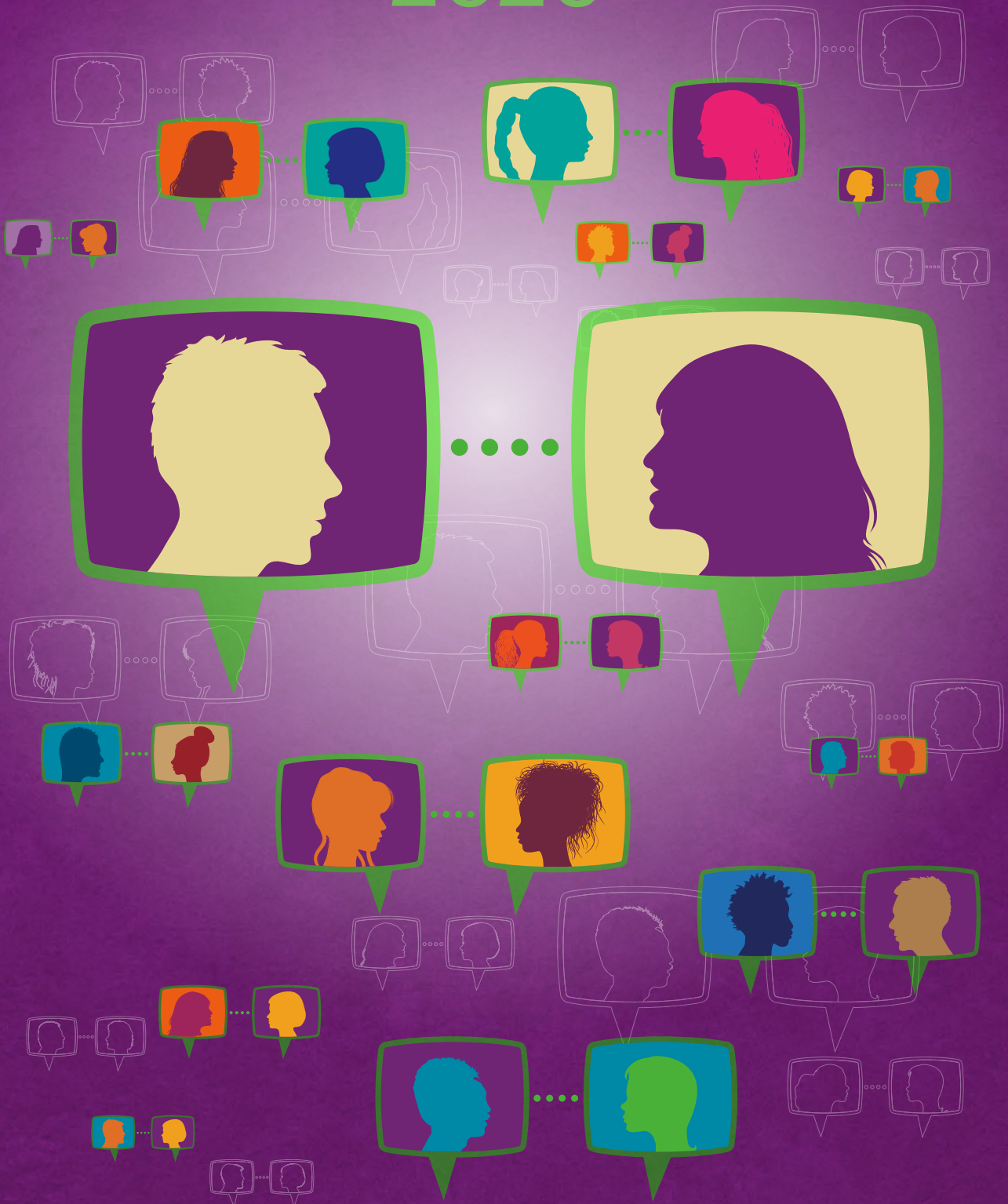





RCNI Rape Crisis Statistics

2020





Rape Crisis Network Ireland is a specialist policy agency on sexual violence. We are founded, owned and governed by our member Rape Crisis Centres. We have been serving survivors' interests and working towards the prevention of all forms of sexual violence since 1985.

RCNI builds and sustains considerable expertise to identify, make the case for, and implement priorities for a whole of society and Government response to sexual violence.

The Rape Crisis model is a unique model of responding to sexual violence that has been developed, tested and adapted over 40 years across hundreds of women-led centres across the world.

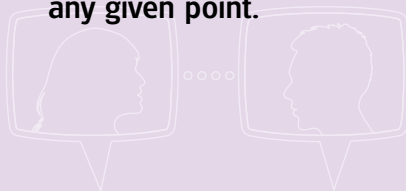
The model is part of an international movement for change where local organisations supporting survivors, link with each other and draw and build learning and best practice.

Indeed part of the model is that Rape Crisis support and service delivery to a survivor is only ethical if we seek to learn and understand in order to transform.

Every survivor using a Rape Crisis Centre (RCC) is not only met with a set of options that they may benefit from but knows that in sharing their stories with a RCC they become part of a movement for change.

This Rape Crisis model is a feminist, woman-led, response to sexual violence. We understand all sexual violence to be an abuse of power and we understand gender inequality to be the most important determinant of that abuse, whether the victim (or indeed perpetrator) is male or female. We understand sexual violence happens in a social context rather than being purely about individual perpetration. This is a critical frame which makes Rape Crisis Counselling different to most generic counselling as it addresses victim blaming and the shame that seeks to individualise responsibility for what is a part of a system of oppression.

The model of supporting survivors is trauma informed, empowerment and healing based. It is non-directive and non-judgemental. It is also survivor-led as we believe that the best responses possible are led by survivors themselves who are best placed to know what they need at any given point.



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Headline Statistics 2020

15,194

Appointments for counselling and support (See Page 12)

13,068

Helpline contacts (See Page 5)

1,241

People took up counselling and support (See Page 12)

136

Accompaniments (See Page 35)

124

Legal advice and information consultations (See Page 10)

22%

increase in Helpline contacts

71%

increase in time spent on Helpline calls

26%

increase in Appointments

21%

decrease in Accompaniments



RCNI member Rape Crisis Centres are currently facing exponential increases in demand for services and it is becoming more and more difficult to meet survivor needs with our current resourcing levels. The 7 RCNI member RCCs included in this report currently have 332 people on their waiting lists, and this figure is rising. To put this in context this means that a survivor may be waiting well over a year to be assigned a counsellor.

RCCs throughout the country rely heavily on donations from the public to provide support services to victims of abuse as their services are not fully state funded. For example Helplines outside the DRCC run 24 hour helpline receive no state funding. In spite of one in three women and one in four men being victims of sexual violence in their lifetime, in spite of Ireland's human rights obligations under the Istanbul Convention (Council of Europe, 2014), in spite of a global pandemic that made the lives of women and girls even more unsafe, the Irish state still needs to do more to respond adequately to the needs of victims of sexual violence.

In addition to having to ask survivors to put their trauma on hold for over a year, we do not have the resources to train new counsellors or to recruit and sustain new staff so our aging sector is losing valuable expertise. Our fundraising has been decimated by the pandemic with the result that our centres now face fast dwindling bank balances. The European Institute of Gender Equality has estimated that sexual and domestic violence costs the Irish state €4billion per year (European Institute for Gender Equality, 2021). A decade of austerity hit the domestic and sexual violence sectors hard and by 2019 we were still struggling to reach 2008 levels of funding. In the last 10 years of these reports, we have seen a 100% increase in contacts to Helplines, a 63% increase in appointments provided by RCCs, and a 30% increase in the number of survivors and supporters attending RCCs for counselling and support. We hope that the statistics contained in this report will act as a stark reminder that funding and support needs to follow the trajectory of demand.

Sexual violence is a gendered crime which is predominantly perpetrated by boys/men against girls/women.

The two most important factors in understanding sexual violence and the patterns of abuse that exist are:




Gender




The survivor's stage in life when the abuse was perpetrated against them

Throughout this report we will see how these two variables determine the pattern of abuse that was perpetrated. There are a few notable exceptions to this rule affecting particular categories of survivors which we will also explore within the report. These include:

- Survivors of domestic violence and coercive control, 
- Survivors seeking and granted International Protection, and
- Survivors with disabilities.





“I was sexually assaulted when I was six years old. Until very recently I thought nothing of it. Everyone has a weird cousin, right? Crazy inside jokes just between you guys as a family, it happens everyone. Who was I to know that my experiences were anything more than that. Every secret meeting was backed up with giggles and jokes, touches and tickles, and we were the best of friends. He made me feel special and like I was the best little girl in the world, and I cherished that feeling. I’ve spent the last decade searching for that feeling. Begging to feel wanted, through self-harm, through binge eating, through sex. Yet here we are. Basking in an emptiness I’ve come to accept as a reality.

I can remember so vividly the encounters I had with him. “Lets go play a game behind the turf shed!” So, like a dog, I pattered obediently behind him, giggling. I was his favorite, you see, and that’s all that mattered. My experience with sexual abuse is something I am still only coming to terms with. Something I want to brush under the rug and forget about again but I can’t. Sexual assault isn’t always just touching, it’s a memory, a psychological mark that is relentless in its presence. A strange thing I’ve noticed about myself over the last week or so is how I was so unaware until, I wasn’t anymore. He never left a mark on my body, he only scarred my mind. It’s like I always thought that this scar was a birthmark and now I can’t look at it the same way, and I never will.

We all go on a journey of self-acceptance. For some, a brisk stroll through a park, occasionally tarnished by thorns. For others, a boat ride through a storm, each wave of emotion crashing through you on what seems like a never-ending quest for stability. But we all get there in the end. Though each journey is unique, each struggle is difficult and each person shrouded in loneliness, none of us are alone. It is not a battle of whose journey is hardest, not a competition of whose scars run deeper, or whose sky has the most clouds. It is instead a relentless fight against a common enemy, a revolution against the abuse and the people who take advantage of the children they are trusted with.

We as youth are not looking for your sympathy, but instead empathy. Do not pity the child who has grown up with thick skin, but instead help her insure no other child will be forced to grow up too fast the way she was forced to. A Native American proverb states ‘We do not inherit the earth from our ancestors, we borrow it from our children’. Let us make a world we are proud to hand over. A world they will not want to give back.”

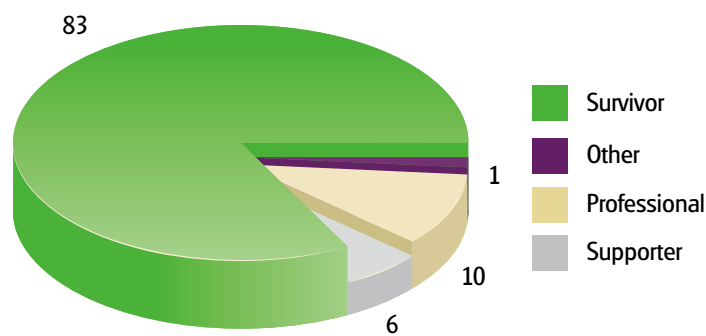
(Survivor, 2020)



The following information is compiled using data entered by a sample of 6 Rape Crisis Centres into the RCNI Data Collection System. We estimate this sample to be 24% of the national RCC survivor numbers and that patterns are similar across Ireland. The data in this section refers to all people who availed of these RCC Helpline services in 2020.

In 2020 13,068 contacts were made to 6 RCC Helplines across Ireland. This was a 22% increase in contacts from the same period in 2019. The contacts to these 6 RCC Helplines came from 28 counties on the island of Ireland and also from other countries. All of the RCC Helplines included in this report are funded by donations as Tusla do not fund any RCC Helplines other than the DRCC run National 24 Hour Helpline.

Graph 1: Who is contacting RCC helplines (%) n = 13,068



Rape Crisis Centres are repositories of expertise on sexual and gender-based violence, providing support, information, training and research to a whole range of individuals and organisations. This is reflected in the types of people contacting their Helplines.

- 83% of those contacting the 6 RCC Helplines in this report were survivors of sexual violence (10,823 people),
- 10% were professionals (1,262 people),
- 6% were people who were supporting a survivor of sexual violence (801 people), and
- 1% were others (182 people).

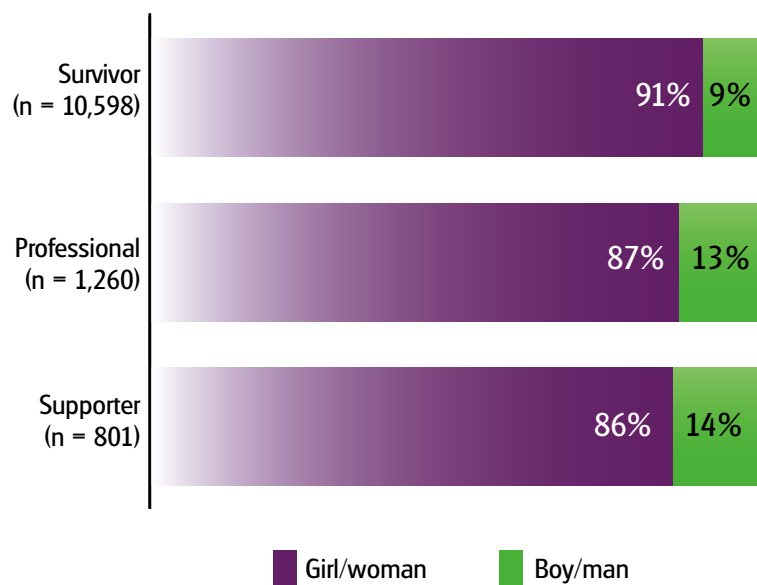
“Rape Crisis Midwest provide a number of outreach services in Limerick, Clare and Tipperary where survivors who find it difficult to access our main centre in Limerick city can attend for counselling and support. Rape Crisis Midwest began to offer counselling in Limerick prison, with the support of the Governor, in July 2019. Almost all of the survivors accessing RCC support in Limerick Prison are women. Many incarcerated people in Ireland have been subjected to sexual violence in their lifetime, and it is vital that they are offered healing from their trauma at this critical juncture in their lives. We believe this service will grow over the coming years as it becomes an integral part of prison services.”

(Miriam Duffy, Rape Crisis Midwest)



Gender of people contacting RCC Helplines

Graph 2: Who is contacting RCC helplines (%)



The majority of people contacting RCC Helplines are girls/women (90%).

- 91% of survivors are women and girls, and 9% are men and boys.
- 87% of professionals are women and 13% are men,
- 86% of supporters are women and girls and 14% are boys and men.

Reason for contacting RCC Helplines

The different people contacting RCC Helplines do so for a variety of reasons. Knowing why people contact RCCs in Ireland is vital information which enables an evidence-based response to client needs.

Survivors of sexual violence most commonly contact RCC Helplines for counselling and support, to schedule appointments, and for information. It can take a huge effort for a survivor to make that first call to a RCC Helpline. For some survivors it takes many years to get to this stage. They may be disclosing what happened to them for the first time, they may never have spoken the words for what happened out loud before. RCC Helpline staff are here to provide support, to listen, and to believe survivors. We understand how much it takes to make that call and we are here when the survivor is ready.

Currently RCCs are experiencing long waiting lists of many months as they don't have the funding or the staff to provide immediate counselling and support appointments. However, we are still taking calls, and providing intermediate support calls until we can allocate a counsellor.

People supporting a survivor through their journey of healing use RCC Helplines in a similar way to survivors. Most are contacting the helplines for counselling and support, to schedule an appointment, or for information. It is not uncommon for people to begin counselling with a RCC as a supporter and then to go on to disclose sexual violence that was also perpetrated against them.

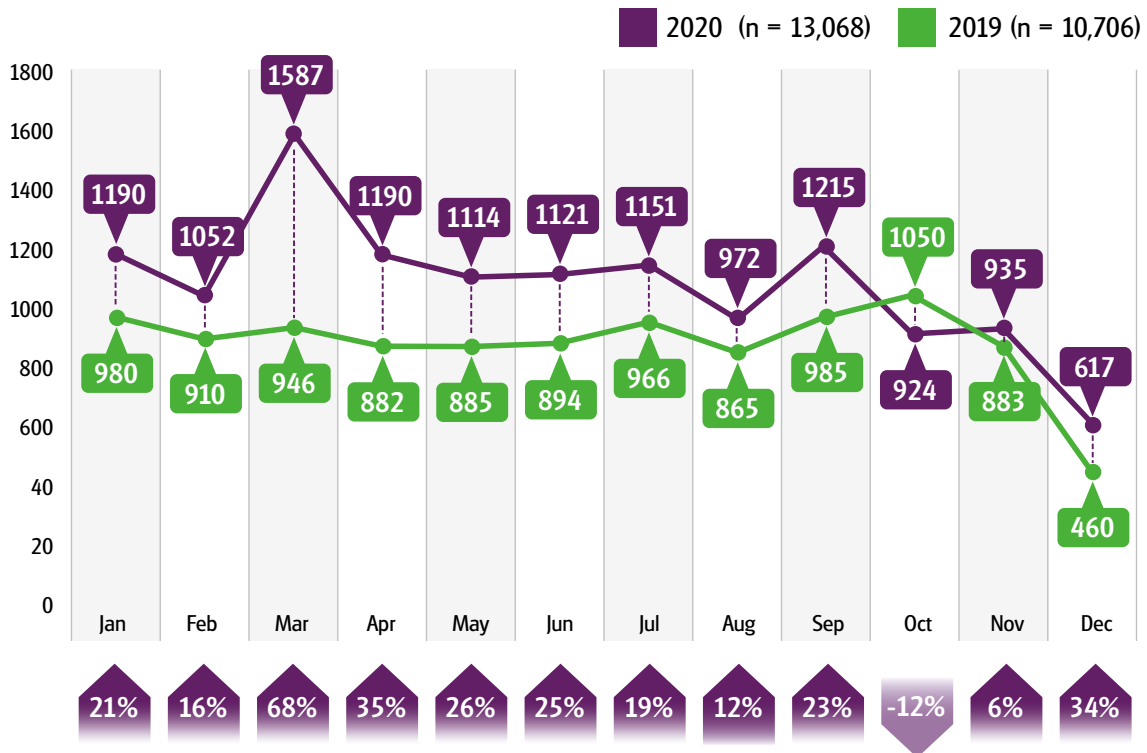
Professionals rely upon RCCs as a key knowledge resource on sexual violence with the vast majority contacting RCC Helplines for information. RCCs receive calls from a wide range of professionals, including: Gardaí, social workers, youth workers, HSE, addiction services, homeless and housing agencies, migrant support services, and disability services, to name but a few.



Monthly contacts to RCC Helplines

In order to fully understand the 22% increase in contacts to 6 RCC Helplines and the impact of Covid 19 on RCC services we have presented a monthly breakdown of these figures.

Graph 3: Monthly helpline contacts 2020

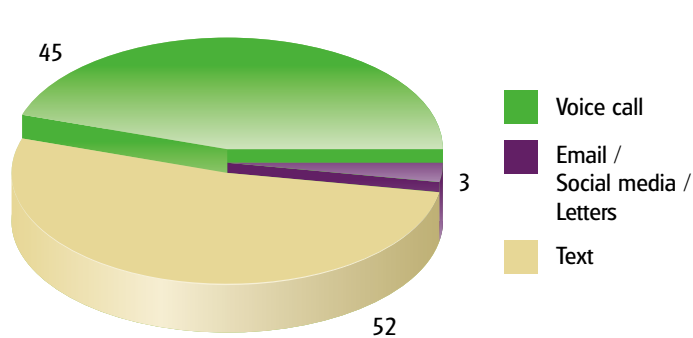


- In January and February 2020, prior to the pandemic impacting Ireland, there was a significant increase in contacts to RCC Helplines when compared with the previous year (21% in January and 16% in February).
- The most significant increase in contacts to the Helplines was in March 2020 when they peaked to 68% the volume of contacts received in March of the previous year. We know that this was in large part due to RCCs rearranging service delivery, appointments with clients, and offering information and reassurance of the continuation of service remotely to survivors, professionals, and others who rely on them.
- A large increase in contacts continued into April (35% increase compared to April 2019)
- Throughout the rest of the year we also saw significant increases every month when compared to 2019, except in October when we saw a decrease of 12% in contacts.
- In December 2020 contacts increased by 34% when compared with December 2019.



Method of contact

Graph 4: Method of helpline contact (%) n = 13,068



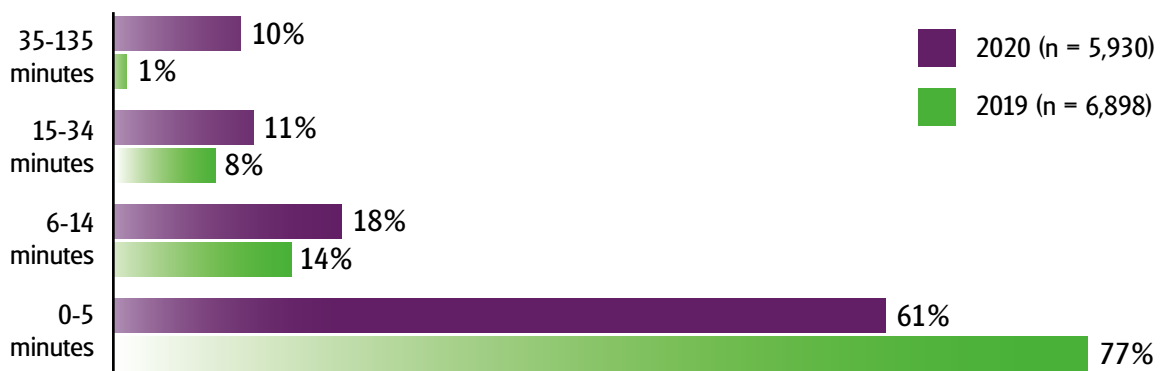
In 2020 people started accessing RCC Helplines in slightly different ways:

- There was an increase in texts (52% in 2020 compared with 33% in 2019), and
- A decrease in voice calls (45% in 2020 compared with 65% in 2019)
- 3% of Helpline contacts in 2020 were by email, letter or through social media which was on par with 2019 figures.

Helpline voice calls

Voice calls made to RCC Helplines account for 5,932 of the overall contacts made in 2020. When we examine these voice calls further we see that although the overall amount of phone calls reduced by 20%, the **overall length of time spent on phone calls increased by 71% compared to the same period in 2019. RCC counsellors spent a total of 1,104 hours on Helpline calls 2020 compared to 647 hours in 2019.**

Graph 5: Number of voice calls of different lengths (%)



Where previously 77% of voice calls were under 6 minutes, many are now over much longer with

- 61% of calls now between 0-5 minutes,
- 18% of calls between 6-14 minutes long,
- 11% of calls 15-34 minutes in length, and
- 10% of calls lasting between 35 and 135 minutes in length.

This trend is also reflected in RCNI's direct service experience where our Legal Policy Director (LPD) who provides legal support and advice directly to survivors reports a very similar picture.

Why are the number of calls to RCC helplines decreasing but length of calls increasing?

For the most part it is survivors making contact with RCC Helplines who are driving these trends in the decreasing number of calls and the subsequent increase in length of calls to Helplines. These changes have had a significant impact on how RCCs provided services in the past year. Through consultation with RCCs included in this report, we believe that the following factors were driving these changes in 2020:

- Survivors having more direct access to counsellors as they now have their direct phone numbers which decreases time spent on issues such as rescheduling appointments,
- Demands of stayhome measures resulting in the erosion or removal of survivors' coping strategies in dealing with pre-existing trauma,
- Increasing need for mental health resilience as a result of stayhome measures,
- RCC staff working in flexible ways from home, also dealing with the Covid trauma themselves, making boundaries more elastic,
- Survivors' immediate mental health needs being broader than and inseparable to their sexual violence trauma,
- Survivors delaying contact due to minimisation of their trauma and a sense of suspended reality that has come with measures to curb the spread of Covid-19,
- Schools closing and other care needs so reduced time for counselling and support for those who have children.

We have consulted with our Rape Crisis counterparts in Scotland, England, and Wales, and they too have seen similar trends. We will continue to monitor these differences to understand what it means and if there is a long-term significance for provision of RCC services.

"For years I chose not to speak about how I was violently raped at a very young age because I feared that talking about what happened to me may make some people see me as different from others. Therefore, for most of my life, I always seen myself as a person who was damaged and undeserving of a chance of living a happy fulfilled life.

However, after speaking with other victims of rape throughout my years of incarceration, I realised that I was not alone. So recently I decided that I was ready to free myself from the belief that people who heard my story would see me as different and damaged goods, so to speak.

To do this I decided to speak with Nurse Blewitt who kindly offered me the opportunity to speak with a Rape Crisis counsellor. My counsellor has helped me this far to realise that in order for me to really enjoy a happy and fulfilled life, I must learn to break the unconscious patterns that created the familiar, negative beliefs I held for years about being a victim of rape.

But most importantly, she has helped me to believe that I am not a victim of rape, I am a survivor. Like some other survivors I have a long way to go before I no longer feel a sense of abandonment and hopelessness. I truly believe that without the help I am receiving from the Rape Crisis Counselling Service operating in our community, I would never have been free of the fear and shame that kept me from living my dreams."

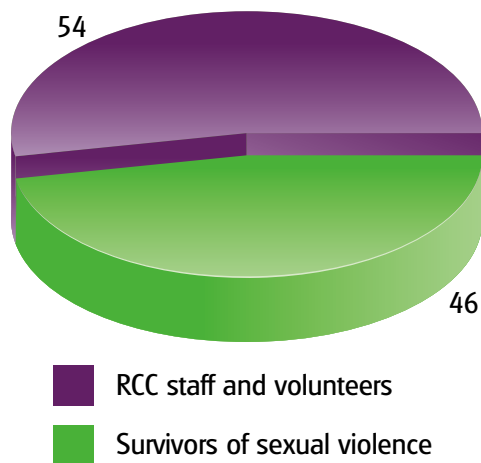
(Survivor, 2020)

Legal advice and information consultations

The RCNI provides legal advice and information both directly to survivors of sexual violence and to RCC staff, and sometimes others, who are supporting a survivor of sexual violence. In 2020 the RCNI Legal Director provided 124 consultations.

The work covers all aspects of criminal justice proceedings relevant to victims of sexual violence and sometimes also touches on other areas of law. The RCNI LD is called upon regularly to reassure/explain, or re-explain, aspects of the criminal justice system. This often happens either before complainants report a crime in order to help them in deciding whether to make a formal complaint. It may also happen during the investigation and post-investigative stages before a decision has been made by the DPP on whether or not to prosecute in that case. Making a complaint to the Gardaí is a very big step for all victims, regardless of whether the crime is recent or historic, and therefore, it is a stressful time. They will often need to hear the same information more than once as, due to the anxiety of making a statement, they may not fully remember what they are told by the Gardaí. Also, LD is sometimes called upon to provide legal assistance in other situations, e.g. if a victim gets the news that the DPP has decided not to prosecute in their case. (At present, the Legal Aid Board can only provide legal advice to complainants in the most serious sexual cases once there has been a charge, though this is due to change as part of the O'Malley Review Implementation Plan).


Graph 6: Contacts for RCNI legal advice and information (%) n=124



Of the 124 contacts made to the RCNI Legal Director:

- 54% of these consultations were provided to RCC staff and volunteers who were supporting survivors through the legal system (and occasionally others, such as family members), or for information on governance and training.
- 46% of consultations were directly with survivors of sexual violence who were navigating the legal system.

Over the course of 2020, the proportion of her time spent responding to requests for legal advice and information increased from approximately one quarter to approximately one third of her time. The numbers of calls from either source did not increase significantly, but the proportion of multiple contacts was unusually high, particularly directly from clients: 86% for the first half of the year and 95% for the second. Reflecting the trends in RCC helplines, the calls were longer in length and often more complex in nature during 2020.



“I started my journey four years ago with the Kerry Rape & Sexual Abuse Centre. It began with one-to-one counselling and about six months later I began my First Group. After the Group finished, I stayed a few more months on a one-to-one basis and then I left. I was very grateful for their time and understanding, it changed my life, and I can’t thank the Centre enough for that. I was given the opportunity to come for a second Group session. I was very nervous as it was with one new facilitator and a new group of ladies, and I wasn’t sure if I would learn anything new from the first group. How wrong was I, the group has given me a new lease of life.

Nobody can understand how powerful it is to be among other people that understand what you have been through. You do not have to lie, you can speak the truth and know you have been heard. I gave myself goals at the beginning for what I wanted and needed from the group and I feel I am achieving these. The ladies have been amazing especially their experiences and most importantly for me how they deal with families. I have grown in the last twelve weeks and wish it would last forever, but I know I have the tools to continue. Also, when things do get hard and triggers happen, I will be able to go back and remember how the group have given me advice, and also their experiences to deal with anything.

Our childhoods were taken from us and that was not our fault, but we have full control of our future and I will not let him ruin that. It has affected me for over thirty-eight years but not anymore, it will always be there, but I feel with the experiences I have gone through Kerry Rape & Sexual Abuse Centre, it will help me with the rest of my life. Not only am I survivor, but I also deserve the best life possible.”

(Survivor, 2020)

Counselling and support appointments

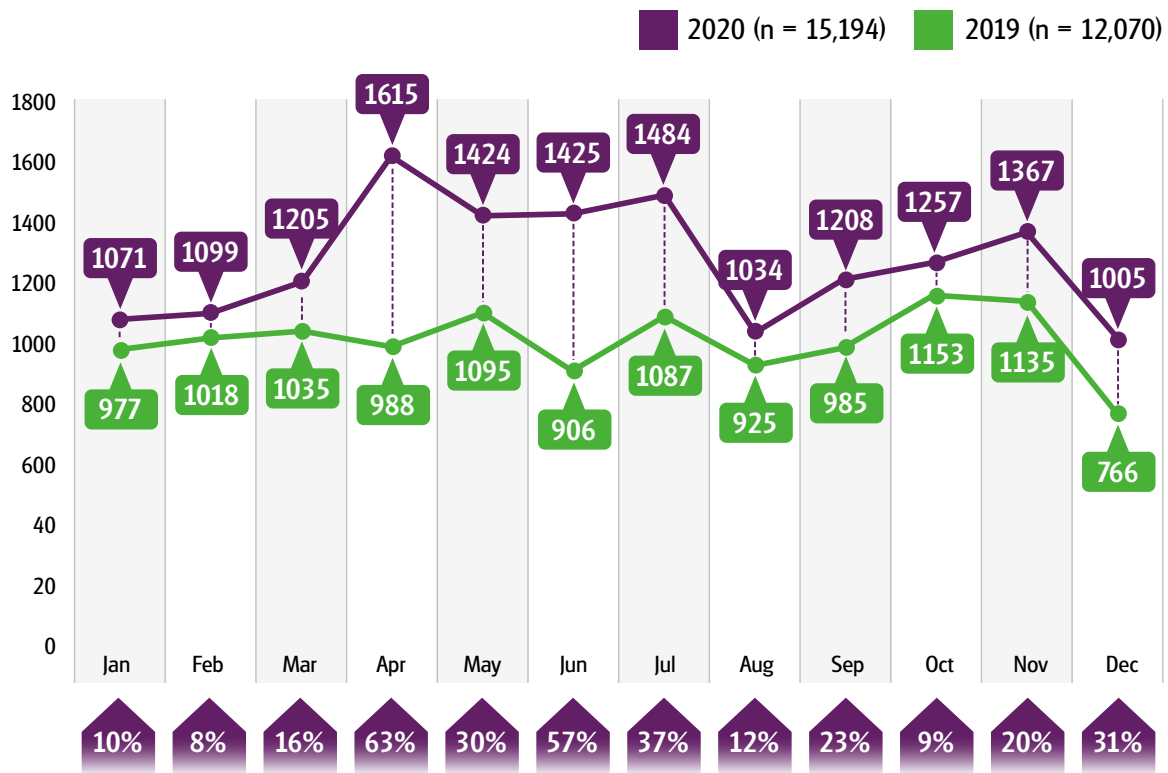
The following information is compiled using data entered by a sample of 7 Rape Crisis Centres into the RCNI Data Collection System. We estimate this sample to be 37% of the national RCC survivor numbers and that patterns are similar across Ireland. The data in this section refers to all people who availed of counselling and support appointments in these RCCs in 2020. These appointments were provided face to face, by video call, and over the phone.

In 2020 1,241 people took up counselling and support with these 7 Rape Crisis Centres in Ireland. This is a 4% decrease on 2019 figures.

- The majority of these were survivors of sexual violence (90% or 1,112 individuals).
- 10% (129 individuals) were people supporting a survivor of sexual violence.

These 7 RCCs provided 15,194 appointments to survivors and supporters. This was a 26% increase in the number of appointments provided in the previous year. These appointments were fulfilled in person, over the phone, and by video calls as RCCs moved to remote working as soon as lockdown measures came into force. Every month of 2020 saw an increase in the number of appointments offered by RCCs when compared to 2019.

Graph 7: Monthly appointments 2020 and 2019



- In January and February 2020, prior to the pandemic impacting Ireland, there was a definite increase in the number of appointments provided by RCCs when compared with the previous year (10% in January and 8% in February).
- The most significant increase in appointments provided was in April 2020 when they peaked to 63% the volume of contacts received in April of the previous year. Many survivors found lockdown measures, along with the anxiety and fear that went hand in hand with the Covid-19 pandemic very triggering, and this caused a huge surge in the need for counselling and support.
- Appointment levels continued at a high level throughout the year, with June showing another spike to 57% higher than 2019 levels and July at 37% higher than 2019 levels.
- October was the quietest month with a 9% increase on 2019 levels.
- In December we saw the number of appointments rise again to 31% higher than 2019 levels. This increase has continued into 2021 and RCCs are continuing to operate at levels which are far beyond their funded capacity.

“When the pandemic swept across the world we had to change how we worked very quickly, and that brought huge challenges, for us and for our clients. Like the other Centres, we switched to remote working in the space of a few days and began offering phone or video calls. Not all clients availed of remote working, some because of lack of privacy or not wanting to bring the therapeutic process into their homes, others because they knew the relationship would be changed by the distance and so wouldn’t work for them.

As therapists, we also had to bring the work into our own homes which proved testing for us – our own families were also at home so trying to find privacy and confidentiality for appointments was an issue. We juggled appointment days and times wherever we could so that clients could stay in contact. We continued to offer legal support and advocacy throughout, though our volunteer support workers were unable to attend at SATU so again, phone contact was offered to survivors. Like our clients, we were sometimes competing for broadband/wifi with various family members and also trying to juggle childcare, parentcare, homeschooling, working from home, etc. All of us who work in the Centre found the lack of day-to-day contact with the rest of the team, which has always been a huge source of support for us, to be a huge loss. We replaced that with online team meetings, peer support groups, weekly check-in calls with myself as Manager and online supervision.


As various levels of restrictions came and went and came again, we moved back into the Centre and then back out again, putting all the safety measures we could in place to make coming into the building as safe as possible for everyone. We continued to offer a blend of face to face and remote counselling, as some clients were unable to return to the Centre, perhaps for health reasons or simply because public transport wasn’t running or because of lack of childcare.

We relied heavily on RCNI throughout, both for guidance and policies for online working, and weekly Manager meetings where issues created by this unique situation were identified and addressed. When I look back on it now, I’m amazed by how everyone simply took on the mammoth task of changing how we worked in very profound ways and still continued to put the survivor at the centre of it all – that continued to be the unchanging mantra and core of our services, while everything else changed around us.”

(Anne Scully, Waterford Rape and Sexual Abuse Centre)

Sexual violence disclosed to RCCs

Gender

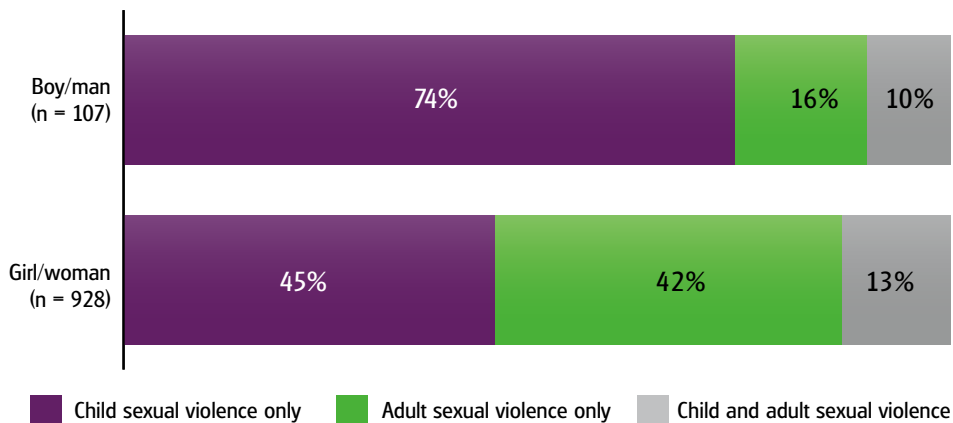
The majority of survivors attending RCCs were girls/women (90%). Boys/men accounted for 10% of survivors. 

When the sexual violence took place by gender

By examining when in the life cycle of the victim the sexual violence was perpetrated, we can make predictions about patterns of, and vulnerability to abuse. SAVI (Ireland's only existing sexual violence prevalence study) tells us that children who are subjected to penetrative sexual violence are at a 16-fold increased risk of experiencing further penetrative sexual violence in adulthood. Furthermore, penetrative sexual violence in childhood put girls at a 5-fold increased risk of contact sexual violence in adulthood, and boys at a 12-fold increased risk of contact sexual violence in adulthood. This year RCNI published ['Storm and Stress' An Exploration of Sexual Harassment Amongst Adolescents](#). This is a summary of Dr Michelle Walsh's PhD research which addressed a critical gap in Irish knowledge on the level and nature of sexual violence and responses in the adolescent community both within and outside of school. This evidence should inform all early intervention and prevention policy and practice. Its lessons are very clear – the earlier we prevent and stop sexual violence from happening and the better our response to children who are subjected to sexual violence, the greater chance we have of preventing the further sexual violence of that child victim as they move through life. But it should be noted that it is imperative that this happens alongside addressing the perpetrators' behaviours and the culture facilitating sexual violence, including amongst children themselves who are displaying harmful sexual behaviours.

Graph 8: When the sexual violence took place by gender (%) n = 1,035

U13 13-17 18+



The above graph forms the basis of our understanding of how sexual violence is perpetrated. We see that:

- Vulnerability to sexual violence is greatest for both girls and boys when they are in childhood (45% and 74% respectively).
- Boys' vulnerability to sexual violence decreases significantly as they grow into adulthood (74% in childhood to 16% in adulthood).
- Girls' vulnerability to sexual violence decreases as they grow into adulthood, but not as significantly as boys' vulnerability to abuse (45% in childhood to 42% in adulthood).

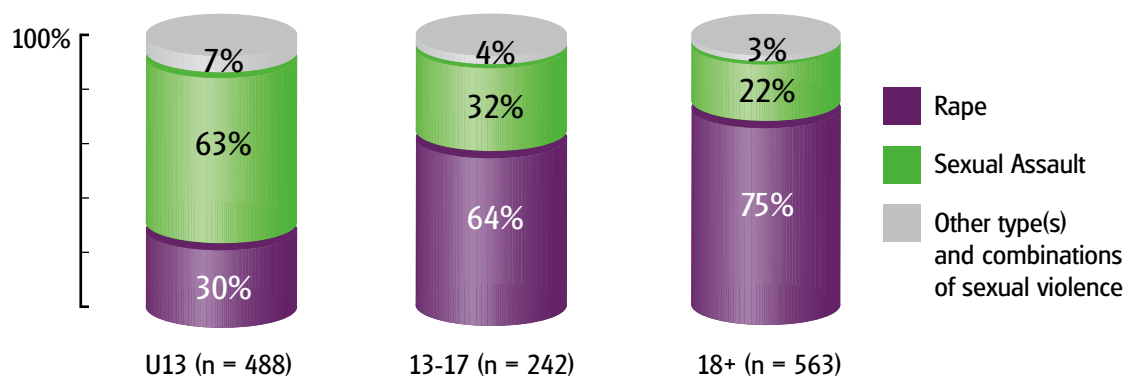


Type of sexual violence

In our analysis over the past decade, we have seen a common pattern emerging in the details of sexual violence disclosed to RCC counsellors. **Sexual violence is perpetrated against different age groups of survivors in distinctly different ways.** It is important to note here that the majority of survivors attending RCCs for counselling and support are adults at the time they access services and are attending because of historic sexual violence perpetrated against them when they were children. Children under the age of 14 who require support are referred to specialised services such as CARI.

Graph 9: *Type of sexual abuse by age began (%) n = 1,293

U13 13-17 18+



When we examine the age at which sexual violence was perpetrated against survivors attending RCCs we see that the majority of child sexual abuse was perpetrated against children who were under the age of 13 when the abuse began (488 children under the age of 13 compared with 242 children aged between 13 and 17). Some of the key patterns include:

- Children subjected to sexual violence which began when they were under the age of 13 were most likely to be sexually assaulted (63%), whereas
- Children subjected to the sexual violence which began when they were aged 13 to 17 were most likely to be raped (64%).
- Survivors of sexual violence in adulthood were more likely to be raped (75%).

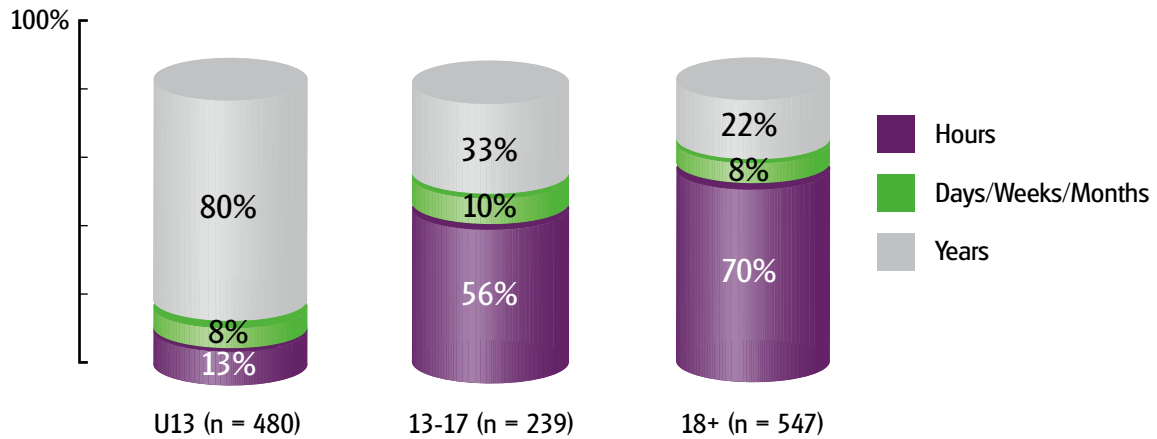
The vast majority of boys and men attending RCCs in 2020 were subjected to sexual violence when they were under the age of 13. Therefore, they and their experiences are most visible in this age cohort. Girls/women on the other hand are in the majority and are therefore driving all of the above trends. This might indicate that **girls become increasingly vulnerable to more extreme forms of sexual violence as they age.** When girls enter their teens they are more commonly disclosing rape to RCCs as the dominant form of sexual violence perpetrated against them. This increases further when we look at the types of sexual violence being disclosed by adults where rape is even more commonly disclosed.



Duration of sexual violence

Graph 10: *Duration of sexual violence by when the violence began (%) n = 1,266

U13 13-17 18+



The age of the survivor at the time the sexual violence was perpetrated against them is often an indicator of the length of time over which the abuse took place.

- Children who were abused when under the age of 13 most commonly disclose that the sexual violence was perpetrated over a number of years (80%).
- Children who were between the ages of 13 to 17 when the sexual violence began tell a different story which is more similar to that disclosed by survivors of sexual violence in adulthood. Most commonly these teenagers have disclosed that the sexual violence was perpetrated over a number of hours (56%), with one third disclosing that the sexual violence was perpetrated over a number of years (33%).
- Survivors of sexual violence in adulthood most commonly disclosed that they were subjected to abuse which was perpetrated over hours (70%), with 22% disclosing abuse that was perpetrated over a number of years.

“The services you have provided to me has helped me get my life back.”

(Survivor, 2020)

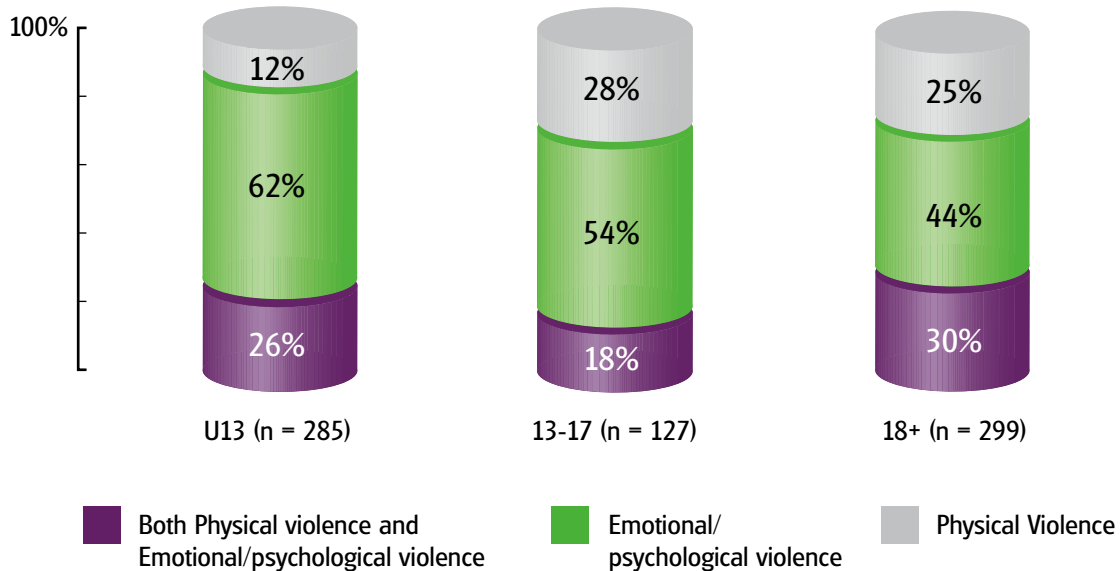
It is important to note here that when we further analysed the information given to us by survivors subjected to sexual violence as adults, we found an overwhelming correlation between the length of time over which the abuse was perpetrated and the relationship of the perpetrator to the survivor. **The vast majority of adults who were subjected to sexual violence over years disclosed that the abuse had been perpetrated by their partner/ex-partner.**



Additional forms of violence

Graph 11: *Additional forms of violence by when the abuse began (%) n = 711

U13 13-17 18+



60% of survivors disclosed that they had been subjected to additional forms of violence occurring at the same time as the sexual violence. This included physical violence (such as imprisonment, attempts to kill, and neglect), and emotional or psychological violence (such as harassment, intimidation, stalking, and death threats).

When we examine additional violence in the context of the age of victims, we see the same clear pattern; as children progress to their teenage years, they become more likely to experience similar patterns of abuse as adults. In this case we see that:

- Those who were under the age of 13 when the sexual violence was perpetrated against them were most likely to be subjected to additional emotional/psychological abuse (62%).
- Survivors who were teenagers (aged 13-17) when the sexual violence began predominantly disclosed that they were subjected to additional emotional/psychological abuse (54%).
- Survivors of sexual violence in adulthood disclosed being subjected to emotional/psychological abuse (44%).

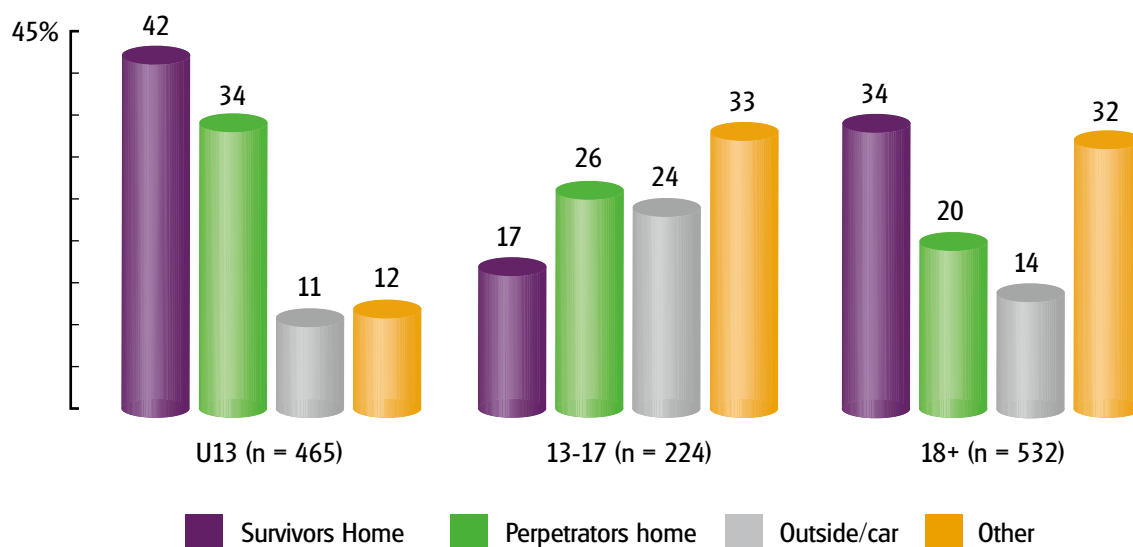
Survivors in all abuse age categories attending RCCs in 2020 disclosed higher levels of emotional and psychological abuse than in 2019, and lower levels of physical abuse and combinations of both physical and emotional/psychological abuse. The significance of this is unclear and we will monitor it further.

83% of survivors of domestic violence and coercive control disclosed that they had been subjected to additional violence as well as the sexual violence. This is significantly higher than the general population of survivors (60%).



Location of sexual violence

Graph 12: *Location of sexual violence by when the violence began (%) n = 1,221



When we examine the location where the sexual violence was perpetrated, we see some clear evidence of the relationship between the age of the survivor at the time the sexual violence was perpetrated and the location where the sexual violence was perpetrated. In order to present this information in the greatest detail we have analysed every incident of sexual violence that survivors disclosed to RCCs in 2020.

- Survivors who were subjected to sexual violence when under the age of 13 most commonly disclosed that they were subjected to the sexual violence in either their own home (42%) or in the perpetrator’s home (34%).
- Survivors who were subjected to sexual violence when aged between 13 to 17 disclosed that the most common location where the abuse took place was in ‘other locations’ (33%), followed closely by the perpetrator’s home (26%), and outside or in a car (24%). The most common ‘other locations’ for this age group was a friend’s house. A small number also disclosed that the violence took place in their workplace, at school, or in a pub/nightclub. A significant number of survivors who were abused when aged 13 to 17 disclosed that that sexual violence happened in their own homes (17%).
- Survivors who were subjected to the sexual violence when aged 18 and over disclosed that the most common locations of abuse were either in their own homes (34%) or in ‘other locations’ (32%). The most common ‘other locations’ for this age group of survivors were a friend’s house, a pub/nightclub, or their workplace. A significant number of survivors of sexual violence in adulthood disclosed that they were subjected to the sexual violence in the perpetrator’s homes (20%).

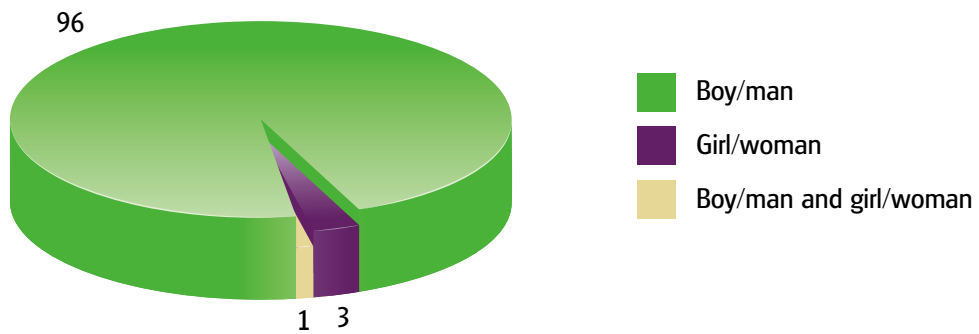
Survivors of domestic violence and coercive control were almost exclusively subjected to the sexual violence within the home – either their own home or their partner/ex-partner’s home.



Perpetrator Information

Gender of perpetrator

Graph 13: *Gender of perpetrator (%) n = 1,319



Sexual violence is a gendered crime. It is for the most part perpetrated by men against girls and women. Since RCNI began producing statistical analysis of survivors attending RCC services in 2004 this pattern holds firm and correlates with the national prevalence study, SAVI (2002).

- The vast majority of perpetrators of sexual violence were men and boys (96%).

“The fire inside me is greater than the fire outside me.”

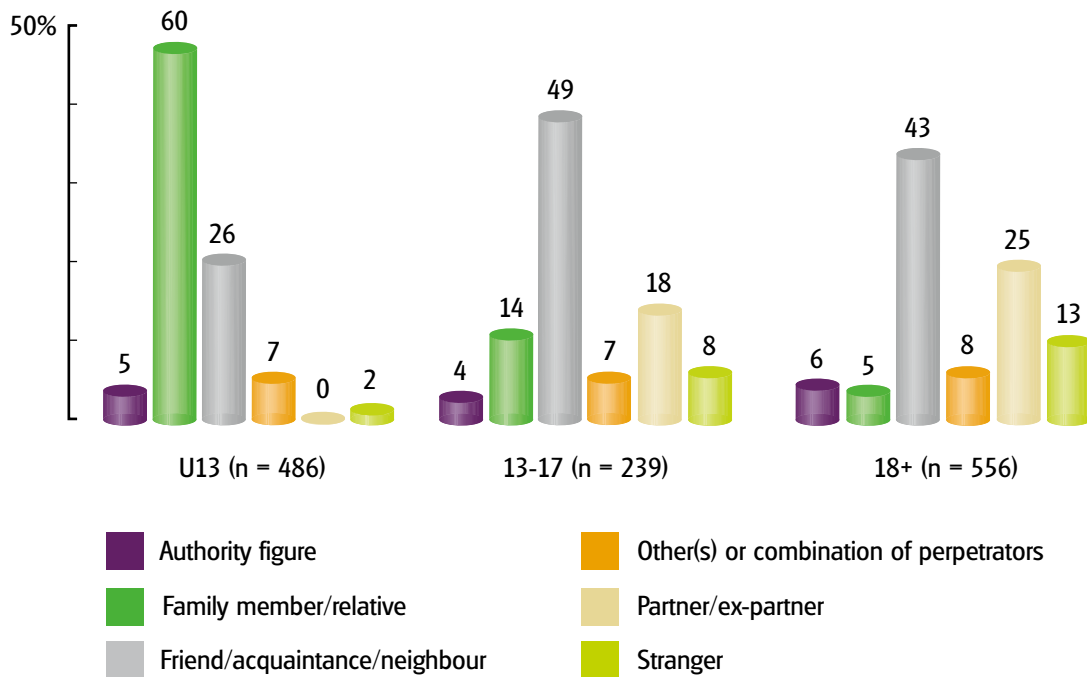
(Survivor, 2020)



Relationship of perpetrator to survivor

Graph 14: *Relationship to perpetrator by when the sexual violence began (%) n = 1,281

U13 13-17 18+



The vast majority of sexual violence is perpetrated by somebody known to the survivor and within their circle of trust. Common patterns emerge when we examine the relationship of the survivor to the perpetrator in the context of the age of the survivor at the time of the abuse.

Children under age 13:

- Children who were under the age of 13 when the sexual violence was perpetrated against them most commonly disclose that the sexual violence was perpetrated by a family member/relative (60%).
- Approximately one quarter of children subjected to sexual violence when under the age of 13 were abused by friend(s), acquaintance(s), neighbour(s) (26%).

Children aged 13-17:

- Similar to adults, children who were between the ages of 13 to 17 when the sexual violence was perpetrated against them most commonly disclosed that it was friend(s), acquaintance(s), neighbour(s) who subjected them to the abuse (49%).
- 14% of children subjected to sexual violence when under aged 13-17 were abused by a family member/relative.
- We also see 18% of this age group being subjected to sexual violence by partners/ex-partners. This category of perpetrator becomes more common when we talk about survivors who were subjected to sexual violence in adulthood.

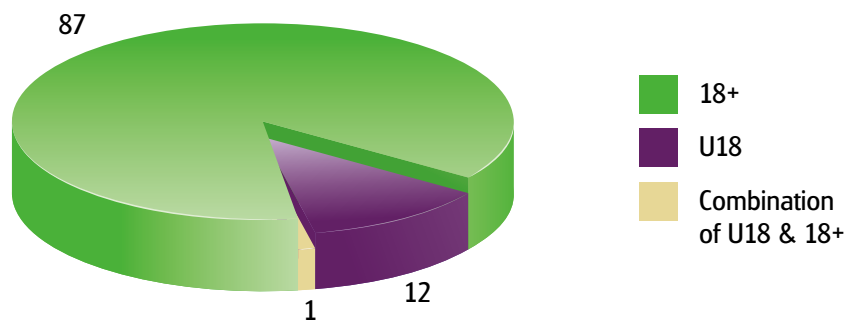
Adults aged 18 and over:

- Those subjected to sexual violence when aged 18 and over most commonly disclosed that the perpetrator was a friend(s), acquaintance(s), neighbour(s) (43%)
- One quarter of those subjected to sexual violence in their adulthood disclosed that the violence was perpetrated by a partner/ex-partner (25%).



Age of perpetrators

Graph 15: *Age of perpetrators (%) n = 1,510



- The majority of survivors disclosed that the perpetrators of sexual violence against them were adults (87%).
- 12% of survivors disclosed that the perpetrators of sexual violence against them were children.
- A small number of survivors disclosed that the perpetrators of sexual violence against them were a combination of adults and children (1%).

As previous RCNI research has demonstrated, there is a correlation between the age of the perpetrator and the age of the survivor. Most of the perpetrators who were under 18 at the time they perpetrated the sexual violence targeted children who were approximately the same age or younger than them



- The median age of those perpetrating sexual violence against children under the age of 13 was age 30.
- The median age of those perpetrating sexual violence against children aged 13-17 was age 22.
- Survivors of adult sexual violence were most commonly abused by someone in the same age category or one age category above theirs, eg; survivors aged 20-29 were most commonly subjected to the sexual violence by perpetrators who were aged 20-39; survivors aged 30-39 were most commonly subjected to the sexual violence by perpetrators who were aged 30-49.



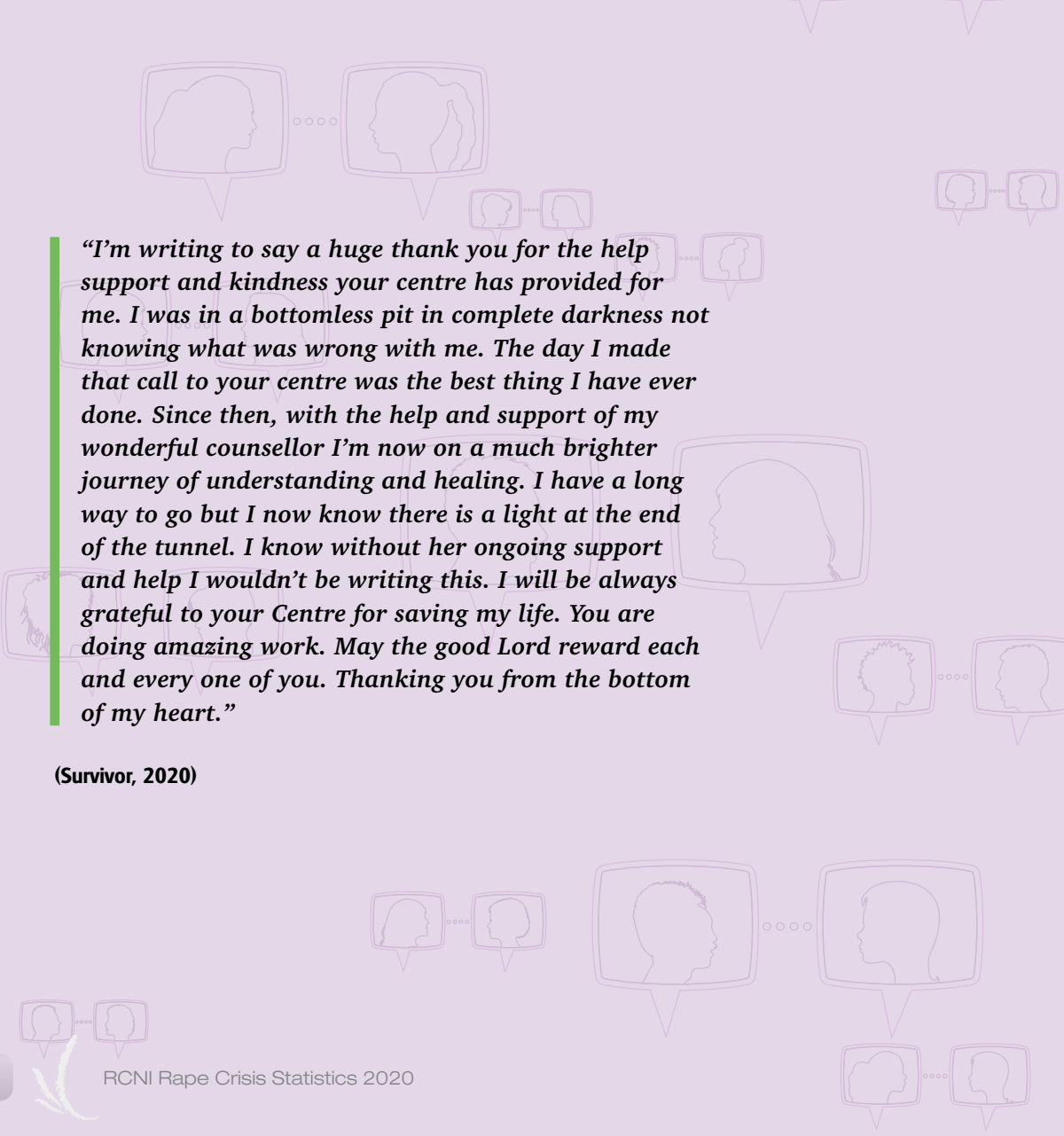
Pregnancy

7% of girls and women who were raped became pregnant as a result of the rape. This amounts to 47 women and girls. These survivors disclosed a range of different pregnancy outcomes. As the figures are quite low, we will give only a brief synopsis:



- Approximately half went on to parent their baby
- Approximately one quarter had terminations, and
- The remaining quarter disclosed a combination of adoption, fostering, miscarriage, and still births.

It should be noted that these figures may refer to pregnancy in the past and not necessarily in the year 2020. Additionally, these statistics do not speak to what choices a pregnant survivor made as our data merely record outcomes.



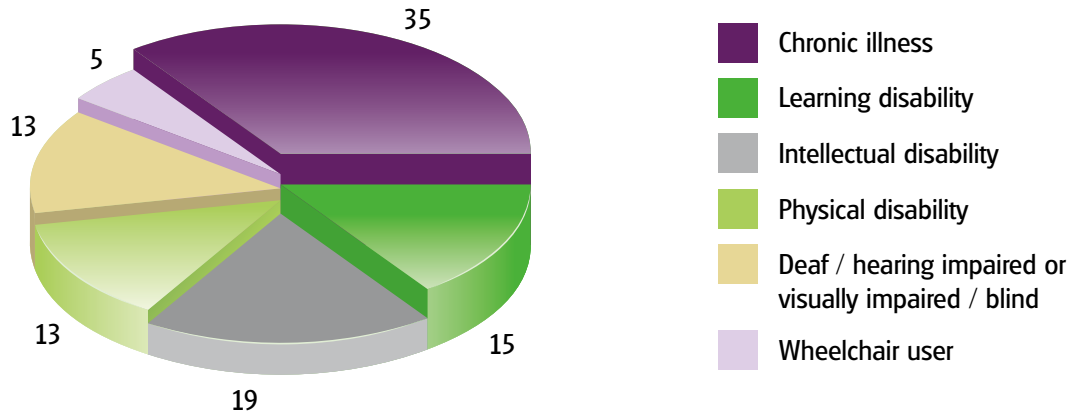
“I’m writing to say a huge thank you for the help support and kindness your centre has provided for me. I was in a bottomless pit in complete darkness not knowing what was wrong with me. The day I made that call to your centre was the best thing I have ever done. Since then, with the help and support of my wonderful counsellor I’m now on a much brighter journey of understanding and healing. I have a long way to go but I now know there is a light at the end of the tunnel. I know without her ongoing support and help I wouldn’t be writing this. I will be always grateful to your Centre for saving my life. You are doing amazing work. May the good Lord reward each and every one of you. Thanking you from the bottom of my heart.”

(Survivor, 2020)

Marginalised communities

Disability

Graph 16: Survivors with a disability (%) n = 75



7% of survivors attending RCCs for counselling and support in 2020 had a disability of some kind. This amounts to 75 people. Of these:

- Chronic illness is the most commonly disclosed disability (35%),
- Followed by an intellectual disability (19%), and
- A learning disability (15%),
- 13% of survivors had a physical disability, and
- 13% were either hearing impaired/deaf or visually impaired/blind.
- 5% were wheelchair users.

Because the numbers are quite low, we cannot speak in great detail about this group. What we can say is that:

- The majority of survivors with disabilities attending RCCs were girls/women.
- There was a spread of age groups, with the highest number being in the 40-49 age group.
- Perpetrators of sexual violence against people with a disability were most commonly within their circle of trust.
- The sexual violence was usually perpetrated within the survivor's or perpetrator's homes.
- The majority were subjected to one incident of sexual violence, and
- Survivors with disabilities disclosed higher levels of adult sexual violence and lower levels of child sexual violence than survivors with no disability.

For more detailed information on survivors with disabilities attending RCCs see the RCNI report published in 2011 entitled [Sexual Violence Against People with Disabilities: Data collection and barriers to disclosure.](#)

Survivors seeking and granted International Protection

5% of survivors attending RCCs in 2020 were people seeking International Protection under International Human Rights mechanisms. This amounted to 60 people which includes those seeking International Protection (asylum), those with leave to remain, and people with refugee status.

The numbers are too low to provide a detailed analysis, however what we can say about survivors attending RCCs in this group is that:

- The majority were women, and
- Usually between the ages of 30-39.
- Most were from African countries.
- The majority were subjected to sexual violence in adulthood.
- This group disclosed sexual violence perpetrated by multiple perpetrators more commonly than the general population of survivors.
- They also disclosed higher than average levels of sexual violence which was perpetrated by authority figures and partners/ex-partners.
- The sexual violence was usually accompanied by greater levels of physical violence than the general population of survivors.

For more detailed information on survivors seeking and granted International Protection see the RCNI report: [Asylum seekers and refugees surviving on hold](#).

Irish Travellers

A small number of Travellers attended these RCCs for counselling and support in 2020. The figures are too low to provide any meaningful analysis without risking identification. However, we feel that it is important to maintain the visibility of this marginalised group within our reports.

LGBT

4% of survivors attending RCCs in 2020 identified as lesbian, gay or bisexual. This amounts to 45 people. Because the figures are quite low, we cannot provide detailed analysis. What we can say is:

- The majority were women, and
- The majority were subjected to sexual violence when under the age of 18.
- Rape was disclosed as the most common type of sexual violence, followed by sexual assault.
- The sexual violence was mostly perpetrated by someone within their circle of trust.

For more detailed information on survivors who identify as LGBT see the RCNI report [Finding a Safe Place, LGBT Survivors of Sexual Violence and Disclosure in Rape Crisis Centres](#) published in 2016.

“Sharing my story in the group, people who I could identify with, people who supported and understood me has been liberating. It has created an awareness in me that it was never my shame, never my crime yet I allowed it to control how I felt. Keeping other people’s crimes a secret imprisons me, not them, and I served the sentence. But now, through sharing the secret I am free, I have chosen to set myself free of how it controlled me, the fear I felt, the anxiety, the insomnia, the low self-esteem, lack of confidence and most of all I am free to love myself just as I am. The healing has just begun, and I am looking forward to the rest of my journey.”

(Survivor, 2020)

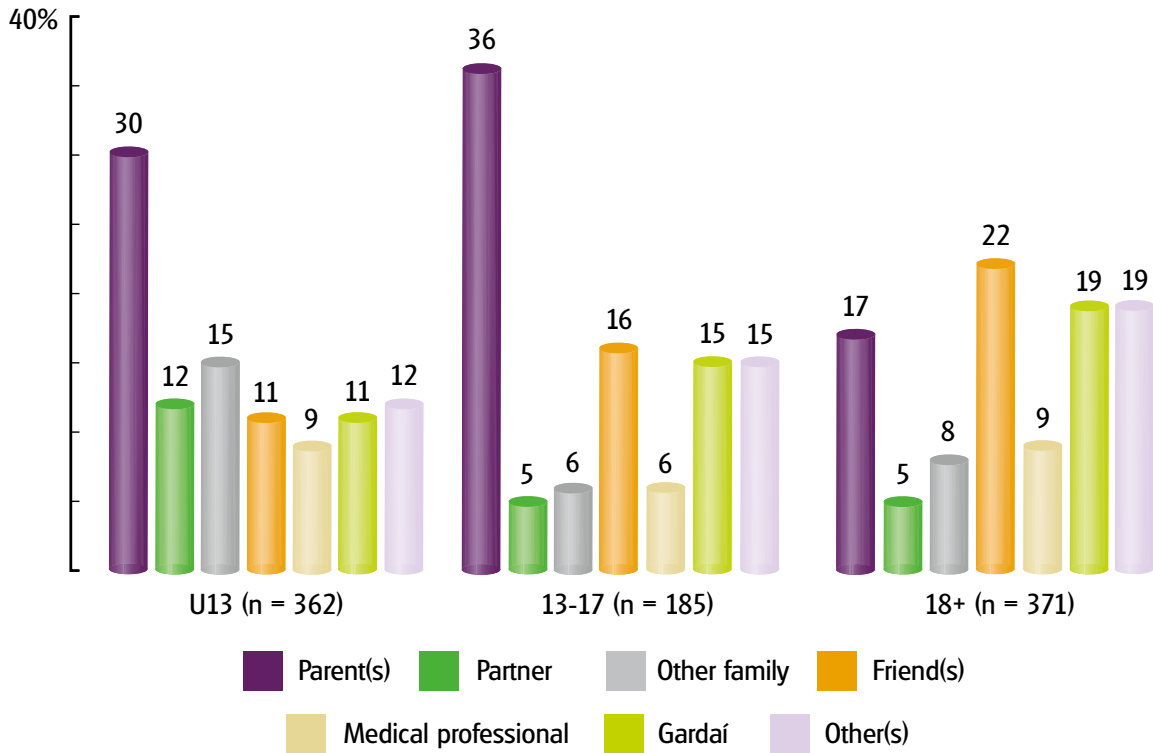


Disclosing and reporting of sexual violence

Telling someone for the first time

Graph 17: Whom survivors first told about the sexual violence by when the abuse began (%) n = 918

U13 13-17 18+



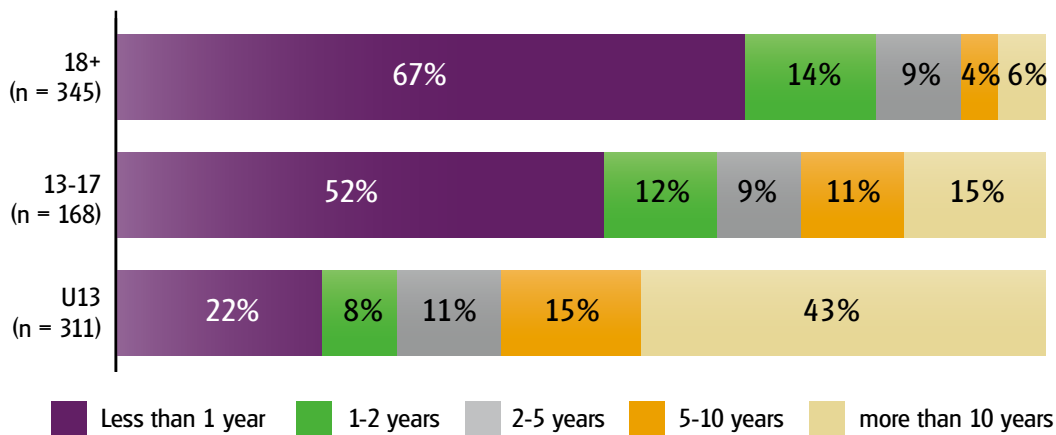
RCCs were the first point of disclosure for 12% of survivors attending their services in 2020. The majority (82%) had disclosed some or all of the details of the sexual violence perpetrated against them to someone else prior to attending the RCC.

- A parent was the most common point of first disclosure for those who were subjected to sexual violence when under the age of 13 (30%). Other family members were also commonly disclosed to by this cohort (15%).
- People who were subjected to sexual violence when between the ages of 13 to 17 most commonly first disclosed to parents (36%), friends (16%), and the Gardaí (15%).
- Those subjected to sexual violence in adulthood first disclosed to friends, (22%), Gardaí (19%), and parents (17%). As can be seen in the above graph the highest category for disclosure to the Gardaí are those subjected to sexual violence as adults.



Graph 18: How long after sexual violence was first disclosure (%) n = 824

U13 13-17 18+

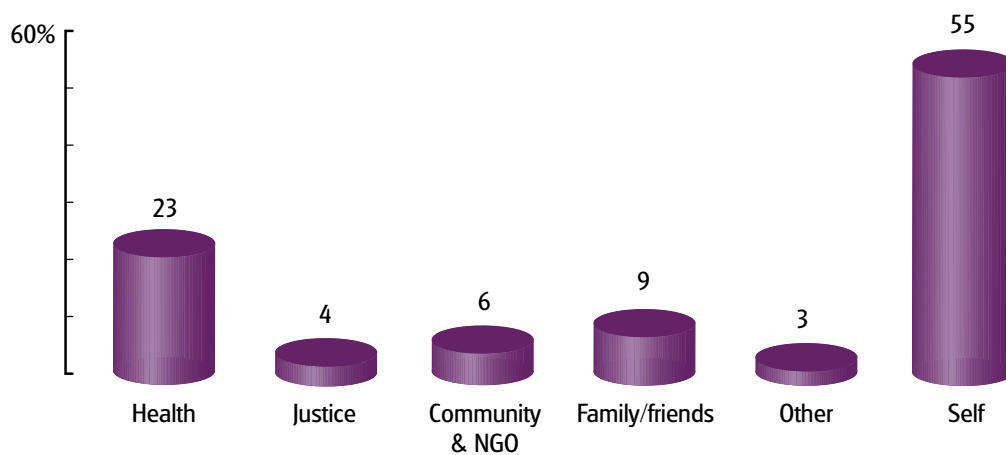


We see a clear correlation between what age the survivor was when the sexual violence was perpetrated against them and how long after this abuse they first disclosed what had happened to another person.

- Those who were abused in their childhood when under the age of 13 most commonly did not disclose anything about the sexual violence for 10 years or more (43%).
- Those who were abused in their childhood when aged 13 to 17 most commonly disclosed that the sexual violence had taken place less than a year afterwards (52%).
- Survivors who were in their adulthood when the sexual violence was perpetrated against them usually disclosed to someone less than a year afterwards (67%).

Referrals

Graph 19: Survivors referred to RCCs by (%) n = 1,181



- Over half of survivors referred themselves to an RCC (55%).
- The most common other source of referral was from health services (23%), and
- From family and friends (9%).



Time between sexual violence and the first contact with an RCC



When we examine the median length of time between sexual violence being perpetrated and the survivor accessing RCCs for counselling and support we see stark differences between those subjected to sexual violence at different life stages.

- For those subjected to sexual violence in adulthood the median length of time between the beginning of the abuse and coming to an RCC is 3 years.
- For those subjected to sexual violence when aged 13 to 17 the median length of time between the beginning of the abuse and coming to an RCC is 8 years.
- For those subjected to sexual violence when under the age of 13 the median length of time between the beginning of the abuse and coming to an RCC is 33 years.

Survivors of sexual violence who were aged 18 and over when subjected to violence by their partners or ex-partners access RCC supports later than other survivors of sexual violence. The median length of time between the beginning of the abuse and the start of RCC counselling and support is 7 years. This is also reflective of the longer length of time over which the violence is perpetrated by partners/ex-partners with a high proportion disclosing that the sexual violence was perpetrated over years.



“Don’t avoid your inner world. Don’t choose to turn your subtle gaze away from who you are and what you need to work through. You will feel unsure and uneasy within your being without your consistent look of love. You need to mine for the caverns of gold covered in heavy rock and rubble. Sift through and only take what you want, discard the rest. You are forming your own mountain with what was left of who you were. Something both solid and strong. You are building what cannot break. Not this time.

The ways you were deprived of eyes that could have softened the fear within your body. You should have known. You should have been told. You should never have to think that being vulnerable wasn’t safe. You deserved to feel security in abundance and be surrounded with truth and you should never have had to feel like who you were was not loveable as the sensitive child you were.

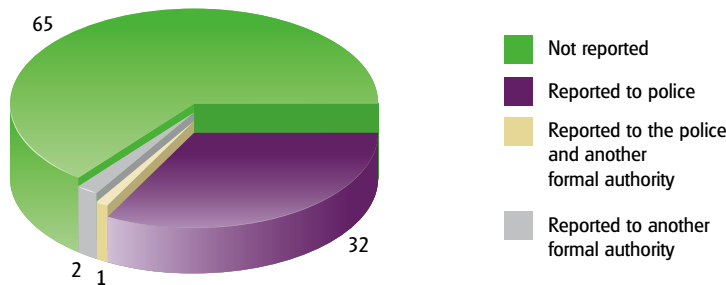
I love the parts of you that only ever felt lack and loss and lonely. I will catch your eyes, and find the parts and pieces that still morph and change for what you feel is needed. To be deemed as “loveable” or “not wrong” or “not broken” in order for you to accept who I am. I will remind you again and again, in countless ways, that you no longer have to change to seek the love that always belonged to you.”

(Survivor, 2020)

Reporting to a formal authority

RCCs fully support a survivor’s choice whether to report the sexual violence to a formal authority or not. The only exception here is when a perpetrator still poses a risk to a child, in which case the RCC is obliged to make a formal report to Tusla. This section of the report dealing with survivors reporting the sexual violence to a formal authority refers to all incidents of sexual violence. This means that it counts every incident that survivors reported to formal authorities. Some survivors reported more than one incident to a formal authority, such as the Gardaí, because they were subjected to multiple different incidents of sexual violence. For a definition of ‘incident’ see the Index of Terms and Methodology sections at the end of this report.

Graph 20: *Reporting the sexual violence to a formal authority (%) n = 1,301



When we examine every incident of sexual violence that survivors disclosed to counsellors in RCCs we see that 35% of incidents were reported to a formal authority by the survivor. The most common formal authority survivors reported to was the Garda Síochána (32%).

***Reporting to a formal authority by the age of survivor when the abuse began (%)**

U13 13-17 18+

	U13	13-17	18+
Reported to a formal authority	30%	39%	37%
Not reported	70%	61%	63%

When we examine these incidents in more detail we can see clear differences in the level of reporting of sexual violence perpetrated at different life stages of a survivor. It is important to remember that the majority of child sexual violence reported to these formal authorities is historic abuse and being reported by survivors who are now adults.

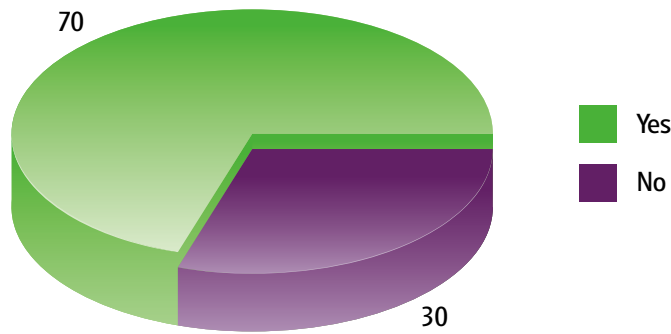
- Incidents of sexual violence which were perpetrated against teenage children (ages 13-17) were most commonly reported by survivors to a formal authority (39% of incidents were reported). This is a reduction of 6% from 2019 RCNI statistics.
- 37% of incidents of sexual violence perpetrated against adults were reported to a formal authority by survivors.
- Sexual violence perpetrated against children under the age of 13 was the most unlikely to be reported to a formal authority by survivors (30%).



Survivors of sexual violence when aged 18 and over who were subjected to the violence by their partners or ex-partners disclosed significantly lower levels of reporting to a formal authority (28%) than the population of survivors subjected to abuse by other types of abusers in adulthood (41%).



Graph 21: *Did the Gardaí maintain ongoing contact throughout the case (%) n = 372



The majority of survivors who reported incidents of sexual violence to An Garda Síochána disclosed that the Gardaí maintained ongoing contact with them throughout the case (70%). This means that the Gardaí contacted the survivor with regular updates on the progress of their case.

***Did the Gardaí maintain ongoing contact by the age of survivor at time abuse began (%)**



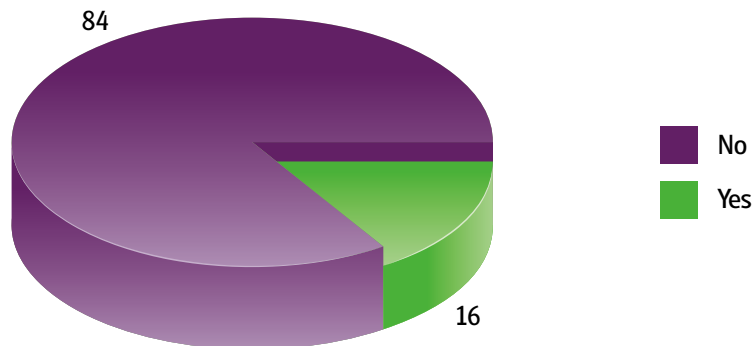
	U13	13-17	18+
No	37%	29%	27%
Yes	63%	71%	73%

We see significant differences in survivor experiences of reporting the sexual violence to the Gardaí when we look at what age the survivor was when the sexual violence was perpetrated against them. The majority of child sexual violence reported to the Gardaí is historic abuse and being reported by survivors who are now adults.

- In 73% of incidents those subjected to sexual violence as adults disclosed that the Gardaí had maintained ongoing contact with them throughout the case.
- Those who were subjected to sexual violence when aged 13-17 disclosed that in 71% of incidents the Gardaí had maintained ongoing contact with them. This is a 5% increase from 2019 figures.
- Survivors who were subjected to the sexual violence when under the age of 13 disclosed the lowest level of Gardaí maintaining ongoing contact with them throughout the case (63%).



Graph 22: *Did the survivor have difficulty obtaining case information from the Gardaí (%) n = 346



84% of survivors who reported to An Garda Síochána disclosed that they had no difficulty obtaining information on their case from the Gardaí.

***Did the survivor have difficulty obtaining case information from Gardaí by the age of survivor at time abuse began (%)**

U13 13-17 18+

	U13	13-17	18+
No	79%	95%	81%
Yes	21%	5%	19%

When we examine the experience of survivors subjected to the abuse at different life stages, we see some small differences in difficulty levels in obtaining information on their case from the Gardaí.

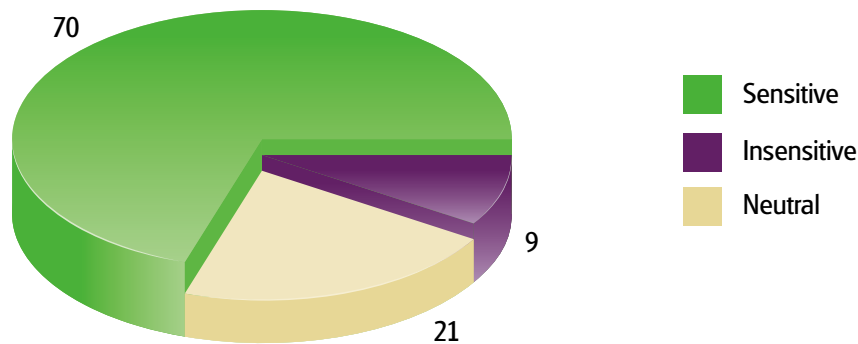
- Survivors who were subjected to the sexual violence when under the age of 13 disclosed they had no difficulty obtaining case information 79% of the time.
- Those who were subjected to sexual violence when aged 13-17 disclosed that in 95% of incidents they had no difficulty obtaining case information from the Gardaí. This is a 10% increase from 2019 figures. We believe that this is most likely a reflection of the ongoing and now completed roll out of Garda Divisional Protective Services Units (DPSU). DPSUs support the delivery of a consistent and professional approach to the investigation of sexual and domestic violence and have specially trained officers.
- In 81% of incidents those subjected to sexual violence as adults disclosed that they had no difficulty obtaining case information from the Gardaí.

“Attending therapy has helped me to feel my body from the tips of my toes to the top of my head.”

(Survivor, 2020)



Graph 23: *How did the survivors perceive they were treated by Gardaí (%) n = 364



The majority of survivors attending RCCs who reported the sexual violence to the Gardaí felt that they were treated in a sensitive manner by the Guards (70%) and 21% felt they were treated in a neutral manner. This is a return to 2015 levels as in 2019 survivors disclosed that they felt the Gardaí were sensitive 82% of the time and neutral 10% of the time. RCNI will continue to monitor data on this measure and will explore possible reasons for the difference between 2019 and 2020 statistics in collaboration with An Garda Síochána. It may be related to the extraordinarily high demands made on An Garda Síochána throughout the Covid lockdowns.

***How did survivor perceive they were treated by the Gardaí by the age of survivor when abuse began (%)**

U13 13-17 18+

	U13	13-17	18+
Insensitive	10%	4%	12%
Neutral	20%	26%	19%
Sensitive	70%	71%	69%

There are significant differences in survivors' perception of how they were treated by the Gardaí when we look at what age the survivor was when the sexual violence was perpetrated against them.

- 70% of those who were subjected to sexual violence when under the age of 13 disclosed that they felt the Gardaí treated them in a sensitive manner. This is a decrease of 15% from 2019 levels.
- 20% of those subjected to sexual violence when under the age of 13 felt they were treated in a neutral manner by Gardaí. This is a 12% increase from 2019 figures.
- 71% of those who were subjected to sexual violence when aged 13-17 disclosed that they felt the Gardaí treated them in a sensitive manner. This is a decrease of 19% from 2019 levels.
- 26% of those subjected to sexual violence when under the aged 13-17 felt they were treated in a neutral manner by Gardaí. This is a 18% increase from 2019 figures.
- Survivors of sexual violence in adulthood perceived that the Gardaí responded to them in a sensitive manner (69%). This is a slight decrease of 5% from 2019 figures. As in the other cohorts, we see this decrease in sensitivity result in a slightly higher level of neutral responses (13% in 2019 compared to 18% in 2020).



“The COVID-19 pandemic has had a huge toll on our organisation and the clients we serve. Trauma whether in the past or more recent cannot be put on hold, even in the face of a national and global crisis. All clients of Rape Crisis North East were reassured that they would continue to receive one to one counselling support during the Covid-19 pandemic. It meant that the services that people needed had to change, with counsellors working remotely using online video platforms and telephone, and providing out of hours support services at times that suited clients. We put in place robust policies and safety practices led by Rape Crisis Network Ireland to ensure a safe work environment for all who enter our centre.

We saw a huge increase in the demand for our services from vulnerable people in need of support. Survivors of sexual violence were more in need of our services in 2020 continuing into 2021 than ever before and it was, and still is of critical importance that RCNE, an essential service, is able to support our clients in these challenging and unprecedented times. Many survivors really struggled during lockdown. Some clients living with a partner and children informed us of difficulty finding the time and/or the space to access supports. For others, lockdown had proven very difficult. Sexual violence was on the increase due to people being stuck at home together. In response to these concerns, RCNE had to adapt our services to the current environment as it was now more important than ever to reach out to those in need. Clients were very grateful and acknowledged their gratitude for this continued support. We would encourage our clients to find a safe quiet place where they can talk in private. For some, their safe place was in their car away from their home, the park or in a friend’s house. Some of the more challenging situations presented in Direct Provision, where people are living in shared accommodation facilities and really struggled to find somewhere away from others to speak in confidence.

RCNE offered our time and flexibility to our clients by whatever means possible. If it wasn’t safe for a client to receive support during the day, we would make ourselves available to clients outside our normal working hours. We would send care packages to those clients in Direct Provision who most needed our help and support, and we also supported many other organisations who were struggling to cope with their huge waiting lists of vulnerable people, especially people in crisis in need of immediate help.

While the true effects of Covid-19 on RCNE and the wider sector will not be known for some time, it is clear that the crisis has already had a large toll on our organisation particularly in terms of crisis fatigue and the significant loss of finances to support our service. We were fortunate to receive Covid-19 financial support from our core funders Tusla and from many local funders: RTE Comic Relief Fund - Community Foundation; American Ireland; PayPal; National Lottery; The Courts; Dundalk Credit Union; Local Councillors; Tesco Community; Rotary Club; The Great Northern Distillery and the generosity of the public through donations. However, we were unable to hold any public fundraising events in 2020 and as a result led to a large deficit going into 2021.

The cancellation of so many fundraising events during 2020 and now 2021 has led to an acute funding shortfall for our Centre. In tandem with this deficit, we have seen an overwhelming surge in the demand for our services. We have particularly seen an increase in young people in need of our counselling support along with an increase in referrals from local services, schools and youth groups. Our confidential Helpline which for many is the first port of call, has been a lifeline for many survivors and supporters of rape and sexual violence across Louth, Meath, Monaghan and Cavan during the darkest and most challenging of times over the past year. Over 3,300 contacts were made, a significant increase from previous years. Our Helpline service is supported by a team of dedicated volunteers and staff, who give their time so generously to ensure the Helpline service is maintained. Our staff and volunteers have worked above and beyond to ensure every single call was answered and supported. We do not receive any statutory funding for this Helpline service and it is totally dependent on donations and fundraising.

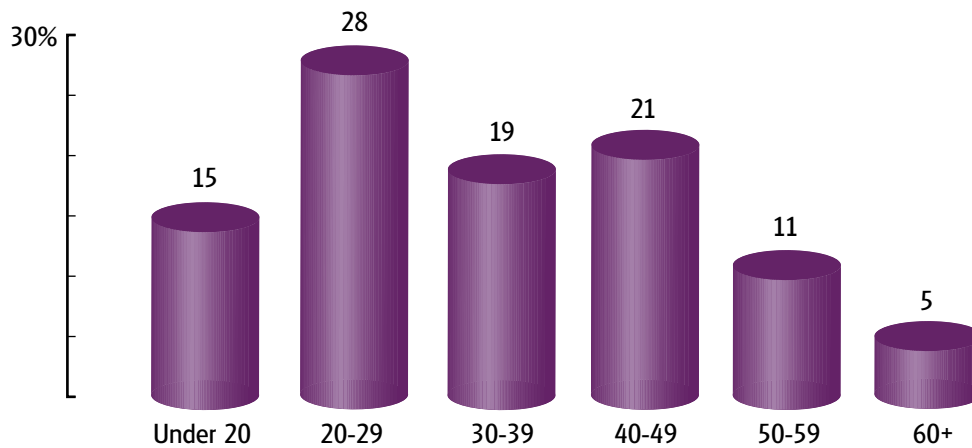
Regrettably, Rape Crisis Centre’s employees and their families and friends have been impacted by COVID-19 with a number suffering adverse outcomes, including tragically bereavement. Rape Crisis Network Ireland’s board of Directors offers its deepest sympathy to anyone involved in Rape Crisis Centres and their families who have lost loved ones.”

(Grace McArdle, Rape Crisis North East)

Demographics

Age of survivor

Graph 24: Age of survivors accessing RCC services (%) n = 1,108



- 8% of survivors accessing service in 2020 were under the age of 18 when they did so.
- Survivors were most commonly between the ages of 20-29 when they began using services (28%).
- 19% were aged 30-39, and
- 21% were aged 40-49.
- 16% were aged 50 or over.

When we examine this in more detail we see a correlation between what age the survivor was when the abuse began and how long after the sexual violence they accessed RCC services:



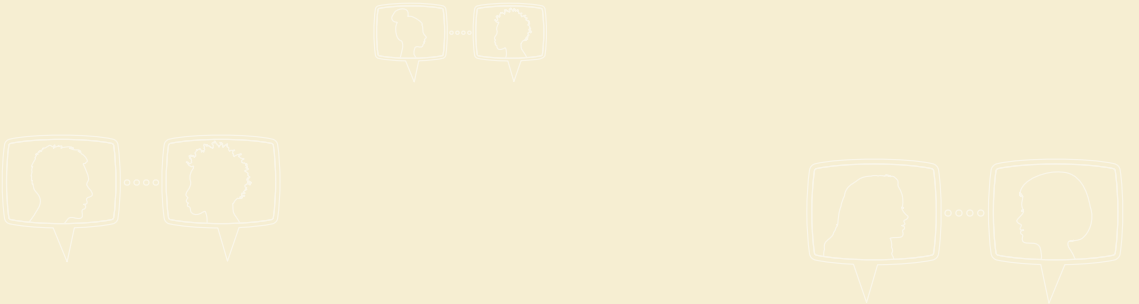
- Those subjected to sexual violence when under the age of 13 most commonly accessed RCC services when they were between the ages of 30-49. This group of survivors have the greatest gap between the sexual violence being perpetrated and seeking support from a RCC.
- Those subjected to sexual violence when aged 13 to 17 most commonly took up counselling and support with RCCs when they were still under the age of 18.
- People subjected to sexual violence in adulthood most commonly began counselling and support in RCCs when aged 20 to 29.

Country of origin

The majority of survivors accessing RCC services in 2019 were Irish (87%),

- 5% were from African countries
- 4% were from the UK, and
- 4% were from other countries.





Sexual violence is a horrific and devastating crime that can impact victims for the rest of their lives. When survivors take the brave step of reporting their crime, they expose and may relive their deep and personal trauma. They need a dedicated accompaniment service to guide them through the process.

*Our accompaniment services are delivered mainly by volunteers. They accompany survivors of sexual violence to Sexual Assault Treatment Units (SATU) throughout the country. We also provide accompaniment when they report the sexual violence to An Garda Síochána, and also when a survivor is going to Court. In the words of a client who availed of the service **“She was someone I trusted who would be with me through the whole process. There are so many people who ask a lot of questions and then move on, who sometimes cannot give you the answers you need. It’s comforting to know you have one consistent person by your side who understands the process.”***

This dedicated accompaniment service is vital for survivors to feel supported throughout the process. It provides them with the knowledge that there is someone there for them and reduce the isolation. The number of survivors reporting and availing of accompaniment has increased year on year.

During 2020, Covid 19 impacted in our ability to provide this valuable service. The majority of court cases were adjourned and there was a reduction in Garda visiting our Centre to take statements. We were supporting clients through the process remotely. We recognise the importance of providing an accompaniment service for any survivor who makes the decision to report and our hope for the future is that survivors will have access to dedicated advocates in all Rape Crisis Centres. It’s the least they deserve.”

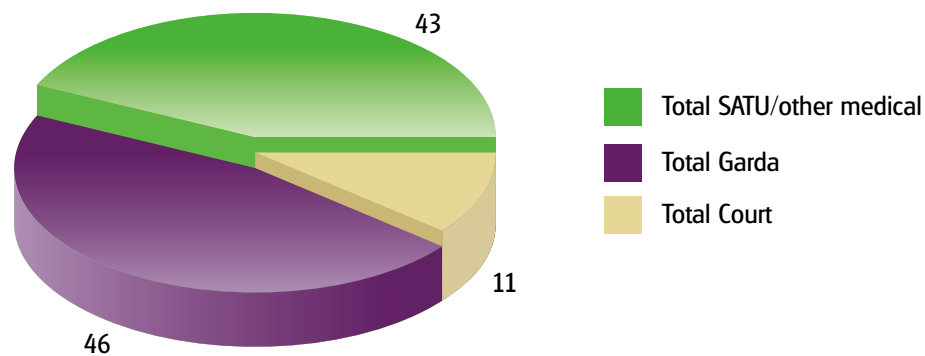
(Vera O’Leary, Kerry Rape & Sexual Abuse Centre)

Accompaniment



The following information is compiled using data entered by a sample of 5 Rape Crisis Centres into the RCNI Data Collection System. While RCNI runs a Court and Garda Accompaniment programme funded by the Department of Justice, not all centres record their activity in the RCNI database. We estimate this sample to be 19% of the national RCC numbers and that patterns are similar across Ireland. The data in this section refers to all people who availed of RCC accompaniment services in 2020.

Graph 25: Accompaniment type (%) n = 136



In 2020 five RCCs provided accompaniment services to 136 survivors of sexual violence. This was a 21% decrease from 2019 figures. Face to face accompaniment services were severely impacted by Covid-19 public health constraints. Court and Garda accompaniment services had to be adapted rapidly during 2020 so that psychological support could still be provided to survivors remotely, through phone calls or secure video calls where necessary, instead of face to face. All of these accompaniments took place over 120 days.

- The majority of these accompaniments were to the Gardai (46%). This was a 22% increase from 2019 figures as a result of COVID-19 measures.
- 43% of accompaniments were to Sexual Assault Treatment Units (SATUs). This was a 22% decrease from 2019 figures as a result of COVID-19 measures.
- 11% of accompaniments were made to court. This is approximately the same level as 2019.



Common sexual violence patterns

Age of survivor at time of abuse

	Under 13 years U13	13-17 years 13-17	18 years plus 18+
Gender of survivor	Girl/boy	Girl	Woman
Type of sexual violence	Sexual assault	Rape	Rape
Additional forms of violence	Emotional/psychological	Emotional/psychological	Equal combinations of emotional/psychological, physical, and both
Duration of sexual violence	Years	Hours	Hours
Location of sexual violence	Survivor's home/ Perpetrator's home	Survivor's home/ Perpetrator's home/ Outside or in a car/ Friend's house	Survivor's home/ Perpetrator's home/ Friend's home
Relationship to perpetrator	Family member	Friend/ acquaintance/ neighbour	Friend/ acquaintance/ neighbour
Gender of perpetrator	Man	Man	Man
Median age of perpetrator	30	22	31
Time between sexual violence and accessing RCC support services	33 years	8 years	3 years
First disclosure to	Parents/ other family	Parents/Friends/ Gardaí	Parents/Friends/ Gardaí
How long after sexual violence was disclosure made	10 years plus	Less than 1 year	Less than 1 year
Reported to a police/ formal authority	30%	39%	37%

Common sexual violence patterns



Adult survivors of domestic violence and coercive control



Gender of survivor	Woman
Type of sexual violence	Rape
Additional forms of violence	83% emotional/psychological/physical
Duration of sexual violence	Years
Location of sexual violence	Home
Relationship to perpetrator	Partner/ex-partner
Gender of perpetrator	Man
Time between sexual violence and accessing RCC support services	7 years
Reported to a police/formal authority	29%



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 before any data is analysed. This involves checking all of the data entered by RCCs for mistakes and omissions, and rectifying these.

RCNI National Statistics Report compilation

The information in this report is compiled from the data entered by a sample of Rape Crisis Centres around Ireland. The number of RCCs included in each section of the report is noted at the top of each section as well as an estimate of how this relates to usage of RCC services throughout Ireland. The data represents all people using these RCCs for counselling, support, accompaniment, and helpline services in 2020. 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 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 centres 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. Each incident may include multiple if not hundreds of crimes perpetrated by the same individual or group of perpetrators. The RCNI Database collects data on survivors' abuse details by incident because it is the internationally recognised best practice method of doing so (Basile, 2009). For each service user, data is input about each incident of sexual violence and the perpetrators of sexual violence. It is clearly indicated with an asterisk (*) when any tables, graphs and analysis in this report refer to incidents of sexual violence.

Previous RCNI Statistics reports



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: https://www.cdc.gov/violenceprevention/pdf/SV_Surveillance_Definitions-2009-a.pdf

Council of Europe (2014) The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, COE. Available at: <https://www.refworld.org/docid/548165c94.html>

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-r3fwsmeXXItSY28Mnur&allow_%20share=true&escape=false&show_recommendations=false&view_mode=scroll

European Institute for Gender Equality (2021) Estimating the Costs of Gender-based Violence in the European Union, EIGE. Advance online publication: <https://eige.europa.eu/news/gender-based-violence-costs-eu-eu366-billion-year>

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: <https://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: <https://www.rcni.ie/wp-content/uploads/RCNI-Asylum-Seekers-and-Refugees-Surviving-on-Hold.pdf>

Rape Crisis Network Ireland (2016) Finding a Safe Place LGBT Survivors of Sexual Violence and Disclosures to Rape Crisis Centres, RCNI. Available at: <https://www.rcni.ie/wp-content/uploads/RCNI-Finding-a-Safe-Place-LGBT-Survivors.pdf>

Rape Crisis Network Ireland (2014) Hearing child survivors of sexual violence, Towards a national response, RCNI. Available at: <https://www.rcni.ie/wp-content/uploads/Hearing-Child-Survivors-of-Sexual-Violence-2013.pdf>

Rape Crisis Network Ireland (2018) Hearing Every Voice, Towards a New Strategy on Vulnerable Witnesses in Legal Proceedings, RCNI. Available at: <https://www.rcni.ie/wp-content/uploads/210807-Rape-Crisis-Network-Ireland-Hearing-Every-Voice-Report-3.pdf>

Rape Crisis Network Ireland (2020) RCNI Rape Crisis Statistics 2019, RCNI. Available at: <https://www.rcni.ie/wp-content/uploads/RCNI-Statistics-2019.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: <https://www.rcni.ie/wp-content/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: <https://www.rcni.ie/wp-content/uploads/Older-Child-Policy-Document-FINAL.pdf>

Rape Crisis Network Ireland (2021) Storm and Stress: An Exploration of Sexual Harassment Amongst Adolescents', RCNI. Available at: <https://www.rcni.ie/wp-content/uploads/RCNI-Storm-and-Stress-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)

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

Domestic abuse and coercive control: A persistent and deliberate pattern of behaviour by a partner/ex-partner designed to achieve obedience and create fear. In this report it includes sexual violence as part of the abuse. It may also include coercion, emotional/psychological abuse, isolation, physical violence, degradation and control

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. Each incident may include multiple if not hundreds of crimes perpetrated by the same individual or group of perpetrators. The RCNI database collects data on survivor's abuse details by incident because it is the internationally recognised best practice method of doing so (Basile, 2009)

International Protection: Human Rights law protecting people who are outside of their country of nationality, who have a well-founded fear of being persecuted in that country if they return to it. This includes people seeking International Protection (formerly known as asylum seekers), and people granted Refugee status or leave to remain

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

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 OtherOther 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

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




Notes

A series of horizontal dotted lines provided for taking notes.

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.



**Survivors from the following Rape Crisis Centres
are included in this report.**

To donate to your local Rape Crisis Centre select the  button beside the Centre you wish to donate to.

**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

Mayo Rape Crisis Centre

 1800 234 900

Rape Crisis Midwest

 1800 311 511

Rape Crisis North East

 1800 212 122

Waterford Rape & Sexual Abuse Centre

 1800 296 296

Donate to Rape Crisis Network Ireland

For information on sexual violence services and supports in all
16 Rape Crisis Centres in Ireland: www.rapecrisishelp.ie



Carmichael House,
North Brunswick Street,
Dublin 7

E: admin@rcni.ie

www.rcni.ie

www.rapecrisishelp.ie



An Roinn Dlí agus Cirt
Department of Justice



Statutory funding for all RCCs comes predominantly through Tusla: The Child and Family Agency. All Centres fundraise also.

RCC contact details for support or donations can be found on:
www.rapecrisishelp.ie

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