



Barriers or Pathways?

Aiding retrospective disclosures of childhood sexual abuse to child protection services

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NOTE: *At the time of this study, the rollout and use of the Tusla's Child Abuse Substantiation Procedure policy was paused pending stakeholder consultation. Tusla were therefore operating under the 2014 draft Policy for Responding to Allegations of Child Abuse and Neglect (Tusla, 2014). The experiences of adults in this study are therefore related to practices under that 2014 policy. If incorporated into social work practice, it will be important to examine adult's experiences under any new policy or procedure to ensure their specific potential needs are being met and that the dynamics of abuse, disclosure, and trauma are being considered and accommodated.*

Acknowledgements

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Finally, I would like to sincerely thank and formally acknowledge all of those who chose to participate in this anonymous survey. Your participation is helping us to better understand what it is like for adults to engage with our child protection services to make retrospective disclosures of childhood abuse. Thank you sincerely for sharing your experiences.

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An aerial photograph of a complex maze made of dense, dark green hedges. A single path winds through the maze, leading to a small, square opening at the bottom center. The lighting creates strong shadows, emphasizing the three-dimensional nature of the maze walls.

Barriers or Pathways?

Introduction

Context of the study

Methodology

Introduction

Background

Disclosure of childhood sexual abuse can be an extremely difficult and, in some instances, an insurmountable task. People tend to delay disclosure, many until adulthood (London et al, 2005; Alaggia, 2004, 2005). For others still, and for a variety of reasons, their experiences are never disclosed. During the *Sexual Abuse and Violence in Ireland study (SAVI)* conducted in 2002, forty seven percent of those who had experienced sexual abuse in childhood had not told anyone prior to being asked in the research interview (McGee, Garavan, de Barra, Byrne, and Conroy, 2002). International research also suggests that rates of disclosure of childhood sexual abuse to state authorities may be lower still (Alaggia, Collin-Vézina and Lateef, 2019). This hints at the potentially large, hidden population impacted by childhood sexual abuse but also poses questions about the difficulties and challenges people may face in coming forward.

Under Irish child protection policy, adults who do come forward to disclose frequently have interactions with the state child protection services (CPS). Such interactions, known as retrospective disclosures, have been a feature of Irish child protection policy since 1999 and are defined as “disclosures by adults of abuse which took place during their childhood” (Department of Health and Children, 1999, p39). Since 1999 problematic issues and inconsistencies in practice and policy relating to the receipt, management and assessment of such disclosures by child protection services have been identified (Mooney, 2018, 2021; O’Mahony, 2020; Office of the Ombudsman, 2017; Health and Information Quality Authority (HIQA), 2018). Some of the issues identified have included delays in responding to adults who disclose (e.g. Office of the Ombudsman, 2017), potential risk posed to children due to non-assessment of alleged perpetrators (e.g. HIQA, 2015), a perceived lack of expertise in child protection agencies when responding to adults who come forward (e.g. Mooney, 2021), and the lack of a robust legal basis upon which CPS can conduct assessments of such disclosures (O’Mahony, 2020; Mooney, 2018). At present, key stakeholders in the field of therapy, advocacy, and support highlight that these issues may be further compounded by recent developments in respect of mandatory reporting and data protection (Baker, 2021). This study sought to explore these contemporary experiences of engagement with CPS.

Research Aims

Using an anonymous online survey, this research project examined contemporary experiences of disclosure of child sexual abuse to child protection services. In the context of engaging with child protection services, the objectives of the study were to explore:

- a) to what extent are adults already experiencing the types of supports included in the EU Victim's Directive;
- b) adult's experiences of data protection, when engaging with CPS; *and*
- c) what factors currently may act as facilitators and barriers to disclosure of childhood sexual abuse to child protection services.

The Structure of the Report

The substantive sections of the report are as follows:

Section 2 provides the background and context of the study and provides further detail in respect of barriers to disclosure and the current challenges facing those who wish to come forward.

Section 3 details the methodological and ethical considerations related to the study and discusses how data were accessed and analyzed. Limitations of the study are highlighted in this section also.

Section 4 provides the substantive findings of the study under the following categories: Demographics; Disclosure; Disclosure to a Professional; Engagement with Child Protection Services; What influenced engagement with CPS; Process of Assessment/Engagement; EU Victim's Directive; Information Sharing; Overall Experience of engagement with CPS. The survey instrument used a skip-logic approach, allowing participants to respond to individual sections they deemed relevant to them. This section is therefore careful to clearly highlight the number of participants that responded to each section.

Section 5 contains a discussion of the findings.

Section 6 concludes with some recommendations for the future of this area.

Context of the Study

Irish Context Child Protection Context

Disclosure of childhood sexual abuse tends to be delayed (Alaggia, 2004, 2005; London et al., 2008) and is beset with many barriers including shame, stigma, family dynamics, fear and issues regarding belief, trust and loyalty (Browne and Finkelhor, 1986; Beitchman et al., 1991;1992; Barrett et al., 2014). Of those who do disclose, international research tells us that rates of disclosure of childhood sexual abuse to State authorities tends to be lower still (Collin-Vézina et al., 2015). For the purposes of this report, the word ‘disclosure’ denotes the act of telling another but also the engagement with a state service to report experiences of abuse.

Sexual abuse in childhood is simultaneously both a serious crime and a serious child protection matter. The Irish police service, An Garda Síochána, have powers of arrest, detention and investigation in respect of suspected child sexual abuse. Separately but complimentarily, the Irish child protection authority, The Child and Family Agency (hereinafter CPS), has a duty to ensure the protection and welfare of children under both the Child Care Act 1991 and subsequently the Child and Family Agency Act 2013. While responsible for promoting the welfare of children within its remit, the duty of CPS also extends to adults who have experienced abuse in childhood (Department of Health and Children, 1999).

Recent years have seen several developments within child protection social work in the areas of law, policy and practice. The introduction of mandatory reporting under the Children First Act 2015 (commenced in December 2017), the adoption of the European General Data Protection Regulation under the Data Protection Act 2018, policy and practice developments regarding the assessment and management of allegations of child sexual abuse, as well as the adoption of Signs of Safety (Turnell and Edwards, 1999) as a national assessment framework, to name but a few. All have had direct and more nuanced effects on the role of child protection social work and the experiences of those who interact with that system. Previous work by the author (Mooney, 2014, 2018, 2021), various inquiries by the Health Information and Quality Authority (e.g., HIQA, 2015; 2016), media coverage of the Disclosures Tribunal (Charleton, 2019) and the subsequent work of the Department of Children and Youth Affairs’ Expert Assurance Group have all highlighted concerns with respect to Tusla’s management and assessment of retrospective disclosures of childhood abuse. This study aimed to examine the influence, if any, of these recent changes in law, policy and practice on adults’ ability, opportunity or decisions to disclose to child protection services.

What do we mean when we talk about Retrospective Disclosures?

Originally recognised in Irish child protection policy in 1999, retrospective disclosures have been defined as “disclosures by adults of abuse which took place during their childhood” (Department of Health and Children, 1999, p39). The role of CPS is in the context that the person who perpetrated the abuse may still pose a risk to current or future children, in other words there may be a current or future child protection concern. Most of these referrals are not made directly by the adult themselves but by a professional who is mandated to report such information. An example of this might be an adult who attends a counselling or psychotherapy service and discloses their experiences to a professional who is mandated under the Children First Act 2015 to then report any concerns arising out of such a disclosure to their local CPS.

Despite this role, the positioning of retrospective disclosures within the child protection system has never been a comfortable fit. A service that predominantly works with children and families, in various levels of need, is required to shift gears, so to speak, and engage in quasi-legal, in some cases forensic, levels of assessment and intervention often at a remove of many years and in some instances decades. Early research by the author in this area, conducted with social work staff in 2012, showed that social workers themselves found the management and assessment of such referrals to be an ill-fit with social work practice, a primarily relationship-based anti-oppressive practice, and felt there was a lack of clear guidance and support around how to assess and manage such referrals (Mooney, 2014). In that earlier study, Social Worker C stated “...like we’re the ones delivering [the assessment] at the end of the day but if the legislation and policies are not there to support... well that’s a big stumbling block” (Mooney, 2014, p11). While lack of a clear and robust legal underpinning is a central stumbling block in this area (Mooney, 2018), lack of social work resources, in terms of frontline staff, expertise in assessment of sexual abuse and disclosure, and legal resources have also challenged Tusla in this respect over the years. Again, from the 2012 study, the then Assistant National Director of Child and Family Services highlighted these issues and suggested that “if you have your full resources, you will do every single allegation. If you have 80% of staff, if you have 70% of staff, at what point do you prioritise which allegation is going to be investigated. That is going to be a critical point, that’s where it’s at” (Mooney, 2014, p11). Fast forward almost a decade and this area of practice continues to challenge Tusla more than any other issue. Launching their corporate plan in 2018, a tweet by Tusla quoted their then CEO, Fred McBride, who stated that retrospective abuse is one of the most challenging areas of their work.

In recent years, Tusla’s reporting of their statistics, in respect of referrals to their services, has developed significantly and, more recently still, the agency has begun to produce figures in respect of retrospective referrals (figures available from January 2017 via www.tusla.ie). As of January 2021, there were 1,432 retrospective cases open to Tusla services, with an average of 238 referrals made per month over the previous 12-month period (Jan 2020 – Dec 2020) (Tusla, 2021). In January 2021 85% of retrospective disclosures were made via mandated reports. These most recent statistics also report that of those 1,432 open cases only 757 were allocated to a social worker, leaving 675 cases unallocated to a specific social work professional. While retrospective cases only accounted for 4.5%

of referrals in January 2021, they account for a significant 15% of the unallocated, or wait-listed, cases held by Tusla (Tusla, 2021). All raising question as to how adults at the centre of such disclosures are experiencing their engagement with CPS, questions regarding how matters are being assessed, and questions regarding delay and clarity of process.

Current issues and challenges: The context of the study

The initial rationale behind this study was to examine adults' experiences of reporting to child protection services in the, relatively recent, context of developments in child protection practice and policy, and new laws on mandated reporting and data protection. The author's previous study, *How Adults Tell* (Mooney, 2021) gathered biographical narrative data in 2015, prior to such developments. *How Adults Tell* gathered data via in-depth qualitative interviews with five adults who had experience of engaging with child protection services. Data from that study show that adults were unclear as to what would happen their disclosure to child protection services, unclear as to who might get told about their report, and unclear about when family members or members of their community, identified in a disclosure, might be told or be approached. While participants were interviewed individually as part of the study, they used similar metaphors to describe their experiences of the period after they had reported to CPS. Some used phrases, to describe this period, such as *it entered a void, fell off a cliff, went into a black hole* (Mooney, 2021). The lack of a clear process or accessible policy was one of the central issues at that time, with one participant of that study stating that "even a little sketch... on the back of a napkin would have helped..." (Mooney, 2019).

The period during which this earlier study took place was a period during which child protection services were operating under a draft, unpublished policy called, the *Policy for Responding to Allegations of Child Abuse and Neglect* (2014). This policy, and the practices under it, have been starkly criticized in several quarters (HIQA, 2018; Mooney, 2018; Office of the Ombudsman, 2017). In 2018, national attention was drawn to such practices by the Disclosures Tribunal (www.disclosuretribunal.ie). The tribunal itself focused on protected disclosures in the context of alleged wrongdoings within the Irish Police Service, but a large part of the deliberations focused on a specific retrospective disclosure made against a member of An Garda Síochána and the CPS's subsequent management of that disclosure. The tribunal prompted the then Minister for Children, Katherine Zappone, to commission HIQA to conduct a general review of Tusla's management of allegations of abuse and neglect (HIQA, 2018). The outcome of the HIQA review recommended the establishment of a Departmental Expert Assurance Group (EAG) to support and advise the board of Tusla in respect of their progress on issues identified in the HIQA assessment; one being the Agency's assessment and management of retrospective disclosures. Parallel, but related, to this EAG process, Tusla began to draft a new policy which sought to revise and update the previous 2014 draft. This policy became known as the *Child Abuse Substantiation Procedure* (CASP).

The rollout and use of the CASP policy has been stalled and CPS continue to operate under the draft 2014 policy. The experiences of adults in this study are therefore related to practices under that policy.

Absence of a legal underpinning

It is important to note at the outset that the assessment of child sexual abuse, whether current or retrospective, is one of the most intricate and challenging areas of child protection social work practice. There is often limited or no physical or medical evidence of the abuse at time of assessment. By its very nature, the abuse tends to occur within the child's closer social circle or family environment and therefore societal stigma and complex family dynamics, loyalties, shame, and guilt often serve to silence those who are impacted. Assessment of such disclosures is often a case of social workers assessing one person's word against another, in the context of complex and often competing legal rights and, in the case of retrospective disclosures, often at a remove of many years or even decades. Child protection services' receipt and management of allegations of child sexual abuse also cast two sets of significant competing legal rights into play; those of the complainant and the person suspected of alleged abuse. All of this occurs in an environment that is becoming increasingly forensic and legalistic; realms in which social workers have not traditionally had to operate and in which social work education and training has not traditionally had to accommodate.

The determination of risk assessments, sharing of information, and taking of protective actions on foot of such allegations lead social work practitioners into a complex legal environment with no specific statutory support or, it could be argued, no legal right to conduct such assessments. It is now well recognised by most stakeholders that the current Section 3 of the Child Care Act 1991 is insufficient in respect of Tusla's duty to investigate allegations of abuse (Mooney, 2018; Shannon, 2018; O'Mahony, 2020). A range of case law has arisen, in the main, from judicial review of child protection assessment and case management decisions in these cases. While too numerous to discuss here, Mooney (2018) and O'Mahony (2020) have examined these issues and are worth considering for wider context. The salient points from the various reviews are that the courts, over a period of two decades, have recognised the duty of child protection services to investigate allegations "prior to risk crystallising", to investigate allegations "proactively" in respect of both identified and unidentified children and also to investigate those allegations that relate to both past and current abuse. The corollary is that social workers must also be cognisant of the alleged perpetrator's rights to a good name, privacy, and due process; a tricky, but necessary balancing act (See Mooney, 2018 and O'Mahony, 2020 for full analysis).

Mandatory Reporting and Data Protection

As discussed above, statistics provided by the Child and Family Agency (www.tusla.ie/data-figures/2021-performance-data) show that a majority of retrospective referrals (85% in January 2021) are referred via mandated reports. For the year of 2020, the largest percentage of mandated retrospective reports emanated from An Garda Síochána (24%), followed by counselling and psychotherapy professionals (19%) (Tusla, 2021). There are arguments for and against mandatory reporting (e.g., Matthews, 2014; Buckley, 2012), however many therapeutic services and adults themselves see the reporting of such experiences as an important part of healing and many adults see the protection of further children as an important reason for reporting their experiences (Mooney, 2021). Whatever about the benefits or deficits of mandatory reporting, a somewhat unforeseen consequence of its introduction in Ireland has been its interaction with data protection law.

Data protection seeks to protect an individual's personal data and information relating to them that may be held by others. The individual is referred to as a 'data subject' and has a right to access his or her own personal data, with certain exceptions. As one can imagine, a disclosure of child sexual abuse may contain any amount of personal and sensitive data, including, but not limited to, names and addresses of an abuser or victim, their family details, and details of individual instances of criminality, in this case child sexual abuse. CPS become what is known as a 'data controller' once they receive such referral information and there is an impetus upon them, in receiving such information, to be highly cognisant of the rights of a person suspected of alleged abuse and their rights to due process and data protection. O'Mahony (2020), in discussing this area, highlights that where an abuser is identified in a disclosure the same rights to accesses to their data arise.

At present, the concern for those coming forward to disclose is that if they approach a counsellor or psychotherapist who is mandated to report to CPS, their disclosure information may in turn be passed by CPS to the person identified as their abuser in their disclosure. However, the Data Protection Act 2018, at Section 94(3)(f), provides an exemption to data controllers from the general duty to share information they hold with a data subject where they withhold the information as a means of "protecting the life, safety or well-being of any person". While yet to be used in this way, this section could provide CPS with a valid reason for not sharing such information with a person suspected of abuse where there may be fear of reprisal, or vulnerability on the part of the victim or survivor.

In addition to this complexity, in its annual report for 2019, Ireland's Data Protection Commission reported on a number of inquiries that it conducted in to Tusla's management of sensitive information. One of these inquiries related directly to an instance where Tusla shared sensitive information with the person against whom an allegation of abuse had been made (Data Protection Commission, 2020). While we cannot assume that this type of data breach is the norm, it is the case that Tusla's 2014 'Policy for Responding to Allegations of Child Abuse and Neglect' (Tusla, 2014), does encourage social workers to share information with an alleged abuser at the earliest point in the assessment (Tusla, 2014). Maeve Lewis, CEO of survivor support organisation One in Four, was recently quoted in the Irish Times as

stating “If we pass on our client’s name and the name of the alleged offender, Tusla informs the alleged offender. Obviously, we are very, very worried about that. It places our clients in physical danger and in danger of harassment” (Gallagher, 2020). The central point in all this, is that the situation remains unclear for those coming forward.

The EU Victim’s Directive

Irrespective of the source and cause of the various issues of concern in this area of practice, there is a clear need for the practice and underpinning policy and law to be victim-centric, to incorporate an understanding of the dynamics of abuse and disclosure, and to balance the rights of all parties involved. An experience of sexual abuse or violence in childhood, or at any time in life, is a fundamentally harmful and traumatic event. While the impacts and effects of such an experience are individually experienced, mediated by varying levels of resilience and support, the international research does identify common experiences of shame, stigma, poor mental health, issues with anger, trust, and power. Understanding such dynamics and how they might be replicated in service provision, at any level, is key to developing environments that facilitate, encourage, and support disclosure. This study sought to test if the provisions of the EU Victim’s Directive might be one way to assist in this regard.

While not explicitly mentioned in the survey instrument, many of the questions were influenced by the content and ethos of the EU Victim’s Directive. This Directive became law in 2012 with an aim to ensure that “Member States shall ensure that victims are recognised and treated in a respectful, sensitive, tailored, professional and non-discriminatory manner, in all contacts with victim support or restorative justice services or a competent authority, operating within the context of criminal proceedings” (Article 1.1). It has been argued that current policy in this area is heavily weighted in favour of the accused’s rights to the detriment of those wishing to come forward to disclose and that aspects of the EU Victim’s Directive may be useful in addressing some of these issues (see Mooney, 2020 for more on this). The survey sought to explore to what extent individuals currently receive information and supports that are provided for in the EU Directive; in other words, are we already adopting an EU Victim’s Directive-type approach?

Conclusion

The experience of sexual abuse in childhood, in and of itself, can create significant and real barriers for people trying to come forward to disclose; to get support, to protect others, to seek justice. We see here that the current system for responding to such disclosures, within a child protection context, potentially serves, at the very least to add additional barriers, and, at worst, to replicate those harmful dynamics of the abuse itself; a lack of control, confusion, a lack of belief, and silencing. Conducted in the period of May 2020 to December 2020, this study sought to examine adult’s current experiences of such issues.

Methodology

Design & Ethics

This research was conducted using an anonymous, self-completed online survey. The survey questions and the overarching research design, including sampling, participant access, data collection, and ethical and practical safeguards, were co-designed by the author and a consultation group. The consultation group included representatives of therapy and advocacy services One in Four, Dublin Rape Crisis Centre, and the Rape Crisis Network Ireland. The group met, physically and virtually, on three occasions. Participants were recruited initially via support services and individual registered therapists, counsellors, and advocacy workers who circulated a weblink to the survey to relevant clients. Revised ethical approval was sought to recruit publicly via social media, with signposting to appropriate resources. The study received ethical approval from the Human Research Ethics Committee at University College Dublin.

The survey instrument explored what helps and hinders when disclosing to child protection services in Ireland in the current legal and policy environment. Following the collection of some brief, anonymous demographic information, the survey was divided into four main sections covering general experiences of disclosure, disclosure specifically to professionals with a focus on child protection services, the participants' understanding of how their personal information was used by services, and finally, a personal reflection section. Apart from interactions with professionals the survey also sought to gather data that may be compared and contrasted with existing international literature on issues such as latency to disclosure (time between first abuse and first disclosure), recipients of disclosures (who did a person first disclose to) and disclosure across the life course (who else a person may have disclosed to over their lifetime).

Data Collection

The survey commenced on May 31st, 2020 and was initially circulated via support services. Due to the impact of Covid 19 the original closing date of the survey, August 31st 2020, was extended to December 31st 2020. As part of the application to extend the survey, ethical approval was also sought to recruit publicly via social media. The study concluded data collection in December 2020.

The study sought to gather as many responses as possible. The development of a sampling frame for studies regarding disclosure of sexual abuse and interactions with child protection services is difficult, due to many factors. Firstly, disclosure of sexual abuse is beset with many barriers and hurdles. Studies frequently discuss the 'tip of the iceberg' phenomenon in respect of disclosure scholarship and sexual

abuse prevalence; in that we only know about those who come forward, when they come forward and therefore it is difficult to ascertain how many individuals are impacted. Secondly, adult engagement with child protection services relating to childhood abuse accounts for, on average, 4.5% of the national child protection services' active caseload. Connected to this, based on statistics from the Child and Family Agency, on average 80% of these are reports made via mandated persons, not the individual themselves who may not wish to personally engage with the child protection services. While very difficult to state with accuracy, the average number of retrospective referrals active with CPS for the duration of the survey was 1,408. With an average of 80% of these coming from mandated sources this leaves approximately 282 referrals possibly coming from the adult themselves. The sample of 29 participants therefore accounts for approximately 10% of the wider national sample. These figures need to be read with caution however, given the issues outlined above. In addition to the above, it should be noted that the study, while designed pre-covid 19, was rolled out during the global pandemic and associated national lockdown. This greatly impacted recruitment due to therapy and advocacy services meeting their clients less in a face-to-face capacity. (All figures available at www.tusle.ie)

Skip Logic and Reporting

Given the sensitive nature of the questions posed and the topic being explored it was important that participants could save their survey responses and return to the survey later. A feature was used to allow participants to do so, and they were reminded of the need to safeguard their password and login details. A skip-logic process also operated throughout the survey, meaning that participants were only presented with those sets of questions that were applicable to their individual experiences. For example, only those who identified that they had received contact from child protection services were directed towards the set of questions dealing with this aspect. This meant that while the survey received 29 responses in total, some sections received less responses due to the use of the skip logic section. The rationale behind this was to reduce the risk of overburdening the participant and to ensure that the participant was only responding to questions that were relevant to them. When reporting these data, the results section, below, includes a note on how many participants responded to each section of the survey being discussed.

Survey Questions

As noted above, the types of questions used in the survey instrument covered a variety of topics related to the experience of disclosure, specifically to child protection services. For those participants who engaged with CPS they were asked about the type of information and communication they received, whether they felt they understood the process of assessment, and the degree to which a number of factors influenced their engagement with CPS; including mandatory reporting, concern for other children, and personal choice. In terms of data protection and information sharing, participants were asked if they were informed that their information might be shared with third parties and who those third parties might be.

The study also sought to explore the extent to which participants were experiencing elements that are accounted for under the EU Victim's Directive. While the directive was drafted with criminal justice processes in mind, it has been argued previously by the author that such an instrument could provide a useful template for ancillary services such as child protection (Mooney, 2020). The aim of the survey in this respect therefore was to explore to what extent participants are already experiencing these elements, in other words, are we already taking an approach similar to the EU Victim's Directive, or could we learn from this? The reflection section was specifically designed so that the questions would encompass elements provided for in the EU Victim's Directive. In this section participants were asked to reflect on to what degree they found the process of disclosure to child protection services as Respectful, Sensitive, Professional, Non-Discriminatory, and Appropriate to their specific needs (if any); the level to which they felt understood and to which they understood the process, if they were provided with a contact person and information regarding appropriate supports.

An aerial photograph of a large, intricate maze made of dense green hedges. The maze features a complex network of paths and dead ends. A single, clear path leads from the bottom center towards a small, square opening in the hedges. The overall scene is captured in a high-contrast, black and white style, emphasizing the geometric patterns of the maze.

Barriers or Pathways? Results

Results

Introduction

The anonymous online survey collected data from May 31st, 2020, to December 31st 2020. In that period data collection was slow, with limited uptake. Thirty-one participants completed the consent form and begun the survey however two of these did not respond to any question categories. These two responses were removed, and the final data set included responses from twenty-nine participants. As discussed, a skip logic system was also used to ensure that participants were only directed to sections of the survey that applied to them. The results are reported here in keeping with the categories used in the survey instrument. Each category is described at the beginning of each section. The categories and response rates were as follows:

Category	Responses
Demographics	29 responses
Disclosure	27 responses
Disclosure to a Professional	24 responses
Engagement with Child Protection Services	13 responses
What influenced engagement with CPS	11 responses
Process of Assessment/Engagement	12 responses
EU Victim's Directive	15 responses
Information Sharing	22 responses
Overall Experience	12 responses

Demographics (29 Responses)

The opening section of the survey instrument collected some general, non-identifiable, demographic information. All participants responded to this section. The age of the participants ranged from 25 to 64 with most of the participants (66%) over the age of forty-five.

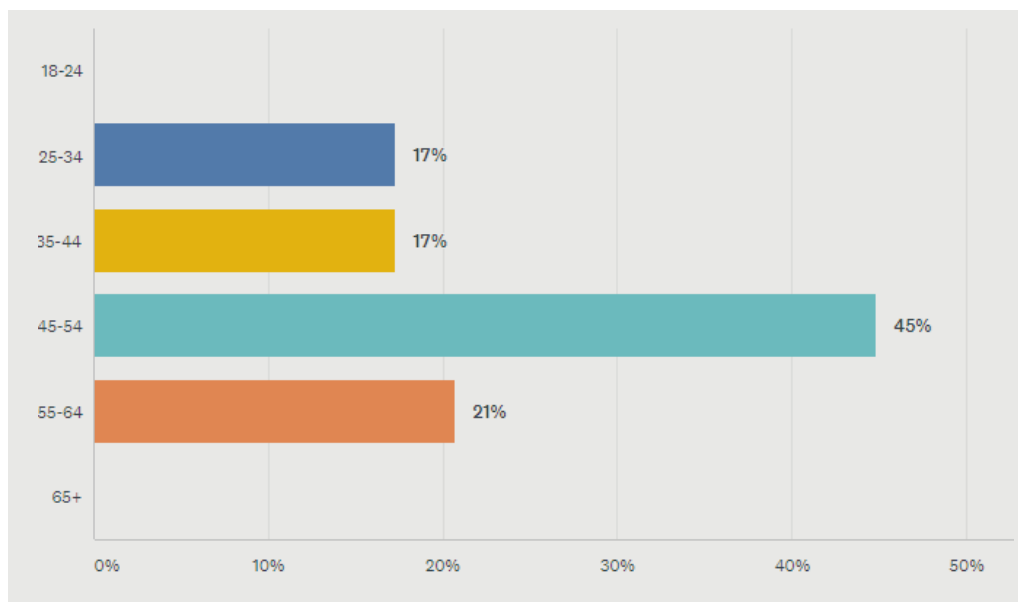


Fig 1. Age of participants

Most participants (86%) identified as female with ten percent identifying as male, three percent chose not to disclose their gender. This may have been due to the limited gender identification options available in the survey.

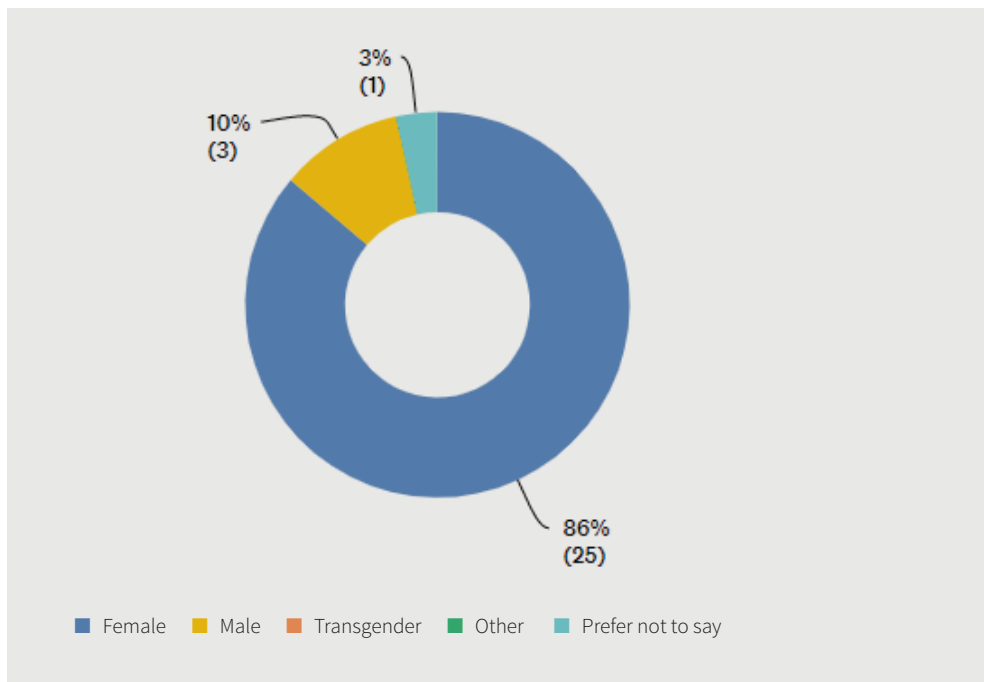


Fig 2. Gender of participants

Participants also shared their general geographic location. All participants responded and responses show a good geographic spread with Leinster (Dublin) accounting for the largest number of respondents (N=10, 34%). No participants identified as being from the Ulster region.

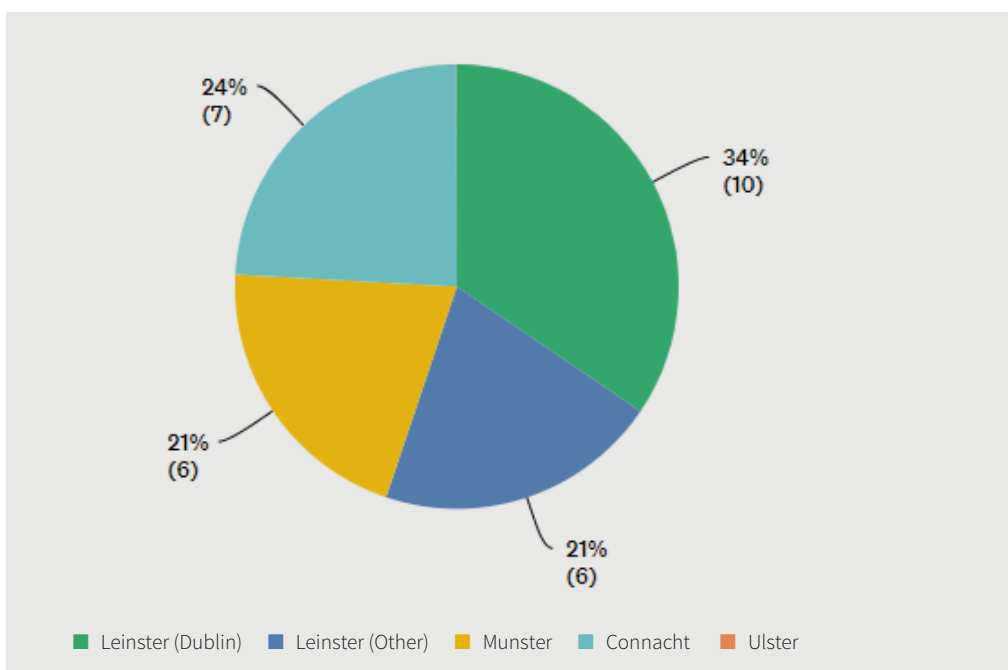


Fig 3. Approximate geographic region of participants

Disclosure (27 Responses)

The study sought to gather data which could speak to an existing and growing body of international literature relating to disclosure of sexual abuse and violence. In this context participants were asked to share the age at which they first disclosed their experience(s) of abuse, the recipient of their first disclosure, any subsequent recipients throughout their life course and the period between their experience(s) and their first disclosure, also known as the *latency to disclosure* (Alaggia, 2004). Twenty-seven participants responded to this section. The data show that among those who responded, there was a broad range of ages at which participants first made a disclosure of their experiences of childhood sexual abuse; with just one participant disclosing between the age of 18-24.

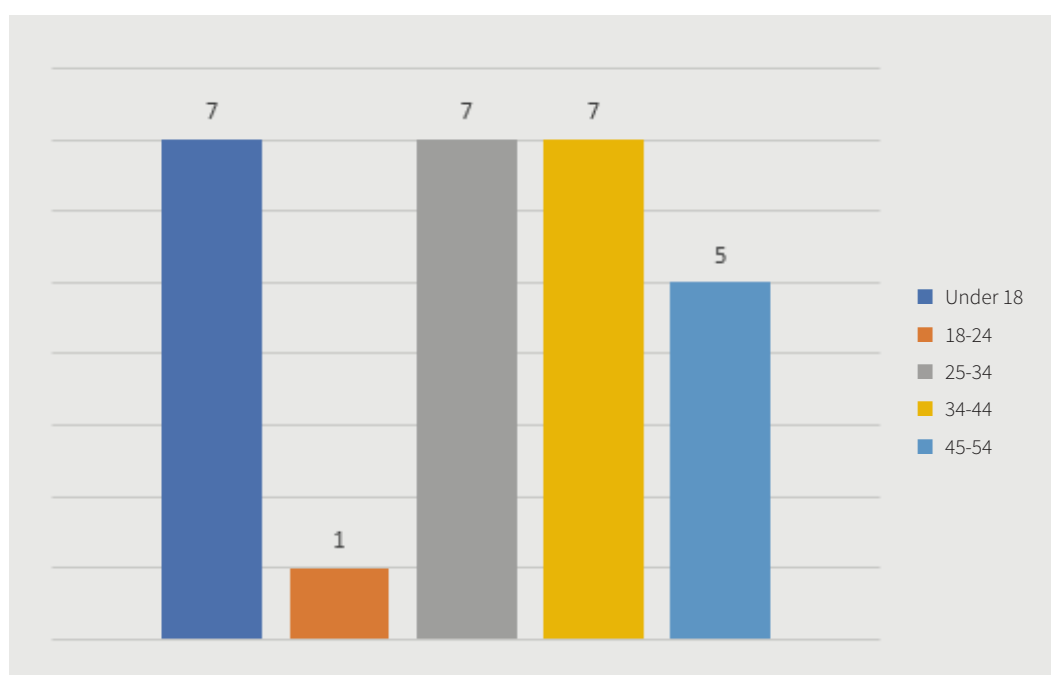


Fig 4. Age at first disclosure

Responses also reflect the wider international research in that those who disclosed, tended to delay disclosure. For example, seven percent of the participants (N=2) disclosed at that time at which the abuse occurred or was occurring (or within three months), while the majority disclosed over ten years after their experiences of abuse.

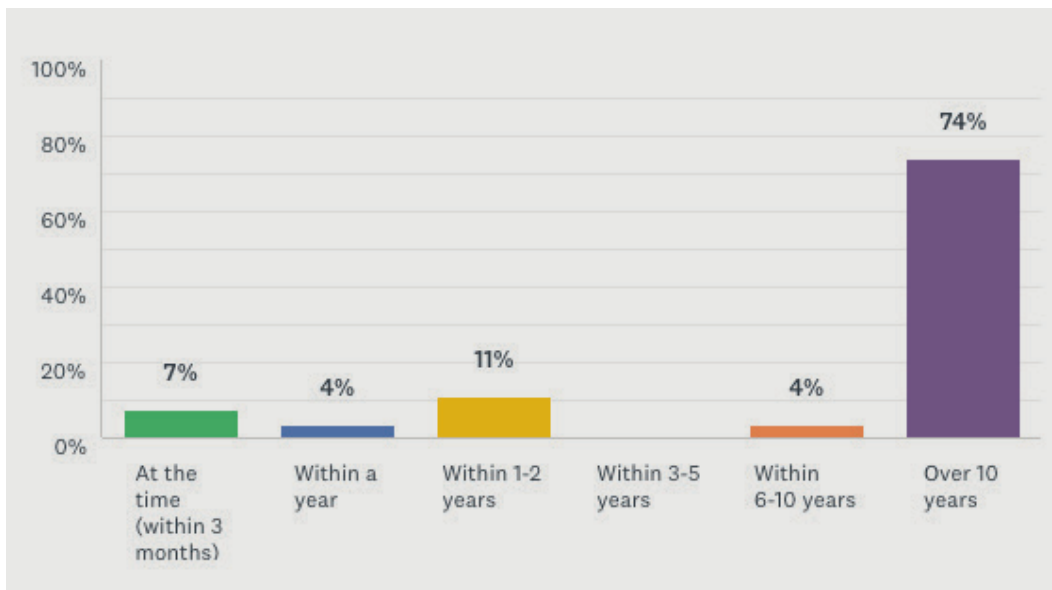


Fig 5. Latency to disclosure

Responses show that the most prominent category of persons to whom the participants first disclosed were professionals (26%), followed by friends/peers (22%). Categories, excluded in the graph below, which received no responses were ‘Other Family’ and ‘Online Forum/Social Media’.

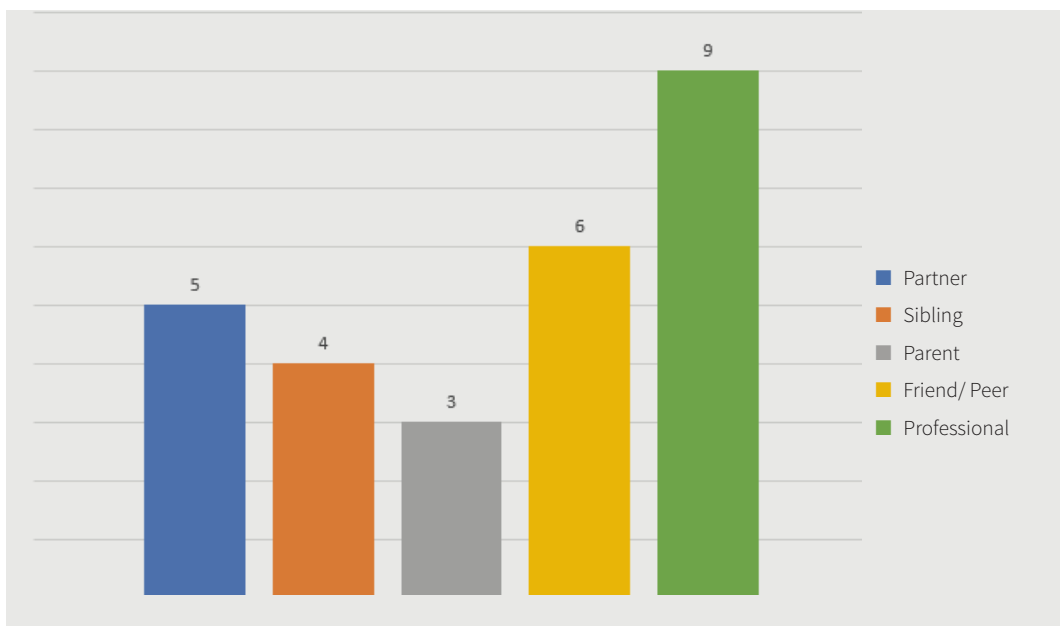


Fig 6. Recipient of first disclosure.

Participants were also asked to identify any recipients of disclosure across their life course; to whom they have disclosed to date. Participants could select as many categories as were relevant to them. These data show a wide range of recipients across the life course with the ‘other family’ and ‘social media’ categories also registering and accounting for ten and six percent respectively.

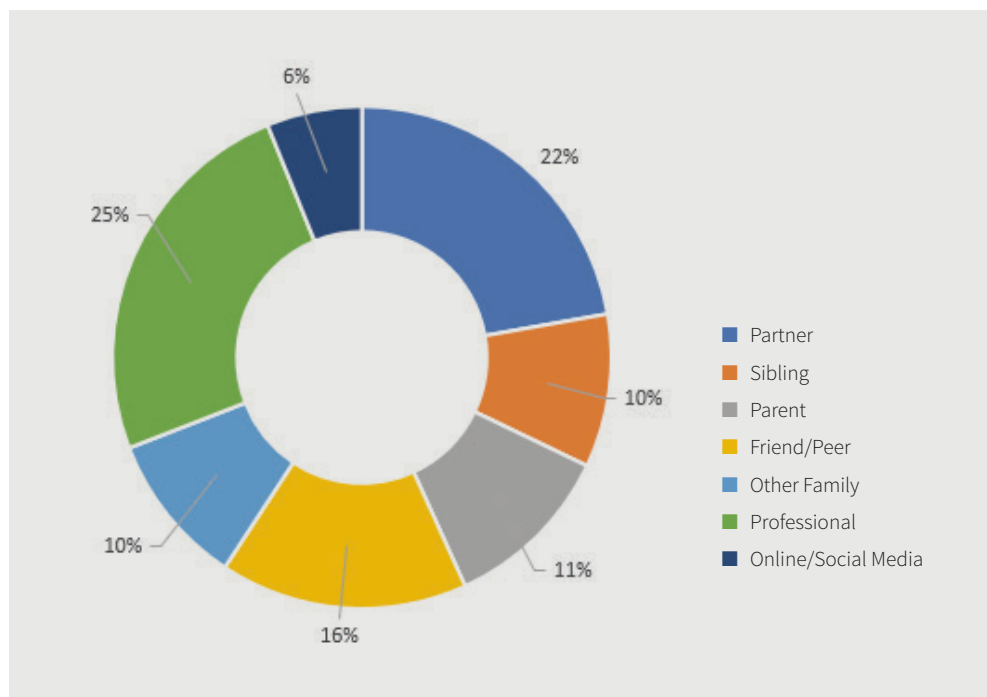


Fig 7. *Other recipients of disclosure through the life course.*

Disclosure to a Professional (24 Responses)

One of the specific aims of the study was to examine disclosure experiences in the context of developments in child protection policy and practice in Ireland. While the survey gathered some initial data relating to general experiences of disclosure, as reported above, most participants continued to the section relating specifically to disclosure to a professional. The notion of a ‘professional’ was not restricted or specifically defined in the survey instrument but participants were asked to select from a list of professionals based on those scheduled under the Children First Act 2015, otherwise known as mandated professionals. Perhaps not surprisingly mental health professionals account for the largest category, followed by An Garda Síochána, and medical professionals.

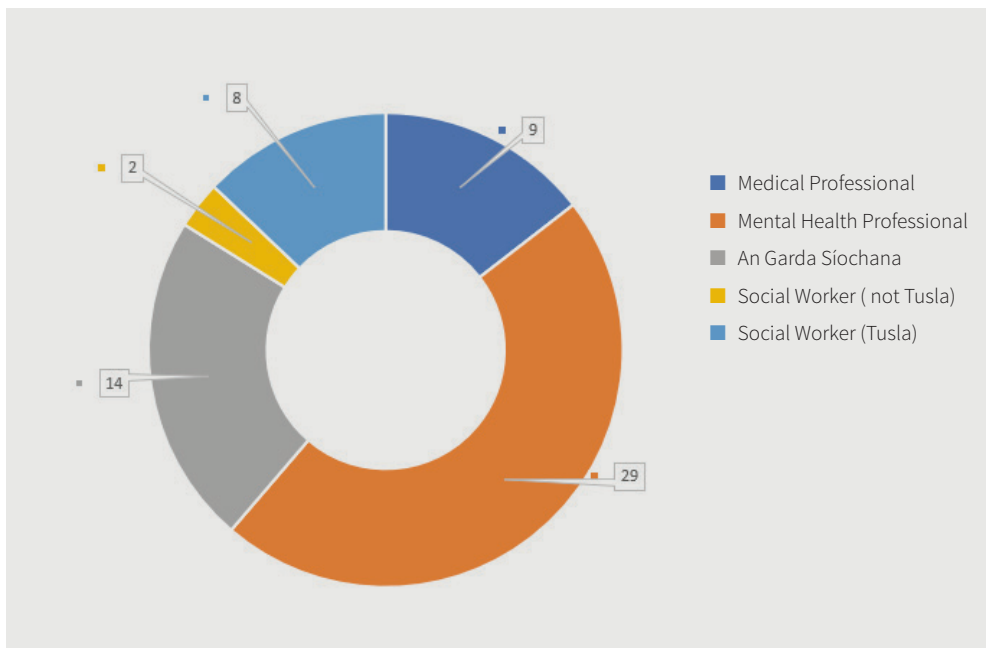


Fig 8. Categories of professionals reported to.

Participants were asked if they were aware if such a disclosure to a professional had resulted in a mandated report to child protection services. While mandated reporting only commenced in law in December 2017, fifty eight percent of participants signaled that their disclosure to a professional had resulted in a mandated report.

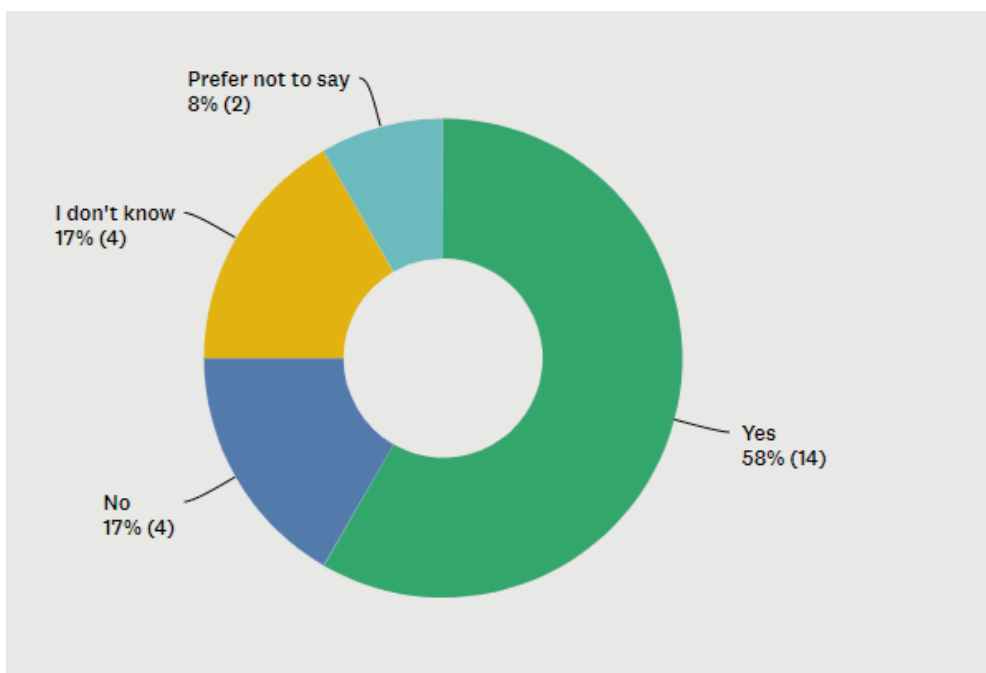


Fig 9. Disclosure to professionals that resulted in a mandatory report.

Contact with Child Protection Services (14 Responses)

Tusla, the Child and Family Agency are scheduled, under the Children First Act 2015, to receive mandated reports. Therefore, any such report on foot of an adult disclosure should result in contact from child protection services, if even only to acknowledge the report. The adult themselves then has an option as to whether to engage or not. Fourteen participants stated that their disclosure to a professional resulted in such a report and the follow data is based on their experiences of contact from CPS.

Participants were asked about the period between their disclosure to a professional and receiving initial contact from CPS. While the reasons for variation in time period could be attributed to any number of issues, a majority of participants were contacted within six months (57%). No participants choose options stating that they were contacted within one week or within one month, with one participant indicating that they were awaiting contact.

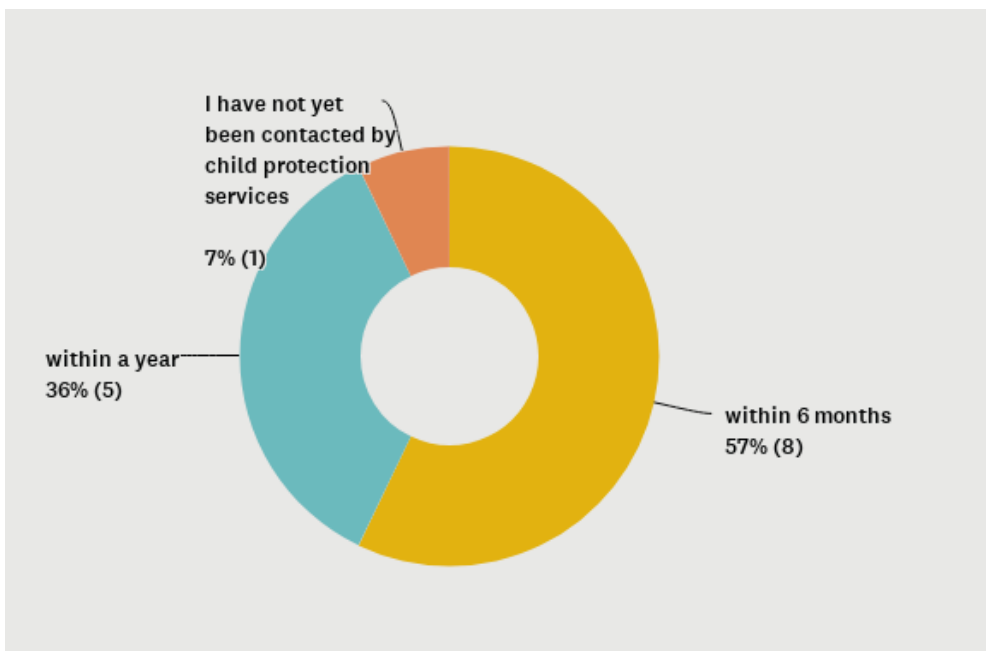


Fig 10. Time between disclosure to professional and contact from CPS.

RESULTS

In terms of the mode of communication used by CPS to contact individuals. Most participants were contacted via post (62%, n=8), three were contacted by phone, and two were contacted via the professional to whom they had initially disclosed. Of those who were contacted, sixty two percent (n=8) stated that the process of what would happen next was not explained to them by CPS. Fifty four percent (n=7) said that they were not provided with any written material regarding the process that CPS would follow. Those that did receive written material tended to receive this via letter (n=4), with three responding that they received a leaflet.

Whatever the material or explanation provided, a majority of those who responded to this section either disagreed (n=2) or strongly disagreed (n=6) with the statement that they understood the process of what would happen regarding the assessment of their disclosure.

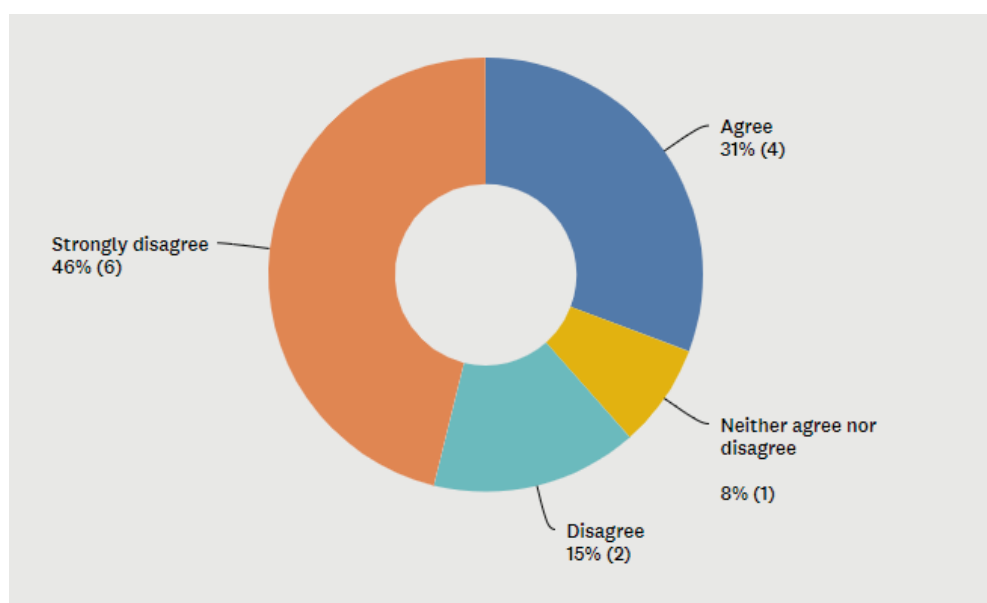


Fig 11. *I understood the process.*

What influenced participants engagement with Tusla? (11 Responses)

The survey sought to explore what motivating factors influenced an individual’s choice to engage with CPS. Participants were presented with a number of options and asked to rank how influential each were in their decisions to engage. The first of these is the individual’s concern for other children, in other words child protection concerns relating to the perpetrator identified in their disclosure information. The second was the extent to which the operation of mandatory reporting influenced their decisions to engage with CPS, and finally, the extent to which personal choice featured as a factor in this decision.

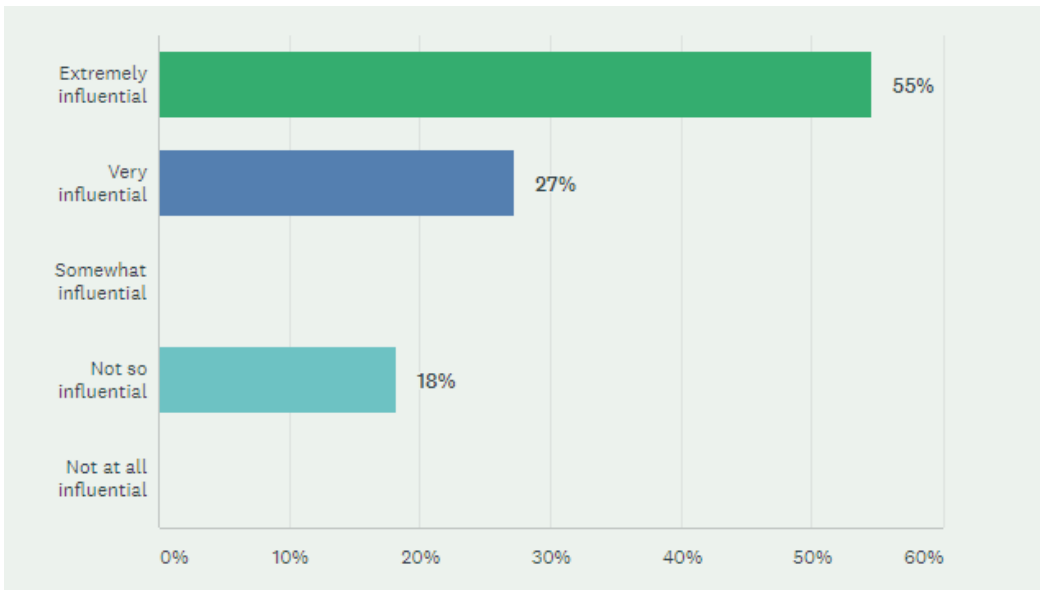


Fig 12. Concern for a child

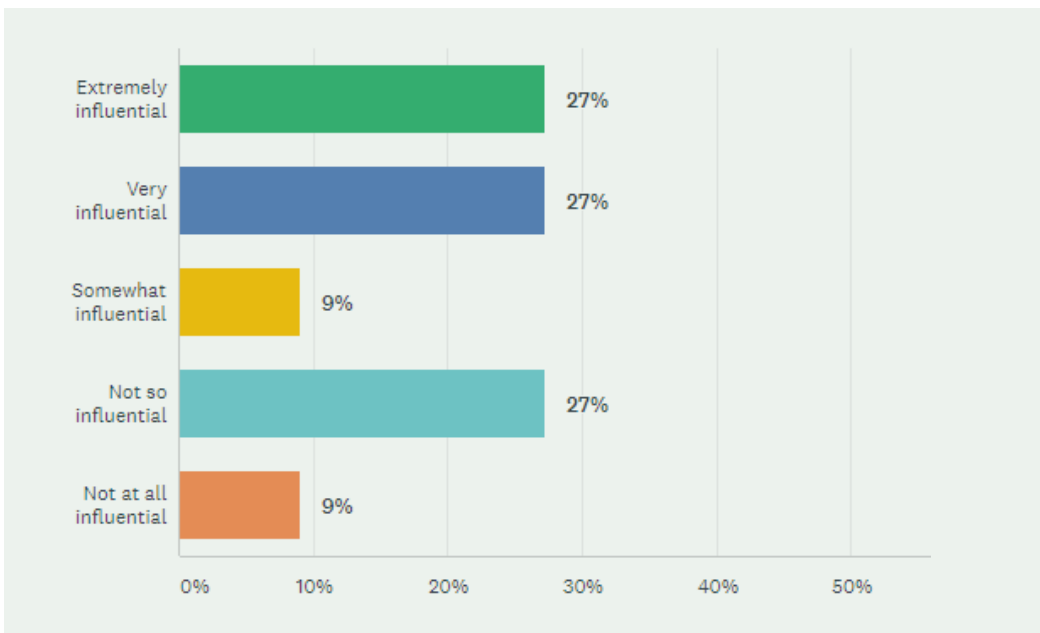


Fig 13. Mandatory reporting

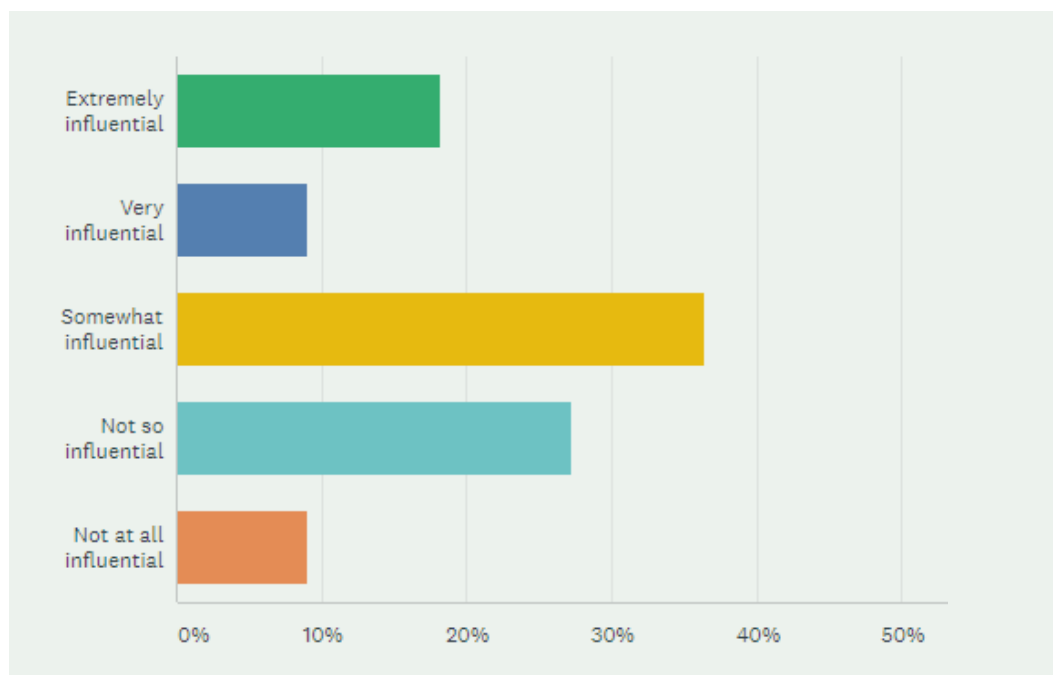


Fig 14. *Personal choice*

Of the eleven participants who responded to this section, at the time of the survey, five (45%) had not met with a CPS, six had. Of those six, the time between first contact from CPS and a meeting with a social worker varied from one month (n=1), within six months (n=3), with two participants specifying periods of three years and five years, respectively, between first contact and first meeting. Most (n=5) met with two social workers, with four reporting that those social workers were the same gender as them (two reporting a mix of genders). Only three of the six were advised they could bring an accompanying person with them and two chose to do so (a partner and an advocate respectively). Following this initial meeting only one of the six responded that they then understood the process.

The process of engagement/assessment (12 Responses)

In terms of the initial engagement with CPS there were some examples of positive practice. 58% (n=7) received a written acknowledgement of their disclosure, and a similar percentage were provided with contact details of a specific person they could contact within CPS. Half of the respondents in this section (n=6) were offered an opportunity not to proceed with the process of assessment. However, there were variable experiences of being kept up to date in respect of the assessment of their disclosure to CPS.

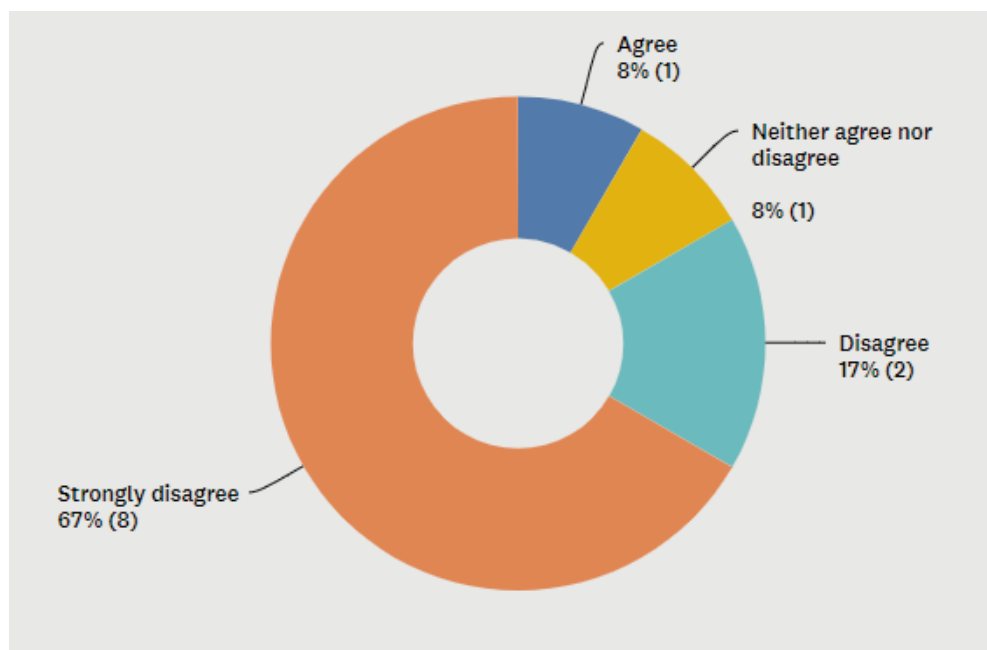


Fig 15. *Were you kept up to date?*

Using the language of the EU Victim's Directive, this section also asked respondents if they were offered any of the following information without undue delay:

- the type of support that could be obtained and from whom;
- the procedures for making a complaint;
- how and under what conditions one could obtain protection;
- how and under what conditions one could access legal advice, legal aid and any other sort of advice;
- specific details of services related to sexual abuse counselling, therapy, advocacy or support;

Three of the twelve were offered information regarding how to make a complaint. Of note, only one person was provided with specific details regarding support services related to sexual abuse services, while a majority of respondents in this section (67%, n=8) answered that that received none of the above advice. It should be noted that forty two percent (n=5) of the respondents to this section, at time of the survey, still had an ongoing CPS assessment of their disclosure and so may have received some of this information since the close of the survey.

EU Victim's Directive (15 Responses)

Following on from the use of the wording of the EU Victim's Directive, specific questions were posed to examine how respondents experienced their overall engagement with CPS. Fifteen respondents engaged with this section of the survey and were asked to what degree they experienced their contact with CPS as Respectful; Sensitive; Professional; Non-discriminatory; and Appropriate to meeting their needs (if any).

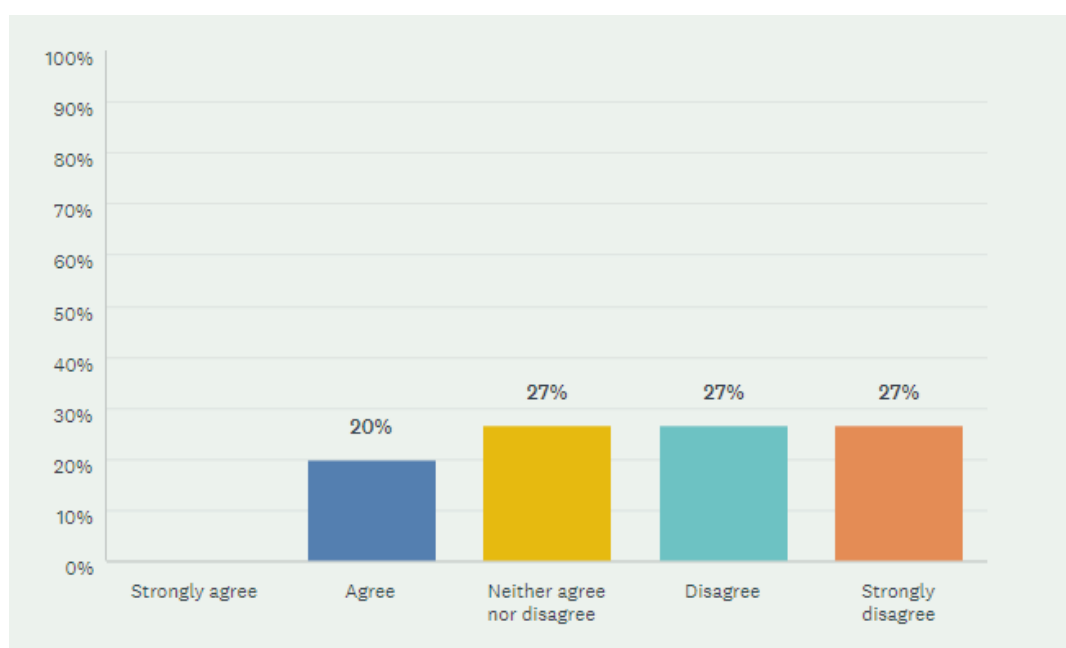


Fig 16. *Respectful*

RESULTS

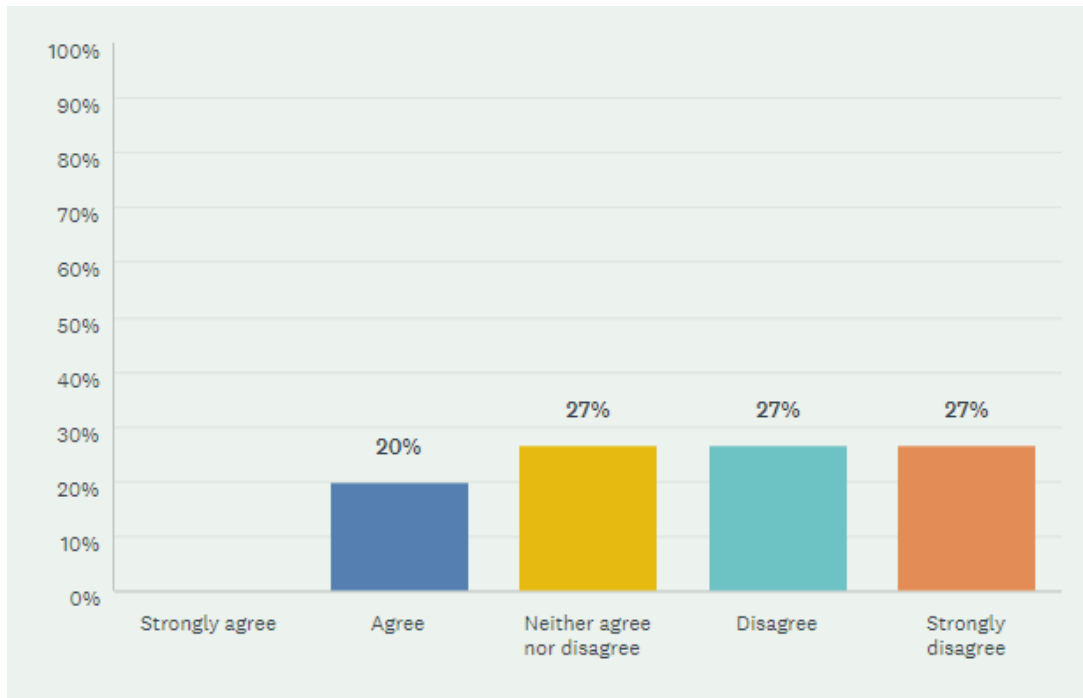


Fig 17. *Sensitive*

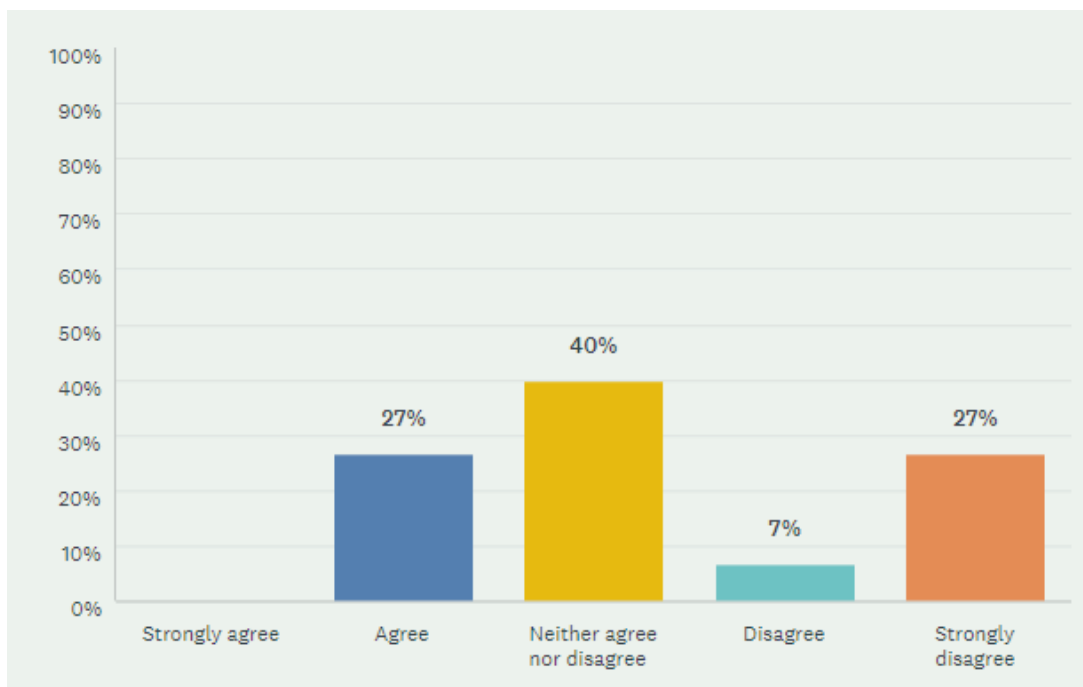


Fig 18. *Professional*

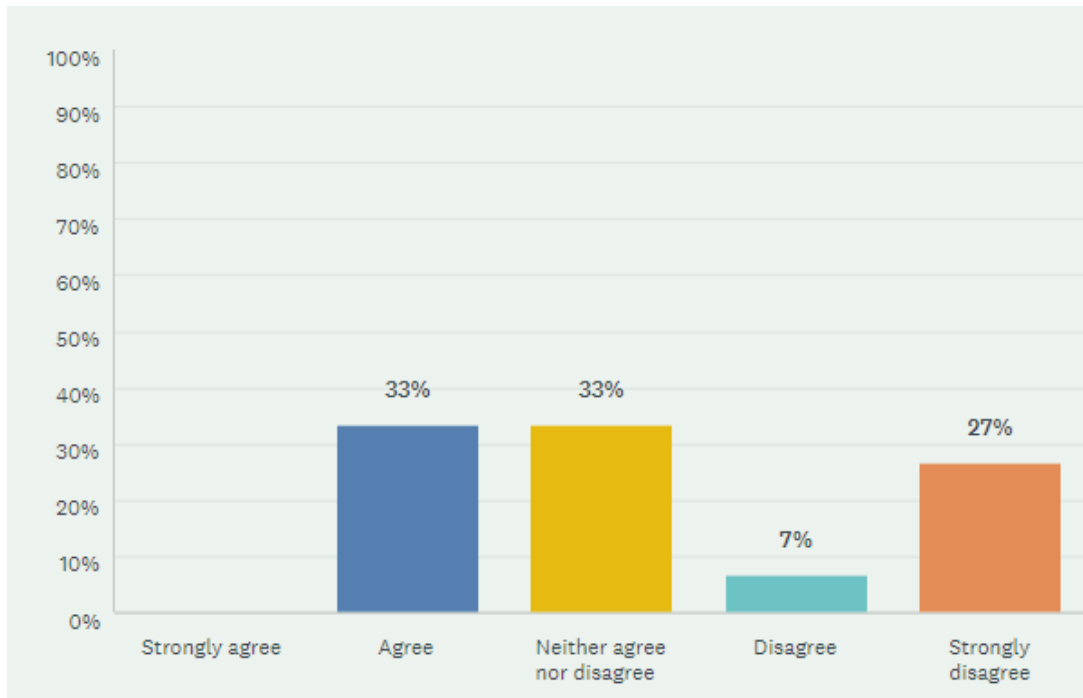


Fig 19. *Non-Discriminatory*

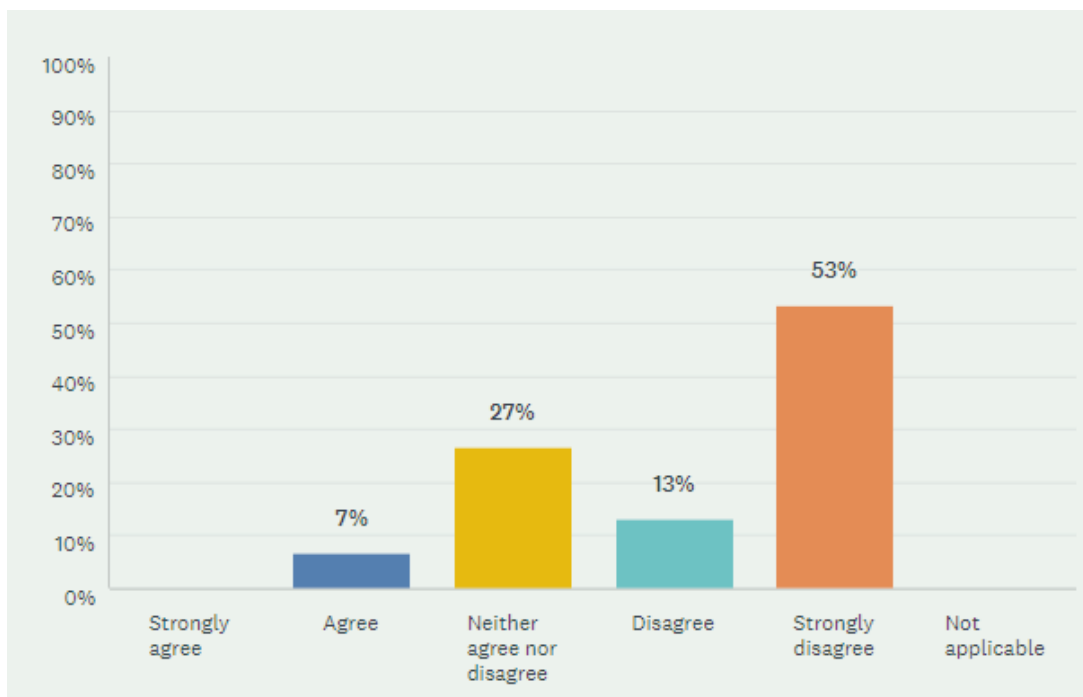


Fig 20. *Appropriate to Meet needs (if any)*

Information Sharing (22 Responses)

In the context of recent developments in data protection, the enactment of the Data Protection Act 2018, and recognition of the European General Data Protection Regulation in Irish law, the survey also examined the issue of information sharing. Twenty-two people responded to this section.

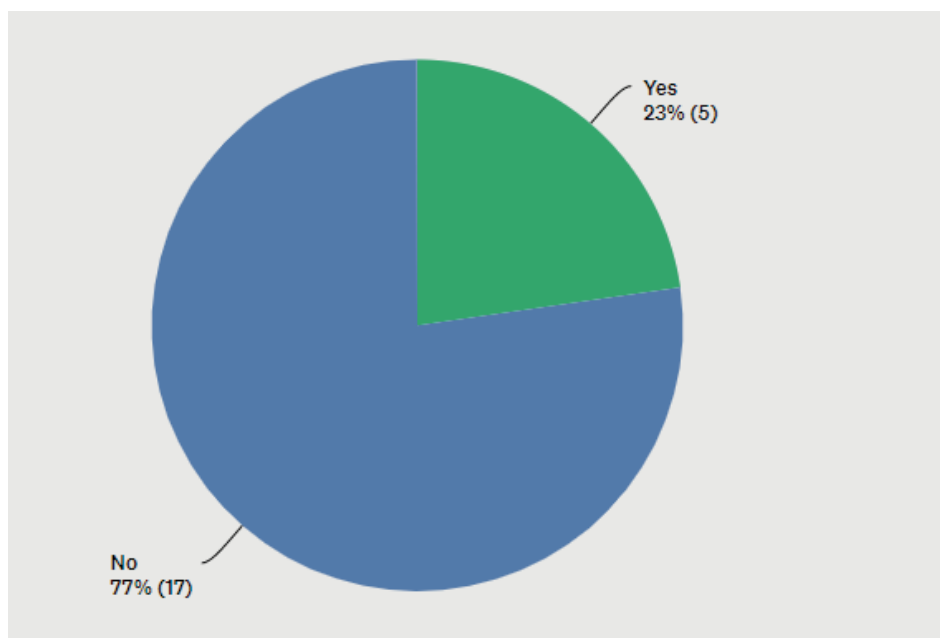


Fig 21. *Were you told your personal information would be shared?*

Following engagement with CPS, most participants were not informed that their personal information would be shared with a third party. When asked specifically about whether or not they were informed if details of their disclosure would be shared, a similar amount (77%, n=17) stated that they were not advised of this. These responses therefore contribute to the additional finding that a majority were also not advised with whom their information might be shared. At the time of data collection, seventy-three percent were unsure if their information had been shared with a third party.

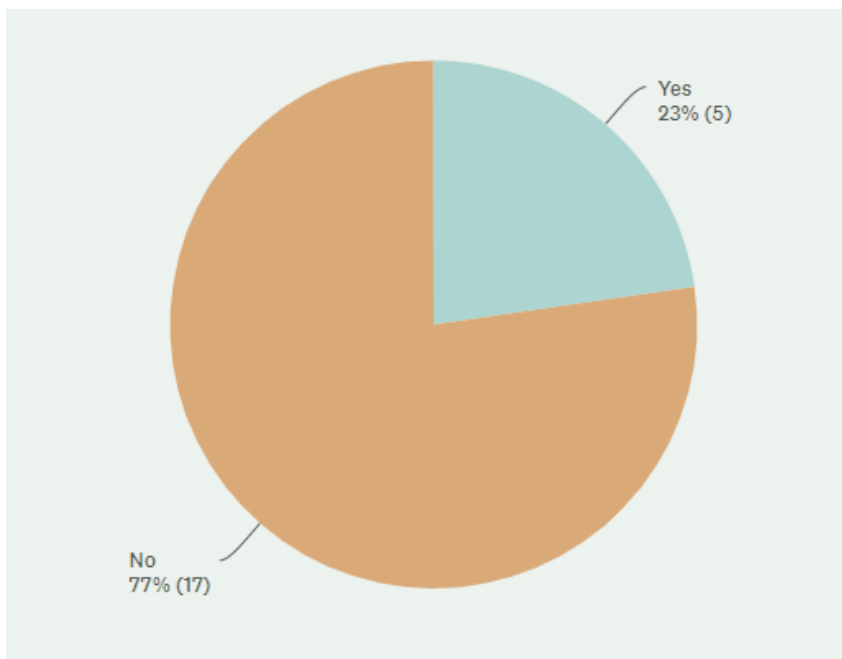


Fig 22. *Were you told that details of your disclosure would be shared?*

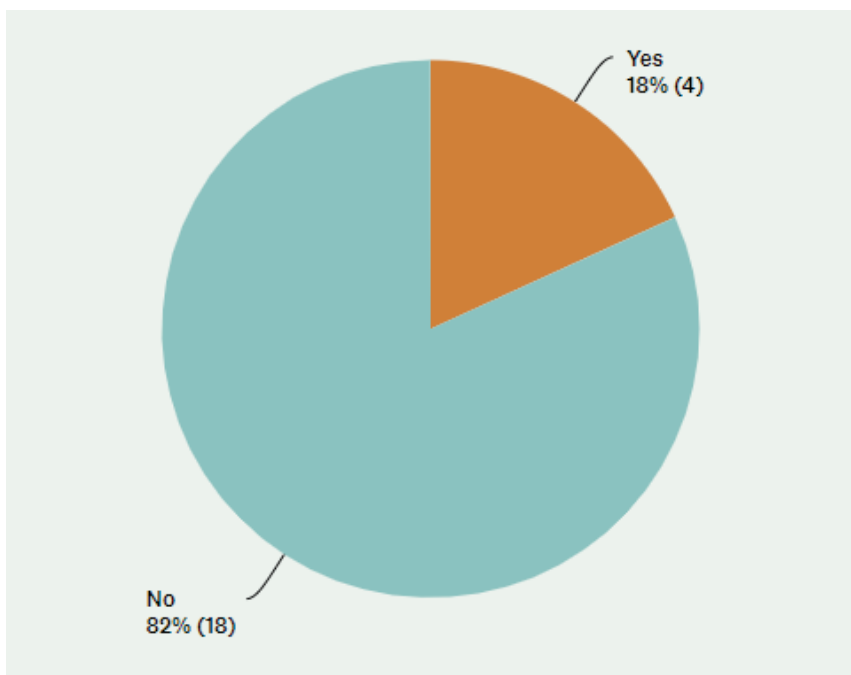


Fig 23. *Were you told who your information might be shared with?*

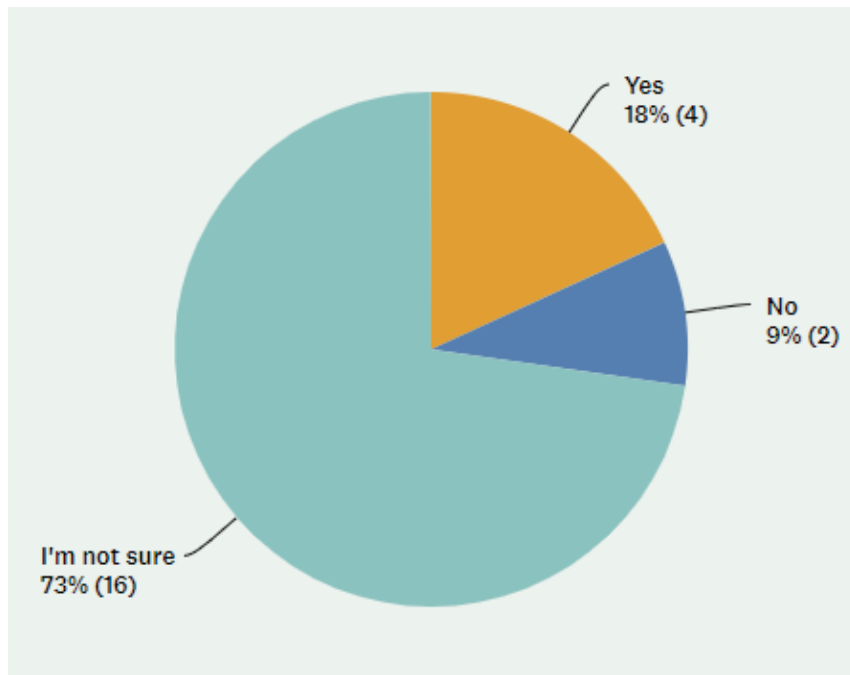


Fig 24. *Was your information shared?*

Three respondents provided additional detail regarding who their information was shared with, and this included the Gardaí (Irish Police) and the person named as the abuser in the disclosure (the person suspected of the abuse).

Overall experience of engaging with Tusla (12 Responses)

Twelve respondents chose to complete the section relating to their overall experience of engaging with CPS. Unfortunately, when asked “If starting over, would you engage in this process again (your disclosure and, where relevant, your engagement with TUSLA)?”, most stated that they would not. Posing questions for how we develop policy, services, and responses in this area of practice.

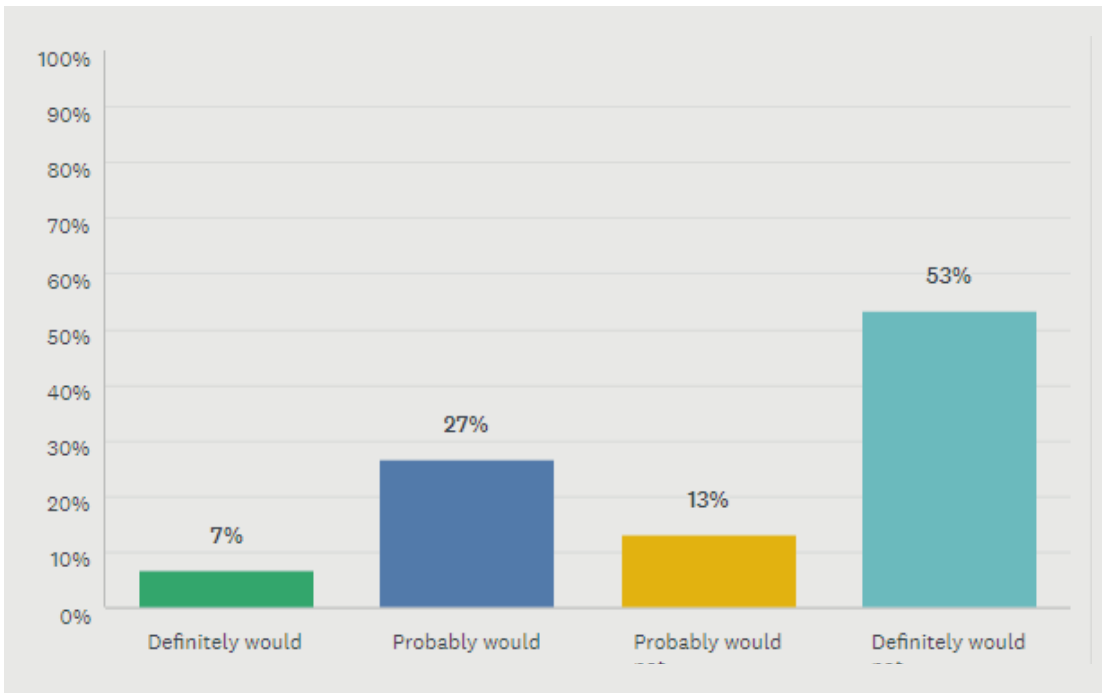


Fig 25. *If starting over, would you engage in this process again (your disclosure and, where relevant, your engagement with TUSLA)?*

A black and white photograph of a complex maze made of hedges. The maze features a central path that leads through various dead ends and loops. The hedges are dense and well-maintained, creating a stark contrast with the lighter ground. The overall scene is a classic representation of a maze, symbolizing a path through complexity.

Barriers or Pathways? Discussion

Discussion

The international literature in relation to disclosure of childhood experiences of sexual abuse tells us that disclosure tends to be delayed. The literature tells us that people can face significant barriers in respect of disclosure, barriers that can take many forms and operate at many different levels across the life course. To understand what barriers and hurdles exist, and how they operate, we must understand disclosure. Gathering people's experiences of disclosure is therefore critically important in the effort to create spaces and processes that facilitate, encourage, and support disclosure, reporting, and recovery.

While not definitive, this study, albeit drawn from a small but geographically diverse sample, is instructive in terms of the current experiences that adults have when engaging with our child protection services here in Ireland. The findings indicate that we may still have some way to go to understanding the dynamics of both abuse and disclosure and incorporating such an understanding into our systems and services. The following discussion will point towards future research and practice directions and, where applicable, point to what we are doing right.

Experiences of Disclosure

The study aligns with the international literature in that most of the participants made their first disclosure in adulthood with a majority stating that they first disclosed more than 10 years after the abuse had occurred. These data support calls from the existing research, that our systems and services should be prepared for disclosure in adulthood. In such preparations, attention should be paid to the fact that, for adults, the 'passage of time does not necessarily mitigate the negative effects of child sexual abuse' (Alaggia, 2004, p1222). Such systems and responses need to bear in mind that disclosure can take many forms (Alaggia, 2004; McElvaney 2015) which can include various attempts to tell that may not have been verbally communicated. The system, in this instance child protection services, can therefore not only expect to receive disclosures in adulthood but also receive disclosures from people who may have previously tried to tell or signal their experiences and who may have received negative responses or no response at all. In this context, trust, being believed, feeling safe, and feeling supported become ever more important when a person comes forward to tell as an adult.

The survey results show that the recipient of first disclosures tended to be people in the adult's close social circle, a peer, a family member, or partner. When we move to subsequent experiences of telling or disclosing, we interestingly see that five participants have experience of disclosing on online platforms and social media. This is an area that needs to be examined in more detail in an Irish context, particularly in the recent context of the #MeToo movement (Alaggia and Wang, 2020).

How Adults Tell: Where are we now?

As discussed in the context section, the initial rationale behind this study was to examine adults' experiences of reporting to child protection services in the context of developments in child protection practice and policy, and new laws on mandated reporting and data protection. One of the overarching findings of the author's previous study, *How Adults Tell*, was that the system itself acted as a potential barrier for those coming forward (Mooney, 2021). The lack of a clear process or accessible policy were some of the central issues at that time, with one participant of that study stated that "even a little sketch... on the back of a napkin would have helped..." (Mooney, 2019). While some surrounding practices have improved and some pockets of good practice have developed, it is clear from this study that the experiences of adults coming through the process remain largely similar and, in some instances, have deteriorated.

Disclosure is linked to the context in which the abuse has occurred (Reitsema and Grietens, 2016) and therefore has a potential to replicate dynamics of the abusive experience. A loss of control, powerlessness, issues regarding belief, trust, and experiences of deliberate or unintentional silencing may all feature. In assessment, and during the receipt of disclosures, unhelpful responses to disclosure can be related to higher levels of mental distress. Being the recipient of an unhelpful response may undermine the adult's ability to process and understand the abuse, thereby contributing to negative feelings (Easton, 2013).

The participants of this study largely felt they did not understand the process of what would happen once they reported to CPS. Most were contacted by a letter in the post to acknowledge the receipt of their report. However, following this initial contact, most felt that they did not understand the process or what would happen next. Many were not provided with any written material. Previous research by the author showed that the point at which their story or narrative was handed over to CPS tended to be a critical point at which the dynamics of power and control came in to play, significant features of abuse in childhood. The participants of that previous study spoke about the anxiety and stress leading up to sharing their experiences with social work services and the feeling of a loss of control once their disclosures had been handed over. The lack of information or clarity following this being described as a black hole, a void, falling off a cliff. It appears, from the results of this survey, that many may still be experiencing this void.

In terms of this void, the findings also tell us that the time between this first contact from CPS and the first meeting with a social worker tended to vary. Five participants had not met with a social worker at the time of the survey. This may have been due to them making a recent disclosure. However, of those who had met with a social worker this tended to be between one and six months after the initial contact letter. While the findings are derived from a small sample, two participants experienced prolonged delays of three and five years between their first contact and first meeting with CPS. Some participants were not advised that they could bring a support person to this initial meeting. In terms of positive practice, seven of the participants received a written acknowledgment of their disclosure

and were provided with a single point of contact with the CPS, something emphasised by the EU Victim's Directive, discussed next.

EU Victim's Directive

It is important to note that the EU Victim's Directive was drafted in the context of criminal justice proceedings, ensuring such systems and processes are equipped and designed to meet the needs of victims of crime. The author's argument here, is that while not directly a criminal justice process, the assessment of disclosures of childhood sexual abuse, being both a crime and a child protection issue, could be viewed as an ancillary process and could benefit from similar provisions to those laid down in the Directive (Mooney, 2019). This would ensure that the process is more victim-centric and would consider the potential needs of those impacted by childhood trauma. Such an approach has also been considered in the recent report of the Governmental Rapporteur on Child Protection (O'Mahony, 2020).

Twelve participants responded to the section of the survey relating specifically to the EU Victim's Directive. This section was designed using the wording of the Directive but not directly citing the Directive itself. The aim was to explore to what extent individuals are currently experiencing some of this positive practice. The Directive provides that individuals should be supplied with the following without undue delay; the type of support that could be obtained and from whom; the procedures for making a complaint; how and under what conditions one could obtain protection; how and under what conditions one could access legal advice, legal aid and any other sort of advice; and specific details of services related to sexual abuse counselling, therapy, advocacy or support. As the findings section shows, three of the twelve were offered information in relation to how to make a complaint, only one person was supplied with information regarding available sexual abuse support services, and eight responded that they had received none of the above.

The Directive was drafted to ensure that victims are recognised and treated in a 'respectful, sensitive, tailored, professional and non-discriminatory manner, in all contacts with victim support or restorative justice services or a competent authority, operating within the context of criminal proceedings' (EU Victim's Directive, Article 1.1). Again, while not directly mentioning the Directive, the survey instrument sought to capture the degree to which adults who interact with CPS are already experiencing such features. Despite developments in child protection practice in this area, on foot the HIQA report (2018), the EAG process (2020), and developments in respect of CASP (ongoing), a majority of adults did not experience their interactions as respectful, sensitive, or appropriate to meet their needs as victims of abuse. On a slight positive note, in terms of experiencing their interactions as non-discriminatory, a third agreed that their interactions were non-discriminatory, with another third neither agreeing nor disagreeing with this. Similarly, just under thirty percent found their interactions to be professional with forty percent neither agreeing nor disagreeing. One hypothesis here, is that we are seeing the

basis of social work practice coming through into this highly complex and legalistic area. Social work is predominantly a relationship-based practice that works from a base of emancipatory and non-discriminatory approaches with a view to empowering people and promoting social justice. There are strong currents of practice within social work that make it ideally positioned to work alongside adults impacted by childhood abuse; currents that have become obscured by legal precedents (Mooney, 2018) and complex, albeit well-meaning, policy developments (Mooney, 2020a). Whether or not this is the case, these findings and those that have gone before, strongly support the need for a victim-centric and trauma informed approach to practice in this complex area. The EU Victim's Directive may be one small step towards such practice.

Information Sharing

The protection of personal data has become a central consideration of modern public administration and service provision. The state, by its very nature, processes a multitude of personal and sensitive data on a daily basis in respect of people's health, livelihoods and economic situations, their personal and professional status, and their identities, to name just a few domains. It could be argued that such considerations are no more pertinent than in the context of disclosures of childhood experiences of sexual abuse. Such disclosures often contain traumatic and sensitive information, details of criminality and child protection concerns, and personal identities of victim and perpetrator alike. As mentioned, there have been a number of recent decisions by the office of the Data Protection Commissioner relating to Tusla's use and sharing of data. Many of these decisions have been in respect of disclosures of sexual abuse and what were deemed 'address based errors', whereby information was shared with the wrong individual due to an incorrect postal address being used (Data Protection Commissioner, 2020, p 21).

Unfortunately, it is in this area that the results of the survey study are most stark. Of the twenty-two participants who responded to the section relating to '*information sharing*', seventeen (77%) stated that they were not advised that their personal data, and specifically details of their disclosure, would be shared. A similar percentage, most likely directly related, stated that they were not told *with whom* their information would be shared. At the time of their survey study response (May 2020 – December 2020), most participants were unsure as to whether their information had been shared with anyone (73%).

Given the highly sensitive nature of this information, given the potential intrafamilial dynamics of childhood experiences of abuse, and given the potentially lifelong impacts and effects of an experience of sexual abuse, uncertainty of this specific nature needs to be addressed. The sharing of highly sensitive information, at times, is essential, particularly when it comes to the current or future safeguarding of children and young people in our communities. Gruenfeld et al. in a study examining adults' interactions with mental health providers and social services, suggest that 'blind spots' held by such services 'may inadvertently help produce and sustain' barriers to disclosure (2017). We need to avoid what appears to be a slow drift towards treating adults, who come forward to make retrospective disclosures of

childhood abuse, as mere suppliers of information. We need to view such adults in their own right as individuals with potentially specific needs, with concerns about how their information and narratives are used, processed, and circulated, and with reasonable requirements related to the provision of clarity, information, communication, and care.

An aerial photograph of a large, intricate maze made of dense green hedges. The maze features several winding paths and dead ends. In the lower right corner, a path leads to a small, rectangular sandy area. The overall scene is a lush green landscape with a complex geometric pattern.

From Barriers to Pathways: Recommendations

From Barriers to Pathways: Recommendations

The current legal, policy and social work practice contexts surrounding retrospective disclosures of childhood abuse are complex and challenging in equal measure. It is hoped that the findings of this research will assist those offering supports, social work services, and those impacted by abuse. This is a small piece of research, however, focusing on some very specific issues of concern. Future research needs to further examine the experiences of social work practitioners in this area of practice. Tusla are currently building multidisciplinary teams in each of its four regions in an effort to ensure that retrospective cases of abuse are consistently managed and to build expertise. But do social workers feel competent, confident and supported in negotiating complex quasi-legal and forensic assessments while juggling aspects of GDPR, mandatory reporting and significant and fast-paced developments in child protection practice in general?

How are those professionals who are mandated to report, such as therapist, counsellors and advocacy workers, experiencing these issues? As discussed in this report, whatever the benefits of mandatory reporting, the recognised therapeutic benefits of ‘talking’ and ‘opening up’ are somewhat under fire if information must be mandatorily passed on to a child protection system that may, in turn, pass that information on, potentially to an alleged abuser.

Facilitate, encourage, and support – taking cues from the EU Victim’s Directive:

The absence of a clear legal underpinning in this area of practice has been discussed previously. The findings of this survey, while not speaking directly to this issue, highlight a persisting lack of clarity, delay, and poor communication and provision of support in the receipt and management of retrospective disclosures. It is argued that the current Departmental review of the Child Care Act 1991 is an opportunity to provide statutory support to front line practitioners engaged in such work. Legislative powers in relation to investigation of allegations and subsequent sharing of information should be developed. It is further argued that such legal powers should be developed in the context of the provisions of the EU Victim’s Directive to ensure that any process or protocol is ‘victim-proofed’ and balanced (Mooney, 2019; see also O’Mahony, 2020). Ultimately, what is clear from this research is that there are multiple issues which potentially serve to further silence or deter those who have already experienced trauma and harm.

Professionals displaying understanding and openness have been found to contribute greatly to building a trusting relationship (Gagnier et al., 2016). The binding Articles of the *Directive* specifically recognises victims of sexual crimes in the context of gender-based violence (Section 17) and violence within the

context of close relationships (Section 18). It sets out substantive sections on the Provision of Information and Support which includes a ‘right to understand and be understood’ (Article 3), a ‘right to receive information from the first contact with a competent authority’ (Article 4), including ‘information about your case’ (Article 6), ‘right to access victim support services’ (Article 8) and a minimum standard of such provision (Article 9). The Directive also includes rights to protection against repeat victimisation (Article 18) which will take account of the specific needs of the individual with specific regard to experiences of sexual violence (Article 22). The Directive acknowledges and allows for the possible barriers to disclosure stating that ‘...the delayed reporting... due to fear...humiliation or stigmatization should not result in refusing acknowledgement of the victim’s complaint’ (Section 25).

In terms of supports being offered to someone coming forward, Section 37 states that ‘support should be available from the moment the competent authorities are aware of the victim...’. Such supports are detailed under Article 8 of the Directive and include a free of charge, referral to confidential victim support (8.1) facilitated by the competent authority (8.2). Such services should provide information, advice and support (9.1(a)), information about or direct referral to any specialist support services (9.1(b)), emotional and psychological supports (9.1(c)), and advice relating to the risk of secondary and repeat traumatisation (9.1(e)).

TAKE AWAY MESSAGES

Knowledge:

Services responding to disclosures of childhood abuse and trauma must develop professional knowledge of the dynamics of abuse and disclosure. It is important in doing so that a person’s previous experiences of disclosure are understood, the context in which they experienced abuse, and the power dynamics that have impacted that person over their life course are taken into account.

Communication:

Communication with the person disclosing should be clear, regular, accurate, and timely. The language used in written and verbal communication with those impacted by childhood abuse must be understandable and sensitive to dynamics of abuse.

Clarity:

Clarity should be a key component in explaining the assessment process, the rights and duties owed by child protection services to all parties, the potential duration of an assessment, the process of communication of information to third parties (professional and other), and what the potential outcomes of the process can be including what follow up actions may be taken by, or are open to, the complainant. Clarity is key even if this means being clear about the lack of clarity due to legality, policy complexities, or competing rights.

Concluding comment

It is the author's opinion that at present the system of receiving, assessing, and managing retrospective disclosures of childhood sexual abuse is serving no one. Frontline social workers, trained in relationship-based and anti-oppressive practice and working from a person-centred approach, are cast into complex webs of legality, forensic risk assessment, evidentiary balances, and making determinations that are regularly scrutinized under judicial review. It is unfair to continue to ask social workers to do this type of complex work without legal and policy support and underpinning.

Due to the uncertainty and confusion in this space, support services for adult survivors and victims of sexual abuse are potentially weary of the role of state services in a system that has, for many years now, been seen to lean too heavily in protection of the rights of those suspected of abuse.

Finally, the adult victim and survivors themselves, some of whom have taken the time to participate in this study, remain in the dark about how their disclosures will be managed, how their experiences will be cared for, when they come forward to disclose either to seek help or to protect current or future children, or both.

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