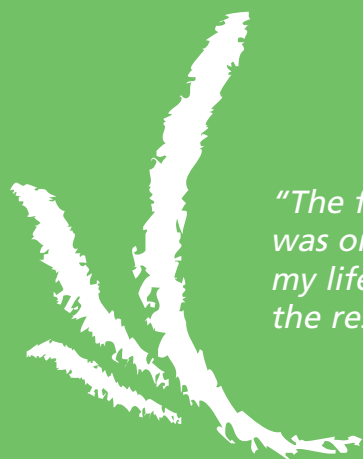


National Rape Crisis Statistics 2006





"The first day I walked into in the Centre was one of the most terrifying days of my life, but it was also the first day of the rest of my life."

National Rape Crisis Statistics 2006



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Preface

Data gathering and reporting of accurate statistics are essential components of efforts to increase society-wide awareness of the extent and nature of the problem of sexual violence and is, therefore, central to the overall effort to eliminate such crimes.

With the imperative of having accurate statistical information of this type, in 2003 Rape Crisis Network Ireland (RCNI) set about establishing a purposefully designed web-based recording system. This system ensures the systematic recording and ready availability of data for analysis by individual Rape Crisis Centres (RCCs), as well as across all participating Centres. The key features of the system include the following:

It provides real-time information on service users and service actions.

It is a powerful search and management tool combined with comprehensive reporting and data download capabilities.

The recording system allows individual RCCs to monitor the work they do with service users, specifically what they do and when they do it, providing those working with survivors of sexual violence with the information necessary for the monitoring and evaluation of their service. This statistical information is also used to identify emerging trends in relation to new groups availing of counselling and support, thus informing the development and planning of service delivery. Since its establishment in 2004, the system has been further tailored and updated to ensure utmost reliability and validity of recorded data. While an initial report of annual statistics was produced in 2005 (RCNI), this report is the first full report of available national statistics from 14 participating Centres.

This study would not have been possible without the input of a number of people from the RCNI and the RCCs. Most important, the statistical data on which this report is based would not be available without the commitment, dedication and sterling efforts of the counsellors in the RCCs who carefully recorded and inputted the information into the database. It is important to point out that data is collected in a counselling as opposed to a research context where details only emerge as the survivor or supporter is ready, able and willing to reveal such information. In this context the needs of the service user are always put first.

Particular thanks are due to a number of people who provided invaluable support over the course of the project. First, I wish to acknowledge the key role Susan Miner, RCNI Services Support Co-ordinator, had in liaising with counsellors in the RCCs during the data production and data cleaning stages of the project. Further thanks to Susan Miner and also to Cliona Saidléar, RCNI Policy and Communications Co-ordinator, for their generous provision of information and advice during the analysis and final draft stages of the report. Sincere thanks also to Breda McCabe, UCD, for her contribution in the preparation and analysis of the data.

It is imperative that everything is done to ensure that all Rape Crisis Centres have the capacity to maintain and develop this important database, including the necessary equipment, personnel and support network. While this study provides vital baseline information, it is only through regular repetition of this research that we can be fully informed about patterns and changes in the sexual crimes in Ireland.

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CHAPTER 1

1.1 Introduction

This report presents the findings of an analysis of national statistical information collected by 14 participating Rape Crisis Centres (RCCs) in 2006. All participating Centres operate the RCNI web-based recording system; principally, this allows RCCs to gain an understanding of who the service users are in terms of their background characteristics, sexual violence histories and service usage patterns. In addition, such data allows Centres to monitor the counselling and support provided to service users, ensuring that services can be more effectively delivered in the future. The overall aim of this research is to provide an accurate profile of the users of RCC services, the patterns of sexual violence experienced by survivors and the nature of their contacts with RCC counselling and support services.

It was recognised by the RCNI that it is imperative to have good data about the extent and nature of sexual violence in order to best meet the needs of those using the counselling and support services provided by Irish RCCs. With this objective in mind, a purposefully designed web-based recording system was established in 2004. This system ensures the systematic recording and ready availability of data for analysis by individual Centres, as well as across all participating Centres. The key features of the system include the following:

- It provides real-time information on service users and service actions.
- It is a powerful search, management and monitoring tool combined with comprehensive reporting and data download capabilities.

The recording system thereby allows individual Centres to monitor the work they do with service users, specifically what they do and when they do it, providing those working with survivors of sexual violence with the information necessary for the monitoring and evaluation of their service. This statistical information is also used by RCCs to identify emerging trends in relation to new groups availing of counselling and support, thus informing the development and planning of service delivery. Since its establishment in 2004, the system has been further tailored and updated to ensure utmost reliability and validity of recorded data. While an initial report of annual statistics was produced in 2005 (RCNI), this report is the first full report of available national statistics from 14 participating Centres.

The remainder of this chapter comprises two sections. In Section 1.2 we outline the context for the current study, in terms of what we currently know about disclosure and help-seeking by survivors of sexual violence both in Ireland and internationally. In this section we specifically address the issue of information of help-seeking from RCCs. Findings relating to the demographic characteristics, service usage patterns and patterns of sexual violence are presented in Section 1.3. Key methodological issues relating to the analysis and presentation of the statistical data are outlined in this section.

1.2 Context of Current Study

Until 2002, sexual violence in Ireland was still largely a hidden crime. In this year, with the publication of findings from a national survey (known as the SAVI research), a significant part of this information gap was addressed. The SAVI research attempted to estimate the prevalence of various forms of sexual violence among Irish women and men across the lifespan from childhood through adulthood (McGee et al, 2002). It provided information on who had experienced sexual abuse, who perpetrated such abuse, the context in which abuse occurred and some psychological consequences of abuse.

Importantly, SAVI also provided some insight into the patterns of disclosure of such abuse to others, including professionals. The findings showed that almost half of the respondents had never previously disclosed the fact that they had been abused to anyone. Specifically, 57% of men and 42% of women interviewed had not told anyone about their experience(s) of sexual violence before the SAVI interview. This finding is consistent with international research, where only a minority of those who acknowledged abuse in a population survey had revealed their abuse to others (op cit, 278):

"It is shocking that for every six persons spoken to in the general public there was an average of one disclosed and one undisclosed instance of abuse ..." (op. cit., 121).

The issue of disclosure is critical in terms of understanding the help-seeking decisions and actions by survivors of sexual abuse, including the decision to approach a Rape Crisis Centre for counselling and support. Lievore's 2005 Australian qualitative research on women's help-seeking decisions and service responses to sexual assault is ground-breaking in that it explores help-seeking decisions from the perspective of survivors. It provides an in-depth analysis of social, situational and personal factors that influence decisions to seek help from formal and informal support sources and highlights the fundamentally social nature of post-assault decision making and actions. In addition, and through consultations with specialist service providers, it addresses the complexity of help-seeking decisions and actions for survivors with disabilities and from indigenous and non-English speaking backgrounds and also highlights responses to service delivery approaches through consultations with sexual assault services.

In relation to disclosure, Lievore's research indicates that decisions to disclose rarely conform to rational choice models:

"Few disclosures were made after a considered analysis of available information or with clear objectives in mind. Instead, disclosures often reflect the dynamics of, and opportunities offered by, women's social contexts, their informal social networks, and their social location, either as individuals or as a class ..." (2005: 32).

The women's testimonies in Lievore's research highlight that context is more than just a given, because in many cases the women's help-seeking decisions were fundamentally shaped by the context of the sexual assault or the social context in which disclosure was made possible. In at least some cases the first recipients of the disclosure were instrumental in facilitating further help-seeking from formal sources. Here, informal social networks and health professionals were shown to play an important role in helping women to identify that they have been criminally victimised and have the option to pursue legal redress (ibid). Lievore claims that the finding that a quarter of the women in her research either did not or could not name the experience as sexual assault is consistent with previous findings that "women are often silenced by dominant male discourses that reflect men's ideas of what is acceptable sexual behaviour and limit what is deemed unacceptable to the most extreme, gross and public forms" (2005, cited from Kelly, 1998: 138):

"This process of silencing occurs from the macro-level of social discourses and representations, including discourses around women's lack of entitlement to sexual autonomy or stereotypical media representations of 'real rape', through to the micro-level of interpersonal interactions, where an offender can manipulate a young woman's perceptions to the point that she does not trust her own emotional responses to an unwanted sexual encounter. Some of the women initially minimised or denied the experience, a coping strategy that enabled them to carry on until they were able to admit to themselves that they had been sexually victimised and to deal with the impact of that reality"
(Lievore, 2005: 32)



In the Irish SAVI survey research, the findings show that those who do disclose are most likely to do so to immediate family or friends and least likely to report to police or other authorities (McGee et al, 2002). Of those who previously disclosed sexual abuse to others, over half first told an immediate family member with over a quarter telling friends. Levels of non-disclosure were somewhat higher for child sexual abuse (49.6% versus 43.2%); thus 1 in every 2 cases of child sexual abuse reported to the interviewers had never been previously disclosed to others. The findings also showed lower levels of disclosure by men for both child and adult forms of sexual violence. The two main reasons for non-reporting centred on feelings of embarrassment or shame and the view that the incident was 'too trivial' to tell anyone else about it (McGee et al, 2005: 124-5). Also included and of particular concern was not having anyone to turn to or not knowing who to turn to, the feeling that nobody would believe them. Here, the level or extent of the abuse did not appear to have had an effect on whether or not the participants ever disclosed their experience to someone else (ibid).

Few participants in the SAVI survey chose a professional as the focus of their initial disclosure of sexual abuse. Of those who did, 15% of men and 25% of women reported having to tell more than one person before they found someone to help them following an experience of child sexual abuse. Equally, 26% of men and 22% of women who were abused as adults needed to disclose to more than one person before they were helped (op cit., 2002: 122).

In an in-depth exploration of the impact of sexual abuse in childhood, Kelly's UK research indicates "a violation of the body, a profound threat to the self and a severe disruption in connections with others" (2005: ii). In addition, this research shows that the earlier abuse began in childhood the more complex the levels of impact and consequences are, since young children have far fewer resources to cope with and make sense of, what is happening than do older children and adolescents (2005). Kelly contends that coping for children can be best conceptualised as a "continuum of disassociation": the most common was "splitting of mind and body at the time of assaults, followed by creating a safe fantasy and/or imaginary friends, to the extreme of banishing all memory of traumatic events from conscious memory" (op cit,10). Such findings suggest that disclosure of sexual abuse in childhood may be particularly difficult and unlikely for many, particularly at the time that the abuse is taking place. Analysis of RCC statistics could help shed some light on patterns of disclosure by survivors of child sexual abuse, specifically in relation to the sub-section of this population who contact a Rape Crisis Centre for counselling and support.

Help-seeking from a Rape Crisis Centre

From Irish and international research, we can make a reasonable assumption that those availing of support and counselling from a Rape Crisis Centre following sexual abuse are in the minority. While we do not have exact figures, currently it is estimated that about 12% of those who have experience sexual violence utilise counselling services, some of which are provided by a RCC in Ireland (RCNI, 2004). The results of the SAVI research show that 10% of participants went for counselling; 12% of women and 7% of men. Over half of the women attended for abuse which was experienced both as a child and adult. A similar proportion of men attended for child abuse only. Help-seeking was considerably higher amongst those who had experienced incest, implying that counselling services see a higher proportion of clients with intra-familial sexual abuse than that which prevails in the general public. (op cit, 143). In terms of satisfaction with counselling, 93% were satisfied, in particular with the confidentiality with which their situation was treated. However, 16% were not satisfied with the amount of time they had to wait to get counselling (ibid).

Due to the general absence of statistical evidence about help-seeking from RCCs, it is important that these organisations compile and disseminate statistics on the survivors (and their supporters) that they provide a service to because many will be invisible otherwise (Kilpatrick and Ruggiero, 2004; Kilpatrick, 2004). The aim of the current research is to highlight the background characteristics and patterns of sexual violence experienced by this group of 2006 face-to-face RCC service users.

Although having accurate data is important, it is even more important to recognize that there is a person and a family behind every statistic. Collecting accurate information, therefore, will always be a secondary concern in what can often be a highly sensitive and upsetting situation for the survivor seeking support.

1.3 Service Usage Patterns, Demographic Profile and Crimes of Sexual Violence

Introduction

In this section, we first outline some methodological considerations relating to the type of data recorded by the RCNI web-based database. Following this, we present findings from a statistical analysis of 2006 national data collected and recorded on patterns of usage of the support and counselling services offered by the 14 participating Rape Crisis Centres. Second, we outline the key background characteristics of service users and conclude with a presentation of the main patterns of sexual violence perpetrated on this particular group of service users.

Methodological Issues

In the context of this report, findings relate to two distinct base figures, namely 'person-related' figures and 'sexual abuse incident-related' figures. The rationale for this distinction is as follows:

Person-related base: In the RCNI database, personal records are anonymised using a numeric unique identifier. A number of the tables in this report are 'person-based' in that they are based on, and refer to, the population of 2006 RCC service users using each of the 14 participating Centres in this year. The total number of persons referred to for 2006 is 1,626. A number of background characteristics are recorded with respect to each person, including type of service user, current age, gender, country of origin/legal status and disability status. For tables reporting such demographic and service user type characteristics, the total shown will refer to the total number of people. In addition, other tables refer to particular sub-groups of this total population. For example, in relation to gender, we have information on 1,618 of the 1,626 total, distributed as follows: women (n= 1416), men (n=200) and transgender (n=2).

Sexual abuse incident/episode-related base: Other tables in this report refer to the '1st incident/episode of sexual abuse' or 'any incident/episode of sexual abuse'. Following the SAVI report, we are using the term 'episode' to refer to "the number of different abuse situations reported that involved different perpetrators" (2002, 83). Overall, we have information on 'at least one episode of abuse' for 1,509 of the total 1,626 persons; of these, 83.8% have experienced a single episode of abuse while 16.2% have experienced multiple episodes. (A new episode of sexual abuse relates to an additional experience of abuse by a new perpetrator or group of perpetrators. For example, an episode of child sexual abuse which continues into adulthood is counted only once. Multiple abuse in childhood and adulthood means two different groups of perpetrators were involved in two separate abuse episodes/incidents.) Each episode of abuse is recorded separately for each person and has specific information recorded relating to that particular episode. Such information includes details on the nature of the abuse, age at which the abuse started, number of perpetrators for that particular incident, gender of each perpetrator and the relationship between the survivor and the perpetrator.

For service users who have experienced multiple episodes of abuse, they will have multiple records of abuse in their person based file. Such multiple-level data presents a challenge in presenting the findings from a bivariate or two-way analysis. For example, if we consider findings in relation to 'Age at Onset of Abuse by Gender': if the person has experienced multiple episodes of abuse, their age at the onset of each episode may differ. The base figure for such a table in this report will be the '1st incident of abuse' rather than 'any/all incidents of abuse'. Taking all incidents of abuse into consideration for each person in this context would require a different and quite sophisticated type of multivariate statistical analysis which is not feasible given the limitations of the data as it is currently recorded and in particular, the level of missing information for key variables.

For a very limited number of tables, figures are based on 'any episode' rather than the '1st episode' of sexual abuse. The first relates to tables presenting findings of 'Pregnancy occurring after Rape': here, each person may have multiple episodes of sexual abuse including rape, where the possibility exists of more than one pregnancy per person. What we do here is count all incidents of rape for all persons and so the base figure in such a table is 'any rape' and corresponds to episodes of rape rather than number of persons raped. The second set of tables based on any or all occurrences relates to 'Reporting crimes of sexual violence to Gardaí.

For the remainder of the report, all tables will specify the base on which the figures are based.

Service Usage Patterns

Population of Service Users and Distribution across national participating Centres

The overall population of face-to-face RCC service users for 2006 is 1,626. The vast majority of service users are women at 87%, with little variation by gender across the 14 Centres.. Mayo RCC had the lowest proportion of men among its service users at 1% while Waterford had the highest proportion at 19%.

Choice of RCC: What this tells us about Disclosure

The issue of disclosure to anyone, including a professional in a Rape Crisis Centre is obviously a source of anxiety and concern for those whose lives have been affected by sexual violence. It is clear from research findings about disclosure that survivors of sexual violence are reluctant to approach professionals of any kind and it is therefore not surprising that a proportion of those seeking support and counselling from a Rape Crisis Centre do not always use their most local Centre. For 11 of the 14 Centres, while two-thirds or more of their service users are from that particular county area, the remainder are more widely dispersed. For example, Limerick draws service users from 12 different counties and Tullamore from 10 counties. A further 5 centres (Dundalk, Galway, Kilkenny, Sligo and South Leinster/Carlow) have service users from as far away as 7 or 8 different counties.

RCC Counselling Service: Support for Survivors and Supporters

Support and counselling services are available not only to survivors of sexual violence but also to supporters such as family members, friends or other relatives who have been affected indirectly by the abuse. Not surprisingly, most (9 out of every 10 service) users are survivors of sexual violence (Table 1.1). However, supporters of those directly affected by sexual violence are a significant minority at just under 10%. The fact that supporters are seeking support and counselling from a Rape Crisis Centre serves as a reminder as to the traumatic effect that sexual violence has on families, friends and relatives of survivors as well as on survivors themselves.

Table 1.1

Type of RCC Service User: Survivor or Supporter

(Base: All Face-to-Face Service Users, 2006; Information available for 1623 individuals, N=1626)

Type of Service User	Men % (n)	Women % (n)	Total % (n)
Survivor	81.5 (163)	92.9 (1315)	91.5 (1479)
Supporter	18.5 (37)	7.1 (100)	8.5 (138)
Total	100.0 (200)	100.0 (1415)	100.0 (1617)



“I felt very nervous the first time I attended the Centre, but they gave me so much reassurance that I felt at ease and able to keep returning”

Relationship between Supporters and Survivors of Sexual Abuse

Reflecting the fact that survivors of sexual abuse are most likely to disclose to a family member, it is not surprising that two thirds of all supporters are in this category (Table 1.2). Partners and spouses rank second at 22% while friends represent fewer than 1 in every 10 of all supporters.

Table 1.2

Relationship of Supporters to Survivors of Sexual Abuse

(Base: All Face-to-Face Service Users, 2006; Information available for 139 individuals, N=200)

	Supporters %
Family	62.6
Partner/Spouse	22.3
Friend/Acquaintance	7.2
Other	1.4
Unknown	6.5
Total % (n)	100.0 (200)

Source of Referral to RCCs

Most (51.7%) service users are referred to a Rape Crisis counselling service by an informal or formal source; this applies to slightly more supporters than survivors (52 versus 48%). This highlights the fact that most of the 2006 RCC service users have already disclosed details of their sexual abuse to another informal or formal source, which in turn was instrumental in both providing information about the counselling service and also facilitating contact with this service. An examination of the data shows that the sources of referral are many and diverse; almost 40 % of such referrals include friends and relatives

(13.2%) GPs (8.2%), counsellors (5.1%), Gardai (4.4%), other voluntary organizations (4.4%) and , social workers (3.3%). Comparing survivors and supporters, very few differences emerge overall with medical agencies ranking as the most important source of referral for both groups.

Table 1.3

Source of Referral

(Base: All Face-to-Face Service Users, 2006; Information on N=1623; N=1626)

	Supporter %	Survivor %	Total %
Self	51.8	48.0	48.3(764)
Informal: Friends/Relatives	14.4	13.1	13.2 (215)
Agency:	30.8	32.6	32.5 (528)
- Medical	7.9	12.3	12.0 (194)
- Social/Youth Worker	5.0	3.2	3.4 (55)
- Gardai	7.2	4.2	4.4 (72)
- Counsellor	5.0	5.1	5.1 (83)
- Refuge/Womens Aid	-	2.2	2.0 (33)
- Education (Teacher)	0.7	1.0	1.0 (16)
- Other NGO	5.0	4.6	4.6 (75)
Clergy	-	0.3	0.3 (5)
Other	2.9	4.4	4.3 (70)
Unknown	-	1.4	1.3 (21)
Total	100.0 (1484)	100.0 (139)	100.0 (1623)

A further analysis of referral shows that service users who experienced 'childhood only' sexual abuse were significantly more likely to be self-referring (53.6%) than those who experienced sexual abuse 'in adulthood only' (42%) or 'both in childhood and adulthood' (48.5). In terms of disclosure, this shows that fewer service users who experienced child sexual abuse had disclosed to another informal or formal source than either of the other two groups prior to their contact with the RCC.

Duration of Contact with RCC

Currently the RCNI database records the year of first contact and year of last contact with the service user. From this information we are able to show what proportion of the total number of service users have made contact during the current or an earlier year. 85% of all service users first made contact with the Rape Crisis Centre either in 2006 or 2005. Of these, the majority (71.9% of supporters and 57.8% of survivors) are service users from the current year.

In order to track the duration of counselling for different types of service users in the future, it will be necessary to record when a service user had last contact with the service and whether this coincided with completion of counselling or not. An analysis of closed case files could be conducted showing mean contact time for service users with different background characteristics and experiences of abuse.

RCC Information Service

In response to telephone enquires about services provided by Rape Crisis Centres, the findings show that information was sent out to a very small percentage (3%) of 2006 service users. Here, supporters are shown to be about 4 times more likely to be in receipt of information compared to survivors.

Further Referral by RCC

Just a minority (1%) of RCC service users were noted as having been referred to an additional service; all were survivors of sexual abuse. Looking at further referral by type of abuse shows that over half (54%) were survivors of child sexual abuse.

Demographic Profile of 2006 Service Users

In this section we present the findings on the main demographic characteristics of the 2006 service users from the 14 participating Rape Crisis Centres. Currently, the RCNI database collects information on gender, age, country of origin/legal status background and whether the person has a disability.

Gender

In 2006, most users of RCC counselling and support services are female survivors of sexual abuse. In total, 87.1% of all service users are female compared to 12.3% men and 0.1% transgender. (Since this latter category only involved two people, it has been omitted from the more detailed analysis in order to maintain confidentiality).

The SAVI research shows that women are significantly more likely than men to experience sexual abuse in the 'total population of ever abused', by a ratio of 3:2 (McGee et al,2002). The corresponding gender ratio for the 2006 population of RCC service users is 12:2, showing an even greater overrepresentation of women among users of the Rape Crisis counseling service compared to the population of 'ever sexually abused'.

Current Age

Table 1.4 shows the current age of survivors overall and also by gender. Overall, the single largest group of survivors are aged between 30 and 39 years, followed closely by those in the 24-29 age group; these two categories account for over half (at 29 and 26%, respectively) of the total group. In gender terms, male service users are on average older than their female counterparts. Looking at men and women over 30 years, the figures here are 68 and 53%, respectively.

We conducted a separate analysis looking at the type of sexual abuse different age groupings of service users are most likely to report. Not surprisingly, the two youngest categories (up to 16 years) are exclusively concerned with seeking support and counselling for child sexual abuse. The main pattern which emerged is that survivors aged between 17 and 29 are disproportionately likely to approach RCC professionals with respect to sexual violence experienced as an adult, while support for sexual abuse which started in childhood is more likely to be sought by those aged between 30 and 69.

Table 1.4
Current Age of Survivors by Gender

(Base: All Face-to-Face Survivors, 2006; Information on 1440 individuals, N=1484)

Current Age ...	Men %	Women %	Total % (n)
12-14	1.2	0.9	1.0 (14)
15-16	0.6	2.7	2.5 (36)
17-23	11.7	15.5	15.1 (217)
24-29	17.9	27.7	26.5 (382)
30-39	38.3	27.4	28.6 (412)
40-49	21.0	16.9	17.4 (250)
50-59	8.6	6.8	7.0 (101)
60-69	0.6	1.3	1.3 (18)
70+	-	0.6	0.7 (10)
Total % (N)	100.0 (162)	100.0 (1276)	100.0 (1438)

Country of origin/legal status Background

In terms of country of origin/legal status background, Table 1.5 shows that almost 9 in every 10 service users are Irish citizens. In gender terms, this pattern remains consistent with just over 5% more men in this category compared to women. A further 7% of service users are either asylum seekers, refugees, on a work permit or on temporary/permanent leave to remain. Looking separately at the service users in this latter grouping, the findings show that approximately 9 out of every 10 are female and more than two-thirds are under the age of 30. Looking at the specific centres this category of service users are attending, the findings show that approximately two-thirds are attending centres in 3 western counties (Galway, Mayo and Sligo), with the remainder attending a further 8 national centres. Such a wide geographical dispersal of service users in this grouping has implications for resources (for example, interpreters) at these 11 centres.

Table 1.5
Country of Origin/Legal Status Background by Type of Service User
(Base: All Face-to-Face Service Users, 2006; Information on 1618 individuals, N=1626)

Country of Origin/Legal Status Background	Men %	Women %	Total % (n)
<i>Irish Citizen</i>	91.0	85.5	86.2 (1394)
<i>Western EU Citizen</i>	3.0	3.4	3.3 (54)
<i>Asylum Seeker</i>	4.5	7.3	6.9 (112)
<i>Eastern EU Citizen</i>	-	0.5	0.4 (7)
<i>Refugee</i>	1.0	0.1	0.2 (4)
<i>Other/Unknown</i>	0.5	3.3	2.9 (47)
Total	100.0 (200)	100.0 (1416)	100.0 (1618)

Disability

Table 1.6 shows that just over 1 in every 20 of the 2006 service users have a disability and the findings show that a similar proportion of men and women are in this category. An examination of the type of disability shows that more than 4 in every 5 service users in this category are affected by either a learning disability or mobility impairment and this also holds across gender groups. In addition, a small number of service users have a hearing or visual impairment or use a wheelchair. Such diversity of special needs has resource implications for centres providing support and counselling to disabled service users. Disturbingly, an examination of the type of sexual violence experienced by disabled service users shows that as many as 41% have been subjected to abuse by multiple perpetrators, in large part multiple episodes of abuse involving multiple perpetrators. In terms of country of origin/legal status origin, the vast majority of this specific group of disabled service users are Irish citizens.

Table 1.6
Whether Service User has a Disability by Type of Disability and Gender
(Base: All Face-to-Face Service Users, 2006; Information on 1347 individuals, N=1626)

Disability ...	Men %	Women %	Total % (n)
YES ...	5.8	5.6	5.6 (76)
Deaf	10.0	4.5	5.3
Learning Disability	50.0	43.9	44.7
Mobility Impaired	40.0	42.4	42.1
Visually Impaired	-	7.6	6.6
Wheelchair User	-	1.5	1.3
Total	100.0 (10)	100.0 (66)	100.0 (76)

Patterns of Sexual Violence

Introduction

In this section, we present a typology of sexual abuse based on the number of episodes and the number of perpetrators involved. Following this, we consider sexual abuse in terms of first occurrence and duration; this is described in terms of three main categories, namely that which occurs in childhood only, in adulthood only and both in childhood and adulthood. This sets the context for the three chapters which follow, examining each of these types of abuse in some detail. The final part of this section shows the relationship between survivors and perpetrators for the total group of service users. In addition, findings in relation to incidence of pregnancy and pregnancy outcomes, reporting to Gardaí and the occurrence of additional violence are presented.

Typology of Sexual Abuse: Number of Episodes and Number of Perpetrators

We have attempted to simplify information on sexual abuse incidents somewhat by constructing a typology of the main types of abuse experienced by the RCC face-to-face service users. In agreement with the SAVI researchers, we consider the inclusion of information on perpetrators in such a classification to be of great importance, particularly in the context of considering prevention strategies (McGee et al, 2002, 85).

Table 1.7 shows that while the vast majority (84%) of RCC service users reported one episode of sexual violence, a significant minority (16%) reported multiple episodes. Distinguishing abuse by single and multiple perpetrators, those who had sexual violence perpetrated against them by two or more perpetrators accounts for one-quarter (26%) of all RCC service users. This has important implications for the level and type of trauma experienced and the level of counselling and support needed both for the survivors and the supporters of survivors of sexual abuse.

Further analysis by gender shows a broadly similar pattern. However, women are more likely than men (27% versus 20%) to have had sexual violence perpetrated on them either in terms of multiple abusers in a single episode or multiple episodes involving either one or more perpetrators.

Table 1.7
Typology of Sexual Violence in terms of Number of Episodes & Number of Perpetrators
(Base: Any incident of sexual abuse)

Type of Sexual Violence	Men % (n)	Women % (n)	Total % (n)
Discrete Episode, Single Perpetrator	80.2 (138)	73.4 (977)	74.2 (1115)
Discrete Episode, Multiple Perpetrators	8.7 (15)	9.7 (129)	9.6 (144)
Discrete Episode	88.9 (153)	83.1 (1106)	83.8 (1259)
Multiple Episodes, Single Perpetrator	-	0.1 (1)	0.1 (1)
Multiple Episodes, Single/Diverse Perpetrators	7.0 (12)	12.2 (163)	11.6 (175)
Multiple Episodes, Multiple Perpetrators	2.3 (4)	1.4 (19)	1.5 (23)
Multiple Episodes, Single/Diverse and Multiple Perpetrators	1.7 (3)	3.2 (42)	3.0 (45)
Multiple Episodes	11.1 (19)	16.9 (225)	16.2 (248)
Total	(172)	(1331)	100.0 (1503)

Context of Abuse: Childhood only, Adult only or Both

In this section information regarding age at which sexual abuse first started is presented. Table 1.8 outlines these characteristics for the 2006 face-to-face service users from participating Rape Crisis Centres.

The figures clearly show that abuse starting in childhood is the single largest type of abuse perpetrated against 2006 RCC service users. This category of child abuse includes all forms of sexual violence and abuse perpetrated against someone under the age of 17. It includes rape, sexual assault, forced viewing of pornography, inappropriate touching and ritual abuse (RCNI, 2004).

Table 1.8 shows whether sexual abuse occurred in either childhood or adulthood or both in childhood and adulthood. For the majority (64%) of the 2006 RCC users, sexual abuse started in childhood; this applies to 74% of men and 62% of women. SAVI figures show a similar pattern in terms of child sexual abuse comprising the single largest category but here the overall figure is higher at 79%; the pattern of more males than females is consistent with our figures but again higher at 86% and 79%.

Looking at those who experienced sexual abuse in childhood only, this accounts for 57% of all service users compared to 36% who experienced abuse in adulthood only. For women, 55% experienced abuse in childhood only versus 38% who experienced abuse in adulthood only. Similarly, for men, 73% experienced abuse only in childhood compared to 25% only in adulthood.

One in every 16 (6%) of all 2006 RCC service users reported abuse both in childhood and in adulthood. Here the findings indicate multiple rather than a single episode of sexual abuse. The corresponding figure in SAVI is much higher at 24% and these results support the findings of other international studies showing a pattern of high levels of such re-victimisation (2004, 72-4). Further analysis by gender in both the SAVI and this research shows that women are significantly more likely than men to be re-victimised in adulthood. The RCC figures are 7% for women compared to 1% for men; correspondingly, SAVI figures are 28% and 19%. While the authors emphasise that it is not possible from the findings of their research to say that childhood abuse "causes" adult re-victimisation, such abuse is, however, an important marker of increased risk of adult sexual violence (op. cit., 73). In light of such findings, the SAVI report highlights the fact that there are important preventive reasons, as distinct from therapeutic or law enforcement reasons, for encouraging the disclosure of sexual abuse (ibid).

Table 1.8
When Sexual Abuse Occurred and whether Abuse comprised Single or Multiple Episodes by Gender
(Base: Any incident of sexual abuse)

When Sexual Abuse Started *	Men % (n)	Women % (n)	Total % (n)
Child Sexual Abuse only – single episode	60.5 (104)	44.1 (587)	46.0 (693)
Child Sexual Abuse only – multiple episodes	12.8 (22)	11.1 (148)	11.3 (171)
Child Sexual Abuse only	73.3 (126)	55.2 (735)	57.3 (864)
Both Child Sexual Abuse and Adult Abuse	1.2 (2)	7.2 (96)	6.5 (98)
Both – single episode	-	-	-
Both – multiple episodes	1.2 (2)	7.2 (96)	6.5 (98)
ANY CHILD SEXUAL ABUSE	74.5 (128)	62.4 (831)	63.8 (962)
Adult Abuse only – single episode	19.8 (34)	29.4 (391)	28.3 (426)
Adult Abuse only – multiple episodes	5.8 (10)	8.2 (109)	7.9 (119)
Adult Sexual Abuse only	25.6 (44)	37.6 (500)	36.2 (545)
Total	(172)	(1331)	(1507)

* Abuse which started in childhood and continued into adulthood is counted in childhood only in this table. Abuse as both a child and adult implies two distinct episodes of abuse with two perpetrators or groups of perpetrators.

Relationship between Survivor and Perpetrator

Information regarding perpetrators of sexual violence is of critical importance when considering prevention strategies. In Table 1.9 we have information on who the perpetrator was in relation to the survivor. The overall results show that almost 8 in every 10 perpetrators are known to those they abuse, thus dispelling the myth that most perpetrators of sexual violence are strangers. Overall, the findings from the RCC service users reveal that known perpetrators are marginally more likely to be non-family rather than family (45% versus 32%). In this case, an acquaintance or friend accounts for about half of all non-family perpetrators and this applies fairly equally to both men and women (21% and 19%, respectively).

Some notable differences are evident between men and women with respect to the relationship between survivors and perpetrators of sexual violence. Specifically, more than double the percentage of men reported having been abused by a non-family member compared to women (55% versus 24%). Here men were twice as likely to have been abused by a neighbour (12% versus 6%) and six times more likely to have been abused by an authority figure (18% versus 3%) than was the case for women. Conversely, women were significantly more likely to have had sexual violence perpetrated by a partner or ex-partner (11% versus 1%).

Table 1.9
Relationship between Perpetrator and Survivor by Gender of Survivor
 (Base: 1st incident of sexual abuse for all Face-to-Face Service Users who experienced child sexual abuse only, 2006; N=1526; Information for 1502)

	Men % (n)	Women % (n)	Total % (n)
1. Abuser known to Child: Family Member or Relative	24.4	33.5	32.5 (487)
2. Abuser known to Child: Non-Family Member	53.5	33.6	35.7 (538)
<i>Neighbour</i>	11.6	5.6	6.3 (95)
<i>Acquaintance/Friend</i>	18.6	21.4	21.0 (316)
<i>Authority Figure</i>	18.0	3.2	4.9 (74)
<i>Security Forces</i>	5.2	3.3	3.5 (53)
3. Abuser known to Survivor: Partner/ExPartner	1.2	10.6	9.5 (143)
4. Abuser not known to Survivor: Stranger	7.6	7.5	7.5 (113)
5. Other	7.6	5.4	5.7 (85)
6. Unknown	5.7	9.4	9.1 (135)
Total	100.0 (172)	100.0 (1329)	100.0 (1501)

Pregnant After Rape

In total, there are 47 recorded cases of known pregnancy for the 2006 service users; this represents 3.2% of all those who were raped. While the figure may be higher than this in reality, what we can assume is that 3% represents the lowest threshold of pregnancy following rape.

The findings show that just under two-thirds of the women who became pregnant following sexual abuse went on to give birth and parent their children, 19% had a miscarriage and 9% had a termination. Another 6% of the women had their child adopted. In addition to the sexual violence experience, the reality of a resulting pregnancy and birth represents added trauma for the women and their family and friends.

Reporting to Gardai

Existing literature indicates that informal networks are more likely to respond to initial disclosure with positive social reactions and that negative social reactions from formal support sources may inhibit subsequent help-seeking (Lievore, 2005: 34). Lievore's own qualitative research demonstrates that friends, families and other trusted persons such as counsellors are often more than a source of support and validation for sexual assault survivors. In addition, they act as vital information sources for victims on how to behave in situations of crisis, ambiguity or fear. Decisions to report to police are often made after other people confirm or identify that this was a serious criminal victimisation, that legal redress is an option and that they would support the woman if she decided to bring the matter to police attention. Conversely, negative social reactions can act as a deterrent to reporting and to further help-seeking. Regardless of whether a sexual assault was reported to police, most of the women in Lievore's Australian research expressed one or more concerns or had negative perceptions about becoming involved in the criminal justice process.

Existing literature indicates that informal networks are more likely to respond to initial disclosure with positive social reactions and that negative social reactions from formal support sources may inhibit subsequent help-seeking (Lievore, 2005: 34). Lievore's own qualitative research demonstrates that decisions to report to police are often made after other people, such as members of her informal network, confirm or identify that this was a serious criminal victimisation, that legal redress is an option and that they would support the woman if she decided to bring the matter to police attention. Conversely, negative social reactions can act as a deterrent to reporting and to further help-seeking. Regardless of whether a sexual assault was reported to police, most of the women expressed one or more concerns or had negative perceptions about becoming involved in the criminal justice process (ibid).

In the SAVI research, disclosure rates to Gardaí were very low: of those who disclosed adult sexual assault 1% of men and 7.5% of women reported to Gardaí. For adult assault, the most widely cited reason for non-disclosure to Gardaí was the perceived low severity of the abuse. A feeling that the Gardaí could not do anything to help' was another common reason.

Looking at the RCC figures, Table 1.11 shows that rates of reporting to Gardaí differ by category of sexual abuse incident. Rates for adult abuse, particularly drug assisted rape/sexual assault and sexual assault show the highest rate of reporting at 34% and 20%. Conversely, rates of reporting for child sexual abuse are lowest at 11%. Here, it is important to point out that we do not know if reporting took place prior to, or following, contact with the counsellors in the RCC.

Table 1.11
Reported to the Gardaí by Nature of Sexual Abuse Incident
 (Base: Any 1st Reported incident of Sexual Abuse)

% (n)	Nature of 1st Sexual Abuse Incident							Total % (n)
	Child Sexual Abuse	Drug Assisted Rape/SA	Rape	Ritual Abuse	Sexual Assault	Sexual Harassment	Suspected Abuse	
Yes	11.4 (110)	34.2 (13)	18.1 (82)	0 (-)	20 (22)	19.2 (5)	4.7 (2)	14.32 (234)
Total (N)	(962)	(38)	(454)	(1)	(110)	(26)	(43)	(1634)

Incidence of Additional Other Violence by Child Sexual Abuse

When asked about additional other violence above and beyond sexual violence, almost 6 in every 10 service user reported an incidence of such further abuse. For the remainder, it is unclear from the data if they did or did not experience any such additional violence. What we can be clear about, however, is that for at least 57% of the service users, abuse in addition to sexual violence was inflicted.



“Since going to the centre I feel a lot more centred before I was feeling depressed because I had no one to talk to about what happened to me, but now I feel great. I am a lot more happy, going for a job I love. Without the rape centre I wouldn’t be doing these things today. They helped me a lot and I am very grateful.”

Table 1.12**Incidence of additional other Violence by Child Sexual Abuse**

(Base: 1st reported incident of sexual abuse; N=1623, Information for 1504)

Other Violence ...	MALE %	FEMALE %	TOTAL % (N)
Attempts to kill	-	0.7	0.6(9)
Harassment	2.9	2.3	2.4(36)
Intimidation	16.9	13.9	14.2(214)
Multiple Types of Violence	11.0	14.4	14.0(210)
Physical Abuse	11.0	10.6	10.6(160)
Psychological Abuse	9.3	8.8	8.8(133)
Stalking	0.6	0.1	0.1(2)
Threats to kill	0.6	1.1	1.1(16)
Torture	1.7	0.5	0.6(9)
Other	7.6	4.3	4.7(71)
Unknown / Not Recorded	38.4	43.4	42.8(644)
Total % (N)	100.0 (172)	100.0 (1331)	100.0 (1503)
Total (without unknown/not recorded)	61.6	56.6	

The findings in Table 1.12 would suggest that this violence included multiple types of abuse, including intimidation, physical and psychological abuse. In some cases, female survivors reported threats or even attempts to kill. Men are marginally more likely to have other violence perpetrated on them in addition to sexual abuse. Few gender differences exist, however, in relation to the type of additional violence experienced by men and women.

Structure of the Report

Chapter 2 to 4 focus on the main types of sexual violence suggested by the data from the 14 participating Centres, namely sexual abuse occurring in 'Childhood only', 'Adulthood only' and 'Both Childhood and Adulthood'. These chapters present the findings relating to the profile, RCC service usage and sexual violence patterns of these three main groups of survivors of sexual violence. Chapter 5 considers commonalities and differences across these three groups and concludes with a short summary of recommendations in relation to data collection and recording by RCCs.

CHAPTER 2

Sexual Abuse in Childhood only

2.1 Introduction

In this chapter, we present the findings for the single largest category of sexual abuse that was reported by the 2006 RCC service users from the 14 participating Centres, namely sexual violence which occurred in childhood only. This category of child abuse includes all forms of sexual violence and abuse perpetrated against someone under the age of 17. It includes rape, sexual assault, forced viewing of pornography, inappropriate touching and ritual abuse (RCNI, 2004). In the Irish SAVI research, almost one-third of women and a quarter of men interviewed reported some level of sexual abuse in childhood. Attempted or actual penetrative sex was experienced by 7.6% of girls and 4.2% of boys (McGee et al, 2002: xxxiii).

It is generally understood that only a minority of child sexual abuse survivors disclose the abuse during their childhood. If disclosure of childhood sexual victimization ever takes place, it is thought that it often does not happen until adulthood, especially when the abuser is a close family member (Babcock and Tomicic, 2006).

Research focusing on predicted time of disclosure of childhood rape found that the key factors associated with more rapid disclosure were older age at the time of abuse and the perpetrator being a stranger (Smith et al, 2000).

The Irish SAVI findings show that 1 in every 2 cases of child sexual abuse reported to the interviewers had never been previously disclosed and the results showed lower levels of disclosure by men for child (and other) abuse (McGee et al, 2002: 121-123). An examination of non-disclosure of child abuse showed that older people were less likely to disclose abuse in general: with one exception: 6 in every 10 young men had not disclosed to anyone prior to the study (ibid).

The literature cites reasons for delay in disclosure in terms of fear of negative reaction, including not being believed, being rejected or being punished or fear of being harmed by their abuser. In addition, 'the genuine affection that the child may have for the abuser, especially one which promotes the 'special relationship' and who has spent a great deal of time in the grooming phase often prevents children from disclosing the abuse. In the context of familial abuse, perpetrators also often enforce the isolation of others in the family so as to maintain control over them and preserve secrecy (Babcock and Tomicic, 2006). In the SAVI research, non-disclosure of child sexual abuse by both men and women was most frequently explained in terms of feelings of embarrassment and shame and thinking that it was too trivial to disclose; men were more likely to give these reasons than was the case for women (op cit: 124).

The relative proportion of men and women estimated by the SAVI survey who attended counselling for 'childhood only' sexual abuse is, however, much higher for the former than the latter. Six out of every 10 men were attending for 'childhood only' sexual abuse compared to 25% of women (McGee et al, 2002: 142). A comparison of SAVI results with available Dublin Rape Crisis Centre figures highlighted the consistent pattern of a lower likelihood of men attending services following sexual violence compared to women (op cit, 152).

Childhood trauma caused by sexual abuse is shown to affect the child immediately and also to contribute to distorted concepts about themselves and the world. While children can often develop ways of coping in order to keep them safe, these may prove to be maladaptive in the long-term and may contribute to difficulties in adulthood (SENCs, 2003 cited from Corby, 2000). In the long-term, the abuse may significantly influence their behavioural, emotional and psychological well-being. Difficulties may result in many aspects of life such as the ability to parent their own children; to form and maintain close healthy relationships from a reduction in the ability to trust or to empathise with others and the self; or to cope with the stresses of normal life events. Many survivors may also experience low self-esteem and depression. This evidence highlights the devastating effect of sexual abuse and the need for highly accessible services for counselling and support.

Despite the anonymity offered by professional services such as Rape Crisis Centres, amongst others, disclosure to, and uptake of, such services is very low. Of the total group who experienced some form of sexual abuse, the Irish SAVI survey estimated that just 12% went for counselling. Here women are significantly more likely to attend counselling for such abuse compared to men. The relative proportion of men and women estimated by the SAVI survey who attended counselling for 'childhood abuse only' is, however, much higher for the former than the latter. Six out of every 10 men were attending for 'child abuse only' compared to 25% of women (McGee et al, 2002: 142). A comparison of SAVI results with available Dublin Rape Crisis Centre figures highlighted the consistent pattern of a lower likelihood of men attending services following sexual violence compared to women (op cit, 152).

As shown in Table 1.8, Chapter 1, those experiencing 'sexual abuse in childhood only' account for almost 3 in every 5 (57%) of all reported incidents of sexual abuse by RCC service users in 2006. The corresponding SAVI statistic is also 57% (McGee et al, 2002: Table 4.6 p.69). In gender terms, 73% of all male service users experienced 'abuse in childhood only' compared to 55% of all women. These findings suggest that the typical male RCC service user is likely to be help-seeking in relation to sexual abuse experienced during 'childhood only', while this applies to just over half of all women service users. This pattern by gender is mirrored in the SAVI findings which shows that 66.1% of all men were abused 'as a child only', compared to 51.3% of women (ibid).

Demographic Profile of RCC Service Users experiencing 'Sexual Abuse in Childhood only'

In this section we present the findings on the main demographic characteristics of those who experienced 'sexual abuse in childhood only' and attended a Rape Crisis Centre in 2006 for counselling and support.

Currently, the RCNI database collects information on gender, age, country of origin/legal status background and whether the person has a disability.

Gender

Male service users are considerably more likely than their female counterparts to experience such abuse (73.3% versus 55.2%) and also more likely to experience this type of abuse relative to either 'adult only' (73.3%) or 'both childhood and adult' sexual abuse (1.2%)

Current Age

Table 2.1 shows the current age of survivors of 'childhood only' sexual abuse overall and also by gender. These findings give us some indication of the time lapse between the occurrence of child sexual abuse and survivors making a disclosure to, and seeking counselling and support from, a Rape Crisis Centre. Of course, disclosures and help-seeking from informal or other formal sources may have preceded this contact and so we cannot interpret the findings in terms of representing initial disclosure.

Table 2.1
Current Age of Survivors of 'Childhood Abuse only' by Gender

(Base: All face-to-face service users experiencing sexual abuse in childhood only; N=864 Information on 804)

Current Age ...	Men %	Women %	Total % (n)
12-14	1.7	1.5	1.5 (12)
15-16	0.9	4.9	4.4 (35)
17-23	10.3	15.0	14.3 (115)
24-29	16.4	21.7	20.9 (168)
30-39	33.6	27.5	28.4 (228)
40-49	24.1	17.6	18.5 (149)
50-59	11.2	6.8	7.5 (60)
60-69	0.9	1.3	1.2 (10)
70+	-	0.6	0.5 (4)
Unknown	0.9	3.2	2.9 (23)
Total % (N)	100.0 (116)	100.0 (688)	100.0 (804)

In total, two-thirds of this group are aged between 24 and 49 years, demonstrating that most survivors of childhood sexual abuse who seek help from a Rape Crisis Centre do so not at the time of the onset of the abuse but some years later.

Specifically, the single largest group (28.4%) are in the 30 to 39 category, followed by those aged 24 to 29 (20.9%) and 40-49 (18.5%). This finding is consistent with research on disclosure and help-seeking by survivors of child sexual abuse. Specifically, research on this particular group shows that many survivors never disclose details of the abuse experienced to anyone; where survivors tell, delayed disclosure is very common and long delays are typical (Smith et al, 2000; London et al, 2005).

Just 5.9% were still younger than 17 years at the time they were attending a Rape Crisis Centre for counselling. This is not surprising considering that some Rape Crisis Centres do not provide counselling to young children. Further analysis of this group shows that their age at the onset of abuse is the same as their current age category. This suggests that for a small minority, disclosure and help-seeking occurs either at the time of, or a short time following, the onset of abuse. Further analysis shows that virtually all (44 out of 47) of this group are female and more than 3 out of every 4 are reporting sexual abuse perpetrated by a non-family member or stranger. In terms of type of abuse, the same applies to the small number of male service users in this group. This is consistent with research on predictors of disclosure of child sexual abuse where disclosure is shown to be less likely in situations of familial abuse and most likely in non-familial abuse involving a stranger (London et al, 2005).

Those older than 50 comprise just less than 1 in every 10 (9.2%) of those attending a Rape Crisis Centre in relation to abuse they experienced during their childhood. This indicates the long-lasting impact of such abuse and also how difficult it must be for many to seek professional help in relation to such abuse.

An examination of gender differences suggests that men availing of counselling for abuse experienced in their childhood are on average older than their female counterparts. Almost 7 in every 10 (68.9%) men are aged between 30 and 59, while this applies to just over half (51.9%) of all women. Conversely, significantly more women than men are aged 29 and under (43.1% versus 29.3%), suggesting perhaps that women seek professional counselling and support sooner following childhood abuse than is the case for men.

Country of origin/legal status Background

Overwhelmingly, most (93.1%) service users reporting sexual abuse during their ‘childhood only’ are Irish. A comparison with all service users shows that those who were subjected to ‘childhood abuse only’ are disproportionately likely to be Irish citizens (93% versus 86%). In gender terms, this pattern applies to both men and women. While virtually all men (99.2%) are either Irish citizens or western EU citizens, female survivors of child sexual abuse, by contrast, are marginally more likely (2.3% versus 0.8%) to be asylum seekers, eastern EU citizens or to have permanent leave to remain in the country.

Table 2.2
Country of Origin/Legal Status by Type of Service User
 (Base: All face-to-face service users experiencing ssexual abuse in childhood only; N=864 Information on 861)

Country of Origin/Legal Status Background	Men %	Women %	Total % (n)
Irish Citizen	96.8	92.5	93.1 (802)
Western EU Citizen	2.4	3.3	3.1 (27)
Asylum Seeker	0.8	1.9	1.7 (15)
Eastern EU Citizen	-	0.1	0.1 (1)
Refugee	-	-	-
Other/Unknown	-	17.6	1.8(16)
Total	100.0 (126)	100.0 (735)	100.0 (861)

Disability

Overall, 4.1% of those experiencing 'sexual abuse in childhood only' reported having a disability. This is marginally lower than the corresponding statistic for all service users (at 5.6%). Most (87%) of this group of children with a disability knew the perpetrator of the abuse. Disturbingly, more than half of them were in fact abused by a family member and typically this took place before the age of 11. In total, just 6.5% were sexually abused by a stranger. In terms of gender, there is little difference between the percentage of male and female service users in this category who have a disability. Men are more likely than women to have a mobility impairment, while the opposite applies in relation to learning disability.

Table 2.3

Whether Service User has a Disability by Type of Disability and Gender

(Base: All face-to-face service users experiencing sexual abuse in childhood only; N=864 Information on 752)

Disability...	Men %	Women %	Total % (n)
YES ...	3.4 (4)	4.3 (27)	4.1 (31)
Deaf	25.0 (1)	-	3.2 (1)
Learning Disability	25.0 (1)	55.5 (15)	51.6 (16)
Mobility Impaired	50.0 (2)	29.6 (8)	32.3 (10)
Visually Impaired	-	14.9 (4)	12.9 (4)
Total	100.0 (126)	100.0 (634)	100.0 (750)

Patterns of Child Sexual Abuse occurring in Childhood only

Age at Onset of Child Sexual Abuse

Similar to the findings on patterns of child abuse in the Irish SAVI research, our figures in Table 2.1 show that most abuse occurred in the earlier years, with an overall total of 55% experiencing such abuse before age 12. In gender terms, this applies to 58% of girls and 55% of boys who were sexually abused as children. A higher proportion of girls than boys were abused by age 4 (6% versus 2%). In other words, sexual abuse had taken place prior to these children starting primary school.

As shown in Chapter 1, 20% of all child sexual abuse relates to multiple rather than single episodes. In gender terms, women are marginally more likely than men to have experienced multiple episodes of child sexual abuse (20% versus 17%, respectively).

Table 2.4

Patterns of Child Sexual Abuse by Gender

(Base: 1st incident of child sexual abuse)

Age at Onset of Abuse	Men %	Women %	Total % (n)
0-4	2.4	6.3	5.7 (49)
5-11	53.2	51.3	51.6 (444)
12-14	24.6	23.5	23.7 (204)
15-16	18.3	15.1	15.6 (134)
Unknown	1.6	3.8	3.5 (30)
Total	100.0 (126)	100.0 (735)	100.0 (861)
Number of Episodes of Abuse			
Child Sexual Abuse only - single episode	82.5 (104)	79.8 (587)	80.2 (693)
Child Sexual Abuse only - multiple episodes	17.5 (22)	20.2 (148)	19.80 (171)
Child Sexual Abuse only	100 (126)	100.0 (735)	100.0 (864)

Duration of Abuse

The findings in Table 2.2 show that many service users were abused over long periods of time during their childhood. For half of all service users, this refers to years of abuse and this pattern applies equally to men and women. Corresponding figures are higher in the SAVI research; here as many as 58% of girls and 42% of boys abused more than once experienced sexual abuse in childhood for longer than a year (2005: 83-4).

Table 2.5
Duration of Abuse by Gender
(Base: 1st incident of child sexual abuse)

	Men %	Women %	Total % (n)
Hours	6.4 (8)	92.5 (72)	9.8 (80)
Days	1.6 (2)	1.6 (12)	1.6 (14)
Weeks	2.4 (3)	0.8 (6)	1.0 (9)
Months	6.4 (8)	4.1 (30)	4.4 (38)
Years	49.6 (62)	49.8 (365)	49.8 (427)
Unknown	33.6 (42)	33.8 (248)	33.8 (290)
Total	100.0 (125)	100.0 (733)	100.0 (858)

Number of Episodes of Abuse and Number of Perpetrators by Gender

In addition to number of episodes of sexual abuse in childhood only, the number of perpetrators is presented in Table 2.2. While 80% of abuse involved one perpetrator, as many as 1 in 5 involved multiple perpetrators. In gender terms, this applies to a slightly higher proportion of men than women (82.5% versus 79.6%).

Table 2.6
Number of Episodes & Number of Perpetrators by Gender
(Base: 1st Episode of Child Sexual Abuse)

Age at Onset of Abuse for 'Child Sexual Abuse Only'	Men %	Women %	Total % (n)
Discrete Episode, Single Perpetrator	82.5 (104)	79.6 (585)	80.0 (689)
Discrete Episode, Multiple Perpetrators	7.1 (9)	9.7 (71)	9.3 (80)
Multiple Episodes, Single/Diverse Perpetrator	7.1 (9)	8.0 (59)	7.9 (68)
Multiple Episodes, Single and Multiple Perpetrators	0.8 (1)	1.9 (14)	1.7 (15)
Multiple Episodes, Multiple Perpetrators	2.4 (3)	0.7 (5)	0.9 (8)
Total	100.0 (128)	100.0 (831)	100.0 (861)

Perpetrators of Child Sexual Abuse

Research shows that perpetrators of childhood sexual abuse are found among all age groups, social and economic backgrounds (Babcock and Tomonic, 2006). In addition, most are found to be family members or other persons related to the child (ibid).

In terms of perpetrators of sexual violence, the data includes information on the gender of the perpetrator, the number of perpetrators for each episode and the relationship between the perpetrator and the survivor.

Relationship between Survivors and Perpetrators

Notably, and reflecting findings from other research, the data in Table 2.7 shows that most perpetrators are known to survivors. The biggest single category perpetrators is reported to be family members. Familial abuse accounts for just less than half of all abuse occurring in 'childhood only': in gender terms, those abused by family members as children are almost twice as likely to be girls compared to boys (50.9% and 27%, respectively).

In addition, a further 35.2% are also known to survivors but are non-family members. This includes acquaintances/friends, neighbours, authority figures (including clergy, medical professionals, sports coaches and youth workers), or members of the security forces. Within this category, boys are almost twice as likely to have been abused by a neighbour (15.1% versus 9.1%) and almost 8 times more likely to have been abused by an authority figure (23.8% versus 3.4%) compared with girls. A small minority of girls are likely to have been raped or sexually assaulted by a boyfriend or ex-boyfriend while this does not apply to any boys (2.5% versus 0%). Similarly, girls are marginally more likely to have been raped or sexually assaulted by a friend/acquaintance compared with boys (18.9% versus 15.9%); all boys in this category were raped or sexually assaulted by a male friend or acquaintance. Only in a very small minority of cases (3.5%) was abuse perpetrated by a stranger; in gender terms, men were more likely than women to report that this was the case (5.6% versus 3.1%).

Table 2.7

Relationship between Perpetrator and Survivor by Gender of Survivor

(Base: All Face-to-Face Service Users who experienced child sexual abuse only, 2006; N=864; Information for 860)

	Men %	Women %	Total % (n)
1. Abuser known to Child: Family Member	27.0	50.9	47.5 (408)
2. Abuser known to Child: Non-Family Member	55.6	31.7	35.2 (303)
<i>Neighbour</i>	15.1	9.1	10.0 (86)
<i>Acquaintance/Friend</i>	15.9	18.9	18.5 (159)
<i>Authority Figure</i>	23.8	3.4	6.4 (55)
<i>Security Forces</i>	0.8	0.3	0.3 (3)
3. Abuser known to Child: Boyfriend/Ex-boyfriend	0.0	2.5	2.1 (18)
4. Abuser not known to Child: Stranger	5.6	3.1	3.5 (30)
5. Other	7.1	4.2	4.7 (40)
6. Unknown	4.8	7.5	7.1 (61)
Total	100.0 (126)	100.0 (734)	100.0 (860)

* Note: This refers to sexual assault/rape by a partner/ex-partner for someone under the age of 17. We do not have any information on the age-range of the perpetrator at the time of the abuse.

Gender of Perpetrators

Looking at the gender of perpetrators of child sexual abuse, the findings here show that almost all (97%) are male and just 3% are female. Table 2.8 presents the findings in relation to the gender of perpetrators of 'child sexual abuse only' cross tabulated with the gender of the survivors. This shows that most child sex abuse by men is perpetrated on girls rather than boys (86% versus 14%). Equally, most child sex abuse by women is also perpetrated on girls rather than boys (73% versus 27%), albeit to a lesser degree.

Table 2.8
Gender of Perpetrator by Gender of Survivor
(Base: Any incident of child sexual abuse only)

	MALE SURVIVOR %	FEMALE SURVIVOR %	TOTAL % (N)
Male Perpetrators	14.2	85.8	100.0 (816)
Female Perpetrators	26.7	73.3	100.0 (30)
Unknown	13.3	86.7	100.0 (15)
Total	14.6	85.4	100.0 (861)

Reported to the Gardai

Nationally and internationally, disclosure rates to Gardai are strikingly low. In the SAVI survey, just 5.6% of men and 9.7% of women reported childhood abuse. Again, the perception that the sexual abuse experience was not serious enough featured as an important reason for non-disclosure. Women were also more likely to report they felt ashamed, blamed themselves or feared family reactions and publicity. The type of abuse with the greatest proportion being reported to the Gardai for child sexual abuse was indecent exposure, not the most serious penetrative abuse.

In total, just over 1 in every 10 (10.8%, n=93) survivors of 'child sexual abuse only' reported what had happened to the Gardai. The findings show that there is no difference in the percentage of men and women disclosing child sexual abuse to Gardai. Comparing the results for this group experiencing sexual abuse in childhood only reveals a lower level of reporting than is the case for all service users (11.1% versus 14.2%).

In the SAVI research, the most common reason for non-disclosure of child sexual abuse to Gardai was the perceived seriousness of the abuse, thinking that it was too trivial to be reported. The next most common reason was age, being too young to do anything about it. Women were more likely to report that they felt ashamed, blamed themselves or feared family reactions and publicity (2005: 131).

Table 2.9
Reported to Gardai by Gender
(Base: Any incident of child sexual abuse only)

	Men %	Women %	Total % (n)
Yes	11.1 (14)	11.2 (82)	11.1 (96)
Incidents	12.2 (21)	14.4 (192)	14.2 (213)

Pregnant after Rape and Pregnancy Outcomes

The findings indicate that as many as 1% (n=9) became pregnant as a result of child sexual abuse. Further analysis of this data examining the relationship between the survivor who became pregnant and the person who perpetrated the abuse shows that in half of the cases the father was a family member and in more than a third of cases the father was a non-family member who was known to them. In just a minority of cases (12.5%) was the father a stranger. The fact that the perpetrator and father of their child was known to the survivor reinforces the traumatic nature of this sexual abuse.

An examination of the outcomes of these pregnancies reveals that more than half (55.6%) of these women went on to give birth and parent the child while just over 1 in 10 had a miscarriage. No information exists for a third of all those reporting the occurrence of such a pregnancy.

Incidence of Additional Other Violence by Child Sexual Abuse

The infliction of violence in addition to childhood sexual abuse is reported by almost 3 in every 5 (57.2%) of this group of service users. In gender terms, men are more likely to have experienced violence in addition to sexual abuse compared to women (62.7% versus 56.6%). These figures mirror those for the group of service users overall.

The findings in Table 2.10 show that this additional violence principally involved intimidation, multiple types of violence, psychological and physical abuse. The main gender difference is a greater likelihood for boys to experience physical abuse and intimidation compared to girls.

Table 2.10
Incidence of additional other Violence by Child Sexual Abuse
(Base: Any incident of child sexual abuse only)

Other Violence ...	Men %	Women %	Total % (n)
Attempts to kill	-	-	-
Harassment	2.4	2.2	2.2 (19)
Intimidation	19.8	17.0	17.4 (150)
Multiple Types of Violence	9.5	13.1	12.5 (108)
Physical Abuse	11.1	8.0	8.5 (73)
Psychological Abuse	11.1	10.1	10.2 (88)
Stalking	0.8	0.1	0.2 (2)
Threats to kill	-	0.8	0.7(6)
Torture	0.8	0.1	0.2 (2)
Other	7.1	4.9	5.2 (45)
Unknown	37.3	43.4	42.5 (366)
Total % (N)	100.0 (126)	100.0 (735)	100.0 (861)
Total without unknown/not recorded	62.70	56.6	57.5

Summary and Conclusions

Compared to either 'adult only' or 'both child and adult' sexual abuse, 'childhood only' sexual abuse more commonly applies to male than female RCC service users. Irrespective of gender, those who seek help for this type of sexual abuse are almost all younger than 49 years. Most abuse of this nature typically occurs in the early years of childhood, with more than half of all men and women reporting having been subjected to such abuse by age 12. In other words, most 'childhood only sexual abuse' occurs either prior to, or during the time children are still in primary school. Disturbingly, 'childhood only sexual abuse' is not a short-lived experience but rather one that is shown to continue over years; this was the case for most of the service users in this study where information was recorded. In addition, a significant minority of abuse contexts involved multiple episodes of abuse, often with many different perpetrators.

The findings show that the time lapse between occurrence and disclosure of abuse is typically in terms of years, often up to a decade and sometimes much longer than this. With so few RCC service users aged 50 and over this suggests either an inability or reluctance by survivors to seek help after too much time has elapsed or possibly reflects a cultural disposition against disclosure for older generations of survivors. RCCs do not generally provide services to young children so these statistics will not reflect those who sought help at a young age. Where such disclosure while the abuse is ongoing occurs, it is only women who are likely to do so. Given the long-lasting nature of 'childhood only' sexual abuse in addition to the fact that many are subjected to multiple episodes of abuse with a number of different perpetrators, such a delay in disclosure suggests virtually a lifetime for some of coping without professional help with what is shown in the literature to be the profoundly damaging effects of such abuse.

In summary therefore, the typical profile for both female and male RCC service users subjected to 'childhood only abuse' is someone who is Irish, who is younger than 50, who was abused as a young child over many years and is seeking counselling many years after the abuse ceased.

It is only when we consider who perpetrates child sexual abuse that two distinct gender profiles emerge. The first is that of a young girl being sexually abused by a male member of her family (or to a lesser extent by a boyfriend/ex-boyfriend or a male acquaintance/friend in early adolescence). This is illustrated in the following composite of RCC service user experiences:

Mary telephoned her local Rape Crisis Centre one day after watching the television news. She said that one of the items on the news brought back memories of what had happened to her when she was a child. When she came into the Centre for an appointment she disclosed that an uncle had sexually abused her from the time she started in National School until he moved away when she was 12. She is now 42. Once before, she tried talking to her sister about what her uncle had done but her sister just said that she had a vivid imagination and wanted someone else to blame for her life not having turned out the way that she wanted. Mary said that she had often been depressed and over the years had been prescribed medication on several occasions. There had never been a connection made between her depression and the sexual abuse. Mary spent two years in counselling at the Rape Crisis Centre. She has now decided to go back to school and get a degree in journalism. This has always been one of her dreams.

The effects of such abuse are compounded when girls become pregnant. While this applies to just a minority of female RCC service users, most of whom proceed with the pregnancy and parent the child, the psychological effects are likely to be severe and long-lasting.

For boys on the other hand, while also mainly sexually abused by someone they knew, the perpetrator is more typically an authority figure such as a priest, male medical professional, sports coach or youth worker (or to a somewhat lesser extent a male neighbour or an acquaintance/friend). This profile of male child sexual abuse is captured in another composite of RCC service user experiences::

Maurice phoned the Rape Crisis Centre asking if it was alright for him to talk to someone about what had happened to him as a boy. He said that the local priest spent a lot of time organising youth activities at his school when he was a young teenager. He was one of the boys that the priest selected out for "special treatment". Initially this had meant that he and the other selected boys got extra attention and extra treats. This eventually led to his being sexually abused by the priest, as were a number of other boys. Now aged 53, he has never been able to talk to his family about the abuse because his family is very religious and he thinks they would not believe him. He said that it took him a number of years to identify that what had happened was wrong. Maurice decided to come into the centre to meet with a counsellor. He continues to explore the effects that the sexual violence has had on his life.

Mirroring the SAVI and also international research, disclosure and reporting to the Gardaí is strikingly low. Most RCC service users who are survivors of 'child sexual abuse only' did not report the crime to the Gardaí, despite the fact that additional violence including intimidation, psychological and physical abuse was also a feature of the abuse they were subjected to. This possibly reflects the rationale shown in the SAVI research for non-disclosure of childhood abuse, namely the perception by survivors that the case was too trivial to be reported, that they were too young to do anything about it or that they felt ashamed, blamed themselves or feared family reactions and publicity. These reasons highlight the need for child sexual abuse to be more openly discussed in society, including public awareness campaigns by RCCs and other organisations dealing with sexual violence, in the hope of transferring the disbelief, blame and stigma often attached to the survivor to a focus on perpetrators and prevention of such abuse.

CHAPTER 3

Sexual Abuse in Adulthood only

3.1 Introduction

In this chapter, we present the findings for the second largest category of sexual abuse that was reported by the 2006 RCC service users, namely sexual violence which occurred in adulthood only. This category of abuse includes all forms of sexual violence and abuse perpetrated against someone aged 17 or over. As shown in Chapter 1, 'adult only sexual abuse' accounts for over one-third (36.2%) of all reported incidents of sexual abuse. For men, 25.6% experienced abuse in adulthood only compared to 37.6% of women. The corresponding statistic in the SAVI survey is substantially lower at 18%; 21% of women experienced 'adult only sexual abuse' compared to 14.4% of men.



"I have nothing but deep appreciation for the services provided by the centre, and sincere admiration for the way these services are carried out"

Demographic Profile of Service Users experiencing 'Sexual abuse in Adulthood only'

In this section we present the findings on the main demographic characteristics of those who experienced sexual abuse in 'adulthood only'. Currently, the RCNI database collects information on age, country of origin/legal status background and whether the person has a disability.

Gender

In keeping with the overall gender distribution of RCC service users, females greatly outnumber males in the 'adult only' abuse category (91.9% versus 8.1%). An examination across all 3 abuse categories shows that women are more likely than men to have experienced 'adult only' sexual violence (37.6% versus 25.6%).

Current Age

Table 3.1 shows the current age of survivors of 'adult only' sexual abuse overall and also by gender. Six in every 10 (59.6%) service users in this category are aged between 24 and 39. Including the younger (at 15.8%) and older (13.5%) categories either side of this 24 to 39 age band accounts for almost 9 in every 10 of the total population of service users. In other words, virtually all service users in the 'adult only' sexual abuse category are under 50 years of age. Looking at gender differences in the current age of 'adult only' sexual abuse survivors shows that men are virtually all under 50 while women are marginally more likely to be represented across the age spectrum with 11% aged 50 and older.

An analysis examining the time lag between the onset or incidence of 'adult only' abuse and the time of contact with one of the 14 participating Rape Crisis Centres was conducted. Not surprisingly, the general pattern that applies is that as service users' current age increases so does the range of years since the abuse took place. For those aged 24 to 29, two-thirds report abuse occurring within their current age band while the remainder do so between 1 and 6 years post-abuse. Of those aged 30 to 39, half report in the short-term while the other half are divided evenly between those seeking help between 1 and 6 years and others between 7 and 13 years following the abuse. In the 40 to 49 age bracket, one third of the service users are shown to seek help in the short-term and the remaining two-thirds over a longer time span. In fact, the time lag for 1 in every 5 of this latter age group is in the region of 30 years. The same pattern applies in the 50 to 70 age groups; with less than one third seeking help in the short term post-abuse and two thirds doing so over a longer time period, including a minority where the time lag is as long as 40 years.

Table 3.1
Current Age of Survivors by Gender

(Base: All Face-to-Face 'Adult only' sexual abuse service users ; Information on 511 individuals, N=547)

Current Age ...	Men %	Women %	Total % (n)
17-23	13.9	16.0	15.8 (81)
24-29	27.8	35.4	34.8 (178)
30-39	41.7	23.6	24.8 (127)
40-49	13.9	13.3	13.5 (68)
50-59	2.7	6.3	6.1 (31)
60-69	-	1.1	1.0 (5)
70+	-	0.8	0.8 (4)
Unknown	-	3.5	3.2 (17)
Total	100.0 (36)	100.0 (475)	100.0 (511)

Country of origin/legal status Background

Compared to the situation for survivors of 'childhood only' sexual abuse, where virtually all were shown to be Irish citizens, Irish citizens reporting 'adult only' abuse account for almost 3 out of every 4 (74.9%) RCC service users. The primary difference between these two categories of abuse in terms of country of origin/legal status is the greater representation of asylum seekers in the current group. Specifically, 1 in every 6 'adult only' service user is an asylum seeker and this applies equally to men and women.

Table 3.2

Country of Origin/Legal Status by Type of Service User

(Base: All Face-to-Face 'Adult only' Sexual Abuse Service Users, 2006; Information on 545 individuals, N=547)

Country of Origin/Legal Status Background	Men %	Women %	Total % (n)
Irish Citizen	77.3	74.6	74.9 (408)
Western EU Citizen	2.3	2.8	2.8 (15)
Asylum Seeker	15.9	16.6	16.5 (90)
Eastern EU Citizen	-	1.2	1.1 (6)
Refugee	2.3	0.4	0.6 (3)
Other/Unknown	2.3	4.4	4.3(23)
Total	100.0 (44)	100.0 (500)	100.0 (545)

Disability

In total, 6.8% of all 'adult only sexual abuse' service users reported having a disability. This is marginally higher than the corresponding statistic for all service users (at 5.6%). In terms of gender, male service users with a disability outnumber women threefold (18.7% versus 5.9%). An examination of type of disability shows that most of the service users in question have either a learning disability or mobility impairment. Two-thirds of male service users with a disability have a learning disability compared to just over 4 in every 10 females. Conversely, women have a greater likelihood of having a physical disability (mobility impairment) than is the case for men (43.5% versus 33.4%).

An examination of who perpetrated 'adult only' sexual abuse on this group of service users with a disability shows that in two-thirds of cases the perpetrators were someone known to the survivor and a stranger for the remainder. This is no different to the situation for all service users in this group. In contrast with those subjected to 'childhood only' abuse, the perpetrators were mainly non-family rather than family members.

Taking those with a learning disability separately, the findings show that 3 out of every 4 survivors knew the perpetrator. This is reduced to 2 in every 5 for those with a mobility impairment.

Table 3.3

Whether Service User has a Disability by Type of Disability and Gender

(Base: All Face-to-Face 'Adult only' Sexual Abuse Service Users, 2006; Information on 428 individuals, N=547)

Disability ...	Men %	Women %	Total % (n)
YES ...	18.7 (6)	5.9 (23)	6.8 (29)
Deaf	(-)	8.7 (2)	6.9 (2)
Learning Disability	66.6(4)	43.5 (10)	48.3 (14)
Mobility Impaired	33.4(2)	43.5 (10)	41.4 (12)
Visually Impaired	(-)	4.3 (1)	3.4 (1)
Total	100.0 (6)	100.0 (66)	100.0 (76)

Patterns of Child Sexual Abuse occurring in 'Adulthood only'

Age at Onset of 'Adult only' Sexual Abuse

The findings in Table 3.4 relate to age at onset of 'adult only sexual abuse' reported by 2006 RCC service users from the 14 participating Centres. By and large, most abuse occurred during early adulthood; just less than two-thirds (65.3%) were aged under 30 at the time. Conversely, abuse taking place after the age of 50 was an uncommon feature of the 'adult only sexual abuse'. In total, this accounted for just less than 3% of all abuse.

In gender terms, men were considerably less likely to have been abused between age 17 and 23 than was the case for women (25% versus 36.7%). Taking the age span from 17 to 60 years, male service users were on average slightly older than their female counterparts. Abuse after the age of 60 was an uncommon occurrence for female service users and did not apply to any of the men in this category.

Table 3.4
Age at Onset of 'Adult only' Sexual Abuse by Gender
(Base:1st incident of 'adult only' sexual abuse)

Age at onset of Abuse	Men %	Women %	Total % (n)
17-23	25.0	36.7	35.7 (194)
24-29	31.8	29.5	29.6 (161)
30-39	20.5	15.4	15.8 (86)
40-49	4.5	5.4	5.5 (30)
50-59	2.3	1.6	1.7 (9)
60-69	-	0.2	0.2 (1)
70+	-	1.0	0.9 (5)
Unknown	15.9	10.2	10.7 (58)
Total	100.0 (44)	100.0 (499)	100.0 (544)

Nature of 'Adult only' Sexual Abuse: Specific Crime and Single/Multiple Episodes

The findings in Table 3.5 show the specific type of sexual violence perpetrated on those in the 'adult only sexual abuse' category. Two thirds (67.1%) of all sexual violence relates to rape and a further 4.8% to drug assisted rape/sexual assault. Overall, rape accounted for the vast majority (72%) of all 'adult only sexual violence'. Just under 1 in 5 (17.3%) of all sexual violence is reported to be sexual assault. Following that in rank order is suspected abuse (at 6.8%) and sexual harassment (3.9%) and just one case of ritual abuse.

A further analysis of the data by gender highlights very similar patterns for female and male service users. The main difference relates to drug assisted rape which is shown in this case to be a crime perpetrated on female service users only. On the other hand, men are marginally overrepresented (9% versus 7%) with regard to suspected abuse.

As shown in Chapter 1, and broadly consistent with the findings for 'childhood only sexual abuse', almost 22% of all 'adult only sexual abuse' relates to a situation involving either multiple episodes or multiple perpetrators (Part 2 of Table 3.4). Men are only marginally more likely to be subjected to this type of abuse compared to women (22.7% versus 21.8%). An examination of the specific type of sexual violence shows that sexual harassment followed by rape is most likely characterised in multiple rather than singular terms.

For 'adult only sexual abuse' survivors, 31.8% of rapes and 28.3% of sexual harassment involved multiple episodes of sexual violence. The corresponding statistic for drug assisted rape, sexual assault and suspected abuse is 14.8%, 14.4% and 10.3%, respectively.

Table 3.5
Specific Nature of 'Adult only' Sexual Abuse by Gender
 (Base: Any occurrence of specific type of sexual violence)

	Men %	Women %	Total % (n)
3.5.1 Specific Nature of Sexual Violence			
Drug Assisted Rape/Sexual Assault	-	5	4.8 (27)
Rape	71	67	67.2 (377)
Sexual Assault	16	17	17.3 (97)
Sexual Harassment	4	4	3.9 (22)
Suspected Abuse	9	7	6.8 (38)
Total %	100.0	100.0	100.0 (561)
3.5.2 Single or Multiple Episode of Abuse			
Adult Abuse only – single episode, single perpetrator	77.3	78.2	78.4(428)
Adult Abuse only – multiple episodes/perpetrators	22.7	21.8	21.6 (118)
Adult Sexual Abuse only	8.1 (44)	91.9 (500)	100.0 (546)

Duration of Abuse

The duration of 'adult only sexual violence', in this case predominantly rape and sexual assault, is presented in Table 3.6. Where this information is known, service users report that it, by and large, took place over a shorter rather than a longer period of time, specifically hours. Abuse perpetrated over months or years is significantly more likely to apply to women compared to men (9.4% versus 14.2%).

Table 3.6
Duration of Abuse by Gender
 (Base: 1st incident of 'adult only sexual abuse')

Duration of Abuse	Men %	Women %	Total % (n)
Hours	20.9	31.3	32.1 (174)
Days	9.3	5.0	5.4 (29)
Weeks	7.0	1.2	1.7 (9)
Months	4.7	4.4	4.4 (24)
Years	4.7	9.8	9.6 (52)
Unknown	53.5	46.4	46.9 (254)
Total	100.0	100.0	100.0 (542)

'Adult only' sexual abuse in terms of Number of Episodes of Abuse and Number of Perpetrators

In addition to examining number of episodes of 'adult only sexual abuse', Table 3.7 presents findings in relation to the number of perpetrators. For almost 8 out of every 10 survivors, 'adult only sexual abuse' involved one episode with a single perpetrator. Following this, in rank order, was one episode with multiple perpetrators (11.7%). Multiple episodes relates to just less than 1 in every 10 survivor, with little difference between female and male service users.

Table 3.7
Number of Episodes & Number of Perpetrators by Gender
(Base: 1st Episode of Child Sexual Abuse)

Number of Episodes & Number of Perpetrators	Men % (n)	Women % (n)	Transgender % (n)	Total % (n)
Discrete Episode, Single Perpetrator	77.3 (34)	78.4 (392)	100.0 (1)	78.3 (427)
Discrete Episode, Multiple Perpetrators	13.6 (6)	11.6 (58)	-	11.7 (64)
Multiple Episodes, Single/Diverse Perpetrator	4.5 (2)	7.0 (35)	-	6.8 (37)
Multiple Episodes, Single and Multiple Perpetrators	2.3 (1)	0.8 (4)	-	0.9 (5)
Multiple Episodes, Multiple Perpetrators	2.3 (1)	2.2 (11)	-	2.2 (12)
Total	100.0 (44)	100.0 (500)	100.0 (1)	100.0 (545)

Perpetrators of 'Adult only Sexual Abuse'

Relationship Between Survivors of 'Adult only Sexual Abuse' and Perpetrators

The findings in Table 3.8 show that two-thirds (66.6%) of all survivors of 'adult only sexual abuse' knew their abuser. Marginally more men knew their abuser compared to women (68.2 versus 66.4%). Familial abuse is uncommon here, in total accounting for 8.5% of the abuse while non-familial abuse constitutes the largest category. Overall, the principal non-familial perpetrators were either acquaintances/friends or a partner/ex-partner of the survivor. Equal percentages of men and women are shown to have been sexually abused by an acquaintance/friend (25.0 and 24.2). Abuse by a partner/ex-partner, however, applies to five times more women than men (22.2 versus 4.5%). Conversely, more than twice as many men were sexually abuse by a member of the security forces than was the case for women (18.2 versus 8.2%). In this context, all of the women and virtually all of the men are asylum seekers who were sexually abused by security forces.

The likelihood of the perpetrator being a stranger is much higher in relation to 'adult only sexual abuse' compared to 'childhood only sexual abuse' (14.3 versus 3.5%). The relative percentages for men and women in this 'adult only sexual abuse' are similar, at 13.6 and 14.4%, respectively.

Table 3.8
Relationship between Perpetrator and Survivor by Gender of Survivor
(Base: All Face-to-Face Service Users who experienced 'adult only sexual abuse', 2006; N=864; Information for 860)

	Men %	Women %	Total % (n)
1. Abuser known to Adult: Family Member	15.9	7.8	8.5 (46)
2. Abuser known to Adult: Non-Family Member	47.8	36.4	37.3 (203)
<i>Neighbour</i>	2.3	1.0	1.1 (6)
<i>Acquaintance/Friend</i>	25.0	24.2	24.3 (132)
<i>Partner/Ex-Partner</i>	4.5	22.2	20.8 (113)
<i>Authority Figure</i>	2.3	3.0	2.9 (16)
<i>Security Forces</i>	18.2	8.2	9.0 (49)
3. Abuser known to Survivor: Partner/Ex-Partner	4.5	22.2	20.8 (113)
4. Abuser not known to Survivor: Stranger	13.6	14.4	14.3 (78)
4. Other	9.1	7.0	7.2 (39)
5. Unknown	9.1	12.1	11.9 (65)
Total	100.0 (44)	100.0 (499)	100.0 (544)

An examination of the gender of perpetrators by gender of survivor shows that virtually all perpetrators (99%) are men who mainly inflict sexual violence on women. Female perpetrators are in the minority overall, comprising just 1 per of the total group.

Table 3.9
Gender of Perpetrator by Gender of Survivor
 (Base: Any incident of adult sexual abuse only)

	MALE SURVIVOR %	FEMALE SURVIVOR %	TOTAL % (N)
Male Perpetrators	7.7 (40)	92.3 (482)	100.0 (522)
Female Perpetrators	42.9 (3)	57.1 (4)	100.0 (7)
Total	8.1 (43)	91.9 (486)	100.0 (529)

Reported to the Gardai

The findings in Table 3.10 show that less than 1 in every 5 (18.2%) of all ‘adult sexual abuse only’ episodes were reported to the Gardai. This is higher than the percentage of ‘childhood sexual abuse only’ episodes that were reported (18.2% versus 11.1%). Episodes perpetrated against women have a higher likelihood of being reported compared to those perpetrated against men (18.7% compared to 13.3%).

Not surprisingly, a higher proportion of episodes where survivors of rape and sexual assault did not know the perpetrator were reported to the Gardai than was the case where the perpetrator was known.

Table 3.10
Reported to Gardai by Gender
 (Base: Any incident of ‘adult sexual abuse only’)

	Men %	Women %	Total % (n)
Yes	13.3 (6)	18.7 (97)	18.2 (103)
All incidents % (n)	100.0 (45)	100.0 (517)	100.0 (559)

Pregnancy and Pregnancy Outcomes

In total, 4.4% of the women became pregnant following being raped; this is higher than the corresponding statistic for ‘child sexual abuse only’ at 1%. In all cases of pregnancy, the person who perpetrated the violence was known to the survivor. In terms of pregnancy outcomes, half of the women reared the child, 1 in every 8 had a miscarriage, just less than 1 in 10 had the child adopted or had the pregnancy terminated. However, in over 20% of cases where pregnancy occurred, there is no recorded outcome.

Incidence of Additional Other Violence by Child Sexual Abuse

Table 3.11 highlight the prevalence of violence in additional to the sexual abuse perpetrated on survivors using RCC services. Overall, such additional violence is recorded for 56% of all survivors of 'adult only sexual abuse'; of course, the figure may be higher than this but was not recorded, In terms of the type of additional abuse, the findings point to multiple types of additional violence, physical violence and intimidation as commonly part of the abuse perpetrated on the survivors in this research.

In the case of both men and women, attempts or threats to kill feature (2.3 and 3%, respectively). Women are more likely than men to be physically and psychologically abused, while the opposite applies to harassment and multiple violence and torture.

Table 3.11
Incidence of additional other Violence by Child Sexual Abuse
 (Base: Any incident of child sexual abuse only)

Other Violence ...	Men %	Women %	Total % (n)
Attempts to kill	-	1.4	1.3 (7)
Harassment	4.5	2.8	2.9 (16)
Intimidation	9.1	11.2	11.0 (60)
Multiple Types of Violence	15.9	15.0	15.0 (82)
Physical Abuse	9.1	13.0	12.7 (69)
Psychological Abuse	4.5	6.4	6.2 (34)
Stalking	-	-	- (-)
Threats to kill	2.3	1.6	1.7 (9)
Torture	4.5	1.0	1.3 (7)
Other	9.1	4.0	4.6 (25)
Unknown	40.9	43.6	43.3 (236)
Total % (N)	100.0 (44)	100.0 (500)	100.0 (544)



"I felt very isolated and intimidated, having my counsellor there was my only support"

Summary and Conclusions

'Adult only' sexual violence is the second largest category perpetrated on both female and male 2006 RCC service users from the 14 participating Centres. By contrast with 'childhood only' sexual abuse, this type of abuse more commonly applies to women than men, albeit that the gender difference is smaller in the current context. These findings are at odds with the SAVI research, where 'adult only' sexual violence comprised the third category, in rank order by size after 'childhood only' and 'both child and adult' abuse (McGee et al, 2002: 69). However, the finding showing a higher proportion of women than men reporting abuse of this nature is consistent in both this study and the SAVI research. While most (3 in every 4) of the 'adult only' service users are Irish, a significantly greater percentage of this group are asylum seekers than was the case for 'childhood only abuse' (16.5% versus 1.7%).

Similar to the group of 'childhood only' service users, virtually all those seeking help for 'adult only' sexual abuse are currently younger than 50. For this group, most of the sexual violence occurred during early adulthood, with more than two-thirds of all women and over half of all men aged less than 30 at the time. In terms of the time lag between occurrence of sexual violence and contact with a Rape Crisis Centre, the general picture that emerges is that service users under 40 are contacting a Centre to seek help in relation to sexual violence that occurred in the immediate or recent past, while those over 40 are dealing with sexual violence occurring in the intermediate or distant past. What these findings would again suggest is a changing cultural context for younger generations where survivors are encouraged to disclose and seek professional help for sexual abuse and also to do so in the immediate or short-term following such violence. Sadly, for many of those mainly female service users over 50 years of age, professional help is only being realised after decades of living with such abuse and possibly of never disclosing the abuse to anyone.

'Adult only' sexual violence mainly involves rape and sexual assault and is perpetrated in virtually all cases by men. A minority of rapes are drug assisted rapes/sexual assaults; in all cases, these crimes are shown to have been perpetrated by men on women. While most sexual abuse relates to a single episode with one perpetrator, as many as 1 in every 5 were subjected to multiple episodes with a single and/or multiple perpetrators or a single episode with multiple perpetrators.

While the second most common perpetrator for male survivors is shown to be a member of the security forces, in all cases (including female survivors) this applies to asylum seekers in their countries of origin.

The typical male 'adult only' sexual abuse is illustrated in the following composite of RCC service user experiences:

John has been hanging out with the same group of friends for the last 10 years, since his late teens. They often play sport together. Recently a new man joined their group. He has been extremely popular because he is quite a good GAA player. On the way home from the pub this man asked John to come over to his house for another drink. John thought that there was going to be a group going. When he arrived he was the only one. As soon as John sat down on the couch the other man sat down next to him and begun to fondle him. John was initially so shocked that he did not know what to do. He stood up and told the other man to stop and to leave him alone. The other man tried to force him back down on the couch and undo his jeans. John managed to get away and ran out of the house. He told a friend several days later. That friend said that he must have been imagining things. About a year later, John read an article about a man who was sexually assaulted. He decided to phone a rape crisis centre and talk to them about what had happened to him. John then decided to participate in counselling at the centre. After six months he feels that he has been able to discuss the sexual assault and all of the impacts it has had on him. He no longer feels it is intruding in his every waking moment.

The second context of 'adult only' sexual abuse that emerges from the findings is one typically involving a young adult woman being raped or sexually assaulted by an intimate partner/ex-partner (or to a lesser extent a male acquaintance or friend). This is captured in a second composite of RCC service users' experiences:

Marie is in her early 30s and has been involved with her male partner for 5 years. Recently they have been having difficulty getting along. One night they were out with their friends at the local bar. When they arrived back at their flat, he started saying that he really missed having sex. He then announced that he was having sex that night and he was not taking no for an answer. Marie continued to state that she did not want to have sex with him. He forced her to have sex. The next morning she left and went to a friend's house. She decided to phone a rape crisis centre helpline because she was not sure about what had happened. She said that she did not have any physical injuries. After speaking with the person on the other end of the phone and hearing that what her partner had done to her was wrong, Marie decided that she did want to make an appointment to speak with a counsellor at the centre.

Compared to RCC service users reporting 'childhood only' sexual abuse, those in the 'adult only' category are only marginally more likely to report the crime to the Gardaí (18.2% versus 11.1%). In keeping with other research, survivors of rape and sexual assault were more inclined to report the crime to the Gardaí when the perpetrator was a stranger.

Here again, despite the high incidence of additional violence, it is shocking that so few of these crimes are reported to Gardaí. Lievore maintains that when sexual violence against women occurs within relationships where consensual sex has previously taken place, such women are often silenced by offenders' further manipulating women's recollections and perceptions of what happened. In addition, some imply that there is something wrong with the woman sexually, or that consent was given, even if she was incapacitated or submitted due to coercion or fear (2005). Offenders' further controlling, abusive and manipulative behaviour, Lievore argues, has crippling effects on women's self-esteem, confidence and will and seriously damages their physical and psychological health. These factors contribute to isolation, increased vulnerability to future victimisation and the decreased likelihood of being perceived as a credible witness' (2005: 119).

CHAPTER 4

Sexual Abuse in Both Childhood and Adulthood

4.1 Introduction

In this chapter, we present the findings for the least common category of sexual abuse that was reported by the 2006 RCC service users, namely sexual violence which occurred in both childhood and adulthood. In the literature this is referred to as 'sexual abuse/assault re-victimisation', defined as 'the phenomenon in which individuals who have experienced child sexual abuse are at a greater risk than others for adolescent or adult sexual victimisation (Muehlenhard, Highby, Lee, Bryan & Dodrill, 1998). In a recent review of empirical literature on re-victimization, Classsen et al (2005) suggest that this phenomenon is prevalent and survivors are found to have more difficulties in functioning when compared to people who were singly abused or never abused. In addition, younger survivors are at higher risk for sexual re-victimisation. Importantly in the current context, this review suggests that survivors who are re-victimised are less likely to disclose their abuse because of self-blame.

Overall, 2006 RCC service users who were abused as children and again as adults account for a minority (6.5%) of the total group of service users. As few as 1.2% of all men (n=2) experienced sexual abuse in both childhood and adulthood compared to 7.2% of all women (n=96). Therefore, as far as our study population is concerned, this type of abuse is a problem that relates almost exclusively to women.

When we express what percentage of all service users sexually abused as children (n=962) are re-victimised as adults (n=98), the percentage is higher at 10.1%. Taking men and women separately, the corresponding statistics are 1.5% and 11.5, respectively.

The percentage of participants in the SAVI survey who experienced sexual abuse in childhood and were then re-victimised in adulthood is much higher than our figures show, at 25% overall; in gender terms, this applies to 19.5% of men and 27.7% of women. The SAVI researchers examined the association between child and adult experiences of sexual violence and concluded that childhood sexual abuse is an important marker of increased risk of adult sexual violence. In turn these findings support a pattern of high levels of re-victimisation in international studies. Such findings McGee and her co-authors argue 'highlight the important preventive reasons, as distinct from therapeutic or law enforcement reasons, for encouraging the disclosure of sexual abuse (2003: 73).

Demographic Profile of Service Users experiencing 'Sexual abuse in Childhood and Adulthood'

In this section we present the findings on the main demographic characteristics of those who experienced sexual abuse in 'childhood and adulthood'. Currently, the RCNI database collects information on age, country of origin/legal status background and whether the person has a disability.

Gender

Because only 2 men are included in this group of 98, we can only generalise about the revictimisation of females as far as our 2006 service users are concerned. As a result, we will restrict our analysis and presentation of findings to the 96 women. Overall, 7% of all female 2006 RCC service users experienced this type of abuse.

Current Age

The findings show that just less than 4 in every 5 (90.8%) of this group are aged less than 50. Either all or virtually all those experiencing sexual harassment (100%), suspected abuse (100%) and drug assisted rape/sexual assault (91%) in addition to child sexual abuse are in this age group. On the other hand, those reporting rape in addition to child sexual abuse have the highest proportion of those in the 17 to 23 age group, while those reporting sexual assault and child sexual abuse have the highest proportion aged 60 to 69 years.

Table 4.1
Current Age of by Specific Type of Abuse

(Base: All face-to-face RCC service users who experienced child and adult sexual abuse, N=98)

Current Age ...	CSA AND DAR	CSA AND RAPE	CSA AND SA	CSA AND SH	CSA AND SUAB	Total Women %	Total % (n)
17-23	9.1	13.2	7.7	-	-	11.5	11.2
24-29	45.5	22.4	23.1	-	-	25.0	24.5
30-39	27.3	30.3	23.1	25.0	50.0	28.1	29.6
40-49	18.2	23.7	23.1	75.0	50.0	26.0	25.5
50-59	-	7.9	7.7	-	-	6.3	6.1
60-69	-	2.6	15.4	-	-	3.1	3.1
70+	-	-	-	-	-	-	-
Total % (N)	100.0 (11)	100.0 (76)	100.0 (13)	100.0 (4)	100.0 (4)	100.0 (96)	100.0 (98)



"Having someone to give me all the information made it a bit easier"

Country of origin/legal status Background

Consistent with the other 2 groups of service users, those who were subjected to sexual abuse as both a child and an adult are mainly Irish (89.9%). Variation by specific combination of abuse experienced shows that those experiencing drug assisted rape/sexual assault or sexual assault as well as child sexual abuse are most likely to be non-Irish, specifically of western EU or other non-specified country of origin/legal status.

Table 4.2

Country of Origin/Legal Status by Type Of Abuse

(Base: All face-to-face service users experiencing child and adult sexual abuse)

Country of Origin/Legal Status Background	CSA AND DAR	CSA AND RAPE	CSA AND SA	CSA AND SH	CSA AND SUAB	Total Women %	Total % (n)
Irish Citizen	81.8	88.2	84.6	100.0	100.0	86.9	89.9
Western EU Citizen	9.1	4.1	15.4	-	-	4.2	4.1
Asylum Seeker	-	3.1	-	-	-	3.1	3.1
Other	9.1	2.0	-	-	-	2.1	2.0
Unknown	-	1.0	7.7	-	-	1.0	1.0
Total	100.0 (11)	100.0 (76)	100.0 (13)	100.0 (4)	100.0 (4)	100.0 (96)	100.0 (98)

Disability

The findings in Table 4.3 show the higher proportion of service users with a disability among the 'both child and adult' sexual abuse groups, compared to either 'child only' or 'adult only' groups (13.9% versus 4.1% and 6.8%). Mobility impairment is the disability reported by over half (54.5%) of this group and a learning disability by more than a further quarter (27.3%).

Variation by type of sexual abuse show that those who were raped were likely to have any of the listed disabilities, while all of service users in the other 2 cited combinations were mobility impaired.

Table 4.3

Whether Service User has a Disability by Type of Disability and by Type of Sexual Abuse

(Base: All face-to-face service users experiencing child and adult sexual abuse)

Disability	CSA AND DAR	CSA AND RAPE	CSA AND SA	Total Women %	Total % (n)
YES ...	22.2	16.7	20.0	14.1 (11)	13.9 (11)
Deaf	-	10.0		9.1 (1)	9.1 (1)
Learning Disability	-	30.0		27.3 (3)	27.3 (3)
Mobility Impaired	100.0	50.0	100.0	54.5 (6)	54.5 (6)
Wheelchair User	-	10.0		9.1 (1)	9.1 (1)
Total	100.0 (2)	100.0 (10)	100.0 (2)	100.0 (78)	100.0 (79)

Patterns of Child Sexual Abuse occurring in Childhood and Adulthood

Age at Onset of Abuse

The findings in Table 4.4 show the age in their childhood at which the earliest sexual abuse commenced. In total, slightly less than two-thirds (63.2%) of this group of women were either less than 5 or more often aged between 5 and 11 at the time. This means that the vast majority were subjected to child sexual abuse either in the time before starting primary school or while they were attending primary school. In all cases, the abuse in question involved multiple rather than single episodes.

Table 4.4
Patterns of Child Sexual Abuse by Gender of Survivor
(Base: 1st incident of sexual abuse)

	Women %	Total % (n)
0-4	7.3	7.1
5-11	56.3	56.1
12-14	22.9	23.5
15-16	11.5	11.2
Unknown	2.0	2.0
Total	100.0 (96)	100.0 (98)
Number of Episodes of Abuse	8.2 (41)	8.2 (41)
Child and Adult Abuse – single episode	-(-)	-(-)
Child and Adult Abuse – multiple episodes	97.9 (96)	100.0 (98)
Child and Adult Abuse	100.0 (96)	100.0 (98)

Duration of Abuse

In Table 4.5 the findings in relation to the duration of this type of abuse are presented. Similar to the results for the 'childhood only' group, where this information is available, virtually all of this abuse is reported as having continued over years. Consistent with what we found for the 'adult only' sexual abuse group, abuse that these women experienced in adulthood, involving mainly rape and sexual assault, was typically of shorter duration than was the case for earlier childhood abuse.

Table 4.5
Duration of Childhood Abuse by Types of Abuse
(Base: All episodes of sexual abuse for 'both child and adult' sexual abuse group).

Duration of Abuse	CSA AND DAR	CSA AND RAPE	CSA AND SA	CSA AND SH	CSA AND SUAB	Total Women %	Total % (n)
Hours	20.0	21.0	7.7		25.0	9.4	9.2
Days	10.0	2.7		25.0		1.0	1.0
Weeks						2.1	2.1
Months		3.9				3.1	3.1
Years		25.0	7.7	25.0	25.0	40.6	40.8
Unknown	80.0	47.4	84.6	50.0	50.0	43.8	43.9
Total	100.0 (10)	100.0 (76)	100.0 (13)	100.0 (4)	100.0 (4)	100.0 (96)	100.0 (98)

Number of Episodes of Abuse and Number of Perpetrators

In addition to examining the number of episodes of 'both child and adult' sexual abuse, Table 4.6 presents findings in relation to the number of perpetrators and shows what variation there is by specific combination of sexual abuse types. As stated above, all 96 women in this group were subjected to multiple episodes of abuse over their childhood and adult lives. For most (71.4%), such abuse was perpetrated by a number of different single perpetrators. For a further 25 (25.5%) women, some situations involved single perpetrators while others involved more than one abuser. A minority of 3 women (3.1%) were subjected to abuse by multiple perpetrators in all abuse situations; this was most likely in the context of drug assisted rape/sexual assault and suspected abuse.

Table 4.6
Number of Episodes & Number of Perpetrators by Combinations of Sexual Abuse Types
(Base: All episodes of sexual abuse for 'both child and adult' sexual abuse group)

Episodes & Number of Perpetrators	CSA & DAR	CSA & RAPE	CSA & SA	CSA & SH	CSA & SUAB	Women % (n)	Total % (n)
Discrete Episode, Single Perpetrator	-	-	-	-	-	-	-
Discrete Episode, Multiple Perpetrators	-	-	-	-	-	75.0	-
Multiple Episodes, Single/Diverse Perpetrator	-	75.0	84.6	50.0	-	71.9 (69)	71.4 (70)
Multiple Episodes, Single and Multiple Perpetrators	36.4	22.4	15.4	50.0	-	25.0 (24)	25.5 (25)
Multiple Episodes, Multiple Perpetrators	63.6	2.6	-	-	25.0	3.1 (3)	3.1 (3)
Total	100.0 (11)	100.0 (76)	100.0 (13)	100.0 (4)	100.0 (4)	100.0 (96)	100.0 (98)

Relationship between Survivors and Perpetrators of 'both Child and Adult' Sexual Abuse

Information regarding the relationship between survivors of 'both child and adult' sexual abuse is presented in Table 4.7; here the first column refers to the first recorded episode of child sexual abuse while the second column refers to the first recorded episode of adult only sexual abuse.

The proportion reporting that their abuser in childhood was known to them accounts for more than 8 in every 10 (84.3%) of the women. This is equal to the corresponding statistic for those women experiencing 'sexual abuse in childhood only', at 84.8 per cent. Familial abuse, while the main type of childhood sexual abuse for the two groups, is higher for the 96 women who have experienced sexual abuse in childhood and again as an adult (56.1% versus 47.5 per cent). Conversely, the opposite applies in relation to non-family perpetrators; in this context the corresponding statistics are 25.5% and 35.2%. The lower figure in this context mainly relates to fewer perpetrators who are neighbours than is the case for those who were sexually abused in 'childhood only' (4.1% versus 10%).

Three-quarters of service users in this group reported knowing their abuser in the context of additional adult abuse; this is higher than the corresponding statistic of 66.4% for their counterparts in the 'adult only' group. Similar to the 'adult only' group, partners/ex-partners are reported as the main perpetrator of sexual violence in this context, followed by acquaintances/friends. The main difference across the two 'adult sexual abuse' groups is the greater significance of partners/ex-partners as perpetrators for the re-victimised compared to the earlier 'adult only' group (32.4% versus 22.2%).

Table 4.7
Relationship between Perpetrator and Survivor,
1st incident of Child Sexual Abuse and 1st incident of Adult Sexual Abuse

	Female Child % (n) (Base: 1st incident of Child Sexual Abuse)	Female Adult % (n) (Base: 1st incident of Adult Sexual Abuse)
Abuser known: Family Member	56.3 (54)	10.8 (8)
Abuser known: Non-Family Member	24.9 (24)	31.2 (23)
<i>Neighbour</i>	3.1 (3)	1.4 (1)
<i>Acquaintance/Friend</i>	15.6 (15)	27.0 (20)
<i>Authority Figure</i>	5.2 (5)	1.4(1)
<i>Security Forces</i>	1.0 (1)	1.4 (1)
3. Abuser known: Boyfriend/Ex-Boyfriend or Partner/Ex-Partner	3.1 (3)	32.3 (24)
4. Abuser not known: Stranger	3.1 (3)	8.1 (6)
5. Other	3.1 (3)	10.8 (8)
6. Unknown	9.4 (9)	6.8 (5)
Total	100.0 (96)	100.0 (74)

The findings in Table 4.8 relate to the gender of perpetrators by the gender of survivors for both child sexual abuse and adult abuse. In keeping with earlier findings, virtually all (93.8%) perpetrators of child sexual abuse, and all perpetrators of adult sexual abuse, are shown to be men rather than women.

Table 4.8
Gender of Perpetrator by Gender of Survivor
 (Base: 1st incident mentioning child sexual abuse)

	ALL FEMALE SURVIVOR %
Male Perpetrators	93.8
Female Perpetrators	6.3
Unknown	-
Total	100.0

Reported to the Gardai

The findings in Table 4.9 show that 14.2% of all crimes were reported to the Gardai. Analysis of reporting rates by type of sexual crime shows that drug assisted rape/sexual assault is highest at 27.3%; it is important to note here that the overall number is very small (n=11). Reporting of child sexual abuse crimes is lower for the women in this group compared to their female counterparts in the earlier 'childhood only sexual abuse' group (2.0 versus 10.8%).

Table 4.9
Reported to Gardai by Type of Abuse
 (Base: Any incident of child and adult sexual abuse)

Country of Origin/Legal Status Background	CSA % (n)	DAR % (n)	RAPE % (n)	SA % (n)	SH % (n)	SAB % (n)	All Women % (n)
Yes ...	2.0 (2)	27.3 (3)	10.5 (8)	7.7 (1)	- (-)	- (-)	14.2 (14)
All incidents (n)	100.0 (98)	(11)	(76)	(13)	100.0 (4)	100.0 (4)	100.0 (202)

Pregnancy and Pregnancy Outcomes

The findings show that 5.1% of the women who were abused both in childhood and in adulthood became pregnant following rape. This is higher than the corresponding percentages for the other two groups (1% for 'childhood only' sexual abuse and 4.4% for 'adult only' abuse). Two of the 5 women became pregnant following a rape by a family member while the perpetrator for the other 3 women was an acquaintance or friend. Apart from one woman who miscarried, 4 of the 5 women made the decision to rear their child.

Incidence of Additional Other Violence

In total, just less than 6 in every 10 of the women who were abused both in childhood and adulthood were also subjected to additional violence. Most commonly this involved multiple types of violence, physical or psychological violence.

Table 4.10

Incidence of additional other Violence

(Base: Any incident of child and adult sexual abuse)

	FEMALE %	TOTAL % (N)
Attempts to kill	-	-
Harassment	-	-
Intimidation	4.2	4.1
Multiple Types of Violence	20.8	20.4
Physical Abuse	17.7	18.4
Psychological Abuse	11.5	11.2
Stalking	-	-
Threats to kill	1.0	1.0
Torture	-	-
Other	1.0	1.0
Unknown/Not recorded	42.7	42.9
Total % (N)	100.0 (96)	100.0 (98)



"Throughout my counselling at the Centre I never felt under pressure, everything was at my pace"

Summary and Conclusions

Re-victimisation in adulthood of survivors of child sexual abuse applies to a minority (1 in every 10) of our 2006 female RCC service users. At 10%, our findings are much lower than the corresponding statistic of 25% presented in the SAVI report. In terms of background characteristics, the 2006 RCC service users are mainly Irish, aged less than 50 and do not have a disability.

For these women attending a Rape Crisis Centre in 2006, child sexual abuse commonly started in early childhood, either pre-school or during primary school, and then continued for the most part over many years. Child sexual abuse at such an early age is one of the key determinants of further abuse in adulthood (Classen et al, 2005). Abuse that followed in adulthood was mainly rape or sexual assault; such sexual violence was rarely a singular event either in terms of number of episodes or number of perpetrators involved. Familial abuse, while the main type of childhood sexual abuse, is higher for the 96 women who experienced sexual abuse in childhood and again as an adult compared to those experiencing sexual abuse in 'childhood only' (56.1 versus 47.5 per cent). Conversely, the opposite applies in relation to non-family perpetrators; in this context the corresponding statistics are 25.5 and 35.2 per cent. The lower figure in this context of 'both childhood and adulthood sexual abuse' mainly relates to fewer perpetrators who are neighbours than is the case for those who were sexually abused in 'childhood only' (4.1 versus 10 per cent).

In adulthood, women were raped or sexually assaulted most often by an intimate partner or ex-partner. The proportion of women where this was the case was higher here compared to the 'adult only' context. For both groups, the second most common perpetrator was a male acquaintance or friend.

The typical profile of a service user sexually abused in childhood and again in adulthood is captured in the following composite: Jane's eldest brother was extremely popular when they were children. He was able to get Jane into groups and sometimes other kids would become friends with her because they liked the possibility of being around him. When Jane was about 10 her brother started coming into her room at night. Initially he said that he liked that she was growing up and would be a teenager soon. Then he started fondling her and demanding that she take off her pajamas. He said that it would be their secret. When she objected he said that he would tell all of her friends that she was a slut. He said that he could make sure that none of her friends ever wanted to speak with her again. He also told her that if she said anything to her parents or other siblings, he would say that it was all her fault and that she had asked for it. His behaviour escalated and went on for a couple of years. Jane was afraid to tell anyone.

"When Jane was in her mid 20s she became involved with a man that all of her friends believed was very attractive. Soon Jane was spending most of her free time with him. He liked to do what he called sexual experimentation.

Jane was not sure what to call it but she did not like it, his actions hurt her, and she did not want to participate. Even when she told him to stop, he didn't. She was afraid that if she did not go along with him, he would no longer spend time with her and she would be lost.

One day one of her friend noticed that Jane had a large bruise on her leg. When her friend asked about it, Jane said that she had fallen down the stairs. Her friend said that she had just seen a television programme about men being violent to women and was that what was happening to Jane. Jane began to cry. Her friend got the telephone number of a rape crisis centre and handed the telephone to Jane.

After being involved in counselling at the rape crisis centre Jane began to be able to talk about all of the sexual violence that she had experienced. She was also able to talk about the shame that she experienced because she believed it was all her fault. She worked very hard on challenging those beliefs and set up supports for herself in the future."

The low level of reporting such sexual abuse to Gardaí, again in the context of serious additional violence, possibly reflects findings by Classen et al (2005) of a general inability or unwillingness by such survivors to disclose based principally on self-blame.

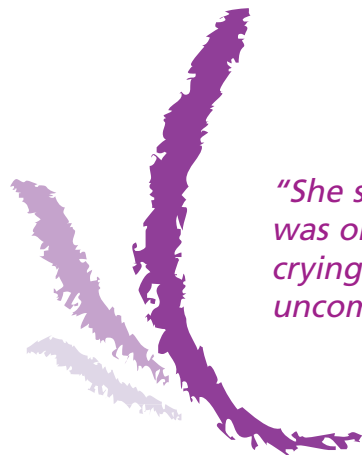
CHAPTER 5

Discussion and Recommendations

One of the major objectives of this study was to provide a profile of the women and men who disclose sexual abuse to a professional counsellor in a Rape Crisis Centre, to describe their service usage patterns and to capture the nature and extent of the sexual violence they have endured. This has been achieved through a quantitative analysis of the 2006 data recorded on the national data from the 14 participating Rape Crisis Centres.

Although the “‘why’ and ‘how’ of sexual violence will not be found in the numbers” (McGee et al, 2002: 276 cited from Salter, 1992), numbers and statistics facilitate the telling of the ‘who’, ‘what’ and ‘when’ parts of the story. Statistical data enable the researcher to produce summaries of recorded information for vast numbers of cases and variables and facilitates comparisons across sub-groups. To this end, quantitative statistics are extremely beneficial while also having the advantage of being time and cost efficient. Our statistical data is extracted from the RCNI web-based database system.

All service user information is recorded following a counselling session as opposed to being recorded in a research context; such information emerges, therefore, over weeks and months as the survivor or supporter is ready, able and willing to reveal more detail. The needs of the service user are always paramount; as a result certain information will never emerge and this often results in a level of more missing data than would otherwise be the case in a research context.



“She sat with me and I knew that it was ok not to talk, I couldn’t stop crying but she didn’t look uncomfortable”

In Section One we will discuss what we have learned about sexual violence in Ireland from the analysis of the RCC 2006 national data. The first part of this section is a discussion of the major findings in relation to who chooses to seek professional counselling and support for sexual abuse, and in particular how this varies by gender, age, country of origin/legal status, disability and the nature of sexual abuse. The second part of this section is a discussion about the nature and extent of sexual abuse perpetrated against RCC service users. The third part relates to what is the first step in entry to the criminal justice system in Ireland, specifically disclosure and reporting to the Gardaí. While our statistics can only tell us who of those sexually abused utilizing a Rape Crisis counselling service in 2006, a comparison with SAVI results help us discern how similar or dissimilar the service user group is to the '2002 representative population of ever abused' in terms of the type of sexual abuse experienced and common background characteristics.

Section Two relates to methodological issues arising from the analysis. Here we discuss the limitations of a snapshot approach in terms of using data from one year and recommend an additional methodological approach to address this problem. In addition, issues relating to the quantification of what is the multifaceted nature of sexual abuse are discussed with a recommendation for additional complementary qualitative research.

5.1 Main findings from the analysis of the 2006 RCC Service Users

In this section we present some of the major findings from the analysis of the 2006 RCC data and where comparable data is available we then discuss these results in the context of the 'ever sexually abused' population from the 2002 SAVI survey. In the first part of this section we discuss who the service users are in terms of disclosure patterns and demographic characteristics including gender, country of origin, age and disability. In the final part of the section we discuss the main findings in relation to the nature of sexual abuse experienced by the service users in this report.

Disclosure Patterns and Contact with a Rape Crisis Centre

In the aftermath of sexual violence, survivors may choose from a range of potential response actions, including seeking help from an informal source (such as family or friends), reporting the crime to the Gardaí, contacting other formal support organizations (such as a medical service or specialist service including a Rape Crisis Centre or Sexual Abuse Treatment Unit (SATU)) or non-disclosure. From SAVI, we have learned that the majority of those who have ever been sexually abused take the latter action of non-disclosure and, of those who do disclose, only a minority (10%) attend a counselling service such as that provided by a Rape Crisis Centre (McGee et al, 2002). Help-seeking was considerably higher amongst those who had experienced childhood sexual abuse (specifically incest) implying that counselling services see a higher proportion of clients with intra-familial sexual abuse than that which prevails in the general public (op cit, 143). This finding is upheld by our results showing a high demand by male and female survivors of such childhood sexual abuse.

Disclosure of sexual abuse, even to a professional in a Rape Crisis Centre is obviously a source of anxiety and concern for those whose lives have been affected by sexual violence. In this context it was not surprising that a proportion of those seeking support and counselling did not always use their most local Rape Crisis Centre but sought help outside of their particular country area. For 11 of the 14 Centres, while two-thirds or more of their service users are from that particular county area, the remainder are more widely dispersed. For example, Limerick draws service users from 12 different counties and Tullamore from 10 counties. A further 5 centres (Dundalk, Galway, Kilkenny, Sligo and South Leinster/Carlow) have service users from as far away as 7 or 8 different counties.

RCC support and counselling is available not only to survivors of sexual violence but also to supporters such as family members, friends or other relatives who have been affected indirectly by the abuse. Supporters of those directly affected by sexual violence comprise a significant minority of the total group of service users, at just less than 10%. The fact that supporters are seeking support and counselling serves as a reminder as to the traumatic effect that sexual violence has on families, friends and relatives of survivors as well as on survivors themselves.

The fact that most (51.7%) service users have been referred to the RCC counseling service rather than being self-referred (48.3%) provides us with an additional insight into the disclosure behaviour of this group of survivors. This tells us that the majority of the 2006 service users have already disclosed details of their sexual abuse to another informal or formal source; in turn, they were instrumental in providing information and encouragement to survivors and supporters to contact a Rape Crisis Centre. An examination of the data shows that the sources of referral are many and diverse; almost 40 % of such referrals include friends and relatives, (13.2%) GPs, (8.2%) counselors, (5.1%) Gardaí, (4.4%) other voluntary organizations and social workers (3.3%).

A further analysis of referral shows that service users who experienced 'childhood only' sexual abuse were significantly more likely to be self-referring (53.6%) than those who experienced sexual abuse 'in adulthood only' (42%) or 'both in childhood and adulthood' (48.5%). In terms of disclosure, this shows that fewer service users who experienced child sexual abuse had disclosed to another informal or formal source than either of the other two groups prior to their contact with the RCC.

The time lapse between occurrence and disclosure of sexual abuse is typically in excess of a year and usually many years or even decades post-abuse. For those reporting child sexual abuse (including 'childhood abuse only' and 'both childhood and adulthood abuse'), approximately one-third are older than 40. This either suggests an earlier disclosure by service users in this age group or alternatively could point to a cultural disposition against disclosure for older generations of survivors. Equally, with so few survivors of child sexual abuse who are younger than 17, this could be an indication of a similar reluctance or inability to seek help while child sexual abuse is taking place or in the immediate aftermath or that they are accessing and being referred to other agencies and support services. Where such disclosure while abuse is ongoing occurs, it is girls who are more likely to do so. Given the long-lasting nature of the impact of 'childhood only' sexual abuse, added to by the fact that many are subjected to multiple episodes of abuse with a number of different perpetrators, such a delay in disclosure suggests virtually a lifetime for some of coping without professional help with what is shown in the literature to be the likely profoundly damaging effects of such abuse. While older survivors of 'adult only' sexual abuse are also in the minority (21.4% over 40 and 7.9 % over 50) among 2006 RCC service users, most (approximately two-thirds) of this group are reporting abuse in the medium and long-term post-abuse.

Demographic Characteristics: 2006 RCC service users & 2002 SAVI population of 'ever abused'

Gender

The SAVI research shows that women are significantly more likely than men to experience sexual abuse in the 'total population of ever abused', by a ratio of 3:2. The corresponding gender ratio for the 2006 population of RCC service users is 12:2, showing an even greater overrepresentation of women among users of the Rape Crisis counselling service compared to the population of 'ever sexually abused'.

Country of Origin

By and large, virtually all service users are either Irish citizen (86%) or from another western EU state (3.3%). Of the remainder, the largest group is comprised of asylum seekers, at 7.3 % of all women and 4.5 % of all men. An examination of the nature and context of sexual abuse experienced by this group of asylum seekers highlighted rape perpetrated on both females and males in their countries of origin by security forces as most common. This was followed by child sexual abuse of females, mainly perpetrated by an authority figure. Most asylum seekers were shown to be attending 3 Rape Crisis Centres in the West of Ireland; the country of origin/legal status diversity of service users has resource implications for these particular Centres mainly in terms of expertise required and also additional facilities, such as interpreters.

Age

In terms of current age, the single largest group of survivors is aged between 30 and 39 years, followed closely by those in the 24-29 age group; these two categories account for over half (at 29% and 26%, respectively) of the total group. Female and male service users are quite similar in age; the main difference relates to the higher proportion of male compared to female service users over 40 years (30.3% versus 25.7%).

Disability

Overall, 1 in every 20 service user was shown to have a disability, with little variation across gender groups. In terms of country of origin, the vast majority of this specific group of disabled service users are Irish citizens.

More than 4 in every 5 service users in this category are affected by either a learning disability or mobility impairment and this also holds across gender groups. In addition, a small number of service users have a hearing or visual impairment or use a wheelchair. Such diversity of special needs has resource implications for centres providing support and counselling to disabled service users. As many as 41% of disabled service users have been subjected to abuse by multiple perpetrators, in large part multiple episodes of abuse involving multiple perpetrators. This demonstrates what McGee et al highlight as the particular vulnerabilities of those with learning and other disabilities "both in terms of being targets for sexual violence and subsequently in terms of disclosure and verification of that abuse" (2002: 243).

Nature of Sexual Abuse

Main types of sexual abuse among RCC service users and population of ever abused

The following 3 types of sexual abuse groups were identified among RCC service users and the 'population of ever sexually abused' in the SAVI research (McGee et al, 2002):

Childhood sexual abuse only

RCC: Women 55.2%; Men 73.3%

SAVI: Women 51.3%; Men 66.1%

Adulthood sexual abuse only

RCC: Women 37.6%; Men 25.6%

SAVI: Women 21.0%; Men 14.4%

Both childhood and adulthood sexual abuse

RCC: Women 7.2%; Men 1.2%

SAVI: Women 27.7%; Men 19.5%

Compared to the 2002 population of those 'ever abused', female RCC service users are overrepresented, particularly in the 'adulthood only' and to a lesser extent in the 'childhood only' sexual abuse groups. Male RCC service users, on the other hand, are overrepresented mainly in the 'childhood only' but also in the 'adulthood only' sexual abuse groups. RCC service users who were abused both in childhood and adulthood are substantially underrepresented compared to their representation in the 2002 population of 'ever sexually abused'; this applies particularly to male RCC service users.

Childhood Sexual Abuse

As explained above, most RCC service users in 2006 are reporting child sexual abuse. In gender terms, this applies to almost two-thirds of all female and three-quarters of all male service users:

Childhood only abuse:	Females 55.2%, Males 73.3%
Both childhood and adult sexual abuse:	Females 7.2%, Males 1.2%
Any childhood sexual abuse:	Females 62.4%, Males 74.5%

Compared to either 'adult only' or 'both child and adult' sexual abuse, 'childhood only' sexual abuse more commonly applies to male than female RCC service users under 50 years of age. For RCC service users, abuse of this nature typically occurred in the pre-school or primary-school going years, was an ongoing rather than a once off occurrence and often continued over many years. In addition, for a significant minority this involved multiple episodes of abuse, often with many different perpetrators. Female survivors of 'child sexual abuse only' were abused most often by a male member of her family while the perpetrator in the context of male 'childhood sexual abuse only' was typically a male authority figure such as a priest, medical professional, sports coach or youth worker.

Re-victimisation in adulthood of survivors of child sexual applies to a minority (1 in every 10) of our 2006 female RCC service users. At 10%, our findings are much lower than the corresponding statistic of 25% for the population of 'ever abused' presented in the SAVI report. The only marked difference between those women abused in 'childhood only' and those abused in 'both childhood and adulthood' was in the nature of the relationship between the perpetrator and the child. Familial abuse, while the main type of childhood sexual abuse for both groups, is notably higher for the 96 women who experienced sexual abuse in childhood and again as an adult (56.1% versus 47.5%). This suggests that those experiencing familial child sexual abuse constitute a particularly vulnerable group with regard to both disclosure and revictimization. Research on child sexual abuse has shown that children often do not reveal the abuse until they become adults, especially when the abuser is a close family member (Babcock and Tomicic, 2006). Not surprisingly, there is much ambivalence when it comes to disclosure of familial abuse because of the threat this poses to the family system itself and the complex network of relationships within. The resulting impact of being silenced, in addition to the trauma of the abuse itself, creates increased vulnerability to revictimization. While the issue of child sexual abuse is more openly discussed in public in recent years, the continuing failure of many survivors to disclose familial abuse suggests that society still has challenges to overcome in this regard.

Sexual Abuse in Adulthood

Sexual violence in adulthood was reported by 43% of females and 27% of male RCC service users; in most cases this refers to sexual abuse in 'adulthood only':

Adult only abuse:	Females 37.6%, Males 25.6%
Both childhood and adult sexual abuse:	Females 7.2%, Males 1.2%
Any childhood sexual abuse:	Females 42.8%, Males 26.8%

The finding showing a higher proportion of women than men reporting 'adult only' abuse in this study is consistent with the results from the SAVI research. While most (3 in every 4) of this group of service users are Irish, a significant minority (16.5%) are asylum seekers. Virtually all those seeking help for 'adult only' sexual abuse are currently younger than 50. Most of the sexual violence occurred during early adulthood, with more than two-thirds of all women and over half of all men aged less than 30 at the time.

'Adult only' sexual violence mainly involves rape and sexual assault and is perpetrated in virtually all cases by men. Contrary to the stereotypical view of rape and sexual assault, and in keeping with the findings in the SAVI survey, our data show that two-thirds of survivors of 'adult only' sexual abuse knew their abuser. Here again, an examination of who perpetrates such 'adult only' sexual violence suggests two distinct abuse contexts for the men and women. The first context of 'adult only'

male sexual abuse is one typically involving a man in early adulthood being raped or sexually assaulted by a male acquaintance or friend. The second context is a male asylum seeker being sexually abused by a member of the security forces in his country of origin. The main context of female 'adult only' sexual abuse is a woman being raped or sexually assaulted by an intimate partner/ex-partner. The second most common perpetrator for women in this context was a male acquaintance or friend.

The profile of women who were sexually abused 'both in childhood and adulthood' is almost identical to that just outlined for women in the 'adult only' group. The one difference which emerged is that the proportion of women raped by an intimate partner/ex-partner is significantly higher for this compared to the 'adult only' group. This finding supports Kelly's assertion that repeat victimizations are connected to vulnerability from previous abuse which men in partnerships sometimes take advantage of; in some cases there was even evidence of men using knowledge of past abuse as justification for their abusive behaviour (1998, 200-201).

Entry to the Criminal Justice System: Disclosure to Gardaí.

Lievore (2005) asserts that traditional criminological approaches to the under-reporting of violent crime are often underpinned by the assumption that the major decision facing survivors of sexual assault is whether or not to report the crime to the police. They also suggest that invoking the criminal law is the preferred and socially normative response to violent crime of this nature. The problem with such approaches is their failure to consider the importance of informal social networks and imply that those who do not initiate criminal justice proceedings are helpless and passive. In Lievore's own Australian research, she concludes "that the fact that so many of the women reported to the police partially reflected the awareness of friends, families, counsellors and doctors, who were able to identify that the women had been criminally victimised and knew enough to refer them to police or sexual assault centres, or at least to support them emotionally, rather than allow them to suffer alone and in silence" (2005: 82).

In total, just over 1 in every 10 episodes of 'child sexual abuse only' were reported to the Gardaí, with no difference in reporting rates by gender. Overall, reporting of child sexual abuse crimes was lower compared to all sexual abuse crimes (11.1% versus 14.2%). A higher rate of reporting applied to 'adult only' sexual abuse, at almost 1 in every 5. Here those episodes perpetrated against women were shown to have a higher likelihood of being reported compared to those perpetrated against men (18.7% compared to 13.3%). Not surprisingly, a higher proportion of episodes where survivors of rape and sexual assault did not know the perpetrator were reported to the Gardaí than was the case where the perpetrator was known. Taking all sexual crimes perpetrated on survivors of 'both childhood and adult sexual abuse' shows a reporting rate to Gardaí of 14.2%, with drug assisted rapes and sexual assaults having the highest reporting rate of all adult sexual crimes. On the other hand, reporting of child sexual abuse crimes is substantially lower for the women in this group compared to their female counterparts in the earlier childhood only sexual abuse' group (2.0% versus 10.8%).

In the SAVI research, disclosure rates to Gardaí were equally very low. For adult assault, the most widely cited reason for non-disclosure to Gardaí was the low perceived severity of the abuse. A feeling that the Gardaí could not do anything to help' was another common reason. The most common reason for non-disclosure of child sexual abuse to Gardaí was the perception that the case was too trivial to be reported. Following this, age at time was abuse was cited meaning that those abused were too young to do anything about it. Women were also more likely to report that they felt ashamed, blamed themselves or feared family reactions and publicity (McGee et al, 2002).

5.2 Methodological Issues arising from the Analysis

In this section, we address two main methodological issues which arose in the context of the analysis of the 2006 RCC service user data. The first refers to the limitations of a point-in-time analysis while the second addresses limitations of attempts to quantify aspects of complex sexual violence data.

Snapshot/Point-in-time Analysis

Statistics for 2006 are the basis for the analysis on which this report is based. Taking one year provides a 'snapshot view' in that it is confined to a specific point in time. There are a number of limitations associated with this approach:

The first limitation is that certain information relating to the service user is not static (like gender or country of origin/legal status) but rather changes over the time they are in contact with a RCC. This refers to information on a service user's 'duration of contact with the Rape Crisis Centre' and also 'duration of sexual abuse'. Let us take the example of 'duration of abuse': some service users experiencing child sexual abuse will make contact with a Centre while the abuse is taking place and conceivably this abuse could continue while the person is attending counselling and even beyond age 17 when childhood legally ends. An estimate of duration of abuse would be incorrect in this context as our calculation is based on the end of the calendar year and not the actual date that the abuse ended. Exactly the same consideration applies to 'duration of contact with a Centre'; what we are observing in relation to the 2006 data are service users at various stages of contact with a Centre and not a group who have all either completed, or left prior to completing, counselling.

The second limitation relates to the fact that service users are continually 'entering' and 'exiting' the RCC service and, as such, their contact with the Centre does not neatly begin and end in one calendar year. The 2006 data include service users who first contacted a Centre:

- at some time during 2006;
- in an earlier year and subsequently exited during 2006;
- in an earlier year and were still attending counselling at the end of 2006 and into 2007.

Of course, some service users leave on completion of counselling, while others may leave prior to completion; still others may even return for additional support some time after the end of their first contact period with the Centre.

The point in time analysis is problematic because the data is not based on service users who have completed counseling but rather includes a mixture of service users at various stages of counseling. The ideal approach is an analysis based on 'closed-case' service users (i.e., they have either completed or discontinued counseling); in this way we overcome the problems just outlined. Future research in this area could include a longitudinal analysis over a period of approximately 5 to 10 years which would allow for an accumulation of service users who have completed contact with the relevant Centre.

Third, taking survivors' current age at the time of their contact with a Centre as a proxy for 'age at first disclosure to a Rape Crisis Centre' mainly because we do not know what proportion of all those 'ever abused' in any one age range, if any, has previously disclosed abuse. The fact that we observe fewer service users in the older age categories could imply, either that most have already disclosed the abuse, or two, that older people are less likely to disclose. A longitudinal research design is necessary to discern any real differences in disclosure to a Rape Crisis counselling service across different age groups.

Telling 'the what' of a complex sexual violence story

The findings show that sexual violence is often not a once-off single episode involving one perpetrator but rather often a situation where a survivor experiences multiple episodes and types of abuse, perpetrated by multiple abusers, with some abuse continuing over years and other abuse of a shorter duration. The quantification of this complex and multifaceted story of sexual abuse gives rise to ambiguity in terms of presenting the findings. If we take the 'relationship between the survivor and the perpetrator' as an example, we can see that any one episode of abuse can involve multiple perpetrators and so the presentation of findings necessitates using 'any abuse incident' as the base rather than the 'all survivors'. At other times, for example in relation to showing 'duration of sexual abuse', if an individual reports multiple episodes of abuse our findings must be based on a specific episode such as the '1st episode of abuse', as each new episode will vary in this respect. It is difficult to capture such complexity quantitatively and in fact a true representation of the complexities of each survivor's story of sexual violence can only be captured fully using a qualitative in addition to a quantitative methodology. Qualitative research in addition to the quantitative data recorded on the database system would add greatly to what we now know about RCC service users' experience of sexual violence.

5.3 Final Word: Planning for the Future

Two clear messages about the future of service provision for survivors and supporters of sexual violence, which emerged from the 2002 SAVI survey, continue to have currency in the context of the analysis of the 2006 RCC statistics.

The first relates to predicted changes in sexual abuse patterns in the future. In this context, what is predicted is a reduction or, at the very least, no further increase in child sexual abuse in the future alongside a possible increase in levels of sexual assault against adults (McGee et al, 2002: 277). While further analysis of patterns across time are suggested to fully understand if and how these changes are occurring, the authors are confident that the SAVI child sexual abuse data show that there is "definitely no evidence of an increase" in such abuse in recent decades (ibid). On the one hand, if the prediction by the SAVI researchers holds, Rape Crisis Centres can expect a stabilization of numbers in this former category alongside an increase in the numbers of adult survivors of sexual abuse. On the other hand, given that disclosure rates among RCC service users are still lowest for survivors of 'sexual abuse only', a possible further increase in rates of disclosure by this group, coupled with an increase in referrals by informal and formal sources, could actually result in a greater demand in the near future. In this context, Lievore argues that we must remove taboos around open discussion of sexual violence as a way of dispelling the stigmatisation of survivors and promoting awareness of the dangers of silencing survivors. In turn, the reactions of, and support offered by, the recipients of these disclosures are key in terms of survivors' future actions: "When other people act as information sources they can help women to clarify the nature of ambiguous experiences, by verifying and validating that they have been sexually victimised, determining what to do next, or at least establishing what choices are available" (Lievore, 2005: 120).

The second related message for service providers emerging from SAVI is a predicted overall increase in the demand for counselling (op cit, 283). While SAVI found that only a small minority of those abused currently seek professional help, the predicted trend for help-seeking is "of a clear pattern of increase" (ibid). An increase in demand is also highlighted by the SENCS report (based on adults who experienced childhood abuse). Here the assertion is that the demand for counselling is likely to increase with younger generations who have experienced abuse more willing to come forward. In addition, publicity about counselling services and the wider acceptability of both counselling and disclosure of childhood abuse means that demand will increase (Royal College of Surgeons, 2003).

Given this evidence and further supported by the statistics in this report, further resourcing of counselling services is necessary to meet such demand in the future. In addition, public awareness in relation to RCC counseling services is equally important so that all survivors and supporters, particularly those groups currently under-disclosing sexual abuse, will know where to go for help and support and also be encouraged and facilitated to do so.

BIBLIOGRAPHY

Babcock, Kathleen and Tominic, Arijana (2006) *Child Sexual Abuse: Overview Paper* National Clearinghouse on Family Violence, Canada http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/nfntsx-2006-csa_e.pdf

Classen, C., Palesh, O.G., and Aggarwal, R. (2005) "Sexual Revictimization: A Review of the Empirical Literature" *Trauma, Violence & Abuse*, Vol. 6, No. 2, April 103-129.

Elman, R.A. (2005) *Confronting the Sexual Abuse of Women with Disabilities* Applied Research Forum: National Electronic Network on Violence Against Women

Kelly, Liz (1988) *Surviving Sexual Violence* Polity Press

Kilpatrick, D.G. (2004). 'What is violence against women? Defining and measuring the problem'. *Journal of Interpersonal Violence*, 19(11), pp. 1209-1234.

Kilpatrick, D.G. and K.J. Ruggiero(2004) 'Making Sense of Rape in America: Where do the Numbers Come from and What do they Mean', National Crime Victims Research and Treatment Center, Medical University of South Carolina

Lievore, Denise (2005) *No Longer Silent: A study of women's help-seeking decisions and service responses to sexual assault*. A report prepared for the Australian Institute of Criminology for the Australian Government's Office for Women

London, K., Bruck, M., Ceci, S.J., and Shuman, D.W. (2005) "Disclosure of Child Sexual Abuse: What does the research tell us about the ways that children tell?" *Psychology, Public Policy and Law* Vol. 11, No. 1, 194-226

McGee, H., Garavan R., deBarra M.,Byrne J., and Conroy R. (2002) *The SAVI Report, Sexual Abuse and Violence in Ireland. A National Study of Irish Experiences, Beliefs and Attitudes*

McGee, H., Garavan R., deBarra M.,Byrne J., and Conroy R. (2005) SAVI and SAVI revisited : SAVI: sexual abuse and violence in Ireland (a national study of Irish experiences, beliefs and attitudes concerning sexual violence) : SAVI revisited: long-term effects of disclosure of sexual abuse in a confidential research interview Dublin Rape Crisis Centre: Dublin

Meuhlenhard, C.L., B.J. Highby, R.S. Lee, T.S. Bryan and W.A. Dodrill (1998) 'The sexual revictimization of women and men sexually abused as children: a review of the literature' *Annual Review of Sex Research* Vol 9: 177-223

Murthi, M. and Espelage, D.L., (2005) "Childhood sexual abuse: social support, and psychological outcomes: A Loss Framework" *Child Abuse and Neglect* Vol. 29, 1215-1231

O'Shea, Angela (2006) *Sexual Assault Treatment Services: A National Review* National Steering Committee on Violence Against Women

Rape Crisis Network Ireland (2005) *What Survivors Told Us, National Rape Crisis Statistics, 2004* www.rcni.ie

Royal College of Surgeons in Ireland (2003) *SENCs: survivors' experiences of the National Counselling Service: for adults who experienced childhood abuse* National Counselling Service: Dublin

Smith, D.W., Letourneau, E.J., Saunders, B.E., Kilpatrick, G. Resnick, H.S. and Best, C.L. (2000) "Delay in disclosure of childhood rape: Results from a national survey" *Child Abuse and Neglect* Vol. 24, No. 2, 273-287.

Staller, K.M. and Nelson-Gardell, D., (2005) "A Burden in your heart: Lessons of disclosure from female preadolescent and adolescent survivors of sexual abuse" *Child Abuse and Neglect* Vol. 29, 1415-1432

Tyler, Kimberly (2002) "Social and emotional outcomes of childhood sexual abuse: A review of recent research" *Aggression and Violent Behavior* Vol. 7, 567-589

Wilken, Thomas (2002) *Adult Survivors of Child Sexual Abuse* National Clearinghouse on Family Violence http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/nfntsx-2003surviv_e.pdf





"Counselling a person through the effects and difficulties of child sexual abuse, to my mind would take an enormous amount of patience, time and understanding."

Author **Dr Maureen Lyons**
Editors **Dr Susan Miner** and **Dr Cliona Saidl ar**
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