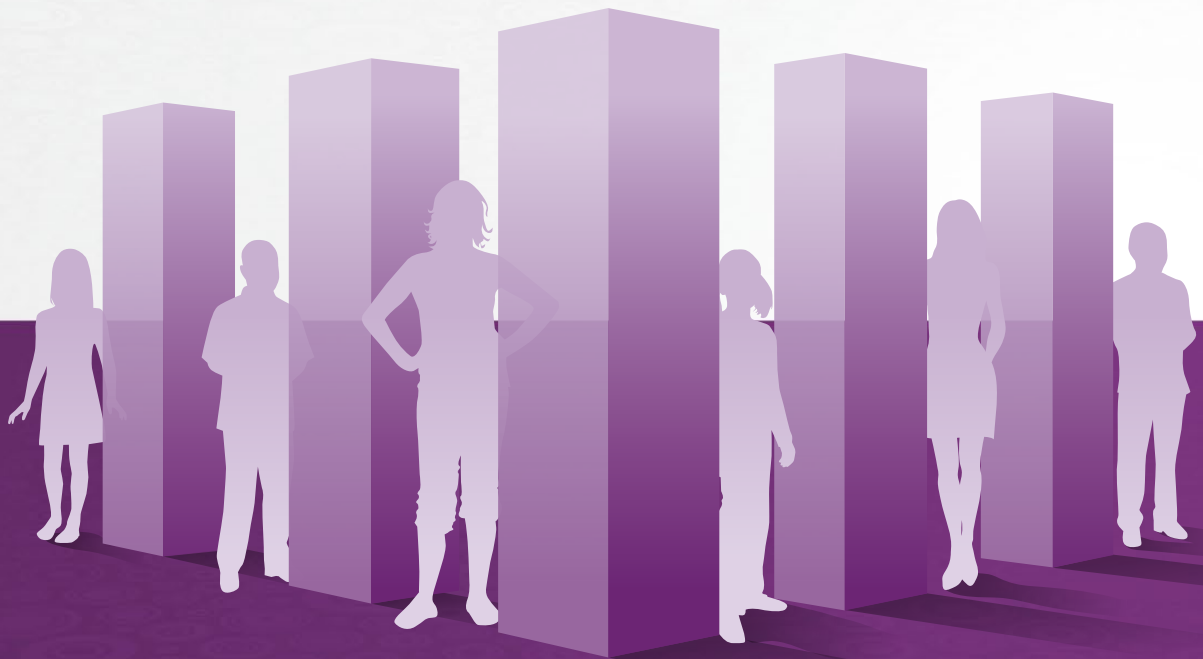




The Older Child and Sexual Violence



Questions and Challenges
for a National Response

RCNI Policy Document : January 2014

About Rape Crisis Network Ireland (RCNI)

Rape Crisis Network Ireland (RCNI) is a specialist information and resource centre on rape and all forms of sexual violence with a proven capacity in strategic leadership. We are the representative, umbrella body for Rape Crisis Centres (RCC) who provide free advice, counselling and support for survivors of sexual abuse. RCNI is expert in researching and developing national standards, guidance and best practice as well as developing and delivering prevention focused education programmes, training for teachers and support to educational institutions in responding to sexual violence issues. We also identify, undertake and commission evaluation and research.

About Specialist Sexual Violence NGO Services

Services responded to 192 children and a further 1,370 adults who were survivors of Child Sexual Violence in 2012. To date, CARI services are predominantly for the under 12 child and their families impacted by sexual violence. Rape Crisis Centres provide a range of services for the older teenager including provision of accompaniment to Sexual Assault Treatment Units which includes children from 14 to 18 years of age who may attend those services. RCCs also provide education and outreach programmes to schools in their areas, predominantly to transition year students. RCNI's data and knowledge programme gathers service user data from 16 specialist sexual violence services, including Rape Crisis and Children at Risk in Ireland (CARI) services.

About RCNI & RCC Specialist Education Expertise

The Rape Crisis Sector has been providing opportunities for young people, and those working with them, to explore and learn about issues of consent and sexual violence for over three decades. RCNI continually monitors and develops best practice in this area. Recent developments have seen RCNI partner with Foróige to develop and deliver an integrated sexual violence, personal development and sexual health programme. This youth focused national programme is in its 4th year and has been formally evaluated. RCNI and RCCs have also developed a bystander activation programme arising out of the RCNI's nationally adopted best practice guidance. This approach works through scenarios and exercises to explore consent. It empowers young people to name and understand problematic behaviour and to assess and explore their choices in taking safe action. RCNI and RCCs continue to respond to individuals, survivors and educational institution requests for support regarding issues of sexual violence within their schools.

Introduction

One in five girls and one in six boys (aged 0-17) experience contact sexual abuse¹. There is increasing evidence that children from 13 to 17 years of age experience sexual violence in a way that is significantly different to the younger child in terms of nature, context, relationship to abuser and duration of abuse.

This was most recently evidenced in the RCNI's *Hearing Child Survivors of Sexual Violence* report, (Oct., 2013)², regarding children attending specialist sexual violence services in Ireland. This report found that the under 13 child was most likely to experience sexual assault in their own home or the abusers, by a male family member over a period of years. However, the child between 13 and 18 years old was most likely to experience rape, by a friend, acquaintance or neighbour, with the violence lasting for hours and taking place in outdoor or location other than the home. These stark differences demand differences in responses and prevention.

With statutory responsibility for children dispersed across a wide range of statutory agencies it has become critical to ask if we are confident that the specific needs of the older child are being fully understood and met. This question is not confined to the Irish context a set of recommendations at European level have been developed by stakeholders, including the RCNI, and are included in the recent Youth Sexual Aggression and Victimisation Report of 2013.³

When we live in a culture highly sensitised to protecting our children from the less-common 'stranger danger' and the older predator, it can leave the child being threatened and abused in other ways, for example, by a peer, isolated and vulnerable. Ireland is gaining a new understanding of these different experiences of sexual victimisation dependent on age and gender of the child⁴. In general, it can be said, Irish child protection infrastructure is a response to the needs of the younger child. It therefore struggles to respond to the different nature and context of abuse of the teenage child.

It is imperative to undertake a comprehensive review of Irish child protection infrastructure and services with regards to the older child. Three critical questions to stimulate discussion and engagement are:

1. How well informed are we about the older child's social realities?
2. Is our child protection infrastructure sufficiently joined up to ensure an appropriate response to teenagers who may experience abuse that more commonly reflects adult experiences than the younger child?
3. Does Ireland's child protection response need a specific 13 to 18 year old focused response?

¹ *Sexual Abuse and Violence in Ireland, A National Study of Irish Experiences, Beliefs and Attitudes Concerning Sexual Violence*, Hannah McGee, Rebecca Garavan, Mairéad de Barra, Joanne Byrne, Ronán Conroy, Royal College of Surgeons, 2002. Definitions of sexual violence against children in this report separated non contact from contact abuse.

² *'Hearing child survivors of sexual violence: Towards a national response'*, RCNI, Oct. 2013 <http://www.rcni.ie/publications/research-and-reports/>

³ *Combating Youth Sexual Aggression and Victimisation in the European Union: Stakeholder perspective and recommendations*, Franny Paren, Liuba Murauskiene, Maria Papadakaki http://ysav.rutgerswpf.org/sites/default/files/ESAP_2013_Online2.pdf

⁴ Op Cit *Hearing Child Survivors*



In this document RCNI sets out some key concerns along with gaps, opportunities and challenges which impact across a number of departments and statutory agencies including: the Departments of Children and Youth Affairs, Education and Skills, Health, and Justice and Equality and the Child and Family Agency, HSE and Cosc: the National Office for the Prevention of Domestic, Sexual and Gender Based Violence. We have endeavoured to consult widely to present an accurate, current snapshot. Any omissions are unintentional and we would invite an engagement with this document. A more complete picture and an appropriate roadmap can emerge through a whole of government response.

Document structure:

Section 1 sets out what we know: the current evidence and research.

Section 2 examines the infrastructure in place to meet the needs of the older child in relation to sexual violence.

Section 3 looks at how key elements of that infrastructure delivers leadership and a coordinated national response to the needs of the older child and sexual violence.

Section 4 looks at one key location in more detail, the Post Primary School system in relation to child protection and a response to sexual violence for this age cohort including:

- **Role of schools**
- **Primary prevention**
- **Secondary prevention**

Section 5 reflects on our response to the child who is displaying sexually harmful behaviour.



Section 1: What we know – the current evidence and research

1.1 What data sources are there?

Data on the nature and context of sexual violence experienced and perpetrated by children and young people is limited. The most comprehensive report on sexual violence carried out in Ireland (data from 2000), did not include young people under 18.⁵ The data available is based on adults' retrospective experiences of child sexual violence. Other data sources informing this document include population sub-sets and self-selecting populations of adults and children, unique qualitative studies and non sexual violence specific but related research such as sexual health research (Appendix 1).

1.2 What available research cumulatively tells us is that:

- The majority of all Irish child sexual abuse experiences (recorded in 2000 and relating to historical child abuse) occurred before the age of 12 (67% of girls and 62% of boys).⁶
- 37% of the perpetrators of child sexual violence which was reported by children to specialist sexual violence services in 2012 were themselves under the age of 18.⁷
- Girls over 13 who attended Rape Crisis Centres (RCCs) in 2012 were most commonly subjected to rape (as opposed to sexual assault for the under 13s) and in the majority of cases, rape by their peers or those only slightly older.
- In the case of child abuse which occurred under the age of 13, the majority of perpetrators were family members. This contrasts with child victims between the ages of 13 and 18, where 91% of them were abused by non-family members, most commonly acquaintances, friends and neighbours.⁸
- When tested qualitatively, consent is little understood beyond a black and white concept, and those positions on consent quickly lose that clarity when tested against real life scenarios.⁹
- A population prevalence study found that the younger the child experiences first sex, the higher the risk of negative consequences such as early school leaving and unplanned pregnancy. We also know that they are more likely to report unequal willingness with their sexual partner and regret.¹⁰

1.3 What available data does *not* tell us:

- There is no study of teenagers measuring the prevalence, nature and character of sexual violence they are subject to. What knowledge we have is from adults, much of it dated, or from non-representative populations.
- There is no holistic sexual health study which fully incorporates sexual violence.
- Anecdotal evidence of sexual harassment and violence to which members of school communities are subject to, have not been tested and measured systematically, therefore the level and nature is unknown.

⁵ Op Cit SAVI

⁶ Ibid SAVI

⁷ Op Cit *Hearing Child Survivors*

⁸ Ibid *Hearing Child Survivors*

⁹ *Young People, Alcohol and Sex: What's Consent Got To Do With It?* Pdraig MacNeela, NUIG, 2014, and *Teenage Tolerance: The Hidden Lives of Young Irish People*, Women's Aid, 2001

¹⁰ *The Irish Study of Sexual Health and Relationships (ISSHR)*, Crisis Pregnancy Agency, 2006



- Large scale qualitative explorations of how culture impacts on young people with regards to sex and coercion are not undertaken in a systematic and repeated way in order to inform our interventions with young people.

In short we know from survivors reporting historical abuse that this age group is particularly vulnerable to sexual violence but we know all too little about our teenagers' experiences of sexual violence and the impacts of cultural pressures and expectations.

1.4 Key questions for data on teenagers and sexual violence

Reluctance to ask children

In Ireland we have often failed to ask children themselves of their experiences, Knowledge, Attitudes and Behaviours (KAB) of sex and sexual violence. However there is now:

- Mounting evidence of the need to focus specifically on the 13 to 18 age cohort given their specific vulnerabilities.
- Developments in our openness and skills in surveying children, from the scoping document on this issue in 2005¹¹ to the Survey recently undertaken as part of the WHO programme¹² on Teenagers' health behaviours, suggests that it is timely to revisit this question.
- Evidence that involving children in sensitive studies, if done correctly, can benefit children by providing participating children a learning opportunity and potentially identifying at risk children who will gain access to appropriate services and responses through participation.
- Children's right to be heard and consulted on matters impacting on them is now a norm (Bunreacht ne hÉireann, Art 42a).

The silence around sexual violence in relevant research

Research that could, or perhaps ought to, have sexual violence as integral does not include the issue. Sexual violence is highly prevalent in our society and its causes and impacts stretch across multiple disciplines, yet it is often absent. While the rationale for the academic and practice culture of isolating sexual violence and treating it as a discrete area of research can be for sound practical reasons, it is also often in deference to contemporary sensibilities. It is timely to scrutinise this norm of isolating sexual violence research and service practice to ensure that our practices maximise opportunities and synergy and do not perpetuate unhelpful silences, stigma and legacies.

Recommendation 1: A set of priorities for generating an appropriate evidence base and monitoring mechanisms in this field should be agreed through a consultation process. The adequate resourcing of these priorities will be fundamental in underpinning government commitment to the welfare of the older child.

¹¹ *Scoping Study for Knowledge, Attitudes and Behaviours Survey Towards Relationships, Sexual and Reproductive Health Among Young people In Ireland*, Layte, Williams, Quill and McGee, for the Crisis Pregnancy Programme, 2005

¹² *Health Behaviour in School-aged Children, Ireland* Saoirse Nic Gabhainn, NUIG Health Promotion Unit, WHO study http://www.nuigalway.ie/hbsc/documents/nat_rep_hbsc_2010.pdf



Section 2: A Question of Infrastructure

The existing whole of government response to sexual violence is located within the **Department of Justice and Equality** office, **Cosc: the National Office for the Prevention of Domestic, Sexual and Gender Based Violence (DSGBV)**. The Cosc office is responsible for the **National Strategy** of the same name which runs to the end of 2014. **The national office and the national strategy remits pertain to adults only.** The needs of the child and issues of child protection are addressed under the policy lead of the **Department of Children and Youth Affairs** and the **Child and Family Agency** which is tasked with implementing child protection. Despite ongoing interaction and co-operation between these structures, clear demarcations of responsibility leads to considerable risk of underserving the needs of the older child in relation to specialist sexual violence prevention and response.

Only in a very limited way does the national office, Cosc, have any direct impact on responses and prevention for the teenager. Within the **National Strategy for the Prevention of Domestic, Sexual and Gender Based Violence** those direct responsibilities are defined as follows:

- Action 2, (2.3) sets out work on 'the curricula of third level institutions [to] include appropriate training on DSGBV' and (2.4) ensure the inclusion of 'issues relevant to DSGBV in training on student care among school professionals'.
- Action 3 requires action from the Department of Education and Skills in (3.1) the development and implementation 'of sustainable second level programmes' in this area.
- Action 5 sets out to ensure 'responsible opportunity is provided for disclosure'. 5.2 names 'education sectors' and the Department of Education and Skills as having a role here.

The Ombudsman for Children and the **Special Rapporteur on Children** are key roles from which the views of the child and the best interest of the child are championed. The Ombudsman works with children on an ongoing basis to ensure their voice is heard in policy formulation and the Rapporteur reports annually on gaps and emerging issues that require attention.

In addition to Constitutional rights a wide range of legislation confers obligations and responsibility on a number of statutory agencies with regards sexual violence and teenagers. Amongst them:

- **Criminal sexual violence legislation**
- **Children First (forthcoming)**
- **Withholding information (Criminal Justice Act 2012)**
- **Education Acts**
- **Child & Family Agency Act 2013**
- **Equal Status Acts 2000 & 2004**

Recommendation 2: RCNI calls for a whole of government assessment which examines whether the needs of the older child are being sufficiently met within this framework and if it is necessary to establish explicit age disaggregated remits into the various locations listed or alternatively to create a specific structure to promote and monitor the needs of the older child which has a cross departmental role.



Section 3: Delivering a National Response in terms of Child Protection Policy for the older child

While the prevention of abuse and meeting the needs of the teenage child is a responsibility of the various statutory agencies working together, it is also the case that research and policy thinking which would support such operational implementation and activity is limited or in places absent.

The Children and Young People Policy Framework has been under development by the **Dept. of Children and Youth Affairs** and focuses on three ages of the child, with the third stage concerned with the child from 12 upwards. The National Policy Framework is completed and awaiting government consideration. The three age cohort strategies following on from this policy will be developed during 2014 with the teenage relevant strategy expected late in 2014.

3.1 The Ombudsman for Children Office

The Ombudsman for Children, Emily Logan in her investigative and policy role has drawn attention to a number of gaps in law, practice and policy including in her own remit and in service provision, in meeting the needs of the child such as:

- The absence of a mechanism to deal with inappropriate behaviors towards children in school settings.¹³
- Gaps in law where allegations of abuse against staff in education and health settings fall short of prosecution.¹⁴
- Gaps in her remit meaning some children and young people fall outside that remit.¹⁵
- A litany of concerns and shortcomings regarding statutory responses in her most recent report into inadequate response to sexual abuse allegations (of a child under 12).¹⁶
- A need for 'an effective system of monitoring, for example by the Social Services Inspectorate of the Health Information and Quality Authority, be put in place to monitor the effects of [child protection] legislation on child protection services'.¹⁷

The Ombudsman monitors and reports on whether or not these identified needs are being met.

The Ombudsman has responsibilities for children from 0 to 18 and has a general holistic approach to championing the best interest of the child. The Ombudsman also facilitates the child's voice to be heard on matters of concern to the child. Where there is focus on a sub set of children it is invariably by context, location or particular special need. In the 2012 Ombudsman for Children Office Annual Report disaggregates by age at no point. For example a significant role of the Ombudsman for Children office is to respond to individual complaints. In 2012 the Office received 7,236 complaints and dealt with 1,465 cases in all. A detailed description of those cases by category does not include a breakdown of the age of the child.

Consideration needs to be given to the Ombudsman having an explicit responsibility to respond separately to the specialist needs of the different age cohorts with resources to undertake such a policy focus.

¹³ <http://www.oco.ie/whats-new/media/press-release-archive/legal-gaps-mean-children-remain-vulnerable---childrens-ombudsman.html>

¹⁴ *ibid*

¹⁵ <http://www.oco.ie/whats-new/media/press-release-archive/childrens-ombudsman-formally-seeks-changes-to-ombudsman-for-children-act-2002-to-ensure-greater-protection-for-all-children.html>

¹⁶ Ombudsman for Children office, *A statement of an investigation into the provision of supports and therapeutic services for a child following disclosures of alleged sexual abuse*, April 2013

¹⁷ Ombudsman for Children Office, *Annual Report, 2012*, <http://www.oco.ie/assets/files/annual-report/OCOAnnualReport2012.pdf>



3.2 The Child and Family Agency

As of January 1st 2014 the Child and Family Agency is tasked with implementing and monitoring child welfare and protection. But it is also tasked with seeking the views of the child, s.9(3), with regards certain functions including those under s.8(3)¹⁸ of the Child & Family Agency Act 2013 including the 'care and protection for victims of domestic, sexual or gender-based violence, whether in the context of the family or otherwise.'

3.3 The Special Rapporteur to the Oireachtas on Child Protection

The Rapporteur, Geoffrey Shannon has drawn attention to a number of shortcomings in our existing systems, particularly gaps in the criminal law relating to children as victims and perpetrators of crime, in a series of annual Reports beginning in 2006.¹⁹ Examples from the 2012 sixth report include explorations of a more specific "grooming" offence, and of legislative changes to regulate disclosure of confidential counselling and other personal records relating to child victims in criminal trials. An issue impacting teenagers specifically is the age of consent to sexual activity which is also considered in this 2012 Report. The legal and administrative systems in place to identify and deal with child perpetrators, which relate mainly to teenagers, are examined in the Fourth and Fifth Reports, published in 2011 and 2012 respectively. Other topics considered since 2006 include bullying, guardianship issues, child protection legislation, children's rights to be heard in court proceedings, children and immigration rights, legislation on mandatory reporting of child abuse, child trafficking, children's mental health and disability issues, defilement offences and youth homelessness, among others. Every Report is set in the context of European and international children's rights law, in addition to that of our national legal system.

A closer look at two specific child protection policies meeting the needs of the vulnerable teenage child:

3.4 Children First

Our current child protection response under the forthcoming statutory framework, *Children First*, has on the one hand a one size fits all approach in so far as all cases where there are reasonable grounds are reported in the same way regardless of a child's age. However, what is emerging as a significant source of vulnerability to the teenager is peer assault which is highly unusual for the under 13s child. The professional guidelines within our child protection infrastructure may not necessarily be best suited to 'see' this peer assault.

Professionals have a number of tools they are trained and skilled in to detect possible sexual violence to which they then respond. For example, professionals will note instances where a child speaks or behaves in ways that are possibly sexually problematic. These can be very good indicators of abuse and/or grooming. For the teenager who is not being groomed by an older person or an authority or family figure but rather within a peer setting, this measure may not be as effective.

For a teenager living in what is increasingly described as a hyper sexualised culture, sexualised beliefs and behaviours may be normalised and indeed expected. There may be a shift in sexual activity and norms for the teenage population, which could involve participation that is pressured, unsafe and physically and mentally harmful yet some of this behaviour, may appear, to both teenagers and authoritative bystanders as normalised. Therefore, the question is do we have the appropriate tools to distinguish normal contemporary

¹⁸ Child & Family Agency Act 2013 S.8 (3) 'the Agency shall provide-

(a) preventative family support services aimed at promoting the welfare of children,

(b) care and protection for victims of domestic, sexual or gender-based violence, whether in the context of the family or otherwise,'

¹⁹ For the latest report 2013 <http://www.dcyv.gov.ie/documents/Publications/SixthRapporteurReport.pdf>



behaviour from harmful sexual behaviour? If we do not have the language and knowledge to interrogate and name this common form of abuse that teenagers are subject to, we cannot respond appropriately.

3.5 Action Plan on Bullying

Another important policy initiative on child protection is the Action Plan on Bullying²⁰ which provides a set of actions for a whole-of-school response across the continuum of bullying. The challenge in addressing sexual violence within the bullying continuum is laid out in the report of the working group which struggled to define sexual bullying within the continuum.²¹ The report ultimately does not settle on a definition of sexual bullying.²² Throughout the report this lack of clarity around naming and addressing sexually aggressive behaviour results in shortcomings and gaps in the response to sexual crime.²³

In the end, the guidance on sexual bullying confines itself to the issues of sexting and online bullying using sexual imagery and language. This may well be appropriate within the bullying response framework but it does then mean a number of issues around sexual violence remain unaddressed.

3.6 Conclusion

Already we struggle to empower these vulnerable children to name their experiences of sexual violence in the face of a seemingly increasingly sexualised culture. If we do not acknowledge and address this complex issue it may be that teenagers are left to absorb the signal that certain forms of abuse are their own fault, normal and not subject to a justice response. Policy and practice should not compound a situation that trains young girls to become accepting of their subjugation through sexual violence and trains boys that participating in such aggressive sexual behaviour is normal and acceptable, impacting both on the boys who choose to engage in this way and the boys who feel they have no role in challenging their peers for this behaviour.²⁴

Recommendation 3: It is vital we examine how our child protection infrastructure ensures the visibility of the full range of teen vulnerability, in particular, teen peer abuse.

²⁰ *Action Plan on Bullying: Report of the Anti-Bullying Working Group to the Minister for Education and Skills*, January 2013

²¹ The *Action Plan on Bullying* report outlines a debate as to whether bullying that is sexual should be understood and addressed as part of the continuum of bullying or outside of or in addition to that frame. While intimidating, coercive and abusive tactics present in bullying are common to bullying that is sexual, the nature of sexual violence and grooming may mean that this aspect requires specific responses in addition to broad anti-bullying policy and actions. <http://www.respectme.org.uk/> Compare the Scottish Respect Me approach which says we should treat sexual aggression separately to bullying to the UK NSPCC which integrates sexual bullying into the continuum of bullying for example identifying the overlap between sexual and homophobic bullying. http://www.nspcc.org.uk/inform/research/questions/sexual_bullying_wda70106.html#What_is_the_NSPCC_s_working_definition_of_sexual_bullying

²² *Ibid* 7 *Action Plan on Bullying*, pp. 20, 21

²³ For example in section 3.11 of the *Action plan on bullying*, 'Impact of sexual bullying and harassment', the report states that one of the impacts may be 'to coerce young people into engaging in sexual relationships earlier than they might otherwise do so.'

²⁴ The experience of roles in sexual activity is highly gendered as evidenced in, 'Young people, alcohol and sex: What's Consent got to do with it?' Mac Neela, NUIG, 2014. This does not however, preclude girls from being aggressors and boys becoming victims of sexual violence.



Section 4: Department of Education and Skills: A Schools System Response

4.1 Role of Schools

RCNI launched new research, *Young People, Alcohol and Sex: What's consent got to do with it?* in January 2014²⁵. This is a qualitative study of college students' understanding of sexual consent and alcohol consumption. One of the conclusions of the young people themselves and core findings of the research is that they lacked preparedness to negotiate consent safely leaving them vulnerable to sexual violence.

While the school is by no means wholly responsible for empowering children in their capacity to safely negotiate sexual pressures and encounters, the education system has an opportunity and an obligation to address incidents and social harms arising out of harmful cultural norms and the various forms of sexual violence.

Opportunities to intervene in issues of sexual harassment and sexual violence within the post-primary school setting arise in a number of ways. Schools not only encompass physical environments within which children spend significant periods of their time but they are also powerful norm-setting influences on teenagers.

RCNI's 2009 examination of the impact of sexual violence on school children found that for the teenage survivor there was a range of outcomes from positive to negative that were dependent on the school's response. Enabling an appropriate response to a survivor would include survivors experiencing 'a combination of a culture and society that is more open to disclosure, where there is less victim-blaming, bullying and shame experienced by the victim.'²⁶

Ongoing Stay Safe programmes, school community responses to bullying and the child protection framework are a comprehensive response to the needs of children in the primary setting. However, there is emerging evidence²⁷ that vulnerable children in post primary settings are not having their needs adequately recognised and met.

4.2 Formal learning opportunities

Enhancing young people's understanding and recognition of good relationships and good consent negotiation should be seen as core to providing for personal development, sexual health and sexual violence education.²⁸ Education needs to be positive and experiential to allow teenagers a safe place to explore the complexities of consent, prescriptive gender roles and relationships²⁹. Within the SPHE (Social Personal and Health education) Junior Cycle curriculum, the Personal Safety Module has recently been updated with the Senior Cycle currently being developed by the SPHE team with the Department. These incorporate lessons on sexual violence prevention. The Personal Safety module along with the other 9 existing SPHE modules integrate personal development and sexual health within the overall existing SPHE programme. These lessons are taught using experiential methodologies and include scenario based exercises which explore consent. They are intended to help young people to understand problematic behaviour and identify appropriate actions to promote safety.

²⁵ *Young people, alcohol and sex: What's Consent got to do with it?*, Pdraig Mac Neela, NUIG, 2014

²⁶ RCNI Briefing on *Disruption to education for survivors of sexual violence: the experience of RCCs*, June 2009

²⁷ Ruth C MacNeely, Mayo Rape Crisis Centre., *Analysis of Under 18 year old contact in Rape Cases 2002-2005*

²⁸ As recommended in *Understanding Teenage Sexuality in Ireland*, Abbey Hyde and Etoaine Howlett, 2004 'that aspects of sexuality are directly linked with wider components of the RSE programmes such as respect for others and the enhancement of self-worth.'

²⁹ WHO Regional Office for Europe and the Federal Centre for Health Education (BZgA), '*Standards for Sexuality Education in Europe: A framework for policy makers, educational and health authorities and specialists*', 2010



Recommendation 4: RCNI is concerned that the Introduction of the New Junior Cycle Framework which will replace the existing Junior Cycle which makes SPHE including RSE (Relationships and Sexuality Education) non-mandatory may be a retrograde step. Research is needed to measure and monitor the impact of a non-mandatory RSE at junior cycle post primary level in terms of what is delivered and how that impacts on a child's learning and skills in this area. It is also important that curriculum review and updating is adequately prioritised and resourced to ensure the continual review of curriculum content encompassing emerging evidence and best international practice as outlined within the WHO sexual education standard in 2010 for example³⁰, and learning in this area. Supporting and up skilling teachers to ensure effective delivery of such programmes remains key to their success.

4.3 Primary Prevention

Primary prevention is the prevention of crimes before they happen.

RCCs nationwide, in contact with survivors and educational institutions, report ongoing instances of harassment and assault and inappropriate or inadequate responses to same from the authorities. The *Action Plan on Bullying* is limited in its capacity to meet these needs as outlined in section 3.5 above.

A 2002 study by Kathleen Lynch and Anne Lodge, documented how girls and female teachers in co-ed schools regularly experienced the threat of or actual sexually assault on school premises. The 'milder' assaults we can surmise took the shape of actual or attempted breast squeezing, bum pinching and crotch grabbing. The boys described it as 'a bit of fun' and 'harmless', the girls described it as 'running the gauntlet'.³¹ It is unclear from this study if there was any expectation that the authority figures would have a role in responding to these incidents and indeed if they did respond in any way.

The threshold whereby sexually aggressive behaviour is recognised and responded to needs to be clearly understood by the whole school community and zero tolerance proactively promoted. This requires a whole of school response with education, visibility and reassertion of clear boundaries, with appropriate responses understood and acted upon in all instances of sexual harassment or assault.

Recommendation 5: Effective primary prevention requires every school community to have an explicit zero tolerance of sexual harassment and violence. This is largely absent at present³². RCNI believe a national whole of school policy and set of actions is an appropriate response to the scale of the problem of teenage vulnerability to sexual violence.

³⁰ ibid

³¹ Kathleen Lynch and Anne Lodge *Equality and Power in Schools: Redistribution, Recognition, and Representation*, Routledge Falmer, 2002,

³² Cosc (2012). *Awareness Raising of Domestic and Sexual Violence: A Survey of Post-Primary Schools in Ireland* found poor levels of basic awareness overall including 'that in relation to sexual violence, the majority (81 per cent) of schools said that SPHE helps to raise awareness of sexual violence either "a little" (57 per cent) or "not at all" (24 per cent).



4.4 Secondary Prevention

Secondary prevention is the response necessary once an incident has happened or comes to the attention of those in positions of authority or responsibility. The immediate responses to a suspected sexual violence crime are clearly and comprehensively outlined in Children First.

For the child survivor whose abuser is also a child there are additional considerations. Child perpetrators are generally the same age or slightly older than the child they abuse. They are overwhelmingly 15 to 17 years old (82%)³³. Once over 12 the child survivor is increasingly likely to be a girl as boys' vulnerability to victimisation decreases with puberty. Therefore, there is a significant probability that when teenage girls are abused the perpetrator is a male peer. Given the centrality of the school community in a teenager's peer life, much of the social interactions within which the violence is being perpetrated, is likely to develop within the school community (if not necessarily on school property) particularly, but not exclusively so, within a co-ed school. For example both the victim and the accused may be attending the same school or the sibling of the accused may be in the same class as the victim or other such scenarios. Any formal investigation may be prolonged, leaving the school to manage a situation in an ongoing way in the absence of legal clarity on the case itself.

The complex area of managing the **ongoing support and care of a victim after disclosure** in a post primary setting and particularly in the context of a peer perpetrator, may present challenges which are inadequately addressed in Children First. A counsellor within a Rape Crisis Center stated *'we were also very concerned at the amount of bullying that some of our clients had endured once they had reported these assaults. A small number of the cases became public knowledge within school communities and the consequences for the young women were really difficult. With school staff even being perceived to have taken sides, with peers intimidating in court, and to a person every young woman in this analysis who reported the assault to the Gardaí ended up leaving school unable to complete their leaving cert.'*³⁴

RCNI are clear that post primary schools face significant challenges in responding to the medium and long term needs of the child victim and indeed the child perpetrator in their school community.

Recommendation 6: National guidance or standards need to be in place to ensure best practice and consistency to support the children involved, to reduce instances of secondary trauma, to prevent negative impacts on their school performance and to support an appropriate justice response in the school setting.

³³ Op Cit. *Hearing Child Survivors* p. 24

³⁴ Ruth C MacNeely, Mayo Rape Crisis Centre., *Analysis of Under 18 year old contact in Rape Cases 2002-2005*.



Section 5: Responding and supporting a child who displays sexually harmful behaviour

While RCNI is not expert in the area of addressing the children who are exhibiting harmful sexualised behaviour towards prevention, the evidence is clear that the younger we identify sexually aggressive and harmful behaviour and respond fully to this behaviour, the more likely it is that that intervention will be successful.³⁵ Given the very good chance of ensuring that the abusive child does not grow up to be an abusive man, it is imperative that we take full advantage of the opportunities presented to us to affect that in relation to the teenage abuser.

Specialist service and responses are almost wholly absent or under resourced nationwide. The Ferns 5 Working Group was tasked with advising the HSE on the strategic direction and level of need in the area of assessment and treatment for children, adolescents and adults who have exhibited sexually harmful behaviour they completed a report in 2007, a review of services was completed in 2011 and steering committees are now reviewing the recommendations towards effecting national implementation.

Recommendation 7: Priority should be given to providing proven interventions with this cohort of children. This is an essential element of any government's commitment to the prevention of sexual violence.

³⁵ http://aimproject.org.uk/?page_id=79



Appendix 1

A number of sources of data on or relevant to sexual violence and teenagers are available, they include:

- A sexual violence specific prevalence study with data from 2000, the comprehensive **Sexual Violence and Abuse in Ireland (SAVI)** report. As the adult respondents were asked about lifetime prevalence data on child sexual violence is included.
- Service-specific data regarding service users, adults and children, who are disclosing information regarding cases of sexual violence. eg **RCNI national NGO specialist sexual violence** services data and **HSE Child services** data. While essential and valuable these cannot be taken to be representative of the population.
- Analysis of children who attended RCCs and CARI in 2012, **Hearing Child Survivors of Sexual Violence**³⁶.
- Justice system data at a number of points regarding that minority of cases that are reported. Eg **CSO crime statistics, DPP and court services** reports and individual case reporting.
- National study of the justice process and adult rape cases, **Rape and Justice in Ireland Report (RAJI)** 2009.
- Institution or location specific data arising out of **child abuse enquiries**.
- Self-selecting survey's of experiences, **Knowledge, Attitudes and Behaviours (KAB)** such as the USI's **Say Something** survey 2012.
- **Qualitative studies** of teenage attitudes across a range of issues to do with sex, relationships and gender roles such as **Teenage Tolerance** 2001 and **Understanding teenage sexuality in Ireland** 2004.
- And health and sexual health surveys such as the **Irish Study of Sexual Health and Relationships (ISSHR)** 2006 which measure KAB on sex not specifically sexual violence.

³⁶ Op Cit *Hearing Child Survivors*



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Notes

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