



**RAPE CRISIS
NETWORK
IRELAND**

2010

**National Rape Crisis Statistics
and Annual Report**



Rape Crisis Network Ireland

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

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

Rape Crisis Network Ireland Philosophy

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

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Independent Statistics Expert Foreword

The current economic crisis is likely to make the need for tangible supports even more critical for survivors of physical and sexual assault as financial stress and impoverishment are shown to be strongly correlated with increased rates of such violence (Renzetti, 2009). An increase in demand for services means that Rape Crisis Centres and their associated network, RCNI, are feeling the effects of the financial crisis especially hard. Increased pressure on services has been further exacerbated over the last twelve months by imposed austerity measures and threats of closure.

In this pressurised and difficult context the publication of the *RCNI National Rape Crisis Statistics and Annual Report 2010* is to be particularly welcomed. The enormously positive impact of the project has been further advanced in terms of Dublin Rape Crisis Centre becoming users of the RCNI Database in 2011 and CARI more recently, as well as by the addition of important new information in the database, such as 'the source of first disclosure of sexual abuse' and 'the location of such violence'.

The continuing rationale for the RCNI Database project is its relevance and uniqueness in providing the most comprehensive and detailed information on sexual violence in the Irish context. It remains true in these difficult economic times that such administrative data represent excellent value for money as they not only accurately address all service-level questions about, for example, the number of survivors attending RCCs and the number of counselling hours per survivor, but also provide answers to pertinent research questions about the nature and context of sexual violence, the characteristics of perpetrators and the characteristics of those survivors/supporters who attend such centres for counselling and other supports. In addition, therefore, to providing the funding body (HSE) with complete and accurate information to assess value for money and plan for future service delivery, these data represent the most comprehensive research resource on sexual violence in Ireland as it relates to this population of RCC service users.

In research terms, these data directly address three key aspects of the landscape of sexual violence in Ireland: one, the sexual violence incident(s) and characteristics of perpetrators, survivors and/or supporters; two, responses to the violence; and three, impacts/outcomes. The richest data is about the incident itself, in terms of the nature of this violence (e.g. when did it start and end, where did it occur, was there other violence in addition to sexual violence) as well as to the characteristics of the perpetrator and survivor. Information on whether the survivor has disclosed the occurrence of the violence to family/friends/others, as well as data on the timing of this disclosure provide valuable clues about survivors' responses and possible impacts of such abuse.

Indirectly, these data will inform and help improve education programmes developed by RCNI in partnership with RCCs and others. In turn, better informed service responses and education programmes will potentially lead to changes in societal attitudes about sexual violence, with an overall long-term preventative impact in terms of the occurrence of this type of violence.

Dr Maureen Lyons

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

Rape Crisis Services 2010

9% increase in people taking up counselling & support since 2009

23% increase in helpline contacts since 2009*

65% increase in RCC time providing accompaniment services since 2009

41% more counselling & support was given to survivors who were subjected to multiple incidents of sexual violence than other survivors*

1,730 people took up counselling & support

15,958 hours of counselling & support provided

15,289 helpline contacts**

1,309 hours of accompaniment

* An incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by the same perpetrator acting alone or a specific group of perpetrators acting together. An incident of sexual violence may last hours, days, weeks, months or years.

** 2009 was the first year data was collected on Helpline contacts and so the 2009 data was the lowest estimate of Helpline contacts.



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

(Survivor, 2010)



Sexual Violence Information 2010

29% of survivors were subjected to sexual violence by more than one perpetrator*

9% of survivors who attended RCCs were subjected to sexual violence both as children and as adults

5% of survivors attending RCCs in 2010 were under 18 (79 children)

10% of female survivors who were raped became pregnant as a result

30% of survivors reported the sexual violence to the police

* This figure includes survivors who were subjected to the violence by groups of perpetrators acting together, as well as survivors who were subjected to violence by more than one perpetrator who acted alone.



“Thank you from the bottom of my heart for the help and support over the last two years. Without your help I would not be writing this. Helping me get through this, for the rest of my life I will never forget it. What ye have done for me is the greatest gift I will ever get. I will never forget ye.”

(Survivor, 2010)



Perpetrator Information 2010

Of the 80% of survivors who were subjected to a single incident of sexual violence*

90% of perpetrators were known to the survivors

20% of survivors of child sexual violence said that the perpetrators were under 18

3% of children were subjected to the violence by strangers

49% of perpetrators of child sexual violence were family members

15% of males were subjected to the violence in schools

28% of perpetrators of adult sexual violence were partners

* An incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by the same perpetrator acting alone or a specific group of perpetrators acting together. An incident of sexual violence may last hours, days, weeks, months or years.



“Frankly, I wish similar data were available in the United States as it would be an invaluable resource to my work as a sexual assault researcher and consultant to policy makers.

Rape Crisis Network Ireland (RCNI) National Rape Crisis Statistics are a vital resource to researchers, practitioners, and policy makers in our collective efforts to end sexual violence against women, men, and children. One of the most difficult challenges for Rape Crisis Centres is knowing whether the hard work of staff and volunteers is making a difference.

The national data organized by RCNI is critical because it provides the kind of information necessary for long-term planning and evaluation. We need to know the who’s, the how’s, the when’s, and the what’s in order to develop effective services for survivors and to move forward with prevention initiatives.

The RCNI data answer these questions and can be used to guide planning efforts in order to make the most of limited resources.”

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



Chairperson's Introduction

For me, as Chairperson of RCNI, this report reflects and represents much more than the statistical data of hundreds of survivors who approached Rape Crisis Centres for support in 2010. This report demonstrates to me how absolutely vital the services are to survivors and how the dedication of RCNI staff and volunteers continued unabated during what was possibly the toughest year out of 25 years of RCNI's existence. Every single service experienced a huge increase in demand, while operating under severe financial cutbacks.

Under the excellent guidance of Executive Director Fiona Neary, RCNI staff, in conjunction with all those working in RCCs, have successfully continued to work as agents of change, educating society about the impacts, confronting victim-blaming, challenging damaging attitudes and injustices, advocating for legislative changes, informing policy, and treating survivors with the compassion and dignity that they deserve. Survivors can be assured that their voices and experiences are regularly brought to the attention of the highest decision makers in the State. Policy makers can be sure that all submissions are evidence based and that the statistics that are summarised here are of the highest possible standard. RCNI Database has a lot more to teach us in the future, when resources can be found to fully analyse the data within. RCNI and RCCs are constantly advancing the agenda of responding to the problem of sexual violence with the guiding vision that someday we will have a society free from sexual violence.

As Chairperson of the Board of RCNI, I would like to extend my personal gratitude to Fiona and all the staff of RCNI, my fellow Board members, our Independent Chairperson and RCCs for all their hard work, dedication and commitment.

Miriam Duffy
RCNI Chairperson



Executive Director's Message

Rape Crisis Network Ireland (RCNI) has continued to deliver its unique role of bringing the voices of thousands of victims of sexual violence to inform how services are organised and delivered, and to inform social change.

RCNI continues to enable Rape Crisis Centres (RCCs) to deliver best practice across services during resource cut-backs. It is without doubt that withdrawal of RCNI funding would automatically result in RCCs diverting resources away from services delivery and into management and administration aspects. In response to funding cuts to RCNI, RCCs throughout Ireland quickly made public statements that they could not deliver cost efficiencies in the absence of RCNI's national coordination role.

RCNI has played a pivotal role in enabling RCCs to expand services during cutbacks – in particular but not least in the national roll-out of Sexual Assault Treatment Unit (SATU) Services. RCNI involvement streamlined this process, ensuring consistency across the system and ensuring that the needs of survivors stayed at the heart of local implementation. RCNI provided local RCCs with expert support in taking up the new role, or expanding an existing role, in providing 24 hour SATU psychological support, including the design and delivery of new training for SATU Advocates and Volunteers. RCNI coordination ensured a minimal impact on frontline services as the uptake of SATU by rape victims greatly impacted on RCC resources.

2010 saw another year of cutbacks to a sector where demand continues to grow. Working together through Rape Crisis Network Ireland enabled RCCs to deliver greater value for money as any unnecessary duplication across management and administration was identified and addressed. RCNI continued to facilitate RCCs to operationalise best practice standards in services delivery in the face of additional cuts. Like many other service providers RCCs are under enormous pressure to deliver an expanding range of services as demand for services grows – whilst the funding base continues to contract sharply.

Comparisons with available data from other counselling and support services, such as the HSE Adult Counselling Service, confirm that RCCs are highly cost-effective expert service providers. In addition, RCCs are tremendous local community information, education and resource centres, equipping many other local agencies and professionals in tackling sexual violence, as we detail in this report. The range of expertise and the range of services delivered by RCCs are often under-estimated.

This is a very positive time in many ways in terms of child protection and sexual violence. The Roman catholic church continues to be challenged regarding its past failures to deal appropriately with sex offenders, demonstrating that no agency is above the law in child protection. A new administration has demonstrated a commitment to leadership at a policy and national strategy level. However, whilst RCCs report greater commitment at local levels to inter-agency and multi-agency partnerships this very commitment is hampered by resource restrictions and retirement incentives as part of public expenditure priorities.

As evidenced by this report, RCNI has equipped RCCs to become expert in data collection and data presentation. The capacity of local RCCs to engage in local and regional multi-agency work is greatly enhanced by RCCs ability to collect and present data on all forms of sexual violence as encountered by their services. Reliable evidence is a cornerstone of responding to and combating sexual violence. RCNI has equipped 15 RCCs to deliver exceptional expertise in bringing such an evidence base to all local, regional and national fora. This expert capacity is the model that frontline service providers and network organisations in other jurisdictions aspire to. It is founded on the partnership approach taken by RCNI and its membership and driven by the shared commitment to do the very best for survivors of sexual violence and prevent further occurrence.

'Particularly now, at a time of financial crisis and public finance cutbacks, it makes complete sense to continue to look to such routine administrative data sources for consistent, comparable, high quality data in order to answer basic research questions about sexual violence, as well as to guide policymakers in key areas of service provision and planning.'

(Dr Maureen Lyons, Director of Research Design & Methodology, Equality Studies Centre, School of Social Justice, UCD, 2010).

It remains a privilege to work alongside individuals and agencies that are passionate about ending sexual violence and protecting those who have been victimised.

Fiona Neary
RCNI Executive Director



Key RCNI Projects 2010

‘Clients don’t need to be aware of the Rape Crisis Network Ireland to benefit from it’

(RCNI Member Rape Crisis Centre)

RCNI Continued Commitment to a Reliable Evidence Base

RCNI’s approach recognises that reliable and accessible data is a cornerstone for addressing sexual violence. We and our members are committed to the highest levels of accuracy and reliability in both the collection and presentation of national statistics. This data collection system has been specifically designed to collect data in frontline services dedicated to working with survivors of sexual violence. RCNI developed the RCNI Database in conjunction with independent statistics experts and a software development company, and we continue to work with these experts to ensure that international best practice standards are adhered to. Over the past six years the data categories have been refined in order to better represent the collective story of RCC services users, answer important questions necessary to provide better services, and to inform national service planning and policy formation.

Year on year we strive to improve the integrity of the data set at every stage of data entry and cleaning. As our expertise grows, we also increase the breadth and depth of the analysis. Arising from an on-going mutual learning approach with our members, these annual statistics on crimes of sexual violence against children and adults are the most comprehensive and reliable dataset in Ireland and are readily available to inform public policy and strategic services delivery.

Our learning has led to the development of Best Practice Standards in order to ensure accurate representation of survivor and supporter data, and information protection. The RCNI Data Collection & Dissemination Best Practice Standard ensures that all data is regularly checked and corrected and that only statistically reliable information is released. The RCNI Data Protection Best Practice Standard safeguards survivor and supporter information in compliance with data protection legislation and standards.

‘The data on crimes of sexual violence against children, women and men generated by this database, and the reliability of the analysis, is unparalleled in the Irish context. The RCNI web-based recording system far exceeds the minimum data requirements described by Ruuskanen and Aromaa in their recent Council of Europe report on DV (2008) and places RCNI member RCCs well ahead of all other Irish statutory and non-statutory services involved in the collection of sexual violence data.’

(Maureen Lyons, Director of Research Design and Methodology, Equality Studies Centre, School of Social Justice, UCD)

“The Annual Statistics and the National Statistics Database have changed everything, RCNI has given survivors a real voice in national policy, and that reduces survivors’ isolation, it challenges negative attitudes, it feeds into social change.”

“In the two or three months after the RCNI annual statistics launch each year, the publicity around the statistics in the wider media has an impact on survivors understanding of their own experience, and Rape Crisis Centres experience a peak in calls for counselling.”

“The National Statistics Database and the Excel training that RCNI provides are invaluable, helping us to extract the most out of the information we have and providing accurate statistics of service users at local and national level.”

“Accurate data means that as a manager I am better equipped in planning services – our planning is more focused and efficient.”

“We use the data continuously, it informs all our training and work with other professionals locally – we all know that we are working from the facts.”

(RCNI Member Rape Crisis Centre)



Best Practice, Expert Services

Responding to sexual violence takes place in a very challenging environment. The full extent and impact of sexual violence and the complexity of responses required, has yet to be recognised in Ireland. As a consequence, frontline services are under-resourced, face increasing demands and in recent years have taken very significant cuts to core funding. Maintaining a commitment to best practice becomes increasingly difficult in such an environment. For this reason, in partnership with our members, RCNI has researched and produced RCNI Member Rape Crisis Centre Best Practice Model with Associated Best Practice Standards (RCNI, 2010e).

As part of our Criteria for Membership RCCs sign up to this Best Practice Model and Standards. These Standards reflect survivor-centred and trauma-based best practice and were designed utilising RCC experience and expertise, national and international standards. The areas covered include:

- RCC Governance & Financial Accountability;
- RCC Direct Services Provision;
- Inter-agency Referrals;
- Inter-agency working;
- Education;
- Training Other Professionals;
- and Social Change Projects.

“RCNI best practice standards and standardisation of policies contribute to highest levels of professionalism, save hours of time for Rape Crisis Centres, and improve the service user’s experience.”

(RCNI Member Rape Crisis Centre)

These are the standards to which RCCs can be held accountable. In addition, Rape Crisis Scotland and Rape Crisis England & Wales are both committed to the adoption of RCNI Rape Crisis Centre Best Practice Model of Services across the UK.

Building RCC Capacity in Responding to Victims

Our training programmes are constantly revisited to include recent cultural, legal and topical developments and are not only in line with international best practice, but aim to inform policy and practice in Ireland and beyond.

RCNI has developed a range of Specialist Training Modules to support the different roles and services delivered by RCCs. These modules are based on RCC expertise and international best practice standards.

In 2010, RCNI accredited trainers delivered 28 training programmes to over 180 RCC staff and volunteer participants. RCNI training courses in 2010 included:

- Sexual Assault Treatment Unit Advocacy;
- Helpline Training;
- Sexual Violence Specialisation for Counsellors;
- Sexual Violence Training for those with non-counselling role;
- Victim Impact Statement Training;
- Legal Updates Training;
- RCNI Database Workshop; and
- RCNI Database Excel Training.



Training Other Professionals

There is a huge need for specialised training modules which aim to equip professionals in all areas of healthcare, service delivery and public service to deal with disclosures of sexual violence. Schools, universities and youth groups also seek advice and training on a regular basis and all member RCCs respond wherever possible. As a result of the demand for RCCs to provide training to equip other professionals to deal with disclosures of sexual violence, RCNI has developed Standardised Training Modules for delivery by local RCC qualified staff. In 2010 seven RCCs and RCNI delivered trainings to 415 participants including teachers, youth workers, addiction services, medical professionals, counsellors, community development workers, social workers, Gardaí, refugee/asylum seeker personnel and probation staff, as well as second and third level students.

Training other professionals plays an important role in building local inter-agency co-operation and relationships, as well as ensuring other professionals are fully aware of the range of services available in a RCC and how to make a good referral.

Awareness and & Prevention Work

RCNI has developed an innovative standard on public awareness raising, building on RCC expertise and standards set out by the UN and WHO (RCNI, 2010b). This standard recognises that social change to prevent sexual violence must involve a whole of society approach and address the perpetuation of a rape-facilitative culture. This standard was submitted to the National Steering Committee (NSC) on violence against women and an amended version has now been adopted by the NSC and Cosc, the National Office for the Prevention of Domestic, Sexual and Gender based Violence as part of the National Strategy.

In 2010, RCNI went into partnership with Foróige to develop and pilot a module to be delivered as part of the Foróige Teenage Health Initiative. The module was based on research commissioned by Rape Crisis and Sexual Abuse Counselling Centre, Sligo, Leitrim and West Cavan. This module puts into practice the new national standards on Public Awareness and addresses issues specific to this age group based on evidence from the RCNI Database. This module offers young people an opportunity to explore what consent and negotiating consent means. As young people are at a high risk of victimisation and are highly likely to confide in a peer if they experience sexual violence the module also equips them to respond appropriately if someone discloses to them. RCNI delivered training to the youth trainers and the module has now been successfully piloted and evaluated. RCNI will continue to support and provide training to Foróige to roll out this module, thus extending the reach of the education work of the sector and utilising existing external training structures.

“The standards and quality assurance framework are invaluable in terms of the quality of the documents, the volume of work that it saves us and the fact that all Rape Crisis Centres are standardised which acknowledges our professionalism and quality services.”

(RCNI Member Rape Crisis Centre)

“Our clients will never realise it, but there is an increase in clients approaching us directly due to RCNI profiling and media coverage. This has helped survivors who might not previously have seen themselves as Rape Crisis Centre clients to come to us.”

“RCNI has raised the profile of Rape Crisis Centres and highlighted the excellent work that has been done all along.”

“The RCNI always keeps us up to date with local and national news and events both locally and nationally. This really helps me with planning and also means we are very informed at local inter-agency meetings.”

(RCNI Member Rape Crisis Centre)



RCNI's website is the definitive and most reliable source of up-to-date information on Irish statistics, publications and submissions on sexual violence. Almost 70% of people who visited the website in 2010 were new visitors. Overall 18,000 people visited www.rcni.ie in 2010 and it received 54,600 page views.

RCNI launched its Social Media presence via Facebook and Twitter in September 2010, which proved to be successful. In the few months up to December 2010, 336 people had 'liked' the RCNI Facebook page. The page received over 1,300 views and 67% of our followers were female, with 'likes' from the USA, India, South America and Australia. Over 11,500 people viewed our Facebook posts. The most viewed post was the Evaluation of Swedish Legislation on Prostitution, AKA 'The Swedish Model', with almost 900 people reading this. By December 2010 almost 100 people were following RCNI on Twitter.

RCNI developed smartphone apps which went live in early 2011. These high quality apps contain useful information, support, contact details and links, and are free to download.

“The media officer is a great support to us when we are dealing with the local press and raises the profile of Rape Crisis Centres throughout Ireland.”

“The RCNI website is very helpful. It's a very up to date resource for RCC staff and volunteers”.

(RCNI Member Rape Crisis Centre)

National Leadership on Multi-agency approaches and Joint initiatives

Joined up interagency working is essential in ensuring that survivors get the services and support they need. It is also critical in building prevention and accountability programmes. No single agency has all the answers nor all the information – a shared approach at local and national level is much more likely to result in positive outcomes for victims and successful prevention.

RCNI supports a range of inter-agency locations through mechanisms including: membership, writing expert submissions, preparing presentations, chairing committees or working groups, building capacity in local inter-agency fora. On an ongoing basis we deliver evidence, expert advice and consultation in both legal and general policy. We provide expert consultation on key sexual violence issues.

“The RCNI input is very important to the coordination of rape crisis services generally, and particularly for input on strategic issues, communication and data.”

(Stakeholder working in sexual violence)

The second edition of Recent Rape/Sexual Assault: National Guidelines on Referral and Forensic Clinical Examination in Ireland was launched in 2010 (National SATU Guidelines Development Group, 2010). Both the earlier first edition and this second edition were a joint initiative of HSE medical and nursing staff, RCNI, the Forensic Science Laboratory and An Garda Síochána. These guidelines ensure that females and males aged 14 and up receive the best possible multi-agency services and support following rape and sexual assault.

RCNI involvement in the National Guidelines helped to streamline the process, ensuring consistency across the system and making certain that the needs of survivors stay at the heart of local implementation. In particular RCNI focused on ensuring every Sexual Assault Treatment Unit (SATU) provides a standardised survivor-centred holistic service and making it possible to use the service without having to immediately commit to formally reporting the crime. RCNI provided local RCCs with expert support in taking up the role of providing 24 hour SATU psychological support, including the design and delivery of new training for SATU Psychological Support Workers. RCNI coordination helps reduce the impact on frontline services of the increasing demand for supports by recent sexual violence victims during and following the use of SATU services. In 2010 181 survivors were accompanied to



SATUs by RCNI member RCC Support Workers. A further 7 survivors were accompanied to other medical and forensic facilities.

RCNI has representatives on the National Steering Committee on Violence Against Women and all HSE Regional Advisory Committees. Through this structure we ensure efficient, streamlined communications and an inter-agency approach.

RCNI is in constant supportive and consultative contact with all member Rape Crisis Centres, especially in the provision of legal supports, and regularly revised and updated legal policy briefs and training. The RCNI Legal Director promotes legal policy reform through research, policy submissions and advocacy. RCNI represents the sector on national policy forums such as the Victims Consultative Forum, Stop It Now, the National Steering Committee on Violence Against Women, and the Garda National Crime Victims Forum. The Legal Director also chairs the inter-agency Legal Issues Sub-Committee of the NSC, which works together to find practical effective legal solutions to the difficulties facing survivors in the criminal justice system. This work involves substantial amounts of research, drafting and consultation. Amongst others, Cosc the National Office for domestic, Sexual and Gender-based Violence, the Department of Justice and Equality, the Law Reform Commission, and the Commission for the Support of Victims of Crime have all recognised the invaluable contribution by the RCNI in progressing legal reform in practice, policy and legislation.

We are proud to be part of The Other Half, a new alliance of men's and women's organisations working together to end men's violence against women. The Other Half's first major campaign, the White Ribbon Campaign was launched in November 2010 by Michael O'Muircheartaigh and Miriam O'Callaghan and was endorsed by men in senior and leadership positions in the fields of business, public service, trade unions, the judiciary and the community and voluntary sector.

We are also proud to belong to and contribute our expertise to WAVE Network & European Information Centre Against Violence, a network of European women's non-governmental organisations working in the field of combating violence against women and children. WAVE has Consultative Status with the Council of Europe and with the United Nations Economic and Social Council (ECOSOC).

RCNI were honoured to be asked to host The Third International Conference in 2012 on Survivors of Rape: survivors at the heart, which will be held in Ireland on the 9th and 10th of November 2012.

Building multi-agency partnerships

Over the years since our foundation, we have continually worked with our peers in Ireland, Europe and globally to proactively represent people silently affected by sexual violence. We were instrumental in the foundation of Rape Crisis Network Europe and we established national standards for better practice that have been adopted as guiding principles by 15 Irish Rape Crisis Centres and continue to contribute to European best practice. The standards are underpinned by international human rights law and respect for the privacy, dignity and the right to health of survivors of sexual violence. We also continue to develop a database capable of recording and analysing national survivor data relating to the origins, impact, extent, and responses to sexual violence in order to provide evidence-based rationale for far-reaching policy and social change.

RCNI is committed to creating a better society by preventing sexual violence. To this end we will continue to provide solutions, information, data, resources and national leadership. Our unique relationship with support and counselling services for survivors across Ireland positions us as the best placed organisation to generate information, data and sexual violence intervention and prevention strategies.

“Every year we understand a little bit more, thanks to RCNI National Statistics.”

(Stakeholder working in sexual violence)

“RCNI has a proven track record working to reduce sexual violence in Ireland.”

(Stakeholder working in sexual violence)



Securing Law Reform in 2010

Through our on-going research and documentation of the treatment of survivors in the legal process we continue to make groundbreaking and evidence-based recommendations for legal reform.

RCNI commissioned academic research to analyse the treatment of rape in the justice system in Ireland and make recommendations for legal reform. This four year research project into the causes of attrition in rape cases addressed the dearth of information in this area. The study challenges rape myths and identifies the huge significance of alcohol in the area of sexual violence and justice. Rape & Justice in Ireland: A national study of survivor, prosecutor and court responses in Ireland (RAJI) was published in November 2009. The research made 24 specific recommendations for legal reform at 3 different stages within the criminal justice process and 2 further non-legal recommendations for dealing with Ireland's drinking culture. In 2010 the research was disseminated nationally at two national conferences, a series of four regional inter-agency seminars; and a student seminar reaching more than 300 strategically selected participants. The student seminar in NUI Galway, More than a hangover: Youth, Alcohol and Rape in Ireland, addressed specific issues around sexual violence and binge-drinking as they relate to young people.

The wide-ranging recommendations have been translated into an action plan and strategy which is being implemented by RCNI.

RCNI Law Reform submissions were prepared on Female Genital Mutilation and Criminal Sanctions, amongst others (RCNI, 2010f; RCNI, 2011e; RCNI, 2011f). RCNI takes a proactive stance on legislative reform, taking an active part in the White Paper on Crime consultation process, and making submissions on Heads of Bills and Bills themselves as they are published (RCNI, 2011c; RCNI, 2011d).

The RCNI Legal Director is a Barrister-at-Law and provides legal advice to individual clients and staff members as required. This service ensures that survivors of sexual violence (who appear as witnesses in criminal cases and therefore do not usually have legal representation) can access quality advice and support throughout the legal process. In 2010, RCNI worked closely with An Garda Síochána at local and national level, particularly around the new Garda Policy on the Investigation of Sexual Crimes, Crimes Against Children, and Child Welfare (Garda Síochána, 2010).

“A number of our service users have availed of Legal Advice from the RCNI office, both directly and through their therapist. This has clarified issues around the judicial process and the response has always been very quick and the quality of the advice excellent.”

(RCNI Member Rape Crisis Centre)

“As a therapist, often supporting someone who is thinking about reporting, I know that I can always get any legal information of back up when I need it. I am more confident when discussing legal options with survivors.”

(RCNI Member Rape Crisis Centre)



Court and Garda Accompaniment Programme

The Court and Garda Accompaniment Programmes, funded by the Commission for the Support of Victims of Crime, have been implemented continuously across Rape Crisis Network Ireland since 2005. Court and Garda Accompaniment Programmes were developed to provide clients with trained volunteers to accompany them to District, Circuit and Central Criminal Court appearances, and Garda interviews.

More than 110 volunteers were trained in 2010 and are available across the country to accompany clients to Court and Garda appointments. Support for clients within these programmes goes far beyond actual accompaniment on the day. Preparation for making a statement to the Gardaí or for attending a court case is rarely achieved in a single session, and counsellors ensure that the client is as prepared as possible for the psychological impact of the event. Extensive, specialised training in sexual violence and legal issues is the vital foundation for this work which ensures that our Accompaniment volunteers are fully equipped to provide appropriate support for survivors facing Garda interviews and court appearances. This training continues to be developed and improved. As well as providing the best possible support for our clients, this accompaniment programme also has the positive effect of linking survivors in to the wide range of other services provided for them by our Rape Crisis Centres, ranging from support for family and friends, legal advice where necessary, to specialised individual counselling. This programme also helps build relationships and improve communication with local Gardaí and Court Services, helping to increase understanding of the complexity of the issue for the victim, and helping to overcome any external resistance to the service.

An independent evaluation of this service was commissioned by RCNI in 2010. It confirmed that the accompaniment programme is valued greatly by survivors, RCNI accompaniment staff and volunteers, and SATU staff, and made a series of suggestions for further development of the service which are being followed up by the RCNI.

“The training is invaluable. Without the advocacy training for Court Accompaniment and Victim Impact Statements, we would not be offering these services to our clients; it is thanks to the Network that we can.”

“As a result of RCNI support and training our RCC has developed a whole area of service delivery that was under-developed. As a manager, I can now be confident that we know what we are doing and that we have back-up.”

“The RCNI has always been hugely helpful in providing advice to our counsellors who are working with clients who are due to attend court or meet Gardaí, and even meeting our clients directly.”

(Stakeholder working in sexual violence)



What Rape Crisis Centres do

In 2010 14 Rape Crisis Centres (RCCs) provided:

- **15,958 hours of counselling and support in Rape Crisis Centres and their outreaches;**
- **Over 1,265 hours were spent on Helpline calls, texts and emails throughout Ireland in 2010;***
- **1,309 hours of accompanying survivors to a range of different services including: Sexual Assault Treatment Units (SATUs), Gardaí, courts, refugee hearings, and other medical and forensic facilities;**
- **Over 36,500 contact hours of education and training provided by RCCs to professionals, community members and young people.**

“You made me feel very comfortable and this allowed me to voice all the worries and stress that I had bottled up for a long time. You helped me to discover for myself what was causing all my stress and anxiety and how to deal with it in my own way. You did not judge me or try to tell me what I should do; you listened and let me use you as a sounding board. I feel that I know myself better and am a more rounded and confident person since coming for counselling with you. Thank you again for everything. I couldn’t have gotten through this without you.”

(Survivor, 2010)

Introduction

Comparisons with available data from other counselling and support services, such as the HSE Adult Counselling Service, confirm that RCCs are highly cost effective expert service providers. In addition, RCCs are tremendous local community information, education and resource centres, equipping many other local agencies and professionals in tackling sexual violence. This report also evidences RCC commitment to inter-agency joined-up working as we detail in this report. The range of expertise and the range of services delivered by RCCs are often under-estimated. The high levels of trust in the professionalism of RCCs can be seen in the level of self-referrals and referrals by other professionals.

RCCs provide the following services:

- Counselling and Support
- Accompaniment
- Helpline
- Supporting the Supporters
- Training and Education
- Social Change
- Inter-agency Work
- Model of Rape Crisis Centre Service Delivery

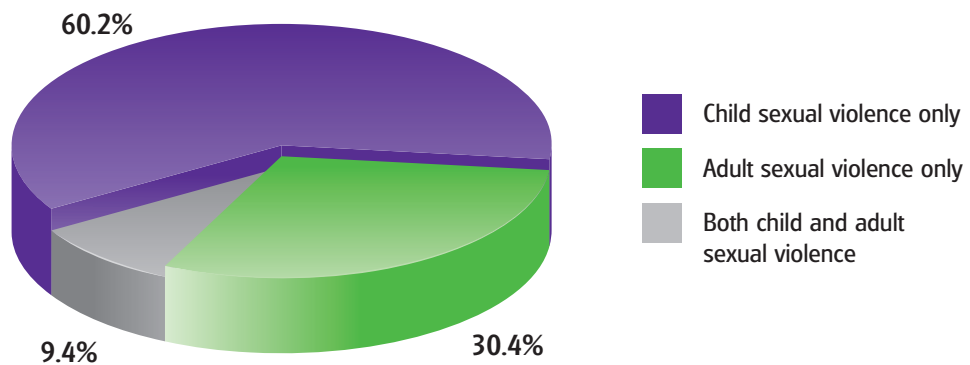
* 2009 was the first year data was collected on Helpline contacts and so the 2009 data was the lowest estimate of Helpline contacts.

Counselling and Support

In 2010 1,730 people attended Rape Crisis Centres throughout Ireland for counselling and support. This was an increase of 8.9% from 2009 figures. Almost nine out of ten of these RCC service users were survivors of sexual violence (89.3%). The other 10.7% were people supporting those who had been subjected to sexual violence.

When the sexual violence was perpetrated

Graph 1: When the sexual violence was perpetrated (%) n = 1,454

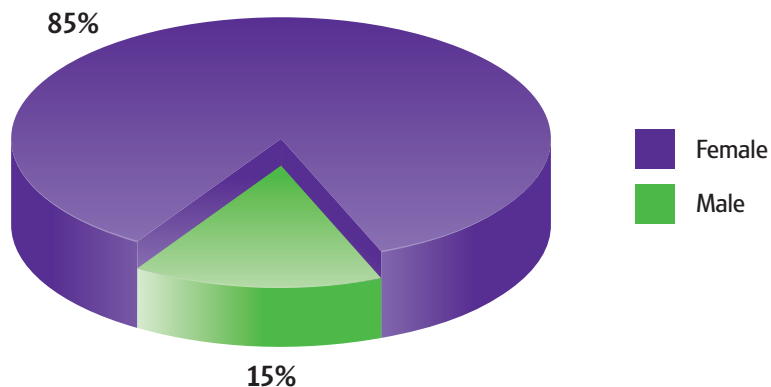


As illustrated in Graph 1:

- Six out of ten survivors disclosed that they were subjected to sexual violence solely in childhood (60.2%);
- Three out of ten survivors stated that they were subjected to sexual violence solely in adulthood (30.4%);
- One out of ten survivors disclosed that they were subjected to sexual violence both as adults and children (9.4%).

Gender of survivors

Graph 2: Gender of survivors (%) n = 1,545

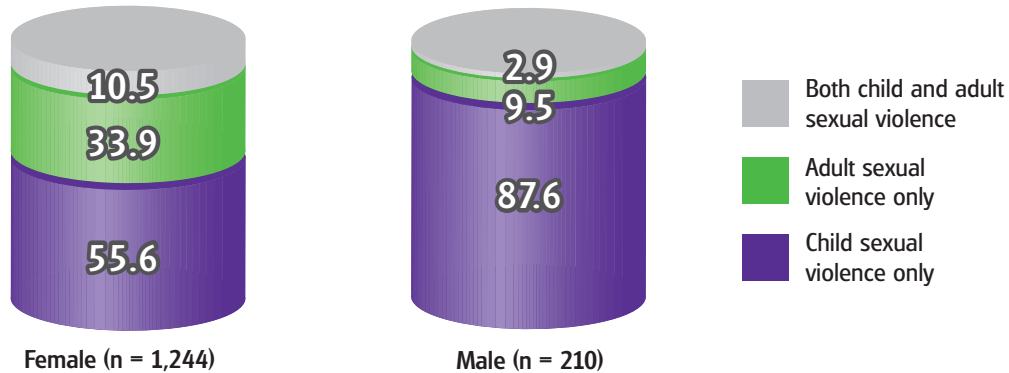


Of the 1,545 survivors of sexual violence who attended RCCs for counselling and support in 2010 (Graph 2):

- 85% were female; and
- 15% were male.



Graph 3: When the sexual violence was perpetrated by gender of survivor (%)



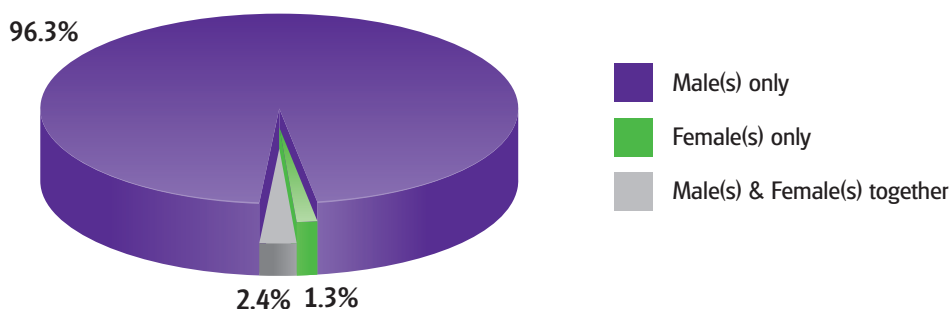
As illustrated by Graph 3 there are clear differences between female and male vulnerability to sexual violence at different life stages.

- Over half of female survivors were subjected to sexual violence solely in childhood (55.6%);
- This compares with male survivors where almost nine out of ten were subjected to sexual violence at this time in their lives (87.6%);
- One third of females attending RCC services disclosed that they had been subjected to sexual violence solely in their adulthood (33.9%);
- One out of ten males disclosed being subjected to sexual violence solely as adults (9.5%);
- One out of ten female survivors was subjected to sexual violence in both adulthood and childhood (10.5%);
- This compares with 2.9% of males who were subjected to sexual violence in both adulthood and childhood.

These figures are congruent with RCNI statistics from previous years and support SAVI findings that male vulnerability to sexual violence decreases with age, whereas female vulnerability does not significantly decrease with age (McGee et al, 2002: 80).

Gender of perpetrators

Graph 4: Gender of perpetrators (%) n = 1,485



As illustrated in Graph 4 the majority of perpetrators in each separate incident were:

- Males (96.3%) either acting alone or with other male abusers;
- A small minority of perpetrators were females either acting alone or with other female abusers (1.3%);
- Survivors revealed that 2.4% of perpetrators were groups of males and females acting together, or males acting in one incident and females in another incident.

Accompaniment

“A nurse in the SATU once told me she was glad that I was there because while the staff are busy doing paperwork and setting up the examination room, it is good to know that someone is sitting with the survivor. As support workers we are the only ones who are there solely for the survivor. I am there when she arrives and I stay until she leaves the unit. Sometimes the appointment can last more than 4 hours. I think that it makes a difference, that she knows I am in the next room and that she can check back with me whenever she wants to.”

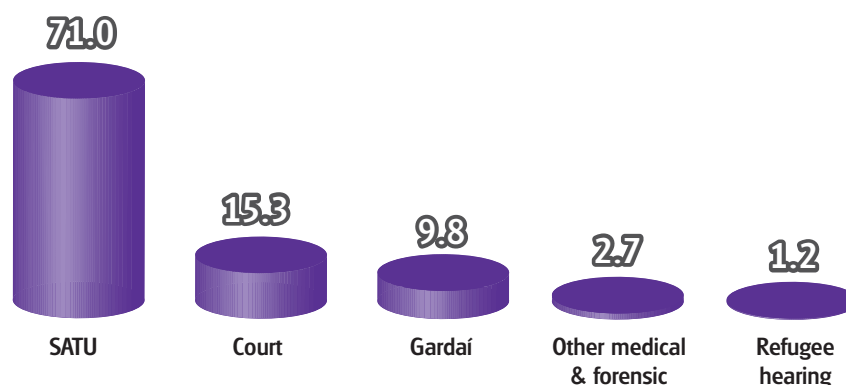
(Rape Crisis Centre Psychological Support Worker Accompanying Survivors to SATU, 2010)

- **20% of survivors accompanied to different services by RCCs were under 18 (47 children)**
- **71% of RCC accompaniments were made to Sexual Assault Treatment Units (SATUs)**

Research has shown that survivors who are accompanied by Rape Crisis advocates receive better care and treatment from medical and legal systems (Campbell, 2006).

RCCs accompanied 255 survivors to a range of different services in 2010, including: Sexual Assault Treatment Units (SATUs), courts, Gardaí, other medical or forensic facilities, and refugee hearings. This amounted to 1,309 hours or 187 days of accompaniment throughout 2010. This is a 64.8% increase in the time that RCCs spent providing the accompaniment service in 2010 than in 2009 (794.5 hours in 2009). This significant increase is in part due to more comprehensive SATU services nationwide and to RCNI court accompaniment training which saw both an increase in demand and an increase in the Rape Crisis sector’s capacity to respond to that demand. Most accompaniments lasted half a day, with the longest accompaniments lasting 8 days (to court). The majority of people using RCC accompaniment services were female (96.5%) compared with 3.5% of males.

Graph 5: Accompaniment type (%) n = 255



In Graph 5 we see that:

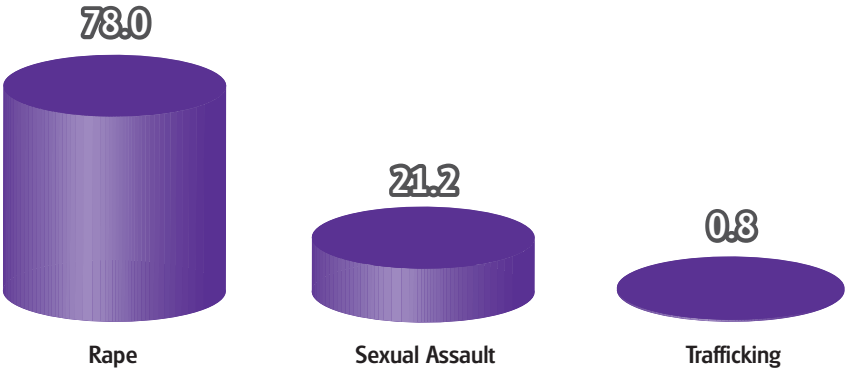
- The majority of RCC accompaniments were made to Sexual Assault Treatment Units (71%);
- Less than two out of ten accompaniments were made to court (15.3%); and
- Just under one out of ten accompaniments were to the Gardaí (9.8%).

Accompaniment to a SATU means psychological support, crisis intervention and links to longer term support and counselling by highly trained staff and volunteers. The Rape Crisis Centre closest to each SATU provides this vital service on a 24 hour basis. This around the clock SATU accompaniment is a unique role of RCCs. RCC staff and



volunteers are part of a multi-agency team designed to ensure that a victim of recent rape or sexual assault can access health care, forensic clinical examination and psychological support in one location whenever it is needed. Other members of the multi-agency team are An Garda Síochána, SAFE (Sexual Assault Forensic Examination) Nurses, Medical Doctors and Clinical Nurse Managers. In order to help ensure that the service operates well and to feed back survivors' points of view, the RCC is also a member of the Steering Committee for the SATU.

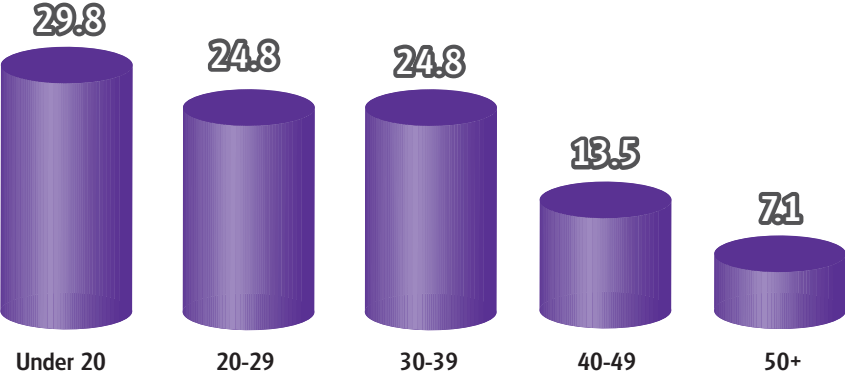
Graph 6: Accompaniment – Type of sexual violence (%) n = 250



Graph 6 shows that:

- Rape was disclosed as the most common type of sexual violence by those being accompanied by RCCs (78%) in 2010;
- Two out of every ten survivors being accompanied to different services had been sexually assaulted (21.2%);
- Less than one out of ten had been subjected to trafficking (0.8%).

Graph 7: Accompaniment – Age of survivors (%) n = 238



Graph 7 illustrates that:

- Three out of ten people who were accompanied by RCCs in 2010 were under the age of 20 (29.8%);
- One quarter of those accompanied were between the ages of 20 to 29 and ages 30 to 39 (24.8% each);
- Those aged 40 to 49 accounted for over one out of ten of those accompanied by RCCs in 2010 (13.5%);
- Less than one out of ten people accompanied by RCCs were aged 50 upwards (7.1%).

Survivors under the age of 18 accounted for 19.7% of those accompanied by RCCs. More information on children attending RCC services in 2010 is available in RCNI Statistical Report on Crimes of Child Sexual Violence (RCNI, 2011a).



Case study: Waterford Rape & Sexual Abuse Centre counsellor describes the accompaniment service offered by RCCs

“When I was asked to write this article it became a bit of a trip down memory lane and, in some ways, a trip back to the ‘bad old days’. This is a synopsis of how our accompaniment service has changed over the years, how services outside of the Centre have changed and how all of that has impacted on us. There have been some very positive developments which have helped to ease a victim’s passage through a dreadful situation which has been forced upon them.

When I started working here 16 years ago, our main accompaniment service was to Gardaí, GPs and court. Over time, we began asking the Gardaí to come here to the Centre to take statements which then became the norm, so clients didn’t have to face the ordeal of walking into the Station (which in Waterford is on a hill and very visible over quite a distance), didn’t have to sit in a fairly grotty interview room, and had the support of knowing their counsellor was available at any time throughout the process. Now it’s moved on even more, with the Gardaí having set up an interview suite away from the Station – particularly with the needs of victims in mind, including child complainants – and there are two female Gardaí assigned to deal specifically with sexual offences – all good stuff, and we do realise how fortunate we are in Waterford.

The demand for our court accompaniment service has lessened over the years, partly due to counsellors preparing clients for the ordeal of court over a period of time, and also due to improved groundwork by the Gardaí and prosecution service, e.g. meeting the client well in advance of the trial date, showing them around a courtroom with explanation of who sits where, etc. Having said that, we do still provide court support through our dedicated volunteers (who have completed both the SATU and RCNI Court Accompaniment Training). Another development is that the Central Criminal Court sits in Waterford periodically, which has both positive and negative aspects – positive in that the victim and family/friends don’t have the added stress of travelling to Dublin every day of the trial; and negative in that it’s all happening on their own doorstep which can be a little too close for comfort sometimes.

Our Sexual Assault Treatment Unit opened in 2004, to our great joy and relief – having campaigned hard for its establishment since 1999 – and what a difference it has made! Prior to the Unit opening, we occasionally received calls from frazzled Gardaí asking if we knew of a GP who would be willing to undertake a forensic examination, and there were situations where victims waited up to eleven hours for an exam. Now, they are taken care of by a team who are aware of and sensitive to their distress. There has never been a shortage of nurses, GPs and volunteers willing to undergo the training and provide the service. We have one clinical nurse specialist in the unit and another joining it in the near future. The unit has recently begun seeing non-forensic cases, and testing for STIs is also now done in the unit, so it has become truly holistic.

Our part of the service has been streamlined over the years – a mobile number is diverted through to the volunteer on call, so the SATU nurse can contact them directly. Volunteers take 2-3 shifts every month, phone in to let us know if they’ve had a callout and debrief if they need to, complete an evaluation form after every visit and attend a monthly supervision meeting. I attend a quarterly meeting of the SATU Advisory Committee, made up of a representative of every group involved in the unit and we keep a check on how everything is operating and receive feedback on how our own particular group is doing. We find this system works really well and it’s not a huge drain on our resources. Having the unit in operation has also had the knock-on effect of more victims of recent rape contacting our Centre, but, just as importantly, survivors have told us of how significant it was for them to get the message of “It’s not your fault” in the immediate aftermath.



Of course, none of this would be possible without our fantastic group of volunteers, some of whom have been with us for several years. Our volunteers talk about the experience being hugely rewarding for them, of how great the feeling of having helped someone through one of the worst times of their life is, of getting far more out of it than they put into it. For me, working with people who are prepared to go the unit at any hour, any day of the year, in any weather to offer support to someone who may or may not be able to accept it is simply, inspiring.”

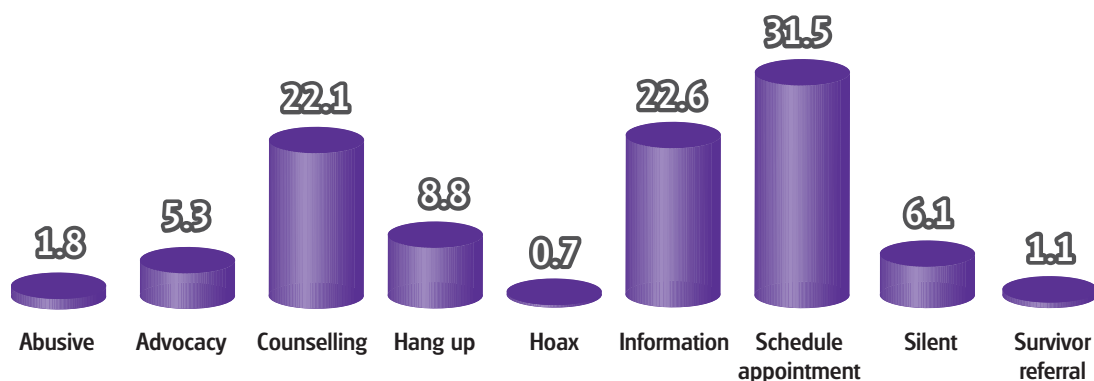
Helpline

“It feels good knowing there will be someone there if I ever need them.”

(Participant in RCC youth education programme, 2010)

In 2010, 15,289 contacts were made to RCC Helplines throughout Ireland. This is an increase of 23.4% from 2009 figures. Helpline figures for 2009 represented the lowest estimate of Helpline contacts as this was the first year that this data was collected. Every RCC in Ireland has a Helpline which offers counselling, support, advocacy and information to a whole range of people through different mediums. The majority of these contacts were voice calls (91%). Texts made up almost one out of ten contacts (8.7%) and emails made up less than one percent (0.3%). Calls ranged from 1 minute up to 3 hours.

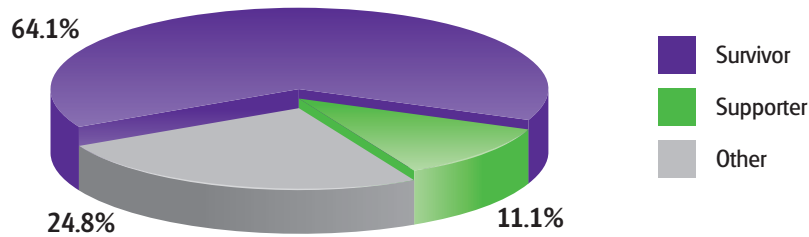
Graph 8: Helpline nature of contact (%) n = 15,289



In Graph 8 we see that:

- One third of people made contact with the Helplines to schedule an appointment (31.5%);
- Approximately two out of ten made contact to ask for information or for counselling (22.6% and 22.1% respectively);
- Less than one out of ten contacts to the Helplines hung up (8.8%);
- Followed by silent calls which accounted for 6.1% of all contacts;
- Advocacy was recorded as the main contact reason for 5.3% of contacts;
- Rape Crisis Centres reported that 1.8% of contacts were abusive; and
- 0.7% were hoax contacts;
- Approximately one percent of calls were from an organisation or professional wanting to refer a survivor to RCC services (1.1%).

Graph 9: Helpline caller type (%) n = 15,289



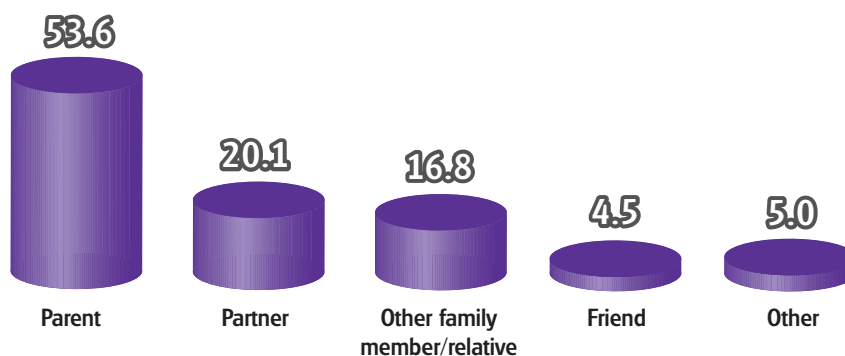
Graph 9 illustrates that:

- The majority of people contacting the Helplines were survivors of sexual violence (64.1%);
- Supporters of people who had been subjected to sexual violence accounted for over one out of ten contacts to the Helplines (11.1%);
- One quarter of those contacting the Helplines were other types of callers, such as medical personnel, Gardaí, researchers, etc (24.8%).

Supporting the Supporters

Supporters are invaluable in helping survivors to rebuild their lives. Receiving compassionate and validating responses from friends and family can make a substantial difference. A supporter may want to help and not know what to do or say. In addition, a supporter may feel overwhelmed and be struggling with her or his own feelings of helplessness. It is natural and normal for supporters to experience shock, anger and devastation as well. It is a clear indication of the impact of sexual violence that those around the survivor can also suffer consequences. In order to provide support to survivors, and in order for supporters to deal with the impact of the sexual violence upon themselves, it is vital that supporters also have access to the expert counselling and support that RCCs provide.

Graph 10: Relationship of supporters to survivors (%) n = 179



One out of ten people attending RCCs for counselling and support were supporting a survivor of sexual violence (10.7%). As Graph 10 illustrates:

- Survivors' parents accounted for half of the supporters attending RCCs (53.6%);
- Two out of five supporters were partners of survivors (20.1%); and
- Less than two out of ten were other family members/relatives (16.8%);
- Friends and acquaintances made up 4.5% of supporters.



Education and Training

“I learnt that rape and sexual abuse is never your fault and you should never stay in an unhealthy relationship.”

(Participant in RCC youth education programme, 2010)

The social context in which sexual violence is perpetrated is shaped by the culture, politics, and economics of society. These systems interact to reinforce norms, values, and responses to sexual violence in society. Sufficient changes in any one or all of the structures of society can play a significant part in changing how sexual violence is perpetrated by the abuser and experienced by the survivor, and how both are challenged and/or supported. As such education and training, and social change have always been central to the Rape Crisis movements work.

If society continues to perpetuate misinformation and stereotypes of sexual violence that do not match what is actually occurring, we are severely limiting the options for survivors as well as constraining opportunities to hold perpetrators accountable for their behaviour.

By using the information gained from this data, as well as other additional information, participating RCCs provide education and training as part of their commitment to survivors so that the learning from their experiences will contribute to the changes needed for an abuse-free society. Thirteen member RCCs delivered over 36,500 contact hours or 709 contact hours per week of education and training per week to over 8500 professionals, community members and young people in 2010.

Youth education

RCCs delivered youth education to the following groups:

- 2nd and 3rd level students
- Youth groups
- Student groups

Training for professionals

RCCs delivered education and training for professionals to the following groups:

- Addiction services
- Asylum seeker and refugee groups
- Community groups
- Domestic violence services
- Gardaí
- Intercultural organisations
- Mental health groups
- Medical professionals
- Probation services
- 2nd and 3rd level teachers
- Social workers
- Trainee chaplains
- Traveller groups
- Women’s refuges

On the importance of belonging to a Network:

“Responding to rape survivors locally and providing outreach in rural Ireland, and constantly raising the funds to do that, doesn’t always allow you to have a positive leading role in national consciousness raising and vital policy work. RCNI take this role on our behalf and make it easy for us to constantly feed information into their work.”

(RCNI Member Rape Crisis Centre)



Case study: Wexford Rape & Sexual Abuse Support Service Youth Education Programme Worker describes their Youth Education Programme

“During our teenage years we are transitioning from childhood into adulthood. It is a stage in life in which we can often feel cut off and alienated from the wider community. We are often treated like children while being faced with making adult decisions. Teenagers often feel pressurised into making decisions that affect their lives profoundly, without really having the knowledge they require to, firstly, deal with the pressure, and secondly, make the decision that is right for them as an individual. A young person can often feel as though s/he is drowning in a sea of confusion. It’s all very well being told what is the right thing to do and what is the wrong thing to do by the adult world, or to be aware of the legal boundaries but neither of these helps a young person to deal with the emotional struggle that lies at the core of this very confusing stage in life.



(The Learning for Living Programme imagery, 2010)

The Learning for Living Programme aims to alleviate this sense of confusion and vulnerability. It aims to provide young people with accurate information in a non-judgmental, un-opinionated manner thus empowering them with the knowledge they need to make well-informed autonomous decisions. The programme offers young people an opportunity to explore, question, and challenge their own belief systems or indeed discover their own belief systems. It encourages young people to openly explore their own thoughts and feelings about issues that are of great relevance to their stage in life. It helps them to become more attuned to what they intuitively know is right for them. It prepares them for situations that are inevitably going to arise within their teenage life and helps them to decide, on an individual basis, how they wish to deal with these situations. The ultimate aim of this programme is to protect the emotional and psychological well being of young people so that they may transition into adulthood with high self esteem and with happiness in their hearts.

The Learning for Living Programme was first developed in 2004 and has continued to develop and expand since then. It was initially modelled on other programmes and educational work that was being done in other counties by other RCCs such as Carlow and Galway. We decided that the programme needed at least five 90 minute sessions in order to be delivered in full. In the beginning it was quite a struggle to get schools to agree to giving us so much time. However, because the programme content covered many areas of the SPHE curriculum, schools did decide that they could accommodate us. Within two years of starting the programme, the demand had become so great, I was struggling to accommodate everyone. We now have an educational outreach team of four to help to keep up with the demand.

The Learning for Living Programme is also being delivered to various youth projects across the county. The programme is now included in the Youth Clubs Volunteer Development Programme. This year we were also given the opportunity to deliver a modified version of the programme to some young Traveller children and early next year we will be delivering the programme to their mothers and other young Traveller women. A special ten week version of the programme was also developed and delivered to a group of learning disabled people in one of the County Community Workshops and was a great success.”



Case study: Rape Crisis Midwest Trainer describes their adult education and training

“Rape Crisis Centres work with varying degrees of closeness, with a range of other professionals, Gardaí, Doctors, Social Workers, Mental Health and Addiction service providers – the list goes on. When these other professionals have an understanding of our work and our level of expertise, the shared knowledge of the work can make a very difficult time easier for the client.

Training other professionals to give them this knowledge is key to improving responses to survivors.

Here in the Midwest we have for a number of years been delivering one day training in partnership with the HSE, three times each year (once in each county we serve). The training is targeted at other frontline professionals and there is usually a wide mix of participants. We also participate in the training delivered to the forensic medical examiners and deliver a module to the psychiatric nursing degree course in Trinity College.

Resources allowing us to deliver training to other professionals have always been scarce and will be much more so in the coming years. We will need to be creative and perhaps find ways to share training with others.

We are ‘hosting’ a legal seminar in November 2011 on Sexual Offence Law. It is being advertised to solicitors and barristers in the region as Continuing Professional Development. The speakers are volunteering their time, the venue and catering are sponsored, and as we are charging a fee we will even make a few bob - while leaving space in the programme for our input.

Up skilling ourselves to deliver training is very important. Our core staff are all Fetac Level 6 trainers and we hope in the coming years to train our general volunteers in presentation skills to enable them to deliver basic information without impacting on counselling services.

We are awaiting a decision from An Bord Pleanála which will (if favourable) see us with an onsite training facility. We have big plans, great people, and a lot of energy but no money. All suggestions are welcome.”

On the importance of belonging to a Network:

“Working with the RCNI has improved our local relations with other agencies – the RCNI has organised events through-out the country which brought a wide range of agencies together and informed us all on, for example, how the legal system can be changed. Our relations with local Gardaí improved a lot after one seminar in our region – partly because so many local Gardaí attended along with so many rape crisis volunteers”.

(RCNI Member Rape Crisis Centre)



Social Change

Central to preventing sexual violence is a survivor feeling confident enough to tell. Rape Crisis Centres strive to not only provide a safe and confidential, private space for survivors to tell and seek support but to change society so that survivors might trust that their community and society will treat them with respect, dignity and belief if they chose to tell and to seek support. Any changes in public understandings and awareness of sexual violence therefore can have an impact on survivors' choices to stay silent or to tell and to seek support.

In 2010 RCCs noted an increase in demand on their services with the release of major reports involving sexual violence and media coverage of those and local cases.

In addition most centres organised a wide variety of proactive public awareness activities, from local stand alone poster, media and fundraising events to events organised to coincide with nationally coordinated campaigns such as the White Ribbon Campaign and the 16 Days of Action Against Gender Based Violence.

In these public awareness and social change activities

RCCs partnered with a wide variety of other organisations including domestic violence services, child and youth organisations, men's organisations, refugee and asylum groups, and educational and health services. Centres also engaged in responding to and challenging sexual objectification, inappropriate sexualisation of children and the minimisation of sexual violence.



(Painting by participants in female survivors of child sexual violence support group, 2010)

Inter-agency Work

“This group has enriched my life in so many powerful ways, inspired me to face dark corners and taught me how to have honest and healthy adult relationships.”

(Survivor attending group support session, 2010)

A joined up approach is central to the RCC model in Ireland. No one agency has all the answers and survivors may be in contact with a range of agencies and individuals in seeking recovery and recognition of the crimes perpetrated against them. Prevention work is also greatly enhanced by relevant agencies working closely with a shared appreciation of the different roles of the agencies involved. Forming good relations across a range of statutory and non-statutory agencies requires a considerable commitment of resources by RCCs

RCCs are active members of Regional Advisory Committees (RACs) and Local Area Networks working alongside Probation Services, the Gardaí, and Community Care.

In order to deliver better and accessible services, in 2010 RCCs worked for example with:

- Domestic violence refuges and support services;
- Traveller Health Workers and support groups;
- Refugee resettlement groups;



- Counselling services;
- Youth workers; and
- A patient support group.

Three specific examples of some inter-agency projects in 2010 include:

- A support group co-facilitated by the RCC and the domestic violence refuge for women who have left violent partners;
- RCC staff and volunteers going to a refuge and providing support for refuge staff in dealing with the sexual violence experienced by women staying in the refuge; and
- working with Traveller Health Workers to develop a programme for Traveller women.

Case study: Rape Crisis & Sexual Abuse Counselling Centre Sligo, Leitrim & West Cavan counsellor describes their interagency work

Over the years we have found that the best interagency work comes from establishing a shared agenda or goal that is an agreed priority for all agencies involved. For instance in our recent research work 'Addressing the Needs of Young People- A Broader View of Sexual Health' we deliberately widened the subject to sexual health rather than sexual violence to encompass a wider range of agencies and stakeholders whilst ensuring that sexual violence is considered a key part of any sexual health initiative.

The interagency work our centre did in 2010 was reduced in comparison with 2009. This is due to increasing workloads but also it is harder to liaise with other voluntary and statutory agencies as all agencies budgets are restricted. It is difficult to prioritise the necessary awareness raising and networking in the face of so many other demands on limited resources, for us it has become a case of quite literally 'We can't be in two places at once.' There has been a shift in our awareness raising strategy in that we now capitalise on opportunities that become available rather than be the driving force and creator of events. One such event in 2010 was the 'Sexualities – Issues in Social Care Seminar' ran by Sligo Institute of Technology which was really well attended and where we spoke and ran a workshop.

Overall the recent trend for our interagency work is that we are doing less events but to larger groups of participants, for 2011 we are looking at what we can do on a smaller scale around inviting various agencies/groups to visit us and vice versa in a more intimate and informal setting. Finally, one of the most important aspects of networking for me is meeting people who day in day out do amazing community based work with creativity and enthusiasm, their passion and dedication sustains my own.

On the importance of belonging to a Network:

“The data and opinions of RCNI are valued and respected, which in turn has made our work much easier, especially in creating external relationships with members of An Garda Síochána and the HSE”

(RCNI Member Rape Crisis Centre)



RCNI Model of Rape Crisis Centre Service Delivery

*“I Left the house here at seven,
to be there exactly on time,
The road into town now seemed further that night,
I felt like I’d committed some crime,

My hands were wet upon the steering wheel,
My legs stuck hard to the floor,
On the first night I went to the RCC
Not sure was it the pink or blue door?

I was greeted so kind by a woman,
Was welcomed with words of delight,
Was led to a room so peaceful & quiet,
Now I’m glad that I went there that night,

I could speak to a counsellor who would listen,
As I was allowed to spill out my heart,
I could punch or kick at this bean bag.
No more was I falling apart,

For each week I still take this journey,
And I will for as long as I need,
For the RCC has given me life back,
And helped me to sow a new seed.”*

(Survivor, 2010)

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

In conjunction with RCCs, and research into national and international best practice, the RCNI has developed a Best Practice Model to outline the underlying principles and describe the way in which RCCs provide services (RCNI, 2010e). All RCNI member RCCs have signed up to this Model. This includes a number of Best Practice Standards necessary to ensure that the Model is delivered upon. These Standards form part of a number of Service Level Agreements with the HSE and include governance, direct services and social change. Some of the specific Standards are Advocacy, Client Complaints, Data Collection & Dissemination, Data Protection, Direct Services, Outreach, Public Awareness and Therapeutic Referral.

On the importance of belonging to a Network:

“There is more hope for prevention if we work together.”

(RCNI Member Rape Crisis Centre)



Crimes of Sexual Violence Disclosed to Rape Crisis Centres 2010

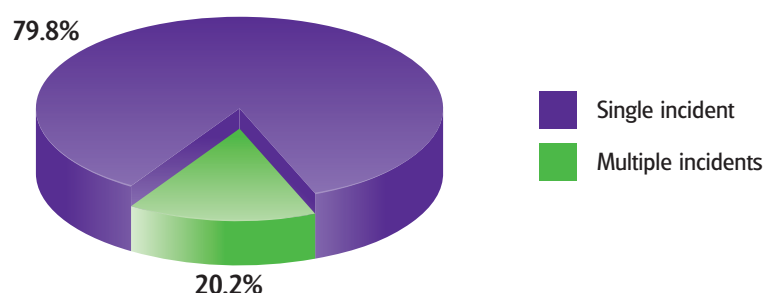
“I just wanted to thank you for all your help and support during my time of crisis. I’ll remember you fondly as a special person that made a huge impact on my life and who I am. The understanding and empathy you have shown to me through my difficult times have made an enormous difference. I always felt like I was talking to a very wise friend.”

(Survivor, 2010)

Introduction

In the following analysis we refer to incidents of sexual violence. **An incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by either the same perpetrator acting alone, or a specific group of perpetrators acting together.** An incident of sexual violence may last hours, days, weeks, months or years. The RCNI Database collects data on survivor’s abuse details by incident, in line with internationally recognised standards and definitions (Department of Health and Human Services, USA, 2009).

Graph 11: Number of incidents of sexual violence perpetrated against survivors (%) n = 1,491



In Graph 11 we see that:

- Eight out of ten of the 1,545 survivors attending RCCs in 2010 were subjected to one incident of sexual violence (79.8%);
- Two out of ten survivors attending RCCs in 2010 were subjected to more than one incident of sexual violence (20.2%).

In order to examine the data in as much detail as possible, the analysis of the sexual violence will examine those who were subjected to one incident of sexual violence, and those who were subjected to more than one incident of sexual violence, separately.

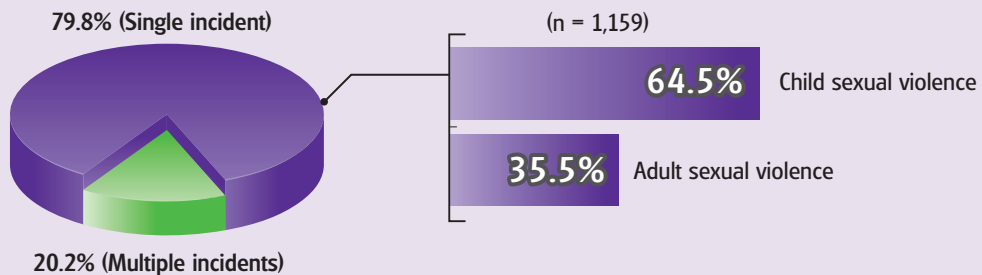
Due to improvements in the RCNI Database this is the first time that such an analysis of the sexual violence disclosed by survivors to RCCs throughout Ireland can be presented in this detail. The RCNI data collection system has been specifically designed to collect data in frontline services dedicated to working with victims of sexual violence. Over the past six years the data categories have been refined in order to better represent the collective story of RCC service users, answer important questions necessary to provide better services, inform national service planning and inform national discussions, debates and policy formation.

Single Incident Data (SI)

The following analysis details the sexual violence disclosed by all survivors who attended RCC services in 2010 and who were subjected to one incident of sexual violence. An incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by the same perpetrator either acting alone or a specific group of perpetrators acting together. An incident of sexual violence may last hours, days, weeks, months or years.

Sexual Violence Information

Graph 12: SI – When the sexual violence was perpetrated

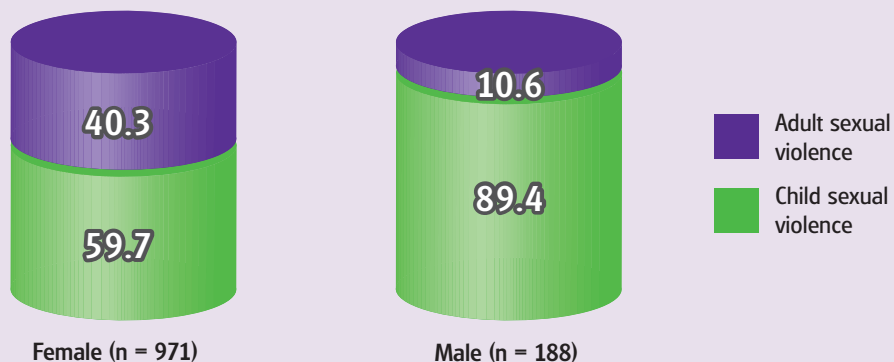


Approximately eight out of ten survivors attending RCCs in 2010 were subjected to one incident of sexual violence (79.8%). As shown in Graph 12:

- The majority of these survivors were subjected to sexual violence in their childhood (64.5%);
- Approximately one third were subjected to sexual violence as adults (35.5%).

Gender of survivors

Graph 13: SI – When the sexual violence was perpetrated by gender of survivor (%)



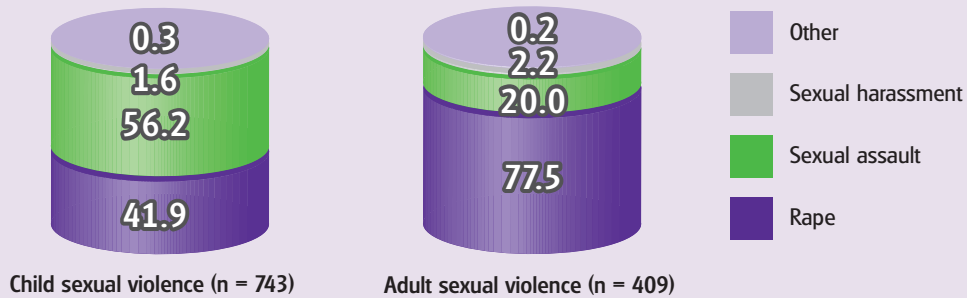
As Graph 13 illustrates:

- The majority of male survivors of a single incident of sexual violence were subjected to the violence in their childhood (89.4%);
- One out of ten males was subjected to the sexual violence as adults (10.6%);
- This contrasts with female survivors who were subjected to a single incident of sexual violence, where six out of ten were subjected to the violence in their childhood (59.7%); and
- Four out of ten were subjected to the violence as adults (40.3%).



Type of sexual violence

Graph 14: SI – Type of sexual violence by when the sexual violence was perpetrated (%)



Survivors who were subjected to sexual violence when they were children disclosed different types of sexual violence to those who were abused as adults.

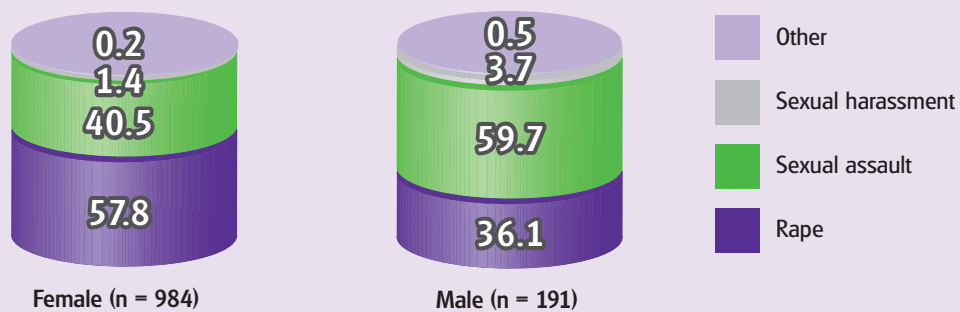
Looking at all single incidents of sexual violence disclosed by survivors attending RCCs in 2010, in Graph 14 we see that:

- Survivors of sexual violence as children most commonly reported sexual assault as the type of violence perpetrated against them (56.2%);
- Closely followed by rape (41.9%).

Survivors who were subjected to sexual violence when they were adults disclosed that:

- Rape was perpetrated against approximately eight out of ten of them (77.5%);
- Whilst one out of five disclosed that sexual assault was the type of violence perpetrated against them (20%);
- Sexual harassment was disclosed as the type of sexual violence by 2.2% of survivors who were adults at the time of violence; and by
- 1.6% of survivors who were children at the time of the violence.

Graph 15: SI – Type of sexual violence by gender (%)



When we examine the different types of abuse that female and male survivors disclose to RCCs differences also emerge (Graph 15):

- Female survivors disclosed rape as the most common type of sexual violence (57.8%);
- Followed by sexual assault (40.5%);
- This is in contrast to males who disclose sexual assault as the most common type of sexual violence (59.7%);
- Followed by rape (36.1%).

Types of other violence

Research tells us that sexual violence usually does not happen in isolation. It is usually combined with other types of violence (McGee et al, 2002: 94). RCNI data analysis supports these findings. Three quarters of survivors of single incidents of sexual violence disclosed that they had been subjected to other forms of violence along with the sexual violence (74.8%). The additional violence includes amongst others; harassment/intimidation, threats to kill, stalking, imprisonment, and attempts to kill.

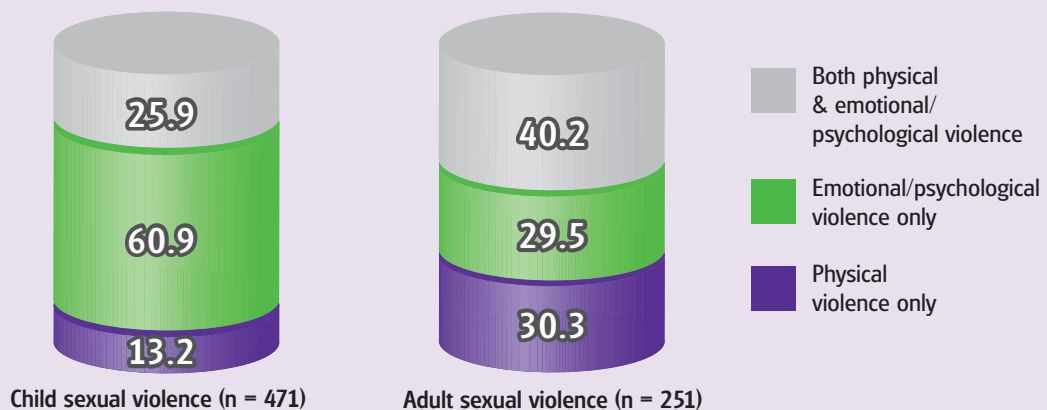
On the importance of belonging to a Network:

“As a result of our affiliation to the Network, the HSE looks more favourably on our service; sees we are working in accordance to best practice, standards, policies and procedures.”

(RCNI Member Rape Crisis Centre)

- Half of those who had been subjected to other forms of violence disclosed that it was emotional/psychological in nature (49.8%);
- One third disclosed that the other violence was both physical and emotional/psychological (31.3%);
- Two out of ten survivors who were subjected to other forms of violence disclosed that it was physical in nature (18.9%).

Graph 16: SI – Type of other violence by when the sexual violence was perpetrated (%)



Graph 16 illustrates the differences between the nature of other violence perpetrated against survivors who were subjected to child sexual violence and those who were subjected to adult sexual violence.

- Six out of ten survivors of child sexual violence disclosed that the other violence they had been subjected to was emotional/psychological in nature (60.9%);
- One quarter of survivors of child sexual violence said that the other violence was both physical and emotional/psychological (25.9%);
- Over one out of ten survivors of child sexual violence disclosed that the other violence had been purely physical in nature (13.2%).

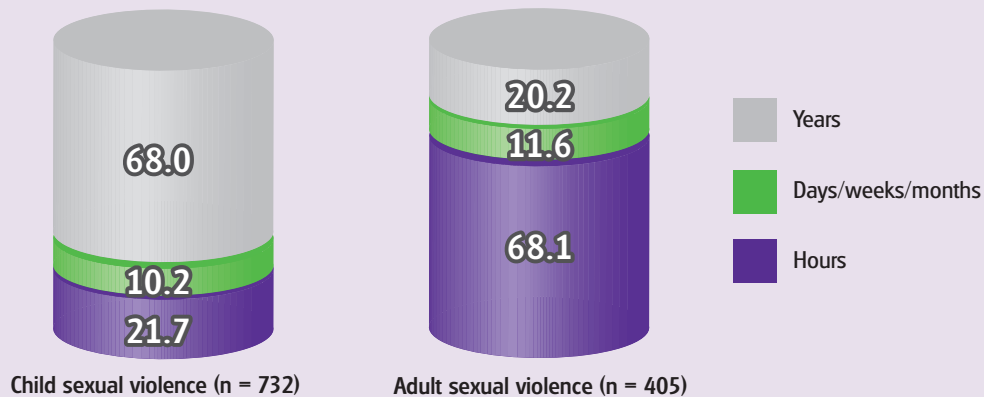
This is in contrast with survivors of adult sexual violence where:

- Four out of ten said that the other violence perpetrated against them was both physical and emotional/psychological in nature (40.2%);
- Three out of ten survivors of adult sexual violence disclosed that the other violence was either physical or emotional/psychological in nature (30.3% and 29.5% respectively).



Duration of violence

Graph 17: SI – Duration of sexual violence by when the violence was perpetrated (%)

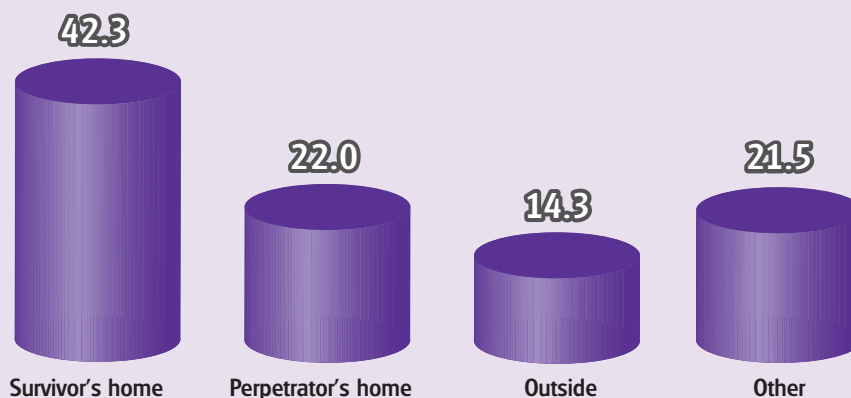


When we examine sexual violence disclosed to RCCs by survivors with one incident of sexual violence we see clear differences in the duration of the violence disclosed by survivors subjected to sexual violence as children and those subjected to sexual violence as adults (Graph 17).

- The majority of survivors of sexual violence as children disclosed being subjected to the violence over years (68%);
- This is in contrast with survivors of sexual violence as adults where seven out of ten disclosed that the violence was perpetrated over hours (68.1%); and
- Two out of ten disclosed that the violence was perpetrated over years (20.2%);
- Two out of ten survivors who were subjected to sexual violence as children disclosed that the violence was perpetrated over hours (21.7%).

Location of violence

Graph 18: SI – Location of sexual violence (%) n = 1,128



Looking at all survivors who disclosed one incident of sexual violence to Rape Crisis Centres (Graph 18):

- One out of four disclosed that the violence took place at their own homes (42.3%);
- The perpetrator's home was named as the location of the sexual violence by two out of ten survivors disclosing one incident of sexual violence (22%);

- Over one out of ten survivors disclosed that the sexual violence took place outside (14.3%);
- Two out of ten survivors named other locations as the places where the violence took place (21.5%). See the Index of Terms for details of other locations.

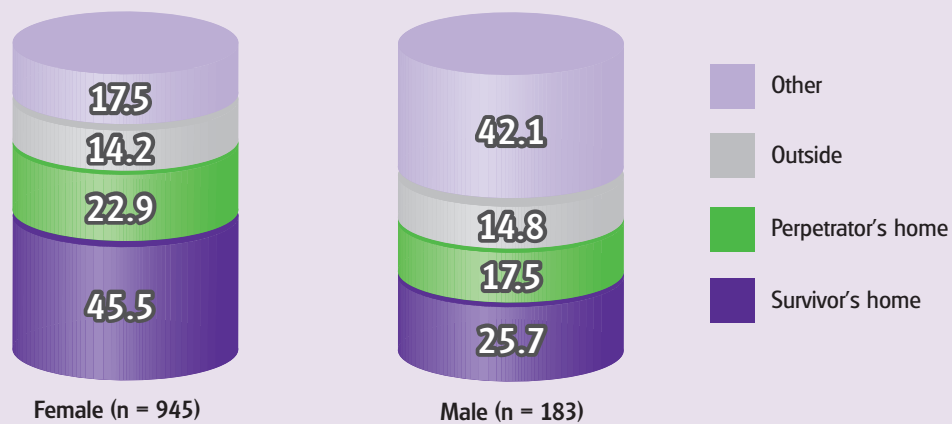
On the importance of belonging to a Network:

“RCNI connects us, gives us a sense of belonging, introduces us to colleagues in other places, and provides legal answers that when the answer cannot be found within our service.”

(RCNI Member Rape Crisis Centre)

There were no remarkable differences in the locations of the violence between survivors who were subjected to sexual violence as children and those subjected to sexual violence as adults.

Graph 19: SI – Location of sexual violence by gender (%)



When we compare the locations where the sexual violence took place by gender significant differences emerge (Graph 19).

- Almost half of female survivors disclosed that the violence took place in their own homes (45.5%);
- Compared with one quarter of male survivors (25.7%);
- Over two out of ten female survivors were subjected to the sexual violence in the perpetrators home (22.9%);
- Whilst less than two out of ten male survivors were subjected to the sexual violence in the perpetrators home (17.5%);
- Less than two out of ten females named other locations as the places where the violence was perpetrated (17.5%). See the Index of Terms for details of other locations;
- This compares with over four out of ten male survivors who were subjected to the violence in other locations (42.1%);
- The most significant difference between female and male survivors disclosing other locations was in school, where 14.7% of males were subjected to sexual violence, compared to 1.4% of females.



Perpetrator Information

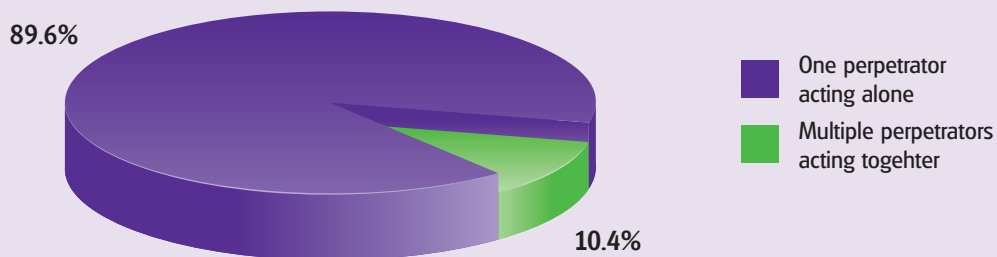
“I didn’t know that when I said no, that if he really loved me, he’d respect that instead of intimidating and manipulating me into giving in. When that kept happening I just gave up saying no, what was the point? I thought saying no would hurt his feelings, I didn’t want him to think I didn’t love him, I didn’t know that that’s not what love is about, nobody told me because I couldn’t tell anyone.”

(Survivor, 2010)

Increasing our understanding about perpetrators will support an evidence based response to the sexual violence in supporting survivors, holding perpetrators to account, and preventing this type of violence in the future. The RCNI Database allows examination of vital pieces of information on perpetrators, such as, how perpetrators acted, the nature of the survivor/perpetrator relationship, and the age of perpetrators. This report provides a new level of detail previously unavailable, due to further refinements in the RCNI Database.

Number of perpetrators

Graph 20: SI – Perpetrators acting alone or in groups (%) n = 1,190



As illustrated in Graph 20, the majority of survivors disclosing one incident of sexual violence were subjected to the violence by one perpetrator acting alone (89.6%). One out of ten survivors disclosed that the sexual violence was perpetrated by a specific group of perpetrators acting together (10.4%). There are no significant differences in the number of perpetrators between female and male survivors, or between those subjected to sexual violence as children and those subjected to sexual violence as adults.

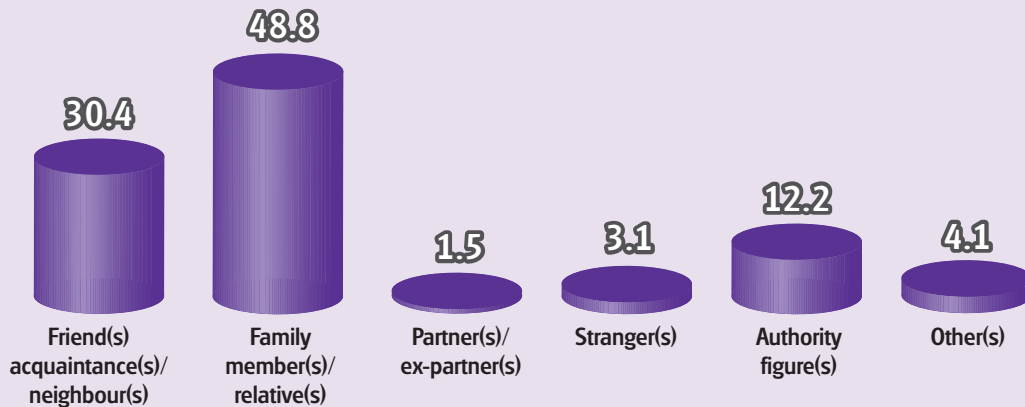
Relationship of perpetrator to survivor

As in previous years approximately nine out of ten perpetrators were known to the survivor (89.6%).

- Approximately one third of perpetrators were family members/relatives (33.7%); and
- One third were friends, acquaintances and neighbours (33.4%);
- Authority figures accounted for approximately one out of ten perpetrators (11.7%);
- Partners and ex-partners were named as the perpetrators by one out of ten survivors (10.7%);
- Strangers were disclosed as the perpetrators by less than one out of ten survivors (6.2%).

A stranger is defined as someone the survivor has never met before, in contrast with an acquaintance who is someone that the survivor may have known to say hello to, or have chatted to in a nightclub, etc. The category of friends, acquaintances and neighbours used in this report offers a wider catch-all which allows for any subjective differences that may arise in defining these types of relationships.

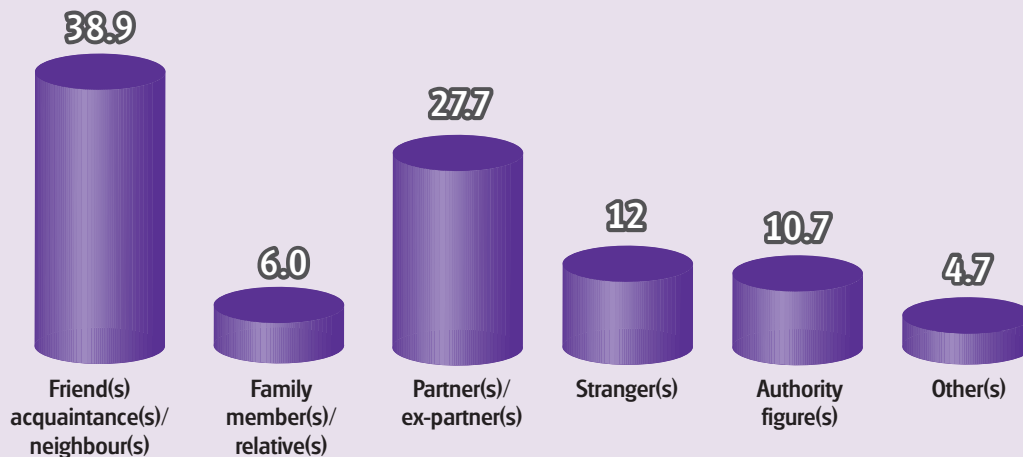
Graph 21: SI – Survivors of child sexual violence: relationship to perpetrator(s) (%) n = 738



Clear differences emerge between survivors' relationships to the perpetrators when we examine sexual violence that took place when survivors were children and that which took place when survivors were adults (Graph 21).

- Half of survivors who were children when subjected to the sexual violence reported that family members/relatives were the perpetrators responsible for the violence (48.8%);
- Followed by friends, acquaintances and neighbours (30.4%);
- Authority figures were the perpetrators in over one out of ten cases disclosed by survivors of sexual violence as children (12.2%).

Graph 22: SI – Survivors of adult sexual violence: relationship to perpetrator(s) (%) n = 401

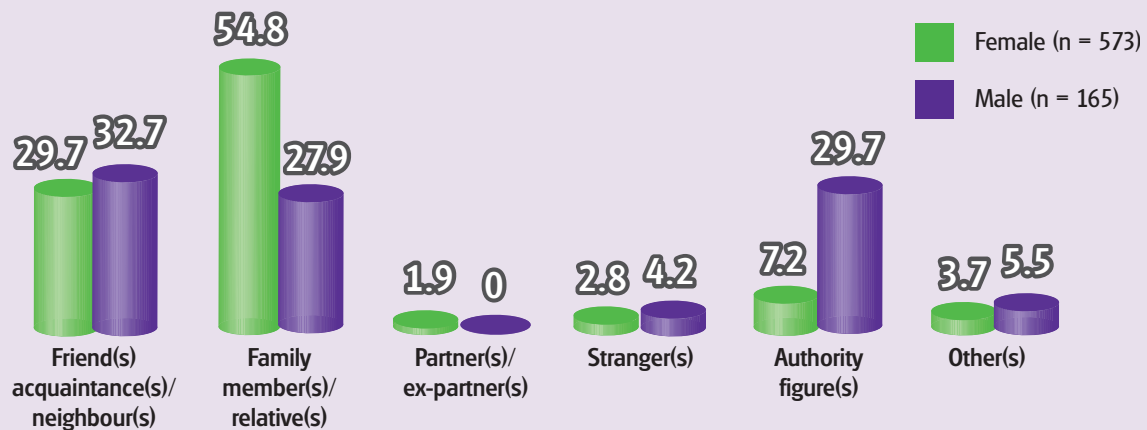


Survivors who were adults when the sexual violence took place disclosed that (Graph 22):

- Friends, acquaintances and neighbours were most commonly the perpetrators (38.9%);
- Followed by partners and ex-partners (27.7%);
- Strangers were disclosed as the perpetrators by 12% of survivors of sexual violence as adults;
- One out of ten survivors of sexual violence as adults named authority figures as the perpetrators (10.7%).



Graph 23: SI – Survivors of child sexual violence: relationship to perpetrator(s) by gender (%)



Differences can also be seen when we look at relationships to perpetrators for male and female survivors of sexual violence. The following analysis focuses solely on survivors of single incidents who were subjected to sexual violence as children because the numbers of male survivors who were subjected to violence as adults is too low to examine any gender differences in detail (Graph 23).

Graph 23 illustrates that female survivors of sexual violence as children disclosed that:

- The violence was perpetrated against them by a family member in over half of cases (54.8%);
- One third were subjected to the sexual violence by friends, acquaintances and neighbours (29.7%);
- Less than one out of ten were subjected to the violence by authority figures (7.2%); and
- Less named strangers as the perpetrators (2.8%).

Male survivors of sexual violence as children disclosed that:

- Friends, acquaintances and neighbours were most commonly named as the perpetrators by male survivors of sexual violence as children (32.7%);
- Followed closely by authority figures (29.7%); and
- Family members (27.9%);
- Strangers were named as the perpetrators by a small percentage of survivors (4.2%).

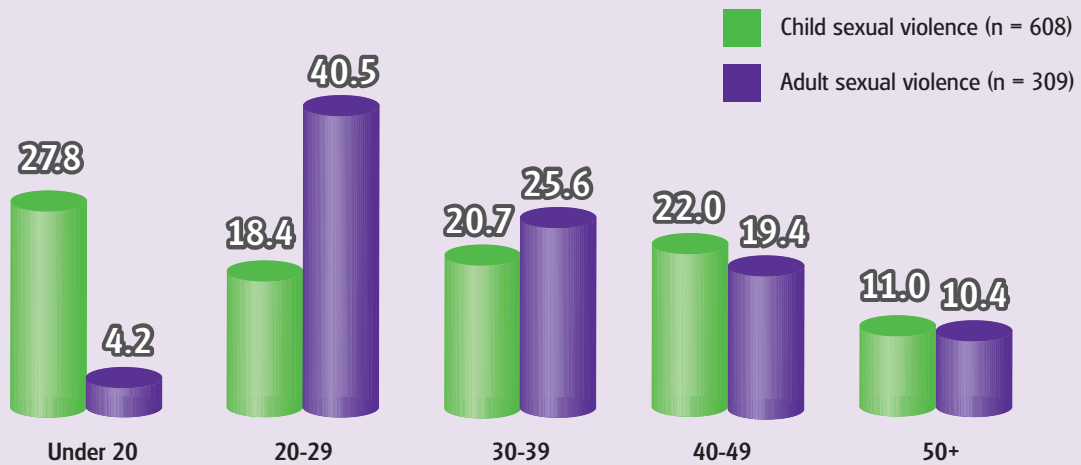
Age of perpetrators

The following analysis examines the average age of perpetrators acting alone in single incidents of sexual violence.

- Approximately seven out of ten survivors disclosed that the average age of perpetrators was between 20 to 49 (69.4%);
- A quarter of survivors disclosed that perpetrators were between the ages of 20 to 29 (25.6%);
- Approximately two out of ten survivors disclosed that perpetrators were aged 30 to 39 and 40 to 49 (22.3% and 21.5% respectively).

Sexual perpetrators with an average age which was under 18 accounted for over one out of ten perpetrators disclosed by survivors (13.5%). More information on child perpetrators is available in RCNI Statistical Report on Crimes of Child Sexual Violence (RCNI, 2011a).

Graph 24: SI – Age of perpetrator by when the sexual violence was perpetrated (%)



As seen in Graph 24, when we examine the age of perpetrators acting alone in more detail we also see differences emerge between those that were subjected to sexual violence as children and those that were subjected to sexual violence as adults.

There were no notable variations in the ages of perpetrators for survivors of child sexual violence:

- Just under three out of ten survivors of child sexual violence disclosed that perpetrators were under the age of 20 (27.8%);
- Perpetrators between the ages of 20 to 29, 30 to 39, and 40 to 49 were disclosed by survivors of sexual violence as children in approximately equal numbers (18.4%, 20.7% and 22% respectively).

Perpetrators who were under the age of 18 when they subjected the survivor to the violence accounted for two out of ten perpetrators disclosed by survivors of sexual violence as children (19.7%). More information on child perpetrators is available in RCNI Statistical Report on Crimes of Child Sexual Violence (RCNI, 2011a).

There were notable variations in the ages of perpetrators for survivors of adult sexual violence:

- Four out of ten survivors of sexual violence as adults disclosed that perpetrators were in the 20 to 29 age category (40.5%);
- One quarter of perpetrators of sexual violence against adults were between the ages of 30 to 39 (25.6%); and
- Two out of ten were between the ages of 40 to 49 (19.4%);

Perpetrators of sexual violence against adults who were under 18 when they committed the violence accounted for 1.3% of perpetrators. More information on child perpetrators is available in RCNI Statistical Report on Crimes of Child Sexual Violence (RCNI, 2011a).

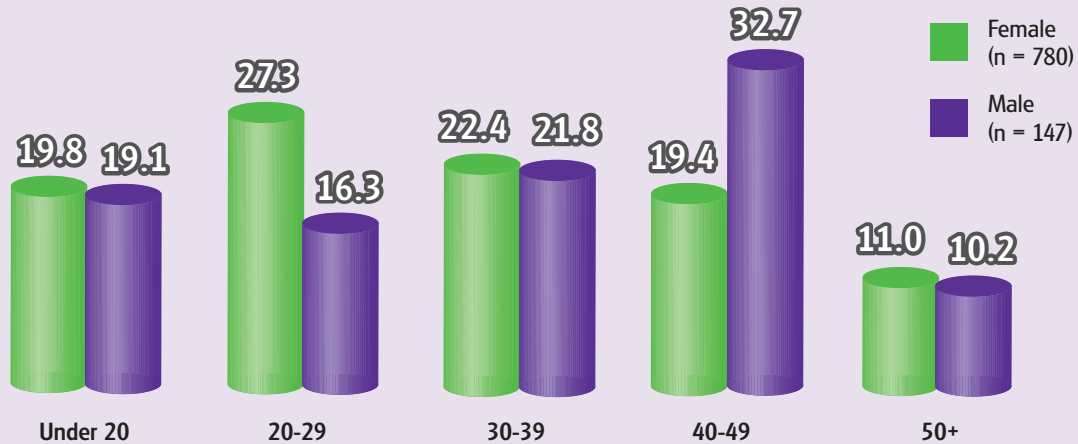
On the importance of belonging to a Network:

“Rape Crisis Centres respond to survivors’ needs after the fact, but the RCNI never loses sight of the perpetrator and works on prevention.”

(RCNI Member Rape Crisis Centre)



Graph 25: SI – Age of perpetrator by gender of survivor (%)



As Graph 25 illustrates there are also differences in the age of perpetrators acting alone at the time they subjected female and male survivors to the sexual violence.

- Three out of ten female survivors disclosed that the perpetrator was between the ages of 20 to 29 at the time of the violence (27.3%);
- Less than two out of ten perpetrators of sexual violence against males were aged 20 to 29 (16.3%);
- Less than two out of ten perpetrators of sexual violence against females were aged 40 to 49 (19.4%);
- Male survivors disclosed that three out of ten perpetrators were between the ages of 40 to 49 at the time of the violence (32.7%);
- Approximately one quarter of both females and males disclosed that the perpetrators were between the ages of 30 to 39 when they committed the sexual violence (22.4% and 21.8% respectively);
- Approximately two out of ten female and male survivors disclosed that perpetrators were under the age of 20 (19.8% and 19.1% respectively).

On the importance of belonging to a Network:

“The network gives Rape Crisis Centres, and therefore the clients, a national platform where they are not alone heard, but respected.”

(RCNI Member Rape Crisis Centre)

Perpetrators of sexual violence who were under 18 were disclosed by approximately equal numbers of female and male survivors (13.3% and 14.3% respectively). More information on child perpetrators is available in RCNI Statistical Report on Crimes of Child Sexual Violence (RCNI, 2011a).

Multiple Incidents Data (MI)

“It was that very brave step into the unknown which helped us to become more than survivors. None of us wanted that first support group to end and thanks to the RCC it didn’t. Nourished by each other’s strength, courage and yes, even our tears we grew out of a darkness that had forced us to hibernate our feelings and our lives. In the aftermath of the hidden tsunami of sexual crime, we held each other, conquered our fears to become more than that one thing that had such a grip over us for way too long. These special friends made all the hard work worthwhile. Our journey wasn’t over when the group finally finished. It had only just begun.”

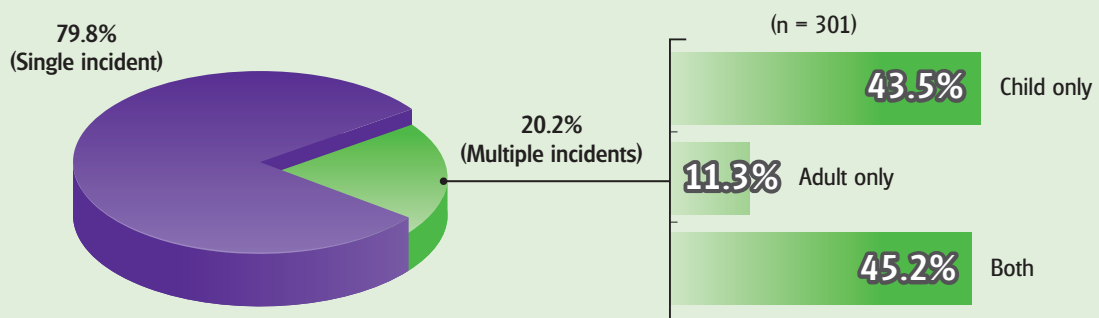
(Survivor attending group support session, 2010)

The following analysis examines all incidents of sexual violence for survivors who attended RCC services in 2010 who were subjected to more than one incident of violence. An incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by the same perpetrator acting alone or a specific group of perpetrators acting together. An incident of sexual violence may last hours, days, weeks, months or years.

As survivors of multiple incidents of sexual violence are subjected to different incidents of sexual violence by different perpetrators either acting alone or acting together, presenting the information in a concise and accessible way becomes complex. Survivors who were subjected to multiple incidents often had different types of violence perpetrated against them by different combinations of perpetrators in each incident. To make this report as accessible as possible, an overview of the information is presented where there are high levels of complexity.

Sexual Violence Information

Graph 26: MI – When the sexual violence was perpetrated



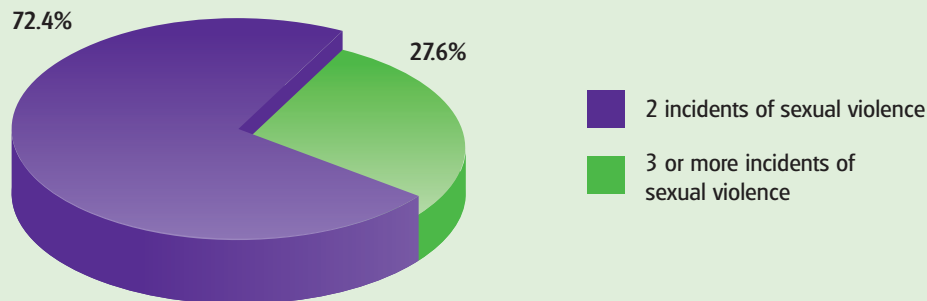
Two out of ten survivors attending RCCs in 2010 were subjected to more than one incident of sexual violence (20.2%). Of the 301 survivors who were subjected to multiple incidents of sexual violence (Graph 26):

- Less than half were subjected to sexual violence in both childhood and adulthood (45.2%);
- Over four out of ten disclosed that the sexual violence was perpetrated solely in their childhood (43.5%);
- Approximately one out of ten was subjected to sexual violence solely as adults (11.3%).



Number of incidents of sexual violence

**Graph 27: MI – Number of multiple incidents of sexual violence perpetrated against survivors
(%) n = 301**



Graph 27 illustrates that:

- Seven out of ten survivors who disclosed that they were subjected to multiple incidents of sexual violence were subjected to 2 incidents of violence (72.4%);
- Three out of ten survivors who disclosed that they were subjected to multiple incidents of sexual violence were subjected to more than 2 incidents of violence (27.6%).

Survivors who were revictimised by different perpetrators acting separately used 41% more counselling and support than survivors who were subjected to one incident of sexual violence. It is important to remember that an incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by the same perpetrator acting alone or a specific group of perpetrators acting together. An incident of sexual violence may last hours, days, weeks, months or years.

Type of sexual violence

Survivors who experience multiple incidents of sexual violence are often subjected to different forms of sexual violence in each incident. Severe types of sexual violence were perpetrated against the majority of survivors who were revictimised by different perpetrators acting separately, with almost nine out of ten being subjected to rape and/or sexual assault (87.1%).

Other violence

Seven out of ten survivors disclosing multiple incidents of sexual violence were also subjected to other violence alongside the sexual violence (70.4%). This is approximately the same for survivors who were subjected to a single incident of sexual violence. There were also no significant differences in the types of other violence perpetrated against those subjected to a single incident and those subjected to multiple incidents.

Duration of violence

Survivors who were revictimised by different perpetrators acting separately disclosed that the violence was perpetrated over a range of different lengths of time.

Location of violence

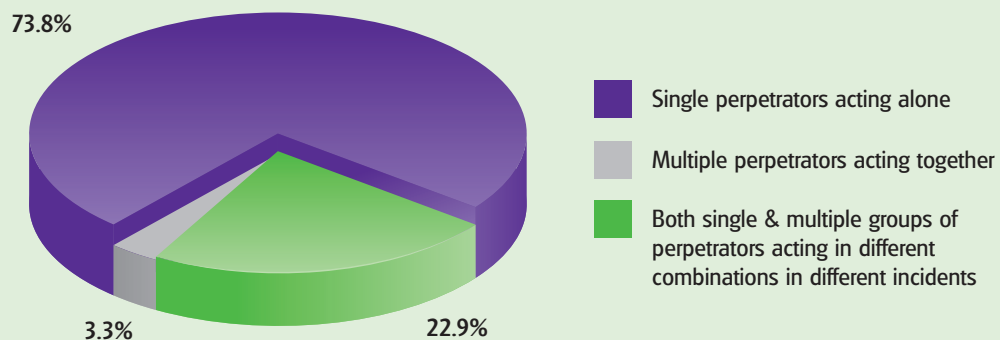
The majority of survivors disclosing multiple incidents of sexual violence were subjected to the violence in a number of different locations (66.1%). This is expected when we consider that each incident of sexual violence was perpetrated by different perpetrators and may have been carried out over long periods of time. The most common locations of sexual violence were combinations which included the survivor's home and/or the perpetrator's home (88.9%).

Perpetrator Information

The RCNI Database allows examination of vital pieces of information on perpetrators, such as, how perpetrators acted, the nature of the survivor/perpetrator relationship, and the age of the perpetrators.

Number of perpetrators

Graph 28: MI – Perpetrators acting alone or in groups (%) n = 301



As Graph 28 illustrates:

- Approximately three quarters of survivors subjected to more than one incident of sexual violence disclosed that the violence had been perpetrated against them by perpetrators who acted alone each time they abused them (73.8%);
- Just under one quarter of survivors subjected to multiple incidents of sexual violence said that they were subjected to the violence by perpetrators who acted alone and perpetrators who acted in groups (22.9%);
- A small minority disclosed that they were subjected to sexual violence by a group of perpetrators or by multiple groups of perpetrators (3.3%) each time.

Relationship of perpetrator to survivor

As survivors of multiple incidents of sexual violence are subjected to different incidents of sexual violence by different perpetrators either acting alone or acting together, the relationships between the survivor and perpetrators are often complex. The majority of these survivors had the violence perpetrated against them by people who were within their circle of trust. This includes different combinations of family members and/or friends/acquaintances/ neighbours and/or partners/ex partners, either acting alone or acting together in different incidents (92.4%).



Disclosing and Reporting the Sexual Violence 2010

*I'm a rabbit in the headlight
Though I see the danger there
The fear can just take over
All I do is stand and stare.*

*I'm a rabbit in the headlight
They say I should take flight
But it is not in my nature
Nor can I stand and fight.*

*I'm a rabbit in the headlight
This is how I react
For some it makes me easy prey
Is this why I'm attacked?*

*I'm a rabbit in the headlight
They know I will not run
It's not that I don't feel the fear
When they pull out the gun.*

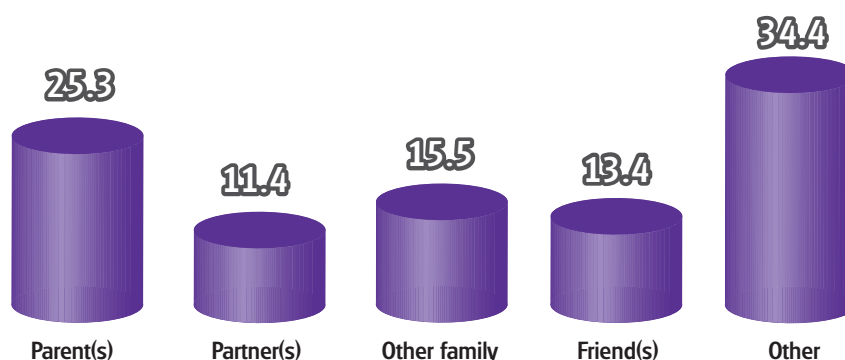
*I'm a rabbit in the headlight
For now I will endure
But I'm not the only rabbit
I believe we're one in four.*

(Survivor, 2010)

Telling someone for the first time

The following analysis refers to all survivors. For over one out of ten survivors attending RCCs in 2010 the RCC personnel were the first people they told about the sexual violence (12.9%). We know from SAVI that many survivors never tell anyone (McGee et al 2002: 120). Telling someone is a critical step for gaining support, starting recovery and over-coming sexual violence. It is often one of the most difficult steps, meaning that frequently victims remain in isolation and struggle alone. Survivors who do come to RCCs are more likely to have told someone about the sexual violence already, yet over one out of ten survivors attending RCCs in 2010 never told anyone.

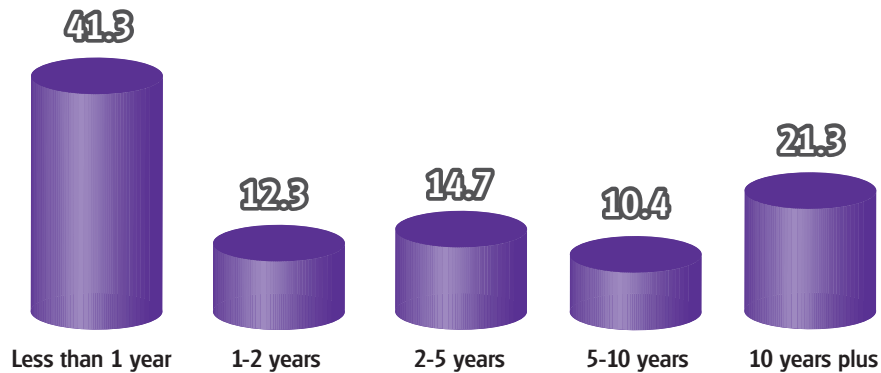
Graph 29: Who survivors first told about the sexual violence (%) n = 1,259



For the 87.1% of survivors who told someone else about the sexual violence they were subjected to before attending a RCC (Graph 29):

- One out of four disclosed the violence to parent(s) (25.3%);
- Less than two out of ten survivors told other family member(s) about the violence (15.5%);
- Over one out of ten told friend(s) about the sexual violence (13.4%);
- Over one out of ten survivors disclosed to partner(s) about the sexual violence (11.4%);
- One third of survivors told other people about the violence (34.4%).

Graph 30: How long after the sexual violence did survivors first tell someone about it (%) n = 1,136

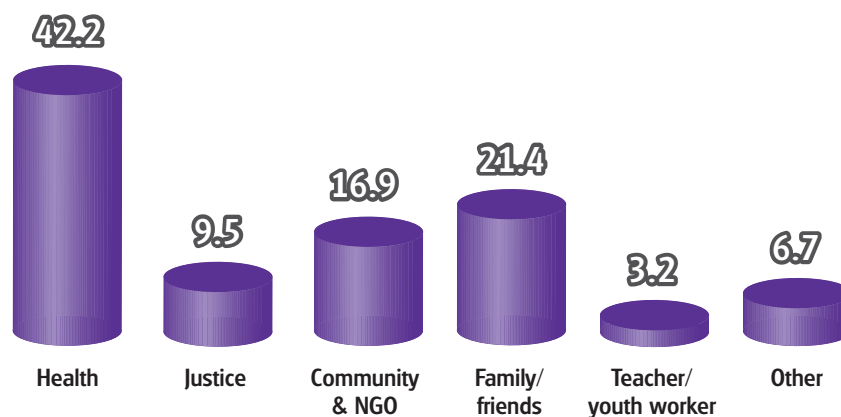


As Graph 30 illustrates:

- Almost four out of ten survivors told someone about the sexual violence less than one year after it was perpetrated against them (41.3%);
- Two out of ten survivors disclosed to someone ten years or more after the violence (21.3%);
- Over one out of ten survivors told someone about the sexual violence two to five years after it took place (14.7%); and
- One to two years after it was perpetrated against them (12.3%).

Referrals

Graph 31: Survivors referred to RCC by (%) n = 746



This analysis refers to all survivors. Relationships between all agencies responding to survivors of sexual violence need to work well together so that survivors get the services they need, when they need them. RCCs have established strong relationships with other agencies to better equip other agencies to meet the needs of survivors. Just over half of survivors of sexual violence and those supporting them make their ways to RCCs on their own initiative (51.4%). Less than half of survivors were referred to the RCC by another person or agency (48.6%). In the majority of cases where survivors are referred by another person it is by a formal source, such as Gardaí, medical services, and other NGOs (71.8%). In Graph 31 we see that of those survivors who made their way through referrals:



- Over four out of ten were referred by health agencies (42.2%);
- Just over two out of ten were referred by family/friends (21.4%);
- Less than two out of ten referrals were made by the community and NGO sector (16.9%);
- Justice agencies made one out of ten referrals (9.5%).

The most common formal sources of referral were from:

- GPs (16.5%);
- Other voluntary organisations (13.9%);
- Counsellors (9.7%);
- Gardai (7.4%); and
- Social workers (6.8%).

This serves to highlight the vital importance of specialised up-to-date training for these groups, as a means of ensuring that survivors feel able to disclose the sexual violence, and that good referrals are made to RCCs and other relevant organisations.

The most common other source of informal referral came from friends and relatives (21.4%). This is an indication of the importance of public awareness-raising campaigns so that people know what to do and where to refer if someone confides in them about an experience of sexual violence.

As in previous years, adult survivors of sexual violence as children only were more likely to self-refer than survivors of sexual violence as adults only (57.3% versus 41.7%). This may suggest relatively greater isolation for survivors of sexual violence as children.

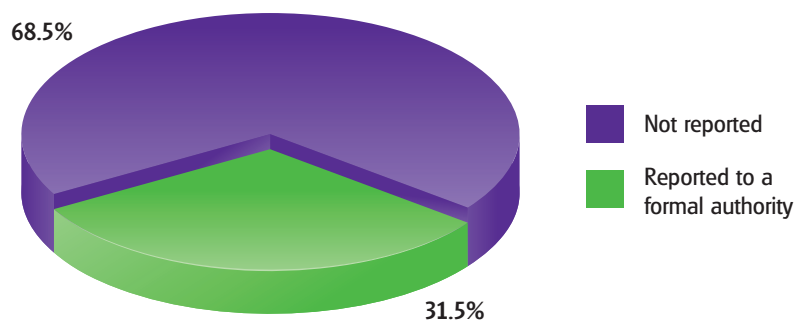
Time between sexual violence and RCC service usage

The majority of survivors of single incidents of child sexual violence attending RCCs in 2010 disclosed that the violence took place when they were under age 12. The majority of survivors of single incidents of adult sexual violence attending RCCs in 2010 disclosed that the violence took place when they were between the ages of 20 to 29 (58.9%).

For survivors of child sexual violence there is approximately a 20 year gap between the violence and accessing RCC services. For survivors of adult sexual violence there is on average a 5 year gap between the violence and accessing RCC services.

Reporting the sexual violence

Graph 32: Reporting the sexual violence to a formal authority (%) n = 1,485



This analysis refers to all survivors. Graph 32 illustrates that over three out of ten survivors who attended RCCs in 2010 reported the violence to the police and/or other formal authority (31.5%). Almost all of these survivors disclosed to the police (29.5%). This is the highest this figure has been in the history of RCNI National Statistics. In 2009 Statistics when we examined all incidents of sexual violence, 27.9% of survivors reported the violence to the police and/or other formal authority. Formal authorities include An Garda Síochána, the HSE, Redress Board, education authority and church authority. The number of survivors attending RCCs who reported the violence to the police is four to six times higher than the overall rate of reporting of sexual violence in Ireland according to SAVI figures, where 8% of survivors of sexual violence as children and 6% of survivors of sexual violence as adults, reported to the police (McGee et al, 2002: 128).

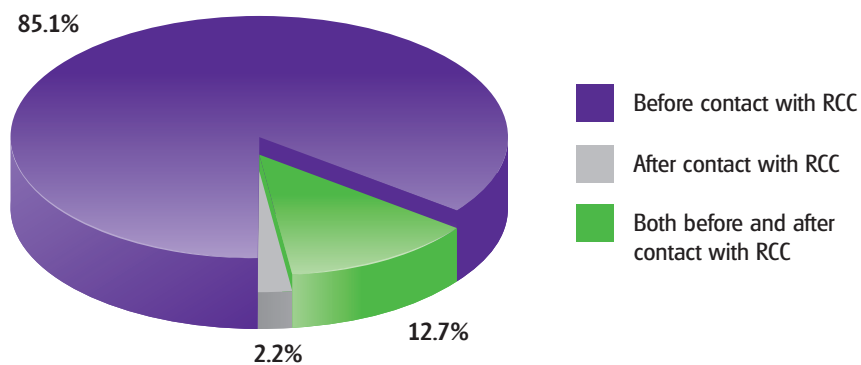
As Hanly et al point out in RAJI non-reporting of sexual violence has a number of consequences for the survivor and society; survivors may not be able to access the support services they need, offenders are not held to account, and information about the violence and its impact on the survivor is not collected (Hanly et al, 2009: 35). The RCNI Database therefore fills a gap in the gathering of accurate and reliable information from survivors of sexual violence who have not reported to any formal authority. It allows us to examine in details the nature of the violence and the impact on the survivor. The 68.5% of RCC survivors who did not report to any formal authority are therefore not included in any other formal statistics or records. This unique and essential part of the story and the only place where these survivors have their experiences documented publicly to support and influence national policy, is here in the RCNI National Statistics. The high level of self referral and referral from other agencies to RCCs demonstrates that RCCs are highly regarded and trusted.

On the importance of belonging to a Network:

“The research that the RCNI do and then how they promote the findings of the research is excellent, it highlights concrete evidence based issues around sexual violence for example the statistical analysis in the RCNI Annual Report and Rape and Justice in Ireland.”

(RCNI Member Rape Crisis Centre)

Graph 33: Reported to a formal authority before or after contact with RCC (%) n = 450

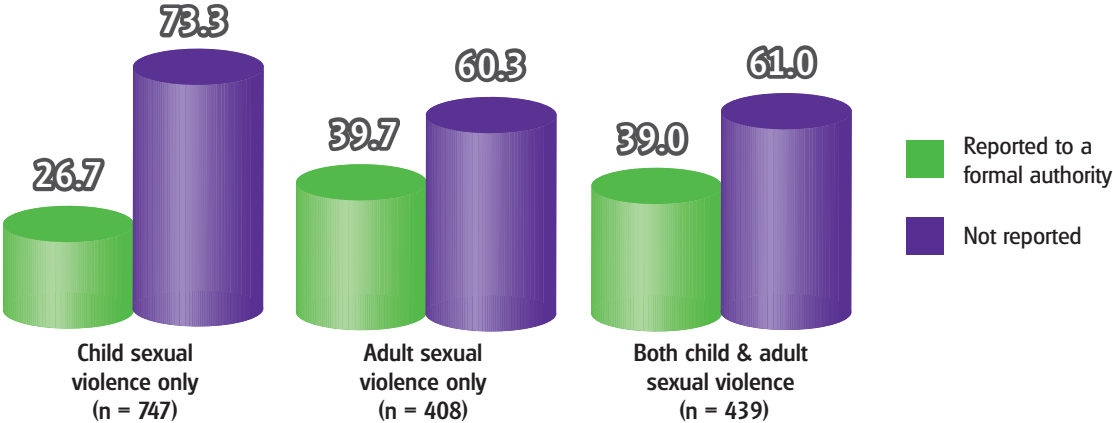


As seen in Graph 33, the majority of survivors who attended RCC services in 2010 who reported the sexual violence to a formal authority did so before they contacted the RCC (85.1%). Over one out of ten survivors who reported to a formal authority did so after they contacted the RCC (12.7%). A minority reported some of the incidents of violence before contact with the RCC and some after contact with the RCC (2.2%).



Reporting the sexual violence by when the sexual violence took place

Graph 34: Reported to a formal authority by when the sexual violence was perpetrated (%)



As Graph 34 illustrates:

- Four out of ten survivors of sexual violence solely as adults reported the violence to a formal authority (39.7%);
- Almost three out of ten survivors of sexual violence solely as children reported the violence to a formal authority (26.7%);
- Four out of ten survivors of sexual violence in both childhood and adulthood reported the violence to a formal authority (39%).



Survivor Demographics 2010

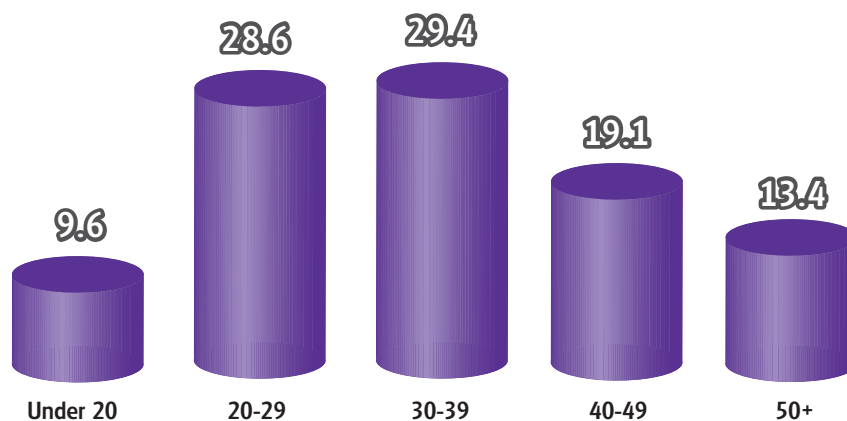
“Suddenly I was surrounded by women who had similar experiences. I was no longer locked into an isolated cube talking to someone who, although there for me 100%, could never understand where I had been. I wasn’t crazy (my life-long fear) and started to feel normal. We listened to and witnessed each other in a safe space where I could express myself openly. It was ok to cry or laugh and not have someone trying to ‘fix’ us. We learnt to trust.”

(Survivor attending group support session, 2010)

The following analysis looks closer at who survivors using RCC counselling and support are.

Age of survivors

Graph 35: Age of survivors accessing RCC services (%) n = 1,536



RCCs offer specialised counselling and support to both children and adults. As in previous years (Graph 35):

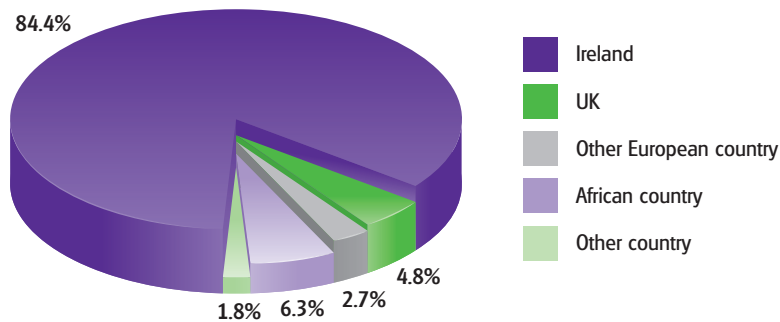
- The majority of survivors attending RCCs were between the ages of 20 and 49 (77.1%);
- Those in the age 20 to 29 and 30 to 39 age categories made up the largest groups of survivors (28.6% and 29.4% respectively);

Seventy nine survivors accessing RCC services in 2010 were children (5.1%). RCCs provide more counselling and support services to child survivors of sexual violence than any other non-statutory organisation in Ireland. In-depth information on sexual violence perpetrated against children attending RCCs in 2010 is available in RCNI Statistical Report on Crimes of Child Sexual Violence (RCNI, 2011a).



Country of origin

Graph 36: Survivors' country of origin (%) n = 1,542



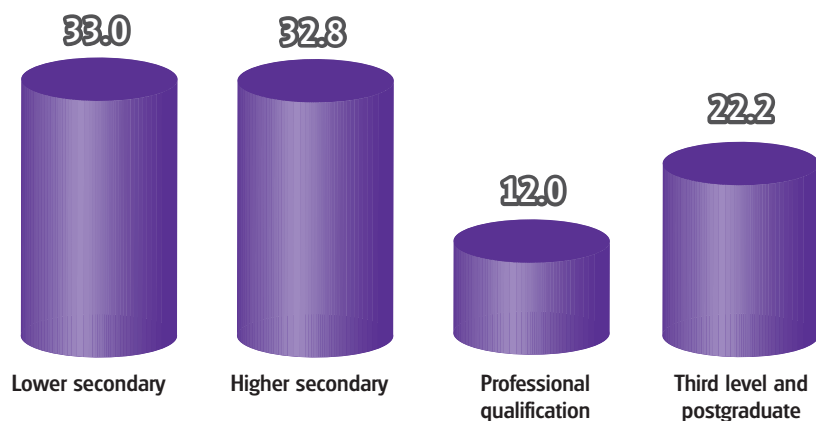
As illustrated in Graph 36:

- The majority of survivors attending RCCs in 2010 were Irish (84.4%). A small number of this 84.4% were members of the Traveller community (0.9%);
- Survivors from Northern Ireland attending RCCs in the Republic accounted for 0.7% of survivors;
- Survivors from the rest of the UK made up 4.1% of survivors;
- Survivors from other European countries accounted for 2.7% of survivors attending RCCs; and
- Survivors from African countries accounted for 6.3% of survivors;
- Those from other countries accounted for 1.8% of survivors attending RCC services in 2010.

Socio-economic background

In order to make RCC services as accessible as possible it is important to examine who is attending services, who is not availing of services and the reasons for this. Any gaps in services can then be addressed effectively. Collecting information on survivors' level of formal education and the type of housing they live in allows services to assess this.

Graph 37: Over age 18 survivors' level of education (%) n = 1,280



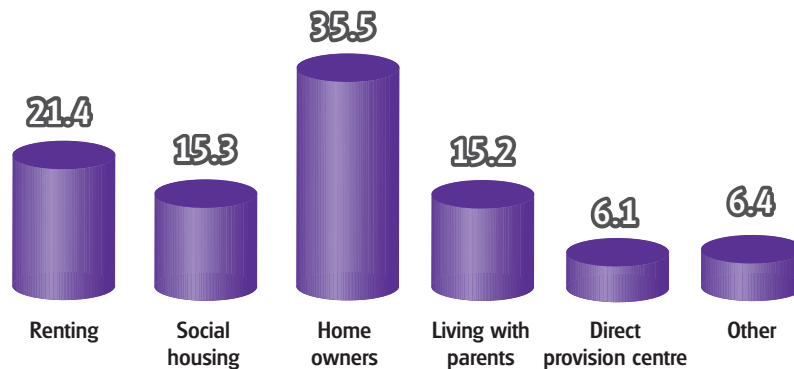
As seen in Graph 37 when we examined survivors who were no longer of the typical school-going age (over 18):

- One third said that their highest educational attainment was either Junior Certificate or Leaving Certificate or the equivalent (33% and 32.8% respectively);

- Two out of ten had a third level or postgraduate qualification (22.2%); and
- One out of ten had a professional qualification (12%).

According to CSO statistics on educational attainment RCC service users are representative of the general population (CSO, 2010). This is very positive as it suggests that RCCs are accessible to people from different socio-economic backgrounds.

Graph 38: Survivors' housing type (%) n = 1,399



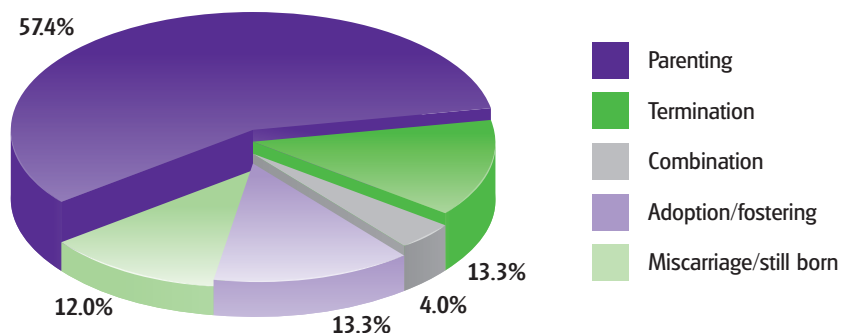
As Graph 38 illustrates:

- One third of all survivors were home owners (35.5%);
- Two out of ten said they were renting accommodation (21.4%); and
- Less than two out of ten were either living in social housing (15.3%); or
- Living with parents (15.2%);
- A minority were living in other types of housing (6.4%); or
- Direct Provision Centres (6.1%).

The percentage of those living in Direct Provision Centres is consistent with the percentage of survivors who are asylum seekers and refugees.

Pregnancy

Graph 39: Pregnancy outcomes for survivors (%) n = 75



Almost one out of ten female survivors of rape became pregnant as a result of the rape (9.5%). Of those who became pregnant (Graph 39):

- Over half went on to give birth and parent their children (57.4%);



- More than one out of ten survivors who became pregnant chose to place their child for adoption or fostering (13.3%);
- More than one out of ten survivors of rape chose to terminate their pregnancies (13.3%); and
- More than one out of ten miscarried or had stillbirths (12%).
- Less than one out of ten became pregnant more than once as a result of rape and chose different options in each pregnancy (4%)

Minorities

Travellers

Members of the Traveller community accounted for less than 1% of survivors attending RCCs in 2010 (0.9%). This is very slightly above the population of Travellers in Ireland (0.6% according to Pavee Point and 0.5% according to the CSO (CSO, July 2007). In contrast to previous years, not all Travellers attending RCCs were female. They ranged in age from 15 to 45. The figures are too low to provide a more detailed analysis.

Case Study: Athlone Rape Crisis Centre & Traveller Counselling Service counsellor describes working with Travellers

As a therapist, I have had the opportunity to work extensively with Travellers. What is very touching about working with this group is their strong sense of loyalty to family and their devout belief in religion and the comfort that gives them. I have found that I have to hold as central to the therapeutic work the strong family loyalty that is so important to this group and the sense of shame at going outside the family unit to seek help. This is one of the main vulnerabilities of this group and one of the major hurdles to be overcome is indeed that sense that seeking help is acknowledging “madness”. Because of their strong sense of family loyalty, there is a high level of reservation of seeking help outside the family, much more so than the rest of the community. Problems are expected to be shared within the family and going outside that, to a stranger, can be seen as a betrayal and “telling on the family” and brings with it the added dangers that outsiders such as social workers may interfere and get involved in their business.

Travellers are a minority group in Ireland. Figures for the number of Travellers in Ireland range from 24,000 or 0.6% of the population, to 30,000 or 0.75%. The Traveller community has a long history with its own traditions, language, practical skills, culture, arts and music. Travellers have distinctive patterns of living e.g. Nomadism, horses and have strong values built around families, care and extended families. Because of poor living conditions, ill health, limited educational achievement, discrimination and unemployment, the life of a traveller is often a difficult one. Counsellors working with Travellers must take into consideration this difficult background for Travellers. Because they are viewed by the community as backward, primitive, criminal, this creates a negative self image and a sense of shame and with this a range of accompanying psychological problems. This also is one the reasons for the “them and us” attitude which is so pervasive.

Communities under extreme stress often respond in a self destructive way, which can be manifested in domestic/ sexual abuse, family feuds etc. There have been many tragedies in the Traveller community particularly suicide related deaths, but there are many other issues and difficulties which Travellers are trying to deal with mainly on their own, such as depression, anxiety, loss and bereavement, family problems, coming to terms with illness, relationship difficulties or issues around identity, including sexual identity and the difficulties of drugs and alcohol.

Historically, although Travellers have availed of the services provided by the HSE, they have mainly used psychiatric services, with very low uptake of counselling and psychotherapeutic services. Travellers can have huge difficulties accessing services because of the fear of someone knowing their business, transport issues, especially for women and because of childcare. The traditional pattern of service use by travellers, largely defined by their nomadic existence, has been to use services as they need them. It must be borne in mind that most traveller clients are single session users and this makes the first and maybe only session very important, to ensure its effectiveness. Very often Travellers seek help in a crisis situation and once that crisis has subsided, then the need is no longer perceived to be there.”

Asylum seekers and refugees

Asylum seekers and refugees accounted for 6.1% of survivors attending RCCs in 2010. Almost all asylum seekers and refugees were female (96.8%) and the majority were from African countries (87.1%).

The following analysis only refers to asylum seekers and refugees who were subjected to a single incident of sexual violence due to complexities in analysis when examining those subjected to multiple incidents of sexual violence. One out of four asylum seekers and refugees were subjected to sexual violence by authority figures (41.9%). This figure is four times greater than that for survivors who were not asylum seekers and refugees (10%).

Nearly all asylum seekers and refugees disclosed being raped (91%) compared to half of survivors who were not asylum seekers and refugees (51.9%).

Almost all survivors who were asylum seekers and refugees also disclosed other forms of violence along with the sexual violence (98.1%) compared with three quarters of other survivors (74.8%). Asylum seekers and refugees disclosed higher levels of physical violence than other survivors attending RCCs in 2010. For those asylum seekers and refugees who were subjected to other forms of violence:

- Under six out of ten disclosed that it was both physical and emotional/ psychological in nature (55.8%);
- Three out of ten disclosed that they were subjected to physical violence along with the sexual violence (32.7%); and
- One out of ten disclosed that they were subjected to emotional/psychological violence (11.5%).

RCNI has a large volume of data on asylum seekers and refugees attending RCCs that could be analysed in more detail if funding were made available.

Galway Rape Crisis Centre had the largest number of asylum seekers and refugees attending their service (30.9%). This was followed by Mayo Rape Crisis Centre and Rape Crisis & Sexual Abuse Counselling Centre Sligo, Leitrim & West Cavan (14.9% and 12.8% respectively). According to the Refugee Integration Agency Annual Report Galway had the third largest proportion of asylum seekers and refugees living in Direct Provision Centres in Ireland (Department of Justice, Equality and Law Reform, 2010).



Case Study: Galway Rape Crisis Centre counsellor describes working with asylum seekers and refugees

“Working with this client group is challenging. I realised that I must be acutely aware of the many complex layers and levels within the dynamic of counselling persons from different cultural and ethnic backgrounds, particularly when counselling clients who are asylum seekers and refugees, many of whom have escaped war-torn countries after having suffered torture, sexual violence and loss of loved ones not to mention their homes and identity. I have a clear responsibility as a therapist to improve my cross cultural knowledge and competence. Within the therapeutic relationship I cannot rely on my understanding of non- verbal communication, and I cannot assume shared meanings from people with different cultural experiences. I also need to examine my own culture and upbringing, and to be vigilant of the structural racism of the society in which I live and was raised.

Additional issues that this client group presents with, include their difficult living conditions. For example, many are living in the direct provision hostels for more than 5 yrs. They are often sharing rooms with strangers or are families living in cramped one-roomed conditions. On top of this they are living in constant fear of being deported back to their country of origin. Living in this kind of limbo, with very little money €19.10 per adult to live on per week as well as having no cooking facilities, not being allowed to work or study contributes to boredom, apathy and depression. This makes it unsafe for them to engage or go into any deep work around their trauma, my role is mainly supportive and containing.

We have found working with this client group that until they have a stable support system outside of our service, we cannot work with them in addressing their trauma in any depth. Many of our clients have suffered a variety of traumas including multiple rapes often by soldiers, torture and the death of loved ones. Most suffer from insomnia, nightmares, disassociation, anxiety, depression and they eat poorly. These symptoms are consistent with symptoms of post traumatic stress.

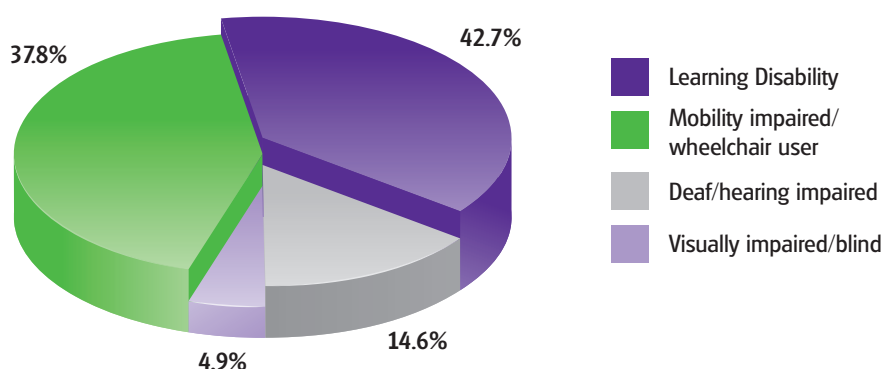
The challenges that we face as counsellors is an enormous feeling of helplessness in trying to hold them in these uncertain living conditions with little resources/supports. The language difference is sometimes a barrier but we do have the use of interpreters, this adds a whole other set of complicated dynamics to the therapeutic relationship and requires a great deal of trust on the part of the client having to communicate painful and embarrassing feelings through a third party.

We have found group work beneficial for this client group, especially when using the creative therapies of dance, art, drama and music therapies, the universality of these activities are very appealing for the women with a high level of attendance and engagement. Having a chance to become creative and portray traditional symbols, song and dance from their countries of origin, enables a sense of trust and belonging for them. We have also provided yoga, Emotional Freedom Therapy (EFT) and meditation, to develop self-help skills including relaxation and stress relief. The support groups have helped restore and develop their communication and interpersonal skills and lessen their sense of isolation.”



Disability

Graph 40: Survivors with a disability (%) n = 82



Of all survivors attending RCCs, 5.4% had a disability of some kind. Although the number of people with disabilities accessing RCCs rose from 68 people in 2009 to 82 people in 2010, the overall percentage of people with disabilities dropped slightly. This is due to the increase in numbers of survivors attending RCCs in 2010. The proportion of people with disabilities nationally is 9.3% according to the most up to date census results (CSO, November 2007). When we take into account that people with disabilities have different vulnerabilities to sexual violence, we estimate that if RCC services were fully accessible to people with disabilities the percentage of this group accessing their services would be higher than 9.3%.

Of those survivors who did have a disability (Graph 40):

- Learning disabilities and mobility impairment/wheelchair user were the most common types (42.7% and 37.8% respectively).
- Over one out of ten survivors had a hearing impairment or were deaf (14.6%);
- Those who were visually impaired or blind accounted for 4.9% of survivors with disabilities attending services in 2010.

In June 2011 the National Disability Authority commissioned Rape Crisis Network Ireland to undertake research on international database models for recording incidents of sexual violence experienced by people with disabilities. This research aims to analyse existing data collection mechanisms in jurisdictions in order to identify international models of good practice and to make practical recommendations for nationally coordinated collection of reliable data on abuse experienced by people with disabilities. The report also analyses previously un-researched data from the RCNI Database disclosed by people with disabilities who attended RCCs in the 3 years from 2008 to 2010. This analysis aims to inform broader policy on providing appropriate and accessible disclosure support and abuse monitoring structures to people with a disability who experience abuse. The findings of the research will be of interest to a wide number of stakeholders and will ultimately benefit survivors of abuse (RCNI, 2011b).



Case study: Tipperary Rape Crisis & Counselling Centre counsellor describes working with survivors with learning disabilities

During 2010 there was an increase in the number of clients with a learning disability attending our Rape Crisis Centre for counselling. The counsellors who worked with these clients recognised early in the counselling relationship that it would require them working in a different way to how they would normally work. These clients presented with unique difficulties which makes them very vulnerable. They all have issues with literacy which presents major difficulties in their day to day lives. They also have varied levels of social support. Some of these clients as a result of their learning disability are isolated and have very little social support. Conversely, some of these clients have strong social support but their family and friends are overprotective and underestimate the ability of the client to be independent. The challenge for the counsellor is to assist them with these issues and assist them in addressing them appropriately in a style that the client can relate to. As with all clients the counsellor will use a range of approaches until finding a suitable one for the client. Unlike clients who do not have a learning disability the pacing of the work is slower as the counsellor must pace the work to the client's needs and their individual ability. It can take a significant amount of time before the trauma of being a survivor of sexual violence can be addressed. It is our experience that there can be a greater number of missed appointments and cancellations. It is also our experience that weekly appointments are not always appropriate that fortnightly appointments work better. Consequently the length of time these clients attend for counselling is significantly longer than with clients who do not have a learning difficulty. This has impacted in a number of ways on the resources of the centre. Firstly, the length of a time these clients attend means counselling spaces are taken for longer and as a result we have less available spaces. Secondly, additional supervision time is needed as it is essential that the counsellors working with clients with a learning disability have sufficient support.

It has presented challenges to the resources of the centre but it is vital that clients with a learning disability receive the support they require. As a service our Rape Crisis Centre has always been client led and it is on that basis the centre has met this new challenge and will continue to do so.



Recommendations 2010



Accurate and reliable data is essential in confronting sexual violence and providing effective services to those affected by such violence in the most efficient way possible. Nationally compiled data is not just a means of reviewing the level of past service delivery, it is essential to planning the service needs of the future. Therefore we recommend that:

- 1. The Rape Crisis Network Ireland Database is a unique, cost-efficient, proven and established model for the collection of data on sexual violence. Current and ongoing development costs must continue to be State supported.**
- 2. The Rape Crisis Network Ireland Database is no longer limited to member Rape Crisis Centres. In order to achieve the most inclusive national statistics, all non-statutory agencies providing services to survivors of sexual abuse and their supporters must be supported and resourced to use the RCNI Database.**
- 3. Rape Crisis Centres must be fully supported in their expert and unique role of delivering dedicated services to those affected by sexual violence.**
- 4. Rape Crisis Network Ireland should continue to be supported as the core agency leading this increasingly important nationally standardised data co-ordination and analysis.**
- 5. A budget must be identified and provided in order to maintain the high quality of data collection and entry throughout the proposed continued expansion and national standardisation of data collection.**
- 6. The Rape Crisis Network Ireland Database represents ten years of development and is now in a position to produce valuable and unique longitudinal studies. Further examination of the data recorded would be a cost effective way to provide insight into specific aspects of abuse and also to enable longitudinal analysis. This includes the production of smaller, more in depth reports, such as examination of vulnerabilities of specific age-groups or populations, which provide vital data to inform future prevention programmes and targeted services development. In 2011, the National Disability Authority commissioned RCNI to carry out a longitudinal study of data collected in the RCNI Database on people with disabilities who attended RCCs in the three years 2008 to 2010. RCNI have a large volume of data on groups such as asylum seekers and refugees, elderly people, Travellers and different socio-economic groups attending RCCs that could also be analysed in more detail if funding were made available.**



7. Coordinated, evidence-based public awareness campaigns should be undertaken to equip the general public with accurate information about sexual violence, to hold perpetrators accountable, and to help make specialist services such as Rape Crisis Centres accessible to all survivors. The RCNI Database is the sole source of the required evidence for such campaigns.
8. The RCNI Database is at the leading edge of data collection methodologies across Europe and a possible model for a pan-European data collection system. RCNI is the lead founder of Rape Crisis Network Europe and must be supported to continue to lead the way in Europe towards the development of internationally comparable data.
9. As this report points out, Rape Crisis Centres in Ireland have a very high level of expertise in many different areas. This expertise should continue to be cultivated through national coordination as a means of ensuring that service users receive the highest quality of support and that resources are best used.
10. This report illustrates the critical roles of medical personnel, Social Workers and Gardaí in meeting the needs of survivors they encounter, all of whom should receive specialist training/information on sexual violence and accessing Rape Crisis services. RCNI member Rape Crisis Centre experts are best placed to deliver the training locally, regionally and nationally.
11. As a means of promoting the elimination of gender based violence RCNI strongly encourage the Irish government to sign and ratify the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence.





RCNI Database Project Overview

RCNI has developed a highly secure online database which allows authorised RCC personnel to log in and record specific information on each individual service user. This system is designed to equip RCNI to deliver comparable national data and simultaneously equip RCCs to, at any time, extract data regarding use of their own local service. RCC personnel do not record any identification details for service users or any other person. This data collection system has been specifically designed to collect data in frontline services dedicated to working with victims of sexual violence. RCNI has developed standards on data collection, data use and data protection which all RCNI Database users must adhere to.

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

The analysis for the annual RCNI National Statistics Reports is carried out in-house by RCNI's Information and Statistics Officer. All of the analysis and the textual representation of the data are verified for accuracy by an independent statistics expert, Emma Calvert. Once the final draft of the report is completed it is sent to Dr Maureen Lyons, an independent statistics expert who has worked closely with RCNI on this project for a number of years, for final verification. The RCNI National Statistics Management Team, which is made up of RCNI Executive Director; Fiona Neary, and RCNI Policy and Communications Director; Cliona Saidléar oversees all of these processes.

RCNI National Statistics Report Compilation

The information in this report is compiled from the data entered by all 13 RCNI Republic of Ireland member Rape Crisis Centres and one non-member Rape Crisis Centre (Athlone Midlands Rape Crisis Centre) around Ireland. The data represents all people using these RCCs for counselling, support, accompaniment, and helpline services in 2010. It represents only these people and cannot be used to make assumptions about the overall incidence or nature of sexual violence in Ireland.

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

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

'Incident-related' figures - This information relates to each incident or episode of sexual violence. Some survivors using RCC services have experienced more than one incident of sexual violence. An incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by the same perpetrator acting alone or a specific group of perpetrators acting together. An incident of sexual violence may last hours,



days, weeks, months or years. The RCNI Database collects data on survivors' abuse details by incident because it is the internationally recognised best practice method of doing so (Department of Health and Human Services, USA, 2009). For each service user, data is input about each incident of sexual violence and the perpetrators of sexual violence. It is clearly indicated when any tables and analysis in this report refer to incidents of sexual violence. The new level of detail available in the 2010 report reflects refinements and a more advanced type of data collection and analysis.

Independent Statistics Expert Verification

“I have worked with RCNI over the past three years to ensure that the highest statistical standards are adhered to in the examination of data from the RCNI Database. All of the data and textual analysis of the data presented in the RCNI National Rape Crisis Statistics Report is statistically accurate and representative of clients who attended RCC services in 2010. RCNI are committed to ensuring a high standard of data entry, cleaning and analysis.”

(Emma Calvert, Independent Statistics Expert)



Future Developments of RCNI Database

RCNI recognises that reliable and accurate data is a cornerstone for addressing sexual violence, and providing it is part of our responsibility to bear witness to the experiences survivors entrust to us. We and our members are committed to the highest levels of reliability in both the collection and presentation of national statistics. Annual RCNI National Statistics on crimes of sexual violence against children and adults are the most comprehensive and reliable dataset in Ireland and are readily available to inform public policy and strategic services delivery.

“...the level of data collected by the RCNI web-based recording system far exceeds the minimum data requirements described by ... [a] recent Council of Europe report on domestic violence and places RCNI member RCCs well ahead of all other Irish statutory and non-statutory services involved in the collection of sexual violence data”. (Dr. Maureen Lyons, Director of Research Design & Methodology, Equality Studies Centre, School of Social Justice, UCD, 2010).

The data collected far exceeds that published in annual RCNI National Statistics reports. RCNI have therefore commenced the development of a range of critical academic partnerships, including with: NUIG, and UCD School of Social Justice, towards an appreciation of the full potential of the data already banked. These academic partners are acutely aware that the data collection that RCNI undertakes is not just data for today or tomorrow, but data that remains invaluable for a range of longitudinal studies and comparisons.

In 2011 Dublin Rape Crisis Centre commenced full usage of this data collection system. Children at Risk Ireland (CARI) are scheduled to commence full participation of data entry in 2012. RCNI continues to encourage and support frontline agencies working with sexual violence to participate in our national data collection, which includes use of the RCNI Database, with all training and on-going statistical support requirements. Through the collection and sharing of accurate and reliable data on sexual violence both nationally and internationally we are able to facilitate a coordinated response to sexual violence and strengthen the implementation of human rights.



Index of Terms

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

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

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

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

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

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

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

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

Formal sources of referral: Clergy, Counsellor, Gardaí, GP, Hospital, Hostel, Other voluntary organisation, Psychiatrist, Psychologist, Refuge, Refugee Legal Service, Samaritans, Social worker, Teacher, Women's Aid, Youth worker

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

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

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

Informal sources of referral: Friends/relatives

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

Other housing types: Caravan/mobile phone, Homeless, Prison, Psychiatric institution, Other

Other locations of sexual violence: Car, Direct provision centre, Friends house, Hospital/Medical Centre, Place of employment, Prison, Pub/Nightclub, School, and Other

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

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

Perpetrator: A person who has committed a sexual offence

Physical violence: Attempts to kill, Harassment/intimidation, Imprisonment, Physical abuse, Prostitution, Trafficking

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

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

RCC: Rape Crisis Centre

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

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

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

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

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

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

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

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

Stranger: Somebody that the survivor has never met before

Supporter: Someone who is supporting a survivor of sexual violence

Survivor: Someone who has experienced sexual violence



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Notes

A series of horizontal dotted lines for taking notes.



RCNI member Rape Crisis Centres in 2010

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

Donegal Sexual Abuse & Rape Crisis Centre: 1800 448 844

Galway Rape Crisis Centre: 1800 355 355

Kerry Rape & Sexual Abuse Centre: 1800 633 333

Kilkenny Rape Crisis & Counselling Centre: 1800 478 478

Mayo Rape Crisis Centre: 1800 234 900

Rape Crisis Midwest: 1800 311 511

Rape Crisis North East: 1800 212 122

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

Tipperary Rape Crisis & Counselling Centre: 1800 340 340

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

Waterford Rape & Sexual Abuse Centre: 1800 296 296

Wexford Rape & Sexual Abuse Support Service: 1800 330 033

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

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



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ISBN 978-0-9558075-8-9

Printed and published by the RCNI November 2010

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

