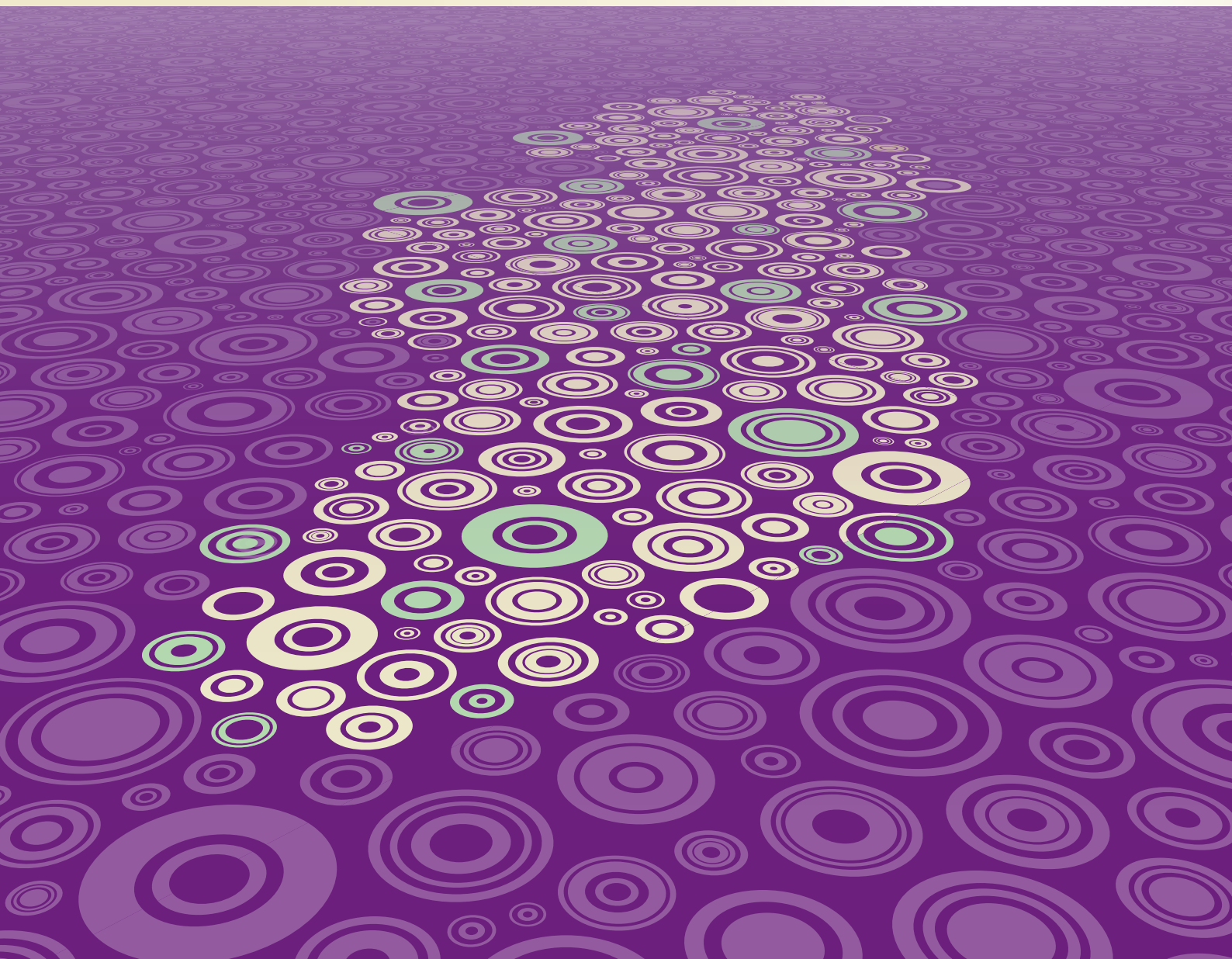




2014

National Rape Crisis Statistics



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The software development company who have donated approximately €500,000 of free resources to creating and maintaining the RCNI data collection system.

Data Collection Officers in Rape Crisis Centres who take responsibility for ensuring high quality data collection in their RCCs.

Tusla who funded RCNI data collection in 2014.

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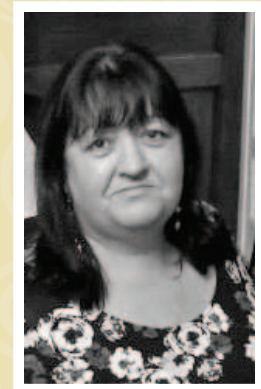
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Chairperson's Introduction

As RCNI Chairperson and from my Rape Crisis perspective, RCNI's data collection and analysis is a vital tool to ensure that we are acting in ways that are responsive to survivors needs. The provision of RCNI analysis has highlighted gaps within society with respect to policy, funding streams and practice. For example, this past year has seen research carried out by the RCNI with refugees and asylum seekers who experienced sexual violence, inform the release of funding specifically to fund the training the of reception and integration agency staff. This demonstrates how progressive research can create the space for change in attitudes and awareness of sexual violence in a responsive manner. RCCs as progressive, feminist organisations seek to challenge the status quo in terms of what is acceptable when it comes to sexual violence and consent.



Indeed this year has also seen the RCNI face great challenges with the loss of funding for the RCNI Data knowledge and Information System. A system that is looked upon internationally as a shining beacon and the envy of our European counterparts. A system that has driven change with regard to how society can hear the collective voice of survivors and take action; a system that unfortunately the Irish government is failing to protect. Despite the lack of commitment from government to support this resource, which in turn supports RCCs in doing our job, we continue to attempt to source ongoing funding to keep this vital resource viable. We continue to call on government to reverse this deeply regressive decision.

As Chairperson of the RCNI, I would like to extend my personal gratitude to both Fiona Neary, Director and Cliona Saidléar, Acting Director, and all RCNI staff for their incredible hard work and commitment in the face of what has been continual and consistent uncertainty. 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 powerful testimonial of survivors' experiences 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, our IT industry partner, and all who have contributed their expertise to the development of this data collection system over its ten ground-breaking years.

Anne Scully
RCNI Chairperson



Executive Director's Foreword

Sexual violence is highly prevalent across Ireland. 1 in 5 girls and 1 in 6 boys experience contact sexual abuse and 1 in 10 women are raped within their life time (SAVI 2002). Given its systemic and gendered nature sexual violence is recognised as a life-limiting discrimination under which all women suffer (UN CEDAW). In short, sexual violence is one of the most critical issues a just society must address. No government can ignore or neglect this issue as its pervasiveness and the seriousness of its negative impacts makes the social contract precarious. A government's moral, democratic and indeed legal obligations to its citizens on the issue of sexual violence are clear.



A lot has happened in the past 40 years of the rape crisis movement. The rape crisis sector has driven and developed innovative responses that are needs-led and survivor-centred. The movement in partnership with communities, leaders and government has succeeded in contributing to significant policy and legislative changes, creating safe places for survivors, supporting survivors' voices to be heard. We have developed shared standards of practice and understanding and set about building an evidence-base to inform these changes. We are proud of these achievements but it is clear to us that this is only one part of the job and only the beginning.

In 2014 this government in a decisive step to address many failings on sexual violence founded a new agency, Tusla: the Child and Family Agency. Tusla's capacity and remit addresses critical gaps and past failings in the State's response to the crime of sexual violence and meeting survivors' needs, in particular the child survivor. We continue to support them in that endeavour. However by itself Tusla can never get the job done. Tusla alone does not fulfil this State's responsibility on sexual violence.

We estimate that only 20% of survivors will reach out to specialist services. That means 80% do not and will not have their needs met by Tusla's activities even at full capacity. In terms of formal justice the numbers are the same, we estimate that 4 out of 5 victims of sexual violence crime will not access justice; they will continue to have an unmet justice need. If the totality of this State's response to survivors is to provide services to only 20%, then the State's response is manifestly insufficient. More importantly justice demands that we challenge the status quo of sexual violence prevalence. Justice demands that we act decisively and credibly to prevent sexual violence from happening in the first place. This is not happening.

Instead, under the guise of rationalisation, safe spaces for survivors, the independent bodies and advocacy for survivors on the issue of sexual violence, risk being curtailed, confined and silenced. Tusla has withdrawn 100% of RCNI's long standing core funding which includes the funding to support the body of work that produces the evidence in this report. Tusla has proposed a contract to Rape Crisis Centres which threatens their capacity to offer a safe, non-statutory space to survivors. Survivors' right to access support without pressure to report to the authorities is at issue. Under Tusla not only are survivors' right to specialist support services at risk, even on the eve of the new EU Victim's Directive coming into force, survivors may well become burdened with the responsibilities which are properly the State's, and they may well come to bear that burden in isolation. This must not happen.

The job is not done and arguably has only just begun. This government must move beyond an understanding that its duty has been fulfilled in the handing over of its responsibility to the Agency, Tusla. As long as there is insufficient capacity and fragmentary approaches to the prevention of sexual violence this government will fail to meet its obligations to victims of sexual violence under the EU Directive. We call on government to take up its role on the issue of sexual violence, the continuation of the status quo unchallenged is not an option.

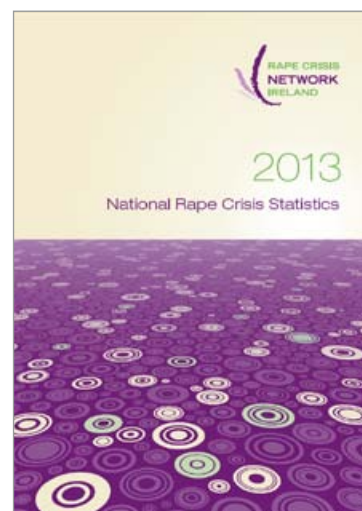
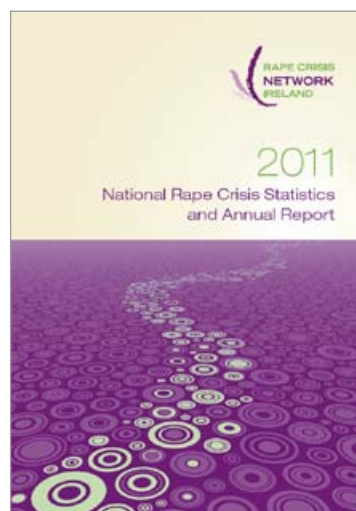
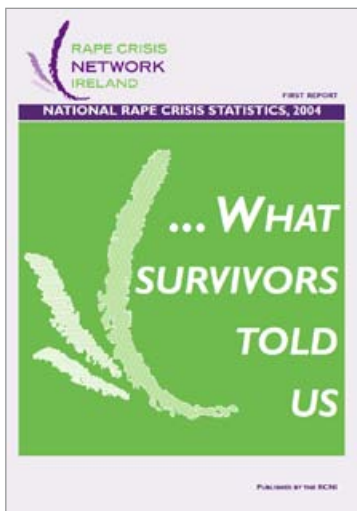
Cliona Saidléar, PhD
RCNI Acting Director



RCNI Research

RCNI have coordinated the collection of information from service users attending RCCs for over 10 years. We have used this data to produce a multitude of different research reports, academic articles, policy papers, briefings and submissions, and worked with academic institutions, PhD students, independent researchers and many different organisations to develop our research further.

This research and data collection has provided the necessary evidence-base to create improvements in legislation, policies and practices nationally regarding sexual violence. RCNI research and data collection has formed the basis of social and cultural changes by informing and impacting public attitudes to sexual violence and understanding of the issue. We now have a highly developed and internationally recognised data collection system which continues to give a powerful voice to survivor stories, to influence legal, policy, social and cultural change, and offers us an evidence-base to continue the provision of needs led and adaptive services to those affected by sexual violence through the Rape Crisis movement.





Endorsements:

“The continuing rationale for the RCNI Database is its relevance and uniqueness in providing the most comprehensive and detailed information on sexual violence in the Irish context. Such administrative data represent excellent value for money, as they not only provide the funding body with complete and accurate information to assess value for money and plan for future service delivery, these data represent the most comprehensive research resource on sexual violence in Ireland as it relates to this population of sexual violence service users.”

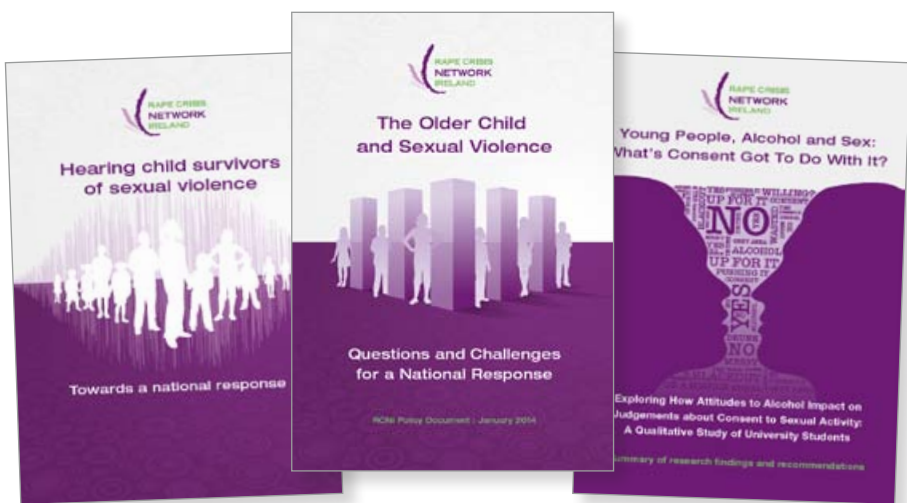
Dr Maureen Lyons, Research Manager, School of Social Justice, Equality Studies Centre, UCD

“RCNI National Rape Crisis Statistics are a vital resource to researchers, practitioners, and policy makers in our collective efforts to end sexual violence against women, men and children. The national data organised by RCNI is critical because it provides the kind of information necessary for long-term planning and evaluation.”

Prof Rebecca Campbell, Ph.D., Department of Psychology, Michigan State University

“I have visited the RCNI website numerous times to look at statistics and to inform myself, mainly in an effort to remind myself that I am not alone.”

Survivor



18,296 Helpline contacts (Page 13)

1,913 people took up counselling and support (Page 15)

17,288 appointments for counselling and support (Page 15)

340 people accompanied (Page 14)

93% of perpetrators known to survivor (Page 20)

52% of survivors aged 13 to 17 were subjected to rape (Page 17)

67% of survivors who reported to the Gardaí felt that the Gardaí treated them in a sensitive manner (Page 24)

28% more counselling and support given to survivors of multiple incidents of sexual violence than other survivors (Page 23)

33% of survivors reported the sexual violence to the police (Page 23)

15% of perpetrators were under 18 (Page 21)

31% of calls to RCC Helplines were for information (Page 13)

60% of survivors who reported to Gardaí said the Gardaí maintained on-going contact with them throughout their case (Page 25)

9% of survivors attending RCCs were children (Page 26)

8% of female survivors of rape became pregnant as a result (Page 26)

8% of survivors attending RCCs had a disability (Page 27)



About RCNI

Rape Crisis Network Ireland (RCNI) is an independent and specialist information and resource institute 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, specialist court and Garda accompaniment training and support for the sexual violence services sector, using our expertise to influence progressive and appropriate national policy and social change, and supporting and facilitating multi-agency partnerships. We are also 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 on rape crisis centre commitment to survivors' voices being heard at a strategic national level and towards driving a progressive response to the issue of sexual violence.

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. A core aspect of our work in vindicating survivors' rights and meeting their needs is to work progressively on the issue of sexual violence to prevent such crimes happening in the first place. 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 Areas of Work

Delivering an accurate evidence-base

RCNI developed and coordinates a non-statutory data collection system which collates anonymised information from service users of NGO Rape Crisis Centres. We provide this system along with ongoing support free of charge to all Rape Crisis Centres who wish to take part. Demographic, abuse, and service usage information is gathered through more than 80 different questions which have been developed since the inception of the data system over ten years ago. RCNI use this solid evidence-base to inform policy and legal reform, to influence social and cultural change, and to better services for survivors of sexual violence. RCCs use the data set to analyse and understand the needs of survivors using their services, to plan and to ensure good transparency and accountability with their funders. The RCNI data collection system has been recognised both nationally and internationally as a model of best practice which delivers accurate and robust information, in a manner that vindicates and respects survivors' rights, including by Cosc and the European Institute of Gender Equality.

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. This model also provides evidence-based findings to inform the social change work that RCCs do, 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.



RCNI and RCC staff, board members and volunteers

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 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, writing expert submissions, preparing presentations, chairing committees or working groups and building capacity in local inter-agency fora. 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. On an ongoing basis we deliver evidence, expert advice and consultation in both legal and general policy.

Supporting Justice

RCCs and individual survivors can access on-going specialist legal advice and information through the RCNI legal director, who is a barrister. This service helps ensure that survivors of sexual violence can access specialised advice and support at every stage of the legal process. This legal experience informs all aspects of RCNI work from accompaniment programmes to public policy development.

Securing Law Reform

The experience of survivors, learned first-hand through RCNI support of RCCs and survivors and through providing legal advice and information at every stage of the criminal justice process, is the basis on which RCNI develops and advocates for legal reforms. This aspect of our work is delivered in several different fora and through a variety of means.



RCNI staff L to R: Caroline Counihan; RCNI Legal Director, Cliona Saidléar; RCNI Acting Executive Director, Susan Miner; RCNI Services Support Consultant, Mary D'Arcy; RCNI Finance and Administration Officer, and Elaine Mears; RCNI Data and Services Information Manager

Range of Services Delivered by RCCs

RCCs developed out of a gap in support for victims of sexual violence in Ireland. They have developed over the past four decades into expert centres of service provision to those affected by sexual violence and continue to hold a survivor-centred ethos.

RCCs are much more than counselling services, as they also provide a wide range of direct supports to those affected by sexual violence, as well as working closely with both statutory and non-statutory organisations and other professionals to reduce levels of sexual violence in society. RCCs respond to survivors needs and understand that this response cannot be limited to business hours. RCC 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. Counsellors in RCCs have met with survivors on weekends, late at night, and travelled long distances across the country to respond to a survivor in need. The high levels of trust in the professionalism of RCCs can be seen in the level of self-referrals and referrals by other professionals.

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 RCCs do their very best to ensure that everyone who contacts the service can be provided with the service they need. In light of annually increasing funding cuts over the past number of years this has become more and more difficult. It has resulted in increased waiting lists and RCCs having to reduce counselling and support hours they can offer to individual clients. RCCs have paid staff, contract staff, CE/Tús staff and volunteers working to provide all of their range of services. Due to a lack of resources we were unable to quantify the level of work provided by people working in RCCs in 2014. This gap in knowledge hinders our ability to provide the most appropriate and cost effective services to those who need us. In 2013 23% of RCC 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 understanding 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 are active members of Regional Advisory Committees (RACs) and Local Area Networks (LANs) working alongside Probation Services, the Gardaí, HSE Community Care and other NGOs.

Because of funding cuts we are unable to provide a summary of all of the different organisations and agencies RCCs worked with to deliver services in 2014.

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. Increasing funding cuts is seriously impinging our ability to collect this data which forms our evidence-base and will have negative knock-on effects on our ability to provide education and training.

RCCs deliver a variety of evidence-based training and education programmes to both community members and professionals. This training and education provides information on (1) the realities of sexual violence, (2) what to do if someone experiences sexual violence, (3) what to do if someone may be perpetrating sexual violence, and (4) what to do if someone shares that they have experienced sexual violence.



Front L to R: Garda Commissioner; Noirin O'Sullivan, RCNI Legal Director; Caroline Counihan, Assistant Garda Commissioner John Twomey.

2nd row, L to R: SAFE Nurse, SATU Rotunda; Aideen Walsh, Tusla Project Manager Domestic, Sexual and Gender based violence Joan Mullen, SAFE Project Manager Rotunda; Anne McHugh, Cosc Research Unit; Philip McCormack, An Garda Síochana; Detective Inspector Declan Daly.

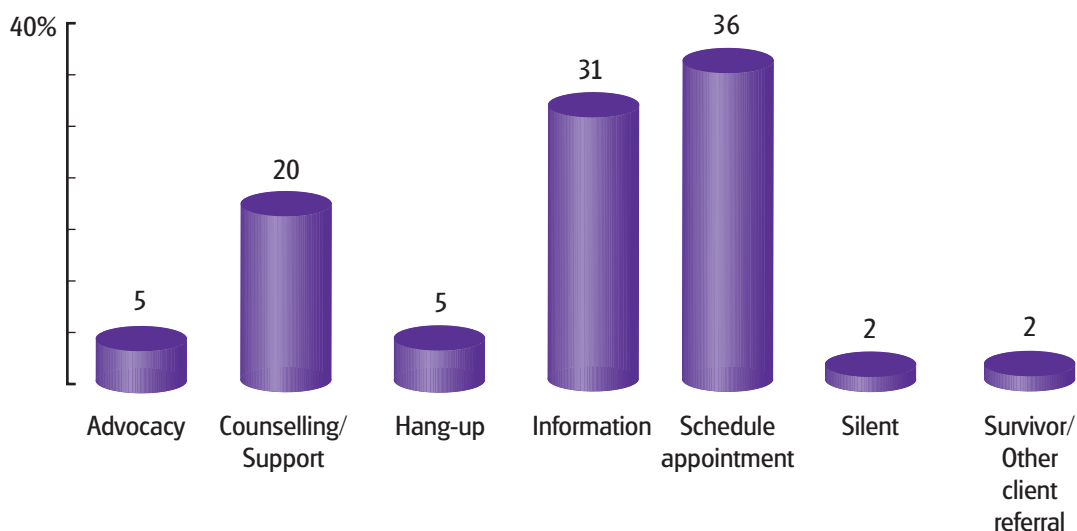
Back row, L to R: RCNI Chairperson; Anne Scully, Garda Victim Liaison Office; Sergeant Aidan Curtin, Susan Miner; RCNI Services Support Consultant.

The following information refers to 14 RCCs in Ireland who entered information on people attending their services into the RCNI Data and Knowledge Information System.

In 2014, 18,296 contacts were made to 14 RCC Helplines throughout Ireland. This is an 11% decrease from 2013 figures. In total 1,205 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. Continuing funding cuts to RCCs by Tusla has resulted in a decrease in the level of services RCCs can provide to people affected by sexual violence.

The majority of contacts were voice calls (80%). Texts made up just under two out of ten contacts to the Helplines (19%), and a very small minority of contacts were made via email (1%), letter (less than 1%) and social media (less than 1%). Calls ranged from 1 minute up to 1.5 hours. The majority of calls were between 1 minute and 5 minutes.

Graph 1: Helpline nature of contact (%) n = 18,176



It is important to note the high level of information calls outside of survivor, advocacy and appointment calls. This is an indication that RCCs are spending 30% of their helpline resources on responding to queries within their communities from a range of agencies, professionals and individuals who are responding to sexual violence and who rely on their local RCC for expert advice, support and guidance. The most common reason for contacting RCC helplines was to schedule an appointment (36%), for information (31%) and for counselling/support (20%). A small number of people also contacted helplines because they had concerns about an abuser (less than 1% so not represented on graph). There were 65 abusive calls and 45 hoax calls.

The people in the Rape Crisis Centre are the candle that lights that darkness”
(Survivor, 2014)

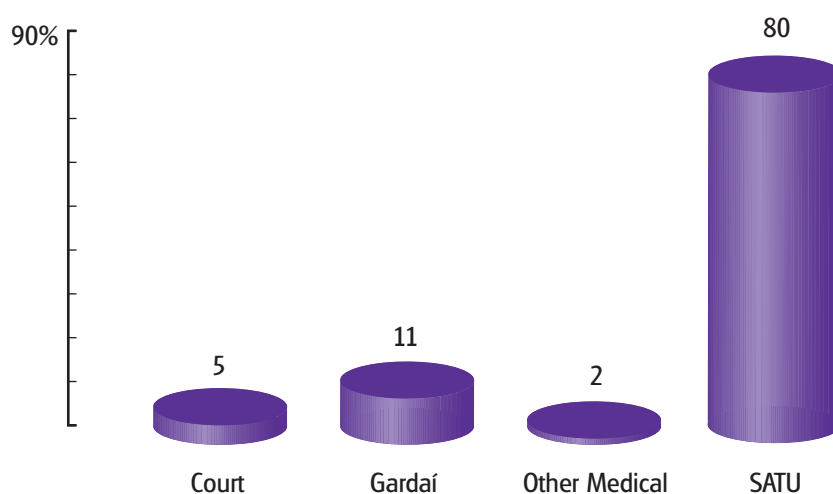


Accompaniment

The following information refers to 14 RCCs in Ireland who entered information on people attending their services 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 = 340



RCCs accompanied 340 people to a range of different services in 2014, including; Sexual Assault Treatment Units (SATUs), Gardaí, court, and other medical facilities. This amounted to 1596 hours or 228 days of accompaniment. This is a 3% decrease in the number of people accompanied from 2013 statistics. Most accompaniments lasted half a day, whilst the longest accompaniment lasted 14 days.

The majority of survivors being accompanied were female (92%), while 8% were male. Survivors who were under the age of 18 accounted for 18% of survivors.

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 in the best interest of survivors', who have a range of health, support and justice needs at this critical point, the RCC partners with the statutory actors and agencies in a multiagency Steering Committee for the SATUs.

“If I didn’t get help from the people in the Centre, I don’t think I would be living now”

(Survivor, 2014)



Counselling and support

The following information refers to 14 RCCs in Ireland who entered information on people attending their services into the RCNI Data and Knowledge Information System.

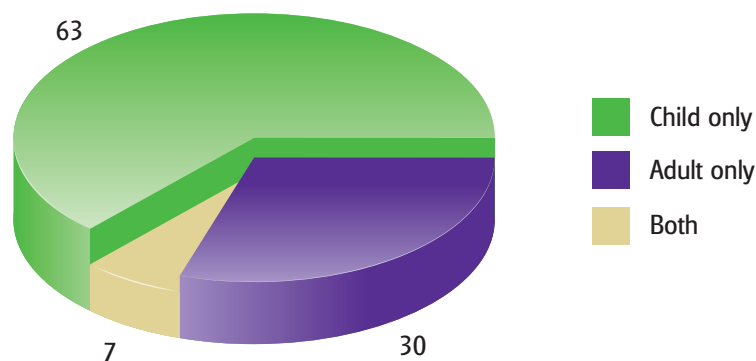
Sexual violence disclosed to RCCs

In 2014, 1,913 people attended 14 Rape Crisis Centres throughout Ireland for counselling and support. This is a decrease of 4% from 2013 figures.

- Almost nine in ten service users were survivors of sexual violence (86%).
- 13% were supporting someone who had been subjected to sexual violence.
- Less than 1% were attending RCCs because they were indirectly affected by the 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 = 1,514



Survivors who attended RCCs in 2014 disclosed that:

- The majority were subjected to solely child sexual violence (63%),
- One third were subjected to solely adult sexual violence (30%) and
- Approximately one in ten were subjected to sexual violence in both their childhood and their adulthood (7%).

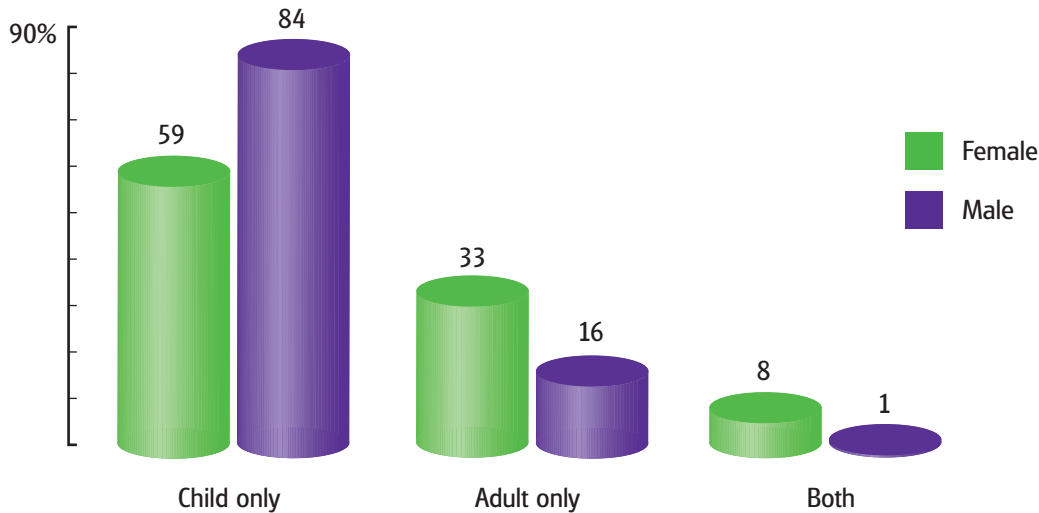
“Thank you so much for all the support and counselling during one of the darkest periods of my life. It has helped me in so many ways to getting my life back on track, these past few years. I will be forever grateful for all the support and counselling from the staff which helped me on my life’s journey and looking to the future. I would really recommend to other survivor’s to avail of the services being offered at the Centre.”
(Survivor, 2014)



Gender of survivors

The majority of survivors who attended RCCs in 2014 were female (85%). Male's represented 15% of survivors. A number of transsexual and transgender survivors also came to RCCs for counselling and support.

Graph 4: When the sexual violence was perpetrated by gender of survivor (%) n = 1,513



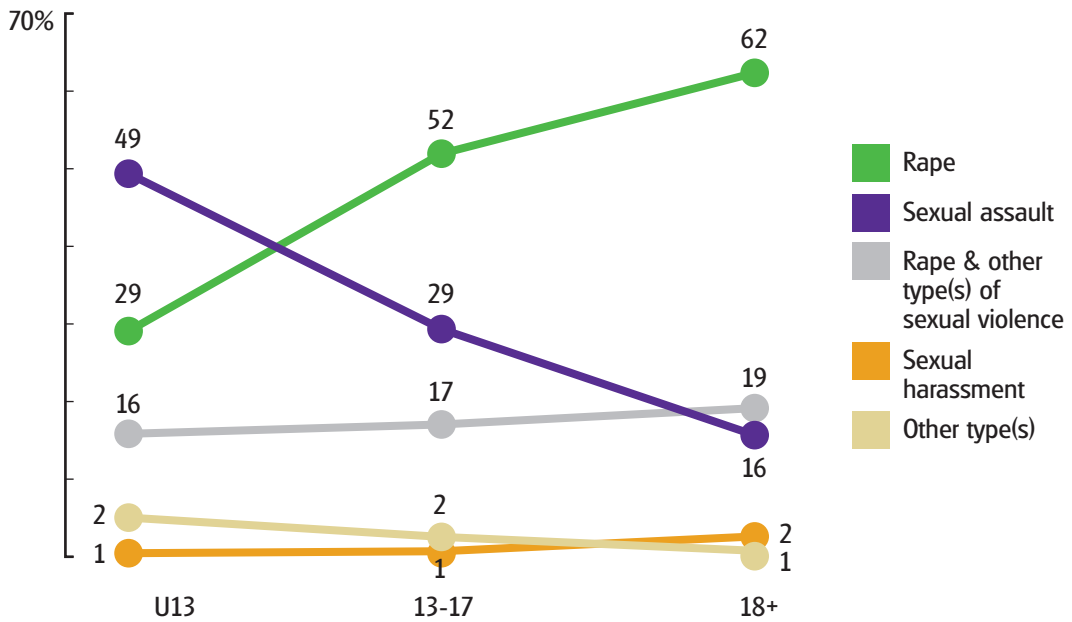
The majority of female and male survivors attending RCCs in 2013 were subjected to child sexual violence solely (59% of females and 84% of males). RCNI findings concur with Ireland's only prevalence study on sexual violence, where we see that male vulnerability to sexual violence decreases significantly as they age, whereas female vulnerability to sexual violence does not decrease as significantly. One third of females (33%) were subjected to sexual violence solely in adulthood compared with 16% of males.

Incidents of sexual violence

The majority of survivors were subjected to a single incident of sexual violence (84%). This does not necessarily mean that the abuse occurred on just one occasion. It instead tells us that it was the same perpetrator or the same group of perpetrators who abused them on every occasion. Survivors who were subjected to multiple incidents of sexual violence represented 16% of those attending RCCs for counselling and support. 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. However it is important to note that each rape is a crime and therefore recording by 'incident' necessarily undercounts significantly the number of crimes committed.

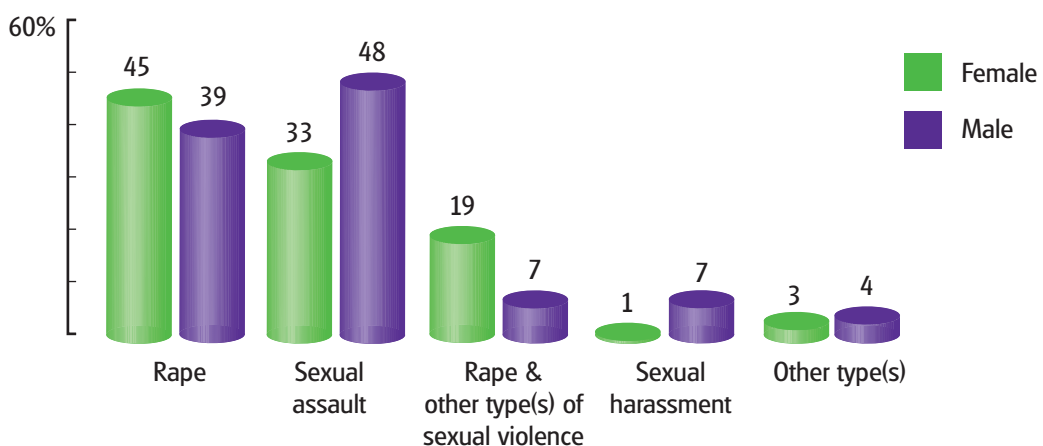
Type of sexual violence

Graph 5: Type of sexual violence by when the violence took place (%) n = 2,186



When all the incidents of abuse are examined it can be seen that the type of sexual violence survivors were subjected to varies 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 (62% of over 18's compared with 52% of survivors aged 13 to 17, and 29% of those under the age of 13). Younger survivors were more likely to be subjected to sexual assault (49% of U13s compared with 16% of those over 18).

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



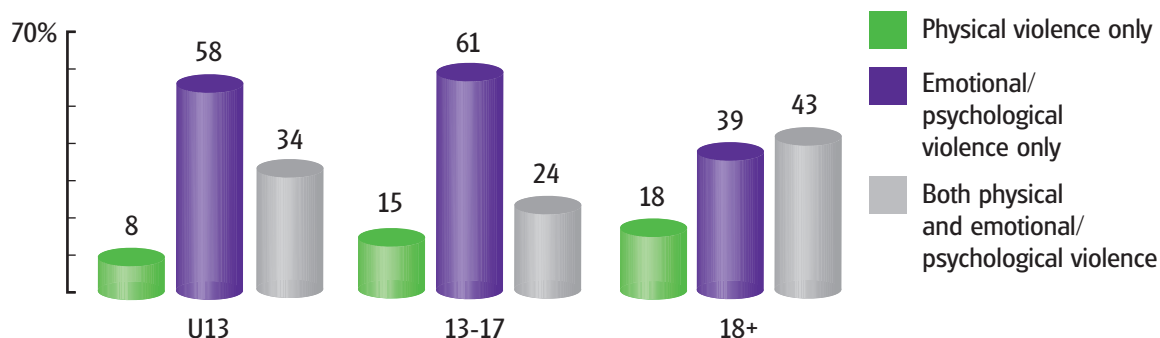
When all the incidents of abuse survivors were subjected to are examined, it can be seen that the gender of the survivor also had an impact on the type of sexual violence they were subjected to. Female survivors were more likely to be subjected to rape as opposed to sexual assault (45% compared with 33%), whereas male survivors were more commonly sexually assaulted by perpetrators (48% of males were sexually assaulted and 39% were raped). Female survivors disclosed more incidents of rape along with other types of sexual violence than males (19% compared with 7%).



Additional forms of violence

Sexual violence is rarely perpetrated in isolation. It is usually accompanied by other forms of violence. The majority of survivors who attended RCCs in 2014 disclosed that they were subjected to other forms of violence in addition to the sexual violence (65%).

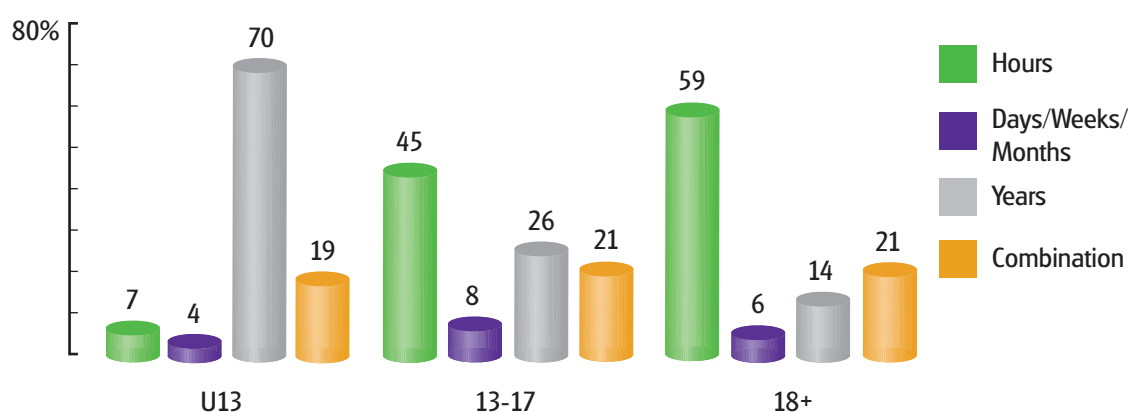
Graph 7: Additional forms of violence by when the sexual violence took place (%) n = 1,427



Sexual violence is usually accompanied by additional forms of violence. When all incidents disclosed to RCCs are examined the relationship between the age of the survivor at the time of the abuse and the level of other violence perpetrated against them it can be seen that younger survivors are more likely to experience additional forms of violence than older survivors. Survivors of child sexual violence most commonly disclosed that they had been subjected to emotional and psychological abuse in addition to the sexual violence (58% of under 13s and 61% of 13 to 17 year olds). Survivors of adult sexual violence disclosed that they were subjected to approximately the same levels of emotional/psychological violence only, and both physical and emotional/psychological violence (39% and 43% respectively).

Duration of sexual violence

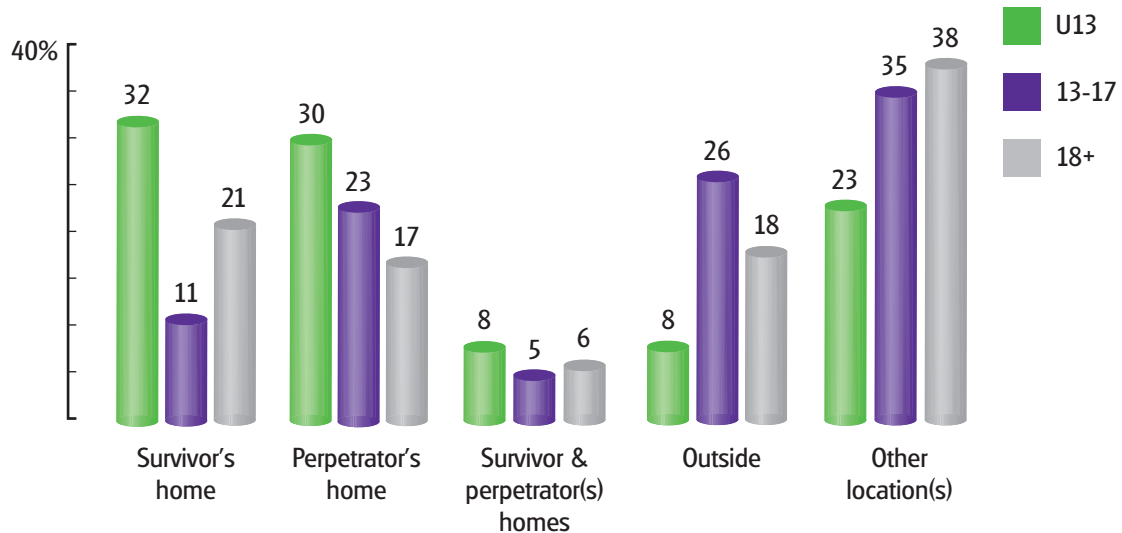
Graph 8: Duration of sexual violence by when the violence took place (%) n = 2,179



The age of the survivor at the time of abuse is commonly an indicator of the length of time over which the sexual violence was perpetrated against them. When all incidents disclosed to RCCs are examined, there is evidence 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 (70% of under 13s compared with 26% 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 (59%).

Location of sexual violence

Graph 9: Location of sexual violence by when the violence took place (%) n = 2,117



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. When all incidents disclosed to RCCs are examined, it is evident that:

- Children under the age of 13 most commonly disclosed that the abuse took place within their homes or the abusers homes (32% and 30% respectively).
- There is a shift in 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 their own homes, the abusers home, outside locations and other locations (11%, 23%, 26% and 35% respectively).
- Survivors of adult sexual violence most commonly disclosed that the sexual violence was perpetrated against them in other locations, in their own homes, in a location outside, or in the abusers home (38%, 21% and 18% and 17% respectively).

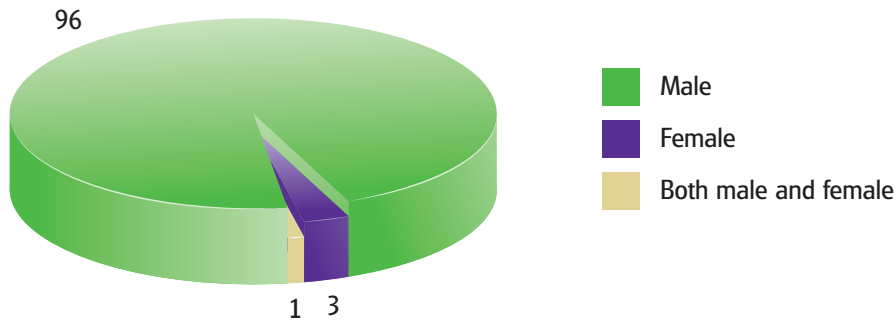
“Sharing my story in the group, people whom I could I identify, people who supported and understood me has been liberating. It has created an awareness in me that is was never my shame, never my crime yet I allowed it to control how I felt. Keeping other people’s crimes a secret imprisons me, not them, 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, 2014)



Perpetrator Information

Gender of perpetrators

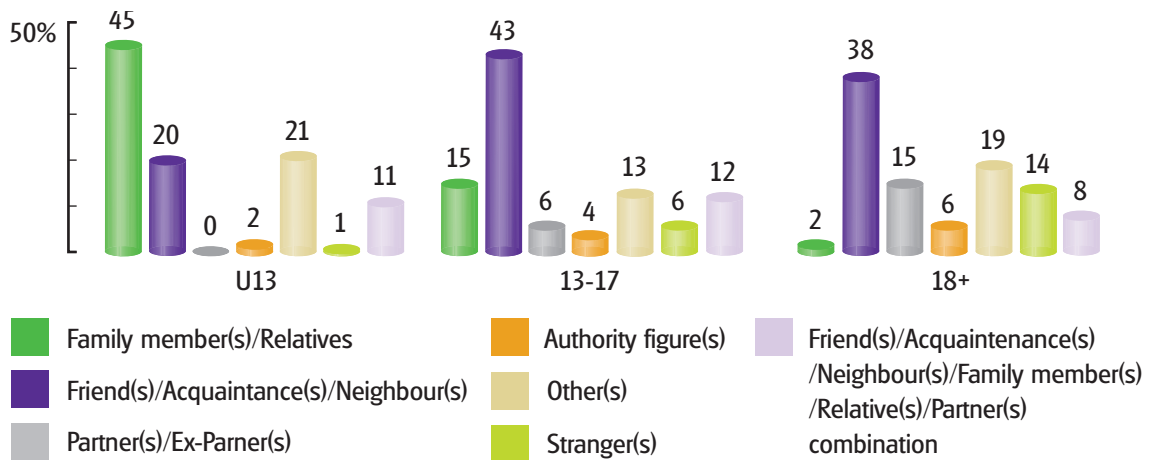
Graph 10: Gender of perpetrators (%) n = 1,526



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 victims were males (96%). A small number were combinations of males and females acting together (3%), or females acting alone (1%).

Relationship of perpetrator to survivor

Graph 11: Relationship to perpetrator by when the sexual violence took place (%) n = 2,188



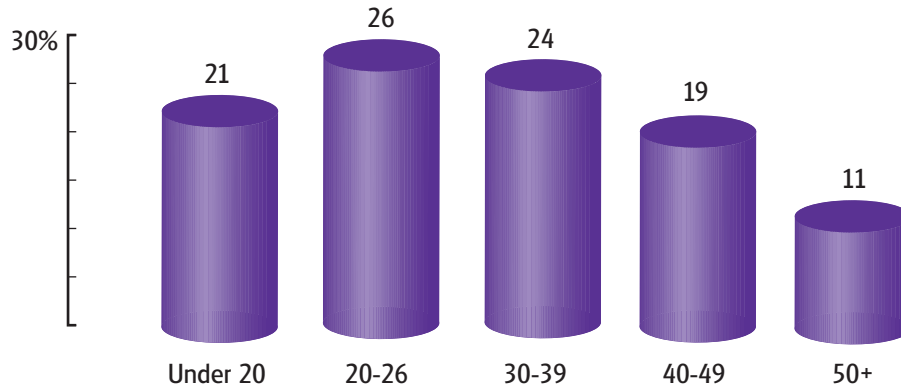
The majority of perpetrators of sexual violence are known to the person they perpetrate the abuse against (93%). A common pattern emerges when all incidents of abuse disclosed to RCCs are examined by survivors relating to the age of the survivor at the time of the violence.

- Survivors who were under the age of 13 when the violence took place most commonly disclosed that the abusers were relatives/family members (45%).
- Children aged 13 to 17 were more likely to be abused by non-family members, most commonly friends/acquaintances/neighbours (43%).
- This trend of abuse being perpetrated by friends/acquaintances/neighbours continues for adult survivors where 38% disclosed this relationship to the perpetrator.

This makes sense when consideration is given to the fact 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 = 2,085



When all incidents of sexual violence disclosed to RCCs are examined it can be seen that most perpetrators were between the ages of 20 to 39 (50%). 15% of perpetrators of incidents of sexual violence against children coming to RCCs were under the age of 18.

Table 1: Age of perpetrators by age of survivors (%) n = 2,073

Age of perpetrators	Age of survivors		
	U13	13-17	18+
U18	23	17	1
18+	77	83	99

Previous RCNI research has also demonstrated that there is a correlation between the age of child survivors and perpetrators (RCNI, September 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 incidents of sexual violence perpetrated against children under the age of 13 was perpetrated by other children (23%). 17% of incidents of sexual violence perpetrated against children aged 13 to 17 was perpetrated by other children.

“Just to say thank you to you all, but especially my counsellor, for saving my life and giving me the tools to work with for the rest of it. God bless you all, and the work ye do.”

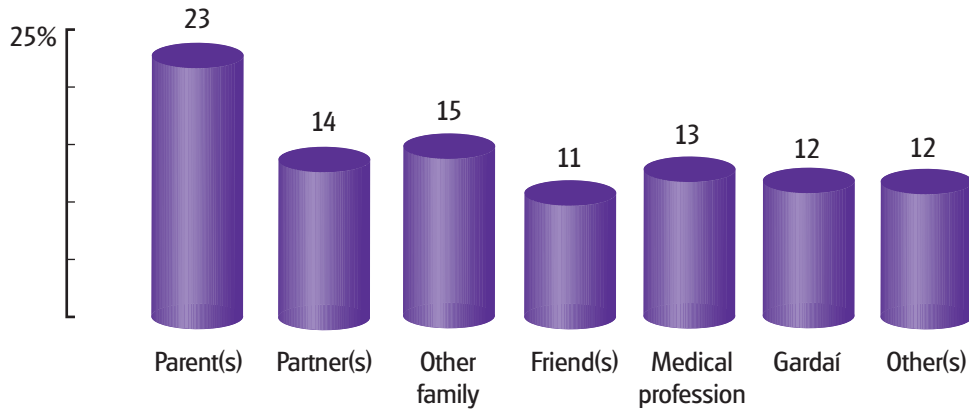
(Survivor, 2014)



Disclosing and reporting the sexual violence

Telling someone for the first time

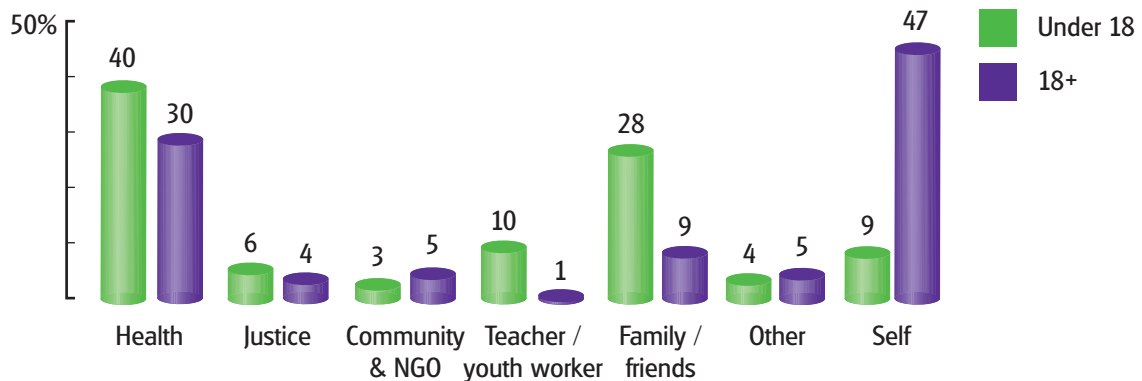
Graph 13: Who survivors told about the sexual violence (%) n = 1,436



For 10% of survivors who came to Rape Crisis Centres in 2014, the RCC was their first experience of disclosure. Of the 90% who had previously disclosed the sexual violence to someone else, the majority disclosed to a person within their circle of trust (63%). Children attending RCCs were much more likely than their adult counterparts to disclose the sexual violence to parents (66% versus 19%).

Referrals

Graph 14: Survivors referred to RCCs by (%) n = 1,642



With regard to referral 44% of survivors referred themselves to the RCC. The level of self-referral varies significantly for children and adults. Children self-referred significantly less than adults (9% versus 47%). Children instead were referred mostly from health sources and by family/friends (40% and 28% respectively).

For those who were referred by someone else, the majority were referred from organisations and individuals in the health service (31%). The high level of self-referral and referral from other agencies to RCCs demonstrates the role independent RCCs have in providing a community based and needs led response which is highly regarded and trusted.

Time between sexual violence and RCC service usage

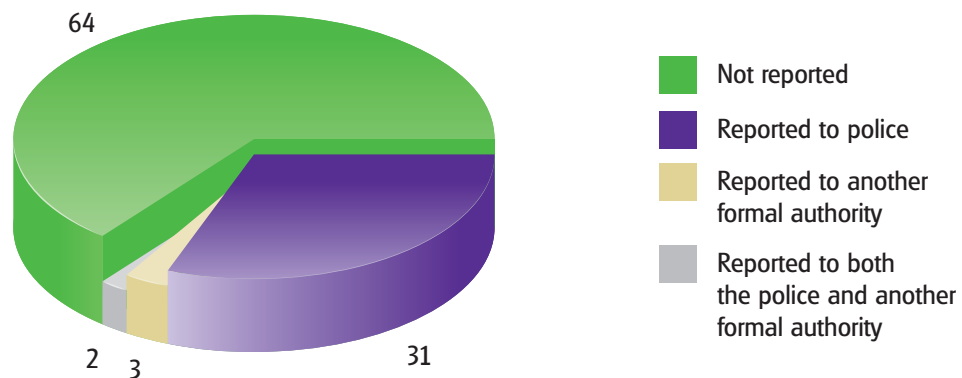
There is a significant difference in the length of time between the sexual violence and taking up RCC service that survivors of child abuse and survivors of adult abuse disclose. The majority of survivors of child sexual violence disclosed that the abuse took place when they were under the age of 13. For children who were abused when they were under the age of 13 there is on average a 26 year gap between the onset of this abuse and the victim attending a RCC for counselling and support. For children aged 13 to 17 there is an average of 6-7 years 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 18 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.

How survivors use RCC services differently

The majority of survivors were subjected to a single incident of sexual violence (84%). With regard to multiple incidents of sexual violence 16% of survivors experienced this repeated exposure to different abusers. Survivors who were subjected to multiple incidents of sexual violence attended RCCs for 28% 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 and whether they acted alone or in particular groups.

Reporting to a formal authority

Graph 15: Reporting the sexual violence to a formal authority (%) n = 2,351



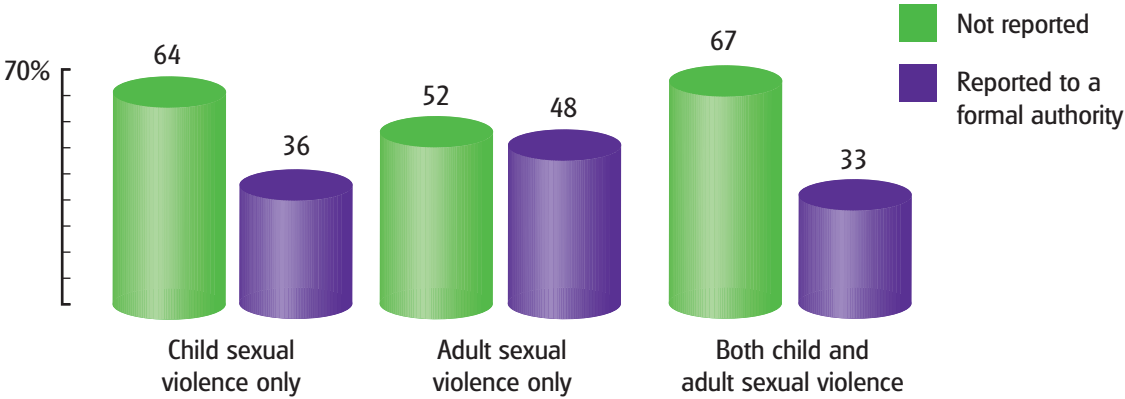
Survivors who attended RCCs in 2014 who reported the sexual violence to a formal authority represented 36% of the population. Most of these reported to the police, but reports were also made to the HSE, Redress Board, education authority, church authority, and asylum application process. The number of 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 (85%).

As the Rape & Justice in Ireland (RAJI) report highlights, 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 offers a unique space for the examination and analysis of the details of the nature of violence and the impact on the survivor. and allows us to ask if there are patterns in sexual violence that make it more or less probable that the crime will be formally reported. The 64% of RCC survivors who did not report to any formal authority are not included in any



other formal statistics or records. This is an essential part of the story. It is the only place where these survivors have their experiences documented publicly to support and influence national policy, and is only available to date in RCNI data collection.

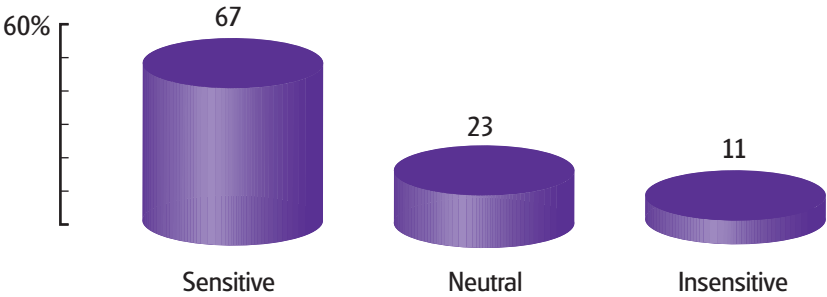
Graph 16: Reported to a formal authority by when the sexual violence was perpetrated (%) n = 2,204



The age at which a person is subjected to sexual violence impacts whether they file a complaint with a formal authority or not. The above graph examines all incidents disclosed to RCCs in 2014 and demonstrates that survivors of child sexual violence are less likely to report to a formal authority than survivors of adult sexual violence (36% compared with 48% respectively filed complaints).

RCNI have pioneered robust administrative data collection in RCCs and continue to use evidence-based learning to advocate for reforms at national level which will improve survivor experiences. 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 An Garda Síochána. Last year RCNI were able to provide analysis on this data for the first year. This year RCNI have added to this knowledge and can now also report on this in more detail. This feedback from survivors on An Garda Síochána is an essential part of the State’s incoming obligations under the EU Victims Directive (Nov 2015).

Graph 17: How the survivor perceived they were treated by the Gardaí (%) n = 610



The majority of survivors who filed a complaint with the Gardaí felt that the Gardaí treated them in a sensitive manner (67%). This means that the survivor felt their complaint was taken seriously and the Gardaí were attentive, sympathetic and supportive of them. This is a significant improvement from last year’s results where 57% of survivors disclosed feeling they were treated in a sensitive manner by Gardaí.

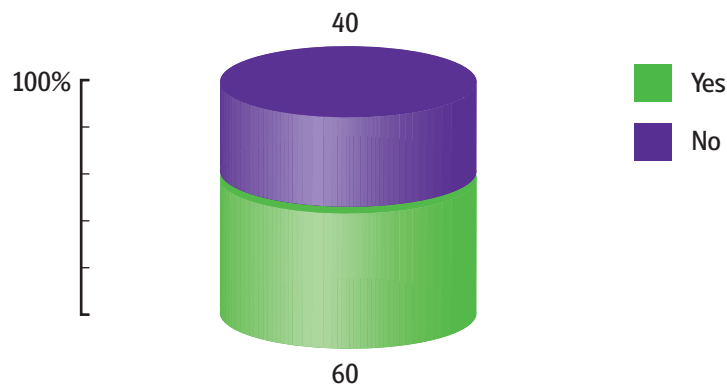


One quarter of survivors who reported to the Gardaí felt that the Gardaí treated them in a neutral manner. This means that they were business-like, and neither sensitive nor insensitive (23%).

11% 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.

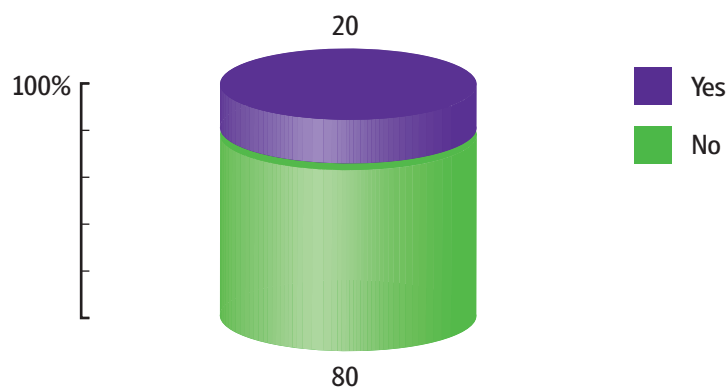
“I will never forget what you have done for me. You never judged me, you always listened. I know I wasn’t the easiest person. I wouldn’t talk some of the time. But you were always there for me. I can’t say enough of a thank you.”
(Survivor, 2014)

Graph 18: Did Gardaí maintain ongoing contact throughout the case (%) n = 630



The majority of survivors who filed a complaint with the Gardaí disclosed that the Gardaí maintained on-going contact with them throughout the case (60%). This means that in 60% of cases the survivor received updates from the Gardaí on the progress of their case. Under the Incoming Victims’ Directive and the Victims’ Rights Bill, and at the direction of the Garda Commissioner, an Garda Síochána are putting in place nationwide victim liaison offices. This will not yet have had an impact on these numbers but should result in significant changes in 2015 figures.

Graph 19: Did survivor have difficulty obtaining case information from Gardaí (%) n = 605



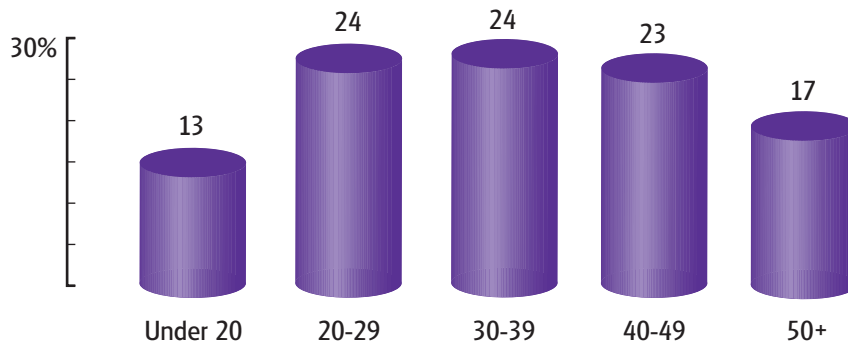
This year is the first year the RCNI can add to the knowledge gap around survivors’ experiences of reporting to the Gardaí. The vast majority of survivors disclosed that they had no difficulty obtaining case updates from Gardaí, however 20% disclosed that they had difficulty. This means that 80% of survivors who reported to the Gardaí did not have any difficulty getting information about her/his case from the Gardaí at any stage of the investigation.



Demographics

Age of survivors

Graph 20: Age of survivors accessing RCC services (%) n = 1,650



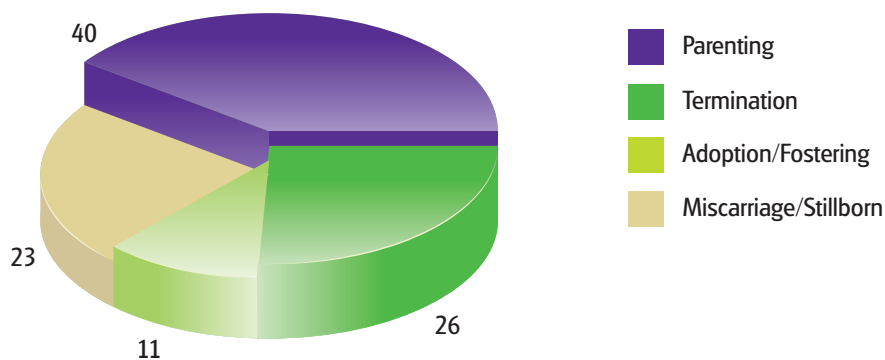
When it comes to young people, 9% of survivors or 142 individuals attending RCCs in 2014 were under the age of 18. These are included in the under 20 age bracket. The majority of survivors attending RCCs in 2014 were between the ages of 20 to 49 (71%).

Country of origin

The majority of survivors attending RCCs in 2014 were from Ireland (89%). A minority were from African countries (2%), the UK (5%), Other European countries (3%), and other countries (1%).

Pregnancy

Graph 21: Pregnancy outcome for survivors (%) n = 53

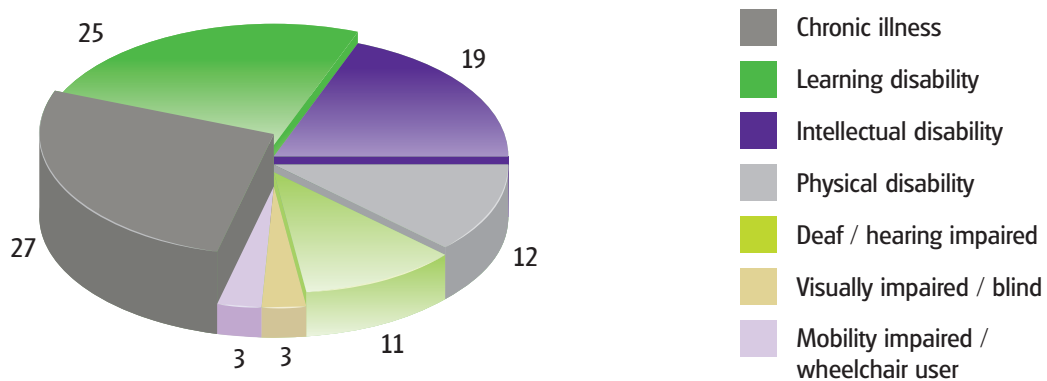


Of the female survivors attending RCCs in 2014 who were raped when they were aged eight or over, 8% became pregnant as a result of the rape. RCNI and RCCs create a safe place for survivors to support them in making choices, RCCs support survivors' choices. Pregnancy outcomes cannot be taken as an indication of survivor choice as the circumstances of those choices, emotionally, legally and financially often constrain rape victims' freedoms to choose.

- The majority of these survivors went on to give birth and parent their children (40%).
- 26% of these survivors had their pregnancy terminated.
- 23% of these survivors miscarried or had stillbirths.
- 11% of survivors who became pregnant had their child placed for adoption or fostering.

Disability

Graph 22: Survivors with a disability (%) n = 124



With regard to disability 8% of survivors or 124 individuals attending RCCs in 2014 had a disability of some kind. Of those survivors who did have a disability the majority had a chronic illness (27%), a learning disability (25%), or an intellectual disability (19%). There has been a significant increase in numbers of survivors with chronic illnesses attending RCCs over the past three years. In 2011 4% of survivors with a disability attending RCCs had a chronic illness. This figure rose to 16% in 2012, 25% in 2013 and 27% in 2014. This finding requires further research to engage in growing international evidence that of the health impacts of sexual violence which may be causal or exacerbate chronic illness. RCNI research on survivors with disabilities found that those with disabilities have increased vulnerability to sexual violence, and greater barriers in terms of disclosure of abuse (RCNI, 2011).

“At all times I was made to feel that the decisions with regards to counselling were my own – it was very good to be in control.”

(Survivor, 2014)

Irish Travellers

Members of the Traveller community accounted for 1.3% of all survivors attending RCCs in 2013. This is twice 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 15 to 60. The majority were survivors of sexual violence in childhood solely and some were survivors of sexual violence in adulthood only. While Travellers are disproportionately represented here the figures are too low to present any further analysis.

Asylum seekers and refugees

In 2014 2% of survivors attending RCCs were asylum seekers and refugees. There has been a steady decline in the numbers of this client group attending services since 2010. There was a significant drop in resources to reach this vulnerable group and the population also decreased marginally. Previous to 2010 this minority group accounted for approximately 7% of survivors engaged in counselling and support in RCCs.

All asylum seekers and refugees attending RCCs in 2013 were female (100%) and the majority were from African countries (90%).

Asylum seekers and refugees most commonly disclose that they have been raped by figures of authority involving high levels of additional violence. RCNI research published last year gives an in-depth analysis of survivors of sexual violence who are refugees and asylum seekers who attend RCCs and the unique vulnerabilities and difficulties they face.



Findings

1 This research demonstrates that there are a number of common abuse patterns which repeatedly emerge among survivors attending RCCs for counselling and support. This data analysis provides a solid evidence base to build strategic and cost effective responses to sexual violence and ensure that survivors receive the appropriate care and services that they need. It can also inform and direct our preventative strategies. The determining factors for these observed common abuse patterns are age of survivor at the time the sexual violence took place, gender of survivor, and the legal status of the survivor.

a. Age of survivors at the time they were abused is a determining factor in the pattern of abuse that survivors disclose. RCNI are able to discern 3 different abuse patterns according to 3 distinct age categories:

- 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	Home	Outside/other/home	Outside/other/home
Average time between abuse & RCC service usage	26 years	6-7 years	5 years

b. Gender is another determining factor of the characteristics of sexual violence a survivor will be subjected to. When survivors attending RCCs are analysed it can be seen that female vulnerability to sexual violence does not decrease with age to the same degree that male vulnerability does:

	Gender of survivors	
	Female	Male
Age at time of sexual violence	Female	Male
U18 at time of sexual violence	65%	82%
Age 18+ at time of sexual violence	35%	18%



- c. 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	Multiple male security forces and authority figures
Location	Abuser/Survivor home or Prison or Rebel/government camp

2 The vast majority of perpetrators are males (99%). 15% of perpetrators of sexual violence against survivors attending RCCs in 2014 were under the age of 18.

3 RCNI data now records survivor’s experiences of filing a complaint with the Gardaí. Although the results are predominantly positive, in that the majority of survivors felt that the Gardaí treated them in a sensitive manner (67%), had ongoing contact from Gardaí throughout their case (60%) and had no difficulty obtaining updates on their case from Gardaí (80%), there is still considerable room for improvement. An Garda Síochána are undertaking significant initiatives to address many of these shortcomings. The RCNI data in 2015, 2016 and 2017 will be essential in tracking the efficacy of those initiatives.

Recommendations & Conclusions

1 Empowering the voice of survivors to create change: The data collection system used to collect the experience of survivors, supporters and communities in this report and all RCNI research reports has been defunded by the Irish State since April 2015. Without immediate intervention this unique resource which provides a solid evidence base for reducing levels of sexual violence will no longer be available. This resource cannot be replicated by the State given the level of non-disclosure of sexual violence. The impact of this government decision will be that survivors who have been made visible to the State through this resource will become invisible again. Losing this resource means creating an avoidable gap in our understanding of sexual violence where already we struggle with silences and lack of data. This loss will negatively impact attempts to reduce levels of violence in our society.

In addition, RCNI collection of information from survivors attending RCCs in Ireland is critical to understanding sexual violence, providing appropriate and cost-effective services to survivors, and in creating strategic solutions to reduce levels of sexual violence. It provides a clear picture of the characteristics of sexual violence experienced by service users in Ireland and the different vulnerabilities to sexual violence. It enables a fuller understanding of the different experiences of abuse survivors of different age, gender, legal status, and ability.

RCNI data collection has been recognised by national and international experts as providing reliable and robust findings. The 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.

RCNI call for a reversal of the government decision to cease supporting the RCNI Data, Knowledge and Information System and silence survivors in this manner. Frontline sexual violence services also need to be supported to contribute to this vital knowledge resource.



2 Independent and specialist services for survivors: RCCs and RCNI as advocates of survivors and on the issue of sexual violence have built up a wealth of expertise over 30 to 40 years which they have used to provide a wide range of specialised services to those affected by sexual violence. Survivors have a legal entitlement to specialist services and to receive and access their rights without obligations to report to the authorities. Therefore both the independence and specialisation of services are essential to be compliant with incoming legal obligations (EU Victim's Directive 16th Nov. 2015). There is currently a real and imminent risk that this expertise will be lost to survivors, Irish society and the State through the funding and structural decisions being taken under this government. Tusla and the Irish government currently risk the unique set of skills, and specialisation which exists as far reaching changes to the Rape Crisis sector are being proposed and some actioned already arising from inappropriate and insufficient tools of analysis. Funding cuts, new relationships with the statutory funder, increased bureaucratisation and services 'rationalisations' proposals risk challenging the independence, specialisation, community resource and capacity and strength of our voice to advocate on the issue and for survivors. RCCs and RCNI are an independent and autonomous advocate for the voice of survivors, the majority of whom remain silenced by their experience of sexual violence and constraints within our culture.

RCNI call on government to copper fasten the protection of the independence and specialisation of the services in all funding and partnership relationships.

3 Independent accountability of the State: RCNI's long standing core funding (since 1999) has been removed by Tusla, a decision which will only serve to further marginalise and silence vulnerable survivors of sexual violence. It is also a decision which potentially leaves the Irish State without a robust and independent voice on the issue of sexual violence to hold it to account in direct non-compliance with the incoming legal obligations under the EU Victims' Directive.

RCNI call for a legislative basis to be established which ensures the state supports and ensures an independent and resourced policy level body on sexual violence.

4 A whole of government response to sexual violence: Sexual violence is a cross-sectoral and cross departmental issue which requires joined up thinking through a whole of government response. Alongside supporting specialisation, sexual violence needs to be mainstreamed across relevant departments and policy across departments must be sexual violence proofed to avoid the significant gaps and blind spots that currently exist in government policy.

RCNI calls for a commitment to respond to sexual violence which is purposeful and credible and which addresses the State's obligations to prevent and respond to sexual violence in a progressive manner. This work has just begun and will be greatly hampered by actions that silence the very specialists who can support this work, RCCs and the RCNI.

RCNI Database project 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; Elaine Mears, 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; Dr. Cliona Saidléar, RCNI Advocacy Officer Dr. Susan Redmond, and RCNI Communications Officer Yvonne Murphy 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 and one non-member Rape Crisis Centre (Athlone Midlands Crisis Centre) around Ireland in 2014. The data represents all people using these RCCs for counselling, support, accompaniment, and helpline services in 2014. It represents only these people and cannot be used to make assumptions about the overall incidence or nature of sexual violence in Ireland. As a means of presenting the data as accurately as possible, when the text compares 2014 figures to 2013 figures, the 14 RCCs who took part in data collection in 2014 are only compared with the same 14 RCCs who took part in data collection in 2013.

RCNI and RCCs 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 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.



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 as adults only: 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 as children only: 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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Notes

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RCNI member Rape Crisis Centres in 2014

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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