



Finding a Safe Place



**LGBT Survivors of Sexual Violence
and Disclosure in Rape Crisis Centres**

About 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. The RCNI role includes the development and coordination of national projects such as expert data collection, strategic services development, supporting Rape Crisis Centres (RCCs) to reach best practice standards, using our expertise to influence national policy and social change, and supporting and facilitating multiagency partnerships. We are the representative, umbrella body for our member Rape Crisis Centres who provide free advice, counselling and support for survivors of sexual violence in Ireland. The RCNI is RCCs' peer accountability structure tasked with advocating for the best interest of survivors and the prevention of sexual violence.

The RCNI role delivers cost efficiencies across the rape crisis sector through running national programmes supporting RCC services to survivors, enabling consistency and removing much unnecessary duplication. The business support RCNI provided for RCCs to enable shared and evolving best practice standards of service and compliance capacity on statutory and other requirements was defunded in 2015 and has not been replaced. This means the 70% cut to RCNI is being borne by RCCs who have been given no resources to replicate this work at multiple local level as they are now required to do. The national data collection system, upon which this report draws and upon which the State is dependent in order to hear from the silenced and the marginalised, is also in jeopardy after all funding was cut in 2015. These actions put Ireland at risk of failure to meet international legally binding obligations. RCNI continues to engage to enhance responses and efficiencies.

RCNI Philosophy

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

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Director's Foreword

RCNI have the great privilege of bringing to you the first report on LGBT experiences of sexual violence, as disclosed to Rape Crisis Centres (RCC) across Ireland.

What these survivors tell us and contained in every number and percentage in this statistical report is revealing layers of discrimination, violence and vulnerability that must be addressed and challenged.

As we pieced together this evidence from individual LGBT survivors, as their rape crisis counsellors and the data collection officers in each Rape Crisis Centre diligently recorded the data, as we began to draw up the statistics and evidence that we lay out in this report, one thing became clear to us: This is ground-breaking.

This evidence base can only deepen, what we hope can be, an open and safe conversation about these issues. The evidence supports initiatives to respond to this violence, compelling the government, policy makers and services to take action.

Unfortunately, the rape crisis sector's capacity to safely gather, collate, analyse and publish the voice of survivors in this way, is currently unsupported by the government. Consequently, while this is the first LGBT report, it may also be the last, unless the government places value on this work again.

We have three key messages as we launch this report. Firstly, rape crisis centres have been and are safe spaces for LGBT survivors. The RCC fundamental model of practice is necessarily inclusive to meet survivors where they are, to journey beside them and support them in ways that empower. As a learning movement, we continue to listen and will learn from this report. We continue to strive and to evolve, to ensure that RCCs are safe spaces for LGBT people.

Secondly, we need to have a conversation on the matters raised in this report. The issue of sexual violence and the LGBT community encompasses vulnerabilities that are sometimes universal, sometimes targeted at LGBT people because they are LGBT or sometimes involves sexual violence between LGBT people. There is a great deal in here that we need to understand and name in ways that

are supportive to survivors, and allows for increased confidence that disclosure will meet with an appropriate and compassionate response. RCNI alongside our partners in the LGBT community are supporting and fostering safe places for these vital conversations to flourish.

Lastly, the evidence in this report makes a strong case for the need for Hate Crime legislation. LGBT people are targeted by homophobia and hate. RCNI endorses and supports the report of the Hate and Hostility Research Group at the University of Limerick and the growing partnerships calling for this gap in our laws to be addressed.

We believe working to make our society safer for LGBT people, is an urgent task and an end in itself; moreover, it serves to make a better world for everyone. We acknowledge the considerable work already initiated by the LGBT community in raising awareness and addressing issues of sexual violence including but not limited to Outcomers Dundalk LGBT conference on domestic violence, gay switch board's work on Chem sex, TENI's work on sexual abuse and the many other initiatives nationwide. We welcome the support of our partners Glen and Gay Switch Board in taking this conversation further. RCNI commit ourselves to being part of this conversation. We offer the present evidence, arising from the voice of the many LGBT survivors who have put their trust in their local Rape Crisis Centre at one of the most vulnerable times of their lives, towards that task. Together, these survivors' voices can be a catalyst for change.



A handwritten signature in black ink, which appears to read 'Cliona Saidléar'.

Cliona Saidléar
Director, RCNI



Chairperson's Introduction

This report began its journey a number of years ago when the RCNI board made a decision to focus our attention on this minority group.



With scarce resources choices had to be made, however, focusing on LGBT survivors was not a difficult decision. The RCNI system is a powerful and unique resource which allows the voices of survivors, often otherwise unheard or isolated, to be given an authoritative platform as part of the collective experience. No other resource exists to do this therefore devoting resources here was an easy decision.

Along the way, it also came to the fore that the Rape Crisis Movement is not coming new to this community's vulnerabilities. Rape crisis and LGBT activism are inextricably bound up together. The leadership and activism of lesbian, bi, trans and queer women, alongside other women and more lately men, over the past 40 years have shaped the sector and movement into what it is today. The LGBT community should be rightly proud of Rape Crisis achievements, because they are LGBT achievements.

Our core model of practice of creating safety for all survivors who come to us for support, is shaped by the lesbian, bisexual and queer women who were and are active and engaged in this feminist fight for bodily autonomy, rights and freedom from oppressive and discriminatory violence. The survivor centred and empowerment model we work from in Rape Crisis has been developed from our diversity and from the understanding that the best response to survivors starts with respect and dignity for the person who is unique and equal.

In recognition that LGBT rights and activism is often a struggle for visibility against persistent erasure, it is my great pleasure to dedicate this report to acknowledging, honouring and thanking the LGBT feminist activists who have contributed over the years to rape crisis and without whom it is difficult to imagine our movement.

What I would like to end with is a message to LGBT survivors who may ask if there is somewhere safe for them to access support: **The LGBT community helped build this rape crisis space, it is and will continue to be your space.**

Anne Scully

RCNI Chairperson and
Waterford Rape and Sexual Abuse Centre manager



Notes on this report

Rape Crisis Network Ireland (RCNI) has been building and supporting the RCNI Data, Knowledge and Information System alongside our partners in the RCC sector, IT company and academia for over ten years.

We built it for the purpose of giving survivors a voice and ensuring their experiences got to count. For 65% of people coming to RCCs this system is the only way their voice is put on the public record as they have not reported to the police. This is how we tell their story, while protecting them and honouring their safety and dignity.

We built the system in partnership with the RCC sector, IT and academic partners. We have been releasing annual statistics since 2004 and we have also endeavoured to use the resource to highlight areas that need particular attention: sexual violence and young people; making teenagers stand out for the first time as having distinct vulnerabilities and needs; people with disability and sexual violence and now, giving this platform to LGBT people and their experiences.

In this report we sought to give a voice to the LGBT survivors coming to rape crisis centres. It should be noted that as the numbers are small we have had to make some compromises, most significantly we could not include the transgender survivors who were using the services in 2013 in the statistical outputs as the numbers were too low. That notwithstanding we are clear that this is a report informed by the transgender users of RCC services and pertinent to transgender people and all those concerned with transgender people's rights.

We are conscious of the findings in the LGBT Ireland Report that transgender people experience higher levels of sexual violence than lesbian, gay and bisexual people. There is a need to both upskill Rape Crisis Centres, as many have already, and to increase awareness among the trans community of the prevalence of sexual violence and the availability of RCCs service to support trans survivors.

In our analysis we compare the LGB survivors with others using RCCs where this is useful. It should be noted that this report cannot speak to the relative rate of prevalence of sexual violence perpetrated against LGBT and others, it can only offer insights into similarities and difference.



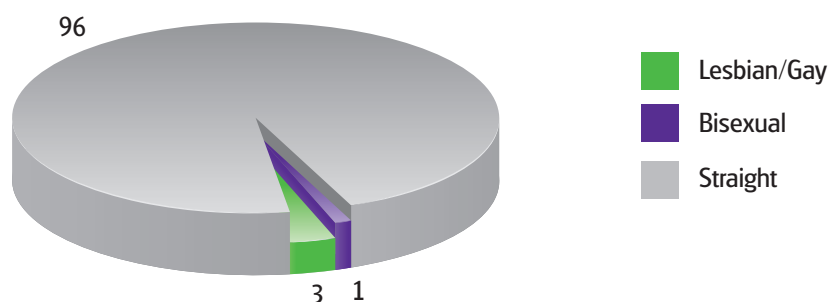
Sexual violence disclosed to RCCs

Sexual orientation of survivors

In 2013, 88 survivors of sexual violence (4%) attending 15 RCCs for counselling and support identified as lesbian, gay or bisexual (LGB). Of this, 3% identified as gay or lesbian and 1% identified as being bisexual.

Many of these sexual violence experiences disclosed by survivors who identified as LGB were similar to those disclosed by survivors who identified as heterosexual. This report identifies the different vulnerabilities to sexual violence that LGB survivors attending RCCs in 2013 disclosed to counsellors. The area of sexual violence against LGBT people is significantly under researched in Ireland and internationally in spite of the high levels of perpetration, as referenced in the recent LGBT Ireland Report, where 14.9% of participants disclosed being sexually attacked (GLEN, BeLonG To, 2016). TENI's 2013 report also reveals high levels of sexual violence perpetrated against Trans people (TENI, 2013).

Graph 1: Sexual orientation of survivors (%) n = 2,151



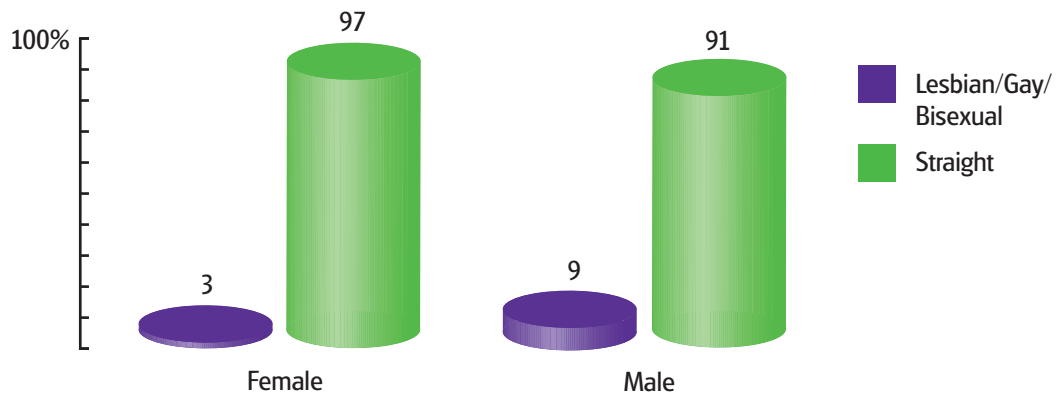
We have amalgamated lesbian/gay survivors and bisexual survivors as the numbers of each are too low to allow for separate detailed analysis. International research in this area, albeit limited, has indicated that bisexual individuals are more vulnerable to sexual violence than gay/lesbian or heterosexual groups. Ideally, examination of the groups separately would be more insightful in understanding different experiences of sexual violence but for the purposes of the small number of survivors that we are examining here, it is not possible (Andersen, J. P et al, 2013).



Gender of survivors

A higher proportion of males attending RCCs identified as gay/bisexual (GB) (9%) compared with females who identified as lesbian/bisexual (LB) (3%).

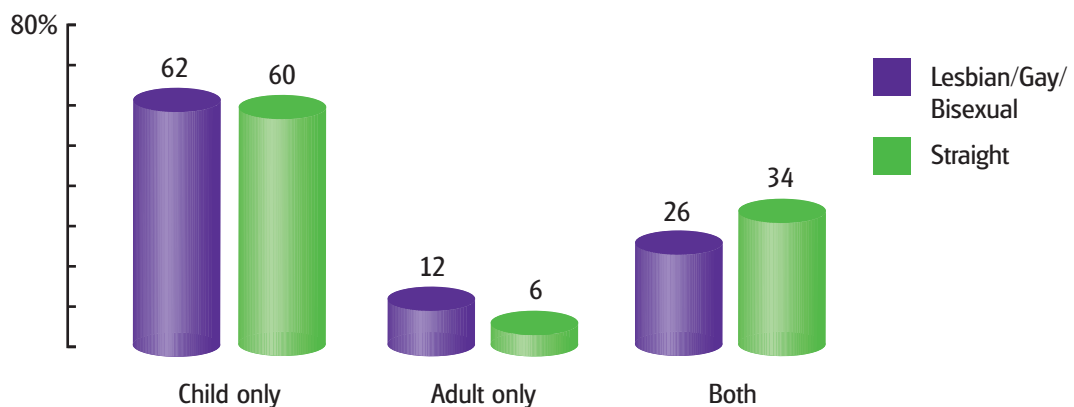
Graph 2: Gender by sexual orientation of survivor (%) n = 2,151



When the sexual violence took place

Survivors of all sexual orientations attending RCCs disclosed being subjected to sexual violence at similar life stages. We see slight differences between LGB and heterosexual groups but nothing of statistical significance. However, in terms of levels of sexual violence international research has found that LGB participants disclose higher levels of sexual violence at all life stages and particularly in childhood than their heterosexual counterparts (Balsam, Kimberly F. et al, 2005; Friedman, Mark S. et al., 2011; Rothman, Emily F., 2015). Overall, females experience higher levels of sexual violence than males, with bisexual females disclosing the highest levels of lifetime abuse (Balsam, Kimberly F. et al., 2005).

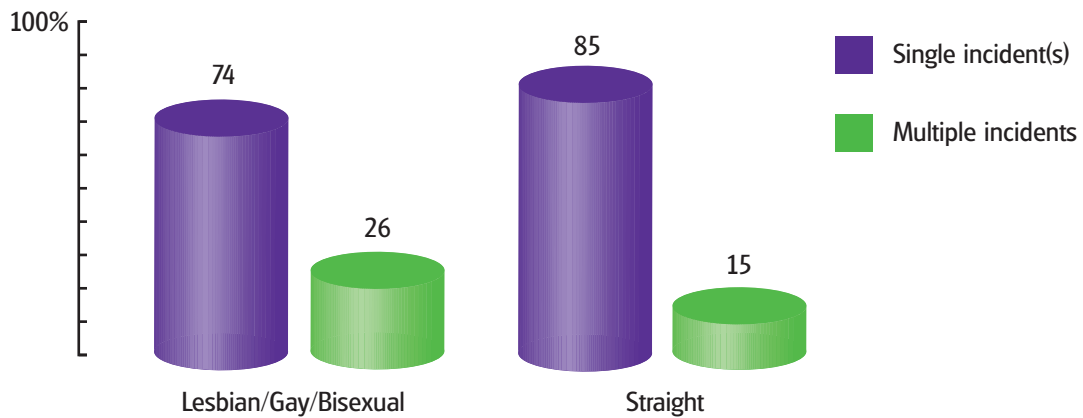
Graph 3: When the sexual violence was perpetrated by sexual orientation of survivor (%) n = 2,069



Incidents of sexual violence

When we compare the number of incidents of abuse between LGB and heterosexual females, we can also see differences emerge. LGB survivors disclosed higher levels of multiple incidents of sexual violence than heterosexual survivors (26% compare with 15%). This is a significant difference and in concurrence with international research which has found that gender and sexual orientation are significant predictors of overall lifetime vulnerability to sexual violence, with females and those identifying as LGB experiencing the highest levels (Balsam, Kimberly F. et al, 2005).

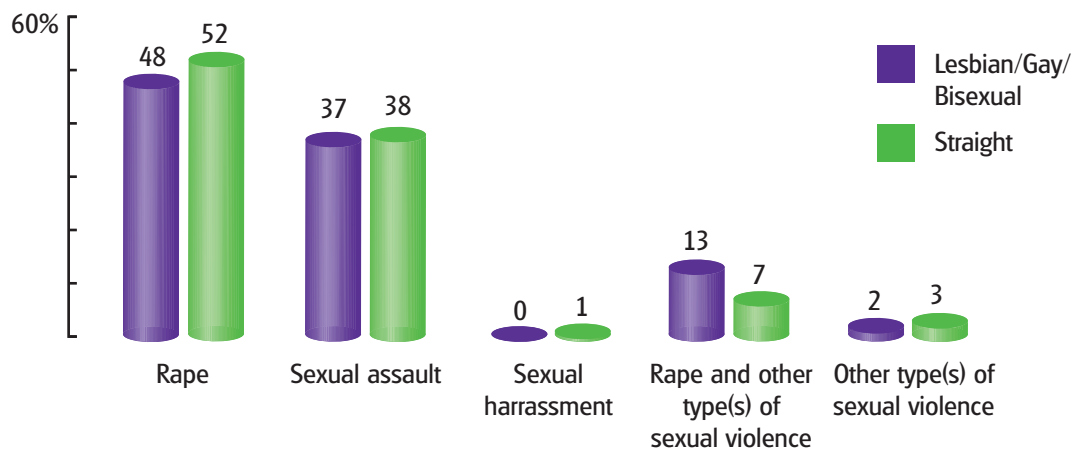
Graph 4: Number of incidents of sexual violence by sexual orientation of survivor (%) n = 2,088



Type of sexual violence

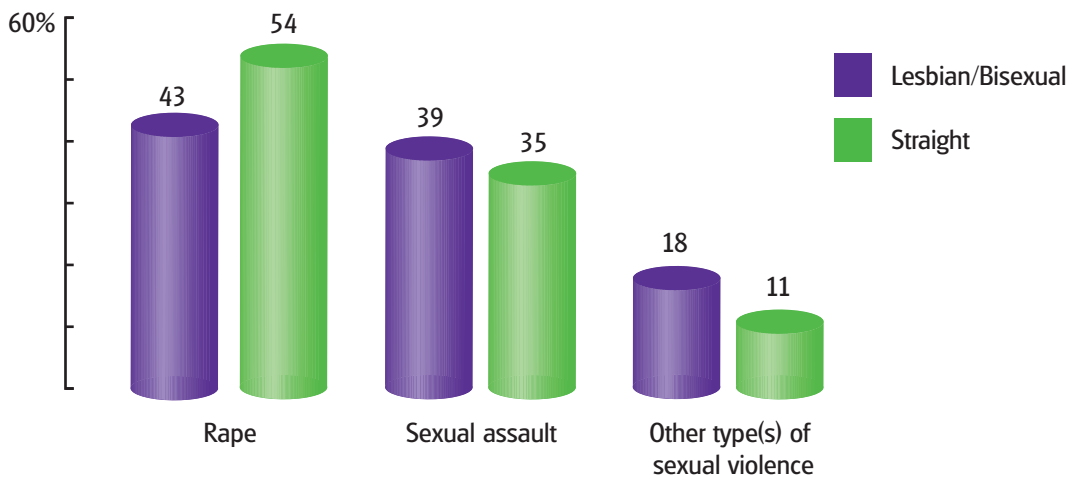
When we examine the type of sexual violence disclosed by LGB survivors and heterosexual survivors we don't see any major differences; however, when we differentiate by gender some significant differences emerge.

Graph 5: Type of sexual violence by sexual orientation of survivor (%) n = 2,067



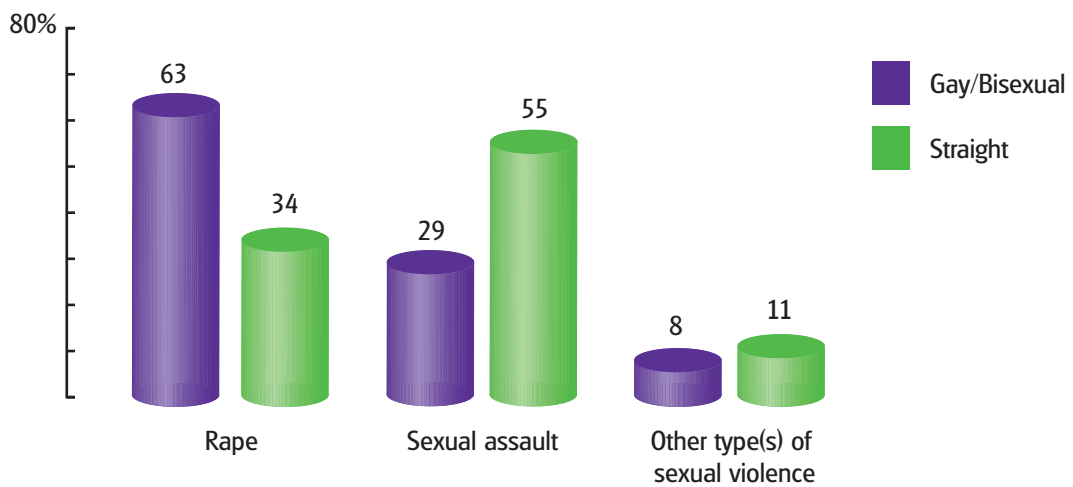
Although, LB and heterosexual female survivors disclosed rape and sexual assault as the most common forms of abuse, LB females disclosed lower levels of rape than heterosexual females (43% compared with 54%) and slightly higher levels of sexual assault (39% compared with 35%) and other forms of sexual violence (18% compared with 11%) than heterosexual females.

Graph 6: Type of sexual violence perpetrated against female survivors by sexual orientation of survivor (%) n = 1,794



GB males disclosed higher levels of rape than heterosexual males (63% compared to 34%) and lower levels of sexual assault than heterosexual males (29% compared with 55%).

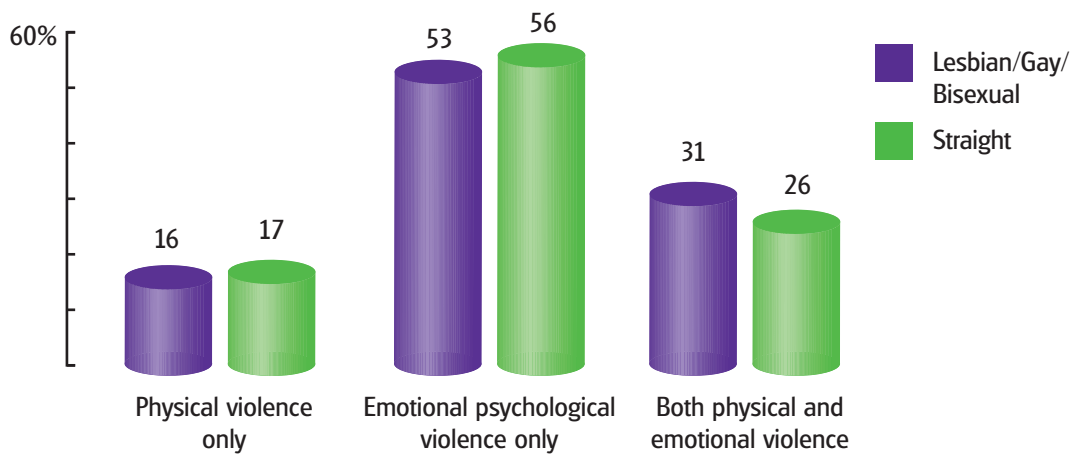
Graph 7: Type of sexual violence perpetrated against male survivors by sexual orientation of survivor (%) n = 273



Additional forms of violence

Both LGB and heterosexual survivors disclosed being subjected to similar levels of other forms of violence in addition to the sexual violence with 58% of LGB survivors and 56% of heterosexual survivors disclosing additional forms of violence. There were also no significant differences in the types of other violence both groups were subjected to. UK research suggests a core difference, that shapes the experiences in same sex as opposed to heterosexual relationships, since it is not in the experience of violence and abuse so much as in the relationship and societal contexts in which the violence and abuse takes place (Donovan, 2007).

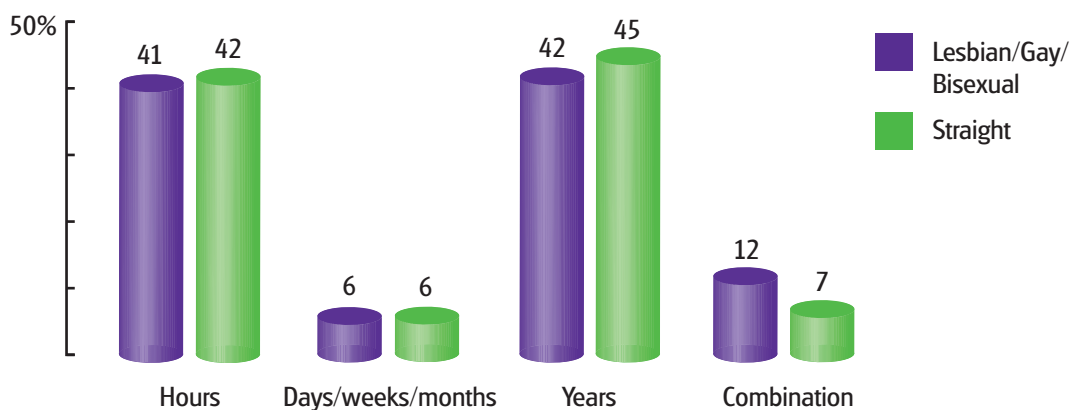
Graph 8: Additional forms of violence by sexual orientation of survivor (%) n = 1,213



Duration of sexual violence

There were no significant differences in the length of time over which the abuse was perpetrated between survivors of different sexualities. Similar patterns can be seen in the duration of abuse of survivors abused at particular ages (RCNI, 2014 (1); RCNI, 2014 (2)). For instance, for those subjected to sexual violence when under the age of 13, the abuse most commonly took place over a number for years; for those aged 13 upwards when subjected to the violence, the abuse most commonly took place over a matter of hours.

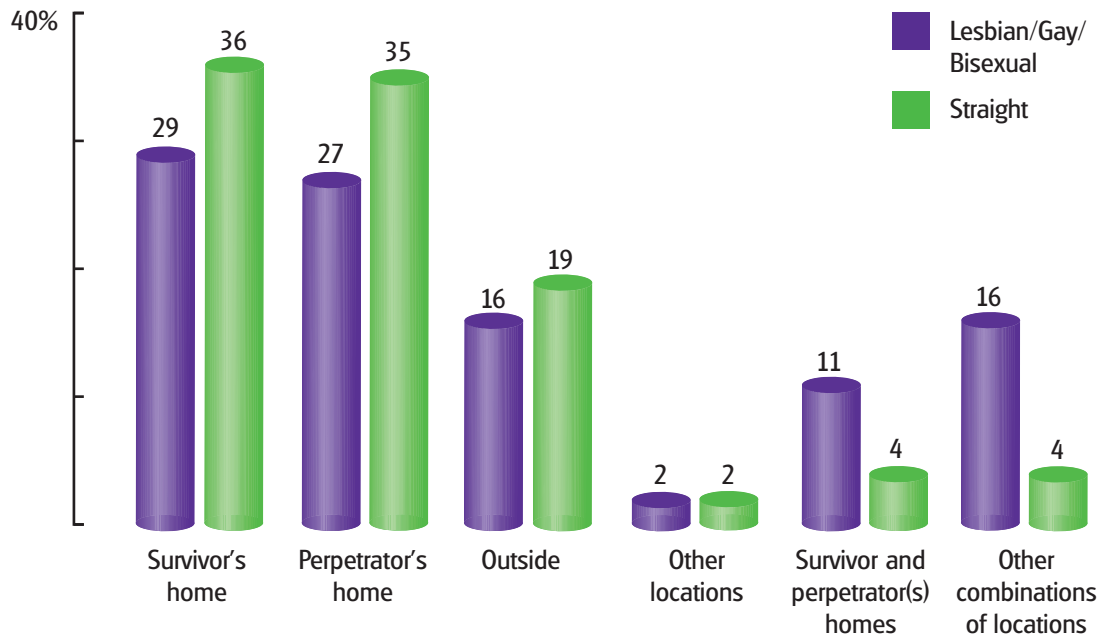
Graph 9: Duration of sexual violence by when the violence took place (%) n = 2,049



Location of sexual violence

The locations where the sexual violence was perpetrated were also similar for survivors of all sexual orientations, with the survivors and perpetrators homes being the most common locations.

Graph 10: Location of sexual violence by sexual orientation of survivor (%) n = 1,737

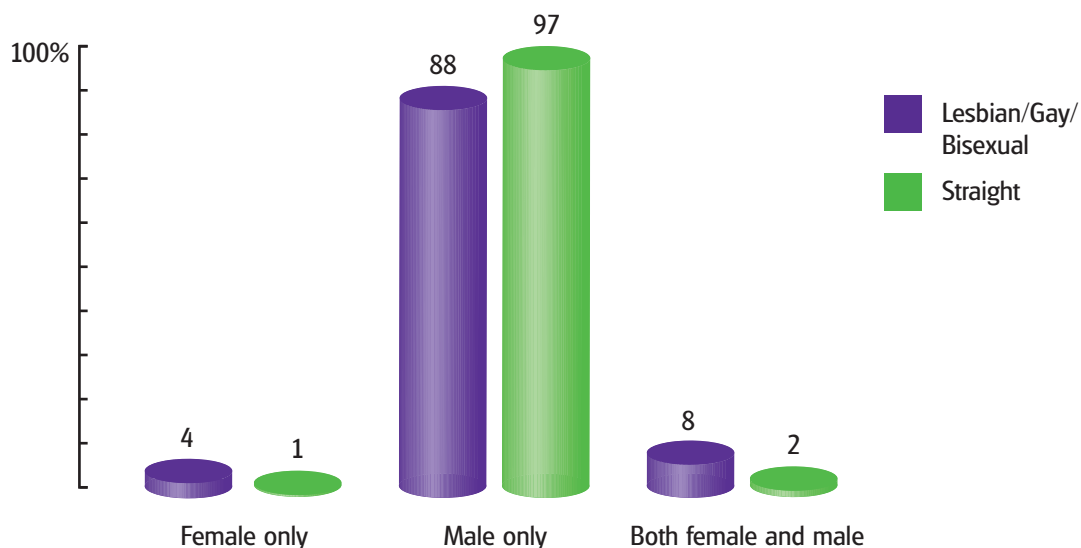


Perpetrator Information

Gender of perpetrator

Research has shown that lesbian, gay and bisexual survivors of sexual violence disclose higher levels of sexual violence perpetrated by someone of the same sex as them than heterosexual survivors (Balsam, Kimberly F et al, 2005; Wilsnack, Sharon C et al, 2012). LGB survivors attending RCCs disclosed lower levels of sexual violence perpetrated solely by males compared with heterosexual survivors (88% compared with 97%). Instead, we see slightly higher levels of abuse perpetrated against LGB survivors by both males and females perpetrating together (8%) and females solely perpetrating on their own or with other females (4%). If we examine the gender of these survivors, we see that LB female survivors disclosed higher rates of abuse by male and female perpetrators abusing together (10%) than heterosexual females (2%). The figures are too low to give a breakdown of perpetrator gender for male survivors.

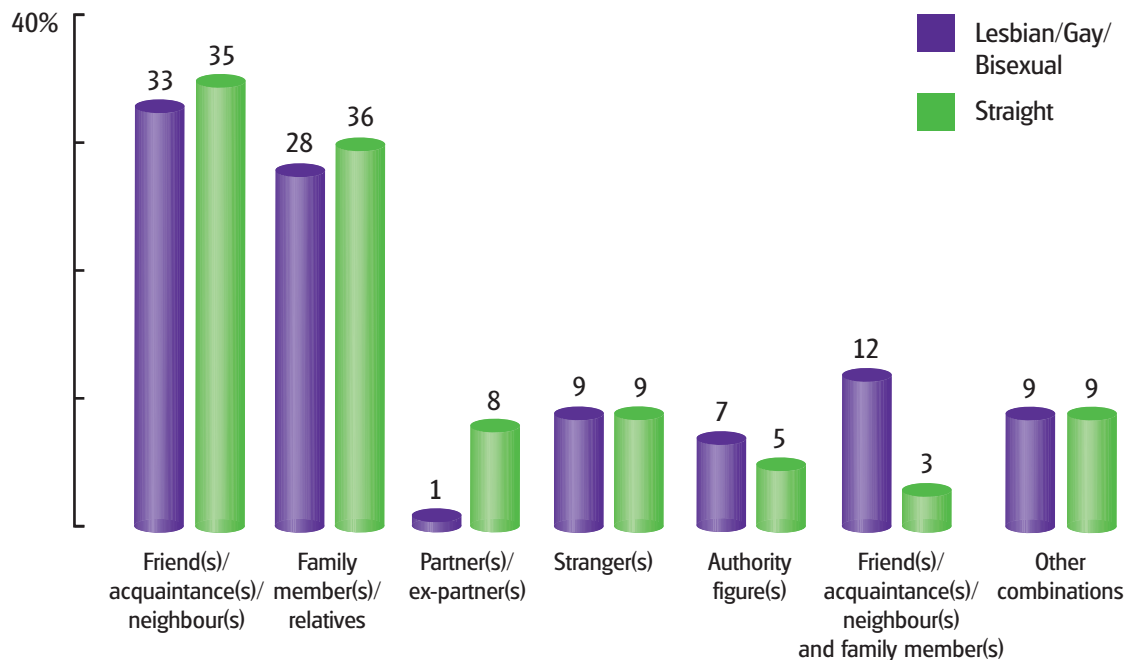
Graph 11: Gender of perpetrator by sexual orientation of survivor (%) n = 2,083



Relationship of perpetrator to survivor

There were no statistically significant differences between the relationship of the survivor and perpetrator when differentiated by sexual orientation of survivor. While research has found that vulnerability to sexual violence is more pronounced for LGB people, the relationship between survivors of all sexual orientations and perpetrators remain somewhat the same (Stoddard, Joel P. et al, 2009; Balsam, Kimberly F., 2005). The most common relationships for all survivors were within the survivors' circles of trust and included friend(s)/acquaintance(s)/neighbour(s) and family member(s)/relative(s). The patterns in which these perpetrators targeted particular age groups of survivors is the same for survivors of all sexual orientations. Those abused when under the age of 13 were most commonly subjected to the abuse by a family member. From the age of 13 onwards we see an increase in disclosures of sexual violence being perpetrated by friend(s)/acquaintance(s)/neighbour(s).

Graph 12: Relationship to perpetrator by sexual orientation of survivor (%) n = 2,061

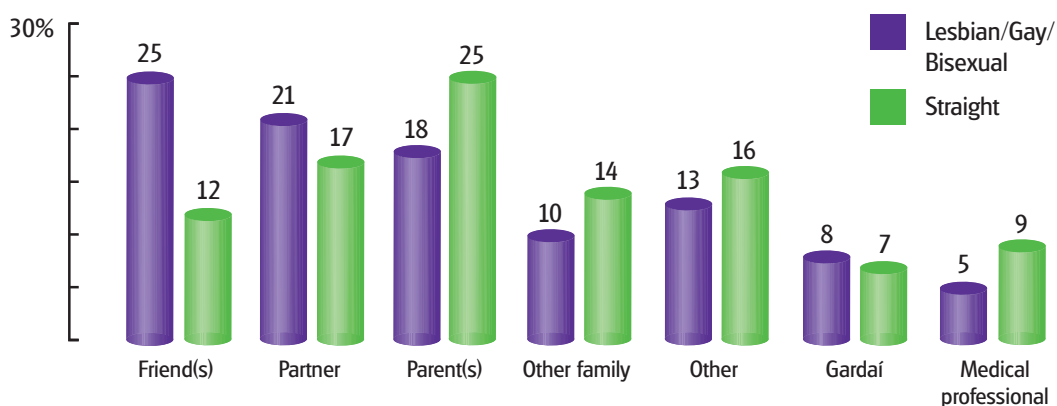


Disclosing and reporting the sexual violence

Telling someone for the first time

For 13% of LGB survivors, RCC personnel were the first people they ever disclosed their experience of sexual violence to. This figure was not significantly higher than heterosexual survivors (9%). For the 87% of LGB survivors who disclosed the sexual violence to somebody else before attending the RCC, friends were the most common point of disclosure (25%), followed by partners (21%) and parents (18%). The largest difference between LGB survivors and heterosexual survivors we can see in terms of disclosure is in the high level of trust placed in friends. This finding correlates with that in *The Coral Project: Exploring Abusive Behaviours in Lesbian, Gay, Bisexual and/or Transgender Relationships* (Donovan et al., 2014).

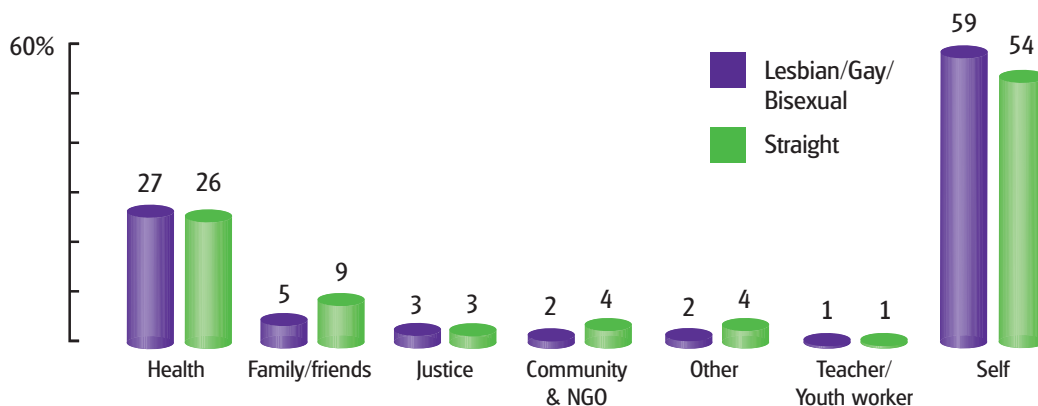
Graph 13: Who survivors told about the sexual violence by sexual orientation of survivor (%) n = 1,948



Referrals

There were no major differences in referral pathways to RCCs for LGB survivors and heterosexual survivors. The majority of both groups self-referred (59% of LGB and 54% of heterosexual). Referrals from health professionals accounted for the largest amount of referrals from other sources (27% of LGB and 26% heterosexual).

Graph 14: Who referred survivors to RCCs by sexual orientation of survivors (%) n = 2,143

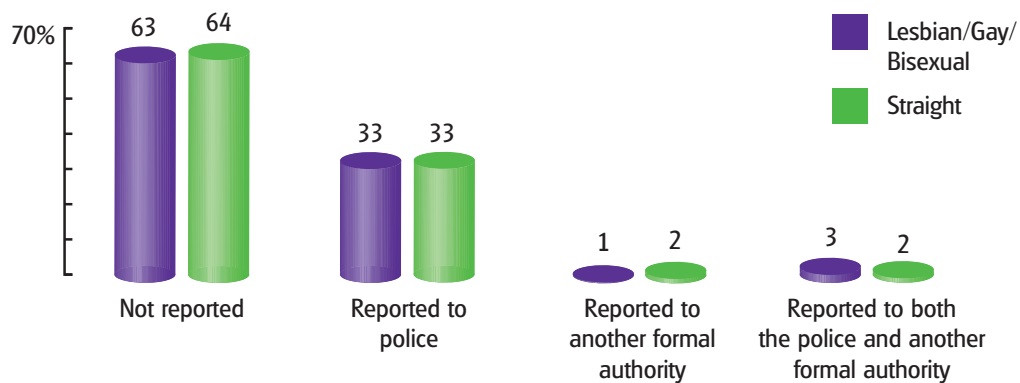


Reporting to a formal authority

Survivors of all sexualities disclosed approximately the same levels of reporting of the sexual violence to the police and other formal authorities (37% of LGB survivors and 36% of heterosexual survivors). The number of survivors attending RCCs who reported to the police or other formal authority is four to six times higher than that found in SAVI, where 8% of survivors of child sexual violence and 6% of survivors of adult sexual violence reported to the police (McGee et al, 2001).

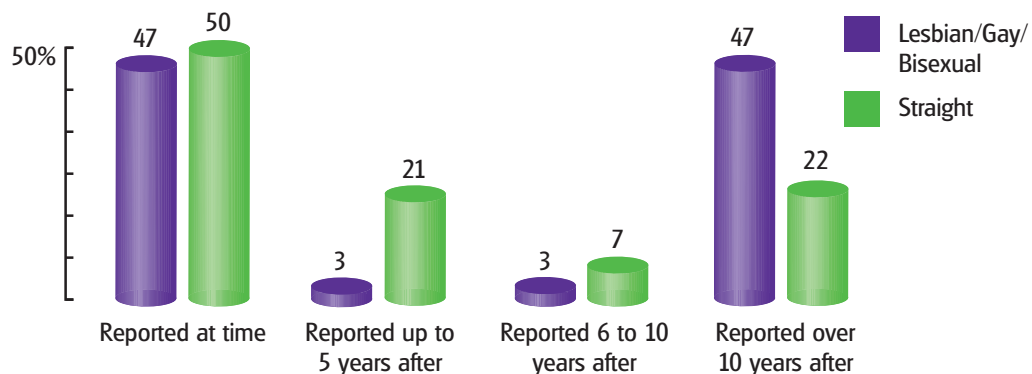
As the Rape & Justice in Ireland (RAJI) report highlights, non-reporting of sexual violence has a number of negative consequences for the survivor and society; survivors may not be able to access the support services they need, offenders are not held to account, and information about the violence and its impact on the survivor is not collected (Hanly et al, 2009). RCNI data collection provides information on the two thirds of survivors who do not report to any formal authority and are, therefore not included in any other formal statistics or records. This data offers a unique space for the examination and analysis of the details of the nature of violence and the impact on the survivor which is not available elsewhere.

Graph 15: Reporting the sexual violence to a formal authority by sexual orientation of survivor (%) n = 2,151



Although, similar proportions of LGB and heterosexual survivors reported the abuse to a formal authority. There are significant differences in how long after the abuse took place that they reported. While 47% of LGB survivors and 49% of heterosexual survivors reported the sexual violence at the time, a further 47% of LGB survivors waited over ten years to report the abuse compared with 21% of heterosexual survivors who took the same length of time to report.

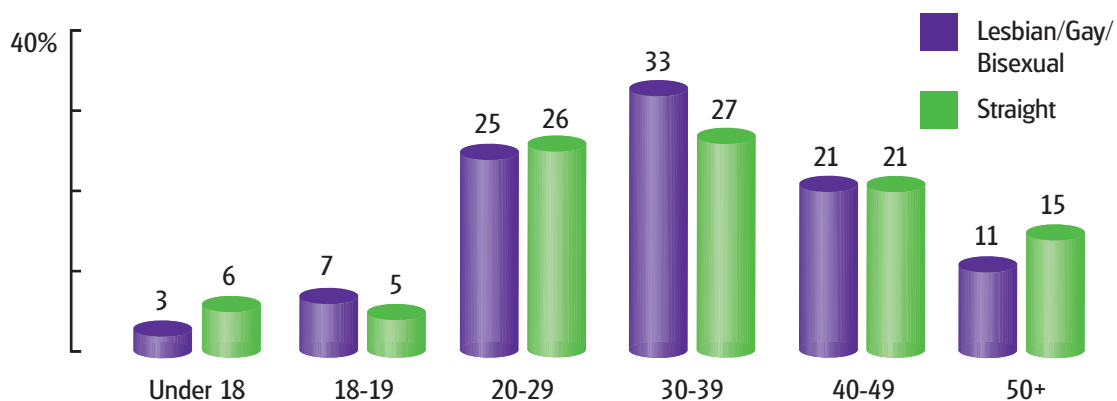
Graph 16: Time of reporting to a formal authority by sexual orientation of survivor (%) n = 767



Age of survivors

There was no major difference in the ages of LGB and heterosexual survivors attending RCCs. There was a slightly higher number of LGB survivors between the ages of 30 to 39 compared with heterosexual survivors (33% compared with 27%). This age category was the highest for survivors of all sexual orientations and is reflective of the nature of disclosure and help-seeking behaviour. Survivors of child sexual violence do not attend RCCs until on average 25 years after the violence has been perpetrated. On the other hand, survivors of adult sexual violence usually begin using RCC services approximately ten years after the violence has been perpetrated. Personal accounts from survivors identify their decision to begin attending a RCC as related to significant life changes, for example the death of a family member, death of the perpetrator or the birth of a child.

Graph 17: Current age by sexual orientation of survivor (%) n = 2,063



Counselling may be ended for a number of reasons. Of concern is that a change in the location of residence was the most common reason cited for ending counselling/support for a client (32%). Limited time sessions, client no show and a joint decision between counsellor and client were equally common reasons for completion of counselling/support (18% each), while client's sole decision was somewhat less common (15%). Limited time sessions are when clients are offered a restricted number of counselling/support appointments, usually due to resource limitations in RCCs.

Pregnancy

A small number of LB females became pregnant as a result of the sexual violence. All of these disclosed that they terminated the pregnancy. RCNI and RCCs operate from a survivor-centred approach and support survivors in their reproductive choices.

Disability

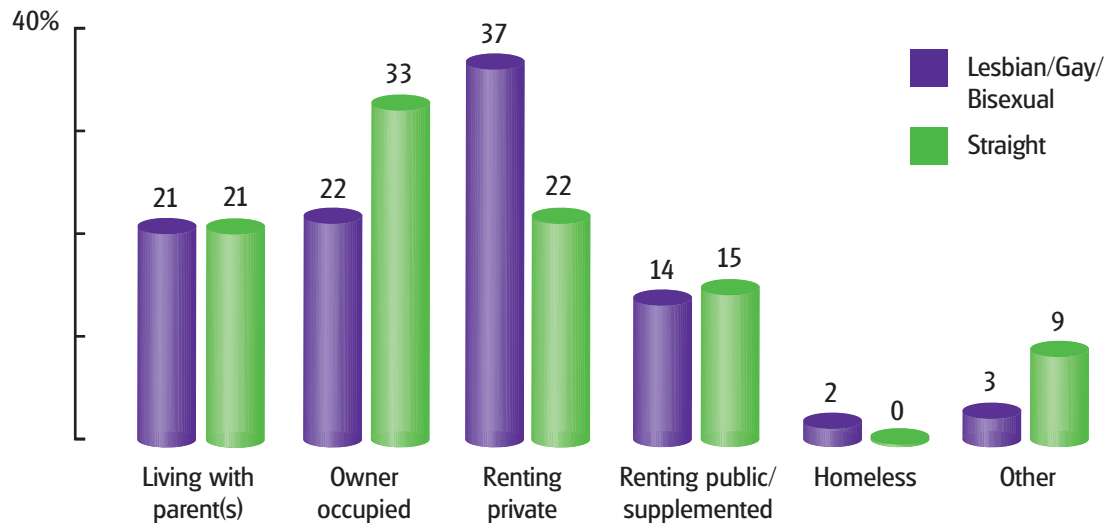
There were no significant differences in levels of disabilities between LGB survivors and heterosexual survivors attending RCCs. Ten percent of LGB survivors had a disability. Disabilities among LGB survivors included chronic illness, deaf/hearing impairment, physical disability, learning disability, and visual impairment/blind.



Housing

Of those attending RCCs, LGB survivors were more likely than heterosexual survivors to live in private rented accommodation (35% compared with 22%), whereas heterosexual survivors were more likely to own their own homes than LGB survivors (33% compared with 22%).

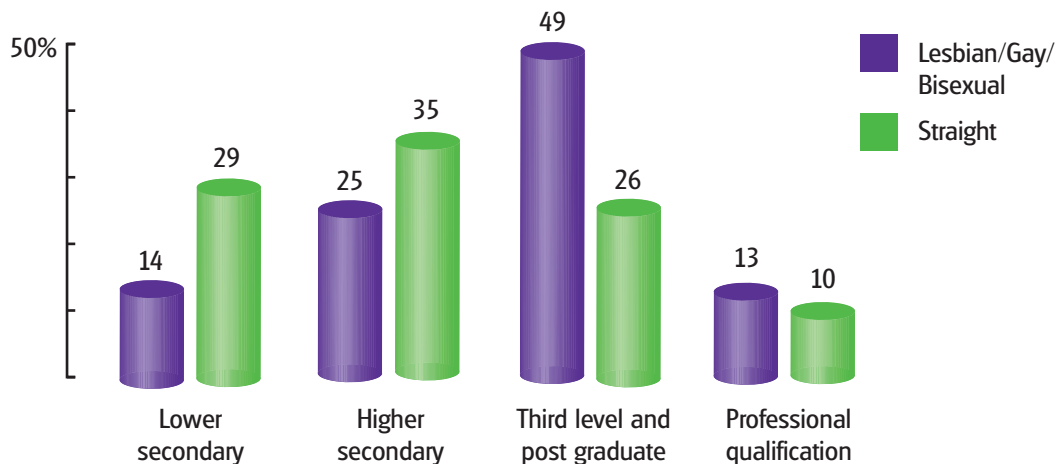
Graph 18: Housing type by sexual orientation of survivor (%) n = 2,063



Education

LGB survivors attending RCCs had higher levels of educational attainment than heterosexual survivors. Over one third of LGB survivors had a third level qualification (36%) compared with one fifth of heterosexual survivors (20%). Furthermore, 23% of heterosexual survivors disclosed that their highest level of education was lower secondary compared with 13% of LGB survivors. Additionally, 33% of heterosexual survivors told RCCs that their highest level of education was upper secondary compared with 24% of LGB survivors.

Graph 19: Over age 18 survivor's level of education by sexual orientation (%) n = 1,908



Findings

1. In 2013, 88 survivors (4%) of sexual violence attending 15 RCCs for counselling and support identified as lesbian, gay or bisexual (LGB).
2. LGB survivors disclosed higher levels of multiple incidents of sexual violence than heterosexual survivors.
3. LB females disclosed lower levels of rape than heterosexual females (43% compared with 54%) and slightly higher levels of sexual assault (39% compared with 35%) and other forms of sexual violence (18% compared with 11%) than heterosexual females.
4. GB males disclosed almost twice the levels of rape of heterosexual males (63% compared to 34%) and lower levels of sexual assault than heterosexual males (29% compared with 55%).
5. LGB survivors attending RCCs disclosed lower levels of sexual violence perpetrated solely by males compared with heterosexual survivors (88% compared with 97%). Instead, we see slightly higher levels of abuse perpetrated against LGB survivors by both males and females perpetrating together (8%) and females solely perpetrating on their own or with other females (4%).
6. LB female survivors disclosed higher rates of abuse by male and female perpetrators abusing together (10%) than heterosexual females (2%).
7. 47% of LGB survivors waited over ten years to report the abuse compared with 21% of heterosexual survivors who took the same length of time to report.
8. The largest difference between LGB survivors and heterosexual survivors we can see in terms of disclosure is in the high level of trust placed in friends (25% compared with 12%).
9. A small number of LB females became pregnant as a result of the sexual violence. All of these disclosed that they terminated the pregnancy.



Recommendations and Conclusions

1. RCNI recommend measures to support awareness raising of sexual violence against LGBT individuals in ways that engage with and are led by members of the LGBT community.
2. RCNI recommend increased awareness among the transgender community of sexual violence and the availability of RCCs service to support Trans survivors.
3. We recommend further research in isolation, barriers to disclosure and appropriate responses be prioritised in order to enhance understand of LGBT vulnerabilities and intersectionality.
4. RCNI recommend enhanced interagency cooperation, supported and resourced, between specialist sexual violence and LGBT organisations to enhance learning, skills and LGBT responsive needs-led services.
5. RCNI recommend partnership initiatives to ensure the visibility of those services to LGBT people alongside measures to build trust in these confidential services.
6. RCNI recommend the development of an online resource for people and practitioners who are first responders or are providing information and guidance on LGBT sexual violence.
7. The RCNI believe the introduction of hate crime legislation in Ireland would improve protections for groups such as LGBT people and would encourage reporting among LGBT people of sexual violence motivated by homophobia, biphobia or transphobia.
8. RCNI recommend LGBT proofing of sexual violence legislation including sex offender legislation.
9. RCNI recommend research and partnership towards understanding the needs of intersex survivors of sexual violence.





The information in this report is compiled from the data entered by 15 Rape Crisis Centres around Ireland in 2013.

The data represents all people using these RCCs for counselling and support services in 2013. It represents only these people and cannot be used to make assumptions about the overall incidence or nature of sexual violence in Ireland. RCNI and RCCs do not have all information on the sexual violence experienced by these survivors, as some information is not always available. For this reason, the n values vary between graphs. The analysis used in this report is compiled using two distinct base figures, that of 'person-related' figures and 'incident-related' figures.

'Person-related' figures

Information inputted into the RCNI National Data, Knowledge and Information system is subject to layers of anonymization including unique numeric identifiers for each RCC service user. Demographic information and service user characteristics entered include information such as age, country of origin, legal status, disability, etc. The totals provided in tables and analysis relating to these characteristics refers to the total number of people.

'Incident-related' figures

This information relates to each incident or episode of sexual violence. Some survivors using RCC services have experienced more than one incident of sexual violence. An incident is not necessarily a once-off act of sexual violence. Instead, it identifies if the sexual violence was connected by the same perpetrator acting alone or a specific group of perpetrators acting together. An incident of sexual violence may last hours, days, weeks, months or years. The RCNI Database collects data on survivors' abuse details by incident because it is the internationally recognised best practice standard (Department of Health and Human Services, USA, 2009). For each service user, data is input about each incident of sexual violence and the perpetrators of sexual violence. It is clearly indicated when any tables and analysis in this report refer to incidents of sexual violence.



Index of Terms

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

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

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

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

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

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

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

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

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

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

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

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

Other housing types: Caravan/mobile home, Disability service, Homeless, Other institution, Prison, Refuge, Other.

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

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

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

Perpetrator: A person who has committed a sexual offence.

Physical violence: Attempts to kill, Imprisonment, Neglect, Physical abuse, Prostitution, Trafficking.

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



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

RCC: Rape Crisis Centre.

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

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

Sexual Assault: An assault, i.e.: touching or 'reasonable apprehension' of touching without consent, in circumstances of indecency, formally called indecent assault. Sexual assault is without any penetration of the mouth, vagina or anus. In this report sexual assault also includes aggravated sexual assault which involves added serious violence, grave injury, degradation, humiliation or the threat of serious violence.

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

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

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

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

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

Stranger: Somebody that the survivor has never met before.

Supporter: Someone who is supporting a survivor of sexual violence.

Survivor: Someone who has experienced sexual violence.



Bibliography

- Andersen, J. and Blosnich, J. (2013) "Disparities in Adverse Childhood Experiences among Sexual Minority and Heterosexual Adults: Results from a Multi-State Probability-Based Sample", *PLOS ONE*, Vol. 8, Issue 1.
- Balsam, K., Rothblum, E. and Beauchaine, T. (2005) "Victimization Over the Life Span: A Comparison of Lesbian, Gay, Bisexual, and Heterosexual Siblings", *Journal of Consulting and Clinical Psychology*, Vol. 73, No. 3, 477–487.
- Basile K.C., Smith S.G., Breiding M.J., Black M.C. and Mahendra R.R. (2014) *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements*, Version 2.0. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at: http://www.cdc.gov/violenceprevention/pdf/SV_Surveillance_Definitions-2009-a.pdf
- Donovan, C. (2007) *Comparing Love and Domestic Violence in Heterosexual and Same Sex Relationships*, ESRC End of Award Report. Available at: <http://www.researchcatalogue.esrc.ac.uk/grants/RES-000-23-0650/outputs/read/2192812e-680a-44cb-8387-09fb10c3fb83>
- Donovan, C., Barnes, R. and Nixon, C. (2014) *The Coral Project: Exploring Abusive Behaviours in Lesbian, Gay, Bisexual and/or Transgender Relationships Interim Report*, University of Sunderland and University of Leicester. Available at: <http://www.ccrm.org.uk/images/docs/2.3a%20coral%20project%20interim%20report%20sept%202014.pdf>
- Friedman, M., Marshal, M., Guadamuz T., Wei C., Wong C., Saewyc E. and Stall R. (2011) "A Meta-Analysis of Disparities in Childhood Sexual Abuse, Parental Physical Abuse, and Peer Victimization Among Sexual Minority and Sexual Nonminority Individuals", *American Journal of Public Health*, Vol 101, No. 8.
- GLEN (2016) *The LGBT Ireland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland*. Dublin: GLEN and BeLonG. Available at: http://www.glen.ie/attachments/The_LGBTIreland_Report.pdf
- Hanly, C., Healy, D., and Scriver, S. (2009) *Rape & Justice in Ireland, A National Study of Survivor, Prosecutor and Court Responses to Rape*. The Liffey Press.
- McGee, H., Garavan, R., de Barra, M., Byrne, J. and Conroy, R. (2002) *The SAVI Report: Sexual Abuse and Violence in Ireland*. The Liffey Press in association with Dublin Rape Crisis Centre.
- Rape Crisis Network Ireland (2014 (1)) *Hearing child survivors of sexual violence, Towards a national response*. RCNI. Available at: <http://www.rcni.ie/wp-content/uploads/Hearing-Child-Survivors-of-Sexual-Violence-2013.pdf>
- Rape Crisis Network Ireland (2014 (2)) *National Rape Crisis Statistics 2014*. RCNI. Available at: <http://www.rcni.ie/wp-content/uploads/RCNI-National-Stats-2014.pdf>
- Rothman, E., Exner D. and Baughman A. (2011) "The Prevalence of Sexual Assault Against People Who Identify as Gay, Lesbian, or Bisexual in the United States: A Systematic Review", *Trauma, Violence and Abuse*, Vol. 12, No. 2, pp. 55–66.
- Stoddard, J., Dibble S. and Fineman N. (2009) "Sexual and Physical Abuse: A Comparison Between Lesbians and Their Heterosexual Sisters", *Journal of Homosexuality*, Vol. 56 No. 4, pp. 407–420.
- Transgender Equality Network Ireland (TENI), (2013) "Speaking from the Margins Trans Mental Health and Wellbeing in Ireland", *TENI*. Available at: <http://www.teni.ie/attachments/5bdd0cd5-16b6-4ab6-9ee6-a693b37fdbcf.PDF>
- Wilsnacka S., Kristjansona A., Hughesb T. and Benson P. (2012) "Characteristics of childhood sexual abuse in lesbians and heterosexual Women", *Child Abuse & Neglect*, Vol. 36, pp. 260–265.



Notes

A series of horizontal dotted lines for taking notes.







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iPhone App



Android App

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