

ADULT DISCLOSURES OF CHILDHOOD SEXUAL ABUSE TO CHILD PROTECTION SERVICES: CURRENT ISSUES IN SOCIAL WORK PRACTICE

By Joseph Mooney

INTRODUCTION

Section 3(1) of the Child Care Act 1991 places an obligation and legal duty upon the Child and Family Agency (Tusla) 'to promote the welfare of children in its area who are not receiving adequate care and protection'. This role is carried out by child protection social workers throughout the State. This research focused on a specific element of this role; specifically the social worker's responsibility to accept and assess retrospective reports of childhood sexual abuse.

Retrospective disclosures of abuse may be defined as 'disclosures by adults of abuse which took place during their childhood' (Department of Health and Children, 1999:39). In 2010 the Ombudsman for Children's Office revealed that inconsistencies and variable practices existed in relation to child protection practices across the country and specifically in relation to the implementation of the 1999 Children First national guidelines (Ombudsman for Children's Office, 2010). The central hypothesis of this research was that, due to gaps in Irish policy, these variable practices and inconsistencies still exist, specifically in relation to retrospective disclosures of childhood sexual abuse.

The hypothesis that these variable and inconsistent practices exist in relation to the referral, assessment and management of retrospective disclosures is important firstly because the alleged abusers that may be identified through these referrals may still pose a risk to current children if not appropriately assessed and offered treatment.

Secondly, given the dynamics of child sexual abuse and its impacts in later life, these referrals are being made by a potentially vulnerable section of society who are displaying great courage and strength not just in coming forward to reveal their own experiences but in attempting to stop the cycle of abuse and protect current children. Taking this vulnerability into account the consistent and standardised management of these referrals is of utmost importance.

This research sought to present a contextual background to this area of social work practice, examine and highlight the perceived gaps in both policy and practice and finally speak with the key stakeholders and present their views on the complexity of this situation. Given the statutory obligation placed upon social workers in this area (Child Care Act, 1991) this is a path rife with legal and practice pitfalls and in the absence of clear, detailed, national

guidelines or policy social workers are being asked to walk it blindfolded.

CONTEXT OF THE RESEARCH

In 2002 the Dublin Rape Crisis Centre published a report which highlighted that 42 per cent of women and 28 per cent of men have experienced some form of sexual abuse during their lifetime. The most striking statistic presented by this report however revealed that of the 3,120 participants surveyed almost half (47%) had never previously disclosed their experiences (McGee et al, 2002). These statistics are frightening in that they hint at the potential, undiscovered, extent of child sexual abuse within the State.

When read in conjunction with the plethora of institutional and religious child abuse cases reported in the Ferns, Ryan, Murphy and more recently Cloyne Reports (Commission to Inquire into Child Abuse 2009; Commission of Investigation, Report into the Catholic Archdiocese of Dublin, 2009; Commission of Investigation, Report into the Catholic Diocese of Cloyne, 2010; The Ferns Report, 2005), the cases of Kelly Fitzgerald (Joint Committee on the Family, 1996), the Roscommon Child Care Case (Health Service Executive, 2010) and the Kilkenny Incest Case (South Eastern Health Board, 1993) and it would appear that child sexual abuse is at epidemic proportions in Ireland.

The social worker's responsibility under Section 3.6.1 of Children First 2011, which deals specifically with retrospective disclosures, is to 'establish whether there is any current risk to any child who may be in contact with the alleged abuser revealed in such disclosures' (Department of Children and Youth Affairs, 2011:15). This responsibility is in existence, in exactly the same wording, since 1999. Despite the presence of general child protection guidelines since 1987, statutory commissions of investigation since 1993 and specific guidelines concerning retrospective disclosures since 1999, those who participated in this research, including child protection social workers, were of the view that the responses in this area are still insufficient to adequately protect children.

METHOD

Semi-structured interviews following an iterative process were undertaken as part of this research. This meant that the responses to the initial interviews influenced the questions posed in the latter interviews. This approach was suited to the research question in that two of the main stakeholders are separate agencies who deal with different aspects of the issues surrounding retrospective reporting and who would not necessarily have an intricate knowledge of each other's concerns, difficulties or role. The iterative nature of the qualitative interviews allowed for a conversation, of sorts, to be had between the two organisations specifically relating to issues surrounding retrospective disclosures.

Participants were purposively selected for their experience and responsibility in relation to both assessment and referral of retrospective disclosures. Therefore, interviews were conducted with four Child Protection social workers, three members of staff, in the areas of advocacy and psychotherapy, from the agency One in Four and a former Assistant National Director of HSE Children and Family Services. This iterative approach ensured that while all participants were reflecting upon the same issues each participant was able to offer their own reactions and comment on the input of other participant groups.

KEY FINDINGS

Policy and Practice

Variation in practice arose as an issue across all interviews and related to the practice surrounding the receipt, assessment and management of retrospective disclosures of childhood sexual abuse by child protection social workers.

Staff at One in Four expressed the following concerns in relation to their experiences of interacting with child protection services:

*"very patchy implementation across the different HSE areas with different responses from different areas."
"...in some areas social workers will follow up and an interview will be held in other areas it is actually difficult to get the social workers to even take the notification."
(One in Four)*

"There are massive inconsistencies not only from office to office but from social worker to social worker within the same office." "The biggest thing is 'what's going to happen' and sometimes unfortunately we can't answer that question because of the inconsistencies in how the HSE deal with it. So, we're in a bit of a void some of the time in trying to reassure people." (One in Four)

A sense of frustration with the system as it stands can be gleaned from these sentiments and it is interesting to note that the child protection social workers, within this system, shared these sentiments.

"We should have written instructions around it... I would imagine in terms of dealing with a social worker... you would probably get a varied response depending on who is answering them or who's is responding to the referral... it's not even like it's going to be a universal response." (Social Worker A)

"But again it is very unclear I'm sure it depends on the team and changes probably from team to team and it is not a standard procedure at all." (Social Worker C)

The former Assistant National Director of HSE Children and Family Services clarified this situation by talking about how the system looked prior to 2012 and how the effects of that system may still filter through to today's practice.

"We had 32 community care areas, each were line-managed by a principal social worker, not by the child care manager, but the child care manager has authority over x, y, z. Then you had administrators, a general manager. Then you had a local health manager. You basically had 32 independent republics." (former Assistant National Director)

One in Four also highlighted the following issues when dealing with social work offices on behalf of those who have experienced childhood abuse; such as the physical location in which an interview with an adult survivor took place and issues surrounding the verification of details:

"sometimes you are sitting in a play room, which is grand but at the same time, it's just, given the dynamics of sexual abuse, given the age my client may have been abused at, sitting amongst toys talking about abuse is not always the best" (One in Four)

"We've had situations where a social worker refuses to take a notification because we couldn't give the date of birth of the alleged offender. We have situations where social workers are reluctant to engage with us if we can't name a particular child and so on and so forth." (One in Four)

The social workers interviewed acknowledged that there are issues with social work practice surrounding retrospective referrals and this research highlighted personal sensitivity to the situation but professional helplessness in respect of their role and the procedures to be followed.

"The unfortunate bit in that is, you would imagine, the immediate response is that the person that's come to you to disclose the abuse and is telling you for the first time should be the main focus of that referral, and of course it isn't, because the main focus when you make that referral to child protection team is who's the perpetrator, where does he live, do you know any contact he has with children." "It's uncomfortable and it doesn't fit well with the nature of social work and what social work is about and it's one of the ones that completely highlights how that can be flipped on its head." (Social Worker A)

From the data which emerged throughout the research it appeared that far from individual practice being an issue there seems to be a wider system-level failure. A theme in relation to social work training struck a chord with all social workers interviewed and developed in to a more specific theme which presented specific issues around the professional guidance that social workers received in relation to retrospective disclosures. A participant from One in Four summed up the situation in relation to issues with social work practice by again hinting at the wider system problem and the guidance that social workers may or may not be receiving.

"I've seen some of the most horrendous family cases and I'm not sure if the best social worker in the

world was in that situation that they would have the resources, not as in material wise, but that they would actually have the legislation or just the policy to actually address the situation properly." (One in Four)

The social workers interviewed echoed these sentiments and spoke of an ultimate lack of guidance and a sense of being adrift within this situation:

"While services and the supports might be there on a community level but if the legislation and policies are not there how can we manage that or how can that be done properly, like we're the ones delivering it at the end of the day but if the legislation and policies are not there to support... and around it, well that is a big stumbling block for us." (Social Worker C)

The former Assistant National Director's response to the above comments seems to highlight a possible disconnect between policy design and aims, on one level, and policy implementation on the ground.

"It doesn't matter whether it's yesterday or twenty five years ago it needs to be investigated and then determined whether there is current risks." "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 I think is going to be a critical point, that's where it's at." (former Assistant National Director)

A participant from One in Four spoke of Children First 2011 as a positive development in child protection practice but highlighted the demarcation between the presence of good policy and the presence of good practice. Social Worker A echoed One in Four's comments suggesting that the general policy is adequate and that no real obstacles exist in relation to the development of policy and practice specific to retrospective disclosures.

"Child protection as a system is actually quite tight and quite clear in the procedure with the new business stuff so that is... it is in place for other referrals of another nature it isn't just in place for retrospective ones, so I can't see that there is an obstacle in terms of that." (Social Worker A)

Effects on Adult Survivors

A strong theme that developed throughout all of the interviews was the adult survivor's experiences of the referral process, what their understanding of the system is and what their expectations are. A participant from One in Four strongly highlighted the presence of misunderstanding when it comes to survivor's expectations and understanding of the system:

"Some clients that will come to us with the direct intention to make a notification but to be honest that's rare. People aren't cognisant, or they're not aware of the procedures so they don't ring up saying I want to

make a notification because they don't know that that's what you do." (One in Four)

"... you work really intensively with a client building them up, suggesting maybe therapy for a couple of months then coming back, writing out a statement and they're all gung-ho about what the social worker can and will do and then six months later they haven't heard a thing and then another six months later, a year later they're angry." (One in Four)

"If therapy is about anything for people who have been sexually abused it is about empowering that person to take back their lives and I would see reporting as very much part of that process; the client finding their own voice" (One in Four)

In response to this area Social Worker A clearly highlights the lack of standard procedures in respect to retrospective disclosures of abuse. While Social Worker D adds to this by highlighting a specific inadequacy in relation to the retention of relevant information and external agencies' accessibility to it:

"Probably the agencies are looking to you to tell them what happens and what the procedure is what does that fit in to, and again they are met with the same response, there isn't a process or there isn't a standard bit for it." (Social Worker A)

"It's like child protection; we still don't have a centralized database of children or families that are known to Child protection Services." (Social Worker D)

An interesting finding under this theme was that fact that each social worker interviewed mentioned the existence of a 'folder' in which information regarding retrospective disclosures was kept. Some social workers referred to it as 'drawer in an office' or a 'box'. Irrespective of the receptacle this theme highlighted the complete absence of policy and procedure surrounding the maintenance and storage of information regarding alleged child sexual abusers.

"Well what we are doing with referrals in respect of child abuse is we are literally putting them into a folder and it stays sitting in that folder because, you can say it is about your hands being tied but, it's about nothing being in place to respond to it." (Social Worker A)

"It is put in a box or a drawer... and we don't know what happens it and people don't know who to share the information with or how do you do it and that's management like." (Social Worker C)

"I worry about that because I think that with the best will in the world there's a brown file in there with an awful lot of names I don't know if anything is being done with that and I think there are people at risk and it needs to be looked into. The information is there but it's not being used I don't think." (Social Worker D)

DISCUSSION

Policy and Practice Issues

A national review of compliance with Children First conducted in 2008 and the Ombudsman for Children's report in 2010 highlighted inconsistency, lack of uniformity and 'variable practices' within child protection practice. The revised Children First 2011 again sought to remedy these situations and was presented as an edition to 'supersede all others' (Department of Children and Youth Affairs, 2011:iii).

It was therefore a significant finding of this research that all of the participants interviewed provided evidence that variable practices are still prevalent within child protection services and specifically in relation to retrospective disclosures of abuse. The findings specifically highlight "massive inconsistencies", "patchy implementation" and practices that "probably change from team to team". This is evidence that despite the best efforts of a series of child protection policies in this area practice on the ground remains very much the same.

It is too easy however to suggest that social workers are responsible for these inefficiencies. Children First policy has regressed somewhat, in terms of retrospective disclosures, since its introduction in 1999. The 1999 version contained a paragraph which specifically stated the importance and significance of retrospective referrals in terms of the protection current children (Department of Health and Children, 1999:40, Section 4.6.1).

However, this specific paragraph was not included in the updated version. While the paragraph itself did not add anything by way of practical guidance it did serve as recognition, on a policy level, of the importance of the referrals made by adults who have experienced childhood abuse and its absence serves to echo the state of policy in relation to the handling of retrospective disclosures at present. Social workers are being asked to accept and assess these referrals with very little guidance and this research reflects this.

It is important to note that the findings did show that there has been a general improvement in child protection practice since the implementation of Children First 2011 and a significant element of this, from a social work point of view, is the evidence to suggest that work with adult survivors has become more client-centred. While generalisation cannot be made from such a small sample size this is an endorsement of the high quality work of social work professionals, despite policy failings.

Findings concerning 'the folder' and the retention of information on alleged child abusers show that the current lack of guidance and policy is such that social work offices are storing information regarding alleged abusers on an ad hoc basis. This was a finding which was not anticipated by the research and does not fall within its remit. It should be noted that in the interim since this research was conducted the Child and Family Agency has made some progress in relation to this situation. However, it is recommended that further

studies in this area examine this practice as it may have implications in terms of Freedom of Information requests and the Constitutional and Human rights of alleged abusers.

A feature which also emerged in this research and relates to the above finding concerning the retention of information was participant comments in relation to the Barr Judgement. The Barr Judgement, as it is commonly referred to, is the judgement of Barr J. in the case of *M.Q. v. Robert Gleeson, The City of Dublin Vocational Education Committee, Francis Chance and The Eastern Health Board* [1998] 4 IR 85. The judgement specifically dealt with situations where the HSE are in receipt of information concerning alleged abusers and how that information should be used.

Justice Barr stated that there are times when there will be insufficient evidence to establish the presence of the abuse alleged. However, he went on to state that there may be sufficient evidence to form 'a significant doubt in the minds of competent experienced health board or related professional personnel' and if such a doubt is formed that it follows that 'a health board cannot stand idly by but has an obligation to take appropriate action' in such circumstances.

The HSE's Child Protection and Welfare Handbook (2011) clarifies this situation for social work practitioners by stating, in specific reference to the Barr Judgement, that 'the HSE has a statutory duty to investigate all allegations of abuse and assess what potential risk if any the alleged perpetrator may pose to children' (Health Service Executive 2011:145). The handbook goes further than this to outline the fact that 'the duty of the HSE is not limited by the fact that a disclosure is made by an adult of abuse suffered during their childhood since the HSE's duty includes the prevention of future risk' (Health Service Executive, 2011:146). Despite this clarification the findings of this research suggest that confusion and inconsistent practice pervade in relation to the retention of this information and in relation to the interpretation of the Barr judgement.

Effects on adults who disclose to child protection services

This research highlights that the process by which adults refer their experiences to child protection services is rife with inconsistency, misunderstanding and confusion and that these factors may present barriers to adults making referrals. This suggests the system itself as a potential deterrent to referral and warrants further study. The social workers who participated in this study also acknowledged this feature and voiced their concerns and unhappiness with it.

'Adults who experience sexual assault in childhood are present in all parts of the health and welfare systems both as clients and as staff. However, these systems can mirror and maintain the larger social denial of the prevalence and impact of violence towards women and

children, including childhood sexual abuse' (Gibbons, 1996:1755).

Conclusions

Data collected during interviews with the child protection social work practitioners highlighted their unhappiness with the current practice surrounding retrospective referrals. All social worker participants called for greater clarity in the area and further guidance from their management. Despite the updating of Children First (Department of Children and Youth Affairs, 2011) and the subsequent publishing of the Child Protection and Welfare Handbook (Health Service Executive, 2011) it is clear from this research that confusion remains.

It is acknowledged that some areas social work offices are being proactive about this situation and designing their own standardised responses to retrospective disclosures of abuse (Quinlan & McLoughlin, 2012) however this is on an office-by-office basis which threatens to echo the confusion and variable practices of the past (Department of Health and Children, 2008; Ombudsman for Children, 2010; Department of Health, 1999).

Social workers, through their training, are professionally equipped to deal with traumatic situations and vulnerable individuals. All participants agreed that child protection social workers are the profession best placed to deal with retrospective referrals and this research has highlighted that, with proper detailed guidance and training, the participant social workers indicated a willingness to fulfil this role.

This piece of research aims to fill part of a large gap in academic literature designated for practice in relation to retrospective disclosures. It provides a general overview of a very specific issue and in doing so aims to provide social work practitioners with some guidance and reassurance that, far from social work practice being the problem in this area, there is a much wider system-level failure to meet the needs of adult survivors, current children and alleged abusers alike.

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