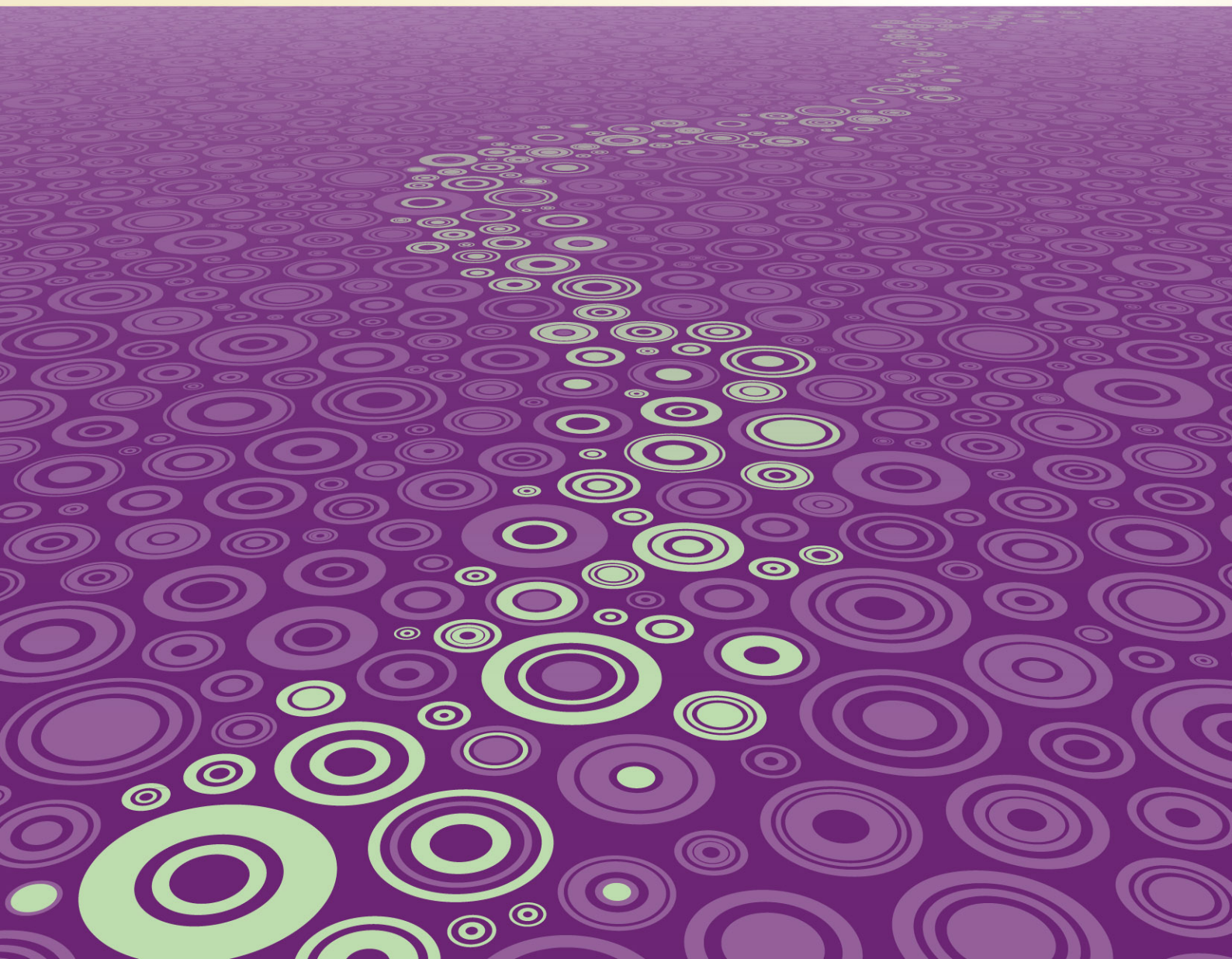




2011

National Rape Crisis Statistics
and Annual Report



“Where do I begin...”

My first phone call to the centre, I was so nervous and anxious about what would happen next. Would this phone call change my life completely and turn out to be just as overwhelming as my life was turning out to be... but I had nowhere left to turn. The anxiety and nervousness was constant in my life, my only relief was when I'd put my daughter to bed at night – it was then that I'd sit on the floor of my bedroom with my back to the bed and start rocking. It was then that I'd start weeping, sobbing silently making sure I wasn't waking my daughter.

It had been just me and my daughter for quite some time and even with my decade of sobriety behind me – it was my daughter that came between me and a drink during that period. Even though I had some very kind people in my life then – nobody could breach the turmoil that was under my skin. My back had been bad with sciatica for months – to the point of not being able to drive. It seemed my world was getting smaller and my turmoil larger. Then I made the phone call to the centre, it was the week before Christmas and I was told I'd be able to see someone straight away after Christmas. This gave me hope in knowing that I had done something about it now – I had put some action into it. It seemed to be a long Christmas but the day finally came. I was nervous but I knew I had to face my demons and I wasn't making such a great hand of it myself.

As the weeks passed, I settled and became more used to the routine of coming in, became used of the welcome at the door, of the sense of respect given by anyone who answered the door. It was like they knew how hard it was to face that door continually.

My counsellor was so... everything I needed. She was able to support me during the times where I had to piece horrific things together and she was able to point out to me how strong I am (even though I found it very hard to realise my strong points). She laughed with me and was there when I howled with grief... she held me no matter what I felt. She also held me when I wanted to distract myself from the pain and kept me focused. She helped me with managing my day to day living while going through these stages. How to live, with an abuser still in the outskirts of my life. She helped me with my self-doubt and low self-esteem. About three months into counselling, I collapsed and was diagnosed with Functional Paralysis. I was totally paralysed and my lungs were failing, but I recovered from that episode with the help of my counsellor. I learned that Functional Paralysis is triggered from an emotional trauma relived.

It was during that time that I learned to trust my counsellor – in a way she held me upright when I was literally paralysed with fear of what would be uncovered next. I learned to get support in my daily life, my counsellor separated the 'predator' type from the 'supportive' type of person in my life - I found it difficult to differentiate (one of the patterns in my life because I was abused).

When I started counselling, I was looking after my invalid dad in the family home. I was around my abuser and dealing with a lot of denial. I got a chance to let other family members know what went on, I faced all this with the help of my counsellor. I learned that even though there is still fear it doesn't have to paralyse me. I began to see how I could protect myself first – for a change. I had a small girl to look after and a bad back to contend with – how far did I have to go to BE HEARD!!!! So little by little, I slowly learned to say no and began to say yes to myself and my daughter. As I persevered with counselling I became stronger in myself, I became aware of the amount I can control and the amount I can trust. I learned to ask myself first what I needed. I learned to stop asking for approval from people who can never give it to me – I need to seek it from myself. I learned about friendship and how respect and compassion is needed equally and I learned that success can be based on many factors not just on one factor.

One of the most significant factors that has changed my life is with my partner. I can be open and honest with him and he with me. I am no longer ashamed of what has happened to me. The abuse does not make me who I am today. I am proud of who I am, as a partner and as a mother. I can move forward now, knowing where I have come from and what I have survived to get here. I have faced my demons and have set them to rest for now. I don't know whether I have to come back, to looking again at this area but now I do know that there is a door I can come to if needs be.

As much as my counsellor was such a significant influence in my moving forward, I know now, that I brought myself to the appointment every week, I did the homework if needed (poems, writings and journaling). It was I who faced myself every step of the way. Saying this is a testament of how far I have come with my self confidence. Yet without the constant understanding, love and support I felt within the hour each week, I don't know if I would have continued. Yes, courage is needed but I was met each week with the ideal setting for helping me face what I needed to face. For all of this, I am ever so grateful. You have given me the chance to live my life the way it was intended, without a dark cloak hanging over me... and my journey and my learning continues from here...”

(Survivor, 2011)

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Independent Statistics Expert Foreword

The publication of the 2011 Rape Crisis Network Ireland (RCNI) national statistics marks ten years since the inception of the RCNI Database project. In January of 2011, a significant and major development was the fact that the single largest RCC in Ireland, Dublin Rape Crisis Centre (DRCC), commenced using the web-based database system. After a decade of championing the merits of the database project, it is to the RCNI's credit that 15 of the 16 RCCs operating in the Republic of Ireland are currently supported in using a system which incorporates data gathering and recording into the day-to-day work of Rape Crisis workers with the survivors of sexual abuse. Having a national evidence-base has now been realised, ensuring a solid foundation for the future delivery and planning of sexual violence support services in Ireland.

With the importance attributed by Rape Crisis to translating and disseminating proven interventions in ways that will reach all people, irrespective of age, gender, social class, sexuality or racial and ethnic background, the RCNI Database has been strategically planned and developed in such a way as to provide cost effective answers to vital practice questions, including all aspects of uptake and usage of RCC awareness, support and prevention services. This is, of course, in addition to valid and reliable quantitative indicators relating to key characteristics of perpetrators and survivors as well as on the occurrence, nature and extent of the abuse itself. In so many ways the database has a capacity building and development impact. By compiling, analysing and presenting accurate and reliable data, those working to inform and educate society about the impact of sexual abuse on survivors, can now legitimately do so. Consequently, they are equipped to incontrovertibly challenge stereotypes and damaging attitudes about all aspects of rape and other forms of sexual abuse. No doubt, in the long term, as has been shown elsewhere, such an informed approach will have a preventative impact.

In my capacity as independent appraiser of the database project, I have been particularly struck by the genuine dialogue that takes place on an ongoing-basis between RCNI and the individual RCCs in translating evidence from the database into practice. The Network and the RCCs are thus jointly involved with others in successfully identifying where data/research gaps exist and in coming up with solutions as to how particular aspects of the RCNI Database system might be changed or developed to address such gaps. It is this vital partnership which has kept all the key stakeholders on board throughout the ten years and it is heartening to read positive accounts from the women who operate the RCCs throughout the pages of this report.

Without doubt, 2011 was also a very difficult year for RCNI and individual RCCs. A significant increase in demand for services at a time of heightened austerity measures and threats of closure made life very difficult for all involved in this sector. It is very positive that this now well respected database project has survived and continues to receive tremendous support and energy from all involved in dealing with survivors of sexual abuse. With this knowledge we can look forward to another year of further developing both usage and dissemination of these national data.

Dr Maureen Lyons

Director of Research Design and Methodology
Equality Studies Centre, School of Social Justice, UCD



Headline Statistics 2011

12% increase in people taking up counselling & support since 2010

10% increase in helpline contacts since 2010

40% increase in people accompanied since 2010

2,541 people took up counselling & support

20,727 hours of counselling & support provided

28,615 helpline contacts

1,178 hours of helpline service provided

646 people accompanied

2,870 hours of accompaniment provided



“It’s just over one year since my rape. I’ve been getting counselling each week to help me come to terms with what happened. I can’t undo what was done but I do choose how I go on from here. I get my space in counselling for my issues or my agenda. I am never judged. I am never told that this is not normal. I am respected for me as I am. I’m learning not to judge myself any more. It took the worst time in my life to get help from the kindest people in the world. I was raped but I am more than rape. I’m a man, I was raped, I’m no longer a victim, I’m a survivor. I can never thank my counsellor enough.”

(Survivor, 2012)



90% of perpetrators were known to the survivor

47% of perpetrators of child sexual violence were family members

21% of perpetrators of sexual violence against adult females were partners/ex-partners

65% of female survivors who were teenagers at the time of the sexual violence were raped

30% of survivors reported the sexual violence to the police

7% of female survivors who were raped became pregnant as a result of the rape

65% more counselling & support was given to survivors of multiple incidents of sexual violence than other survivors



Chairperson's Introduction

Rape Crisis Centres (RCCs) recognise that each survivor who makes contact with us is unique and in turn we adapt our service to suit each client's needs. A survivor-centred model of service delivery has always been how we approach our work. After over four decades of Rape Crisis Centre existence, we are proud that we continue to keep survivors as our central focus.

RCNI is an essential cog in the Rape Crisis machinery. The existence of RCNI means RCCs can successfully continue to work as agents of change, educating society about the impacts, confronting victim-blaming, challenging damaging attitudes and injustices, advocating for legislative changes, informing policy, and treating survivors with the compassion and dignity that they deserve. Survivors can be assured that their voices and experiences are regularly brought to the attention of the highest decision makers in the State. Policy makers can be sure that all submissions are evidence-based and that the statistics that are summarised here are of the highest possible standard. The survivor stories and experiences contained within the RCNI database have a lot more to teach us in the future, when resources can be found to fully analyse the data within. RCNI and RCCs are constantly advancing the agenda of responding to the problem of sexual violence with the guiding vision that someday we will have a society free from sexual violence.

As Chairperson of the Board of RCNI, I would like to extend my personal gratitude to Fiona and all the staff of RCNI, my fellow Board members, our Independent Chairperson and RCCs for all their hard work, dedication and commitment. Most of all we would like to thank the many people who have been a victim of a crime of sexual violence who have come to RCCs and asked us to walk some of their path to recovery with them.

Miriam Duffy

RCNI Chairperson

Executive Director's Message

2011 was a difficult year for the Rape Crisis sector as the result of a major restructuring of statutory funding and the general decline in resources due to the recession. For RCNI the uncertainty of 2011 brought into sharp focus our core principals and the value of the work we do. The HSE Children and Family Service have concluded a Service Level Agreement (SLA) with the two National Networks in the area of domestic and sexual violence. Under the remit of this SLA the networks have been contracted by the HSE to progress areas of work with their member organisations under the following headings: Children First Compliance, Data collation, networking, service user involvement and standards. The remit of the SLA runs from the 1st of January 2012 to the 31st of December 2014. The Networks have begun to progress these actions under the direction of the HSE National Office for Domestic and Sexual Violence. The purpose of this exercise is to strengthen the evidence base and improve standards within the sector so that we can continue to provide a high quality service for clients presenting. 2011 served to bring the sector closer together and reaffirm our commitment to providing the most effective and cost-efficient service to those affected by sexual violence.

RCNI has played a pivotal role in enabling RCCs to broaden services during cutbacks. RCCs expanded their range of services and their client base throughout 2011, for example RCCs now see more child survivors of sexual violence than any other organisation in Ireland. In particular our long standing emphasis on inter-agency work to meet survivor needs is illustrated in SATU (Sexual Assault Treatment Units) and other survivor accompaniment programmes. RCNI has supported RCCs to deliver greater value for money as any unnecessary duplication across management and administration was identified and addressed.

Reliable evidence is a cornerstone of responding to and combating sexual violence. As evidenced by this report, RCNI has equipped 16 sexual violence services (15 Rape Crisis Centres and Children at Risk in Ireland - CARI) to deliver exceptional expertise in bringing such an evidence base to all local, regional and national fora. This expert capacity is the model that frontline service providers and network organisations in other jurisdictions aspire to. It is founded on the partnership approach taken by RCNI and its membership and driven by the shared commitment to do the very best for survivors of sexual violence and prevent further occurrence.

It remains a privilege to work alongside individuals and agencies that are passionate about ending sexual violence and protecting those who have been victimised.

Fiona Neary

RCNI Executive Director



About Rape Crisis Network Ireland

Rape Crisis Network Ireland (RCNI) is a specialist information and resource centre on rape and all forms of sexual violence with a proven capacity in strategic leadership. The RCNI role includes the development and coordination of national projects such as expert data collection, strategic services development, supporting Rape Crisis Centres (RCCs) to reach best practice standards, using our expertise to influence national policy and social change, and supporting and facilitating multi-agency partnerships. We are the representative, umbrella body for our member Rape Crisis Centres who provide free advice, counselling and support for survivors of sexual violence in Ireland.



RCNI Staff

The RCNI role delivers cost efficiencies across the rape crisis and violence against women sector. The national coordination role delivered by RCNI removes much unnecessary duplication across management, governance, data collection, data reporting and administration. In taking on specific roles and executing them on behalf of all RCCs, local services can direct greater levels of resources into frontline services delivery and local multi-agency partnerships. The RCNI development role additionally provides value-for-money capacity building across services, through the design and delivery of a range of training courses for frontline services providers.

Rape Crisis Network Ireland Philosophy

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



The importance of Belonging to a Network

“For almost five years I have represented Rape Crisis North East (RCNE) as a Director on Rape Crisis Network Ireland’s (RCNI) Board and for me, being part of the RCNI network has not only provided me with additional leadership, guidance and expertise in the area of rape and sexual violence but has also played a critical role in transforming our own organisation Rape Crisis North East into a more professional counselling and support service for survivors of rape and sexual violence.

As part of our RCNI membership, we have signed up to the shared RCNI RCC Model of Service Delivery with associated Best Practice Standards. These standards are now working documents within the RCNE organisation and by complying with the widely recognised and respected standards we are assured that we are fulfilling best practice guidance for all our clients who receive counselling and other support services and for all our employees and volunteers who work at RCNE.

As a member of RCNI we have access to the RCNI’s internationally recognised database which is renowned for providing the most comprehensive and detailed information on sexual violence in the Irish context. Trained data administrators input RCNE data into the RCNI Database, which is then used for RCNI National Statistics along with our own local statistics for our local annual report and for our local HSE reports. This data is essential to our service as it provides us with clear evidence as to the nature of sexual violence disclosed by survivors attending RCNE and provides us with the information required for us to help change society’s attitude to rape and sexual violence in Louth, Meath, Monaghan and Cavan.

RCNI membership also allows us to attend a number of specialised quality training programmes some of which include Court, Gardaí and Medical/Forensic Accompaniment, along with Excel training for managing the data from the RCNI Database. Providing meaningful, immersive professional training offers our service solutions designed to make a difference and we at RCNE foster professional development to ensure survivors of rape and sexual violence who attend our service receive the best possible counselling support and care available in a safe and confidential environment.

RCNI membership provides free quality legal advice and support from an experienced and professional legal advisor whom is a Barrister-at-law and is available to individual clients and staff members. This service is very much valued by our clients and it can make a real difference to survivors of rape and sexual violence as it is an additional support to them as they go through the legal process.

Rape Crisis Network Ireland has facilitated collective work among its members and has provided support to their members through training, information and the sharing of good practice. This in turn has enabled Rape Crisis North East to provide survivors of rape and sexual violence with a professional and quality counselling and support service within the North East Region. It is as a result of our membership of the national network that survivors can be assured that their voices and experiences are being heard both locally and nationally and through our membership we will continue to work towards a society free from rape and sexual violence.”

(Rape Crisis North East)



RCNI Key Areas of Work

Delivering an Accurate Evidence Base

Collecting reliable and accurate data is an essential tool in addressing sexual violence. RCNI and the 15 RCCs using the RCNI Database in 2011 continued to collect the highest standard of data on people attending RCCs throughout Ireland. The RCNI Database is a highly secure online data collection system which equips RCNI to analyse detailed national data, as well as deliver reliable, evidence-based findings and insights. The database has been recognised by international experts, such as Professor Rebecca Campbell, as a pioneering model of international best practice. The RCNI Database is the result of a successful collaboration between RCNI, a software development company and independent statistical experts, which began in 2003. RCNI continues to work with these experts to ensure that the best quality data is collected.

Information in the database is gathered through more than 80 different queries, which have been refined to best capture and represent the experiences of those attending sexual violence services. The database delivers internationally comparable data that is used to assist with the planning of service provision locally and to inform national policy and service planning. In future quarterly reports will be drawn from this data and delivered to the HSE to further facilitate national planning.

Formal training and up-skilling is provided to RCNI Database users twice a year and the Data and Services Information Manager is available for ongoing phone and email support Monday to Friday during business hours.

In 2011 Dublin Rape Crisis Centre (DRCC) began to enter data on people attending their services into the RCNI Database. To facilitate this, RCNI provided training for all relevant staff in DRCC, as well as phone and email support throughout the year. As a result, this year's RCNI National Statistics Report includes information for people attending DRCC. 15 of the 16 Rape Crisis Centres in Ireland now use the RCNI Database to compile information on people attending their services. In 2011 Children at Risk in Ireland (CARI) took part in training delivered by RCNI to equip them to start entering data into the RCNI Database in January 2012. CARI's data will be included in the 2012 RCNI National Statistics Report.

RCNI works to maximise the output from the database by undertaking research in addition to the national statistics. In 2011 RCNI carried out research (funded by Cosc: the national office for the prevention of domestic, sexual and gender based violence) on older women attending RCCs. This data was compiled into a fact sheet which accompanied a DVD resource for older women about sexual violence, and was created in conjunction with the Older Women's Network. RCNI received funding from the National Disability Authority (NDA) to carry out research on sexual violence against people with disabilities. This research involved analysis of three years of data on survivors with disabilities attending RCCs, an online survey for people with disabilities on barriers to disclosure of the sexual violence, and a review of data collection models. The research provided the first detailed set of statistics on sexual violence against people with disabilities who attend RCCs in Ireland. The report was published in 2012 and is currently being used to improve Rape Crisis services for people with disabilities (RCNI, 2010).

'The continuing rationale for the RCNI Database project is its relevance and uniqueness in providing the most comprehensive and detailed information on sexual violence in the Irish context. It remains true in these difficult economic times that such administrative data represent excellent value for money as they not only accurately address all service-level questions [...] but also provide answers to pertinent research questions.'

(Dr Maureen Lyons, Director of Research Design and Methodology, Equality Studies Centre, School of Social Justice, UCD, 2011)



Best Practice, Expert Services

In order to ensure that people who have experienced sexual violence living anywhere in the country have access to the best possible services, that the social change work RCCs do is informed by current excellent research, and that all of RCC work is underpinned by respectful and egalitarian principles, the RCNI developed a Best Practice Model (RCNI 2010). All RCNI member RCCs have signed up to this Model. This includes a number of Best Practice Standards necessary to ensure that the Model is delivered upon in the areas of governance, direct services and social change. These Standards are explicitly included in the Service Level Agreements with the HSE for 60% of RCNI member RCCs. The RCNI continues to support and monitor the implementation and current relevance of the Standards. In 2011 we continued with standards development, for example, RCCs now operate a Child Protection Best Practice Standard which incorporates all of the elements of the updated Children First requirements.

During 2011 we collaborated with Rape Crisis England & Wales, and Rape Crisis Scotland towards shared standards and methods of standards evaluation.

Awareness & Prevention

The RCNI's unique location and perspective on how to create real change towards a society free from abuse continued to inform both thinking and practice in the areas of primary and secondary prevention, drawing the learning from frontline network level to national and international levels and reflecting back again. As part of that process the RCNI were thrilled to have this work recognised and to be invited by the European Network WAVE to present our work on developing a framework for the prevention of sexual violence at their conference in Rome in October.

RCNI's direct work in awareness raising campaigns included a number of initiatives. RCNI contributes to the public discourse on sexual violence not only through more traditional media, but also through a number of platforms including our website, smartphone apps, blog, Facebook and Twitter. With approximately 1,000 followers each on the three social media platforms, RCNI's weekly social media coverage averages roughly 1,500 people. The campaign promoting the RCNI mobile phone apps was rolled out over a two month period at the start of 2011. The target audience was young people and the app was aimed both at bystanders and at helping ensure victims had access to a range of services. Secondary prevention work ensuring that survivors can access services by providing accurate and up-to-date information and distributing it to key locations and to first-point-of-contact professionals, continues to be an important part of our work. In 2011, in partnership with SAFE Ireland, we focused in particular on primary health professionals. Also in terms of secondary prevention, RCNI again coordinated the national rollout outside of Dublin of the Dublin Rape Crisis Centre's poster campaign funded by Cosc. RCNI national education program development continued with our partnership with Foróige and the REAL U training program for young people.

2011 saw RCNI devote energy to the preparation of two major strategic initiatives to influence change. These were the development of a comprehensive policy addressing, and language for speaking about, alcohol and sexual violence, and secondly, our commitment to host the 3rd International Conference on Survivors of Rape (ICSoR).

RCNI convened a panel of experts on alcohol harm and sexual violence. This panel was drawn from academia, statutory and non-governmental agencies and experts, educators and those responding to alcohol harm. RCNI honed our expertise in this area starting with that conversation and continued to deepen our understanding of the issues and necessary responses throughout 2011, culminating in being invited to speak at the annual Alcohol Action Ireland conference. The preparation for a public campaign that will be run throughout 2012 was finalised by the end of 2011.

RCNI were honored to be identified by our international peers as exemplary in our field and invited to host the 3rd International Conference on Survivors of Rape (ICSoR). Throughout 2011 RCNI put in place all of the preliminary phases including gathering an international and multidisciplinary scientific committee of experts, establishing partnerships and agreeing conference themes, as well as planning for the logistics of the conference itself and setting up a standalone conference website www.icsor.org. The conference is being held on the 9th and 10th of November 2012.



National Leadership on Multi-agency Approaches and Joint Initiatives

Joined up inter-agency working is essential in ensuring that survivors get the services and support they need. It is also critical in building prevention programmes which are accountable. No single agency has all the answers or all the information – a shared approach at local and national level is much more likely to result in positive outcomes for victims and successful prevention of future sexual violence.

RCNI supports a range of inter-agency actions through mechanisms including: membership of inter-agency groups, writing expert submissions, preparing presentations, chairing committees or working groups and building capacity in local inter-agency fora. On an ongoing basis we deliver evidence, expert advice and consultation in both legal and general policy.

We are active participants, along with HSE nursing and medical staff, An Garda Síochána, the Forensic Science Laboratory and the Office of the DPP in the multi-agency work necessary to ensure the best possible services to those who have experienced recent sexual violence and require the services of a Sexual Assault Treatment Unit (SATU).

In 2011 RCNI continued to meet with An Garda Síochána to relay the experiences of survivors approaching the Gardaí to make a formal report to them, and to advocate for Gardaí to receive more specialised training in sexual violence. In 2011 we worked on a ground-breaking partnership with the Gardaí to develop additional fields in the RCNI Database through which survivors' experience of dealing with An Garda Síochána could be recorded and relayed to An Garda Síochána. Through this ongoing cooperation RCNI and An Garda Síochána are supporting the delivery of better responses to survivors of rape thus advancing the opportunity for justice to be realised. RCNI also continued to work with court accompaniment organisations in the Victims' Consultative Forum and outside it to improve court accompaniment services for survivors as much as we can.

In 2011, RCNI worked in partnership with a multitude of Irish non-statutory organisations on different projects, including SAFE Ireland, Foróige, non-member RCCs, Children at Risk in Ireland (CARI), National Disability Authority, Alcohol Action Ireland, and Older Women's Network.

RCNI, having built relationships over many years, met with the two Rape Crisis network organisations in the UK; Rape Crisis Scotland, and Rape Crisis England & Wales to facilitate the sharing of our expertise and mutual learning. The experience was hugely positive and we continue to work closely with these organisations.

RCNI are recognised as experts on sexual violence internationally and as a result we were invited by the European Network WAVE to present our work at their international conference in 2011. RCNI were also asked to host the 3rd International Conference on Survivors of Rape in November 2012.

Supporting Justice

RCCs and individual survivors can access ongoing legal advice from the Legal Director who is a Barrister-at-Law. This service ensures that survivors of sexual violence can access quality advice and support throughout the legal process. This legal expertise informs all aspects of RCNI work from service standards to public policy.

The National Court and Garda Accompaniment Programmes, designed to provide victims with trained volunteers and staff members to accompany them to Court and to Garda interviews, and funded by the Commission for the Support of Victims of Crime (CSVC), have continued since 2005. Along with providing accompaniment, the RCC volunteer or staff member is a link to other RCC services the victim may require.

RCNI provides the specialist training required to perform this vital role. In 2011, 82 volunteer and staff members were trained. Additional skills training have been identified and, in 2011, a further advocacy module was successfully piloted. For those survivors whose court cases make it as far as a conviction, there is the option of providing a Victim Impact Statement to the court. An additional training was provided so that RCC personnel can appropriately support a survivor with this option.



Securing Law Reform

The experience of survivors, learned firsthand through RCNI support of RCCs and survivors and by the provision of legal advice and information at every stage of the criminal justice process, is the basis on which RCNI develops and advocates legal reform. This aspect of our work is delivered in a variety of arenas and through a variety of methods. In 2011 the RCNI made written and oral submissions to the Joint Oireachtas Committee on Justice, Defence and Equality, written submissions on pending legislation, and written submissions to the Law Reform Commission on capacity to consent. The organisation participated in the Victim's Consultative Forum, the Garda National Crime Victims Forum and Stop It Now Ireland, and chaired the Legal Issues Sub-Committee of the National Steering Committee on Violence against Women. The Legal Issues Sub-Committee progressed work which would improve survivor's experiences of the court system including case management and pre-trial hearings, issues around previous sexual history, anonymity and in-camera hearings. In 2011 RCNI commenced a two year strategy (RAJI 2) to secure implementation of key recommendations put forward in Rape & Justice in Ireland (Hanly et al, 2009).

The importance of Belonging to a Network

“Here at the Kerry Rape & Sexual Abuse Centre we believe that it is vital for us to be part of RCNI. Our membership is not only important to us as an organisation, but also important to our clients and to the broader public. Tackling the issue of sexual violence is a challenge for all Rape Crisis Centres and belonging to a network with a shared vision can support us in our work in a number of areas including information on legislation and training. The Network harnesses the expertise from around the country and creates a forum where ideas can be shared and issues can be raised. RCNI has raised the visibility of the services through awareness campaigns and also tackled hard issues such as alcohol and sexual violence.

This work also impacts on our clients as we feed their experiences through to the Network and give a voice to their concerns. The dignity of the client, survivor's rights, and best practice remain the focus for all our services.

Another major achievement is the development of the national RCNI Database which has provided us with clear data and enabled a comprehensive analysis of clients and abuser profiles. This information enables us to tackle attitudes on sexual violence and build social supports with external agencies and the general public.

Networking is vital to tackling sexual violence, We truly believe that no one can tackle this issue in isolation and that together we can achieve change, support and raise awareness that will bring us closer to our vision of eliminating gender based violence which hinders the effective realisation of equality and human rights.”

(Kerry Rape & Sexual Abuse Centre)



Range of Services Delivered by RCCs

RCCs have wide ranging expertise in the area of sexual violence and as such provide many services to tackle sexual violence in society. As well as providing direct supports to those affected by sexual violence, RCCs also work closely with both statutory and non-statutory organisations and other professionals to reduce levels of sexual violence in society. They provide a spectrum of education and training programmes for a large range of participants. The high levels of trust in the professionalism of RCCs can be seen in the level of self-referrals and referrals by other professionals. The following information refers to the 13 RCNI member RCCs (see back cover for list of members).

RCNI Model of Service Delivery

RCC services are delivered utilising a survivor-centred and trauma-based model. RCCs operate from the knowledge that survivors have the capacity to grow and change and that they are the experts in what they need. Survivor-identified indicators of recovery and healing inform the way in which services are delivered and developed. A trauma-based model means services are offered with the understanding that a survivor's reactions are a normal response to trauma. RCCs believe that responding to sexual violence in our society and holding perpetrators to account starts with supporting survivors in ways that are respectful of their dignity, healing and choices. RCCs work to hold perpetrators accountable for their behaviour and counteract victim-blaming.

Mayo Rape Crisis Centre experience of RCNI model of service delivery

*“The difference from the viewpoint of a victim at first may seem small. **You will be believed.** That is a guarantee. There is an attitude and warmth that is definitely not clinical, not medical and not suspicious but clearly professional. From the moment a phone call is answered there is a commitment to that person's recovery. There is a **commitment to belief**, to a belief in each person's journey. Rape Crisis commitment to belief is not about investigating or assessing what happened. It is about how has this left the victim and their sense of safety in the world. It is about the victim's viewpoint not any other person's. It's a political stand and says clearly we stand with the victim until they become a survivor and until they reclaim or claim their own lives again. With child sexual abuse sometimes, for the first time in their lives. Rape Crisis has grown out of a grass roots response over thirty years ago in Ireland. Rape Crisis has been listening, learning and standing day after day after day with victims of all forms of sexual violence for over thirty years. This wealth of experience means any victim is guaranteed a response that is an **expert response**. We are **client led and client informed**. The history of volunteers contributing alongside staff, giving the gift of their time and their hearts feeds into the uniqueness of the organisations. In Rape Crisis there is a **capacity** to name sexual violence, to **give witness** to all who come through the doors, ring on the phone or make contact in any way. The commitment to all forms of ongoing training: Legal, Personal, Court and Garda Accompaniment, etc. makes for an organisation that is **professional, unique, expert, flexible and informed**. Clients do not come to a Rape Crisis Centre because they want therapy, they come because something horrible has happened and they want help. Radical Gentleness and Radical Witness”.*



What Resources are Required to Deliver on the RCNI Model

Across the country in 2011 paid staff, contract staff, CE/Tús staff and volunteers at RCNI member RCCs worked over 1900 hours per week to deliver these services. 17% of this work was done by 158 volunteers who provided counselling, answered helplines, accompanied persons who had experienced sexual violence to Sexual Assault Treatment Units, court and the Gardaí, provided education and training to youth and professional adults, and fundraised to keep RCC doors open. In addition to these hours, volunteers who completed the RCNI accredited training were on call for most of the 168 hours per week required to provide round-the-clock psychological and crisis support at 3 SATUs around the country and 118 hours per week at two additional SATUs.

In order to provide the best possible services, RCC volunteers and staff require specialist training, not only about sexual violence and the likely after effects, but also about the medical and legal systems. In 2011 member RCCs provided over 20,000 contact hours of training by RCNI accredited trainers to 260 participants – both volunteer and paid staff. Some people participated in more than one type of training during the year.

These trainings included 250 hour sexual violence basic information, and 60-75 hour training programmes to provide crisis and psychological support in a SATU, answer the helpline, specialisation for already qualified counsellors and information for those with a non-counselling role. In addition, RCNI organises the specialist trainings which are detailed in the previous Supporting Justice section.

Rape Crisis North East experience of the services required to deliver on the RCNI model

“Working at the Rape Crisis North East Centre was, for me, a life changing experience. What I thought before I started working there like; ‘that I knew what rape was, as well as sexual abuse, that I knew how the victims were feeling, that I could understand their pain and I was confident that they had the support of their family and counsellors to help them through’. Well, it was all wrong! I knew nothing of the sort.

I realised I was part of the majority of our society who thought that rape was rare, that I shouldn’t be worried about it as it wouldn’t happen to someone I know, family member, acquaintance, neighbour, friend..

We are also so quick judging the victim, thinking that she/he must have asked for it by being provocative or not careful enough... How ignorant and judgemental society can be! We do not want to know the facts, facts scare us so we keep everything ‘taboo’ and hope it will go away.

When I started working for Rape Crisis North East, I realised how important and necessary the work and dedication of the Centre was, that our help and support, to not only the victims but to family and friends, were so strongly sought. Through the 3 years I worked as a helpline counsellor for the Centre, I realised that the support offered to them is vital. Not all victims handle the consequences of having been raped in similar ways and not all victims have the chance of having resources to rely on besides the Centre. While some are strong enough to cope and provide themselves with therapy, others didn’t have enough confidence in themselves to find the strength to engage in counselling so they would find the support they need through the helpline to keep them going, sometimes only for a few hours, some others for a day, and others again for longer. Some would have never told anyone, but found the comfort needed to disclose their story over the phone to one of the helpline counsellors. While there I did find clients frustrated by the lack of services in other North East areas as through the helpline we would have received a great number of referrals for areas like Monaghan and Cavan, but by having the funding cut every year a little more, it was impossible for the Centre to cover those much needed areas of the North East. Those victims are left with no resources to fall back on and help them to cope with everyday life.



But the Rape Crisis North East Centre wasn't just a place to work, it was like another family. The work involved in this organisation is so intense that if you didn't have the support and closeness that we, the staff, had towards each other, it wouldn't be possible to work there. I can honestly say that I never experienced working with such a warm, open arm and dedicated team as I did when working for the Rape Crisis North East Centre. On many occasions, clients would send in a thank you card for their counsellor, some would ring and give us great feedback on our work over the helpline and mention how helpful our support to them was. Just closing a case knowing that we helped the client to regain his/her self value is such a great reward for all the hard work and empathy that all the staff had provided.

I do hope that one day the Rape Crisis North East Centre can finally receive the credit and recognition of the public and resources it deserves as without the support provided by all the staff, victims would be left with no resources.

I will always cherish and never forget this fabulous and rewarding work experience.”

Social Change

Rape Crisis Centres work to change public understandings and awareness of sexual violence as a means of creating a safe and trustful society in which survivors feel able and safe to disclose sexual violence. A survivor is entitled to be treated with respect, dignity and belief. Unfortunately this is, all too often, not what survivors experience when they disclose. Such negative responses can have an impact on survivors' choices to stay silent or to tell and to seek support. RCNI RCCs work in a multitude of ways to foster a society which responds appropriately to survivors.

In the public awareness and social change activities carried out by RCCs, many partnered with a wide variety of other organisations including domestic violence services, men's organisations, refugee and asylum groups, educational services, city governments, libraries and Local Area Networks. RCCs also engaged in responding to and challenging sexual objectification, inappropriate sexualisation of children and the minimisation of sexual violence.

Donegal Sexual Abuse & Rape Crisis Centre experience of social change

“It is clear that advocates and others working in the field of sexual violence have achieved a number of important gains over the past few decades. There have been significant efforts to challenge the notion of the classic stranger rape stereotype and there is evidence that certain aspects of this myth have been dissolved over time.

Education about sexual violence has provided individuals with the knowledge that blatant forms of blaming the survivor are unacceptable.

Many of the messages delivered by advocates have made their way into the public psyche, at least on some level, as most identify rape as wrong, can define it as non-consensual and no longer blame the survivor for the assault.

However, this change in public discourse must be interpreted with caution, as there is evidence that the idea that the survivor has some level of responsibility is still operating in more subtle ways.

Our community has undergone dramatic economic and social changes. Immigration has brought new peoples and cultures to what had predominantly been a mono-cultural society. Sexual violence crosses all social boundaries, affects people of every age and cultural background and has devastating impacts on the lives of survivors and their families as well as the well-being of our society as a whole. Effective sexual violence prevention efforts must address the underlying assumptions held by individuals in our community in order to change rape supportive ideologies and social norms and ultimately to decrease sexual violence perpetration.”



Inter-agency Work

A joined up approach, which is central to the RCC model in Ireland, is essential in facilitating survivor recovery and prevention work. No one agency has all the answers and survivors may be in contact with a range of agencies and individuals in seeking recovery and recognition of the crimes perpetrated against them. Forming good relations across a range of statutory and non-statutory agencies requires a considerable commitment of resources by RCCs.

RCCs are active members of Regional Advisory Committees (RACs) and Local Area Networks (LANs) working alongside Probation Services, the Gardaí, HSE Community Care and other NGOs.

In addition to their work with RACs and LANs and in order to deliver better and accessible services, for example in 2011 RCCs worked with:

- Domestic violence refuges and support services;
- Educational institutions;
- Social justice organisations;
- Men's organisations;
- Traveller Health Workers and support groups;
- Refugee and asylum support organisations;
- Counselling services;
- Statutory agencies;
- Disability organisations;
- Suicide support and prevention organisations;
- Youth workers and organisations; and
- A patient support group.

Specific examples of some inter-agency projects in 2011 include:

- RCC staff work with local domestic violence refuge staff and volunteer providing support to those who have been subjected to violence by their partners;
- RCCs work as part of multi-agency response teams with the HSE and An Garda Síochána, to provide appropriate care for survivors at Sexual Assault Treatment Units (SATUs);
- RCC staff worked with Foróige to develop and pilot a training programme for young people on sexual violence;
- RCC staff work with the Refugee Legal Service to ensure that asylum seekers receive as much support as possible through the application process;
- RCC staff work with Save our Sons and Daughters (SOSAD) suicide support group to provide client and staff support and share expertise.



Rape Crisis Midwest experience of inter-agency work

“With 32 years’ experience of working with and on behalf of survivors of all forms of sexual violence, Rape Crisis Midwest continues the practice of inter-agency work which began with its founding members, who shared many commonalities and interests with other voluntary agencies which were founded in Limerick at the same time, for example; Adapt House the Limerick Women’s Refuge and the Limerick Family Planning Clinic. The people who worked to put these services in place shared scarce resources and knowledge and were working in an inter-agency way long before the word was invented.

Rape Crisis Midwest has always believed in inter-agency work and as a result the centre has a very good relationship with the statutory agencies in the Region. Following the 1996 Task Force recommendation The Midwest Regional Planning Committee (RPC) was set up. This put inter-agency work in the Midwest region on a more formal footing and brought some agencies which would not usually be ‘working partners’ with Rape Crisis into our orbit, for example; housing authorities.

The “RPC” set up Local Area Networks (LANs) in each of the three counties and Rape Crisis Midwest is active on all three. The membership of each LAN varies but core to each is local frontline services, HSE community development, and community Gardaí.

The networking and information sharing opportunities have been excellent. The LANs have also proved a good mechanism for identifying what is working well in an area that could be applied to other tasks. The LANS were key forces in identifying the lack of training for frontline people across all agencies and recommending that the RPC support basic training on domestic & sexual violence.

We have a reciprocal arrangement with other agencies such as the Red Ribbon Project whose focus is on sexual health, The Bedford Row Project who work with families of prisoners, Doras Lumni who work with migrants, we offer each other support and training as and when required. Another example is the training the Gardaí in Limerick receive on Children First. Rape Crisis Midwest arranged with the trainer to deliver an input on our services to this training and to fit into the schedule. We also deliver the SATU referral pathway for Gardaí in Midwest region. They gave us the time and we covered one section of their training for them and we add in our own - we both win.

I can’t stress strongly enough the importance of working, networking and sharing training and knowledge with other voluntary and statutory agencies. The benefits are to our (and their) clients when referrals can be made with a good understanding of how each service is delivered and what best use can be made of all our scarce resources.”



Education and Training

The social context in which sexual violence is perpetrated is shaped by societal norms. Challenging those norms can play a significant role in preventing sexual violence as well as improving options for someone who has experienced sexual violence and holding someone who has perpetrated sexual violence accountable. Participating RCCs utilise the data contained in this and previous reports, as well as additional information to challenge the existing societal norms. This is done as part of RCC commitment to survivors that the learning from survivor experiences will contribute to the changes needed for an abuse-free society.

“Training was good, very informative, changed my attitude, an eye opener.”

(Participant in Listen, Believe, Refer Training)

RCCs deliver a variety of evidence-based training and education programmes to both community members and professionals. This training and education provides information on (1) the realities of sexual violence, (2) what to do if someone experiences sexual violence, (3) what to do if someone may be perpetrating sexual violence, and (4) what to do if someone shares that they have experienced sexual violence.

In total the 13 member RCCs provided 8,150 contact hours of training to 1,575 professionals, community members and young people in 2011. These RCCs also provided over 20,000 contact hours to 260 participants; both volunteer and paid staff. This is a significant decrease in the number of trainings that RCCs were able to offer the previous year. It is concrete evidence of the impact of funding decreases to the sector over the last few years.

Youth education

RCCs delivered education and training to over 1,200 second and third level students and other youth with over 6,500 contact hours of training.

Training for professionals

RCCs delivered specific sexual violence training to over 375 professionals with 1,650 contact hours. Training was delivered to personnel from a number of key frontline services in order to assist them in their responses to sexual violence survivors. Some of the trainings are tailored to a specific professional group – for example one RCC provides training to GPs. The frontline personnel reached in these trainings were from:

- Addiction Services;
- Asylum Seeker and Refugee Services;
- Chaplaincy;
- Citizen’s Advice Centres;
- Community Development;
- Counselling;
- Domestic Violence Programmes;
- Family Resource Centres;
- An Garda Síochána;
- Nursing and GP;
- Social Work;
- Teaching;
- Traveller Health Services; and
- Youth Programmes

“I do come across cases, I only had one last week concerning sexual violence and I might not have referred that before, I think listening improves a woman’s confidence in you.”

(Participant in Listen, Believe, Refer Training)

“Before, even though I knew the services were there, I didn’t realise that I could refer the woman to them.”

(Participant in Listen, Believe, Refer Training)

Kerry Rape & Sexual Abuse Centre experience of education and training

“Listen, Believe, Refer Training’ is run by Kerry Rape & Sexual Abuse Centre in conjunction with the Open Door Network, Kerry’s Response to Violence against Women and Children. This training is for staff, management and volunteers of organisations working in the community. It is for anyone who comes in contact with people through their work who may have experienced domestic and/or sexual abuse. This training is designed to build their understanding of violence against women and build their capacity to respond appropriately. In 2011 the training was delivered to Tralee Women’s Resource Centre, St. Bridget’s Family Resource Centre, Tralee International Resource Centre, Kerry Travellers Development Project, Kerry Traveller Health Action Zone, and Eist Linn/Southwest Kerry Women’s Association.

This training is specifically on the issue of violence against women; it looks at the topics of domestic and sexual violence in this context. The aim of this training is;

- *To raise participants’ awareness of violence against women;*
- *To help to develop participants’ understanding of domestic violence and sexual violence;*
- *To address participants’ fears and concerns about responding to a disclosure of domestic or sexual violence in the workplace;*
- *To challenge participants to examine their current response to violence against women;*
- *To clarify roles, boundaries and limits of participants in responding to violence against women;*
- *To examine why individuals and organisations are resistant to responding to the issue;*
- *To increase participants’ understanding of the importance of developing a violence against women policy in the workplace;*
- *To ensure that participants feel consulted and part of the process of developing a policy within their organisation.*

The reason why the Open Door Network; Kerry Response to Violence against Women and Children (ODN) and the Kerry Rape & Sexual Abuse Centre (KRSAC) have developed and delivered this programme is underpinned by studies examining where and why women break their silence and report abuse. They show that women disclose to people of trust, often in community organisations. In these studies it is echoed that women who break their silence but meet a negative or inappropriate response would, as a result of this response, be more isolated and even further silenced. Furthermore research conducted by Cosc – the National Office for the prevention of all forms of Domestic, Sexual and Gender-based Violence (Department of Justice, Equality and Law Reform, 2010: 44) here in Ireland, showed that societal or public attitudes also play an important part in determining the extent of support a person can hope to receive. They state that, ‘victim-blaming attitudes, general misunderstandings about the causes and effects of domestic and sexual violence, and concerns about how cases will be handled by professionals, all underpin our thinking and beliefs around domestic and sexual violence’.

*The ODN and the KRSAC felt it was imperative that community organisations need to have an informed appropriate response so that they can offer women who disclose abuse; support, a listening ear, up-to-date and appropriate information; in short they need to have the skills and knowledge to **Listen, Believe and Refer**. This response is centred on the woman, and aims to improve her quality of life through a positive confidential informed response. This response also recognises that these crimes are under-reported as supported by the Irish National Crime Council report in 2005 entitled ‘Domestic Abuse of Women and Men in Ireland – Report of the National Study of Domestic Abuse’ and this is further compounded by the high attrition rate for sexual crimes in Ireland as stated by Hanly et al in Rape & Justice in Ireland (Hanly et al, 2009).”*



Accompaniment

RCCs accompanied 646 people to a range of different services in 2011, including; Sexual Assault Treatment Units (SATUs), Gardaí and PSNI, other forensic and medical facilities, and refugee hearings. This amounted to 2,870 hours or 410 days of accompaniment. This is a 40% increase in the number of people accompanied from 2010 statistics. Most accompaniments lasted half a day, whilst the longest accompaniment lasted 9 days. The majority of survivors being accompanied were female (94%), while 6% were male. Just under two out of ten survivors accompanied were under the age of 18 (19%).

Research indicates that survivors who are accompanied by Rape Crisis advocates receive better treatment and care from the medical and legal systems (Campbell, 2006). This means that not only is survivor healing more effectively supported; it also often means that the survivor is more likely to stay with the court (or other) process.

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

Clinical Nurse Specialist at Mullingar SATU experience of RCC accompaniment

“In Mullingar SATU, the psychological support workers are regarded as very important members of the on call team. As the Clinical Nurse Specialist (Sexual Assault Forensic Examination), I find them particularly good in providing support, not only to the patient, but also the family members or friends who escort the patient to the unit and wait whilst the examination takes place. For those patients who come alone to the unit, the psychological support workers are considered invaluable.”

Regional Sexual Abuse & Rape Crisis Centre Tullamore experience of providing SATU accompaniment service

“Being a support worker can be a challenge as each case is different, you never know what you will face when you go to the unit, some cases are tough, some a bit easier. Male clients can be more difficult as men don't really talk about feelings so it's harder to connect. The role as a support worker is always different; one case you could be supporting the client, the next case could be the mother or friend or care worker that needs the support more. It is important for your mental health to make sure you leave the case at the hospital when you go home. I love being able to be a support to the client at what will possibly be the worst time of their life and being able to tell them they can get through this. You telling them that this was not their fault may be the most vital thing they hear from anyone.

The support worker is the link between the Centre and the victim, passing on information on the services available to access counselling. The work of setting up and developing the support service was very challenging but it has proved to be very rewarding when we hear from victims how they were supported by the great support workers involved.”



Donegal Sexual Abuse & Rape Crisis Centre experience of providing Court and Garda accompaniment service

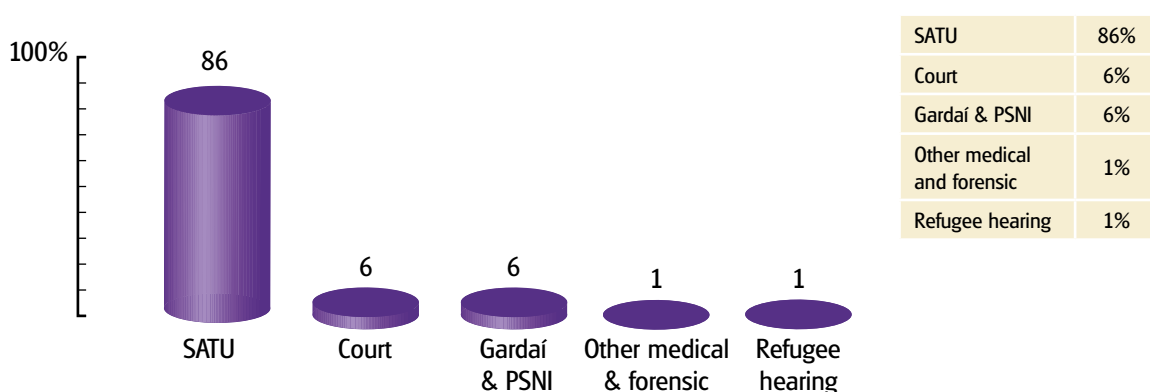
“Over the last three years the Donegal Sexual Abuse & Rape Crisis Centre has seen an increase in requests for Garda accompaniment. This is partly due to the Sexual Assault Treatment Unit becoming operational in Letterkenny.

Having trained psychological support workers in attendance at SATU has increased the Centre’s involvement with the Gardaí; and the setup of liaison meetings with the Garda, SATU and the Centre has built a mutual respect. Due to the establishment of outreach services to various locations within the county, we are now being contacted by Gardaí from various districts to support clients through the ordeal of making their statement and accompaniment through court proceedings. Our trained volunteers provide this part of our service and we also make a room available to facilitate the Garda to meet with the survivor in the Rape Crisis Centre. This has been taken up on a number of occasions this year and has worked very well. The client feels much more supported as they are in a relaxed and calm environment and it is much less intimidating than having to visit a Garda Station.

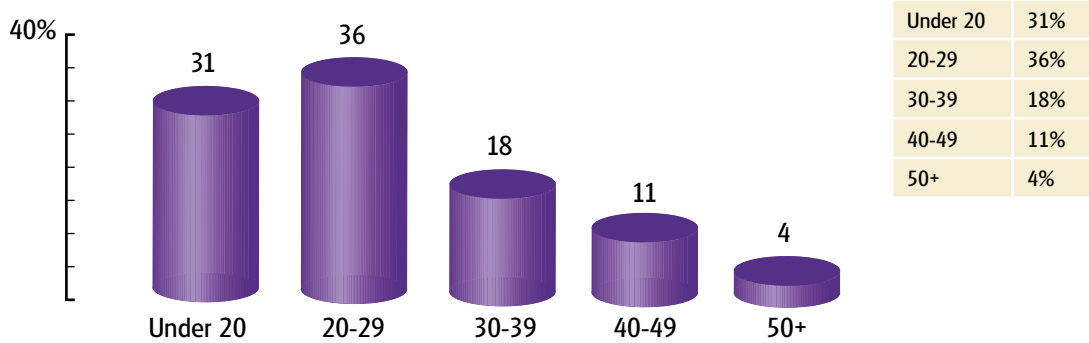
The Sexual Assault Treatment Unit (SATU) provides care for women, girls, men and boys who have been raped or sexually assaulted. This service also provides forensic and medical services. Trained psychological support workers from the Centre are available on a 12/7 basis for immediate call-out to support survivors prior to and during forensic examination. This becomes the survivor’s first contact with the Centre which usually links through to counselling and other support services at the Centre.

Attending Court can be a traumatic and stressful event for survivors of sexual violence and in providing court accompaniment clients appreciate the presence and support of someone who understands the process, has prior experience of court proceedings and is there to provide emotional support through a very trying period.”

Graph 1: Accompaniment type (%) n = 646



Graph 2: Accompaniment – Age of survivors (%) n = 616



Helpline

In 2011 28,615 contacts were made to RCC Helplines throughout Ireland. This is a 10% increase on 2010 contacts. Every RCC operates their own Helpline during office hours, offering counselling, support, advocacy and information to a wide range of people through a range of different mediums. The Dublin Rape Crisis Centre Helpline runs 24 hours per day. The majority of contacts were voice calls (92%). Texts made up less than one out of ten contacts to the Helplines (7%), and a very small minority of contacts were made via email (1%). Calls ranged from 1 minute up to 3 hours. The majority of calls were between 1 minute and 5 minutes.

Dublin Rape Crisis Centre experience of running a Rape Crisis Helpline

“The Telephone Team of the Dublin Rape Crisis Centre operates the national 24-hour Helpline from 8am to 7pm, Monday to Friday, providing a listening service, counselling, support and information. The team of five operate a shift system to ensure that there is always somebody to answer the calls, while the Volunteer Services Department operates the out-of-hours service.

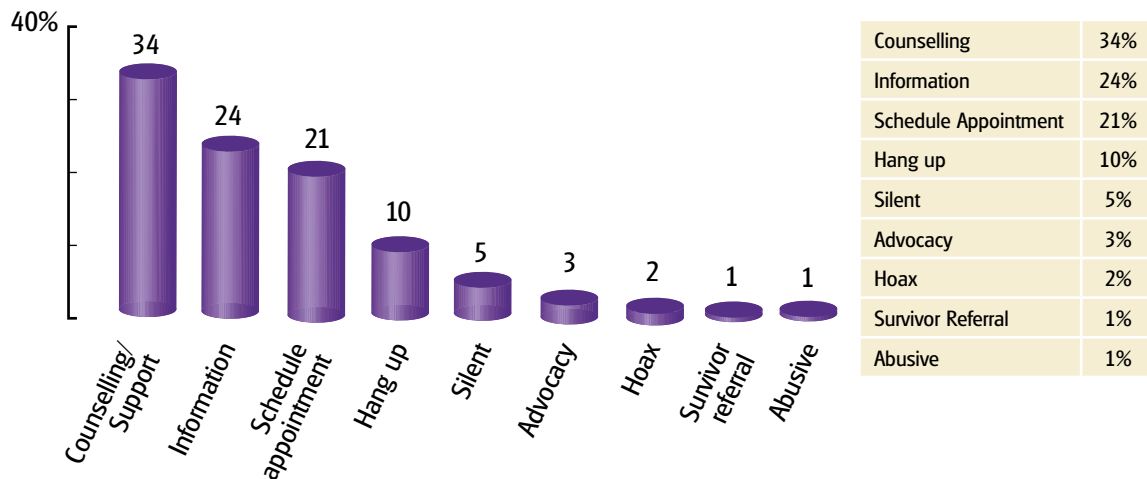
Operating the national 24-hour Helpline, we receive calls from all parts of the country and from abroad. We offer referrals to relevant agencies and do our best to facilitate all requests for help. Callers to our Helpline may be young or old, male or female, from different backgrounds and at different stages in their lives, but most call to talk about those issues that they cannot, or choose not to, broach with family or friends.

Additionally, we update and manage our input to the Rape Crisis Network Ireland (RCNI) Database, and compile the statistics used in our annual report, as well as contributing to the national statistics produced by RCNI.

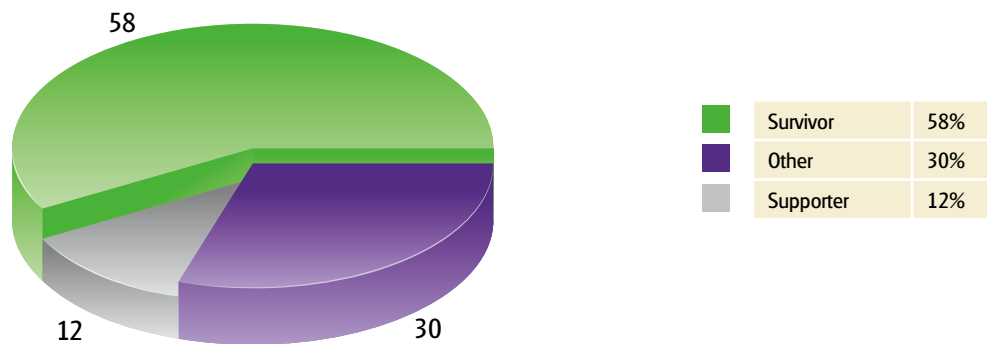
The main body of our work involves the Helpline. 2011 was a very busy year for us, with an increase in callers, affected by the release of the Cloyne Report in July and the subsequent fallout. This included Enda Kenny’s condemnation of the Vatican’s response to the clerical abuse scandal and the announcement by the Minister for Justice, Alan Shatter, of his intention to introduce reforms and legislation to strengthen child protection.

Many of our callers expressed their horror regarding a case of child abuse in Galway which came to national prominence, and were inspired by the victim's strength in speaking publicly about the abuse he suffered at the hands of caretaker Michael Ferry in Donegal. We are constantly struck by the courage and resolve of our callers, many of whom are speaking about their experiences for the first time."

Graph 3: Helpline nature of contact (%) n = 27,254



Graph 4: Helpline caller type (%) n = 27,254



Other callers often include medical personnel, Gardaí, researchers, etc.



Thank You

*We all long for the peace inside
That seems so hard to find
The treasures buried deep within
We try so hard to hide*

*We search the world for what we want
But there is nowhere else to look
Because deep within is the only place
You really have to look*

*With persistence and guidance
Before I never knew
That I have my answers and my questions too
Which are well overdue*

*Thank you are words that
Are just not enough
But to make the difference in this world
Is amazing stuff*

*So never for one moment
Be tired of what you do
As I say words could not express
The difference made by you*

(Survivor, 2011)

Counselling and Support

In 2011, 2,541 people attended Rape Crisis Centres throughout Ireland for counselling and support. This is an increase of 12% from 2010 figures. Just over nine out of ten service users were survivors of sexual violence (91%). The other 9% were supporting someone who had been subjected to sexual violence.

Rape Crisis North East experience of providing counselling and support to survivors of sexual violence

“Rape Crisis North East provides counselling support to both adults and teenagers over the age of 14. From my perspective as a psychotherapist, I find it to ultimately be extremely rewarding work. Undeniably it is difficult and challenging too. My colleague and I meet some of the most vulnerable women and men in the counselling rooms.

It seems to me that providing a nurturing yet boundaried arena for our clients enables them to speak the unspeakable and goes a long way to understanding and coming to terms with the violations they have endured. In many ways, I sometimes see the counselling relationship as the replication of a healthy parent/child relationship in early life. As unfortunately is sometimes the case with sexual violence survivors, this acceptance and caring can be experienced as new and sadly unfamiliar. Nevertheless, it breeds a sense of self love, safety and space to be in pain and grieve for what was and what was not, for these brave individuals.

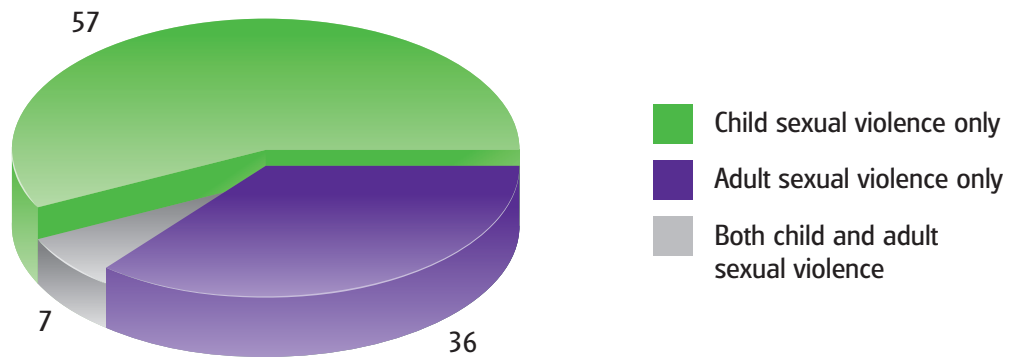
The challenge in this work for me is definitely in the justice system. This may manifest through interactions with the Gardaí and the courts. It is a difficult path for clients to travel if they decide to bring charges against their perpetrator. It breaks my heart to see clients so bereft and feeling humiliated and not believed by the system set up to protect them. Clients express how they feel, their experience is downplayed by the system. It is a system where a ‘perpetrator’ is innocent until proven guilty. Yet, the clients are often put in positions where they feel guilty already. It pains me to see the impact this has on the client who has been brave enough to fight for their rights and against the injustice carried out against them.

However, I am extremely proud that the service users of our Centre have somewhere to go to talk of this; to express themselves and to know that they are important and that they can get through these experiences no matter what.”



When the sexual violence was perpetrated

Graph 5: When the sexual violence was perpetrated (%) n = 2,248

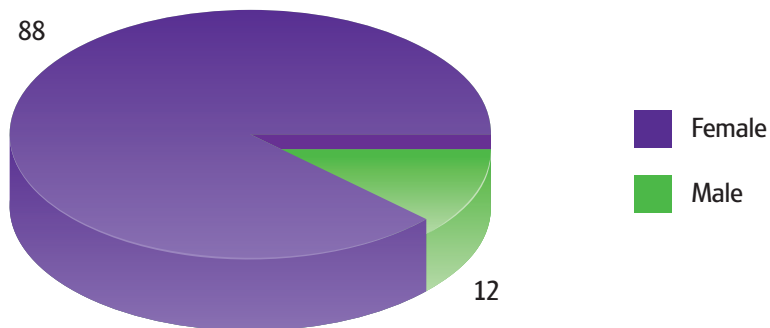


As illustrated in Graph 5:

- Just fewer than six out of ten survivors disclosed that they were subjected to sexual violence solely in childhood (57%);
- Under four out of ten survivors stated that they were subjected to sexual violence solely in adulthood (36%);
- Less than one out of ten survivors disclosed that they were subjected to sexual violence both as adults and children (7%).

Gender of survivors

Graph 6: Gender of survivors (%) n = 2,308

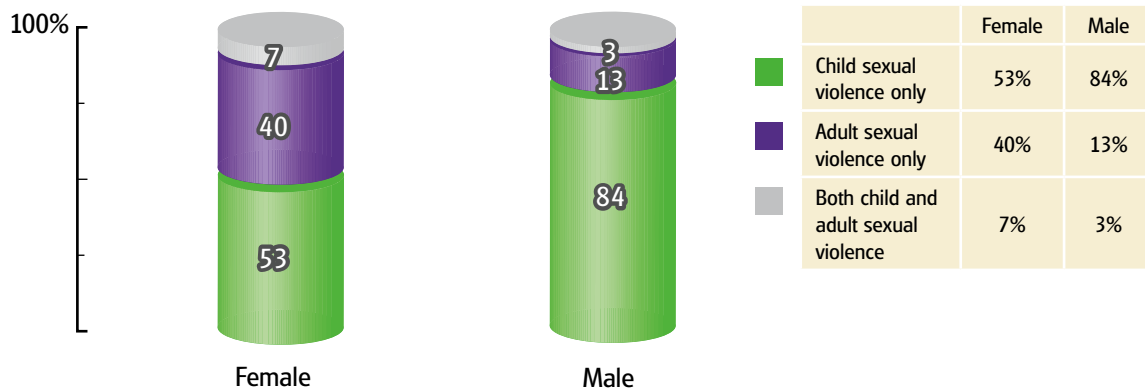


Of the 2,308 survivors of sexual violence who attended RCCs for counselling and support in 2011 (Graph 6):

- 88% were female; and
- 12% were male.



Graph 7: When the sexual violence was perpetrated by gender of survivor (%) n = 2,248

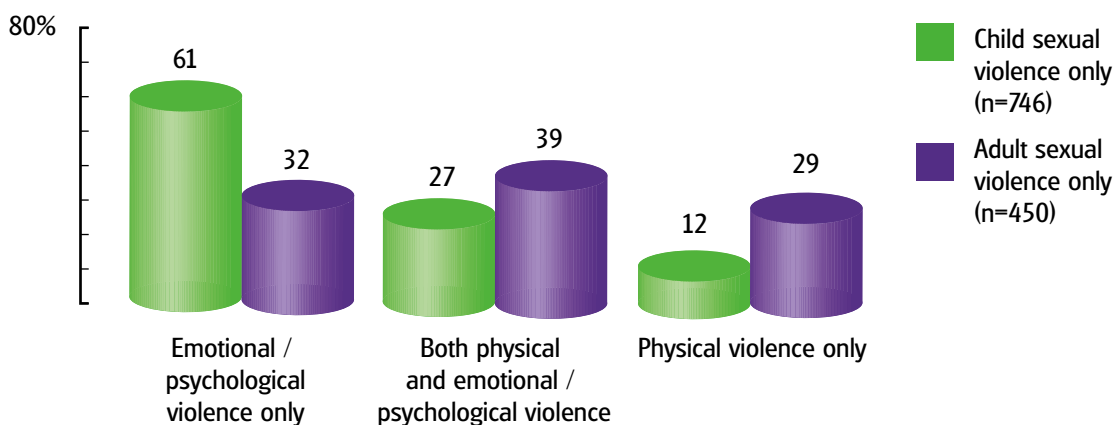


As illustrated in graph 7 there are clear differences in female and male vulnerability to sexual violence. Where males vulnerability to sexual violence decreases as they age, females vulnerability does not decrease to the same extent. This finding is recurrent in annual RCNI statistics reports and also supports SAVI findings (McGee et al, 2002: 80).

Types of other violence

RCNI data support research findings that sexual violence does not usually occur in isolation. Instead it is usually combined with other types of violence (McGee et al, 2002). Seven out of ten survivors attending RCCs in 2011 disclosed that they were subjected to other forms of violence along with the sexual violence (70%). Other forms of violence include amongst others; neglect, harassment/intimidation, stalking, imprisonment, and attempts to kill.

Graph 8: Type of other violence by when the sexual violence was perpetrated (%)



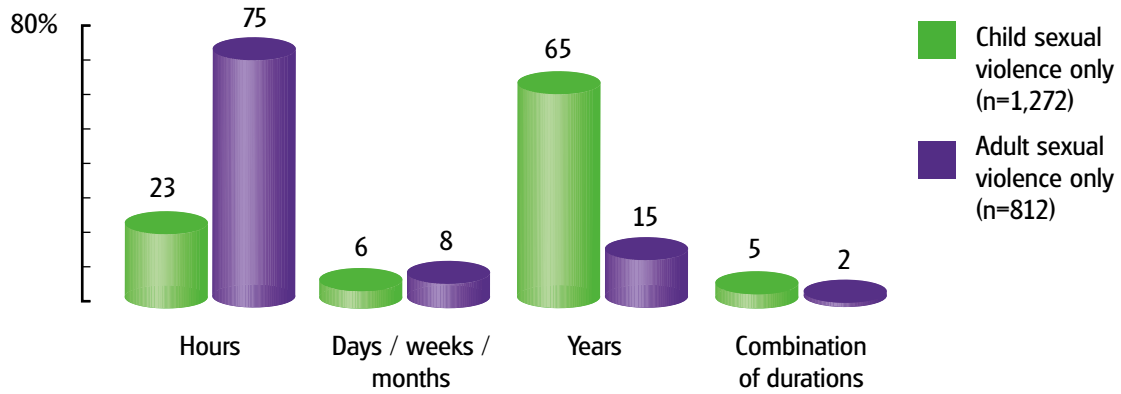
As Graph 8 illustrates survivors of sexual violence as children and survivors of sexual violence as adults are subjected to different types of other violence along with the sexual violence.

	Child sexual violence only	Adult sexual violence only
Emotional/psychological violence only	61%	32%
Both physical and emotional/psychological violence	27%	39%
Physical violence only	12%	29%



Duration of violence

Graph 9: Duration of sexual violence by when the violence was perpetrated (%)

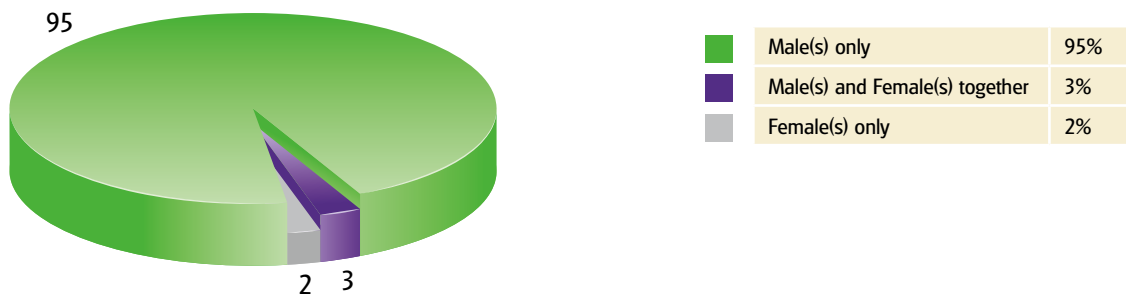


As seen in Graph 9 clear differences emerge when we examine the duration of the sexual violence perpetrated against survivors who were children when the violence took place and survivors who were adults when the violence took place.

	Child sexual violence	Adult sexual violence
Hours	23%	75%
Days/weeks/months	6%	8%
Years	65%	15%
Combination	5%	2%

Gender of perpetrators

Graph 10: Gender of perpetrators (%) n=2,264

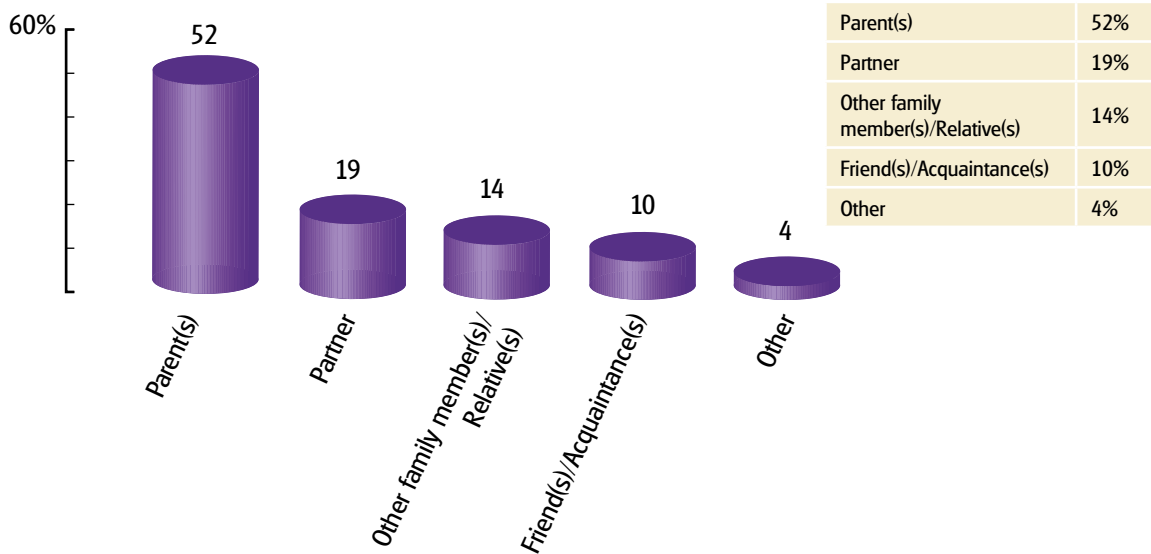


As illustrated in graph 10 males acting either alone or in groups were predominantly the perpetrators of sexual violence against survivors attending RCCs.

Supporters

As well as providing counselling and support to survivors of sexual violence, RCCs also provide this service to people supporting a survivor. RCCs can help supporters to come to terms with the impact the sexual violence has had on their own lives, as well as equipping them with valuable tools to help the survivor in the best way possible. Supporters are invaluable to the recovery process for survivors, as receiving compassionate and validating responses from family and friends can make a substantial difference.

Graph 11: Relationship of supporters to survivors (%) n=231



Our Centre of Hope

*A vision of Hope
Shines on us now
Caring and Sharing
In a world we know none
Broken children is what we are
You gave us hope when you held us in your arms
Your four walls keep us safe
No one to judge us here
We sit and talk
And walk
And talk
And yell
And you - you lift the spell - of a broken human being
Smiling faces keep us safe
We can see the wood from the trees
Yes you give us Hope
You give us Hope
You set us Free.*

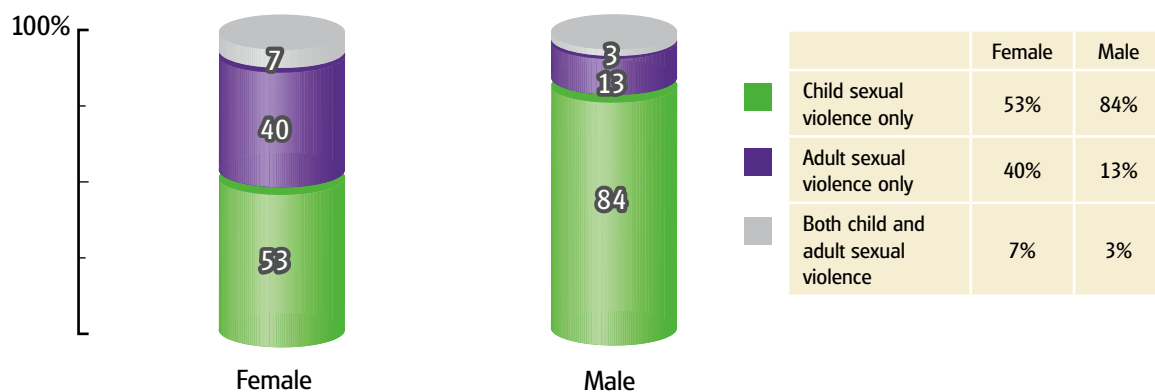
(Survivor, 2011)

Crimes of Sexual Violence Disclosed to RCCs in 2011

Year on year we see similar patterns in the sexual violence disclosed by people who attend RCCs. The same characteristics occur repeatedly in different groups of survivors. For example we know that children are usually subjected to sexual violence by a male family member, the abuse was most likely perpetrated over many years and took place in the child's own home. The child was sexually assaulted and was also subjected to emotional and psychological abuse. Likewise we know that adults, females, males, elderly people, people with disabilities, asylum seekers and refugees, to name but a few groups, were also subjected to distinct patterns of abuse. In order to get a more clear sense of these patterns the following case studies have been created from the data. None of the characters in the case studies are based on any one particular survivor. They instead represent the typical situations that different groups of survivors disclose to RCCs on a daily basis.

In this section we will first take a comparative look at the experiences of male and female survivors of child sexual violence, and of female survivors of adult sexual violence. The reason we examine female survivors in more detailed age categories is because the majority of survivors attending RCCs are female, and therefore we can look at the information they disclose to us in greater depth. We will then look at female survivors who were subjected to multiple incidents of sexual violence and /or became pregnant as a result of rape. We will then look at the crimes committed against various groups of survivors who share characteristics such as women with disabilities, those who are refugees and asylum seekers, and Traveller women, before finishing with an examination of disclosure and survivor demographics.

Graph 12: When the sexual violence was perpetrated by gender of survivor (%) n=2,248



As illustrated in graph 12 there are clear differences in female and male vulnerability to sexual violence. Where male vulnerability to sexual violence decreases as they age, female vulnerability does not decrease to the same extent.

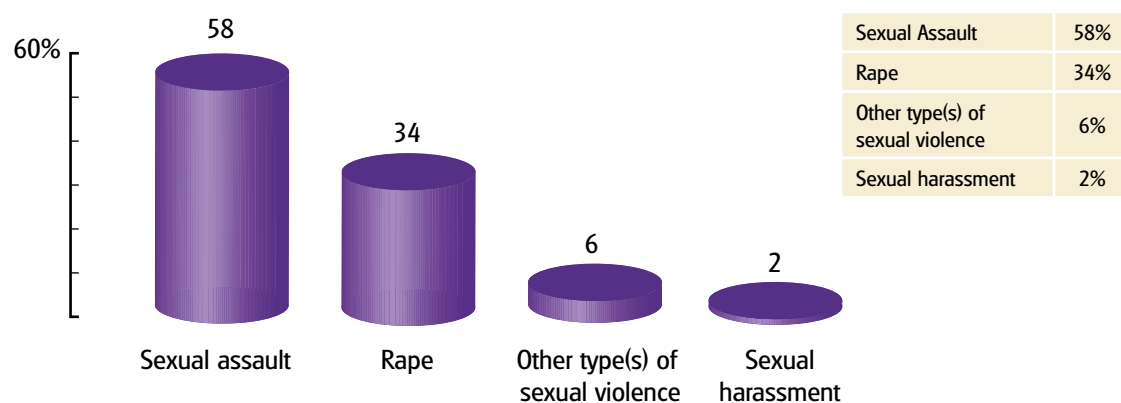


Type of Sexual Violence

Male survivor of child sexual violence

The majority of males attending RCCs were subjected to sexual violence when they were children (84%). For most of these the sexual violence was perpetrated against them when they were under the age of 12 (63% of all males subjected to child sexual violence solely). To allow for more detailed analysis the following graph refers to all males attending RCCs in 2011 who disclosed being subjected to child sexual violence solely (84% of all males).

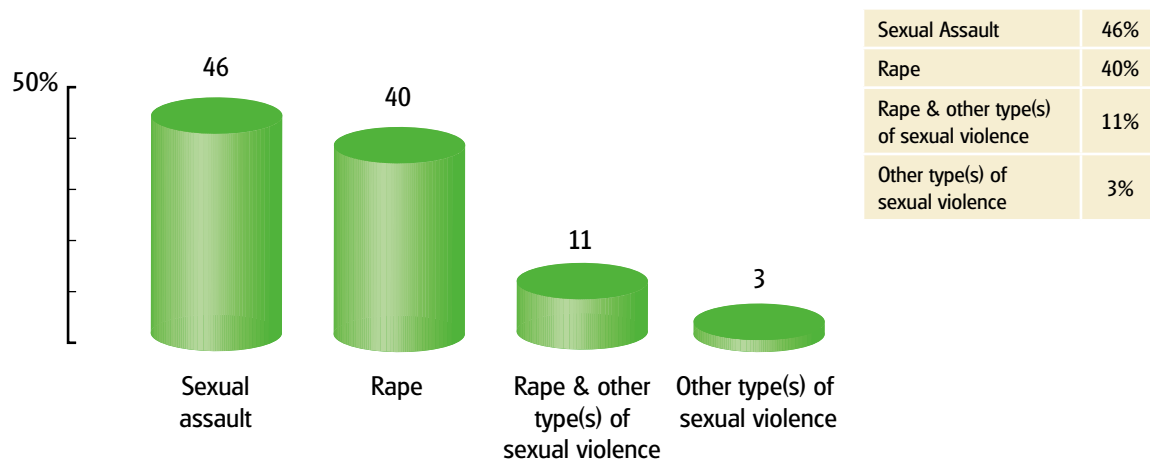
Graph 13: Type of sexual violence perpetrated against male survivors of child sexual violence (%) n=226



Female survivor of sexual violence when under age 12

The following analysis refers to female survivors who were subjected to the sexual violence when under age 12.

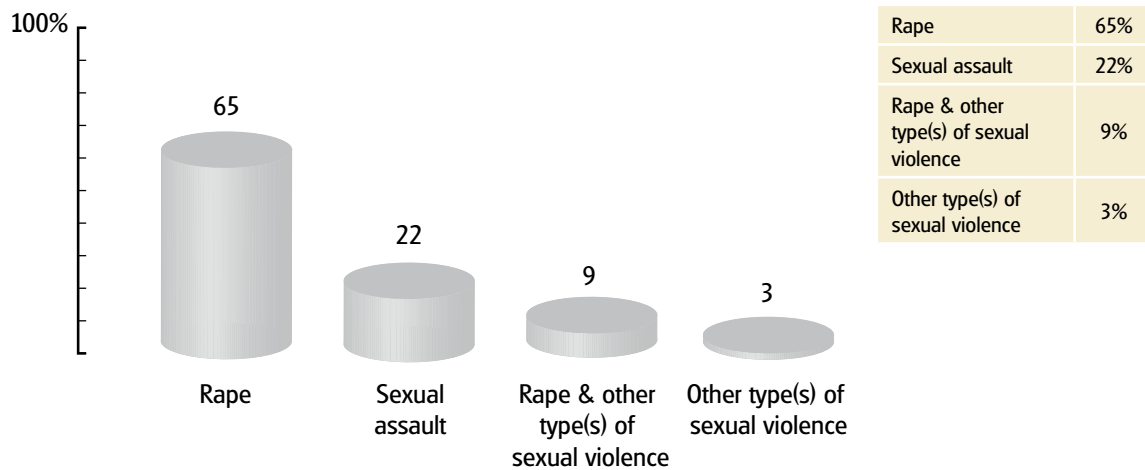
Graph 14: Type of sexual violence perpetrated against female survivors when under age 12 (%) n=750



Female survivor of sexual violence when aged 12-17

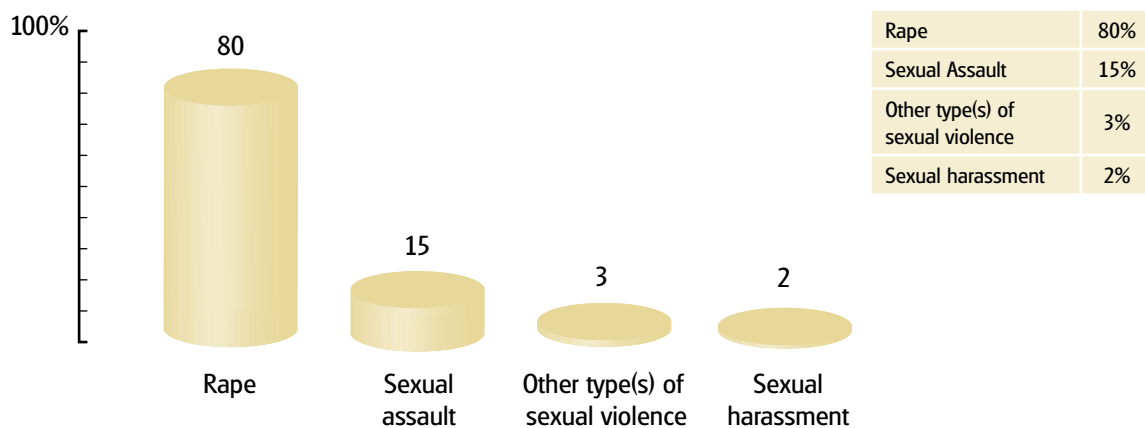
The following analysis looks at female survivors who were subjected to sexual violence when they were aged 12 to 17.

Graph 15: Type of sexual violence perpetrated against female survivors when aged 12-17 (%) n=395




Female survivor of adult sexual violence when aged 20-29

Graph 16: Type of sexual violence perpetrated against female survivors when aged 20-29 (%) n=429



Male survivor of Child Sexual Violence Case Study



Case Study

Pat is 47 years old. He was abused by his middle-aged teacher at school from the age of 8. The abuse began as physical violence as punishment for poor schoolwork or misbehaviour. Pat's teacher would taunt him continually and single him out in class. The teacher later insisted that Pat attend his home, where he lived alone, on the pretext of giving Pat extra tuition. It was here that the teacher began to sexually assault Pat, often keeping him at his home for hours at a time. Pat told his parents about the abuse but they were disinclined to believe him or confront the teacher, as he was a respected member of the small community in which they lived.

Pat's schoolwork suffered as a result and he left school at 16 after completing his Junior Cert. He was able to sever contact with the teacher after that. He moved away from the area, got a steady job and eventually married. However, he never reported the abuse and struggled with feelings of anger and depression for years afterwards. In his 40s Pat went through a very low period in his life and contacted the Aware Helpline for support. They encouraged him to tell his wife about the abuse he suffered and also to contact his local Rape Crisis Centre where he is now attending counselling. He is coming to terms with the abuse and gaining a stronger and more positive outlook on life as a result.



Kilkenny Rape Crisis & Counselling Centre experience of working with male survivors of child sexual violence

“From a counselling perspective having worked with male survivors of child sexual violence over a number of years, it is clear that adult male survivors pose numerous and difficult challenges to successful therapeutic intervention. My experience is that men find it extremely difficult to ask for help, they often revert to instinct and cannot understand why they cannot ‘fix it’ for themselves, brought up in a culture of shame and abuse my clients early scripting was; ‘you don’t feel, don’t talk, don’t trust’. This belief is firmly imbedded in his psyche. For the male survivor, sexual assault goes to the very centre of concerns about sexuality, personal vulnerability and self-esteem; the client sometimes says he was seriously worried he was ‘going mad’.

Since male clients sometimes do not seem to know about post-traumatic stress, I tell them about it. Normalising his reaction to traumatic experiences usually eases his anxiety.

Over time the clients come to recognise the role he played in thinking he was the hero/rescuer of his siblings; at the loss to himself. Grieving the loss will take time; they often talk about regret that they did not ask for help sooner. When I ask them what their goal for the future is; their response is usually to live a ‘normal life’.”

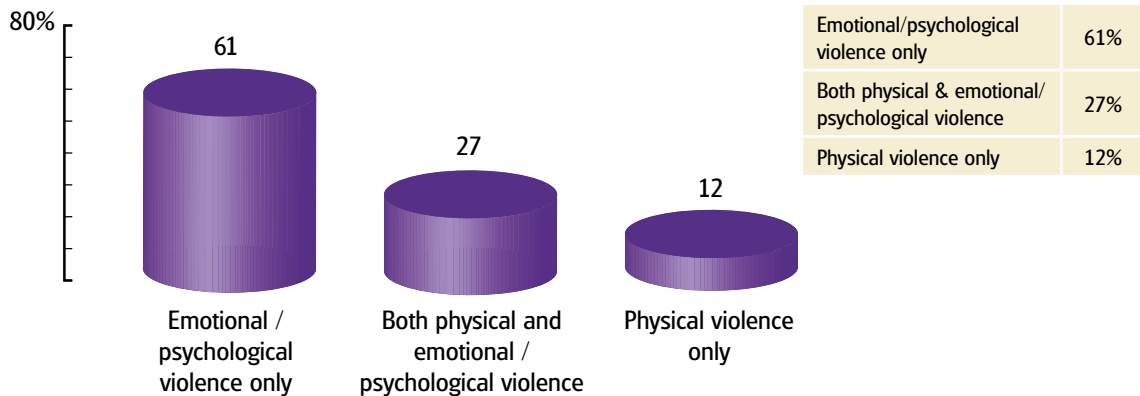


Types of Other Violence

Male survivor of child sexual violence

71% of male survivors of child sexual violence were subjected to other forms of violence along with the sexual violence.

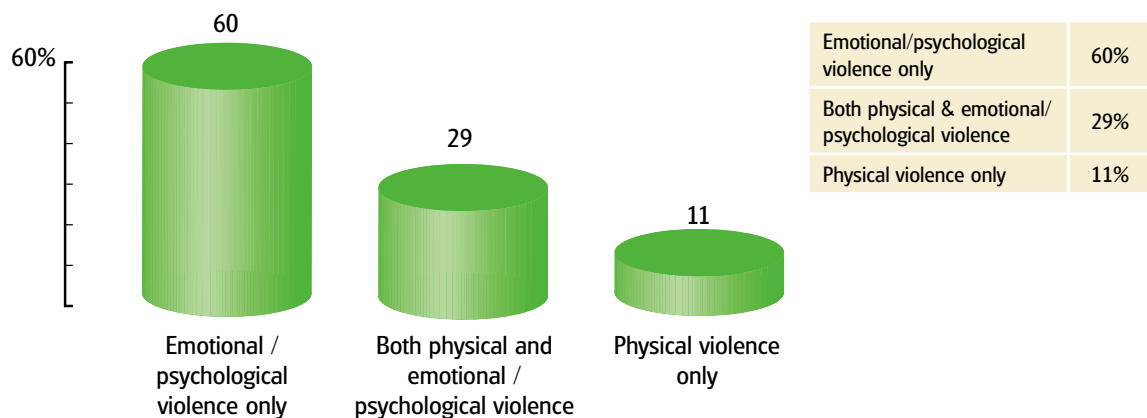
Graph 17: Other violence perpetrated against male survivors of child sexual violence (%) n=133



Female survivor of sexual violence when under age 12

72% of female survivors of sexual violence when under the age of 12 were subjected to other forms of violence along with the sexual violence.

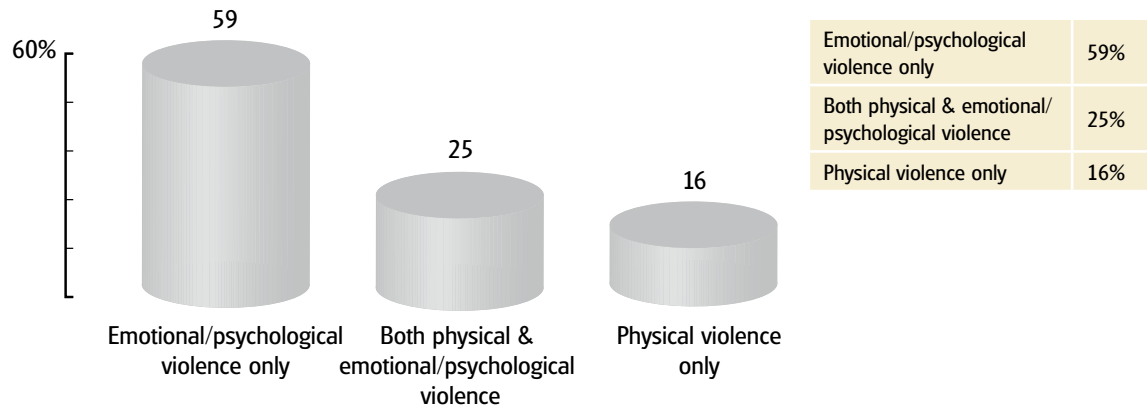
Graph 18: Other violence perpetrated against female survivors when under age 12 (%) n=455



Female survivor of sexual violence when aged 12-17

67% of teenage girls under the age of 18 attending RCCs in 2011 were subjected to other forms of violence along with the sexual violence.

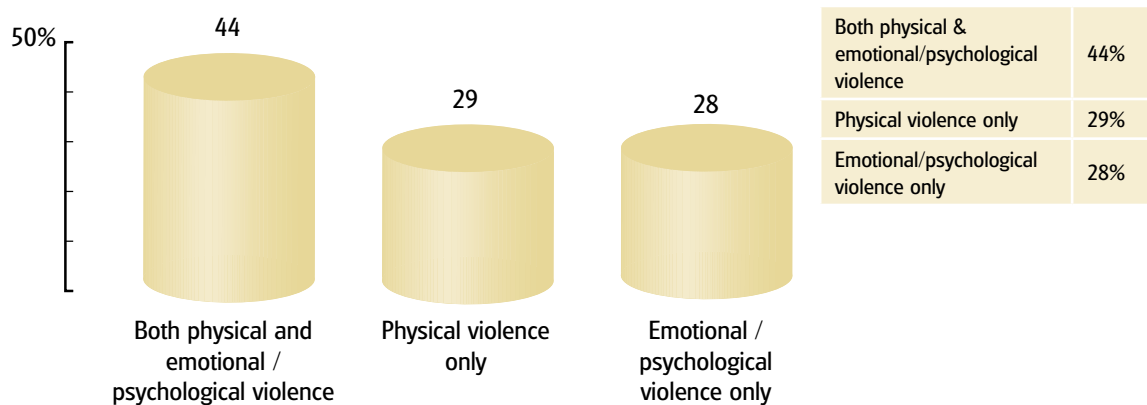
Graph 19: Other violence perpetrated against female survivors when aged 12-17 (%) n=221



Female survivor of adult sexual violence when aged 20-29

65% of female adults between the ages of 20 to 29 were subjected to other violence along with the sexual violence.

Graph 20: Other violence perpetrated against female survivors when aged 20-29 (%) n=229



Female Survivor of Sexual Violence When Under Age 12 Case Study

Case Study

Ann came to a Rape Crisis Centre at the age of 59 to seek help for abuse she had suffered as a child. Her older brother had sexually assaulted her from the age of 8. It was only as an adult that she had come to realise that his treatment of her was wrong, after years of feeling ashamed and isolated. Her brother was the favourite of their parents and ruled the roost at home. As well as sexually abusing her, he used violence, threats and bullying as a way of controlling her.

Ann never told anyone of the abuse because she was afraid of him, but also because she lacked understanding and believed she would be punished if she spoke up. She was the only girl in the family. Her brother left home when she was 13 and the abuse stopped. She went on to finish school and worked for a number of years before getting married and having two children. Many years later her father died and this stirred up old memories. Around this time she spoke to a friend about her brother's abuse, as it had remained in the back of her mind for all of her adult life. She has since confided in her husband, her children, and her younger brother.

She had often seen advertisements for the Rape Crisis Centre but it took her a long time to get in touch with them - she wasn't sure they would help her as the abuse had happened so long ago. However, she found them to be very understanding and she is now attending counselling.

Carlow Rape Crisis Centre counsellor experience of working with female survivors of sexual violence when under age 12

“Ann’s story is a familiar story to any Rape Crisis Counsellor, so many of our clients will arrive at our door in their 40s or 50s. Sometimes, they will have told someone about their abuse, for others like Ann it takes something like the death of a parent to prompt them to deal with their abuse. In this case her brother was her parents favourite and as such the message she got both as a child and later in adulthood was that she would not be believed, maybe even blamed and punished. For a small child that can easily turn into ‘it must be my fault, I must be bad for this to happen.’ Often this is fuelled by subtle threats such as ‘look what you made me do’ to outright threats such as ‘if you tell, no one will believe you and you will be locked away’ or ‘if you tell I will kill you’. Any one of those is guaranteed to silence a child. So Ann grew up possibly blaming herself, feeling bad, dirty and totally ashamed of what happened, isolated from her peers.”

A seven year old should not have any knowledge of sexual encounters, certainly should not be forced to partake in any sexual acts. So when Ann reached the age when her peers were starting to develop an interest in boys, talking of their first kiss etc., the excitement of this time had been robbed from Ann, She knew things she should not know, this could lead to more isolation. Maybe the knowledge that she knew things that her friends did not know, had been forced to do things that none of her friends had done, could cement the idea that she is bad, dirty and good for one thing - 'sex'. This often leads to promiscuity.

In this instance when Ann arrived at our door she was married with children and it looks as if she has good support, however in other cases, as a result of the abuse, a woman may end up in a dysfunctional relationship. If she believes that she is bad, she will often believe that she does not deserve anyone who is good, so will often be attracted to someone who is abusive, this reinforcing the belief that she does not deserve better. If this is the case, she may arrive at our door in an abusive relationship, unaware that this is not acceptable, or separated, in a very difficult financial situation, even homeless, struggling not only with her abuse, but also with day to day survival.

As a Rape Crisis Centre therapist, one of the first thing I will do is to remind clients like Ann that this was not her fault, that she was not to blame, she did not deserve to experience abuse. It may take many months before Ann can hear that and believe it. The second thing is to tell her that she is not going mad, most clients when they arrive at the Centre, truly believe that they are going mad, the relief on a woman or man's face when I say that is huge. Here is a professional working in a Rape Crisis Centre, trained in the dynamics and effects of rape and sexual abuse, saying that how she is feeling is a normal reaction to a truly abnormal situation, that she is not mad.

It is my training and experience working in a Rape Crisis Centre that allows me to understand the real consequences of sexual abuse, to know that I will not only be dealing with sexual abuse, but with the effects of the abuse. It allows me to know that the consequences of abuse are many and varied, that an abuse that lasts an hour can result in a life time of suffering, this in turn enables me to truly understand the layers and layers of problems, and the possibility that during therapy Ann will uncover many issues that have been buried for years, these in turn could bring a new layer of trauma for her.

My role is to support not judge her, to believe her and where many couldn't, to have the patience to go on the healing journey, no matter how long or where it might take us.

I will start by ensuring that she has adequate supports, both physically and emotionally, as this can be a very difficult journey, where she may have to relive painful memories, rethink who in her life are supportive and who are harmful to have around. I will be making space for her to grieve, be it loss, maybe of not having parents that protected her, the loss of innocence, and the loss of equal chances in life to those who had a trauma free childhood.

The issues that we will deal with will include trust, self-esteem, and anger to often more practical issues such as how to access education, financial and housing support and if she wishes to report her abuse we will support her in this often very long process.

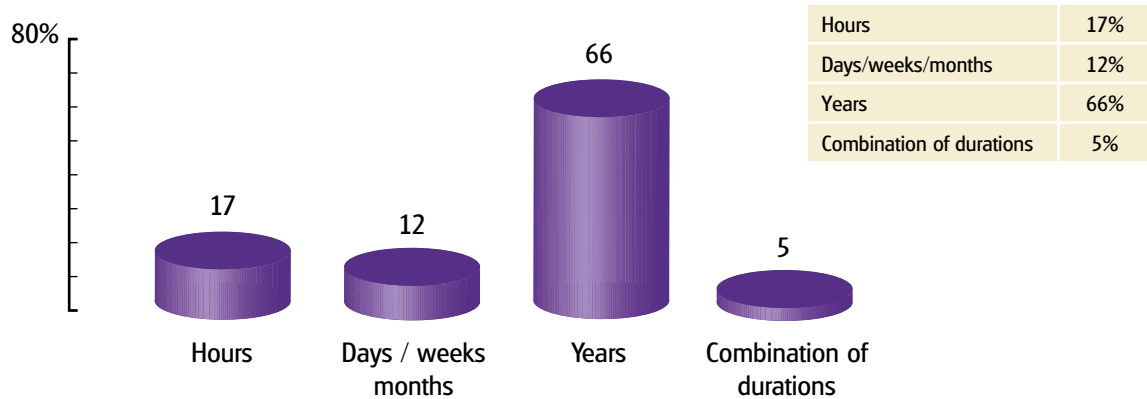
Time wise, when working with a survivor of child sexual abuse I am always so aware of the length of time between the initial abuse and when she arrives at the Centre and in Ann's case 47 years. So I will never put a time on it, Ann carried this for a long time and as a result of this, could have suffered in many other ways. So rather than just dealing with five years of abuse, which in itself is severe, I would be so aware that I am dealing with five years of abuse and forty seven more years of the consequences of this abuse. Ann deserves a space and support for as long as she needs it."



Duration of Sexual Violence

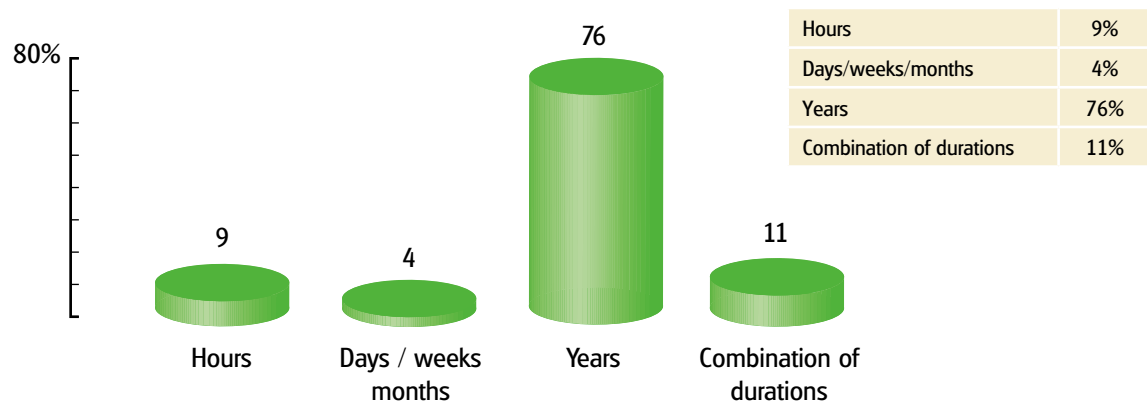
Male survivor of child sexual violence

Graph 21: Duration of sexual violence disclosed by male survivors of child sexual violence (%) n=226



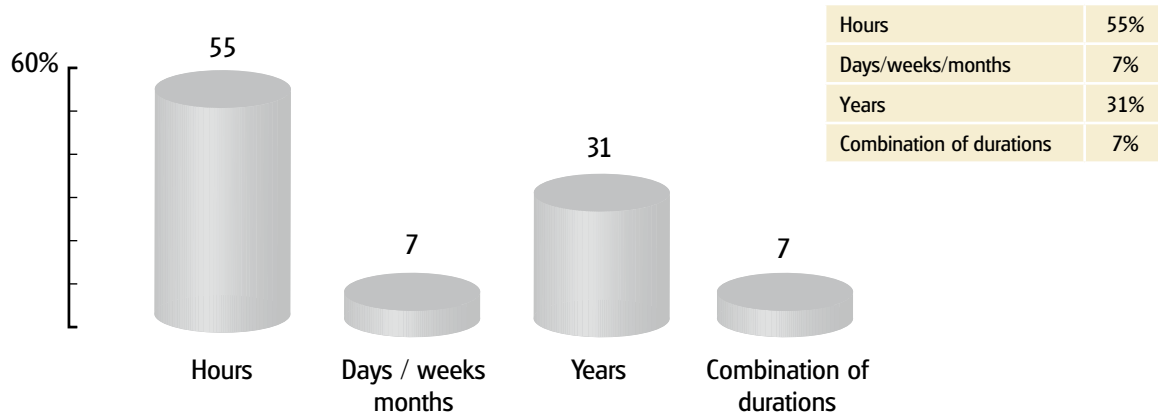
Female survivor of sexual violence when under age 12

Graph 22: Duration of sexual violence disclosed by female survivors of sexual violence when under age 12 (%) n=755



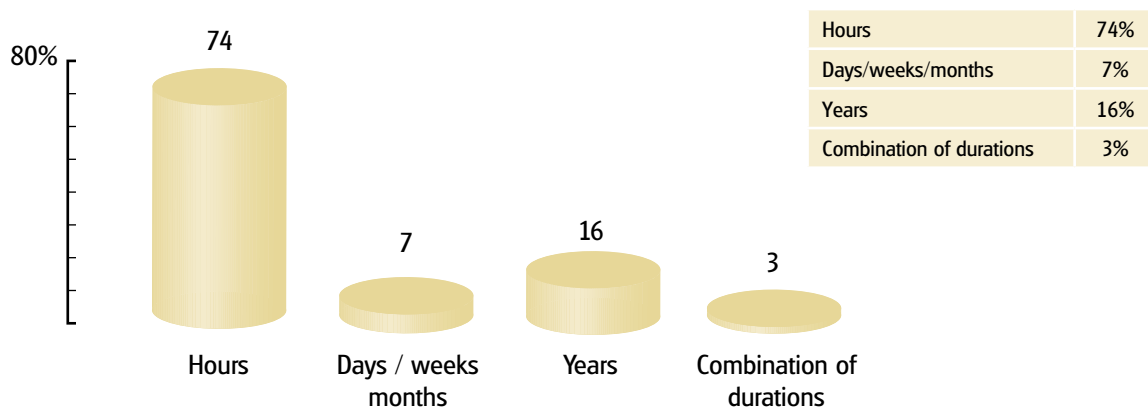
Female survivor of sexual violence when aged 12-17

Graph 23: Duration of sexual violence disclosed by female survivors when aged 12-17 (%) n=393



Female survivor of adult sexual violence when aged 20-29

Graph 24: Duration of sexual violence disclosed by female survivors when aged 20-29 (%) n=427



Female Survivor of Sexual Violence When Aged 12-17 Case Study

Case Study

Kate is 15 years old. She is in Junior Cert year at school and is a popular and outgoing student. Six months ago she attended a house party with her friend. Her friend's older brother was there with some of his friends from college. The party went on till very late and everyone had been drinking heavily. Kate had been chatting to one of the brother's friends who was 22; they spent a lot of the evening together and kissed. He offered to walk her home in the early hours and she accepted. On the way home he led her into a park where they kissed again. She was reluctant to take things further and said so but he became violent and agitated, calling her a tease and forcing her to the ground where he raped her. Afterwards, he continued to verbally abuse her but she managed to run off and got home by herself. The next day she told her friends, but was too afraid to report the rape or tell her parents as she had been out without permission and drinking underage.

About six weeks later a Rape Crisis Centres representative visited Kate's school to give a talk about rape and sexual violence. Kate took great courage from this and confided in her English teacher about her experience. The teacher was very understanding and supportive. She explained that as Kate was under 18, she had a duty of care to report the attack to the HSE and also encouraged her to seek help from her family as well as the Rape Crisis Centre. Later, Kate confided in her parents. They were devastated but determined to help her in any way they could. She made a formal complaint to the Gardaí and is now seeing a Rape Crisis Centre counsellor regularly. A member of the Rape Crisis Centre has accompanied her on all her visits to the Gardaí, given her advice on court procedures and kept in touch with the Gardaí on her behalf for updates on her case. Kate is feeling much stronger since looking for help, is concentrating on doing well in her exams and looking forward to the future.

Galway Rape Crisis Centre counsellor experience of working with female survivors of sexual violence when aged 12-17

“As a frontline counsellor working with GRCC, the teenage client presents a very particular set of challenges. It can be very distressing to encounter a young person so devastated by the violent experience of rape or sexual assault - in many cases this horror will have been their first sexual experience. The 15-19 year old age group are particularly vulnerable, as they are just beginning to socialise, to experiment with alcohol and to embark on relationships. Their naivety and inexperience unfortunately can make them prime targets for those with violent intent - in our education programme one of the messages we try hard to impart is that rape is always premeditated at some level - the perpetrator will usually be on the lookout for a vulnerable person and set out to gain their trust initially, as in the case of Kate above. In recent years the generosity of the Manuela Riedo Foundation has enabled us to continue and expand our counselling and support services for young people from the age of fourteen upwards, and to greatly extend our education programme from the city to secondary schools throughout the county and also in North Clare.

Counselling the teenage client requires a very particular way of working. As counsellors we all work to ensure that we are kept up to date on research and best practice. We had a very helpful workshop to this end with Dr. Patrick Ryan of UL last year, author of ‘You Can’t Make Me - How to Get the Best out of your Teenager’. One piece of advice from him which resonated with me was that it is developmentally appropriate for teenagers not to want to talk to adults - up to age 16 in particular, their friends are normally far closer confidants - again illustrated in the case study above. In our work, teenage clients will often have been brought to us by their very concerned parents or other carers. The counselling process involves building up trust, reassuring that there will never be any pressure from us to relive the traumatic experience or to recount details they do not wish to revisit. One characteristic of teenagers which helps the counselling process is that they have a very strong wish and desire to leave the experience behind and move on with their lives - tuning in to this, sharing their plans and hopes for the future and constantly affirming that the trauma is past and they are safe in the present aids the healing process dramatically. It is also an advantage that they come to us soon after the event, rather than trying to suppress and hide the trauma until it reaches crisis point in adult life.

One of the driving forces behind the creation of our education programme came from adult clients who expressed a wish that they had known about our services as teens, that someone had talked to them about issues of sexual violence - they felt that they might then have made better choices to keep safe, or at the very least accessed our services far sooner. Teenagers in the schools we visit are always interested to hear this. As well as working towards prevention and raising awareness of RCC services, a crucially important aspect of the programme is to ask teenagers to stand in the shoes of someone who has suffered sexual violence, to think about all the ways their lives may be devastated - physically, emotionally and socially. We ask them to think of ways they can help and support a friend or loved one, to develop a more compassionate attitude and deeper awareness towards victims of sexual violence in our society. Again this aspect of the programme is driven by the experiences of young clients who have felt very cut off from friends, who feel disbelieved blamed and ostracised in the aftermath of an assault.

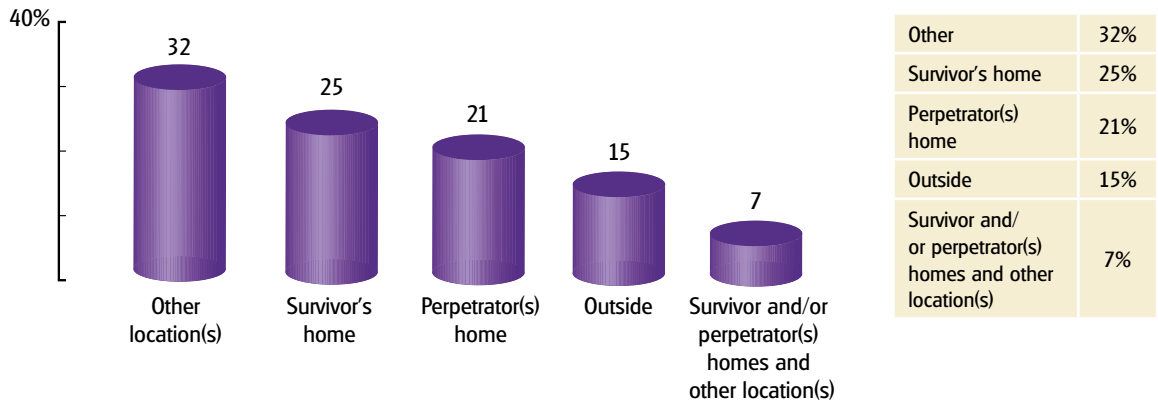
Overall, working with teenage clients is deeply challenging but ultimately rewarding. We are setting in place support for life for these clients, as they know that they have a safe place and counsellor to turn to if issues ever resurface for them - this can happen sometimes for example when they embark on a serious relationship or have children of their own. There is also a lovely symbiosis between our counselling of teens and the education work - there is the knowledge that we are doing something towards prevention, opening a door to our services for those already affected by sexual violence, and working towards creating more compassionate attitudes among our young people towards survivors.”



Location of Sexual Violence

Male survivor of child sexual violence

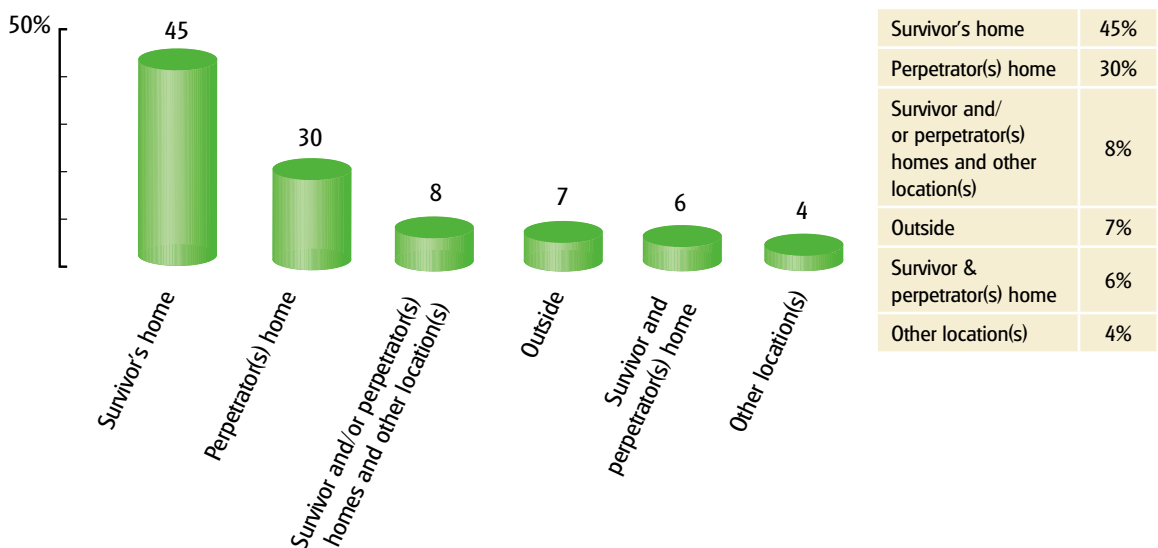
Graph 25: Location of abuse disclosed by male survivors of child sexual violence (%) n=225



The most significant other location disclosed by male survivors of child sexual violence was schools (15%). Another location disclosed by male survivors of child sexual violence was a hospital/medical centre.

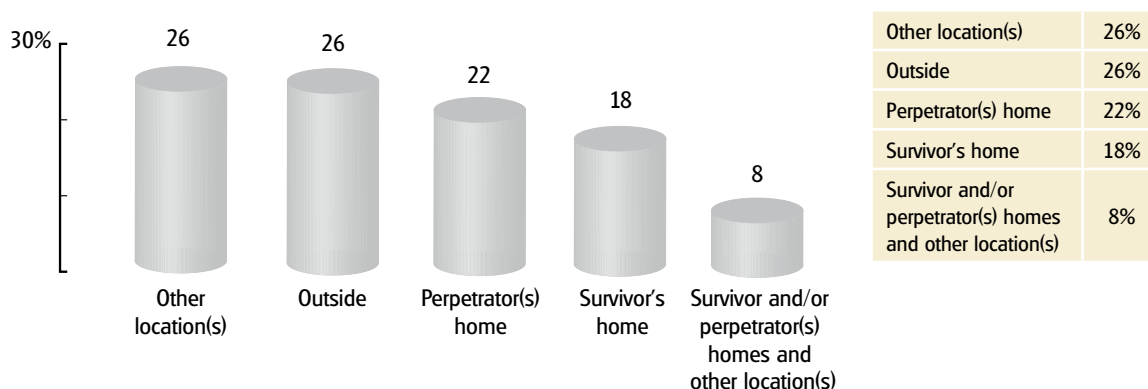
Female survivor of sexual violence when under age 12

Graph 26: Location of abuse disclosed by female survivors of sexual violence when under age 12 (%) n=751



Female survivor of sexual violence when aged 12-17

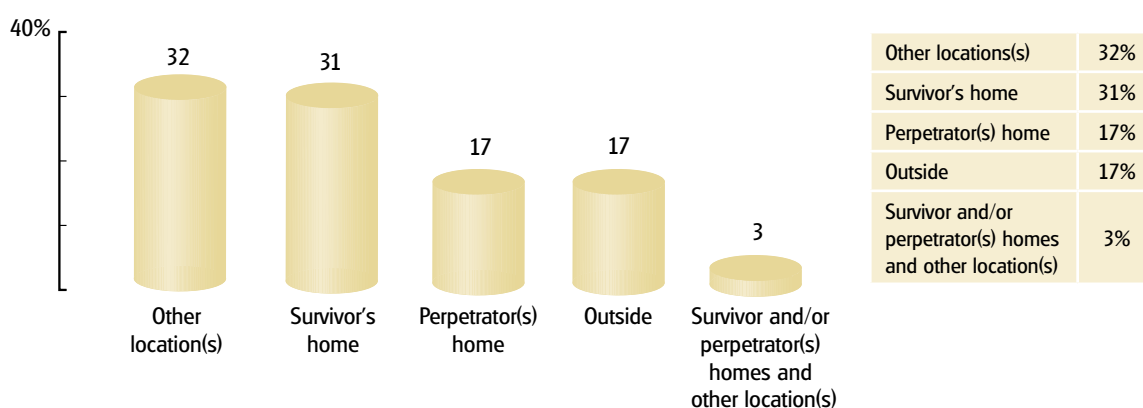
Graph 27: Location of abuse disclosed by female survivors of sexual violence when aged 12-17 (%) n=388



Other locations(s) most commonly disclosed by female survivors of sexual violence when they were teenagers included a friend's house, school and a car.

Female survivor of adult sexual violence when aged 20-29

Graph 28: Location of abuse disclosed by female survivors of sexual violence when aged 20-29 (%) n=416



Other locations(s) most commonly disclosed by female survivors of sexual violence when they were aged 20 to 29 included a friend's house, a pub/nightclub and a car.



Female Survivor of Adult Sexual Violence When Aged 20-29 Case Study

Case Study

Sheila is a 28 year old college graduate who works as an office manager and owns her own flat. She met Brendan, 29, about two years ago through mutual friends and they often saw each other socially and got on well together. Brendan asked her out initially but she turned him down. They remained on friendly terms and would email and text each other often. He asked her out again about a year ago but this time when she declined he persisted in his advances. He began emailing and texting her more frequently, at all hours of the day and night. She tried to put him off and mentioned the situation to her friends but on the whole tried to be friendly and considerate of his feelings.

After some time had passed Sheila began to realise that Brendan was following her, turning up at her workplace and her home unexpectedly. Sheila was becoming very uneasy with the situation and unsure how to handle him. One evening she arrived home from work to find Brendan waiting at her door. He had clearly been drinking and she was intimidated. She asked him to leave but he pushed his way into her house where he became violent and abusive. When she reached for her phone to call for help he attacked her, raping her and beating her almost unconscious. Afterwards he blamed her for his behaviour and threatened to kill her if she went to the Gardaí or told anyone what he had done.

After he left she called her best friend and her parents who came over immediately. They helped her to contact the Gardaí, who took some brief details from her and then brought her to the nearest Sexual Assault Treatment Unit, where a volunteer from the Rape Crisis Centre met her. Sheila was met by a forensic clinical examiner and nurse who explained the procedures to her and made it clear that she could stop at any point. They took a brief medical history and carried out a forensic examination. She was offered emergency contraception and a preventive antibiotic, and was also able to have a shower and change her clothes. A few days later the SATU contacted her to have a follow-up appointment for STI testing. She has since made contact with the Rape Crisis Centre and is due to begin counselling soon.



Wexford Rape Crisis Centre experience of working with female survivors of adult sexual violence when aged 20-29

“Many women in their 20s ring our service looking for counselling. Thankfully we don’t often have a waiting list for an initial appointment. One example of a woman in her 20s is a woman who had been raped by an acquaintance approximately a year ago. She wasn’t ready to report to the Gardai at the moment.

Since the rape she had blocked out the trauma by using alcohol and drugs as a crutch. When she contacted our Centre she had decided to face what had happened. What she hoped to get from counselling was to be able to move on and live a happy life and reclaim what she had before. She feared really exploring what had happened. She had already experienced some flash backs and feared they would recur. It was difficult for her to accept and understand that the violence was not her fault. She had a lot of if onlys.

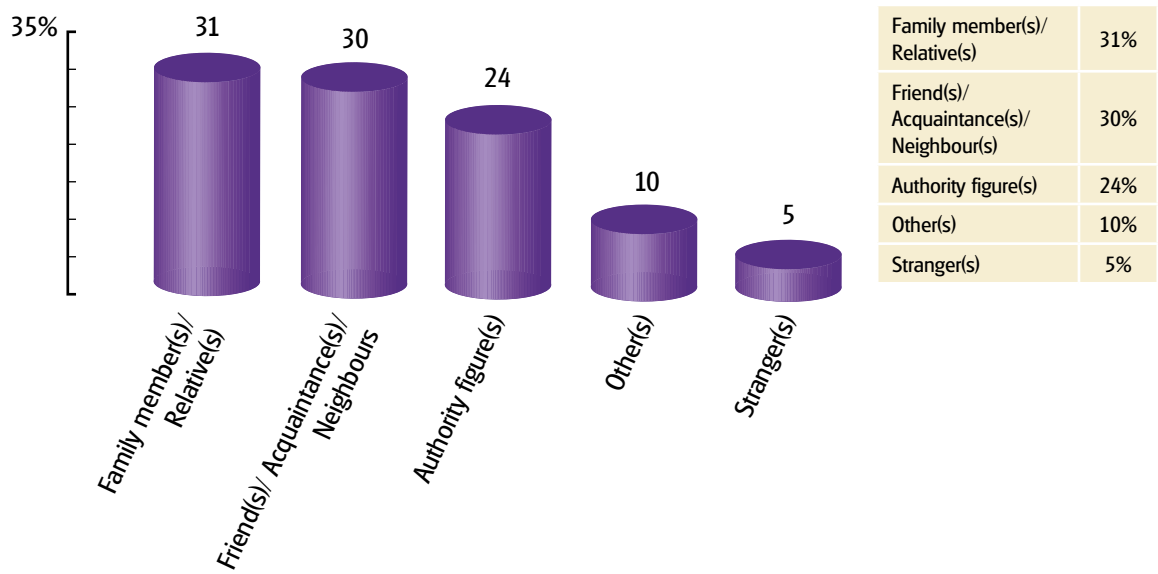
This is just one sample case of the hundreds of cases we have dealt with over the years. The age range we deal with is as varied as the type of sexual violence perpetrated on survivors. Hopefully we have helped the majority to lead more peaceful lives.”



Relationship of Perpetrator to Survivor

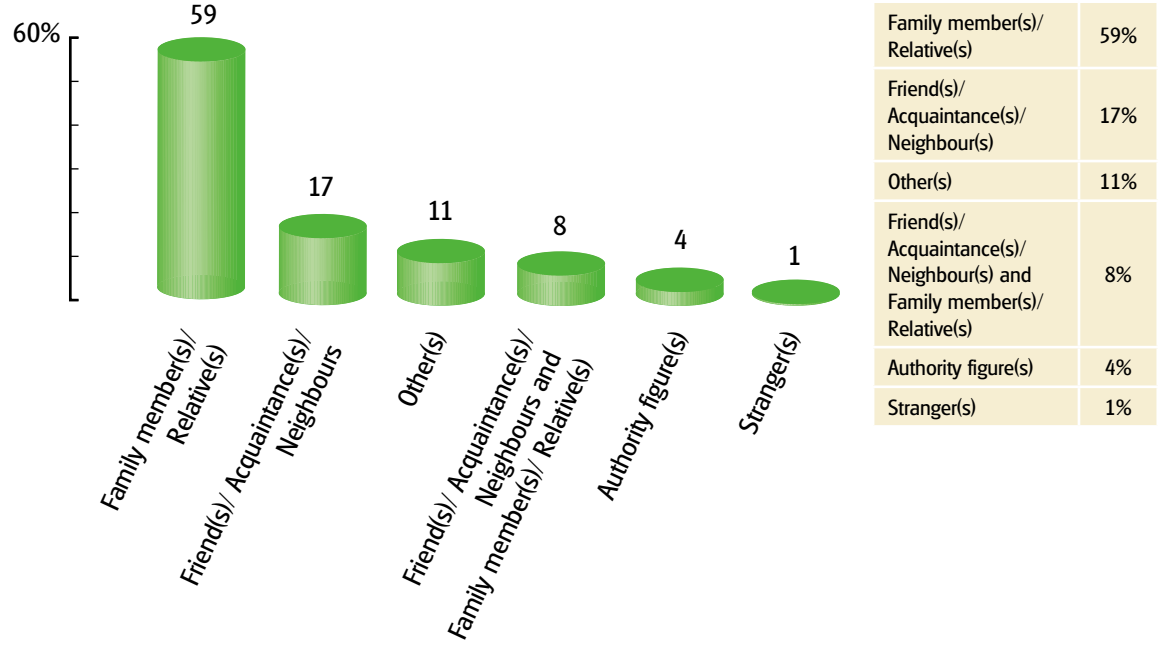
Male survivor of child sexual violence

Graph 29: Relationship to perpetrator disclosed by male survivors of child sexual violence (%) n=226



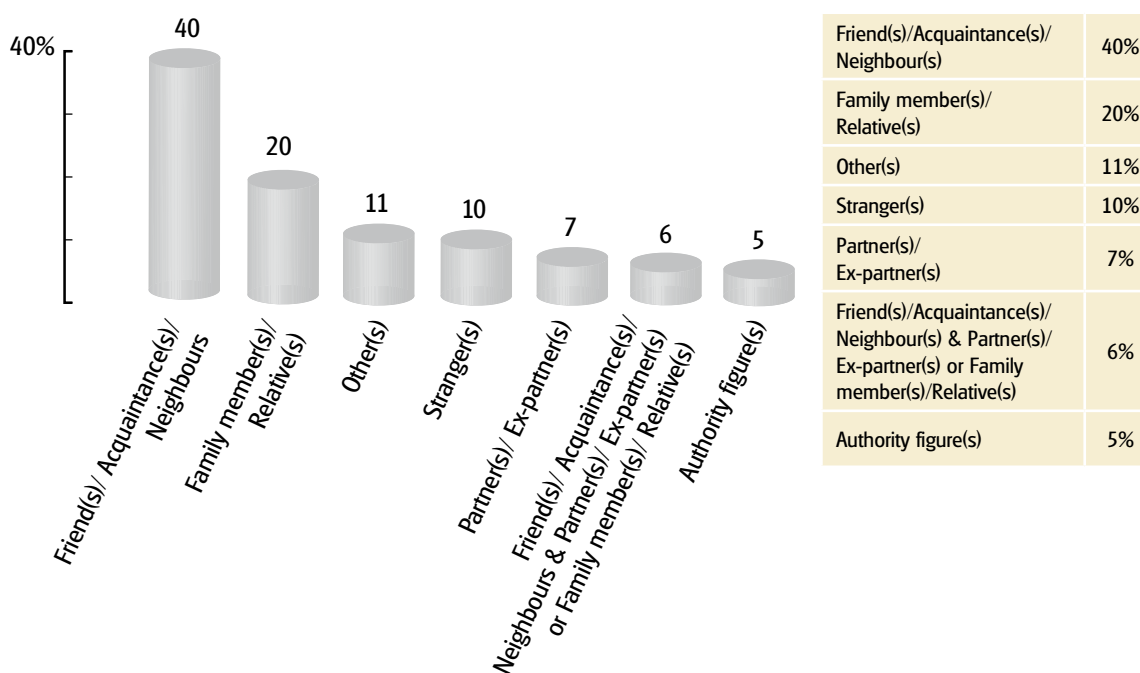
Female survivor of sexual violence when under age 12

Graph 30: Relationship to perpetrator disclosed by female survivors of sexual violence when under age 12 (%) n=760



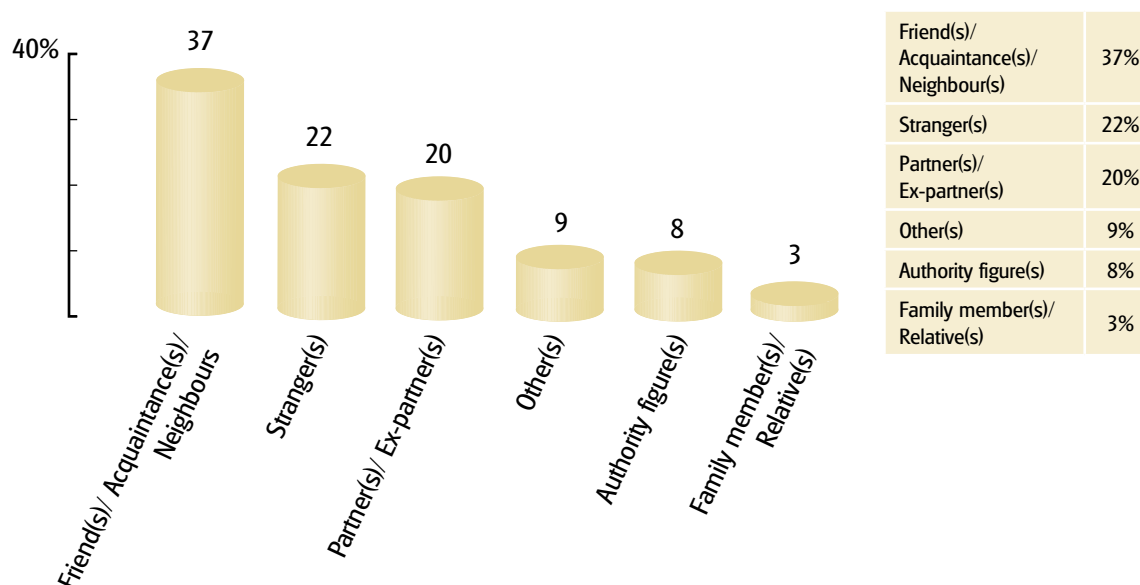
Female survivor of sexual violence when aged 12-17

Graph 31: Relationship to perpetrator disclosed by female survivors of sexual violence when aged 12-17 (%) n=393



Female survivor of adult sexual violence when aged 20-29

Graph 32: Relationship to perpetrator disclosed by female survivors of sexual violence when aged 20-29 (%) n=426



Age of Perpetrator

Male survivor of child sexual violence case study

The median age of perpetrators subjecting male children to sexual violence was 31 years old. The youngest perpetrator(s) were aged 6 and the oldest perpetrator(s) were aged 70.

Female survivor of sexual violence when under age 12

The median age of perpetrators subjecting female children under the age of 12 to sexual violence was 30 years old. The youngest perpetrator(s) were aged 6 and the oldest perpetrator(s) were aged 85.

Female survivor of sexual violence when aged 12-17


The median age of perpetrators subjecting female children ages 12-17 to sexual violence was 24 years old. The youngest perpetrator(s) were aged 12 and the oldest perpetrator(s) were aged 77.

Female survivor of adult sexual violence when aged 20-29

The median age of perpetrators subjecting female adults aged 20-29 to sexual violence was 29 years old. The youngest perpetrator(s) were aged 13 and the oldest perpetrator(s) were aged 72.

Female Survivors of Multiple Incidents of Sexual Violence and Pregnancy as a Result of Rape

Female survivors of multiple incidents of sexual violence and pregnancy as a result of rape case study



Case Study

Angie is 40 years old. She was first abused by an older cousin from the ages of 7 to 12. Whenever she would visit his home with her family he would trap her in his room where he would sexually assault her. She eventually told her parents what was happening and while they did not visit the house or see the cousin again, the matter wasn't discussed any further. She has spoken of this experience with friends and with her partner but never reported it to Gardaí.

Angie left school after her Junior Cert and has worked in retail ever since. At the age of 21 she met her first serious boyfriend at work. The relationship progressed quickly and they moved in together after only a few months. Before long Angie's boyfriend began to bully and control her, putting her down and eroding her confidence. His behaviour soon escalated from occasional violence to regular physical beatings. Angie was hospitalised twice after he had beaten her. Angie tried to leave several times, but each time he begged her forgiveness and promised to change, and she gave him another chance.

The situation continued to worsen over the years. On more than one occasion, after a particularly violent row, he raped her. On visiting her GP she discovered she was pregnant, and hoped this might be a turning point in her relationship. However, her boyfriend continued to be violent and aggressive, accusing her of infidelity and denying the child was his. When the child was a year old, Angie finally ended the relationship. She was now 29. Her boyfriend continued to harass and intimidate her for several months, until she reported him to the Gardaí and got a protection order against him.

After speaking with her GP years later, Angie was referred to the Rape Crisis Centre where she was given the support she needed to come to terms with the abuse she had suffered in both childhood and adulthood.



Waterford Rape & Sexual Abuse Centre experience of working with female survivors of multiple incidents of sexual violence and pregnancy as a result of rape

“The fact that someone like Angie has managed to come to us for counselling shows not only great courage on her part, but also the huge resilience and tenacity of survivors of sexual abuse.

She learned at an early age not to trust, and that lesson was driven home again by her partner in adulthood. She learned from her parents that she shouldn't talk about the abuse so to commit to 'talk therapy' is really trying to break the patterns imposed on her in childhood. The unspoken message she 'heard' was that her suffering and pain were not important enough to talk about (though her parents may genuinely have felt they were doing the right thing in not talking and reminding her about it). Her self-esteem will be at rock bottom. She will blame herself for all of it, especially because it happened to her again in adulthood – 'Is it me? Is there something in me that attracts this?' She may struggle with her feelings around her child, because of the way conception happened, and will try to figure out what she will tell her/him when they ask about their father. Most survivors try their best to ensure that their child never finds out that they are a child of rape – in many cases, this is what stops women prosecuting their partners for rape.

Angie may be in counselling for a few years, or she might deal with what she can, leave and then return in the future as other issues come up for her. From our point of view, the vital thing is to simply be there for her, accompany her on her journey, assure her that she is not to blame, that her story and her feelings are important and deserve hearing, and that what she feels – whatever that is, however tormenting and distressing that is – is a normal, natural reaction to the abuse she has experienced. And that she can come through it and live her life free of the fear and pain.”

What do we mean when we speak of an *incident*: An incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by either the same perpetrator acting alone or a specific group of perpetrators acting together. An incident of sexual violence may last hours, days, weeks, months or years. The RCNI Database collects data on survivor's abuse details by incident, in line with internationally recognised standards and definitions. (Department of Health and Human Services, USA, 2009).

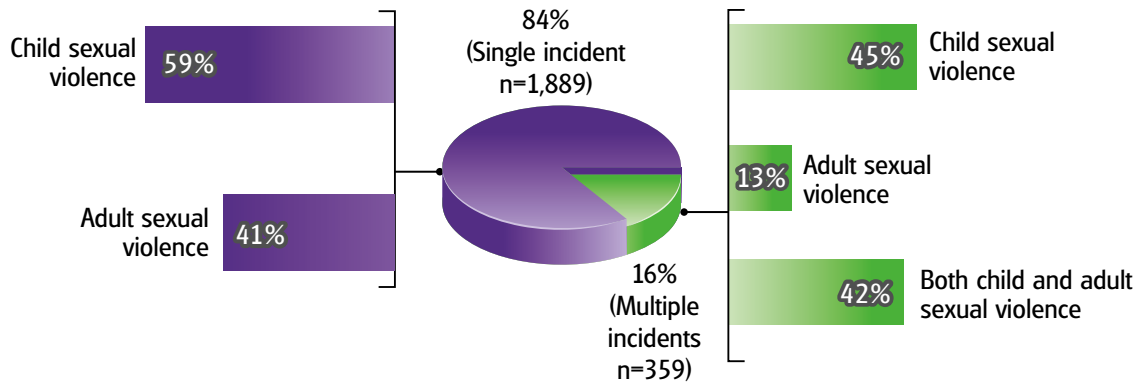
As survivors of multiple incidents of sexual violence are subjected to different incidents of sexual violence by different perpetrators either acting alone or acting together, presenting the information in a concise and accessible way is challenging. Survivors who were subjected to multiple incidents often had different types of violence perpetrated against them by different combinations of perpetrators in each incident. To make this report as accessible as possible, an overview of the main characteristics of multiple incidents of sexual violence is presented.

Survivors disclosing multiple incidents of sexual violence used 65% more counselling appointments when they access RCC services than survivors disclosing a single incident of sexual violence. This figure is significantly higher than 2010 figures and as such warrants further research.



When the sexual violence took place by incident

Graph 33: When the sexual violence was perpetrated by single and multiple incidents (%)



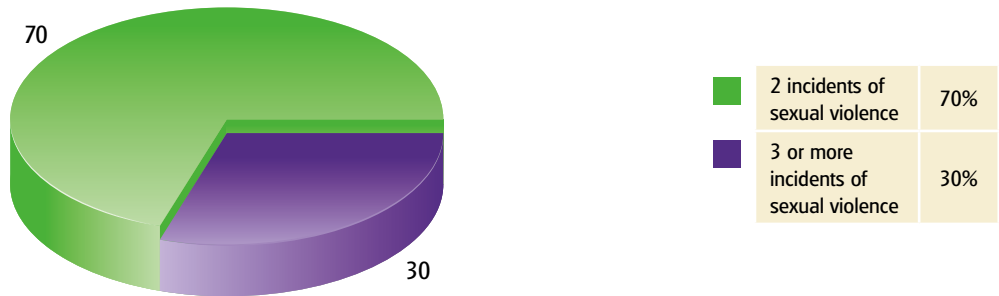
Graph 33 illustrates the differences in when the sexual violence took place for people who were subjected to a single incident of sexual violence and those who were subjected to more than one incident of sexual violence. For those subjected to a single incident of sexual violence the majority were subjected to the violence in childhood solely (59%). For those subjected to more than one incident of sexual violence, approximately the same number of survivors were subjected to the violence solely in childhood (45%) and subjected to the sexual violence in both childhood and adulthood (42%).

	Single incident	Multiple incidents
Child sexual violence	59%	45%
Adult sexual violence	41%	13%
Both child and adult sexual violence	N/A	42%



Number of incidents of sexual violence

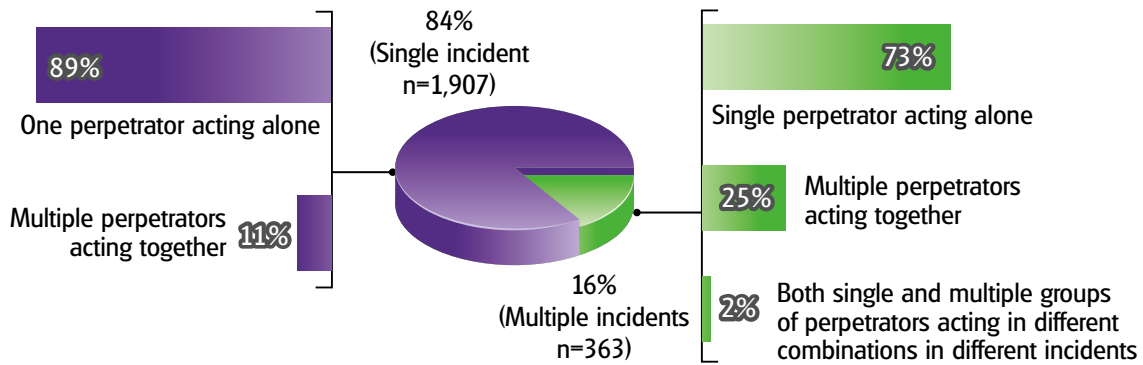
Graph 34: Multiple incidents – Number of multiple incidents of sexual violence perpetrated against survivors (%) n=363



As seen in Graph 34 the majority of survivors of multiple incidents of sexual violence were subjected to 2 incidents (70%). Three out of ten were subjected to 3 or more incidents (30%).

Number of perpetrators by incident

Graph 35: Number of perpetrators by single and multiple incidents (%)



As Graph 35 illustrates the sexual violence perpetrated against survivors of both single and multiple incidents of sexual violence was mostly carried out by a single perpetrator acting on their own. This means that 89% of survivors of a single incident were subjected to the violence by one perpetrator who acted alone. It is important to remember that although there was only one perpetrator acting alone, the sexual violence may have been carried out over a long duration of time such as years. The majority of survivors disclosing multiple incidents of sexual violence were subjected to the violence by different perpetrators acting alone each time they abused (73%).

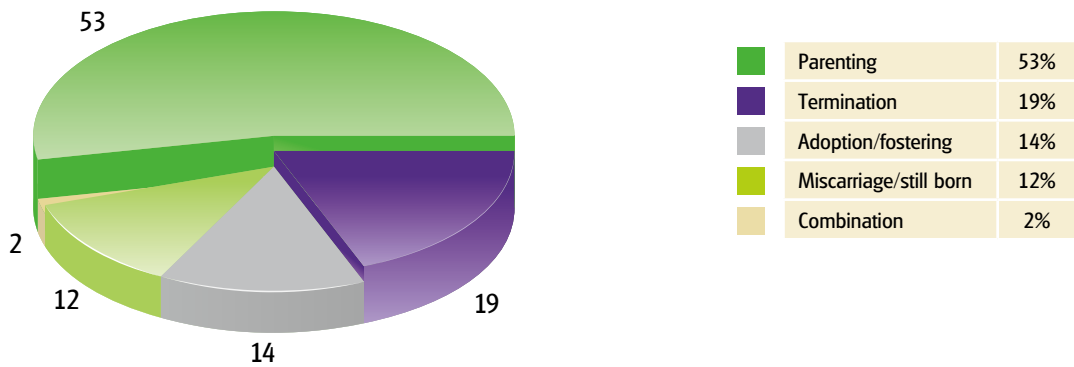
	Single incident	Multiple incidents
Single Perpetrator acting alone	89%	73%
Multiple Perpetrators acting together	11%	25%
Both single and multiple groups of perpetrators acting in different combinations in different incidents	N/A	2%



Pregnancy


Less than one out of ten female survivors of rape became pregnant as a result of the rape (7%). Although pregnancy is not a typical outcome for survivors who are raped (93% of females who were raped did not become pregnant as a result of the rape), this information is significant because of its impact on survivors and therefore important to present. Of those who became pregnant these were the following outcomes:

Graph 36: Pregnancy outcome for survivors (%) n=90



Disability: Female Survivor of Adult Sexual Violence

Disability: Female survivor of adult sexual violence case study



Case Study

Edel is 25 years old. She was diagnosed with dyslexia as a child. This means that although she has a normal level of intelligence, her reading level is lower than expected. She also has poor spelling and difficulty reading aloud, or learning a foreign language. At the age of 20 she was raped by an older man who was a housemate of one of her friends. They had met a handful of times at her friend's house and he seemed friendly and pleasant. He had attempted to flirt with Edel and to chat her up once or twice but she dismissed it as friendly banter.

She had called to visit her friend one afternoon, only to find she was out. The housemate invited her in and they chatted while she waited for her friend to return. He began flirting with her in earnest and she tried to put him off. Without warning, he started touching and groping her. When she struggled to get away from him, he became more forceful, pinned her down on the couch and raped her. She was terrified and begged him to stop. He berated and verbally abused her, mocking her disability and claiming that no-one would believe he had had sex with her as she was so undesirable.

Edel called the Gardai to make a complaint but told no-one else in her life what had happened as she thought she would not be believed. However, the experience had a huge impact on her. She blamed herself for the attack and felt isolated and 'different'. She had difficulty trusting people. She went to an information meeting at her local dyslexia support group to find out about local services where she was given information on Rape Crisis Services and decided to contact the helpline. She is now attending counselling which is helping her to come to terms with her ordeal and to realise that she is not to blame for what happened. She has confided in her parents and as a result, their relationship has become stronger and more supportive.



Athlone Midlands Rape Crisis Centre experience of working with a female survivor of adult sexual violence with a disability

“People with intellectual disabilities can lead lives shrouded in trauma. This trauma is multiplied when experiences of sexual violence occur. It is unthinkable for society to consider that people with intellectual disabilities are prey to abuse. In Rape Crisis Centres, we pride ourselves on being open to any and every person that looks for our support; however people with intellectual disabilities seldom present for psychotherapeutic support in our centres. This is due to a myriad of reasons that includes; societal exclusion, the denial of the fact that people with disabilities are victims of sexual abuse, the denial of opportunity to explore psychotherapeutic support by their supporters/advocates/family members/service staff, and the prevailing belief that people with intellectual disabilities do not have the ego strength and cognition to engage in the therapy. Disability Psychotherapists champion the belief that people with intellectual disabilities have emotional intelligence, despite any cognitive impairment (Sinason, 2010) and are committed to providing psychotherapeutic support to this client group so that they have the opportunity to access this treatment option as other citizens freely do.

There is wide spread exclusion of people with intellectual disabilities in our society and this occurs within the profession of psychotherapy itself (Corbett, 2011), it is no surprise then to see that people with intellectual disabilities seldom present to mainstream counselling and psychotherapy services. Therapy with this client group is not dependent on traditional ‘talk therapy’ approaches. Disability therapies are highly creative as the therapist and client create an inter-subjective language which may not be dependent on words but rely instead on art, movement, gestures, sounds, interpretation, play, eye contact and other creative techniques. This inter-subjective language lends to a co-created dyadic experience, where the voice of the trauma and disability can be witnessed.

Clinicians while focusing on trauma and the presenting referral symptoms; can also keep in mind the secrets of disability. These secrets are; dependence and disability, sexuality and morality (Hollins and Sinason, 2000). By thinking about these secrets with the client, we can gather a greater understanding of the attacks that occur at the physical, psychological, psychical, familial and societal level and what the lived experience of the disabled person is. This lived experience can be very painful; especially when we factor in the contentious issue that people with intellectual disabilities are considered ‘unreliable court witnesses’ which results in a lack of judicial justice for these clients.

In order to widen our services to people with intellectual disabilities, Rape Crisis Centres need to consider how their existing services facilitate people with disabilities to use them. Accessibility extends beyond the physical environment to considering intake forms, gaining consent for participation of treatment and note taking, among other barriers to treatment. The issue of consent for treatment needs to be thought about and tested over a period of time. It may require a use of an advocate, accessible documents and a monitoring of the client’s responses and behaviours. Furthermore, the client may need the support of an advocate or supporter to attend sessions, understand contracting of services, and to understand how therapy can work and the effects of engaging in it. Supporters may hold pertinent referral information that the client is unable to communicate to us. Supporters also need to know the client may experience distress in between sessions and this could result in distressing behaviour at these times.

The provision of psychotherapy to people with intellectual disabilities can be very different to mainstream therapy and may require the therapist to explore how boundaries are held, information is shared and sessions are recorded. Supervision becomes a place not only to think about these issues



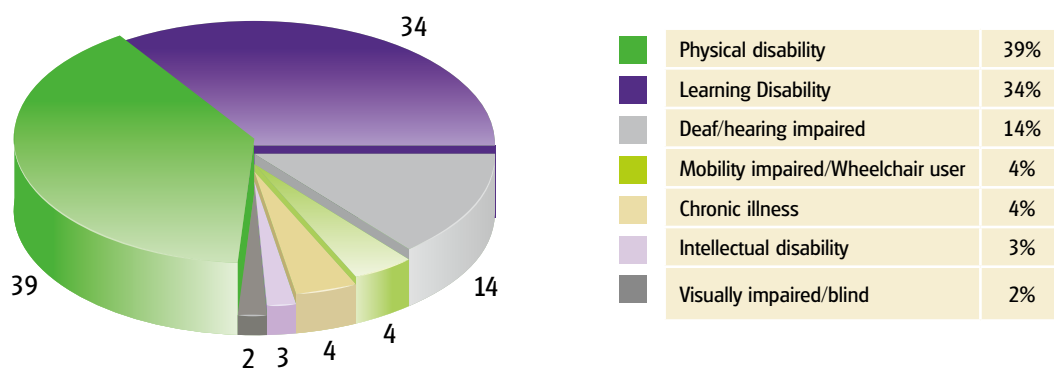
but also what it is like to be a therapist to this client group. Often Disability Psychotherapists are lone therapists in their centres and professional networks. Yet, despite the complexities involved in this work, Disability Psychotherapy is rich, as it brings us closer to the human condition and enriches our non-disabled work. We build the capacity to bear the unbearable. We become more mindful of contact and connection that we naturally extend into other areas of clinical practice.

At this moment in time, there is the real opportunity to extend our services to those who continue to live on the margins of society. As more Rape Crisis Centres begin to think about how we can provide therapy to those with disabilities crumbling under trauma, broken attachments and abusive experiences, we will strengthen our services so that all people can freely access them. Therapy is a place to think together, a place to think about disability, trauma and abuse. If only we can bear the thought.”

Of all survivors attending RCCs in 2011 6% has a disability of some kind. Graph 37 details the type of disability survivors had.

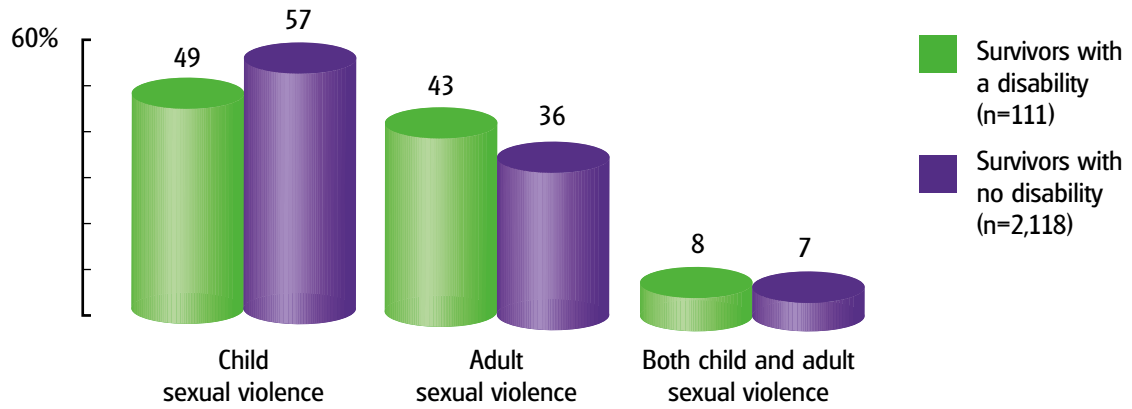
In June 2011 the National Disability Authority commissioned RCNI to undertake research on international database models for recording sexual violence experienced by people with disabilities (RCNI, 2012). The research was structured into the three strands. The first strand examined three years of data entered into the RCNI Database on people attending RCC services, the second piece of the research was an online survey for people with disabilities on the barriers to disclosure, the third piece of the research was a review of five data collection systems which collected data on sexual violence against people with disabilities. This research aims to inform policy on providing appropriate disclosure support and abuse monitoring data systems to people with disabilities. It identifies models of good practice on data collection and makes practical recommendations for the collection of reliable data on people with disabilities who are subjected to sexual violence. One result of this research was RCNI updating its disability indicators on the RCNI Database to be as in line with census questions as possible. This is the first year this new data is being presented.

Graph 37: Survivors with a disability (%) n=116



Disability: When the sexual violence took place

Graph 38: When the sexual violence took place – comparison between survivors with a disability and those with no disability (%)




	Survivors with a disability	Survivors with no disability
Child sexual violence only	49%	57%
Adult sexual violence	43%	36%
Both child and adult sexual violence	8%	7%



Refugee/Asylum Seeker: Female Survivor of Adult Sexual Violence

Refugee/asylum seekers: Female survivor of adult sexual violence case study



Case Study

Rose is 33 years old and originally from Democratic Republic of Congo (DRC). She came to Ireland four years ago seeking asylum and is living in a Direct Provision Centre. DRC has been at the centre of a brutal war for many years and the prevalence of rape and sexual violence there is among the worst in the world. Rose's ordeal began when she was 26. She and her husband were members of a political party which opposed the government. As a result of their political beliefs they were subjected to constant threats and harassment by the Congolese army. Her husband is currently missing; Rose suspects he was murdered by the army. Eventually, Rose was kidnapped by three soldiers and held for three days, during which time she was beaten, threatened, tortured, raped repeatedly and then abandoned. Her parents cast her off, believing that she had brought shame on the family and was now 'impure'. She made the decision to leave DRC and made contact with an agent who, for a large fee, arranged for her to get a flight out of the country. She had no idea where she was going until she arrived at Dublin Airport. She had been instructed to claim asylum as soon as she arrived and was brought to a refugee centre in Dublin. She spoke to a solicitor in the refugee legal services centre, where she gave details of the persecution and sexual violence she had endured. She was then referred to Rape Crisis Services.

Rose's living conditions in the Direct Provision Centre can be difficult. She shares a room with several others and has no access to cooking facilities. She has a very small amount of money to live on and is not allowed to work. She is suffering with post traumatic stress disorder which, for her, means she has anxiety, depression, nightmares and suicidal feelings. She knows she could be waiting up to seven years for a decision on her asylum application and is afraid that she could be deported back to her home country. Rose feels vulnerable and isolated from wider society and has no contact with anyone at home. She has experienced aggression from strangers on the street and has been approached by men attempting to solicit her for sex. Since contacting the Rape Crisis Centre, Rose has received assistance in liaising with refugee services. She has also begun attending a support group in the Rape Crisis Centre where she participates in activities such as art and relaxation techniques.

Rape Crisis & Sexual Abuse Counselling Centre Sligo, Leitrim & West Cavan counsellor experience of working with female survivors of adult sexual violence who are refugees/asylum seekers

“The Sligo Centre has seen people who are in the asylum process since 2001 and today they make up 15% of our counselling clients. The hostel ‘Globe House’ is only at 5 minutes walking distance to our Centre and they have to pass us going into town. This might explain why the number of clients from this community is quite high.

In general there is a different picture to Irish stories of the sexual violence that clients from Globe House disclose. We received reports of rapes and gang rapes by soldiers or police forces, kidnapping, trafficking, war stories of past child soldiers, FGM, shaming procedures of male circumcision, forced marriages, stories of imprisonment of gay men etc. Many of them have lost or left behind partners, children or relatives and they experience a lot of loss and grief. They have lost everything that gave meaning to their life, relationships, social structures, cultural values and community rituals, support structures and a material base.

People have told us how difficult life is if you are seeking asylum, living in direct provision and not being able to work, and how they developed depression under those circumstances.

A lot of our clients report though that they had positive childhood memories which form a great resource, and those difficulties started in puberty, with marriage or with political conflicts in their area. We have provided face to face counselling and advocacy for many years, and we also included women from ‘Globe House’ in our survivors’ group, which worked very well.

In 2010 we received the first VEC funding for offering a 70 hours listening skills programme as part 1 of the RCNI training for women seeking asylum. The training took place on Friday mornings from 9.15-12.15 to fit in with times of schools and crèches. The initial group consisted of 10 women, most in their early thirties, of whom 8 women have received their Listening Skills Certificate 1 in November 2010. Women were from 9 different countries, and also 9 different tribal backgrounds.

The VEC Sligo was interested in us running the full 225 hours RCNI counselling training and funded again 99 hours in 2011 and another 56 hours in 2012. For the first time we have included 3 men into the training 2012 who were supporters of a survivor or volunteered in social work. (During these years participants have also attended courses in court accompaniment, children first, domestic violence and the assist suicide prevention weekend. Some have also attended other courses which were on offer, like Spirasi, conflict resolution or Rapar). Our participants, who were mostly African, brought amazing emotional resources and personal knowledge of different cultures to the training. Everybody enjoyed open sharing of emotions and difficult feelings like anger, sexuality, shame, love, happiness and grief and were very curious to work with body process in counselling.

They say that great friendships have developed over the time and that the course helped them to overcome loneliness. Personal development and personal connections seem to be the most important outcome for everybody, the way they risked to trust, the practice of mutual respect and acceptance, staying with conflict, the non-judgemental listening, the concept of diversity and equality, human rights vs. cultural practices and counselling and racism.

One of the biggest challenges of this training group was that most people lived together and conflicts could not be dealt with in the group only, but there was a risk to carry the conflicts out into their community. I believe the training offered a lot of learning around conflicts and racism, and we



always gave priority to group process and emphasised a strong contract of how we work together. The difficult living conditions in the hostel and the impact of the asylum process, where a lot of problems originated, had to always be part of our discussion. Over the time of 3 years we have lost 3 women because of conflicts with others, which seemed un-resolvable to them at that time.

The dynamic of our meetings changed with men coming on board for the last year. Our women showed great strength to speak up with the men and to challenge the ways they live together in their own culture and in Irish culture, and they explored together how they think about it today. The men struggled initially with the feeling work, but they stayed with it and worked with their own belief systems and hurts, which was very healing for men and women together.

Some contents were fairly new for our African participants and were revisited each year, like understanding different sexual orientations. The group was very open and curious to know more about the European situation and discussed the situation in their home countries. As facilitators of a training group we sometimes had a question around the strong religious beliefs of 2 or 3 participants, as in opinions around abortion.

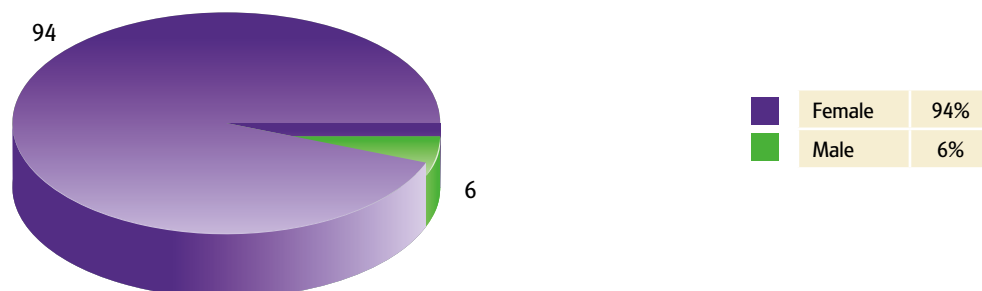
For me as therapist and facilitator to be able to meet people from the Globe House community and to share life stories at this depth has been an amazing experience, and I believe that it has changed my perspective on therapy and my own life deeply.”

Less than one out of ten survivors attending RCCs in 2011 were refugee/asylum seekers (5%). RCNI has a large volume of data on refugees and asylum seekers that could be analysed in detail if funding were made available.

Dublin Rape Crisis Centre had the largest number of asylum seekers and refugees attending their service (27%). This was followed by Galway Rape Crisis Centre, and Rape Crisis & Sexual Abuse Counselling Centre Sligo, Leitrim & West Cavan (19% and 18% respectively). According to the Refugee Integration Agency Annual Report Dublin and Cork had the largest proportion of asylum seekers and refugees living in Direct Provision Centres in Ireland, followed by Galway and Meath (Department of Justice, Equality and Law Reform, 2011: 28).

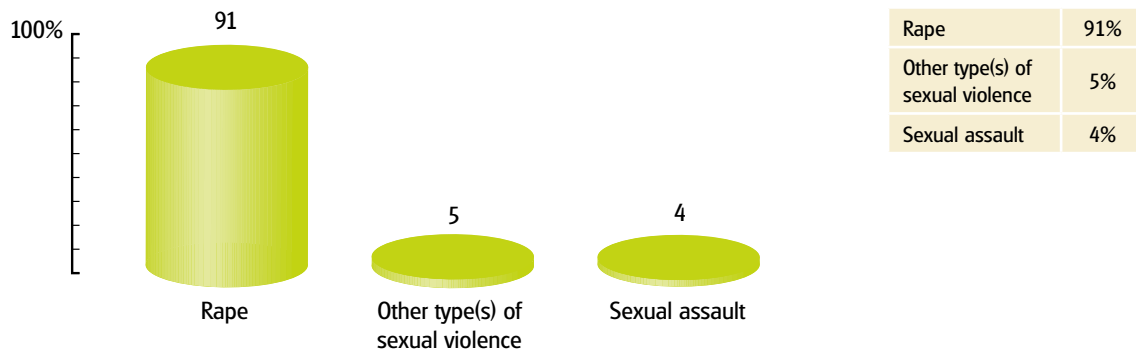
Gender of survivors

Graph 39: Refugee/asylum seekers: Gender of survivors (%) n=109



Type of sexual violence

Graph 40: Refugee/asylum seekers: Type of sexual violence (%) n=103



Type of other violence

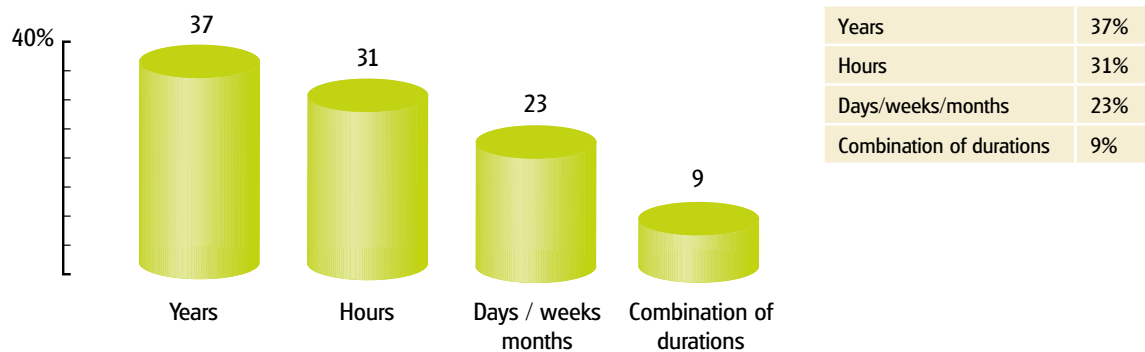
93% of refugee/asylum seekers attending RCCs in 2011 disclosed that they had been subjected to other forms of violence along with the sexual violence.

Graph 41: Refugee/asylum seekers: Type of other violence (%) n=92



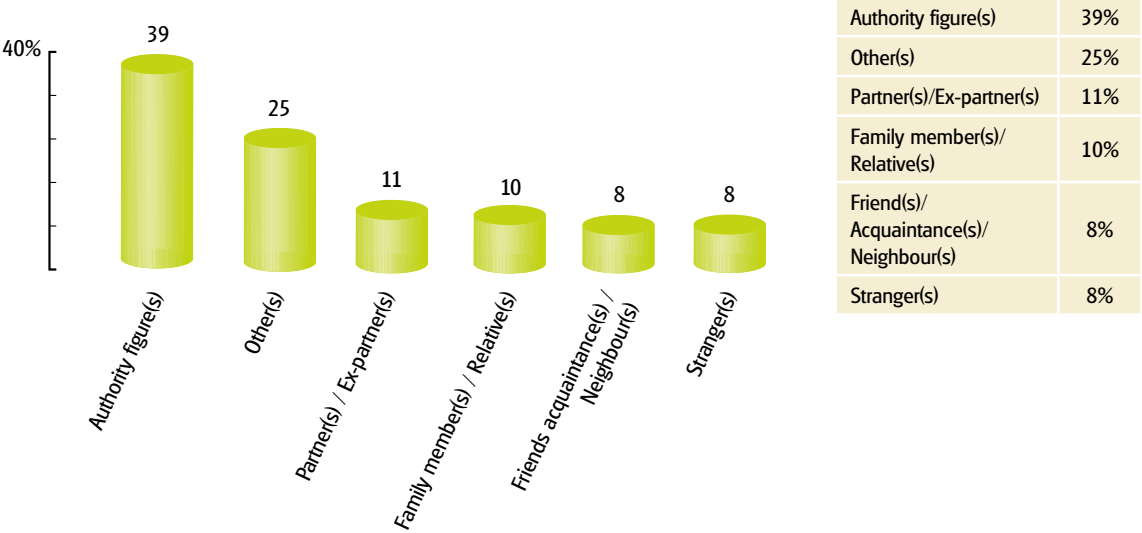
Duration of violence

Graph 42: Refugee/asylum seekers: Type of other violence (%) n=92



Relationship of perpetrator to survivor

Graph 43: Refugee/asylum seekers: Relationship to perpetrator (%) n=102




Age of perpetrator

The median age of perpetrators subjecting female adults who were refugee/asylum seekers to sexual violence was 35 years old. The youngest perpetrator(s) were aged 19 and the oldest perpetrator(s) were aged 60.



Traveller: Female Survivor of Adult Sexual Violence

Traveller: Female survivor of adult sexual violence case study



Case Study

Ann-Marie is a member of the Traveller community and is 27 years old. She has been married for ten years and has five children. She and her husband live in a rented house not far from the halting site where she grew up. Not long after her marriage, when she was 18, she went out walking one evening to visit her parents. On her way there, she encountered a man in his mid-twenties who began following her, taunting and shouting racist abuse at her. She made it to her parents' home safely and stayed there until she was sure he would be gone. On her way back, the man accosted her again, this time he trapped her in an empty car park, beat her badly, and raped her.

Ann-Marie told her mother about the rape a few months later and mentioned it to her GP, but didn't report it to the Gardai as she felt they could do nothing to help her and might interfere in the family's business.

Ann-Marie's husband drinks heavily and this has caused problems in their marriage, particularly around the issue of money. He controls the family's finances and this causes arguments between them. Ann-Marie took the children to stay at a women's refuge for a week last year when they were going through a difficult time. While there, she spoke to a social worker and disclosed details of the rape. The social worker referred her to her local Rape Crisis Centre but it was only recently that she made contact with them by phone. She has attended for one session of counselling to date.



Tipperary Rape Crisis & Counselling Centre counsellor experience of working with female survivors of adult sexual violence who are Travellers

“Tipperary Rape Crisis & Counselling Centre has always welcomed clients from the Travelling community. Unfortunately, the number of Traveller clients attending our Centre for counselling has been historically low. We have always acknowledged the tremendous courage it takes for these clients to use the services we offer. We are acutely aware that family loyalty is so important within the Travelling community that taking support outside of the family has consequences. When availing of our services, the client risks being alienated from their family and community. This is indeed a huge risk.

In an attempt to make the service more accessible within the Travelling community it was my task to organise and facilitate a group workshop for Traveller women. I prepared a talk allowing ample time for discussion. The group were attentive and interested. I was overwhelmed at the response I received from the group of women I spoke to. I had spoken at some length about sexual violence and the impact it can have on the individual. I had spoken of the right to say ‘No’. This statement provoked much humour within the group as they unanimously agreed that saying ‘No’ to any sexual advances from their husband would not be an option.

The group discussed among themselves the challenges they can have in their relationships. There was openness and frankness to how they felt in their role as a wife and mothers. This honesty and openness enabled women who had never spoken of such things before an opportunity to do so. As each individual woman spoke it was evident that it resonated with the other women in the group. The talk enabled the women to discuss what can be a taboo subject in their community and they took support from one other.

The facilitation of this workshop is a small move towards making the services of a Rape Crisis Centre more accessible to the Traveller community. It is though certainly one that can be developed further.”

A small minority of survivors attending RCCs in 2011 were members of the Traveller community (0.8%). This is slightly above the national population of Travellers in Ireland (0.6% according to Pavee Point and 0.6% according to the CSO (CSO, March 2012). All Travellers attending RCCs were female. They ranged in age from 15 to 51. Some were survivors of sexual violence in childhood solely and some were survivors of sexual violence in adulthood only. The figures are too low to present any further analysis.



Disclosing and Reporting the Sexual Violence 2011

Mayo Rape Crisis Centre experience of working with clients who have reported the sexual violence to the police

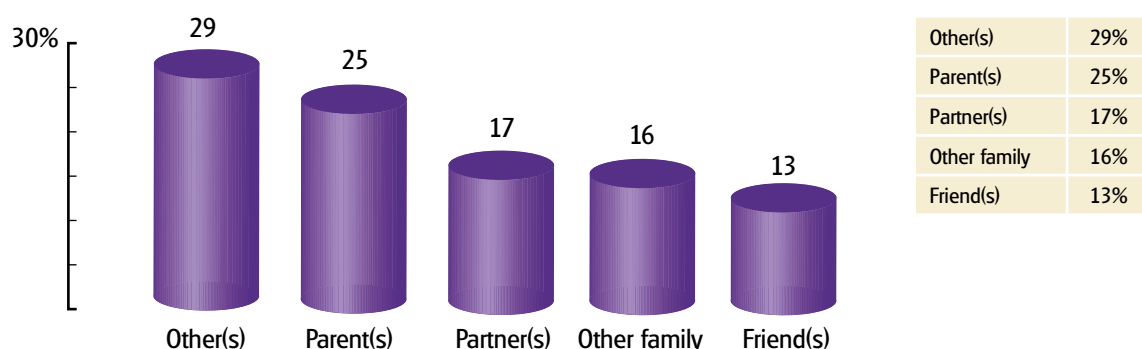
“Being with a client who is making a statement to the Gardaí is part of the daily work of a Rape Crisis Centre. It is part of the work that helps inform and develop how we are with clients. It is a core piece of work for Centres. It is not the easiest work but it is very rewarding. It can really make the difference for anyone to have someone beside them who is not only there just for them, but who is also informed, calm and caring. The feedback from clients tells us this over and over. For a volunteer it is one of the pivotal experiences where the ethos, the heart and the whole reason Rape Crisis Centres exist really becomes clear. We could not prevent the sexual violence happening but we can and will be there with you through this part of your journey. Going with a client to a Garda Station and sitting through the taking of a statement is front line work. As one new volunteer said of her first experience of accompanying a client to the Garda Station; ‘I was nervous before meeting her but once I did meet her, I found a confidence from some place and realised quickly that I’m not the one in pain, she is. For the time I was with her, her welfare was paramount for me. She wanted to hold my hand which for me was great because I couldn’t speak to her during her statement, so it was nice to give her hand a reassuring squeeze now and again. I would definitely do it again. She really appreciated me being there and I was glad I could help her even if it was only to hold her hand.’ On this occasion the volunteer was asked only hours before the appointment in the Garda Station. All clients are different and all volunteers are different. Everyone finds their own way of being with each client. But ‘being with’ someone making a complaint and being a witness to that piece of their story can make all the difference. The RCNI Training becomes part of the volunteer response but what each volunteer takes with them is their heart and their intention of help.”

Telling someone for the first time

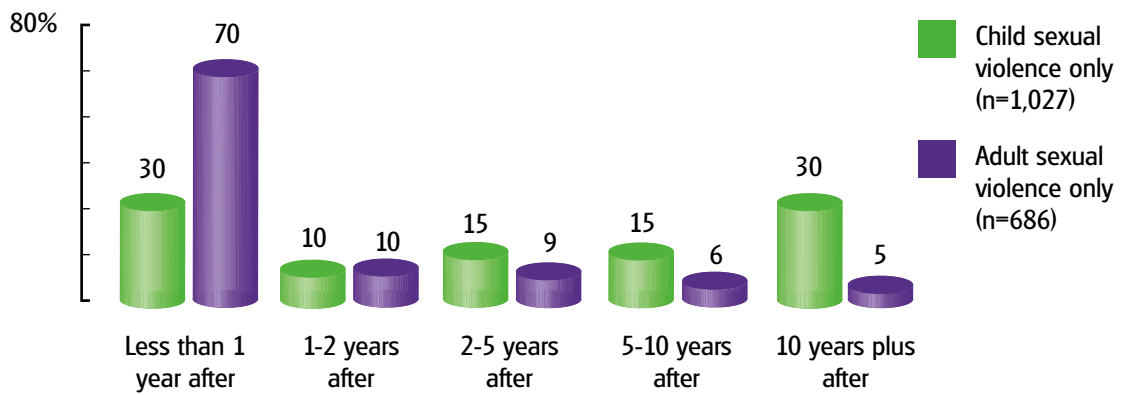
For just over one out of ten survivors attending RCCs in 2011 RCC personnel were the first people they told about the sexual violence (11%).

For the 89% of survivors who told someone else about the sexual violence they were subjected to before attending a RCC, graph 44 illustrates who they told:

Graph 44: Who survivors first told about the sexual violence (%) n=2,012



Graph 45: How long after the sexual violence did survivors first tell someone by when the sexual violence took place (%)

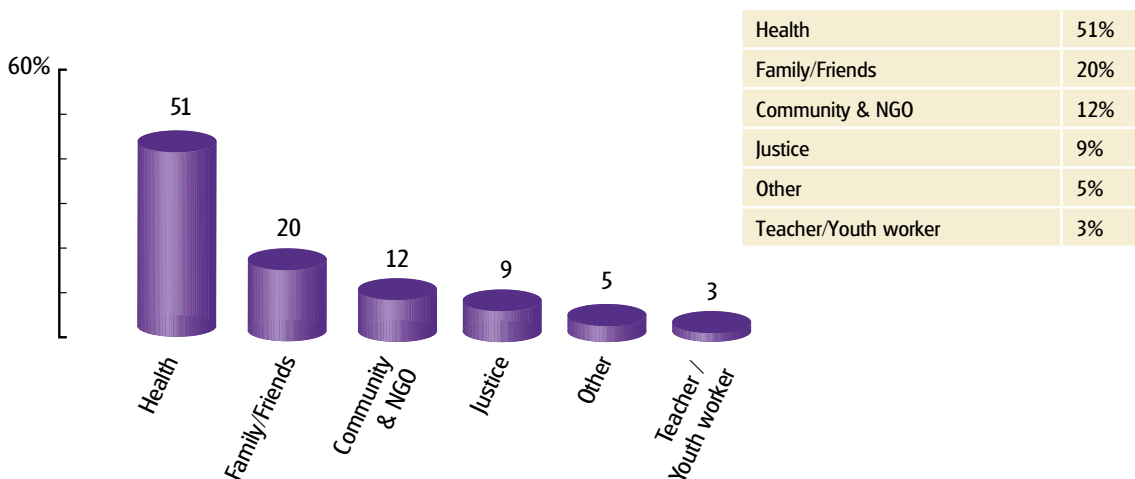


	Child sexual violence only	Adult sexual violence only
Less than 1 year	30%	70%
1-2 years	10%	10%
2-5 years	15%	9%
5-10 years	15%	6%
10 years plus	30%	5%

Referrals

Over half of survivors attending RCCs in 2011 referred themselves to the service (56%). For the 44% of survivors who were referred by someone else:

Graph 46: Survivors referred to RCCs by (%) n=990



Time between sexual violence and RCC service usage

The majority of survivors of single incidents of child sexual violence attending RCCs in 2011 disclosed that the violence took place when they were under age 12 (65%). The majority of survivors of adult sexual violence attending RCCs in 2011 disclosed that the violence took place when they were between the ages of 20 to 29 (53%).

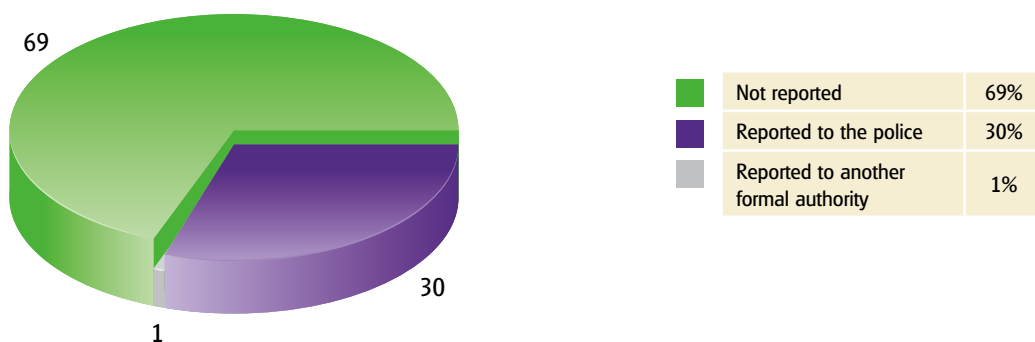
For survivors of child sexual violence there is approximately a 25 year gap between the violence and accessing RCC services. For survivors of adult sexual violence there is on average a 5 year gap between the violence and accessing RCC services.

Reporting the sexual violence

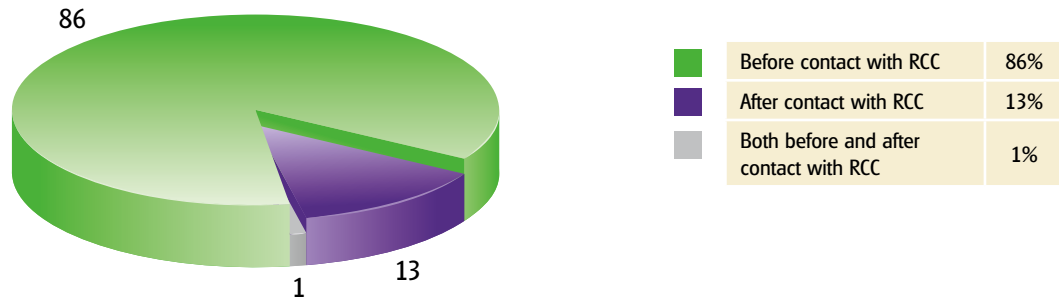
As illustrated in Graph 47 over three out of ten survivors reported the sexual violence to the police and/or another formal authority (31%). Almost all of these reported to the police (30%). Other formal authorities include the HSE, Redress Board, education authority, church authority and asylum application process. The number of survivors attending RCCs who reported the violence to the police is four to six times higher than the overall rate of reporting of sexual violence in Ireland according to SAVI figures, where 8% of survivors of sexual violence as children and 6% of survivors of sexual violence as adults, reported to the police (McGee et al, 2002: 128).

As Hanly et al point out in Rape & Justice in Ireland (RAJI) non-reporting of sexual violence has a number of consequences for the survivor and society; survivors may not be able to access the support services they need, offenders are not held to account, and information about the violence and its impact on the survivor is not collected (Hanly et al, 2009: 35). The RCNI Database therefore fills a gap in the gathering of accurate and reliable information from survivors of sexual violence who have not reported to any formal authority. It allows us to examine in details the nature of the violence and the impact on the survivor. The 69% of RCC survivors who did not report to any formal authority are therefore not included in any other formal statistics or records. This unique and essential part of the story, and the only place where these survivors have their experiences documented publicly to support and influence national policy, is here in the RCNI National Statistics. The high level of self-referral and referral from other agencies to RCCs demonstrates that RCCs are highly regarded and trusted.

Graph 47: Reporting the sexual violence to a formal authority (%) n=2,252



Graph 48: Reported to a formal authority before or after contact with RCC (%) n=716



As seen in Graph 48, the majority of survivors who attended RCC services in 2011 who reported the sexual violence to a formal authority did so before they contacted the RCC (86%). Over one out of ten survivors who reported to a formal authority did so after they contacted the RCC (13%). A minority reported some of the incidents of violence before contact with the RCC and some after contact with the RCC (1%).

Graph 49: Reported to a formal authority by when the sexual violence was perpetrated (%)



	Reported to a formal authority	Not reported
Child sexual violence only	25%	75%
Adult sexual violence only	42%	58%
Both child & adult sexual violence	36%	64%



Survivor Demographics 2011

Rape Crisis North East experience of providing counselling and support

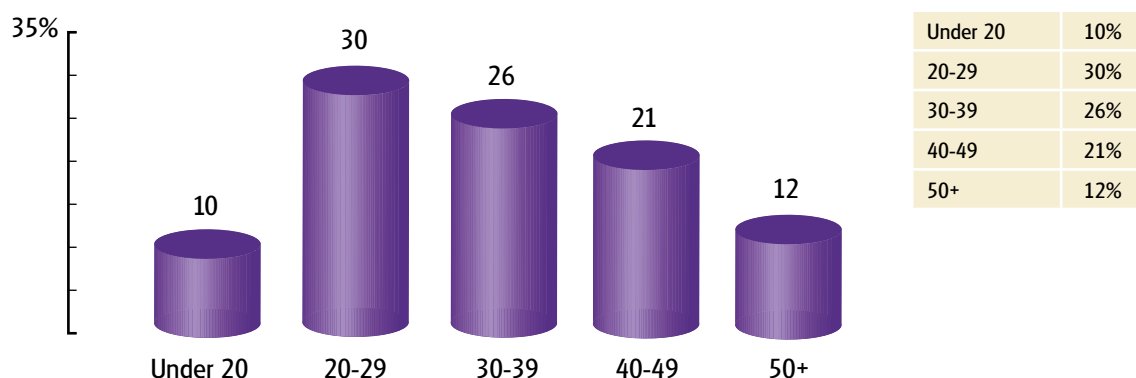
“During the last three years of working as a counsellor within a Rape Crisis Centre I have found the courage of both individual men and women immense along with their commitment to themselves in attending their sessions which are far from easy for them. During the therapeutic process the clients I have worked with reach both peaks and lows during their duration of attending counselling, sharing some of the most horrific and painful experiences of their lives. I feel honoured to be part of those moments and that they have trusted me to do so.

I personally feel the most challenging time for someone who has disclosed their abuse is when they’ve chosen to enter into the legal process. This is mainly due to the length of time cases take to process and often this results in them fearing their abusers again. They are sometimes subject to verbal abuse and threats during the time the legal proceedings are continuing, which causes them further distress. I have recognised that they are not kept in touch with how their case is progressing and due to the client often having a low self-esteem they are not comfortable to make their own enquiries. This is due to the fact that they have often been informed that their case is not priority due to them no longer being at risk, which in some cases totally untrue. I find the legal aspect of client work both challenging and distressing for the client and their families, which we then find can affect relationships and individuals’ health.”

Age of survivors

Less than one out of ten survivors attending RCCs in 2011 were under age 18 (5%). The under 18's are included in the under 20 age bracket.

Graph 50: Age of survivors accessing RCC services (%) n=2,293



Country of origin

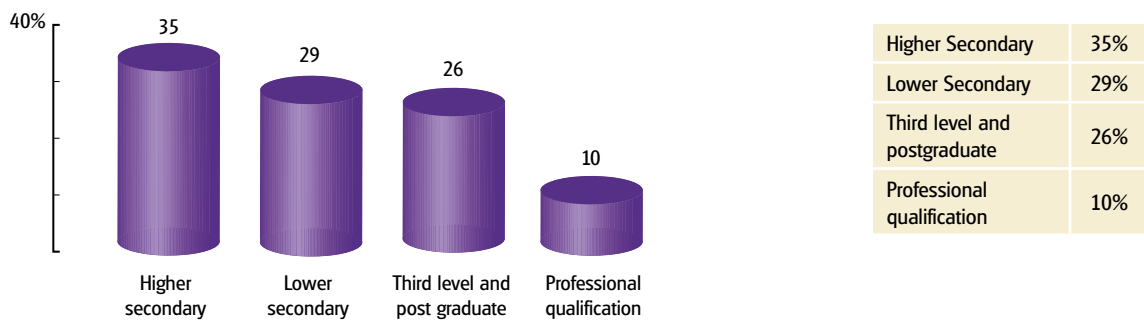
Graph 51: Survivors' country of origin (%) n=2,306



Socio-economic background

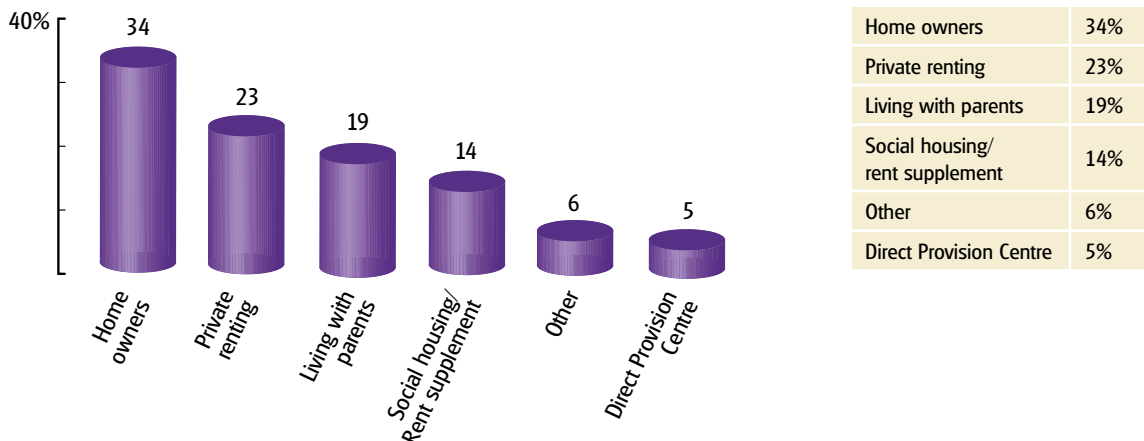
In order to make RCC services as accessible as possible it is important to examine who is attending services, who is not availing of services and to work to determine the reasons for this. Any gaps in services can then be addressed effectively. Collecting information on survivors' level of formal education and the type of housing they live in allows services to assess this.

Graph 52: Over age 18 survivors' level of education (%) n=2,041



According to CSO statistics on educational attainment RCC service users are representative of the general population (CSO, 2010). This is very positive as it suggests that RCCs are accessible to people from different socio-economic backgrounds.

Graph 53: Survivors' housing type (%) n=2,219



Recommendations 2011

Accurate and reliable data is essential in confronting sexual violence and providing effective services to those affected by such violence in the most efficient and cost-effective way possible. Nationally compiled data is not just a means of reviewing the level of past service delivery, it is essential to planning the service needs of the future and making strategic decisions about the best possible use of existing funding. The Rape Crisis Network Ireland Database represents ten years of development and is now in a position to produce valuable and unique longitudinal studies. Further examination of the data recorded would be a cost effective way to provide insight into specific aspects of abuse and also to enable longitudinal analysis. Therefore we recommend that:

1. Rape Crisis Network Ireland should continue to be supported as the core agency leading this increasingly important nationally standardised data co-ordination and analysis.
2. In order to achieve the most inclusive national statistics, all non-statutory agencies providing services to survivors of sexual abuse and their supporters must be supported and resourced to use the RCNI Database. Current and ongoing development costs of the RCNI database must continue to be State supported.
3. In addition to the production of annual overall statistics, resources should be allocated towards:
 - a. More in depth reports, such as examination of vulnerabilities of specific age-groups or populations, which provide vital data to inform future prevention programmes and targeted services development.
 - b. Longitudinal analysis to data to determine what, if any, changes are occurring in who accesses services and how they utilise services. This will also provide vital data for designing prevention programmes and targeted services development.



Future Developments of RCNI Database

RCNI recognises that reliable and accurate data is a cornerstone for addressing sexual violence, and providing it is part of our responsibility to bear witness to the experiences survivors entrust to us. We and our members are committed to the highest levels of reliability in both the collection and presentation of national statistics. Annual RCNI National Statistics on crimes of sexual violence against children and adults are the most comprehensive and reliable dataset in Ireland and are readily available to inform public policy and strategic services delivery.

“ . . . the level of data collected by the RCNI web-based recording system far exceeds the minimum data requirements described by ... [a] recent Council of Europe report on domestic violence and places RCNI member RCCs well ahead of all other Irish statutory and non-statutory services involved in the collection of sexual violence data”.

(Dr. Maureen Lyons, Director of Research Design & Methodology, Equality Studies Centre, School of Social Justice, UCD, 2010).

The data collected far exceeds that published in annual RCNI National Statistics reports. RCNI have therefore commenced the development of a range of critical academic partnerships, including with: NUIG, and UCD School of Social Justice, towards an appreciation of the full potential of the data already banked. These academic partners are acutely aware that the data collection that RCNI undertakes is not just data for today or tomorrow, but data that remains invaluable for a range of longitudinal studies and comparisons.

In 2011 Dublin Rape Crisis Centre commenced full usage of this data collection system. Children at Risk Ireland (CARI) commenced full participation of data entry in January 2012. RCNI continues to encourage and support frontline agencies working with sexual violence to participate in our national data collection, which includes use of the RCNI Database, with all training and on-going statistical support requirements. Through the collection and sharing of accurate and reliable data on sexual violence both nationally and internationally we are able to facilitate a coordinated response to sexual violence and strengthen the implementation of human rights.

RCNI Database overview

RCNI has developed a highly secure online database which allows authorised RCC personnel to log in and record specific information on each individual service user. 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. RCC personnel do not record any identification details for service users or any other person. 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, RCNI Data and Services Information Manager, Elaine Mears, coordinates and delivers annual training and capacity building to each local RCC service provider on aspects including: using the RCNI Database, data entry, extracting data, and reliable and accurate presentation of local data. An extensive data cleaning process is carried out nationally before any data is analysed. This involves checking all of the data entered by RCCs for mistakes and omissions, and rectifying these.

The analysis for the annual RCNI National Statistics Reports is carried out in-house by RCNI's Data and Services Information Manager. All of the analysis and the textual representation of the data are verified for accuracy by an independent statistics expert, Gloria Avalos. Once the final draft of the report is completed it is sent to Dr Maureen Lyons, an independent statistics expert who has worked closely with RCNI on this project for a number of years, for final verification. RCNI Executive Director; Fiona Neary, RCNI Policy and Communications Director; Clóna Saidléar and RCNI Services Support Coordinator; Susan Miner partake in the final editing of the report.

RCNI National Statistics Report compilation

The information in this report is compiled from the data entered by all 13 RCNI Republic of Ireland member Rape Crisis Centres and two non-member Rape Crisis Centre (Athlone Midlands Rape Crisis Centre and Dublin Rape Crisis Centre) around Ireland. The data represents all people using these RCCs for counselling, support, accompaniment, and helpline services in 2011. It represents only these people and cannot be used to make assumptions about the overall incidence or nature of sexual violence in Ireland. As a means of presenting the data as accurately as possible, when the text compares 2011 figures to 2010 figures, the 14 RCCs who took part in data collection in 2010 are only compared with the same 14 RCCs who took part in data collection in 2011.

We 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.

'Incident-related' figures - This information relates to each incident or episode of sexual violence. Some survivors using RCC services have experienced more than one incident of sexual violence. An incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by the same perpetrator acting alone or a specific group of perpetrators acting together. An incident of sexual violence may last hours,



days, weeks, months or years. The RCNI Database collects data on survivors' abuse details by incident because it is the internationally recognised best practice method of doing so (Department of Health and Human Services, USA, 2009). For each service user, data is input about each incident of sexual violence and the perpetrators of sexual violence. It is clearly indicated when any tables and analysis in this report refer to incidents of sexual violence. The new level of detail available in the 2011 report reflects refinements and a more advanced type of data collection and analysis.

Independent statistics expert verification

“I have worked with RCNI to ensure that the highest statistical standards are adhered to in the examination of data from the RCNI Database. All of the data and textual analysis of the data presented in the RCNI National Rape Crisis Statistics Report is statistically accurate and representative of clients who attended RCC services in 2011. RCNI are committed to ensuring a high standard of data entry, cleaning and analysis.”

(Gloria Avalos, NUIG, Independent Statistics Expert)



Index of Terms

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

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

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

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

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

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

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

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

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

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

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

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

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

Other locations of sexual violence: Car, Direct provision centre, Friends house, Hospital/Medical Centre, Institution/care setting, Place of employment, Prison, Pub/Nightclub, School, and 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 or penetration (however slight) of the vagina with an object or the penis without consent

RCC: Rape Crisis Centre

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

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

Sexual Assault: An indecent assault 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, humiliation or the threat of serious violence

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

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

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

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

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

Stranger: Somebody that the survivor has never met before

Supporter: Someone who is supporting a survivor of sexual violence

Survivor: Someone who has experienced sexual violence



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Fiona Neary RCNI Executive Director, Jan O'Sullivan, Minister of State and Miriam Duffy, RCNI Chairperson



RCNI Member RCC Managers



RCNI Member RCC Data Collection Officers 2011



RCNI member Rape Crisis Centres in 2011

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

Donegal Sexual Abuse & Rape Crisis Centre: 1800 448 844

Galway Rape Crisis Centre: 1800 355 355

Kerry Rape & Sexual Abuse Centre: 1800 633 333

Kilkenny Rape Crisis & Counselling Centre: 1800 478 478

Mayo Rape Crisis Centre: 1800 234 900

Rape Crisis Midwest: 1800 311 511

Rape Crisis North East: 1800 212 122

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

Tipperary Rape Crisis & Counselling Centre: 1800 340 340

Tullamore Sexual Abuse & Rape Crisis Counselling Service: 1800 323 232

Waterford Rape & Sexual Abuse Centre: 1800 296 296

Wexford Rape & Sexual Abuse Support Service: 1800 330 033

Rape Crisis and Sexual Abuse Centre Northern Ireland: 04890 329002*

*This RCNI member Centre's data is not included in this report



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iPhone App



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