



RAPE CRISIS  
NETWORK  
IRELAND

RCNI  
Rape Crisis Statistics  
and Annual Report  
2015



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The software development company who have donated approximately €500,000 of free resources to creating and maintaining the RCNI data collection system.

Data Collection Officers in Rape Crisis Centres who take responsibility for ensuring high quality data collection in their RCCs.

Although every precaution has been taken in the preparation of this resource, the publisher and author assume no responsibility for errors or omissions. Neither is any liability assumed for damages resulting from the use of this information contained herein.



## Chairperson's Introduction

**In reviewing 2015, I'm struck by the fact that it was one of the most testing years in the history of RCNI, with the departure of our founder and our data manager and the uncertainty about the future of the data collection system, to name just some of the challenges we faced.**



In losing Fiona and Elaine we have lost not just two incredibly dedicated staff members, but also their knowledge, experience, expertise and passion.

I am also struck by the volume and quality of the work completed by the staff team under extremely difficult and trying conditions. Cliona Saidlear stepped into the breach and has not only fulfilled the Board's faith in her but exceeded all our expectations, guiding the agency through a turbulent year while never losing sight of the survivors who remain at the heart of all we do.

I would like to sincerely thank every member of the team for their commitment, enthusiasm and sheer bloody-minded perseverance! I would also like to thank the members of the Board for their loyal and steadfast support, which has been of enormous benefit to me in my time as Chair.

The role RCNI fulfils is as essential now as it ever has been, both as a voice for survivors at national level and as a watchdog to protect their interests in a rapidly changing landscape.

A handwritten signature in black ink, appearing to read 'Anne Scully', written in a cursive style.

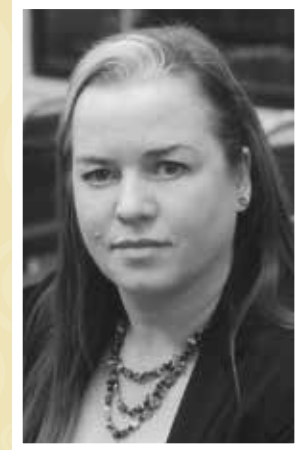
**Anne Scully**  
RCNI Chairperson





## Executive Director's Foreword

**RCNI's unique role in advocating for better responses for survivors and working towards prevention remained as relevant in 2015 as ever. The context in 2015 was of the continued pervasiveness and impact of sexual violence, new legal footing for victims' rights and with a new national planning structure for responses to survivors continuing to develop.**



However, 2015 was, by any measure, a year of significant change for the organisation. With a cumulative 70% cut to our funding taking effect and with the complete withdrawal of all our core funding from Tusla, there were significant impacts on the team and the capacity of the RCNI. Changes to the staff team included saying goodbye to our founder and long-time executive director Fiona Neary and our data manager, Elaine Mears, who has sat at the helm of one of our flagship programmes for a number of years. With them went a considerable wealth of specialist knowledge and organisational memory as well as their individual enthusiasm and commitment. The RCNI is grateful to them for their continued input and support.

The RCNI board are to be commended for their vision, insight and stamina. As the executive officer of the organisation a strong and knowledgeable board with its depth of rape crisis expertise carrying the best of the sector's principals, tradition and ethos, with near to a 100 years of rape crisis activism and leadership between them, was vital. I would like to personally thank them for the task they set me, the standards they upheld and their support throughout.

In 2015, with the continued support from the Department of Justice and Equality, Pobal and the Commission for the Support of Victims of Crime we continued to support and lead policy and legislative development. RCNI engaged on the Criminal Law (Sexual Offences), Criminal Procedures and Criminal Justice (Victims of Crime) Bill for the EU Directive. In addition in 2015 we made submissions on cyber harassment and alcohol harm.

RCNI provided training for the sector to support RCCs meeting responsibilities under legislation and policy. Ongoing work with An Garda Síochána and interagency work on SATUs continued in particular on storage of evidence.

RCNI administered the Commission for the Support of Victims of Crime, RCNI Court and Garda Accompaniment programme nationwide. RCNI also continued to provide Garda vetting support for the sector.

We engaged in training and education programmes including the development of a new RCC bystander programme and the rollout of the Real U Train the Trainer programme with partner national youth organisation Foróige. We continued to partner with NUIG in the collaborative programmes developing evidence based responses to sexual violence in 3rd level institutions and the work to engage them across the third level sector in Ireland.

In 2015 RCNI, having a longstanding commitment to national planning towards ensuring equity of services and supports to all survivors, engaged extensively on the issue of the relationship between the new agency Tusla and the Rape Crisis sector.

We sought to provide a range of analysis to centres, their boards and to Tusla itself and at times to government regarding capacity, opportunity, legal, policy and data protection responsibilities, gaps and risks. RCNI provided the sector with independent legal advice and engaging the Office of the Data Protection Commissioner in their role and responsibility in upholding the rights of the survivors accessing RCCs. RCNI also engaged and supported stakeholders as to the difficulties arising from the universal contract being proposed by Tusla. We would like to thank the generosity and good will of the many professionals who made their expertise available to us in 2015.

Our aim was to have a national response that would ensure survivor safety, Ireland's achievement of compliance with international obligations and for RCCs to have the necessary autonomy and capacity to continue to provide the highest standards of survivor led care and leadership in their communities. Unfortunately, Tusla's team on DSGBV was not in place for the duration of 2015 and at no point in 2015 did any government Minister meet us regarding issues we sought to raise.

The support and empowerment of survivors that RCCs seek to promote is dependent on organisations that have the resources and capacity to learn, innovate, and build evidence and accountability to the highest standards of service development and governance. We were conscious that with the reduction in RCNI capacity we could no longer provide supports to the sector in this regard. Tusla supplied no business capacity to the sector to replace the centralised network through which to develop up to date policy and guidance.

This was a considerable gap which we continued to advocate should be urgently addressed so that the development of the sector in terms of shared standards, best practice, good governance and transparency, to date driven by the sector itself, did not regress.

At the start of 2015 Tusla instructed centres that they might cease inputting data into the gold standard RCNI system although no replacement was provided or indeed could be legally provided by the agency. The RCNI system is a globally innovative and best practice system into which 94% of all rape crisis survivors' data had at one point been input. RCNI, therefore, as leaders in this area, both highly valuing the capacity of data to provide an evidence platform for survivors' experiences and understanding that the RCNI could not be replaced by a system external to the sector, made the decision to use reserves to keep operational the specialist data collection system for the sector. This statistical report is testimony to the combined commitment of the membership of the RCNI to continue to work collaboratively and collectively in the best interest of survivors.

As part of our work on data in 2015 RCNI launched the 2014 National Rape Crisis Statistics, engaging with EIGE to support best practice across Europe in this specialist area.

Tusla continued to draw on the RCNI data system output for essential administrative data gathering. RCNI advised stakeholders on methodological issues when Tusla engaged in its first attempt to gather data from the sector. RCNI continued to be committed to facilitating this unique evidence base but were also acutely aware that this can only happen in a context of resourced data protection of the data that constitutes the lives of often vulnerable people.

Data collection simply cannot happen in this area without robust data protection. RCNI worked throughout the year to foster a growing understanding of our data protection obligations and practices amongst participating and engaged RCCs and with Tusla.

RCNI undertook a strategic reframing exercise which involved consultation with external allies, members, stakeholders and the board. This exercise clarified the RCNI's aims, vision and remit in this new context. Our core commitment to advocate for survivors and for the prevention of sexual violence remained consistent.



A handwritten signature in black ink.

**Cliona Saidléar, PhD**  
Executive Director





# RCNI Research

**RCNI have coordinated the collection of information from service users attending RCCs for over 10 years. We have used this data to produce a multitude of different research reports, academic articles, policy papers, briefings and submissions, and worked with academic institutions, PhD students, independent researchers and many different organisations to develop our research further.**

This research and data collection has provided the necessary evidence-base to create improvements in legislation, policies and practices nationally regarding sexual violence. RCNI research and data collection has formed the basis of social and cultural changes by informing and impacting public attitudes to sexual violence and understanding of the issue. We now have a highly developed and internationally recognised and safe data collection system which continues to give a powerful voice to survivor experiences, to influence legal, policy, social and cultural change, and offers an evidence-base to support national planning to continue the provision of needs-led and adaptive services to those affected by sexual violence.







**Endorsements:**

*“The continuing rationale for the RCNI Database is its relevance and uniqueness in providing the most comprehensive and detailed information on sexual violence in the Irish context. Such administrative data represent excellent value for money, as they not only provide the funding body with complete and accurate information to assess value for money and plan for future service delivery, these data represent the most comprehensive research resource on sexual violence in Ireland as it relates to this population of sexual violence service users.”*

**Dr Maureen Lyons, Research Manager, School of Social Justice, Equality Studies Centre, UCD**



*“RCNI National Rape Crisis Statistics are a vital resource to researchers, practitioners, and policy makers in our collective efforts to end sexual violence against women, men and children. The national data organised by RCNI is critical because it provides the kind of information necessary for long-term planning and evaluation.”*

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



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

**Survivor**

## Headline Statistics 2015

**13,208** Helpline contacts (Page 11)

**1,384** people took up counselling and support (Page 13)

**15,192** appointments for counselling and support (Page 13)

**180** people accompanied (Page 12)

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**31%** of all helpline calls were for information from members of the community and professionals seeking expert advice (Page 11)

**85%** of perpetrators known to the victims (Page 19)

**19%** of adults experienced stranger rape, only 1% of child survivors under 13 (Page 18)

**17%** experienced multiple incidents (Page 4)

**7%** of survivors experienced incidents of both child and adult sexual violence (Page 13)

**24%** pregnant following rape accessed abortion (n 46) (Page 24)

**9%** (104) survivors attending RCCs were under the age of 18 (Page 24)

**15%** of child sexual violence perpetrators were under 18 (Page 19)

**35%** reported to the Gardaí or other formal authority (Page 21)

**69%** felt Gardaí treated them in a sensitive manner (Page 22)

**33%** said Gardaí did not maintain ongoing contact (Page 23)





## About RCNI

Rape Crisis Network Ireland (RCNI) is an independent and specialist information and resource institute and advocacy body on rape and all forms of sexual violence.

RCNI objectives are to promote the healing, protection, vindication and empowerment of survivors of sexual violence by supporting a better understanding and supportive norms and responses in targeted agencies, professions and across the whole of society through advocacy and the development and dissemination of evidence based knowledge, analysis and best practice. To promote the prevention of sexual violence through the development, facilitation and promotion of proven and evidence based initiatives towards whole of society transformation.

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, specialist court and Garda accompaniment training and support for the sexual violence services sector, using our expertise to influence progressive and appropriate national policy and social change, and supporting and facilitating multi-agency partnerships. We are also the representative, umbrella body for our member Rape Crisis Centres who provide free advice, counselling and support for survivors of sexual violence in Ireland.

The RCNI role delivers on Rape Crisis Centre commitment to survivors' voices being heard at a strategic national level and towards driving a progressive response to the issue of sexual violence.

## 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. A core aspect of our work in vindicating survivors' rights and meeting their needs is to work progressively on the issue of sexual violence to prevent such crimes happening in the first place. 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.



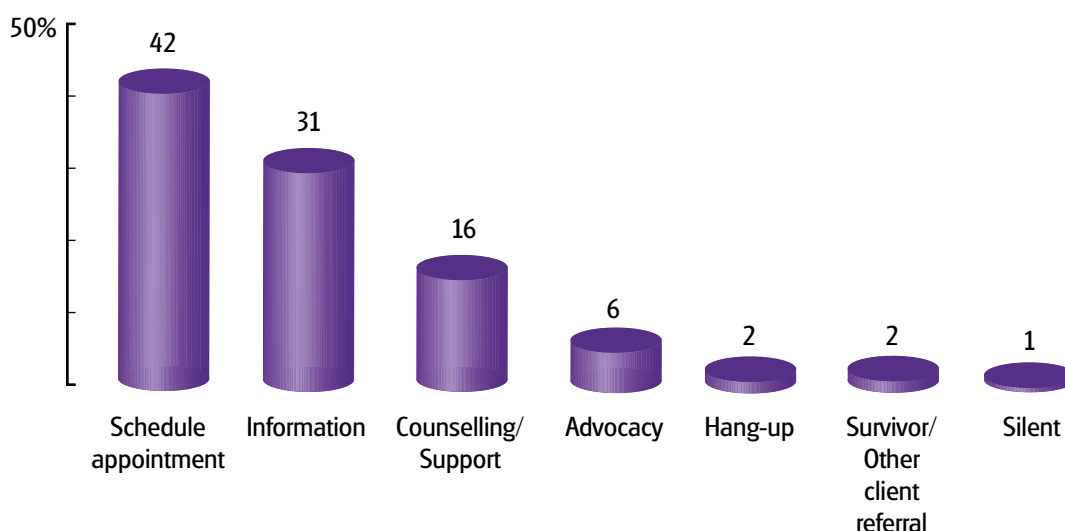


The following information refers to 11 RCCs in Ireland who entered information on people attending their services into the RCNI Data and Knowledge Information System in 2015.

In 2015, 13,208 contacts were made to 11 RCC Helplines throughout Ireland. This is a 1% decrease from 2014 figures for the same 11 centres. In total 818 hours were spent on RCC Helpline calls. Every RCC operates their own Helpline during office hours, offering counselling, support, advocacy and information to a wide range of people through different mediums.

The majority of contacts were voice calls (76%). Texts made up just under one quarter contacts to the Helplines (23%), and a very small minority of contacts were made via email (1%) and letter (less than 1%). Calls ranged from 1 minute up to 1.5 hours. The majority of calls were between 1 minute and 5 minutes.

**Graph 1: Helpline nature of contact (%) n = 13,185**



It is important to note the high level of information calls outside of survivor, advocacy and appointment calls. This is an indication that RCCs are spending 30% of their helpline resources on responding to queries within their communities from a range of agencies, professionals and individuals who are responding to sexual violence and who rely on their local RCC for expert advice, support and guidance. The most common reason for contacting RCC helplines was to schedule an appointment (42%), for information (31%) and for counselling/support (16%). A small number of people also contacted helplines because they had concerns about an abuser (less than 1% so not represented on graph). There were 2 abusive calls and 11 hoax calls.

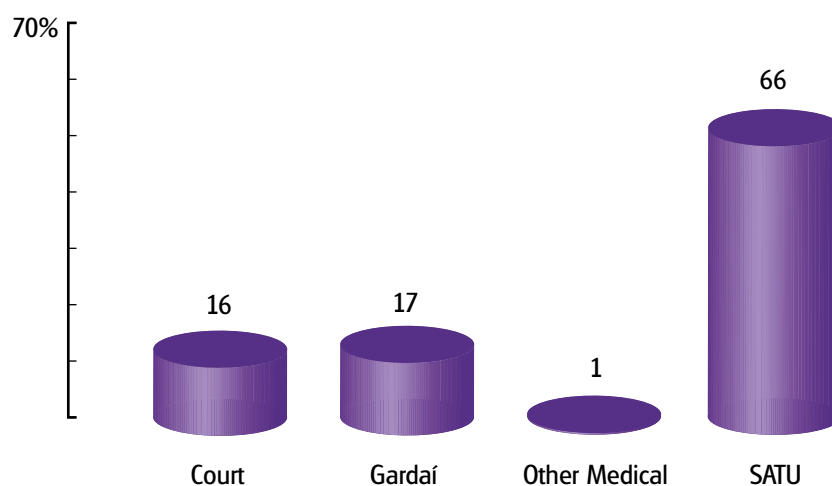


# Accompaniment

The following information refers to 11 RCCs in Ireland who entered information on people attending their services into the RCNI Data and Knowledge Information System.

Under the EU Victims of Crime Directive all survivors have a right to be accompanied. Research indicates that survivors who are accompanied by Rape Crisis advocates receive better treatment and care from the medical and legal systems (Campbell, 2006). This means that not only is survivor healing more effectively supported; it also often means that the survivor is more likely to stay with the court (or other) process. RCNI have been developing, training and administering the specialist national programme of RCC Court and Garda accompaniment supported by the Commission for the Support of Victims of Crime for over a decade.

**Graph 2: Accompaniment type (%) n = 180**



RCCs accompanied 180 people to a range of different services in 2015, including: Sexual Assault Treatment Units (SATUs), Gardaí, court, and other medical facilities. This amounted to 756 hours or 108 days of accompaniment. Most accompaniments lasted half a day, whilst the longest accompaniment lasted 8 days.

The majority of survivors being accompanied were female (88%), while 12% were male. Survivors who were under the age of 18 accounted for 19% of survivors accompanied.

The RCC situated closest to a SATU provides 24 hour accompaniment services for survivors. At any time of the day the survivor is met by a trained RCC staff member or volunteer, and the survivor and anyone who comes to the SATU with her/him can avail of psychological support, crisis intervention and link to longer term support and counselling. RCCs are the only organisations that provide this unique SATU accompaniment support to survivors. RCC staff and volunteers are part of a multi-agency team designed to ensure that a victim of recent rape or sexual assault can access health care, forensic clinical examination and psychological support in one location whenever it is needed. Other members of the multi-agency team are An Garda Síochána, SAFE (Sexual Assault Forensic Examination) Nurses, Medical Doctors and Clinical Nurse Managers.



# Counselling and support

The following information refers to 11 RCCs in Ireland who entered information on people attending their services into the RCNI Data and Knowledge Information System.

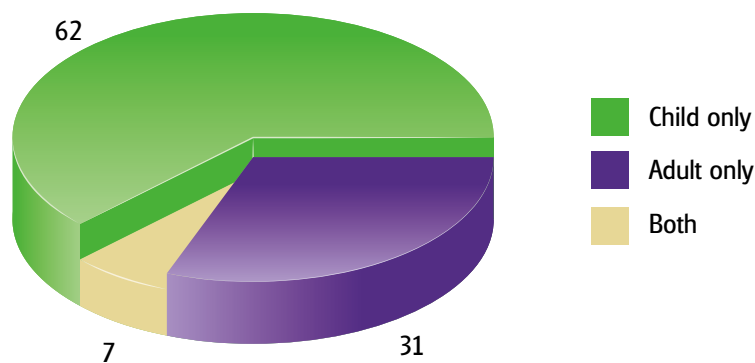
## Sexual violence disclosed to RCCs

In 2015, 1,384 people attended 11 Rape Crisis Centres throughout Ireland for counselling and support. This is a decrease of 3% from 2014 figures. This decrease is likely to reflect decreased resources rather than decreased demand as waiting lists remain active for centres. There were 15,192 appointments for counselling and support in these 11 centres in 2015.

- Almost nine in ten service users were survivors of sexual violence (85%).
- 15% were supporting someone who had been subjected to sexual violence.
- Less than 1% were attending RCCs because they were indirectly affected by the sexual violence (neither a survivor nor supporting someone who was a victim of sexual violence).

## When the sexual violence took place

**Graph 3: When the sexual violence was perpetrated (%) n = 1,124**



Survivors who attended RCCs in 2015 disclosed that:

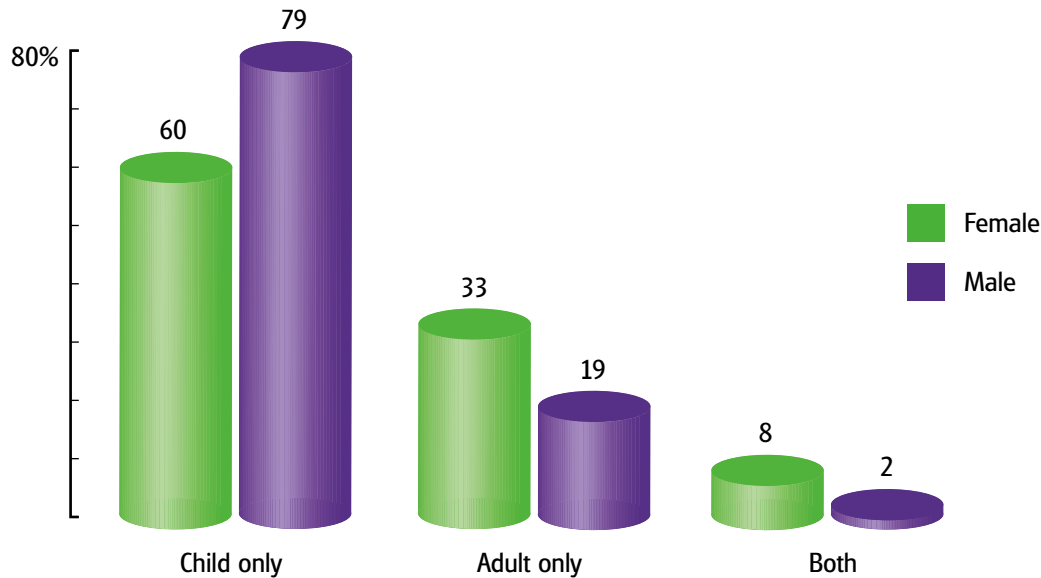
- The majority were subjected to solely child sexual violence (62%),
- One third were subjected to solely adult sexual violence (31%), and
- Approximately one in ten were subjected to sexual violence in both their childhood and their adulthood (7%).



## Gender of survivors

The majority of survivors who attended RCCs in 2014 were female (88%). Male survivors represented 12% of survivors.

**Graph 4: When the sexual violence was perpetrated by gender of survivor (%) n = 1,124**



The majority of female and male survivors attending RCCs in 2015 were subjected to child sexual violence solely (60% of females and 79% of males). RCNI findings concur with Ireland's only prevalence study on sexual violence, where we see that male vulnerability to sexual violence decreases significantly as they age, whereas female vulnerability to sexual violence does not decrease as significantly. Over one third of females (33%) were subjected to sexual violence solely in adulthood compared with 19% of males.

## Incidents of sexual violence

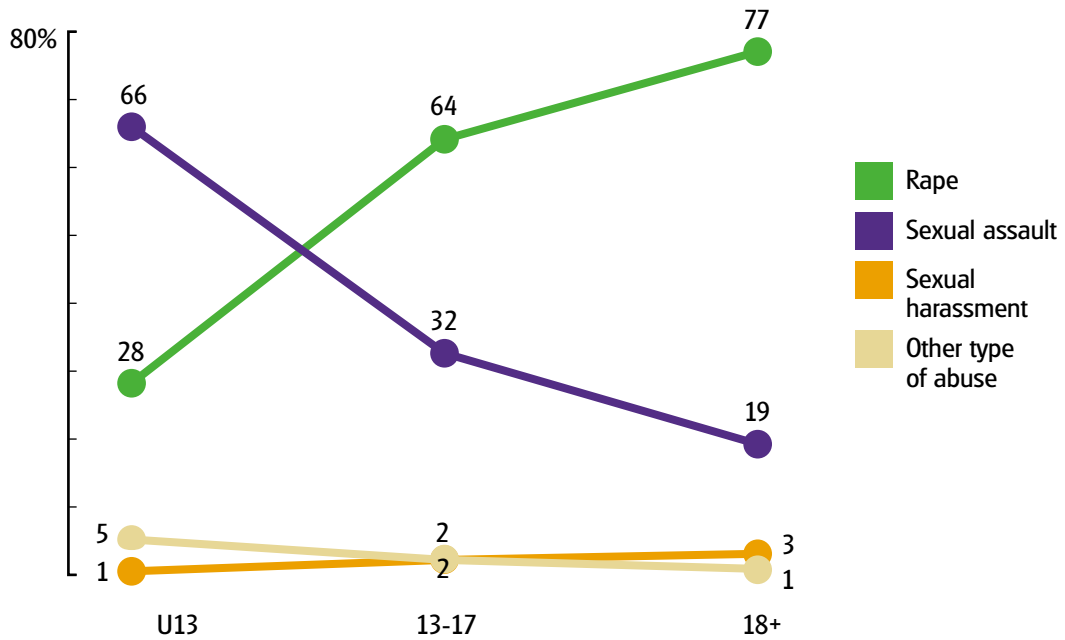
The majority of survivors were subjected to a single incident of sexual violence (83%). This does not necessarily mean that the abuse occurred on just one occasion. It instead tells us that it was the same perpetrator or the same group of perpetrators who abused them on every occasion. Survivors who were subjected to multiple incidents of sexual violence represented 17% of those attending RCCs for counselling and support. The reason sexual violence research uses the term 'incident' is because of the complexity of sexual violence. Many survivors are subjected to abuse by a particular perpetrator over many years. Recording each time they were raped would be impossible as they may have been raped hundreds of times over many years by the same perpetrator. However it is important to note that each rape is a crime and therefore recording by 'incident' necessarily undercounts significantly the number of crimes committed (Sylvia Walby et al, 2016). To make this information as accessible as possible some of the information has been presented relating solely to survivors who were subjected to a single incident of sexual violence and where possible we have included all survivors.



## Type of sexual violence

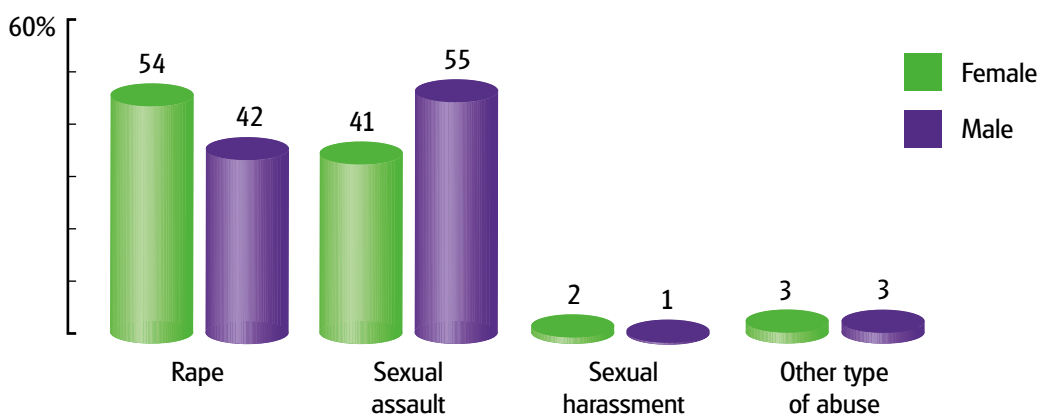
The following information relates to survivors who were subjected to a single incident of sexual violence.

**Graph 5: Type of sexual violence by when the violence took place (%) n = 1,071**



When all the incidents of abuse are examined it can be seen that the type of sexual violence survivors were subjected to varies by the age of the survivor at the time of the abuse. Older survivors were more likely than younger survivors to be subjected to rape (77% of over 18s compared with 28% of U13s). Younger survivors were more likely to be subjected to sexual assault (66% of U13s compared with 19% of those over 18s).

**Graph 6: Type of sexual violence by gender (%) n = 1,079**



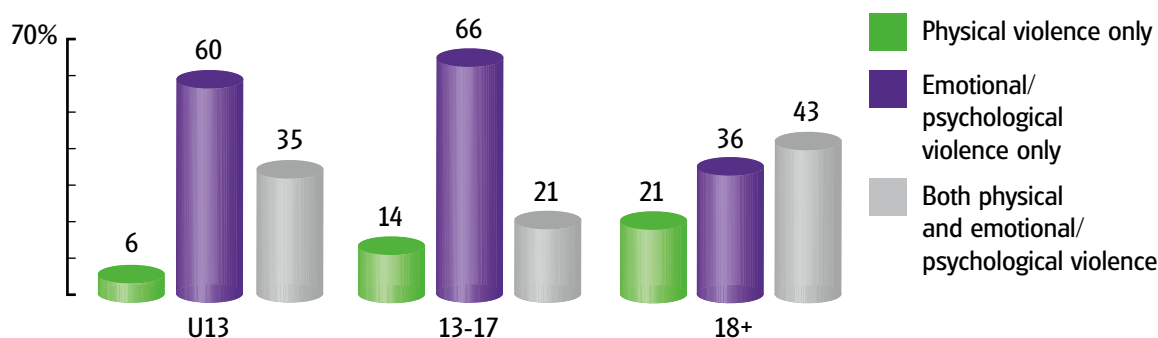
When all the incidents of abuse survivors were subjected to are examined, it can be seen that the gender of the survivor also had an impact on the type of sexual violence they were subjected to. Female survivors were more likely to be subjected to rape as opposed to sexual assault (54% compared with 42%), whereas male survivors were more commonly sexually assaulted by perpetrators (55% of males were sexually assaulted and 41% were raped).



## Additional forms of violence

The following information relates to survivors who were subjected to a single incident of sexual violence. Sexual violence is rarely perpetrated in isolation. It is usually accompanied by other forms of violence. The majority of survivors who attended RCCs in 2015 disclosed that they were subjected to other forms of violence in addition to the sexual violence (64%).

**Graph 7: Additional forms of violence by when the sexual violence took place (%) n = 636**

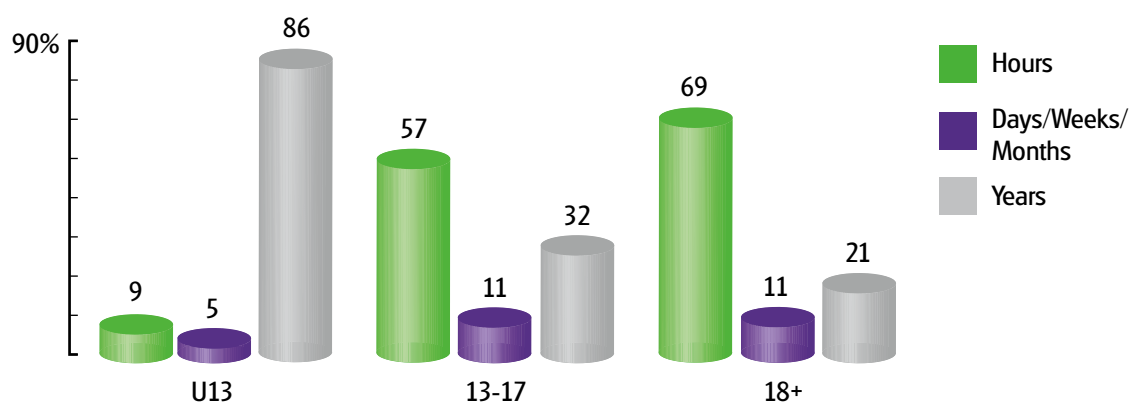


When all incidents disclosed to RCCs are examined the relationship between the age of the survivor at the time of the abuse and the level of other violence perpetrated against them it can be seen that younger survivors are more likely to experience additional forms of violence than older survivors. Survivors of child sexual violence most commonly disclosed that they had been subjected to emotional and psychological abuse in addition to the sexual violence (60% of under 13s and 66% of 13 to 17 year olds). Survivors of adult sexual violence disclosed that they were subjected to approximately the same levels of additional forms of abuse.

## Duration of sexual violence

The following information relates to survivors who were subjected to a single incident of sexual violence.

**Graph 8: Duration of sexual violence by when the violence took place (%) n = 1,070**

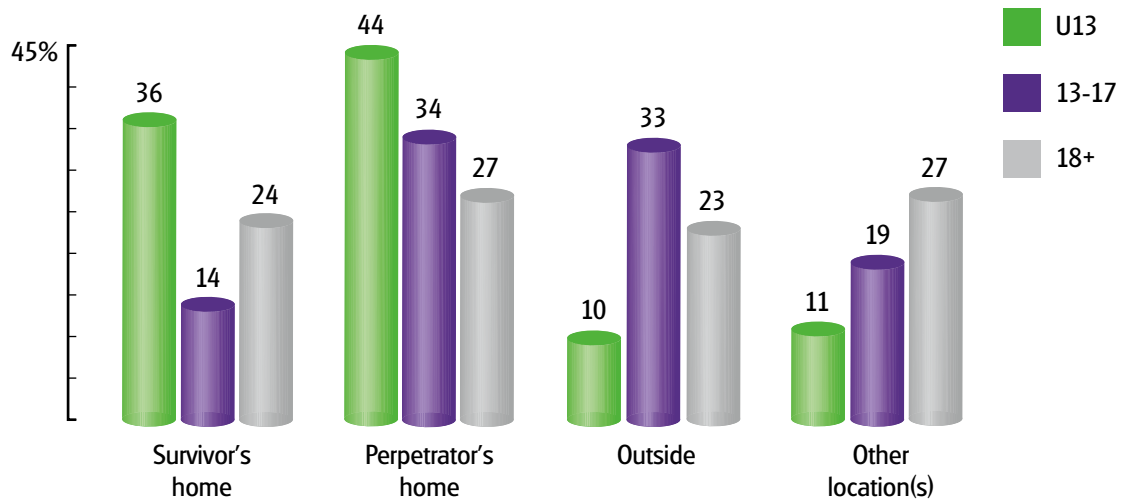


The age of the survivor at the time of abuse is commonly an indicator of the length of time over which the sexual violence is perpetrated against them. When all incidents disclosed to RCCs are examined pertaining to the relationship between the age of the survivor at the time of the abuse there is evidence that the younger the person at the time of perpetration of the sexual violence, the more likely it is that the abuse was perpetrated against them over a number of years (86% of under 13s compared with 32% of those aged 13 to 17). Survivors of adult sexual violence most commonly disclosed that the sexual violence was perpetrated over a number of hours (69%).

## Location of abuse

The following information relates to survivors who were subjected to a single incident of sexual violence.

**Graph 9: Location of sexual violence by when the violence took place (%) n = 1,036**



There are clear correlations between the age of the survivor at the time the sexual violence was perpetrated against them and the location in which the abuse most commonly took place. When all incidents disclosed to RCCs are examined, it is evident that:

- Children under the age of 13 most commonly disclosed that the abuse took place within the abuser's homes or within their own homes (44% and 36% respectively).
- There is a shift in trend for those abused between the ages of 13 to 17 where the abuse takes on more of the characteristics associated with sexual violence against adults and less of the characteristics of sexual violence against children under the age of 13. Children between the ages of 13 to 17 most commonly disclosed that the sexual violence was perpetrated against them in the abuser's home, in outside locations and other locations (34%, 33% and 19% respectively).
- Survivors of adult sexual violence most commonly disclosed that the sexual violence was perpetrated against them in other locations, in perpetrators' homes, in other locations, in their own homes or in outside locations (27%, 27% and 24% and 23% respectively).

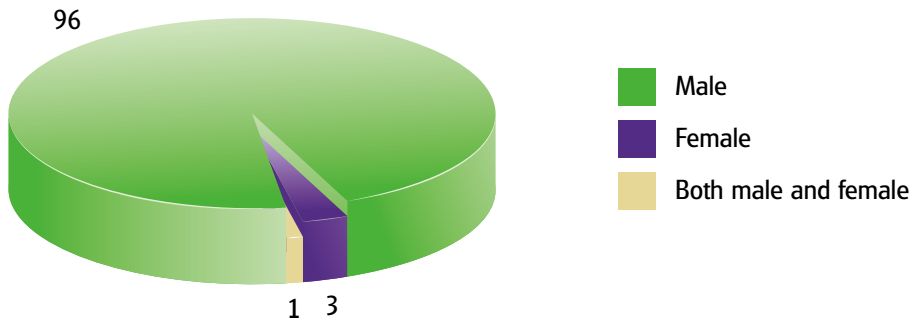


## Perpetrator Information

### Gender of perpetrators

The following information relates to all survivors of sexual violence who attended 11 RCCs in 2015.

**Graph 10: Gender of perpetrators (%) n = 1,136**

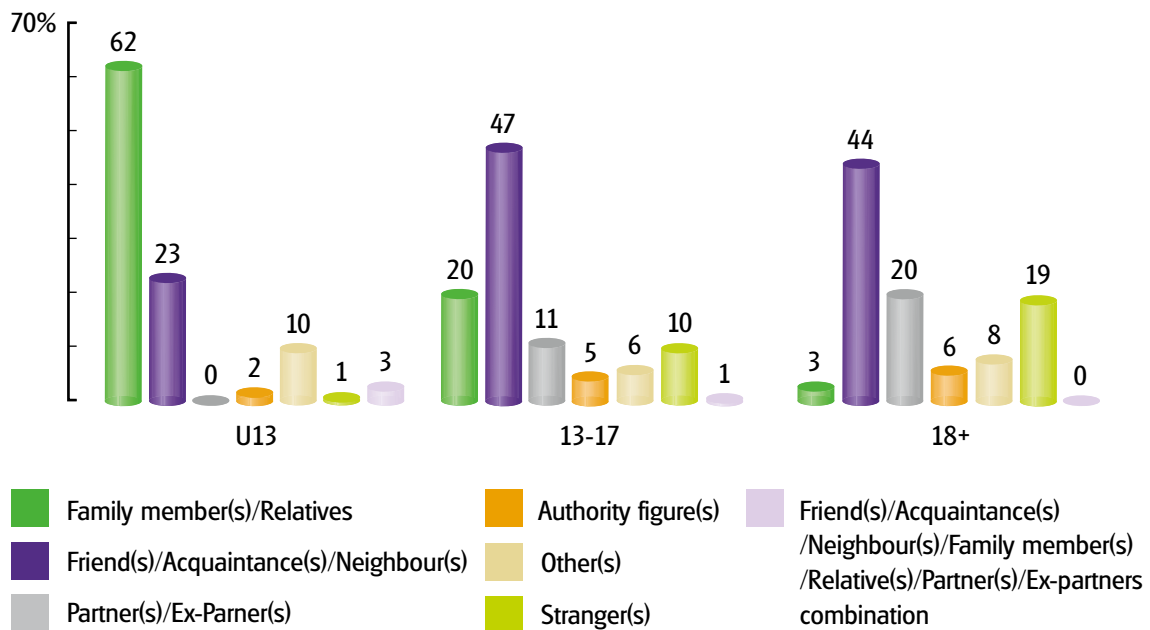


RCNI research findings on perpetrators are in line with the national prevalence study on sexual violence (McGee et al, 2001). The vast majority of perpetrators of sexual violence against female and male victims were males (96%). A small number were combinations of males and females acting together (3%), or females acting alone (2%). This data relates to all survivors who attended 11 RCCs in 2015.

### Relationship of perpetrator to survivor

The following information relates to survivors who were subjected to a single incident of sexual violence.

**Graph 11: Relationship to perpetrator by when the sexual violence took place (%) n = 1,070**





The majority of perpetrators of sexual violence are known to the person they perpetrate the abuse against (85%). A common pattern emerges when all incidents of abuse disclosed to RCCs are examined by survivors relating to the age of the survivor at the time of the violence.

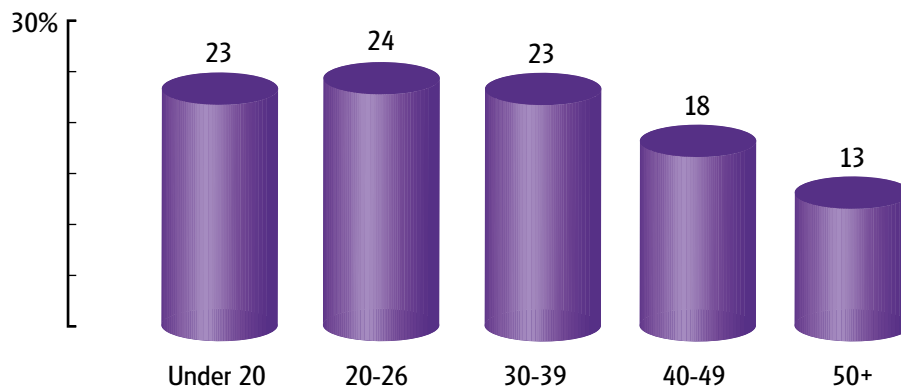
- Survivors who were under the age of 13 when the violence took place most commonly disclosed that the abusers were relatives/family members (62%).
- Children aged 13 to 17 were more likely to be abused by non-family members, most commonly friends/acquaintances/neighbours (47%).
- This trend of abuse being perpetrated by friends/acquaintances/neighbours continues for adult survivors where 44% disclosed this relationship to the perpetrator.

This makes sense when consideration is given to the fact that older children spend more time outside of the family home and familial relationships as they progress through their teenage years and into adulthood.

### Age of perpetrator

The following information relates to survivors who were subjected to a single incident of sexual violence.

**Graph 12: Approximate age of perpetrator (%) n = 1,006**



When all incidents of sexual violence disclosed to RCCs are examined it can be seen that most perpetrators were between the ages of 20 to 39 (47%). 15% of perpetrators of all incidents of sexual violence against children coming to RCCs were under the age of 18.

Previous RCNI research has also demonstrated that there is a correlation between the age of child survivors and perpetrators (RCNI, September 2013). Child perpetrators were found to most likely abuse a child who was either the same age as themselves or slightly younger than themselves.

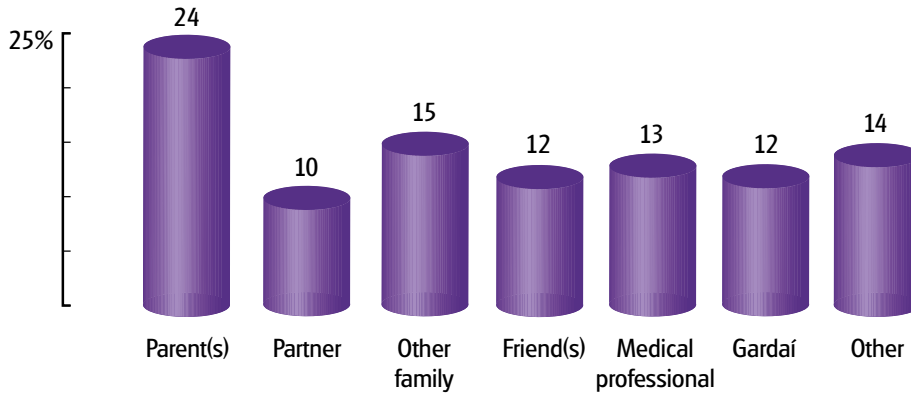


## Disclosing and reporting the sexual violence

### Telling someone for the first time

This information relates to all survivors of sexual violence.

**Graph 13: Who survivors told about the sexual violence (%) n = 1,066**

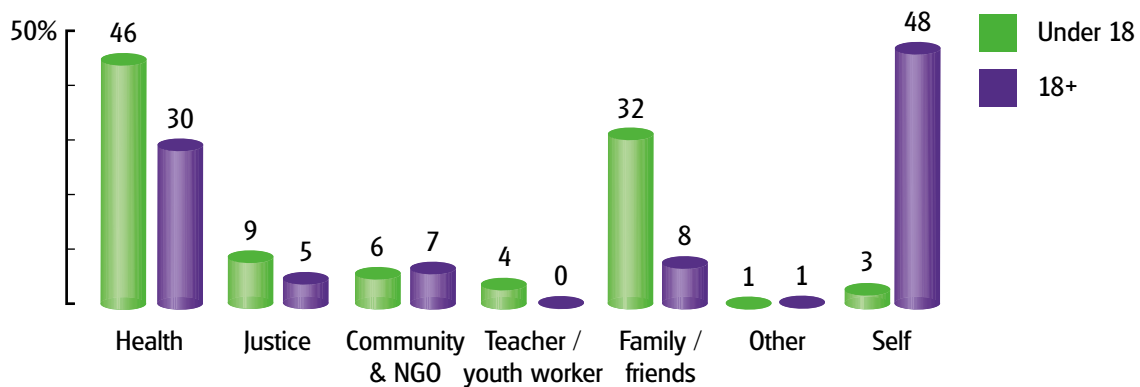


For 8% of survivors who came to Rape Crisis Centres in 2015, the RCC was their first experience of disclosure. Of the 92% who had previously disclosed the sexual violence to someone else, the majority disclosed to a person within their circle of trust (61%). Children attending RCCs were much more likely than their adult counterparts to disclose the sexual violence to parents (65% versus 20%).

### Referrals

The following information relates to survivors who were subjected to a single incident of sexual violence.

**Graph 14: Survivors referred to RCCs by (%) n = 1,100**



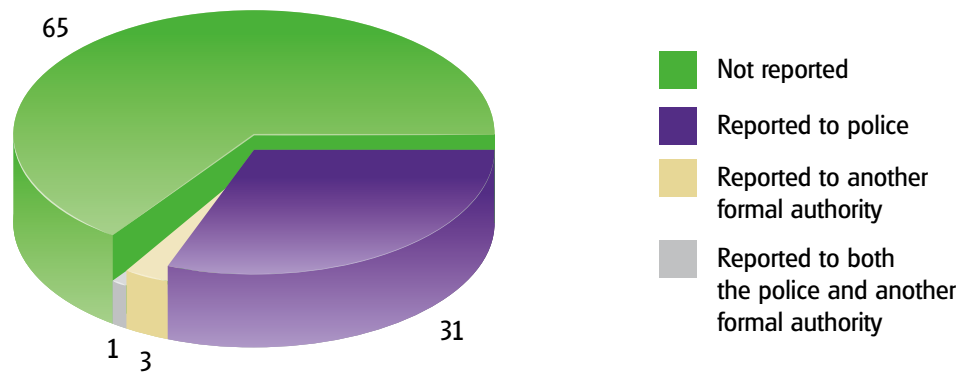
With regard to referral 44% of survivors referred themselves to the RCC. The level of self-referral varies significantly for children and adults. Children self-referred significantly less than adults (3% versus 48%). Children instead were referred mostly from health sources and by family/friends (46% and 32% respectively).

For those who were referred by someone else, the majority were referred from organisations and individuals in the health service (31%). The high level of self-referral and referral from other agencies to RCCs demonstrates the role independent RCCs have in providing a community based and needs led response which is highly regarded and trusted.

## Reporting to a formal authority

The following information relates to all survivors who attended 11 RCCs in 2015.

**Graph 15: Reporting the sexual violence to a formal authority (%) n = 1,179**



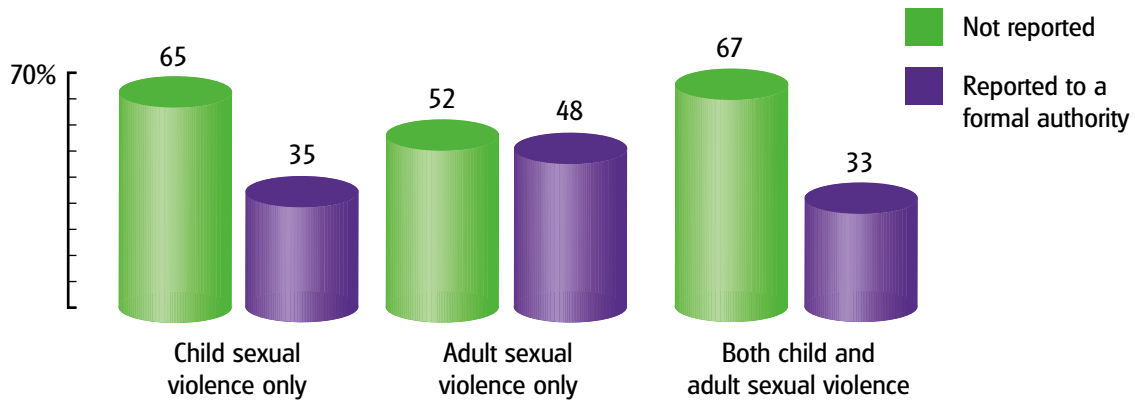
Survivors who attended RCCs in 2015 who reported the sexual violence to a formal authority represented 36% of the population. Most of these reported to the police, but reports were also made to the HSE, Redress Board, education authority, church authority, and asylum application process. When we compare the 11 RCCs included in this report with the same 11 RCCs included in the previous year's report we see there is a slight decrease in the level of reporting to formal authorities from 39% in 2014 figures to 36% in 2015 figures. The number of survivors attending RCCs who have reported to the police 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: 128). The majority of survivors who reported to a formal authority did so before they made contact with the RCC (85%).

As the Rape & Justice in Ireland (RAJI) report highlights, non-reporting of sexual violence has a number of consequences for the survivor and society; survivors may not be able to access the support services they need, offenders are not formally held to account, and information about the violence and its impact on the survivor cannot be collected by the state (Hanly et al, 2009: 35). RCNI data collection therefore fills a gap in the gathering of accurate and reliable information from survivors of sexual violence who have not reported to any formal authority. It offers a unique space for the examination and analysis of the details of the nature of violence and the impact on the survivor. The 65% of RCC survivors who did not report to any formal authority are an essential part of the story. RCC data collection, nationally aggregated at RCNI level, is one of the few places where these survivors have their experiences documented and safely made public to support and influence national policy.



The following information relates to all survivors who attended 11 RCCs in 2015.

**Graph 16: Reported to a formal authority by when the sexual violence was perpetrated (%) n = 1,029**



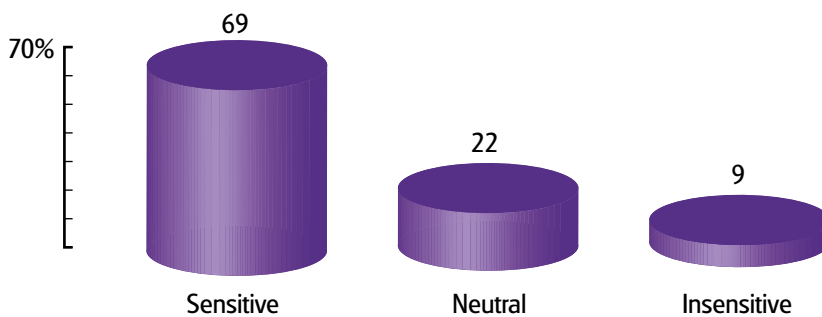
The age at which a person is subjected to sexual violence impacts whether they file a complaint with a formal authority or not. The above graph examines all incidents disclosed to RCCs in 2015 and demonstrates that survivors of child sexual violence are less likely to report to a formal authority than survivors of adult sexual violence (35% compared with 48% respectively filed complaints).

### Survivor satisfaction with Gardaí

RCNI have pioneered robust administrative data collection in RCCs and continue to use evidence-based learning to advocate for reforms at national level which will improve survivor experiences. Following on from the ground breaking RCNI commissioned research Rape & Justice in Ireland, with approval from An Garda Síochána Commissioner and with subsequent support of the Garda Research Unit, RCNI now collect and collate data on victims experience of reporting to An Garda Síochána. Last year RCNI were able to provide analysis on this data for the first year. This year RCNI have added to this knowledge and can now also report on this in more detail. This feedback from survivors on An Garda Síochána is an essential part of the State's obligations under the EU Victims Directive (Nov 2015).

The following information relates to survivors who were subjected to single incidents of sexual violence.

**Graph 17: How the survivor perceived they were treated by the Gardaí (%) n = 354**



The majority of survivors who filed a complaint with the Gardaí felt that the Gardaí treated them in a sensitive manner (69%). This means that the survivor felt their complaint was taken seriously and the Gardaí were attentive, sympathetic and supportive of them. This is an increase from 63% from 2014 figures.



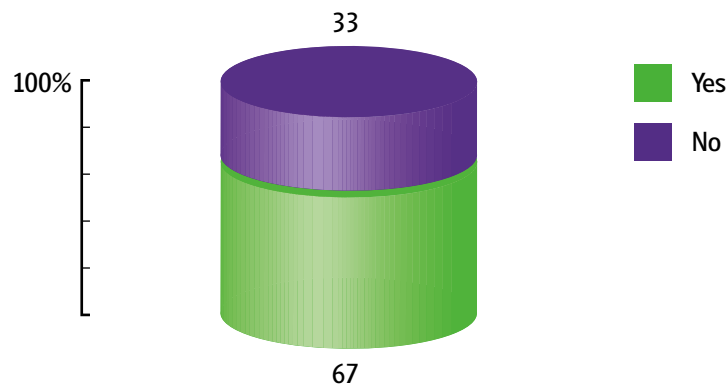


One quarter of survivors who reported to the Gardaí felt that the Gardaí treated them in a neutral manner. This means that they were business-like, and neither sensitive nor insensitive (23%). This is a decrease from 26% from 2014 figures.

9% felt they were treated in an insensitive manner. This means that they felt the complaint was not taken seriously, and the Gardaí were dismissive, disinterested, unsympathetic and unsupportive. This is a decrease from 11% from 2014 figures.

The following information relates to survivors who were subjected to single incidents of sexual violence.

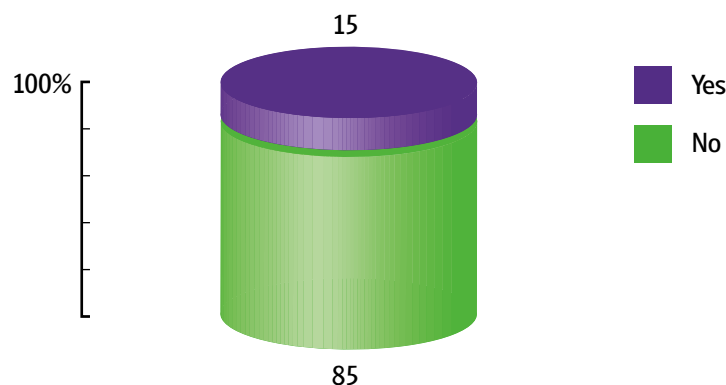
**Graph 18: Did Gardaí maintain ongoing contact throughout the case (%) n = 371**



The majority of survivors who filed a complaint with the Gardaí disclosed that the Gardaí maintained on-going contact with them throughout the case (67%). This means that in 67% of cases the survivor received updates from the Gardaí on the progress of their case. When we compare the 11 RCCs included in this report with the same 11 RCCs included in the previous year's report we see there is a significant increase in levels of survivors who received ongoing contact from Gardaí from 60% in 2014 to 67% in 2015.

The following information relates to survivors who were subjected to single incidents of sexual violence.

**Graph 19: Did survivor have difficulty obtaining case information from Gardaí (%) n = 351**



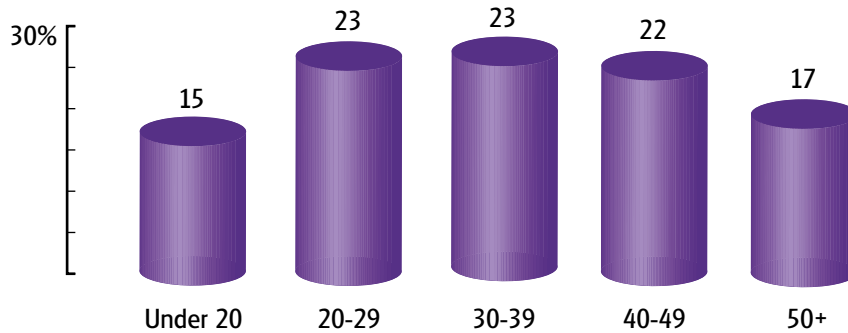
The vast majority of survivors disclosed that they had no difficulty obtaining case updates from Gardaí, however 15% disclosed that they had difficulty obtaining case updates. We cannot offer a comparison between the RCCs included in this year's report and last years as the level of unknown information in 2014 data is too high.

## Demographics

### Age of survivors

The following information relates to all survivors who attended 11 RCCs in 2015.

**Graph 20: Age of survivors accessing RCC services (%) n = 1,650**



When it comes to young people, 9% of survivors or 104 individuals attending RCCs in 2015 were under the age of 18. These are included in the under 20 age bracket. The majority of survivors attending RCCs in 2015 were between the ages of 20 to 49 (83%).

### Country of origin

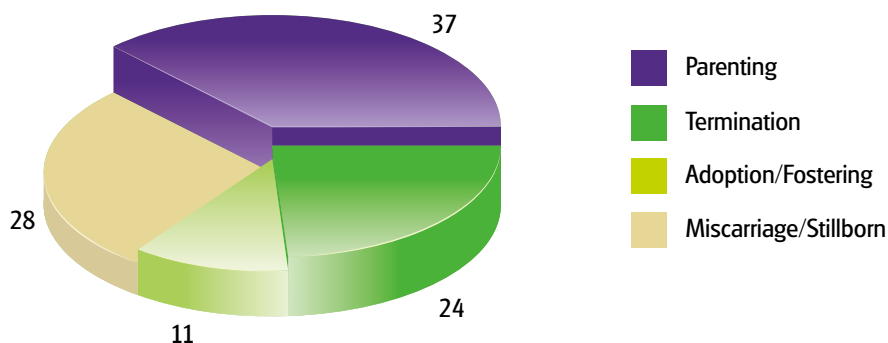
The following information relates to all survivors who attended 11 RCCs in 2015.

The majority of survivors attending RCCs in 2015 were from Ireland (88%). A minority were from African countries (3%), the UK (4%), other European countries (2%), and other countries (2%). For the purposes of privacy and data protection we cannot disclose further detail and breakdown of these figures.

### Pregnancy

The following information relates to survivors of single incidents of sexual violence.

**Graph 21: Pregnancy outcome for survivors (%) n = 53**



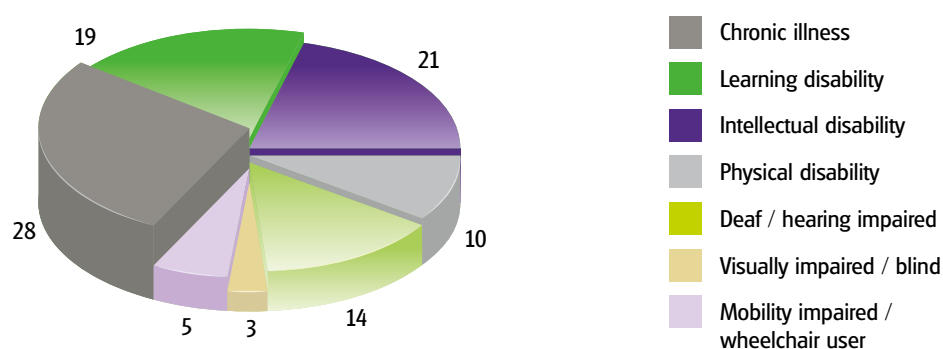
Of the female survivors attending RCCs in 2015 who were raped when they were aged eight or over, 5% became pregnant as a result of the rape. RCNI and RCCs create a safe place for survivors to support them in making choices, RCCs support survivors' choices. Pregnancy outcomes cannot be taken as an indication of survivor choice as the circumstances of those choices, emotionally, legally and financially often constrain rape victims' freedoms to choose.

- The majority of these survivors went on to give birth and parent their children (37%).
- 24% of these survivors had their pregnancy terminated.
- 11% of rape survivors who became pregnant had their child placed for adoption or fostering.
- 28% of these survivors miscarried or had stillbirths.

## Disability

The following information relates to all survivors who attended 11 RCCs in 2015.

**Graph 22: Survivors with a disability (%) n = 124**



With regard to disability 7% of survivors or 91 individuals attending RCCs in 2015 had a disability of some kind. Of those survivors who did have a disability the majority had a chronic illness (28%), a learning disability (19%), or an intellectual disability (21%). There has been a significant increase in numbers of survivors with chronic illnesses attending RCCs over the past three years. In 2011 4% of survivors with a disability attending RCCs had a chronic illness. This figure rose to 16% in 2012, 25% in 2013 and 27% in 2014 and 28% in 2015. This finding requires further research to engage in growing international evidence of the health impacts of sexual violence which may be causal and/or exacerbate chronic illness. RCNI research on survivors with disabilities found that those with disabilities have increased vulnerability to sexual violence, and greater barriers in terms of disclosure of access (RCNI, 2011).

## Irish Travellers

The following information relates to all survivors who attended 11 RCCs in 2015.

Members of the Traveller community accounted for less than 1% of all survivors attending RCCs in 2015. Their numbers were below the national population of Travellers in Ireland (0.6% according to Pavee Point and 0.6% according to the CSO) (CSO, March 2012). The figures are too low to present any further analysis.

## Asylum seekers and refugees

The following information relates to all survivors who attended 11 RCCs in 2015.

In 2015 3% of survivors attending RCCs were asylum seekers and refugees. There has been a steady decline in the numbers of this client group attending services since 2010. The majority of asylum seekers and refugees attending RCCs in 2014 were female and the majority were from African countries (89%).

Asylum seekers and refugees most commonly disclose that they have been raped by figures of authority involving high levels of additional violence. RCNI research published in 2014 gives an in-depth analysis of survivors of sexual violence who are refugees and asylum seekers who attend RCCs and the unique vulnerabilities and difficulties they face.

While the numbers seeking asylum dropped we also found that access for this group was strongly enhanced by outreach work. RCCs did not have the resources to undertake this specialist outreach work in 2015.



## RCNI Database project overview

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

In order to ensure best practice an extensive data cleaning process is carried out nationally before any data is analysed. This involves checking all of the data entered by RCCs for mistakes and omissions, and rectifying these.

The analysis for the annual RCNI National Statistics Reports is carried out by independent researcher Elaine Mears with the support of independent statistics expert Eamonn Dineen. RCNI Executive Director; Clíona Saidléar and RCNI Legal Policy Director; Caroline Counihan partake in the final editing of the report under the direction of the board.

## RCNI National Statistics Report compilation

The information in this report is compiled from the data entered by all 11 Rape Crisis Centres around Ireland. The data represents all people using these RCCs for counselling, support, accompaniment, and helpline services in 2015. It represents only these people and cannot be used to make assumptions about the overall incidence or nature of sexual violence in Ireland. As a means of presenting the data as accurately as possible, when the text compares 2015 figures to 2014 figures, the 11 RCCs who took part in data collection in 2015 are only compared with the same 11 RCCs who took part in data collection in 2014.

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 Statistics Database is anonymised by use of unique numeric identifiers for each RCC service user. Demographic information and service user characteristics entered include information such as age, country of origin, legal status, disability, etc. The totals provided in tables and analysis relating to these characteristics refers to the total number of people aggregated across all RCCs in the study and not by individual centre in order to protect privacy.

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

It should be noted, however, care has to be given that this does not lead to a distorted understanding of levels of crime and violence given each incident may include multiple if not hundreds of crimes which appear as one incident (Sylvia Walby et al, 2016 *Is violence increasing or decreasing? a new methodology to measure repeat attacks making visible the significance of gender and domestic relation*).





# Index of Terms

**Acquaintance:** Somebody that the survivor may know to say hello to or have chatted to on a night out for example

**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 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 of a survivor or survivor of sexual violence

**Sexual Assault:** An assault, ie: 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, Grooming

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

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

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

**Stranger:** Somebody that the survivor has never met before

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

**Survivor:** Someone who has experienced sexual violence

## Bibliography

- Basile, K.C., Saltzman, L.E., (2009) *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements*, Centers for Disease Control and Prevention & National Center for Injury Prevention and Control Atlanta.  
Available at: [http://www.cdc.gov/violenceprevention/pdf/SV\\_Surveillance\\_DefinitionsI-2009-a.pdf](http://www.cdc.gov/violenceprevention/pdf/SV_Surveillance_DefinitionsI-2009-a.pdf)
- Central Statistics Office (2012) Census 2011, *Statistical Tables*, The Stationary Office.  
Available at: <http://www.cso.ie/en/media/csoie/census/documents/census2011pdr/Tables%20and%20Appendices.pdf>
- European Institute for Gender Equality (2014) *Administrative data sources on gender-based violence against women in the EU, current status and potential for collection of comparable data Report*, EIGE. Available at: [https://www.scribd.com/fullscreen/244725303?access\\_key=key-r3fwsnmneXXItSY28Mnur&allow\\_share=true&escape=false&show\\_recommendations=false&view\\_mode=scroll](https://www.scribd.com/fullscreen/244725303?access_key=key-r3fwsnmneXXItSY28Mnur&allow_share=true&escape=false&show_recommendations=false&view_mode=scroll)
- Hanly, C., Healy, Dr. D., & Scriver, S. (2009) *Rape & Justice in Ireland, A National Study of Survivor, Prosecutor and Court Responses to Rape*, The Liffey Press.
- MacNeela, P., Conway, T., Kavanagh, S., Kennedy, L.A., & McCaffrey, J. (2014) *Young people, alcohol and sex: What's consent got to do with it? Exploring how attitudes to alcohol impact on judgements about consent to sexual activity: A qualitative study of university students*, RCNI. Available at: <http://www.rcni.ie/wp-content/uploads/Whats-Consent-Full-A41.pdf>
- McGee, H., Garavan, R., de Barra, M., Byrne, J., 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 (2012) *Asylum seekers and Refugees surviving on hold, Sexual violence disclosed to Rape Crisis Centres*, RCNI. Available at: <http://www.rcni.ie/wp-content/uploads/RCNI-Asylum-Seekers-and-Refugees-Surviving-on-Hold.pdf>
- Rape Crisis Network Ireland (2014) *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 (2011) *National Rape Crisis Statistics and Annual Report 2010*, RCNI.  
Available at: <http://www.rcni.ie/uploads/RCNINationalRapeCrisisStatisticsAndAnnualReport2010.pdf>
- Rape Crisis Network Ireland (2010) *RCNI Member Rape Crisis Centre Best Practice Model with Associated Best Practice Standards*, RCNI.
- Rape Crisis Network Ireland (2012) *Sexual violence against people with disabilities: Data collection and barriers to disclosure*, RCNI. Available at: <http://www.rcni.ie/uploads/SexualViolenceAgainstPeopleWithDisabilities2011.pdf>
- Rape Crisis Network Ireland (2014) *The older child and sexual violence, Questions and challenges for a national response. RCNI Policy Document: January 2014*, RCNI.  
Available at: <http://www.rcni.ie/wp-content/uploads/Older-Child-Policy-Documents-FINAL.pdf>
- Sylvia Walby, Jude Towers, Brian Francis (2016) *Is violence increasing or decreasing? a new methodology to measure repeat attacks making visible the significance of gender and domestic relations* British journal of Criminology.  
Available at: [http://www.research.lancs.ac.uk/portal/en/people/sylvia-walby\(eae438c4-8116-45b9-9af5-8b4f785599c0\).html](http://www.research.lancs.ac.uk/portal/en/people/sylvia-walby(eae438c4-8116-45b9-9af5-8b4f785599c0).html)



## Accounts Summary

### INCOME and EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st DECEMBER 2015

	<b>2015</b>	<b>2014</b>
	<b>€</b>	<b>€</b>
<b>INCOME</b>	222,046	389,120
Administrative Expenses	(289,141)	(361,419)
<b>OPERATING (DEFICIT)/SURPLUS FOR THE YEAR</b>	<u>(67,095)</u>	<u>27,701</u>
<b>DEFERRED (EXPENDITURE)/INCOME FOR THE YEAR</b>	<u>(67,095)</u>	<u>27,701</u>

The income and excess of income over expenditure relate to continuing operations as no businesses were acquired or disposed of in 2015 or 2014. A separate Statement of Total Recognised Gains and Losses is not required, as all gains or losses have been reflected above.

### BALANCE SHEET AS AT 31st DECEMBER 2015

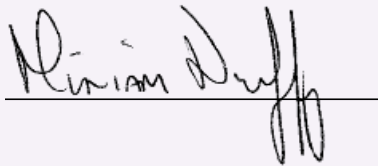
	<b>2015</b>	<b>2014</b>
	<b>€</b>	<b>€</b>
<b>FIXED ASSETS</b>		
Property, plant and equipment	2,344	3,135
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	129,903	199,018
Trade and other receivables	2,500	223
	<u>132,403</u>	<u>199,241</u>
<b>CREDITORS DUE WITHIN ONE YEAR</b>	<u>17,456</u>	<u>17,990</u>
<b>NET CURRENT ASSETS</b>	<u>114,947</u>	<u>181,251</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<u>117,291</u>	<u>184,386</u>
<b>REPRESENTED BY:</b>		
Unrestricted funds	117,291	179,534
Restricted funds	-	4,852
<b>TOTAL FUNDS</b>	<u>117,291</u>	<u>184,386</u>

## CASH FLOW STATEMENT FOR THE YEAR ENDED 31st DECEMBER 2015

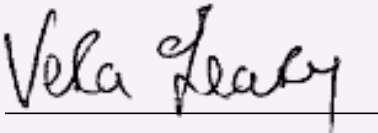
	2015	2014
	€	€
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash generated from operations	(69,115)	40,611
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	<b>(69,115)</b>	<b>40,611</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Payments to acquire fixed assets	-	(2,374)
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>	<b>-</b>	<b>(2,374)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Interest paid	-	-
<b>NET CASH FLOWS FROM FINANCING ACTIVITIES</b>	<b>-</b>	<b>-</b>
<b>NET (DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS</b>	<b>(69,115)</b>	<b>38,237</b>
Cash and cash equivalents at beginning of year	199,018	160,781
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR</b>	<b>129,903</b>	<b>199,018</b>

On behalf of the Board:

Director  
Miriam Duffy



Director  
Vera O'Leary



Date: 06/04/16



# Board Meetings 2015

## Convened on:

16th January, 11th February, 4th March, 22nd April, 9th June, 1st July, 9th September, 12th October and 11th November

# Board of Directors 2015

- Anne Scully, Chair, Attended 9 out of 9 Board Meetings
- Vera O’Leary, Attended 6 out of 9 Board Meetings
- Grace McArdle, Attended 8 out of 9 Board Meetings
- Miriam Duffy, Attended 9 out of 9 Board Meetings
- Sara Donovan, Attend 9 out of 9 Board Meetings, Resigned November 2015
- Marina Porter, Appointed November 2015
- Margaret Barry, Independent Consultant to the Board

## Notes

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**Rape Crisis Centres included in this report:**

**Athlone Midland Rape Crisis Centre: 1800 306 600**

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

**Donegal Sexual Abuse & Rape Crisis Centre: 1800 448 844**

**Kerry Rape & Sexual Abuse Centre: 1800 633 333**

**Kilkenny Rape Crisis & Counselling Centre: 1800 478 478**

**Mayo Rape Crisis Centre: 1800 234 900**

**Rape Crisis Midwest: 1800 311 511**

**Rape Crisis North East: 1800 212 122**

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

**Waterford Rape & Sexual Abuse Centre: 1800 296 296**

**Wexford Rape & Sexual Abuse Support Service: 1800 330 033**



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[www.rcni.ie](http://www.rcni.ie)

[www.rapecrisishelp.ie](http://www.rapecrisishelp.ie)



An Roinn Tithíochta, Pleanála,  
Pobail agus Rialtais Áitiúil  
Department of Housing, Planning,  
Community and Local Government



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government supporting communities

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