

18 Adults who disclose childhood sexual abuse

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The evidence that we have about sex abusers is that they continue to abuse and to seek access to children. Many abusers have not been prosecuted or convicted, but nevertheless, social services have a duty to protect children currently at risk of significant harm.

18.2 Action to be taken

If an adult client discloses information which leads a worker to become concerned about the safety of a child because they are having contact with someone identified as an abuser, the following action should be taken:

- Be clear about the information: social service can only act to safeguard a child if they know who the child is and where s/he lives;
- Discuss the information with your manager or supervisor;
- Discuss the information with a child protection adviser.

It may be that social services or the police will need to be contacted (see Part 5 of these procedures). These discussions should take place within a time frame which is not detrimental to the child's interests.

It is sometimes not possible to protect a child until the adult service user has been able to disclose personally the details of the abuse to social services or the police. Any adult in this situation will want to have accurate information about the possible consequences for themselves and others of disclosing or not disclosing. The specially trained police officers at South Yorkshire police's child protection units are happy to talk this through sympathetically with the service user. They can arrange this for themselves, or via a professional.

Child protection work is of necessity multi-agency, and it has been demonstrated on many occasions that it is dangerous for a practitioner to try to deal with suspected child abuse alone: inaction can result, causing unnecessary anxiety and guilt, and faulty decisions may be made which are not in the child's interests. It may be that social services or the police already have information about the alleged abuser from complaints made by others.

18.3 Confidentiality and autonomy

Confidentiality within a therapeutic or medical relationship is always an issue in these circumstances, and it is essential that service users are aware from the outset that there are limits to confidentiality where there is danger to themselves or others. Service providers should provide information to users about their child protection responsibilities at the

beginning of the therapeutic relationship, along with any other guidelines their service has.

This information should not obstruct the user's ability to benefit from the service.

*'Counselling,
Confidentiality
and the Law'
T. Bond, 1994.*

The guidance about confidentiality in Part 3 of these procedures should be followed. In addition, the following method of working is suggested as a model of good practice.

'it would be consistent with the principle of respect for a client's autonomy to ensure that whenever possible, a counsellor informed a client that consideration was being given to breaking confidentiality. This would enable a discussion about the client's wishes. It is possible that the client would choose to make the disclosure. This is always the preferred option because counsellors do not normally act on behalf of clients and is most respectful of client autonomy. If the client is unable or unwilling to act, the next best option is acting with the client's consent. It demonstrates respect for the client's autonomy to inform them about what has transpired during disclosure. Sometimes it is impossible to forewarn clients of your intention to disclose confidential information ... Good practice suggest that clients should be informed of any disclosure as soon as possible after it has been made.'
(T. Bond, 1994).

