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The Domestic, Sexual and Gender-Based
Violence Agency



Patterns of victimisation among victims of adult sexual violence in Ireland

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Foreword

Dr Stephanie O’Keeffe, Chief Executive Officer, Cuan



Sexual violence is pernicious and pervasive across Irish society. Government has committed to achieving zero tolerance of domestic, sexual and gender-based violence (DSGBV). A key component of Cuan’s work in this regard is to undertake, commission, assist 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 evidenced-based.

I welcome the publication of this, the second output from the Cuan–ESRI Joint Research Programme on Adult Sexual Violence in Ireland. This report analyses data from the 2022 Sexual Violence Survey collected by the Central Statistics Office (CSO) to examine patterns of victimisation among those who have experienced adult sexual violence in Ireland. By conducting a deeper dive into these data, the ESRI research team has provided us with a better understanding of the patterns of victimisation. This analysis gives us greater insights on the patterns of victimisation that will inform our approaches to prevention and protection, and to responding to the needs of victims and survivors of sexual violence.

I would like to thank the authors of the report, Dr Elish Kelly, Ms Delia Agostinelli, Dr Anousheh Alamir, Dr Anne Nolan and Dr Emer Smyth for providing an informative and comprehensive analysis on patterns of victimisation. I would also like to acknowledge the contribution of the Research Programme Steering Committee, Professor Dan Anderberg, Professor Patrick Ryan and Ms Rachel Morrogh, and my colleague Ms Marie-Claire McAleer for providing project oversight.

The analysis looks at experiences based on respondents that reported this information in the CSO Sexual Violence Survey. In doing so, it provides a clearer picture of those most likely to experience sexual violence. It also highlights groups in society who are more vulnerable to experiencing sexual violence. This evidence helps to inform how we respond in a focused manner to prevent sexual violence and protect those with lived experience.

Overall, the findings of this research reinforce the pervasive nature of sexual violence which prevails across all populations in Irish society. As such, the research reinforces the need for a whole-of-society approach to achieving zero tolerance.

Ultimately, we want to create an enabling environment where sexual violence, in all its forms, is never tolerated. This requires all of society to challenge such behaviour and to support all sections of society to disclose and report these insidious and heinous crimes.

Dr Stephanie O’Keeffe,

Chief Executive Officer, Cuan

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Abbreviations

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
HDI	Human Development Index
HEA	Higher Education Authority
HEIs	Higher education institutions
IPEADS	Irish Population Estimates from Administrative Data Sources
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
NIPV	Non-intimate partner violence
NISVS	National Intimate Partner and Sexual Violence Survey (United States)
PTSD	Post-traumatic stress disorder
PV	Physical violence
SDG	Sustainable Development Goals
SES	Sexual Experiences Survey
SV	Sexual violence
USEs	Unwanted sexual experiences
VAW	Violence against women
WHO	World Health Organization

Executive summary

Sexual violence, and more broadly gender-based violence (GBV), is a pervasive global issue. In this report, data from the 2022 Sexual Violence Survey (SVS), collected by the Central Statistics Office (CSO), are used to examine patterns of victimisation¹ among those that have experienced adult sexual violence in Ireland.² In order to prevent sexual violence and to provide, and target, supports to those who are victims of such violence, a better understanding of the patterns of victimisation is needed. This study surveys the relevant literature and presents descriptive and multivariable regression analyses of the main factors associated with adult sexual violence in Ireland. The factors examined include sex, age, sexual orientation, level of education, country of birth, disability (at the time of the survey) and relationship status, as well as urbanisation and level of deprivation of the area in which they live. The analysis undertaken is based on responses from over 4,000 individuals aged 18 and above, who completed the SVS between May and December 2022. The research was carried out under a programme of research funded by Cuan, the statutory domestic, sexual and gender-based violence (DSGBV) agency.

Key findings

Ever experienced sexual violence:

- Just over a quarter of the population (26 per cent) reported having experienced sexual violence as an adult.
- Women (39 per cent) reported higher rates of sexual violence than men (12 per cent).
- Other population groups reporting high rates of sexual violence included young people, those who identified as bisexual or gay, lesbian, asexual, other or questioning/unsure, and those with higher levels of education. For example, 55 per cent of bisexual individuals reported sexual violence, compared to 36 per cent of gay, lesbian, asexual, other or questioning/unsure individuals, and 25 per cent of heterosexual individuals.

¹ Victimisation refers to the process of being subject to sexual violence.

² It is intended that future research will examine childhood sexual violence.

- Multivariable regression modelling confirms the higher risk of sexual violence for women, younger individuals, and those identifying as bisexual. Our separate male and female models show that gay, asexual, other or questioning/unsure men are also at higher risk of sexual violence.

Types of sexual violence:

- Of those who reported any sexual violence, 25 per cent experienced intimate partner violence (IPV) only, 40 per cent non-intimate partner violence (NIPV) only, and 35 per cent reported experiencing both IPV and NIPV.
- The majority of respondents that reported one or more sexual violence (SV) experiences indicated that they were aged between 18 and 24 when it first happened, both for IPV (54 per cent) and NIPV (63 per cent).
- Of the seven types of sexual violence examined in the 2022 SVS, as they were worded in the survey, non-consensual touching of breasts/genitals was the most common type reported (21 per cent), particularly among women, with 33 per cent reporting this type of sexual violence. This was followed by attempted other sexual contact (14 per cent) and attempted sexual intercourse (12 per cent).
- Further analysis of the data identified distinct clusters or groups experiencing both IPV and NIPV. For IPV, the analysis identified a group, comprising 6 per cent of the overall population, who had experienced an average of five different types of IPV, including forced penetrative sex and attempted sexual intercourse. For NIPV, a group comprising 4 per cent of the overall population were identified who experienced multiple types of NIPV, including forced penetrative sex and non-penetrative sex when they were unable to give consent because of being asleep, passed out or under the influence of alcohol and/or drugs.
- Multivariable analysis shows that women and younger individuals are significantly more likely to be in the penetrative/multiple group for both IPV and NIPV, with bisexual individuals additionally more at risk of penetrative/multiple NIPV.

Implications for further research and data collection

Ireland is currently implementing its third national strategy to address domestic, sexual and gender-based violence (DSGBV), ‘Zero Tolerance’. To provide evidence to support the implementation of ‘Zero

Tolerance’, the research in this report provides a comprehensive analysis of the 2022 SVS in order to identify the factors associated with adult sexual violence, both IPV and NIPV, and its various types.

The research findings highlight that while sexual violence is pervasive across Irish society, there are a number of population groups that report higher rates of sexual violence, particularly women, younger people and those from sexual minority groups. This research also shows that these groups are at highest risk of reporting multiple types of sexual violence, with the analysis showing that 4 (6) per cent of the population reported multiple forms of IPV (NIPV). The high rates of ‘non-consensual touching of breasts/genitals’ reported (21 per cent), particularly among women (33 per cent), highlight the importance of recognising this type of sexual violence as part of a wider pattern of harm that may escalate over time.

The research also identified a number of other characteristics that are associated with sexual violence, including psychological disability and relationship status, although caution must be exercised in interpreting these results due to potential reverse causality. For example, those who have a psychological disability (which includes emotional and mental health issues) report higher rates of sexual violence, but the analysis cannot disentangle the direction of causality in this relationship (i.e. whether those with a psychological disability are at greater risk of sexual violence, or whether those who experience sexual violence develop a psychological disability as a result). Further investment in longitudinal data would allow researchers to disentangle the timing and sequencing of key events, and thereby identify the antecedents and consequences of sexual violence.

While the research findings confirm the findings from the international literature on the main factors associated with adult sexual violence, it is important to acknowledge that different population groups may perceive, and therefore, report sexual violence differently. For example, the results from the analyses in this report show that younger people are more likely to report sexual violence. While this may partly reflect a greater propensity to acknowledge and report sexual violence among younger people, the SVS was conducted in accordance with international best practice, employing survey techniques and data collection methods designed to minimise reporting biases across the population.

Chapter 1

Introduction

1.1 Background

Sexual violence, and more broadly gender-based violence (GBV), is pervasive, across all societies and all segments of society. According to the World Health Organization (WHO), 31 per cent of women (1 in 3) have experienced physical and/or sexual violence since the age of 15, with most of this violence being perpetrated by an intimate partner (WHO, 2021). For European countries, that figure is 26 per cent, and it is 16 per cent for Ireland (WHO, 2021). The Sexual Violence Survey (SVS) 2022 data for Ireland revealed that 39 per cent of women reported sexual violence as an adult, with this figure being 12 per cent for men (CSO, 2023).³

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.⁴ It includes violence against women (VAW) and domestic violence against women, men, children or older people living in the same domestic or family unit. Women and girls tend to be the main victims of GBV, but men and other gender identities can also be affected.

Sexual violence is one type of GBV, which can be undertaken by an intimate partner, an acquaintance or a stranger. Victims of such violence tend to experience a multitude of negative effects, including on their employment, earnings and physical and mental health (Andersson et al., 2015; ONS, 2021; Adams et al., 2025).

Ireland is currently implementing its third national strategy to address domestic, sexual and gender-based violence (DSGBV). The strategy, known as 'Zero Tolerance'⁵ and covering the period 2022 to 2026, is made up of four pillars: (i) prevention, (ii) protection, (iii) prosecution, and (iv) policy co-ordination. A key component of this strategy was the

³ Sexual Violence Survey 2022 – Main Results – Central Statistics Office.

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

⁵ Government of Ireland (2022). Zero Tolerance: Third National Strategy on Domestic, Sexual and Gender-Based Violence 2022–2026, Dublin: Government of Ireland.

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 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 second output under this joint research programme. The first piece of research, which was published in September 2025, provided an overview of the national and international data and research on adult sexual violence. In particular, that report focused on identifying the definitional and measurement issues that need to be considered when making comparisons of prevalence rates over time and across countries (Kelly et al., 2025).

1.2 Objectives of the study

The objective of this study is to use the 2022 SVS data to examine patterns of victimisation among those that have experienced adult sexual violence in Ireland. It is intended that future research will examine childhood sexual violence. In order to prevent such violence and to provide, and target, supports to those who are victims of adult sexual violence, or are at risk of such violence, a better understanding of the patterns of victimisation is needed. Specifically, we need to know the prevalence of experience of sexual violence among adults, and, in particular, the main demographic and socio-economic factors (e.g. age, sex, sexual orientation, educational attainment, country of birth and deprivation) associated with *who* experiences such violence and *how* characteristics vary by the type of victimisation experienced. The information published to date by the Central Statistics Office (CSO)⁶ from the SVS 2022 data has yielded important insights into adult victimisation prevalence but more detailed analysis of the data will allow us to look at the relative importance of different factors, and whether some groups within the population are more at risk of experiencing adult sexual violence.

⁶ See: Sexual Violence Survey – Adult Experiences – CSO – Central Statistics Office.

1.3 Research questions

This study aims to examine the following broad research questions:

1. What are the prevalence rates for various forms of adult victimisation (non-consensual sexual touching of breasts/genitals, non-consensual sexual intercourse, etc.) and do the rates vary according to whether the sexual violence is perpetrated by an intimate or non-intimate partner, and by type of sexual victimisation experienced?
2. What are the main demographic and socio-economic factors (age, sex, educational attainment, etc.) that are associated with *who* experiences adult sexual violence?
3. Do the factors vary according to the type of perpetrator (intimate partner or non-intimate partner)?
4. Do the factors associated with experiencing sexual violence differ according to the type of adult victimisation experienced (non-consensual sexual touching of breasts/genitals, non-consensual sexual intercourse, etc.)?

1.4 Structure of the study

The structure of the report is as follows. In Chapter 2, we examine previous studies on sexual violence (SV) at both national and international level, in order to identify the main factors associated with experiencing adult SV. We also examine the literature that analyses the relationship between sexual violence and health outcomes. Chapter 3 outlines the data that we use in this study to address our research questions, the Sexual Violence Survey (SVS) 2022, along with the various methodologies that we employ to undertake our analyses. In Chapter 4, we present a number of descriptive statistics, namely various prevalence rates, a profile of those that have experienced adult SV, a profile of the perpetrators, and characteristics of the SV experience. Chapter 5 outlines and discusses the results from our various regression analyses that examine the characteristics associated with experiencing sexual violence, including by perpetrator type and types of victimisation. Finally, Chapter 6 summarises our key results and outlines the main policy implications of our work.

Chapter 2

Past findings

2.1 Introduction

This section examines previous studies on adult sexual violence (SV), at both national and international level, in order to identify the main factors associated with experiencing adult SV, and the profile of perpetrators. We first begin by examining the types of sexual violence that have been identified and defined across studies. In this chapter, we also examine the relationship between sexual violence and health outcomes, and we finish this chapter by reporting findings from the two nationally representative surveys that have been undertaken on sexual violence in Ireland. Specifically, the SAVI Report: Sexual Abuse and Violence in Ireland, which was undertaken by McGee et al. (2002), and the 2022 Sexual Violence Survey (SVS), the data from which are used in this study and was carried out by the CSO. Direct comparison of the results derived from both studies is not feasible due to variations in the methodologies employed to conduct the surveys, definitions of sexual violence used, and sample sizes.

2.2 Types of sexual violence

When analysing patterns of victimisation of sexual violence, it is first important to understand the different types of sexual violence that exist, and how they have been analysed and defined across studies (for a more detailed discussion of definition and measurement issues, see Kelly et al., 2025).

Surveys of sexual violence have tended to fall into two groups: national crime surveys that include questions on sexual violence; and dedicated surveys focusing on sexual or other gender-based violence. Estimates from crime surveys have been critiqued because direct questions about experience of rape have been found to underestimate levels of sexual violence (Blom and Gash, 2023). Furthermore, the focus on one-off incidents of victimisation leads to an undercount of repeated occurrences of intimate partner violence (Hester et al., 2024). In contrast, pioneering survey research by Diana Russell (1982) and Mary P. Koss et al. (1987) introduced behaviourally-specific questions to cue respondents about specific acts, ranging from forced intercourse to verbal coercion and physical force. This methodological shift revealed substantial discrepancies in prevalence compared to

studies relying on legal labels such as ‘rape’ or ‘sexual assault’ (Jordan, 2022). Behaviourally-specific approaches uncovered what has since been termed ‘unacknowledged sexual victimisation’, with estimates for rape suggesting that 60 to 75 per cent of incidents meeting behavioural criteria are not labelled as rape by respondents (Marchewka et al., 2022).

Building on this work, large-scale dedicated surveys expanded the scope of measured behaviours. The US National Intimate Partner and Sexual Violence Survey (NISVS), for example, defined sexual violence to include rape; being made to penetrate someone else; sexual coercion (e.g. feeling pressured); unwanted sexual contact; and non-contact unwanted sexual experiences (e.g. exposure). Over time, Koss and colleagues moved away from blunter rape-focused questions to ‘tactics first’ approaches that ask about coercive strategies before specific acts (Koss et al., 2007; 2024). The 2024 revision of the US Sexual Experiences Survey – Victimization (SES-V) identified four potentially overlapping domains: non-contact sexual exploitation, illegal sexual exploitation (including rape), verbally pressured sexual exploitation, and technology-facilitated sexual exploitation. This evolution reflects an increasing recognition of the diversity of coercive tactics and contexts in which sexual violence occurs. Similarly, the EU Gender-Based Violence Surveys used behaviourally-specific questions to capture experience of physical violence or threats and/or sexual violence perpetrated by intimate partners (IP) or non-intimate partners (NIP), and in some measures included psychological violence alongside physical and sexual violence (Eurostat, 2021).

Recent research has also sought to embed sexual violence within a broader relational and contextual framework. Studies increasingly distinguish between intimate partner and non-partner violence, adopt wider definitions of coercion, and incorporate more nuanced understandings of consent, including incapacitation due to alcohol or drugs (Krahé, 2024; Peterson et al., 2024). Question wording has been shown to be critical. Prevalence estimates vary depending on whether lack of consent is framed as ‘stopping resisting’, ‘didn’t want to’, or ‘without permission’ (Koss, 2024; Rueff and Gross, 2017), and whether questions explicitly cue romantic or intimate partners (Anderson et al., 2021; Hamby, 2014). Methodological decisions regarding reference periods (e.g. lifetime versus 12-month or shorter recall periods) also influence reporting patterns (Dufour et al., 2023).

Reviews of studies covering similar populations document significant variation in prevalence estimates, reflecting definitional and measurement choices (Brunton-Smith et al., 2022; Krahé, 2024; Sardinha et al., 2024). As Levine (2021, p.34) argues, quantifying rape requires a series of conceptual and methodological decisions that shape which acts, victims and perpetrators are rendered visible.

Within this evolving landscape, the CSO's SVS 2022 adopts a broad definition encompassing a range of non-consensual experiences, from non-contact acts to non-consensual intercourse. It conceptualises violence both in relation to the use of force and in terms of having a marked or powerful effect on the individual, aligning with contemporary approaches that recognise sexual violence as a continuum of coercive and non-consensual experiences. Specifically, seven types of non-consensual sexual experiences from childhood to adulthood are examined (e.g. touching, forced touching, sex, attempted sexual intercourse), separately for intimate and non-intimate partners, along with sexual harassment and stalking among individuals aged 18 and above. It is worth noting that the SVS 2022 did not collect measures of technology-facilitated sexual violence. Recent international work has pointed to the growing issue of online sexual harassment and violence, including revenge porn and non-consensual sharing of intimate images (Patel and Roesch, 2020) as well as the role of dating apps in victimisation (Echevarria et al., 2023; Gewirtz-Meydan et al., 2024).

2.3 Patterns amongst victims

2.3.1 Gender

A consistent finding across national and international research is that women and girls are disproportionately affected by sexual violence, both in childhood and adulthood. Early evidence from Ireland by McGee et al. (2002) in the SAVI report showed that girls and women were far more likely than boys and men to experience serious sexual crimes.⁷ Notably, levels of serious sexual crimes against women remained similar from childhood through adulthood. Risks for men were lower in childhood compared to women and declined from childhood to adult life. Still in Ireland, Burke et al. (2020) analysed the

⁷ Defined in the SAVI as attempted or actual rape.

2020 Sexual Experiences Survey and found that amongst interviewed students from higher education institutions, female and non-binary students were the most affected by sexual misconduct and violence since starting college.

Evidence from other regions underscores the global nature of these gender disparities. Globally, population-based surveys conducted by the World Health Organization (WHO) across 161 countries between 2000 and 2018 reinforce this gendered pattern. According to WHO estimates, 31 per cent of women aged 15–49 have experienced physical and/or sexual intimate partner violence or non-partner sexual violence at least once since the age of 15 (WHO, 2021). The majority of violence against women was perpetrated by intimate partners: 27 per cent of ever-partnered women aged 15–49 reported experiencing physical and/or sexual intimate partner violence in their lifetime, and 13 per cent in the preceding 12 months. The equivalent figure for lifetime experience of non-partner sexual violence was 6 per cent.⁸ These figures highlight both the scale of the problem of sexual violence and the central role of intimate partner violence in women’s exposure to sexual harm worldwide.

European survey data point to similarly high prevalence rates. The 2020–2024 EU Gender-Based Violence Survey found that one in three women aged 18–74 had experienced physical or sexual violence in their lifetime. One in eight women reported sexual violence, including rape, by a non-partner, and one in five had experienced physical or sexual violence from a partner, relative or other household member.

The 2018 Survey on the Well-being and Safety of Women across seven Eastern European countries found that 70 per cent of women had 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 (OSCE, 2019a).

In the Nordic context, Bjørnholt and Hjemdal (2018) analysed Norway’s 2013 Violence and Rape Survey and found that a lifetime rape prevalence of 9.4 per cent among women compared to 1.1 per cent

⁸ The WHO (2021) did not report past 12 months’ prevalence of non-partner sexual violence.

among men, and lifetime exposure to all forms of sexual abuse⁹ of 34 per cent and 11 per cent respectively. Women were also more likely to report physical injury and fear of being killed or seriously injured in connection with rape. Similarly, a 2014 national study by the Swedish National Centre for Knowledge on Men's Violence Against Women found that 20 per cent of women and 5 per cent of men had experienced severe sexual violence at some point in their lives, and that women were disproportionately exposed to severe sexual and psychological violence in adulthood (Andersson et al., 2014).

In the United States, Peterson et al. (2021) used data from the National Intimate Partner and Sexual Violence Survey and estimated that women were significantly more likely than men to experience multiple perpetrator types.

Administrative and survey data from other European countries show similar patterns. In France, 2024 police data indicated that 85 per cent of recorded victims of sexual violence were women (Ministère de l'Intérieur, 2025). Analysis of the nationally representative 2015 Violence et rapports de genre (VIRAGE) survey by Hamel et al. (2016) found that 0.3 per cent of women and 0.01 per cent of men reported rape or attempted rape in the previous 12 months.

National crime surveys, while providing lower prevalence estimates than dedicated SV surveys, further illustrate gender gaps in sexual violence victimisation. In England and Wales, the Office for National Statistics (ONS) reported that for the year ending March 2025, 3 per cent of women compared to 0.7 per cent of men aged 16 and over were victims of sexual assault (including attempts). Lifetime rape (including attempts) since age 16 was reported by 7.3 per cent of women and 0.8 per cent of men (ONS, 2025). Repeated victimisation was also common: in the years ending March 2017 and March 2020 combined, nearly half of those aged 16–59 who had experienced rape or assault

⁹ In the 2013 Norwegian survey on violence and rape, sexual abuse was measured with the following items: (i) unwanted sexual contact when you were too intoxicated to consent or could not stop it from happening, (ii) touched your genitals or made you touch their genitals by using force or threatening to hurt you, (iii) pressurised to perform sexual acts (this case implies penetration of your vagina/oral sex or anal sex), and (iv) other forms of sexual offences or abuse (Bjørnholt and Hjemdal, 2018).

by penetration since age 16 reported more than one incident, with higher proportions among women than men (ONS, 2021).

There has been a relative paucity of studies on variation in victimisation by gender identity, with transgender and gender-diverse people often grouped into the LGBTQ+ group and/or forming too small a group in many surveys to be reported separately (Hindes et al., 2025). A review of US-based studies pointed to transgender and gender-diverse people having the highest rates of victimisation (Hindes et al., 2025). This pattern has been attributed to the fetishisation and marginalisation of transgender women leading to perpetrators legitimising sexual harm against them (Ussher et al., 2020).

Taken together, these findings suggest that women are substantially more likely than men to experience sexual violence during adulthood, although prevalence is also visible amongst the male population, especially during childhood. While a large body of evidence points to the gendered nature of sexual violence, research also highlights the greater reluctance of male victims to disclose their experience, a pattern that may lead to an underestimate of the prevalence for males (see, for example, Thomas and Kopel, 2023).

2.3.2 Age

Evidence across international and national studies indicates that sexual violence is disproportionately concentrated among adolescents and young adults. Global data from the WHO showed that in most regions, adolescent girls aged 15–19 experienced higher past-12-month prevalence of intimate partner violence than women aged 15–49 overall (WHO, 2025). A review of US studies points to substantial rates of sexual and physical violence in teenage relationships (Wincentak and Connolly, 2017). Similarly, a review of European studies (Tomaszewska and Schuster, 2021) found significant rates of sexual and physical violence in adolescent relationships, again with girls disproportionately affected. Experiences of teen dating violence have been found to be predictive of longer-term adverse outcomes, including risk of intimate partner and non-intimate partner violence in adulthood (Campo-Tena et al., 2024; Piolanti et al., 2023).

Many studies of sexual violence have focused on the adult population, but similarly shown higher rates of victimisation among younger age groups. The 2020–2024 EU Gender-Based Violence Survey showed that the highest lifetime prevalence (since age 15) of physical violence,

threats and/or sexual violence was among women aged 18–29. In this age group, one in four women reported experiencing violence by a non-partner. French data provide further insight into age patterns. In 2024, the police recorded 122,600 victims of sexual violence, 58 per cent of whom were minors (under 18) (Ministère de l'Intérieur, 2025). Survey evidence from the 2015 VIRAGE study (Hamel et al., 2016) showed that sexual violence against women occurred at all stages of life, but with significant clustering in childhood and early adulthood. Among female victims of rape or attempted rape, 40 per cent reported that the violence first occurred before age 15, 16 per cent during adolescence, and 44 per cent after age 18. For male victims, three-quarters of rape or attempted rape incidents occurred before age 18, indicating an even stronger concentration of first victimisation in childhood and adolescence among men.

Reports of recent victimisation are also higher in younger age groups. Hamel et al. (2016) found that among women aged 20–34 in France, one in 20 reported sexual assault in the previous year, which is five times the rate observed among women aged 50–69. Similar age patterns were observed among men: 1.5 per cent of men aged 20–34 reported other forms of sexual assault, compared to 1.1 per cent at ages 35–49 and 0.5 per cent at ages 50–69. As noted by Hamel et al. (2016), younger women, particularly those in school or university and more present in public and social spaces, may face greater exposure to potential perpetrators. They may also be more likely to disclose experiences than older cohorts, which could partly influence observed age differences.

The Crime Survey for England and Wales (CSEW) pointed in the same direction. In the year ending March 2025, a significantly higher percentage of people aged 16 to 34 were victims of sexual assault than those aged 35 and over (ONS, 2025). In the United States, Chen et al. (2023) found that first victimisation frequently occurred early in life. More than half of female victims and one-third of male victims of contact sexual violence were first victimised before age 18. The vast majority of victims were first victimised before age 25.

Overall, the literature consistently demonstrates that the risk of sexual violence is particularly acute during adolescence and early adulthood, both in terms of first victimisation and recent exposure. While sexual violence occurs across all age groups, younger women and men face elevated risks, reflecting greater social exposure as well as relatively

less experience in managing interpersonal conflict in relationships. There is, however, also an issue around reporting that is potentially having some impact on the age findings in the literature, particularly among older age cohorts. According to Fileborn (2017), it is well documented that victims/survivors can face a range of barriers to disclosing their experiences of sexual violence, or in identifying and labelling their experiences as constituting sexual violence, especially for older people. Fileborn (2017) identifies a number of studies that found that one of the reasons for this, specifically for older women, was because they came of age in a time when sexual violence was not openly discussed or acknowledged. The same could be said for older men. In addition, again specifically for older women, many grew up in a context where rape in marriage was not legally recognised,¹⁰ and sex in marriage was constructed as a woman's 'duty'. Therefore, according to Fileborn (2017), this raises questions about their ability to recognise or label certain experiences as being sexual violence. According to Bows (2017), the widespread acceptance of rape myths, for example, that strangers are the most common perpetrators, may also correlate with the underreporting of sexual assaults among older victims. Crockett et al. (2018) also mention that older people might not report their experiences of sexual violence because of the secrecy surrounding these crimes that was characteristic of their generation.

2.3.3 Sexual orientation

Various analyses have shown that lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ+)¹¹ individuals face particularly high risks of sexual violence. In Ireland, Burke et al. (2020) found that amongst interviewed students from higher education institutions, bisexual students reported the highest rates of experience of sexual misconduct, including unwanted sexual touching of breasts/genitals, penetration, attempted penetration and non-consensual penetration.

A comprehensive review by Hindes et al. (2025), covering 108 US-based studies published between 1990 and 2021, found that LGBTQ+ people experienced higher rates of sexual violence, most commonly perpetrated by men, with rates of victimisation highest among bisexual

¹⁰ Marital rape was not recognised as a criminal offence in Ireland until 1990.

¹¹ Higher rates of victimisation among transgender individuals is discussed above in the section on gender identity (section 2.3.1).

women. The review highlighted how stigma and stereotypes shape vulnerability. For example, bisexual women were often stereotyped as hypersexual or promiscuous, which can lead to their sexual boundaries being disregarded and their consent being presumed (Dyar et al., 2021).

Evidence from US college populations reinforces these disparities. Gilmore et al. (2021) reported that 48 per cent of sexual minority students had experienced some form of sexual violence since age 14, compared to 31 per cent of heterosexual students. Using data from 43,000 college students, Snyder et al. (2018) found that sexual assault rates among men were more than twice as high for gay, bisexual and questioning students compared to heterosexual men. Among women, lesbians reported rates similar to heterosexual women, but bisexual and questioning women experienced substantially higher levels of sexual assault than their heterosexual counterparts.

Nationally representative data from the United States provide further evidence. Analysing 2016–2017 data from the National Intimate Partner and Sexual Violence Survey, Chen et al. (2023) found that bisexual women reported the highest lifetime prevalence of contact sexual violence (79 per cent), compared with 53 per cent of heterosexual women and 30 per cent of lesbian women. Among men, gay men reported the highest lifetime prevalence (60 per cent), followed by bisexual men (56 per cent) and heterosexual men (29 per cent). Similarly for England and Wales, data from the ONS showed that bisexual women were almost twice as likely to report intimate partner violence as heterosexual women (Bradley and Potter, 2018).

LGBTQ+ individuals are thus particularly vulnerable to sexual violence. These disparities appear to be partly shaped by stigma, sexual stereotyping and marginalisation.

2.3.4 Education

The relationship between education and sexual violence victimisation is complex and context-specific, with evidence pointing in different directions across regions and populations.

At a global level, higher levels of female education appear to correlate with a lower prevalence of sexual violence. Drawing on cross-national data, the WHO reported that countries with higher rates of female secondary school enrolment tend to have lower prevalence of intimate

partner violence against adolescent girls (Sardinha et al., 2024), while Negussie et al. (2024) found that women with primary education or less were significantly more likely to experience sexual violence by a partner than those with secondary or higher education. In high-income settings, however, the relationship between education and victimisation can look different. In Sweden, Öberg et al. (2021) used population-based survey data and found that experience of adult rape or attempted rape was more common among women with college-level education, even after controlling for age, place of birth, marital status, unemployment and social welfare receipt. However, the authors point out that survey non-response was disproportionately high among individuals with lower levels of education, although weighting adjustments were applied to mitigate this bias. They propose several explanations for the higher prevalence among more educated women. First, they point out that previous studies among college students have shown higher rates of sexual victimisation during that life stage, with high alcohol consumption among both victims and perpetrators suggested by some authors (e.g. Turchik et al., 2014) to be a contributing factor. Second, women with higher levels of education may interpret survey questions differently or be more likely to label and report certain experiences as sexual violence.

Evidence from Ireland points to similar dynamics within higher education contexts. Burke et al. (2023) showed that among first-year college students, hazardous alcohol consumption and the use of drugs such as cocaine, ecstasy and ketamine were strongly associated with increased risk of sexual violence victimisation. This suggests that part of the education–victimisation link in high-income countries may reflect social environments and behavioural factors specific to tertiary education rather than education per se.

It is worth noting a parallel between these findings and research on discrimination. In Ireland, adults with higher levels of education are more likely to report work-related or education-related discrimination (McGinnity et al., 2012). A French study indicates that higher-educated people are more likely to report gender and/or ethnic discrimination (Lavest et al., 2026), a pattern the authors suggest may reflect the role of education in fostering greater awareness of disadvantage and unfairness. Insights from this body of literature suggest that at least some of the educational gradient in sexual violence rates may reflect increased awareness and willingness to report among graduates.

Overall, the literature indicates that education can operate both as a protective factor and as a correlate of increased reported victimisation, depending on the context. In lower-income settings, limited education is consistently associated with higher risk of partnered sexual violence, likely reflecting constrained economic opportunities, reduced bargaining power within relationships, and adherence to restrictive gender norms. In higher-income contexts, enrolment in tertiary education may coincide with both increased exposure to high-risk social environments and greater willingness to disclose victimisation. Thus, it is important to take into account incidence, exposure patterns and reporting behaviour when interpreting the relationship between education and sexual violence.

2.3.5 Relationship status

Findings from a study by Siddique (2016) examining the association between relationship status (single, married, separated/divorced) and sexual violence found that separated women are at greatest risk of sexual violence compared to never-married or divorced women, particularly intimate partner and acquaintance sexual violence (see also Rezey, 2020). Siddique (2016) cites other studies that reported that younger and unmarried women are at a higher risk of victimisation than older and married women due to specific vulnerabilities that make them greater targets for victimisation. It is possible to envisage that experiencing adult sexual violence can lead to separation or divorce. However, due to a lack of suitable longitudinal data, this issue does not seem to have been examined in the literature.

2.3.6 Ethnicity and migrant status

According to Rahmanipour et al. (2019), there is a consensus in the literature that ethnicity and culture are relevant to the experience of sexual violence. Ethnic minority women in particular are identified as being vulnerable because of, for example, a lack of formal education, low socio-economic status, precarious livelihoods and societal trauma (i.e. racism, sexism, classism, cultural violence and oppression). Migration has also been identified as a risk factor for experiencing sexual violence due to, for example, being socially disconnected from host communities, lack of networks, language barriers, poverty and fear of deportation (Rahmanipour et al., 2019; and Morrison et al., 2023). Experiencing SV in one's country of origin can also give rise to migration, where victims want to flee the violence (Morrison et al., 2023). In addition, the research indicates that immigrants are less

likely to report experiences of sexual violence because of cultural barriers to reporting; for example, differing understandings of what constitutes sexual violence, and stigmatisation and victim-blaming within victims' own communities leading to silence, which is a particular barrier to reporting in culturally conservative communities. Researchers have also linked underreporting to the extent of acculturation, especially for migrant women (Rahmanipour et al., 2019), and not knowing their legal rights in the country where they resettle (Morrison et al., 2023). In Ireland, Reilly et al. (2021) have highlighted the way the dependent status of many migrant women makes it difficult for them to leave violent relationships as they see their legal status as being at risk. Furthermore, language barriers coupled with the restrictions of the habitual residence condition are seen as impeding migrant women's ability to escape violence partners and also their ability to access specialised services for gender-based violence victims (Reilly et al., 2021; Stapleton et al., 2022).¹²

2.3.7 Employment status

Global estimates from the WHO show that low levels of women's access to paid employment is one of the risk factors for both intimate partner violence and sexual violence. However, studies in developed countries point to a contrasting pattern. There is evidence that domestic violence prevalence is significantly related to gender power dynamics within households. Thus, Anderson (1997) found that rates of IPV were much higher where women earned more relative to their husbands, with male perpetrators seen as attempting to retain power and control. Contrary findings are indicated by Alonso-Barrega and Carasco (2017) who found the highest rates of IPV where men were unemployed and the lowest rates in dual-earner households. Similarly, Aizer (2010) found lower levels of female hospitalisations following IPV in areas with a narrower gender wage gap. The relationship between IPV and employment status is found to be bidirectional, with many

¹² The habitual residence condition means that access to some social welfare payments are dependent on having been resident in Ireland for a specific period of time. The two forms of social assistance that women experience domestic violence often rely on to escape violent partners are Supplementary Welfare Allowance and Rental Supplement. According to AkiDwA's submission to the Citizen's Assembly on gender equality, refugees and shelters for women that are experiencing domestic violence have to refuse those that have no recourse to social welfare (or other finances) to contribute to the cost of their shelter (AkiDwA, 2020).

women missing work or even losing their jobs as a result of IPV (Blom and Gash, 2024; Blom and Lamarre, 2025).

2.3.8 Locality

The relationship between urban–rural residence and the risk of sexual victimisation appears to depend on broader community dynamics, levels of socio-economic development, and the availability of services.

Evidence from Spain highlights the importance of community presence. Garcia-Vergara et al. (2024) found that stronger community presence can act as a buffer against gender-based violence. They argue that when social ties are weak, the perceived social cost of committing violence may be lower, thereby increasing risk. However, they report that urban areas with high levels of community presence showed higher recorded rates of violence against women. One interpretation is that rural areas may benefit from closer-knit social networks, where neighbours are perceived as trustworthy and more willing to intervene or provide support, potentially deterring violence. At the same time, stronger community cohesion may also influence reporting patterns, complicating comparisons between urban and rural settings.

Broader cross-national evidence suggests that structural development indicators also matter. Analysing 1990 to 2017 Global Burden of Disease data across 195 countries, Borumandnia et al. (2020) distinguish between high- and low-Human Development Index (HDI) countries. They found declining prevalence of sexual violence against men in both groups of countries, but a rise in prevalence against women in low-HDI settings. This points to the role of socio-economic development and institutional capacity in shaping risk patterns.

Overall, the evidence does not clearly point to a simple urban–rural divide. In some contexts, rural residence is associated with higher risk due to service deficits and entrenched gender norms, while in others, dense urban environments may present higher exposure risks despite stronger institutional infrastructures. Community cohesion, socio-economic development and access to services appear to be key mechanisms linking place of residence to the likelihood of sexual violence.

2.3.9 Childhood experiences

In England, Bebbington et al. (2011) found that those who had experienced childhood sexual abuse were at increased risk of further abuse in adulthood. In Ireland, McGee et al. (2002) found that for women that experienced penetrative sexual abuse in childhood,¹³ their risk as adults was 2 per cent for ‘other’ sexual violence, 24 per cent for contact non-penetrative sexual violence and 27 per cent for penetrative sexual violence. The same results were found for men, but the size of the effects were smaller.

2.4 Link between sexual violence and health outcomes

2.4.1 Mental health

Past evidence shows a potential association between sexual violence and adverse mental health outcomes across the life course. Those include elevated risks of post-traumatic stress, depression, anxiety, and suicidality among victims, with effects observed for both women and men.

Using population-based data from Sweden, Andersson et al. (2015) found that men and women who had experienced severe sexual abuse (during childhood or adulthood) were more likely to exhibit symptoms consistent with post-traumatic stress disorder (PTSD) compared to those without such experiences, especially men. Evidence from the United Kingdom further illustrates the scale of mental health impacts. Data from the ONS (2021) indicate that 47 per cent of male victims and 63 per cent of female victims reported experiencing ‘mental or emotional problems’ following sexual violence, and around one in ten reported having attempted suicide. In England, those who have ever experienced IPV are significantly more likely to have had suicidal thoughts, engaged in self-harm and attempted suicide (McManus et al., 2022). A qualitative study conducted in Northern Ireland showed similarly high rates of depression, suicidal thoughts and suicide attempts among survivors of IPV (Doyle and McWilliams, 2018).

Similar patterns emerge in Ireland. McGee et al. (2002) reported that approximately one-quarter of female victims and one in six male victims of sexual violence had experienced symptoms consistent with

¹³ This was the case for 5.6 per cent of women.

PTSD at some point in their lives. Victims were also significantly more likely to report having used medication for anxiety or depression. Furthermore, individuals who had experienced attempted or completed penetrative sexual abuse were eight times more likely to have been admitted as inpatients to a psychiatric hospital compared to those who had not experienced abuse. This suggests not only elevated psychological distress but also greater interaction with specialist mental health services among survivors. A study by Vallieres et al. (2020) showed that those who experienced any sexual violence (assault or harassment) were more likely to have higher depression and anxiety scores as well as higher rates of PTSD; this group were also more likely to have received a psychiatric diagnosis.

Research also points to broader spillover effects. Adams et al. (2025) found that female classmates of rape victims in Finland experienced deteriorations in their own mental health following a peer's assault.

These findings thus show how sexual violence can lead to adverse mental health outcomes including PTSD, anxiety, depression, psychiatric hospitalisation and suicidality. The severity of effects appears particularly pronounced in cases involving penetrative abuse and may extend beyond direct survivors, reinforcing the framing of sexual violence as both an individual and a public health issue.

2.4.2 Physical health and disability

Andersson et al. (2015) found that symptoms of physical ill-health, such as headaches, pain in the shoulders or neck, vertigo or recurring intestinal problems, were 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 (ONS, 2021). A systematic review of international studies (García-Cuellar et al., 2022) shows significantly higher rates of IPV experienced by women with disabilities. Similarly, a significantly higher percentage of people aged 16 years and over with a disability were victims of sexual assault in England than those without, for the year ending March 2025 (3.1% compared with 1.6%) (ONS, 2025). Research on IPV in Ireland (Flynn et al., 2024; 2026) highlights the additional barriers faced by women with disabilities in leaving abusive relationships and accessing support.

2.5 Characteristics of perpetrators and victim–offender relationships

Research across countries consistently shows that perpetrators of sexual violence are overwhelmingly male, and that most victims know their abuser. However, the relationship between victim and perpetrator varies by gender, age and setting.

2.5.1 Gender of perpetrators

Evidence from multiple nationally representative surveys indicate that men account for the vast majority of sexual violence perpetrators. In Ireland, McGee et al. (2002) report that sexual violence against women is predominantly perpetrated by men. Likewise, the Australian Bureau of Statistics' 2021–22 Personal Safety Survey (PPS) found that 13 per cent of people had experienced sexual violence by a male perpetrator since age 15, compared with 1.8 per cent by a female perpetrator. Women were more likely to experience sexual violence by a male than by a female perpetrator. For female victims, male perpetrators were more commonly known persons than strangers (ABS, 2023).

Similarly in France, Hamel et al. (2016), using the nationally representative VIRAGE survey, found that between 94 and 98 per cent of sexual violence reported by women was committed by men. Three-quarters of rape and attempted rape reported by men were also committed by men. In Norway, Thoresen and Hjemdal (2014) found that men perpetrated 98 per cent of rapes against women and the majority of rapes against men.

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 reported that the perpetrator was a male aged 20 to 39. At the time of the most recent incident, most victims reported being assaulted by a male of a similar age to themselves (ONS, 2021).

Comparable findings emerge from the United States. For example, analyses of the National Intimate Partner and Sexual Violence Survey showed that the vast majority of perpetrators of lifetime contact sexual violence were male (Chen et al., 2023). An exception was heterosexual male victims, among whom female-only perpetrators were more common than male-only perpetrators (56.9 per cent), though male perpetrators still accounted for a substantial share (22.6 per cent).

2.5.2 Intimate partners, family members, acquaintances and strangers

Across contexts, sexual violence is more frequently perpetrated by someone known to the victim than by a stranger. In Ireland, McGee et al. (2002) found that almost one-quarter of perpetrators of sexual violence against women as adults were intimate partners or ex-partners. This was the case for very few (1.4 per cent) male victims. Instead, most perpetrators of violence against men were friends or acquaintances. The risk of sexual assault by a stranger was higher for adults than for children.

In England and Wales, police case-level data showed that in the year ending March 2025, the victim–perpetrator relationship for female rape victims was most likely an intimate partner. For victims of other sexual offences, it was usually an acquaintance. In comparison, male victims of both rape and other sexual offences were most likely to be attacked by acquaintances or family relatives (ONS, 2025).

In Ukraine, the Organization for Security and Co-operation in Europe (OSCE) found that ex-partners were the most frequently reported perpetrators, followed by current partners (OSCE, 2019b). In Sweden, national survey data similarly show that women were more often subjected to violence by partners, whereas men were more frequently victimised by unknown persons (Andersson et al., 2015).

In France, 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 (Ministère de l'Intérieur, 2025). However, between 2016 and 2024, sexual violence within the family increased rapidly (+189% compared to +120% outside the family). This rise was particularly marked among adult victims of sexual violence committed by a spouse or partner, whose numbers quadrupled over the period. One factor behind the rise was the growing share of past offences (crimes or misdemeanours) reported by victims, and this share was particularly high for minor victims and for violence committed within the family (ibid.).

A 2015 nationally representative French survey (VIRAGE) showed that rape and attempted rape most frequently occurred within the family or close social circle (Hamel et al., 2016). Victims from those circles tended to be young, as 82 per cent of them declared that instances of rape or attempted rape began before their 15th birthday. This was also

the setting in which most men reported 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 social context was found to be relationships that lasted at least four months.

In the United States, Peterson et al. (2021) showed that among victims exposed to multiple perpetrator types, intimate partners frequently formed part of the victim–offender combination. Chen et al. (2023) further find that most victims, regardless of gender or sexual identity, were assaulted by someone they knew. Intimate partners were the most common perpetrators for bisexual and heterosexual women, while acquaintances predominated for male victims across sexual identities.

2.5.3 Workplace, education and public settings

Sexual violence also occurs outside intimate and family contexts. In the United States, Basile et al. (2020) estimated that 5.6 per cent of women and 2.5 per cent of men have experienced sexual violence by a workplace-related perpetrator. Perpetrators include both authority figures (e.g. supervisors) and non-authority figures (e.g. colleagues). Using French survey data, Hamel et al. (2016) showed that sexual assaults, other than rape, are common in schools, universities and workplaces, occurring in relationships between peers, teachers and students, and supervisors and subordinates.

2.6 Summary

In conclusion, past findings show that sexual violence is widespread globally. Regardless of differences in definitions and methodologies, a consistent finding is that women are substantially more likely than men to report having experienced sexual violence (e.g. Brunton-Smith et al., 2022; Bjørnholt and Hjemdal, 2018; Walby et al., 2014), especially in adulthood.

In terms of victims' age, higher prevalence is found amongst adolescents and young adults. Suggested reasons have been that they have a greater exposure to potential perpetrators, both in educational institutions and in the public sphere; relatively less experience in navigating interpersonal conflict in relationships; and that they may be more informed on the topic and, thus, more likely to report experiences than older cohorts. Various studies have also shown that LGBTQ+ individuals are often targeted by perpetrators who, amongst other

things, may disregard their sexual boundaries due to various stigmas and stereotypes. Victims of childhood sexual abuse were also found to face higher risks of sexual violence during adulthood.

Perpetrators are found to be most frequently male, and known to the victim, no matter the gender of the latter. Amongst its many impacts, sexual violence was found to have severe and long-lasting mental and physical health consequences for the victims, and even in some cases for those around them.

Finally, while prevalence estimates are highly sensitive to definitions and measurement choices, core gendered and age-based patterns remain stable across all approaches.

Chapter 3

Data and methodology

3.1 Introduction

In this chapter, we begin by describing the data used to examine patterns of victimisation in Ireland, drawn from the Sexual Violence Survey (SVS) 2022. We then outline the methodologies employed to conduct our analyses of the factors associated with experiencing sexual violence (SV) as an adult, including by different perpetrators, and different types of sexual violence.

3.2 SVS 2022 data

3.2.1 Introduction

The data used in this report come from the SVS 2022, data collected by the Central Statistics Office (CSO) on behalf of the Government to measure the prevalence of sexual violence in Ireland. In addition to examining sexual violence among adults, this nationally representative survey of individuals aged 18 years and above also investigated harassment, stalking and experiences of childhood sexual violence.

At the time that the data were collected, which was between May and December 2022, the SVS was known as the Safety of the Person (SOP) survey. This survey naming was undertaken by the CSO to protect the welfare of any respondent that might have been in an ongoing abusive relationship at the time that the survey was conducted.

3.2.2 The data

The sample for the SVS 2022 was drawn from the Irish Population Estimates from Administrative Data Sources (IPEADS) data.¹⁴ The IPEADS data are used to produce estimates of the population in Ireland, and include, for example, breakdowns by sex, age, nationality, marital status, economic status, Local Authority and Electoral Division. In 2022, IPEADS consisted of 5.3 million person records.¹⁵ For

¹⁴ For further information on the IPEADS data, see: Background Notes Irish Population Estimates from Administrative Data Sources, 2023 – Central Statistics Office.

¹⁵ Irish Population Estimates from Administrative Data Sources, 2022 – Central Statistics Office.

the SVS 2022, the CSO used information from Census 2022 to ensure that the IPEADS data were representative of those resident in Ireland on 1 January 2022.

From the IPEADS person-based sampling frame, the CSO generated a random sample of individuals in private households stratified by local authority area, with a sample of 12,665 selected to survey. As mentioned previously, the SVS was administered between May and December 2022. Of those surveyed, 4,575 responses were received, giving a response rate of 36.1 per cent. After processing, the returns that came back to the CSO with no data were excluded, which gave a final sample size for the SVS 2022 of 4,320 individuals. The response rate for the CSO SVS is on a par with, if not better than, rates in comparable surveys internationally, where response rates vary from 37 per cent for the FRA survey on gender-based violence to 8 per cent for the US National Intimate Partner and Sexual Violence Survey in 2016/17 (Brunton-Smith et al., 2022).

To mitigate against the risks around non-response, especially in a survey collecting such sensitive information as that contained in the SVS, the CSO were very conscientious around questionnaire design, the naming of the survey, provision of training to staff on survey and data collection techniques, the data collection process (e.g. letters personally addressed to respondents), and weighting and recalibration to ensure that the collected data were representative of the underlying population.¹⁶

The study was overseen by a CSO Social Statistics Ethics Advisory Group (SSEAG) with procedures designed to ensure the safety of respondents and minimise their distress. Extensive training was conducted with interviewers to ensure that the process was handled sensitively.¹⁷

In order to ensure that a wide range of respondents engaged with the SVS 2022, a multimode data collection approach was employed by the

¹⁶ The SVS data were weighted and calibrated back to population levels using Labour Force Survey (LFS) Quarter 3 2022 data. To obtain final weights for the results, Quarter 4 2022 data were used (for further information, see: Background Notes Sexual Violence Survey 2022 – Disclosure of Experiences – Central Statistics Office).

¹⁷ For further details on study ethics, see: Background Notes Sexual Violence Survey 2022 – Main Results – Central Statistics Office.

CSO. Specifically, the data collection modes used were: (i) secure web-form,¹⁸ (ii) face-to-face using a secure tablet, with a confidential element for the sensitive questions,¹⁹ and (iii) paper format.²⁰ The majority of respondents replied through the secure web-form: 77 per cent compared to 18 per cent through face-to-face using a tablet, and 5 per cent through the paper format. It should be noted that the study adopted a 'web first' approach, meaning that other forms, including tablet and paper format, were used for harder-to-reach groups. Comparing the profile of respondents across modes, those completing by tablet or paper were much more likely to be aged over 65 (17 per cent and 28 per cent respectively compared with 8 per cent for web completers) and to have a low level of education (23 per cent for both groups compared to 5 per cent for web completers). These differences mean that we cannot determine whether mode has an effect over and above the profile of those using the different modes. Furthermore, being more reluctant to take part in the survey initially may itself affect the likelihood of disclosing experiences of sexual violence.

In relation to the content of the SVS 2022, the survey captured a rich array of information on individuals' experiences of sexual violence, both in adulthood (aged 17 years and above) and childhood (less than 17 years old). It also captured information on sexual harassment and stalking. In addition, respondents were asked if they reported their experiences to family, friends, professionals, etc. and their use of support services.

For adulthood experiences, which is the focus of this study, individuals were asked if the sexual violence was perpetrated by an intimate

¹⁸ Known as computer-assisted web interview (CAWI): the respondent logged into a specific URL to complete the questionnaire using a single-use identification number and PIN. Respondents were initially contacted via an invitation letter, and this letter contained all the information needed to complete the questionnaire online (link, ID and PIN).

¹⁹ The respondent used an interviewer's tablet to self-complete the questionnaire when the interviewer called to their address. This mode is called computer assisted personal interview (CAPI)/computer assisted self-complete interview (CASI). For the SVS, the interviewer's instruction was to leave the tablet with the respondent until he/she was finished with the questionnaire and the interview then took possession of the tablet again. Their specific job was to facilitate the respondent to self-complete.

²⁰ Respondents that completed the SVS by paper posted the completed questionnaire directly back to the CSO, in a pre-paid envelope.

partner (current or former)²¹ or a non-intimate partner. Specifically, separately for intimate partner violence (IPV) and non-intimate partner violence (NIPV), respondents were asked if they had experienced unwanted, non-consensual sexual experiences for seven types of victimisation:

1. Non-consent touching of breasts/genitals,
2. Non-consent forced touching of other person's breasts/genitals,
3. Non-consent forced sexual intercourse,²²
4. Sexual intercourse when unable to give consent,²³
5. Sexual contact when unable to give consent,
6. Attempted sexual intercourse, and
7. Attempted other sexual contact.

The terminology used in the research literature on sexual violence varies markedly, with several studies using the term 'rape' to refer to non-consensual sexual intercourse, for example (see Kelly et al., 2025). In this study, we have chosen to retain the language of the survey questions and refer to non-consensual sexual intercourse, touching of breasts/genitals, etc.

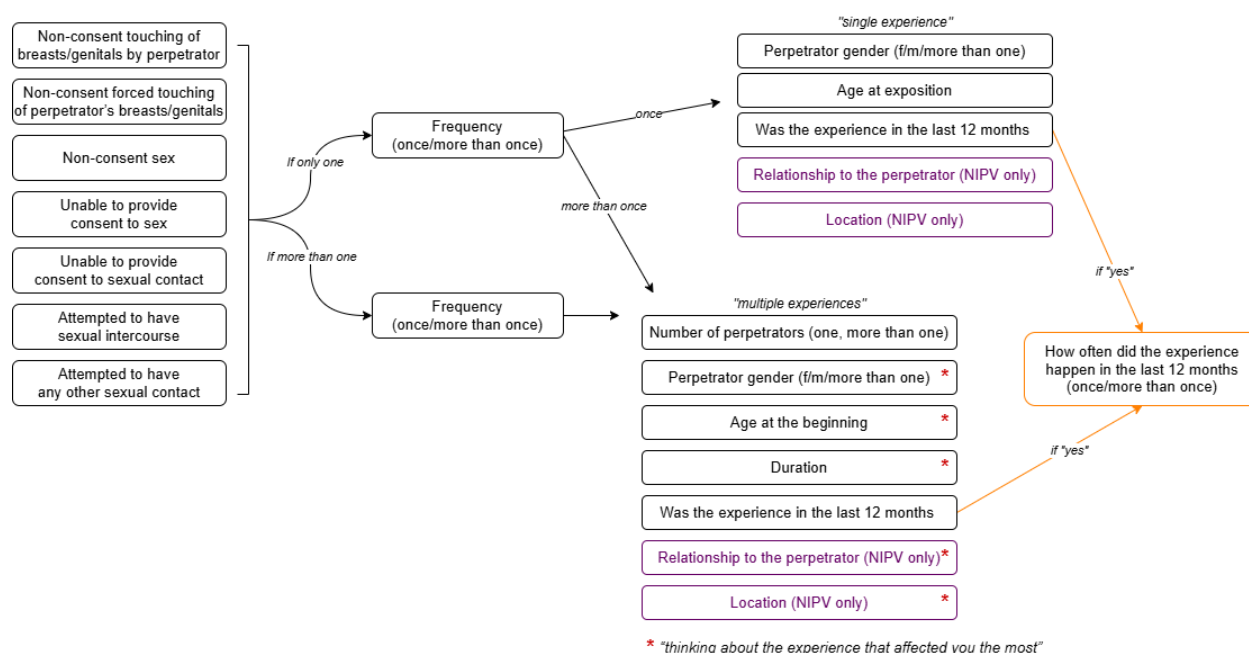
For each perpetrator type (IPV or NIPV), respondents were also asked about the frequency of experiences, number of perpetrators, gender of perpetrator, age when experience happened, duration and whether the experience happened in the last 12 months. For NIPV, respondents were also asked about their relationship to the perpetrator, and the location where the SV took place (see Figure 3.1). In cases where respondents reported multiple types of sexual violence, the individual was asked to answer the follow-up questions with reference to the experience (i.e. one incident or behaviour) that they considered to have affected them the most.

²¹ The SVS 2022 questionnaire defined a 'partner' as a person that 'you are/were married to, living with, a boyfriend/girlfriend or someone you are/were regularly dating' (see: Sexual Violence Survey – CSO – Central Statistics Office).

²² 'Sexual intercourse' includes vaginal sex, anal sex, oral sex and/or penetration with an object or finger (see: Sexual Violence Survey – CSO – Central Statistics Office).

²³ 'Unable to give consent' is defined as 'when you could not give consent, or stop what was happening because you were asleep, passed out or under the influence of alcohol and/or drugs'. In these cases, respondents could answer 'yes', 'no', and 'uncertain' (see: Sexual Violence Survey – CSO – Central Statistics Office).

Figure 3.1 SVS questionnaire structure – sections on IPV and NIPV



Source: Constructed by authors from SVS questionnaire.

Notes: Purple indicates questions specific to the NIPV section. For the perpetrator's gender question, 'f/m' respectively relate to female and male.

The SVS 2022 did not include a binary question that explicitly asked if the respondent had ever experienced SV. Instead, it included behaviourally-specific questions that, as just outlined, asked if the respondent had experienced a particular type of sexual violence (touching of breasts/genitals, sexual intercourse, etc.). These types of behaviourally-specific questions have been identified in the literature as being the gold standard way to yield more accurate SV prevalence estimates as they avoid legalistic language and describe actions rather than using terms like ‘rape’ (for more information, see Kelly et al., 2025). For our ‘ever experienced’ SV analyses in Chapters 4 and 5, we created a binary 1/0 dummy variable for experiencing adult sexual violence, with one capturing respondents that answered yes to at least one of the 14 types of sexual violence²⁴ that were examined in the SVS, and zero are those who said they did not experience any of the 14 types of sexual violence.

In addition to containing detailed information on SV experiences, the SVS 2022 also captures a range of personal and socio-economic

characteristics, such as age, sex, gender identity, sexual orientation, marital status, country of birth, citizenship, ethnicity, educational attainment, disability status, employment status, family composition, degree of urbanisation, and area-level deprivation.²⁵ Descriptive statistics on the profile of the sample are presented in Table A.1. In our analyses in Chapters 4 and 5, we examine the associations that exist between a number of these factors and experiencing SV, including by perpetrator type and the type of sexual violence experienced.

3.2.3 Sample construction

As mentioned previously, the SVS 2022 dataset consists of 4,320 individuals. For our analyses in Chapter 5, we excluded individuals that responded ‘uncertain’ for the penetrative and non-penetrative sex when unable to give consent types of sexual violence (types 4 and 5 listed above)²⁶. There were a total of 38 such respondents, which resulted in a reduction in the sample used in our analyses to 4,282 individuals, 2,326 of which were females and 1,956 males.

In our statistical analyses in Chapter 5, we did not exclude individuals from our sample that did not provide responses to all the explanatory variables that we examined in our estimated models (sexual orientation, deprivation level, etc.). Instead, we included a separate ‘missing’ category in our models for each variable that had missing values. Nevertheless, the sample sizes in some of our models differs to 4,282 as, in some situations, our econometric models dropped cases when the variable category in question perfectly predicted the specific outcome being examined (e.g. experienced IPV). This happened specifically with the ‘missing variable’ categories for country of birth, sexual orientation and disability. In these models, the sample sizes

²⁵ IPEADS 2022 data were matched to the Census of Population 2022 to add the ‘deprivation’ and ‘degree of urbanisation’ variables. There was a high level of missing Eircode values in IPEADS compared to the Census of Population. Therefore, the CSO could not match ‘deprivation’ and ‘degree of urbanisation’ for everybody in the SVS 2022 sample file (e.g. people without an Eircode or Eircodes that did not exist on the Census): information provided by the CSO [correspondence on 28 January 2026]. This resulted in there being 803 missings for the deprivation variable, and 684 for the degree of urbanisation variable.

²⁶ ‘Unable to give consent’ is defined as ‘when you could not give consent, or stop what was happening because you were asleep, passed out or under the influence of alcohol and/or drugs’. For these types of sexual violence, which were asked with regards to intimate partners and non-intimate partners, respondents could answer ‘yes’, ‘no’, and ‘uncertain’ in the SVS.

were 4,179 (2,267 females and 1,891 males).²⁷ The sample size in our latent class analysis (LCA), one of the methodologies that we utilise in this study (see section 3.2 for explanation and section 5.7 for results), is also smaller because the approach requires that all cases with missing information on any of the types of sexual violence variables are excluded.

3.3 Methodology

In this study, we are using the SVS 2022 data to examine an individual's risk of experiencing SV as an adult relative to those that did not, and, in particular, identifying the association between various socio-economic factors (sex, age, educational attainment, etc.) and experiencing adult SV. The specific models that we estimated, the results for which are presented in Chapter 5, are as follows:

1. Ever experienced SV as an adult, whether perpetrated by an intimate partner and/or non-intimate partner,
2. Ever experienced IPV as an adult,
3. Ever experienced NIPV as an adult,
4. Ever experienced IPV only, NIPV only by perpetrator type, or both IPV and NIPV as an adult,
5. Ever experienced IPV as an adult by type of victimisation, and
6. Ever experienced NIPV as an adult by type of victimisation.

The SVS 2022 data also capture information on those that experienced sexual violence in the previous 12 months, IPV and/or NIPV. However, the sample of individuals that indicated that they had experienced either form of SV in the last 12 months was too small to estimate a 12-month prevalence model.

In relation to our estimated models, Models 1 to 3 were estimated using binary probit regression analysis. In these models, the dependent variable is set equal to one if the respondent ever experienced SV (Model 1), experienced IPV (Model 2) or experienced NIPV (Model 3). The coefficient estimates produced through probit estimation are not readily interpretable. Therefore, we present the results as average marginal effects, which can be interpreted as the

²⁷ The female and male sample sizes do not sum to 4,179 because the male-only model excludes additional observations that perfectly predicted the outcome being examined.

effect of the relevant independent variable on the predicted probability of the outcome being examined. For example, a marginal effect of 0.1 for females indicates that females are 10 percentage points more likely to experience sexual violence than males. In each of these three models, respondents are compared with those that did not report experiencing SV. The results from these analyses are presented in Tables 5.1 to 5.3.

We used multinomial logit (MNL) regression analysis to examine if someone experienced IPV only, NIPV only or both IPV and NIPV. For NIPV, we subdivided this into the individual's relationship to the perpetrator(s). Specifically, if the perpetrator(s) was a: (i) friend/acquaintance (including family members and neighbours), (ii) stranger, or (iii) other (including persons in authority). As some individuals that experienced NIPV did not report their relationship to the perpetrator(s), we lost 55 observations from this model. In this model then, our dependent variable equalled one for those that experienced IPV only, two for those that experienced NIPV only by a friend, three if the person experienced NIPV only by a stranger, four if the respondent experienced NIPV only by someone else (i.e. other, including persons in authority), and five if the respondent experienced both IPV and NIPV. The reference category against which these groups are compared with is those that did not report experiencing SV. The results from this analysis are presented in Tables 5.4 and 5.5.

As with binary probit regression, the coefficient estimates produced by MNL regression are not readily interpretable because of the non-linear nature of the estimation procedure. Given this, we calculated relative risk ratios (RRRs) after estimating the MNL models. A relative risk ratio below one indicates that the variable in question (e.g. male) is associated with a lower probability of the outcome being examined (e.g. experiencing IPV only), while a relative risk ratio greater than one means that the variable being examined (e.g. female) is associated with a greater probability of the outcome being examined.

Given that there were seven types of victimisation for both IPV and NIPV (non-consensual touching of breasts/genitals, intercourse, etc.), we used latent class analysis (LCA) to provide a more parsimonious way of examining the characteristics associated with experiencing different types of sexual violence (Models 5 and 6 above). LCA is a statistical technique that is used to identify hidden groups (i.e. latent classes) within a population based on predefined characteristics (in

this context, different types of sexual violence). The aim of the technique is to group individuals into different categories where individuals within a group are similar to each other but qualitatively different from individuals in other categories.

Three latent classes emerged from this examination, separately for IPV and NIPV: (i) those who have experienced no or low levels of SV (84 per cent for IPV and 85 per cent for NIPV), (ii) those who reported non-penetrative or attempted SV (10 per cent for IPV and 11 per cent for NIPV), and (iii) those who have experienced multiple types of SV, often penetrative (6 per cent for IPV and 4 per cent for NIPV). In undertaking this examination, we also used MNL regression to examine the factors associated with membership of these clusters. The results for the LCA models are presented in Tables 5.6 to 5.9.

All our models were estimated for the overall population and then separately for females and males. For some models, however, the sample sizes were too small to estimate separate male models. All models were also weighted to ensure that our sample was representative of the underlying population.

The choice of independent variables that we included in our models was motivated by the findings from our literature review in Chapter 2, along with data availability. It is important to note that some of the covariates that we examined are potentially outcomes from experiencing sexual violence as opposed to risk factors (i.e. endogenous variables). Based on the literature review in Chapter 2, this particularly applies to reporting having a psychological disability (which is framed broadly in terms of ‘a psychological or emotional condition or a mental health issue’) or physical disability. An individual’s relationship status (single, married, etc.) could also be driven by experiencing sexual violence, although there is some research that identifies it as a risk factor (e.g. Siddique, 2016). Other potential endogenous variables include location variables that capture characteristics related to where people live. Given this concern, for our first model, ‘ever experienced sexual violence’ (Table 5.1), we ran two separate types of specifications. The first contained only our exogenous risk factors (that is, factors that predated and could not be altered by experiencing sexual violence – sex, age, sexual orientation, country of birth and educational attainment), while the second also included our potential endogenous characteristics – relationship status, disability type, degree of urbanisation (city, town or rural) and

level of deprivation (disadvantage, average, affluent, etc.). We adopted this approach in order to identify if the inclusion of the potential endogenous factors impacted any of our exogenous variable coefficients.

For the most part, we identified stability in our results across both specifications. However, in our overall model, we found that the significant effects identified for aged 25–29 and being gay/lesbian/asexual/other, where such individuals were identified to be at higher risk of experiencing sexual violence, became insignificant with the inclusion of the endogenous variables. In the female only model, being bisexual, which was a factor that was found to increase a female’s likelihood of experiencing sexual violence, became insignificant, but all other covariates remained unchanged. For the male only model, no exogeneous risk factor became insignificant with the inclusion of the endogenous variables. Given this reasonable stability, all subsequent models (i.e. Model 2 (IPV) onwards) were estimated with all characteristics included, but the exogenous only specification results are presented in appendix Tables B.8–B.11.

During the design of our specifications, there were a number of other covariates in the SVS 2022 that we examined; specifically, citizenship, ethnicity and employment status. Due to the high collinearity between citizenship, ethnicity and country of birth, the three variables could not be included together. Our decision to include country of birth was based on estimating specifications that included each of the three variables separately to examine their estimated coefficients and pseudo R-squared values.²⁸ This work resulted in the selection of country of birth. Educational attainment and employment status were also found to be highly collinear. Adopting the same approach as we did for the selection of country of birth in our estimated models resulted in the selection of educational attainment over employment status.

Before presenting our regression model results in Chapter 5, a number of descriptive patterns are presented in the next chapter. Specifically, the chapter presents findings on prevalence rates (overall, and by perpetrator type and type of victimisation), a profile of those who have

²⁸ The pseudo R-squared is a measure of goodness of fit of a specification, i.e. how much better a specification is compared to another estimated specification.

experienced sexual violence (overall and by perpetrator type), including age when the SV took place, some perpetrator characteristics (e.g. gender and their relationship to the respondent (NIPV only)) and some specific characteristics of the SV experience (e.g. frequency, duration and location of the SV). CSO statistical disclosure rules mean that groups with fewer than 30 cases cannot be reported, while estimates based on 30 to 49 cases are indicated by []. This means that sample size limits the extent to which the characteristics of smaller groups can be investigated in detail.

When examining sexual violence prevalence rates in Chapter 4, we found that the prevalence rates varied by data collection mode, with the rate being considerably higher among those that completed the questionnaire through the secure web-form: 29 per cent compared to 17.6 per cent among those that completed the questionnaire face-to-face using a tablet, and 12 per cent by paper. Given these prevalence rate differences, as a sensitivity check for our estimated sexual violence specifications, we estimated our ‘ever experienced’ sexual violence model (Table 5.1) separately by data collection mode²⁹ in order to identify if there were any differences in our estimated results by data collection mode. When we undertook this sensitivity check (see Table B.2 in Appendix B), we found no differences in our findings.

²⁹ When we undertook this sensitivity check, as the numbers that completed the survey by paper format were too small to estimate a separate model, we combined them with those that had completed the survey through a secure web-form, as each mode had completed their questionnaire without the presence of a CSO enumerator. We then compared the findings for this combined group with those that had completed the survey face-to-face (using a secure tablet).

Chapter 4

Descriptive patterns of victimisation

4.1 Introduction

In this chapter, we present the results of our descriptive analysis of the SVS 2022 data. Specifically, we report:

- Sexual violence (SV) prevalence rates in the population, disaggregated by personal characteristics,
- Prevalence rates by type of perpetrator (whether by intimate partner, non-intimate partner or both),
- Prevalence rates by type of victimisation (i.e. non-consensual touching of breasts/genitals or sexual intercourse; sexual intercourse or sexual contact when incapacitated; and attempted sexual intercourse or sexual contact),
- Profile of those who experienced sexual violence, including respondent's age when the experience happened,
- Profile of the perpetrators, including gender, number and their relationship to the respondent (available for NIPV only), and
- Key characteristics of the SV experience, including frequency, duration and location.

In the SVS 2022, when asked about sexual violence incidents, respondents that indicated more than one type of violence were asked to focus on the experience that affected them the most.³⁰

4.2 Prevalence rates in the population

Among the full population, 26 per cent of people reported having experienced SV as an adult. Experiences involving non-intimate partners were slightly more prevalent than those involving intimate partners (20 per cent and 16 per cent respectively).³¹

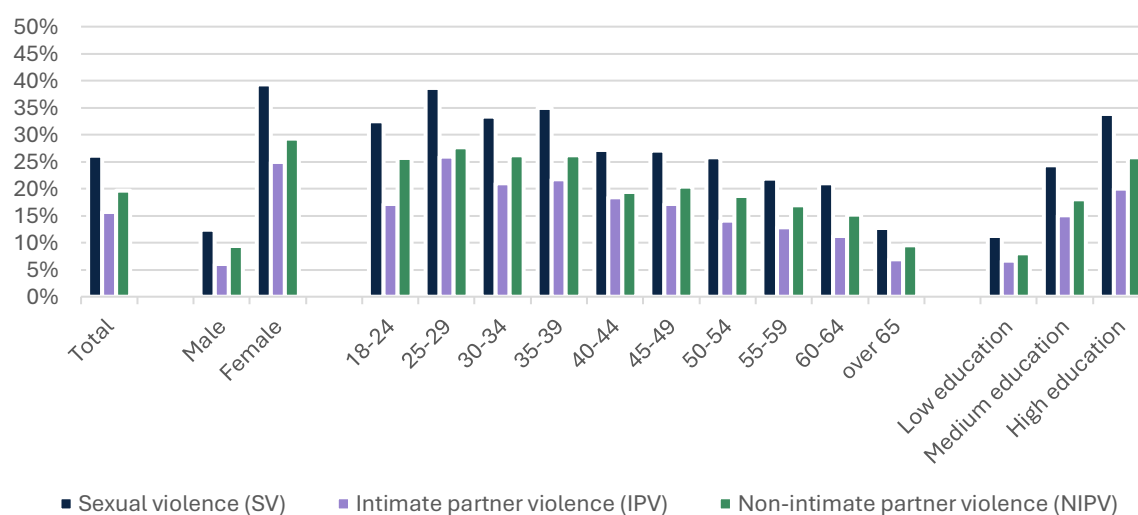
³⁰ This applies to follow-up questions on frequency, gender of the perpetrator, respondent's age when the SV happened, duration, whether it occurred in the last 12 months and, for NIPV only, respondent's relationship to the perpetrator and location.

³¹ IPV and NIPV are not mutually exclusive, as some respondents may report experiences of both. These are examined in greater detail below (see section 4.4).

Prevalence rates vary significantly across individual characteristics (Figure 4.1), with women and younger people reporting the highest prevalence of sexual violence. Among women, 39 per cent report having experienced SV as an adult compared to 12 per cent of men. With regards to age, as mentioned, prevalence is higher among younger age groups: it peaks at 39 per cent among those aged 25–29 and is 13 per cent for respondents aged 65 and over.

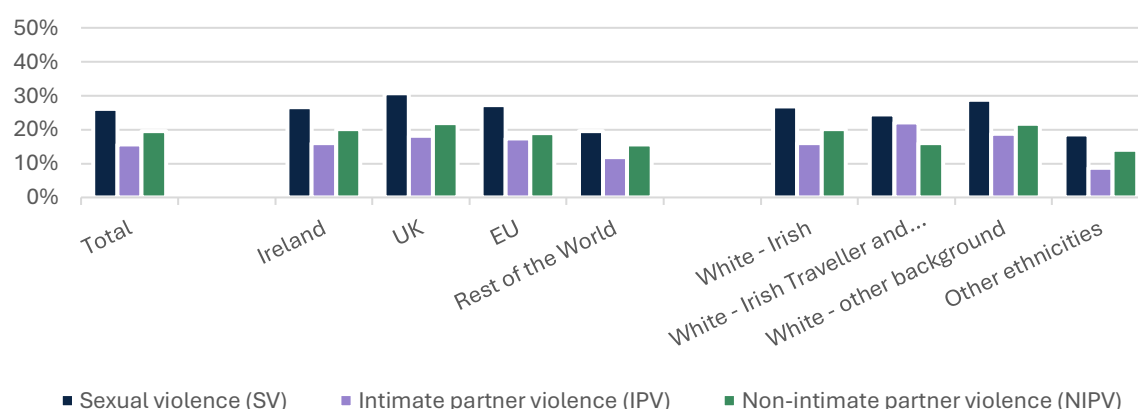
Individuals with higher levels of education also report higher prevalence rates: 34 per cent compared to 24 per cent among individuals with medium education level and 11 per cent among those with low education.

Figure 4.1 Ever experienced sexual violence as an adult, by personal characteristics (% of people 18 and over) (1)



Source: Authors' own analysis from SVS data, 2022.

Figure 4.2 Ever experienced sexual violence as an adult, by personal characteristics (% of people 18 and over) (2)



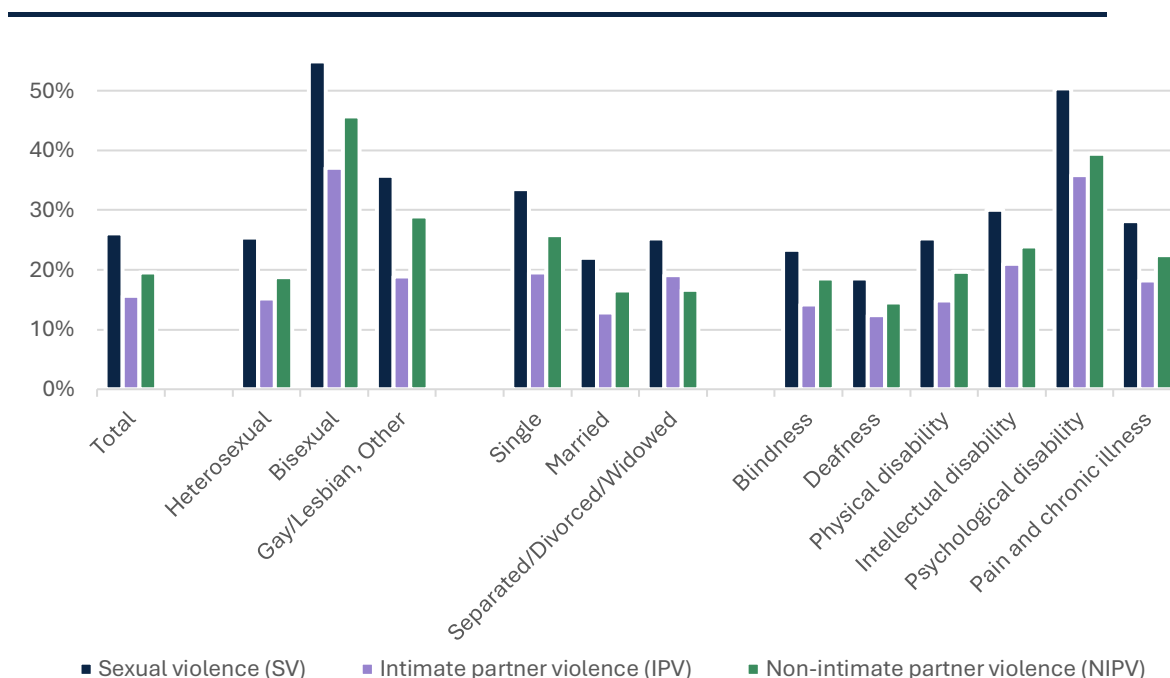
Source: Authors' own analysis from SVS data, 2022.

Sexual violence is slightly more prevalent among individuals born in the UK (31 per cent) compared to those born in Ireland or other EU countries (27 per cent). Individuals identifying as having an other white background report a slightly higher prevalence than respondents who are white Irish (see Figure 4.2).

The highest prevalence of sexual violence is observed among bisexual respondents, with 55 per cent reporting having experienced SV as an adult (compared to 36 per cent among gay, lesbian, asexual or other and 25 per cent among heterosexual individuals) (see Figure 4.3). Single people also report higher prevalence rates (34 per cent) than married or divorced/separate people.

Across disability groups, people reporting a psychological disability show the highest prevalence of SV (50 per cent). However, it is not possible to identify from the SVS 2022 data if psychological disability is a risk factor or a consequence of experiencing SV.

Figure 4.3 Ever experienced sexual violence as an adult, by personal characteristics (% of people 18 and over) (3)



Source: Authors' own analysis from SVS data, 2022.

Prevalence shows limited variation by area-level deprivation, with rates broadly similar across all groups (25–28 per cent); victimisation rates are slightly higher in cities (29 per cent) compared to towns (26 per cent) and rural areas (25 per cent) (see Table A.2).

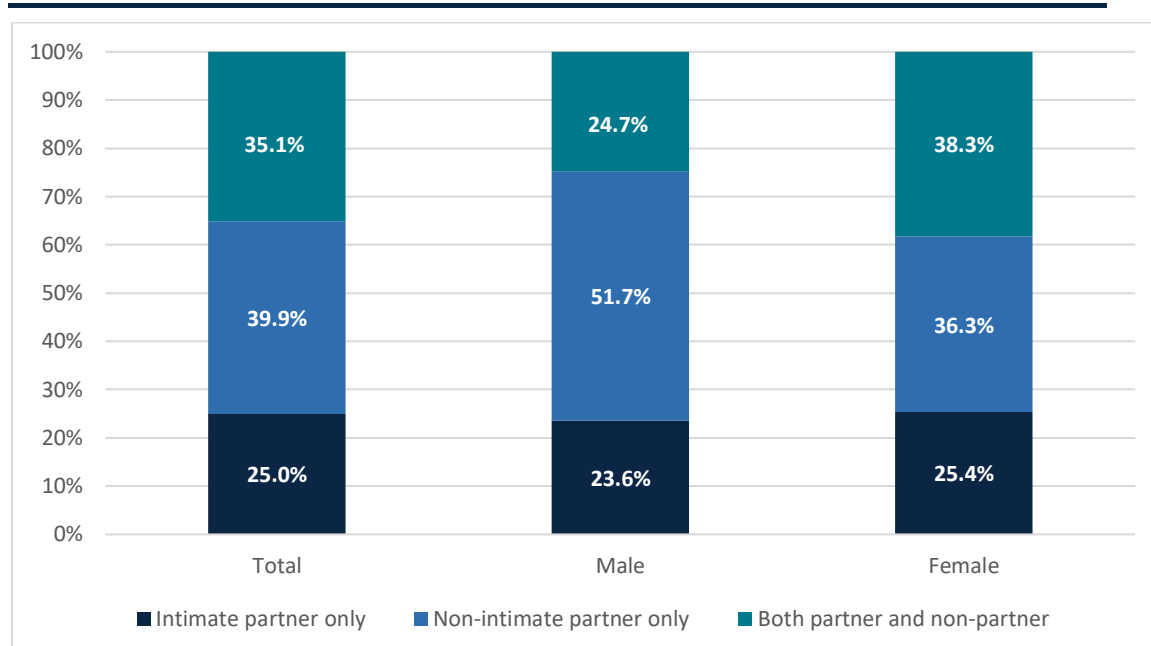
Across all demographic and socio-economic characteristics examined, the prevalence rates of intimate partner violence (IPV) are lower than those of non-intimate partner violence (NIPV), and each follow similar patterns to the overall prevalence rates (see Figure 4.1, Figure 4.2, and Figure 4.3). There is, however, one exception, and that is marital status. Specifically, IPV is slightly more prevalent than NIPV among respondents that are separated, divorced or widowed (19 per cent compared to 17 per cent).³² For the full table with prevalence rates, please see Appendix A (Table A.2).

³² IPV is also more prevalent than NIPV among white Irish Traveller and Roma, but both results need to be interpreted with caution due to small samples (see appendix Table A.2).

4.3 Prevalence rates by type of perpetrator

The distribution of SV experiences by type of perpetrator shows that 25 per cent of people who experienced SV reported IPV only, 40 per cent NIPV only, and 35 per cent reported experiencing both IPV and NIPV. A similar pattern is observed among women, while men are more likely to report NIPV-only experiences (52 per cent compared to 24 per cent IPV only and 25 per cent both types) (Figure 4.4).

Figure 4.4 Prevalence rates by type of perpetrator (% of people 18 and over who experienced sexual violence as an adult)



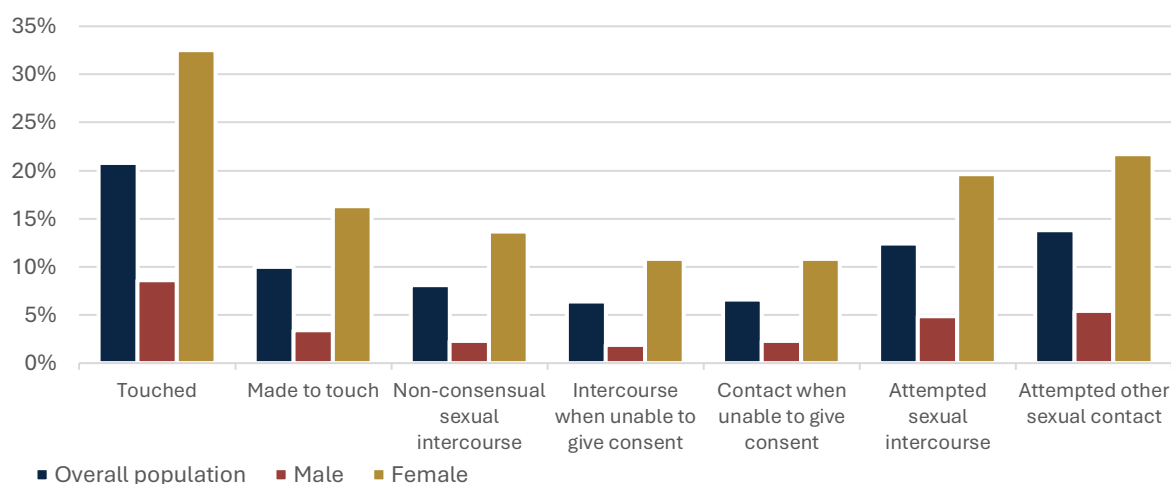
Source: Authors' own analysis from SVS data, 2022.

4.4 Prevalence rates by type of victimisation

As previously mentioned in Chapter 3, respondents were asked if they had experienced sexual violence for seven types of victimisation: (i) non-consent touching of breasts/genitals; (ii) non-consent forced touching of other person's breasts/genitals; (iii) non-consent forced sexual intercourse; (iv) sexual intercourse when unable to give consent; (v) sexual contact when unable to give consent; (vi) attempted sexual intercourse, and (vii) attempted other sexual contact. It should be noted that these different types of sexual violence are not presented in any rank order.

Non-consensual touching of breasts/genitals emerges as the most common type of victimisation (21 per cent), particularly among women, with 33 per cent of them experiencing it. This is followed by attempted other sexual contact (14 per cent) and attempted sexual intercourse (12 per cent) (see Figure 4.5).

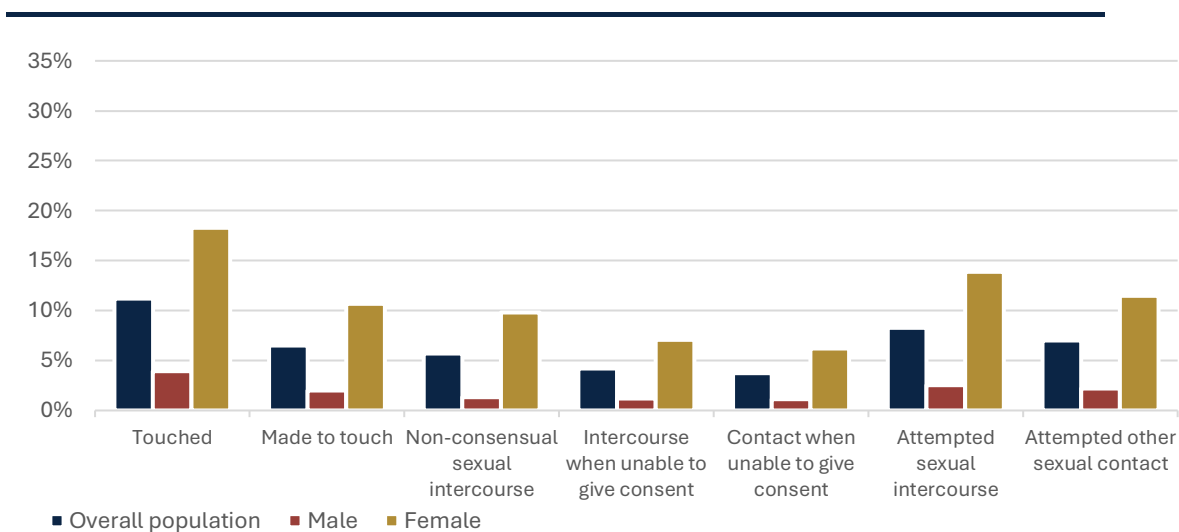
Figure 4.5 Ever experienced sexual violence as an adult, by type of violence (% of people 18 and over)



Source: Authors' own analysis from SVS data, 2022.

A similar pattern is observed among those that have experienced IPV; non-consensual touching of breasts/genitals is the most common type (11 per cent), followed by attempted penetrative sex (8 per cent) and attempted non-penetrative contact (7 per cent), with higher rates of each reported by females (18 per cent, 14 per cent and 12 per cent respectively) (Figure 4.6).

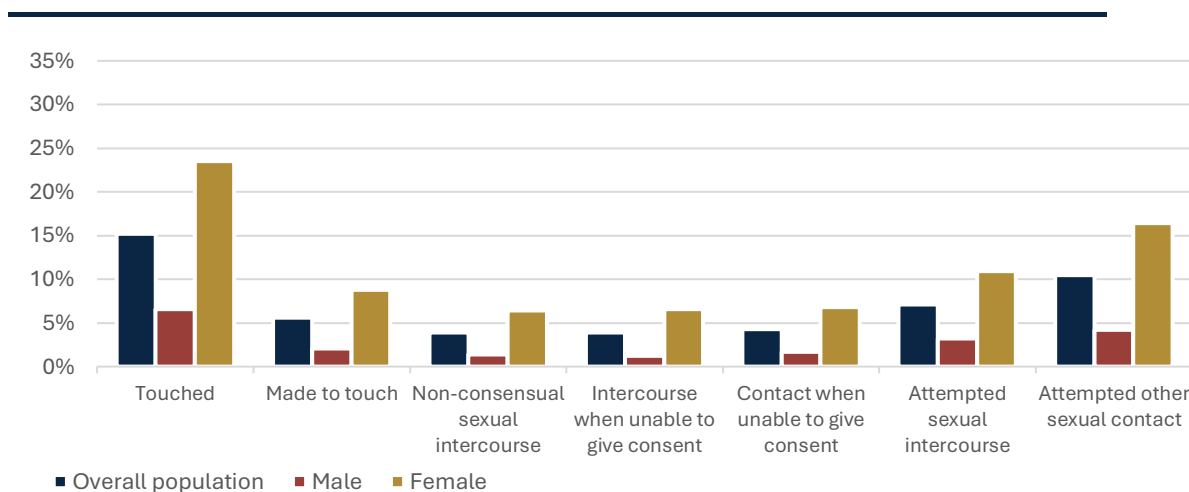
Figure 4.6 Ever experienced intimate partner violence as an adult, by type of violence (% of people 18 and over)



Source: Authors' own analysis from SVS data, 2022.

Among those that have experienced NIPV, non-consensual touching of breasts/genitals is also the most common type (15 per cent), followed by attempted non-penetrative contact (11 per cent) and then attempted penetrative sex (7 per cent). Again, higher rates of each are reported by females (24 per cent, 16 per cent and 11 per cent respectively) (Figure 4.7).

Figure 4.7 Ever experienced non-intimate partner violence as an adult, by type of violence (% of people 18 and over)



Source: Authors' own derivation from SVS data, 2022.

For the complete table with prevalence rates by type of victimisation, please see Appendix A (Table A.3, Table A.4 and Table A.5).

4.5 Profile of those who experienced sexual violence

In examining the profile of those that reported being victims of SV in the 2022 SVS (Table 4.1), women account for the vast majority – 77 per cent compared to 23 per cent men. The gender gap was even more pronounced for IPV, with women accounting for 81 per cent of those reporting IPV (Table 4.1).

Nearly half of sexual violence victims were aged under 40. The vast majority had high levels of educational attainment (58 per cent), were Irish-born (80 per cent), identified as white – Irish (86 per cent) and were heterosexual (89 per cent). In relation to marital status, 43 per cent of victims reported being single and 49 per cent married. Twenty-three per cent indicated that they had a psychological disability or mental health condition.

Almost 40 per cent of sexual violence victims lived in affluent/very affluent areas, with the corresponding figure for disadvantaged/very disadvantaged areas being approximately 30 per cent. Equal proportions of sexual violence victims resided in a city or rural area (34 per cent).

The characteristics of those that reported experiencing IPV and NIPV in the 2022 SVS mirrored the overall sexual violence profile (Table 4.1).

Table 4.1 Profile of those who experienced SV³³

	Population %	Sexual violence	Intimate partner violence (IPV)	Non-intimate partner violence (NIPV)
Sex				
Male	48.9%	23.1%	18.6%	23.5%
Female	51.1%	76.9%	81.4%	76.5%
Age				
Aged 18–24	11.5%	14.2%	12.5%	15.0%
Aged 25–29	7.9%	11.6%	13.0%	11.1%
Aged 30–34	8.1%	10.3%	10.9%	10.8%
Aged 35–39	9.4%	12.5%	13.0%	12.5%
Aged 40–44	10.7%	11.1%	12.5%	10.6%
Aged 45–49	9.6%	9.9%	10.5%	10.0%
Aged 50–54	8.7%	8.6%	7.8%	8.3%
Aged 55–59	7.8%	6.6%	6.3%	6.7%
Aged 60–64	7.1%	5.7%	5.1%	5.5%
Aged over 65	19.3%	9.4%	8.4%	9.3%
Education				
Low level	18.5%	7.9%	7.9%	7.5%
Medium level	36.8%	34.2%	35.3%	33.7%
High level	44.8%	57.9%	56.8%	58.8%
Country of birth				
Ireland	79.1%	80.7%	80.5%	81.1%
UK	7.2%	8.4%	8.2%	8.0%
EU	5.1%	5.3%	5.7%	5.0%
Rest of the world	7.4%	5.6%	5.6%	5.9%
Missing country of birth	[1.2%]	0	0	0
Ethnicity				
White – Irish	83.9%	86.1%	85.9%	86.1%
White – Irish Traveller and Roma	[0.8%]	[0.7%]	[1.1%]	[0.6%]
White – other white background	8.2%	9.0%	9.8%	9.1%
Other ethnicities	5.8%	4.1%	3.2%	4.2%
Missing ethnicity	1.3%	0	0	0
Disability type				
Blindness	10.6%	9.5%	9.6%	10.1%
Deafness	7.6%	5.3%	6.0%	5.6%
Difficulty with basic physical activities	10.4%	10.0%	9.8%	10.4%

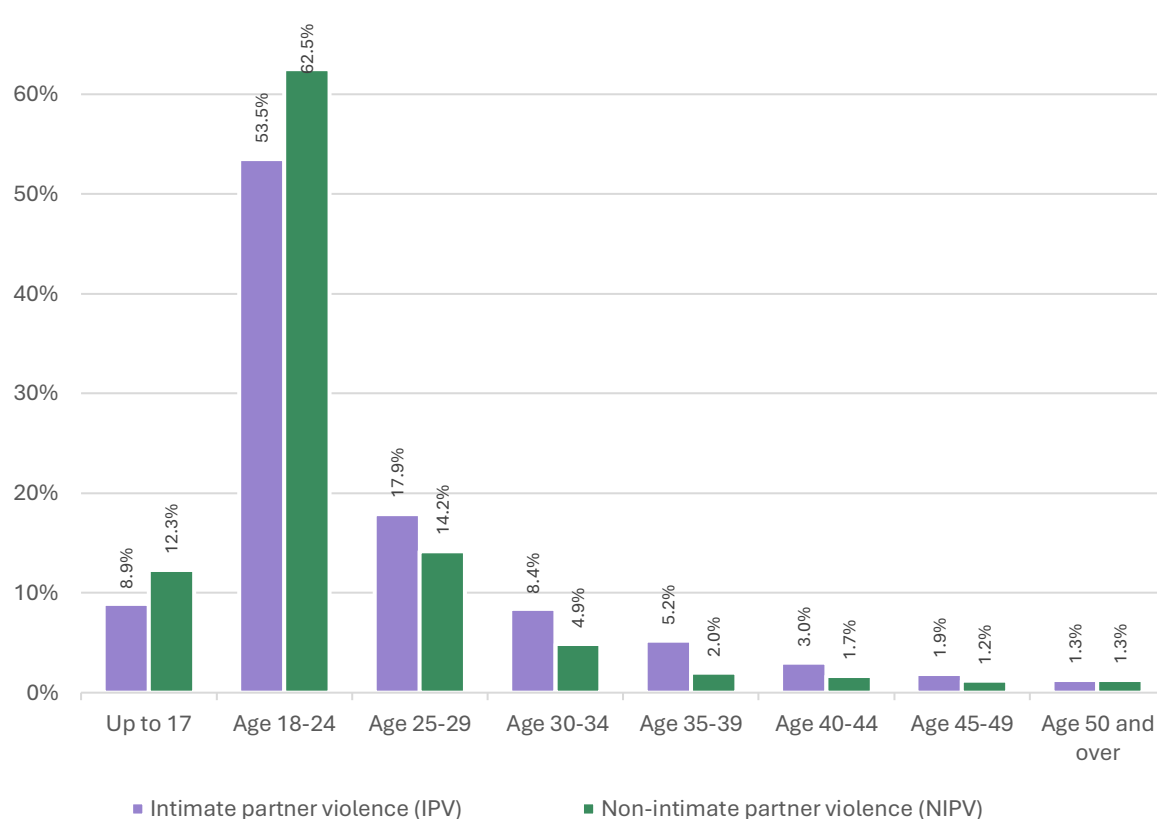
³³ A descriptive profile of respondents that did not report experiencing SV is available from the authors on request.

Intellectual disability/difficulty with learning	10.4%	12.0%	13.9%	12.7%
Psychological/emotional condition or mental health issue	12.1%	23.3%	27.7%	24.3%
Difficulty with pain, breathing or other chronic illness	13.9%	14.9%	16.0%	15.9%
Relationship status				
Single (never married)	33.4%	42.7%	41.7%	43.9%
Married	57.7%	48.7%	47.5%	48.6%
Separated, divorced, widowed	8.9%	8.6%	10.8%	7.6%
Sexual orientation				
Heterosexual	92.3%	89.6%	89.4%	88.7%
Bisexual	2.8%	5.8%	6.5%	6.4%
Gay/lesbian, asexual, other(s)	3.2%	4.4%	3.8%	4.7%
Missing sexual orientation	1.8%	0.2%	0.2%	0.2%
Deprivation index				
Very disadvantaged	13.0%	13.5%	14.7%	12.3%
Disadvantaged	15.2%	14.9%	16.2%	14.2%
Average	16.1%	16.3%	15.7%	17.7%
Affluent	17.9%	17.9%	17.4%	18.0%
Very affluent	18.8%	20.4%	20.3%	21.1%
Missing deprivation index	18.9%	17.0%	15.8%	16.8%
Degree of urbanisation				
City (50,000+)	30.4%	33.5%	32.4%	34.3%
Town (1,500–49,999)	17.4%	17.2%	16.6%	17.7%
Rural (up to 1,499)	35.9%	34.2%	37.0%	33.1%
Missing degree of urbanisation	16.3%	15.1%	13.9%	15.0%
Observations	4320	1182	720	885

Note: In accordance with the CSO's SDC rules, the table results display * when the number of respondents is less than 30, and [] when this figure is between 30 and 49.

The majority of respondents that reported one or more SV experiences indicated that they were aged between 18 and 24 when it first happened, both for intimate (54 per cent) and non-intimate partner violence (63 per cent) (Figure 4.8).

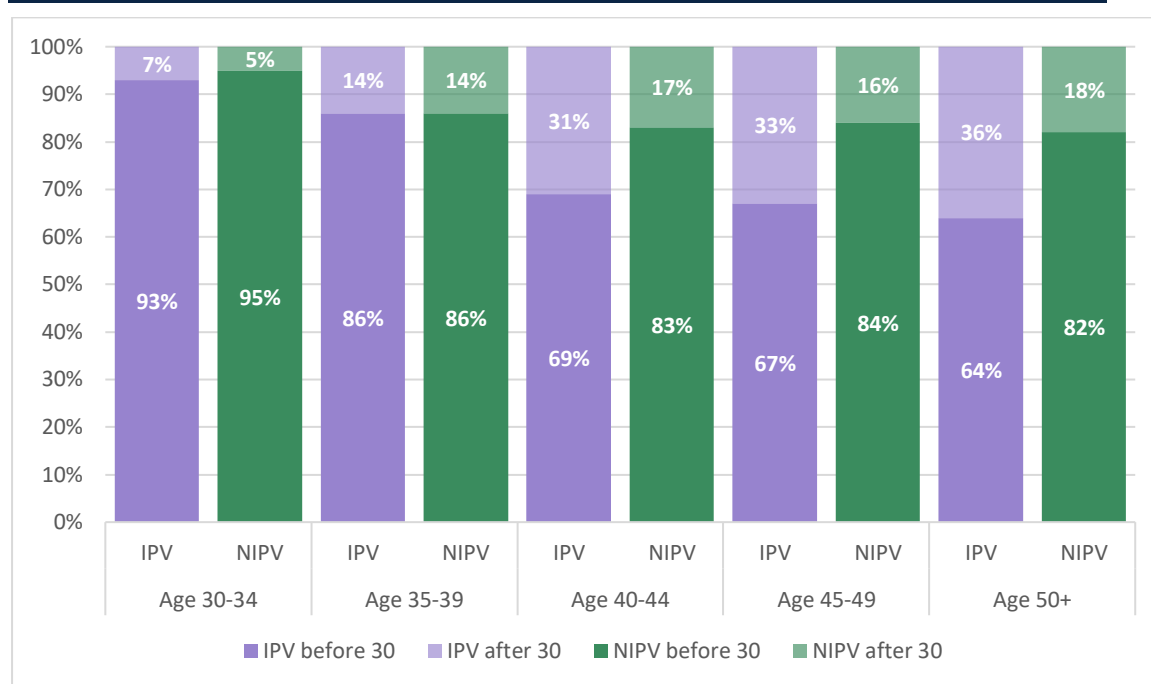
Figure 4.8 Age at time experience began (% of people 18 and over who experienced sexual violence as an adult)



Source: Authors' own analysis from SVS data, 2022.

When looking at timing of experience among those aged 30 and above, by age group (Figure 4.9), we find that more than 60 per cent of IPV respondents and more than 80 per cent of NIPV respondents indicate that their experience occurred or started before they were 30. This is consistent across all over-30 age groups.

Figure 4.9 Age when first experienced SV for those aged over 30 (% of people 30 and over who experienced sexual violence as an adult)



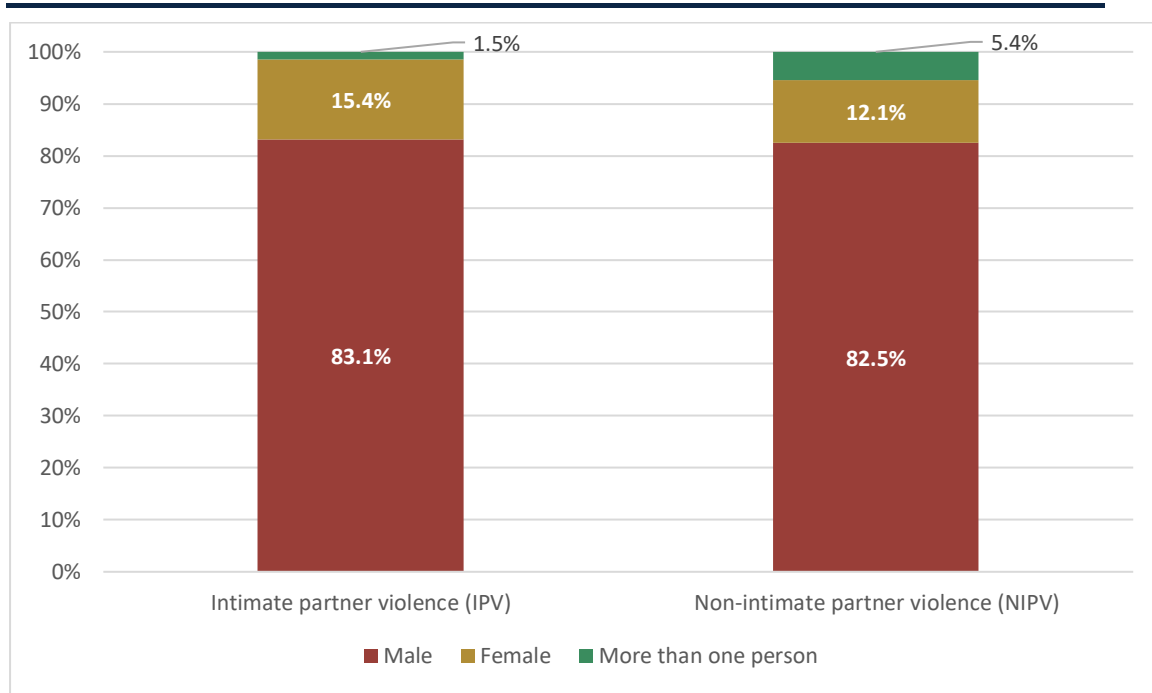
Source: Authors' own analysis from SVS data, 2022.

4.6 Profile of the perpetrators

The vast majority of perpetrators were male, both in cases of intimate (83 per cent) and non-intimate partner violence (82 per cent). Female perpetrators were also reported, with a slightly higher prevalence in incidents of IPV (15 per cent compared to 12 per cent of those reporting NIPV) (see Figure 4.10). Over half (53 per cent) of males who experienced NIPV reported that the perpetrator was female.

SV experiences involving more than one perpetrator were reported by 5 per cent of respondents experiencing NIPV and 1.5 per cent of those reporting IPV.

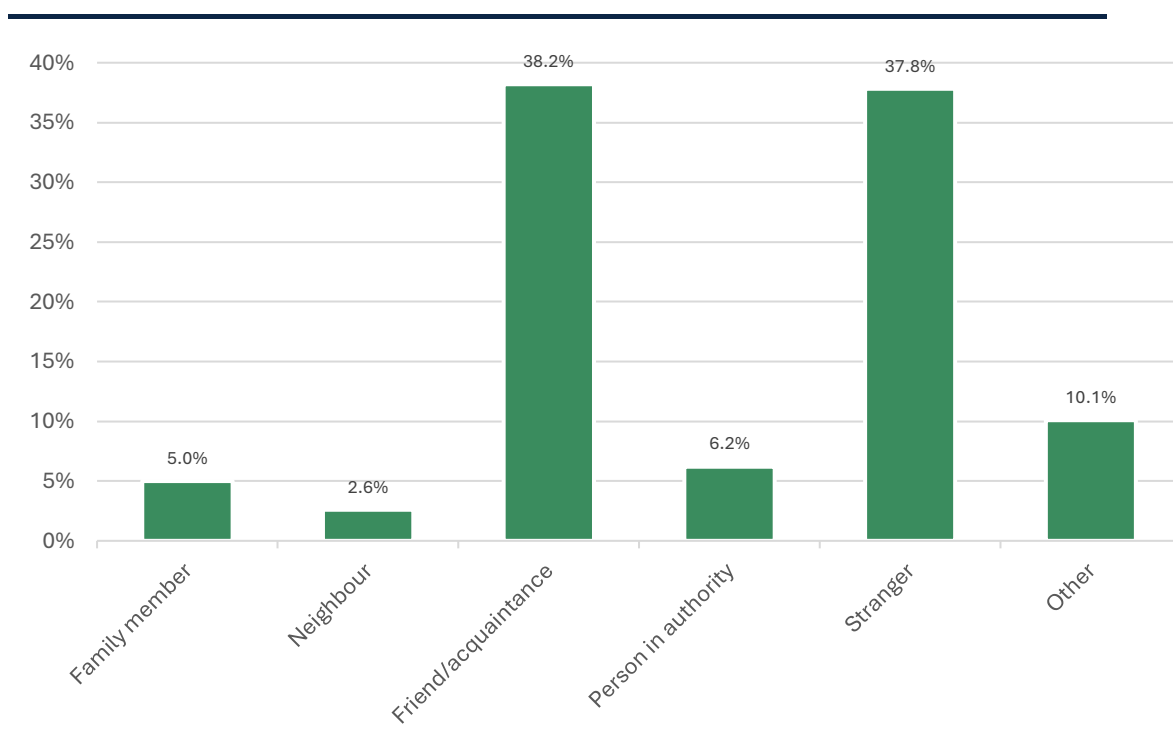
Figure 4.10 Gender of the perpetrator (% of people 18 and over who experienced sexual violence as an adult)



Source: Authors' own analysis from SVS data, 2022.

Non-intimate partner experiences were most commonly perpetrated by friends or acquaintances (38 per cent) and strangers (38 per cent). Smaller proportions involved other persons (10 per cent), persons in authority (e.g. a boss or doctor; 6 per cent), family members or relatives (5 per cent) or neighbours (3 per cent) (see Figure 4.11).

Figure 4.11 Relationship to the perpetrator for non-intimate partner violence (% of people 18 and over who experienced NIPV as an adult)



Source: Authors' own analysis from SVS data, 2022.

When it comes to the number of perpetrators, 75 per cent of respondents reporting IPV indicated that the experience involved one partner, with 25 per cent reporting more than one partner. For NIPV, 24 per cent of respondents reported that the same person/people were involved in the single incident, another 24 per cent reported same person/people in different incidents, and 52 per cent reported that different people were involved in different incidents.³⁴

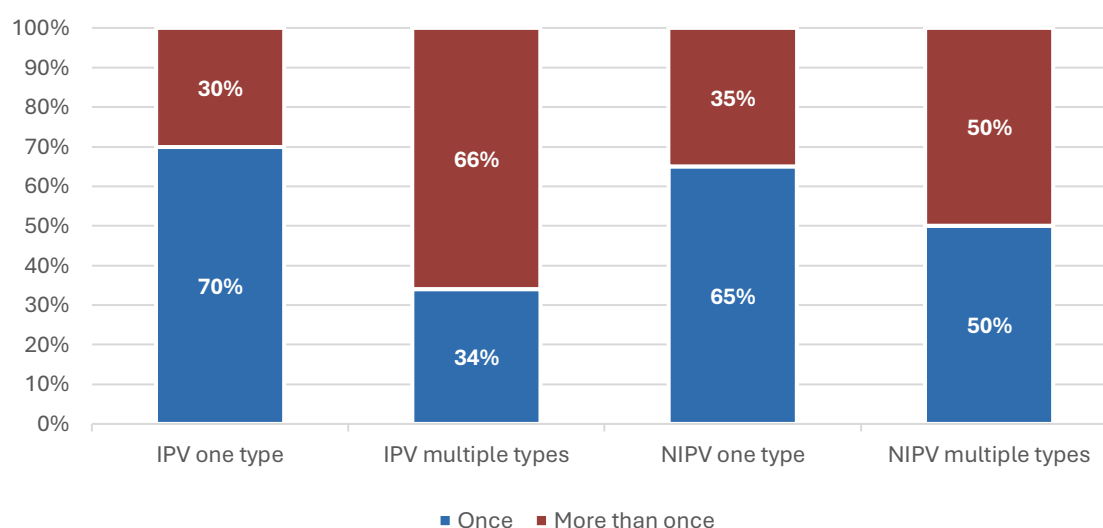
³⁴ There were missing responses for 6 per cent of IPV cases and 1 per cent of NIPV cases.

4.7 Characteristics of the SV experience(s)

In the survey, respondents who reported experiencing sexual violence were asked whether the incident had happened once or more than once (see Figure 3.1). The majority who reported experiencing one type of intimate or non-intimate partner violence indicated that the incident happened only once: 70 per cent for single IPV and 65 per cent for single NIPV (Figure 4.12).³⁵

By comparison, those that experienced multiple types of sexual violence (e.g. non-consensual touching of breasts/genitals, penetration, etc.) indicated that it occurred more than once: 66 per cent among those reporting IPV and 50 per cent among those reporting NIPV. As mentioned earlier in this chapter, those who experienced more than one type of sexual violence were asked to answer questions on the experience (i.e. one incident or one behaviour) that affected them the most.

Figure 4.12 Frequency of the experience (% of people 18 and over who experienced sexual violence as an adult)

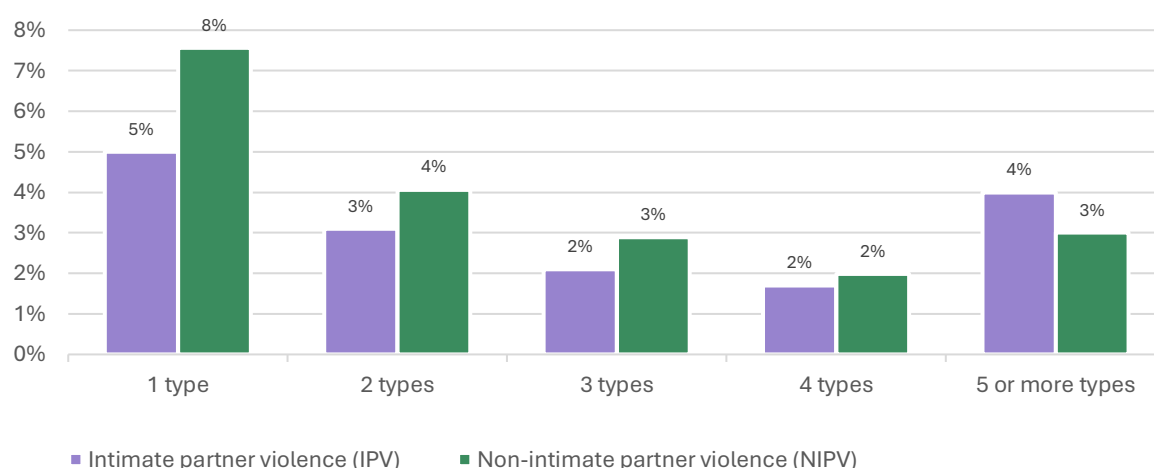


Source: Authors' own analysis from SVS data, 2022.

³⁵ There were missing responses for 9 per cent of single-type IPV and NIPV, 3 per cent of multiple-type IPV and 2 per cent of multiple-type NIPV.

Focusing on the number of types of victimisation (non-consensual touching of breasts/genitals, sexual intercourse, attempted contact, etc.) reported by the respondents, Figure 4.13 shows that 8 per cent of all individuals aged 18 and over experienced only one type of NIPV, while 5 per cent reported experiencing only one type of IPV. The share of respondents reporting more than one type of SV decreases as the number of victimisation types increases.

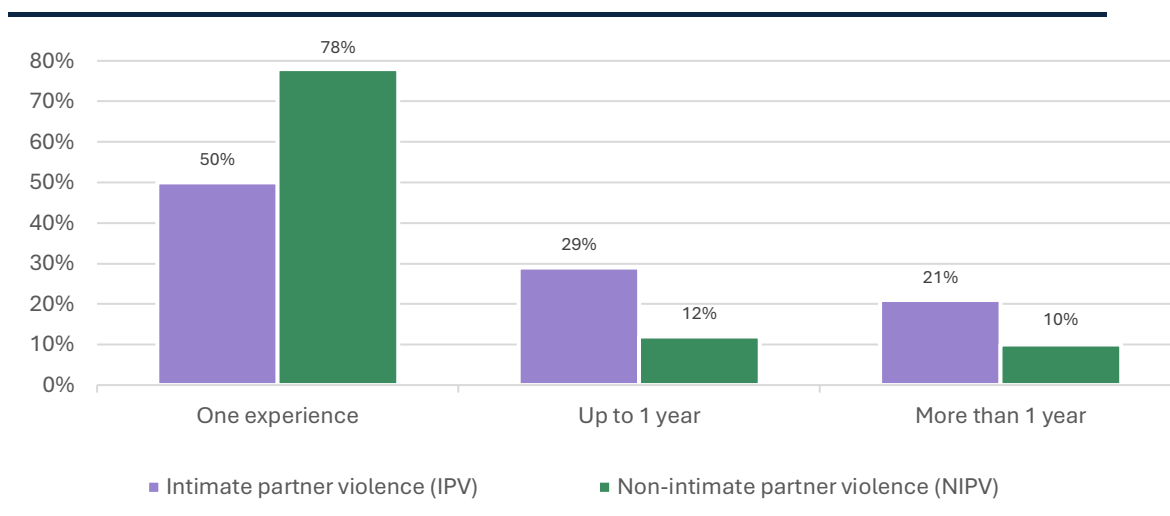
Figure 4.13 Number of types of SV experienced (% of people 18 and over)



Source: Authors' own analysis from SVS data, 2022.

Most respondents reported a single experience of NIPV (78 per cent) but half of those who reported IPV had experienced multiple incidents. Furthermore, some respondents indicated that the behaviour occurred over a long period, especially those experiencing violence by intimate partners. Among these individuals, 29 per cent indicated that the experience lasted up to one year, with 21 per cent reporting that it lasted more than one year (see Figure 4.14).

Figure 4.14 Duration of the violence (% of people 18 and over who experienced sexual violence as an adult)³⁶



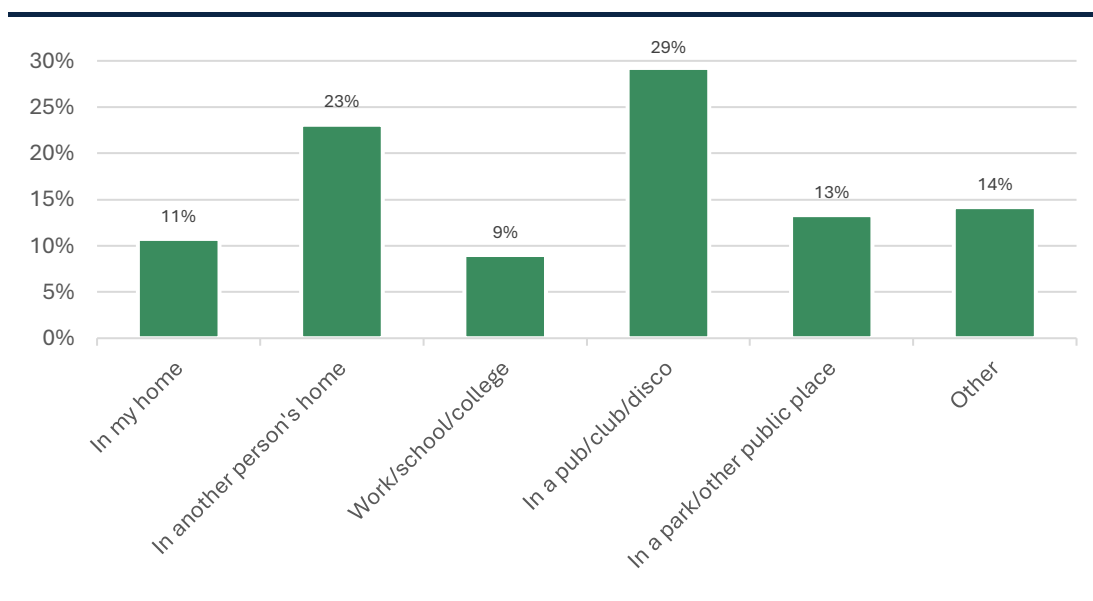
Source: Authors' own analysis from SVS data, 2022.

The majority of NIPV experiences occurred either in a pub, club, disco setting (29 per cent) or in another person's home (23 per cent) (see Figure 4.15). When we examined the location by the type of SV experienced, someone else's home and pubs/clubs/discos are the most commonly reported locations. Among respondents who experienced non-consensual touching of breasts/genitals, 45 per cent reported that the incident occurred in a public place (of which 31 per cent was in a pub, club or disco), while 31 per cent indicated that it took place in someone's home (with 21 per cent occurring in another person's home).³⁷

³⁶ There are missing responses to this question for 7 per cent of IPV cases and 2 per cent of NIPV cases.

³⁷ Full results are available from the authors upon request.

**Figure 4.15 Location of the experience for non-intimate partner violence
(% of people 18 and over who experienced NIPV as an adult)**



Source: Authors' own analysis from SVS data, 2022.

Non-consensual sexual intercourse most commonly occurred in someone's home (51 per cent, with 34 per cent in another person's home), followed by public places (25 per cent). A similar pattern is observed for attempted sexual intercourse: 47 per cent occurred in a home setting (with 30 per cent in another person's home), while 27 per cent took place in a public location (including [15]³⁸ per cent in pubs, clubs or discos). Finally, sexual intercourse experienced when unable to give consent because incapacitated was even more concentrated in home settings, with 61 per cent occurring in someone's home (of which 43 per cent in another person's home) and [17]³⁹ per cent in a public place).

³⁸ Results are reported in brackets [] when the number of observations is between 30 and 49. Such results need to be interpreted with caution due to this small sample size.

³⁹ Results are reported in brackets [] when the number of observations is between 30 and 49. Such results need to be interpreted with caution due to this small sample size.

4.8 Summary

The descriptive analysis presented in this chapter indicates that SV among adults is a widespread experience in Ireland, with some variation by socio-demographic characteristics. Overall, 26 per cent of respondents to the SVS 2022 reported having experienced SV in adulthood, with experiences involving non-intimate partners slightly more common than those involving intimate partners (20 per cent and 16 per cent respectively).

Women, younger respondents and individuals with higher educational attainment report consistently higher rates. Almost 40 per cent of women reported having experienced SV as an adult, compared to 12 per cent of men. Prevalence also varies substantially by age, peaking at 39 per cent among those aged 25–29. This finding may be due to reporting behaviour, cohort differences and/or differences in how sexual violence is understood and defined by different age groups. Higher prevalence rates are also observed among bisexual respondents (55 per cent compared to 25 per cent among heterosexual individuals) and single individuals. Respondents reporting a psychological disability or mental health condition show especially high prevalence rates (50 per cent), although we cannot determine with the SVS data if this reflects a risk factor or rather a consequence of the experience(s).

Across socio-economic groups, prevalence rates of IPV are generally lower than those of NIPV, and follow similar distributional patterns across individual characteristics, except among the separated, divorced or widowed group where IPV is slightly more prevalent than NIPV. The most commonly reported type of victimisation is non-consensual touching of breasts/genitals, followed by attempted non-penetrative and penetrative acts, with higher rates across all types of sexual violence reported by women.

Women account for the vast majority of reported experiences of sexual violence (77 per cent of cases compared to 23 per cent reported by men) and most respondents report that their experiences occurred at young ages, particularly between 18 and 24 years old (54 per cent of IPV cases and 63 per cent of NIPV cases).

In line with the international research, perpetrators are predominantly men and non-intimate partner SV experiences were most commonly

perpetrated by friends/acquaintances (38 per cent) or strangers (38 per cent).

While most respondents report a single incident (78 per cent among NIPV respondents and 50 per cent among IPV respondents), repeated and longer-lasting experiences are more common for IPV.

Incidents of non-intimate partner violence most frequently occur in public places such as pubs, clubs, parks (43 per cent, including 29 per cent in pubs, clubs or discos) or in private homes (34 per cent, of which 23 per cent in another person's home). Non-consensual touching of breasts/genitals is most frequently reported in public places, particularly in pubs, clubs and discos. Non-consensual sexual intercourse, including attempted intercourse and experiences when respondents were unable to give consent, most commonly occurred in someone's home: 51 per cent of non-consensual sexual intercourse, 47 per cent of attempted incidents and 61 per cent of incidents occurring when the respondent was unable to give consent because they were asleep, passed out or under the influence of alcohol and/or drugs. In many cases, these incidents occurred in another person's home rather than the respondent's own.

Chapter 5

Factors associated with experiencing sexual violence

5.1 Introduction

In this chapter, we present the results for the various regression models that we outlined in Chapter 3 that we would examine using the SVS 2022. Specifically, if a respondent:

1. Ever experienced SV as an adult,
2. Ever experienced IPV as an adult,
3. Ever experienced NIPV as an adult,
4. Ever experienced IPV only, NIPV only or both IPV and NIPV as an adult,
5. Ever experienced IPV by type of victimisation as an adult, and
6. Ever experienced NIPV by type of victimisation as an adult.

We undertake regression analysis in order to isolate the individual impact of each risk factor (e.g. age) on the likelihood of experiencing sexual violence while simultaneously controlling for other risk factors that can impact this outcome (gender, educational attainment, sexual orientation, etc.).

5.2 Ever experienced SV as an adult

The results for our first regression model, a binary probit model that examines if an individual ever experienced sexual violence as an adult, whether perpetrated by an intimate or non-intimate partner, are presented in Table 5.1 for the overall population and also separately for females and males.

As mentioned in Chapter 3, to check the stability of our results with the inclusion of potential factors that could be the outcome of experiencing sexual violence as opposed to risk factors for experiencing such violence (i.e. endogenous variables), we ran two separate specifications for this model. The first included exogenous only risk factors (sex, age, sexual orientation, etc.), while the second added in potential endogenous variables (relationship status, psychological disability, location-related factors). This approach demonstrates that our estimated exogenous variable coefficient results remain stable with the inclusion of the potential endogenous variables. The main exceptions are for the group aged 25–29 and for those with a gay/lesbian/asexual/other sexual orientation in our overall

model, and bisexual sexual orientation in our female model. These risk factors are identified to increase an individual's likelihood of experiencing sexual violence, but they become insignificant with the inclusion of our potential endogenous variables.

With regards to the other results in our overall model (Table 5.1, columns 2 and 3), we can see that females are considerably more likely to experience sexual violence as an adult compared to males, a result that is in line with international and previous Irish research (e.g. McGee et al., 2002; OSCE, 2019a; Burke et al., 2020; and WHO, 2021). Those with medium and, especially, high levels of education are also more likely to be victims of sexual violence than those with low levels of educational attainment. This is also a result that is in line with other research (e.g. Öberg et al., 2021). As with other research, however, we do not know if this result for Ireland is due to increased exposure for such individuals in high-risk social environments, such as the tertiary education environment, or whether it is due to such individuals being more willing to disclose experiencing sexual violence (see Turchik et al., 2014).

In terms of age, we find that, in addition to those aged 25–29 in our exogenous variable only specification, those aged 35–39 are more likely to experience sexual violence as an adult compared to those aged 40–44. On the other hand, those aged 65 and above are considerably less likely to. This result for those aged 65 and above might be more to do with such individuals being less likely to report being victims as opposed to them being less likely to being actual victims (Fileborn, 2017; Bows, 2017; and Crockett et al., 2018). The pattern may also reflect a shift in societal views on behaviour like non-consensual touching of breasts/genitals and the change in criminal law, for example, making marital rape a criminal offence.

Individuals from the rest of the world are less likely to experience sexual violence as an adult compared to Irish individuals. This pattern could also be due to differences in reporting rather than rates of victimisation (Rahmanipour et al., 2019; and Morrison et al., 2023).

Aside from gender, specifically being female, the other main factor that is associated with experiencing sexual violence as an adult is being bisexual, and also, in our exogenous variable only specification, being gay/lesbian/asexual/other, results that are in line with other Irish

(Burke et al., 2020) and international research (e.g. Hindes et al., 2025).

We find no association between area-level deprivation or degree of urbanisation and experiencing sexual violence, while the disability result, where we find that those with a psychological/emotional disability or mental health issue are more likely to experience sexual violence than those without a disability, is likely, as indicated already in the report, an outcome of experiencing sexual violence as opposed to a driver. The positive finding for being single (compared to being married) may also be an outcome of experiencing sexual violence as opposed to a risk factor. The cross-sectional nature of the SVS data do not allow us to identify if this is the case for either of these two results, with longitudinal data that tracks the same persons over time needed to address such questions.

**Table 5.1 Binary probit model of ‘ever experienced SV as an adult’
(marginal effects)**

	Overall		Females		Males	
	Exogenous	All covariates	Exogenous	All covariates	Exogenous	All covariates
Sex (ref. case: male)						
Female	0.272***	0.271***				
	(0.013)	(0.014)				
Age (ref. case: aged 40–44)						
Age 18–24	0.044	0.007	0.072	0.002	0.016	0.019
	(0.030)	(0.033)	(0.048)	(0.053)	(0.031)	(0.036)
Age 25–29	0.091**	0.047	0.043	-0.017	0.118**	0.097*
	(0.039)	(0.041)	(0.055)	(0.059)	(0.050)	(0.054)
Age 30–34	0.047	0.025	0.080	0.041	0.013	0.012
	(0.033)	(0.033)	(0.050)	(0.053)	(0.035)	(0.036)
Age 35–39	0.070**	0.065**	0.085*	0.085*	0.049	0.041
	(0.032)	(0.032)	(0.046)	(0.047)	(0.039)	(0.037)
Age 45–49	-0.006	-0.002	0.027	0.029	-0.035	-0.028
	(0.027)	(0.028)	(0.045)	(0.046)	(0.026)	(0.026)
Age 50–54	0.001	0.004	-0.048	-0.044	0.041	0.045
	(0.030)	(0.030)	(0.045)	(0.046)	(0.037)	(0.037)
Age 55–59	-0.039	-0.036	-0.093**	-0.090**	0.021	0.023
	(0.027)	(0.028)	(0.044)	(0.045)	(0.033)	(0.034)
Age 60–64	-0.039	-0.036	-0.063	-0.062	-0.017	-0.011
	(0.031)	(0.031)	(0.049)	(0.051)	(0.034)	(0.035)
Aged over 65	-0.125***	-0.114***	-0.184***	-0.168***	-0.059***	-0.051**
	(0.021)	(0.023)	(0.038)	(0.042)	(0.021)	(0.023)
Sexual orientation (ref. case: heterosexual)						
Bisexual	0.218***	0.156***	0.183***	0.102	[0.281***]	[0.240***]
	(0.056)	(0.055)	(0.065)	(0.065)	(0.088)	(0.084)
Gay/lesbian, asexual, other	0.104**	0.069	-0.031	-0.083	0.207***	0.183***
	(0.048)	(0.046)	(0.062)	(0.061)	(0.064)	(0.064)
Sexual orientation not stated	-0.178***	-0.195***	[-0.249***]	[-0.296***]		
	(0.030)	(0.023)	(0.074)	(0.064)		
Country of birth (ref. case: born in Ireland)						
Born in UK	0.051	0.040	0.065	0.051	0.028	0.028
	(0.032)	(0.032)	(0.049)	(0.050)	(0.032)	(0.031)
Born in EU	-0.035	-0.028	-0.034	-0.016	-0.038	-0.039
	(0.028)	(0.029)	(0.047)	(0.050)	(0.025)	(0.024)
Born in rest of the world	-0.105***	-0.094***	-0.178***	-0.160***	-0.043**	-0.038*
	(0.021)	(0.022)	(0.036)	(0.039)	(0.020)	(0.020)
Education (ref. case: low education)						
Medium education	0.105***	0.128***	0.115***	0.155***	0.086***	0.090***
	(0.028)	(0.029)	(0.041)	(0.044)	(0.032)	(0.032)
High education	0.192***	0.228***	0.232***	0.290***	0.129***	0.138***
	(0.026)	(0.028)	(0.040)	(0.043)	(0.030)	(0.031)

Disability (ref. case: not having a disability)						
Blindness		-0.042*		-0.024		-0.028
		(0.022)		(0.040)		(0.020)
Deafness		0.014		-0.010		0.018
		(0.033)		(0.055)		(0.030)
Physical disability		0.049		0.078*		0.026
		(0.032)		(0.046)		(0.039)
Intellectual disability		-0.011		0.011		-0.033
		(0.025)		(0.043)		(0.021)
Psychological disability		0.189***		0.230***		0.123***
		(0.028)		(0.037)		(0.035)
Pain or chronic illness		0.008		-0.001		0.007
		(0.025)		(0.037)		(0.026)
Relationship status (ref. case: married)						
Single		0.045**		0.064**		0.017
		(0.021)		(0.032)		(0.022)
Separated		0.052*		0.083**		0.004
		(0.028)		(0.040)		(0.031)
Deprivation index (ref. case: average)						
Very disadvantaged		0.012		0.025		0.000
		(0.028)		(0.045)		(0.028)
Disadvantaged		0.028		0.036		0.019
		(0.026)		(0.041)		(0.027)
Affluent		-0.014		0.002		-0.025
		(0.023)		(0.038)		(0.021)
Very affluent		-0.006		0.000		-0.012
		(0.025)		(0.041)		(0.023)
Deprivation index missing		-0.102***		-0.104		-0.091***
		(0.037)		(0.067)		(0.031)
Degree of urbanisation (ref. case: city)						
Town		-0.007		-0.014		-0.004
		(0.021)		(0.035)		(0.020)
Rural		-0.023		-0.016		-0.029
		(0.019)		(0.031)		(0.018)
Degree of urbanisation missing		0.106*		0.087		0.144
		(0.054)		(0.076)		(0.093)
Observations	4,234	4,179	2,299	2,267	1,912	1,891
Pseudo R-squared	0.155	0.177	0.0750	0.0996	0.0915	0.117

Notes: Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1. Exogenous refers to factors that precede or cannot be influenced by the experience of sexual violence (see Chapter 2). (1) While the missing deprivation variable is significant, to a lesser extent also the degree of urbanisation missing variable, no interpretation can be put on these results because we do not know anything about those with missing values. This applies to all regression results presented in this study.

When we disaggregate the sample by gender (Table 5.1), we find that both females and males with medium and high levels of education are at higher risk of experiencing sexual violence as an adult compared to those with low levels of education. The same is true for bisexual females and males, albeit the male result needs to be interpreted with caution due to a small sample size. In estimating these gender models, we can see that the overall positive and significant result for being gay, lesbian, asexual, other or questioning/unsure is driven by males as this covariate is not significant in the female model. The negative age effect for those aged 65 and above is significant for both females and males, as is the negative effect for having been born in the rest of the world, albeit the effect is stronger in the female model. Females aged 55–59 are also less likely to experience sexual violence compared to those aged 40–44, a result that does not come through in the male model. In addition, we find that the higher rate of victimisation among those who are currently single is confined to females.

5.3 Ever experienced intimate partner violence (IPV) as an adult

In Table 5.2, we examine the factors associated with experiencing IPV as an adult, overall and separately for females and males. Focusing on the female and male models, we find that the impact of age differs somewhat between them. For females, we find that those aged 50 and above are less likely to experience IPV compared to those aged 40–44, with the negative effect being much larger and stronger among those aged 60 and above. For males, we find that it is those that are aged 60 and above that are less likely to experience IPV. Females with medium and high levels of education are more likely to be victims of IPV, compared to those with low levels of education. For males, this effect is confined to those with high levels of educational attainment.

We find that relationship status has no impact for males, whereas for females, those that are separated are considerably more likely to have experienced IPV. As discussed previously, this relationship impact is most likely an ‘outcome’ of experiencing IPV as opposed to a risk factor. The same is true for the positive relationship between IPV and psychological disability that is identified in this model; this effect is most likely an ‘outcome’ of experiencing IPV as opposed to a risk factor, with the effect being bigger among females.

With regards to sexual orientation, in our exogenous only specification (appendix Table B.8), we find that being bisexual increases both female and male risk of experiencing IPV, a result that also holds in the male model when we include all covariates but the effect is weaker (Table 5.2). In addition, in both of these male specifications the results need to be interpreted with caution because of a small sample size.

For IPV, we find that the country of birth result is confined to females only, with those from the rest of the world being less likely to experience IPV. While we cannot verify this with the SVS data, as mentioned previously when discussing the ever experienced sexual violence results (section 5.2), this effect may be due to such individuals being less likely to report experiencing IPV (Rahmanipour et al., 2019; and Morrison et al., 2023). No systematic relationship is found between rates of IPV and local area deprivation or urbanisation.

Table 5.2 Binary probit model of ‘experiencing IPV as an adult’, by gender (marginal effects)

	Overall population	Females	Males
Sex (ref. case: male)			
Female	0.176***		
	(0.011)		
Age (ref. case: age 40–44)			
Age 18–24	-0.036*	-0.082**	0.000
	(0.019)	(0.037)	(0.019)
Age 25–29	0.026	-0.006	0.042
	(0.029)	(0.048)	(0.032)
Age 30–34	0.009	0.037	-0.012
	(0.024)	(0.046)	(0.016)
Age 35–39	0.020	0.055	-0.004
	(0.022)	(0.041)	(0.016)
Age 45–49	-0.013	0.016	-0.029***
	(0.019)	(0.039)	(0.010)
Age 50–54	-0.031*	-0.070**	-0.003
	(0.018)	(0.034)	(0.016)
Age 55–59	-0.047***	-0.084**	-0.015
	(0.016)	(0.033)	(0.013)
Age 60–64	-0.055***	-0.076**	-0.034***
	(0.017)	(0.038)	(0.008)
Age over 65	-0.088***	-0.131***	-0.047***
	(0.014)	(0.032)	(0.009)
Sexual orientation (ref. case: heterosexual)			
Bisexual	0.089**	0.082	[0.122*]
	(0.041)	(0.057)	(0.064)
Gay/lesbian, asexual, other	0.008	-0.076*	0.069*
	(0.031)	(0.044)	(0.042)
Sexual orientation not stated	-0.100***	[-0.179***]	
	(0.017)	(0.048)	
Disability (ref. case: not having a disability)			
Blindness	-0.026	-0.054*	0.003
	(0.016)	(0.031)	(0.014)
Deafness	0.030	0.035	0.022
	(0.028)	(0.050)	(0.024)
Physical disability	0.006	0.017	0.005
	(0.021)	(0.038)	(0.019)
Intellectual disability	0.014	0.060	-0.021**
	(0.019)	(0.038)	(0.010)
Psychological disability	0.148***	0.219***	0.077***
	(0.024)	(0.037)	(0.026)
Pain or chronic illness	0.006	-0.007	0.011
	(0.018)	(0.031)	(0.016)

Country of birth (ref. case: born in Ireland)			
Born in UK	0.013	0.027	-0.007
	(0.023)	(0.043)	(0.014)
Born in EU	-0.004	-0.002	-0.011
	(0.023)	(0.043)	(0.015)
Born in rest of the world	-0.043***	-0.089***	-0.012
	(0.017)	(0.032)	(0.013)
Relationship status (ref. case: married)			
Single	0.014	0.031	-0.004
	(0.014)	(0.027)	(0.011)
Separated	0.079***	0.142***	-0.005
	(0.024)	(0.039)	(0.017)
Education (ref. case: low education)			
Medium education	0.076***	0.136***	0.031*
	(0.023)	(0.042)	(0.019)
High education	0.120***	0.205***	0.049***
	(0.023)	(0.042)	(0.018)
Deprivation index (ref. case: average)			
Very disadvantaged	0.022	0.044	0.004
	(0.022)	(0.039)	(0.018)
Disadvantaged	0.035*	0.055	0.019
	(0.020)	(0.036)	(0.019)
Affluent	-0.003	0.000	-0.006
	(0.017)	(0.032)	(0.014)
Very affluent	0.014	0.025	0.001
	(0.020)	(0.037)	(0.016)
Deprivation index missing	-0.045*	-0.044	-0.043**
	(0.026)	(0.055)	(0.018)
Degree of urbanisation (ref. case: city)			
Town	-0.005	0.005	-0.012
	(0.016)	(0.031)	(0.011)
Rural	0.009	0.026	-0.008
	(0.014)	(0.027)	(0.011)
Degree of urbanisation missing	0.047	0.043	0.080
	(0.040)	(0.066)	(0.076)
Observations	4,179	2,267	1,891
Pseudo R-squared	0.169	0.0925	0.127

Note: Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1. In accordance with the CSO's SDC rules, the table results display * when there is less than 30 observations, and [] when the number of observations is between 30 and 49.

5.4 Ever experienced non-intimate partner violence (NIPV) as an adult

Table 5.3 presents our results from examining the factors associated with experiencing NIPV as an adult, overall and separately for females and males. Apart from females aged 65 and above being less likely to experience NIPV compared to those aged 40–44, there are no other age effects for either females or males.⁴⁰ Females and males with medium and high levels of education are more likely to experience NIPV compared to those with low levels of education, with the size of the effect larger among females with high levels of educational attainment.

There are no strong relationship status effects for either females or males for experiencing NIPV, while sexual orientation emerges as a strong risk factor for males experiencing NIPV. Specifically, males that are gay/asexual/other are 16.1 percentage points more likely to experience NIPV compared to heterosexual males. Males that are bisexual are also at higher risk of experiencing NIPV. However, due to a small sample size, this result needs to be interpreted with caution. In our exogenous variable only specification for females, those that are bisexual are also at higher risk of experiencing NIPV (see appendix Table B.9).

Country of birth, specifically being born in the rest of the world, is significantly related to lower NIPV victimisation for females, while psychological disability is significantly related to higher victimisation for both females and males, but, again, most likely an outcome from experiencing NIPV than a risk factor. There is no systematic relationship between area-level deprivation and NIPV. In the pooled model, rates of NIPV are lower among those living in rural areas. However, the relationship is no longer significant when considered separately for males and females.

⁴⁰ In the overall exogenous only specification (see appendix Table B.9), there were some young age group effects. Specifically, those aged between 18 and 34 were more likely to experience NIPV compared to those aged 40–44. However, the effects were only significant at the 10% level of significance. There were also some younger age group effects in the female specification, in particular for the age categories 18–24, 30–34 and 35–39, but, again, these effects were only significant at the 10% level of significance (see appendix Table B.9).

Table 5.3 Binary probit model of ‘experiencing NIPV as an adult’, by gender (marginal effects)

	Overall population	Females	Males
Sex (ref. case: male)			
Female	0.192***		
	(0.012)		
Age (ref. case: age 40–44)			
Age 18–24	0.014	0.024	0.018
	(0.029)	(0.049)	(0.032)
Age 25–29	0.019	0.003	0.038
	(0.034)	(0.054)	(0.044)
Age 30–34	0.033	0.061	0.014
	(0.030)	(0.050)	(0.033)
Age 35–39	0.052*	0.079*	0.028
	(0.028)	(0.044)	(0.033)
Age 45–49	0.009	0.040	-0.016
	(0.025)	(0.043)	(0.025)
Age 50–54	0.009	-0.022	0.036
	(0.027)	(0.042)	(0.034)
Age 55–59	-0.007	-0.048	0.038
	(0.026)	(0.041)	(0.034)
Age 60–64	-0.013	-0.048	0.018
	(0.029)	(0.046)	(0.037)
Age over 65	-0.069***	-0.119***	-0.020
	(0.021)	(0.038)	(0.022)
Sexual orientation (ref. case: heterosexual)			
Bisexual	0.136***	0.099*	[0.194**]
	(0.047)	(0.059)	(0.076)
Gay/lesbian, asexual, other	0.065	-0.055	0.161***
	(0.040)	(0.054)	(0.058)
Sexual orientation not stated	-0.140***	[-0.216***]	
	(0.020)	(0.052)	
Disability (ref. case: not having a disability)			
Blindness	-0.021	0.001	-0.020
	(0.019)	(0.037)	(0.017)
Deafness	0.009	-0.023	0.018
	(0.027)	(0.046)	(0.026)
Physical disability	0.039	0.076*	0.009
	(0.029)	(0.044)	(0.032)
Intellectual disability	0.002	-0.001	-0.004
	(0.022)	(0.037)	(0.021)
Psychological disability	0.133***	0.162***	0.103***
	(0.025)	(0.036)	(0.032)
Pain or chronic illness	0.018	0.022	0.010
	(0.021)	(0.034)	(0.023)

Country of birth (ref. case: born in Ireland)			
Born in UK	0.018	0.018	0.019
	(0.027)	(0.045)	(0.028)
Born in EU	-0.035	-0.042	-0.033
	(0.023)	(0.042)	(0.020)
Born in rest of the world	-0.058***	-0.117***	-0.015
	(0.019)	(0.034)	(0.020)
Relationship status (ref. case: married)			
Single	0.037**	0.053*	0.016
	(0.018)	(0.030)	(0.020)
Separated	0.007	0.024	-0.004
	(0.023)	(0.037)	(0.027)
Education (ref. case: low education)			
Medium education	0.102***	0.124***	0.077**
	(0.027)	(0.043)	(0.031)
High education	0.179***	0.233***	0.114***
	(0.026)	(0.041)	(0.030)
Deprivation index (ref. case: average)			
Very disadvantaged	-0.031	-0.038	-0.023
	(0.021)	(0.037)	(0.020)
Disadvantaged	-0.009	0.010	-0.020
	(0.021)	(0.036)	(0.019)
Affluent	-0.027	-0.010	-0.038**
	(0.019)	(0.034)	(0.016)
Very affluent	-0.022	-0.017	-0.025
	(0.020)	(0.037)	(0.018)
Deprivation index missing	-0.092***	-0.112*	-0.069***
	(0.030)	(0.058)	(0.025)
Degree of urbanisation (ref. case: city)			
Town	-0.001	-0.010	0.004
	(0.018)	(0.032)	(0.019)
Rural	-0.030*	-0.042	-0.021
	(0.016)	(0.028)	(0.016)
Degree of urbanisation missing	0.079	0.079	0.087
	(0.050)	(0.076)	(0.074)
Observations	4,179	2,267	1,891
Pseudo R-squared	0.145	0.0833	0.104

Note: Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1. In accordance with the CSO's SDC rules, the table results display * when there is less than 30 observations, and [] when the number of observations is between 30 and 49.

5.5 Ever experienced IPV only, NIPV only by type of perpetrator, or both IPV and NIPV

In this section, we use multinomial logit (MNL) regression analysis to examine if the risk factors associated with experiencing SV vary according to whether someone experiences IPV only, NIPV only or both IPV and NIPV. For NIPV only, we examine this according to the respondent's relationship to the perpetrator(s). Specifically, if the perpetrator(s) was a: (i) friend/acquaintance (including family members and neighbours), (ii) stranger, or (iii) other (includes persons in authority).⁴¹ In this MNL model, the dependent variables are compared to those that did not report having experienced SV. We present results for the overall population (Table 5.4) and females only (Table 5.5) as, due to small sample sizes for males for some of the dependent variable categories, we could not estimate the MNL for males only.⁴²

The results presented in Tables 5.4 and 5.5 are relative risk ratios (RRRs), where, as mentioned in Chapter 3, a RRR below one indicates that the variable in question (e.g. aged 65 and above) is associated with a lower likelihood of the outcome being examined (e.g. experiencing IPV only), while a RRR greater than one means that the variable being examined (e.g. female) is associated with a greater probability of the outcome being examined (e.g. experiencing both IPV and NIPV).

Across all models (Table 5.4), we can see that females are at higher risk of experiencing all forms of SV – IPV only, NIPV by perpetrator type and both IPV and NIPV. This gender gap is greatest in relation to the likelihood of experiencing both IPV and NIPV, with women almost eight times more likely than men to do so. There is a clear gradient by educational level for all groups in the pooled and female only models (Tables 5.4 and 4.5), with the highest risk for those with the highest level of education. The effect for medium education is smaller, and not significant across all perpetrator type models.

⁴¹ We lost 55 observations from this model for the individuals that experienced NIPV that did not report their relationship to the perpetrator(s).

⁴² In an alternative specification that does not disaggregate 'NIPV only' by type of perpetrator, we were able to estimate the male only model. The main result concerns the sexual orientation of male respondents: bisexual and gay/other respondents are at a higher risk of experiencing NIPV only or both IPV and NIPV compared to heterosexual males. Full results are available from the authors upon request.

Across all models that report significant age effects, whether in the overall or female models, those aged 65 and over are less likely to experience SV by any perpetrator type. The main model that reports other age effects is the NIPV stranger model, where those aged 18–24 are more likely to experience such violence. This result emerges in both the overall and female only specifications. Other age effects also come through in the overall model, specifically those aged 30–39⁴³ and 50–54 are more likely to experience NIPV by a stranger compared to those aged 40–44.

In relation to relationship status, being separated is associated with a higher risk of experiencing IPV only or both IPV and NIPV, in both the overall and female specifications. As mentioned previously, this effect is likely to be an outcome of such violence as opposed to an actual risk factor. The same is true for the psychological disability result, which, apart from, the ‘stranger perpetrator’ model, is significant across all perpetrator type models. Women with a physical disability (which may be more likely to precede the SV event than psychological disability) are more likely to have been the victims of a friend, acquaintance or other person known to them but do not differ in their rates of perpetration by a stranger (Table 5.5).

Being bisexual emerges as a risk factor for experiencing NIPV that is inflicted by a stranger and also both IPV and NIPV. For the NIPV by stranger model, however, this effect is not significant in the female model, suggesting that the significant effect that emerges in the overall model is driven by males. In the overall model (Table 5.4), being gay/lesbian/asexual/other emerges as a risk factor for experiencing NIPV by a friend/acquaintance,⁴⁴ but this effect is not present in the female only model.

There is an association with area-level deprivation in the IPV only model, and also the NIPV by ‘other’ model. In the overall IPV model (Table 5.4), we see that those living in a very disadvantaged or disadvantaged area, relative to those living in an area with average deprivation (reference category), are at higher risk of experiencing such

⁴³ In the exogenous only specification, the aged 30–34 result is significant at the 5% level of significance (see appendix Table B.10).

⁴⁴ In the exogenous only specification, this effect is significant at the 5% level of significance (Tables B.10 and B.11).

SV. This result is considerably weaker in the female only model, suggesting that these overall model results are being driven by males. In the NIPV by other perpetrator type model, we see that in the overall model those living in any other area than the average deprived area are less likely to experience such SV. This is especially the case for those living in affluent or very affluent areas. As these deprivation level variables are not always significant in the female only specification, or are less so, these deprivation results in the overall NIPV by other perpetrator type model are likely being driven by males.

In the NIPV by stranger perpetrator type model, we see, in both the overall and female only models, that those living in towns are at less risk of experiencing such violence compared to those living in cities.

Table 5.4 Multinomial logit model of experiencing SV by type of perpetrator – overall population (relative risk ratios)

	IPV only	NIPV only			Both IPV and NIPV
		By friend or acquaintance	By stranger	By other	
Sex (ref. case: male)					
Female	5.239***	3.371***	4.082***	5.421***	7.909***
Age (ref. case: age 40–44)					
Age 18–24	0.870	1.184	2.393**	0.672	0.677
Age 25–29	1.445	1.124	1.338		1.106
Age 30–34	0.935	0.934	1.902*	0.578	1.276
Age 35–39	1.270	1.051	2.199**	2.006	1.363
Age 45–49	0.862	0.990	1.496	1.266	1.009
Age 50–54	0.913	0.979	2.258**	1.609	0.677
Age 55–59	0.593*	1.194	1.161	0.812	0.659
Age 60–64	0.694	0.734	1.953	1.743	0.515**
Age over 65	0.389***	0.496*	0.933	1.168	0.327***
Sexual orientation (ref. case: heterosexual)					
Bisexual	1.522	1.368	2.974***	1.837	2.836***
Gay/lesbian, asexual, other	1.149	1.974*	1.903	0.835	1.230
Sexual orientation not stated	0.165*	0.382			0.127*
Disability (ref. case: not having a disability)					
Blindness	0.707	1.159	0.660	1.158	0.809
Deafness	1.040	0.601	1.076	0.676	1.479
Physical disability	1.194	1.393	0.937	2.748***	1.032
Intellectual disability	0.843	0.835	0.713	0.650	1.294
Psychological disability	2.468***	2.621***	1.302	2.693**	3.918***
Pain or chronic illness	0.866	0.939	1.388	0.834	1.259

Country of birth (ref. case: born in Ireland)					
Born in UK	1.406	0.905	1.872*	0.489	1.015
Born in EU	1.092	0.756	0.899	0.891	0.782
Born in rest of the world	0.455**	0.418**	0.589	0.470	0.630*
Relationship status (ref. case: married)					
Single	1.192	1.344	1.804**	0.705	1.268
Separated	1.967***	1.116	0.730	0.546	1.789***
Education (ref. case: low education)					
Medium education	1.814**	3.122**	2.015*	2.758*	2.618***
High education	2.918***	6.152***	4.360***	5.072***	4.777***
Deprivation index (ref. case: average)					
Very disadvantaged	1.931***	0.733	1.376	0.448*	0.826
Disadvantaged	1.764**	0.796	1.639	0.254**	1.136
Affluent	1.241	0.817	1.449	0.324***	0.799
Very affluent	1.301	0.841	1.180	0.225***	0.936
Deprivation index missing	0.827	0.500	0.639	0.296	0.444**
Degree of urbanisation (ref. case: city)					
Town	0.877	1.120	0.520**	1.758	0.998
Rural	1.090	0.820	0.643*	0.685	0.973
Degree of urbanisation missing	1.618	1.219	1.838	1.072	1.548
Observations	4,227	4,227	4,227	4,227	4,227

Note: Relative Risk ratios (RRRs) reported; *** p<0.01, ** p<0.05, * p<0.1. Base case: not reporting having experienced SV. In accordance with the CSO's SDC rules, the table results display * when there is less than 30 observations, and [] when the number of observations is between 30 and 49.

Table 5.5 Multinomial logit model of experiencing SV by type of perpetrator – females (relative risk ratios)

	IPV only	NIPV only			Both IPV and NIPV
		By friend or acquaintance	By stranger	By other	
Age (ref. case: age 40–44)					
Age 18–24	0.792	1.094	2.580**	0.962	0.655
Age 25–29	0.821	0.694	1.323		1.008
Age 30–34	0.905	1.000	1.897	0.815	1.558
Age 35–39	1.221	0.941	2.215*	1.717	1.677**
Age 45–49	0.956	1.254	1.183	1.088	1.310
Age 50–54	0.745	0.644	1.990	1.014	0.619
Age 55–59	0.566*	0.854	0.946	0.792	0.628
Age 60–64	0.793	0.581	1.337	2.005	0.535*
Age over 65	0.455**	0.222***	0.876	1.132	0.357***
Sexual orientation (ref. case: heterosexual)					
Bisexual	1.187	0.862	2.051	1.059	1.955**
Gay/lesbian, asexual, other	0.673	1.246	0.430	0.810	0.581
Sexual orientation not stated	[0.215]	[0.537]			[0.157]
Disability (ref. case: not having a disability)					
Blindness	0.768	1.513	0.971	1.378	0.775
Deafness	1.093	0.642	0.885	0.592	1.270
Physical disability	1.174	1.960*	1.319	2.321*	1.221
Intellectual disability	1.149	0.762	0.843	0.632	1.372
Psychological disability	2.608***	2.747***	0.997	1.776	3.750***
Pain or chronic illness	0.791	0.893	1.126	0.845	1.086
Country of birth (ref. case: born in Ireland)					
Born in UK	1.393	0.826	1.756	0.253	1.013
Born in EU	1.211	0.877	0.816	1.189	0.765
Born in rest of the world	0.501**	0.471*	0.444*	0.352	0.492**

Relationship status (ref. case: married)					
Single	1.243	1.525	1.780*	0.494	1.344
Separated	1.896***	1.119	0.419	0.498	2.092***
Education (ref. case: low education)					
Medium education	1.887**	2.716**	1.099	2.031	2.773***
High education	3.025***	4.509***	2.868**	3.663**	5.138***
Deprivation index (ref. case: average)					
Very disadvantaged	1.759*	0.626	1.416	0.637	0.932
Disadvantaged	1.317	0.783	1.405	0.328*	1.340
Affluent	1.120	0.911	1.349	0.498	0.924
Very affluent	1.173	0.838	1.049	0.393**	1.000
Deprivation index missing	0.945	0.815	0.546	0.286	0.537
Degree of urbanisation (ref. case: city)					
Town	0.932	1.208	0.418**	1.340	1.039
Rural	1.240	0.802	0.724	0.688	0.979
Degree of urbanisation missing	1.278	0.843	1.743	1.673	1.420
Observations	2,291	2,291	2,291	2,291	2,291

Note: Relative Risk ratios (RRRs) reported; *** p<0.01, ** p<0.05, * p<0.1. Base case: not reporting having experienced SV. In accordance with the CSO's SDC rules, the table results display * when there is less than 30 observations, and [] when the number of observations is between 30 and 49.

5.6 Types of sexual violence

In this section, we look at types of sexual violence for both IPV and NIPV. As mentioned in Chapter 3, latent class analysis is used to identify clusters of individuals and multinomial logit models are used to look at the factors associated with membership of these clusters.⁴⁵

5.6.1 IPV

Latent class analysis was used to see whether type of intimate partner sexual violence experienced clustered into particular groups.⁴⁶ For intimate partner sexual violence, the best model fit was a three-group solution. This distinguished three groups: 84 per cent of respondents who were characterised by low levels of experience of SV (Table 5.6); 10 per cent who had experienced high levels of non-consensual touching of breasts/genitals and attempted sex (penetrative and non-penetrative); and 6 per cent who had experienced an average of five different types of SV, including forced penetrative sex and attempted sex.

Table 5.6 Profile of latent classes for type of IPV

	No/low SV	Non-penetrative/ attempted penetrative SV	Penetrative/ multiple SV
	%	%	%
Non-consensual touching of breasts/genitals	2.0	50.3	98.9
Made to touch	0.1	24.3	81.9
Forced to have penetrative sex	0.2	17.2	77.6
Penetrative sex – unable to consent	0.2	12.5	57.8
Non-penetrative sex – unable to consent	0.2	11.4	51.7
Attempted penetrative sex	0.6	45.8	79.8
Attempted non-penetrative sex	0.1	33.9	76.8
% in each group	83.9	9.7	6.4
Mean no. of types per group	0.04	2.11	5.34
Observations	3,322		

Source: SV study.

⁴⁵ In Appendix B, we include the full MNL models by type of victimisation: IPV (Table B.5 and Table B.7) and NIPV (Table B.6 and Table B.7).

⁴⁶ The sample size reported in Tables 5.6–5.9 differ from those in Chapter 3 as all cases with missing information on any of the types of sexual violence are excluded from the analyses.

Using low/no SV as the base category in the multinomial logit model largely replicates earlier analyses of ever having experienced IPV. For this reason, we use the non-penetrative/attempted SV as the base category; this allows us to directly test whether there are substantive differences between those who experience multiple forms of IPV (including non-consensual sexual intercourse) and those who experience non-penetrative or attempted sex. Those who fall into the no/low IPV sexual violence group are more likely to be male, aged 50 or older and have lower levels of education (Model 1, Table 5.7).

Comparing the two intimate partner SV groups, those who have experienced multiple types of SV are almost twice as likely to be female, to be aged 25 to 44 years and to be separated or divorced. They are also much less likely to live in very affluent areas. The two groups do not differ markedly by educational level, country of birth or population density of residence. The analyses were also conducted for women only (Table B.3). The patterns were broadly similar to those for the pooled model, but being bisexual emerged as a significant risk factor for experiencing multiple types of IPV.

Table 5.7 Multinomial logit models of latent class membership for IPV
(relative risk ratios) (base category: non-penetrative/attempted SV)

	Model 1		Model 2	
	No/low SV	Penetrative/ multiple SV	No/low SV	Penetrative/ multiple SV
Female	0.203***	1.928*	0.201***	1.960*
Age:				
18–24	0.339**	1.764	0.595	1.833
25–29	0.251***	2.779±	0.415*	3.134±
30–34	0.295***	2.906±	0.386*	3.881*
35–39	0.376**	2.256	0.435*	2.969±
40–44	0.457*	2.536±	0.515±	3.416*
45–49	0.357**	1.715	0.391**	2.243
50–54	0.647	2.805±	0.715	2.982±
55–59	0.596	2.011	0.631	2.247
60–64 (Ref. 65+)	0.507±	1.107	0.539	1.106
Sexual orientation:				
Bisexual	0.613	2.154±	0.773	1.715
Gay/other (Ref. heterosexual)	0.526±	0.981	0.655	0.749
Country of birth:				
UK	1.080	1.573	1.125	1.417
EU	1.305	1.156	1.189	1.217
Rest of the world (Ref. Ireland)	1.480	1.071	1.285	1.151
Education:				
Medium	0.500*	0.801	0.430*	1.113
High (Ref. low)	0.391**	0.656	0.315**	1.154
Disability:				
Blind			0.958	1.087
Deaf			0.877	1.022
Physical			1.038	1.186
Intellectual			0.844	1.367
Psychological			0.402***	1.636±
Pain (Ref. none)			0.882	1.450
Marital status:				
Single			0.684*	1.283
Separated/divorced (Ref. married)			0.931	3.821***
Urbanisation:				
Town			0.874	0.723
Rural (Ref. city)			0.718±	0.737
Area-level deprivation profile:				
Very disadvantaged			0.777	1.006
Disadvantaged			0.759	0.870
Affluent			0.853	0.624
Very affluent			0.704	0.460*
Pseudo R2	0.129		0.180	
Observations	3,294			

Source: SV study.

Note: *** p<.001; ** p<.01; * p<.05; ± p<.10.

5.6.2 NIPV

Latent class analysis was also used to see whether type of non-partner sexual violence experienced clustered into particular groups. As was the case with intimate partner sexual violence, the best model fit was a three-group solution. This distinguished three groups: 85 per cent of respondents who were characterised by low levels of non-partner SV (Table 5.8); 11 per cent who had experienced high levels of non-consensual touching of breasts/genitals and attempted non-penetrative sex; and 4 per cent who had experienced an average of five different types of SV, including penetrative and non-penetrative sex when they were unable to consent. Over half of this latter group experienced forced penetration.

Table 5.8 Profile of latent classes for type of NIPV

	No/low SV	Non-penetrative SV	Penetrative/multiple SV
	%	%	%
Non-consensual touching of breasts/genitals	6.1	77.5	91.5
Made to touch	0.2	35.6	51.7
Forced to have penetrative sex	0.4	17.8	54.4
Penetrative sex – unable to consent	0.2	3.9	97.0
Non-penetrative sex – unable to consent	0.2	9.7	91.7
Attempted penetrative sex	0.4	42.3	71.0
Attempted non-penetrative sex	1.4	71.6	78.3
% in each group	84.7	11.1	4.2
Mean no. of types per group	0.11	2.83	5.46
Observations	3,294		

Source: SV study.

**Table 5.9 Multinomial logit models of latent class membership for NIPV
(relative risk ratios) (base category: non-penetrative SV)**

	Model 1		Model 2	
	No/low SV	Penetrative/ multiple SV	No/low SV	Penetrative/ multiple SV
Female	0.257***	2.013*	0.266***	2.106*
Age:				
18–24	0.388**	3.477±	0.513±	1.976
25–29	0.379**	4.003*	0.464*	2.405
30–34	0.445**	6.383**	0.467*	4.837*
35–39	0.456**	5.568**	0.462*	5.372*
40–44	0.548*	2.874	0.546*	2.623
45–49	0.582±	2.511	0.561±	2.301
50–54	0.909	5.725*	0.951	5.500*
55–59	0.662	1.958	0.676	1.874
60–64 (Ref. 65+)	0.567±	2.340	0.554±	2.144
Sexual orientation:				
Bisexual	0.397**	1.274	0.493*	1.101
Gay/other (Ref. heterosexual)	0.454*	0.746	0.546±	0.608
Country of birth:				
UK	0.854	0.927	0.954	0.869
EU	1.420	0.595	1.390	0.677
Rest of the world (Ref. Ireland)	1.326	1.225	1.104	1.480
Education:				
Medium	0.581±	0.603	0.473*	0.648
High (Ref. low)	0.348***	0.697	0.248***	0.795
Disability:				
Blind			0.988	1.075
Deaf			0.848	0.858
Physical			0.921	1.343
Intellectual			0.996	1.546
Psychological			0.379***	1.171
Pain (Ref. none)			0.573**	1.000
Marital status:				
Single			0.821	1.818*
Separated/divorced (Ref. married)			0.803	1.124
Urbanisation:				
Town			0.682±	1.288
Rural (Ref. city)			0.629*	1.027
Area-level deprivation profile:				
Very disadvantaged			1.162	1.023
Disadvantaged			1.362	1.200
Affluent			1.551±	1.418
Very affluent			1.088	1.347
Pseudo R2	0.116		0.155	
Observations	3,294			

Source: SV study.

Note: *** p<.001, ** p<.01, * p<.05, ± p<.10.

Table 5.9 shows the relationship between socio-demographic characteristics and group membership. Those who have no or low experience of non-partner SV (the ‘no/low SV’ group) are more likely to be male, older (over 50 years of age), heterosexual and with low or medium education (Model 1). This group is also less likely to report a psychological disability or ongoing pain and is more likely to live outside a city (Model 2). Contrasting the ‘penetrative/multiple SV’ group against the ‘non-penetrative SV’ group, group members are twice as likely to be female and are more likely to be younger (25 to 39 years). They are also more likely to be single (Model 2). However, the two SV groups do not differ significantly in their sexual orientation, country of birth, educational level, disability or place of residence.

The analyses were also estimated separately for women only (see Table B.4). The smaller numbers make it more difficult to detect significant differences. However, women in the no or low SV group are more likely to be older and have low or medium levels of education; they are also less likely to be bisexual. There are few differences between the two SV groups, other than age, with those in their 30s being more likely to be in the penetrative/multiple SV group.

The latent class analysis was conducted separately for IPV and NIPV. Looking at the overlap between the two measures, 8.9 per cent of the sample (15 per cent of women and 2.4 per cent of men) have experienced multiple types of IPV and/or NIPV, including penetrative sex. Just under a fifth of women (19.1 per cent) and 5.6 per cent of men (12.6 per cent of the total sample) had experienced high levels of non-consensual touching of breasts/genitals and attempted non-penetrative sex from a non-partner and/or intimate partner.

5.7 Summary

In this chapter, we initially used binary probit models to examine the factors associated with ever experiencing sexual violence, IPV and NIPV. We then used multinomial logit models to assess the risk factors associated with experiencing IPV only, NIPV only by perpetrator type (friend/acquaintance, stranger, other) or both IPV and NIPV. We also used latent class analysis to provide a more parsimonious way of looking at the types of sexual violence experienced by respondents.

The results indicate a good deal of similarity in the factors associated with experiencing sexual violence, across the various analyses undertaken. All analyses indicated that females are most at risk of

experiencing sexual violence and being subject to multiple types of sexual violence. Sexual orientation is another important factor, with those that are gay/asexual/other (males only) or bisexual⁴⁷ (females and males) particularly at risk of experiencing sexual victimisation. Being bisexual also emerged as a risk factor for experiencing NIPV that is perpetrated by a stranger, and also experiencing both IPV and NIPV. For the NIPV by stranger model, however, this effect was not significant in the female model, suggesting that the significant overall model result is driven by males.

Those with high levels of educational attainment, especially females, and to a lesser extent medium education, are also at greater risk of being victimised. We cannot determine with the SVS 2022 data if this result is due to these individuals being exposed to such violence in high-risk environments, such as the tertiary education environment, or if it is due to such individuals being more willing to disclose experiencing sexual violence. This education result conundrum has also been identified in other western countries (see, for example, Turchik et al., 2014).

In some analyses, mainly for females, relationship status is important, specifically being either single or separated. However, these effects are likely ‘outcomes’ of experiencing sexual violence as opposed to risk factors and are consistent with international research showing much higher separation and divorce rates among women who were victims of IPV (Bowlus and Seitz, 2006) and lower rates of relationship formation among those who had experienced sexual violence (Stockman et al., 2024). The same is true for the psychological disability result that we derived in a number of our analyses – such a factor is associated positively with experiencing sexual violence, with the impact larger among females, and is likely to be an outcome as opposed to a risk for such violence. This pattern is consistent with international longitudinal research which points to the significant mental health consequences of earlier experiences of sexual violence (Piolanti et al., 2023).

For age, we found that those aged 65 and above are less likely to experience any form of sexual violence, a result that is possibly due to

⁴⁷ For the male models, the results need to be interpreted with caution because of small sample size.

such individuals being less likely to report experiencing sexual violence (see Fileborn, 2017; and Bows, 2017).

We found some location effects but for experiences of IPV only. Specifically, those living in a very disadvantaged or disadvantaged area were found to be at higher risk of experiencing such SV. This result was weaker in the female only model, suggesting that the overall model result was being driven by males. The information collected in the survey related to place of residence at the time of the survey rather than at the time victimisation occurred. It is possible that the overrepresentation of IPV victims in disadvantaged areas may be a consequence of the effects on income of experiencing IPV (see Blom and Gash, 2024; Blom and Lamarre, 2025). In our NIPV by stranger perpetrator model, we found in both the overall and female only model that those living in towns are at less risk of experiencing such violence compared to those living in cities.

In relation to our latent class analysis of the types of sexual violence experienced by respondents, for both IPV and NIPV, three groups are evident: (i) those who have experienced no or low levels of SV, (ii) those who reported non-penetrative or attempted SV, and (iii) those who have experienced multiple types of SV, often penetrative. Overall, one in six women (15 per cent) had experienced multiple types of IPV or NIPV sexual violence. The results suggest a good deal of commonality in the two groups who have experienced SV – intimate partner and non-partner, with gender and age emerging as the main distinguishing characteristics. Thus, women are more likely to have experienced multiple types of SV, whether from an intimate partner or a non-partner, and younger women are somewhat more likely to report SV, though the age thresholds differ somewhat for IPV and NIPV.

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. Ireland is currently implementing its third national strategy to address domestic, sexual and gender-based violence (DSGBV), ‘Zero Tolerance’.⁴⁸ Cuan, a new statutory DSGBV agency established under this strategy, is tasked with tackling and reducing DSGBV.

To assist it with this work, Cuan signed a research programme agreement with the Economic and Social Research Institute (ESRI). This study is the second output under this research programme, and its main objective is to use the 2022 Sexual Violence Survey (SVS) data to examine patterns of victimisation among victims of adult sexual violence in Ireland. The SVS study is nationally representative and uses behaviourally-specific questions about experiences of sexual violence, an approach that is seen as best practice in international research (see Kelly et al., 2025). To be able to prevent and provide targeted supports to those who are victims of adult sexual violence, or are at risk of such violence, a better understanding of the patterns of victimisation is needed. With this in mind, this study uses both descriptive and multivariate modelling techniques to examine the following broad research questions:

1. What are the prevalence rates for various forms of adult victimisation (non-consensual sexual touching of breasts/genitals, non-consensual sexual intercourse, etc.), and do the rates vary according to whether the sexual violence is perpetrated by an intimate or non-intimate partner, and by type of sexual victimisation experienced?
2. What are the main demographic and socio-economic factors (age, sex, educational attainment, etc.) that are associated with *who* experiences adult sexual violence?

⁴⁸ Government of Ireland (2022). *Zero Tolerance: Third National Strategy on Domestic, Sexual and Gender-Based Violence 2022–2026*, Dublin: Government of Ireland.

3. Do the determinants vary according to the type of perpetrator (intimate partner or non-intimate partner)?
4. Do the factors associated with experiencing sexual violence differ according to the type of adult victimisation experienced (non-consensual sexual touching of breasts/genitals, non-consensual sexual intercourse, etc.)?

6.2 Summary of key findings

One of the key findings from both the national and international research on sexual violence is that women are disproportionately affected by sexual violence, especially in adulthood. Studies have also found higher prevalence amongst adolescents and young adults. Reasons for this age effect include a greater exposure to potential perpetrators, both in educational institutions and in the public sphere, and less experience in navigating interpersonal conflict in early relationships. Alternatively, young people may be more informed on the topic and, thus, more likely to report experiences than older cohorts. Patterns may also reflect broader societal change, with greater legal recognition of marital rape and social recognition of non-penetrative non-consensual acts as sexual assault. While prevalence estimates are highly sensitive to definitions and measurement matters, core gendered and age-based patterns remain stable across all approaches. A number of studies have shown that LGBTQ+ individuals are often targeted by perpetrators. Amongst its many impacts, sexual violence has been found to have severe and long-lasting mental and physical health consequences for the victims, and even in some cases for their close family and friends.

In examining the SVS 2022 data, both descriptively and econometrically, we found that sexual violence among adults in Ireland is a widespread phenomenon, impacting all socio-economic groups. Overall, 26 per cent of respondents reported having experienced sexual violence (SV) in adulthood. Women, younger respondents and individuals with higher educational attainment report consistently higher rates. While recognising the much higher rates of SV experienced by women, it is worth noting that men make up just under a quarter of victims of non-intimate partner violence (NIPV) and just under a fifth of intimate partner violence (IPV) victims. Higher prevalence was also observed among bisexual women and men, gay, asexual, other or questioning/unsure men, and single individuals. Respondents reporting a psychological disability show especially high

prevalence rates, but we cannot determine from the SVS data if this reflects a risk factor or a consequence of experiencing sexual violence.

Prevalence rates of IPV are generally lower than those of NIPV (16 per cent compared with 20 per cent). The most commonly reported type of victimisation is non-consensual touching of breasts/genitals, followed by attempted non-penetrative and forced penetrative acts, with higher rates across all types reported by women. The majority of respondents reported that their first experience(s) of adult SV occurred at a young age, particularly between 18 and 24 years old. While most respondents report a single incident, repeated and longer-lasting experiences are common, especially for IPV.

Perpetrators are predominantly men, accounting for over four-fifths of cases, though it is worth noting that over half of men who experienced NIPV reported that the perpetrator was female. Non-intimate partner sexual violence was most commonly perpetrated by someone known to the victims, usually friends or acquaintances. Just under four in ten perpetrators of NIPV were strangers. Most of the NIPV took place in either someone's home, usually another person's home, and in public places, often a pub, club or disco setting.

Multivariate models were used to explore the relative importance of different characteristics in predicting the experience of SV. As with the descriptive findings, all analyses indicated that females are most at risk of experiencing SV and of experiencing multiple types of SV. Sexual orientation is another important factor, with those that are bisexual (both females and males)⁴⁹ or gay/asexual/other (males only, and especially strong for NIPV) particularly at risk. Those with high levels of educational attainment, especially females, and to a lesser extent medium education, are also at greater risk of being victimised. However, we cannot determine with the SVS 2022 data if this result is due to these individuals being more exposed to such violence in high-risk environments or if it is due to such individuals being more willing to disclose experiencing sexual violence. This is also the case for some other factors that we examined (e.g. age and relationship status).

⁴⁹ The bisexual result for males needs to be interpreted with caution due to a small sample size.

In some of our analyses, relationship status also emerged as an important factor, especially for females, and specifically being either single or separated. These findings, however, are likely to be ‘outcomes’ of experiencing sexual violence as opposed to risk factors, with some women leaving marriages in which they experienced IPV and lower rates of relationship formation among victims of SV (Bowlus and Seitz, 2006; Stockman et al., 2024). The same is true for the psychological disability result that we derived: this factor is associated positively with experiencing sexual violence, with the impact larger among females, and is likely to be an outcome as opposed to a risk for such violence (Andersson et al., 2015). However, there is evidence that women with a physical disability (which is more likely to precede SV than psychological disability) are more likely to be the victim of someone known to them than women without a disability.

For age, we found that those aged 65 and above are less likely to experience any form of sexual violence, a result that is possibly due to such individuals being less likely to report any such experience, because of societal factors at play in the period in which they grew up. Specifically, the existence of ‘silence’ around speaking about such violence and some such experiences not being viewed as sexual violence (Fileborn, 2017; Bows, 2017; Crockett et al., 2018).

We found some location effects when we examined experiences of IPV only. Specifically, those living in a very disadvantaged or disadvantaged area were found to be at higher risk of having experienced such SV. We cannot be certain of the direction of the effect as women who left abusive marriages most likely have constrained financial resources and thus may end up living in more disadvantaged areas. In our NIPV by stranger perpetrator model, we also found that those living in towns are at less risk of experiencing such violence compared to those living in cities.

6.3 Key policy implications of research findings

A better understanding of the patterns of victimisation is needed to prevent sexual violence, and provide targeted supports to those who are victims of adult sexual violence, or are at risk of such violence. This study has shown that while all socio-economic groups in society are impacted by sexual violence, those affected should not be treated as a homogenous group. To do so runs the risk of obscuring important

differences in vulnerability and experience within the community and, therefore, in how national policy and service provision responds.

In line with research for other countries, women, members of the LGBTQ+ community, and those with high levels of educational attainment are particularly at risk of experiencing sexual violence. This is something that policy makers and service providers need to be cognisant of in developing targeted policy responses and in the design of appropriate service provision for different groups, as different social groups are going to use different sources for information and face different barriers to reporting. Victimisation is highly gendered but men are found to make up almost a quarter of those experiencing sexual violence. Research suggests that men face specific barriers to disclosure, especially related to traditional constructions of masculinity (Pilkington et al., 2026), suggesting the need for targeted supports for male victims. A number of studies have pointed to barriers to reporting for LGBTQ+ groups, including the disclosure of same-sex IPV, with existing services often seen as unsuited to their needs (Buckley et al., 2025; Santoniccolo et al., 2021). In contrast, supports tailored to the LGBTQ+ community were seen as more helpful, with victims feeling their identity was better understood (Buckley et al., 2025; Santoniccolo et al., 2021)

Higher rates of prevalence are found among younger age groups and, among older age groups, any sexual violence experienced tended to happen before 30 years of age. This suggests that social context may play at least some role in risk, perhaps reflecting greater exposure to some of the public places (like pubs or clubs) which are more frequently the location for experience of sexual violence. There are concerning trends in attitudes among young men in Ireland and elsewhere, with younger men more likely to hold views that emphasise violence and domination and downplay women's opinions (see, for example, Women's Aid, 2024), highlighting the importance of continued public and targeted messaging on consent. Some 'bystander programmes' in the US have sought to provide young people with the skills and confidence to intervene if they witness sexual violence (Park and Kim, 2023), a model that may be worth exploring given that much of the non-consensual touching of breasts/genitals reported happened in public places. The fact that most sexual violence occurs in someone's home, especially another person's home, and by someone known to the victim also needs to be accounted for in the design of measures that raise awareness of this

issue, countering an emphasis on ‘stranger danger’ in a context where many perpetrators are known to the victim.

Unwanted touching of breasts/genitals is a particularly prevalent form of victimisation, highlighting the importance of recognising it as part of a wider pattern of harm that may escalate over time. It also reinforces the importance of understanding sexual violence as cumulative harm rather than an isolated incident.

The SVS data, while a rich data source to have to examine the issues looked at in this report, does not allow us to gain complete understanding of some of the results obtained in the study. Specifically, with regards to the relationship status (single and separated) and psychological disability results, the findings are likely to be outcomes from experiencing sexual violence as opposed to risk factors. However, longitudinal data is needed to verify this. Therefore, consideration needs to be given to the development and use of such data, either through surveys like those that exist for tracking young (the Growing Up in Ireland study)⁵⁰ and older (The Irish Longitudinal Study on Ageing)⁵¹ people in Ireland, or investigating if it might be feasible to use administrative data, to assist in the design of appropriate policy responses in this area. Given that crime statistics are not an accurate reflection of (trends in) the prevalence of sexual violence (see Kelly et al., 2025), there is also a need for repeated cross-sectional surveys on the topic. This would allow us to discern changes over time in prevalence and to help disentangle the effects of age and cohort on reporting patterns. Another important point to note about the SVS data is that some of the lack of association for some of the factors that we examined for males in this study could be due to the smaller number of men who experienced SV in the study. Future sexual violence surveys need to be cognisant of this, and potentially also the sample size for

⁵⁰ The Growing Up in Ireland (GUI) study is a national longitudinal study of children and young people in Ireland. It tracks three cohorts of young people: Cohort '08 joined the study when they were just 9 months old, as did Cohort '24, and Cohort '98 joined the study when they were 9 years old. To date, Cohort '08 have been followed up at ages 3, 5, 7/8, 9, 13, and 17/18; and Cohort '98 at ages 13, 17, 20 and 25. Cohort '24 will be followed up again in 2027, at 3 years of age.

⁵¹ The Irish Longitudinal Study on Ageing (TILDA) is Ireland's national longitudinal study of older people. The study commenced in 2009 and tracks over 8,500 adults aged 50 and older. A replenishment cohort of 2,194 participants aged 45–64 were added between May 2022 and October 2023. This group have undergone two rounds of data collection, while the original cohort have been interviewed seven times, most recently in 2025.

some minority ethnic groups, which may require oversampling of such sub-groups in the population to facilitate more robust analysis. Finally, while the research findings confirm the findings from the international literature on the main factors associated with adult sexual violence, it is important to acknowledge that different population groups may perceive, and therefore, report sexual violence differently. While the SVS was conducted in accordance with international best practice, employing survey techniques and data collection methods designed to minimise reporting biases across the population, further research on possible reporting biases across population groups and by survey mode would be recommended.

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Glossary

Human Development Index: 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 definition⁵²).

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 definition⁵³).

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, 2023⁵⁴).

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

⁵² <https://hdr.undp.org/data-center/human-development-index#/indicies/HDI>

⁵³ <https://www.who.int/en/news-room/fact-sheets/detail/violence-against-women>

⁵⁴ <https://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.>

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).

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 definition⁵⁵).

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 A

Full descriptive statistics

Table A.1 Descriptive statistics for explanatory variables

	%
Sex	
Male	48.9
Female	51.1
Age	
Aged 18–24	11.5
Aged 25–29	7.9
Aged 30–34	8.1
Aged 35–39	9.4
Aged 40–44	10.7
Aged 45–49	9.6
Aged 50–54	8.7
Aged 55–59	7.8
Aged 60–64	7.1
Aged over 65	19.3
Education	
Low level	18.5
Medium level	36.8
High level	44.8
Country of birth	
Ireland	79.1
UK	7.2
EU	5.1
Rest of the world	7.4
Missing country of birth	[1.2]
Ethnicity	
White – Irish	83.9
White – Irish Traveller and Roma	[0.8]
White – other white background	8.2
Other ethnicities	5.8
Missing ethnicity	1.3

Disability type	
Blindness	10.6
Deafness	7.6
Difficulty with basic physical activities	10.4
Intellectual disability/difficulty with learning	10.4
Psychological/emotional condition or mental health issue	12.1
Difficulty with pain, breathing or other chronic illness	13.9
Relationship status	
Single	33.4
Married	57.7
Separated, divorced, widowed	8.9
Sexual orientation	
Heterosexual	92.3
Bisexual	2.8
Gay/lesbian, asexual, other(s)	3.2
Missing sexual orientation	1.8
Deprivation index	
Very disadvantaged	13.0
Disadvantaged	15.2
Average	16.1
Affluent	17.9
Very affluent	18.8
Missing deprivation index	18.9
Degree of urbanisation	
City	30.4
Town	17.4
Rural	35.9
Missing degree of urbanisation	16.3

Source: Authors' own derivation from SVS data, 2022; weighted analyses.

Note: Results are reported in brackets [] when the number of observations is between 30 and 49. Such results need to be interpreted with caution due to this small sample size.

Table A.2 Ever experienced sexual violence as an adult, by personal characteristics (% of people 18 and over)

	Sexual violence	Intimate partner violence (IPV)	Non-intimate partner violence (NIPV)
Total	26.1%	15.7%	19.6%
Sex			
Male	12.4%	6.0%	9.4%
Female	39.3%	25.0%	29.3%
Age			
Aged 18–24	32.5%	17.2%	25.7%
Aged 25–29	38.7%	25.9%	27.7%
Aged 30–34	33.3%	21.0%	26.2%
Aged 35–39	34.9%	21.7%	26.2%
Aged 40–44	27.2%	18.4%	19.4%
Aged 45–49	27.0%	17.2%	20.4%
Aged 50–54	25.8%	14.1%	18.7%
Aged 55–59	21.9%	12.8%	16.9%
Aged 60–64	21.0%	11.3%	15.2%
Aged over 65	12.7%	6.9%	9.5%
Education			
Low level	11.2%	6.7%	8.0%
Medium level	24.3%	15.1%	18.0%
High level	33.8%	20.0%	25.8%
Country of birth			
Ireland	26.6%	16.0%	20.1%
UK	30.7%	18.1%	21.9%
EU	27.2%	17.4%	19.0%
Rest of the world	19.6%	11.9%	15.6%
Ethnicity			
White – Irish	26.8%	16.1%	20.1%
White – Irish Traveller and Roma	[24.5%]	[22.1%]	[16.0%]
White – other white background	28.8%	18.7%	21.7%
Other ethnicities	18.6%	8.7%	14.0%
Disability status			
Yes	30.1%	19.0%	23.8%
No	25.0%	14.5%	18.0%

Disability type			
Blindness	23.3%	14.2%	18.6%
Deafness	18.5%	12.4%	14.5%
Difficulty with basic physical activities	25.3%	14.9%	19.7%
Intellectual disability/difficulty with learning	30.1%	21.0%	23.9%
Psychological/emotional condition or mental health issue	50.4%	35.9%	39.4%
Difficulty with pain, breathing or other chronic illness	28.1%	18.2%	22.5%
Relationship status			
Single	33.5%	19.6%	25.8%
Married	22.0%	12.9%	16.5%
Separated, divorced, widowed	25.2%	19.1%	16.6%
Sexual orientation			
Heterosexual	25.4%	15.2%	18.8%
Bisexual	54.9%	37.1%	45.7%
Gay/lesbian, asexual, other(s)	35.7%	18.9%	28.9%
Deprivation index			
Very disadvantaged	27.1%	17.7%	18.5%
Disadvantaged	25.5%	16.7%	18.2%
Average	26.5%	15.3%	21.6%
Affluent	26.1%	15.3%	19.7%
Very affluent	28.3%	17.0%	22.0%
Degree of urbanisation			
City	28.8%	16.8%	22.1%
Town	25.8%	15.0%	19.9%
Rural	24.9%	16.2%	18.0%

Source: Authors' own derivation from SVS data, 2022.

Note: Results are reported in brackets [] when the number of observations is between 30 and 49. Such results need to be interpreted with caution due to this small sample size.

**Table A.3 Ever experienced sexual violence as an adult, by type of violence
(% of people 18 and over)**

	Overall population	Males	Females
Non-consensual touching of breasts/genitals	20.8%	8.6%	32.5%
Made to touch	10.0%	3.4%	16.3%
Sexual intercourse	8.1%	2.3%	13.7%
Sexual intercourse when unable to give consent	6.4%	1.9%	10.8%
Sexual contact when unable to give consent	6.6%	2.3%	10.8%
Attempted sexual intercourse	12.4%	4.9%	19.6%
Attempted other sexual contact	13.8%	5.4%	21.7%

Source: Authors' own derivation from SVS data, 2022.

**Table A.4 Ever experienced intimate partner violence as an adult, by type
of violence (% of people 18 and over)**

	Overall population	Males	Females
Non-consensual touching of breasts/genitals	11.2%	3.9%	18.3%
Made to touch	6.5%	2.0%	10.7%
Sexual intercourse	5.7%	1.3%	9.8%
Sexual intercourse when unable to give consent	4.2%	1.2%	7.1%
Sexual contact when unable to give consent	3.7%	1.1%	6.2%
Attempted sexual intercourse	8.3%	2.5%	13.9%
Attempted other sexual contact	7.0%	2.2%	11.5%

Source: Authors' own derivation from SVS data, 2022.

**Table A.5 Ever experienced non-intimate partner violence as an adult, by
type of violence (% of people 18 and over)**

	Overall population	Males	Females
Non-consensual touching of breasts/genitals	15.2%	6.6%	23.5%
Made to touch	5.6%	2.1%	8.8%
Sexual intercourse	3.9%	1.4%	6.4%
Sexual intercourse when unable to give consent	3.9%	1.2%	6.6%
Sexual contact when unable to give consent	4.3%	1.7%	6.8%
Attempted sexual intercourse	7.1%	3.2%	10.9%
Attempted other sexual contact	10.5%	4.2%	16.4%

Source: Authors' own derivation from SVS data, 2022.

Appendix B

Complete tables with models of factors predicting experience of sexual violence

Table B.1 Independent variables included in the regression models

Independent variables	Categories
Sex	Female, male*
Age	Aged 18–24, aged 25–29, aged 30–34, aged 35–39, aged 40–44*, aged 45–49, aged 50–54, aged 55–59, aged 60–64, aged 65 and above
Sexual orientation	Heterosexual*, bisexual, gay/lesbian/asexual/others/questioning/unsure
Disability type	Blindness, deafness, difficulty with basic physical activities, intellectual disability/difficulty with learning, remembering or concentrating, psychological or emotional condition or mental health issue, difficulty with pain, breathing or any other chronic illness or condition, not having the disability*
Country of birth	Ireland*, United Kingdom (UK), European Union (includes new Member States), rest of the world
Relationship status	Single, married/civil partnership*, separated/divorced/widowed
Educational attainment	Low*, medium, high
Deprivation index	Very disadvantaged, disadvantaged, average*, affluent, very affluent
Degree of urbanisation	Rural, town, city*

Note: *Denotes the reference category for each independent variable.

Table B.2 Binary probit model of ‘ever experienced SV as an adult’, by mode of survey (marginal effects)

	Overall population	Website (CAWI) and paper	Face-to-face by tablet (CAPI/CASI)
Sex (ref. case: male)			
Female	0.271***	0.293***	0.172***
	(0.014)	(0.015)	(0.028)
Age (ref. case: age 40–44)			
Age 18–24	0.007	0.019	-0.041
	(0.033)	(0.038)	(0.052)
Age 25–29	0.047	0.052	[0.032]
	(0.041)	(0.046)	(0.086)
Age 30–34	0.025	0.042	[-0.049]
	(0.033)	(0.039)	(0.050)
Age 35–39	0.065**	0.061*	0.100
	(0.032)	(0.036)	(0.079)
Age 45–49	-0.002	-0.001	-0.009
	(0.028)	(0.032)	(0.053)
Age 50–54	0.004	0.006	-0.027
	(0.030)	(0.035)	(0.053)
Age 55–59	-0.036	-0.029	-0.046
	(0.028)	(0.033)	(0.045)
Age 60–64	-0.036	-0.068*	0.046
	(0.031)	(0.035)	(0.069)
Age over 65	-0.114***	-0.121***	-0.067
	(0.023)	(0.028)	(0.044)
Sexual orientation (ref. case: heterosexual)			
Bisexual	0.156***	0.153***	*
	(0.055)	(0.059)	
Gay/lesbian, asexual, other	0.069	0.110*	*
	(0.046)	(0.058)	
Sexual orientation not stated	-0.195***	[-0.196***]	
	(0.023)	(0.039)	
Disability (ref. case: not having a disability)			
Blindness	-0.042*	-0.029	-0.075**
	(0.022)	(0.026)	(0.032)
Deafness	0.014	0.012	0.030
	(0.033)	(0.037)	(0.061)
Physical disability	0.049	0.068*	0.002
	(0.032)	(0.039)	(0.046)
Intellectual disability	-0.011	-0.035	0.061
	(0.025)	(0.028)	(0.053)
Psychological disability	0.189***	0.186***	0.154**
	(0.028)	(0.031)	(0.063)
Pain or chronic illness	0.008	0.009	0.021
	(0.025)	(0.029)	(0.042)

Country of birth (ref. case: born in Ireland)			
Born in UK	0.040	0.034	0.059
	(0.032)	(0.037)	(0.062)
Born in EU	-0.028	-0.022	[-0.054]
	(0.029)	(0.034)	(0.049)
Born in rest of the world	-0.094***	-0.086***	-0.104***
	(0.022)	(0.027)	(0.030)
Relationship status (ref. case: married)			
Single	0.045**	0.036	0.065
	(0.021)	(0.023)	(0.047)
Separated	0.052*	0.049	0.070
	(0.028)	(0.033)	(0.051)
Education (ref. case: low education)			
Medium education	0.128***	0.132***	0.086**
	(0.029)	(0.037)	(0.041)
High education	0.228***	0.234***	0.143***
	(0.028)	(0.034)	(0.055)
Deprivation index (ref. case: average)			
Very disadvantaged	0.012	0.000	0.049
	(0.028)	(0.031)	(0.057)
Disadvantaged	0.028	0.036	0.020
	(0.026)	(0.031)	(0.047)
Affluent	-0.014	-0.014	-0.012
	(0.023)	(0.027)	(0.047)
Very affluent	-0.006	-0.019	0.052
	(0.025)	(0.028)	(0.057)
Deprivation index missing	-0.102***	-0.123***	0.035
	(0.037)	(0.039)	(0.064)
Degree of urbanisation (ref. case: city)			
Town	-0.007	-0.001	-0.031
	(0.021)	(0.024)	(0.037)
Rural	-0.023	-0.013	-0.057
	(0.019)	(0.022)	(0.038)
Degree of urbanisation missing	0.106*	0.115**	
	(0.054)	(0.057)	
Observations	4,179	3,446	719
Pseudo R-squared	0.177	0.179	0.185

Note: Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1. In accordance with the CSO's SDC rules, the tables display * when the frequency is less than 30, and [] when between 30 and 49. Such results need to be interpreted with caution due to this small sample size.

Table B.3 Multinomial logit models of latent class membership for intimate partner SV – women only (relative risk ratios) (base category: non-penetrative/attempted SV)

	Model 1		Model 2	
	No/low SV	Penetrative/ multiple SV	No/low SV	Penetrative/ multiple SV
Age:				
18–24	0.427*	2.102	0.878	2.433
25–29	0.314**	2.629	0.550	3.223±
30–34	0.283**	2.711±	0.386*	3.784*
35–39	0.364**	2.174	0.435*	3.071±
40–44	0.444*	1.942	0.509±	2.667
45–49	0.331**	1.570	0.379*	2.183
50–54	0.700	2.257	0.799	2.596
55–59	0.736	2.191	0.814	2.669
60–64 (Ref. 65+)	0.499±	1.104	0.545	1.155
Sexual orientation:				
Bisexual	1.012	3.260*	1.176	2.535*
Gay/other (Ref. heterosexual)	0.625	0.709	0.773	0.508
Country of birth:				
UK	1.210	1.577	1.276	1.441
EU	1.276	1.097	1.119	1.154
Rest of the world (Ref. Ireland)	1.802	1.349	1.505	1.446
Education:				
Medium	0.438*	0.681	0.360*	1.012
High (Ref. low)	0.354**	0.549	0.272**	1.044
Disability:				
Blind			1.070	1.070
Deaf			0.982	1.168
Physical			0.934	1.114
Intellectual			0.584±	1.136
Psychological			0.418***	1.560
Pain (Ref. none)			1.110	1.628
Marital status:				
Single			0.658±	1.324
Separated/divorced (Ref. married)			0.979	4.252***
Urbanisation:				
Town			0.751	0.700
Rural (Ref. city)			0.667±	0.745
Area-level deprivation profile:				
Very disadvantaged			0.733	1.543
Disadvantaged			1.034	0.982
Affluent			0.752	0.774
Very affluent			0.986	0.529±
Pseudo R2	0.055		0.117	
Observations	1,813			

Source: SV study.

Note: *** p<.001, ** p<.01, * p<.05, ± p<.10.

Table B.4 Multinomial logit models of latent class membership for non-partner SV – women only (relative risk ratios) (base category: non-penetrative SV)

	Model 1		Model 2	
	No/low SV	Penetrative/ multiple SV	No/low SV	Penetrative/ multiple SV
Age:				
18–24	0.345**	2.848	0.490	2.011
25–29	0.366**	3.414±	0.466	2.495
30–34	0.335**	4.131*	0.367*	3.714±
35–39	0.359**	4.124*	0.365*	4.593*
40–44	0.413**	1.601	0.405*	1.534
45–49	0.451*	1.509	0.442*	1.469
50–54	0.883	4.444*	0.921	4.489*
55–59	0.748	1.767	0.735	1.640
60–64 (Ref. 65+)	0.475±	1.485	0.463±	1.381
Sexual orientation:				
Bisexual	0.476**	0.929	0.592	0.780
Gay/other (Ref. heterosexual)	1.113	0.903	1.485	0.679
Country of birth:				
UK	1.102	1.319	1.167	1.195
EU	1.531	0.716	1.472	0.763
Rest of the world (Ref. Ireland)	1.722	1.571	1.402	1.787
Education:				
Medium	0.724	0.899	0.571±	1.033
High (Ref. low)	0.503**	1.188	0.343**	1.421
Disability:				
Blind			1.112	0.735
Deaf			0.788	0.812
Physical			0.790	1.606
Intellectual			1.015	1.584
Psychological			0.327***	1.275
Pain (Ref. none)			0.656±	1.048
Marital status:				
Single			0.783	1.497
Separated/divorced (Ref. married)			0.765	1.211
Urbanisation:				
Town			0.863	1.626
Rural (Ref. city)			0.659*	0.934
Area-level deprivation profile:				
Very disadvantaged			0.995	0.844
Disadvantaged			1.181	1.303
Affluent			1.316	1.654
Very affluent			0.903	1.239
Pseudo R2	0.060		0.110	
Observations	1,813			

Source: SV study.

Note: *** p<.001, ** p<.01, * p<.05, ± p<.10.

Table B.5 Ever experienced intimate-partner violence (IPV) by type of victimisation, multinomial logit results (RRRs)

	Non-consensual touching of breasts/genitals	Made to touch	Sexual intercourse	Intercourse when unable to give consent	Sexual contact when unable to give consent	Attempted sexual intercourse	Attempted sexual other contact
Sex (ref. case: male)							
Female	5.949***	6.823***	9.885***	7.552***	6.838***	7.006***	6.584***
Age (ref. case: age 40–44)							
Age 18–24	0.570**	0.514**	0.410**	0.606	0.390**	0.475**	0.780
Age 25–29	1.099	1.102	1.033	1.319	1.239	0.868	1.506
Age 30–34	1.293	1.527	1.072	1.528	1.228	1.005	1.556
Age 35–39	1.138	1.288	1.203	1.182	1.116	1.216	1.254
Age 45–49	0.855	1.007	0.633	0.917	0.645	0.878	1.070
Age 50–54	0.647*	0.662	0.852	0.882	0.737	0.737	0.837
Age 55–59	0.556**	0.540*	0.576*	0.587	0.543	0.668	0.699
Age 60–64	0.448***	0.606	0.517*	0.304**	0.327**	0.702	0.671
Age over 65	0.294***	0.288***	0.257***	0.104***	0.198***	0.312***	0.166***
Sexual orientation (ref. case: heterosexual)							
Bisexual	2.131***	1.905**	2.384***	2.296**	1.854	1.908**	2.409***
Gay/lesbian, asexual, other	1.089	0.941	0.991	0.830	0.859	1.082	1.357
Sexual orientation – not stated	0.221*	0.168	0.127*			0.311	0.386
Disability (ref. case: not having a disability)							
Blindness	0.843	0.802	0.913	1.084	1.008	0.927	0.867
Deafness	1.273	1.191	1.349	0.947	1.550	1.001	1.329
Physical disability	0.990	1.133	1.294	1.614	1.298	1.128	1.316
Intellectual disability	1.446**	1.655**	1.409	1.214	0.917	1.554**	1.152
Psychological disability	2.763***	3.895***	4.180***	3.248***	4.103***	3.194***	3.732***
Pain or chronic illness	1.277	1.176	1.173	1.080	1.193	1.056	1.052

Country of birth (ref. case: born in Ireland)

Born in UK	1.140	1.195	1.209	1.396	1.820*	0.996	0.879
Born in EU	1.048	1.130	1.141	0.793	1.361	0.922	0.843
Born in rest of the world	0.505***	0.650	0.927	0.664	0.799	0.667	0.703

Relationship status (ref. case: married)

Single	1.155	1.303	1.293	1.438*	1.636**	1.284	1.076
Separated, divorced, widowed	2.196***	2.737***	3.496***	2.744***	3.492***	1.988***	2.541***

Education (ref. case: low education)

Medium education	1.839**	2.513***	2.590***	2.119*	1.774	2.245***	2.914***
High education	2.722***	3.940***	3.688***	3.145***	2.242**	3.689***	4.093***

Deprivation index (ref. case: average)

Very disadvantaged	1.074	1.296	0.992	1.451	1.359	1.178	1.258
Disadvantaged	1.243	1.433	1.082	1.585	1.195	1.254	1.216
Affluent	0.832	0.938	0.762	1.280	0.801	1.093	1.039
Very affluent	0.897	0.857	0.670	0.988	0.793	0.916	1.057
Missing deprivation	0.635	0.582	0.280**	1.173	0.774	0.522	0.670

Degree of urbanisation (ref. case: city)

Town	0.995	0.829	0.781	1.036	0.857	0.880	0.765
Rural	1.101	1.023	0.954	1.027	1.075	1.042	0.991
Missing urbanisation	1.152	1.095	1.578	0.948	0.957	1.704	1.491

Observations	4,282	4,282	4,282	4,282	4,282	4,282	4,282
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Note: Relative risk ratios (RRRs) reported; *** p<0.01, ** p<0.05, * p<0.1. Base case: not reporting having experienced sexual violence. In accordance with the CSO's SDC rules, the tables display * when the frequency is less than 30, and [] when between 30 and 49. Such results need to be interpreted with caution due to this small sample size.

Table B.6 Ever experienced non-intimate partner violence (NIPV) by type of victimisation, multinomial logit results (RRRs)

	Non-consensual touching of breasts/genitals	Made to touch	Sexual intercourse	Intercourse when unable to give consent	Sexual contact when unable to give consent	Attempted sexual intercourse	Attempted sexual other contact
Sex (ref. case: male)							
Female	4.703***	5.293***	6.205***	7.510***	5.412***	4.679***	5.282***
Age (ref. case: age 40–44)							
Age 18–24	1.046	0.641	0.659	0.638	0.882	0.923	0.987
Age 25–29	1.010	0.625	0.683	0.858	1.195	0.874	0.981
Age 30–34	1.254	1.237	1.548	1.721	1.802*	1.302	1.207
Age 35–39	1.350	1.477	1.708	1.891**	2.200**	1.579*	1.602**
Age 45–49	1.015	0.826	1.219	0.854	1.050	1.336	1.003
Age 50–54	1.020	0.785	1.271	1.110	0.843	0.937	0.775
Age 55–59	0.852	0.357***	0.585	0.573	0.632	0.974	0.808
Age 60–64	0.837	0.577	1.074	0.580	0.548	1.259	1.087
Age over 65	0.504***	0.291***	0.455*	0.221***	0.175***	0.588	0.552**
Sexual orientation (ref. case: heterosexual)							
Bisexual	2.115***	2.359***	3.614***	3.190***	2.270**	2.238***	2.258***
Gay/lesbian, asexual, other	1.385	1.328	1.393	1.003	1.116	1.307	1.481
Sexual orientation – not stated	0.111**	0.274	0.592			0.217	0.149*
Disability (ref. case: not having a disability)							
Blindness	0.800	1.187	1.168	0.979	0.978	1.097	0.981
Deafness	1.018	1.306	1.451	1.202	1.784	0.991	1.189
Physical disability	1.237	1.345	1.686*	1.162	1.213	1.352	1.047
Intellectual disability	1.067	1.360	1.143	1.373	1.136	1.074	1.193
Psychological disability	2.475***	2.810***	3.367***	2.628***	2.611***	2.784***	2.693***
Pain or chronic illness	1.338*	1.118	1.162	1.610*	1.934***	1.197	1.326

Country of birth (ref. case: born in Ireland)

Born in UK	1.065	1.918**	1.294	0.890	1.053	0.951	1.117
Born in EU	0.790	0.839	0.947	0.610	0.484	0.934	0.831
Born in rest of the world	0.556***	0.723	0.921	0.693	0.884	0.950	0.739

Relationship status (ref. case: married)

Single	1.363**	1.573**	1.897***	2.282***	1.808***	2.179***	1.301
Separated, divorced, widowed	1.111	1.778**	1.593	1.811*	1.451	1.148	1.030

Education (ref. case: low education)

Medium education	2.573***	2.662**	1.446	1.791	1.817	1.410	1.749**
High education	4.515***	3.731***	2.150*	3.507***	4.161***	2.741***	3.702***

Deprivation index (ref. case: average)

Very disadvantaged	0.686**	0.689	0.559**	0.692	0.891	0.991	0.809
Disadvantaged	1.022	0.548**	0.587*	0.954	0.891	0.976	0.806
Affluent	0.804	0.621*	0.453**	0.899	1.161	0.784	0.828
Very affluent	0.838	0.968	0.817	1.141	1.309	1.164	0.848
Missing deprivation	0.422**	0.763	0.421*	0.684	0.537	0.695	0.498*

Degree of urbanisation (ref. case: city)

Town	1.037	0.980	1.021	1.414	1.317	1.334	1.005
Rural	0.824	0.922	0.949	1.096	1.186	1.151	0.797
Missing urbanisation	1.740	0.954	1.008	1.230	1.500	2.052	1.594

Observations	4,282	4,282	4,282	4,282	4,282	4,282	4,282
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Note: Relative risk ratios (RRRs) reported; *** p<0.01, ** p<0.05, * p<0.1. Base case: not reporting having experienced sexual violence. In accordance with the CSO's SDC rules, the tables display * when the frequency is less than 30, and [] when between 30 and 49. Such results need to be interpreted with caution due to this small sample size.

Table B.7 Uncertain if ever experienced IPV and NIPV when unable to give consent, multinomial logit results (RRRs)⁵⁶

	Intercourse when unable to give consent, by partner (IPV)	Sexual contact when unable to give consent, by partner (IPV)	Intercourse when unable to give consent, by non-partner (NIPV)	Sexual contact when unable to give consent, by non-partner (NIPV)
Sex (ref. case: male)				
Female	2.613***	3.888***	2.950***	3.249***
Age (ref. case: age 40–44)				
Age 18–24	1.139	1.161	1.623	0.786
Age 25–29	0.924	1.418	1.815	1.000
Age 30–34	1.498	1.992*	1.655	1.415
Age 35–39	1.481	2.113**	1.844	0.579
Age 45–49	0.738	1.434	2.052	1.301
Age 50–54	0.671	1.073	1.520	0.941
Age 55–59	0.613	1.463	0.840	0.506
Age 60–64	0.403*	0.604	1.792	0.982
Age over 65	0.837	0.816	0.378	0.362*
Sexual orientation (ref. case: heterosexual)				
Bisexual	1.117	1.850	1.482	4.296***
Gay/lesbian, asexual, other	1.473	1.610	0.962	2.051
Sexual orientation – not stated	1.146	1.317		0.571
Disability (ref. case: not having a disability)				
Blindness	1.043	0.886	0.941	0.894
Deafness	1.386	1.700	0.612	0.619
Physical disability	0.617	0.791	0.927	1.088
Intellectual disability	1.160	1.069	1.241	0.781
Psychological disability	2.815***	2.771***	1.591	2.790***
Pain or chronic illness	1.169	1.323	1.402	1.622

⁵⁶ The SVS 2022 included a question on experiences of sexual violence that occurred when they could not give consent, or stop what was happening because they were asleep, passed out or under the influence of alcohol and/or drugs. In these cases, respondents could also indicate that they were 'uncertain'. The table reports the results of the MNL model (base case: not having reported any type of sexual violence).

Country of birth
(ref. case: born
in Ireland)

Born in UK	1.209	0.538	1.354	0.656
Born in EU	0.458	0.619	0.625	0.623
Born in rest of the world	1.124	0.989	1.312	0.884

Relationship
status (ref. case:
married)

Single	0.799	1.133	1.885*	1.594
Separated, divorced, widowed	1.305	1.897**	2.383**	1.737

Education (ref.
case: low
education)

Medium education	0.783	1.273	1.131	1.621
High education	1.291	2.288***	1.394	1.984

Deprivation
index (ref. case:
average)

Very disadvantaged	1.544	1.830*	1.571	0.864
Disadvantaged	1.128	1.395	1.071	0.970
Affluent	1.426	1.574	0.966	0.731
Very affluent	1.503	1.781*	1.135	1.222
Missing deprivation	0.827	1.824	0.133***	0.325

Degree of
urbanisation
(ref. case: city)

Town	1.173	1.087	0.906	0.791
Rural	0.968	1.301	1.258	1.011
Missing urbanisation	2.303	1.214	-	-

Observations	4,282	4,282	4,282	4,282
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Note: Relative risk ratios (RRRs) reported; *** p<0.01, ** p<0.05, * p<0.1. Base case: not reporting having experienced sexual violence. In accordance with the CSO's SDC rules, the tables display * when the frequency is less than 30, and [] when between 30 and 49. Such results need to be interpreted with caution due to this small sample size.

Table B.8 Binary probit model of ‘ever experienced IPV as an adult’, only exogenous variables by gender (marginal effects)

	Total	Females	Males
Sex (ref. case: male)			
Female	0.184***		
	(0.011)		
Age (ref. case: age 40–44)			
Age 18–24	-0.018	-0.037	-0.006
	(0.020)	(0.037)	(0.016)
Age 25–29	0.050*	0.036	0.046
	(0.029)	(0.047)	(0.029)
Age 30–34	0.017	0.061	-0.014
	(0.024)	(0.045)	(0.016)
Age 35–39	0.021	0.051	-0.002
	(0.022)	(0.040)	(0.018)
Age 45–49	-0.014	0.020	-0.032***
	(0.019)	(0.039)	(0.010)
Age 50–54	-0.043**	-0.065*	-0.002
	(0.017)	(0.034)	(0.018)
Age 55–59	-0.051***	-0.073**	-0.015
	(0.018)	(0.035)	(0.014)
Age 60–64	-0.093***	-0.064	-0.035***
	(0.014)	(0.039)	(0.010)
Age over 65	-0.114***	-0.139***	-0.050***
	(0.023)	(0.030)	(0.009)
Sexual orientation (ref. case: heterosexual)			
Bisexual	0.150***	0.159***	[0.165**]
	(0.048)	(0.059)	(0.075)
Gay/lesbian, asexual, other	0.032	-0.036	0.071*
	(0.034)	(0.049)	(0.041)
Sexual orientation not stated	-0.092***	[-0.149***]	-
	(0.023)	(0.061)	-
Country of birth (ref. case: born in Ireland)			
Born in UK	0.024	0.048	-0.003
	(0.024)	(0.044)	(0.017)
Born in EU	-0.013	-0.019	-0.011
	(0.021)	(0.040)	(0.017)
Born in rest of the world	-0.054***	-0.109***	-0.016
	(0.015)	(0.029)	(0.013)
Education (ref. case: low education)			
Medium education	0.057***	0.090***	0.029
	(0.022)	(0.039)	(0.019)
High education	0.088***	0.140***	0.043**
	(0.021)	(0.038)	(0.018)
Observations	4,234	2,299	1,912
Pseudo R-squared	0.137	0.053	0.094

Note: Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1. In accordance with the CSO's SDC rules, the tables display * when the frequency is less than 30, and [] when between 30 and 49. Such results need to be interpreted with caution due to this small sample size.

Table B.9 Binary probit model of ‘ever experienced NIPV as an adult’, only exogenous variables by gender (marginal effects)

	Total	Females	Males
Sex (ref. case: male)			
Female	0.194***		
	(0.012)		
Age (ref. case: age 40–44)			
Age 18–24	0.050*	0.083*	0.021
	(0.028)	(0.046)	(0.018)
Age 25–29	0.057*	0.052	0.059
	(0.034)	(0.051)	(0.042)
Age 30–34	0.052*	0.094*	0.014
	(0.030)	(0.049)	(0.032)
Age 35–39	0.057**	0.082*	0.033
	(0.028)	(0.043)	(0.034)
Age 45–49	0.007	0.039	-0.023
	(0.024)	(0.042)	(0.024)
Age 50–54	0.006	-0.026	0.032
	(0.026)	(0.041)	(0.033)
Age 55–59	-0.010	-0.052	0.035
	(0.014)	(0.040)	(0.033)
Age 60–64	-0.019	-0.051	0.009
	(0.028)	(0.045)	(0.035)
Age over 65	-0.075***	-0.129***	-0.028
	(0.019)	(0.034)	(0.021)
Sexual orientation (ref. case: heterosexual)			
Bisexual	0.194***	0.168***	[0.254***]
	(0.051)	(0.061)	(0.085)
Gay/lesbian, asexual, other	0.101**	-0.012	0.196***
	(0.043)	(0.058)	(0.061)
Sexual orientation not stated	-0.130***	[-0.185***]	-
	(0.026)	(0.064)	-
Country of birth (ref. case: born in Ireland)			
Born in UK	0.026	0.025	0.022
	(0.027)	(0.043)	(0.029)
Born in EU	-0.037*	-0.049	-0.032
	(0.022)	(0.040)	(0.021)
Born in rest of the world	-0.067***	-0.129***	-0.020
	(0.018)	(0.031)	(0.020)
Education (ref. case: low education)			
Medium education	0.086***	0.096***	0.073**
	(0.025)	(0.040)	(0.030)
High education	0.155***	0.194***	0.106***
	(0.024)	(0.038)	(0.028)
Observations	4,234	2,299	1,912
Pseudo R-squared	0.125	0.065	0.077

Notes: Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1. In accordance with the CSO's SDC rules, the tables display * when the frequency is less than 30, and [] when between 30 and 49. Such results need to be interpreted with caution due to this small sample size.

Table B.10 Multinomial logit model of experiencing SV by type of perpetrator – overall population, exogenous variables only (relative risk ratios)

	IPV only	NIPV only			Both IPV and NIPV
		By friend or acquaintance	By stranger	By other	
Sex (ref. case: male)					
Female	5.317***	3.344***	3.977***	5.327***	7.897***
Age (ref. case: age 40–44)					
Age 18–24	0.975	1.633	3.180***	0.642	0.962
Age 25–29	1.656*	1.510	1.917	-	1.518
Age 30–34	1.006	1.072	2.415**	0.535	1.433
Age 35–39	1.262	1.049	2.318**	2.025	1.366
Age 45–49	0.838	0.985	1.373	1.281	1.003
Age 50–54	0.911	0.953	1.997*	1.658	0.700
Age 55–59	0.600*	1.175	0.981	0.890	0.689
Age 60–64	0.705	0.701	1.633	1.659	0.533*
Age over 65	0.368***	0.435**	0.795	1.141	0.318***
Sexual orientation (ref. case: heterosexual)					
Bisexual	1.884*	1.801	3.340***	2.151	4.297***
Gay/lesbian, asexual, other	1.257	2.369**	2.086*	0.766	1.664
Sexual orientation not stated	0.201	0.167	-	-	0.237
Country of birth (ref. case: born in Ireland)					
Born in UK	1.512	0.966	1.828*	0.534	1.165
Born in EU	1.006	0.755	0.833	1.010	0.722
Born in rest of the world	0.414***	0.389**	0.538*	0.473	0.533*
Education (ref. case: low education)					
Medium education	1.593*	2.925**	1.968	2.369*	1.994**
High education	2.302***	5.535***	4.234***	3.726***	3.076***
Observations	4,227				

Table B.11 Multinomial logit model of experiencing SV by type of perpetrator – females, exogenous variables only (relative risk ratios)

	IPV only	NIPV only			Both IPV and NIPV
		By friend or acquaintance	By stranger	By other	
Age (ref. case: age 40–44)					
Age 18–24	1.033	1.717	3.609***	0.665	0.977
Age 25–29	1.007	0.999	1.868		1.395
Age 30–34	1.029	1.233	2.380*	0.702	1.753**
Age 35–39	1.195	0.955	2.265*	1.736	1.597*
Age 45–49	0.946	1.264	1.087	1.141	1.286
Age 50–54	0.759	0.639	1.752	1.067	0.642
Age 55–59	0.577	0.827	0.804	0.830	0.650
Age 60–64	0.807	0.574	1.131	1.973	0.562
Age over 65	0.418***	0.208***	0.740	1.140	0.345***
Sexual orientation (ref. case: heterosexual)					
Bisexual	1.588	1.268	2.331*	1.187	3.076***
Gay/lesbian, asexual, other	0.804	1.791	0.477	0.746	0.855
Sexual orientation not stated	[0.263]	[0.737]	-	-	[0.292]
Country of birth (ref. case: born in Ireland)					
Born in UK	1.538	0.867	1.662	0.261	1.173
Born in EU	1.084	0.852	0.694	1.288	0.701
Born in rest of the world	0.438**	0.444*	0.405*	0.376	0.421***
Education (ref. case: low education)					
Medium education	1.530	2.371*	1.105	1.829	1.989**
High education	2.193**	3.797***	2.798**	3.008**	3.123***
Observations	2,291				