.

“Good safeguarding practice acknowledges the complexity of people’s lives, the many enablers and barriers they may face to keeping them safe and well and most importantly, **what they want to do about it**. It can sometimes be a challenge for practitioners to balance a person’s priorities and aspirations for safety and wellbeing with their professional judgement of risks and the evidence they are presented with. Person-centred and strengths-based practice approaches are key to finding this balance.” ([Gov.UK Revisiting Safeguarding Practice 2022](#))