

1. Introduction and Who Guideline applies to

- 1.1 This guideline is intended for use by all staff within UHL NHS Trust, in particular staff who may come into contact with children in their role.

This guideline is designed to direct your actions and is intended to assist staff in understanding how to avoid the use of leading or probing questions.

What is a disclosure about abuse?

A disclosure about abuse is where a child informs you that they, or someone they know, are suffering abuse.

The NSPCC defines child abuse as when a child is intentionally harmed by an adult or another child – it can be over a period of time but can also be a one-off action. It can be physical, sexual or emotional and it can happen in person or online. It can also be a lack of love, care and attention – this is called neglect.

Disclosures can be **direct** or **indirect**.

Direct: this is a specific statement made by a child about the abuse that is happening to them.

Indirect disclosure: one or more ambiguous statements, which imply that something is wrong. Most disclosures are indirect. An example of this is, “Sometimes my step-dad keeps me up at night”.

A disclosure can also be disguised, for example: “I have a cousin who is being abused.”

In other cases the disclosure can be through hints or gestures, or even through another child “My friend told me...”

Important

A disclosure about abuse from a child can come as a shock; you may not be expecting it and may feel you are not equipped with the time or skills to give this child the proper care.

However, **remember** that **the child has chosen you** to confide in and you therefore need to do your best!

DO NOT use relatives/friends as an interpreter/translator.

Avoid use of **leading questions**.

2. Guideline Standards and Procedures

How to manage a safeguarding disclosure

Receive

Listen to what is being said, without displaying shock or disbelief.
Accept what is said.
Take notes.

Reassure

Reassure the child that they have done the right thing by telling you.
Be honest and reliable. For example do not make any promises you may not be able to keep.
Do not promise confidentiality; you have a duty to refer.
Reassure and alleviate guilt if the child refers to it. For example you could say 'its not your fault'.

React

Once it has become clear the child and/or parent/carer has alleged that abuse has taken place, do not 'interrogate' for further details.

If information has not already been provided **limit questions to:**

- **What happened?**
- **When did it happen?**
- **Where did it happen?**
- **Who did it? (If the relationship of the abuser is unclear, also ask, "How do you know them?")**

Thank the child and/or parent/carer for disclosing the information although praise and congratulations should **not** be given.

Do not criticise the perpetrator, the child may love him/her and they may play an important part in the child's life

Explain what you have to do next and who you have to contact.

Record

Make some brief notes at the time and write them up as soon as possible.

Do not destroy your original notes in case they are required as evidence.

Record the date, time, place, any noticeable non-verbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used rather than translating them.

Record statements and observable things, rather than your interpretations or assumptions.

2.6 Leading Questions

Important

Research indicates that a child's answer to leading questions tends to be determined by the manner in which they are questioned rather than by valid remembering.

Always remember a leading question could be challenged by an opposing counsel in court.

A question must not :

- contain a choice of answers
- name the suspected offender before the child has identified the person,
- contain explicit details of the alleged offence
- contain any assumptions

Detailed questioning if necessary should be left to the police.

Open Questions

Limit questions to:

What happened?

When did it happen?

Where did it happen?

Who did it? (If the relationship of the abuser is unclear, also ask, "How do you know them?")

Leading

Did it happen at your house?

Did he/she tell you not to tell anyone?

Were you sitting up or lying down?

Was it your babysitter who touched you?

Did they get you to touch them?

I'm going to ask some questions about what happened to you.

Don't ask questions that imply the child was at fault. Don't make the child feel responsible for the abuse.

Why didn't you tell me before?

What were you doing there?

Why didn't you stop it?

What did you do to make this happen?

Are you telling the truth?

2.8 Summarise

Senior Doctor/Paediatrician should check with the child and/or parent/carer that the evidentially important parts (if any) of the account have been correctly understood. This should be done using what the witness has communicated, not a summary provided by the interviewer. Care should be taken not to convey disbelief.

The child and/or parent/carer should be thanked for their time and effort and asked 'do they have any other information to share'.

An explanation should be provided about what, if anything happens next, but no promises should be made about future developments.

They should be asked if they have any further questions, and these answered as appropriately as possible.

2.9 Reporting the disclosure

1. Take immediate action to ensure the safety of the child or young person

2. If appropriate, contact the police to assist in locating the children

3. Notify Children's Social care:

Leicester City Duty & Assessment Team (24hrs) - 0116 454 1004

Leicestershire County First Response Team (24hrs) - 0116 305 0005

Rutland - 01572 758 407 (Not 24 hrs. – call Leicestershire County First Response)

4. Complete a Safeguarding Children referral on ICE and notify the UHL Safeguarding Children Team on x15770

3. Education and Training

Training on this guidance is provided on the Safeguarding Children mandatory training modules within UHL.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Correct use of guideline	Case review	M Kelly	Case by case basis	

5. Supporting References (maximum of 3)

[University Hospitals Of Leicester NHS Trust Safeguarding Children Policy](#)

[University Hospitals Of Leicester NHS Trust Interpreting and Translation Policy](#) (accessed March 2019)

6. Key Words

Child protection, disclosure, safeguarding children.

CONTACT AND REVIEW DETAILS

Guideline Lead (Name and Title)	Executive Lead: Julie Hogg, Chief Nurse
Michelle Kelly Named Nurse & Matron for Safeguarding Children	
Details of Changes made during review:	
<u>June 2023:</u>	
<ul style="list-style-type: none">- Addition of a flowchart- Text placed into coloured boxes for emphasis of importance- Hyperlink to the UHL Safeguarding Children Policy- Addition of information on how to report the disclosure	
<u>March 2019:</u>	
<ul style="list-style-type: none">- Update to new Trust guideline format	