



2009

National Rape Crisis Statistics



Independent Statistics Expert Foreword

In March 2010, Cosc, an executive office within the Department of Justice and Law Reform with responsibility for the prevention of domestic, sexual and gender-based violence, published their four-year strategy. In the report, current action to prevent and respond to domestic violence and sexual violence is described as disjointed and ineffective as far as its' overall strategic impact. Equally, research on domestic violence and sexual violence in Ireland is depicted as having "been developed on an ad hoc basis ... with little co-ordination between stakeholders and the potential eventual implementers of research recommendations" (Department of Justice, Equality and Law Reform, 2010: 97). To address current shortcoming in the area of data on domestic violence and sexual violence, the Strategy's commitment is to "... the development of a systematic approach to data capture and collation" (*ibid*: 94).

In May 2009, Cosc commissioned the UCD School of Social Justice to undertake a short background piece of research focused on assessing current efforts to collect, to record and analyse administrative data on domestic violence and sexual violence by the principal statutory and non-governmental organisations (NGOs) in Ireland. The research findings highlighted that the level of data collected by the RCNI web-based recording system far exceeds the minimum data requirements described by Ruuskanen and Aromaa in their 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 (Ruuskanen *et al*, 2008).

A number of key changes in the RCNI data statistics project which have occurred since 2009 are worth highlighting here. This current report reflects a significant development over the past couple of years in the level of information recorded on the database system, addressing earlier key information gaps. The 2011 data report from RCNI will see the Dublin Rape Crisis Centre (DRCC) also using the RCNI web-based recording system. With these most welcome and important developments, we are witnessing a major step forward towards eventually having a national services database in the area of sexual violence.

As well as providing training and support to member RCCs in relation to the compilation and entry of service information, RCNI now conducts the statistical analysis of this data and the production of the annual statistical report in-house. It has been my pleasure to work with RCNI staff on the statistics project over the past five years. Unwavering dedication to excellence in terms of standards of data quality has been achieved by time intensive mentoring, support and training to each member RCC by Susan Miner and Elaine Mears. In turn, the RCNI has been fortunate in working with women in member RCCs who fully recognise and appreciate the critical importance of accurate and complete information in service provision and planning. The importance of such a co-operative approach cannot be emphasised enough; success of a statistical data project such as this is wholly dependent on the existence of trust and the sharing of long-term objectives, as well as the continuity of resources by funders. Particularly now, at a time of financial crisis and public finance cutbacks, it makes complete sense to continue to look to such routine administrative data sources for consistent, comparable, high quality data in order to answer basic research questions about sexual violence, as well as to guide policymakers in key areas of service provision and planning.

Dr. Maureen Lyons

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

Chairperson's Introduction

It is a great pleasure for me as Chairperson of Rape Crisis Network Ireland's (RCNI) Board to write the introduction for this valuable report which aims to give a voice to all the women, men and children who used RCC services in 2009.

The figures in this report are a partial reflection of the time and work that Rape Crisis Centres (RCCs) put into providing services to people affected by sexual violence. For example, every hour of counselling requires a further half an hour's work by the counsellor for tasks such as note taking, advocacy work (contacting other services on behalf of the survivor, etc.), database entry, debriefing and support.

RCCs have the dual tasks of:

- Providing a range of specialist services to support the recovery of people affected by sexual violence, and of
- Working to reduce levels of sexual violence within society.

To fulfil these roles RCCs provide training and education to key individuals and agencies, in addition to counselling, support, accompaniment, advocacy and helpline services. This education and training covers topics such as, disclosure of sexual violence, legal issues, and preventative measures. It is aimed at groups such as: Gardaí, health services, teachers, youth workers, community workers, minority groups, and students.

Individual RCCs have also developed expertise in specific areas which they utilise to inform service delivery. For instance, Galway Rape Crisis Centre (GRCC) has specific expertise in asylum seeker and refugee issues, Rape Crisis & Sexual Abuse Counselling Centre Sligo, Leitrim & West Cavan has developed a specialised knowledge of youth issues, while Kerry Rape & Sexual Abuse Centre has developed a particular expertise in Traveller issues. This is an effective use of resources which is crucial to a national strategy to reduce and end sexual violence.

The staff of RCNI, under the expert guidance of Executive Director Fiona Neary, are widely respected at a national level for their expertise and leadership. RCNI staff, in conjunction with all those working in RCCs, have successfully worked 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. 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 of sexual violence.

RCNI staff and Board of Directors, as well as member RCCs would like to thank the software development company who have worked with us from the start of this project, Statistician Emma Calvert who provided independent statistical analysis expertise, backup and training, Maureen Lyons (UCD) who supports RCNI in this project and independently verifies these findings and recommendations, and to RCNI staff Elaine Mears, Susan Miner and Cliona Saidlear for their hard work and determination in ensuring that we have a very comprehensive, informative and reliable report.

We would like to thank the HSE for without their ongoing financial contribution this project would not be possible.

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.

Vera O'Leary
RCNI Chairperson



Executive Director's Introduction

2009 marked a watershed in Irish history with the publication of the Commission to Inquire into Child Abuse Report (Ryan report) and the Report by Commission of Investigation into Catholic Archdiocese of Dublin (Murphy report). Both extensively documented the sheer extent of institutionalised collusion with and facilitation of clerical child sexual abuse by the catholic church and state in Ireland. The abusive relationship between the church, state and Irish population was exposed. We await the outcome of the Garda investigation into how officials from the state, including the Gardaí, dealt with complaints of clerical sexual abuse of children. Whilst state commitments were made, implementation of these has been unacceptably slow – children are still at risk of sexual abuse in Ireland as a result.

2009 saw the RCNI launch and publication of *Rape & Justice in Ireland (RAJI)*, a ground breaking study and important advance in our understanding of both sexual violence in Ireland and the reasons why so many rape cases do not make it through the legal system. RAJI exposes the impact of Ireland's binge-drinking culture across our criminal justice system in the area of sexual violence. RCNI and our RCC members have committed to securing the full implementation of RAJI recommendations.

2009 also saw Danny Foley given a seven year sentence for sexual assault in Listowel. The hostility towards the victim and the displays of support for a convicted sex offender once again high-lighted the need for the on-going critical role played by the Rape Crisis Sector in communities across Ireland.

By the end of 2009, 190 former patients of former surgeon Michael Shine had made contact with support agencies alleging sexual assault. 90 allegations are currently under investigation by the Gardaí. RCNI joined others in calling for a comprehensive, full inquiry which included examination into how the medical profession and hospital administration system had enabled and protected such extensive abuse, stretching over three decades. Both RCNI and Rape Crisis North East have supported Dignity4Patients in supporting survivors who had violence perpetrated against them by Michael Shine.

Within Ireland Rape Crisis Centres (RCCs) provide unique and expert services to women, men and children who have been victims of crimes of sexual violence. We are continually building our expertise and learning about sexual violence from those who contact us, through ongoing training and up-skilling, and by consistently keeping up to date with international best practice and research developments.

RCNI expertise, in conjunction with independent experts, both in software development and statistics, has been utilised to develop and improve the RCNI database over the past 6 years. In 2009 the RCNI National Statistics Project was greatly expanded and RCCs began collecting more extensive demographic information as well as further abuse details. Information is also now collected on all contact made with RCC Helplines throughout Ireland, and all court, Garda, medical and forensic accompaniments provided by RCCs. RCNI now carries out the statistical analysis and production of the National Statistics Report in-house, with guidance from independent statistics experts. RCNI continues to encourage and support agencies to enhance our knowledge on sexual violence by participating in our national data collection.

Policy makers need accurate information and statistics about sexual violence to develop effective public policy, criminal justice responses, public health strategies and prevention programmes.

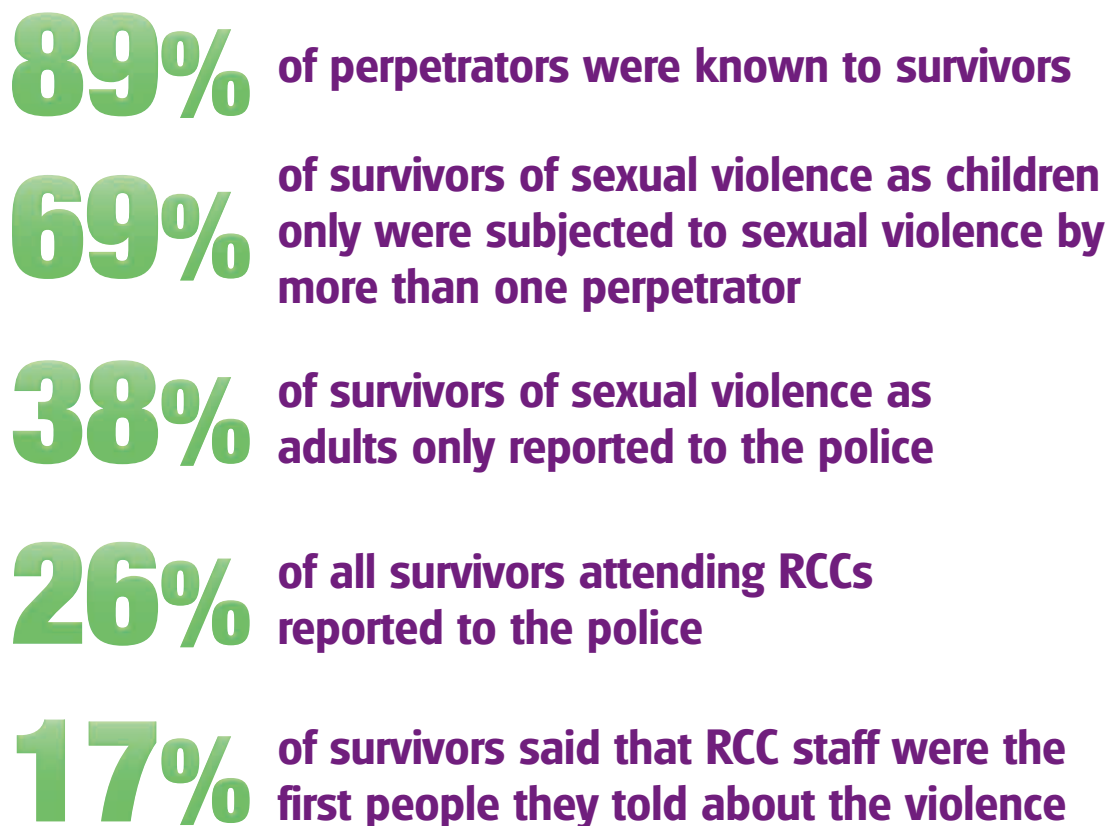
Rape Crisis Network Ireland National Statistics are a vital tool in working to end sexual violence in Ireland. In order to provide the best responses for victims and hold perpetrators to account we must continue to gather, share and compile our collective knowledge of sexual violence.

Fiona Neary
Executive Director



“Without this service I would never have had the courage to continue.”

(Survivor, 2009)



“I was looking for a code book, a guide book all the time for a long, long time of what to expect next so I could be prepared. And no such things exists of course, but I asked advice from the Rape Crisis Centre and I used the hotline continually which was great because you really do need people to talk to ... and as you grow, you do get stronger, you do ... you do recover ... you do ... become stronger in yourself ... you become far more appreciative of where you’ve been, what you’ve been through and who you’re becoming now.”

(Survivor, Rape & Justice in Ireland: 218)

What Rape Crisis Centres do

In 2009 13 RCNI member Rape Crisis Centres (RCCs):

- Provided **counselling and support to 1,588** people
- Provided **158 accompaniments**, and
- responded to **12,393 contacts made to their Helplines** throughout Ireland

This amounted to:

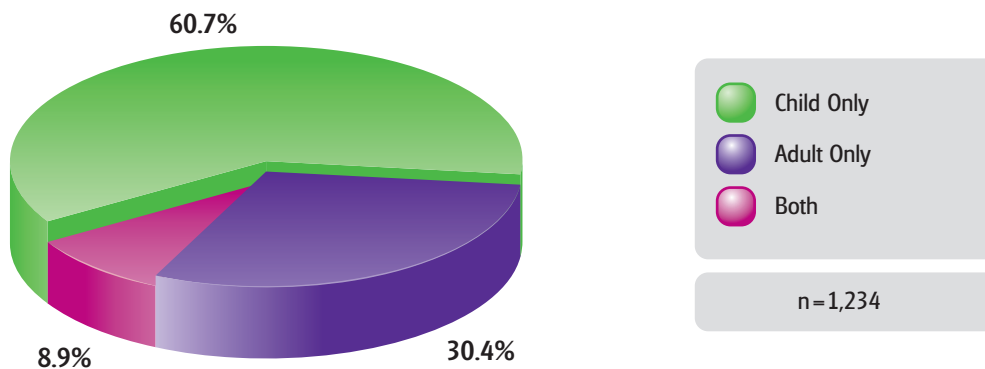
- **16,549 hours of counselling and support** in Rape Crisis Centres and outreaches, as well as
- a further **794.5 hours of accompanying survivors** to a range of different services including; Sexual Assault Treatment Units (SATUs), Gardaí, court, refugee hearings, and other medical and forensic facilities.
- In addition over **1,133 hours were spent on Helpline calls, texts and emails** throughout Ireland in 2009.

Counselling and support

Almost nine out of ten RCC service users were survivors of sexual violence (87.7%), the remaining 12.3% were supporting people who have experienced sexual violence

When the sexual violence took place

Graph 1: When the sexual violence took place (%)



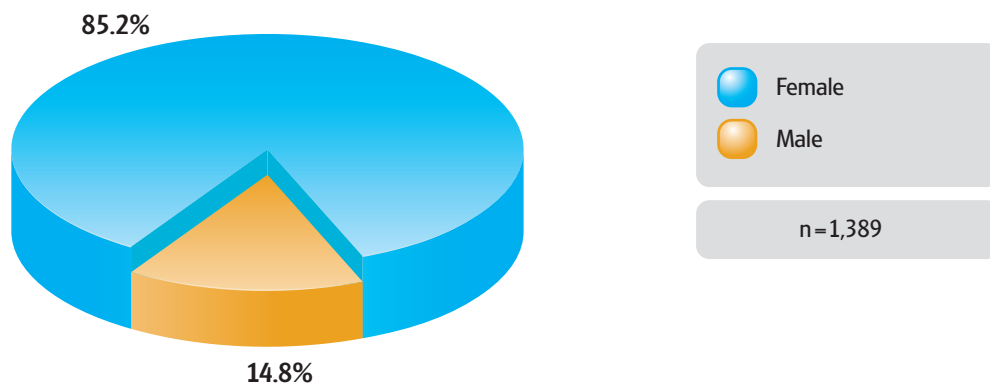
As Graph 1 illustrates as many as six out of ten survivors attending RCCs for counselling did so because they had been subjected to sexual violence as children only (60.7%), while half of this number sought counselling following sexual violence they had been subjected to as adults only (30.4%). Less than one out of the ten of those accessing RCC services had been subjected to sexual violence both as children and adults (8.9%).

“The Mayo Rape Crisis Centre was the only place where I felt safe and heard.”

(Survivor, 2009)

Gender of survivors

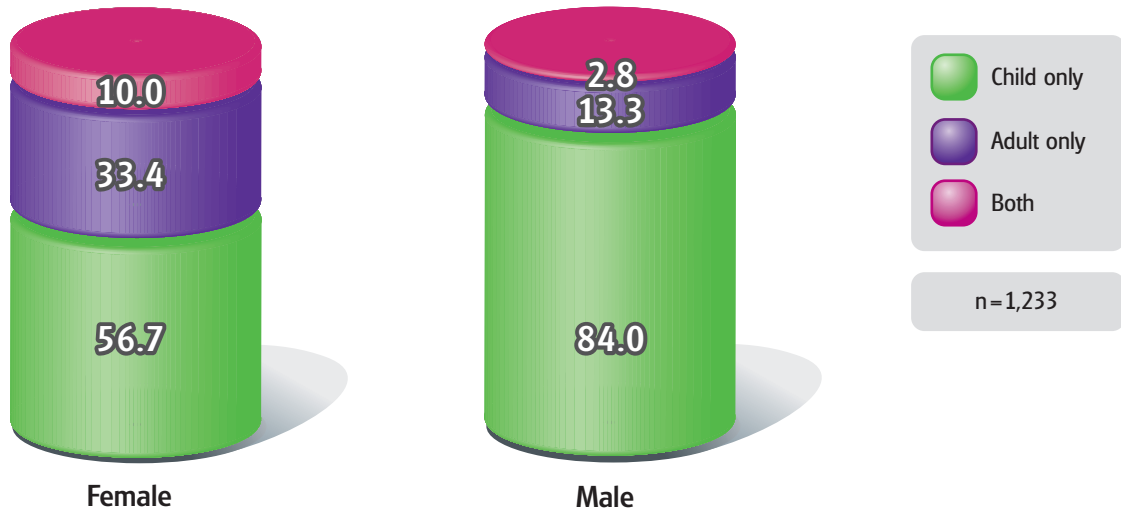
Graph 2: Gender of survivors (%)



Of the 1,389 survivors who attended RCCs for counselling and support 85.2% were female and 14.8% were male (Graph 2).



Graph 3: When the sexual violence took place by gender of survivor (%)



The majority of male survivors (84%) attended Rape Crisis Centres as a result of sexual violence experienced as children only (Graph 3). This is in contrast to the single largest group of female survivors who disclosed sexual violence as children only (56.7%). One third of women (33.4%) had experienced sexual violence as adults only in comparison to 13.3% of men attending RCCs. **One in ten (10%) female survivors disclosed experiencing sexual violence as both children and adults.** These figures support the findings of SAVI that male vulnerability to sexual violence decreases as males' age, while female vulnerability does not decrease with age to the same extent (McGee et al, 2002: 280).

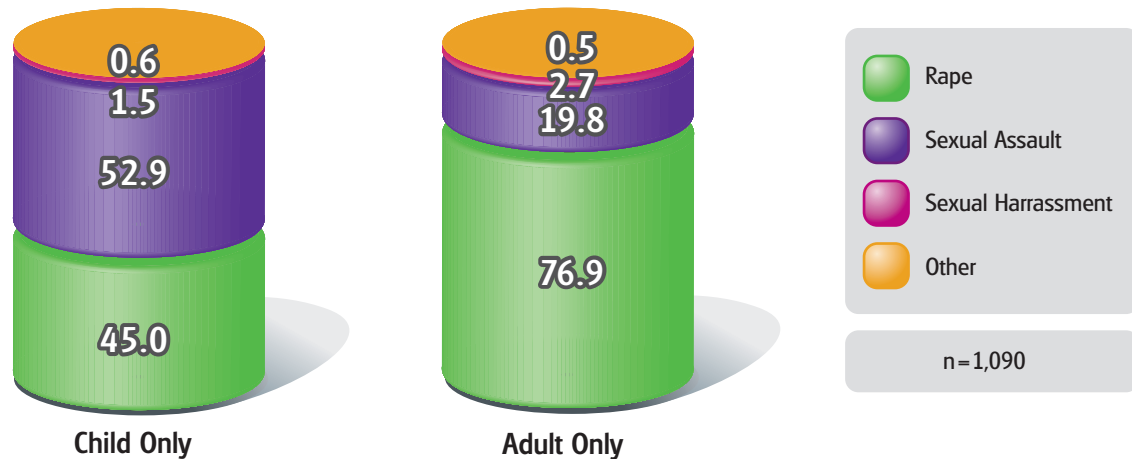
*“I have made it through the darkest times,
I’m still standing here Tall and Strong.”*

(Survivor, 2009)

Type of sexual violence

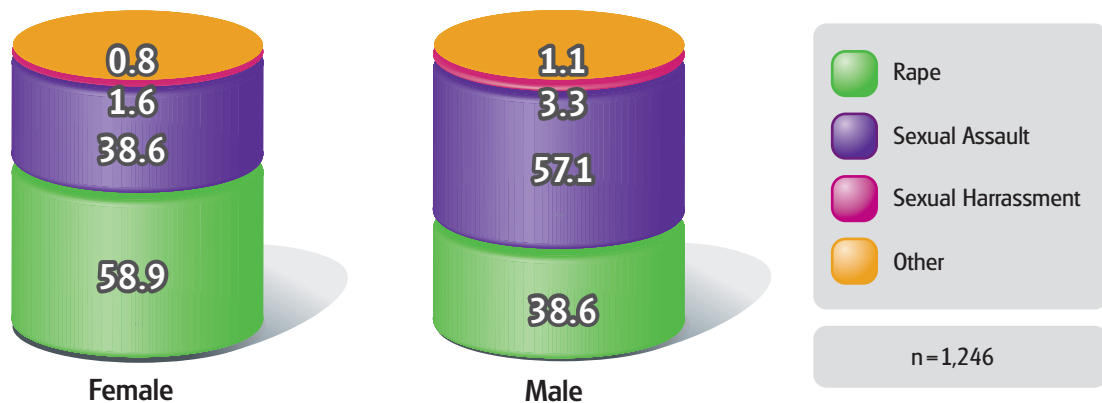
Looking at the first incident of abuse survivors report to RCCs, in 2009 over half of survivors disclosed rape (56%). One in four survivors disclosed sexual assault as the type of sexual violence perpetrated against them (41.4%). In this context sexual assault includes both sexual assault and aggravated sexual assault.

Graph 4: Type of sexual violence by when the sexual violence took place (%)



There is a fundamental difference in the type of sexual violence experienced by survivors of sexual violence as children only and survivors of sexual violence as adults only. Graph 4 illustrates that survivors of sexual violence as children only most commonly disclose sexual assault (52.9%), followed by rape (45%). The opposite applies to survivors of sexual violence as adults only, where rape is disclosed as the most common type of abuse (by 76.9% of survivors), followed by sexual assault (19.8%).

Graph 5: Type of sexual violence by gender (%)

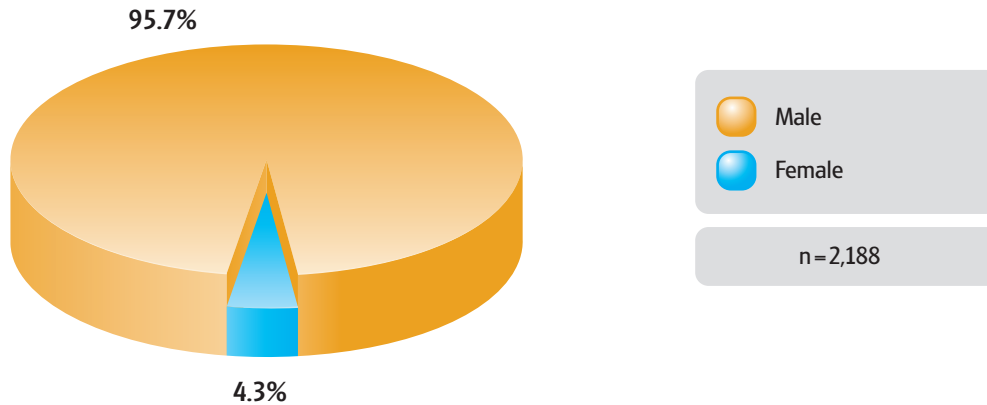


There are also differences in the type of sexual violence that males and females report being subjected to. In Graph 5 we see that female survivors attending RCCs disclosed rape followed by sexual assault as the most common forms of sexual violence perpetrated against them (58.9% and 38.6% respectively). This trend is reversed for men, where 57.1% disclosed sexual assault and 38.6% disclosed rape. A small number of both women and men who sought support had been subjected to sexual harassment (1.6% and 3.3% respectively).



Perpetrator Information

Graph 6: Gender of perpetrator (%)



As can be seen in Graph 6 survivors disclosed that the majority of perpetrators were male (95.7%). This figure refers to all incidents of abuse and all perpetrators. This figure has remained consistent with RCNI statistical analysis in previous years (95.8% in 2008 and 96.2% in 2007).

Relationship of survivor to perpetrator

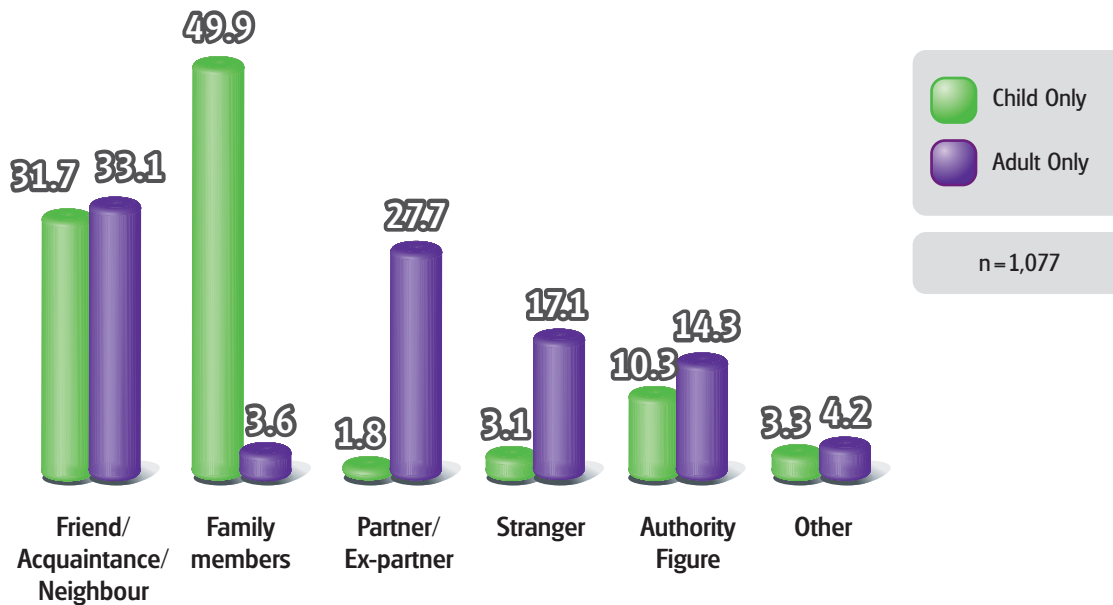
It is vital to understand the nature of the survivor/perpetrator relationship to determine how best to respond to sexual violence in terms of supporting survivors, holding perpetrators accountable, and preventing this type of violence in the future. One of the key distinctions is whether the perpetrator is a 'stranger' to or 'acquaintance' of the survivor. Here we define an acquaintance as somebody that the survivor may know to say hello to or have chatted to in a nightclub, whereas a stranger is somebody that the survivor has never met before. The World Health Organization's Typology of Violence clearly separates the two variables of 'stranger' and 'acquaintance' (Krung *et al*, 2002: 7). The UK Child and Woman Abuse Studies Unit also differentiate between acquaintance and stranger and further goes on to differentiate between acquaintance and recent acquaintance (Lovett *et al*, 2009: 32). The category of friends, acquaintances and neighbours used in this report offers a wider catch-all which allows for any subjective differences that may arise in defining these types of relationships. A perpetrator who is a stranger is by far the least likely scenario, yet is often the focus of attention and anxiety which can result in disproportionate and/or inappropriate responses from the community and state.

“High risk dangerous offenders are seen as representing all perpetrators while in fact they constitute less than 5% of all those convicted... We know that the majority of offences are the act of someone familiar to the victim and who presents as ‘normal’.”

(Olive Travers, NOTA Chairperson, Nota: Treatment of Abusers, Rape Crisis News, Vol. 6, Issue 1, Feb 2009)

When we look at **the first incident of abuse disclosed to RCCs by survivors, we see that nine out of ten perpetrators were known to them in some way (89.1%)**. Sexual violence perpetrated by a stranger only accounts for 7.3% of all abuse disclosed to RCCs in 2009. Approximately two thirds of perpetrators were either family members/relatives or friends/acquaintances/neighbours (34.6% and 33.1% respectively). Partners/ex-partners, both cohabiting and non-cohabiting, accounted for one in ten perpetrators (10.5%). Authority figures were also disclosed to RCCs as perpetrators in one in ten first incidents of abuse (10.9%).

Graph 7: Relationship of survivor to perpetrator by when the sexual violence took place (%)



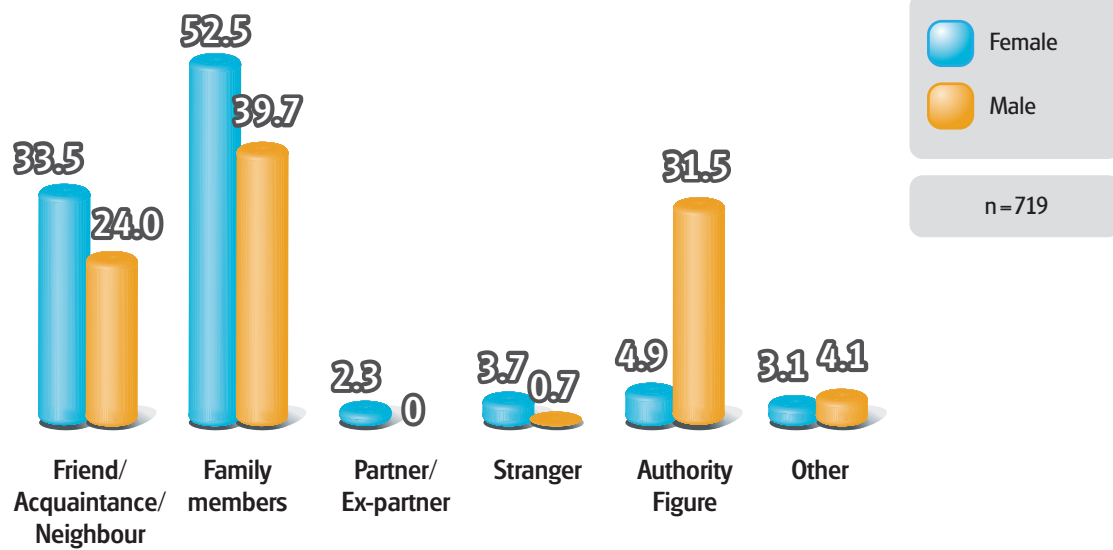
Survivors of sexual violence as children only and sexual violence as adults only not only experience different types of abuse, they also have different relationships with the perpetrators. Looking at all first disclosed incidents of abuse (Graph 7) we can see that **half of the survivors of sexual violence as children only attending RCCs disclosed that the abuse was perpetrated by a family member (49.9%)** compared with only 3.6% of survivors of sexual violence as adults only.

Friends, acquaintances and neighbours were named as perpetrators in approximately one third of the first disclosed incidents of abuse for survivors of sexual violence as adults only and survivors of sexual violence as children only (33.1% and 31.7% respectively). Almost a third of survivors of sexual violence as adults only (27.7%) disclosed that partners/ex-partners subjected them to sexual violence; as expected only 1.8% of survivors of sexual violence as children only disclosed having this relationship with the perpetrator. Those who experienced sexual violence as adults only disclosed sexual violence by a stranger significantly more often than survivors of sexual violence as children only (17.1% compared to 3.1% respectively). Approximately one in ten survivors of sexual violence as adults only and survivors of sexual violence as children only named authority figures as perpetrators (14.3% and 10.3% respectively).

“I would be dead if I was not coming here”
(Survivor, 2009)



Graph 8: Child only relationship of survivor to perpetrator by gender of survivor (%)

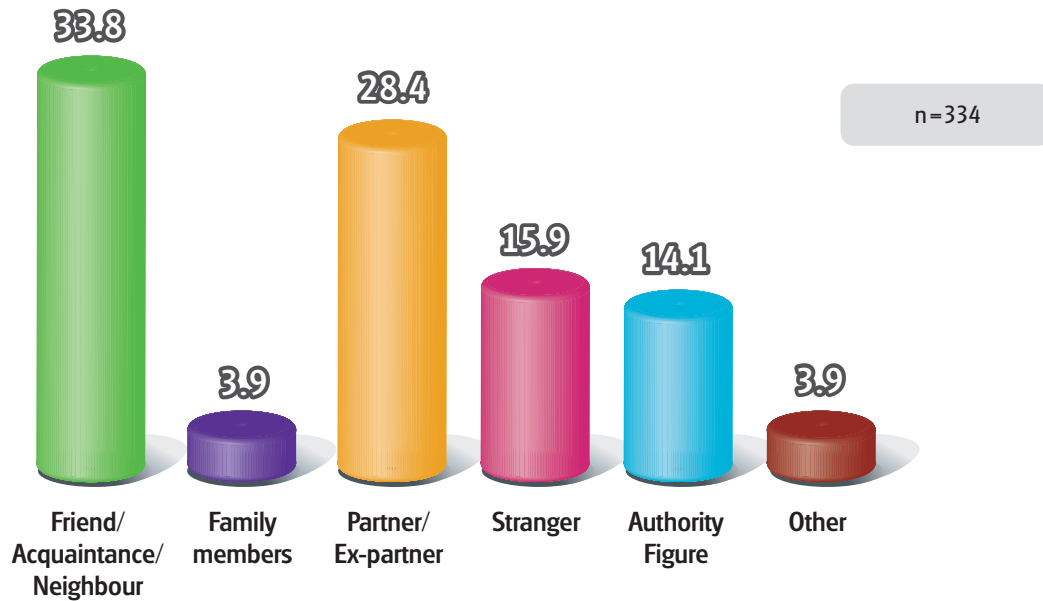


There are also differences in female and male survivor’s relationships to perpetrators. As the number of male survivors reporting sexual violence as adults, and as both children and adults is too low to examine in terms of gender, we will confine the following analysis to those reporting sexual violence as children only. However we can say that that the figures are consistent with 2008 data.

If we examine those reporting sexual violence as children only (Graph 8) we see gender differences emerging. Family members and relatives were the most commonly disclosed perpetrators of sexual violence against children for both females and males (52.5% and 39.7% respectively). Females (33.5%) more commonly than males (24%) disclosed friends, acquaintances and neighbours as the perpetrator. The figures for girls’ relationships to perpetrators is approximately the same as that in the 2008 National Statistics, however there is a marked decrease for male survivors of sexual violence as children reporting friends, acquaintances and neighbours as the perpetrator (24% in 2009 compared with 40.2% in 2008). **In 2009 males disclosed authority figures as perpetrators more often than females** (31.5% compared with 4.9%). This has increased significantly from 2008 figures where 17.1% of boys disclosed abuse by an authority figure. This does not indicate an increase in sexual violence against boys by authority figures, but rather a significant increase in males who experienced abuse perpetrated by authority figures accessing RCC services.



Graph 9: Adult only female survivors relationship to perpetrator (%)

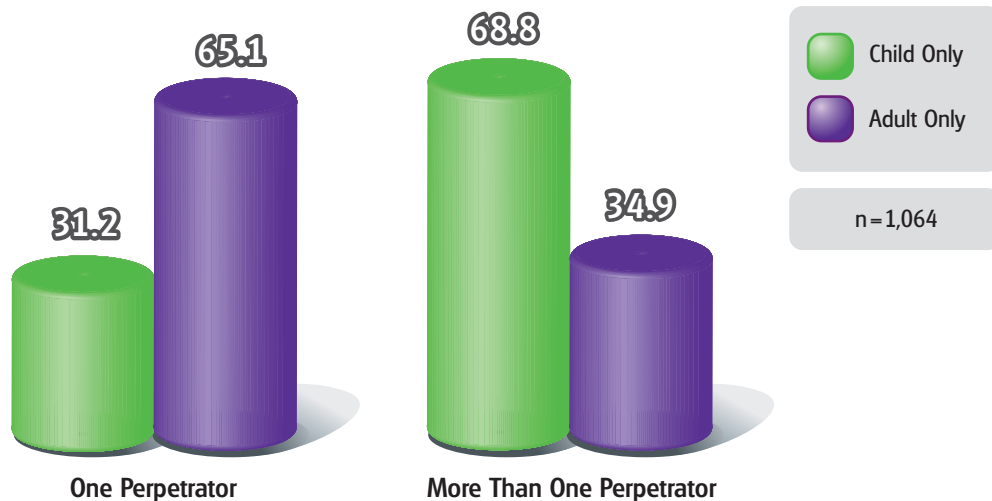


Graph 9 illustrates that one third of female survivors of sexual violence as adults only attending RCCs in 2009 disclosed that a friend, acquaintance or neighbour perpetrated the violence against them (33.8%). One in three disclosed that the sexual violence was perpetrated by a partner or ex partner (28.4%). Less than two in ten female survivors of sexual violence as adults only named strangers as perpetrators (15.9%). Approximately the same number disclosed that the perpetrator was an authority figure (14.1%).

Number of perpetrators

Some survivors are subjected to abuse by one perpetrator and others by many perpetrators. This sexual violence may have been perpetrated against them over the course of hours, days, weeks, months, or years. If we examine this pattern of perpetrator abuse alongside when the abuse took place in a survivor's life we can see some clear differences emerging between survivors of sexual violence as children only and survivors of sexual violence as adults only.

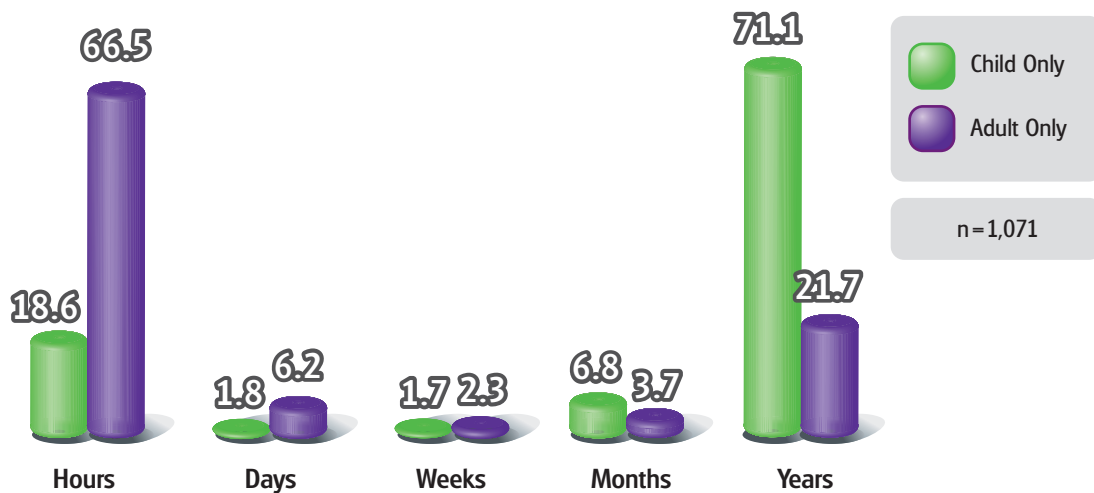
Graph 10: One perpetrator or more than one perpetrator by when the sexual violence took place (%)



Taking all incidents of abuse we can see from Graph 10 that **the majority of survivors of sexual violence as children only disclosed being subjected to violence by more than one perpetrator (68.8%)**, whereas the majority of survivors of sexual violence as adults only disclosed being subjected to sexual violence by one perpetrator only (65.1%).

Duration of abuse

Graph 11: Duration of sexual violence by when the sexual violence took place (%)



Taking the first incident of abuse the length of time the violence lasted varies between survivors of sexual violence as children only and survivors of sexual violence as adults only (Graph 11). The majority (71.1%) of survivors of sexual violence as children only disclosed being subjected to the violence over the course of years, whereas the majority (66.5%) of survivors of sexual violence as adults only disclosed being subjected to the violence for a number of hours. This supports previous research which indicates that a higher vulnerability to prolonged abuse over years is revealed by survivors who experienced sexual violence as children only (SAVI: 83).

Location of abuse

Taking the first incident of abuse, survivors attending RCCs in 2009 disclosed that the most common locations of abuse were their own homes and the home of the perpetrator.

Other violence

Looking at the first incident of abuse, the majority of survivors attending RCC services disclosed other violence perpetrated against them as well as the sexual violence. The most common forms of other violence were harassment/intimidation, physical abuse and psychological abuse. A minority disclosed being subjected to 'other' violence which includes stalking, imprisonment, threats and attempts to kill.

"I'd like to go on and say much more

But the past is not my battle, not any more

When the realisation of what happened to me

Came to the fore, I had no one to see.

So I took up the phone book and made the call

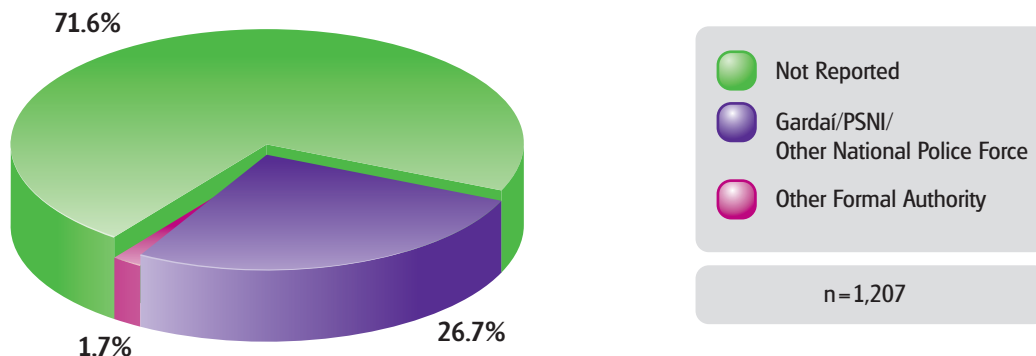
I explained I was old, would they see me at all

They did, I am here and that concludes all."

(Survivor, extract from Galway Rape Crisis Centre Annual Report 2009: 10)

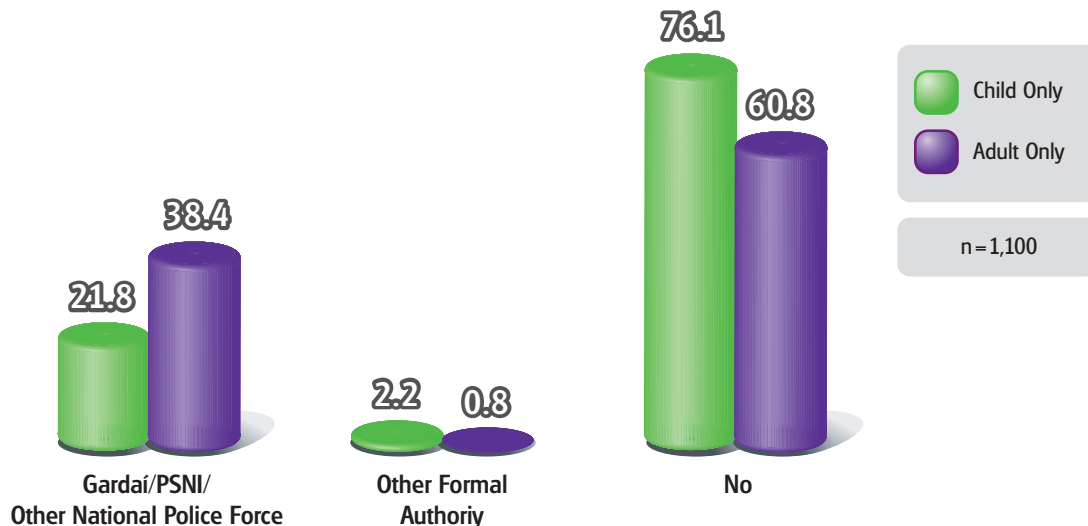
Reporting the sexual violence

Graph 12: Reporting the sexual violence



Looking at the first incident of abuse disclosed to RCCs, in graph 12 we see that over one quarter of survivors of sexual violence attending RCCs reported the violence to the police (26.7%). This is the highest this figure has been in the history of RCNI National Statistics. This is significant when we consider that the rate of reporting in Ireland is much lower than this. SAVI prevalence study 10 years ago revealed that only 8% of survivors of sexual violence as children and 6% of survivors of sexual violence as adults reported to the police. This is also the case across Europe where rape and sexual assault are among the least reported crime (Van Kesteren *et al*, 2000: 61). A further 1.7% of survivors filed complaints with other formal sources which include the HSE, Redress Board, Church Authority, and Education Authority (in order of highest number of complaints to lowest). It is important to note that many survivors who reported to the police may also have reported to another formal authority, and vice versa.

Graph 13: Reported to the police by when the sexual violence took place (%)



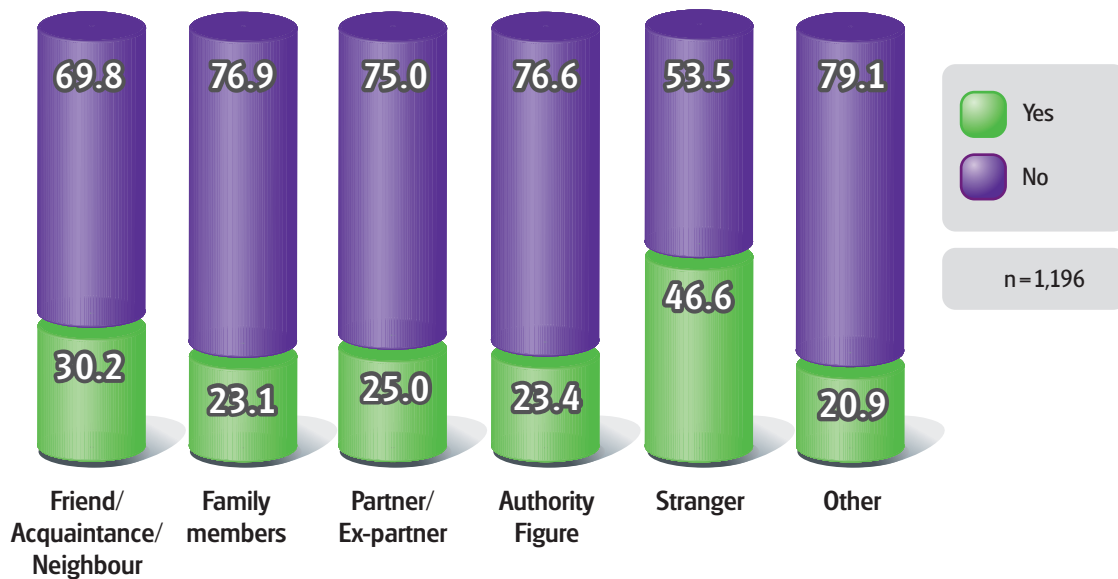
The largest increase in reporting to the police by survivors accessing RCCs between 2008 and 2009 RCNI National Statistics came from **those subjected to sexual violence as adults only where almost four in ten survivors reported the violence (38.4%)** compared with survivors of sexual violence as children only where just over one fifth reported to the police (21.8%) (Graph 13). The number of survivors of sexual violence as adults only reporting to the police has almost doubled compared to previous years. This highlights the role that Rape Crisis Centres play in challenging attitudes towards survivors of sexual violence and helping survivors overcome barriers to their recovery.



Rape & Justice in Ireland (RAJI) found the most common reasons given for not reporting to the Gardaí were embarrassment, shock and fear, not wanting others to know about the violence, and a perceived lack of evidence by the survivor (Hanly *et al*, 2009: 140). Providing facts on sexual violence is paramount in facilitating effective responses. These effective responses have a positive impact on survivor’s recovery, higher levels of reporting, prosecution for sexual violence crimes, and reducing overall levels of sexual violence in Ireland.

Over two thirds of survivors accessing RCC services in 2009 who reported to the Gardaí/PSNI/other national police force reported rape as the specific type of sexual violence they were subjected to (68.7%). A further 30.4% reported sexual assault as the type of violence.

Graph 14: Reported to the police by relationship to perpetrator (%)



In spite of the increase in rates of reporting it is still more common for survivors attending RCCs to report to the police when the perpetrator is a stranger. This is evidence of survivor’s lack of trust in society and the criminal justice system’s capacity to deal effectively with non-stranger sexual violence which was one of the major findings of RAJI (Hanly *et al*, 2009: 20).

Research has shown that most sexual violence is perpetrated by someone known to the survivor in a private location (McGee, *et al*, 2002). RCNI National Statistics back up these findings where 89.1% of perpetrators are known to the survivor and the abuse most commonly took place in the homes of the survivor or the perpetrator.

“I know you [Rape Crisis Centre] have no agenda”
(Survivor, 2009)

Graph 14 illustrates that almost half of survivors who disclosed that the perpetrator was a stranger reported the sexual violence to the police (46.6%). One third of survivors naming friends, acquaintances and neighbours as perpetrators reported to the police (30.2%). One quarter of survivors who disclosed that partners or ex-partners perpetrated the violence against them reported to the police (25%). Approximately one fifth of survivors who named family members (23.1%) and authority figures (23.4%) as perpetrators reported to the police.

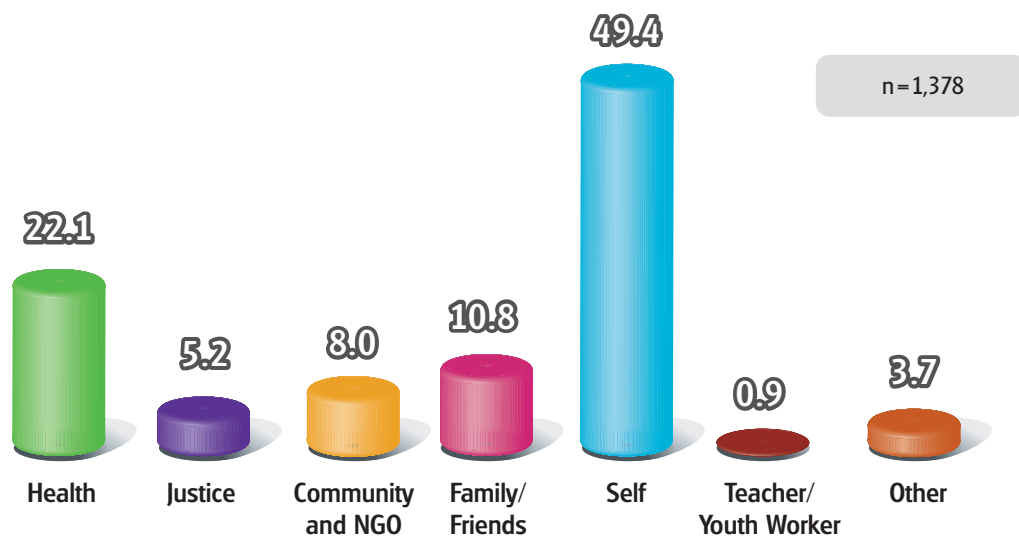


Research has shown that survivors who know the perpetrator are less likely to report the violence to the police and are also less likely to be satisfied with the police response when reporting. Additionally the cases are less likely to be prosecuted (Hanly *et al*, 2009: 20).

As well as being subjected to sexual violence the majority of survivors who reported to the police were also subjected to harassment, intimidation and physical abuse during the perpetration of the sexual violence.

Referrals

Graph 15: Survivors referred to RCC by (%)



RCCs have established strong relationships with other agencies, both to facilitate survivors' healing processes and to better equip other agencies to meet the needs of survivors. Just over half of survivors of sexual violence and those supporting them make their ways to RCCs on their own initiative (49.4%). The other half (50.6%) were referred by someone else or an agency as can be seen in Graph 15. Where survivors are referred in the majority of cases it is by a formal source, such as Gardaí, medical services, and other NGOs (36.2% of overall referrals). By formal sources we mean being referred by professional agencies as opposed to informal sources which are those made in a private capacity, such as by a friend or family member.

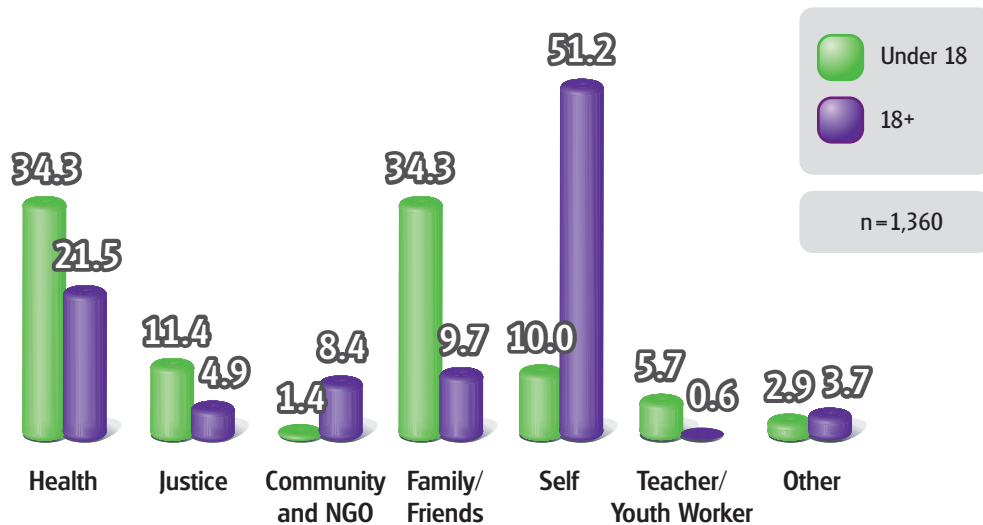
The most common formal sources of referral were from GPs (8.5%), other voluntary organisations (6.3%), counsellors (4.2%), Gardaí (3.9%), and social workers (3.5%). This serves to highlight the vital importance of specialised up-to-date training for these groups, as a means of ensuring that survivors feel able to disclose the sexual violence, and that good referrals are made to RCCs and other relevant organisations.

The most common source of informal referral came from friends and relatives (10.8%). This is an indication of the importance of public awareness-raising campaigns so that people know what to do and where to refer if someone confides in them about an experience of sexual violence.

As in 2007 and 2008 data, adult survivors of sexual violence as children only were more likely to self-refer than survivors of sexual violence as adults only (55.5% versus 42.2%). This may suggest relatively greater isolation for survivors of sexual violence as children.



Graph 16: Who referred survivors to RCCs according to their current age (%)



Only a small number of children (72) access RCC services and they are on average 15 to 17 years old. Graph 16 shows that **children rarely seek help from a RCC on their own. They are almost always referred (90%)**. It is worth noting that there are legal considerations regarding children disclosing and accessing services. RCNI member RCCs follow Children First Guidelines which obliges anyone who has contact with children to make a report to the HSE whenever they have reasonable grounds for concern that a child has been or is at risk of being sexually abused. Over half of child survivors of sexual violence who did access RCC services were referred by a formal source (52.8%). Taking all referrals of those under 18, the most common formal sources were GP (16.7%), social workers (9.7%) and Gardaí (9.7%). Friends and relatives referred child survivors to RCCs in 34.3% of recorded cases. Again this serves to remind us of the importance of specialised training for groups of professionals with whom survivors come into contact and public awareness-raising.

“There’s just something, your presence, the way you stay with me, it’s like there’s nothing so crazy or so dark that I cannot say it to you, you just stay, you stay with me”

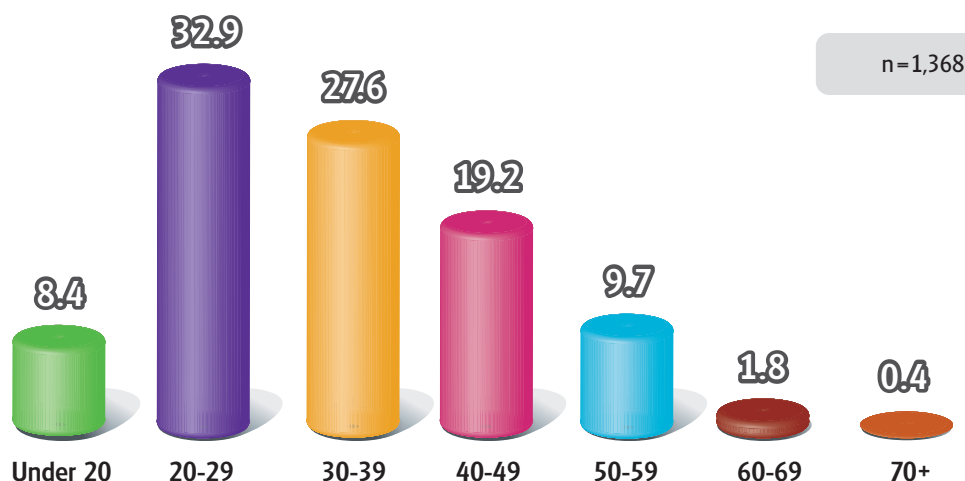
(Survivor, 2009)

Telling someone for the first time

For approximately one fifth of survivors (17.1%) attending RCCs in 2009 the RCC staff were the first people they told about the sexual violence. We know from SAVI that many survivors never tell anyone (SAVI: 120). Telling someone is a critical step for gaining support, starting recovery and over-coming sexual violence. It is often one of the most difficult steps, meaning that often victims remain in isolation and struggle alone.

Age of survivors accessing RCC services

Graph 17: Age of survivors accessing RCC services (%)



Again in 2009 the majority of survivors attending RCCs were between the ages of 20 and 49 (79.7%) as can be seen in Graph 17. The single largest age group of survivors using RCCs were aged between 20 and 29, accounting for 32.9% overall.

Time between sexual violence and RCC service usage

Survivors experiencing sexual violence as children only leave a considerably longer period between the incident and contacting a RCC than survivors of sexual violence as adults only. The majority of survivors reporting sexual violence as children only disclosed that the violence took place when they were between the ages of 5 and 11 (57.5%) yet most of these service users were between the ages of 20 and 39 (56%).

Most survivors of sexual violence as adults only disclosed that the violence was perpetrated against them when they were between the ages of 20 to 29 (52.8%). The vast majority of these survivors attended RCCs were also between the ages of 20 and 39 (70.2%), with those between 20 and 29 making up the largest group (41.7%).

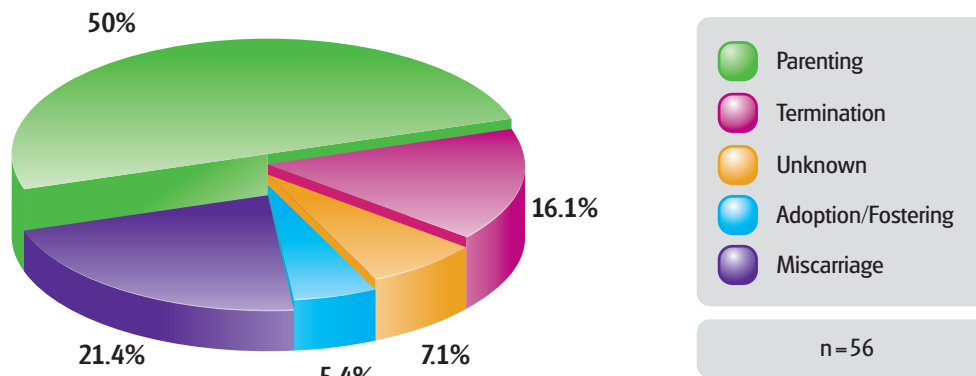
This means that for survivors of sexual violence as children only there is, on average, approximately a 20 year gap between the violence and accessing RCC services. By contrast, for survivors of sexual violence as adults only, there is, on average, approximately a 5 year gap between the violence and accessing RCC services.

We know that early access to specialised services delivers the best outcomes for survivors who may be negatively impacted and traumatised. We also know that not disclosing and/or seeking help is a choice survivors often make due to limited perceived choices, fear of disbelief, further harm or backlash (Yuan *et al*, 2006). Therefore, the time lag between the sexual violence and seeking support through an RCC is one important indication of the challenges we face in responding appropriately to survivors of sexual violence (Campbell *et al*, 2001).



Pregnancy

Graph 18: Pregnancy outcomes for survivors



The following analysis examines **all incidents of abuse**. Of all female survivors 4.7% disclosed becoming pregnant as a result of the violence. This is an increase of 1.8% from 2008 statistics. As with 2006 and 2007 data, it can be assumed that 4.7% represents the lowest threshold of pregnancy following rape and in reality the figure may be higher.

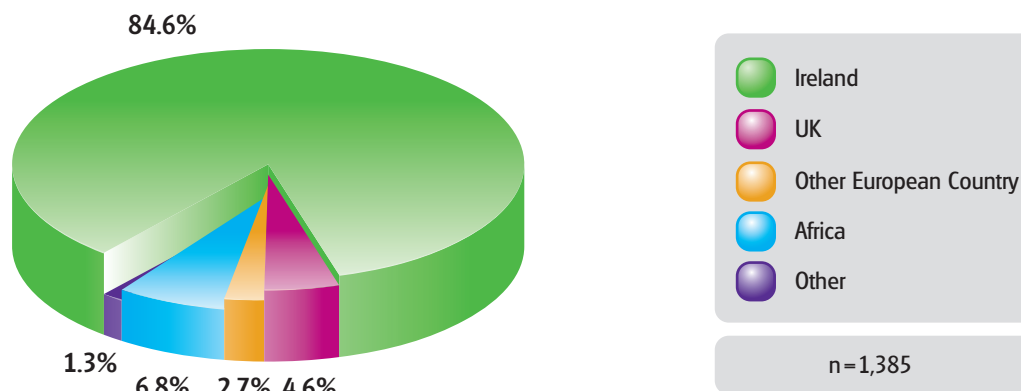
As illustrated in Graph 18 half of these females went on to give birth and parent their children (50%), just over one fifth miscarried (21.4%), approximately one in six had a termination (16.1%), just over one in twenty placed their child for adoption or fostering (5.4%), and the outcomes were unknown for 7.1%.

Of 596 female survivors of sexual violence as children only, 4% (24 girls) became pregnant as a result of the violence compared with 1.9% in 2008. The majority of these girls gave birth and parented their children (41.7%), one quarter of these girls miscarried (25%), one quarter chose to terminate their pregnancy (25%), and the outcomes were unknown for 8.3%.

Of 351 female survivors of sexual violence as adults only at least 24 became pregnant as a result of the violence (6.8%). Almost two thirds of these women went on to give birth and parent their children (62.5%), less than one in ten terminated their pregnancy (8.3%), one eighth placed their child for adoption or fostering (12.5%), one eighth miscarried (12.5%), and the outcome was unknown for 4.2%.

Country of Origin of Survivors

Graph 19: Survivor's country of origin



As can be seen in Graph 19 the majority of survivors accessing RCC services were Irish (84.6%). A small number of these were members of the Traveller community (less than 1%). Survivors from Northern Ireland using RCC services in the Republic of Ireland accounted for 0.6% of survivors. A further 4% of survivors accessing services were from the rest of the UK. Survivors from African countries accessing services comprised 6.8% of service users (an increase of 3.6% from 2008 statistics), whilst those from other European countries accounted for 2.7%.

Minorities

Asylum seekers and refugees

Of all survivors accessing RCC services 72% were asylum seekers and refugees. The vast majority of asylum seekers and refugees attending RCCs were female. Most refugees and asylum seekers accessing RCC services came from Africa. Having identified the particular access needs and vulnerability of these service users RCCs adapted and specialised in order to provide appropriate services. Counselling is available in different languages and some RCCs have dedicated services for refugees and asylum seekers.

Galway Rape Crisis Centre (GRCC) and Mayo Rape Crisis Centre (MRCC) had the largest take up of RCC services by asylum seekers and refugees (32.3% and 24.2% respectively of asylum seekers and refugees using RCC services attended these RCCs). A further 13.1% attended Rape Crisis & Sexual Abuse Counselling Centre Sligo, Leitrim & West Cavan and 10.1% attended Rape Crisis Midwest. GRCCs approach to providing services which are accessible to asylum seekers and refugees is examined here.

“The first time I went in the door at the Centre, the way I was welcomed opened my life again and more so in a new country I did not know. I wasn’t myself until when I went to the Centre. I was traumatised, disorientated and depressed. On my first visit I felt at home and agreed to attend weekly counselling sessions at the Centre which was walking distance.”

(Survivor, 2009)

Galway Rape Crisis Centre Case Study

GRCC has the largest number of asylum seekers accessing RCNI member Rape Crisis Centre services in the country (32.3%). This reflects the fact that County Galway has the fourth largest number of asylum seekers and refugees living in direct provision centres in Ireland (RIA, December 2009: 11). It also reflects the level of engagement with asylum seeker and refugee issues in GRCC.

GRCC have a dedicated asylum seeker and refugee clinic which operates for 3 days per week. This clinic provides a number of services which are tailored to meet the needs of those accessing them. GRCC provide practical supports to asylum seekers and refugees through support groups, for such things as, relaxation and legal issues. Art therapy classes are one of the tools they use to work towards recovery.

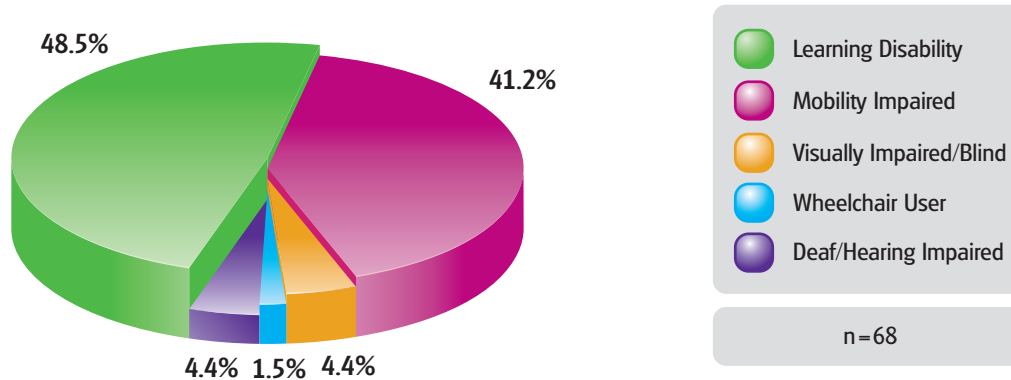
This RCC also provides a range of advocacy services on behalf of asylum seeker and refugee service users by liaising with the Gardaí, refugee legal support, and other agencies on their behalf.

To raise awareness about these services GRCC offer training to other organisations and groups that provide frontline services to asylum seekers and refugees. They also distribute leaflets in a range of different languages to direct provision centres in Galway.



Disability

Graph 20: Survivors with a disability



A minority of survivors accessing RCC services have a disability (73%). This is just slightly lower than the proportion of people with disabilities nationally, which is recorded in the 2006 Census as 9.3%. (CSO, November 2007) This is significant when we consider that people with a disability have different vulnerabilities to sexual violence. We estimate that a fully accessible RCC service would have more than 9.3% of survivors with disabilities.

Graph 20 illustrates that learning disabilities and mobility impairment were the two most common disabilities experienced by service users (48.5% and 41.2% respectively). Mobility impaired means that a person has limited physical mobility but does not use a wheelchair. People who use a wheelchair accounted for 1.5% of survivors with disabilities. Those who were deaf or hearing impaired accounted for 4.4% of survivors with disabilities, whilst 4.4% were also visually impaired or blind.

Rape Crisis Midwest case study

Rape Crisis Midwest organised basic sign language training for all of their staff through a deaf community organisation in Limerick. One member of staff also has particular expertise in sign language. Rape Crisis Midwest has an allocated room for those who are mobility impaired and are currently in the process of developing two specialised wheelchair accessible rooms.

Travellers

Irish Travellers accounted for 0.6% of all survivors of sexual violence attending RCCs. This is in proportion to the population of Travellers in Ireland (0.6% according to Pavee Point and 0.5% according to the CSO) (CSO, July 2007). All were female and the majority were below the age of 29. All perpetrators were male and were known to the survivor.

Kerry Rape and Sexual Abuse Centre case study

Kerry Rape and Sexual Abuse Centre have a strong inter-agency approach to working with Travellers and tailoring their services to meet Traveller needs. This includes running awareness training on domestic and sexual violence with a group of traveller primary health care workers. This initiative is being run in conjunction with Adapt Kerry and OpenDoor Network. It covers dynamics, attitudes, listening skills, responding, referrals, and needs of Traveller women. Kerry Rape and Sexual Abuse Centre have also organised training with the Kerry Travellers Initiative's Board of Management.

...and I can live again

"I can't really remember much during the following weeks, the only way to describe my life was unemotional. Food was horrible and tasteless. My head was surrounded a thick fog and everything moved slow. I couldn't laugh or cry it was like I forgot how to feel. My body was on automatic. I did what I had to do and never seemed to sleep properly.

I kept asking myself, Why me? What have I done so wrong? Why hadn't I done things differently?

The answer would never, be that simple because I couldn't understand what I had done, I wanted so badly to kill that part of my life, I didn't want to die but I wanted to wake up and realise it was all a bad dream.

I started counselling 4 days after my rape it has helped me so much to understand and get an answer to the questions, I always ask myself.

People don't understand something they have never been through. Some people treat me like I did something wrong but they are ignorant.

I have dealt with a rollercoaster of emotions but I have come out the other side much stronger, and I can live again. I honestly thought I would never feel this way again. Memories of that night have faded, it almost seems like a bad dream, but I will never fully forget it, it is at the back of my head.

There is light at the end of the tunnel but you have to want to find it. I have found my feet again, and I have never had them so firmly on the ground. When I remember I let myself feel because that has really helped me. I have become someone I thought was long dead.

The biggest lesson I have learned is that I have done nothing wrong none of this was my fault. I can't help what happened to me but I helped myself get through it, and I am looking forward to closing this chapter of my life and starting a new one."

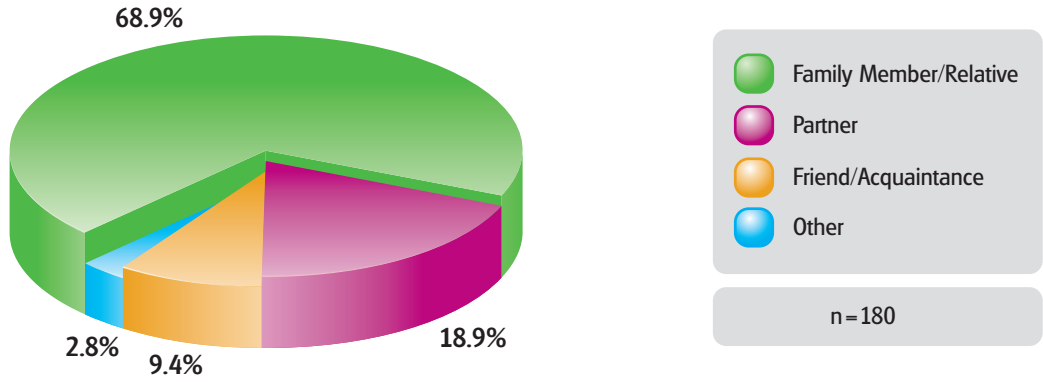
(Survivor, 2009)



Supporters

One in ten RCC service users were someone supporting a survivor of sexual violence (12.3%). Of the 196 supporters attending RCCs 71.1% were female 28.9% and were male.

Graph 21: Supporter relationship to survivor



RCC services to supporters are invaluable to both supporters and the survivors they are supporting, who may or may not be attending a RCC themselves. In Graph 21 we see that almost seven out of every ten supporters were family members (68.9%). Parents of the survivor made up the largest group of family members attending RCCs as a means of supporting their children in their recovery (51.1% of all supporters). The second most common group of supporters were partners of the survivor (18.9%). Friends and acquaintances accounted for 9.4% of supporters attending RCCs. It is important to bear in mind that given the typical relationships of survivors to perpetrators **it is probable that supporters of survivors also have a relationship with the perpetrator. RCCs have the expertise to support people to deal with this complexity.** For example, a supporter may be supporting their child who was abused by their brother who is uncle to the child.

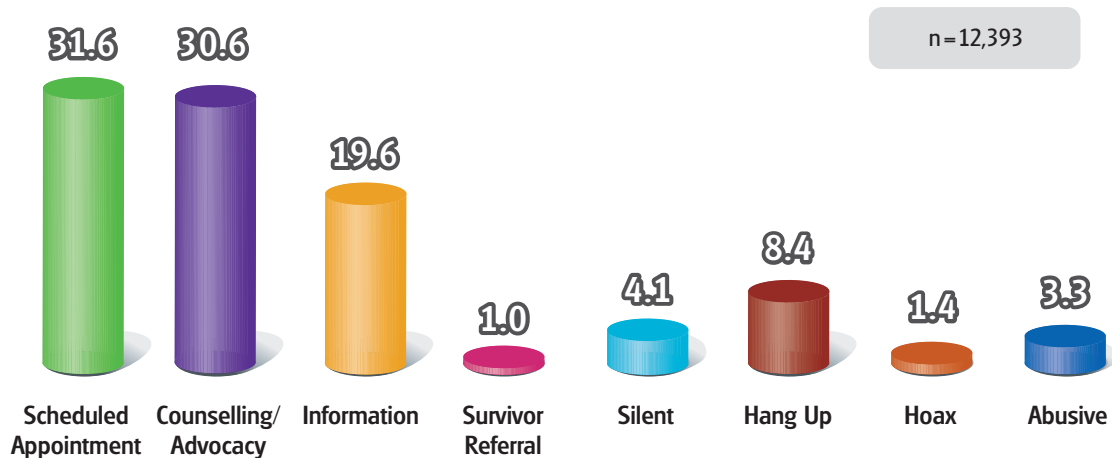
“I was blessed with a family who stood by me, loved me and most of all believed me”
(Survivor, 2009)



Helpline

RCCs dealt with 12,393 contacts through their individual Helplines throughout Ireland. As this is the first year this data is being collected this figure represents the lowest threshold of Helpline contacts. These contacts were made by phone, text and email. Calls ranged from 1 minute up to 3 hours. The gender and age of those using the helpline is approximately the same as those using RCC counselling support services.

Graph 22: Helpline nature of contact (%)



Graph 22 shows that the majority of contacts to the Helplines were made for counselling/advocacy or to schedule an appointment (30.6% and 31.6% respectively). Two in ten contacts were for information (19.6%). Less than one in ten callers hung up (8.4%) and less than one in twenty were silent (4.1%).



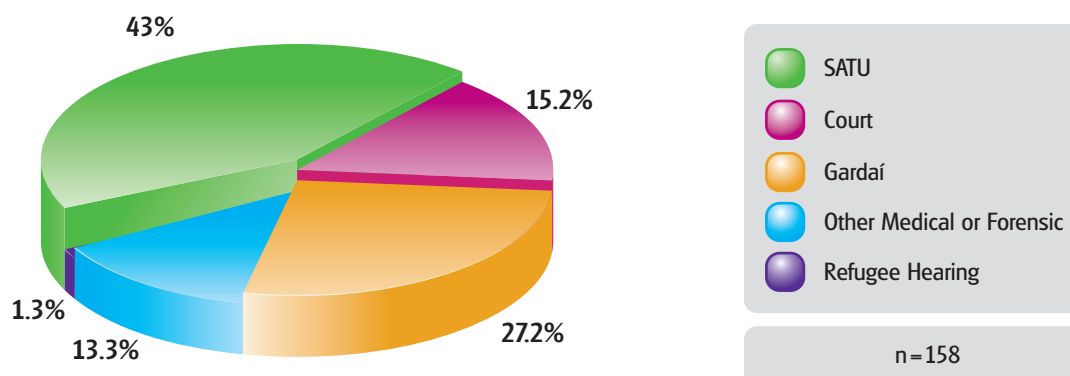
“Sometimes the first question that I ask a survivor is ‘do you know where you are right now?’ Basic information like this can be so important for someone experiencing trauma. I am not there to speak for the survivor, but to give them information, support them in whatever way they need and to echo their needs to other SATU staff... That’s just it, as support workers we are the only ones who are there solely for the survivor.”

(Psychological Support Worker Accompanying Survivors to a SATU, 2009)



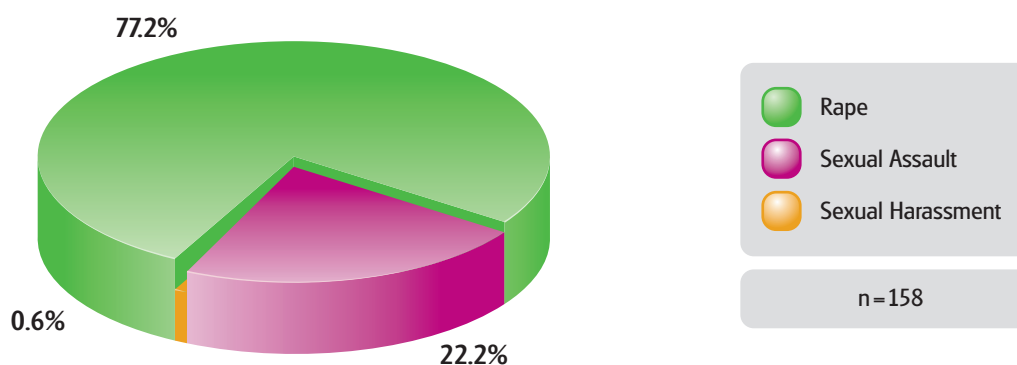
Accompaniment

Graph 23: Accompaniment type



As illustrated by Graph 23 RCCs made 158 accompaniments in 2009. This amounted to 113.5 days or 794.5 hours of accompanying survivors to a range of different services including; Sexual Assault Treatment Units (SATUs), Gardaí, court, refugee hearings, and other medical or forensic facilities. The majority of those using RCC accompaniment services were female (93%). Over half of all accompaniments were made to SATUs or other medical or forensic facilities (56.3%). Over one quarter were to the Gardaí (27.2%) and 15.2% were to court. Most accompaniments lasted half a day, with the longest accompaniment lasting 5 days (to court).

Graph 24: Accompaniment – type of sexual violence



In Graph 24 we see that the vast majority of people being accompanied had been raped (77%) and over two in ten had been sexually assaulted (22.2%). Research has shown that survivors who are accompanied by Rape Crisis advocates receive better care and treatment from medical and legal systems (Campbell, 2006).

“She was also a great support to my mother which meant a lot to me”
(Survivor, 2009)



Education and Training

The social context in which sexual violence is perpetrated is shaped by the culture, politics, and economics of society. These systems interact to reinforce norms, values, and also the responses to sexual violence in society. Sufficient changes in any one or all of the structures of society can play a significant part in impacting change in the others.

If society continues to perpetuate misinformation and stereotypes of sexual violence that do not match what is actually occurring, we are severely limiting the options for survivors as well as constraining opportunities to hold perpetrators accountable for their behaviour.

By using the information gained from this data, as well as other additional information, participating RCCs provide education and training as part of their commitment to survivors that the learning from their experiences will contribute to the changes needed for an abuse-free society. Over **12,000 professionals and community members were provided with education and training** by RCC staff and volunteers in 2009, including key people from the following:

- Addiction services
- Asylum seeker and refugee groups
- Community groups
- Gardaí
- Intercultural organisations
- Mental health groups
- Nurses
- Probation services
- 2nd and 3rd level students and teachers
- Social workers
- Trainee chaplains
- Traveller groups
- Women's groups
- Women's refuges
- Youth & student groups

Future Developments

As the National Statistics Project was greatly expanded in 2009 the RCNI are now able to present more details about RCC service users and the violence to which they have been subjected. This enables RCCs to respond more effectively to the needs of those affected by sexual violence. It also makes possible our goals of undertaking additional examination of the data recorded to provide insight into specific aspects of abuse, and producing smaller and more in-depth reports. This additional data will allow RCNI to present a more sophisticated multivariate statistical analysis of the data in future years.

RCNI continues to encourage and support frontline agencies working with sexual violence to participate in our national data collection. 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.



Recommendations

Accurate and reliable data is essential in confronting sexual violence and providing effective services to those affected by such violence in the most efficient 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. Therefore we recommend that:

1. RCCs should be fully supported in their expert and unique role of delivering dedicated services to those affected by sexual violence.
2. RCNI nationally standardised data collection should continue to be adequately supported on an annual basis.
3. RCCs and RCNI need to be adequately resourced to maintain and develop the National Statistics database.
4. Other agencies tackling sexual violence should be encouraged to take part in the RCNI national statistics project and fully supported and resourced once they agree to participate. The longer term goal is that all Irish agencies providing services to survivors of sexual abuse and their supporters will use the RCNI database.
5. The RCNI should be additionally resourced to undertake further examination of the data recorded, both to provide insight into specific aspects of abuse and also to enable longitudinal analysis. This includes the production of smaller, 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.
6. Coordinated, evidence-based public awareness campaigns should be undertaken to both equip the general public with accurate information about sexual violence and perpetrator accountability, and information on where RCCs services are available and what services they provide.
7. This report illustrates the critical roles of medical personnel, social workers and Gardaí, all of whom should receive specialist training/information on sexual violence and accessing RCC services.
8. As this report points out, many RCCs have a high level of expertise in different areas. This expertise should be cultivated as a means of ensuring that service users receive the highest quality of support and that resources are best used.

Methodology

The information in this report is compiled from the data entered by 13 RCNI member Rape Crisis Centres around Ireland. The data represents all people using RCCs for counselling, support, accompaniment, and helpline services in 2009. It represents only these people and cannot be used to make assumptions about the overall incidence or nature of sexual violence in Ireland. 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. Where 'incident-related' figures are examined only data for survivors of sexual violence as children only and survivors of sexual violence as adults only is included, unless otherwise stated.

'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 total 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 of sexual violence is "an additional experience of abuse by a new perpetrator or group of perpetrators" (McGee *et al.* 83). For each service user, data is inputted about each episode 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. Taking all incidents of abuse into consideration for each service user would require a more sophisticated type of multivariate statistical analysis. RCNI is currently in the process of perfecting a more advanced type of data collection and analysis in order to be able to provide additional information in future years.

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

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

First incident of abuse disclosed to RCCs: The first experience of abuse by a perpetrator or particular group of perpetrators that a survivor tells the RCC about. This incident may last from hours to years

Formal sources of referral: Clergy, Counsellor, Gardaí, GP, Hospital, Hostel, Other voluntary organisation, Psychiatrist, Psychologist, Refuge, Refugee Legal Service, Samaritans, Social worker, Teacher, Women's Aid, Youth worker

Incident: An individual experience of abuse by a perpetrator or particular group of perpetrators. An incident may have been perpetrated over hours, days, weeks, months or years

Informal sources of referral: Friends/relatives

Perpetrator: A person who has committed a sexual offence

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 aged 18 or over

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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Rape Crisis Network Ireland (RCNI) is an information and resource centre on all aspects of sexual violence, with a proven capacity in strategic leadership including contributing and advising on the necessary infrastructure for the national response to all aspects of sexual violence. RCNI is the representative body for Rape Crisis Centres in Ireland. RCNI's role includes the development and coordination of national projects, supporting Rape Crisis Centres to reach quality assurance standards, using our expertise to influence national policy and social change.

RCNI Vision: Working towards a society free from abuse



RCNI member Rape Crisis Centres in 2009

Athlone Midlands Rape Crisis Centre: 1800 306 600*

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

Donegal Sexual Abuse & Rape Crisis Centre: 1800 448 844

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 Centre Northern Ireland: 04890 329002*

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

Regional Sexual Abuse & Rape Crisis Centre Tullamore: 1800 323 232

Tipperary Rape Crisis & Counselling Centre: 1800 340 340

Waterford Rape & Sexual Abuse Centre: 1800 296 296

Wexford Rape & Sexual Abuse Support Service: 1800 330 033

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



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ISBN 978-0-9558075-4-1

printed and published by RCNI November 2010

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