A Safer Space

Counselling Survivors of Sexual Violence Online

RAPE CRISIS NETWORK IRELAND

A Safer Space

Counselling Survivors of Sexual Violence Online

Rape Crisis Network Ireland Clinical Innovation Project

Table of Contents

Introduction

In 2021, the RCNI Clinical Innovation Project (CIP) researched counselling for survivors of sexual violence in Ireland. Part of the remit was to canvas survivor opinion on remote and blended counselling for survivors of sexual violence and trauma, and whether the quality and safety of online counselling for survivors of sexual violence meets rights and expectations.

The Clinical Innovation Project (CIP) researched the state of counselling for survivors of sexual violence in Ireland in 2021. The aim was to develop the evidence-base to inform a safe and specialist standard of trauma counselling, on- and offline, for survivors of sexual violence. This report presents the findings on remote counselling and on the basis of the evidence recommends the introduction of standards and guidance for specialist professional counsellors.

A separate CIP report focuses on service capacity and provision, barriers to access and the recommendation to regulate counselling including the requirement for standardised specialist training and accreditation. This report presents nationally representative evidence on which to base a national strategy for regulation of specialist counselling for survivors of sexual violence. Regulation should include standards for training and accreditation of specialist and generalist counsellors, and for specialist clinical supervisors.

The strong engagement of both survivors and counsellors in this research indicates the high degree of value placed in the research by the central stakeholders, survivors and counsellors. Survivors' views and needs are at the foreground of the CIP research. We set out the findings here, clarifying the concerns of both survivors and counsellors and making recommendations based on these concerns.

Article 22.1 of the Istanbul Convention requires the provision of short- and long-term counselling and trauma care, legal counselling, advocacy and outreach services in adequate geographical distribution to meet the needs of survivors of sexual violence. Currently, specialist services are provided (in part) by 16 Rape Crisis Centres (RCCs), One in Four and the CARI Foundation, on behalf of the State. The CIP research evidence shows lack of capacity in the specialist ngo sector and partially state-funded Rape Crisis Centres to meet the proven need for short- and long-term counselling for survivors of sexual violence.

Survivors also engage with general support service professionals, including those in health, social services and psychological counselling. Article 20.2 of the Istanbul Convention requires general support service

professionals to be adequately trained to identify and refer survivors to specialist services. The CIP research found insufficient protocols and training at this level, and recommends standardised training for all general support services, including general counselling services.

In response to survivor concerns over safety around remote counselling, the establishment of survivor-centred and evidence-based standards for blended counselling were examined. The research found that 93% of survivors of sexual violence feel less supported receiving remote counselling than face-to-face counselling. The ethical implications of this and other findings are that remote counselling on its own cannot be recommended for survivors of sexual violence.

Summary & Recommendations

Key findings

- 93% of survivors of sexual violence feel less supported receiving remote counselling than face-to-face counselling.
- 80% of survivors said that they did not have access to safe and/or private space for remote counselling.
- Face-to-face counselling was the preferred option for 93% of survivors
- 69% of survivors said they feel better supported in face-to-face counselling
- 25-35% of survivors surveyed wanted to continue to use blended counselling following the lock-down.
- Only 7% of survivors of sexual violence feel more supported receiving counselling remotely.
- Remote counselling is not a safe option for most survivors of sexual violence

Recommendations

- All survivors of sexual violence to have access to face-to-face counselling
- Individual assessment, survivor-centred guidelines, and additional specialist training and supervision required in order to render remote or blended counselling safe.
- Standards and guidance for specialist professional counsellors to be introduced
- A national strategy for regulation of specialist counselling for survivors of sexual violence including standards for training and accreditation of specialist and generalist counsellors, and for specialist clinical supervisors to be developed
- Survivor-centred and evidence-based standards for blended counselling to be established

Remote versus blended counselling for survivors of sexual violence and trauma

Adaptation to new ways of counselling - the survivor voice

In April 2021, during the Covid-19 pandemic, the RCNI undertook an online survey on remote counselling for survivors of sexual violence. The research aimed to discover levels of satisfaction among survivors with counselling before and during the pandemic.

In 2020 and 2021 services were forced to physically close or became inaccessible during periods of 'lock-down' measures against the spread of Covid-19. The research therefore captures a particularly salient moment in a rapidly transforming landscape.

Analysis of the survivor response showed that remote counselling was not a safe or appropriate option for a very significant percentage of survivors of sexual violence. 69% of survivors said they feel better supported in face to face counselling, 24% supplied a neutral response and only 7% felt better supported by remote counselling.

The fact is that the safe spaces provided by rape crisis centres and counselling services and practices offer safety that cannot be provided remotely. There are qualities inherent to in-person counselling that both survivors and counsellors believe cannot be easily replicated online, especially when establishing new counselling relationships. Advanced technological safety features are essential, but ultimately insufficient to protect the survivor. Survivors experienced offline, domestic and remote interruptions, invasion of privacy online, and abuse during or after counselling sessions. Technical difficulties for survivors accessing remote counselling go far beyond access to broadband, access to IT support or resources, and extend to include all forms of digital and technology-based abuse.

This finding has implications that outlast the circumstances of national travel restrictions and the speed and lack of planning for the conversion to remote counselling.

Thematic analysis of survivor safety concerns with remote counselling

What are the tenets of safe counselling for survivors and how might they be undermined in remote counselling?

Safe space

Survivors found it difficult to establish a safe space at home or online, and valued the safe space provided by Rape Crisis Centres and other counselling services.

> *"When I was in a coercive control situation counselling from home would be impossible. Being in a neutral supportive space was important."*

> *"I needed physical help with breathing, grounding etc when exploring traumas. Talking about terrifying experiences, don't think I could have coped without physical presence, that brings comfort and reassurance that your safe."*

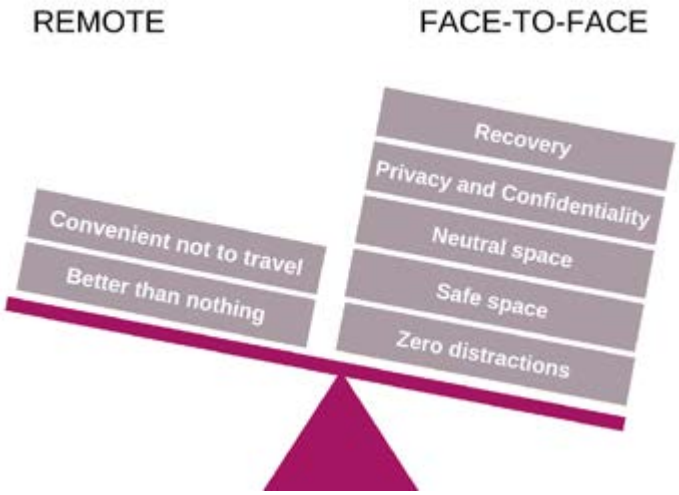
> *"I found that after the sessions, and I don't know whether it's because it was online or she couldn't get a good grip of me, or... I was worse after the sessions – they just caused me a lot of anxiety. And I think it was the fact that we were talking about it – I don't know, it just didn't feel like a safe space, online – I'm not sure how to explain it"*

> *"I think the physical space of the therapist office makes a big difference - it feels like a safe space unlike just doing a phone call in my bedroom where i have been lockdown for the last year"*

> *"I prefer sitting in a room with someone and that room being the place where I leave my memories behind"*

> *"Quietness, fear of confidentiality-people will hear conversations, not able to attend a room knowing that there is only the counsellor and me in the room, feel safer in counselling centre"*

"Attending sessions in the rape crisis where there is understanding of you and your triggers and PTSD and the general misery, or doing the online sessions at home or on my walk for privacy and then going home because of covid everyone was home and the lack of understanding that was there was difficult."



Trauma support

Survivors found it more difficult to talk about traumatic events remotely, firstly because they did not want to relive the events in their own home. Secondly, they wanted the comfort and reassurance of the physical presence of the counsellor.

"Because of the trauma I experienced I needed someone to be present with me in the room, to hold a safe space and ensure I was ok before I left that space and went out into the world."

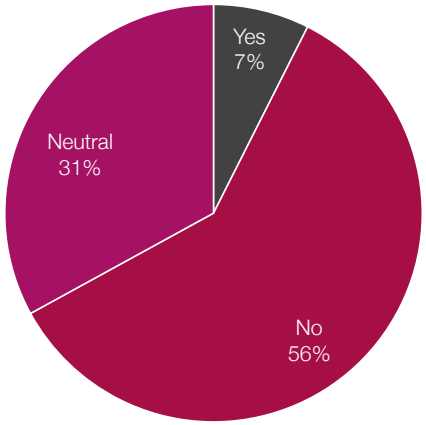
"I could not engage in conversation about traumatic events because I did not want to relieve these events in my home (which is supposed to be a safe space). I struggle to become grounded when reliving these events, can't talk about them at all at times. (My therapist actually made a request so that I could have face-to-face with safety measures in place because I was not coping with telephone calls)."

Survivors found it more difficult to work on trauma and many spoke of remote counselling as "better than nothing".

"I found it really, really supportive for dealing with life. Yeah, but the true trauma? No."

"When we needed to switch to video, I found I couldn't engage with this or deeper work on video calls."

I feel more supported receiving therapy remotely than I did in person



Low stress environment

Survivors stated that remote counselling induced further stress in a variety of ways, often related to fears around confidentiality, breaches of online privacy, and lack of control and the element of the unknown in remote counselling.

"The worry of someone at home hearing and also if the video or voice call got recorded and got out and people I knew found out."

"Worrying about being overheard by others in my home has meant I haven't been able to bring important personal things."

Establishing the therapeutic relationship

Both survivors and counsellors indicated that the therapeutic relationship is harder to establish in remote counselling. For survivors who were attending counselling for the first time during this period and who did not have a pre-existing relationship with the counsellor, this was particularly important.

"I think I am very lucky that we had a rapport, and we had a relationship before it had to move on to it. I think I would have found it very, very difficult if I didn't have that rapport."

"We do the WhatsApp video calling, now I hate video calls, I absolutely hate them and I don't even like having my picture taken, so that's why I didn't want to go on video. But it wouldn't work for me if I didn't know the counsellor already because quite honestly although I was at the point where I needed the help I was really, really nervous meeting someone in person."

Maintaining the therapeutic relationship

Survivors reported that remote counselling can feel more disconnected, body language can be missed, and that survivors can struggle with breathing, disassociation and grounding.

"I am autistic and can't process video calls very well which is common in autistic people."

"If you're quiet or silent for 5 seconds online it feels like a huge amount of time whereas I think we could be silent for 5 minutes in therapy and it would feel like the blink of an eye."

"I had to stop them as the kids were around. It was too much."

Privacy

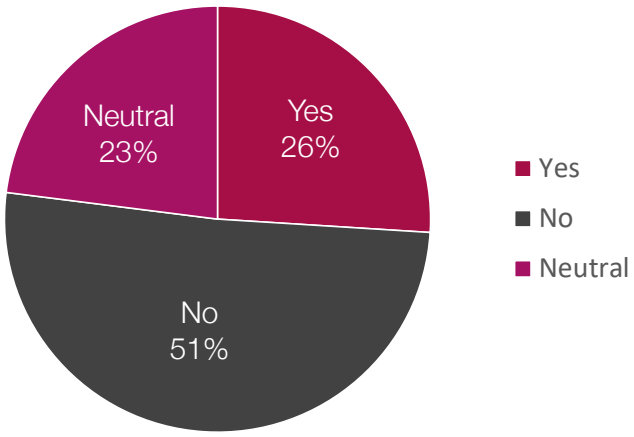
Survivors struggled to find private places for counselling and used a variety of locations including cars, bedrooms or walking outdoors.

"Difficult to get "in the zone" during online counselling, feels more exposed and less private."

"It's been hard when I have children in the home who have also been abused physically sexually mentally and emotionally already so I can't talk much in case I triggered them."

"I would be worried about online privacy and about finding a space within my home where I could converse freely."

Do you think that counselling by phone/video call without any face-to-face sessions would work for you?



Freedom from distractions

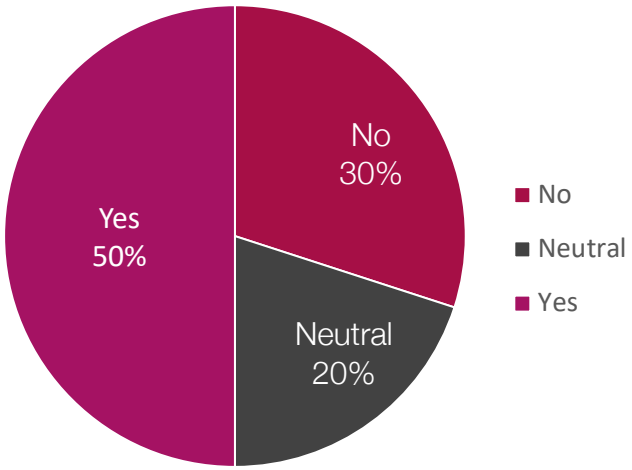
Survivors were subject to interruptions that would not exist in a counselling room, such as doorbells, family members, housemates, and were distracted by the fear of people overhearing.

"Most of the time I had to be in the car in my driveway so my son who was accessing school online, could not hear me. It meant that I was hypervigilant of, and distracted by, my surroundings."

Survivors also noted that they could tell that sometimes the counsellor was doing something else in the background.

"Makes it feel dismissive, you can tell when the therapist is doing other things in the background."

When I'm feeling overwhelmed, engaging in counselling support online is difficult



Isolation relief

Survivors felt more isolated during the period of remote counselling and missed the personal interaction experienced during in-person counselling.

"I miss the personal interaction. For abuse survivors we live in isolation and the only people we often see are our therapists so I miss that a lot."

Honesty

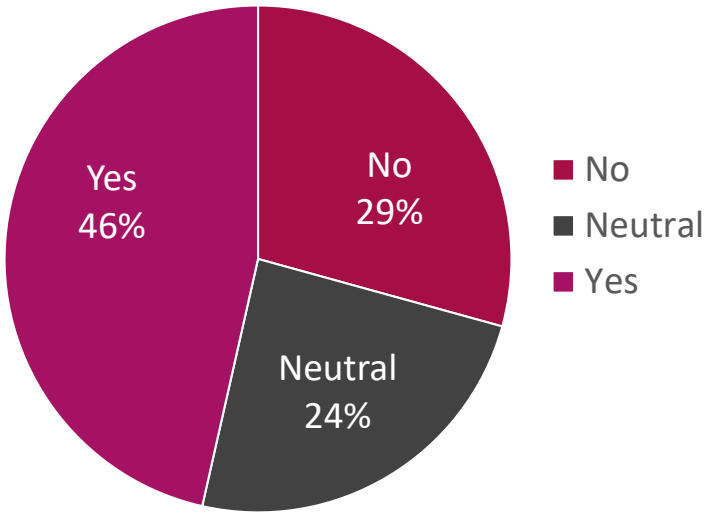
Survivors found remote counselling made it easier to be guarded and selective with their counsellor and pretend that they were managing better than they were, thus undermining the benefit of counselling.

"Because I hid how I feel by using a happy voice. It's automatic for me to pretend to be ok."

"I feel I can hide my trauma easily when online and that was my survival strategy for my whole life. My therapist could pick up my energy easily when we met up but now he can't so much."

"Easier to zone out of any difficult feelings."

I feel able to work effectively with my trauma through remote counselling



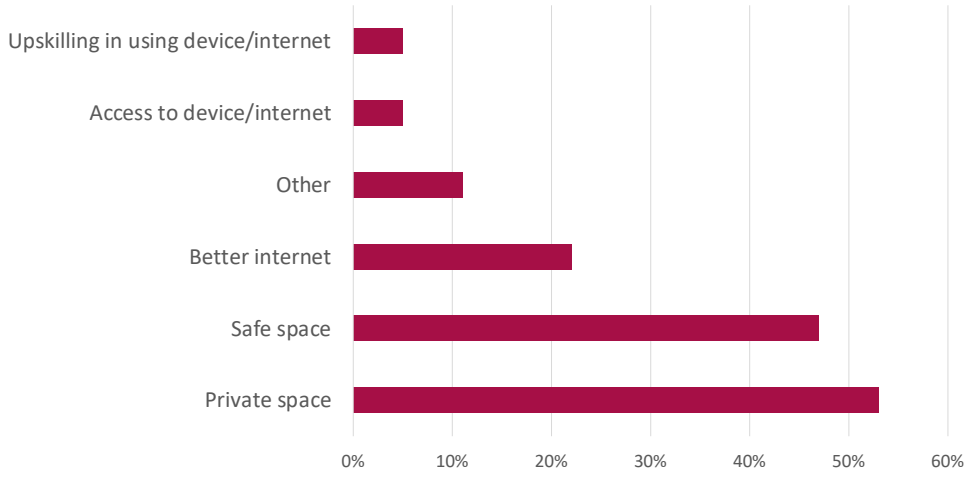
Non-verbal communication

Survivors recognised the importance of non-verbal communication and interaction.

"I think it is too disconnected when you are not in the room. The conversation doesn't flow as well and body language can be missed. Also I dissociate sometimes and this is harder to come back from when not physically in the same space."

"I didn't even realise this, but I used to feel like, you know when someone walks on your grave, you know that feeling in your back, I don't know what it is called. I am bad at playing poker obviously, but I would start rubbing my neck or rubbing my lower back whatever, but she was able to catch all those little things, like tiny little movements whereas I don't know if that would work on screen as well."

What would make remote counselling more accessible for you?



Neutral supportive space

Survivors noted that the counselling room is supposed to be a safe, supportive and neutral environment. Some survivors struggled to speak about and relive traumatic events in their own home.

"I prefer sitting in a room with someone and that room being the place where I leave my memories behind."

"I could not engage in a conversation about traumatic events because I did not want to relive these events in my home."

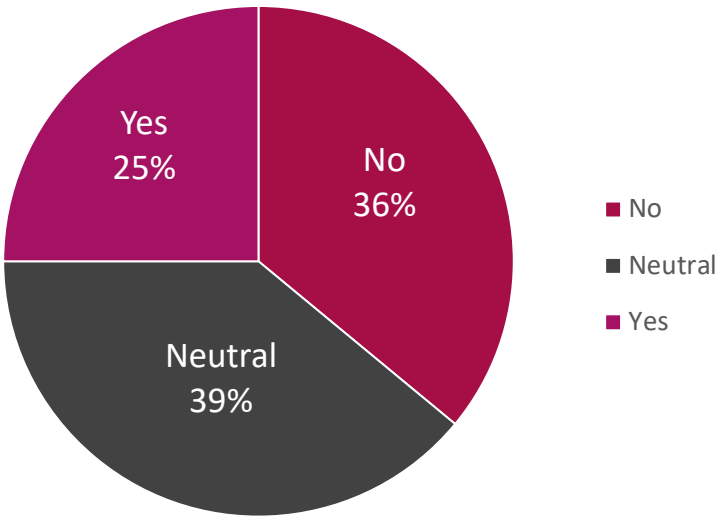
"I like travelling to see my therapist. I can leave all my stuff at her rooms. I feel safe with her and no one is listening to what I'm saying. I can cry with her and my eyes aren't red by the time I get home."

After session and grounding

Survivors did not always feel safe at the end of a remote session.

"It's not a safe environment, you could be left scared and vulnerable."

I feel calmer when being counselled remotely



Technical issues

Survivors and counsellors reported technical issues including poor broadband, glitching, lack of trust in online privacy, and distress at having to use video technology.

> *"Sometimes her internet is not great and she kind of breaks up or she freezes or sometimes I have to repeat myself or clarify something."*

> *"No phone signal in rural Ireland poor broadband connections."*

Survivors also distrusted and were upset by the software and algorithms on their devices which responded to private details in their counselling sessions. Many survivors did not feel safe discussing private concerns online.

> *"I always worry about encryption and the possibility of sessions being recording or it being hacked."*

Adaptation to new ways of counselling - the counsellor voice

Counsellors also reflected on their experiences of delivering counselling remotely, through a second online survey, also in April 2021. They discussed what had worked well, what the challenges were and their concerns about the possibility to deliver effective trauma work remotely. The safety of the survivor was always a concern.

Q: 'Do you think it is possible to deliver effective trauma work remotely?'

86% of counsellors feel that they are able to support and work with survivors more effectively in face to face settings.

The majority were cautiously positive, with many reservations. Counsellors expected work on deep trauma to take more time and echoed many of the survivors' concerns about safety, privacy and the difficulties of establishing and maintaining a therapeutic relationship remotely.

One advantage of remote counselling was to reach survivors that couldn't be reached before.

> *"It's been a massive advantage to people out on the islands. That in the winter months, they wouldn't be able to get to the mainland let's say due to weather."*

There was acknowledgment of convenience on both sides, and this was reflected in a reduction in cancelled appointments and more opportunity to reschedule appointments to suit both counsellor and survivor.

> *"The cancellations, no shows, they've reduced considerably and obviously that's because of childcare and you know, there's no issue around getting from A to B."*

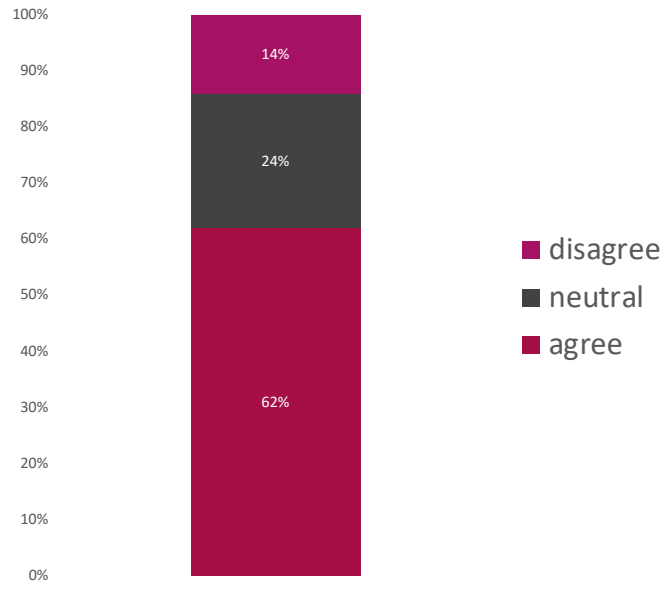
However, the lack of a commute was also seen as a negative factor for both counsellor and survivor.

"But if you're just walking from the sitting room or your study or wherever you are, your work room into the kitchen to start to get the dinner, unless you've deliberately put in a space, there isn't that gap."

Counsellors felt that some survivors were less inhibited or quicker to get to the issues. Counsellors were also aware that survivors did not always have the privacy or safety at home to talk safely.

"When I first started counselling remotely, I was shocked by some of my clients, how deep the work went. And my understanding of that was, well what has changed? In them coming to the centre they had to brace themselves to walk into that centre, they had to put their guard up walking in. We'd get kind of mid-way point and the work would start happening. But then they had to put back on the armour getting ready to go back out because if we're working on something difficult you know, they have to be able to go back out to the world. So, you only have that a very slight window of time in your session. You don't let them go back out in the world unarmed. And what I found was, if they're ringing me from a safe space, (the other side of that is some people don't have that space), for those that were home and able to engage, they were at a calmer level entering the conversation. The work happened, we went into that space quicker, and they were able to stay in it longer because they weren't going back out into the world, they were in their safe space. They could take the time, have the cup of tea afterwards and process what was happening. For some clients that works, for other clients that doesn't. Identifying those cohorts would be wonderful to say okay, online works for you, online won't work for you, whatever that that may look like."

I feel that I can support survivors better when I'm counselling face to face



A series of 8 focus groups attended by 90 counsellors, discussed the findings of the surveys. Counsellors made interesting observations on their experience of different age cohorts of survivors reacting differently to remote counselling.

> *"We work with children up to 18 who've experienced sexual abuse and then also, under 12s who act out in sexually harmful ways. So, the move to zoom to online work with teenagers has been really positive. Now it's in the younger age groups there's been challenges. Some of them take well to it, some of them it's more a holding space rather than a therapy space for them. It's play therapy mainly with the younger ones, so they need space too, the next thing they're gone from the screen and things like that or you're wondering are they still in the room?"*

However, this was not a consistent finding and it was not possible to confirm possible age preferences from the survey statistics.

> *"Nearly all my adolescent clients come to see me face to face because that's what they want, right? I haven't had any of them say they'd prefer to do online, so I just find that interesting. Whereas my adult clients seem quite happy with online, so it's just interesting."*

"Working with adolescents now I've found online can be problematic. I think sometimes adolescents can struggle to engage and being in a room gives it a sense of purpose, of we're here and the connection in the room."

Counsellors identified important safety tools that they had adopted or adapted for remote counselling. These included having an individual pre-session contract including netiquette, having a safety plan in place and emergency numbers to hand, and identifying the safety supports that the individual survivor could access. Counsellors spoke of the importance of checking that the survivor was in a safe and private place at the start of the session and the importance of ground rules.

"My concern would always be around safety for the client 'where are you taking the call?' being cognizant of the fact that victims of abuse can sometimes not make good choices and leave themselves open to more trauma. Again, the contract around how we will talk being very clear."

In at least one service, telephone sessions were no longer used as a survivor was knocked down by a car while talking to their counsellor. In another example, a survivor went into a diabetic coma while on the phone to her counsellor. Counsellors identified the need to always have emergency numbers available, relevant and specific to where each survivor is at the time of the call. For children, a supportive or therapeutic ally was seen as essential for online work.

Counsellors also discussed the essence of therapy and whether removing the physical space and face-to-face element diluted therapy to the extent that they felt that they were offering a different service.

"If we're starting to think well, what is therapy? There is the being seen part of it. There is the being heard part of it. But the bit that we are talking about I think, is nobody is feeling felt anymore. And I think it's the one element that we cannot get by doing this remotely."

"What is therapy and are we just diluting something too much that it doesn't become therapeutic, but it is something else? It's social support or social work?

"The therapeutic environment is no longer under the therapist's control."

Overall, counsellors considered that a blended approach to counselling is useful when robust safety plans and other measures are in place and the survivor is consulted. Counsellors also want comprehensive training specifically on remote counselling with survivors.

"Dissociation, disinhibition, suicidality can be difficult to manage."

"It isn't for everybody. It's not for every therapist but it's not every client, but wouldn't it be great if we could ask the clients the question, if I wanted to offer you – which would you find is the safest for you? Phone, video, text, face-to-face, and let them choose. And have us skilled to deal in those areas."

Thematic analysis of counsellor safety concerns

What are the tenets of safe counselling for counsellors and how might they be undermined in remote counselling?

Safe space

Counsellors were very aware of the importance of the counselling room as providing a safe space, and the absence of that safe space as being one of the key limitations of remote counselling.

> *"They're two minutes, five minutes late and then they're lying on the bed, hair tousled, scraggy eyes, and now I'm concerned about… Obviously, you're with a young adolescent in their bedroom now doing therapy, right? Where do we begin with all of that and legislation and…?"*

> *"We need to amend our initial assessment forms because now it's all about does somebody have a safe space."*

> *"I think that's one of the biggest problems I've come across working with that age group is the lack of a safe space. Even though, physically they might be assured that there's no parent around or no sibling. The very fact that they're in their own home space it creates a barrier to being able to be fully open or to explore things in any depth. We're talking about how you haven't got an embodied presence with a young survivor you've only ever worked with online. I've had to develop different skills of reading body language, voice, breath and the pace of speech online. But I am waiting for face-to-face because our work is actually, at the moment, at a kind of a stop point. What I'm doing at the moment is maintenance. I'm just doing resourcing, regulating, emotional regulation and maintaining some level of communication. And I think I have about ten young people that are struggling with the same thing."*

> *"The perpetrator may be in the same home as the client, or even in the room."*

"You need to make sure that your client is safe and know how to mind and take care of self. It is a huge responsibility on therapist side."

Trauma support

Counsellors were concerned that they were not able to work with trauma as effectively online.

"When you're working with severe trauma, I don't know that that's possible. Do you do a mix? Obviously, a mixture of both is lovely and having the online work maybe for a day that it doesn't suit the client to get on site or to get... Or they don't feel safe to make the journey. But then how do you do the really deep work and allow them to leave that somewhere else?"

"I'm really looking at the specifics of delivering trauma work online, you know with all the aspects of dis-inhibition and the things that we could do with a client might be very different if we're working with them online. So, I think that tailoring some of the interventions and some of the approaches and recognising the limitations of how we can work with a highly dis-regulated and distressed client in the room."

"I was kind of convinced at the start of the lockdown that working with trauma online was just not going to work and I've completely let go of that."

Reduced stress

Counsellors recognised that survivors have very individual stressors and that it was crucial to make an individual assessment on a weekly basis on the most appropriate place for each session.

"Life interferes with therapy. You meet the person where they're at - this week there's no way we can come to therapy and I need to meet you on a screen but next week I will definitely meet you. And maybe we can tune our therapy to keep the smaller stuff for this week and we'll develop it next week when I can sit in front of you."

"I'm hearing the two sides but I do think there's a role there for being very client centred and very, very individualistic in meeting their needs."

Establishing the therapeutic relationship

Counsellors recognised that they needed the skills to be able to establish therapeutic relationships online, but felt that the relationship was easier to establish when they had already met the person offline.

"We put a contract in place when working with somebody new. And it is, OK, we're doing therapy in this room in this location every week at this time. So, we do exactly what we would do if we were going to a session. So, we try and recreate as best as possible the rituals around going to a therapy session so that it's giving that sense of importance and meeting."

"We all need to know how to work with diverse groups and have that cultural sensitivity and be able to work online."

"I notice that the people that I had seen face-to-face and have come onto online work with me, it's a different type of relationship. I don't know maybe, just because we have met them and you know, we have been in a room together for weeks or months together you know, it's easier then to go onto online."

"I really think that initial physical contact is massive to encourage a meaningful relationship to continue."

Maintaining the therapeutic relationship

Counsellors reflected on the changes in relationships and blurred boundaries and discussed strategies for maintaining the relationship and the contract.

"It's all casual all of a sudden. Whereas if we were in the therapy room, we'd be getting the work done. And it's a difficult one to bridge."

"I think boundaries are important. I'm in my own space, the client is in their own space and I think even subtle boundary lines can be crossed, suddenly you're with a client and they're holding up their cat, or their dog, or… it's lovely, but you know it does change the dynamic of the relationship."

"The ADHD/attention deficit clients I have, it's almost impossible. I would say it's a waste of their parents' time and money paying me for the online work because it's just not working."

"Probably one of the most important things in this going forward is the need for proper contracting. And in the proper contracting we contract where we're going to meet the client. So, we don't meet them in the bed. We don't meet them in the shower. But there are other sides to it. In some cases where there's family violence or sexual violence maybe that young person has to go out to a car or they need to go into a park where they're safe."

Privacy

Counsellors discussed privacy mainly in the context of confidentiality and not the level of privacy protection a person has while connected to the internet.

"Then the confidentiality for adolescents if they're in the family home and they could have siblings nearby and they don't have the privacy."

"Because clients were at home and therefore they couldn't stick to the usual times of counselling, because they wouldn't have the privacy, or they wouldn't have the internet coverage, or they wouldn't have… you know, the children would be at home, family would be at home."

"Some people even you know, who might have kids or somebody in the house, they're actually getting in the car maybe driving down the road a bit, parking up and they feel that that's a safe bubble to have their session because obviously you know, people sitting talking on their phone in the car, nobody pays any heed. But they can't be overheard. There's no little people coming in the door or that fear of being interrupted maybe when you're in the middle of something very vital or crucial."

Freedom from distractions

Counsellors described a wide range of distractions, including realising at the end of the session that another person had been in the room the whole time, requesting but not being able to get undivided attention from the survivor, and adapting modes of communication to help the survivor with distractions.

"Quite often survivors will say they don't like looking at themselves. So, for some of them working online they will knock off their own video because it makes them so self-conscious seeing themselves online."

"And one person cooked her dinner while I was talking to her and she sent me a photograph of her dinner at the end. So, there is that element that you're not able to actually get their full attention, even though, you know, you're saying to them 'Are you in a safe place and are you secure and are you ready to work?' and they're doing 'Yes, yes, yes, yes' and then you get a photograph of their dinner."

Isolation relief

Counsellors noted that survivor appreciation of the continuity provided by remote counselling waned over time and survivors needed in-person sessions as relief from isolation.

"When we started back with some face-to-face between September and Christmas, when the lockdown wasn't so bad, those days were booked out immediately. They're dying for person-to-person contact at this stage, young people are. They are worn out with just disembodied faces and when you do offer face-to-face there's a real thirsty and hunger for that."

"The principal concerns I have are (a) around the isolation that clients can feel being compounded by the isolation that can be experienced in online work (isolation being heaped on isolation, or isolation being heaped on the withdrawal that can be experienced as a consequence of sexual violence) and (b) evidence suggests that in online contexts people can over-disclose or lose healthy containment. Since sexual violence is a radical infringement of a person's rightful boundaries and containment, the remote/online setting could itself be experienced as a further damage to containment unless the therapist is particularly alert to that possibility and intervenes to support boundaries, containment and safety."

"I think even the fact that counselling is online is another kind of distancing in a way and I think that adds to the feeling of not being, not being in connection and not being supported."

Honesty

Counsellors discussed the possibilities that technology can provide for survivors to avoid or hide the truth.

"Setting that dedicated space and time, to make it feel more like a therapy session is really vital. And it's something that can be missed on the phone, because phone is a useful way, I have found, for clients to hide when they don't want to, when you're in the room and they're looking away from you or they don't want you to see something it's really easy for clients to hide on the phone."

"Especially with phone counselling, there can be a limitation of what's a silence and what is somebody actually weeping."

"I think we've had clients that just, they don't want it. They don't, unless it's face-to-face, they don't want it. It doesn't work for them and they're not at all comfortable with it, and then, I don't know about equally, but we've had some clients who have found it easier to do pieces of work when they're not face-to-face with somebody. So, something that's very drenched in shame for them, for example, that might be easier for them to work through over the phone."

Non-verbal communication

Counsellors felt that non-verbal cues were being missed, with potentially dangerous consequences.

"Working with certain clients with DID, I don't think it's appropriate, especially if you haven't met the person and you can't see the person, you can't possibly know what's going on with them if they're actually dissociating."

"I'm just thinking of a most complex case I had last year. Would I have been able to pick up what I was picking up online? I really, really truly – and I mean this. I don't say this lightly. I do not believe I would have. There was just something off, right? So, once there's balance maintained in whatever way this rolls out and it's not just based on what research is saying, because if you can't measure something, you cannot do a research project or a study on it."

"What I do find difficult at times is the two-dimensional aspect of trying to read, you know, facial expressions, or technology interruption."

"Due to the fact that you can't do face-to-face, that sometimes the message can get lost in translation in terms of if you're talking with someone that brings up something around rape, or sexual violence, or just addiction and having a very difficult life due to addiction or whatever, sometimes because you don't get to see the facial expressions

and the body language and that, sometimes you don't know where to go and when to stop, or how far, you know… you know, you need to be extra careful when you don't have that one-to-one facial with a person, and just sometimes because they can't see you, while you might be coming from a place of very good intention and trying to be as careful as you can with that person, they still can't see you, so they can pick up wrong as well, you know?"

"When you're working on the telephone with somebody, I think it can be really difficult to hear the conversation, to follow it. Either there's mumbling, or there's something wrong with the speaker, or even different accents can be really difficult and it takes a lot of energy to try and follow that without the body cues and that piece."

Neutral supportive space

Counsellors identified the importance of finding a neutral space for supporting survivors in counsellors.

"One of the things that concerns me about online work and particularly when working with someone with sexual violence is the containment side of it and the space. If they are in their home and they are discussing this difficult stuff, they're not necessarily putting it into your room unless they're very well contained within that online room. And I would worry that re-traumatisation – say for example if they choose their office to have therapy in and then they may have some very difficult things and then they're meeting that again every time they go into that office for the next period of time."

"How do I need to adjust my practice to take into account that the client is usually in their more familiar setting. Of course, some clients will come to a therapy session out in a field somewhere because it's the only place where they can get safety. So, in fact, it may be an unfamiliar place, but I think there is something about asking how does empathy work in an online setting."

"When a client comes to the therapy room to do their session, they're leaving home. They have time from the time they leave the room to

walk down the stairs to walk out the door, to separate themselves from that session whereas now we're entering into their rooms to talk. And I think that dynamic is a huge part of the online part, whereby we're now stepping into their homes and the therapy is now happening in their homes when we're doing it online. Especially when it's on video, because we're bringing it into their room or their house or it could be their bedroom, it could be the bedroom that they were assaulted in."

"Encourage a sense of going to therapy, so try to recreate that ritual around leaving your private space and entering the therapy space. Whether that be go to, you know, use the same room every week, make sure you've got a cup of tea or whatever refreshments you need at hand, you know, put your phone on silent, tell your kids that you need the room for an hour you know, helping to, as I said create that ritual around entering the therapy space and then leaving again for each session. And I've noticed that a lot of clients feel safer with that, it feels less like they're at home or we're intruding on their day. It's feeling more like we would have been working had we been face-to-face in my office or in the rape crisis office. And what's really interesting then is that when the clients start to deviate from that, when you log in and they're in their bed or they're on the couch or they're eating something those differences in the way they present are almost cues that something else is going on."

After session and grounding

Counsellors were concerned that survivors might leave a session before they were ready and felt a loss of control around the ending of each session.

"If traumatic buried memories surface especially towards the end of a session will it be possible to ground them sufficiently without being physically present? If something becomes too much or client become frustrated they could end the session before the time and be left in a very vulnerable position. Bringing up traumatic memories or having flashbacks in their own home could increase their sense of feeling unsafe at home."

"It is difficult to challenge a client remotely as they can very easily just log off or hang up."

"Missing their facial expressions and making sure that a person is ready to leave that moment on the phone. That they're not just kind of hanging up because the doorbell has rang, or they feel they're interrupted."

"Even for myself as a therapist like you're going from one room to the other and don't have that journey of travelling in and out of work which I kind of you know, didn't pay attention to or gave it much attention and it's only when you're not doing it you can see the value of that, and what they did. So, very mindful of that and in holding my clients in the space they're in and helping them to stay in the room for a bit longer before they leave to join the family or whatever."

Technical issues

Technology related issues were many, including; GDPR; limited access for some survivors; increased counsellor fatigue; quality of connections; confidentiality; and the inappropriateness of technology for certain forms of therapy and for groups of survivors.

"Obviously, the whole security issues around working online and the confidentiality, maybe I might have some concerns around that and hopefully that can be I suppose, improved upon."

"Art therapists, body therapists and music therapists have all had a difficult time, they can't recreate the room online."

"We were lucky in that we had RCNI to guide us regards finding a secure video platform that we could use. And then equally there's trying to get clients to understand why Zoom is not maybe the way to go for it."

"It's people's broadband and the network and it's dropping and how hard you have to work trying to hear it."

"It's important to have a back-up plan if the signal is lost mid-session."

"There is a technological disconnect to the cues and the nuances that demands I be sharper and more attentive. I've reduced the sessions to 40 minutes because I find it takes, psychologically and emotionally or energy wise, it takes more out of me."

"We talk about zoom fatigue. We're working three times harder in an engagement at any given moment. That's why we're so tired because our social cueing and our engagements are heightened because we're looking for risk constantly, we're determining an environment that is not within the physical presence of our normal queuing system of our entire body."

"In my role with people that are living with HIV it has been a very big challenge moving from face-to-face to online, and all because it's a time whereby there's been a disconnection between the clients and myself and all because sometimes they want to talk and they don't actually want to talk to you on a video call, because some people that I see would be living in Direct Provision and there's no privacy, so they can't actually go and say 'Okay, let's go online and talk.' So, for me it's been texting. I've used a lot of texting."

"I work mostly in the field of addiction, and we work with phones and what I've noticed is that an awful lot of people in that area don't have access to an internet, or good internet. Quite a lot of the time they only thing they do have is a phone."

"Individuals who have experienced online sexual abuse/exploitation may find it quite triggering to use an online platform to receive therapy."

Conclusion 1: Remote and blended counselling for survivors of sexual trauma

Survivors and counsellors voiced the pros and cons of remote counselling. The main argument for remote or blended counselling is that it can provide continuity for survivors during a period of emergency. In this case, Covid 19 and travel restrictions were the emergency, and many survivors were very grateful to be able to continue to engage with counselling during this time.

In a practical sense, remote counselling can be more convenient and flexible. Remote counselling can provide access in circumstances where it would otherwise be impossible, for example for people with restricted ability to travel. However, when survivors were asked which form of counselling they would prefer post-pandemic, they chose face-to-face counselling. Blended counselling was much more positively considered than remote counselling, but face-to-face counselling was the preferred option for 93% of survivors. Post-pandemic, survivor-preference for future counselling is for face-to-face counselling over blended counselling, with just 7% preferring remote counselling.

The arguments in favour of remote counselling are based on convenience. The arguments against remote counselling are based on safety. During the pandemic, some counsellors were able to provide more flexible hours for counselling appointments, including outside typical working hours, and this was appreciated by survivors. Some survivors described remote counselling as being liberating and easier to speak freely, and counsellors also observed this. A small percentage (less than 1%) of survivors spoke of social anxiety issues that sometimes prevented them from leaving home, and these survivors appreciated being able to access their counsellor remotely.

> *"No matter how bad a PTSD attack I would always be able to answer phone or video call, but may not be able to attend an in-person session."*

However, the majority of concerns around remote counselling were about safety. Safety at home, safety online, and psychological safety. The message from survivors is that their needs for safety, privacy and confidentiality in counselling far outweigh any improvements in convenience that might be provided by remote counselling.

The research provides very clear evidence that survivors need access to face-to-face counselling and that there are significant safety issues attached to remote counselling. The research finds that in order to render remote or blended counselling safe, individual assessment, survivor-centred guidelines, and additional specialist training and supervision are required. Much of this scaffolding is currently unavailable.

Survivor-centred guidelines for blended counselling

The key finding is that fully remote counselling, with few exceptions, is not recommended for survivors of sexual violence. A blended approach to counselling which includes some face-to-face and some remote counselling may be appropriate for up to one-third of survivors. The research showed that 25-35% of survivors surveyed wanted to continue to use blended counselling following the lock-down. 93% of survivors were happiest engaging in face-to-face counselling.

Any form of blended counselling for survivors must be reflective and evidence-based. The choice must lie with the survivor and not be determined by cost or convenience. The guiding decision to work remotely must be survivor-centred and based on individual assessment of each survivor, including a safety assessment.

Prior to commencing every remote session the counsellor must determine that the technology is appropriate for the survivor (technically, emotionally, physically and intellectually). Each survivor must be informed of the risks and benefits and the experience of the counsellor with the process and technology. The full safety and privacy of the technology and broadband must be tested at both ends within established protocols and the counsellor must have appropriate training or experience with the technology.

Survivor-centred guidelines, in the same way that is standard in face-to-face counselling, should establish minimum requirements and ground rules for safety, privacy, and emergencies, follow established ethics and enable the identification of red flags for each individual survivor. Counselling services must support counsellors to adhere to these criteria.

Blended not remote

The CIP evidence points to the need for each counselling service to formalise ground rules and establish or adopt a set of survivor-centred guidelines based on ethics and individual assessments. Survivors said that face-to-face counselling provided the essential connection to establish and maintain a good therapeutic relationship and that remote counselling was "better than nothing". On the basis of these findings, it is not recommended to offer remote counselling to survivors of sexual violence without any face-to-face counselling. A blended counselling model that combines face-

to-face counselling with some remote sessions can be used if appropriate, following individual assessment and informed consent.

In order to pre-empt and avoid the difficulties identified by survivors and counsellors in the research, counsellors working with survivors of sexual violence should only introduce remote sessions in the context of blended counselling, and following discussion, assessment, and informed consent of each individual client.

Individual assessment for blended counselling sessions

The priority for individual assessment of each survivor is to establish whether blended counselling is appropriate for the individual survivor, taking into account whether:

- The survivor through their circumstances cannot physically travel to a physical centre or be reached by outreach, with the criteria being an insurmountable impediment rather than degrees of convenience.
- The survivor has the ability to create a safe and private space and connection for counselling;
- The counsellor has the clinical competencies for remote sessions;
- The data security, IT connections and software are adequate and appropriate at both ends;
- Protocols are established and followed;
- Informed consent process has been followed.

The full individual assessment should include the level of work that can be included in the remote sessions. This is a complex assessment. How do you individually assess if blended counselling might or might not suit each survivor and assess the efficacy and limitations of using blended counselling for each survivor. How will continuous assessment and change from one mode to another and back be managed, and what is needed to know how to ensure privacy and safety for each client?

Up-to-date data security, online privacy and secure connections

Before offering any form of remote or blended counselling, the service or practice should investigate the privacy, security, and compliance with data processing and data storage under General Data Protection Regulation (GDPR) offered by the specific hardware, software and broadband connection that will be used by the counsellor and the survivor during the counselling. It is essential to understand online privacy, data security and the impact of online data being used in legal processes. This is equally important at organisational level, in the counsellor's practice room and at the survivor's connection.

"But the other bit that really came up for me was the therapist's data protection. So, if I'm an individual therapist and I'm engaging online, I'm minding your data protection here and I do that partly by wearing earphones. There is nobody else in my office. I'm very conscious as I engage with some survivors that I can be overheard on their side. So, there is the bit where the client is also having to take our data protection seriously."

Shared broadband, shared computers, video, messaging and social media software all offer different levels of privacy and encryption and have different weaknesses. Privacy concerns and breaches can only be resolved by understanding the issues in advance of using the technology and careful choice of software should be made and regularly revisited. The concerns of the survivor may not be the same as the concerns of the counsellor and the informed consent protocol should include a section on internet safety and privacy. Counsellors have to acknowledge the limitations of maintaining confidentiality and privacy that are inherent in using technology and discuss the options with each survivor.

"From my own experience working with survivors and victims, shame plays a huge part in how they feel. There is a trail that can lead back to them online. Survivors struggle with even a sign outside the front door."

Counsellors should have:

- An understanding of the limitations of the technology,
- The counsellor must know which online platforms and software are safest and understand the immediate in-session and long-term risks of each.
- Check the devices and the quality of the connection.
- Discuss guidelines or netiquette with the survivor in advance of the session and agreement reached on blocking notifications and avoiding distractions from other applications on the device.
- Clinical competencies for blended counselling

Working within competencies is part of the ethical framework that counsellors adhere to, and it is understood that sometimes it is needed to upskill between sessions. Counsellors who provided remote counselling

during the pandemic followed a steep learning curve and the key learnings were discussed during focus groups as part of the CIP research.

The research engaged survivors and counsellors in the questions; what competencies does a counsellor need to provide remote counselling sessions for survivors? And what are the differences between traditional face-to-face competencies and remote counselling competencies for the same issues?

Survivors were able to articulate where the extension of traditional counselling competencies to a remote counselling context had failed them, even with the same counsellor that they had previously engaged with in face-to-face counselling. Survivors found that a previously trusted counsellor may be unable to provide sufficient support, safety or privacy when engaging in remote counselling. This failure is likely to be more extreme where survivors are trying to establish new therapeutic relationships.

Established clinical competencies that are required for face-to-face counselling of survivors of sexual violence need to be modified for remote sessions. In addition to this, new clinical competencies, specifically for remote or blended counselling, are also required. It is also recommended that specialist supervision be sought for online counselling.

Ethics

All counsellors work within ethical frameworks and are members of professional bodies with requirements to adhere to an established framework of integrity and ethics. Remote counselling requires the same approach and high level of ethics as face-to-face counselling. The distance inherent in remote counselling combined with the fact that the survivor is unlikely to be in a dedicated or safe counselling space has lent itself to changes in professional boundaries and relative informality in many instances. For example, the sharing of phone numbers and emails would have been exceptional in the past, but has now become common. Secondly, distractions and divided attention are key issues. Thirdly, privacy and fourthly, confidentiality is far harder to achieve remotely. These factors are as much the responsibility of the counsellor in a remote session as they are in a face-to-face session. Counsellors need to remember that they are bound by the same code of ethics as for face-to-face counselling, including any additional considerations in terms of creating a safe place, protecting the survivor, and of course, considering safeguarding and mandatory reporting.

The CIP research has established that 93% of survivors feel less supported by remote counselling. There are ethical implications attached to providing a service that offers a lower level of safety and recovery to substantial proportions of users. In the best interests of the survivor, the guiding decision to work remotely must be made very carefully with clear guidelines, rules, criteria, timeframe and assessment in the light of this research.

Identifying and problem-solving individual safety issues

Each survivor accesses counselling in a different context and setting, with different fears and safety issues. Some survivors found it difficult to speak of traumatic events in their own home, both for fear of being overheard and for fear of undermining the safety of their home by reliving the trauma there. Some survivors worried that online communications could be recorded and used against them in court or elsewhere. Survivors also spoke of struggling with grounding during and after counselling and the fear of being left scared and vulnerable at the end of the session. Acknowledging and engaging with potential difficulties in advance makes blended counselling and remote sessions safer. Some of the general warning indicators include disassociation, poor therapeutic relationship, absence of safe and neutral space, coercive control, distractions and interruptions, and hypervigilance and other cues.

A dedicated assessment should pre-emptively prepare both survivor and counsellor for safety issues related to blended counselling, and identify the unique warning indicators for each survivor. Prior to beginning counselling, there needs to be an induction session where the counsellor and survivor name and address the particulars and challenges of remote working. The counsellor will be able to provide supports for many of these elements, but also together problem-solve individual context issues as well as agree how these matters are to be named and addressed as they arise. At the end of this induction the counsellor and client must determine if they are satisfied to continue.

Vicarious Trauma

The CIP research enquired if the counsellors have the necessary skill set and supports? Supervision and self-care were raised.

Supervision for blended counselling

During the focus groups the participating counsellors discussed the lack of supervisors with specialist knowledge of counselling survivors of sexual violence and specialist knowledge on remote counselling. Specialist supervision enables counsellors to acquire timely knowledge when an issue presents during counselling and follow a specialist approach. If the supervisor does not have the specialism required, the supervisory system will fail to protect the survivor. This is an important issue to address as the integrity of the counselling profession relies to an extent on the system of supervision. A very clear outcome of the research was that counsellors are seeking additional specialist training, and it is also clear that there is insufficient specialist supervision available. There is a requirement for specialist training for supervisors.

Self-care for counsellors

Survivors are impacted when counsellors do not consider and rebalance their own energy levels and boundaries. When sessions moved online, many counsellors missed the informal peer support of the workplace, outside of scheduled peer support sessions. Sufficient self-care to manage flexible scheduling and fatigue are important aspects of making blended counselling work for counsellors and survivors. Specialist training and supervision for blended counselling with survivors of sexual violence are key to protecting the survivor as well as the counsellor. Avoiding vicarious trauma, burnout and compassion fatigue requires specialist training and supervision.

Conclusion 2: Survivor-centred guidelines for blended counselling

Circumstances appropriate to use blended counselling with survivors

While in the minority, there were survivors whose circumstances meant that temporary remote working was favoured and beneficial. For the majority, remote sessions were considered acceptable for continuity of counselling in an emergency, or as "better than nothing". Therefore, one of the thresholds to determine how appropriate remote counselling is for the individual is to distinguish between convenience and necessity.

A blended counselling model, within protocols, is possible after:

- Establishing the relationship
- Assessing the blended method of working on a case-by-case basis depending on the survivor and the level of trauma they are experiencing
- Establishing that the survivor has a safe and confidential place to hold the online sessions
- Establishing internet privacy and data security.

Convenience and flexibility are powerful persuaders for both counsellors and survivors, but extra weight must be given to safety, effectiveness and equality as deciding factors. For example, remote counselling can reach survivors in remote locations or with personal mobility challenges but while this will make counselling accessible to them it is generally a poorer service than they would receive face to face, and therefore must only ever be an emergency or temporary measure while a full service is being established. A service or funder's need to reduce waiting lists must not determine the quality of service some clients (invariably the already disadvantaged) will receive.

In terms of necessity, ethics and safety, remote counselling may be safely used for continuity of care in an emergency, after an individual assessment of the unique situation of each individual, and using continuous assessment to manage change. Remote counselling may have a value for psychoeducation and grounding to maintain regular contact with survivors who have to be placed on a waiting list for counselling.

For the protection of survivors, practice guidelines must have been established, training for and regulation of remote and blended counselling

and specialist supervision should be in place. General indicators that you can safely proceed with the provision of remote counselling need to be determined, at assessment and at induction. Individual assessment of internet privacy and safety should also be conducted.

Methodology, scope of engagement and limitations

The scope of the research was necessarily limited to those survivors attending therapy at the time, and we can only say a limited amount about the 33% of survivors who were not in therapy at the time, but still participated in the survey. We can say that the survey call, recruitment strategy and the questions were designed to target and capture those who wanted and were seeking to engage with counselling. It is unlikely that survivors with no current interest in counselling would have taken part in this survey and the assumption is that many of the 33% of survivors who were not engaged in counselling at the time of the survey were, in fact, in touch with services and on waiting lists for counselling.

This research was not limited to the specialist rape crisis sector and explores the experiences of survivors and counsellors across all counselling services, broadly categorised as public, private, specialist NGO and student services. The research heard the points of view of survivors and counsellors and revealed that the common denominator across all three key contexts explored was a deficit in specialist training for counsellors.

The research was built around a codesign methodology and ethos and could not have been delivered without the engagement, support and collaboration of a broad range of stakeholders throughout the country. This included engagement with survivors, individual counsellors, specialist and non-specialist services, accrediting bodies and academic researchers. The multi-stage approach enabled individual, focus group and expert consultation to reflect on each level of findings and create a vision of change that can support and strengthen the services and practicing professionals in a manner that is survivor-needs led.

The research was led by the RCNI lead researcher, drawing on the skills within the team and codesigned with stakeholders and participants. RCNI ensured clinical supervision for the research and provided expert guidance and oversight at every stage. Supports were available for survivors throughout the process. The research only collected basic abuse histories and was explicitly not aimed at exploring the abuse itself only the help seeking afterwards. The sensitive approach to the research ensured that survivors, counsellors and specialists co-designed and refined the research. The collaborative research approach enabled a set of recommendations that fully consider how the survivor experiences counselling and what the counselling profession as a whole needs to do to uphold survivor rights.

685 survivors of sexual violence participated in the research and gave detailed information on recent experiences of accessing and engaging in counselling. The 380 counsellors also provided their perspective on providing counselling to survivors of sexual violence and accessing specialist training and supervision.

In the first stage in April 2021 an online survey for survivors was completed by 685 survivors. Survivors were invited to engage in qualitative research. 50 survivors engaged in qualitative research. In April 2021, a separate online survey examined levels of training, specialist qualifications and confidence among 380 counsellors providing counselling for survivors of sexual violence. Following initial analysis of the survey data, a series of 8 focus groups were held involving 90 counsellors, reflecting on the data on the current provision of specialist training for counsellors and making recommendations for developing standard specialist training for all counsellors. In July 2021 the in-depth analysis of the first 2 surveys and 8 focus groups was presented to 17 managers of rape crisis and specialist services. This expert group highlighted waiting lists, resource and sustainability issues at local and national levels for the sector and informed the recommendations for this report. The research therefore represents the views of people with first-hand experience of counselling for survivors of sexual violence from both sides of the therapeutic relationship, and specialist service management.

In the third phase of the research, two free modules were provided in the form of an on-demand webinar by research lead Dr Michelle Walsh, aimed at all the counsellors who had participated in the survey and focus groups. Counsellors completed a further online survey after watching the webinars, which included an examination of knowledge gained, and collected feedback on the research, and specific and localised training requirements.

Limitations

The research was conducted in 2021 in response to the pandemic and the rapid move to remote counselling. A mixed methods participatory approach was taken to understand the effectiveness of the adaptations that survivors and counsellors were making in order to continue counselling, and to understand the barriers and impacts of remote counselling. The adaptations necessary for safe and effective counselling were continuing to evolve as the research was undertaken, and the qualitative nature of the research allowed this period of huge adjustment to be honestly and accurately reflected by a large sample of survivors and counsellors.

This research is best understood as snapshot within a very dynamic crisis period during the spring of 2021. Our recommendations consider enduring matters that need addressing beyond this period of crisis. Nevertheless, it must be acknowledged that the context had an influence on the answers.

Remote everyday connectivity in all aspects of our lives was still relatively new, and the population were still adjusting to this way of engaging with the world. It remains an open and evolving question generally how we find the best balance of online and face-to-face in all aspects of our lives, not only in the aspect under research here, seeking counselling. Only a further snapshot would allow us to know definitively how heavily, if at all, the crisis context shaped the strength of sentiment expressed here.

Annex – Cohort analysis

Survivors were recruited through networks of counselling providers and public calls. Survivors self-selected into the research. Of the 685 survivors who participated:

- The profile of the survivors was 95% female, 76% straight, and 52% currently in a relationship
- Ireland was the country of origin for 67%
- 24% of survivors reported having a chronic illness or disability
- The age profile of survivors was 18% aged 25 or under, 23% aged 26-35 years of age, 27% 36-45 years of age, 22% 46-55 years of age and 9% over 55 years of age
- The highest level of formal education for 18% of survivors was Leaving Certificate or below; 16% of survivors had a professional qualification, 66% of survivors completed third level education or postgraduate level
- The employment status was 12% student, 12% unemployed, 62% employed, 11% other and 3% retired
- The gross annual income bracket for 28% of survivors less than €15,000; 23% €15,001-€25,000; 20% €35,001-€45,000; 13% €35,001-€45,000; and 18% over €45,000.
- 55% of survivors were experiencing suicidal ideation at the time of attending counselling.
- 26% of survivors reported chronic illness or disability.
- 15% of survivors were experiencing addiction at the time of attending counselling.
- 94% of survivors were experiencing other vulnerabilities including depression (74%), anxiety/panic attacks (72%), economic disadvantage (21%), coercive control (15%) at the time of attending counselling.

Analysis of survivor response

43% of survivors experienced sexual violence in both childhood and adulthood; 30% of survivors experienced sexual violence in childhood only; 27% of survivors experienced sexual violence in adulthood only

Survivors may have experienced one or multiple forms of sexual violence:

- For 73% of survivors, sexual assault was part of the violence experienced
- For 66% of survivors, rape was one of the forms of violence experienced
- 49% of survivors experienced sexual harassment
- 42% of survivors experienced coercive control
- 33% of survivors reported being groomed
- 19% of survivors reported experienced stalking
- 17% of survivors experienced threats to kill and 10% survived attempts to kill
- 9% experienced imprisonment
- 3.5% experienced prostitution and 1.4% were trafficked
- For 11% of survivors, online sexual violence was part of violence experienced
- The perpetrators were 26% friend/acquaintance; 21% partner/ex-partner; 20% family members; 16% strangers; 8% authority figures; and 7% other/unknown/prefer not to say
- 33% of survivors had not engaged in any counselling
- For 21% of survivors the decision to engage in counselling was based on feeling suicidal. At the time of engaging in counselling 55% of survivors were experiencing suicidal ideation.
- 24% engaged in counselling within one year of the sexual violence ending, 17% engaged between 1-5 years after, 14% engaged in counselling 6-10 years after and 44% engaged in counselling over 10 years after the violence ended.
- Survivors chose counsellors by recommendation (26%), by cost consideration (18%), location (15%), availability (13%), accreditation (11%), by referral (11%) and by online profile (6%)
- Free counselling was available to 41% of survivors and 23% paid more than €50 per session

- 20% of survivors attended less than 10 counselling sessions; 9% attended 10-20 sessions; 19% attended 20 to 50 sessions; 20% attended 50 to 100 sessions; 32% attended more than 100 sessions
- 18% of survivors did not feel supported, heard and understood by their counsellor at their first experience of counselling.
- 20% of survivors reported leaving counselling dissatisfied after less than 10 sessions.

Analysis of counsellor response

The counsellors were recruited through established counselling organisations, specialist and non- specialist and their professional bodies. A public call was also made. Counsellors self-selected into the research.

Of the 380 counsellors who participated:

- 60% were university educated to Level 8 or above.
- 15% were working in Rape Crisis Centres.
- 7% were students or pre-accredited.
- 80% felt it was important or very important to have a specialisation in counselling survivors of sexual violence in their current role
- 65% had no specialist training on sexual violence
- 60% feel that they support survivors better face-to-face.
- 14% disagree that they can support survivors better face-to-face.

SUPPORTED BY

RAPE CRISIS
NETWORK
IRELAND

Carmichael House, North Brunswick Street, Dublin 7, D07 RHA8
E: admin@rcni.ie www.rcni.ie
www.rapecrisishelp.ie

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