Academic Article

Mandatory Reporting of Historical Abuse For Supervisors

By Marilien Romme and Dr Kate Kirk

Should practitioners, for the benefit of society, send clients into a system that has the potential to re-traumatise? This paper is a qualitative study of the ethical dilemmas facing today's humanistic integrative supervisor, and is based on original research.

Summary

Since the Children First Act (2015) came into law, supervisors and therapists are mandated to report client disclosures of historical abuse. They are also committed to avoiding harm to their clients. So how are they dealing with mandatory historical reporting requirements? In this work, thematic analysis of five semi-structured interviews with humanistic integrative (HI) supervisors revealed that they are wary of the impact of a suboptimal reporting system on their clients - and themselves. These supervisors agreed on the need to 'slow down' when clients disclose historical abuse. The findings suggest that all therapists may help improve the reporting system by taking a seat at the multi-disciplinary table. The IACP could also promote a relational experience for clients at every stage of the reporting process.

Background and Literature

When reviewing the literature on mandatory reporting, it appeared that little was written about historical reporting through the lens of HI therapists. What the literature did show were the facts (statistics, law) and experiences (attitudes, feelings) surrounding mandatory historical reporting (MHR). The Sexual Abuse and Violence in Ireland report (Dublin Rape Crisis Centre, 2002), known as the SAVI report, revealed that one in five women and one in six men had experienced contact sexual abuse in childhood. Victims are most likely to disclose the abuse to counsellors (12%), followed by the Gardaí (8%) and medical professionals (4%). Counsellors also delivered significantly more positive experiences (81%) than the Guards (56%) and medical professionals (33%). In other words: therapists play an essential role in disclosing widespread historical abuse. My effort at understanding therapists' legal and ethical responsibilities concerning historical reporting revealed a disjointed patchwork blanket of information. The elements appear to fit together - but they lack consistency and coherence.

On December 11, 2017, the Children First Act 2015 came into law (Department of Children and Youth Affairs, 2017). The Act specifies that «if you (…) receive a disclosure from a client that

they were abused as a child, you should report this information to Tusla" (the child and family agency.) (p.23). The guidance notes to the retrospective abuse form (Tusla, 2017) add that a report needs to be made «where there may be a current or potential risk to children" (p.1). In addition, legal responsibilities are detailed in the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act: a person shall be guilty of an offence if he or she (a) knows or believes that an offence (...) has been committed (...) against a child, and (b) fails without reasonable excuse to disclose that information as soon as it is practicable. (Irish Statute Book, 2012, p.4) Currently, therapists are not considered a 'member of a designated profession' under this Act. However, they have an ethical responsibility under the IACP Code of Ethics and Practice (2018) to comply with any legal requirements «including statutory reporting obligations with regard to child protection issues" (p.3). The Code of Ethics specifies to «respect clients' rights to confidentiality and autonomy, in so far these are consistent with the law" (p.2).

Delving into the different Acts and guidelines, I began to see the challenges that emerge when practitioners try to stitch together the legal and the therapy world. I became curious about the frictions this might cause. I discovered that generally, mental health professionals' experiences with mandatory reporting (MR) seemed negative. McTavish et al. (2017) synthesised 42 qualitative studies about MR worldwide. Six articles (14%) described positive experiences, and 33 articles (73%) reported

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(McLeod, 2015)

adverse experiences. Tufford (2012) observes that MR «tests the bonds of the therapeutic alliance to the fullest" (p.54). It makes clients feel angry, fearful and violated, believing the therapist is no longer «on their side" (p. 159). Hodges and McDonald (2019) found that mandated reporters feel an emotional toll too, including guilt, fear of negative consequences and a general burden. However, and importantly, Weinstein et al. (2001) argue that MR may not be harmful to the therapeutic relationship. They found no change and even an improved relationship in about 75% of the cases. In 25%, therapy was terminated; the question is whether 25% is an acceptable termination rate. That said, the study does offer useful predictors of success, including a strong therapeutic relationship and taking time before reporting. Tufford (2012, 2014) offers additional guidance. In summary, she advises that therapists:

- Stay in relationship, with honesty.
- Focus on emotion. Validate client feelings (remember the therapeutic relationship).
- If possible: write the report together.
- Discuss what will happen after the report is submitted.
- Take steps to ensure that everyone is safe.
- Make clear that you will not abandon your client in the process.

About the Research Study

To answer the question as to how HI supervisors and therapists deal with mandatory historical reporting requirements, I formulated the following objectives:

1. Reconcile the principles of HI therapy with legal responsibilities.
2. Explore the benefits and shortcomings of the Children First Act (2015).
3. Examine the (potential) role of HI therapists in the reporting system.

MHR is a complex phenomenon that requires participants to express themselves freely. Therefore, I chose a descriptive qualitative method (McLeod, 2015). Given the HI lens of the research, I wanted the design to be as relational as possible. That is why I decided on video calls rather than surveys. Also, face to face interviews were not possible because of the COVID-19 lockdown.

I drew my participants from the (small) population of IACP accredited HI supervisors and used my network to recruit them. To protect my participants' anonymity, I did not seek any demographic details, like age or region. My reasons for selecting supervisors were for the richness of drawing from both therapist

and supervisory experience and for their historical perspective, being able to compare experiences pre-and-post Children First Act (2015).

The five participants Ellen, Lilly, Boudicea, Petra and Advocate (all pseudonyms) self-selected by being the first to respond. The inclusion criteria were that potential participants had to:

- be IACP accredited Supervisor using HI model.
- have at least three years' experience as a supervisor.
- have in the last two years seen at least one adult client who disclosed childhood sexual abuse and worked with at least one supervisee on the need to report historical abuse.

This work was scrutinised ethically, and I received regular supervision at all stages. To address *informed consent*, participants received an information and consent form, which they signed and returned. To promote confidentiality, participants chose pseudonyms. To ensure protection from harm, I explored the impact of the interviews on participants. I met each research participant via video and the calls were 45 minutes long. We opened by discussing objectives and consent. I followed the planned semi-structured interview, comprised of open-ended questions; I allowed space for unexpected directions. The interviews were audio-recorded and transcribed.

The resulting text was analysed using thematic analysis. I chose this because it allows for a creative process while still grounding the interpretations in data. I was conscious that my professional background and personal experience of MHR might create bias. I asked someone to independently interpret the (anonymised) text to prevent bias and increase inter-rater reliability (McLeod, 2015). His findings were similar with mine, which suggests good reliability. I followed Brown and Clarke's (2006) six-phase approach to thematic analysis:

> *Just because therapists are supportive of MHR does not mean they are comfortable with it*

1. I made sense of the audio-recordings and transcripts.
2. I generated initial codes and collated relevant data with each code.
3. I created a shortlist of themes.
4. I checked that the themes addressed the research question and were backed up by relevant data.
5. I defined the essence of each theme (singular focus, no overlap).
6. I told the story surrounding my research question.

Research Story

Looking back on the interviews, what stayed with me most was the emotional charge of the topic. Participants shared heart-breaking stories. The interviews affected me deeply, but also left me feeling hopeful because of the possibilities that emerged. I interweave the participants' words through the text (in italics) to honour what they revealed to me.

***The nettle needs to be grasped* (Ellen)**

Based on the literature review, I expected participants to be critical of the Children First Act (2015), but I was wrong. When I asked how it would be if historical reporting were no longer mandatory, Petra said *that would not be a good move,* because *Children First moves us in the direction of health for society.* Lilly believes it is *really good that abuse is taken seriously.* Advocate's supervisor swayed her views. First, she thought MR was *a pain in the ass*, but then she became more aware of the *culture that is complicit with sexual abuse* and the need for therapists to *not collude with a secrecy that is unhealthy.*

***It catches your breath* (Boudicea)**

Just because therapists are supportive of MHR does not mean they are comfortable with it. When I asked participants how they feel when clients disclose historical abuse, the majority used the word 'panic'. Lilly: *I thought: oh my God, where is this landing me now?* MR is like a *hot potato* (Petra): rather than staying with their clients, therapists *worry about getting into trouble* (Boudicea) and *go straight to reporting* (Petra). When we unpacked the panic some more, their concerns went beyond the therapist-client relationship. They were rooted in a division between therapy and law, as well as negative experiences of the reporting system, as can be heard below.

***Poles apart from therapy* (Boudicea)**
When a client discloses historical abuse, the law enters the room. For therapists, this is an unsettling experience, like working to the beat of someone else's drum. A further complication is that the law and Tusla's guidelines appear to contradict each other. Tusla *understands the difficult path for therapists* (Petra) and gives us *the freedom to work with the client until they are ready to report historical abuse* (Ellen). The Irish Statute Book (2012), on the other hand, says the offence needs to be reported "as soon as it is practicable" (p.4). Client readiness is not written in law, even though Tusla recommends it. Petra's account reflects the vulnerability of working with contradicting rules: *I made a report in three months. It felt a little uncomfortable in terms of mandatory. And it was necessary because, in the end, the client was able to stay with the fall-out*.

***Too many get damaged in the process* (Boudicea)**
When therapists report, they are sending their clients into a system they do not fully trust. Advocate acknowledged that *my faith (in how well met my clients are going to be) has been broken many times*. For example, *the Guards did not handle my information confidentially, and people in my community are now aware that I reported this. Or the DPP will not prosecute, or it has been six months, and I have not heard from anyone*. Boudicea questions whether reporting is in the interest of the client *given nowadays, the HSE believes that it has to inform the abuser immediately that an allegation has been made against them*.

Within the therapy room, all participants urged that practitioners slow down when the client discloses historical abuse

It was uncomfortable to hear the multitude of stories about clients *constantly re-traumatising* (Boudicea) experiences with reporting, like the slow and *not very respectful* (Petra) responses from Tusla who *do not do anything with the report* (Boudicea). The IACP Code of Ethics (2018) "seeks to protect our clients and ourselves" (p.2). In this light, it seems unethical to send clients into a system that has the potential to re-traumatise and put clients and therapists at risk. Advocate concludes that *to put the legislation in place but not the supports is a set-up for another layer of abuse*. For the client, *this is going to be awful* (Lilly). What do practitioners do with that?

***We need to turn up* (Advocate)**
Changing the system requires us to work together. However, therapists seem hesitant to place themselves at the multi-disciplinary table. This is a shame, given the statistics I referred to in the literature review: clients disclose historical abuse primarily to counsellors and counsellors have the highest satisfaction rates (Dublin Rape Crisis Centre, 2002). Why the hesitation? Advocate offered a suggestion: *I think historically, therapists in Ireland were quite marginalised. So, when it becomes time to engage with the system, I find many therapists are not confident in their professional shoes.* Boudicea *worked really hard to make contact with professionals. Over time, they became less suspicious.* Boudicea's efforts *to find key people to liaise with* do not seem to be the norm. Advocate perceives therapists to be *over in the corner, sitting a bit on our high moral ground.* I wondered about the cost of not turning up. Advocate could see a clear role for therapists: we *frame the whole thing relationally.* Practitioners would draw on the principles of HI Therapy and introduce a relational approach to the broader system. This will *change how our clients will be met. That is the difference between another abusive, traumatic repeat, or it being held in the context of someone's healing* (Advocate).

***Exposing the truth in a supportive environment* (Ellen).**
The relational ethos needs to extend beyond the therapy room to include the client's entire reporting journey. For example, Petra suggested more relational letter templates from Tusla. *The letter missed something about the courage it took to make the report, and was it possible to sustain that?* Ellen and Lilly considered giving group support for those who have experienced historical abuse. *An original feature of the abuse is the aloneness, the isolation and the shame. What flushes out shame is exposing the truth in a supportive environment* (Ellen). Lilly hopes that support with the *dark secrets they are holding,* will encourage more survivors of historical abuse to do something about it.

***It is abusive to push someone to action* (Petra)**
Within the therapy room,

all participants urged that practitioners slow down when the client discloses historical abuse. Petra wants supervisees to *find their way of waiting.* Boudicea's *big one* is to *not rush to do the paperwork.* Advocate *has made the commitment to prioritise being present, and to take the time to navigate complex waters.* Lilly is adamant that *the most important thing is that your client can remain with you in confidence. You are being strong and containing, and they understand you are going to be with them through it*.

Conclusions and Recommendations

The HI Supervisors in this study spoke in favour of MHR. Though they feel dislocated in the legal world, they recognise the need to address the secrecy surrounding historical abuse. This finding is at odds with much of the research from the literature review. Future research could explore the discrepancy.

I am curious about therapists' resistance to take that extra step and collaborate more with other professionals. An isolationist attitude may affect client healing, in which case it needs to be addressed.

Some of the identified problems with MHR are too big to be solved by individual therapists. The IACP could be an important mobiliser by helping to create a more relational reporting experience. Members could identify all the current pitfalls and work together to ensure ethical and professional integrity at every stage. This is an ambitious goal and requires HI practitioners to take their seat at the multi-disciplinary table.

Another task for the IACP is to enshrine in law that therapists may be guided by the client's readiness to report historical abuse. It would be more empowering, for example, if the law stated that certain decisions regarding historical reporting could be made at the therapist's discretion. Also, therapists' safety cannot be overlooked. Within their practice, they need to prioritise the relationship and give their clients a reason to trust them. Supervisors, Tusla and the IACP should encourage therapists to stay present with their clients when they disclose and to proceed at their pace. This will support supervisors and therapists to remain true to the principles of HI practice.

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