



Measuring the prevalence of adult sexual violence in Ireland: A review of Irish and international literature

**ELISH KELLY, DELIA AGOSTINELLI, ANOUSHEH ALAMIR,
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CUAN

An Ghliomhaireacht um Fhoréigean Baile,
Gnéasach agus Inscrébhúnaithe
The Domestic, Sexual and
Gender-Based Violence Agency



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MEASURING THE PREVALENCE OF ADULT SEXUAL VIOLENCE: A REVIEW OF IRISH AND INTERNATIONAL LITERATURE

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FOREWORD

Dr Stephanie O’Keeffe, Chief Executive Officer, Cuan



Sexual violence is pernicious, and pervasive across Irish society. Government have committed to achieving zero tolerance and eliminating domestic, sexual and gender-based violence (DSGBV). As a new agency, Cuan is charged with co-ordinating and driving the implementation of Zero Tolerance, the third national strategy for addressing DSGBV. A key component of this work is to undertake, commission, assist and/or collaborate in research to support the evaluation of policies, strategies and services relating to DSGBV. We are focused on developing an impact-led approach to evidence and knowledge development to achieve effective DSGBV prevention, protection, prosecution, and policy co-ordination; engage with services to optimise data quality; and ensure that the delivery and development of services is evidence-based.

I welcome the publication of this literature review of Irish and international literature on measuring the prevalence of adult sexual violence. This report is the first output from the Cuan ESRI Joint Research Programme on Sexual Violence in Ireland. I would like to acknowledge the contribution of the Research Programme Steering Committee, Dan Anderberg, Patrick Ryan and Rachel Morrogh. I would also like to commend the authors of the report, Elish Kelly, Delia Agostinelli, Anousheh Alamir, Anne Nolan and Emer Smyth for providing an informative and comprehensive review and analysis of the national and international literature on sexual violence. The report provides empirical data on adult sexual violence and key insights, learnings and reflections on how the definition of sexual violence has evolved over time and how such changes present challenges in the comparison of data. Of particular note is the discussion on how measurement affects prevalence, the challenge of data comparability, and the limitations of existing administrative data in the Irish context.

The report provides important observations to be mindful for future research and data collection, and highlights the potential to harness useful administrative data from support services to assess broad trends and data on minority groups that are harder to capture in national prevalence surveys. While such data can be useful in monitoring trends, caution is also advised on the over-reliance of administrative data which is not without its limitations and cannot be used for estimating prevalence or incidence rates of sexual violence.

While the gold standard is national prevalence surveys, a key finding from the research is the importance of standardising the data collected by support services to monitor trends over time and to ensure meaningful comparisons can be made.

In this regard, our priority is to establish the structures and systems that will allow Cuan to work with the services we fund to support the standardisation of data collection that can be used to inform policy and excellence in service delivery for victims and survivors.

A handwritten signature in black ink, appearing to read 'Stephanie O'Keeffe', with a stylized flourish at the end.

Dr Stephanie O'Keeffe,
Chief Executive Officer, Cuan

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ABBREVIATIONS

CSO	Central Statistics Office
CSV	Contact Sexual Violence
DES	Department of Education and Skills
DHS	Demographic and Health Survey
DRCC	Dublin Rape Crisis Centre
EIGE	European Institute for Gender Equality
EU	European Union
EU-GBV	EU-Wide Gender-Based Violence Survey
FRA	European Union Agency for Fundamental Rights
GBV	Gender-Based Violence
HDI	Human Development Index
HEA	Higher Education Authority
HEIs	Higher Education Institutions
IPSV	Intimate Partner Sexual Violence
IPV	Intimate Partner Violence
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and More
MTP	Made To Penetrate
NDA	National Disability Authority
NGBs	National Governing Bodies of Sport
NISVS	National Intimate Partner and Sexual Violence Survey (United States)
PTSD	Post-Traumatic Stress Disorder
PV	Physical Violence
SAVI	Sexual Abuse and Violence in Ireland
SDG	Sustainable Development Goals
SEM	Social-Ecological Model
SES	Sexual Experiences Survey
SV	Sexual Violence
SVS	Sexual Violence Survey
USEs	Unwanted Sexual Experiences
VAW	Violence Against Women
WHO	World Health Organization

EXECUTIVE SUMMARY

Sexual violence (SV), and gender-based violence (GBV) more generally, is a pervasive global problem. While women and girls are most affected, sexual violence affects all sections of society, with profound consequences for the physical, psychological and economic wellbeing of both victims and their families. In Ireland, the recently established statutory agency Cuan co-ordinates and drives the implementation of Zero Tolerance, the third national strategy for domestic, sexual and gender-based violence (DSGBV). In this context, Cuan and the Economic and Social Research Institute (ESRI) have established a joint research programme to provide evidence to inform DSGBV policy development.

The purpose of this report, the first in a series of reports from the research programme, is to provide an overview of the national and international data and research on adult sexual violence, with a particular focus on identifying the definitional and measurement issues that need to be considered when making comparisons of prevalence and incidence rates¹ over time and between countries.

KEY FINDINGS

- The definition of sexual violence has evolved over time, reflecting changes in legal concepts, theoretical frameworks, and broader societal views on different types of violence (e.g. to include non-contact as well as contact forms of violence).
- Data on sexual violence can be collated from multiple sources, including dedicated population surveys of sexual violence, other surveys (e.g. crime surveys, surveys of particular population groups such as higher education students, longitudinal population surveys) and administrative sources (e.g. crime statistics, support services, health services).
- Comparison of survey data over time and across countries is difficult, due to differences in how sexual violence is defined, and in how the surveys are conducted (in terms of sampling frame, survey mode, question wording and ordering, etc.). In particular, large differences in prevalence can be observed when comparing data from questions that use specific terms such as ‘rape’ or ‘sexual assault’ and those that focus on tactics and/or types of behaviours.
- At a national level, the 2022 Sexual Violence Survey (SVS), conducted by the Central Statistics Office (CSO), provides invaluable information on the prevalence, correlates and consequences of various forms of sexual violence

¹

Prevalence rates generally relate to experience over the lifetime or since a specific age while incidence rates refer to experience in a shorter timeframe, such as a year.

among children and adults in Ireland. The lifetime prevalence of sexual violence was estimated to be 52 per cent among women and 28 per cent among men.

- Data from the earlier Sexual Abuse and Violence in Ireland (SAVI) survey, conducted in 2001, cannot be compared directly with the SVS due to differences in survey mode (telephone vs web), the types of sexual violence considered, and question wording and ordering.
- Administrative sources are useful for assessing broad trends in the incidence of particular aspects of sexual violence being measured (e.g. police reports of sexual violence). However, the data must be interpreted with caution and should not be relied on for measuring incidence or prevalence as administrative data focus only on those who come into contact with particular services (e.g. police or support services).
- Recent data from the 2024 EU Gender-Based Violence (EU-GBV) survey show a wide range of estimates of the prevalence of sexual violence across EU Member States. In Ireland, just under 22 per cent reported having experienced sexual violence in their lifetime (the EU-27 average was 17 per cent). However, differences in the willingness of respondents to report, along with differences in survey mode across countries, complicate the ability to undertake reliable comparisons across countries.
- The broader international research on sexual violence highlights the population groups at greatest risk from sexual violence, such as women and girls, and sexual and ethnic minorities. It also shows that there can be considerable variation across studies in the association between sexual violence and individual characteristics such as education or employment status, which partly reflect differing societal norms in relation to reporting, gender roles within relationships, etc.
- International studies also provide useful information on the relationship between victim and perpetrator and how this varies across population groups (e.g. by gender, sexual orientation, etc.).

IMPLICATIONS FOR FURTHER RESEARCH AND DATA COLLECTION

This review of the definitional and measurement issues in conducting sexual violence research, and the national and international data and research literature, highlights a number of implications for further research and data collection in Ireland:

- When reporting the results of studies of sexual violence, researchers and research users need to be cognisant of how sexual violence is defined, and how the data were collected.
- In addition, care needs to be taken in relying on data from administrative sources (or smaller, convenience samples of particular population groups) to derive estimates of the prevalence and/or incidence of sexual violence.

- Nationally representative surveys of sexual violence are the gold standard for understanding the prevalence, correlates and consequences of sexual violence at a population level.
- However, in the absence of regular, nationally-representative surveys of sexual violence, data from administrative sources can be useful for assessing broad trends, and for capturing data on groups that may be smaller and harder to capture in national surveys (e.g. ethnic minorities).

CHAPTER 1

Introduction

1.1 BACKGROUND

Sexual violence (SV), and more broadly gender-based violence (GBV), is endemic. No country in this world, or facet of a society, is unaffected by it. According to the World Health Organization (WHO), 31 per cent of women (one in three) aged 15 to 49 have experienced physical and/or sexual violence since the age of 15, with most of this violence being perpetrated by an intimate partner (WHO, 2021a). For European countries, that figure is 26 per cent, and for Ireland 16 per cent (WHO, 2021a). The Central Statistic Office's (CSO) Sexual Violence Survey (SVS) 2022 found that the figures for lifetime experiences of sexual violence were 52 per cent for women and 28 per cent for men, with women also reporting higher levels of sexual violence as an adult, 39 per cent compared to 12 per cent for men (CSO, 2023).²

According to the European Commission, GBV is violence against a person because of that person's gender, or violence that affects persons of a particular gender disproportionately.³ It includes violence against women (VAW) and domestic violence against women, men, children or older people living in the same domestic or family unit. Although women and girls are the main victims of GBV, men and other gender identities can also be targeted.

Sexual violence is one type of GBV, with physical and psychological being the other two main forms. How sexual violence, and also physical and psychological violence, is defined varies from country to country. In general, sexual violence comprises any unwanted and non-consensual sexual acts, attempts to obtain a sexual act, acts to traffic, or acts otherwise directed against a person's sexuality without the person's consent.⁴ In Ireland's most recent SVS (CSO, 2023), sexual violence was defined as being a range of non-consensual experiences, from non-contact experiences to non-consensual sexual intercourse. This definition was derived using both national and international research and policy documents, with the latter including the Istanbul Convention,⁵ the methodological manual for the 2021 EU survey on GBV

² Sexual Violence Survey 2022 – Main Results – Central Statistics Office.

³ What is gender-based violence? – European Commission.

⁴ What is gender-based violence? – European Commission.

⁵ Home – Istanbul Convention Action against violence against women and domestic violence.

against women (EU-GBV),⁶ the Luxembourg guidelines,⁷ and research by the United Nations on producing statistics on violence against women (VAW).⁸

As previously mentioned, GBV includes domestic violence, which covers all acts of physical, sexual, psychological and economic violence that occur within the family or domestic unit, or between intimate partners (current or former). GBV also includes sexual harassment, female genital mutilation (FGM), forced marriage, and online violence.⁹ In this study, we focus on examining the literature related to adult sexual violence. In doing this, we sometimes refer to GBV and domestic violence, because both domains include sexual violence and some studies examine these broader issues and not sexual violence on its own.

Victims of sexual violence experience a multitude of effects, including on their employment, earnings, and physical and mental health. For example, Andersson et al. (2015) found that both women and men who had been subjected to severe sexual abuse as children or adults in Sweden were three to five times as likely to show symptoms of post-traumatic stress disorder (PTSD). Symptoms of physical ill-health, such as headaches, pain in the shoulders or neck, vertigo or recurring intestinal problems, were also more common in individuals who have been subjected to severe sexual violence. In the UK, two-fifths of victims of sexual assault reported some sort of physical injury. Forty-seven per cent of male victims and 63 per cent of female victims reported ‘mental or emotional problems’, with one in ten victims reporting having attempted suicide (ONS, 2021). Furthermore, sexual violence can cause spillover effects to the victim’s social networks. For instance, Adams et al. (2025) found that female schoolmates of rape victims in Finland suffered worsened mental health after a peer was assaulted, while parents experienced significant employment declines.

1.2 POLICY DEVELOPMENTS

At a European level, the most significant policy development in the area of GBV in recent years has been the Council of Europe Convention on preventing and combating violence against women and domestic violence (CETS No. 210), more commonly known as the Istanbul Convention.¹⁰ This treaty, which came into effect in 2011,¹¹ opened the door for creating a pan-European legal framework to protect women against all forms of violence, and to prevent, prosecute and eliminate violence against women and domestic violence. Specifically, it is the first

⁶ Methodological manual for the EU survey on gender-based violence against women and other forms of inter-personal violence (EU-GBV) – 2021 edition – Products Manuals and Guidelines – Eurostat.

⁷ The Luxembourg Guidelines is an initiative by 18 international partners to harmonise terms and definitions related to child protection. The guidelines were adopted in 2016 (for more information, see Luxembourg Guidelines – ECPAT).

⁸ Guidelines for Producing Statistics on Violence against Women | United Nations iLibrary.

⁹ What is gender-based violence? – European Commission.

¹⁰ CETS 210 – Council of Europe Convention on preventing and combating violence against women and domestic violence.

¹¹ The treaty was open for signature from 11 May 2011: this was by Member States, the non-Member States that participated in its elaboration and by the European Union, and for accession by other non-member states.

instrument in Europe to set legally binding standards specifically to prevent GBV, protect victims of violence and to punish perpetrators.

For Ireland, the Istanbul Convention was signed in November 2011, ratified in March 2019, and came into force in July 2019. The group established under the treaty to monitor and ensure effective implementation of its provisions, GREVIO,¹² produced a baseline evaluation report of Ireland's progress in implementing the treaty in November 2023, and followed up with recommendations to further progress implementation in December 2023.¹³

At a national level, Ireland is now in the middle of implementing its third national strategy to address domestic, sexual and gender-based violence (DSGBV). Known as 'Zero Tolerance',¹⁴ and covering the period 2022 to 2026, this strategy is composed of four pillars: (i) prevention, (ii) protection, (iii) prosecution, and (iv) policy co-ordination.

A key component of the 'Zero Tolerance' strategy was the establishment of a new statutory DSGBV agency. This agency, known as Cuan, commenced its operations in January 2024 and is tasked with tackling and reducing DSGBV. One of the new agency's functions is to lead on consistent and ongoing research to inform DSGBV policy development. To assist it with this work, Cuan signed a research programme agreement with the Economic and Social Research Institute (ESRI) in September 2024. This study is the first output under this joint research programme.

1.3 ATTITUDES TOWARDS SEXUAL VIOLENCE

While an in-depth examination of attitudes towards sexual violence is not within the scope of this research, it is still important to allude to this issue, especially given recent research is finding that many young men are becoming more conservative in their attitudes towards women (see below). In addition, an increasing number of researchers are trying to develop measures to facilitate research on the potential role of men's attitudes towards sexual aggression against women in sexual violence (Pedneault et al., 2025). While preliminary evidence suggests that men's attitudes are associated with, and potentially predictive of, sexually aggressive behaviour (Hermann et al., 2018; Hermann and Nunes, 2018; Nunes et al., 2013, 2018; Pedneault et al., 2021, 2022), this research is still in its infancy and further robust testing and validation of the measures being developed is required (Pedneault et al., 2025).

In the early 2000s in Ireland, the SAVI Report (McGee et al., 2002) found that men were significantly more accepting of attitudes reflecting victim-blaming. Specifically, 47 per cent of men (compared to 34 per cent of women) agreed that

¹² GREVIO: Group of Experts on Action against Violence against Women and Domestic Violence (established under Article 66 (1) of the Convention.

¹³ Ireland – Istanbul Convention: Action against violence against women and domestic violence.

¹⁴ Government of Ireland (2022). Zero Tolerance: Third National Strategy on Domestic, Sexual and Gender-Based Violence 2022–2026. Dublin: Government of Ireland.

‘the reason most rapists commit rape is overwhelming sexual desire’. At that time, a much larger proportion of men also believed that ‘men who sexually assault other men must be gay (homosexual)’: 41 per cent compared to 27 per cent of women. This study also found that more men than women held the view that ‘accusations of rape are often false’ (42 and 38 per cent respectively), and marginally more men believed that ‘women who wear short skirts or tight tops are inviting rape’ (30 per cent compared to 27 per cent of women). Twenty years later, even though the results of the two studies are not directly comparable due to differences in the attitudinal statements used and who the statements were asked of,¹⁵ the 2022 Sexual Violence Survey (CSO, 2023) continued to find evidence of victim-blaming in Ireland. Specifically, in relation to the statement that ‘women often make up or exaggerate reports of rape’, those aged 65 and above were more likely to agree with this statement (15 per cent compared to 5 per cent of those aged 35–44). A higher proportion of men (31 per cent compared to 25 per cent of women) and those aged 18–24 (34 per cent compared to 25 per cent of those aged 55–64) were more likely to be uncertain about the statement, while women were more likely to disagree with it (68 per cent compared to 59 per cent of men).

These findings for Ireland that victim-blaming attitudes exist and persist have also been found more broadly for European Union (EU) Member States, and there is evidence that they are becoming more common among men under 45 (European Institute for Gender Equality (EIGE), 2025). Specifically, data from the European Commission’s 2024 Eurobarometer survey on gender stereotypes showed that men aged 18–24 and 25–44 had more stereotyped perspectives and entrenched victim-blaming attitudes than older men. Gender differences in the acceptance of all forms of violence against women were also largest in these age groups (EIGE, 2025). Recent research by Women’s Aid and Core Research (2024) and the Dublin Rape Crisis Centre and Ipsos B&A (2025) have found similar results for Ireland. Specifically, Women’s Aid and Core Research (2024) found that young men are becoming more conservative with regards to their attitudes towards women, and that almost half of those with such views, referred to as ‘traditionalists’ in the research, believe that ‘real men should not have to care about women’s opinions or feelings’. The Dublin Rape Crisis Centre and Ipsos B&A (2025) found that younger men aged 16–24 are seven times more likely than men aged 55–64 to think that people make a big deal about sexual violence when it is not really a big deal. This young age cohort of men were also found to be five times more likely than men aged 55–64 to say that you should only believe that someone has been sexually assaulted if they report it to the police, and eight times more likely than men aged 55–64 to say that it is only guilty verdicts in court that determine if you should believe if someone was raped.¹⁶

¹⁵ In the 2022 SVS (CSO, 2023), those that indicated that they had experienced sexual violence in their lifetime or sexual harassment in the last 12 months were not asked to complete the sections of the questionnaire on attitudes to sexual violence or perceptions of sexual violence.

¹⁶ 2025_04_briefing_note_drcc_research_on_sexual_violence_final.pdf.

Despite the overall rejection of physical and sexual violence by most respondents, the European Commission's 2024 Eurobarometer survey showed that large components of the population across EU Member States still exhibit persistent tolerance of violent behaviour, especially for subtler forms of violence against women (e.g. non-consensual sharing of intimate images) (EIGE, 2025). For Ireland, the Eurobarometer survey showed that, apart from the statement that 'women often make up or exaggerate claims of abuse or rape', Ireland scored lower than the EU average for the other violence against women attitudinal questions (e.g. men's control over women's finance). However, this was only marginally so for attitudes around how women should be expected to be treated if they share their opinion on social media, their level of responsibility if they suffer sexual violence when under the influence of alcohol, and keeping domestic violence a private matter to be handled within the family.¹⁷

The growth in conservatism and victim-blaming attitudes among younger men is a concerning trend, particularly in light of the loose digital ecosystem, often referred to as the 'Manosphere'. This ecosystem, composed of influencers and online communities, espouses a distorted form of masculinity that is increasingly resonating with young men. Such developments are troubling because, as mentioned earlier, such attitudes are a potential risk factor for sexual violence perpetration (Pedneault et al., 2025). This is a concerning issue that warrants monitoring and further investigation and, if needed, the development of targeted interventions to minimise its occurrence.

1.4 INSTITUTIONAL SEXUAL ABUSE/VIOLENCE

A number of investigations have been undertaken, and reports produced, on both clerical and institutional abuse of children in Ireland. One of the most known is *The Commission to Inquire into Child Abuse*, originally chaired by Justice Mary Laffoy and then Justice Sean Ryan. It was set up by the Irish government in 1999 to examine the extent and the effects of child abuse in all Irish institutions from 1936 onwards. It published its report, known as the Ryan Report, in 2009, outlining allegations collected over a nine-year period between 2000 and 2009. A number of other State reports were published before (e.g. *The Ferns Report*,¹⁸ *The Report by the Commission of Investigation into the Catholic Diocese of Cloyne*¹⁹) and after this, the most recent being *The Scoping Inquiry into Historical Sexual Abuse in Day and Boarding Schools Run by Religious Orders* (O'Toole, 2024).

Several high-profile cases of child sexual abuse in sport in Ireland in the 1990s demonstrated that abuse can also occur in this institutional setting (Mergaert, Arnaut, Vertommen and Lang, 2016). These cases resulted in the establishment of a committee of representatives from sport, child protection, and government

¹⁷ Ireland | Violence against women | Thematic Focus | Gender Equality Index | European Institute for Gender Equality.

¹⁸ C-02 Complete Ferns Report SO Ireland | DocumentCloud.

¹⁹ gov.ie – Report by Commission of Investigation into Catholic Diocese of Cloyne.

departments that developed and launched a *Code of Ethics and Good Practice for Children's Sport* in 1996. A revised code was issued in 2000 by Sport Ireland and the Sports Council for Northern Ireland. This code was updated again in 2003 and 2006, and has been reviewed every three years since to ensure that it aligns with Irish legislation. Implementation of the code is voluntary but the national governing bodies of sport (NGBs) will not receive government funding if they do not demonstrate adherence to it.

In relatively recent times, another sector in Ireland that has been identified as having issues with sexual violence is the Defence Forces (Óglaigh na hÉireann).²⁰ In 2022, the Minister for Defence set up a judge-led independent review into sexual abuse and bullying allegations in the Forces. The final report produced by this group – Defence Forces (IRG-DF)²¹ – revealed that one quarter of Defence Force personnel reported experiencing sexual harassment during their time in the Forces, particularly during overseas missions (IRG-DF, 2023). This was higher among females, as was the number of sexual harassments experienced. The report also revealed that rape and sexual assault occurred in various locations, with victims frequently facing dangerous situations involving higher-ranking individuals, sometimes under the influence of alcohol or drugs (IRG-DF, 2023). Finally, the report found that the response to complaints was inadequate, with many cases mishandled or unreported. In June 2024, the Minister for Defence established a tribunal of inquiry to examine these sexual harassment and misconduct issues, along with a broader range of issues and the general culture within the Defence Forces. The tribunal has three years to complete its work from the date of its establishment.

A more detailed examination of institutional sexual abuse and violence cases is not within the scope of this study. This, however, does not diminish the importance of the abuse uncovered in these settings, or that has been uncovered in any other institutional setting over the years: those incidences will be forever a mark on Irish society, as is the case for all sexual violence, within and outside of state institutions.

While the institutions identified in this section have unfortunately been sites for sexual violence in the past, they, along with any institution (workplaces, online platforms, etc.), could be targeted, and in some cases have been, and used as levers for change to address sexual violence in society. In the sporting context, the *Code of Ethics and Good Practice for Children's Sport* that was initially developed and implemented in Ireland in 1996 is one illustration of this. Another example is the *Framework for Consent in Higher Education Institutions* that was introduced by the Irish government in 2019. Recognising that every part of Irish society is touched by sexual violence and harassment, the government decided that the higher

²⁰ Including the Army, Naval Service, Air Corps, and Reserve Defence Forces.

²¹ The report's data sources encompass interviews with current and former members, surveys such as the IRG-DF Perceptions and Experiences Survey, detailed reports from Raisea concern (an organisation that manages whistleblowing schemes, investigates workplace wrongdoing, and engages in dispute resolution, particularly in the areas of bullying, harassment and sexual harassment) and other experts, policy reviews, and international comparisons with other defence forces.

education sector was in a prime position to help change this and it developed and implemented this framework to assist the sector to do this. While an in-depth examination of the role of institutions as levers for change with regards to sexual violence in society is outside of the scope of the current study, we do give a brief overview of sexual violence in higher education institutions (HEIs) in Ireland in Chapter 3 and this framework for consent that has been developed to address this issue.

1.5 OBJECTIVES OF THE STUDY

The objective of this study is to review relevant national literature on adult sexual violence, focusing in particular on prevalence rate estimates and the ability to compare such rates over time. We also examine the international literature on this issue and the ability to compare prevalence rates across countries. In undertaking this work, we identify the conceptual and measurement issues that arise in making such comparisons, and highlight the need to take such issues into consideration when attempting to compare estimates.

We also extend the international literature review to examine some other important issues related to sexual violence, in particular, identification of those groups most at risk, key risk factors associated with sexual violence, and the characteristics of perpetrators.

In undertaking this research, we focus specifically on estimates of the prevalence rate rather than the incidence rate. The prevalence rate refers to the share of individuals within a demographic group (e.g. women or men) who have been victimised at least once over a specific period of time, usually lifetime (i.e. ever) or over a defined period (e.g. the previous 12 months). The incidence rate, on the other hand, refers to the total number of separate incidents/victimisations perpetrated against individuals within a demographic group during a specific time period, usually 12 months (Kruttschnitt, Kalsbeek and House, 2014). Data from administrative sources can be used to estimate incidence rates, such as annual crime statistics on the number of rape incidents in the last 12 months. However, as outlined in Chapter 2, such data should not be over-relied on for measuring incidence or prevalence as it reflects reporting behaviour, which will be influenced by a number of factors, including shame, social stigma, institutional trust, and service access. Some administrative data sources are referred to in this study, but the main focus is on nationally representative survey data and estimates of prevalence rates.

As needed, the research draws on some of the GBV and domestic violence literature, given that sexual violence is a component of both, and not all studies or surveys examine sexual violence in isolation from the other types of domestic and GBV.

We are specifically interested in identifying how current prevalence rates of sexual violence in Ireland compare with historical figures and also internationally. Given

this, we focus on nationally representative data. Nevertheless, we also discuss other data sources that might be useful for monitoring sexual violence when nationally representative data are not available, in particular, administrative data that are being captured on sexual violence (e.g. hospital records and crime statistics) and support agency data. We also, however, as mentioned above, note the limitations of such data. Specifically, these data cannot be used to estimate prevalence rates because of population coverage, potential changes in reporting behaviour over time, time lags in reporting, etc.

Conceptual frameworks have been developed to better understand, and prevent, violence, including sexual, such as the CDC's Social-Ecological Model (SEM).²² This model outlines the complex interplay between individual (age, history of abuse, etc.), relationship (partners, family members, peer circle, etc.), community (schools, workplaces, neighbourhoods, etc.) and societal (social and cultural norms, government policies that help to maintain economic or social inequalities between groups in society) factors that can put people at risk of experiencing violence, perpetrating it or protect them from experiencing it. The SEM also suggests that preventing violence requires simultaneous action across the four aforementioned levels. Such models are beneficial for understanding the complex interplay among a number of factors in explaining people's risk of experiencing sexual violence, and also in developing policy interventions. However, in this report, given how the data we examine are captured,²³ we follow a practical, data driven approach in presenting our work as opposed to adopting a conceptual model, like the SEM.

It is not possible to cover every issue related to sexual violence in this study, as was mentioned above when we referred to attitudes towards sexual violence and institutional abuse. Other aspects of such violence that are outside of the scope of the current study that could be considered for examination in future work might include, where the data permits, a deeper investigation into: (i) intersectionality and how this, overlapping identities (e.g. ethnic minority and LGBTQ+), might compound risk²⁴ and complicate access to support services; (ii) underrepresented groups (e.g. refugees, asylum seekers, etc.); (iii) the consequences of sexual violence (e.g. economic and health); and (iv) the role of the media as a lever for change.

1.6 STRUCTURE OF THE STUDY

The structure of the report is as follows: In Chapter 2, we examine the conceptualisation of sexual violence over time, and also outline what is known

²² www.cdc.gov/violence-prevention/about/index.html

²³ Existing research tends to distinguish between current/ex-partners, acquaintances and strangers. However, it does generally not collect information on the setting within which SV occurred (e.g. college, workplace, friend's home).

²⁴ See, for example, Hancock, K. (2021). Double jeopardy?: Exploring the intersectionality of sexual/gender group membership, racial/ethnic group membership and victimization risk. *Journal of Ethnicity in Criminal Justice*, Vol. 19, No. 2, ISSN: 1537-7938 Online ISSN: 1537-7946, <http://doi.org/10.1080/15377938.2021.1942373>.

about the impact of data collection methods and survey methodology on estimated sexual violence prevalence rates. Chapter 3 provides an overview of the Irish research on sexual violence, focusing specifically on studies that are based on nationally representative data, but also giving an overview of other research (e.g. from higher education institutions (HEIs)) and administrative data (e.g. support agency and crime statistics) on sexual violence in Ireland. Some of the international research on sexual violence is outlined in Chapter 4, with a focus on the research that will help to provide an understanding of the populations that are most at risk of this violence, along with the factors associated with sexual violence. Perpetrator traits, along with their relationship to their victim, are also presented in this chapter. Chapter 5 provides an overview of research using longitudinal survey data that captures information on other forms of violence, e.g. childhood sexual abuse, inter-partner conflict/violence. Longitudinal data have particular advantages in aiding our understanding of the causes and consequences of various forms of violence. Finally, Chapter 6 provides a summary of the key findings in the study, along with its main conclusions.

CHAPTER 2

Conceptualisation and measurement of sexual violence

2.1 INTRODUCTION

This section looks at how the conceptualisation of sexual violence has changed over time, with measurement adapting to take account of more nuanced understandings of the nature and impact of such violence. It also examines what is known about the influence of method of data collection and survey methodology on the estimated prevalence of sexual violence.

There are two broad, and sometimes interrelated, conceptual frameworks which can help frame sexual violence. The first relates to the ways in which crime is socially constructed, that is, seen to reflect not only the changing legal framework within a particular society but also the broader social and cultural context which influences how crime is recorded and what victims are heard (see, for example, Brownstein, 2000; Walby et al., 2014). The second focuses on gender-based violence, including sexual violence, as reflecting unequal patriarchal power relations within society (Jordan, 2023). From this perspective, sexual violence is seen as a mechanism of gender inequality, reinforced by organisational and institutional processes, or cultural configurations, which minimise or normalise such violence (Armstrong et al., 2018; Hänel, 2018; Meyer et al., 2024; Sanday, 1981). Sexual violence thus has structural causes but individuals within a society may differentially absorb and reflect these structural forces (Jordan, 2023). A gender lens is also evident in the Istanbul Convention (2011) which regards gender-based violence as both a violation of human rights and a form of gender-based discrimination (see Chapter 1). Walby (2023) has suggested that the notion of gender regime, that is, the clustering of societal and economic institutions that shape women's outcomes in specific ways, should be extended to include violence (see also Humbert et al., 2021). However, other authors have noted that, at country level, there is often little systematic relationship between the prevalence of (sexual) violence and other dimensions of gender inequality (Hearn et al., 2022). Indeed, some studies point to higher rates of sexual violence in the Nordic countries, which are generally regarded as more gender equal, though debate continues as to whether this reflects greater willingness of individuals to disclose assault and/or methodological differences in how the data are collected (Humbert et al., 2021; Von Hofer, 2000).

Early feminist theory on sexual violence criticised a legally-based conceptualisation of the phenomenon, highlighting the historical legacy of regarding rape as a violation of men's property rights rather than focusing on the impact on the victim, delays in many countries in recognising marital rape as a crime,²⁵ and the focus of

the law, through the concept of *mens rea* (intention of wrongdoing), on male interpretation of consent (Brownmiller, 1975; Francis and Smith, 2021; MacKinnon, 1997, 2007; Mason, 2022; Whisnant, 2021). Feminist theorists have also criticised the focus on penetrative acts rather than a recognition of the broader variety of forms of sexual violence. Several of these concerns have been addressed in subsequent legislative reform and in methodological advances in measurement, a topic which will be discussed in the next section.

The terminology used in the literature is quite varied, moving from an initial focus on rape to the use of broader terms such as sexual victimisation, sexual exploitation and sexual violence. The language employed can also reflect gendered assumptions about the identity of the victim and/or perpetrator. For example, Kelly (1988) describes sexual violence as including ‘any physical, visual, verbal or sexual act that is experienced ... at the time or later, as threat, invasion or assault, that has the effect of hurting her or degrading her and/or takes away her ability to control intimate contact’ (p.41). There is also a difference in whether sexual victimisation is defined as ‘any form of sexual contact that occurs without consent’ (Anderson and Delahunty, 2020) as opposed to definitions that take account of non-contact sexual exploitation.

2.2 APPROACHES TO MEASURING SEXUAL VIOLENCE

Methods to measure the incidence and prevalence of sexual violence have included dedicated sexual violence or general crime surveys, administrative data from the State or non-governmental organisations (e.g. support agencies), and online data. Survey data generally attempt to capture the lifetime prevalence of experience of sexual violence, or since a particular age, while administrative data captures incidence, for example, the number of rapes reported to the police, annually. These methods, including online, are considered in turn in the remainder of this section.

2.2.1 Surveys of sexual violence

Surveys that seek to measure sexual violence²⁶ generally fall into two categories: national crime surveys, in which rape and other forms of sexual violence are included alongside other forms of crime victimisation; and dedicated surveys focusing on sexual and/or domestic violence, covering women only or both women and men.

Crime surveys have been subject to critique on a number of grounds. They cover a lot of different types of crime, leaving little time to build up the rapport required for someone to disclose a traumatic event to an interviewer. They tend to use quite basic descriptors of crimes like rape, that may lead to under-counting of

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Because of its concern with the measurement of the incidence or prevalence of sexual violence, the section focuses on quantitative studies. However, it is recognised that qualitative studies provide rich insights into the lived experiences of victims and are important for understanding processes of help seeking and reporting.

experiences of sexual violence, and often lack specific prompts for the inclusion of domestic or sexual violence (Blom and Gash, 2023; Walby and Allen, 2004; Walby and Myhill, 2001). In addition, it is harder to capture a series of incidents (e.g. repeated experiences of domestic violence) than one-off events (Walby et al., 2019; see also ANROWS, 2016). Crime surveys can particularly undercount physical and/or sexual violence within relationships, failing to take account of the centrality of coercive control and the patterns of repeated incidents over time, with patterns of escalation and desistance (Hester et al., 2023).

Expanding the definition of violence against the person used in crime survey data to include threats, robbery, sexual violence and mixed violence/property crimes increases the prevalence estimate threefold and shifts the gender composition of victims (from 39 per cent to 58 per cent female) (Davies et al., 2024). Similarly, the revision of the British Crime Survey to include non-penetrative sexual assault resulted in increased estimates of a lifetime prevalence for sexual assault to 24 per cent for women and 5 per cent for men (Walby and Allen, 2004). Walby et al. (2019) argue that women's exposure to violence is also often undercounted because of the failure to take account of the harm experienced. In contrast, Bjørnholt and Hjemdal (2018) indicate that adding harm to the definition does not change the gender pattern but taking account of the fear of being injured or killed does. However, there have been some changes to the methodologies used in crime surveys over time, with, for example, the US National Crime Victimization Survey adapting terminology from being 'attacked' to using measures of five types of sexual assault, including assault without force. In spite of some advances, challenges around the effective use of crime surveys remain regarding how measures may be interpreted cross-culturally, in having sufficient large sample sizes to capture the experiences of minority groups and in excluding institutional settings where violence might be expected to be more prevalent (Scherer and Fisher, 2016; Walklate, 2014).

One of the most influential early studies attempting to measure the prevalence of sexual violence was conducted by Mary Koss and colleagues (1987) on a sample of college women²⁷ in the United States; the study indicated rates of victimisation 10 to 15 times higher than in existing crime surveys, with 54 per cent of women reporting sexual victimisation, and 15 per cent rape, since the age of 14. The innovation involved using behaviourally specific questions to cue respondents²⁸ and including a continuum of behaviour from forced intercourse through verbal coercion to physical force. An earlier study of the adult female population in the US by Russell (1983) had also used behaviourally specific questions, finding a lifetime prevalence of 41 per cent for completed or attempted (extramarital) rape. These studies highlighted the level of sexual violence being experienced by women

²⁷ While this study was ground-breaking, a sample of college students might be expected to differ from the general population in important ways so the findings are not generalisable to the national population.

²⁸ Rather than asking 'Have you ever been raped?', respondents were asked questions such as 'Have you had sexual intercourse when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you?'.

and discrepancies between legal definitions and women's lived experiences (Jordan, 2022). However, these studies were subject to a backlash among authors who challenged the figures as being 'too high' (see Levine, 2021; Rutherford, 2017). However, subsequent studies, mostly conducted in the United States, showed similarly high levels of prevalence (Fisher and Bullen, 2000).

These early studies paved the way for later dedicated studies on sexual violence. A nationally representative study in the United States, the National Intimate Partner and Sexual Violence Survey, for example, used a number of features designed to improve response and measurement. These included beginning with health-related questions and adopting a graduated approach to obtaining consent in order to build trust (Black et al., 2011). Like the Koss studies, it used behaviourally specific questions and extended them to include a wide range of sexual violence not included in previous studies. Sexual violence was viewed as comprising: rape; being made to penetrate someone else; sexual coercion (e.g. feeling pressured); unwanted sexual contact; and non-contact unwanted sexual experiences (e.g. flashing). The 2010 wave found the lifetime prevalence of rape for women was 18 per cent and 1.4 per cent for men; 45 per cent of women and 22 per cent of men had experienced other forms of sexual violence. A later wave of the study was further revised to include more information on psychological aggression and also on the impact of sexual violence (Kresnow et al., 2021). This 2016/17 wave indicated a lifetime prevalence of rape of 27 per cent for women and 3.8 per cent for men (Basile et al., 2022).

Koss and colleagues adapted their methodology in two sets of later studies, capturing a broader array of behaviours. They also moved from blunter questions about rape to more nuanced items which asked about 'tactics first'²⁹ and then behaviour (Koss et al., 2007, 2024). The 2024 revision of this Sexual Experiences Survey – Victimization (SES-V) captured four, potentially overlapping, domains of sexual exploitation, including non-contact sexual exploitation, illegal sexual exploitation (including rape), verbally pressured sexual exploitation and technology-facilitated sexual exploitation (Koss et al., 2024).

In contrast to these conceptual and methodological developments, the first Europe-wide survey on violence against women³⁰ (FRA, 2014) measured sexual violence in terms of the use of force ('holding you down or hurting you') in completed or attempted sexual intercourse and taking part 'in any form of sexual activity when you did not want to or were unable to refuse ... or were afraid of what might happen if you refused', without using the cues and emphasis on tactics that had proved helpful in previous studies. It was reported that one in three women across Europe had experienced physical and/or sexual violence from a partner, non-partner or both since the age of 15; 5 per cent reported being raped

²⁹ For example, 'Someone bought me drinks or gave me strong drinks to make me impaired and unable to give them permission or stop them so they could ...'.

³⁰ Findings from this study are discussed in greater detail in Chapter 3.

since the age of 15. The second wave of the survey³¹ conducted in 2021 (FRA, 2024) introduced some amendments, including an explicit reference to not being able to refuse because of alcohol or drugs, but did not appear to include non-contact sexual exploitation. The prevalence of physical and/or sexual violence was 31 per cent across Europe, with a lifetime prevalence of 17 per cent for sexual violence, with very significant inter-country variation.

While initially studies focused on samples of women, later research covered both women and men and adapted language to be more inclusive of different sexual orientations and gender identities (Koss et al., 2007, 2024; Levine, 2021). They also sought to understand more about the types of relationships and the situational context within which SV occurred (Khan et al., 2020). There has been some movement to trying to capture a more contextually embedded notion of sexual violence, which includes SV within as well as outside intimate partner relationships, adopts a wider definition of coercion and a more nuanced approach to consent, including inability to consent due to incapacitation by alcohol and/or drugs (Krahé, 2024; Peterson et al., 2024). A number of authors have highlighted the way in which intimate partner sexual violence tends to be neglected in existing studies of sexual violence (Bagwell-Gray et al., 2015; Skafida et al., 2023), though several studies have collected information on the relationship between victim and perpetrator.

A number of reviews of studies covering similar population groups have found significant differences in the estimates of sexual violence (Brunton-Smith et al., 2022; Krahé, 2024; Sardinha et al., 2024):

*‘Quantifying rape requires scientists to make a series of decisions, each of which may shape the perceptibility of different acts, victims, aggressors, and bystanders as well as prevalence estimates’
(Levine, 2021, p.34).*

However, regardless of the definition used, women are found to be much more likely than men to have experienced sexual violence (Brunton-Smith et al., 2022; Bjørnholt and Hjemdal, 2018; Walby et al., 2014). In addition, more careful calibration of questions in national crime surveys is found to increase the amount of violent crime reported by women (Walby et al., 2014).

2.2.2 Administrative data

Other work has investigated the potential of using non-survey information, such as crime statistics and administrative data collected by support services. Available sources of information in Ireland are discussed in detail in Chapter 3. Researchers have pointed to the limitations of using service-based information systems as a measure of incidence or prevalence in the population, with challenges including the variation in coverage of different groups of the population across service types, the potential for double-counting across services, and variation in the measures

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See Chapter 3 for the findings.

used (Bunce et al., 2023). Even more importantly, crime statistics and service-based information rely on the willingness of victims of sexual violence to report or disclose their experience and so are problematic for measuring incidence and/or prevalence. Some of these issues are now discussed in more detail.

Insights into the widespread reluctance to report or disclose can be gleaned from existing surveys. In the European Union, a recent report from the European Institute for Gender Equality (EIGE, 2025) showed that almost a third of female victims of violence had not disclosed the incident to anyone (31 per cent). Where victims do disclose their experiences, it tends to be to informal networks, with fewer contacting formal services or reporting to the police: the 2020–2024 EU-GBV survey showed that 64 per cent of female victims of lifetime physical violence or threats and/or sexual violence talked to a person close to them such as a friend, family member or relative, 21 per cent indicated that they contacted a healthcare service or social service provider, 14 per cent reported the incident to the police, while 6 per cent contacted a helpline or victim support service. Similar reporting results have also been found for Ireland (CSO, 2023).³²

Data from the Crime Survey for England and Wales for the years ending March 2017 and March 2020 revealed that the majority of victims (69 per cent) told someone about the sexual assault by rape or penetration they had experienced since the age of 16 (ONS, 2021). As with the European surveys, victims were most likely to tell someone that they knew personally: 60 per cent compared to 28 per cent telling someone in an official position, and 29 per cent talking to another support professional or organisation. Fewer than one in six reported the assault to the police.

For those that told someone about the abuse but did not report it to the police, the most common reasons given were embarrassment (40 per cent), did not think they could help (38 per cent), and thought it would be humiliating (34 per cent). A quarter of victims also thought the police would not believe them. A meta-analysis of studies on reporting (Wieberneit et al., 2024) also pointed to barriers such as fear of the consequences, self-blame, denial or minimisation of the experience, fear of how they would be treated by the legal system or that a prosecution would not result. Similarly in Denmark, a 2019 Amnesty International report that interviewed female rape victims concluded that survivors ‘often find the reporting process and its aftermath immensely traumatizing, particularly when faced with inappropriate questions, flawed investigations and inadequate communication. Many are met with dismissive attitudes, victim blaming, and prejudice influenced by gender stereotypes and rape myths.’

The reluctance of many victims to report sexual violence to the police must be seen in the context of actual rates of prosecution of sexual offences. For example,

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Overall Adult Experiences Disclosure Sexual Violence Survey 2022 – Disclosure of Experiences – Central Statistics Office (Figure 4.3) (Accessed: 22 May 2025).

Home Office data³³ show that for the year ending in September 2021, just 1.3 per cent of rape offences with a recorded outcome in England and Wales led to a charge or further court proceedings. This compares to a 7.1 per cent charge rate for all other recorded crimes in the same period.³⁴ In Ireland, just over a fifth of reported sexual offences led to a charge or summons between 2018 and 2022.³⁵ This process of attrition between reporting, charging the perpetrator and securing a prosecution has been attributed to a number of factors, including delays in bringing the case to court, lack of DNA or other physical evidence, the admission of evidence of mobile phone content or therapeutic notes, and the potential for the victim to be questioned about their sexual history (Leahy, 2021; Wieberneit et al., 2024). In a study of crime records in one area in England, charges were most likely to be taken if the perpetrator was a stranger and least likely if they were a partner or ex-partner (Davies et al., 2022). Available evidence suggests that male victims are even less likely to report their experience to the police; they share similar barriers to female victims but raise additional concerns about how their sexuality and masculinity will be construed (Thomas and Kopel, 2023).

Lack of awareness of existing supports may also act as a barrier to contacting services and being recorded in administrative sources. An OSCE-led survey showed that in Eastern Europe, only 22 per cent of all interviewed 18–74-year-old women would know very well or well what to do if they experienced violence, 33 per cent said they were somewhat informed, 27 per cent are not well informed, and 14 per cent do not know at all what to do (OSCE, 2019a). Other barriers to accessing formal help include stigma or shame, minimising the seriousness of their experience, concern about the impact of disclosure on their family and other networks, fear of reprisal from the perpetrator or others, lack of available local services, costs in accessing services as well as lack of awareness of available supports (Zinzow et al., 2022).

2.2.3 Online data

An emerging field in the analysis of sensitive topics centres on the innovative use of online data and machine learning methods (Lee et al., 2025). Pioneering work on domestic violence has used Google search terms to look at trends in help-seeking behaviour during the period of pandemic-related restrictions (Anderberg et al., 2022; Berniell and Facchini, 2021). Google trend data have also been used to develop predictive models of intimate partner violence (González-Gallego et al., 2024). A number of studies have used content analysis of Tweets to explore public narratives around sexual violence and rape myths (Xue et al., 2023). Mendes et al. (2019) point to how the analysis of online posts can offer insights into the narratives around rape. Such online disclosure emerges as a form of help-seeking

³³ www.gov.uk/government/statistics/crime-outcomes-in-england-and-wales-year-to-september-2021-data-tables.

³⁴ www.bbc.com/news/uk-48095118.

³⁵ www.drcc.ie/news-resources/sexual-violence-information/sexual-offending/#:~:text=In%20general%2C%20just%20over%20a,conclude%20and%20charges%20are%20issued.

among victims (Gueta et al., 2024; Gorissen et al., 2023; Mendes et al., 2019). Machine learning techniques have been applied to survey data to develop predictive models of factors associated with sexual violence (Raj et al., 2021) and to (changes in) macro-level socio-economic indicators to forecast levels of gender-based violence (Rodríguez-Rodríguez et al., 2020). While there is much potential in this research direction, researchers have highlighted ethical issues (around potential identification and data retention) and the lack of metrics to assess the selectivity of the data (Lee et al., 2025).

2.3 HOW DOES MEASUREMENT AFFECT PREVALENCE?

A substantial body of work now exists that indicates the way in which survey sampling and methodology influence the estimated prevalence of sexual violence. A significant number of studies have been based on student samples, largely because of the predominance in the field of psychologists for whom student-based research is quite common (Levine, 2021). Over time, a number of representative national and even cross-national studies have provided population-based estimates of prevalence.

The key dimensions of variation in methodology relate to what behaviour is captured, question wording and order, and mode of data collection. The focus and framing of the survey are found to matter, with higher rates of SV found in specific sexual violence surveys compared to crime surveys and general household surveys (Brunton-Smith et al., 2022). The language used is crucial, with very significant differences found between studies that use labels such as ‘rape’ or ‘sexual assault’ and those that focus on types of behaviours. The gap between the two estimates has been labelled ‘unacknowledged rape’, with estimates ranging from 60 to 75 per cent of instances (Marchewka et al., 2022). Similarly, whether lack of consent is framed as ‘stopping resisting’, ‘didn’t want to’ or ‘without your permission’ makes a difference to prevalence estimates (Koss et al., 2024; Rueff and Gross, 2017). Furthermore, providing cues in the questions regarding romantic partners is found to increase the rate of intimate partner sexual violence reported (Anderson et al., 2021; Hamby, 2014). Studies commonly collect information on lifetime prevalence as well as experiences over a reference period. One study highlights more reporting errors regarding the reference period where it is shorter (a month) compared to a 12-month period (Dufour et al., 2023). Despite methodological advances in survey research, challenges have been reported in capturing the severity of victimisation experienced using quantitative measures alone (Jeffrey and Senn, 2024).

As mentioned in relation to the studies by Koss and colleagues, question order matters, with questionnaires where respondents are asked about tactics first (‘someone pressured me by...’) followed by type of sexual acts yielding higher prevalence estimates (Koss et al., 2024; Schuster et al., 2021a, 2021b). In one study, this tactics-first approach made a particular difference in relation to the use

of verbal coercion and being too intoxicated to give consent (Abbey et al., 2005³⁶). In addition, providing a broader response range ('how many times did...?') provides higher estimates than questions with a binary yes/no response (Koss et al., 2024).

Finally, self-complete questionnaires, either online or embedded within face-to-face interviews, are found to result in higher prevalence rates than face-to-face or phone interviews (Laaksonen and Heiskanen, 2013; Walby et al., 2011). One study found a larger interviewer effect (where responses vary systematically by individual interviewer) in face-to-face interviews, with this effect being larger for sexual violence than for other types of violence (Corazziari et al., 2024).

2.4 SUMMARY

This chapter has examined the use of survey, administrative and online data for estimating the prevalence and incidence of sexual violence. It is clear from the evidence that even small changes in question wording and order can result in often large changes in the estimates of victimisation. Prevalence estimates are generally higher for online or other self-complete modes, and in surveys that specifically focus on sexual violence rather than crime more generally.

The state-of-the-art in survey research on sexual violence suggests a number of features which enhance more accurate estimation of prevalence, including a broad conceptualisation of sexual violence (involving contact and non-contact forms), the use of behaviourally specific questions (asking about specific acts rather than asking blunt questions about whether the respondent had ever been raped), asking about tactics first (for example, the use of alcohol or drugs) and specific prompts or cues to include partners and ex-partners.

The fact that the conceptualisation and measurement of sexual violence have evolved over time creates a tension between maintaining standardised measures that are known to be partial and using more sophisticated measures that take account of contemporaneous developments but which result in a lack of comparability over time (and potentially between countries).

A limitation of survey research is that even large samples can make it difficult to capture the experiences of minority groups, such as trans people, asylum seekers and prisoners, among others. At the same time, survey data also provide crucial insights into the extent to which victims disclose their experiences to the police or support services. Available evidence indicates that only a minority report to any formal organisation, with even fewer reporting to the police. This pattern raises important concerns around the extent to which administrative data can be used as an estimate of the incidence or prevalence of sexual violence in the population.

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This study also indicated that a tactics-first approach increased the number of men who reported being perpetrators of sexual violence.

CHAPTER 3

National studies

3.1 INTRODUCTION

In this chapter, we focus on outlining the nationally representative surveys that have examined prevalence rates of adult sexual violence in Ireland, including domestic abuse, as sexual abuse is one of its components and is often reported on separately in such studies. In addition, we present the findings from international surveys that included Ireland as a case study to see how Ireland compares with other countries in these areas, including gender-based violence (GBV) more generally.

As mentioned in Chapter 1, institutions can be targeted and used as levers for change with regards to sexual violence in society. To illustrate this, we give a brief overview of the framework for consent that was developed by the Irish government in 2019 to address the issues of sexual violence and harassment in higher education institutions (HEIs), and to use the higher education sector as a platform for change with regards to tackling sexual violence in society.

In this chapter, we also assess the data being collected by support agencies (e.g. Rape Crisis Ireland, Rape Crisis Centres, Women's Aid) to see if these data have the potential to become a regular data source to monitor sexual violence trends in Ireland, keeping in mind that, as was outlined in Chapter 2, there are inherent limitations with such data and these data cannot be used to estimate either prevalence or incidence rates.

We conclude the chapter by examining some other administrative data that are being collected on sexual violence in Ireland. Specifically, administrative health records data, information captured by Sexual Assault Treatment Units (SATUs),³⁷ and recorded crime statistics on sexual violence. Again, such data can be useful for monitoring trends but cannot, for the reasons outlined in Chapter 2, be used for estimating either prevalence or incidence rates of sexual violence.

3.2 NATIONALLY REPRESENTATIVE SURVEYS

3.2.1 Introduction

There have been very few nationally representative surveys that have examined the prevalence of sexual violence in Ireland, whether covering both women and men or women only.

³⁷

SATUs are Health Service Executive (HSE) run units that support those aged 14 and over that have been sexually assaulted or raped. Those aged less than 14 are supported by the Child and Adolescent Forensic Medical Assessment Services.

The first piece of work, which was undertaken in 2002, was the Sexual Abuse and Violence in Ireland (SAVI) survey, more commonly known as the SAVI report (McGee et al., 2002). This piece of research was commissioned by the Dublin Rape Crisis Centre (DRCC) and it examined the prevalence of various forms of sexual violence among Irish women and men from childhood through adulthood. Specifically, ten types of unwanted sexual experiences were examined (e.g. attempted forced unwanted sexual contact, sexual touching, forced sexual intercourse, forced oral or anal sex, finger/object penetration, forced non-penetration sex, other), along with sexual harassment, among individuals aged 18 and above.

The SAVI report also examined who the perpetrators were, the context in which the abuse occurred, the role of alcohol, disclosure and use of services, the psychological consequences of sexual violence, perceptions and beliefs about sexual violence, sexual harassment, and the experiences of marginalised groups.³⁸

A total of 3,120 individuals participated in the SAVI survey, which took place via telephone between mid-March and mid-June 2001.³⁹ The telephone methodology was employed to conduct the survey because it gave respondents a degree of anonymity not available if a face-to-face methodology had been used.⁴⁰ Completion of the survey online was not an option at this point in time as a means to preserve anonymity because the period pre-dated widespread smartphone/internet connectivity. With the telephone methodology that was employed, the response rate was 71.4 per cent.

After the SAVI report, the next nationally representative survey, which focused specifically on severe domestic violence⁴¹ in intimate partner relationships, and was commissioned by the National Crime Council, was undertaken in 2005 (Watson and Parsons, 2005). This survey, the 2003 National Study of Domestic Abuse (NSDA) survey, examined the prevalence of severe domestic violence, which included sexual,⁴² along with the factors associated with experiencing such abuse, its effects, disclosure, and seeking help.

The NSDA survey was the first large-scale survey of domestic abuse of both women and men in Ireland. It was conducted by telephone with those aged 18 and over between March and June 2003. As with the SAVI survey, the telephone methodology was utilised to preserve anonymity.⁴³ A total of 3,077 individuals completed the survey, with the response rate being 58 per cent of contacted

³⁸ The marginalised groups covered included: (i) homeless women and their children, (ii) Traveller women, (iii) prisoners, (iv) women in prostitution, (v) people with learning disabilities, and (vi) those with psychiatric problems.

³⁹ Fifty-one per cent of the sample were female and 49 per cent male, and the age range was 18 to 90 years.

⁴⁰ Lists of telephone numbers were generated randomly using the ESRI's RANSAM programme for selecting national samples. See McGee et al. (2002) for further information on the sampling process.

⁴¹ Severe domestic abuse is defined as a pattern (not just a single act) of physical, emotional or sexual behaviour between partners in an intimate relationship that causes, or risks causing, significant negative consequences for the person affected (Watson and Parsons, 2005).

⁴² Also physical and emotional.

⁴³ Telephone numbers were generated randomly, with an initial sample selected using the ESRI's RANSAM programme for selecting national samples. For more details, see Watson and Parsons (2005).

households, increasing to 93 per cent of individuals identified as eligible to participate.

In addition to the NSDA survey, a number of focus group interviews were conducted with marginalised women (Watson and Parsons, 2005). Focusing on Irish Travellers, a minority ethnic group in Ireland, and immigrant women, this additional work was undertaken in order to get more insight into the issues of concern for these individuals.

A follow-up to the SAVI survey was also undertaken in 2005, specifically to examine the long-term effects of disclosing sexual abuse (McGee et al., 2005). A sample of 221 individuals that completed the questionnaire underlying the original SAVI report were recontacted by telephone, stratified into three groups: (i) those that had indicated that they had not been abused, (ii) those that had experienced abuse and had disclosed it to others previously, and (iii) those that had reported being abused for the first time when they participated in the SAVI survey. The follow-up study found that the majority of respondents found that the experience of taking part in the original SAVI survey was good, with 92 per cent glad that they had participated. Thus, the study concluded that the difficult subject of sexual abuse can be discussed safely in a research setting, once appropriate safeguards are put in place (McGee et al., 2005).

After the SAVI survey (2002), the only other large-scale nationally representative survey on sexual violence, undertaken 20 years after the SAVI report, is the 2022 Sexual Violence Survey (SVS). As with the SAVI survey, the focus of the SVS, carried out by the Central Statistics Office (CSO) on behalf of the Government, was to measure the prevalence of sexual violence in Ireland. Specifically, seven types of non-consensual sexual experiences from childhood to adulthood were examined (e.g. touching, forced touching, sex, attempted sexual intercourse), along with sexual harassment and stalking, among individuals aged 18 and above. The SVS also examined perpetrators, disclosure, service use and attitudes. The headline results, along with prevalence rates, were published by the CSO in 2023.⁴⁴

The SVS was conducted between May and December 2022. A number of data collection techniques were used, with the majority of respondents completing the survey via a secure web-based form. A total of 4,575 adults completed the survey, giving rise to a response rate of 36 per cent.⁴⁵

A smaller scale study, covering sexual violence and harassment on the island of Ireland, was conducted in 2019 by Vallières et al. (2022). A nationally representative sample of non-institutionalised Irish adults was recruited from existing research panels, with 1,020 aged 18 and above participating.⁴⁶ Exposure

⁴⁴ Sexual Violence Survey – CSO – Central Statistics Office.

⁴⁵ The sample was selected from the Irish Population Estimates from Administrative Data Source (IPEADS), a person-based sampling frame. Specifically, a simple random sample stratified by local authority area was generated. This resulted in a sample of 12,665 individuals being chosen. The initial contact with the selected respondents was a letter of invitation. Within the letter, a survey link and authentication code to access the online survey were provided. Where there was no response, up to two reminders were issued to the selected respondents.

⁴⁶ The sample was recruited by Qualtrics, an Irish-based research company.

to sexual violence was measured using the International Trauma Exposure Measure (ITEM). Vallières et al. (2022) also examined the impact of sexual violence and harassment on a number of mental health measures.

There were some surveys undertaken prior to the 2002 SAVI report, but either sexual violence was not their main focus, only women were included and/or they did not capture adult experiences. For example, in the early 1990s, the Irish Society for the Prevention of Cruelty to Children (ISPCC) commissioned the collection of national data on the disciplining of children that included child sexual abuse. Fifteen per cent of women and 9 per cent of men reported contact sexual abuse in childhood, with contact abuse occurring more than once in 61 per cent of cases (Irish Marketing Surveys, 1993).⁴⁷ In the mid-1990s, Women's Aid commissioned a survey on domestic violence against women and found that 4 per cent had been subjected to sexual violence (Kelleher and Associates and O'Connor, 1995).⁴⁸ Also in the mid-1990s, Wiley and Merriman (1996) conducted a survey on the health of women. Asking about violence in general, almost 10 per cent of respondents indicated that they had been beaten, raped, attacked or seriously threatened.⁴⁹

Thus, prior to the SAVI report (McGee et al., 2002), the prevalence of sexual violence experienced by women and men in Ireland was not known, and identification of the numbers impacted was based on the number of people seeking counselling and/or reporting to the police,⁵⁰ administrative statistics which, while having their issues (e.g. not representative of the general population), are discussed further in Sections 3.4 and 3.5.

3.2.2 Difficulty in comparing results

Even with the nationally representative surveys that exist, comparison across the surveys is difficult due to variations in the methodologies employed to conduct the surveys (e.g. telephone vs web-based vs research panels), definitions of sexual violence used, sample sizes,⁵¹ time period that data are captured, etc. (see Table 3.1), issues that have been discussed in detail in Chapter 2.

⁴⁷ 1,001 adults aged 18 to 54 were surveyed.

⁴⁸ National postal self-completion survey of 1,483 women aged 18 and above: 678 responded (46 per cent). This study found that mental cruelty was the main form of domestic violence experienced by women (13 per cent).

⁴⁹ 2,988 women aged between 18 and 60 took part in the survey, with the data collected in 1993.

⁵⁰ In Ireland, the police service is known as An Garda Síochána (also known as the Gardaí or Garda).

⁵¹ Some of the types of sexual violence results presented in the SAVI report (Table 4.4, 2002) need to be interpreted with caution due to small sample sizes (i.e. anything with less than 50 observations).

TABLE 3.1 IRISH NATIONALLY REPRESENTATIVE STUDIES ON SEXUAL VIOLENCE: ISSUES IN COMPARING RESULTS

	Methodology	Approach to sampling	Data collection period	Sample size	Types of violence
The SAVI Report (2002)	Telephone	Telephone numbers were generated randomly using ESRI's RANSAM programme for selecting national samples	Mid-March–Mid-June 2001	3,120 (71.4%)	Unwanted sexual experiences – 10 items
Domestic Abuse of Men and Women in Ireland (2005)	Telephone	Telephone numbers were generated randomly using ESRI's RANSAM programme for selecting national samples	March–June 2003	3,077 (58%)	Severe physical, emotional or sexual behaviour between partners that causes/risks causing significant negative consequences
Sexual Violence Survey (2023)	Multi-mode (majority web-form)	The sample was selected from the Irish Population Estimates from Administrative Data Source (IPEADS).	May–December 2022	4,575 (36%)	Range of non-consensual experiences – 7 items
Vallières et al. (2022)	Research panels: Multi-mode	The sample was recruited from existing research panels, with stratified, quota sampling methods used to select participants to ensure representativeness	February 2019	1,020	Sexual violence was measured using the International Trauma Exposure Measure (ITEM) – 3 items

Source: Constructed by the authors.

Note: The SAVI report data were captured in 2001, the NSDA data for the Domestic Abuse of Men and Women in Ireland study in 2003, the Sexual Violence Survey data in 2022, and the data used in the paper by Vallières in 2019. Where available, survey response rates are in parentheses () in the 'sample size' column.

The difficulty in comparing findings across the nationally representative surveys can be seen in Table 3.2. An individual's lifetime experience of sexual abuse and assault is the only somewhat comparable measure in the SAVI report (McGee et al., 2002) and the SVS (CSO, 2023): the SAVI report found this to be 42 per cent for women and 28 per cent for men in 2001, and 21 years later the SVS found that this figure had increased to 52 per cent for women and no change for men (28 per cent). Nevertheless, the figures are still not directly comparable because of differences in the types of sexual violence examined in both (see Appendix Table A.1), and survey methodology.

In the NSDA, the figures for an individual's lifetime experience of severe (domestic) sexual abuse and assault, which relate to 2003, are much lower – 8 per cent for women and 1 per cent for men (Watson and Parsons, 2005).

TABLE 3.2 IRISH NATIONALLY REPRESENTATIVE STUDIES ON SEXUAL VIOLENCE: SOME FINDINGS⁵²

	Lifetime prevalence of sexual violence	Experienced unwanted 'contact' ('non-contact') sexual assault as an adult	Note
The SAVI Report (McGee et al., 2002)	42% of women; 28% of men	20.4% (5.1%) of women; 9.7% (2.7%) of men	'Unsure' category combined with 'No'
	Lifetime prevalence of sexual violence	Experienced sexual violence as an adult	
Sexual Violence Survey (CSO, 2023)	52% of women; 28% of men	39% of women; 12% of men	No 'Unsure' category used
	Lifetime prevalence of severe sexual abuse		
Domestic Abuse of Men and Women in Ireland (Watson and Parsons, 2005)	8% for women; 1% for men		
		Experienced some form of sexual violence in adulthood	
Vallièrès et al. (2022)		16.7%	

Source: Constructed by the authors.

Note: The SAVI report data were captured in 2001, the NSDA data for the Domestic Abuse of Men and Women in Ireland study in 2003, the Sexual Violence Survey data in 2022, and the data used in the paper by Vallièrès in 2019. The results presented in brackets relate to unwanted 'non-contact' sexual violence as an adult.

Both the SAVI survey (McGee et al., 2002) and the SVS (CSO, 2023) examined the perpetrators of sexual violence. However, like with their prevalence rates, the results are not directly comparable because of how the questions were asked.

Based on the SAVI report, back in 2001 almost 24 per cent of perpetrators of sexual violence against women as adults were either intimate partners or ex-partners, while for males most perpetrators were friends or acquaintances (42 per cent). The SVS (CSO, 2023) found that 25 per cent of women experienced sexual violence as an adult with their partner, while this figure was 6 per cent for men. More women (54 per cent) than men (45 per cent) who experienced sexual violence as an adult with a partner indicated that it happened more than once.

In relation to non-partners (which also includes ex-partners), 29 per cent of women in the SVS indicated that they experienced sexual violence as an adult with a non-partner. This was 9 per cent for men. Those with higher levels of education reported higher levels of experience of sexual violence as an adult with a non-partner: 26 per cent among those with a third-level qualification compared to 5 per cent among those with a primary or below qualification. Rates were also higher among those that were single: 26 per cent compared to 16 per cent for

those that were married; and bisexual: 46 per cent compared to 19 per cent of heterosexuals.

3.2.3 International studies that include Ireland

There are also very few international surveys examining sexual violence that include Ireland as a case study to allow for comparison with other countries. The first such survey was conducted by the European Union Agency for Human Rights (FRA) (FRA, 2014). This EU-wide survey was carried out in 2012.⁵³ Specifically, physical, sexual, psychological, and intimate partner violence (i.e. domestic violence) against women aged 18 to 74 were examined. The survey covered, what was at that time, all EU-28 Member States.

For Ireland, the survey found that since the age of 15, 4 per cent of women had experienced physical/sexual violence by their current partner, 19 per cent by a previous partner, and 19 per cent by a non-partner. These figures were all lower than the EU-28 averages of 8 per cent, 26 per cent, and 22 per cent respectively. In the 12 months before the interview, 3 per cent of Irish women had experienced physical/sexual violence from any partner and 5 per cent from a non-partner. These figures were similar to the EU-28 averages of 4 and 5 per cent respectively.

In 2024, FRA, in conjunction with Eurostat and the European Institute for Gender Equality (EIGE), published findings from their EU Gender-Based Violence (EU-GBV) survey. The survey examined the prevalence of various forms of gender-based violence against women aged 18 to 74 in the 27 EU Member States. This included physical and sexual violence (including rape and other unwanted sexual acts) perpetrated by an intimate partner or someone other than an intimate partner, as well as sexual harassment at work. Data were collected between September 2020 and March 2024, with 114,023 women participating, 994 from Ireland. It was found that countries with the highest prevalence of sexual violence tended to be those where self-completion surveys were used (i.e. where respondents filled out the survey without an interviewer). As outlined in Chapter 2, the data collection method used may influence the level of violence disclosed. In Ireland, computer-assisted personal interviewing (CAPI) and computer-assisted self-interviewing (CASI) were used.⁵⁴

For Ireland, the survey found that 41 per cent of women had experienced physical and/or sexual violence since the age of 15, 10 percentage points higher than the EU-27 average of 31 per cent. In addition, almost 22 per cent reported having experienced sexual violence in their lifetime by any perpetrator, which is also somewhat higher than the EU-27 average of 17 per cent (FRA, EIGE, Eurostat, 2024). In relation to intimate partner physical violence or threats and/or sexual violence, this figure was almost 23 per cent for Ireland, again higher than the EU-

⁵³ Data were collected between March and September 2012, via face-to-face interviews; 42,000 women took part, with a minimum of 1,500 per country.

⁵⁴ Eurostat co-ordinated the data collection in 18 Member States, FRA and EIGE in eight, which included Ireland, and Italy shared its data from its own national survey (see FRA, EIGE, Eurostat, 2024).

27 average of 18 per cent.

With regards to non-intimate partner violence, 28 per cent of women in Ireland reported experiencing physical violence or threats and/or sexual violence since the age of 15 by a non-partner, again somewhat higher than the EU-27 average figure of 20 per cent. Specifically with regards to sexual violence, 10 per cent of women in Ireland reported experiencing sexual violence other than rape, and 5 per cent rape by a non-partner.⁵⁵ In comparison with the EU-27 as a whole, both these figures were slightly higher for Ireland (sexual violence other than rape, 9 per cent for the EU-27, and rape, 4 per cent) (FRA, EIGE, Eurostat, 2024).

3.3 INSTITUTIONS AS LEVERS FOR CHANGE: THE HIGHER EDUCATION SECTOR IN IRELAND

3.3.1 Context and framework for consent

In recent years, the issues of sexual violence and sexual harassment have drawn significant attention within the context of higher education institutions (HEIs) in Ireland. In 2018, this resulted in the then Minister of State at the Department of Education and Skills (DES) convening a stakeholder workshop on consent and tackling sexual violence in Irish HEIs (DES, 2019). The Minister also wanted to use the higher education sector as a lever for change in addressing this issue in wider society. This is because the sector engages with an age group that are at high risk of experiencing sexual violence and, given their role in educating and developing individuals, are well positioned to influence societal attitudes and cultural norms.⁵⁶

Following this workshop, the Minister established an expert panel to develop a framework for consent in HEIs. This framework, *Safe, Respectful, Supportive and Positive: Ending Sexual Violence and Harassment in Irish Higher Education Institutions*, was launched in 2019. Despite various initiatives being developed and introduced in the past, it was found that the institutional culture often failed to support victims adequately, leading to inconsistent responses and a lack of transparency. Given this, the new framework, which draws on international best practice and research in this area, aims to provide institutions with standards and guidance on what works to create a safe and supportive culture (DES, 2019). Specifically, the framework aims to: (i) develop students' understanding and confidence in active consent, (ii) support HEIs in creating transparent systems for addressing complaints, and (iii) engage HEI staff in supporting students (DES, 2019).⁵⁷

⁵⁵ It is important to note that results regarding percentage of women experiencing rape by a non-partner in Ireland need to be interpreted with caution due to a small sample size (see FRA, EIGE, Eurostat, 2024).

⁵⁶ www.gov.ie/en/department-of-education/press-releases/minister-mitchell-oconnor-launches-framework-for-consent-in-higher-education-institutions.

⁵⁷ Since the introduction of the framework, HEIs have submitted two progress reports to the Higher Education Authority (HEA), and each institution's action plans are publicly available on their websites.

While the framework was initially developed for the higher education sector, its principles are now being extended to other settings, including schools and community organisations, through initiatives such as the Active* Consent programme.⁵⁸ Active* Consent is a national programme that began at the University of Galway in 2013. The programme promotes healthy relationships and respect through research and innovative consent education resources, including workshops, eLearning modules, and social media campaigns.

3.3.2 HEI sexual violence survey results

One of the factors that led to the establishment of the stakeholder workshop on consent and tackling sexual violence in Irish HEIs in 2018 was the results from research undertaken by the Union of Students in Ireland (USI) in 2013, the **Say Something Survey**. Specifically, the survey found that three in ten women in Irish HEIs reporting feeling sexually harassed or intimidated, and one in four reported experiencing unwanted sexual contact (DES, 2019).

Following the introduction of the framework for consent, in 2020, the University of Galway's Active* Consent programme, in partnership with the USI, conducted a national survey, the **Sexual Experiences Survey (SES)**, on students' experiences of sexual violence and harassment in HEIs. We next give a brief overview of the SES results. However, given that participation in the survey was voluntary, it was only administered⁵⁹ to 14 out of 21 USI-affiliated HEIs in Ireland, and its sample size is limited,⁶⁰ the results need to be interpreted with caution.

The SES found that female and non-binary students were the most affected by sexual misconduct and violence in HEIs. Similar results have also been found for students in universities in Northern Ireland (Lagdon et al., 2023). The perpetrators were mostly men who studied at their college (Burke et al., 2020).

In relation to sexual orientation, the SES revealed that bisexual students reported the highest rates of experience of sexual misconduct. In addition, students with disabilities⁶¹ reported higher rates of sexual misconduct and harassment (Burke et al. 2020).

Digging deeper into the SES data, Burke et al. (2023) found that substance use (i.e. alcohol consumption and drug use) significantly increased the risk of sexual violence victimisation among first-year college students, especially among female and non-binary students.

In 2021, the HEA adapted the content of the SES for their **National Surveys of Staff and Student Experiences of Sexual Violence and Harassment in Irish HEIs**, surveys that were, given the introduction of the framework for consent, conducted to

⁵⁸ www.gov.ie/en/department-of-further-and-higher-education-research-innovation-and-science/press-releases/ministers-harris-and-mcentee-announce-5-year-active-consent-programme/?utm_source=chatgpt.com.

⁵⁹ Online.

⁶⁰ A total of 6,026 students took part in the survey: 3,928 females, 1,987 males, and 111 non-binary students.

⁶¹ 15 per cent of total respondents.

monitor the experiences of students and staff regarding sexual violence and harassment in Irish HEIs. Like with the SES 2020, participation in these two surveys⁶² was voluntary, and the sample sizes limited; thus, the overview of results presented next need to be interpreted with caution.

The results from the **student survey**⁶³ revealed that 41 per cent of students reported experiencing sexual violence since enrolling, with, like with the SES 2020 results, female and non-binary students being the most affected (MacNeela et al., 2021a).

Using these HEA student data, the National Disability Authority (NDA) found that having a disability significantly increased the likelihood of experiencing sexual harassment and violence (NDA, 2024).⁶⁴

The **staff survey**⁶⁵ revealed that the most common experience among staff members was unwanted sexual touching. Those most affected included females, individuals who preferred not to state their gender, and gender non-binary staff. In relation to sexual orientation, bisexual staff and those who preferred not to disclose their orientation reported the highest prevalence. Disclosure rates were low, with many victims citing personal and professional concerns as barriers to reporting (MacNeela et al., 2021b).

The results from this 2021 HEA research led the Authority to develop an implementation plan to address the issue of sexual violence in HEIs. This plan, covering the period 2022–2024, included 19 actions that built on existing initiatives and aligned with the 2019 national framework for consent (HEA, 2022).

3.3.3 Anonymous reporting tools

In addition to the 2019 national framework for consent, and the HEA's 2022 implementation plan, HEIs themselves have demonstrated their commitment to addressing the issue of sexual violence and harassment by developing anonymous tools for reporting such issues.

For example, in January 2020, **University College Dublin (UCD)** launched the **'Report and Support' tool**, a confidential platform for students, staff, and visitors to anonymously report incidents of bullying, harassment, and sexual misconduct. The data collected through this tool, along with disclosures received by the **Dignity and Respect Support Service (DRSS)** and **formal complaints**, are published in UCD's *Dignity & Respect Annual Report*.⁶⁶

⁶² Conducted online.

⁶³ 7,901 students took part in the student survey, with the majority being female aged 18–24 years of age. Respondents had the option to skip questions; therefore, sample sizes vary for different questions.

⁶⁴ Again, these results need to be interpreted with caution for the reasons outlined previously about the underlying data (e.g. survey voluntary, limited samples sizes and the data not necessarily being representative of the higher education sector population).

⁶⁵ Completed by 3,516 HEI staff members, the majority being female.

⁶⁶ The UCD Dignity and Respect Support Service (DRSS) supports the UCD community with issues of bullying, harassment, and sexual misconduct, offering information and a listening ear. Before the establishment of the

Between September 2023 and August 2024, the DRSS received 42 disclosures of sexual misconduct (out of a total of 218 disclosures), with students reporting sexual misconduct more frequently than staff members, and females being more likely to disclose than males (University College Dublin, 2025).

Another anonymous tool was launched by the Psychological Counsellors in Higher Education Ireland (PCHEI) in 2021, the **‘Speak Out’ tool**. It was created in response to counsellors’ observations that students struggle to verbalise their experiences, and has further enhanced the support and reporting mechanisms available to students in 18 HEIs in Ireland. The data collected through this tool are published in the PCHEI’s annual *Speak Out National* report, the most recent for which relates to 2022 data. The HEA evaluated the tool in 2023 and concluded that it should be sustained and supported as it has the potential to support the implementation of national policy in a number of areas: for example, fostering a culture of accountability, providing tailored signposting information on supports to victims/survivors, and the production of valuable data that can be used to support resource allocation and the design of policy and targeted interventions (HEA, 2023).

3.4 DATA FROM SUPPORT AGENCIES

3.4.1 Introduction

Prior to the nationally representative surveys outlined in Section 3.2, identification of the numbers impacted by sexual violence was based on the number of people seeking support and/or reporting to the police. While there are issues with these statistics, such as under-reporting, the data being specific to the agencies concerned, and the other concerns that were outlined about administrative data in Chapter 2, resulting in these data not being useable for estimating either prevalence or incidence rates, these data are still needed to provide broad trends/patterns so that we have some understanding of the scale of the issue in the country. This is especially the case given that nationally representative surveys are not undertaken on a regular basis.

In this section, we present a brief overview of the data being captured by various support agencies that are funded by Cuan, and in Section 3.5 we present the police and national crime statistics that are gathered in this area.

3.4.2 Rape Crisis Centres

This section presents the type of data being collected by the Rape Crisis Centres (RCCs) in Ireland, of which there are 16.⁶⁷ RCCs operate as independent entities, and offer support, information, counselling, and advocacy services for survivors of sexual violence, including rape, sexual assault, sexual harassment, and childhood sexual abuse. Some of these centres are members of the Rape Crisis Ireland (RCI) network, but membership of this network is not compulsory.⁶⁸

Based on correspondence with the RCCs for this study, and also reports published by some of the centres, we have found that the data captured and reported by each centre can vary significantly. Below, we provide an overview of the available data from these centres, including that gathered by RCI, highlighting the diversity in their reporting practices and the scope of their services.

3.4.2.1 Rape Crisis Ireland (RCI) network

Rape Crisis Ireland (RCI), a specialist policy agency on sexual violence, founded in 1985 by six RCCs,⁶⁹ has been gathering and publishing statistics on sexual violence since 2004. Its annual reports outline who contacts the RCC helplines that are members of its network, including the individual's gender, age, and reasons for contact, as well as details on the sexual violence disclosed, such as type, duration, and perpetrator information.

RCI's most recent report, which relates to 2023, is based on data from eight agencies in its network.⁷⁰ This report highlights that 10,182 survivors contacted these eight agencies' helplines in 2023, the majority of which were women (90 per cent) (Rape Crisis Ireland, 2025).⁷¹ The report also found that the majority of survivors attending these eight agencies in 2023 were girls/women (88 per cent), with boys/men accounting for 11 per cent.⁷²

⁶⁷ List of Rape Crisis Centres in Ireland: Athlone Midlands Rape Crisis Centre; Carlow & South Leinster Rape Crisis & Counselling Centre; Sexual Violence Centre Cork; Donegal Sexual Abuse & RCC; Dublin Rape Crisis Centre; Rape Crisis Northeast, Dundalk; Galway Rape Crisis Centre; Kerry Rape & Sexual Abuse Centre; Kilkenny Rape Crisis & Counselling Centre; Rape Crisis Midwest, Limerick; Mayo Rape Crisis Centre; Rape Crisis & Sexual Abuse Counselling Centre Sligo, Leitrim & West Cavan; Tipperary Rape Crisis Centre; Tullamore Rape Crisis Centre; Waterford Rape & Sexual Abuse Centre; Wexford Rape Crisis. In some of their reports, West Cork Beacon is listed by Rape Crisis Ireland (RCI) as a Rape Crisis Centre (RCC), but, based on correspondence with West Cork Beacon, they do not identify themselves as a RCC.

⁶⁸ Six RCCs are currently members of the RCI network: Carlow & South Leinster Rape Crisis & Counselling Centre, Donegal Sexual Abuse & RCC, Kerry Rape & Sexual Abuse Centre, Rape Crisis Midwest in Limerick, Mayo Rape Crisis Centre, Waterford Rape & Sexual Abuse Centre.

⁶⁹ RCI was founded in 1985 by the Rape Crisis Centres of Mayo, Dublin, Galway, Cork, Limerick and Belfast. Formerly known as Rape Crisis Network Ireland, they changed their name in 2024 to Rape Crisis Ireland.

⁷⁰ See Rape Crisis Ireland, 2025. The data included in the 2023 RCI report are sourced from the following eight agencies: Carlow & South Leinster Rape Crisis & Counselling Centre; Donegal Sexual Abuse & RCC; Rape Crisis Northeast in Dundalk; Kerry Rape & Sexual Abuse Centre; Rape Crisis Midwest in Limerick; Mayo Rape Crisis Centre; Waterford Rape & Sexual Abuse Centre; and West Cork Beacon. It is to be noted that until 2021, only six agencies entered data into the RCI system, increasing to seven in 2022 and eight in 2023, not making year-to-year comparisons feasible. Participation in the database is separate from membership, as shown by West Cork Beacon and Rape Crisis Northeast, which are in the database but not listed as members.

⁷¹ The data are also segmented by age groups: Under-13, 13–17, and 18+.

⁷² The data collected include individuals who have attended at least one counselling or support appointment.

RCI's 2023 report shows that the most prevalent type of violence for which support was sought differs across age groups. Specifically, children under 13 seeking support are most likely to have been sexually assaulted, while those aged 13–17 and adults are most likely to have been raped.⁷³

The vast majority of perpetrators of sexual violence were found to be men (96 per cent). When it comes to the relationship between the victim and the perpetrator, almost half of adult survivors of sexual violence reported the perpetrator as a friend/acquaintance/neighbour, and almost a quarter as a partner/ex-partner. In relation to disclosing and reporting sexual violence, RCI's 2023 report found that adults most often first disclosed to friends (23 per cent) and the police (23 per cent).

RCI's annual reports also include data on marginalised groups, specifically, those with a disability, survivors seeking and granted international protection, Irish Travellers, and LGBTQ+ individuals.

The Rape Crisis Centres (RCCs) discussed in the following sections operate independently of the RCI network. Specifically, the RCCs of Dublin, Cork, Galway, Sligo, and Wexford. Offaly, Westmeath, Carlow, Kilkenny, and Tipperary also operate independently of the RCI network. Some of these RCCs collect statistics, but not all appear to do, and, also, not all publish the statistics that they collect (see Appendix II, Table A.3).

3.4.2.2 Dublin Rape Crisis Centre (DRCC)

The **Dublin Rape Crisis Centre** (DRCC) was established in 1979, and they work with individuals that have experienced sexual assault, rape or childhood sexual abuse. The DRCC produces an annual report, with the first one dating back to 2005.

In 2023, the DRCC reported in its annual report that it had 18,605 contacts with their 24-hour national rape crisis helpline. Most contacts were from first-time callers (10,106), with most contacts related to rape as an adult, followed by child sexual abuse, and sexual assault as an adult. The age distribution of contacts was diverse, with the largest groups being 30–39 years (20 per cent) and 40–49 years (19 per cent). Gender-wise, considering the 91 per cent of contacts who disclosed their gender, 71 per cent were female, 18 per cent male, and 11 per cent other. Most contacts (88 per cent) were from Irish individuals, with 56 per cent located in Dublin (Dublin Rape Crisis Centre, 2024)

DRCC provided therapy to 497 clients in 2023, of which 310 were new clients. Of these clients, 72 per cent experienced sexual violence as adults, and 28 per cent as children. The majority were female (89 per cent). The largest age cohort was 18–23 years (26 per cent).

Forty-two per cent of therapy clients reported being raped as adults, 3.7 per cent

⁷³

The age groups refer to the age of the person when the violence occurred. It is important to note that most survivors seeking counselling and support at RCI's eight agencies are adults when they access the services, and they are doing so because of sexual violence they experienced as children (Rape Crisis Ireland, 2025).

cited marital or intimate partner rape, 17 per cent cited sexual assault, and 2.1 per cent sexual harassment. Online abuse was reported by 2.2 per cent, aggravated sexual assault by 2.1 per cent, and suspected drug-facilitated rape by 1.9 per cent (Dublin Rape Crisis Centre, 2024).

3.4.2.3 Sexual Violence Centre Cork

The **Sexual Violence Centre Cork**, established in 1983, provides comprehensive services to survivors of various forms of sexual violence, including rape, sexual assault, child sexual abuse, and domestic violence, for individuals aged 14 and over.

In 2023, the Centre reported in its annual study that it assisted 412 victims, with 314 being new clients. The gender breakdown was 86 per cent female, 13 per cent male, and 0.04 per cent non-binary (Sexual Violence Centre Cork, 2024). The Centre also supported 36 victims at the Sexual Assault Treatment Unit (SATU) at the South Infirmary Victoria University Hospital Cork until July 2023.⁷⁴

Nearly half of the Cork Centre's clients were adult survivors of sexual assault. Additionally, 17 per cent were adult survivors of child sexual abuse, 0.3 per cent experienced domestic violence, 0.3 per cent were victims of sex trafficking, 0.6 per cent faced sexual harassment, 8 per cent were victims of stalking, and 9 per cent were under-18 survivors of child sexual abuse (Sexual Violence Centre Cork, 2024).

The Sexual Violence Centre Cork's annual report does not provide much data regarding the victims they assist in terms of, for example, age and gender. Instead, it primarily focuses on summarising the activities and services the Centre offers.

3.4.2.4 Galway Rape Crisis Centre (GRCC)

The **Galway Rape Crisis Centre (GRCC)**, founded in 1984, provides counselling, legal support, education, and community engagement to support survivors of sexual violence and raise awareness. In their annual reports, the GRCC does not provide detailed statistics of the people who contact them, but it is noted that significantly larger numbers of women seek support, with less than 8 per cent of clients being men in 2022 (Galway Rape Crisis Centre, 2023). It is important to note that the GRCC figures referring to clients does not only include victims, but also people close to the victims, such as family members or partners. The 2022 report states that 57 per cent of contacts to the GRCC were survivors seeking support for themselves (Galway Rape Crisis Centre, 2023).

The statistics from the GRCC's 2022 report are based on 5,022 offered appointments and 8,567 contacts (including voice calls, texts, and emails) to/from the GRCC. Most clients were aged 18–23. The most common types of assault were rape and child sexual assault (Galway Rape Crisis Centre, 2023).

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Sexual Assault Treatment Units (SATUs) provide comprehensive, accessible care for individuals aged 14 and over who have recently experienced sexual assault or rape, addressing their medical, psychological, and emotional needs, offering follow-up care, and assisting with forensic evidence collection if needed. The SATU of the Victoria University Hospital in Cork is one of the six SATUs across Ireland. In July 2023, the Sexual Violence Centre Cork withdrew from the on-call service to the SATU. See Sexual Violence Centre Cork, 2024.

3.4.2.5 Sligo Rape Crisis Centre (SRCC)

Founded in 1996, the **Sligo Rape Crisis Centre** (SRCC) offers counselling, advocacy, and awareness. SRCC's public reports do not provide data on their clients but rather an overview of their activities and outreach. For example, in 2023, the Sligo Rape Crisis Centre delivered 1,917 counselling sessions, providing crucial support to survivors of sexual violence – 306 clients, 23 of whom were under 18 (Sligo Rape Crisis Centre, 2024).

Their helpline handled 727 calls (callers were 70 per cent female and 30 per cent male). Additionally, in 2023 SRCC conducted 19 workshops in eight schools to raise awareness about sexual violence prevention, participated in community events to engage with the public, and ran social media campaigns to broaden their outreach and educate a wider audience.

3.4.2.6 Wexford Rape Crisis (WRC)

The **Wexford Rape Crisis** (WRC) was established in 1995 and delivers counselling to both adults and adolescents, provides court and Garda accompaniment, offers parental support, and runs a Consent and Sexual Violence Education and Prevention Programme for young people. In 2023, the Adult Counselling Service, which offers one-to-one counselling for any adult impacted by domestic, sexual or gender-based violence, saw a significant increase in demand (Wexford Rape Crisis, 2024). Specifically, the number of referrals grew by 33 per cent from 2022, rising from 178 to 237.

The three main areas of support sought by clients were sexual violence, domestic violence, and historical child sexual abuse (Wexford Rape Crisis, 2024). Apart from this, there is limited data available from WRC, especially regarding the Adolescent Counselling Service.

3.4.2.7 Support agency data summary

As demonstrated, data collection practices vary across the different RCCs. Generally, the data collected includes the number of individuals supported, their age and gender, the types of violence experienced, and the types of support provided. However, this is not always the case. While many centres publish their data either within the RCI report or through individual reports, some do not, such as Athlone (Midland) Rape Crisis Centre, Tipperary Rape Crisis Centre, and Tullamore Rape Crisis Centre.

3.4.3 Women's Aid

Women's Aid, established in 1974, focuses on preventing and addressing domestic violence and abuse, including coercive control. The organisation has been producing statistics and research on such violence since 2002, covering topics such as intimate partner abuse, pornography's impact on violence, and legal responses to domestic violence.

The Women's Aid 2023 report provides information on who contacted the

helpline and support services, detailing the victims of domestic abuse (women and children), types of abuse (emotional, physical, economic, and sexual), and perpetrator types (intimate and non-intimate partners) (Women's Aid, 2023). The data, collected from the National Freephone Helpline and Face-to-Face Support Services, revealed 40,048 disclosures of domestic abuse in 2023, with 35,570 against women and 4,478 against children.⁷⁵

There were 1,448 disclosures of sexual abuse, including rape (307 disclosures) and sexual assault, coerced sexual activity, unwanted sexual advances, etc.

Eighty-six per cent of those in contact with Women's Aid were abused by a current (55 per cent) or former (31 per cent) male intimate partner, while 9 per cent were abused by a man who was not an intimate partner, and 5 per cent by a female abuser. Of the women who contacted the National Freephone Helpline, 2,603 disclosed contacting the police, and 1,068 women applied for a Domestic Violence Order, with 87 per cent of orders granted (Women's Aid, 2023).

Women's Aid's *Femicide Watch*, established to record and analyse femicides⁷⁶ since 1996, aims to illustrate the dangers posed to women and improve protection measures for women and children. Between 1996 and June 2024, 266 women and 20 children were killed violently, with 63 per cent of these deaths occurring in the victims' homes. Of the resolved cases (208), 87 per cent of women were killed by a man known to them, and 55 per cent by a current or former male intimate partner.

In 2023, Women's Aid and the Women's Aid Federation of Northern Ireland created an *All-Ireland Femicide Watch*. This initiative revealed that since 2020, 53 women have died violently on the island of Ireland (33 women in the Republic and 20 in Northern Ireland), with 79 per cent killed in their homes. Additionally, four children died in incidents where women were killed. Of the 24 resolved cases, 79 per cent of women were killed by a man known to them, and 50 per cent by a current or former partner (Women's Aid, 2023).

Women's Aid 2023 report also highlights the experience of marginalised groups of women, noting that 712 callers to their National Freephone Helpline identified as disabled (21 per cent), deaf/hard of hearing (1 per cent), migrant (61 per cent), or from Irish Traveller/Roma backgrounds (17 per cent) (Women's Aid, 2023).

In 2024, Women's Aid, in partnership with Trinity College Dublin and the Disabled Gender-Based Violence Taskforce, conducted the project ***Disabled Women's Experiences of Intimate Partner Abuse in Ireland***, exploring the nature of intimate partner abuse (IPA) against disabled women in Ireland and the accessibility of domestic violence services for them (Flynn et al., 2024). The report, based on data

⁷⁵ The discrepancy between the 28,638 contacts and 40,048 disclosures is due to multiple types of abuse being reported during a single contact with Women's Aid services.

⁷⁶ Femicide (or *feminicide*) refers to the intentional killing of women and girls motivated by gender. It differs from general homicide in that it is driven by discrimination, unequal power relations, gender stereotypes, and harmful social norms.

collected from 97 disabled women⁷⁷ and 24 domestic violence organisations in 2024,⁷⁸ identifies various forms of abuse, including physical, verbal, emotional, sexual, economic, and disability-specific abuse.⁷⁹ One of its main findings is that disabled women reported higher rates of physical, economic, and sexual violence compared to non-disabled women.⁸⁰

3.4.4 Other support agencies data

In addition to Rape Crisis Centres and Women's Aid data, we also examined the data being collected by other support agencies working in the area of sexual and domestic violence, specifically those funded by Cuan.⁸¹ As with the RCC data, data collection and publication practices among these agencies are not standardised: while some collect detailed information on clients, the nature of the abuse, and perpetrator characteristics, others may only record whether abuse was mentioned in the session. As a result, data collection across these agencies is often inconsistent and lacks a uniform approach.⁸² This inconsistency prevents the aggregation of data, limiting the ability to provide a comprehensive overview of contacts to support agencies and therefore monitor trends over time in this area. Further details on these agencies and the data they collect can be found in Appendix II, Table A.4.

3.5 ADMINISTRATIVE DATA

3.5.1 Introduction

In this section, we outline and assess the potential for administrative health and crime records to provide information on sexual violence. The three main administrative data sources recording statistics on sexual violence in Ireland that we examine are: (i) administrative health records, (ii) Sexual Assault Treatment Unit (SATU) statistics, a service run by the Health Service Executive (HSE) for individuals that have been sexually assaulted, and (iii) recorded crime statistics by our national policing and security service, An Garda Síochána.

3.5.2 Administrative health records

Administrative health data can be useful for identifying those who seek medical care for sexual violence and its longer-term consequences (e.g. mental health treatment). A number of international studies have assessed the usefulness of

⁷⁷ The majority of participants resided in Dublin, with smaller percentages from Clare, Galway and Cork.

⁷⁸ Given the small sample, the results need to be interpreted with caution.

⁷⁹ Disability-specific abuse includes withdrawing disability support or damaging disability equipment, withholding or overdosage of medication, or withholding treatment.

⁸⁰ The authors support this statement by comparing their data with the findings from the 2023 Crime Survey for England and Wales (CSEW) and Women's Aid UK.

⁸¹ It should be noted that there are also non-Cuan-funded support agencies operating in Ireland. In total, approximately 70 agencies work in the area of sexual and domestic violence. Further information is available from the authors upon request.

⁸² Information provided by correspondence with the agencies.

International Classification of Diseases (ICD) codes for surveillance of IPV in particular (Rebbe et al., 2023; Shum et al., 2024).⁸³ Shum et al. (2024) examined the use of 71 possible ICD-10 codes in four emergency departments (EDs) in the US in 2021/2022, while Rebbe et al. (2023) reviewed 21 studies that used ICD codes⁸⁴ to measure and examine IPV between 2000 and 2020. They recommend that future researchers use both a broad and a narrow set of codes, i.e. three ‘primary’ codes and an additional 12 ‘expanded’ codes. This approach yields an estimate with high specificity, i.e. ability to detect true negatives, paired with another estimate with enhanced sensitivity, i.e. ability to detect true positives. For IPV, there is currently no consensus about which set of codes are most appropriate for identifying patients experiencing IPV. In addition, clinicians/patients may be reluctant to discuss IPV, and it can be difficult to distinguish IPV from other forms of interpersonal violence (Rebbe et al., 2023).

Focusing on the use of ICD codes to identify IPV in the UK, Olive (2018) notes that the production of good-quality health information for secondary uses is reliant on accurate documentation of events and information by practitioners at the point of care and encoding of that information through sound classification systems. She reviews the three main sets of ICD codes that capture violence: ‘maltreatment syndromes’, ‘assault’ and ‘problems relating to primary support group’. While some codes capture the relationship between the victim and perpetrator, and some the location (e.g. home), not all do, reducing their usefulness for capturing IPV. She found that usage of the three sets of codes was low, given what is known about the incidence, prevalence and health impacts of IPV. Qualitative interviews with a sample of clinical coders revealed considerable confusion among coders about what constitutes IPV. For example, some were unsure about whether a ‘once off’ assault by an intimate partner should be classified as IPV.

In Ireland, ICD coding is only available for the Hospital In-Patient Enquiry (HIPE) system, which records all in-patient and day patient activity in public hospitals in Ireland, and the National Psychiatric Inpatient Reporting System (NPIRS) (Daly et al., 2024; Health Information and Quality Authority (HIQA), 2022; Healthcare Pricing Office, 2022). At present, attendances at EDs and outpatient departments are not coded using ICD (and there is no harmonised dataset across hospitals).⁸⁵ In primary care, GP practices use different IT systems for recording patient attendances, and data are not routinely available, let alone harmonised across systems (Walsh et al., 2021). The existence of a mixed public-private financing and delivery system in Irish healthcare further constrains the development of a comprehensive health information system for Irish health and

⁸³ These papers focus on the use of ICD codes for identification of IPV, rather than sexual violence more generally.
⁸⁴ As ICD-10 coding was first used from 2015, just four studies examined ICD-10 codes (the coding system used in Ireland).

⁸⁵ In the UK, since 2019, the Emergency Care Data Set (ECDS) has a safeguarding item that flags domestic violence; physical, sexual, emotional, psychological, institutional, and financial abuse; honour-based violence; sexual exploitation; human trafficking; sexual grooming; child sexual abuse; child neglect; forced marriage; genital mutilation; bullying; and other directed violence. However, it is inconsistently used, reducing its utility for surveillance of (sexual) violence (Fadeeva et al., 2024).

social care (Walsh et al., 2021).⁸⁶

3.5.3 Sexual Assault Treatment Unit data

The 2023 Annual Report from Sexual Assault Treatment Units (SATUs), a service funded by the HSE for individuals that have been raped or sexually assaulted, provides insights into the care provided by the six units that exist, which are located in Dublin, Cork, Waterford, Mullingar, Galway and Letterkenny.

SATUs provide specialist care for individuals aged 14 and over who have recently been sexually assaulted or raped. These units offer holistic services addressing the medical, psychological and emotional needs of victims, including emergency contraception and medication to prevent sexually transmitted infections. SATUs also collect forensic evidence for legal purposes upon request from the police, but they also cater to those who do not wish to report the incident to the authorities. Victims can access SATU services at any time, either through the police or by directly contacting the SATU, and can choose from three service options:

1. Reporting the crime to the police and receiving comprehensive care, including forensic evidence collection if the incident happened within seven days of the disclosure (i.e. Police Forensic Exam Kits).
2. Attending a SATU without reporting the crime to receive medical and psychological care without forensic evidence collection (health checks, for people aged over 16 years of age).
3. Attending a SATU without police involvement to receive care and have forensic samples taken and retained while deciding whether to report the crime (forensic exams with stored evidence for people aged over 16 years of age that have experienced sexual violence in the last seven days).⁸⁷

In 2023, these six units attended to 1,062 individuals (Department of Health, 2024).⁸⁸ The report examines attendance types, including Police Forensic Exam Kits, health checks, and forensic exams with stored evidence,⁸⁹ as well as details of incidents such as location, time, assailant, injuries, and victim characteristics. The report focuses on rape and sexual assault cases involving both intimate and non-intimate partners. The data reveals that 91 per cent of attendees were female, 8 per cent were male, and 1 per cent identified as another gender or none.

The majority of SATU attendees in 2023 were under 25 years old (56 per cent), with

⁸⁶ While the Health Identifiers Act (2014) established an Individual Health Identifier, assigning a unique number to every person who has contact with Ireland's health and care services, implementation has been slow (Walsh et al., 2021). Furthermore, the Health Information Bill (2023) aims to develop an information system that will allow this identifier to link health records securely and efficiently for relevant purposes such as health service planning and research. However, it is unclear when this Bill will be enacted (see www.gov.ie/en/publication/f3faa-health-information-bill-2024 for further details).

⁸⁷ www.garda.ie/en/crime/sexual-crime/what-are-sexual-assault-treatment-units-.html.

⁸⁸ In 2023, the Dublin SATU – Rotunda – saw the highest attendance with 42 per cent, followed by Cork SATU at 14 per cent, Galway SATU at 13 per cent, Mullingar SATU at 12 per cent, Donegal SATU at 11 per cent, and Waterford SATU at 8 per cent (Department of Health, 2024).

⁸⁹ Local statistics by county are also available, covering Cork, Donegal, Dublin, Galway, Mullingar and Waterford.

35 per cent aged 18–25. Seventy-seven per cent identified as Irish, with people from 58 other nationalities also attending. When compared to the previous year, incidents in Ireland remained stable at around 84 per cent, but those in Dublin increased from 6 per cent to 31 per cent between 2022 and 2023. Single assailants were responsible for 90 per cent of assaults, while 9 per cent involved multiple assailants.⁹⁰

Regarding alcohol, 32 per cent had taken none, 19 per cent had less than six drinks, and 43 per cent had more than six drinks. For drugs, 74 per cent reported none, 18 per cent took recreational drugs, 1 per cent took prescription drugs, and 2 per cent took both (Department of Health, 2024). In general, the SATU data offer valuable administrative statistics on the numbers and characteristics of rape and sexual assault in Ireland.

Analysing the attendances of women at SATUs from 2017 to 2023, a recent study found that there were 5,942 female attendances, with an average age of 26 years. The majority of attendees were young women, particularly those aged 18–25 (38 per cent). Almost 80 per cent of women had Irish nationality, while 8.5 per cent were from other European countries, 3.1 per cent from African countries, 1.4 per cent from South and Central American countries, and 0.5 per cent from the Middle East (Kane et al., 2024c).

Forensic examinations were conducted in 77 per cent of cases, while 21 per cent attended for health checks, and 2 per cent sought other assistance. Most assailants were male (92 per cent), and incidents often involved strangers or recent acquaintances (39 per cent), while friends, intimate partners, or family members comprised 23 per cent of attendances. Alcohol use was reported in 72 per cent of cases, and drug use in 15 per cent (Kane et al., 2024c).

Focusing on the use of the ‘option 3’ care alternative, which allows the forensic examinations without immediate police involvement, the study by Kane et al. (2024d) found that from 2017 to 2023, 13 per cent of all forensic exams utilised this option, with 20 per cent subsequently reporting to the police. The majority of attendees who took option 3 were female (89 per cent) with an average age of 26.6 years. Key findings include higher alcohol consumption (82 per cent) and indoor assaults (87 per cent) among those choosing this option. Factors such as genital injury, victim-assailant relationship, and substance use did not significantly impact subsequent reporting rates (Kane et al., 2024d).

3.5.4 Recorded crime statistics

Recorded crime statistics for Ireland are produced on a quarterly basis by our national statistical data collection agency, the Central Statistics Office (CSO); also the organisation that collated the 2022 SVS data. In 2019, the CSO also undertook

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In 28 per cent of cases, the assailants were strangers, 29 per cent were friends or acquaintances of more than 24 hours, 15 per cent were recent acquaintances of less than 24 hours, 11 per cent were intimate or ex-intimate partners, 7 per cent unknown, 4 per cent were family members, 3 per cent were persons in authority, and 4 per cent fell into other or not recorded categories (Department of Health, 2024).

a Crime and Victimization Survey. A second wave of this survey was carried out in 2025. However, sexual crimes are not asked about in the survey. Victims of such crimes might report them as a ‘physical assault’ in the surveys, but there is no way of verifying this.⁹¹

In relation to recorded crime data for Ireland, these data are compiled exclusively from administrative records created and maintained by the Irish police service, An Garda Síochána, on their incident recording system called PULSE.⁹² Unfortunately, there have been issues with the quality of the recorded crime data, dating back to 2014 when such issues first came to light and resulted in the publication of recorded crime statistics being suspended.⁹³ Publication of crime statistics resumed ‘under reservation’ in March 2018, with ‘under reservation’ being used to signal to users that there were still underlying quality issues with the data that needed to be resolved and, therefore, the data were still not reliable. It was only in October 2023, after the publication of its fifth review of the quality of crime statistics, that the CSO lifted their ‘under reservation’ categorisation around crime statistics.⁹⁴ This applied to recorded crime data that it disseminated from Quarter 1 (Q1) 2023 and meant that all published data from that period was deemed reliable. Unfortunately, the crime statistics prior to this period are not reliable.

In relation to the crime statistics published since Q1 2023, specifically related to sexual offences, the most recent data indicates that there was a 1 per cent fall in the number of recorded sexual offence incidents in the year to Q3 2024 compared to the same period in 2023.⁹⁵ Specifically, there were 3,577 recorded crime incidents where a sexual offence was the primary offence in the year to Q3 2023, and this had fallen to 3,535 in the year to Q3 2024. However, when specifically comparing Q3 2023 with Q3 2024, there was a 31 per cent increase in the number of sexual offence-related incidents, with the number of incidents rising from 837 to 1,100.

With regards to the type of sexual offence incidents, in the year to Q3 2024 there was no change in the number of recorded rapes (941 in 2023 and 2024), the number of non-aggravated sexual assault incidents rose (2,035 in 2023 and 2,116 in 2024), while the number of aggravated incidents classified under sexual assault, defilement and other sexual offences declined.⁹⁶

In relation to crime victims and sexual offenders, in 2022 the suspected offender

⁹¹ For more details on the 2019 survey, see Introduction and Summary of Results Crime and Victimization 2019 – Central Statistics Office; and for information on the 2025 survey, see: Crime and Victimization Survey – CSO – Central Statistics Office.

⁹² PULSE: Police Using Leading Systems Effectively.

⁹³ Lifting of Under Reservation Categorisation for Recorded Crime Statistics FAQ – CSO – Central Statistics Office.

⁹⁴ The CSO lifted their ‘under reservation’ categorisation because An Garda Síochána had implemented a more formal quality management system for PULSE data, amongst other measures, that support data fit for statistical purposes.

⁹⁵ Key Findings Recorded Crime Q3 2024 – Central Statistics Office.

⁹⁶ The number of defilements fell from 79 in the year to Q3 2023 to 68 in the year to Q3 2024, the number of aggravated sexual assault incidents fell from 7 to 4, and other sexual offences fell from 515 to 406. Due to small numbers, the number of incidents of sexual offence involving mentally impaired person cases are included in the other sexual offences category.

was known to seven out of every ten victims of detected incidents classified as sexual offences (71 per cent).⁹⁷ Twenty per cent of detected incidents of sexual offences in 2022 involved a male suspected offender and a male victim. In 2023, four in five victims of reported incidents of sexual offences were female (81 per cent), and about half of all victims were under 18 when the incident took place (49 per cent). Finally, 28 per cent of victims of historical incidents involving sexual offences reported in 2023 were males under 18 years of age when the incident occurred, compared with almost half (48 per cent) for female victims.

It is important to note that since 2023, the Department of Justice 'Data as a Drive' group have been working in partnership with the CSO as part of the Department's sectoral strategy to promote and enhance the analytical capabilities and standards of criminal justice-related data.⁹⁸ In the context of this research, this work has included promoting the development of shared and consistent definitions of sexual violence-related offending, and concepts relating to criminal justice data.

3.6 SUMMARY

In this chapter, we provided an overview of nationally representative surveys that have examined prevalence rates of adult sexual violence in Ireland. We also examined sexual violence and policy developments in the higher education sector in Ireland, an institutional setting that has been used by government as a lever for change with regards to sexual violence in society. Given that nationally representative surveys are not conducted on a regular basis in Ireland, we also outlined various administrative sources data on sexual violence (support agencies, hospital records, crime statistics, etc.) and, noting the limitations of such data for estimating prevalence/incidence rates, assessed their potential for monitoring trends in sexual violence over time.

There are very few nationally representative surveys examining the prevalence of sexual violence in Ireland, and even with the few that exist, comparison of results is problematic due to variations in the methodologies employed, definitions of sexual violence used, etc. An individual's lifetime experience of sexual violence is the only somewhat comparable measure in the two main national surveys that have been conducted, the SAVI report (McGee et al., 2002) and the SVS (CSO, 2023). The SAVI report estimated this prevalence rate to be 42 per cent for women and 28 per cent for men in 2001. In 2022, the SVS found that this figure had increased to 52 per cent for women and there was no change for men (28 per cent).

There are also very few international surveys examining sexual violence that include Ireland. The first was conducted by the European Union Agency for Human Rights (FRA) in 2012. This survey found that since the age of 15, 4 per cent of women in Ireland had experienced physical/sexual violence by their current partner, 19 per cent by a previous partner, and 19 per cent by a non-partner.

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Key Findings Recorded Crime Victims 2023 and Suspected Offenders 2022 – Central Statistics Office. For further information, see: Criminal-Justice-Sectoral-Strategy-2022-2024.pdf.

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These figures were all lower than the EU-28 averages. In the 12 months before the interview, 3 per cent of Irish women had experienced physical/sexual violence from any partner and 5 per cent from a non-partner, figures that were similar to the EU-28 averages (FRA, 2014).

In 2024, FRA, in conjunction with Eurostat and the European Institute for Gender Equality (EIGE), published findings from their EU Gender-Based Violence (EU-GBV) survey. This time, the rates for all forms of sexual violence examined were found to be higher for Ireland compared to the EU-27 average. Specifically, this survey found that 41 per cent of women in Ireland had experienced physical and/or sexual violence since the age of 15, 10 percentage points higher than the EU-27. Twenty-two per cent reported experiencing sexual violence in their lifetime, which was also higher than the EU-27 average of 17 per cent. Intimate and non-intimate partner physical violence or threats and/or sexual violence figures were also higher for Ireland compared to the EU-27 average (FRA, EIGE, Eurostat, 2024).

The pervasiveness of sexual violence and sexual harassment in higher education institutions (HEIs) in Ireland resulted in the Irish government developing a national framework for consent in HEIs in 2019. In developing this framework, the government also wanted to use the higher education (HE) sector as a lever for change in addressing sexual violence in wider society because the sector was seen to be well positioned to influence societal attitudes and cultural norms. The framework, which is based on international best practice in this area, aims to provide institutions with standards and guidance on what works to create a safe and supportive culture (DES, 2019). While the framework was initially developed for the HE sector, its principles have been extended to other settings, including schools and community organisations. The HEA has also developed an implementation plan, covering the period 2022 to 2024, to address the issue of sexual violence in HEIs. This plan, which builds on existing initiatives, is aligned with the 2019 national framework for consent (HEA, 2022). In addition, anonymous reporting tools have been introduced by HEIs to support in addressing the issue of sexual violence in their institutions. The research that exists on sexual violence and harassment in HEIs in Ireland has found that female and non-binary students and staff are most affected.

Administrative data from support agencies, such as Rape Crisis Centres (RCCs) and Women's Aid data, offer valuable information on the numbers, characteristics and experiences of victims-survivors of sexual violence. These data reveal consistent patterns, with most victims-survivors being women, and perpetrators known to their victims.

However, it is important to note that there are limitations with these data, such as the data not being nationally representative. This means that such data cannot be used to estimate prevalence/incidence rates. Nevertheless, the data are beneficial for monitoring trends in sexual violence over time, especially when nationally representative surveys are not undertaken on a regular basis. However, this study has found that the diversity in data collection practices across support agencies,

and variations in the information being collected, currently limits the ability to use these data to comprehensively monitor national trends on sexual violence.

There is also scope to examine the use of other administrative data on sexual violence (e.g. hospital records, SATU data, crime statistics) to monitor trends in such violence over time. Overall, these various administrative data sources have the potential to be utilised more to monitor broad trends in sexual violence in Ireland, but additional work needs to be undertaken on these data, such as standardisation across agencies in the information being collected, to maximise its usage in this regard.

CHAPTER 4

International literature on sexual violence

4.1 INTRODUCTION

Sexual violence can take various forms, as was outlined in Chapters 2 and 3. Victims of sexual violence experience a multitude of effects, including on their employment, earnings and health (Andersson et al., 2015). Furthermore, sexual violence can cause spillover effects to the victims' social networks. For instance, Adams et al. (2025) found that female schoolmates of rape victims suffer worsened mental health after a peer was assaulted, while parents experience significant employment declines. Thus, depicting which populations are most likely to be victims, and perpetrators, is crucial to prevent such situations and reduce the consequences for victims.

In this chapter, we examine some of the international research on sexual violence to help understand which populations are most at risk of this violence, along with the factors associated with sexual violence. We also outline the characteristics of perpetrators and their relationship, if any, to their victim. In addition, we examine why so many victims do not report the crime.

4.2 TARGETED POPULATIONS

4.2.1 Women are the most widely targeted population

Women are, by a vast majority, the most common victims of sexual violence. The World Health Organization (WHO) conducted population-based surveys in 161 countries between 2000 and 2018.⁹⁹ Worldwide, they found that 31 per cent of women aged 15 to 49¹⁰⁰ have been subjected to physical and/or sexual intimate partner violence or non-partner sexual violence or both at least once since the age of 15 (WHO, 2021a). That figure was 26 per cent in the 53 observed European countries. Globally, 6 per cent of women have been sexually assaulted by someone other than a partner. In Europe, that rate was 7 per cent.

According to the WHO, most of the violence against women is intimate (i.e. done by a current or former spouse or partner).¹⁰¹ Worldwide, almost one third (27 per cent) of women aged 15–49 who have been in a relationship report that they have been subjected to some form of physical and/or sexual violence by their intimate partner at some point in their lives, and 13 per cent over the past 12 months.

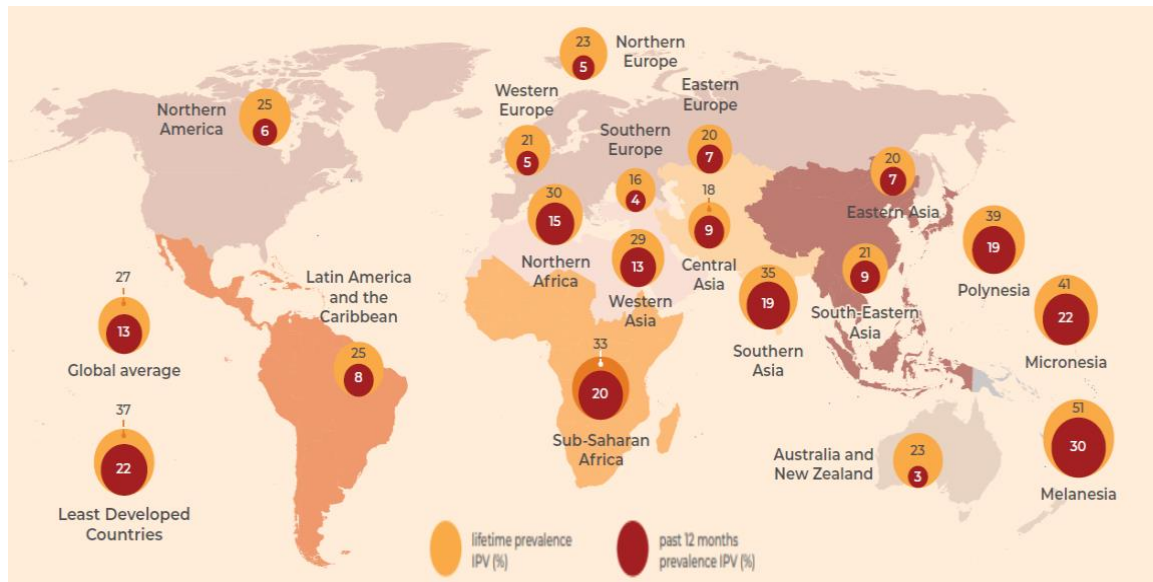
⁹⁹ For data to be reliable, surveys need to adhere to internationally agreed standards such as those in the United Nations Statistics Division Guidelines for producing statistics on violence against women (WHO, 2021a).

¹⁰⁰ Fifteen to 49 years was selected as the age range for this study as it is considered the reproductive age group. Data on women above 49 is scarce and mostly from high-income countries (WHO, 2013).

¹⁰¹ www.who.int/news-room/fact-sheets/detail/violence-against-women.

Globally, these two rates range from 16 per cent and 4 per cent in Southern Europe; and 23 and 3 per cent in Australia and New Zealand; to 33 and 20 per cent in Sub-Saharan Africa and 35 and 19 per cent in Southern Asia (see Figure 4.1).

FIGURE 4.1 WHO REGIONAL PREVALENCE ESTIMATES OF INTIMATE PARTNER VIOLENCE: 2000–2018



Source: WHO (2021b).

Note: Estimates come from population-based surveys conducted by the WHO in 161 countries between 2000 and 2018. Given that these data were collected at different timepoints in each country, using different survey methodologies, the results are not directly comparable (see also Chapter 2).

The 2020–2024 EU-Gender Based Violence Survey (EU-GBV), which interviewed 114,023 women (18–74 years old) about their experiences, and was mentioned already in Chapter 3, revealed that one in three women experienced physical or sexual violence in their lifetime. In addition, one in eight women experienced sexual violence, including rape, by someone other than their partner, and one in five women faced physical or sexual violence from their partner, a relative or another member of their current household. This survey also found that prevalence of lifetime sexual violence ranged from 3 per cent in Bulgaria, 5 per cent in Poland and 6 per cent in Portugal; to 33 per cent in Denmark, 37 per cent in Finland and 41 per cent in Sweden. In Ireland, just under 22 per cent reported having experienced sexual violence in their lifetime (the EU-27 average was 17 per cent).¹⁰²

For the year ending March 2022, the Crime Survey for England and Wales (CSEW) estimated that 2 per cent of adults (3 per cent women and 1 per cent men) aged 16 years and over were victims of sexual assault (including attempts); this equates to an estimated 1.1 million adults (798,000 women and 275,000 men) (ONS, 2023). Approximately 17 per cent of adults aged 16 years and over (7.9 million) had experienced sexual assault (including attempts) since the age of 16 years;

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See Section 3.2.3 for further comparison of Ireland with other EU countries.

1.9 million were a victim of rape (7.7 per cent women and 0.2 per cent men). In the years ending March 2017 and March 2020 combined, nearly half of victims aged 16 to 59, who experienced rape or assault by penetration (including attempts) since the age of 16 years, had been a victim more than once (49 per cent). This proportion was higher for women than men (51 per cent and 22 per cent respectively). Over one fifth of victims reported experiencing this type of assault more than three times since they were 16 years old (ONS, 2021).

In France, 2024 police reports showed that 85 per cent of victims of sexual violence were women (Ministère de l'Intérieur, 2025). Hamel et al. (2016) analysed a survey of violence and gender relations (*Violences et rapports de genre, VIRAGE*), which was conducted on a sample of almost 16,000 women and 12,000 men representative of the French population aged 20–69 in 2015. Results showed that 0.3 per cent of women aged 20–69 reported being victims of rape or attempted rape in the previous 12 months; and 0.01 per cent of men. An estimated 553,000 women and 185,000 men were victims of other forms of sexual assault in the previous 12 months. Among these victims, 11 per cent of women and 7 per cent of men reported touching of the sexual organs: 95 per cent of women reported touching of the breasts or buttocks, forced kissing or fondling, and 93 per cent of men reported fondling.

In Norway, Bjørnholt and Hjemdal (2018) analysed the 2013 Violence and Rape survey (Thoresen and Hjemdal, 2014), which interviewed a nationally representative sample of men and women aged 18 to 75. They found that over the life course, 9.4 per cent of women and 1.1 per cent of men had been raped, and lifetime exposure to all sexual abuse stood at 34 per cent for women and 11 per cent for men. Among victims of rape over the life course, women were much more likely to report being physically injured (29 per cent as opposed to 4.3 per cent of men), and to fear being killed or injured (44 per cent of female rape victims compared with 38 per cent of male victims).

In Sweden, the National Centre for Knowledge on Men's Violence Against Women (NCK) has a 2014 national study which asked 18–74-year-old men and women about their exposure to sexual, physical and psychological violence, both in childhood and in adulthood. They found that 20 per cent of women and 5 per cent of men had, at some point in their life, been subjected to severe sexual violence. Slightly more than one in ten women and one in 100 men reported experience of severe sexual violence after the age of 18. Fourteen per cent of women and 5 per cent of men had, as adults, been subjected to violence or threats of violence by a current or former partner. Women reported exposure to severe sexual and psychological violence to a much greater extent than men, while men reported a greater level of exposure to severe physical violence (Andersson et al., 2015).

A 2018 representative survey on women aged 18–74 living in Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia, Moldova and Ukraine showed that 70 per cent of women in that region, or an estimated 16 million women, experienced some form of sexual harassment, stalking, intimate partner

violence or non-partner violence (including psychological, physical or sexual violence) since the age of 15. More precisely, 45 per cent of women experienced sexual harassment; 23 per cent experienced intimate partner physical and/or sexual violence; 18 per cent experienced physical and/or sexual violence at the hands of a non-partner; and 7 per cent of ever-partnered women have been victims of sexual violence by an intimate partner at least once since the age of 15 (OSCE, 2019a).

In the United States, Peterson et al. (2019) used nationally representative data from the 2010–2012 National Intimate Partner and Sexual Violence Survey (NISVS) and estimated that 142 million adults in the US experienced intimate partner violence, sexual violence, or stalking at some point in their lives. An estimated 55 million victims (39 per cent of all cases) reported having more than one type of perpetrator. Women were significantly more likely than men to experience multiple perpetrator types, with 49 per cent of female victims compared to 27 per cent of male victims.

Using the Demographic and Health Survey (DHS) in East African countries between 2012 and 2023, Negussie et al. (2024) found that 13 per cent of ever-married reproductive-age women experienced sexual violence by a partner at some point in their lives. Among the countries, Mozambique had the largest proportion at 61 per cent, while Comoros had the smallest, at 1.8 per cent.

Finally, recently the European Institute for Gender Equality (EIGE) published its ‘Gender Equality Index 2024: Tackling violence against women, tackling gender inequalities’ report, in which it produces a composite measure of ‘disclosed’ violence against women. This measure captures the prevalence of violence against women, the impact of violence on women’s lives, and women’s readiness to disclose their experiences. It uses a scale of 1 to 100, with 1 representing a Member State (MS) in which violence is non-existent, and 100 is a place in which violence against women is extremely common, highly severe, and not disclosed. The measure was only calculated for 12 EU Member States (excluding Ireland), the average score for which was 31.9 points out of 100. Finland had the highest (and, thus, worst) score, with 41.7, while Greece had the lowest, with 24.6. The report showed that for all 12 Member States, violence against women is prevalent, severe, and under-reported (EIGE, 2025).¹⁰³

4.2.2 Specificities of male victims

While women are more often targeted than men in terms of sexual violence, the psychological literature has shown that male victims have particular characteristics. For example, men are more likely to struggle to recognise vulnerabilities, disclose to others, and access therapeutic support (Ellis et al., 2020; Sorsoli et al., 2008). As explained by Widanaralalage et al. (2022, p.1148), ‘help-seeking is typically difficult for men as norms and standards attached to their self-

perceptions of masculinity reject displays of weakness and communicating needs'. As pointed out by the authors, men often encounter negative reactions such as scepticism, disbelief, and ridicule (Jamel et al., 2008; Rumney, 2008), with studies suggesting that law enforcement officers attribute even more blame to male survivors than female survivors in hypothetical rape cases (Davies et al., 2009).

In the United States, Basile et al. (2021a) analysed the nationally representative 2010–2012 National Intimate Partner and Sexual Violence Survey (NISVS) data. They estimated that 9.7 per cent of men and 8.4 per cent of women experienced reproductive coercion¹⁰⁴ by an intimate partner during their lifetime. Men reported more commonly than women that a partner tried to have a child when they themselves did not want to, while women reported higher prevalence of partner condom refusal.

In terms of effects, Smith et al. (2021) found, using the same US data, that one in four male victims of rape and one in 12 male victims of made to penetrate (MTP) reported physical injuries.

4.2.3 LGBTQ+ population

In the United States, Hindes et al. (2025) reviewed 108 papers published between 1990 and 2021 on LGBTQ+ victims of adult sexual violence. They found that stereotypes of bisexual people being hypersexual or sexually promiscuous partly shape their experience of sexual violence as they are more likely to be perceived as automatically consenting and to be sexually objectified. Similarly, the fetishisation and marginalisation of transgender women led to numerous perpetrators legitimising various forms of sexual harm against them, even more so if they are racially fetishised. The authors found that LGBTQ+ people tend to experience higher rates of sexual violence, most commonly perpetrated by men, with rates highest among transgender and gender-diverse people, as well as bisexual women.

Amongst the studies mentioned by the authors, Gilmore et al. (2021) interviewed US college students and found that 48 per cent of sexual minority participants had encountered some form of sexual violence since the age of 14, compared to 31 per cent of their heterosexual counterparts. Similarly, Snyder et al. (2018) analysed data from 43,000 US college students and found that rates of sexual assault were more than twice as high for gay (11 per cent), bisexual (7 per cent), and questioning (7 per cent) males compared to heterosexual males (3 per cent). Among women, lesbians (8.2 per cent) reported similar rates to heterosexual women (8.3 per cent), while bisexual (18 per cent) and questioning (13 per cent) women experienced significantly higher levels of sexual assault. Using 2016–2017 NISVS data, Chen et al. (2023) found that bisexuals had the highest lifetime prevalence of contact

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Reproductive coercion is a form of intimate partner violence in which one partner exhibits controlling or manipulative behaviours aimed at influencing the other's reproductive choices without their consent. For more information, see www.cawc.org/news/understanding-reproductive-coercion.

sexual violence (CSV)¹⁰⁵ amongst US women: 79 per cent experienced contact sexual violence at least once in their life, compared with 53 per cent of heterosexual and 30 per cent of lesbian women. Amongst men, gay men experienced the highest prevalence of lifetime CSV (60 per cent) compared to 56 per cent of bisexual and 29 per cent of heterosexual men. Bradley and Potter (2018) found similar results for bisexual women in England and Wales. Specifically, they were almost twice as likely to report intimate partner violence (11 per cent) compared to heterosexual women (6 per cent).

4.2.4 Ethnic minorities

In the United States, Basile et al. (2021a) found, using the 2010–2012 NISVS data, that Black women and men had the highest lifetime prevalence of reproductive coercion, followed by Hispanics, and whites. Using the 2016–2017 version of the same survey, Basile et al. (2022) found that Black women also had the highest prevalence in terms of lifetime rape (29 per cent, compared with 28 per cent of white women and 20 per cent of Hispanics). Amongst men, multiracial men had the highest prevalence of lifetime rape (6 per cent, compared with 4 per cent of white, 3 per cent of Hispanic and 3 per cent of Black men). Using the same data, Chen et al. (2023) found that amongst bisexual women, the highest lifetime CSV prevalence was found amongst Hispanics, while it was amongst white women for lesbian and heterosexual women. For men, whites had the highest prevalence rates amongst gay and bisexual men, while Black men had the highest rate amongst heterosexual men.

4.3 FACTORS ASSOCIATED WITH SEXUAL VIOLENCE

4.3.1 Age

WHO data from 2000 to 2018 indicate that, in most regions, adolescent girls aged 15–19 experienced higher rates of intimate partner violence in the past 12 months compared to all women of reproductive age (15–49). The prevalence was 16 per cent among adolescent girls, compared to 13 per cent for the broader age group. These findings reflect the challenges that adolescents could face in leaving abusive relationships in resource-constrained settings because of societal stigma and lack of resources, family support, and knowledge of or access to support services.

The 2020–2024 EU-GBV survey revealed that the highest prevalence of experiences of physical violence or threats and/or sexual violence since the age of 15 is among women aged 18–29 years. In this age group, one in four women have experienced violence by a person other than their intimate partner.

In France, the police recorded 122,600 victims of sexual violence in 2024, representing an increase of 7 per cent in comparison to 2023, and 58 per cent of

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Contact sexual violence (CSV) includes rape, made to penetrate (males only), sexual coercion, and/or unwanted sexual contact. For more information, see www.cdc.gov/nisvs/documentation/nisvsReportonSexualIdentity.pdf.

them were minors.¹⁰⁶ Using a survey representative of the 2015 French population, Hamel et al. (2016) found that sexual violence against women is not only much more frequent but it occurs at all life stages. Specifically, among female victims of rape or attempted rape, for 40 per cent it occurred during childhood (before age 15), for 16 per cent during adolescence and for 44 per cent after age 18. For men, rape and attempted rape occurred before age 18 in three quarters of cases. Sexual assaults in the previous year are also more frequently reported by young people: at ages 20–34, one in 20 women are victims of assault; five times more than at ages 50–69. As pointed out by the authors, the youngest women, who are at school or university and are more present in public spaces, are more exposed than older people to sexual assaults. They may also be more likely to report such violence than older people. Similar age patterns are found amongst men. While the number of rapes or attempted rapes were too small to distinguish by age, 1.5 per cent of men were found to have been victims of other forms of sexual assaults at 20–34; 1.1 per cent at 35–49; and 0.5 per cent at 50–69.

In the UK, crime data show that in the year ending March 2022, 53 per cent of sexual offence victims were aged between 16 and 35 years (ONS, 2023). In the United States, Chen et al. (2023) found that more than half of female victims and a third of male victims of CSV were first victimised before the age of 18. The majority of female CSV victims were younger than 25 when first victimised (96 per cent of bisexual, 88 per cent of lesbian, and 84 per cent of heterosexual victims). Likewise for men, 87 per cent of gay, 87 per cent of bisexual, and 75 per cent of heterosexual CSV victims were first victimised before 25 years old.

Similarly in East Africa, Negussie et al. (2024) found a higher proportion of sexual violence amongst women who entered their first cohabitation or marriage between the ages of 15–19 and 20–25, compared to women who first cohabited or married at age 25 or older. According to the authors, this could be because women who marry at an early age experience greater power imbalances and dependency within relationships. They may also not have been able to gain enough experience in how to protect themselves, making them more vulnerable to sexual violence. In contrast, older women often have greater independence and higher educational levels, enabling them to better assert their rights and negotiate within the household (Negussie et al., 2024).

4.3.2 Level of education

Education has been found to be correlated with victimisation in different ways, depending on the observed regions. Globally, WHO figures showed that countries with higher rates of female secondary school enrolment had lower prevalence of intimate partner violence against adolescent girls (Sardinha et al., 2024). However, in Sweden, in contrast, Öberg et al. (2021) found using population-based survey data that adult rape/attempted rape was more common among women with

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www.interieur.gouv.fr/actualites/communiqués-de-presse/victimes-de-violences-physiques-ou-sexuelles-enregistrees-par-0.

college-level education, when controlling for age, place of birth, marital status, unemployment, and social welfare payments. They, however, note that the survey non-response rate was disproportionately high for individuals who had a low level of education, though they adjusted the weighting to take this disparity into account. A potential explanation suggested by the authors is that sexual victimisation often occurs amongst college students partly due to alcohol and/or drug consumption amongst both victims and perpetrators (Turchik and Hassija, 2014). The authors also note that women with different levels of education may perceive sexual violence questions differently and, thus, differently identify as victims.

In East Africa, Negussie et al. (2024) analysed the Demographic Health Survey and found that women with only a primary education or less were significantly more likely to experience partnered sexual violence than those with secondary or higher education. According to the authors, this could be because higher education levels are associated with increased awareness of legal rights and available support systems. Conversely, limited education can hinder women's access to economic opportunities, literacy, and social resources, potentially reinforcing traditional gender norms that support male dominance and control in relationships. On the other hand, the authors find that in communities where there is a higher proportion of uneducated women, there appears to be a lower proportion of sexual violence compared to communities with a lower proportion of uneducated women. They suggest that this is due to underreporting in communities with lower education levels, possibly because of stigma, fear of reprisal, or lack of awareness regarding sexual violence. Consequently, despite potentially higher occurrences of sexual violence, the reported rates are found to be lower.

Finally, analysing Syrian refugees in Jordan, Gökçe and Kirdar (2024) found that intimate partner violence (IPV) was more prevalent amongst women whose husbands have lower educational qualifications.

4.3.3 Work status

Work status can either be associated with less or more sexual violence, especially partnered sexual violence, depending on the specialist services available to the victim. For instance, in the East African region, Negussie et al. (2024) found evidence of male backlash, whereby employed women were significantly more likely to experience sexual violence than unemployed women. According to the authors, this could be explained by the fact that women who earn their living could be seen as a threat to male dominance in patriarchal families, disrupting the traditional power structure. However, global estimates from the WHO¹⁰⁷ show that low levels of paid employment are one of the risk factors for both intimate partner violence and sexual violence. Indeed, when a growing number of women start working, they gain financial independence and with it awareness

of their rights, thereby raising the potential for a change in gender norms (Negussie et al., 2024).

4.3.4 Unstable situations (conflicts and refugee status)

Using a retrospective cohort study conducted on asylum-seeking women (ASW) in 2021–2022 in France, Khouani et al. (2023) found that 26 per cent of the interviewed women experienced sexual violence during the past year of living in France, and 4.8 per cent were raped (a rate that is 18 times higher than for France in general). Being a victim of sexual violence (SV) before arriving in France was significantly associated with the occurrence of SV afterwards, with other factors identified, including not having a partner and coming from West Africa. Housing precariousness was found to be another important factor, as it forced these women to urgently and hastily look for active solutions, which could expose them to danger, including by engaging in transactional relationships or experiencing aggression from the people who housed them or when they visited squats. Consequently, the months following arrival in a European host country among asylum-seeking women appear to be a period of high incidence of SV; and even higher for those who previously experienced SV prior to arrival. Going further, Khouani et al. (2024) saw that fewer than one out of ten victims consulted a healthcare professional when the incident occurred. Amongst the reasons for not seeing one, some victims mentioned the fear of being expelled, and thinking that they would need to have social rights and a resident permit to access local health care. The authors also found that the more isolated the women were, the less likely they were to request care. Some women reported receiving some form of care through social events, like French classes or outings organised by associations. Such events provided an opportunity to meet other women with similar problems and share advice in safe spaces.

Focusing on Syrian refugee women in Jordan, Gökçe and Kirdar (2024) found that war and refugee status increased the risk of intimate partner violence (IPV), which includes physical, emotional and sexual violence. Greater social isolation, as reflected by increased distance from other refugees, increased the likelihood of IPV among these women. When considering the duration of residence in Jordan, the authors found that the influence of refugee status on IPV risk diminishes over time. In the first year after arrival, refugee status increases the probability of IPV by over 300 per cent. But this effect drops to 130 per cent in the second year and 67 per cent in the third year. After three years in Jordan, no statistically significant impact of refugee status on IPV remains.

In Ukraine, a 2018 representative survey of 18–74-year-old women revealed that 64 per cent of interviewed women said that violence against women was a common occurrence (OSCE, 2019b). Although women directly affected by conflict do not indicate higher rates of violence overall, two fifths connect their most serious incident of violence perpetrated by a non-partner with conflict. Moreover, women whose current partner fought or is currently fighting in the war are substantially more likely to experience psychological, physical and sexual violence

at the hands of their partner than those whose partner is not fighting or has not fought (79 per cent compared to 58 per cent). Finally, only half of the surveyed women report knowing what to do if they were victims of violence.

4.3.5 Pornography

Estimates of pornography consumption in the literature differ widely due to differences in study setting, sampling methods, definition of pornography, etc. However, data from a recent survey of over 80,000 people across 42 countries found that (depending on the indicator used), between 3 and 17 per cent of respondents were at risk of problematic pornography use (PPU), with males more at risk than females (Bóthe et al., 2024).

The link between pornography consumption and sexual violence has been debated. Mestre-Bach et al. (2024) and Ferguson and Hartley (2022) each reviewed 59 studies on the topic and found mixed results. Ferguson and Hartley (2022) found no evidence of a relationship between non-violent pornography and sexual aggression. However, amongst studies that find a partial relation, Malamuth et al. (2000) and Vega and Malamuth (2007) found that while pornography consumption may not be a strong predictor of sexual aggression among men at low risk for such behaviours, it can increase the likelihood of aggression among those with specific risk factors.¹⁰⁸

Amongst studies that do find an association, Mestre-Bach et al. (2024) suggest that pornography consumption is linked to, and may even predict, sexual aggression, teen dating violence, and experiences of sexual victimisation (Carr and VanDeusen, 2004; D'Abreu and Krahé, 2014; Rostad et al., 2019; Shin and Lee, 2019). Other studies also show that exposure to violent or sadomasochistic pornography is associated with a higher frequency of sexual aggression and an increased likelihood of committing rape (Foubert et al., 2011; Huntington et al., 2022; Ybarra et al., 2011). These findings indicate that when pornography is violent, this can play a role in fostering sexually aggressive behaviours (Ybarra et al., 2011).

Exploring the reasons behind this association, DeKeseredy and Schwartz (2013) suggest the male peer support theory, which is when male friendships reinforce and normalise violence against women. Tarzia and Tyler (2021) analysed the connections between pornography and intimate partner sexual violence (IPSV) in Australia. The authors ran qualitative interviews with women who self-identified as victims of unwanted or non-consensual sexual experiences in relationships. Nearly one in five interviewed women reported that their male partners' pornography consumption influenced their sexual expectations, often driving a desire for increasingly graphic or violent acts which prioritised male pleasure at the expense of women's wellbeing and safety. Participants also highlighted

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These risk factors include elements of hostile masculinity, impersonal sex, general hostility, and sexual aggression.

that pornography reinforced male sexual entitlement, domination, and the dehumanisation of women both within their relationships and in broader society.

4.3.6 Childhood victimisation

According to the WHO, sexual violence, particularly during childhood, can be associated with higher risks of both perpetrating or experiencing violence later in life.¹⁰⁹ Amongst the global evidence, the 2016 Crime Survey for England and Wales revealed that almost a third (31 per cent) of adults who were abused as a child reported also being sexually assaulted as an adult, compared with 7 per cent of those who did not experience abuse as a child (i.e. before 16).¹¹⁰ Child abuse included psychological and physical abuse, sexual assault, and witnessing domestic abuse. Those figures showed that the risk of experiencing adult victimisation rose with the number of types of child abuse experienced by the interviewees. Seventy-seven per cent of survivors of all four types of child abuse suffered domestic abuse after the age of 16, compared with 40 per cent of those who experienced one type of abuse as a child. Also, women who were survivors of childhood abuse were four times more likely to experience sexual assault after the age of 16 than male survivors (43 per cent compared with 11 per cent).

In Sweden, Öberg et al. (2021) used a 2012 population-based survey and found that childhood sexual violence and exposure to several types of violence (such as physical and psychological) significantly increased the risk of victimisation in adulthood. The strongest connection they found was between experiences of sexual violence in childhood and rape/attempted rape as an adult, particularly for women exposed to combinations of childhood violence where sexual violence was included.

In the US, Ray and Parkhill (2024) analysed a men's survey and estimated that those who experienced moderate to high frequencies of childhood sexual violence had significantly higher risks of perpetrating sexual aggressions and intimate partner violence as adults. Similarly, King et al. (2019) analysed a sample of men who completed a national survey and found that multiple forms of child maltreatment, particularly childhood sexual abuse (CSA), were strongly associated with adult sexual aggression.

4.3.7 Attitudes and norms

Using a representative sample of the Spanish population, Sirvent Garcia Del Valle (2020) analysed the relationship between the perceived acceptability of sexual violence and various factors. Sexist attitudes had the strongest relation with acceptability for sexual violence, followed by age, perceived frequency of false complaints, and educational background. Other variables such as sex, country of birth, attitudes towards the consumption of prostitution, and opinions regarding

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<https://apps.who.int/violence-info/sexual-violence>.

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www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/peoplewhowereabusedaschildrenaremorelikelytobeabusedasanadult/2017-09-27.

prevention of sexual violence were also significant.

More broadly, the 2025 European Institute for Gender Equality (EIGE) report finds that public attitudes towards violence against women (VAW) significantly influence prevention efforts and policy responses. Evidence of persistent tolerance for VAW and victim-blaming remains fairly prevalent across the EU. The 2024 Flash Eurobarometer FL544¹¹¹ analysed in the report shows that while most respondents reject physical and sexual violence, many still condone violent behaviours. For example, 43 per cent of EU respondents believe women are partially responsible for the non-consensual sharing of images; 46 per cent of men and 26 per cent of women find financial control within intimate relationships acceptable; and 27 per cent of men and 15 per cent of women deem workplace harassment acceptable. Myths about sexual violence also remain widespread, including the beliefs that women under the influence of drugs and alcohol are to be blamed for their victimisation, and that women exaggerate claims of sexual abuse. The report found that acceptability of violence against women was correlated to the non-prioritisation of national policies on gender equality, i.e. people living in countries scoring higher on the Gender Equality Index 2024 are less likely to accept violence against women than those living in countries with lower scores. These findings indicate that societal attitudes play a crucial role in shaping both policy support and resistance to gender equality reforms.

4.3.8 Local context

Assessing violence against women in Spain, Garcia-Vergara et al. (2024) found that community presence¹¹² acts as a buffer to the frequency of violence against women (VAW). As the authors explain, a lack of community can increase the likelihood of violence by reducing the perceived cost of committing a crime. Interestingly, the authors find that urban areas with high levels of community presence have higher rates of VAW. Their suggested reasoning for this is that the potentially higher disposition of neighbours to help in more rural areas and the perception that they are close and trustworthy can be factors for reduced violence against women. For East Africa, Negussie et al. (2024) found differing results, namely that living in a rural area was significantly associated with partnered sexual violence, due to lack of support services and community networks to prevent and respond to this violence. Through her international literature review, Edwards (2015) finds that IPV rates are generally similar across rural, urban, and suburban locales, although some groups of rural women (e.g. multiracial and separated/divorced) may be at increased risk for IPV compared to similar groups of urban women. She also finds that IPV perpetrators in rural locales, compared with perpetrators in urban locales, tend to perpetrate more chronic and severe IPV, potentially due to the higher rates of substance abuse and unemployment

¹¹¹ https://data.europa.eu/data/datasets/s3252_fl544_eng?locale=en

¹¹² Community presence is defined as the presence of other people during violent incidents. The authors used the vLex legal database, which provides information on cases of violence against women by current or former intimate partners.

documented among rural perpetrators. Furthermore, IPV victims in rural locales may have worse psychosocial and physical health outcomes due to the lack of availability, accessibility, and quality of IPV services. Finally, individuals in rural locales tend to be less supportive of governmental involvement in IPV issues than in urban locales.

Borumandnia et al. (2020) studied trends in sexual violence between 1990 and 2017 in 195 countries and territories, using the Global Burden of Diseases dataset. Separating the world between countries with high and low Human Development Index (HDI),¹¹³ they found a declining trend in SV prevalence against men in both types of countries, but a rise in SV prevalence against women in countries with low HDI. On the other hand, Lima et al. (2024) focused on sexual violence against male children and adolescents in Brazil. They found a highly significant correlation between high rates of sexual violence and low municipal HDI between 2013 and 2022.

In the UK, a 2024 Women's Aid report showed that the rising cost of living had a widespread impact on victims of domestic abuse, as an increasing number of victims found it hard to leave their abusers due to financial reasons. This relates to the wide literature on economic conditions and domestic abuse, which shows that factors like job loss (Bhalotra et al., 2021; Anderberg et al., 2016), income inequality within the household (Aizer, 2010; Kaukinen and Powers, 2015) and within the society in general (Yapp and Pickett, 2019; Spencer et al., 2019) can lead to rises in intimate partner violence.

4.3.9 Alcohol and drug consumption

As explained by Basile et al. (2021b), substance use makes a victim more vulnerable as it reduces their ability to perceive risk and resist sexual violence. For perpetrators, a combination of factors – including attitudes toward gender roles, perceptions of peer beliefs regarding sex and alcohol use, and individual characteristics such as low empathy or poor impulse control – interact with substance use to heighten the risk of committing sexual violence (Abbey, 2002). Additionally, experimental studies have shown that intoxicated men are more likely to misinterpret women's sexual interest, which increases the likelihood of perpetration (Lindgren et al., 2008).

UK crime data showed that the majority (64 per cent) of victims who reported the perpetrator was a stranger, said that they themselves were under the influence of alcohol at the time of the assault (ONS, 2021). Forty-nine per cent reported that the perpetrator was under the influence of alcohol, and 14 per cent said they thought they had been drugged. Those percentages were lower for victims of partners or ex-partners (ibid.).

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The Human Development Index (HDI) is a summary measure of average achievement in key dimensions of human development: a long and healthy life, being knowledgeable and having a decent standard of living. The HDI is the geometric mean of normalised indices for each of the three dimensions. For more information, see <https://hdr.undp.org/data-center/human-development-index#/indicies/HDI>.

In the United States, Basile et al. (2021b) found, using the 2010–2012 National Intimate Partner and Sexual Violence Survey, that among victims of physically forced rape, 26 per cent of female victims and 30 per cent of male victims reported substance (i.e. alcohol or other drugs) use. In the case of being made to penetrate (MTP), 45 per cent of male victims reported substance use. Among victims of alcohol- or drug-facilitated rape, 30 per cent of females and 32 per cent of males reported involuntary substance use, primarily involving drugs. For male victims of alcohol- or drug-facilitated MTP, 15 per cent experienced involuntary substance use. Both male and female victims noted that the majority of perpetrators were using substances at the time of the offense.

In the East African region, Negussie et al. (2024) found higher proportions of partnered sexual violence amongst couples where the partner drinks alcohol. According to the authors, a possible explanation is that alcohol impairs judgement and diminishes inhibitions, leading to potentially harmful actions like sexual assault. Additionally, alcohol abuse can escalate existing relationship conflicts and magnify power imbalances within couples, raising the risk of sexual violence.

4.4 CHARACTERISTICS OF THE PERPETRATOR

4.4.1 Gender and age of perpetrators

In their study on France, Hamel et al. (2016) found that sexual violence reported by women is practically always committed by one or more men (between 94 per cent and 98 per cent). Likewise, three quarters of cases of rape and attempted rape reported by men were committed by other men, and 75 per cent of male cases of sexual violence that occurred within the family were committed by another male.

Using a representative survey for Norway, Thoresen and Hjemdal (2014) also found that men were the most common perpetrator for most types of violence against men and women. Men were the perpetrators in almost all cases of rape against women (98 per cent of 229 cases), and in 15 of the 24 rapes against men. In six cases, a woman was the perpetrator; and in three cases of rape against men, the perpetrators included a woman and a man.

In the UK, crime data showed that in the years ending March 2017 and March 2020 combined, 98 per cent of victims who had experienced rape or assault by penetration since the age of 16 reported that the perpetrator(s) were male. Almost two thirds (65 per cent) reported that the perpetrator was a male aged between 20 and 39 years. At the time of the most recent incident, most victims reported being assaulted by a male of a similar age to themselves (ONS, 2021).

In the United States, Chen et al. (2023) found, using 2016–2017 NISVS data, that the vast majority of perpetrators for lifetime contact sexual violence (CSV)¹¹⁴ were men. One exception being heterosexual male victims, amongst whom 57 per cent

¹¹⁴

CSV includes rape, made to penetrate (males only), sexual coercion, and/or unwanted sexual contact. For more information, see www.cdc.gov/nisvs/documentation/nisvsReportonSexualIdentity.pdf.

had only female perpetrators, 23 per cent had only male perpetrators, and 16 per cent had both genders.

4.4.2 Relationship to the perpetrator

As reported in the WHO Multi-country Study on Women's Health and Domestic Violence against Women, and studies of population-based rape in South Africa and Asia, rapes by strangers are more violent and have higher risk of involvement of weapons and injury than those by known perpetrators. However, with the latter, the betrayal of trust can lead to worst post-assault outcomes, including psychological functioning (Abrahams et al., 2014).

In France, mixed results have been found with regards to this issue. Specifically, 2024 police reports showed that 75 per cent of adult victims of sexual violence were assaulted by someone other than family members or intimate partners.¹¹⁵ However, Hamel et al. (2016) analysed a 2015 survey of violence and gender relations, which was representative of the French population aged 20–69 (called VIRAGE), and found that rape and attempted rape most frequently occurs in the private sphere. In this regard, the most prevalent place was the family and close social circle: 5 per cent of women have been assaulted at least once since childhood in this setting (family and close social circle), and 1.6 per cent have been victims at least once of rape or attempted rape. Family and close social circle victims tend to be young, as 82 per cent of them declared that instances of rape or attempted rape began before their 15th birthday. This is also the setting in which most men report being victims of rape and attempted rape, with the first assault occurring before age 15 for 90 per cent of these victims. The second most common life space are relationships that last at least four months.

Likewise for Sweden, a 2014 national study on violence showed that women were much more likely to be subjected to violence by their partners, while men were more often subjected to violence by a person unknown to them (Andersson et al., 2015). In Ukraine, a 2018 OSCE-led Survey on Violence Against Women revealed that ex-partners were the most common type of perpetrators. Twenty-eight per cent of women who have had a previous partner say they have experienced physical and/or sexual violence at the hands of a previous partner. This compares to 15 per cent of women who currently have a partner who say they have experienced current partner physical and/or sexual violence and 24 per cent of all women (aged 18–74) who say they experienced non-partner physical and/or sexual violence (OSCE, 2019b).

In the UK, 44 per cent of victims who experienced sexual assault by rape or penetration (including attempts) since the age of 16 years were assaulted by their partner or ex-partner. Thirty-seven per cent reported that the assault occurred in their own home, while 9 per cent were victimised on the street, in a car park, park,

¹¹⁵

www.interieur.gouv.fr/actualites/communiqués-de-presse/victimes-de-violences-physiques-ou-sexuelles-enregistrees-par-0.

or another open public space (ONS, 2021).

In the United States, Peterson et al. (2019) found, using the 2010–2012 NISVS data, that among both men and women who encountered more than one type of perpetrator, the most common victim–offender relationship combinations involved an intimate partner as one of the perpetrators. Using the 2016–2017 NISVS data, Chen et al. (2023) found that most victims, regardless of sexual identity or gender, experienced sexual violence by someone they knew. For women, intimate partners are the most common types of perpetrators for bisexual and heterosexual victims, while family members and strangers are the most common types for lesbian victims. For men, acquaintances were the most common type of perpetrator for gay, bisexual and heterosexual victims, followed by intimate partners for heterosexual victims, and strangers for gay and bisexual victims.

Outside the private sphere, Basile et al. (2020), using the 2010–2012 NISVS data, estimated that 5.6 per cent of women and 2.5 per cent of men in the US reported some type of sexual violence by a workplace-related perpetrator. Almost 4 per cent of women reported sexual violence by non-authority figures and 2.1 per cent by authority figures; while 2 per cent of men reported sexual violence by non-authority figures and 0.6 per cent by authority figures. The authors also found that 0.8 per cent of surveyed women had been raped by a workplace-related perpetrator. For both genders, fear was the most commonly reported impact of workplace-related sexual violence.

The 2020–2024 EU-GBV Survey showed that one in three women in the EU-27 (31 per cent) have experienced sexual harassment at work in their lifetime. The rate of sexual harassment at work is highest (41 per cent) among 18–29-year-old women, and in the majority of cases, the perpetrator is male. Among women in the EU-27, 16 per cent have experienced sexual harassment by a male co-worker, 7.4 per cent by a male boss or supervisor, and 9.3 per cent by another man in the work context (e.g. a client or customer).

In France, sexual assault other than rape or attempted rape are the most common offences in school or university and in the workplace, in relations between peers and colleagues, between senior and junior staff, between teachers and students, and also in relations with customers (Hamel et al., 2016). The public space is much more common for sexual violence that occurred after 18 years old. Amongst victims of rape or attempted rape within the public space, 40 per cent of women were above 18, 30 per cent were 15–17 and 30 per cent were below 15; while the equivalent figures for males were 46 per cent, 17 per cent and 37 per cent, respectively (ibid.).

4.5 SUMMARY

In this chapter, we reviewed some of the international literature on sexual violence. Understanding the demographics of victims and perpetrators is crucial for policy development to assist with the prevention of sexual violence. Women

have been found to be the most common victims of sexual violence, with global estimates indicating that 31 per cent have experienced intimate partner or non-partner physical and/or sexual violence in their lifetimes. EU surveys show significant variations in prevalence across countries, with Nordic nations reporting the highest rates. Men also experience sexual violence but often face barriers to disclosure due to societal norms around masculinity. LGBTQ+ individuals, especially transgender people and bisexual women, face higher risks, often linked to stereotypes and marginalisation. Racial minorities and those with lower education and income can also be disproportionately affected, with factors like economic dependence and social stigma influencing prevalence and reporting. On the other hand, women with higher education or income can also be victims of intimate partner violence when male backlash occurs, i.e. when women's rising economic empowerment leads some male partners to resort to violence to reinstate a culturally prescribed norm of male dominance and female dependence (Macmillan and Gartner, 1999).

Perpetrators are overwhelmingly male, regardless of the gender of the victim. Sexual violence occurs in various settings including workplaces, where harassment is common, and conflict zones, where displaced women face heightened risks. Stranger-perpetrated rapes tend to be more violent, but intimate partner violence is more frequent and has long-term psychological consequences. Younger women, particularly adolescents, are at higher risk, often due to power imbalances and limited access to support.

Several factors can contribute to sexual violence, including exposure to childhood victimisation, societal attitudes, pornography consumption, financial and housing instability (including for refugees), and substance use. Studies show that victims under the influence of alcohol or drugs are more vulnerable, while intoxicated perpetrators are more likely to misinterpret consent. Cultural norms and local contexts also shape prevalence, with rural areas sometimes offering protective community presence, while in other cases, lack of services exacerbates vulnerability.

Attitudes toward gender roles and victim-blaming remain significant obstacles to policy change and prevention efforts, including in the European Union. Education and public campaigns to change these norms and public opinions are thus crucial.

Despite increased awareness, official reporting rates remain low, with many victims choosing not to disclose their experiences due to fear or distrust in institutions (see Chapter 2). Policy solutions emphasise the importance of legal accountability, social support, and education. Effective judicial systems with high clearance rates for sexual violence cases can mitigate the harm to victims. The Istanbul Convention has proven effective in reducing violence against women, as seen in Turkey's experience before and after withdrawal. Finally, strengthening healthcare responses, reducing social isolation, and promoting gender equality are crucial for long-term prevention and support.

CHAPTER 5

Longitudinal studies of gender-based violence

5.1 INTRODUCTION

Chapters 3 and 4 focused on providing an overview of data and research that has recorded the incidence and prevalence of adult sexual violence in Ireland and internationally. Some gender-based violence (GBV), and to a lesser extent domestic violence, data and research were also included, as sexual violence is a form of GBV and, in the reporting of research in this area, it is often not disentangled from the other forms of GBV (e.g. physical, psychological). In this section, we provide an overview of research using longitudinal survey data that captures information on other forms of violence, e.g. childhood sexual abuse and inter-partner conflict/violence, focusing in particular on research examining adverse childhood experiences (ACEs). Longitudinal survey data have additional strengths over the periodic, cross-sectional surveys, data that are predominately presented in Chapters 3 and 4 as longitudinal data allows researchers to understand the causes and consequences of various forms of violence, and potential mechanisms and critical periods.

5.2 CHILDHOOD EXPERIENCES

Information on adversity during childhood, collected via adverse childhood experience (ACE) questionnaires, can contain useful information on childhood sexual abuse, and broader experiences of violence and abuse within the family. ACEs include harms that affect children directly (e.g. abuse and neglect) and indirectly through their living environments (e.g. parental conflict, substance abuse, or mental illness) (Hughes et al., 2017). Many studies have demonstrated strong associations between ACEs and a variety of later-life health and other outcomes. For example, the first study to formalise the concept and measurement of ACEs found a strong graded relationship between a number of events and conditions in childhood deemed to be stressful (which they termed ACEs) and later-life health behaviours and outcomes (Felitti et al., 1998). The data were based on nearly 10,000 members of a US health insurer in the San Diego area. In total, 17 questions covering psychological abuse, physical abuse, sexual abuse, household dysfunction (substance abuse, mental illness, mother treated violently, criminal behaviour) before the age of 18 were included in the ACEs questionnaire. More than a fifth (22 per cent) reported childhood sexual abuse, while 13 per cent reported that their mother was treated violently during their childhood.

Across studies, a heterogeneity exists in how ACEs are defined: for example, in some cases poverty and deprivation is included (Kelly-Irving and Delpierre, 2019). Most include physical, emotional and sexual abuse during childhood, and some

also include experience of domestic violence in the home (see Hughes et al., 2017 and Willoughby et al., 2024 for overviews). ACEs are generally measured using recall data via survey questionnaires administered to adults, but prospective data from birth cohort studies offer opportunities to overcome the recall bias associated with recall of experiences or events that occurred in the past. However, prospectively collected information about ACEs is often collected by proxy, usually from a parent or teacher who may not have full access to accurate information (Kelly-Irving and Delpierre, 2019). In addition, even in birth cohort studies, information on childhood sexual abuse tends to be collected retrospectively (Clark et al., 2010).

A number of papers have critically evaluated the definitional and measurement issues associated with the use of ACEs in empirical research, highlighting issues such as the limited contextual information about the multitude, frequency and duration of childhood adversity; the age of a child at the onset of abuse or the first instance of a traumatic event; the presence of other risk (e.g. poverty) or protective factors (access to extended family support) in the child's environment; other sources of validation of the occurrence of a traumatic event (e.g. hospital/school records); and cultural influences and interpretations of childhood experiences¹¹⁶ to understand their impact on children's lives (Brumley, Brumley, and Jaffee, 2019; Hartas, 2019; Kelly-Irving and Delpierre, 2019; Lacey et al., 2020). This heterogeneity in definition and measurement leads also to ambiguity in our understanding the pathways or mechanisms that explain the relationship between ACEs and later-life outcomes.¹¹⁷

In Ireland, the two national longitudinal studies, Growing Up in Ireland (GUI) and the Irish Longitudinal Study on Ageing (TILDA) capture different aspects of childhood adversity. In TILDA, a 12-item 'stressful life events' module in the self-completion questionnaire was fielded in the first wave of the survey in 2010; six of the 12 items captured adverse experiences before the age of 18 (including childhood sexual abuse, CSA). The data show that 5.9 per cent of men, and 7 per cent of women, reported CSA. CSA by parents was reported by 0.6 per cent of respondents, with CSA by others more common (5.8 per cent among men, and 6.6 per cent among women) (Feeney et al., 2013).¹¹⁸ Data from Growing Up in Ireland (GUI), while not capturing data on physical or sexual abuse during childhood, captures various aspects of childhood adversity in a 14-item 'adverse life events' inventory. For both cohorts (the '98 and '08 Cohorts), this was reported

¹¹⁶ Hartas (2019) note generational and racial differences in reporting of ACEs.

¹¹⁷ Most studies of ACEs adopt the 'cumulative' risk model, which proposes a dose-response relationship between adversity and risk (Willoughby et al., 2024). However, this approach has been criticised for failing to consider that different experiences may impact development through distinct mechanisms depending on the nature of the experience (timing, duration, co-occurrence, etc.) (Barboza Solís et al., 2015; Kelly-Irving et al., 2013).

¹¹⁸ Subsequent research using TILDA has demonstrated associations between CSA and poorer economic outcomes (Barrett, Kamiya, and O'Sullivan, 2014), poorer mental and physical health (Kamiya, Timonen, and Kenny, 2016) but better cognitive performance in later life (Feeney et al., 2013). Other research using TILDA and broader indicators of ACE exposure in childhood (i.e. including exposures such as physical abuse, parental alcohol/drug addiction, etc.) show associations with depressive symptoms (Ward et al., 2020), epigenetic ageing (McCorry et al., 2022), and disease risk (McCorry et al., 2015).

by the young person's primary caregiver (usually the mother) at age nine (Dhondt et al., 2019; Healy et al., 2022). Of relevance to this review, one of the items captures data on 'conflict between parents', which was reported by nearly 12 per cent of mothers in the '98 Cohort.¹¹⁹ While not longitudinal, the My World Survey 2 of youth mental health, conducted in 2018, showed that 6 per cent of adolescents aged 12–17 reported experiencing violence in the home, and 3 per cent themselves experienced violence in a romantic relationship. The respective proportions among young adults (aged 18–25) were 9 and 5 per cent (Dooley et al., 2019).

5.3 OTHER FORMS OF VIOLENCE

As in GUI, many of the international ACE inventories can be used to provide insights into parental conflict, including domestic abuse and violence. As noted, the original ACE study included four items on 'mother treated violently' (Felitti et al., 1998),¹²⁰ while the Avon Longitudinal Study on Parents and Children (ALSPAC)¹²¹ in England records information on inter-parental violence,¹²² in addition to child physical, emotional and sexual abuse (Lacey et al., 2020). ALSPAC also captured data about pre-natal experience of domestic violence, asking prospective mothers at 18 weeks of pregnancy two questions about whether their partner had been emotionally cruel and/or had physically hurt them since the start of the pregnancy (Flach et al., 2011). Skafida, Feder, and Barter (2023) provide an overview of longitudinal studies in the UK that collect information on intimate partner violence (IPV), largely from the mothers of cohort children. In Ireland, the GUI survey also contains information on conflict in intimate relationships, collected in the sensitive self-completion questionnaires with primary and secondary caregivers. The respondents are asked about the frequency of certain behaviours when they argue with their partner (i.e. 'shout or yell at each other; throw something at each other; push, hit or slap each other'). These questions were asked when the young person was aged nine, 13, 17 and 20 for the '98 Cohort, and when the study child was aged nine months, three years, five years and nine years for the '08 Cohort.

As the young people in birth cohort studies age into adulthood, some capture also their own experiences of various forms of violence, although largely in the context of modules on crime victimisation and perpetration. For example, the '98 Cohort of GUI asks respondents (at ages 20 and 25) about whether they have been a victim

¹¹⁹ Associations between these measures of childhood adversity and psychopathology in early and late adolescence have also been demonstrated (Dhondt et al., 2019; Healy et al., 2022).

¹²⁰ Respondents were asked whether their mother or stepmother was 'sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her?', 'sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?', 'ever repeatedly hit over at least a few minutes?' and/or 'ever threatened with, or hurt by, a knife or gun?'.
¹²¹ ALSPAC is a prospective pre-natal cohort from the Avon region of South-West England. Pregnant women with expected delivery dates between 1 April 1991 to 31 December 1992 (N = 14,541, 72 per cent of eligible pregnancies) were included in the sample.

¹²² Inter-parental violence was reported by the mother and mother's partner; the respondent was asked whether their partner had physically hurt or been physically cruel to them. By the age of 17, 9 per cent of respondents reported inter-parental violence.

of crime in the last two years, and if yes, which types from a list of eight (including, ‘you were assaulted or threatened with assault by someone you know’, ‘you were assaulted or threatened with assault by a stranger’, ‘someone posted/threatened to post upsetting or very personal information about you online’).¹²³ Focusing in particular on IPV, the ALSPAC asked participants at age 21 about their experience (ever, and lifetime frequency) of eight forms of physical, psychological and sexual IPV.¹²⁴ Overall, 37 per cent of participants reported experiencing any IPV. The most frequently experienced IPV was psychological (25 per cent of participants reported humiliation, name-calling or shouting) and the least experienced was sexual (4 per cent reported forced sex). Among those who experienced any IPV, the majority of violent acts (nearly 80 per cent) occurred after age 18. Women were more likely to report all forms of IPV than men, particularly sexual violence. They also reported a higher frequency of all items, and reported significantly more negative impacts (e.g. depression) than men (Yakubovich et al., 2019).

5.4 SUMMARY

In this chapter, we provided an overview of data and research from longitudinal surveys on other forms of violence (e.g. childhood sexual abuse, inter-partner conflict/violence) that can provide further insights into the causes and consequences of various forms of violence. Birth cohort and other longitudinal surveys (e.g. ageing cohorts), by virtue of the rich characterisation of individuals’ lives and documentation of the timing and sequencing of key events, offer the ability to study the causes and consequences of ACEs, inter-parental conflict, IPV (if captured) and crime victimisation and perpetration. Respondents are not primed to think about crime or conflict resolution, which may reduce priming biases in reporting behaviour (Yakubovich et al., 2019), and the nature of the wider contextual data collected in longitudinal surveys can allow for a more nuanced understanding of the impacts of violence, e.g. the coping strategies and adaptive behaviours that victims adopt to minimise future risk (Skafida et al., 2023). However, longitudinal surveys are not primarily designed to measure violence and its effects, meaning that the indicators available in data of this kind are more limited than those available in, for example, dedicated surveys of sexual violence, domestic abuse, crime, etc. (Blom and Gash, 2023).¹²⁵

¹²³ They were also asked about their experience of bullying or harassment in the last three months (including frequency); at age 20, they were asked about specific types of bullying/harassment (e.g. physical or electronic bullying), while at age 25 they were asked about the setting (e.g. home, work, etc.). They were also asked whether they had been cautioned, arrested, appeared in court or convicted of a crime, including ‘assault or other offence against the person’.

¹²⁴ An example item of physical violence is ‘used physical force such as pushing, slapping, hitting or holding you down?’, an example item of psychological violence is ‘made fun of you, called you hurtful names, shouted at you?’, while an example of sexual violence is ‘pressured you into having sexual intercourse?’.

¹²⁵ See Blom and Gash (2023) for a comprehensive discussion of the difficulties in comparing three similar indicators of fear of violence and violence exposure from the Crime Survey for England and Wales and the UK Household Longitudinal Survey.

CHAPTER 6

Summary and conclusions

6.1 INTRODUCTION

Sexual violence, and more broadly gender-based violence (GBV), is a worldwide issue, with no society, or section within it, escaping it or its effects. How sexual violence is defined has varied widely, but, in general, it is any unwanted and non-consensual sexual act, attempt to obtain a sexual act, act to traffic, or act otherwise directed against a person's sexuality without the person's consent.¹²⁶

Studies have shown that sexual violence has severe consequences for victims. For instance, high rates of PTSD and physical ailments have been found amongst survivors. The impact also extends to victims' social networks, with evidence showing worsened mental health among peers and employment declines among parents of victims.

Adverse attitudes towards sexual violence, in particular victim-blaming, have persisted, and disturbingly have become more common among men under 45 (EIGE, 2025). In particular, this age cohort has been found to have more stereotyped perspectives and entrenched victim-blaming attitudes than older men. European research for Ireland has found that while Ireland scores below the EU average for many violence against women attitudes (e.g. a man controlling his wife's finances and the sharing of intimate pictures), it only does so marginally for many such attitudes (EIGE, 2025).¹²⁷ Furthermore, Women's Aid and Core Research (2024), also the Dublin Rape Crisis Centre and Ipsos B&A (2025),¹²⁸ have found that an increasing number of young men in Ireland have very traditionalist views about women, and a large proportion of such individuals do not believe that they should care about women's opinions or feelings.

The most significant policy development at the European level in the area of GBV in recent years has been the Council of Europe Convention on preventing and combating violence against women and domestic violence, more commonly known as the Istanbul Convention. This treaty came into effect in 2011 and is the first instrument in Europe to set legally binding standards specifically to prevent GBV, protect victims of violence, and to punish perpetrators. Ireland is now in the middle of implementing its third national strategy, known as 'Zero Tolerance', to address domestic, sexual and gender-based violence (DSGBV). A key component of this strategy was the establishment of a new statutory DSGBV agency to tackle and reduce DSGBV. This agency, Cuan, commenced its operations in January 2024.

¹²⁶ What is gender-based violence? – European Commission.

¹²⁷ Ireland | Violence against women | Thematic Focus | Gender Equality Index | European Institute for Gender Equality.

¹²⁸ 2025_04_briefing_note_drcc_research_on_sexual_violence_final.pdf.

One of Cuan's functions is to lead on consistent and ongoing research to inform DSGBV policy development. To assist it with this work, Cuan signed a research programme agreement with the Economic and Social Research Institute (ESRI) in September 2024. This literature review study is the first output under this joint research programme, and its aim has been to review relevant national and international literature on sexual violence in order to identify how current prevalence rates of sexual violence in Ireland compare with historical figures and internationally. In doing this, we have focused on:

1. Identifying the definitional and measurement issues that need to be considered when making comparisons of prevalence rates over time and between countries;
2. Examining national research on the prevalence of sexual violence, and outlining the difficulties that exist in making comparisons between studies and over time;
3. Providing an overview of the administrative data that exists on sexual violence in Ireland (support agencies data, crime statistics, etc.) and, in addition to their benefits, highlighting some of the caveats with such data, especially in terms of not relying on administrative data for measuring either incidence or prevalence;
4. Summarising some of the international research on sexual violence; and
5. Discussing some broader research on other forms of violence (e.g. childhood sexual abuse) that is based on longitudinal data and beneficial to examining the issue of sexual violence.

6.2 SUMMARY OF KEY FINDINGS

There has been a shift over time in the conceptualisation and measurement of sexual violence, with an increasing awareness that asking behaviourally specific questions will yield more accurate estimates than asking blunt questions about whether the respondent had ever been raped. Furthermore, research has indicated that asking about tactics first (for example, the use of alcohol or drugs) increases the numbers who report experience of sexual violence. Estimates of the prevalence of sexual violence are also found to vary depending on question wording and order, prompts as to who is included (for example, partners), mode of data collection, and the focus and framing of the study.

In examining the research on sexual violence in Ireland, we focused on the studies that are based on nationally representative data. While these are few in number (the SAVI Report (McGee et al., 2002) and the 2022 Sexual Violence Survey (CSO, 2023)), systematic comparison of prevalence rates across the studies is not possible because of, for example, variation in the survey instruments used (e.g. question wording), methodologies employed, and types of sexual violence examined. In addition to these issues, over time comparison is also made difficult because what constitutes sexual violence is evolving over time (e.g. sharing of

intimate images).

We outlined the national framework on consent that has been developed and implemented to address sexual violence in higher education institutions (HEIs) in Ireland, but which was also developed by the government to use the higher education sector as a lever for change for more broadly addressing sexual violence in society. This has had its intended consequences because while the framework was initially developed for the higher education sector, its principles are now being extended to other settings, including schools and community organisations.

We also reviewed some research that has examined sexual violence within the higher education sector since the introduction of the national framework for consent. The results from these studies need to be interpreted with caution given the nature of these data (e.g. voluntary participation, low response rates, and not representative of its underlying population). However, there is no peer-reviewed research on the issue of unwanted sexual experiences (USEs) in HEIs in Ireland; therefore, this grey literature cannot be dismissed completely; otherwise, there would be no measure of the extent of the issue of USEs in Irish HEIs (Reynolds et al., 2023), and, therefore, the ability to monitor the effects of the national framework for consent.

In this study, we also examined the administrative data that are being captured on sexual violence in Ireland, such as support agencies data and crime statistics. While noting the limitations with these data for estimating prevalence rates, we concluded that these data are important for monitoring and documenting trends in sexual violence.

Understanding the demographic profile of victims, and perpetrators, is crucial for policy development to assist with the prevention of sexual violence, and our overview of some of the international literature on sexual violence assisted with this. Specifically, the research highlighted that women are the most common victims of sexual violence. Younger women, particularly adolescents, are at higher risk, often due to power imbalances and limited access to support. Men also experience sexual violence but often face barriers to disclosure due to societal norms around masculinity. LGBTQ+ individuals, especially transgender people and bisexual women, face higher risks, often linked to stereotypes and marginalisation.

Racial minorities and those with lower education and income can also be disproportionately affected in some contexts, with factors like economic dependence and social stigma influencing prevalence and reporting. On the other hand, women with higher education or income can also be victims of intimate partner violence when male backlash occurs (Macmillan and Gartner, 1999). Furthermore, many studies conducted in Western countries indicate higher victimisation rates among more highly educated women.

Perpetrators of sexual violence are overwhelmingly male, regardless of the gender of the victim. Stranger-perpetrated rapes tend to be more violent, but intimate partner violence is more frequent, and all types have long-term psychological consequences.

Several factors can contribute to sexual violence, including societal attitudes, pornography consumption, and substance use. Studies show that victims under the influence of alcohol or drugs are more vulnerable, while intoxicated perpetrators are more likely to misinterpret consent.

Prevalence has been found to vary across country and local area, though there is ongoing debate as to the role of variation in willingness to report in explaining these patterns. Overall, EU surveys show significant variation in the prevalence of sexual violence across countries, with Nordic nations reporting the highest rates. Cultural norms and local contexts also shape prevalence, with rural areas sometimes offering protective community presence, while in other cases, lack of services exacerbates vulnerability.

Attitudes toward gender roles and victim-blaming remain significant obstacles to policy change and prevention efforts, including in the European Union. Education and public campaigns to change these norms and public opinions is thus crucial.

Despite increased awareness, official reporting rates for sexual violence remain low, with many victims choosing not to disclose their experiences due to fear or distrust in institutions. Policy solutions emphasise the importance of legal accountability, social support, and education. Effective judicial systems with high clearance rates for sexual violence cases can also mitigate the harm to victims and facilitate reporting.

6.3 KEY IMPLICATIONS OF RESEARCH FOR FUTURE RESEARCH ON SEXUAL VIOLENCE IN IRELAND

This literature review identifies a number of implications for further research and data collection on sexual violence in Ireland. First, researchers and policymakers, and any other users of sexual violence research and statistics, need to be mindful of how the underlying data were collected and the existence of differences in how sexual violence is defined across surveys.

Nationally-representative surveys of sexual violence are the gold standard for understanding the prevalence, correlates and consequences of sexual violence at a population level. However, when such data does not exist on a regular basis, data from administrative sources (support agencies data, crime statistics, etc.) can be useful for assessing broad trends. These data can also be beneficial for capturing information on sub-groups of the population that are harder to capture in national surveys (e.g. ethnic minorities). Nevertheless, care needs to be taken in relying on administrative data. Specifically, these data cannot be used to obtain estimates of the prevalence or incidence of sexual violence because the data reflect reporting behaviour, which is influenced by a number of factors (social stigma, access to services, institutional trust, etc.), are not nationally representative and, therefore, not appropriate for estimating such rates.

In addition, while administrative data from support agencies are important for monitoring and documenting trends in sexual violence, there is scope for

improving their quality to enrich their use in monitoring sexual violence trends. In particular, there is a need to standardise data collection across the support services network. Currently, the inconsistencies that exist in data formats, reporting criteria, and levels of detail limit the use of these data to monitor national trends and make meaningful comparisons across sources. To enhance the quality and utility of these data, especially given the time lag that exists between nationally representative surveys, it would be timely and beneficial to develop a unified data collection framework that could be adopted by agencies working with survivors of sexual violence. Such a system could include the capturing of key victim demographic variables (age, gender, economic status, health status, etc.), types of violence experienced, perpetrator characteristics, and disclosure timelines. Such a framework could also allow for the data to be captured in longitudinal format, of which there is very little in existence, to facilitate examinations into the full-life consequences of sexual violence (economic, health, relationship status, etc.). In addition, the creation of a unique individual identifier in such a system may, where appropriate, facilitate the linking of these data with other useful administrative data sources (e.g. crime statistics, hospital records, etc.). The establishment of Cuan, and specifically its funding administration tool, may be able to facilitate the standardisation of the data being collected by support agencies, and an examination into these other data system issues, to ensure that such data are more beneficial to it, and the agencies working in this area.

Real-time digital data sources, such as Google Trends, can also be useful for understanding emerging patterns, especially among youths. Nevertheless, as outlined in Chapter 2, such data have their limitations and, like with administrative data, should not be relied on for estimating either prevalence or incidence rates.

In relation to future data collection on sexual violence in Ireland, the CSO's 2022 Sexual Violence Survey (SVS) was the second nationally representative study of the topic in Ireland. It followed international best practice in a number of important ways. First, it covered a range of types of behaviours, including harassment and stalking as well as sexual violence. Second, it included non-penetrative as well as penetrative violence along with being made to touch someone else. Third, lack of consent included incapacitation because of drink, drugs or being asleep. Fourth, questions were asked separately about sexual violence from intimate partners and non-partners.

The question wording in the 2022 SVS, however, was different to that used in the 2002 SAVI study, as was the data collection mode, making it impossible to compare prevalence rates over time. For future sexual violence surveys, if comparability is an important factor for policymakers in the design of interventions and the provision of support services, greater standardisation of questions and survey design will need to be borne in mind. This, however, will come with trade-offs, especially if there is a considerable time lag between the collection of such survey data. Specifically, standardisation in question wording over time will not necessarily facilitate the capture of emerging trends, or understanding of the impact of cultural shifts and/or evolving risky behaviours, on the prevalence of

sexual violence.

The question wording in the 2022 SVS also refers to ‘making, coercing, threatening or forcing’ but it is not clear the extent to which respondents would interpret this as including verbal pressure without specific prompting (see Koss et al., 2024). Furthermore, non-contact experiences (such as being forced to look at pornography or coerced into posing for a photo or video) are asked only in relation to experiences before the age of 17 rather than over the lifetime. On the basis of international research, therefore, we might expect the SVS estimates of prevalence to be on the conservative side.

These are all issues that need to be borne in mind for the development of any future surveys that will examine sexual violence, or, more broadly, GBV, in Ireland. This is to ensure that the information captured is rich and of use to policymakers and others working in this field to assist them in developing and implementing policies and interventions to support victims-survivors of sexual violence.

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GLOSSARY

Human Development Index (HDI): Summary measure of average achievement in key dimensions of human development: a long and healthy life, being knowledgeable and having a decent standard of living. The HDI is the geometric mean of normalised indices for each of the three dimensions (UNDP definition¹²⁹).

Incidence of sexual violence: Refers to the number of separate incidents perpetrated against individuals within a demographic group (e.g. women) during a specific period of time.

Intimate partner violence: Behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours (WHO definition¹³⁰).

Istanbul Convention: The Council of Europe Convention on preventing and combating violence against women and domestic violence, also known as ‘the Istanbul Convention’, requires parties to develop laws, policies and support services to end violence against women and domestic violence.

Lifetime prevalence of sexual violence: Proportion of the population who have ever experienced sexual violence (CSO, 2023¹³¹).

Non-partner sexual violence: Being forced to perform any sexual act that did not want to, by someone other than partner/spouse (WHO, 2013).

Prevalence of sexual violence: Refers to the number of people within a demographic group (e.g. women) that are victimised during a specific period of time, such as a person’s lifetime or the previous 12 months.

Rape myth: Stereotypical beliefs that justify rape (e.g. ‘a woman who goes to a man’s apartment on a first date is implicitly consenting to sex’) (Taylor, 2006).

¹²⁹ <https://hdr.undp.org/data-center/human-development-index#/indicies/HDI>.

¹³⁰ www.who.int/en/news-room/fact-sheets/detail/violence-against-women.

¹³¹ www.cso.ie/en/releasesandpublications/ep/p-svsde/sexualviolencesurvey2022disclosureofexperiences/lifetimeexperiencesdisclosure/#:~:text=Lifetime%20prevalence%20in%20this%20context%20refers%20to%20the,experiences,%20from%20non-contact%20experiences%20to%20non-consensual%20sexual%20intercourse.

Reproductive coercion: A form of intimate partner violence in which one partner exhibits controlling or manipulative behaviours aimed at influencing the other's reproductive choices without their consent.

Sexual coercion: Unwanted sexual activity that happens when you are pressured, tricked, threatened, or forced in a non-physical way (OASH definition¹³²).

Sexual violence: Any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object, attempted rape, unwanted sexual touching and other non-contact forms (WHO definition).

Violence against women: The Istanbul Convention defines violence against women as 'a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm to women'. It also provides a definition of gender-based violence against women: 'violence that is directed against a woman because she is a woman or that affects women disproportionately'.

APPENDIX I

Chapter 3: National studies – questions and responses

SECTION 3.2.2 – DIFFICULTY IN COMPARING RESPONSES

TABLE A.1 LIFETIME PREVALENCE OF SEXUAL VIOLENCE QUESTIONS

Lifetime prevalence of sexual violence: question	Lifetime prevalence of sexual violence: result		
	Females – % (N)	Males – % (N)	Overall – % (N)
The SAVI Report (2002)			
To examine levels of abuse across the lifetime, the SAVI Report (McGee et al., 2002) re-categorised participants into the most serious form of abuse that they experienced, regardless of whether it happened in childhood or adulthood. The four categories that they included were: (i) contact abuse (no penetration), (ii) non-contact abuse, (iii) penetration/oral sex, and (iv) attempted penetration, where non-contact abuse was a combination of the child categories of ‘child pornography’, and ‘indecent exposure’, and the adult category of ‘abuse – not otherwise specified’.			
(i) Contact Abuse – No Penetration	19.2 (304)	16.4 (247)	
Child categories:			
– Did anyone touch your body, including your breasts or genitals, in a sexual way?			
– During your childhood or adolescence, did anyone try to have you arouse them, or touch their body in a sexual way?			
– Did anyone rub their genitals against your body in a sexual way?			
Adult categories:			
– Has anyone, male or female, touched your breasts or genitals against your will?			
– Has a man made you touch his genitals against your will (aged 17 or older)?			
– Has a woman made you touch her breasts or her genitals against your will?			
(ii) Non-Contact Abuse	9.8 (155)	7.0 (106)	
Child categories:			
– During your childhood or adolescence, did anyone ever show you or persuade you to look at pornographic material (for example, magazines, videos, internet, etc.) in a way that made you feel uncomfortable?			
– Did anyone ever make you or persuade you to take off your clothes, or have you pose alone or with others in a sexually suggestive way or in ways that made you feel confused or uncomfortable in order to photograph or video you?			

– As a child or adolescent, did anyone expose their sexual organs to you?			
– During this time, did anyone masturbate in front of you?			
Adult categories:			
– Have you had an experience that did not involve actual sexual contact between you and another person, but did involve an attempt by someone to force you to have any kind of unwanted sexual contact?			
– Did you have any other sexual experience against your will that I have already mentioned?			
(iii) Penetration/Oral Sex	10.2 (162)	3.2 (48)	
Child categories:			
– Did anyone succeed in having sexual intercourse with you?			
– Did anyone, male or female, make you or persuade you to have oral sex?			
– Did a man make you or persuade you to have anal sex?			
– Did anyone put their fingers or objects in your vagina or anus (back passage)?			
Adult categories:			
– Has a man forced you to have sexual intercourse against your will? (By this, so as to be clear, we mean that he put his penis in your vagina.)			
– Has anyone, male or female, made you have oral sex against your will? (By oral sex, we mean that a man put his penis in your mouth or that a person, male or female, performed oral sex on you.)			
– Has a man made you have anal sex against your will? (By this we mean that he put his penis in your anus.)			
– Has anyone put their fingers or objects in your vagina or anus against your will?			
(iv) Attempted Penetration	2.8 (45)	2.0 (30)	
Child categories:			
– Did anyone attempt to have sexual intercourse with you?			
Adult categories:			
– Has anyone, male or female, attempted to make you have vaginal, oral or anal sex against your will, but penetration did not occur?			
Total:	42% (666)	28.6% (431)	
Sexual Violence Survey (SVS) 2022			
In the SVS 2022 (CSO, 2023), lifetime prevalence of sexual violence is measured as the proportion of the population who have ever experienced sexual violence at least once in their lifetime, either an adult or child experience. Sexual violence is defined in the SVS as a range of non-consensual experiences from non-contact experiences to non-consensual sexual intercourse. Specifically, the SVS measures four types			

of adult sexual violence and five types of child sexual violence.			
Sexual Violence as an Adult			
Non-consensual sexual intercourse	18%	3%	
Non-consensual attempted sexual intercourse	20%	5%	
Non-consensual sexual touching	33%	9%	
Non-consensual other sexual contact	24%	6%	
Sexual Violence as a Child			
Unwanted sexual intercourse	7%	2%	
Unwanted attempted sexual intercourse	8%	3%	
Unwanted sexual touching	24%	11%	
Unwanted other sexual contact	15%	5%	
Unwanted non-contact	25%	16%	
Total:	52%	28%	
Lifetime Prevalence of Severe Sexual Abuse: Question	Female	Male	Overall
Domestic Abuse of Women and Men in Ireland: Report on the National Study of Domestic Abuse (Watson and Parsons, 2005)			
In this study, domestic abuse is defined as ‘a pattern of physical, emotional or sexual behaviour between partners in an intimate relationship that causes, or risks causing, significant negative consequences for the person affected’. The four types of severe sexual abuse examined were as follows:			
Forced to have sex			4%
Tried to force to have sex			7%*
Forced to watch/read pornography			1%
Forced – other sexual activity			2%
Total	8%	1%	5%
Note:			
*This 7 per cent also includes the 4 per cent where forced intercourse actually took place			

Source: Constructed by the authors using information in the SAVI Report (McGee et al., 2002), the Domestic Abuse of Women and Men in Ireland report (Watson and Parsons, 2005), and the Sexual Violence Survey (CSO, 2023).

Note: *This 7 per cent also includes the 4 per cent where forced intercourse actually took place.

TABLE A.2 EXPERIENCED UNWANTED SEXUAL ASSAULT AS AN ADULT QUESTIONS

	Experienced unwanted sexual assault as an adult	
	Females – % (N)	Males – % (N)
The SAVI Report (2002)		
Experiences of sexual assault as an adult aged 17 years and above		
I: Contact Sexual Assault		
(i) Contact Abuse – No Penetration	13 (206)	8.2 (124)
– Has anyone, male or female, touched your breasts or genitals against your will?		
– Has a man made you touch his genitals against your will (aged 17 or older)?		
– Has a woman made you touch her breasts or her genitals against your will?		
(ii) Attempted Penetration	1.3 (20)	0.6 (9)
– Has anyone, male or female, attempted to make you have vaginal, oral or anal sex against your will, but penetration did not occur?		
(iii) Penetration/Oral Sex	6.1 (91)	0.9 (13)
– Has a man forced you to have sexual intercourse against your will? (By this, so as to be clear, we mean that he put his penis in your vagina.)		
– Has anyone, male or female, made you have oral sex against your will? (By oral sex, we mean that a man put his penis in your mouth or that a person, male or female, performed oral sex on you.)		
– Has a man made you have anal sex against your will? (By this we mean that he put his penis in your anus.)		
– Has anyone put their fingers or objects in your vagina or anus against your will?		
Total:	20.4 (317)	9.7 (146)
II: Non-Contact Sexual Assault	5.1 (81)	2.7 (41)
Abuse – not otherwise specified*		
Total:	5.1 (81)	2.7 (41)
Sexual Violence Survey (SVS) 2022		
Experiences of sexual violence as an adult are those which were unwanted and non-consensual and happened since the respondent was 17 years old. The categories covered were as follows:		
Non-consensual sexual intercourse	18%	3%
Non-consensual attempted sexual intercourse	20%	5%
Non-consensual sexual touching	33%	9%
Non-consensual other sexual contact	24%	6%
Total:	39%	12%

Source: Constructed by the authors using information in the SAVI Report (McGee et al., 2002) and the Sexual Violence Survey (CSO, 2023).

Note: *Category created to account for any unwanted sexual experiences in adulthood that participants reported in an open-ended question and did not fit into any of the predefined categories.

APPENDIX II

Organisations providing sexual violence and domestic violence support in Ireland

The tables below list the Cuan-funded support organisations¹³³ that provide support to victims of sexual violence and domestic violence in Ireland. Table A.3 outlines the types of data Rape Crisis Centres (RCCs) collect and whether they publish this information, while Table A.4 provides an overview of other support agencies, detailing the scope of their services, the data they collect, and any notable statistics.

TABLE A.3 RAPE CRISIS CENTRES (SECTION 3.5.2)

Rape Crisis Centre	County	Collecting and publishing data on SV	Type of data collected/published
Rape Crisis Ireland (RCI)	Dublin	Collecting and publishing	Gender, age, reasons for contact, details on the sexual violence disclosed (type, duration, perpetrator information)
Athlone Midlands Rape Crisis Centre	Westmeath	Collecting	Client numbers by age and gender; no info on abuse type
Carlow & South Leinster Rape Crisis & Counselling Centre *	Carlow	Collecting and publishing	–
Sexual Violence Centre Cork	Cork	Collecting and publishing	Number of victims assisted, gender, type of violence
Donegal Sexual Abuse & RCC *	Donegal	Collecting and publishing	–
Dublin Rape Crisis Centre	Dublin	Collecting and publishing	Contacts with helpline, type of violence, age, gender, nationality, therapy clients, relationship to perpetrator, reporting rate to An Garda Síochána
Rape Crisis Northeast, Dundalk *	Louth	Collecting and publishing	–
Galway Rape Crisis Centre	Galway	Collecting and publishing	Appointments, contacts, age, type of violence
Kerry Rape & Sexual Abuse Centre *	Kerry	Collecting and publishing	–
Kilkenny Rape Crisis & Counselling Centre	Kilkenny	Collecting and publishing	Client numbers by age and gender

¹³³

The Cuan Hub is a comprehensive platform designed for funds administration, data gathering, and reporting. While the Hub became operational in 2024, it is still undergoing development (e.g., developing more monitoring capabilities). When this work is complete, the Hub will support the funding process for Domestic, Sexual, and Gender-Based Violence (DSGBV) services and aid in the development and monitoring of a National Services Delivery Plan (for further information, see Department of Justice, 2024).

Rape Crisis Midwest, Limerick *	Limerick	Collecting and publishing	–
Mayo Rape Crisis Centre *	Mayo	Collecting and publishing	–
Rape Crisis & Sexual Abuse Counselling Centre Sligo, Leitrim & West Cavan	Sligo	Collecting and publishing	Counselling sessions, helpline calls
Tipperary Rape Crisis Centre	Tipperary	–	–
Tullamore Rape Crisis Centre¹	Offaly	Collecting	–
Waterford Rape & Sexual Abuse Centre *	Waterford	Collecting and publishing	
Wexford Rape Crisis	Wexford	Collecting and publishing	Referrals, type of support sought

Source: Authors' own elaboration, based on organisation websites and direct correspondence with the organisations. (*) RCCs marked with an asterisk are included in the Rape Crisis Ireland (RCI) annual report and do not publish data independently.
(–) No response received; unable to verify if data are collected.

Note: ¹In email correspondence with Tullamore RCC, they indicated that they were collecting the 'same data as all RCCs'.

TABLE A.4 OTHER CUAN-SUPPORTED SUPPORT AGENCIES (SECTION 3.5.4)

Support agency	County	Wider scope	Type of data collected	Notable statistics
Dignity4Patients	Meath		Helpline calls, meetings, emails, admin hours, clients supported	2023: 348 helpline calls, 65 client meetings, 714 helpline emails, 280 client admin hours, 289 clients supported, 26 new victims (Dignity4Patients, 2024)
One in Four Ireland	Dublin		Sessions, individuals supported, advocacy services	2023: 6,562 sessions, 856 individuals supported, 515 clients reached by the advocacy services (48% male; 41% Dublin, 46% rest of Ireland, 7% international, 6% unknown) (One in Four, 2024)
You Are Not Alone (YANA) Domestic Violence Project	Cork		Number of calls, face-to-face appointments, client and perpetrator gender, nature of abuse (ongoing or single incident), SATU services	‡
Move Ireland	Tipperary	Men exhibiting violent or abusive behaviour	Information on individuals who have engaged in, or considered engaging in, various forms of sexual misconduct, abuse, or coercion	‡
AkiDwA	Various	Migrant women	Immigration status, age, incident details (location, if in Ireland or in their country of origin), types of violence (physical, domestic, sexual), early/forced marriage (EFM) and female genital mutilation (FGM), LGBTQ+, mental health referrals and discrimination reports, SATU services, accompaniment to the police	‡
Accessible Counselling Tullamore (ACT)	Offaly	Counselling	Age, gender, type of abuse	‡
Beacon of Light Counselling Centre	Dublin	Counselling	Client demographics, various crime types (including sexual and domestic abuse)	‡
Pavee Point Traveller and Roma Centre	Various	Traveller and Roma	Disclosures from women	‡
Hope Trust	Various	Counselling	Session records where clients disclose past abuse experiences	‡
SAOL Project	Dublin	Women affected by addiction and poverty	Case notes for individual women	‡

Accompaniment Support Services for Children (ASSC)	Dublin	Children victims of crime	Forensic onsite support, advocacy phone support, court onsite support	2021: 48 young people referred for forensic support (21 onsite accompaniment), 77% female; 60 young people in court (21 male, 39 female), 56% accused within family, 96% accused were male (Accompaniment Support Services for Children, 2023)
Women's Community Projects (Mullingar) Association	Westmeath	Education, Counselling	–	–
Living Life Voluntary Counselling	Wicklow	Counselling	Gender, age, discussion topics noting occurrence of abuse	‡
Ruhama	Dublin	Women impacted by prostitution and sex trafficking	Disclosures of experiences of SV or other forms of violence	‡
Dundalk Counselling Centre	Louth	Counselling	Victim-of-Crime Data (including SV and DV)	‡
Le Chéile Mentoring	Various	Mentoring service	–	–
Men's Development Network	Various	Men exhibiting violent or abusive behaviour	Contacts, nature of abuse	Since its launch in 2019, the main reason for calling is seeking advice around identifying abuse; nature of abuse reported: 29% coercive control, 26% physical, 3% financial, 14% emotional, 8% child access, 20% not disclosed (Men's Development Network, 2024)
Good Shepherd Cork	Cork	Emergency accommodations	–	–
Wexford Women's Refuge	Wexford		Helpline calls, drop-in service users, outreach and court accompaniment service users, women and children in residence, type of court orders granted, child protection and welfare concerns	‡
Sonas Domestic Abuse	Dublin		Client disclosures	‡
West Cork Beacon	Cork		Gender, age, reasons for contact, details on the sexual violence disclosed (type, duration, perpetrator information)	*

Source: Authors' own elaboration, based on organisation websites and direct correspondence with the organisations. (–) No response received; unable to verify if data are collected. (‡) Sexual violence statistics not published. (*) Data not published independently; included as part of the Rape Crisis Ireland (RCI) annual report.



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