

# CRN Special Interest Group on CSA/CE Research Bulletin

Issue 1; April 2020



Children's  
Research  
Network

## Children's Research Network Special Interest Group on CSA/CE

### Welcome by Special Interest Group Chair, Eimear Lacey, Principal Social Worker

Welcome to the inaugural bulletin of the Children's Research Network Special Interest Group on Child Sexual Abuse/Child Exploitation (CSA/CE), which first met in June 2019. This group began with an invitation to those interested in the area of research and evidence-informed practice and policy in relation to CSA/CE to come together to build networks, discuss their work, identify research gaps and explore possible collaborations. The response was overwhelmingly positive and, for me, inspiring. The potential of the group to contribute in a meaningful way is clear from the participation and energy demonstrated by all members to date. We have had four meetings as well as a workshop. We have worked on defining the parameters of the group, identifying goals and planning towards potential projects. Members include representatives of An Garda Síochána, Tusla, Children's Hospital Ireland, as well as across academia and NGOs.

We are always open to welcoming new members into our Special Interest Group. If you have an interest in this area and are curious to learn more, see:

<https://childrensresearchnetwork.org/network/groups/csa-ce-group>.

You can also contact me via the Research Coordinator, Derina Johnson, at [childrensresearchnetwork@tcd.ie](mailto:childrensresearchnetwork@tcd.ie)

### INTRODUCING OUR CHAIR, EIMEAR LACEY, AND VICE CHAIR, JOSEPH MOONEY

#### *Special Interest Group Chair, Eimear Lacey*

I began my career as a social worker in Child Protection and Welfare with the HSE (now Tusla) in 2003, working primarily as a Duty Social Worker and with Children in Care. During this time, I co-coordinated a pilot project conducting assessments of child sexual abuse allegations in the community, alongside my colleagues at Our Lady's Children's Hospital, Crumlin. In 2006, I was offered a position in the Child and Adolescent Mental Health Service in Rotorua, New Zealand. As the area with the second highest Maori population in New Zealand, I had an opportunity to learn new approaches to practice, working with a culture that was previously unfamiliar to me.



I returned to the HSE in 2007 and later began an MSc in Child Forensic Studies. In 2011, I became a Senior Social Worker at St. Clare's Unit (SCU), Temple Street Children's Hospital. In 2013 I received the Ray Bull prize for outstanding research project from the University of Portsmouth for my research relating to forensic interviewing in cases of child sexual abuse. I have presented this research internationally.

In August 2018, I began my current role as Principal Social Worker St. Louise's Unit, Children's Health Ireland (CHI) at Crumlin. I have been a member of the Children's Research Network Advisory Committee since 2017, and led the establishment of the CRN Special Interest Group on Child Sexual Abuse/Child Exploitation in June 2019.

#### *Special Interest Group Vice Chair, Dr Joseph Mooney*

I am Assistant Professor of Social Work at University College Dublin, Ireland, and have a specific focus on child welfare and

protection social work practice, policy and law. Having originally trained in law, completing an LLB in Irish Law, I worked for a firm who were agents for the then HSE in child protection and mental health. This sparked my interest in and understanding of child protection. I subsequently became a professionally qualified and CORU registered Social Worker having attained a master's degree in social work from the National University of Ireland, Galway.



I was awarded my PhD from the UNESCO Child and Family Research Centre under the supervision of Professor Caroline McGregor (Skehill) and externally examined by Professor Ramona Alaggia of the University of Toronto. My research examined adults' experiences of disclosing childhood sexual abuse to child protection services. I continue to be highly active in the area of Child Protection and Welfare research and have spent the past nine years researching the area of Irish policies concerning Retrospective Disclosures of Childhood Sexual Abuse. I am currently involved in funded projects concerning Homelessness and aftercare provision and adult disclosures of abuse in the context of mandatory reporting, GDPR and the EU Victim's Directive. I present my work to National, International and Community and Practice-Based audiences.

## OUR COVID-19 RESPONSE

Since the COVID-19 lockdown, we have met virtually on two occasions. These occasions have been important opportunities to discuss our own professional worries at this time, especially regarding the sudden disconnection from many of the children and families we work with. We explored ways in which we could contribute to efforts to ensure ongoing connection with vulnerable, and now isolated, children and families. Pooling our professional expertise, we brought together public awareness-raising information which would be made available to any interested organisations across the country to utilise and build upon as appropriate to their needs. Already the materials have been utilised by regional teams within Tusla, and other community organisations, and showcased on RTE's Six One News. We would be happy to share our work with any organisation – please get in touch.

**CHILD ABUSE: Recognise & Report**

Social isolation due to **COVID-19** makes it harder for authorities to identify child abuse cases. That's why it's important for essential workers with potential access to family homes to be able to recognise signs of abuse and know where to report their concerns.

**Types of abuse:**

<p><b>Neglect</b></p> <ul style="list-style-type: none"> <li>• Lack of care or supervision</li> <li>• Child deprived of food, clothing, hygiene, safety, mental stimulation, etc.</li> </ul>	<p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• Child is deliberately physically hurt or is at risk of being physically hurt</li> <li>• E.g.: Shaking child, using excessive force</li> </ul>	<p><b>Emotional</b></p> <ul style="list-style-type: none"> <li>• Child's need for affection, approval, security are not met</li> <li>• E.g.: Excessive punishment, exposure to domestic violence</li> </ul>	<p><b>Sexual</b></p> <ul style="list-style-type: none"> <li>• Child is used for someone else's sexual gratification/arousal</li> </ul>
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**Possible signs of abuse:**

<p><b>Neglect</b></p> <ul style="list-style-type: none"> <li>• Child says no one is at home to provide care</li> <li>• Is being cared for by an inappropriate adult</li> <li>• Is often dirty/has severe body odour</li> <li>• Lacks enough/appropriate clothing for weather</li> <li>• Lacks medical or dental care</li> <li>• Lacks enough food/water</li> <li>• Begs or steals food/money</li> <li>• Abuses alcohol/drugs</li> </ul>	<p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• Child has unexplained injuries (burns, bites, bruises, black eyes, broken bones)</li> <li>• Reports injury by parent/caregiver</li> <li>• Is scared of parents/caregivers</li> <li>• Shrinks when approached by adults</li> <li>• Is scared/anxious, depressed, withdrawn, aggressive</li> <li>• Abuses animals/pets</li> </ul>	<p><b>Emotional</b></p> <ul style="list-style-type: none"> <li>• Child shows extreme behaviours (is too passive/aggressive or too submissive/demanding)</li> <li>• Acts too old or too young for their age (e.g. is parenting other children or often rocking/banging head)</li> <li>• Expresses depressive/suicidal thoughts</li> </ul>	<p><b>Sexual</b></p> <ul style="list-style-type: none"> <li>• Child has difficulty walking/sitting</li> <li>• Has bleeding, bruising, swelling around private parts</li> <li>• Attaches very quickly to strangers/new adults</li> <li>• Shows unusual, sophisticated sexual knowledge or behaviour</li> <li>• Reports nightmares/bedwetting</li> <li>• Observes/shares sexual images online</li> <li>• Parent/caregiver observes/shares sexual images online in presence of children</li> </ul>
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**WHEN to report:**  
**You should report abuse when:**

- You witness an incident/sign (outlined above) consistent with abuse
- A child says or indicates in some other way that they've been abused
- An adult or child admits that they've committed abuse
- Another person shares that they've witnessed or know about a child being abused

**HOW to report:**

- You can report your concerns in person, by phone, or by email to **the local Tusla Children and Family Services centre in the area where the child lives.**
- You can choose to keep your report **anonymous.**
- You should contact Tusla even if you're unsure about reporting; they will talk to you and decide what to do.
- If a child is in immediate danger, contact the Gardaí at 112/999 or [www.garda.ie](http://www.garda.ie)

**CONTACTS**  
[www.tusla.ie](http://www.tusla.ie)  
**TUSLA**  
 An Ombudsman/Act on Local Authorities (Children and Family Agency)

If child is in immediate danger, contact the Gardaí at 112/999 or [www.garda.ie](http://www.garda.ie)

**CORK**  
 021 4923493

**You are legally protected:**  
 The Protection for Persons Reporting Child Abuse Act 1998 protects you when reporting suspected child abuse to Tusla or an Garda Síochána IF you believe your report is true and your report is not malicious.

Recognise and Report leaflet shared by Tusla team in Cork, based on information developed by the CRN SIG on CSA/CE. Design by SIG member, Shaakya Vembar

## OTHER USEFUL RESOURCES

### Covid-19 Web Resources

Padlet Resources for Social Work in the context of Covid-19 developed by Social Work academics at UCC:  
<https://padlet.com/kenneth28burns/uvpu626mvd5k>

Various resources gathered by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN):  
<https://www.ispcan.org/covid19resourcepage/>

Europol Resources and Information Regarding Covid-19:  
<https://www.europol.europa.eu/publications-documents/catching-virus-cybercrime-disinformation-and-covid-19-pandemic>

## RESEARCH SNIPPETS

*In this section, we exhibit brief snapshots of some of the interesting and important research being conducted by members of the Special Interest Group.*

### *Cultural Representations of Child Sexual Abuse*

**Author:** *Dr Ailise Bulfin, School of English, Drama, Film and Creative Writing, University College Dublin.*

Despite the known prevalence of child sexual abuse (CSA) (Sanjeevi et al. 2018; Barth et al. 2013; McGee et al. 2002) and the well-publicised reports of many recent high-profile international enquiries, CSA remains a relatively taboo subject due to its intensely upsetting nature (Tener 2018; Fontes and Plummer 2010). Furthermore, social understandings of CSA are hampered by many persistent, detrimental myths, stereotypes and misconceptions (Wurtele 2018; Cromer and Goldsmith 2010).

Despite the taboo, CSA is frequently depicted in fictional cultural works like novels, films and TV series, which collectively provide a key interpretative lens through which we view our world. So my research firstly examines how CSA is represented in contemporary culture, focusing on widely-circulating, influential works from the young adult, crime, horror, and popular 'highbrow' genres (e.g. novels and/or films like *The Lovely Bones*, *Room* and Stephen King's *IT*). I have found a representational spectrum ranging from simplistic to nuanced depictions of CSA, and an increasing tendency towards extreme depictions of sexual harm to children. In the simplistic depictions, CSA is often sensationalised or encoded in gothic metaphors of monstrosity in ways that may facilitate the continuing social disavowal of the prevalence of domestic CSA. The nuanced treatments, on the other hand, may offer therapeutic potential, allowing survivors to recognise their own experiences, or suggesting the possibility of resilience.

Secondly, because engaging with the emotional aspects of fictional 'story-worlds' has been shown to have a strong affective impact on audiences, sometimes generating sufficient empathy to shape people's perceptions of issues (Troscianko 2018; Schneider-Meyerson 2018), my research investigates how these cultural representations of CSA affect their audiences. Its guiding premise is that people's feelings about and understandings of CSA may be derived in part from cultural representations of it which they encounter. Therefore, it tries to find out in what ways do audiences respond to cultural representations of CSA, and especially, bearing in mind the

capacity for fictional works to reiterate myths and stereotypes, whether sensationalised and realistic fictional representations of CSA affect audiences in different ways. My preliminary findings show that sympathetic, realistic treatments of CSA in young adult novels can have powerful effects on some readers, allowing them to feel greater empathy for survivors.

Overall, the research aims to increase our knowledge of how audiences respond to fictional depictions of sexual violence against children and to shed light on how these depictions may contribute to public understandings of this important social issue.

As part of this research, I have been co-ordinating a series of Wellcome Trust-funded academic seminars on conducting research into cultural representations of CSA with the small number of humanities scholars who work in the area. The seminars are being conducted in conversation with scholars who work on CSA from other disciplines such as social work and psychology, and with CSA survivors and medical/therapeutic practitioners, in order to keep the research as relevant and up-to-date as possible. The seminars have been well attended by many outside the university who work directly with survivors also. Details of the series are [here](#), but it is temporarily suspended due to the ongoing Covid-19 emergency.

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### **Developing a Tool to Measure Shame in Adult Survivors of Child Sexual Abuse**

**Authors: Shaakya Vembar (PhD researcher at Trinity College, Dept. of Psychiatry), Dr. Simon McCarthy-Jones (TCD Dept. of Psychiatry), Dr. Elizabeth Nixon (TCD School of Psychology)**

Child sexual abuse is a deeply scarring, relatively common phenomenon around the world, with physical, psychological, and social consequences lasting well into adulthood. While some CSA outcomes, such as STI contraction, physical health, social stigmatization, and development of psychiatric disorders, have garnered a lot of research attention, others, like the role of shame in mediating such outcomes, have not seen much quantitative investigation in relation to CSA. However, shame is a frequent consequence of CSA in many cultures, and influences the psychosocial outcomes and adult functioning of survivors. It is an emotion that results in a person characterizing themselves negatively, putting down their behaviors and inherent traits, excessively scrutinizing themselves, and feeling worthless. Previous studies have shown the mediating role of shame in the relationships between self-blame and PTSD symptoms as well as self-blame and suicidal ideation in CSA victims, which further highlights the importance of addressing and treating shame in the clinical context. For this to happen, first the concept of shame in the context of CSA must be better understood both on the local and global levels, and culturally valid and reliable assessments of shame in CSA survivors must then be created and implemented.

We are currently concluding the first study of this project: a large, narrative synthesis-based systematic review (pre-registered on Prospero; ID: CRD42019134818) on the role of shame in the health outcomes of CSA survivors. Through the review we aim to identify what is empirically known about how and under what conditions survivors experience CSA-related shame, and how their shame experiences may influence psychological, social, and medical outcomes throughout the

lifespan. Gaps in research on CSA and shame will also be identified. Results of the review will then be used to finalize the main areas of focus in our next two studies.

We are also preparing the project's second study, a cross-cultural validation of *The Trauma-Related Shame Inventory* (Oktendal et al., 2014). Since this is one of the few existing trauma-specific shame scales, studying its psychometric validity in a population of adult survivors of CSA (rather than in a mixed-trauma population as in the original validation), and in different cultural contexts/languages, will allow us to determine whether this is an adequate measure of shame, or whether we need culturally adapted/CSA-specific measures. In combination with this study we also plan to conduct some cross-cultural qualitative research (through in-depth interviews) into CSA-related shame.

### **Retrospective Disclosures of Child Sexual Abuse**

**Author: Dr Joseph Mooney, Assistant Professor of Social Work, School of Social Policy, Social Work and Social Justice, University College Dublin.**

**\*\*The following briefly outlines the central issues relating to the management and assessment of retrospective disclosures of childhood sexual abuse alongside the author's previous and current research. The Children's Research Network Special Interest Group on Child Sexual Abuse and Child Sexual Exploitation are currently developing a position paper in respect of the current practices and policies relating to the management and assessment of allegations of child abuse. \*\***

Disclosure of sexual abuse can be an extremely difficult and, in some instances, an insurmountable task. Disclosure tends to be delayed (London, et al., 2008) with many withholding or unable to disclose until adulthood; some people impacted by sexual abuse in childhood never disclose. The *Sexual Abuse and Violence in Ireland* (SAVI) study conducted in 2002, stated that 47% of those who had experienced sexual abuse in childhood had not told anyone until they were 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 a State authority are lower still (Leventhal, 1998; Collin-Vézina, et al., 2015), hinting at the possibility of a large, hidden population effected by sexual abuse in Ireland.

Retrospective disclosures have been described as, "disclosures by adults of abuse which took place during their childhood"; a definition incorporated in Irish child protection policy and practice since 1999 (Department of Health and Children, 1999: 39). Retrospective disclosures are assessed by child protection

services and play an important role in the protection of current and future children in our families and communities. They bring to light past abuses, they sometimes identify the persons alleged of such abuses, and they provide an opportunity for child protection and welfare services to put relevant safeguards in place to help prevent future abuse.

Despite their significance, the assessment and management of retrospective disclosures has been the subject of much criticism and, in some instances, controversy over the past two decades. Delay, mismanagement, and poor oversight of retrospective referrals by child protection services are some of the issues that have been highlighted (Mooney, 2018; Department of Children and Youth Affairs, 2019).

My own research into this area, which began in 2011, initially highlighted social workers' confusion and reservations about their practice relating to retrospective disclosures. Some practitioners described practice at that time being an 'ill fit with social work' and called for clear guidance and policy, which at that time did not exist (Mooney, 2014). That research involved iterative, semi-structured interviews with social workers, therapy and advocacy professionals working with adults and the Assistant National Director of the HSE Child and Family Services, respectively. In light of the potential dynamics and effects created by an experience of child sexual abuse the next logical step was to explore the experiences of adults who were engaging with the child protection system.

Between 2013 and 2018 I conducted biographical narrative research with adults who had disclosed to, and engaged with, the child protection system (Mooney, 2020b, 2020c). This study found that, in light of the dynamics of abuse and disclosure, the child protection system itself had the potential to act as a barrier. Adults highlighted poor communication, lack of clarity and, in some instances, a lack of professionalism or expertise in how their disclosures were handled. The concept of power was also identified as a major theme within the study. Power is a significant feature of any abusive relationship, not least an experience of sexual abuse in childhood. The adults who participated spoke about the power dynamics created by the interpersonal, but also the physical, environment in which they met with social workers to share their disclosures. One male participant was interviewed by two female social workers having experienced child sexual abuse at the hands of his older sisters. Another was interviewed in a hotel lobby, trying to 'lean in' and lower his voice so that others wouldn't hear. While another was interviewed in a playroom, having experienced abuse while at school.

Various child protection policy iterations have followed on foot of a series of High Court judicial reviews of practice in this area. The Child and Family Agency's current *Child Abuse*

*Substantiation Procedure* policy is viewed by some as highly legalistic, lacking a victim-centric perspective and potentially leading to a risk of harm or re-traumatisation for those adults coming forward to disclose, or worse still, silencing those yet to come forward. Issues regarding data protection and data sharing, rights to due process and fair procedures, and the complex interaction of mandatory reporting with the operation of essential sexual abuse therapy and advocacy services further complicate this landscape.

These complexities inform my current work which aims to explore adults' experiences of engaging with child protection services in the context of mandatory reporting, GDPR and recent developments in child protection practice. The study due to launch in late April 2020 will also examine if current child protection practices in this area align with the provisions of the EU Victim's Directive which I believe could act as a useful template for practice in this area (Mooney, 2020a).

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## RESEARCHER IN FOCUS

***In each of our research bulletins, the CSA-CE SIG will introduce readers to a member who is research active in the field. For our first issue, we would like to introduce Shaakya Vembar, PhD Student, Trinity College Dublin***

### Shaakya Vembar

My involvement in child sexual abuse research began fairly recently, when I started my PhD in March 2019. My decision to enter this field was influenced by the varied research and clinical experience I had through my undergraduate and master's education, which involved mixed-methods research on trauma and PTSD in refugees and veterans, sexual abuse and consent practices among college students, sex differences in substance use-related stress responses, and trauma-related homesickness in Latino migrants.



My PhD project allows me to combine the diverse research skills gained through my involvement in these studies and apply them to an under-studied but highly consequential area: shame in the context of child sexual abuse. Having a background in clinical psychology has also led to my interest in the therapeutic impact of experiencing CSA-related shame, as well as in the potential ways clinicians could reduce and treat shameful feelings within this population. A major part of this project is understanding shame in differing cultural contexts, for which cross-cultural comparisons, both quantitative and qualitative, are planned. Beyond the more theoretical knowledge that will emerge from our research, I'm particularly invested in the real-life implementation of our output, be it through a scale to measure shame, or a clinical protocol to address CSA-related shame in therapy.

In addition to trauma, migrant, and CSA research, I'm also interested in researching tele- or online counselling, and meta-science topics such as quantitative theory-building in clinical psychology. Furthermore, I'm a big advocate of open science practices such as pre-registration and pre-prints.

Besides being a PhD researcher, I've been a teaching assistant for two first-year courses at Trinity College Dublin, and had been teaching an introductory psychology course to transition year students at Sutton Park School. I'm also involved in freelance projects such as editing a Dutch-English translation of an MMPI interpretation guide, and collaborating with the CRN's CSA/CE special interest group. If you'd like to know more about my work or collaborate on projects, please visit my website: <https://shaakyavembar.wixsite.com/portfolio>.



### ***CRN Special Interest Group on Child Sexual Abuse and Child Exploitation***

This bulletin is produced by the Special Interest Group on Child Sexual Abuse and Child Exploitation of the Children's Research Network for Ireland and Northern Ireland. Dr Joseph Mooney, University College Dublin, compiled the bulletin.

Please feel free to share this bulletin, which is also available on the Network's website [www.childrensresearchnetwork.org](http://www.childrensresearchnetwork.org)

We invite and welcome information about ongoing research, events, podcasts, articles, books, or anything else that is relevant to this network. If you have items you would like included in the next bulletin or have any comments or questions, please contact [childrensresearchnetwork@tcd.ie](mailto:childrensresearchnetwork@tcd.ie)

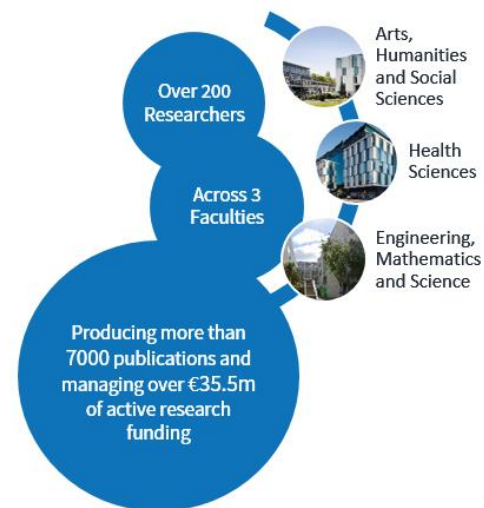


**Trinity College Dublin**

Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin

## Trinity Research in Childhood Centre: Home of the Children's Research Network

The Children's Research Network is hosted by the Trinity Research in Childhood Centre (TRICC)



Established in 2017, TRiCC acts as a research hub for cutting-edge research collaborations on children's health, wellbeing, development and learning across Trinity College Dublin.

*"With similar aims to the Children's Research Network, TRiCC brings together researchers working in different disciplines to promote a common endeavour: the production and dissemination of research designed to improve the lives of children on this island and internationally."*

Professor Trevor Spratt, TRiCC co-Director

[www.tcd.ie/tricc](http://www.tcd.ie/tricc)

### The objectives of the Network are to:

- Create opportunities for researchers at every level of experience to connect, build networks, and promote and develop their research profile
- Raise awareness of issues relevant to children and young people
- Increase opportunity for research focused / interested practitioners and policy makers to be part of the wider research community
- Support research skill development
- Connect the Network with other relevant groupings and networks
- Pursue activities and collaborations identified by members

[www.childrensresearchnetwork.org](http://www.childrensresearchnetwork.org)



### Member Benefits

- Further your **knowledge** and keep up to date with developments in **research and practice** with our **workshops, seminars and conferences**. Enjoy discounted rates for members.
- **Publish and disseminate your research** through our communication platforms, including the **Children's Research Digest**, our website, newsletters and social media.
- **Collaborate** with fellow professionals in your area of interest through our **Special Interest Groups**
- Take advantage of CRN members' access to **events and networking opportunities** available at CRN's host organisation, **Trinity Research in Childhood Centre**.
- Receive our **electronic newsletter**, containing announcements of **CRN news and events**, as well as relevant external notices and key resources.

### Join the Network

Annual membership fees

Student / unwaged €15/~£13\*

Part-time employed / retired €25/~£23\*

Full-time employed €30/~£28\*

\* approximate GBP conversion