



Hearing child survivors of sexual violence



Towards a national response

About RCNI

Rape Crisis Network Ireland (RCNI) is a specialist information and resource centre on rape and all forms of sexual violence with a proven capacity in strategic leadership. The RCNI role includes the development and coordination of national projects such as expert data collection, strategic services development, supporting Rape Crisis Centres (RCCs) to reach best practice standards, using our expertise to influence national policy and social change, and supporting and facilitating multiagency partnerships. We are the representative, umbrella body for our member Rape Crisis Centres who provide free advice, counselling and support for survivors of sexual violence in Ireland.

The RCNI role delivers cost efficiencies across the rape crisis and violence against women sector. The national coordination role delivered by RCNI removes much unnecessary duplication across management, governance, data collection, data reporting and administration. In taking on specific roles and executing them on behalf of all RCCs, local services can direct greater levels of resources into frontline services delivery and local multi-agency partnerships. The RCNI development role additionally provides value-for-money capacity building across services, through the design and delivery of a range of training courses for frontline services providers.

RCNI Philosophy

Survivors and their needs are at the very heart of what we do. Our core principle is that dignity, respect and recovery for survivors are always at the centre of our approach. We are committed to a reliable evidence base to achieve our goals of providing nationally co-ordinated best practice responses and social change which protects the human rights of survivors and prevents further victimisation. RCNI believe in the fundamental dignity and worth of all human beings and to this end we are committed to eliminating gender based violence which hinders the effective realisation of equality and human rights.

Contents

Chairperson's Introduction	3
Executive Director's Message	4
Introduction	7
Child Service Users	9
Age of child survivors	9
Region of origin	10
Location of RCC and CARI services accessed	10
Disability	10
Gender of survivors	11
Survivors of Child Sexual Violence	12
Age of children at time of sexual violence	12
Crimes of Sexual Violence Disclosed to Rape Crisis Centres and CARI by Survivors 2012	13
Type of sexual violence	13
Number of occasions on which abuse occurred and number of abusers involved	14
Duration of sexual violence	15
Location of sexual violence	16
Additional forms of violence	18
Use of pornography during abuse	19
Perpetrator Information	22
Gender of perpetrators	22
Age of perpetrators	22
Relationship of perpetrator to survivor	23
Child Perpetrators	24
Age of child perpetrators	24
Gender of child perpetrators	24
Gender of survivors of sexual violence perpetrated by children	25
Age of survivors at time of sexual violence compared with child perpetrators	25
Child perpetrator's relationship to survivors	26
Location of sexual violence perpetrated by child perpetrators	26
Disclosing and Reporting the Sexual Violence	27
Telling someone for the first time	27
Reporting the sexual violence to a formal authority	28
Helpline	29
Making Sense of the Data	30
Service users: Survivors u18	30
Perpetrators in the family	30
Child perpetrators	31
Findings	32
Recommendations	34
Conclusion	36
Methodology	37
Index of Terms	38
Bibliography	39



“Dear Counsellor,

***So much has happened this year – where do I start!!
Thank you for your constant compassion through the
extremities of my personality!!***

***I’ve sat before you – fearful and full of anxieties, happy &
full of self-esteem, hopeful and full of wonder and through
all these, your acceptance of me has been a given. I thank
you for that, because it is my self-acceptance that I struggle
with most.***

***I thank the ‘God of my understanding’ that he/she sent you
my way because without your consistent understanding I
would have distracted myself with another big drama – to
move away from myself once more.***

***I’m so grateful that it was you who answered that first
call I made because it was that phone call that changed
everything. My life has improved and moved on in such
a magical and wholesome way – none of this would have
been achieved without your help.***

***For this I’m ever grateful, but most of all, know that the
gift you possess has truly helped someone who was broken
and with your understanding my life has blossomed before
me.***

***Lots of love and peace,
Client”***

(Survivor of child sexual violence, 2012)



Chairperson's Introduction

RCNI and its member Rape Crisis Centres provide a range of services to those affected by sexual violence utilising a survivor-centred and trauma-based approach. RCCs are tremendous community information, education and resource centres, equipping many other local agencies and professionals in tackling sexual violence. All of this work is underpinned by the triple principles of equality, human rights and feminism.

Accurate and reliable data is essential in confronting sexual violence and providing effective services to those affected by such violence in the most efficient and cost-effective way possible. Nationally compiled data is not just a means of reviewing the level of past service delivery, it is essential to planning the service needs of the future and making strategic decisions about the best possible use of existing funding. The robust and reliable data collection coordinated by RCNI with RCCs and CARI ensure that survivors voices and experiences are regularly brought to the attention of the highest decision makers in the State. Policy makers can be sure that all submissions are evidence-based and that the statistics provided by RCNI are of the highest possible standard.

RCNI, RCCs and CARI are constantly advancing the agenda of responding to the crimes of sexual violence, with the guiding vision that someday we will have a society free from sexual violence.

As Chairperson of the Board of RCNI, I would like to extend my personal gratitude to Fiona and all the staff of RCNI, my fellow Board members, our Independent Chairperson, RCCs and CARI for all their hard work, dedication and commitment. I would like to take this opportunity to congratulate all front line services that continue to enter high quality data into the RCNI Database; particular recognition goes to the data entry staff and volunteers throughout the country. Special thanks also goes to Stacey Scriver Furlong, who carried out the analysis and compiled this report, Elaine Mears RCNI Data and Services Information Manager, and all who have contributed their expertise to the development of this data collection system, including Susan Miner.

Miriam Duffy

RCNI Chairperson



Miriam Duffy, RCNI Chairperson and Fiona Neary, RCNI Executive Director



Executive Director's Message

The new Child and Family Agency is rightly described as the most ambitious and comprehensive reform of child and family services ever undertaken in Ireland – successfully championed by Minister Frances Fitzgerald. The Rape Crisis community has made a full strategic and operational commitment to collaboration with the new agency.

As a community we have been listening closely to children, and adult survivors of child sexual abuse, for decades. Our sector, along with the Domestic Violence sector represented by Safe Ireland, has a central role to play in the on-going work of prevention, early intervention, family support and child protection in Ireland and in particular in the National Services Delivery Framework – as this report clearly demonstrates.

The importance of harnessing existing synergies has been mentioned in the development of the new agency. Invaluable opportunities exist for partnership with our sector, where our structures and services delivery reflect core values. Under a recent SLA arrangement the RCNI has proven its capacity to deliver robust and flexible business supports to the emerging agency, from a quality evidence base, in conjunction with 16 Rape Crisis service providers and Safe Ireland. This has included producing the new Rape Crisis Children's First Policy, in collaboration with officers of the C&FA, which will be rolled-out and implemented across all Rape Crisis Centres. A review of the RCNI SLA will demonstrate that the RCNI is the appropriate structure through which the agency can maximise on a critical programme in the future - advancing and ensuring services capacity to deliver under the new legislation, including the delivery of efficient and appropriate integration of 16 RCC services into the new National Services Delivery Framework, ensuring robust business processes and data systems and appropriate monitoring and auditing for quality assurance purposes. Service delivery and essential business supports can be delivered through RCNI tried and tested structures, which ensure that stated principles and values are embedded in governance and in responses to service users.

The relationship between statutory agencies and Non-Government agencies can vary – it can be an energetic, mature, strategic relationship which values differing roles within a shared goal. Or, it can be depleted as the State seeks to over-control and even silence and extinguish an independent voice, or where trust is eroded the NGO sector refuses to engage. A key measure of the new agency will be its continued working with NGOs, in the spirit of an equal and different partnership, which respects the independence of the NGO sector to present and have an autonomous analysis and voice on these critical issues.

The Rape Crisis community remains dynamic and responsive, delivering a growing range of services, including essential out of hours services. A 24 hour helpline operates for 365 days per year, counselling appointments can be available at weekends and evenings and volunteers through-out the country provide 24 hour support to SATU services. We are not restricted to 9 -5 services delivery. Through our capacity to engage and retain highly trained volunteer contribution, the NGO sector can sometimes deliver where the statutory services are restricted. The longevity of Rape Crisis experience combined with our specialisation in sexual violence, is also an asset to the new National Services Development Framework, and there are many, many examples of this.

For example, one RCC was increasingly aware of its involvement with the third generation of some families. In addition to supporting the victims of each generation and taking appropriate child protection measures, Mayo RCC proposed that a tailored parenting course, for parents who have been abused and for parenting when a child has been abused, could be a highly appropriate additional intervention in these generations of abuse and vulnerability. A pilot course was designed, participants were recruited through Mayo RCC, and a new project delivered jointly by a HSE family support worker and a trainer from Mayo RCC. In the project evaluation all participants confirmed that the project helped them to protect their child/children.



This specialist report, providing a detailed examination of child sexual abuse, with data that has never been available in Ireland heretofore, is the result of a dynamic collaboration between RCNI, 15 Rape Crisis Centres and Children at Risk Ireland (CARI) using the RCNI national sexual violence frontline data collection system. This collaboration, and the RCNI data collection system, places Ireland at the forefront of combating crimes of sexual violence, as it delivers exceptional analysis of the perpetrators including how and where children of different ages and genders are targeted.

This collaboration, between 16 frontline service providers and a coordinating national body, has occurred as all 17 agencies experience the cumulative impact of the austerity measures in Ireland. All 17 have, by now, taken year after year after year of resource cuts – whilst the demands on each agency have increased and diversified further. And yet, the commitment to advocating for survivors, the commitment to listening to survivors and demanding that others listen, has if anything only deepened. Collaborative working of course means that an individual agency does not always get what it wants!! Compromises are reached which seek to harness the best possible outcomes through the most feasible processes, within varying resource and capacity limitations. An agencies' ego must be left at the door in order that meaningful, complex, multi-agency collaborations can succeed – investments are made to a whole community gain and not just 'our agency' – this commitment can be more challenging than ever as resources diminish.

Despite these challenges we are here, launching a ground-breaking, collaborative outcome that grounds and informs child protection in Ireland and beyond. RCNI sincerely hope that in the future One in Four and Cork Rape Crisis Centre also become full participants and we seek to have the resources to bring in new participants

The HSE corporate plan, and current Government Health policy, recognises the priority of adequate data management systems, the need to strengthen data infrastructure capacity. The RCNI and the Rape Crisis sector have ensured that the data we produce can be utilised to drive improvements, provide an over-view of trends and inform public policy. No funding commitment to this proven data collection system exists beyond December 2013. As Minister, holding the national leadership in children's rights and child protection, we urge you to commit to ensuring the continuation of the infra-structure for the collection of specialist data across agencies providing frontline services for victims of sexual violence crimes.

Fiona Neary

RCNI Executive Director



Rape Crisis Centres Hearing Children

“ *As a direct result of requests from parents and other statutory and non-statutory organisations our Rape Crisis Centre began to see children in 2006. At that time there was one other organisation offering a service to children who were survivors of sexual abuse in our county. This organisation had a substantial waiting list.*

Ahead of offering this service the centre drew up a policy. This policy has been developed and redefined during the intervening years. Originally the centre saw children aged 16 and upwards. In 2008, after increased demand the age limit was lowered to 14 years. The current policy requests that the parent/guardian of a child attends with them for the first counselling appointment. At this initial appointment the confidentiality policy of the Centre and the exceptions to confidentiality in particular Children First (2011) is explained. It is our experience that it is imperative to have clear open communication with the parent/guardian and the child. It is requested that the parent/guardian attend for a minimum of four counselling sessions with a different counsellor. This allows the parent/guardian support in dealing with the many emotions that may arise for them as a result of the sexual violence that has occurred to their child.

At present I am counselling three clients of this age group. Two of the clients began counselling this year and one is a returning client from 2012. A difficulty I have experienced with this age group attending for counselling is finding a suitable time that does not interfere with their attendance at school. I work one day a week in the Centre. I stay late to accommodate two after school appointments and I juggle three clients in two appointment spaces. It is not ideal for the clients but offering the after school appointment necessitates I do it this way. I know from my clients that they do not want to have to ask school for permission to leave early. They worry that their class mates may discover they are attending the Centre. In order to allay their worry I endeavour to facilitate them in any way I can. In the 2012 annual evaluation of our Centre services one client feedback demonstrated how vital it is to the client.

‘I was surprised to know that the Rape Crisis Centre provided counselling to people my age. I don’t want anyone to know I go to the centre. I get dropped off around the corner and check no one is around before I go in. Don’t get me wrong I want to go I just don’t want anyone to know’. (Child survivor, 2012)

Customarily I have counselled children who are survivors of sexual violence but this year for the first time I am counselling a child who was affected by sexual violence. It presents different issues as the sexual violence was perpetrated against the mother of this child. It in no way negates the impact it has on the child. It just entails that as a counsellor, I work in a different way. It again demonstrates to me how Rape Crisis Centres continue to adapt and develop a service for each and every person that calls to our door.”

(Rape Crisis Centre counsellor experience of providing services to child survivors of sexual violence, 2012)

Introduction

As children are among the most vulnerable in society, through their dependence on adults and limited access to resources they are often incapable or face considerable difficulty communicating needs and having those needs met.

This report seeks to identify those needs more clearly in relation to sexual violence and provide information about child sexual violence learned from child survivors who access services. This information can be used by adults and statutory actors to respond to and support vulnerable children.

Globally, 7% of boys and 14% of girls under the age of 18 are subjected to forced sexual intercourse and other forms of violence involving touch (Pinheiro, 2006). In Ireland, the SAVI report revealed that 30% of women and 24% of men experienced some form of sexual abuse before the age of 17 (McGee et.al. 2002). Despite this vulnerability to multiple forms of abuse and violence, children are often disadvantaged in seeking support and redress for sexual crimes. Research in Ireland and internationally has identified that children subjected to sexual violence often do not disclose the abuse to anyone or delay disclosure until decades after the abuse has ended (McGee et.al. 2002; McElvany, 2008).

Furthermore, even when children do disclose incidents of sexual violence, services may be inadequate or inaccessible. The CARI Foundation has stated that, “services for children affected by sexual abuse across the country are patchy and inadequate and much less developed than those for adults who were abused in their childhood” (2011). An important factor in the coherence and development of services is that the “the lack of comprehensive research and disaggregated data concerning sexual violence makes it difficult to clearly define the problem” (Moreno, 2010). The RCNI statistical database seeks to address this gap through the provision of high quality data on child survivors of sexual abuse. This information not only defines the problem but is essential in developing strategies and solutions to support survivors and reduce the risk of sexual violence against children.

In this RCNI report, data relating to survivors under the age of 18 utilising RCC and CARI services in 2012 are examined. RCCs usually provide services to survivors from the age of 14, while CARI provides services to all children. The report presents previously unexamined data from these centres and includes information about the 192 child survivors, accounting for 220 incidents of sexual violence against children, who accessed services from CARI or an RCC in 2012.

Child survivors represent a small subset of the total number of survivors of child sexual abuse that access services from RCCs or CARI. As incidents of sexual violence are often disclosed years later, certain types of incidents, perpetrators, and survivors may be omitted from the child survivor sample that are evident within a larger sample that includes adult survivors of child sexual abuse. In order to address this, and to reveal significant disparities between child service users and all service users who experienced incidences of child sexual violence, the child survivor sample is compared to the general sample of survivors of child sexual violence. Where significant differences exist, they are discussed within the report.



This report has found that, in line with the 2011 RCNI Statistical Report on Crimes against Children, vulnerability to sexual violence is mediated by age and gender. Younger children were more likely to be abused by parents and other family members, over periods lasting years, either in their own home or the abuser's home. Incidents involving younger children were also more likely to involve other forms of violence in addition to the sexual violence experienced. Older girls, in contrast, were more likely to be raped, by an acquaintance or other non-family member, in an outdoor location or a location other than their home or the abuser's home, with the incident lasting hours rather than years.

The report also reveals important information about who is accessing RCC and CARI services, and consequently, who is not. It is highly likely that those accessing services represent only a fraction of the total number of survivors. While females abused in later childhood were significantly represented in the sample, older boys, and boys and girls abused in early childhood, were underrepresented, suggesting that these groups may face additional barriers in disclosing, reporting or seeking help for incidences of child sexual violence.

In addition to providing statistical information about survivor demographics, incident details, perpetrator information, and disclosing, reporting and help-seeking behaviour, the report provides a deeper assessment of three significant issues revealed by the analysis: the service user profile, perpetrators in the family, and child perpetrators.

“I have phoned a number of times over the past few months and wanted to thank all the staff for their support and advice... I felt encouraged... my relationship with my daughter has grown stronger.”

(Service user, 2012)

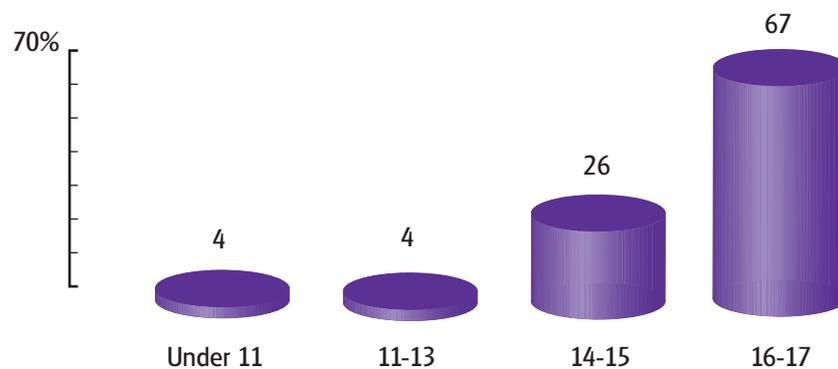


Child Service Users

In 2012, Rape Crisis Centres (RCCs) and Children At Risk in Ireland (CARI) provided services for 192 minors ranging in age from 4 to 17 years old.

Age of Child Survivors

Graph 1: Age of child survivors accessing RCC services (%) n = 192



67% of child survivors accessing services were 16 or 17 years old, 26% were 14 or 15 years old, 4% were 11-13 years old, and 4% were under 10 years old in 2012.

130 children under the age of 18 began to use RCC and CARI services for the first time in 2012.

“I’m not scared anymore.”

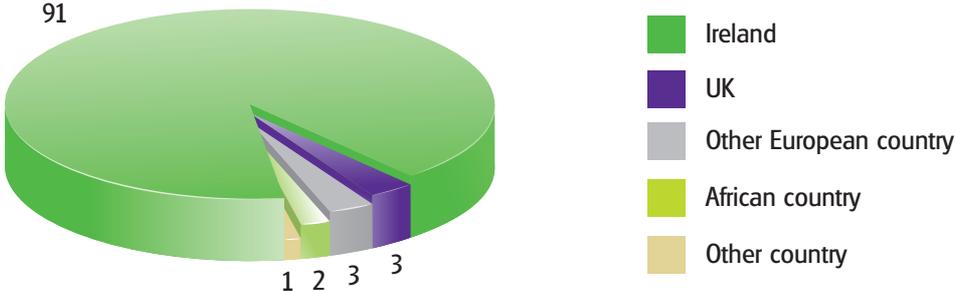
(Survivor of child sexual violence, 2012)



RCNI data provides important demographic information about child survivors accessing services from RCCs and CARI in 2012.

Region of Origin

Graph 2: Survivors region of origin (%) n = 190



The vast majority of child survivors of sexual abuse attending RCCs and CARI in 2012 originated from Ireland (91%). Of those that originated in another country, 3% were from the U.K., a further 3% were from another European state, while just over 2% originated in an African country.

Location of RCC and CARI services accessed

23% of child survivors accessed services provided by CARI in Dublin, Limerick or Cork. 9% of survivors accessed services at Dublin Rape Crisis Centre, 8% at Galway RCC, 7% at each Dundalk and Wexford RCCs and 6% at Waterford, Kerry and Limerick RCCs. Sligo, Donegal and Carlow were also significantly represented accounting for approximately 5% of child survivors each. Child survivors accounted for 4% of survivors attending Tipperary RCC. The remainder attended other RCCs throughout Ireland.

Disability

Approximately 5% of survivors of child sexual abuse had some form of disability. Of those that had a disability, a large majority had a learning disability. Physical disability was the least common form of disability.

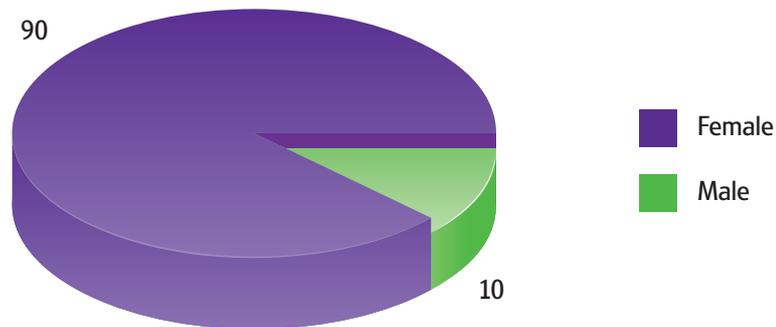
A greater proportion of child survivors had a learning and intellectual disability in comparison to all survivors of child sexual abuse, where physical disability was the most common form of disability. This is most likely due to the younger age of child survivors where acquired physical disability is less likely to have occurred before the age of 18. Nevertheless the overall percentage of disability (5%) was constant among both groups.



192 survivors under the age of 18 attended RCCs and CARI in 2012, reporting one or more incidents of child sexual violence. These 192 child survivors reported a total of 220 incidences.

Gender of survivors

Graph 3: Gender of survivors (%) n = 192



The vast majority of clients under the age of 18 were female. However, 10% of clients under the age of 18 were male.

The percentage of male child survivors attending an RCC or CARI in 2012 is substantially smaller than the number of males in the general sample of survivors of child sexual violence where 17% of survivors were male. This difference suggests that young men may be less likely to seek help for incidences of child sexual violence than young women or older men and women.

“I did not feel judged and the helpline operators were a great support to me.”

(Service user, 2012)

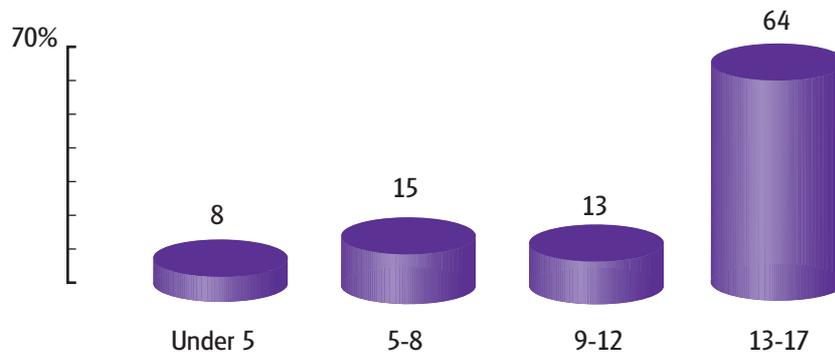


Survivors of Child Sexual Violence

In 2012, 1562 people attended either a Rape Crisis Centre or CARI for services related to experiences of sexual violence as children. Survivors of child sexual violence who attended RCCs or CARI in 2012 ranged in age from 4 to 75. 12% of these 1562 survivors of child sexual violence were minors.

Age of children at time of sexual violence

Graph 4: Age of survivors at time of abuse (%) n = 180



Child survivors of sexual violence disclosed incidents that occurred at all ages under 18, from 4 to 17 years old. 8% of incidents involved children under the age of 5. A further 15% involved children aged 5-8 years old, 13% involved children 9-12 years old, and 64% involved children between 13 and 17 years old.

Some differences were noted when the child survivor sample was compared against the general sample of survivors of child sexual abuse. While the child survivor sample was heavily weighted towards older children with 13-17 year olds making up 64% of the total sample, the general sample demonstrated a more equal division of survivors across the age groups when abuse began. Thus it was found that 12% of incidents involved children under the age of 5. A further 36% involved children aged 5-8, 24% involved children aged 9-12, and 28% involved children aged between 13-17.

The differences in this sample suggest that those abused at younger ages are less likely to attend RCCs or CARI for help during childhood than those abused in later childhood.

“I found safety.”

(Survivor of child sexual violence, 2012)

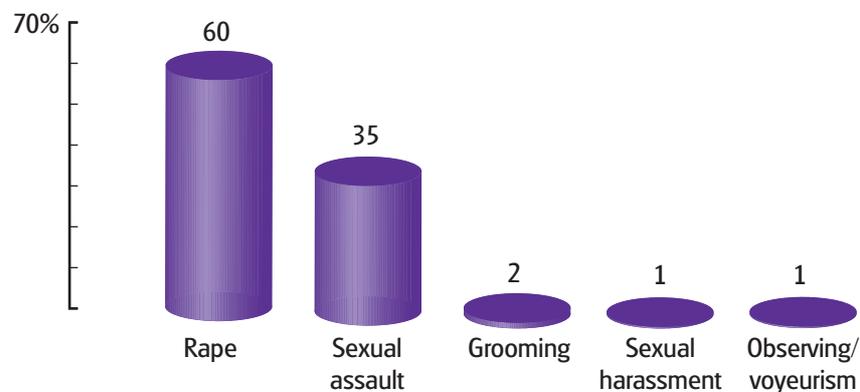


Crimes of Child Sexual Violence Disclosed to Rape Crisis Centres and CARI by Child Survivors 2012

220 incidences of sexual violence were disclosed to RCCs and CARI by child survivors in 2012. These disclosures provide important data to illuminate the nature and characteristics of incidences of sexual violence experienced by child survivors.

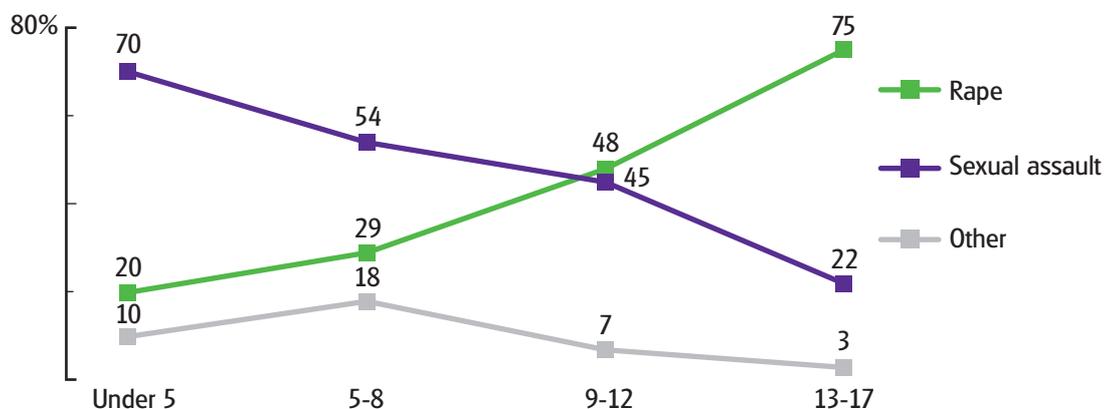
Type of sexual violence

Graph 5: Type of sexual violence perpetrated against child survivors (%) n = 205



Rape was the most commonly experienced type of sexual violence, with 60% of incidents involving an assault of this type. A further 35% of incidents involved sexual assault or aggravated sexual assault. Other forms of abuse represented in the sample included sexual harassment, grooming, and observation/voyeurism.

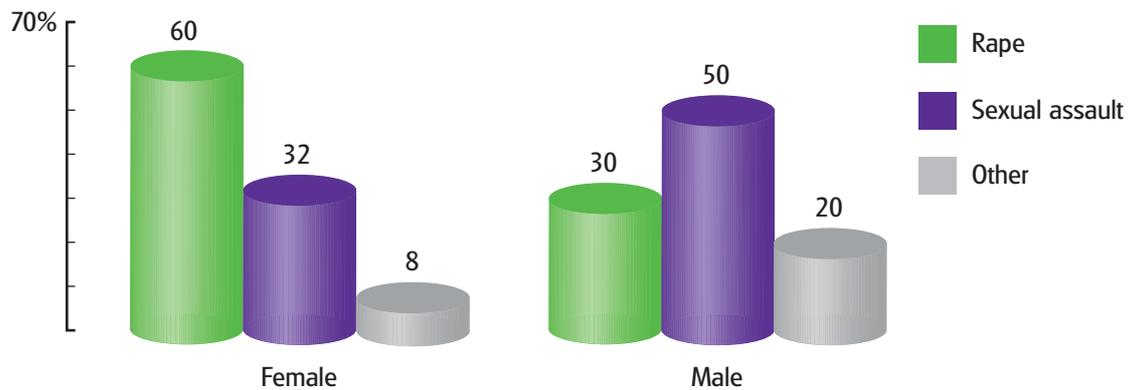
Graph 6: Nature of sexual violence by age of survivor at time of violence (%) n = 208



The likelihood of experiencing rape rather than a sexual assault increased with the age at which the survivor first experienced the abuse.* Thus, while 20% of those who were abused under the age of 5 experienced rape, 29% of abused 5-8 year olds, 48% of 9-12 year olds, and 75% of 13-17 year olds experienced rape.



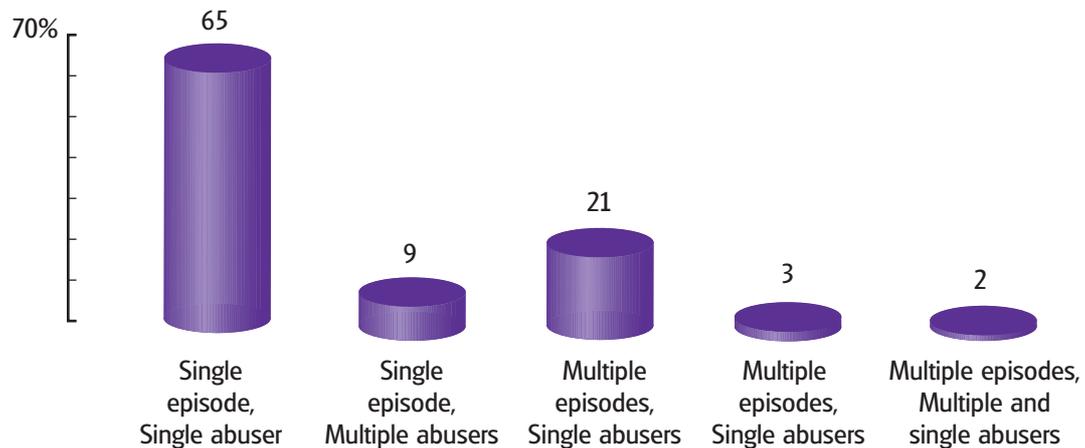
Graph 7: Nature of sexual violence by gender (%) n = 216



The type of abuse experienced also varied by gender, with girls significantly more likely to experience rape than sexual assault (60% vs. 32%) and much less likely to experience other forms of abuse (8%).* For boys, sexual assault was most frequently disclosed (50%), followed by rape (30%). However, a larger number of boys (20%) indicated other forms of sexual abuse such as grooming or voyeurism/observation.

Number of occasions on which abuse occurred and number of abusers involved

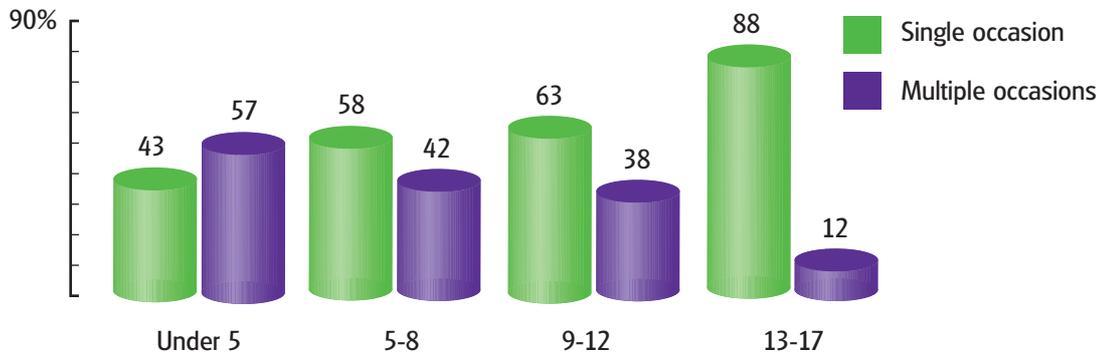
Graph 8: Number of occasions on which the sexual violence occurred and number of abusers involved (%) n = 210



Abuse may be perpetrated during a single, isolated occasion, or it may be perpetrated on many occasions, by the same perpetrator(s). 65% of incidents of abuse of child survivors were perpetrated by a single individual on a single occasion. In a further 21% of incidents a single perpetrator abused the child on more than one occasion. Multiple perpetrators were present in 14% of incidents.



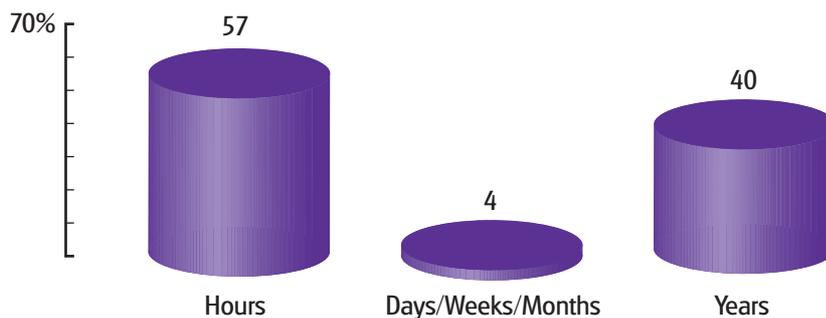
Graph 9: Female survivors – Number of occasions on which the sexual violence was perpetrated (%) n = 183



The age group at which abuse began and the gender of the child survivor had a significant relationship to the type of abuse experienced. The youngest children to experience sexual abuse, under the age of 5, were more likely to experience incidents that involved abuse occurring on multiple occasions rather than abuse that occurred as a single isolated event. This was true for boys up to the age of 13, after which single occasions of abuse became more common. For girls, single occasions of abuse became more common than multiple episodes from the age of 5. 58% of incidents involving 5-8 year olds, 63% of incidents among 9-12 year old girls and 88% of incidents involving 13-17 year old girls occurred on a single occasion.*

Duration of sexual violence

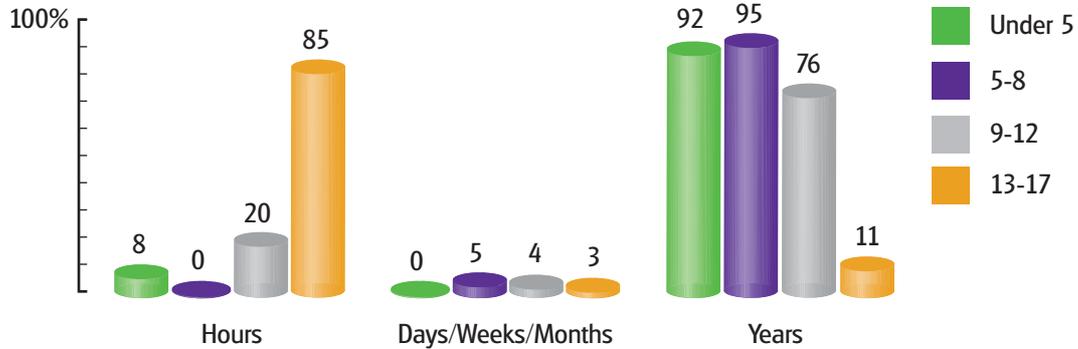
Graph 10: Duration of sexual violence (%) n = 202



The majority of incidents disclosed by child survivors lasted a period of hours (57%). A further 40% of incidences of child sexual abuse lasted a period of years. Less than 4% of incidents lasted days, weeks or months.



Graph 11: Duration of sexual violence perpetrated against female survivors by age of survivors at time of violence (%) n = 181

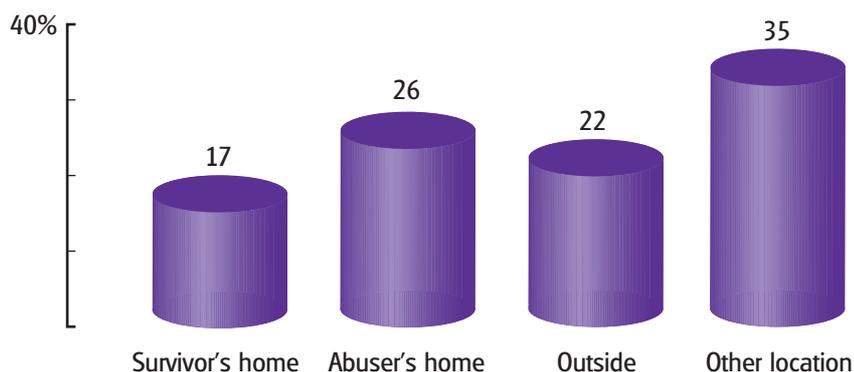


The age at which abuse began was a significant factor in the duration of abuse. Males and females whose abuse began before the age of 13 were most likely to experience sexual abuse that went on for years, whereas those 13 and older were most likely to experience incidents lasting hours. This was particularly notable for females aged 13-17 years, whereby 85% of reported incidents lasted hours.*

When compared to the general sample, some notable distinctions appear. Among the general sample incidents were most likely to last years (69%) with a further 25% lasting hours. This difference reflects the greater number of incidents of child sexual abuse which occurred at a younger age among the general sample. Incidents involving younger children, as shown above, tend to go on for years rather than hours.

Location of sexual violence

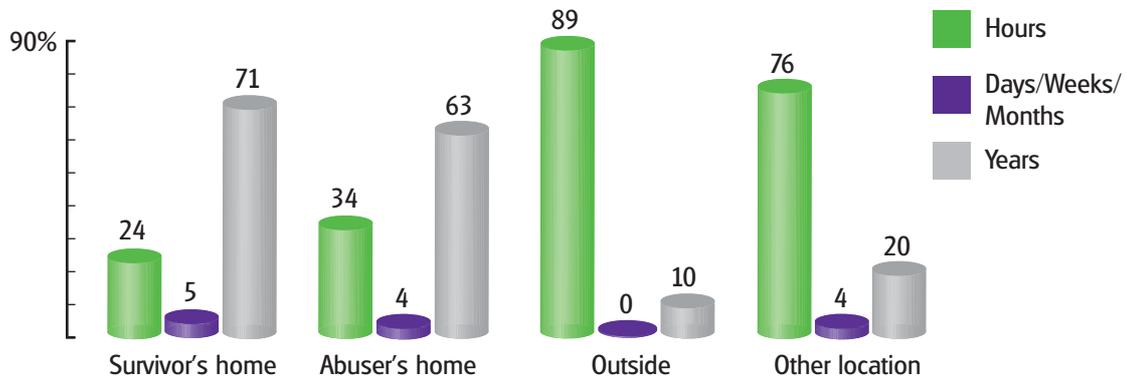
Graph 12: Location of sexual violence (%) n = 218



The most commonly reported single location where sexual abuse occurred, as reported by child survivors, was the abuser's home (26%), followed by an outside location (22%), and their own home (17%). Other locations (35%), including a friend/acquaintance/neighbour's house, a car, institution or other place, were also commonly cited as the location of abuse.

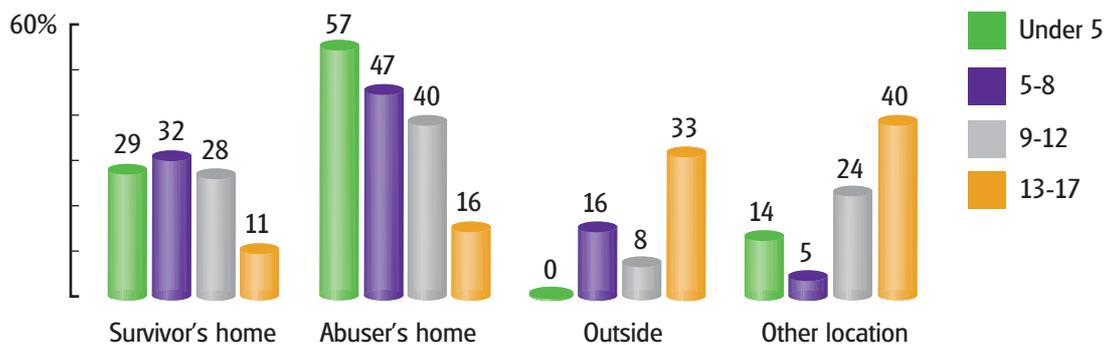


Graph 13: Location of sexual violence by duration of violence (%) n = 200



Some differences were noted in relation to the location of abuse and the duration of abuse. 71% of incidents of sexual violence that occurred within the survivor's home and 63% of incidents that occurred in the abuser's home went on for a period of years, whereas abuse that occurred outside or in another location was more likely to last hours (89% and 76%).* This result suggests that opportunity is a factor in the perpetration of child sexual violence: abuse that occurs over an extended period of time requires privacy from observation which is offered by the home of the perpetrator or survivor.

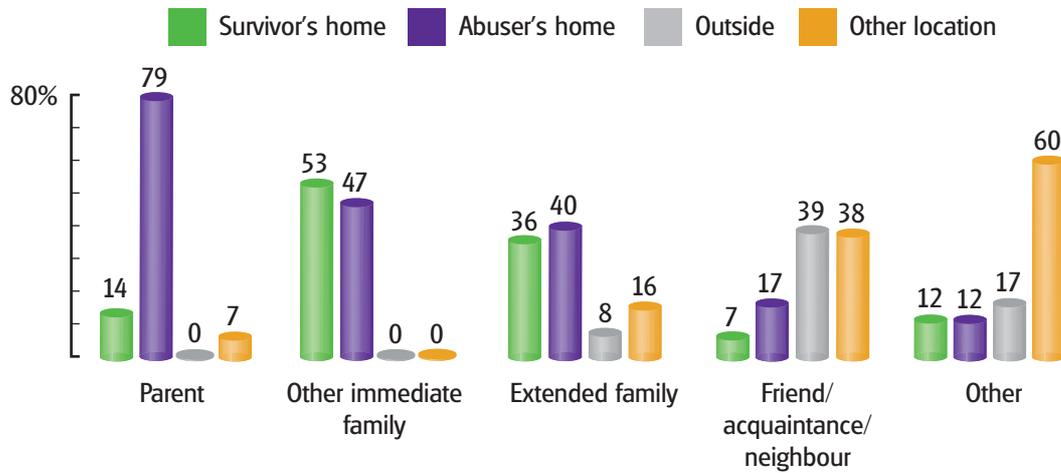
Graph 14: Female survivors – Location of sexual violence by age violence was perpetrated (%) n = 185



Further differences were noted by gender and age group. Girls aged 13-17 were much more likely to experience incidents of sexual violence in an outdoor location or a location other than their own home or the abuser's home, than boys of any age or girls under 13.* In fact, 73% of girls aged 13-17 were abused in an outdoor or 'other' location compared to an average of 22% across all other males and females.



Graph 15: Location of sexual violence by relationship of perpetrator to survivor (%) n = 190

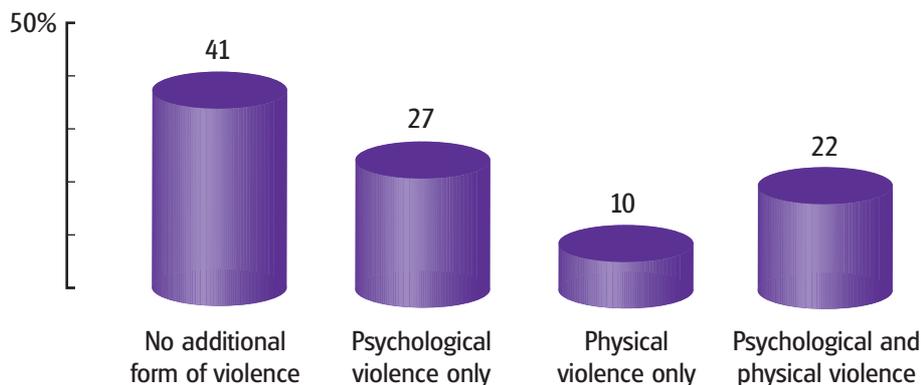


The relationship of the perpetrator of the violence to the survivor was also related to the location of abuse.* Parents and other immediate family perpetrated the violence within the survivor or the abuser's home in 97% of incidences. This compares to acquaintance/friend/neighbour(s) who, in 75% of incidents, perpetrated the abuse in an outside or other location.

Significant differences were noted when the location of abuse of child survivors was compared to the general sample of survivors of child sexual abuse. Among the general sample, the survivor's own home was the most common location of abuse (36%) followed by the abuser's home (32%) and an outside location (15%). This difference is likely explained by the correlation between younger age when abuse begins and location of abuse. Children abused at an earlier age are more likely to be abused within the home. As the general sample included a larger percentage of children under the age of 13, it includes more incidences that occurred within the family home.

Additional forms of violence

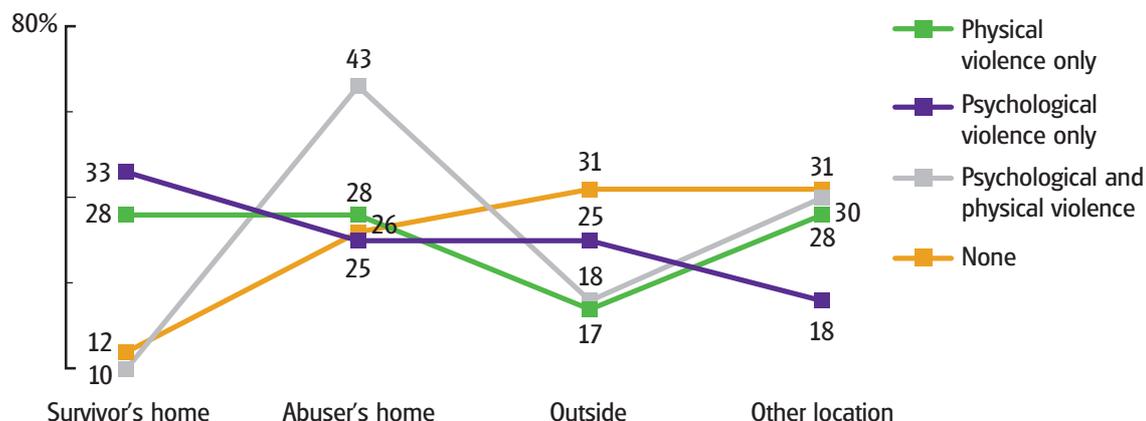
Graph 16: Additional forms of violence perpetrated against survivors (%) n = 183



59% of child survivors reported experiencing psychological and/or physical violence in addition to the sexual violence during the incident. 27% reported additional psychological violence only, and 22% reported both psychological and physical violence. Physical violence as the only additional form of violence was least common, disclosed by 10% of survivors.



Graph 17: Other types of violence by location of sexual violence (%) n = 107



A relationship between the location of the abuse and the experience of additional forms of violence was identified. Abuse that occurred within the survivor's or the abuser's home was the most likely to exhibit additional forms of violence, with 88% of incidents which occurred in the survivor's home exhibiting additional violence, compared to 74% of incidents that occurred in the abuser's home and 69% which occurred at an outdoor or other location.

Among the general sample of survivors of child sexual abuse, 72% of incidents of child sexual abuse involved additional violence. When examined by age group, the larger sample size permitted further analysis. It was found that younger children were most likely to experience additional forms of violence: 76% of incidents of child sexual abuse perpetrated on those under 5 years old exhibited some form of additional violence accompanying the sexual violence. Age was found to express an inverse relationship to the experience of additional violence (the older you are the less likely you are to experience any other form of violence).* For instance, 75% of 5-8 years olds experienced additional violence, 70% of 9-12 year olds and 67% of 13-17 year olds

Use of pornography during abuse

Child survivors reported that 4% of incidents involved the use of pornography. This could include filming the survivor, forcing the survivor to act out roles from pornography, and use of pornography by the perpetrator prior to or during the assault. In 29% of incidents it was unknown whether pornography was involved.

The sample of child survivors who reported the use of pornography by the abuser was too small for further assessment. However, when the general sample was examined it was found that those whose abuse began under the age of 5 were the most likely to report the involvement of pornography.* More information and analysis is necessary before any conclusions can be drawn from these findings.

"I feel I am understood and listened to."

(Survivor of child sexual violence, 2012)



Rape Crisis Centre Core Values and Model of Service Delivery

A RCNI member RCC provides direct services to sexual violence survivors utilising a survivor-centred and trauma-based approach.

RCCs are tremendous community information, education and resource centres, equipping many other local agencies and professionals in tackling sexual violence. RCCs provide training, education and information sessions to a range of organisations annually on request. In a commitment to ensuring the best responses for victims and preventing violence, RCCs engage in various interagency, joined up working, both formal and informal. In addition, member RCCs engage in prevention and social change. Through on-going collaboration and partnership with RCNI National Data Collection, RCCs are also experts in the collection and presentation of accurate data on sexual violence in Ireland.

Unlike a regular counselling service, RCC clients often have other needs perhaps around education, housing, medical care or legal issues. The impact of sexual violence often brings a multitude of other problems for the client. From the beginning, RCCs have held and worked with this dynamic. There is an advocacy element to each service that again was always part of a Rape Crisis response. It has always been a pivotal piece of what makes a RCC different. Each client's story is listened to, witnessed and whatever they need to heal is the journey the centre takes with them; be it through face to face counselling, support through a forensic medical examination, sourcing an advocate in the mental health system, listening on the phone, teasing out how to make a complaint, going to court with them, helping them to confront a difficult current situation or leaving a dangerous family situation.

All of this work is underpinned by the triple principles of equality, human rights and feminism. A Rape Crisis Centre is a place where the reality of the effects of sexual violence are witnessed and believed, and hopefully a journey of recovery started. Sexual abuse and violence is always about an absence of choice. It is an experience of isolation. It is about power and autonomy being taken away. It is about trust in the world being broken, often completely. A RCC is a place where the worst that humans can do is listened to and responded to. It is a place often of great hurt and distress. It is equally a place where hope is seeded, where the core values of openness, non-judgement, respect, affirmation, trust, courage and creativity flourish on a daily basis. It is a place of heart, hope and healing.

RCNI has carried out groundbreaking work to ensure that the core values and responses that are central to a grass roots response are what inform the development of all RCC services. RCNI and its member Centres are client/survivor informed. Constant feedback from clients informs the overall movement and development of the organisation. It is key. It is a constant listening, revising, changing and processing of clients' experiences as well as staff and volunteers. A high standard of training and constant supervision of staff and volunteers are also key components of any RCNI RCC. The clients' safety and well-being is paramount.



CARI

Founded in 1989, CARI (Children At Risk in Ireland) is Ireland's leading voluntary provider of therapy to children who have experienced sexual abuse.

CARI provides child-centred therapy for children and adolescents from age three years to eighteen years and support for their non-abusing parents, carers and families who have been affected by the issues of child sexual abuse. CARI also provides therapy to children, up to (and including) twelve year olds, who present with sexualised behaviours. CARI provides the following within its therapy service, advice appointments; child and adolescent psychotherapy and parental support.

CARI provide six different strands of services:

- National Helpline
- Advice/Crisis Appointments
- Therapy Services
- Training & Consultancy
- Lobbying
- Court Support and Accompaniment

CARI Vision and Mission

CARI aims to provide a professional, child-centred therapy and counselling service to children, families and groups who have been affected by child sexual abuse, to support and assist their recovery process.

Alongside this, we aim to provide the most up to date education and information service for children, adults and professionals on the dynamics of child sexual abuse, and moreover to raise public and political awareness of the issue.

We, as a non-governmental organisation, will at all times operate on a not-for-profit basis, ensuring that our services are accessible, regardless of a child's means or situation.

CARI Philosophy

CARI believes that children have the right to a service that respects their freedom of expression and their right to child-centred services. We respect the strength and resilience of children and design our services to build on this strength, enabling children to grow into adulthood defined not by their abusive experience but by their individuality and creativity.

www.cari.ie

CARI began using the RCNI Database in January 2011.

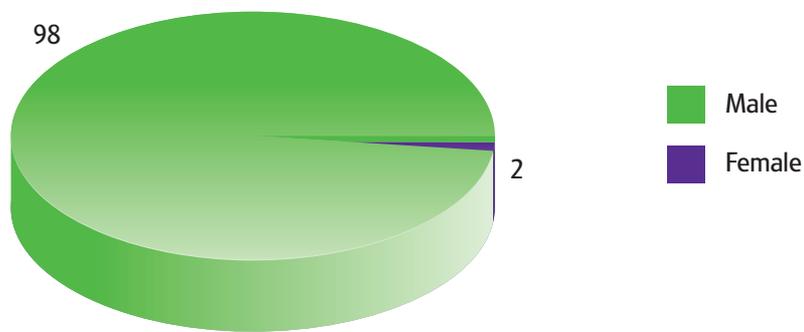


Perpetrator Information

Child survivors were able to provide information about perpetrators, including gender, approximate age and their relationship with the perpetrator. In total, 192 child survivors provided information about 197 perpetrators.

Gender of perpetrators

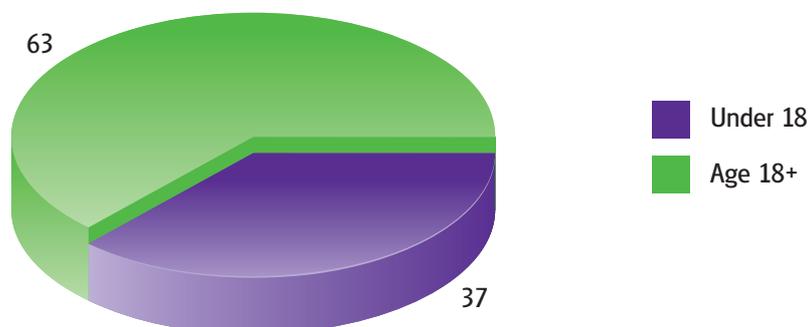
Graph 18: Gender of perpetrators (%) n = 208



The vast majority of perpetrators of sexual violence against child survivors were male (97.6%). Nevertheless, female perpetrators were represented accounting for 2.4% of the total sample.

Age of perpetrators

Graph 19: Age of perpetrators at time of sexual violence (%) n = 197

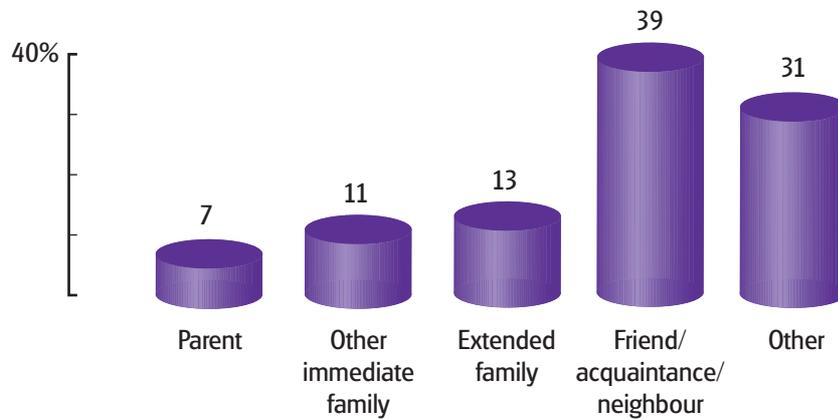


Perpetrators of sexual violence against child survivors ranged in age from 10 to 82 years old with a mean age of 26. However, 37% of perpetrators of sexual abuse against child survivors were under 18 years old.



Relationship of perpetrator to survivor

Graph 20: Relationship of perpetrator to survivor (%) n = 220



31% of incidents of sexual violence against child survivors attending RCCs or CARI were perpetrated by family members. This includes parents (7%), immediate family members (11%) and extended family members (13%). However, acquaintance/friend/neighbours were the most commonly listed perpetrators, noted in 39% of incidents. Strangers accounted for only 7% of all reported incidents (this is included in 'other' in the above graph).

Differences between perpetrator relationship to the child survivor and the age at which abuse began were notable for female child survivors. The majority of incidents involving female children under the age of 13 were perpetrated by parents, immediate family members or extended family members. However, the likelihood of incidents being perpetrated by acquaintances, strangers and other non-family members increases with age. 91% of incidents involving girls aged 13-17 were perpetrated by non-family members, including, most commonly, acquaintances/friends/neighbours.

Again, the age distribution of the sample is likely to have led to a greater emphasis on non-family members as perpetrators in the analysis. When the general sample is examined, family members appear as the most likely perpetrators of child sexual violence. Almost 50% of incidences of sexual violence against minors in the general sample were perpetrated by family members. Parents accounted for 12% of perpetrators, other immediate family members (such as siblings, step-parents, or step-siblings) for 17% and other extended family members (for instance cousins and grandparents) accounted for 21% of all perpetrators

“This is the first time I have spoken to other people in relation to my past and I thank you from the bottom of my heart.”

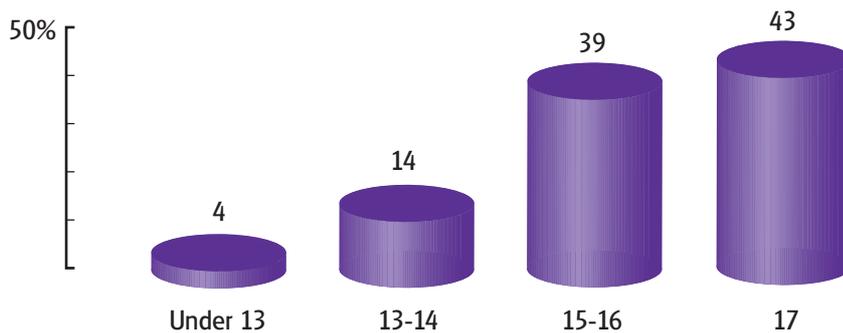
(Survivor of child sexual violence, 2012)



Child Perpetrators

Age of child perpetrators

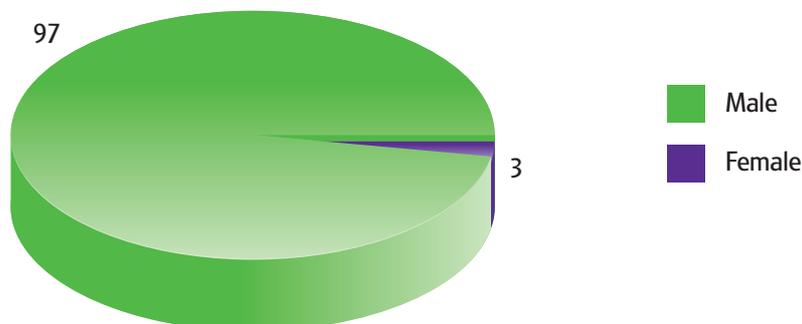
Graph 21: Age of child perpetrators at time of sexual violence (%) n = 72



Adults were not the only perpetrators of sexual violence against child survivors. 37% of perpetrators of incidents of sexual violence against child survivors were other children under the age of 18. Some children therefore pose a risk of sexual violence to other children. While 10-12 year olds account for 4% of child abusers, from the age of 13 the likelihood of a sexual crime being perpetrated by a child increases such that 13 and 14 year olds account for 14% of all child perpetrators, 15 and 16 year olds account for almost 39% of child perpetrators and 17 year olds account for 43% of child perpetrators.

Gender of child perpetrators

Graph 22: Gender of child perpetrators (%) n = 72

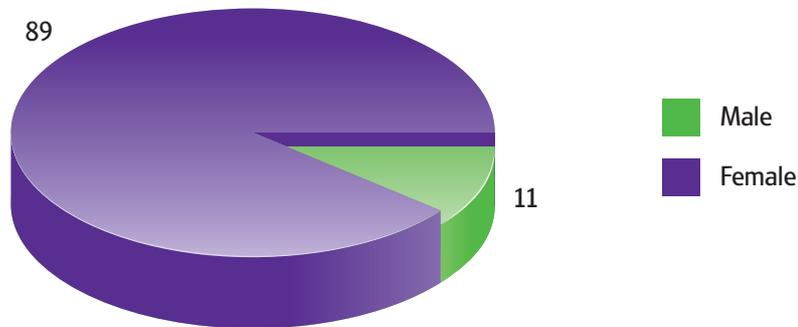


Child perpetrators were, like the general population of perpetrators, most likely to be male (97%).



Gender of survivors of sexual violence perpetrated by child survivors

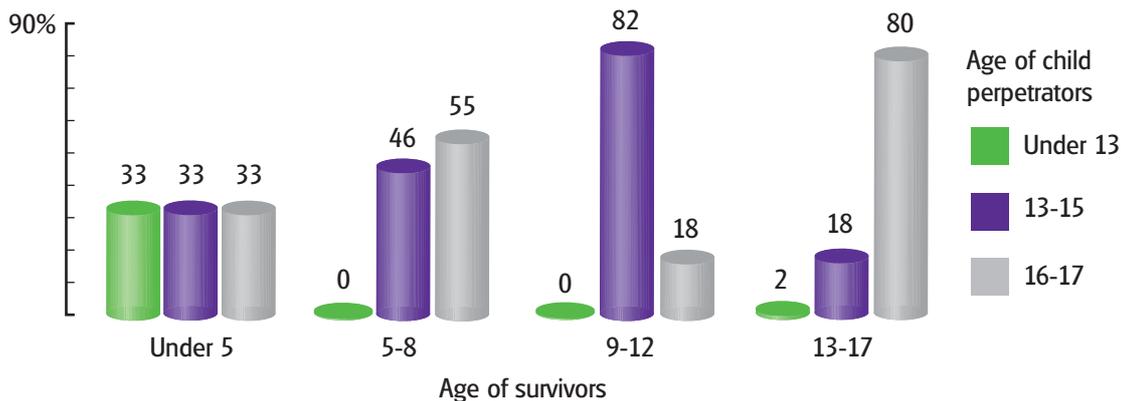
Graph 23: Gender of survivors of sexual violence perpetrated by child perpetrators (%) n = 72



Female children appear to be at much greater risk of experiencing sexual violence perpetrated by another child, with females composing 89% and males composing 11% of child survivors of sexual violence perpetrated by another child. The age of the perpetrator therefore does not appear to alter the gendered vulnerability to childhood sexual violence.

Age of survivors at time of sexual violence by age of child perpetrators of sexual violence

Graph 24: Age of survivors at time of sexual violence by age of child perpetrators at time of sexual violence (%) n = 72

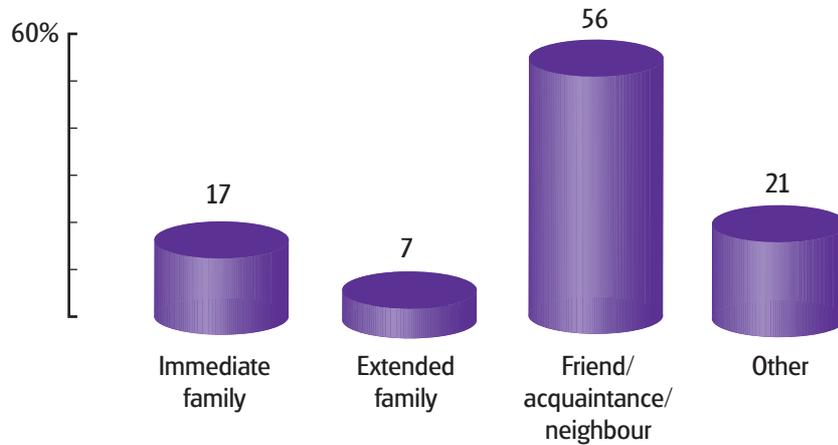


Child perpetrators abused those who were a similar age or younger than they were. Thus, while those under 5 were equally likely to be abused by those in the under 13, 13-15 or 16-17 age group, 98% of those in the 13-17 age group were abused by those aged between 13-17.*



Child perpetrator's relationship to survivors

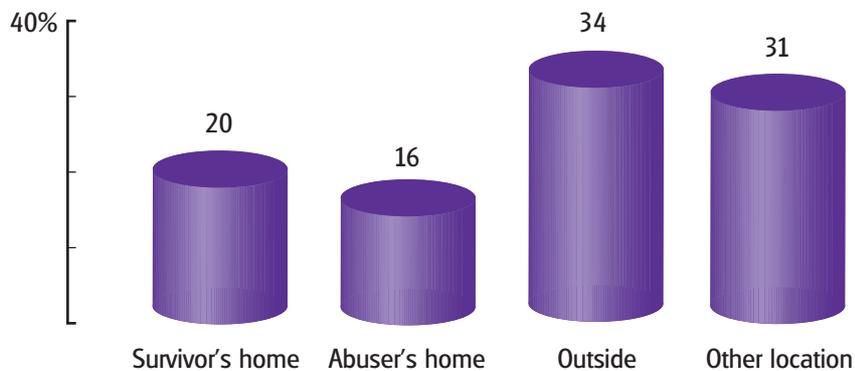
Graph 25: Relationship of child perpetrator to survivor (%) n = 72



Child perpetrators were most likely to be acquaintances/friends/neighbour (56%) of the survivor. Family members such as siblings, step-sibling, and cousins of the survivor accounted for a further 24%.

Location of sexual violence perpetrated by child perpetrators

Graph 26: Location of sexual violence perpetrated by child perpetrators (%) n = 71



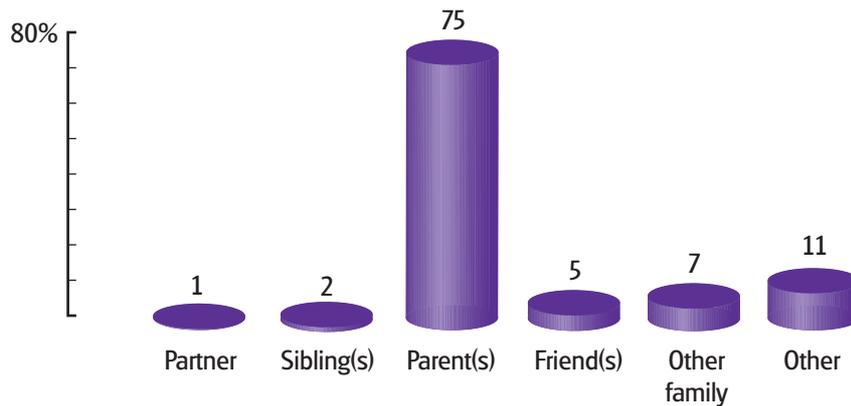
Child sexual abuse perpetrated by other children occurred primarily outside (34%) or at another location (31%). 20% of incidents perpetrated by a child occurred at the survivor's home, and 16% occurred at the child perpetrator's home.



Disclosing and Reporting the Sexual Violence 2012

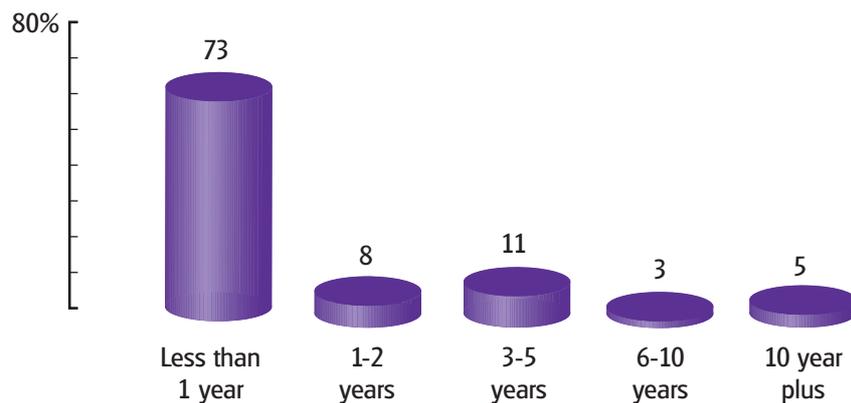
Telling someone for the first time

Graph 27: Who survivors told first about the sexual violence (%) n = 176



For almost 11% of child survivors of sexual abuse, contacting RCCs or CARI was their first experience of disclosure of an incident of sexual violence. Among those that had previously disclosed the abuse, parents were the most likely recipients of disclosure (75%). Others, a category including doctors, health workers, and teachers, were the second most common recipients of disclosure (11%), followed by other family members (7%).

Graph 28: How long after the sexual violence did survivors first tell someone (%) n = 193



Child survivors accessing RCC and CARI services were highly likely to disclose abuse soon after its occurrence. 73% of survivors disclosed abuse in less than one year, with a further 19% disclosing between 1 and 5 years after the incident.

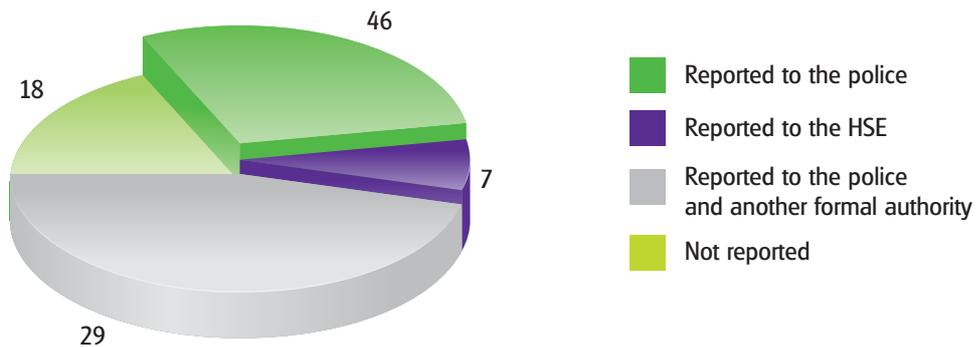
In contrast, 30% of all survivors of child sexual abuse utilising RCC or CARI services in 2012 disclosed abuse in less than one year, while an almost equal number (29%) took more than 10 years to disclose the abuse.



Reporting the sexual violence to a formal authority

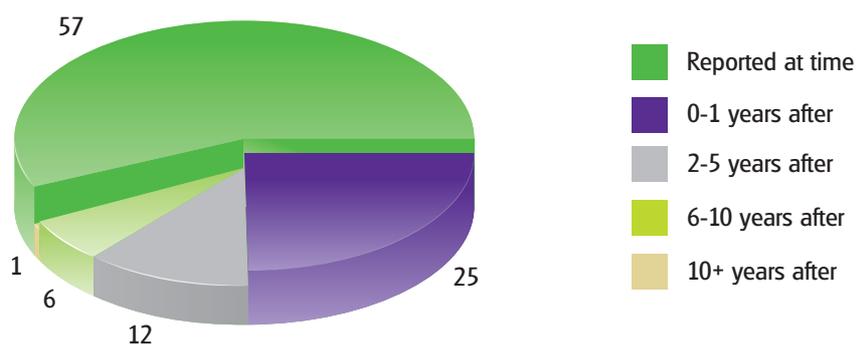
RCCs and CARI have a responsibility to report all incidents of child sexual abuse to the HSE under the Children First National Guidance on the Protection and Welfare of Children (2011). RCCs and CARI are fully compliant with these guidelines and report all incidents of child sexual violence to the HSE. The following data asks whether the survivor has reported the incident to a formal authority. In the 18% of incidents which have not been formally reported by the survivor or a guardian, it can be assumed that the incident was reported to the HSE by the relevant RCC or CARI.

Graph 29: Reporting the sexual violence to a formal authority (%) n = 178



A very large number of incidents of sexual violence (82%) experienced by child survivors attending RCCs or CARI in 2012 were reported to a formal authority by the survivor or a guardian. 46% were reported to police alone, and 7% were reported to the HSE alone, while a further 29% were reported to multiple authorities. It is likely that those who report to the authorities are proportionately more likely to access specialist support services such as RCCs and CARI.

Graph 30: How long after the sexual violence did the survivor report it to a formal authority (%) n = 173



Of the incidents which were reported, the majority were reported at the time of the incident. 57% of incidents were reported at the time, with a further 25% reported 0-1 year after. 19% were reported 2 years or more after the incident.

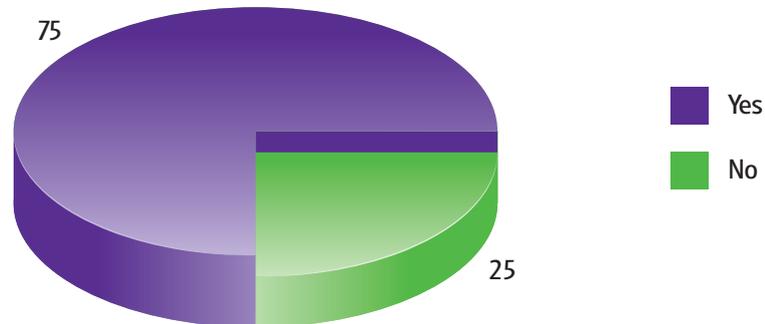
In cases where a complaint to a formal authority was made, the vast majority (76%) did so before contact with the RCC.

While the analysis of child survivors found a very high rate of formal reporting of incidents, with 82% of child survivors attending RCCs or CARI in 2012 reporting to a formal authority, the situation is reversed when compared to all survivors of child sexual abuse, where 71% of incidents were not formally reported. Furthermore, of the 29% of incidents which were reported, the majority were not reported at the time of the incident. In fact, 71% of incidents were reported some time following, including 35% which were reported 10+ years after the abuse occurred.



Helpline

Graph 31: Did the survivor first make contact with the service through the helpline (%) n = 189



The RCC and CARI helplines offer an important resource for child survivors to initiate contact with support agencies. The vast majority (75%) of child survivors of sexual abuse contacted RCCs or CARI through a helpline

“Coming to CARI has changed my life. I sometimes think that the therapists in CARI have no idea as to how important and effective the work that they do is. Like brain surgeons or cardiologists they heal their clients and make life worth living again.”

(Service user, 2012)



Making sense of the data

RCNI statistical data provides essential information about child survivors of sexual violence and incidents of sexual violence perpetrated against children.

However, the data presented does more than simply reveal statistics; it builds an understanding of risk and vulnerability to child sexual violence that helps us to develop strategies to reduce child sexual violence and support survivors. In the following sections, we 'make sense' of the data presented to gain a better understanding of who is, and consequently who is not, accessing RCC and CARI services. We also examine the involvement of close family in the perpetration of sexual crimes against children, and the role of child perpetrators in incidents of child sexual violence.

Service Usage: Survivors under 18

Usage of sexual assault services has demonstrable importance to recovery for survivors of sexual violence regardless of age (Litz, 2004: 227). The analysis suggests that certain types of child survivors are more likely than others to access the services of RCCs or CARI. Comparing the data relating only to child survivors against that of all survivors of child sexual abuse provides a clear picture of the type of survivor accessing services. We can thus say that the following characteristics increase the likelihood of accessing RCC or CARI services as a child:

- female
- older child (15-17)
- raped or sexually assaulted by an acquaintance or other non-family member or several acquaintances or non-family members
- incident occurred as a single episode
- outdoor or location other than their home or the perpetrator's home
- reported the incident immediately and disclosed the incident to a parent.

One conclusion that the pattern described above suggests is that children who access services experience incidents that resemble a kind of sexual violence often portrayed in the media and other circles, known as date rape or acquaintance rape. This indicates a need to educate children about what constitutes sexual violence, in age appropriate ways, and increase knowledge about pathways for seeking support to ensure that children whose experiences differ from this model are not excluded from services.

Perpetrators in the Family

The low rate of familial sexual abuse of children in the child survivor sample (32%) contrasts with the general sample whereby almost 50% of incidents of sexual violence against minors were perpetrated by family members. Other studies in Ireland have also identified parents and close family members as perpetrators of sexual violence against children in 24% of incidents of child sexual violence perpetrated against females, and 14% perpetrated against males (McGee et.al. 2002:85). However, the child survivor sample records relatively few incidents perpetrated by parents (7%) or close family members (11%) such as siblings. Rather than read this data as an indication that



family perpetrated child sexual violence is on the wane, a more plausible explanation is that survivors under the age of 18 are likely to be highly financially, physically and emotionally dependent on the parents, siblings and/or other family member(s) who abused them. Consequently, they are less likely to disclose such abuse before they become adults and perhaps long into adulthood. This hypothesis is supported by the fact that those abused by parents and close relatives in the general sample were the most likely to seek help ten years or more after the incident(s).*

The lack of disclosure of family perpetrated child sexual abuse is reason for concern. Sexual abuse perpetrated by parents and close family members is most likely to target young children (under 13). It is also more likely to involve additional forms of violence, to go on for years, and in the case of the youngest of children, to include the use or production of pornography. However, young children also have the least capacity for seeking help. The youngest children are wholly dependent on parents for their physical needs as well as emotional support. For many under 5's, their parents and immediate family are the only other people with whom they have regular contact. Furthermore, many very young children lack the language or understanding of sexual acts to enable them to disclose incidents of sexual violence to others.

Children in the 5-12 year age group are also dependent on parents and face many of the same difficulties in disclosure as the youngest of children. While they will have entered the education system at this point, psychological violence, which is common among this age group, may include threats to dissuade disclosure.

Studies have identified five key barriers to disclosure for child survivors of sexual abuse: threats made by the perpetrator; fears; lack of opportunity for disclosure; lack of understanding of what constitutes inappropriate sexual behaviour; and close relationship with the perpetrator (Schaeffer et. al. 2011). With young children these barriers are likely to be particularly effective. Dismantling or providing methods to overcome these barriers is necessary to ensure that children receive help and support for sexual violence at the earliest opportunity.

Importantly, the data does not indicate the absence of incidents of sexual violence perpetrated by close family against children under 18; rather, it suggests that children abused by parents and close family require greater help to access services and supports to enable disclosure of incidents of sexual violence.

Child Perpetrators

Children are a vulnerable population; however, children may also be perpetrators of violence. Child perpetrators of sexual violence against other children are represented in both the child survivor sample and the general sample, accounting for 25-37% of all perpetrators of sexual violence against children. While evidence exists of young children (under 13) perpetrating incidents, the majority of child perpetrated sexual violence involved older children, particularly those aged 15-17.

Child perpetrators abused children of similar or younger age than themselves, with few exceptions. Notably, a large number of incidents involved the rape of girls aged 15-17 by boys aged 15-17. The incidents tended to occur outdoors or at a location other than either the perpetrator's or the survivor's home and often did not involve additional violence. The perpetrator was most likely an acquaintance of the survivor. These cases resemble common descriptions of 'date rape' or acquaintance rape and clearly indicate the need to target age appropriate education and messages about consent and refusal, equitable sexual relationships and sexual communication to children of all ages (WHO/BZgA, 2013). Further, evidence from other studies has pointed to the involvement of alcohol as a facilitator for sexual violence among young people of this age group (RCNI, 2012). Alcohol education in conjunction with sexual violence education may help to address the large number of incidents of this type.



Findings

The evidence of this report draws a picture of child survivors of sexual violence using RCC and CARI services. From the data we know:

- 192 child survivors of sexual violence accessed services provided by RCCs and CARI in 2012.
- 130 child survivors accessed these services for the first time in 2012.
- Girls were proportionally more likely to access services than boys.
- Child survivors accessing services in 2012 ranged in age from 4-17; however, the majority of child survivors accessing services were older teens, 14-17 years old (91%). Thus the sample was weighted towards the experiences of older female children.
- Child survivors were primarily from Ireland (91%).

In total, 220 incidents of sexual violence committed against child survivors were examined. This data reveals:

Incident details:

- Rape was the most common form of sexual violence experienced.
- Girls are more vulnerable to rape than boys. However, boys are more likely to experience sexual assault or other forms of sexual violence including grooming and observation/voyeurism.
- Children of all ages are subject to sexual violence. Among child survivors accessing RCC and CARI services, 8% of incidents involved children under the age of 5, 15% involved children aged 5-8 years old, and 13% involved children 9-12 years old; however, the majority of incidents (64%) involved children between 13 and 17 years old.
- The likelihood of experiencing rape, rather than another form of sexual violence, increased in line with age.
- The majority of incidents were perpetrated by a single abuser, on a single occasion, lasting a period of hours. However, those whose abuse began before the age of 13 were more likely to experience incidents that went on for years as opposed to hours and more likely to experience multiple assaults during that time.
- Girls aged 13-17 were much more likely to experience incidents of sexual violence in an outdoor location or a location other than their own home or the abuser's home, than boys of any age or girls under 13. Those who were abused in their own home or the abuser's home were also more likely to endure incidents lasting years and be abused by family members.
- 59% of child survivors reported experiencing psychological and/or physical violence in addition to the sexual violence during the incident. 27% reported additional psychological violence only, 22% reported both psychological and physical violence. Only 10% reported physical violence as the only additional form of violence.
- 4% of incidents disclosed involved the use of pornography.



Perpetrator details:

- 98% of perpetrators were male, with a mean age of 26.
- 31% of incidents of sexual violence against child survivors were perpetrated by family members. This includes parents (7%), immediate family members (11%) and extended family members (13%).
- Acquaintance/friend/neighbour(s) were the most commonly listed perpetrators (39% of incidents). Strangers accounted for only 7% of all reported incidents.
- Younger children (under 13) were at greater risk from family members, while older children were at greater risk from non-family members.

Child perpetrator details:

- 37% of perpetrators were under the age of 18.
- 82% of child perpetrators were aged 15-17.
- Child perpetrators were most likely to abuse those of similar or younger age. They were most likely to be acquaintances/friends/neighbour of the survivor. They were most likely to perpetrate the abuse in an outdoor location or a location other than the survivor's home or their own home.

Disclosing, reporting and help-seeking behaviour:

- 11% of child survivors first disclosed their abuse to RCC or CARI services. For the rest, 75% disclosed the incident for the first time to their parents.
- 73% of survivors disclosed abuse in less than one year.
- A very large number of incidents of sexual violence (82%) experienced by child survivors attending RCCs or CARI in 2012 were reported to a formal authority by the survivor or a guardian. Of these, the majority were reported to police and were reported at the time or within one year of the incident.
- 75% of child survivors of sexual abuse sought help from RCCs or CARI through the helpline.

“The people were just wonderful; it was a very positive experience generally.”

(Service user, 2012)



Recommendations

It is clear that the engagement and appropriate behaviour of adults, professionals and agencies is vital to providing safety for children. Children First National Guidance 2011, soon to be legislation, is a core instrument to deliver a uniform and effective child safe society.

The key role of RCNI in delivering Children First training and in ensuring the implementation of the principles of Children First 2011 across the sector should continue to be supported by the HSE. Furthermore it is vital that RCNI retains a role in the national adaption of these changes for the sector including by providing legal and therapeutic support to services as they work within the new guidelines and ultimately, within the new legislation.

Knowledge:

- Accurate and reliable data is essential in confronting sexual violence and providing effective services to those affected by such violence in the most efficient and cost-effective way possible. Nationally compiled data is not just a means of reviewing the level of past service delivery, it is essential to planning the service needs of the future and making strategic decisions about the best possible use of existing funding. Rape Crisis Network Ireland should continue to be supported as the core agency leading this nationally standardised data co-ordination and analysis. Any future research on the prevalence of sexual violence in Ireland should be carried out by RCNI or in conjunction with RCNI.
- The learning from this research can be used to compliment other national studies such as the Growing up in Ireland study. It also provides evidence-based findings which can be of assistance to the government in the drafting legislative responses and evaluating effectiveness and impacts of initiatives to address child sexual violence.

Support:

- Educators, care-givers, doctors, parents and others require education about appropriate handling of disclosure to ensure that child survivors receive support through appropriate and effective services.
- Increase awareness among children of services that provide support to children experiencing sexual violence, including the RCC and CARI helplines. Ensuring an easily accessible on-line presence with clear links to support services would assist older children in identifying and accessing services.

“CARI was a lifeline and I don’t know how we would have survived without it.”

(Service user, 2012)



Education:

- Learning from this research should be incorporated into prevention programmes, such as the Stay Safe programme being implemented by the Department of Education and Skills as a means of empowering children to disclose sexual violence perpetrated in familial and extra-familial settings.
- Increase awareness about what constitutes sexual abuse/violence among young children through the adoption of a whole of childhood, age-appropriate, comprehensive and integrated approach to sex education which has been identified as best practice by the WHO. Adoption of the 'Underwear Rule' learning aid, developed by the Council of Europe to educate young children on the risks of sexual violence, or a similar tool within early education curricula would be a positive step.
- Consent must be made a cornerstone of all sexual health and healthy relationships educational initiatives. Childrens' lack of capacity to consent to sexual acts must be made clear to other children and young people. The impact of intoxication due to drugs or alcohol on the ability consent to sexual acts must also be clarified for young people.
- All educational institutions should adopt a whole of school approach to prevention and response strategies in addition to Children First.
- Education for parents on how to discuss issues of sexuality, bodies and violence with young children.
- Bystander education/training for older children to empower children to identify and avoid risks they or their peers may face.
- Alcohol consumption education in conjunction with healthy sexual relationships education for children at an age appropriate time.

Recovery and Rehabilitation:

- Clear child-centred guidelines based on solid research and evidence are needed which address how to support child survivors in homes affected by sexual violence, particularly when the perpetrator is also a member of the family and/or household.
- Funding and development of specialised services for child survivors.
- Funding and development of specialised services for teenage child survivors.
- Assessment and support by trained specialist personnel of children and young people displaying harmful sexual behaviour (NOTA, 2009).

“(CARI) gave me the tools and the ability to deal with what has happened.”

(Service user, 2012)



Conclusion

The data gathered and held by RCNI is essential to understand child sexual violence in Ireland. It provides a clear picture of the nature, duration, perpetrators and characteristics of sexual violence experienced by service users in Ireland. In this report, we focused on child service users, drawing out important information about child survivors and recent incidents of child sexual violence. However, the data gathered by the RCNI does more than simply tell us basic facts about service users and incident characteristics. It can be used to better understand vulnerabilities across age groups and by gender. It also helps us identify who is accessing services, and consequently who is not.

RCNI recognises and responds to the argument that “the most effective weapon for combating violence against children is knowledge and pooling of information” (Grassi et.al.). RCNI data collection provides an essential resource for researchers, policy-makers, and service providers to develop knowledge about child sexual violence in Ireland, and to create, adapt and direct services to ensure that all survivors of sexual violence receive the greatest level of care and support possible while also reducing the prevalence of crimes of sexual violence against children through evidence-based policy.

The evidence in this report reaffirms the findings of the RCNI Statistical Report on Crimes against Children 2011, which concluded that childrens’ vulnerabilities to sexual violence vary according to age and gender. This report further contributes to our understanding of sexual violence against children that the help-seeking behaviour of sexually abused children differs according to age, gender and characteristics of the assault. Ensuring that all children have knowledge of, and access to, services is essential. The data generated by the RCNI National Statistical Database and presented in this report provides the knowledge to ensure that services and child-protection policies are responsive and effective.

“I got the courage to find myself again, find the flower.”

(Survivor of child sexual violence, 2012)



Appendix A: Methodology

RCNI has developed a highly secure online database which allows authorised RCC personnel to log in and record specific information on each individual service user. This system is designed to equip RCNI to deliver comparable national data and simultaneously equip RCCs to, at any time, extract data regarding use of their own local service.

RCC personnel do not record any identification details for service users or any other person. This data collection system has been specifically designed to collect data in frontline services dedicated to working with survivors of sexual violence. RCNI has developed standards on data collection, data use and data protection which all RCNI database users must adhere to.

The information in this report is compiled from the data entered by all 13 RCNI Republic of Ireland member Rape Crisis Centres, two non-member Rape Crisis Centre (Athlone Midlands Rape Crisis Centre and Dublin Rape Crisis Centre) around Ireland and CARI Foundation counselling service. The data used represents two samples: first, service users under the age of 18 who have experienced an incident or incidents of sexual violence, and secondly, all service users of RCC and CARI in 2012 who experienced an incident or incidents of sexual violence in childhood. It represents only these people and cannot be used to make assumptions about the overall incidence or nature of sexual violence in Ireland.

We do not have all the information on sexual violence experienced by these survivors, as some information is not always available. For this reason the n values vary between graphs. The analysis used in this report is compiled using two distinct base figures, that of 'person-related' figures and 'incident-related' figures.

'Person-related' figures - Information inputted into the RCNI National Statistics Database is anonymised by use of unique numeric identifiers for each RCC service user. Demographic information and service user characteristics entered include information such as age, country of origin, legal status, disability, etc. The totals provided in tables and analysis relating to these characteristics refers to the total number of people.

'Incident-related' figures - This information relates to each incident or episode of sexual violence. Some survivors using RCC services have experienced more than one incident of sexual violence. An incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by the same perpetrator acting alone or a specific group of perpetrators acting together. An incident of sexual violence may last hours, days, weeks, months or years. The RCNI Database collects data on survivors' abuse details by incident because it is the internationally recognised best practice method of doing so (Department of Health and Human Services, USA, 2009). For each service user, data is input about each incident of sexual violence and the perpetrators of sexual violence. It is clearly indicated when any tables and analysis in this report refer to incidents of sexual violence.

The statistical analysis took the form of descriptive statistics using frequencies to gain prevalence and incident details. Comparison between variables was performed using Chi Square crosstabulations with significance set at 0.05 (p). The strength of the associations was tested using Phi and Cramer's V (V). Where statistically significant results were found they are noted within the text with an asterisk (*). Statistical significance could not however be achieved for some crosstabulations (notably those involving males only) as the sample size for this variable was too small.

*denotes a statistically significant result

© Whenever reference is made to any part of or all of the data originating from the RCNI Database in any external communications, whether oral and/or written and through any medium whatsoever, the RCNI Database must be identified clearly and in full in the relevant communication(s) as the origin of that data and/or any part of it.



Appendix B: Index of Terms

Acquaintance: Somebody that the survivor may know to say hello to or have chatted to in a nightclub

CARI: CARI Foundation provides therapy and support for children affected by sexual violence

Child sexual violence only: People attending RCCs who experienced sexual violence solely when they were under the age of 18

Child and adult sexual violence: People attending RCCs who experienced sexual violence when they were under the age of 18 and when they were over the age of 18

Child Survivor: A survivor of sexual violence or abuse who is currently under the age of 18.

Emotional/psychological violence: Harassment/intimidation, Psychological abuse, Stalking, Threats to kill

Formal authority: Asylum application, Gardaí, PSNI, Other national police, HSE, Redress board, Church authority, Education authority

Immediate Family: Sibling, Step-sibling, Step-parent

Extended Family: Cousin, Foster parent, Foster sibling, Grandparent, Parent in law, Sibling in law, Step grandparent, Uncle/aunt

Friend/acquaintance/neighbour: Acquaintance, Co-worker, Family friend, Friend, Neighbour

General Sample: Includes all survivors of incidences of child sexual violence accessing services from RCCs in Ireland and CARI Foundation in 2012.

Incident: An incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by the same perpetrator acting alone or a specific group of perpetrators acting together. An incident of sexual violence may last hours, days, weeks, months or years. The RCNI database collects data on survivor's abuse details by incident because it is the internationally recognised best practice method of doing so (Department of Health and Human Services, USA, 2009)

Other forms of sexual violence: Grooming, Observing/voyeurism, Sexual harassment

Other locations of sexual violence: Car, Direct provision centre, Friend's house, Hospital/Medical Centre, Institution/care setting, Place of employment, Prison, Pub/Nightclub, School, and Other

Other relationships to perpetrator: Sex purchaser, Taxi driver/driver, Other

Partner/ex-partner: Partner Cohabiting, Partner Non-Cohabiting, Partner Ex-Cohabiting, Partner Ex-Non-Cohabiting

Perpetrator: A person who has committed a sexual offence

Physical violence: Attempts to kill, Imprisonment, Neglect, Physical abuse, Prostitution, Trafficking

RAJI: Rape & Justice in Ireland: A National Study of Survivor, Prosecutor and Court Responses to Rape (Hanly et al, 2009)

Rape: Penetration (however slight) of the mouth, vagina, or anus by the penis or penetration (however slight) of the vagina with an object or the penis without consent

RCC: Rape Crisis Centre

SAVI: Sexual Abuse and Violence in Ireland: A national study of Irish experiences, beliefs and attitudes concerning sexual violence (McGee et al, 2002)

Service user: A person who is using RCC and CARI services. They may be a supporter or survivor of sexual violence

Sexual Assault: An indecent assault without any penetration of the mouth, vagina, or anus. In this report sexual assault also includes aggravated sexual assault which involves added serious violence, grave injury, humiliation or the threat of serious violence

Sexual Harassment: Subjecting a person to an act of physical intimacy, requesting sexual favours, or subjecting a person to any act or conduct with sexual connotations when the act, request or conduct is unwelcome and could reasonably be regarded as sexually offensive, humiliating or intimidating, or someone is treated differently or could reasonably be expected to be treated differently by reason of her or his rejection or submission to the request or conduct

Sexual violence: Any actions, words or threats of a sexual nature by one person against a non-consenting person who is harmed by same. This could include; Rape, Aggravated sexual assault, Sexual assault, Sexual harassment, Ritual abuse, Trafficking, Reckless endangerment, Observing/voyeurism, Grooming

Sexual violence as children and adults: People attending RCCs who experienced sexual violence when they were under the age of 18 and when they were over the age of 18

Sexual violence as children only: People attending RCCs who experienced sexual violence solely when they were under the age of 18

Statistically Significant: Refers to the probability that the result is not the product of chance. In this study the Chi Square test of significance was used to establish probability. The threshold for a 'probable' or reliable result was set at 95% confidence or $p < 0.05$

Stranger: Somebody that the survivor has never met before

Survivor: Someone who has experienced sexual violence



Bibliography

- CARI Foundation. 2011. Available at www.CARL.ie (accessed 20 June, 2012)
- Grassi, C., Ceccacci, L. and D'agostino, A.E. 2010. 'Chapter 14: Gathering data on sexual violence against children' in *Protecting children from sexual violence - A comprehensive approach*. Council of Europe.
- Hanly, C., Healy, D., and Scriver, S. (2009), *Rape and Justice in Ireland*. Dublin: Liffey Press.
- Litz, B.T. (2004). *Early Intervention for Trauma and Traumatic Loss*. New York: Guilford Press.
- McGee, H., Garavan, R., de Barra, M., Byrne, J. And Conroy, R. (2002), *The SAVI Report: Sexual Abuse and Violence in Ireland*. Dublin: Liffey Press.
- Moreno, E. 2010. 'Chapter 6: Against all Odds – Communicating about sexual violence' in *Protecting children from sexual violence - A comprehensive approach*. Council of Europe.
- NOTA. 2009. *Assessment Of Children And Young People Displaying Harmful Sexual Behaviour In The U.K.* Available at: <http://www.nota.co.uk/media/general/files/ASSESSMENT%20OF%20ADOLESCENTS%20DISPLAYING%20HARMFUL%20SEXUAL%20BEHAVIOUR.pdf>.
- Pinheiro, P.S. 2006. *World Report on Violence Against Children*. United Nations.
- RCNI. 2012. 'Alcohol, Youth and Sexual Violence', *Calling Time on Sexual Violence*. Available at: <http://www.rcni.ie/uploads/RCNIFS5.pdf>.
- Schaeffer, P. Leventhal, J.M., and Gottesegen Asnes, A. 2011. 'Children's disclosures of sexual abuse: Learning from direct inquiry', *Child Abuse and Neglect* no. 35, pp. 343–352
- WHO Regional Office for Europe/BZgA (2013). *Standards for sexuality education in Europe*. Cologne.



Sexual Violence Services included in this report:

Athlone Midlands Rape Crisis Centre: 1800 306 600

Carlow & South Leinster Rape Crisis & Counselling Centre: 1800 727 737

Children at Risk in Ireland (CARI): 1890 924 567

Donegal Sexual Abuse & Rape Crisis Centre: 1800 448 844

Dublin Rape Crisis Centre: 1800 778 888

Galway Rape Crisis Centre: 1800 355 355

Kerry Rape & Sexual Abuse Centre: 1800 633 333

Kilkenny Rape Crisis & Counselling Centre: 1800 478 478

Mayo Rape Crisis Centre: 1800 234 900

Rape Crisis North East: 1800 212 122

Rape Crisis Midwest: 1800 311 511

Rape Crisis and Sexual Abuse Counselling Centre Sligo, Leitrim and West Cavan: 1800 750 780

Tipperary Rape Crisis & Counselling Centre: 1800 340 340

Tullamore Sexual Abuse & Rape Crisis Counselling Service: 1800 323 232

Waterford Rape & Sexual Abuse Centre: 1800 296 296

Wexford Rape & Sexual Abuse Support Service: 1800 330 033



4 Prospect Hill

Galway

T: 091 563676

E: info@rcni.ie

www.rcni.ie

www.rapecrisishelp.ie



RCNI



@RCNIRELAND



iPhone App



Android App

ISBN 978-0-9571610-4-7

Printed and published by the RCNI September 2013

© 2013 Rape Crisis Network Ireland

