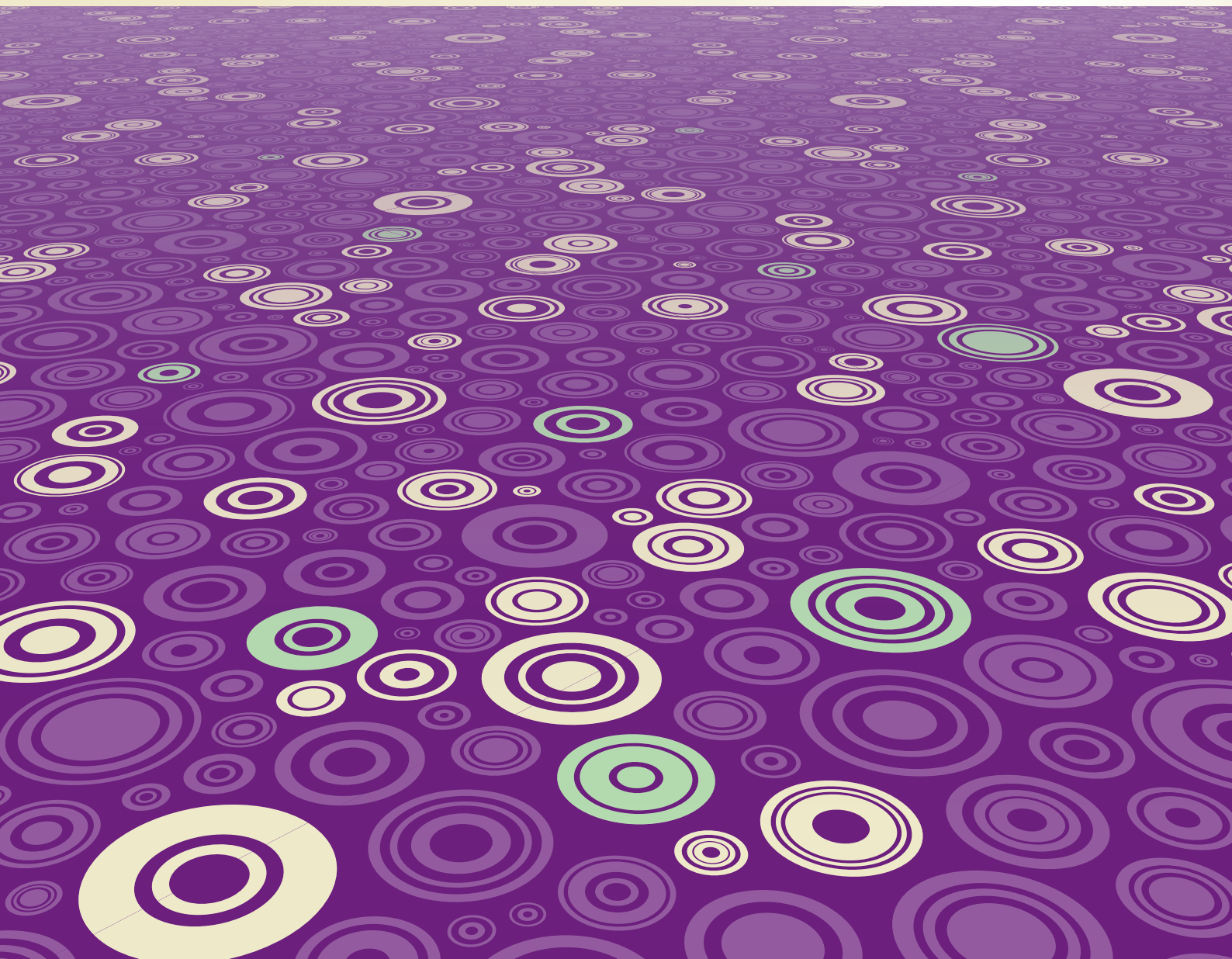




RAPE CRISIS
NETWORK
IRELAND

2013

National Rape Crisis Statistics



Contents

Independent Statistics Expert Foreword	2
Headline statistics	3
Chairperson's Introduction	6
Executive Director's Message	6
About RCNI	7
=== RCNI Philosophy	7
=== Delivering an accurate evidence base	7
=== Best practice, expert services	7
=== Awareness, education & prevention	8
=== National leadership on multi-agency approaches and joint initiatives	8
=== Supporting Justice	8
=== Securing Law Reform	8
Range of Services Delivered by RCCs	9
=== RCNI model of service delivery	9
=== What resources are required to deliver on the RCNI model	9
=== Social change	9
=== Inter-agency work	10
=== Education and training	10
Helpline	11
Accompaniment	12
Counselling and Support	13
=== Sexual violence disclosed to RCCs	13
= When the sexual violence took place	13
= Gender of survivors	14
= Type of sexual violence	14
= Additional forms of violence	15
= Duration of sexual violence	16
= Location of sexual violence	16
=== Perpetrator information	17
= Gender of perpetrators	17
= Relationship of perpetrator to survivor	18
= Age of perpetrator	19
=== Disclosing and reporting the sexual violence	20
= Telling someone for the first time	20
= Referrals	20
= Time between sexual violence and RCC service usage	21
= How survivors use RCC services differently	21
= Reporting to a formal authority	21
=== Demographic information	24
= Age of survivor	24
= Country of origin	24
= Pregnancy	24
= Disability	25
= Irish Travellers	25
= Refugee and asylum seekers	25
Findings	26
Recommendations	28
Methodology	29
Index of Terms	31
Bibliography	32



Independent Statistics Expert Foreword

In 2011 the European Institute for Gender Equality (EIGE) undertook the first EU-wide study on sexual violence in order to provide policymakers and experts with reliable information, data and resources which will help them to combat and prevent sexual violence more effectively. One of the main findings of the study was the overall dearth of available and systematically collected data referring specifically to sexual violence.

This benchmark research draws our attention to the fact that even in 2014 the availability of comprehensive, accurate data on sexual violence is rare both at EU level and internationally. The publication of this report on the 2013 Rape Crisis Network Ireland (RCNI) national statistics provides an opportunity to highlight the uniqueness and value of what now represents twelve years of rich Irish data on sexual violence based on the women and men who attend Rape Crisis Centres for a range of services. In my capacity as independent appraiser of the database project over this period, I continue to be struck and heartened by the genuine collective ongoing effort of the Network and individual Rape Crisis Centres, not only in keeping this web-based database system alive with very limited resources, but in not compromising on quality in terms of the recording, analysis and generation of relevant data.

In addition to highlighting the key patterns from the yearly waves of data, the database continues to provide relevant and cost effective answers to vital practice questions, including all aspects of uptake and usage of RCC awareness, support and prevention services. While international reports continue to underline the importance of data in terms of understanding sexual violence in social context, in practice it is the usefulness and importance attached to having regular accurate data by such stakeholders as the Gardai that really drives the commitment to keep the project going.

The identification of continuing or new patterns of sexual violence is based on tracking changes in the key characteristics of perpetrators and survivors as well as in the detail of the occurrence, nature and extent of the abuse itself. The current report highlights some emerging differences in the nature of sexual violence across the life cycle, including, for example, the finding that survivors of sexual violence during teenage years have typically been raped by someone identified as a friend, acquaintance or neighbour of a somewhat similar age while younger children are mainly survivors of various aspects of sexual assault by family members. An understanding of such patterns is vital in terms of having an informed approach to service provision, as well as in challenging stereotypes and inaccurate damaging attitudes on all aspects of rape and sexual abuse.

Without doubt, 2013 and 2014 have been difficult years for RCNI and individual RCCs. A significant increase in demand for services at a time of heightened austerity measures made life very difficult for all involved in this sector. It is very positive that this robust database project has survived and with this knowledge we can look forward to another year of further developing both usage and dissemination of these vital data.

Dr Maureen Lyons

Director of Research Design and Methodology
Equality Studies Centre, School of Social Justice, UCD



Headline Statistics 2013

2,467 people took up counselling and support
(Page 13)

22,460 appointments for counselling and support
(Page 13)

32,026 Helplines contacts (Page 11)

603 people accompanied (Page 12)

91% of perpetrators known to survivor
(Page 18)

63% of child survivors attending RCCs
first disclosed the abuse to parents (Page 20)

61% of survivors aged 13 to 17 were
subjected to rape (Page 14)

“I have been attending one to one counselling at a Rape Crisis Centre for two years, for childhood sexual abuse. My counsellor suggested that I attend group counselling as a way to open up about my abuse and deal with the impact of shame on my life. The shame around family related abuse has meant that I have coped on my own with trauma for most of my life.

From early childhood I have spent a lot of time on my own, both hiding my secret from other people and trying to think of a solution to my problems.

In recent years, even though I could talk with my counsellor and my mother about the abuse, I remained silent and withdrawn from other people. I felt that I had too much to hide. Before joining the group I had a lot of fear about speaking in public and being judged on my past.

What changed for me in the group was that when I found the freedom to open up about the trauma and how it has affected my thinking and my life, a load was lifted from my mind. Instead of feeling shame and fear, once I could find a voice in the group, I learned that problems I have are a normal response to the stress I was under as a child.

At times being part of a group was difficult, the discussions could touch on issues which would raise uncomfortable feelings, sadness, anxiety or anger.

However, I understand that being able to feel is part of the journey of recovery. Feelings give me a sense of self and ground me in the present. Being grounded and less anxious allows me to relate to others with more gentleness.

The contribution of the facilitators, Alice and Brendan has been huge. It is testament to their awareness and kindness that the members of the group formed a sharing bond. We cried and laughed together. The group was safe, caring and non-judgemental space.

I am very grateful for this opportunity I was given, to be part of this group.”

(Survivor, 2013)

57% of survivors who reported the abuse felt that the Gardaí treated them in a sensitive manner (Page 23)

48% of survivors of adult sexual violence reported to a formal authority (Page 22)

56% more counselling and support given to survivors of multiple incidents of sexual violence than other survivors (Page 21)

23% of survivors who were abused when under the age of 13 were abused by other children (Page 19)

23% of RCC work was carried out by volunteers (Page 9)

14% of perpetrators were children (Page 19)

18% of those accompanied by RCCs were children (Page 12)

7% of survivors attending RCCs were children (Page 24)



Chairperson's Introduction

Rape Crisis Centre service delivery is survivor-focused and informed by 40 years of expertise garnered directly from the people who use RCC services. At RCCs throughout Ireland we provide counselling and support to survivors and others affected by sexual violence and much more. As agents of cultural and societal change RCCs work with the survivors, supporters, others affected by sexual violence, adults and children we provide training and education to, other statutory and non-statutory organisations and individuals we work alongside, and many more. The dynamic nature of RCCs can be demonstrated in one RCC's example of requests they received from the Gardaí and fulfilled in one 24 hour period: they were contacted by the Gardaí who requested that an RCC staff member accompany a vulnerable survivor to give evidence by video link, a Garda Detective requested that the RCC assist a woman to write a letter to the DPP detailing her distress at her case of child sexual violence not being prosecuted, and a Garda asked the RCC to meet a child survivor and her parents on a Sunday evening to explore the implications of reporting when the perpetrator was under-age. RCCs provide many out of office support services and work with a multitude of different agencies to the benefit of survivors and society.

In RCCs we are constantly bringing the focus back to the survivor. We understand that a multifaceted approach is necessary to meet survivors' needs and challenge sexual violence on a societal and cultural level. A continued focus on our three foundational principles of equality, human rights and feminism is core to our work. On-going partnership and collaboration between RCNI and its member RCCs is key to achieving resource efficiencies within our centres, progress on our shared purpose, and ability to continue to collate high quality reliable and robust data on sexual violence.

As Chairperson of the RCNI Board, I would like to extend my personal gratitude to both Fiona Neary, Director and Clíona Saidléar, Acting Director, and all RCNI staff for their hard work, insight and commitment to the Rape Crisis movement. Thanks is also due to all of the individuals in Rape Crisis Centres throughout Ireland who entered data into the RCNI Data Collection System, and Data Collection Officers in each RCC who coordinated this task, without which this information would not be available. Special thanks also goes to Elaine Mears, RCNI data and Services Information Manager, Eamonn Dineen and Dr Maureen Lyons, RCNI's external statistics experts, and all who have contributed their expertise to the development of this data collection system, particularly Susan Miner.

Anne Scully

RCNI Chairperson

Executive Director's Message

It is my great privilege to introduce the latest national rape crisis statistics from the RCNI data and knowledge information system. This system which involves: every person taking up participating RCC counselling and support, helpline and accompaniment services; participating Rape Crisis Centre staff, volunteers and Data Collection Officers across the country; the RCNI board and staff; the external statistics experts, academics and IT specialists; all brought together through the relationships and trust built by a sector which choose to work together because we believe we cannot move forward without turning what we have learnt individually and collectively into shared wisdom. The statistics and analysis in this report and other RCNI reports that have come before, are vital tools in ending sexual violence. I would like to warmly thank everyone who has contributed for their commitment and vision.

We cannot combat sexual violence in our society if we ignore the lessons all around us and we cannot make sense of those lessons until we gather them in one place. Therefore, the RCNI member RCCs, recognising it was our moral and ethical duty, built and continue to contribute to this national knowledge system. Even as we work with survivors to support them in the most appropriate range of ways, we must also listen and understand what each one of their experiences can tell us about the causes, contexts and dynamics of sexual abuse, violence and recovery in Ireland.

This knowledge system while recognised across government and internationally as exceptional and of the highest standard, requires secure government resourcing. It ought not to be abandoned in the name of austerity, control or rationalisation. Once abandoned the infrastructure that sustains this knowledge cannot easily be restarted.

Unfortunately, this resource is now critically under threat, with funding running out at the end of this year. This is of deep concern to the sector and should raise alarm bells for government and wider society. The response to sexual violence must be a shared, whole of government response. No one Department, Agency or Voluntary body has the answer. We appeal to the Minister for Justice and Equality and her Cabinet colleagues to take up that responsibility now to protect core and progressive resources and move towards building the appropriate and necessary additional infrastructure across government, towards ending sexual violence.

Clíona Saidléar, PhD

RCNI Acting Director

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 multi-agency 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.

RCNI Key Programmes include:

Delivering an accurate evidence base

RCNI developed and coordinates an administrative data collection system which collates anonymised information from survivors and others attending Rape Crisis Centres. Demographic, abuse, and service usage information is gathered through more than 80 different queries, which have been refined to best capture and represent the experiences of those attending sexual violence services. The data collection system delivers evidence-based findings that are used to assist with the planning of service provision locally and to inform national policy and service planning. Formal training and up-skilling is provided to RCNI Database users twice a year with ongoing phone and email support Monday to Friday during business hours. RCNI also commission research from a range of academics and expert researchers.

Best practice, expert services

RCNI developed a Best Practice Model (RCNI, 2010) in order to ensure that people who have experienced sexual violence living anywhere in the country have access to the best possible services, that the social change work RCCs do is informed by evidence-based findings, and that all of RCC work is underpinned by respectful and egalitarian principles. All RCNI member RCCs have signed up to this Model. This includes a number of Best Practice Standards necessary to ensure that the Model is delivered upon in the areas of governance, direct services and social change. The standards are continually under review and development.

Awareness, education & prevention

RCNI continues to coalesce information and learning from RCCs, and national and international research to inform both thinking and practice in the areas of primary and secondary prevention. This work includes the national youth development partnership with Foróige whereby RCNI has integrated sexual violence prevention modules into the REAL U programme and continues to train youth workers and young people across the country connecting the youth sector to their local centers. The development of innovative Rape Crisis schools modules, engagement with the Dept. of Education regarding the curriculum and a whole of school approach to prevention alongside supporting public awareness raising initiatives.



RCNI staff, RCNI member managers and staff, and Rape Crisis sector allies

National leadership on multi-agency approaches and joint initiatives

Joined up inter-agency working is essential in ensuring that survivors get the services and support they need. It is also critical in building prevention programmes which are effective and accountable. No single agency has all the answers or all the information – a shared approach at local and national level is much more likely to result in positive outcomes for victims and successful prevention of future sexual violence.

RCNI supports a range of inter-agency actions through mechanisms including: membership of inter-agency groups, providing expert analysis in submissions and presentations, chairing committees or working groups and building capacity in local inter-agency fora. On an ongoing basis we deliver evidence, expert advice and consultation on every aspect of Sexual violence.



RCNI Executive Director, Fiona Neary and RCNI Chairperson, Anne Scully

Supporting Justice

RCCs and individual survivors can access ongoing expert and specialised legal advice. This service ensures that survivors of sexual violence can access quality advice and support throughout the legal process. This legal expertise informs all aspects of RCNI work from service standards to public policy.

Securing Law Reform

The experience of survivors, learned first hand through RCNI support of RCCs and survivors and by the provision of legal advice and information at every stage of the criminal justice process, is the basis on which RCNI develops and advocates legal reform. This aspect of our work is delivered in a variety of arenas and through a variety of methods.



RCNI Acting Director, Cliona Saidléar

Range of Services Delivered by RCCs

RCCs have wide ranging expertise in the area of sexual violence and as such provide many services to tackle sexual violence in society. As well as providing direct supports to those affected by sexual violence, RCCs also work closely with both statutory and non-statutory organisations and other professionals to reduce levels of sexual violence in society. They provide a spectrum of education and training programmes for a large range of participants. The high levels of trust in the professionalism of RCCs can be seen in the level of self-referrals and referrals by other professionals. The following information refers to the 13 RCNI member RCCs (see back cover for list of members).

RCNI model of service delivery

RCC services are delivered utilising a survivor-centred and trauma-based model. RCCs operate from the knowledge that survivors have the capacity to grow and change and that they are the experts in what they need. Survivor-identified indicators of recovery and healing inform the way in which services are delivered and developed. A trauma-based model means services are offered with the understanding that a survivor's reactions are a normal response to trauma. RCCs believe that responding to sexual violence in our society and holding perpetrators to account starts with supporting survivors in ways that are respectful of their dignity, healing and choices. RCCs work to hold perpetrators accountable for their behaviour and counteract victim-blaming.

What resources are required to deliver on the RCNI model

Across the country in 2013 paid staff, contract staff, CE/Tús staff and volunteers at RCNI member RCCs worked approximately 1,870 hours per week to deliver these services. 23% of this work was done by 242 volunteers who provided counselling, answered helplines, accompanied persons who had experienced sexual violence to Sexual Assault Treatment Units, court and the Gardaí, provided education and training to youth and professional adults, and fundraised to keep RCC doors open. In addition to these hours, volunteers who completed the RCNI accredited training were on call 24 hours per day in order to provide round-the-clock psychological and crisis support at SATUs around the country.

In order to provide the best possible services, RCC volunteers and staff require specialist training, not only about sexual violence and the likely after effects, but also about the medical and legal systems.

Social change

Rape Crisis Centres work to change public understandings and awareness of sexual violence as a means of creating a safe and trustful society in which survivors feel able and safe to disclose sexual violence. A survivor is entitled to be treated with respect, dignity and belief. Unfortunately this is, all too often, not what survivors experience when they disclose. Such negative responses can have an impact on survivors' choices to stay silent or to tell and to seek support. RCNI RCCs work in a multitude of ways to foster a society which responds appropriately to survivors.



In the public awareness and social change activities carried out by RCCs, many partnered with a wide variety of other organisations including domestic violence services, men's organisations, refugee and asylum groups, educational services, city governments, libraries and Local Area Networks. RCCs also engaged in responding to and challenging sexual objectification, inappropriate sexualisation of children and the minimisation of sexual violence.

Inter-agency work

A joined up approach, which is central to the RCC model in Ireland, is essential in facilitating survivor recovery and prevention work. No one agency has all the answers and survivors may be in contact with a range of agencies and individuals in seeking recovery and recognition of the crimes perpetrated against them. Forming good relations across a range of statutory and non-statutory agencies requires a considerable commitment of resources by RCCs.

RCCs work alongside Probation Services, the Gardaí, TUSLA, HSE Community Care and other NGOs to deliver better and accessible services, for example in 2013 RCCs worked with:

- Domestic violence refuges and support services;
- Educational institutions;
- Social justice organisations;
- Men's organisations;
- Traveller health workers and support groups;
- Refugee and asylum support organisations;
- Counselling services;
- Statutory agencies;
- Disability organisations;
- Suicide support and prevention organisations; and
- Youth workers and organisations.

Education and training

The social context in which sexual violence is perpetrated is shaped by societal norms. Challenging those norms can play a significant role in preventing sexual violence as well as improving options for someone who has experienced sexual violence and holding someone who has perpetrated sexual violence accountable. Participating RCCs utilise the data contained in this and previous reports, as well as additional information to challenge the existing societal norms. This is done as part of RCC commitment to survivors that the learning from survivor experiences will contribute to the changes needed for an abuse-free society.

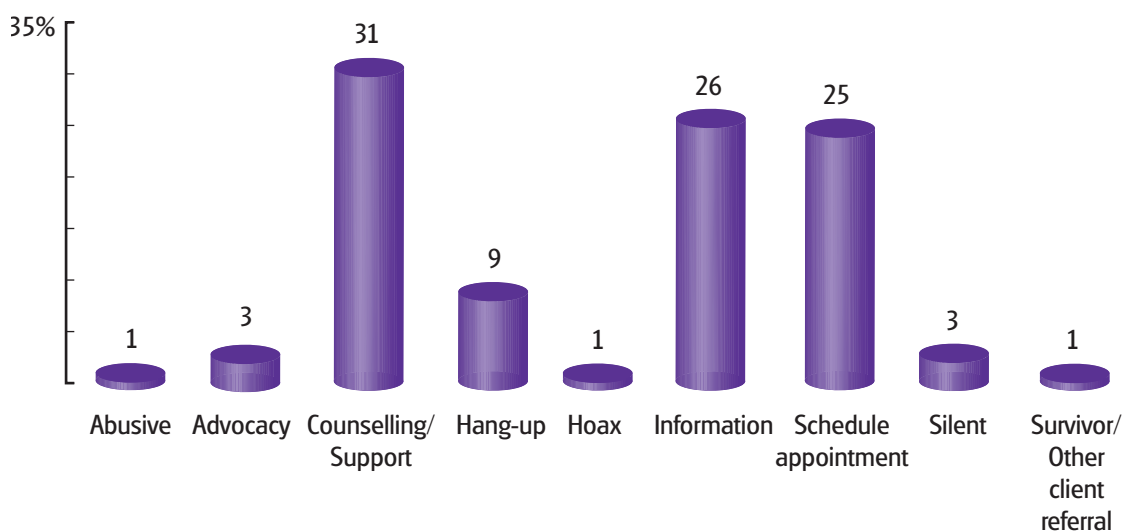
RCCs deliver a variety of evidence-based training and education programmes to both community members and professionals. This training and education provides information on, the realities of sexual violence, understanding consent, what to do if someone experiences sexual violence, what to do if someone may be perpetrating sexual violence, bystander empowerment and what to do if someone shares that they have experienced sexual violence.

The following information refers to 15 RCCs in Ireland who entered information into the RCNI data and knowledge information system.

In 2013, 32,026 contacts were made to RCC Helplines throughout Ireland. This is an 11% increase from 2012 figures. In total 3,195 hours were spent on RCC Helpline calls. Every RCC operates their own Helpline during office hours, offering counselling, support, advocacy and information to a wide range of people through a range of different mediums. The Dublin Rape Crisis Centre Helpline runs 24 hours per day.

The majority of contacts were voice calls (88%). Texts made up just over one out of ten contacts to the Helplines (11%), and a very small minority of contacts were made via email (1%) and letter. Calls ranged from 1 minute up to 3 hours. The majority of calls were between 1 minute and 5 minutes.

Graph 1: Helpline nature of contact (%) n = 32,012



The most common reason for contacting RCC Helplines was for counselling/support (31%), information (26%) and to schedule an appointment (25%). A small number of people also contacted helplines because they had concerns about an abuser (less than 1% so not represented on graph).

“One of the most valuable aspects of working on the helpline for me is the ability to make a difference, simply by listening. Many people who call our helpline are just looking for someone to talk to, who won’t judge them or try to ‘fix’ them. Sometimes a listening ear is what it takes for the caller to decide what they will do next or not as the case may be”

(RCC Helpline counsellor, 2013)

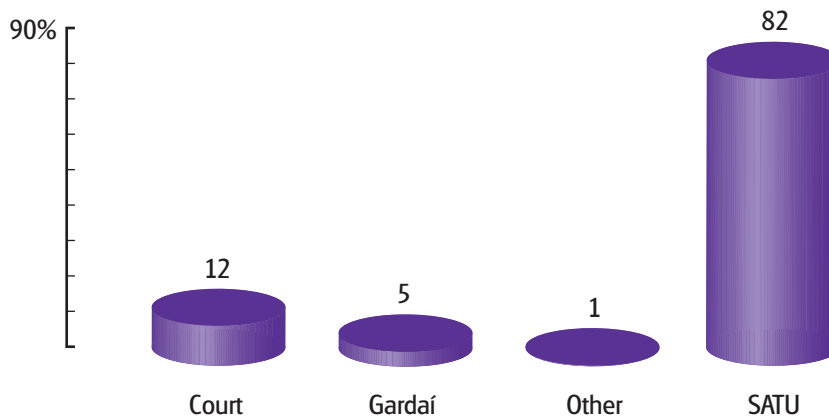


Accompaniment

The following information refers to 15 RCCs in Ireland who entered information into the RCNI data and knowledge information system.

Research indicates that survivors who are accompanied by Rape Crisis advocates receive better treatment and care from the medical and legal systems (Campbell, 2006). This means that not only is survivor healing more effectively supported; it also often means that the survivor is more likely to stay with the court (or other) process.

Graph 2: Accompaniment type (%) n = 603



RCCs accompanied 603 people to a range of different services in 2013, including; Sexual Assault Treatment Units (SATUs), Gardaí and PSNI, other forensic and medical facilities, and refugee hearings. This amounted to 2796 hours or 399.5 days of accompaniment. This is a 4% decrease in the number of people accompanied from 2012 statistics. Most accompaniments lasted half a day, whilst the longest accompaniment lasted 7 days. The majority of survivors being accompanied were female (94%), while 6% were male. Just under two out of ten survivors accompanied were under the age of 18 (18%).

The RCC situated closest to a SATU provides 24 hour accompaniment service for survivors. This means that the survivor is met by a trained RCC staff member or volunteer, and the survivor and anyone who comes to the SATU with her/him can avail of psychological support, crisis intervention and link to longer term support and counselling. RCCs are the only organisations that provide this unique SATU accompaniment support to survivors. RCC staff and volunteers are part of a multi-agency team designed to ensure that a victim of recent rape or sexual assault can access health care, forensic clinical examination and psychological support in one location whenever it is needed. Other members of the multi-agency team are An Garda Síochána, SAFE (Sexual Assault Forensic Examination) Nurses, Medical Doctors and Clinical Nurse Managers. In order to help ensure that the service operates well and to feedback survivors' points of view, each RCC providing SATU services is a member of the Local Steering Committee for the SATU.

“After being raped it was a huge relief to speak with someone who understood what I was going through and to help me get through those first few weeks. It has been a massive help.”

(Survivor, 2013)



Counselling and support

The following information refers to 15 RCCs in Ireland who entered information into the RCNI data and knowledge information system.

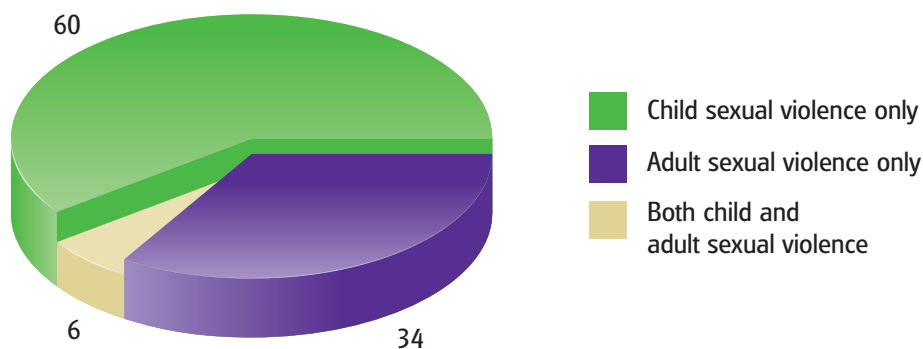
Sexual violence disclosed to RCCs

In 2013, 2,467 people attended Rape Crisis Centres throughout Ireland for counselling and support. This is a decrease of 7% from 2012 figures. However there was a 5% increase in the number of appointments fulfilled by RCCs in the same period. Many RCCs have experienced increased demand by individuals for services. This is possibly due to the impact of a reduction in resources of other statutory and non-statutory bodies which previously provided support to survivors.

- Just under nine out of ten service users were survivors of sexual violence (89%).
- Just over 10% were supporting someone who had been subjected to sexual violence.
- Less than 1% were attending RCCs because they were indirectly affected by sexual violence (neither a survivor nor supporting someone who was a victim of sexual violence).

When the sexual violence took place

Graph 3: When the sexual violence was perpetrated (%) n = 2,095



Survivors who attended RCCs in 2013 disclosed that:

- The majority were subjected to solely child sexual violence (60%),
- One third were subjected to solely adult sexual violence, (34%) and
- Approximately one in ten were subjected to sexual violence in both their childhood and their adulthood (6%).

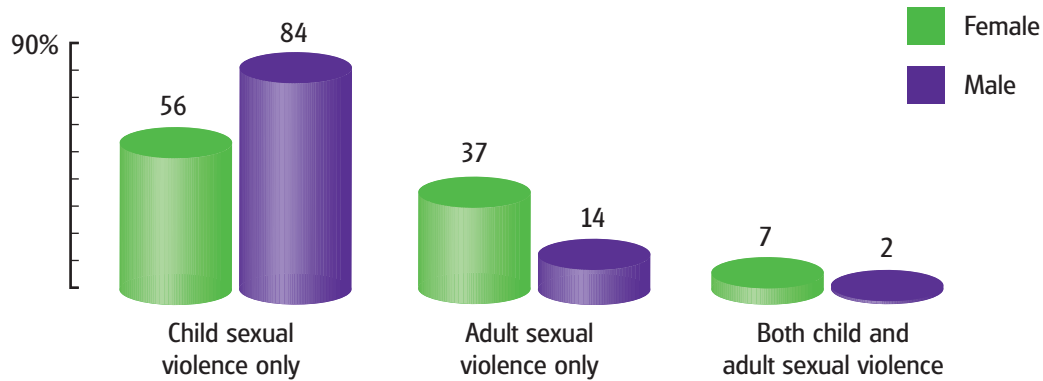
'The healing has just begun and I am looking forward to the rest of my journey.'
(Survivor, 2013)



Gender of survivors

The majority of the 2,203 survivors who attended RCCs in 2013 were female (87%). Just over one out of ten were male (13%).

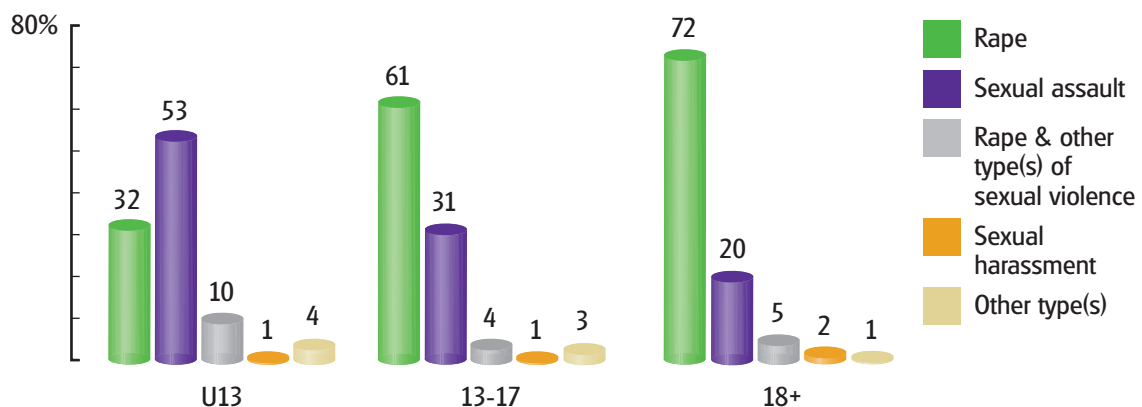
Graph 4: When the sexual violence was perpetrated by gender of survivor (%) n = 2,095



The majority of female and male survivors attending RCCs in 2013 were subjected to child sexual violence solely (56% of females and 84% of males). Male survivors more commonly disclosed abuse in their childhood as their reason for attending the RCC than females. RCNI findings concur with Ireland's only prevalence study on sexual violence (McGee et al.; 2001), where we see that male vulnerability to sexual violence decreases significantly as they age, whereas female vulnerability to sexual violence does not decrease as significantly (McGee et al., 2001). 37% of females were subjected to sexual violence solely in adulthood compared with 14% of males.

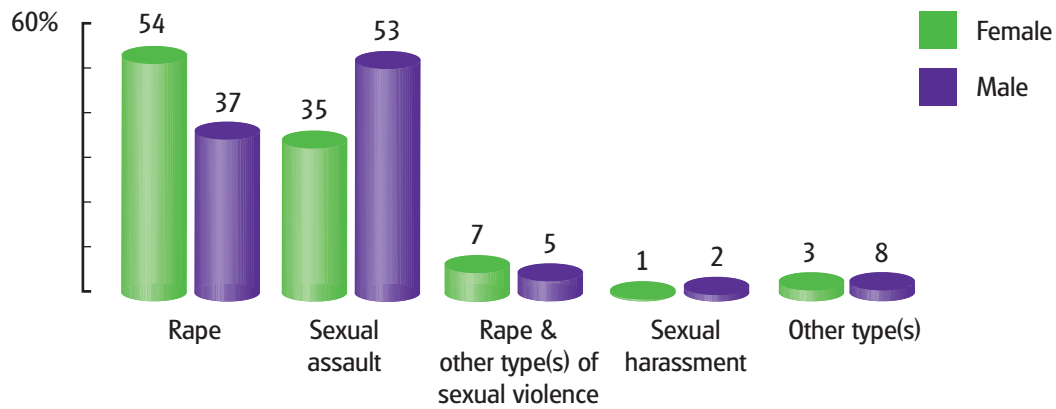
Type of sexual violence

Graph 5: Type of sexual violence by when the violence took place (%) n = 2,078



The type of sexual violence survivors were subjected to varied by the age of the survivor at the time of the abuse. Older survivors were more likely than younger survivors to be subjected to rape. Younger survivors were more likely to be subjected to sexual assault.

Graph 6: Type of sexual violence by gender (%) n = 2,095

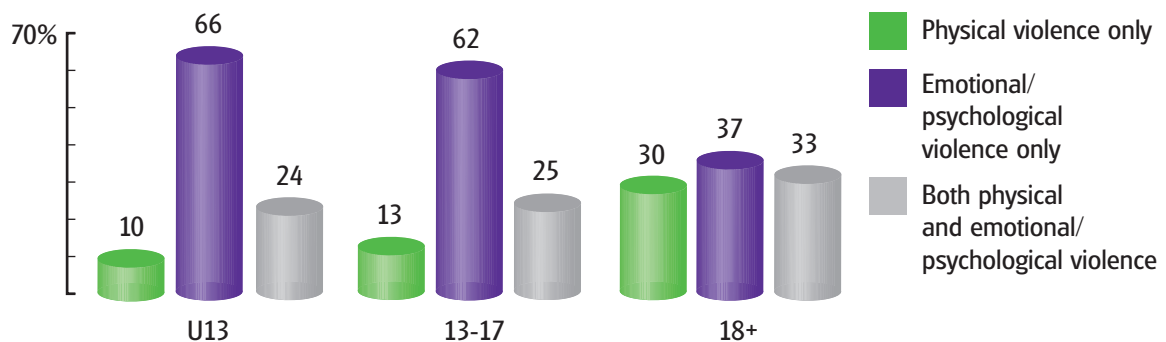


The gender of the survivor also had an impact on the type of sexual violence they were subjected to. Female survivors were more likely to be subjected to rape as opposed to sexual assault (54% compared with 35%), whereas male survivors were more commonly sexually assaulted by perpetrators (53% of males were sexually assaulted and 37% were raped).

Additional forms of violence

Sexual violence rarely happens in isolation. It is usually perpetrated with other forms of violence. Over six out of ten survivors who attended RCCs in 2013 disclosed that they were subjected to other forms of violence in addition to the sexual violence (63%).

Graph 7: Additional forms of violence by when the sexual violence took place (%) n = 3,223

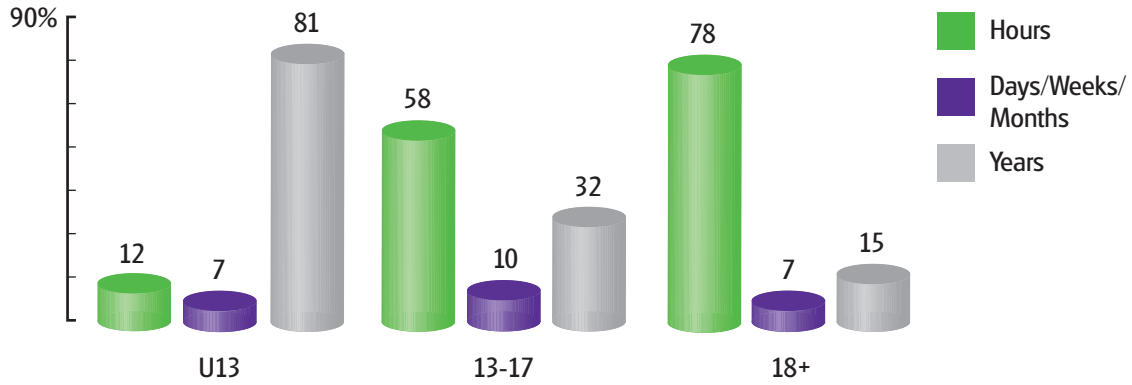


Sexual violence is usually accompanied by additional forms of violence. When we examine the relationship between the age of the survivor at the time of the abuse and the level of other violence perpetrated against them we can see that younger survivors are more likely to experience additional forms of violence than older survivors (66% of those subjected to abuse when under the age of 13 compared with 59% of those age 18 or over when the abuse took place). Survivors of child sexual violence most commonly disclosed that they had been subjected to emotional and psychological abuse in addition to the sexual violence (66% of those under 13, 61% of those aged 13 to 17, and 59% of those aged 18 and older were subjected to additional forms of violence). Survivors of adult sexual violence disclosed that they were subjected to approximately the same levels of additional forms of abuse.



Duration of sexual violence

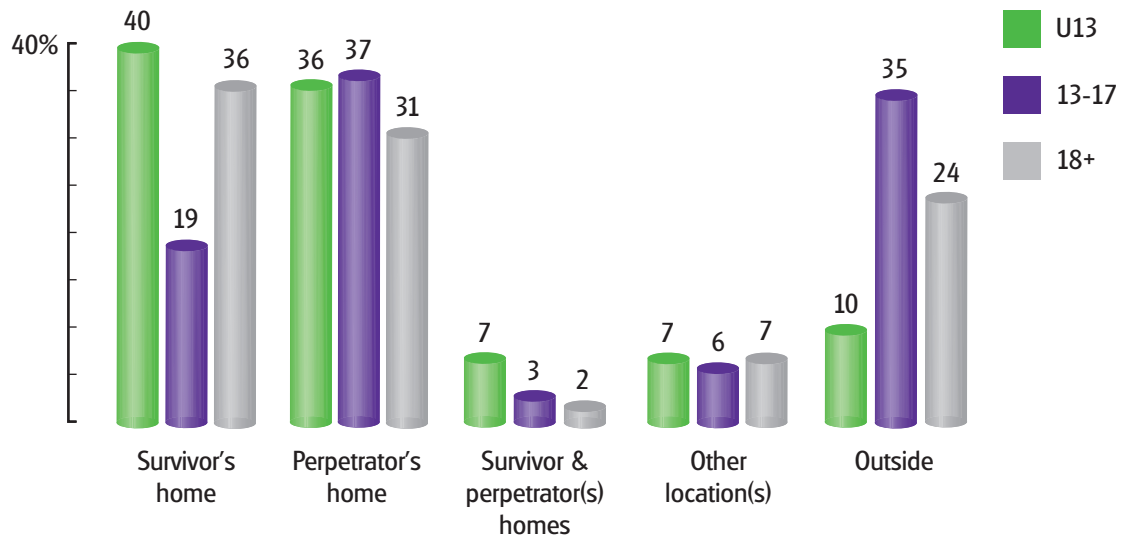
Graph 8: Duration of sexual violence by when the violence took place (%) n = 2,093



The age of the survivor at the time of abuse is commonly an indicator of the length of time over which the sexual violence is perpetrated against them. We can see from the graph above that the younger the person at the time of perpetration of the sexual violence, the more likely it is that the abuse was perpetrated against them over a number of years (81% of under 13's compared with 32% of those aged 13 to 17). Survivors of adult sexual violence most commonly disclosed that the sexual violence was perpetrated over a number of hours (78%).

Location of sexual violence

Graph 9: Location of sexual violence by when the violence took place (%) n = 1,738



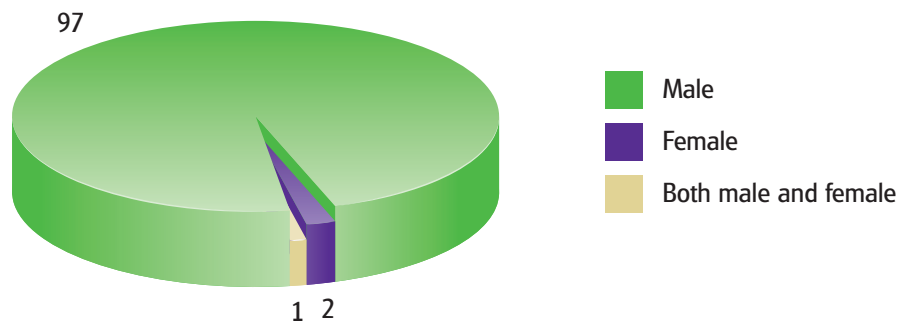
There are clear correlations between the age of the survivor at the time the sexual violence was perpetrated against them and the location in which the abuse most commonly took place.

- Children under the age of 13 most commonly disclosed that the abuse took place within their homes or the abusers homes (40% and 36% respectively).
- We can see a shift in this trend for those abused between the ages of 13 to 17 where the abuse takes on more of the characteristics associated with sexual violence against adults and less of the characteristics of sexual violence against children under the age of 13. Children between the ages of 13 to 17 most commonly disclosed that the sexual violence was perpetrated against them in the abusers home and outside locations (37% and 35% respectively).
- Survivors of adult sexual violence most commonly disclosed that the sexual violence was perpetrated against them in their own homes, the abusers home, or in an outside location (36%, 31% and 24% respectively).

Perpetrator Information

Gender of perpetrators

Graph 10: Gender of perpetrators (%) n = 2,109



RCNI research findings on perpetrators are in line with the national prevalence study on sexual violence (McGee et al., 2001). The vast majority of perpetrators of sexual violence against female and male survivors attending RCCs in 2013 were males (97%). A small number were combinations of males and females acting together (2%), or females acting alone (1%).

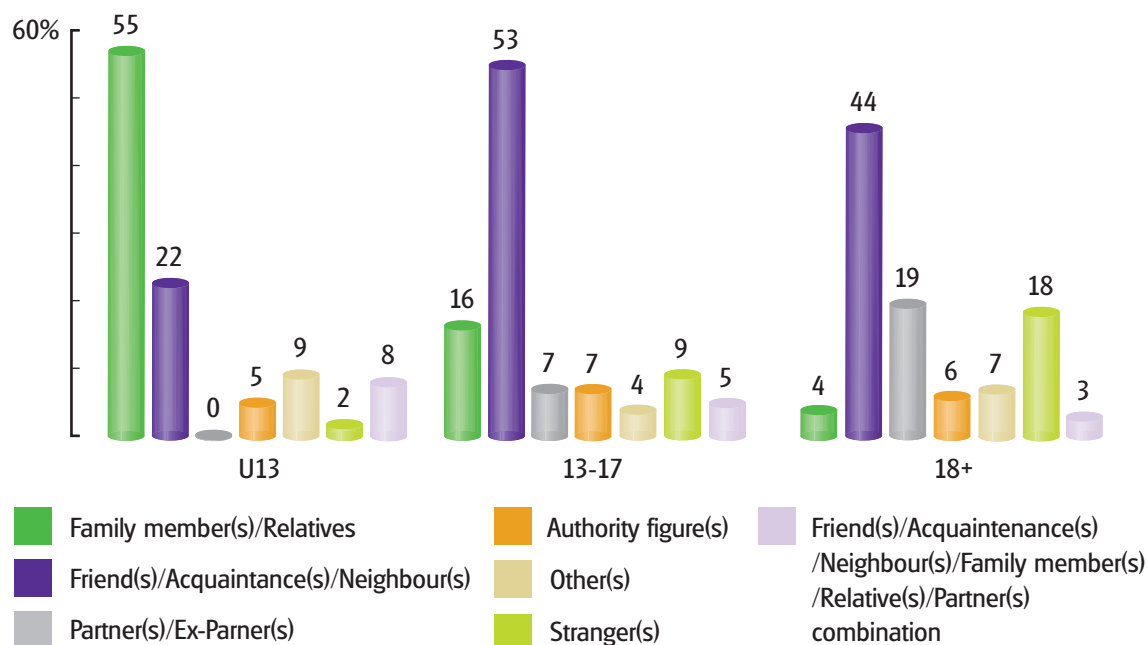
“This support group helped me realise that I was not alone and I was able to open up without fear or retribution. It will have an everlasting positive effect on me to carry in the future and I am certain that others who follow me will also benefit in the way that I did.”

(Survivor, 2013)



Relationship of perpetrator to survivor

Graph 11: Relationship to perpetrator by when the sexual violence took place (%) n = 2,071



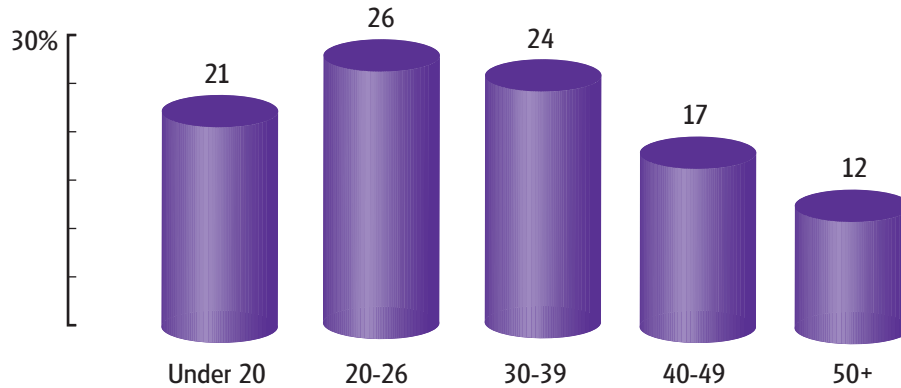
The majority of perpetrators of sexual violence are known to the person they perpetrate the abuse against (91%). A common pattern emerges when we examine the age of the survivor at the time of the violence.

- Survivors who were under the age of 13 when the violence took place most commonly disclosed that the abusers were family members/relatives (55%).
- Children aged 13 to 17 were more likely to be abused by non-family members, most commonly friends/acquaintances/neighbours (53%).
- This trend of abuse being perpetrated by friends/acquaintances/neighbours continues for adult survivors where 44% disclosed this relationship to the perpetrator.

This shift in relationship between survivor and perpetrator throughout the lifecycle makes sense when we consider that older children spend more time outside of the family home and familial relationships as they progress through their teenage years and into adulthood.

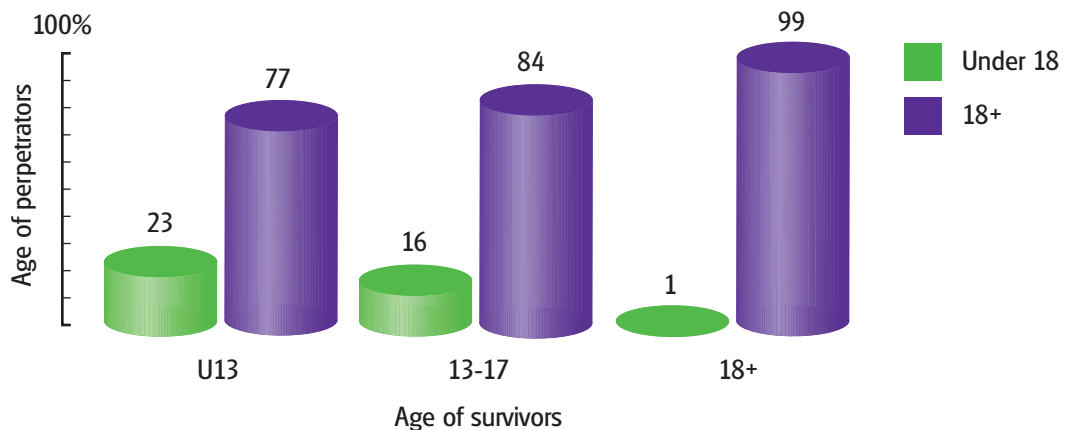
Age of perpetrators

Graph 12: Approximate age of perpetrator (%) n = 1,991



The median age of perpetrators was 30. Most perpetrators were between the ages of 20 to 39 (50%). 14% of perpetrators of sexual violence against survivors coming to RCCs were under the age of 18.

Graph 13: Age of perpetrators by age of survivors (%) n = 1,979



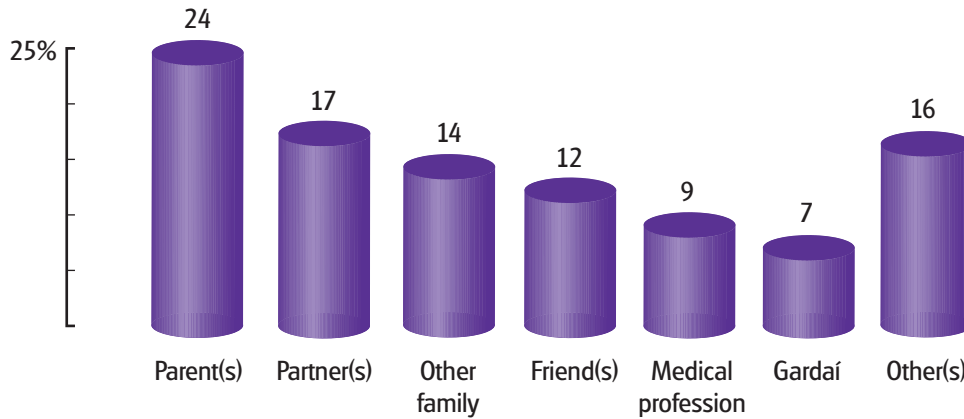
Previous RCNI research has also shown us that there is a correlation between the age of child survivors and perpetrators (RCNI, 2013). Child perpetrators were most likely to abuse a child who was either the same age as themselves or slightly younger than themselves. Almost one quarter of sexual violence perpetrated against children under the age of 13 was perpetrated by other children (23%). 16% of sexual violence perpetrated against children aged 13 to 17 was perpetrated by other children.



Disclosing and reporting the sexual violence

Telling someone for the first time

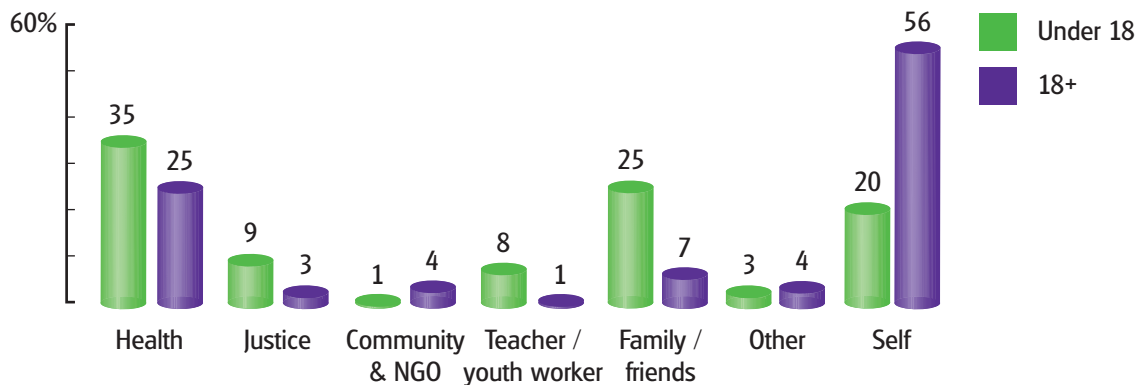
Graph 14: Who survivors told about the sexual violence (%) n = 1,976



For 9% of survivors who came to Rape Crisis Centres in 2013, the RCC was their first experience of disclosure. Of the 91% who had previously disclosed the sexual violence to someone else, the majority disclosed to a person within their circle of trust (68%). Children attending RCCs were much more likely than their adult counterparts to disclose the sexual violence to parents (63% versus 21%).

Referrals

Graph 15: Survivors referred to RCCs by (%) n = 2,194



Over half of survivors referred themselves to the RCC (54%). The level of self-referral varies significantly for children and adults. Children self-referred significantly less than adults (20% versus 56%). Children instead were referred mostly from health sources and by family/friends (35% and 25% respectively).

For those who were referred by someone else, the majority were referred from organisations and individuals in the health service (26%). The high level of self-referral and referral from other agencies to RCCs demonstrates that RCCs are highly regarded and trusted.

Time between sexual violence and RCC service usage

There is a significant difference in the length of time between the sexual violence and taking up RCC service that survivors of child abuse survivors of adult abuse disclose. The majority of survivors of child sexual violence disclosed that the abuse took place when they were under the age of 12. There is on average a 25 year gap between the onset of this abuse and the victim attending a RCC for counselling and support. The majority of survivors of adult sexual violence disclosed that the abuse took place when they were between the ages of 20 to 29. There is on average a 5 year gap between the onset of this abuse and the victim attending a RCC for counselling and support.

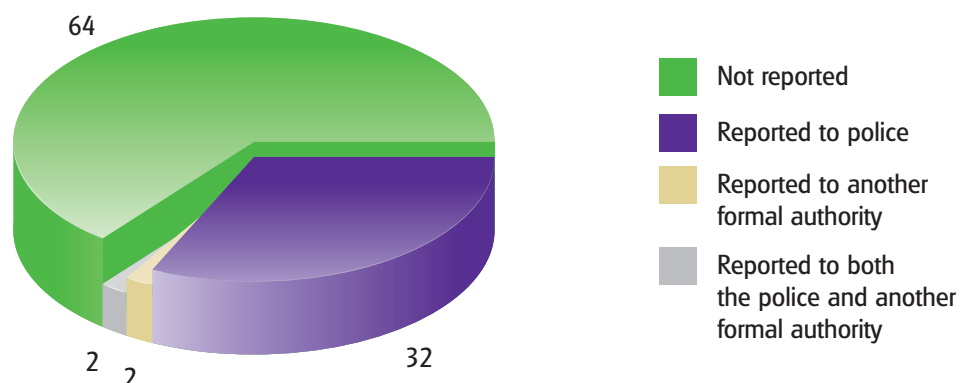
“Sharing my story has created an awareness in me that it was never my shame, never my crime, yet I allowed it to control how I felt. Keeping other peoples’ crimes a secret imprisons me, not them, and I served the sentence. But now, through sharing the secret I am free, I have chosen to set myself free of how it controlled me, the fear I felt, the anxiety, the insomnia, the low self-esteem, lack of confidence and most of all I am free to love myself just as I am.”
(Survivor, 2013)

How survivors use RCC services differently

Survivors who were subjected to multiple incidents of sexual violence attended RCCs for 56% more counselling and support than those subjected to one incident of sexual violence. An incident of sexual violence is characterised by who the perpetrators were. An incident may have been perpetrated over an hour or over many years. If the violence was perpetrated by one perpetrator always acting alone, this is one incident of abuse. A specific group of perpetrators always perpetrating the violence together is also considered one incident of abuse, irrespective of the length of time over which the violence took place. The reason sexual violence research uses the term ‘incident’ is because of the complexity of sexual violence. Many survivors are subjected to abuse by a particular perpetrator over many years. Recording each time they were raped would be impossible as they may have been raped hundreds of times over many years by the same perpetrator.

Reporting to a formal authority

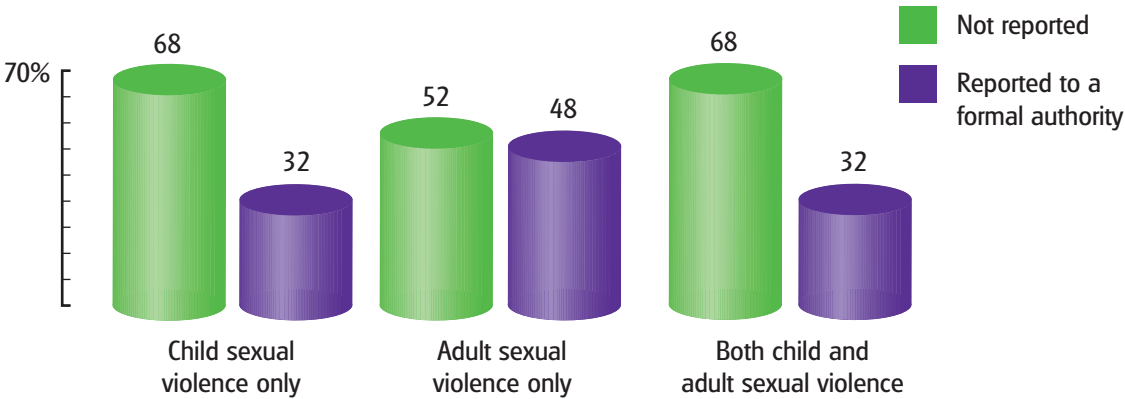
Graph 16: Reporting the sexual violence to a formal authority (%) n = 2,203



Over three out of ten survivors who attended RCCs in 2013 reported the sexual violence to a formal authority (36%). Most of these reported to the police, but reports were also made to the HSE, Redress Board, education authority, church authority, and asylum application process. The number of survivors attending RCCs who have reported to the police is four to six times higher than that found in SAVI, where 8% of survivors of child sexual violence and 6% of survivors of adult sexual violence reported to the police (McGee et al, 2001: 128). The majority of survivors who reported to a formal authority did so before they made contact with the RCC (89%).

As Hanly et al point out in *Rape & Justice in Ireland (RAJI)* non-reporting of sexual violence has a number of consequences for the survivor and society; survivors may not be able to access the support services they need, offenders are not held to account, and information about the violence and its impact on the survivor is not collected (Hanly et al, 2009: 35). RCNI data collection therefore fills a gap in the gathering of accurate and reliable information from survivors of sexual violence who have not reported to any formal authority. It is a unique location where we can examine in details the nature of the violence and the impact on the survivor. The 64% of RCC survivors who did not report to any formal authority are not included in any other formal statistics or records. This essential part of the story, the only place where these survivors have their experiences documented publicly to support and influence national policy, is only available to date in RCNI data collection.

Graph 17: Reported to a formal authority by when the sexual violence was perpetrated (%) n = 2,093

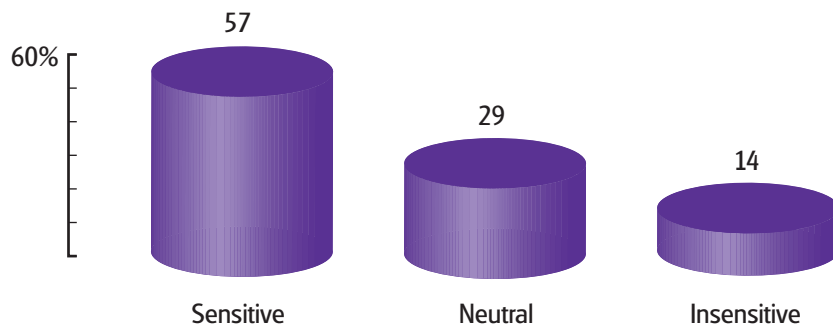


The age at which a person is subjected to sexual violence impacts whether they file a complaint with a formal authority or now. The above graph clearly demonstrates that survivors of child sexual violence are less likely to report to a formal authority than survivors of adult sexual violence (32% compared with 48% respectively filed complaints).

Following on from the ground breaking RCNI commissioned research Rape & Justice in Ireland, with approval from An Garda Síochána Commissioner and with subsequent support of the Garda Research Unit, RCNI now collect and collate data on victims’ experience of reporting to AGS. This is the first year the data is of sufficient standard to report on the findings.



Graph 18: How the survivor perceived they were treated by the Gardaí (%) n = 571

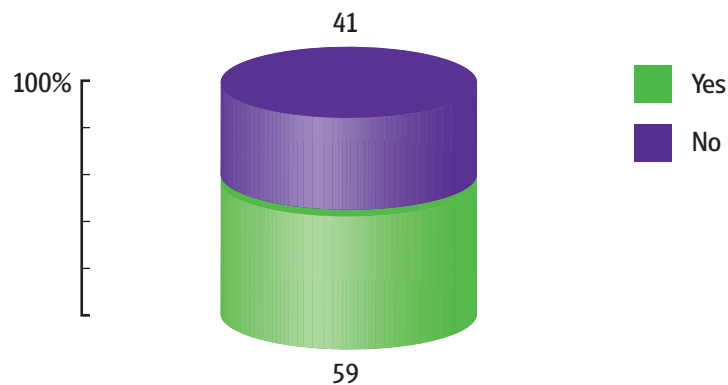


The majority of survivors who filed a complaint with the Gardaí felt that the Gardaí treated them in a sensitive manner (57%). This means that the survivor felt their complaint was taken seriously and the Gardaí were attentive, sympathetic and supportive of them.

One out of three survivors who reported felt that the Gardaí treated them in a neutral manner (29%). This means that they were business-like, and neither sensitive nor insensitive.

14% felt they were treated in an insensitive manner. This means that they felt the complaint was not taken seriously, and the Gardaí were dismissive, disinterested, unsympathetic and unsupportive.

Graph 19: Did Gardaí maintain ongoing contact throughout the case (%) n = 597



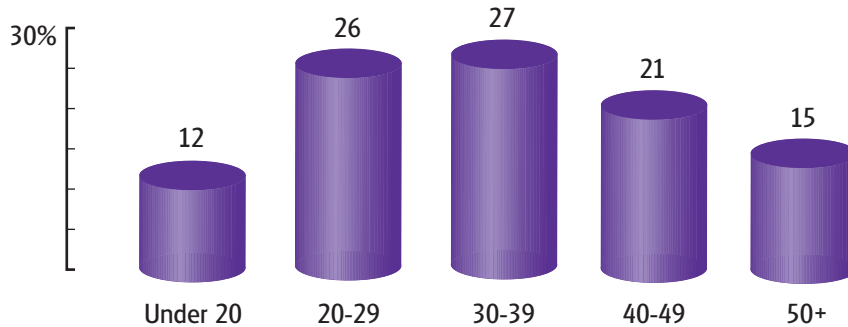
The majority of survivors who filed a complaint with the Gardaí disclosed that the Gardaí maintained on-going contact with them throughout the case (59%). This means that in 59% of cases the survivor received updates from the Gardaí on the progress of their case.



Demographics

Age of survivors

Graph 20: Age of survivors accessing RCC services (%) n = 2,203



7% of survivors attending RCCs in 2013 were under the age of 18. These are included in the under 20 age bracket. The majority of survivors attending RCCs in 2013 were between the ages of 20 to 49 (74%).

“Sharing my story in the group, people with whom I could identify, people who supported and understood me has been liberating.”

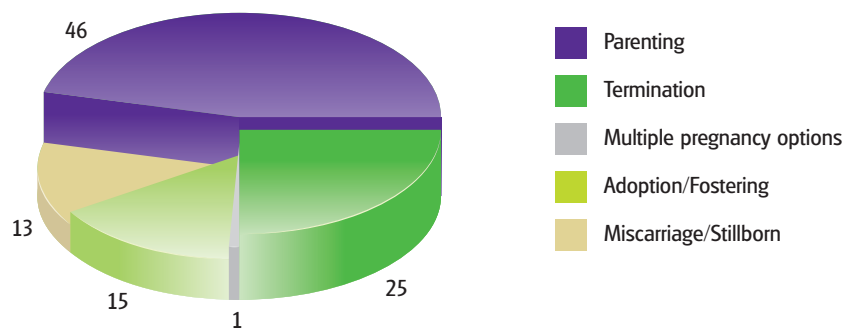
(Survivor, 2013)

Country of origin

The majority of survivors attending RCCs in 2013 were from Ireland (88%). A minority were from African countries (3%), the UK (3%), Other European countries (3%), and other countries (2%).

Pregnancy

Graph 21: Pregnancy outcome for survivors (%) n = 75

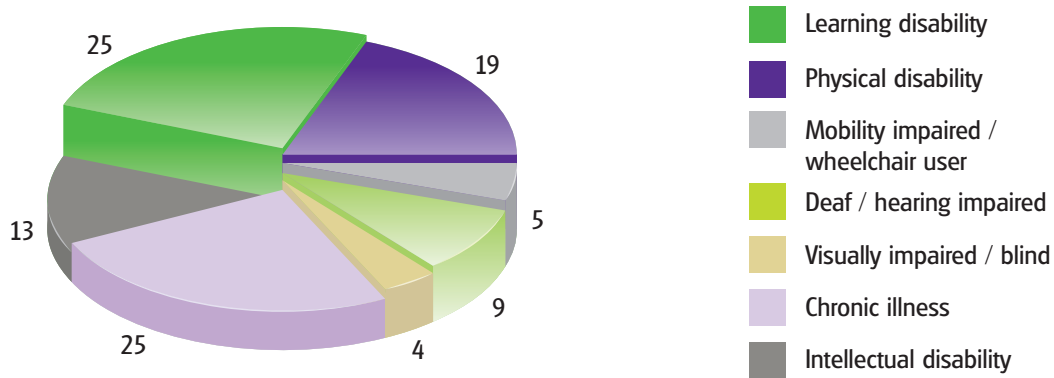


8% of females attending RCCs in 2013 became pregnant as a result of rape. RCNI and RCCs support survivors' choices, whatever they may be.

- The majority of these survivors went on to give birth and parent their children (46%),
- 25% of these survivors had their pregnancy terminated
- 15% of survivors who became pregnant had their child placed for adoption or fostering
- 13% of these survivors miscarried or had stillbirths
- 1% of survivors became pregnant more than once as a result of rape and disclosed different outcomes for each pregnancy.

Disability

Graph 22: Survivors with a disability (%) n = 147



7% of survivors attending RCCs in 2013 had a disability of some kind. Of those survivors who did have a disability the majority had a learning disability (25%), a chronic illness (25%), or a physical disability (19%). There has been a significant increase in numbers of survivors with chronic illnesses attending RCCs over the past two years. In 2011 4% of survivors with a disability attending RCCs had a chronic illness. This figure rose to 16% in 2012 and 25% in 2013. This requires further research. Previous RCNI research on survivors with disabilities found that those with disabilities have increased vulnerability to sexual violence, and bigger barriers in terms of disclosure of abuse. (RCNI, 2011).

Irish Traveller

Members of the Traveller community accounted for 0.8% of all survivors attending RCCs in 2013. This is slightly above the national population of Travellers in Ireland (0.6% according to Pavee Point and 0.6% according to the CSO (CSO, March 2012). Most Travellers attending RCCs were female, a small number were male. They ranged in age from 17 to 60. Some were survivors of sexual violence in childhood solely and some were survivors of sexual violence in adulthood only. The figures are too low to present any further analysis.

Asylum seekers and refugees

RCNI research published this year provides an in-depth analysis of survivors of sexual violence attending RCCs who are refugees and asylum seekers who attend RCCs and the unique vulnerabilities and difficulties they face (RCNI, 2014).

All asylum seekers and refugees attending RCCs in 2013 were female (100%) and the majority were from African countries (91%). Asylum seekers and refugees most commonly disclose that they have been raped (88%) by figures of authority (48%). Almost all disclosed that the sexual violence was accompanied by high levels of other violence (86%), with 67% of these disclosing both physical and emotional violence in addition to the sexual violence, 25% disclosing solely physical violence in addition to the sexual violence, and 8% disclosing solely emotional and psychological violence in addition to the sexual violence).



Findings

1 RCNI data collection and research demonstrates that there are typically four common abuse patterns disclosed by survivors who attend RCCs, which can be categorised according to the survivor's age:

- Child U13
- Child 13-17
- Adult 18+

	Common abuse patterns		
	Child U13	Child 13-17	Adult 18+
Type of abuse	Sexual assault	Rape	Rape
Additional violence	Emotional/ psychological only	Emotional/ psychological only	Equal combinations
Duration	Years	Hours	Hours
Perpetrator	Male family member	Male friend/ acquaintance/ neighbour	Male friend/ acquaintance/ neighbour
Location	Survivors' home/ perpetrators' home	Perpetrators' home/ outside	Survivors' home/ perpetrators' home/ outside

2 Gender is another determining factor of the characteristics of sexual violence a survivor will be subjected to. When we examine survivors attending RCCs we see that female vulnerability to sexual violence does not decrease with age to the same degree that male vulnerability does:

	Age at time of sexual violence	
% of survivors attending RCCs in 2013	U18 at time of sexual violence	Age 18+ at time of sexual violence
Female	62%	38%
Male	85%	15%



- 3 Refugee and asylum seekers disclose distinctly different abuse patterns than other survivors. A specialised tailored response is necessary when providing services to this particularly vulnerable client group. The common abuse patterns disclosed by this group are:

	Refugee/Asylum seeker
Type of abuse	Rape
Additional violence	Higher levels than other survivors. Most commonly: Both physical and emotional/ psychological violence
Duration	Years
Perpetrator	Authority figures
Location	Abuser/Survivor home or Prison or Rebel/government camp

- 4 The vast majority of perpetrators are males (98%).

- 5 14% of sexual violence against survivors attending RCCs in 2013 was perpetrated by other children. 23% of sexual violence against survivors who were under the age of 13 when the abuse took place was perpetrated by other children.

- 6 Following on from RCNI commissioned research Rape & Justice in Ireland, with approval and support of An Garda Síochána Commissioner and the Garda Research Unit, RCNI data now records survivors experiences of filing a complaint with the Gardaí. Although the results were predominantly positive, in that the majority of survivors felt that the Gardaí treated them in a sensitive manner (57%) and received updates from the Gardaí on the progress of their case (59%), there is still room for improvement.

Recommendations

- 1 An evidenced based response to sexual violence, which is founded on robust data collection and research ensures the most effective and cost-efficient means of confronting such violence are employed by all agencies and organisations working in this area. **Nationally comparable administrative data collection which is accurate and reliable should continue to be supported. All frontline sexual violence services should be supported to contribute to this vital knowledge resource.**
- 2 Rape Crisis Centres have a unique understanding of the complexity of sexual violence and the impact on the lives of those both directly and indirectly affected by it. In responding to this RCCs have developed a specialised set of knowledge and skills and a service tailored specifically to survivors. **RCCs should continue to be supported to provide the wide range of specialised services they have developed over 40 years to those affected by sexual violence.**
- 3 **A multi-departmental whole of government response** is needed in order to ensure that the multiple needs of survivors are met and that attitudes towards and prevalence of sexual violence are confronted within our society.
- 4 Appropriate education of young people is a vital preventative solution to sexual violence which should be supported by the Department of Education. RCNI considers that **a national whole-of-school programme directed at primary prevention is urgently required for the Irish state to be meet its fundamental duty of care to children in the education system.**
- 5 **Responses to the older child and youth with regards sexual violence vulnerability and aggression requires expert and specific attention within the Youth Strategy** under development within the Dept. of Children and Youth Affairs.
- 6 **RCNI recommends specialist training for An Garda Síochána** in sexual violence be developed further, to include new intensive modules on adult sexual violence issues (for example; inter-partner violence, alcohol use) and on historic child sexual abuse issues. This should incorporate expert input from Rape Crisis counsellors on the impacts of sexual violence on its victims.
- 7 RCNI recommends that An Garda Síochána *Policy on the investigation of Sexual Crime, Crimes against Children and Child Welfare* should specify in addition to the existing provisions on contact that **members investigating sexual crimes to ask each victim how and when to contact them for the duration of the case**, contact them as agreed, and record that contact has taken place on the case file.



Methodology

The data gathered by RCNI is essential to understanding sexual violence in Ireland. It provides a clear picture of the characteristics of sexual violence experienced by service users in Ireland and different vulnerabilities to sexual violence. It enables us to more fully understand the different experiences of abuse survivors of different age, gender, legal status, and ability. It also allows us to plan for future service delivery and increase accessibility of services for survivors of sexual violence.

RCNI data collection has been recognised by national and international experts as providing reliable and robust findings. A 2011 Cosc commissioned report 'Data System Analysis Project on Sexual, Domestic and Gender-based Violence' identified Rape Crisis Network Ireland national administrative data collection system as a model of best practice, amidst a dearth of consistent and reliable data on sexual violence. In 2014 the European Institute for Gender Equality (EIGE) recognised the RCNI system as an EU model of best practice, making Ireland a unique and lead country in the capacity to collect, analyse and present data on gender based violence, including sexual violence crimes.

The findings in this report re-affirms and builds on the findings of previous RCNI research, including annual National Statistics Reports, specialised reports on child survivors, asylum seekers and refugees, survivors with disabilities, to name a few. As pointed out by Dr Maureen Lyons, Director of Research, design and Methodology, School of Social Justice, UCD; RCNI data collection provides an essential resource for researchers, policy-makers, and service providers to develop knowledge about 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 through evidence-based policy (RCNI, 2011; 2).

RCNI data collection, analysis and representation overview

RCNI has developed a highly secure online data collection system 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 victims of sexual violence. RCNI has developed standards on data collection, data use and data protection which all RCNI database users must adhere to.

In order to ensure best practice, RCNI Data and Services Information Manager, Elaine Mears, coordinates and delivers annual training and capacity building to each local RCC service provider on aspects including: using the RCNI Database, data entry, extracting data, and reliable and accurate presentation of local data. An extensive data cleaning process is carried out nationally before any data is analysed. This involves checking all of the data entered by RCCs for mistakes and omissions, and rectifying these.

The analysis for the annual RCNI National Statistics Reports is carried out by RCNI's Data and Services Information Manager with the support of independent statistics expert Eamonn Dineen. All of the textual representation of the data are also verified for accuracy by the independent statistics expert. Once the final draft of the report is completed it is sent to Dr Maureen Lyons, an independent statistics expert who has worked closely with RCNI on this project for a number of years, for final verification. RCNI Acting Executive Director; Clíona Saidléar, RCNI Services Support Consultant; Susan Miner and RCNI Legal Policy Director; Caroline Counihan partake in the final editing of the report.



RCNI National Statistics Report compilation

The information in this report is compiled from the data entered by all 13 RCNI Republic of Ireland member Rape Crisis Centres (see back cover) and two non-member Rape Crisis Centre (Athlone Midlands Rape Crisis Centre and Dublin Rape Crisis Centre) around Ireland. The data represents all people using these RCCs for counselling, support, accompaniment, and helpline services in 2013. 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 information on the 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 data collection system 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.

Index of Terms

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

Accompaniment: RCC service which supports survivors by being with them when they go for medical treatment, forensic examination, to the Gardaí, court, and refugee legal hearings. This role includes crisis intervention, providing information, and supporting survivors to get the best possible service

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

Authority figure: Babysitter/childminder, Carer/Residential staff, Clergy, Doctor/Medical/Caring profession, Employer, Gardaí/PSNI/Other national police force, Landlord/Landlady, Pimp/trafficker, Security forces, Sports coach/Youth worker, Teacher (clergy), Teacher (lay)

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

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.

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

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

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 housing types: Caravan/mobile home, Disability service, Homeless, Other institution, Prison, Refuge, Other

Other locations of sexual violence: Car, Direct provision centre, Friends 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 without consent 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 services. They may be a supporter or survivor of sexual violence

Sexual Assault: An assault, ie: touching or 'reasonable apprehension' of touching without consent, in circumstances of indecency, formally called indecent assault. Sexual assault is 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, degradation, humiliation or the threat of serious violence

Sexual Harassment: Subjecting a person to an act of physical intimacy, requesting sexual favours, or subjecting 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 solely as adults: People attending RCCs who experienced sexual violence solely when they were over the age of 18

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

Stranger: Somebody that the survivor has never met before

Supporter: Someone who is supporting a survivor of sexual violence

Survivor: Someone who has experienced sexual violence



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RCNI member Rape Crisis Centres in 2013

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

Donegal Sexual Abuse & Rape Crisis Centre: 1800 448 844

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 Midwest: 1800 311 511

Rape Crisis North East: 1800 212 122

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

Tipperary Rape Crisis & Counselling Centre: 1800 340 340

Regional Sexual Abuse & Rape Crisis Centre Tullamore: 1800 323 232

Waterford Rape & Sexual Abuse Centre: 1800 296 296

Wexford Rape & Sexual Abuse Support Service: 1800 330 033

Rape Crisis and Sexual Abuse Centre Northern Ireland: 04890 329002*

*This RCNI member Centre's data is not included in this report



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