

Rape Crisis Network National Statistics 2007

Summary Report



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Rape Crisis Centres (RCCs) provide unique and expert services to women and men who have been victims of crimes of sexual violence. RCCs in Ireland provide the only services that are dedicated solely to responding to sexual violence. By highlighting the issues, instigating and facilitating changes towards an abuse free culture we also serve the community as a whole. 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.

In 2007 alone, over 1,691 women, men and teenagers received face-to-face help and support in fourteen RCCs. These fourteen RCCs, through their staff and volunteers, provided training and education to over 5000 second and third level students, health professionals, Gardaí, community groups and teachers. These RCCs also brought their expertise on sexual violence, and the voices of survivors of sexual violence, to inform a range of inter-agency groups and committees working to end sexual violence and violence against women.

The Rape Crisis Network 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.

The RCNI wishes to especially thank the HSE for its continued support of this project, through its funding of the independent, academic analysis of our data and the production of the **Rape Crisis Network National Statistics 2007**. I want to take this opportunity to thank the individual staff and volunteers in RCCs who inputted the RCC data. In funding strapped RCCs, this commitment to evidence-based practice is both notable and demanding. I want to recognise Susan Miner PhD, RCNI Services Support Coordinator, who continues to skilfully lead on this pioneering and challenging project. This summary document was developed by Dr Susan Miner and Dr Clíona Saidléar of the RCNI, drawing substantially from the full report authored by Dr Maureen Lyons and Margaret Crean of the Equality Studies Centre, School of Social Justice, UCD. This entire project could not have happened without the on-going expertise and generosity of the software solutions company who continue to update and upgrade the RCNI data collection software they began developing with us in 2004.

Fiona Neary
RCNI Executive Director
November 2008



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INTRODUCTION

If you contacted a Rape Crisis Centre (RCC) in 2007 it is most likely that you are a woman, in your 30s, with no current disability and an Irish citizen. You were subjected to sexual violence as a child. The perpetrator was a male relative acting on his own and he continued abusing you for a number of years. Someone else may have referred you to a RCC. If you contacted a RCC and are not covered in these categories it may be that you are a woman over 40, a man or a teenager, you may have been raped by a stranger or more than one person or as an adult or both during your childhood and adulthood. Making visible these realities and experiences is vital if we are to change them. This statistical report of RCC service users is a compelling and evidence-based way of naming those real experiences.

Rape Crisis Network Ireland (RCNI) is the umbrella body for Rape Crisis Centres in Ireland. As an all-Ireland organisation we represent and support member RCCs. The rape crisis sector as a whole tends to be visible in our society by what we do in meeting the immediate needs of and advocating for sexual violence survivors. However, the aim of the sector has always been and continues to be the prevention of sexual violence.

RCNI member RCCs have made a commitment to the survivors we serve to ensure that their experiences contribute towards changing society. In keeping with this commitment, this report once again serves to generate accurate and informative statistics on the extent and nature of sexual violence in Ireland. Services provided after the violence has occurred and preventative measures will be better and more effective when informed by such data. The most recent data indicates that 12 % of those subjected to sexual violence in Ireland utilise counselling services such as those provided by RCCs in their healing process (Magee et al, 2002). Therefore, this analysis can only be of those survivors who utilised RCC services within that particular subset of all

survivors. This report can contribute to the development of our knowledge about the nature of those experiences but it cannot be used to generalise about all sexual violence in Ireland.

Gathering, quality assuring and publishing national statistics is a key RCNI function. All participating RCCs utilise the RCNI web-based recording system. This is a purposefully designed web-based recording system, established in 2004, to ensure the systematic recording and ready availability of data for analysis by individual RCCs, as well as across all participating RCCs. Principally, this allows RCCs to gain an overall understanding of who service users are in terms of their sexual violence histories, background characteristics, and service usage patterns. The knowledge gained allows the RCNI and RCCs to plan to better meet survivor needs, ensure more effective service delivery and actively contribute to social change.

This document is a summary primarily derived from the **Rape Crisis Network National Statistics 2007** (available electronically at www.rcni.ie) full report which contains information accumulated from 1,691 survivors of sexual violence and those who support them. This group of people utilised face-to-face services at one of the fourteen participating RCCs in 2007. In addition to highlights of the full report, this Summary Report includes additional information on advocacy services provided by RCCs and social change work engaged in by RCCs.

THE REALITY OF SEXUAL VIOLENCE

Ireland has been changing rapidly resulting in increased openness and awareness about the extent of sexual violence. However, stereotypes about sexual violence and victim-blaming myths remain persistent (Chung, 2007, Amnesty International Survey, 2005, Amnesty International Survey 2008, Red C Poll, 2008). One result of these myths is that survivors often experience our society as a hostile and unsafe place within which to name, disclose, access any needed supports, and overcome their experience of sexual violence. Indeed, these myths serve to allow the perpetrators of sexual violence to remain largely unchallenged in our society.

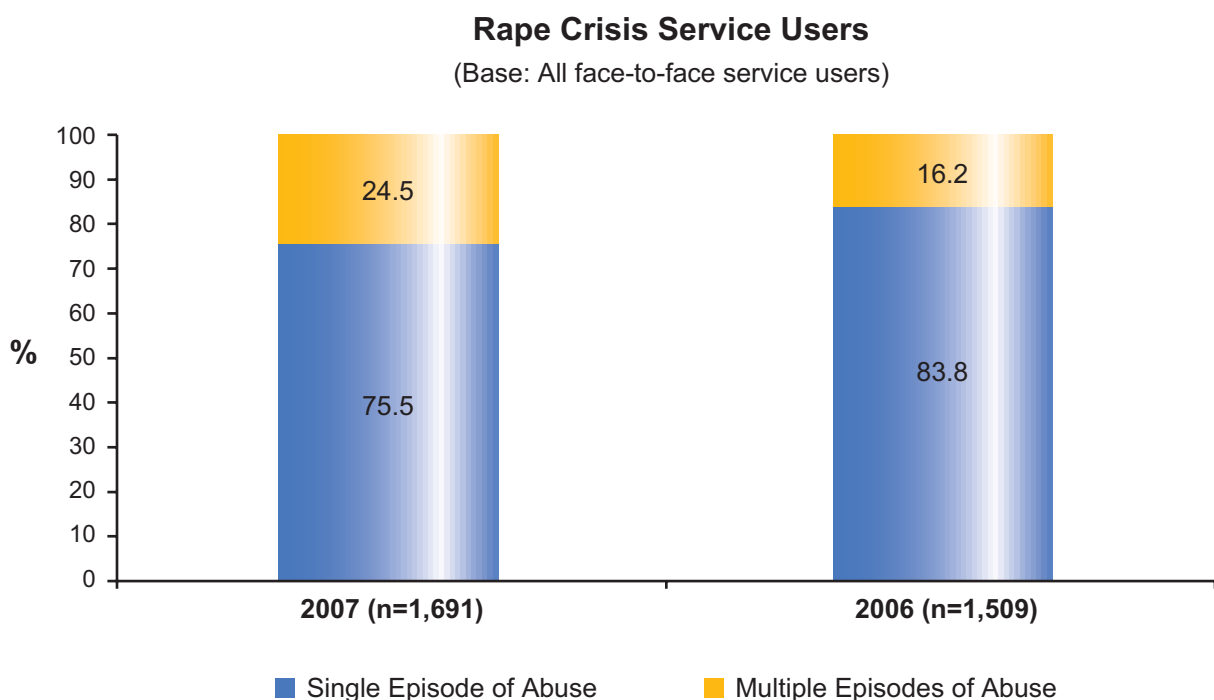
A wide range of research looking at rape on college campuses found that between 40 % and 73 % of rapes are unacknowledged by the victim themselves in the short term after the incident (Littleton et al, 2008). Littleton's findings suggest (Littleton, 2006 in Littleton et al, 2008:281) that not acknowledging rape as rape may protect the person from internalising negative stereotypes about rape victims. There are however, potential long term impacts of sexual violence that are not overcome by suppressing acknowledgment. If someone is not able to name their own experience as sexual violence or question whether they were subjected to sexual violence, she or he is left alone and unable to access support. In one study, twice as many women with bulimia (26 %) had been raped at some point in their lives compared with women with no eating disorder (13 %) (Dansky et al, 1997). In another, children who had been sexually assaulted were twice as likely as their non-assaulted peers to report past year alcohol or other drug dependence (Kilpatrick et al, 2000). We also know that childhood sexual violence is an important marker of increased vulnerability to sexual violence in adulthood (Magee et al, 2002, Muehlenhard, Highby, Lee, Bryan & Dodrill, 1998 in RCNI, 2006: 42).

Presenting and discussing accurate information about who perpetrates what types of sexual violence under what circumstances serves several vital functions for survivors and for society as a whole. Publicly available evidence-based information is essential to support public debate and discussion, and inform government policy. These can help to create a safer space for someone subjected to sexual violence to acknowledge and disclose, thus increasing their chances of getting the support they need. It is to this end the RCNI produces the **Rape Crisis Network National Statistics 2007**. We will now turn to outline the key findings of the 2007 report.



Extent of the violence

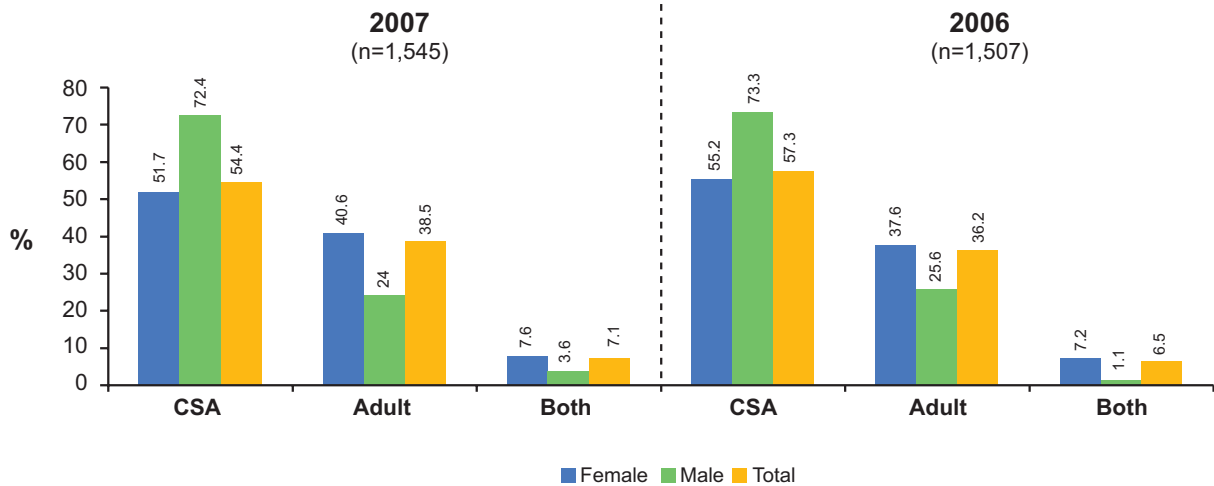
Three quarters (76.4 %) of 2007 RCC survivors were subjected to sexual violence on a single episode by one perpetrator. Following on from the SAVI report, a new episode of sexual abuse related to 'an additional experience of abuse by a new perpetrator or group of perpetrators' (Magee et al, 2002:83). One quarter (24.5 %) were subjected to sexual violence by more than one perpetrator. For less than one half of that quarter (11.1 %), they were assaulted by a number of people at one time, for the rest, they experienced a number of different assaults involving different perpetrators.



Just over one half (54.4 %) were subjected to sexual violence in childhood only. Almost 4 in 10 (39 %) were subjected to sexual violence in adulthood only. 7 % were subjected to sexual violence both as children and as adults. In gender terms, men are more likely to have been abused in childhood only as opposed to other stages of their lives. Almost three quarters (72.4 %) of male survivors are utilising RCC services because of sexual violence experienced in childhood only, compared with just over one half of the women (51.7 %). In percentage terms, almost twice as many women experienced sexual violence in both childhood and adulthood as men (7.6 % versus 3.6 %) and slightly more than 1 ½ times as many women were subjected to the violence in adulthood only (40 % versus 24 %). This is consistent with the SAVI report finding that while a woman remains vulnerable to sexual violence during her entire life, a man's vulnerability decreases as he grows to adulthood.

When Sexual Abuse Occurred by Gender of Survivor

(Base: All face-to-face service users)



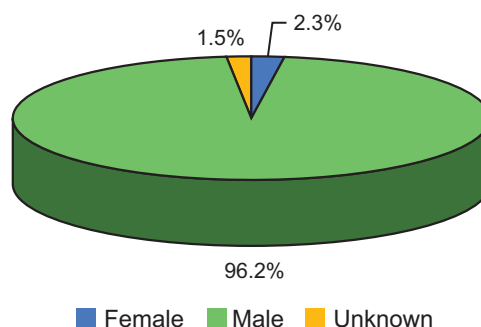
7 % of RCC clients experienced sexual violence in both childhood and adulthood. Research into victim acknowledgement of sexual violence experiences uncovers the links between acknowledgement and levels of vulnerability to future and repeated abuse (Littleton et al, 2008, D. Chung, 2007). We also know that early and expert intervention, such as that provided by RCCs has the potential to decrease the long term trauma and revictimised.

The perpetrators

The perpetrator is a male the vast majority of the time (96.2 %), regardless of whether the survivor is female or male.

Gender of Perpetrator

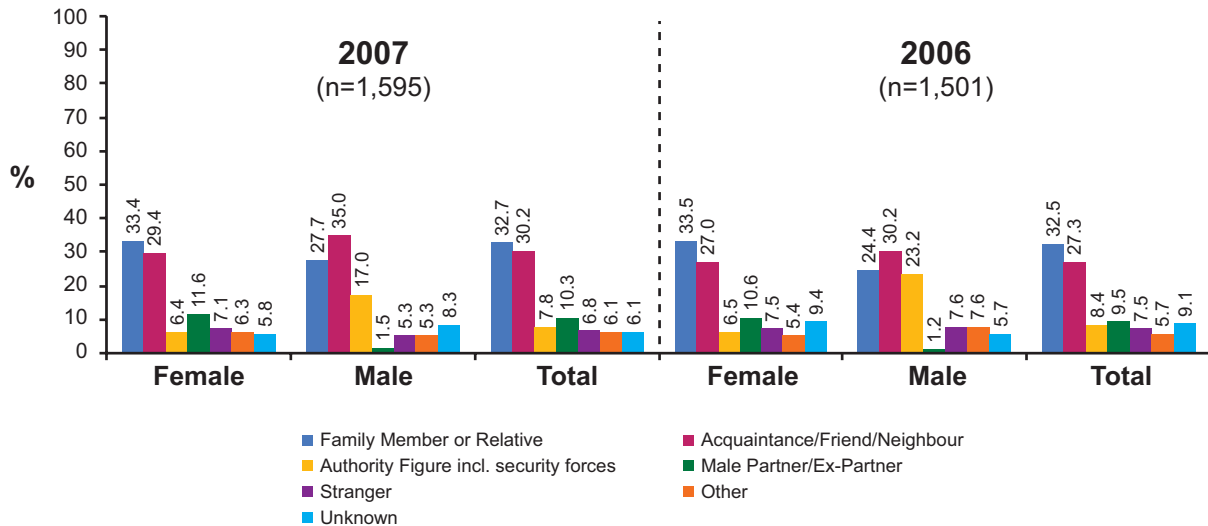
(n=2,476)



One of the most pervasive myths is that a "real" perpetrator is a stranger who attacks women in public places, late at night. While that type of perpetrator does exist, the reality for survivors reporting to RCCs is that **the perpetrator is known to the survivor eight times out of ten (80.9 %)**. It is important to note however, that a known assailant may range from a short acquaintance to an intimate partner or family member.

Relationship of Abuser to Survivor by Gender of Survivor

(Base: 1st incident of sexual abuse)



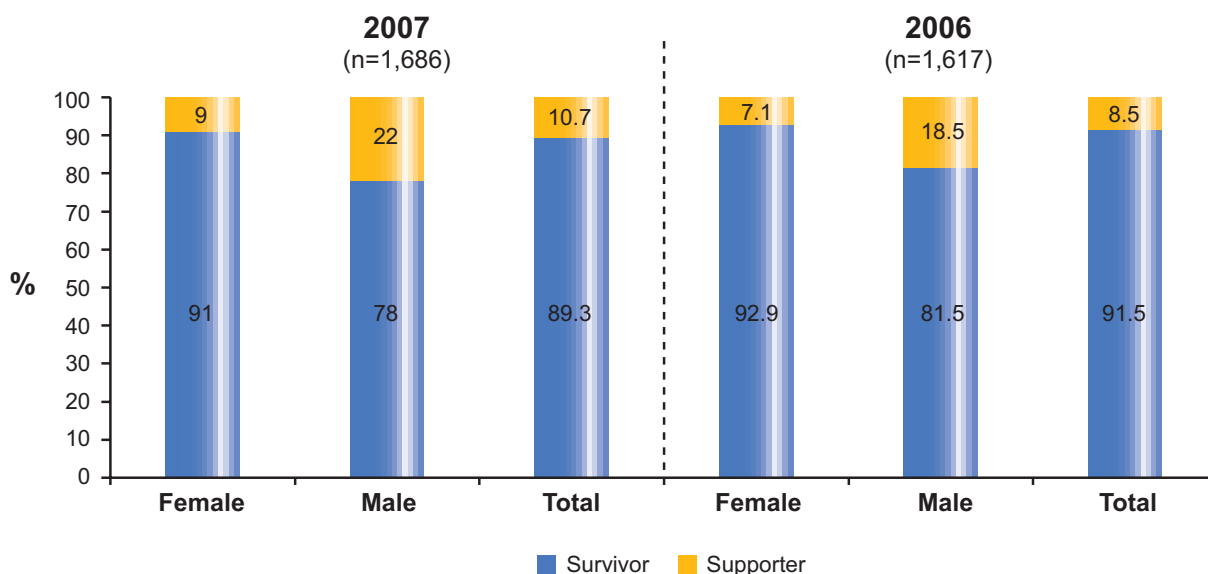
The perpetrator is a relative one third (32.7 %) of the time, an acquaintance, friend or neighbour three times out of ten (30.2 %), a male partner or ex-partner one time out of every ten (10.3 %) and an authority figure including a member of the security forces 7.8 % of the time. Complete strangers only account for 6.8 % of the violence.

Survivors and Supporters

90 % of those utilising RCC services are survivors the remainder are supporters of survivors.

Rape Crisis Service Users by Gender

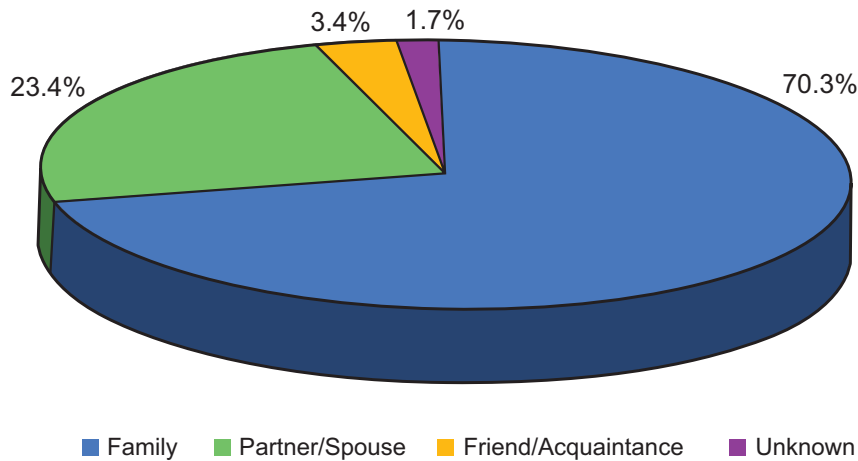
(Base: All face-to-face service users)



Of those who are supporters, seven in ten (70 %) are family members and approximately one quarter (23.4 %) are partners/spouses.

Relationship of Supporters to Survivors of Sexual Abuse

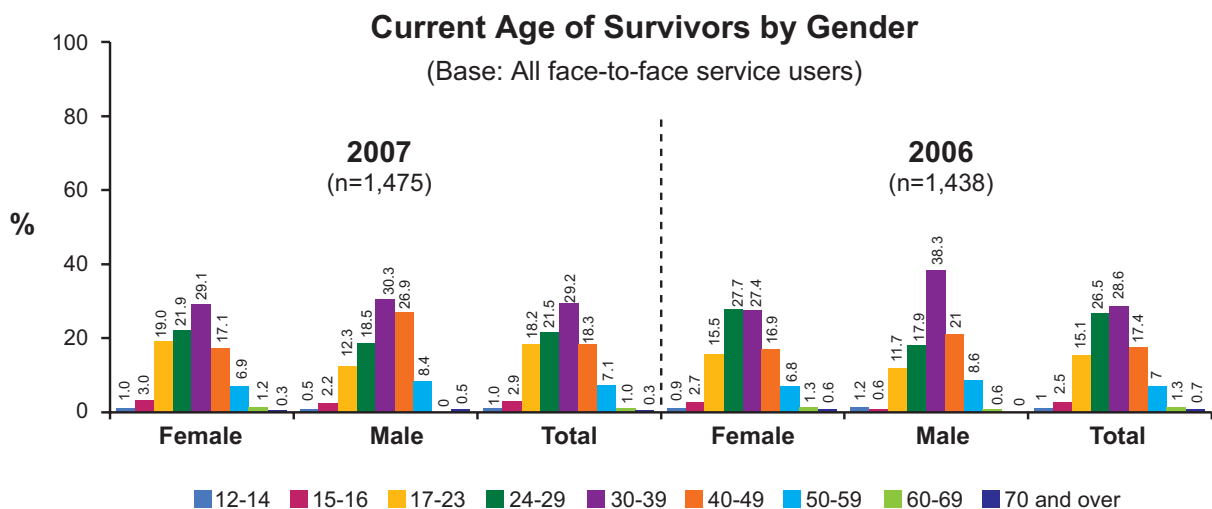
(Base: All supporters, n=181; information on 175 individuals)



RCCs provide direct services to survivors of sexual violence and to those who support them. Survivors can access direct services including telephone support, crisis advocacy, face-to-face counselling and support from a RCC. Supporters of those subjected to sexual violence are offered face-to-face counselling and support (typically of a shorter duration than for survivors), as well as telephone support. That supporters contact RCCs is an indication of how the trauma of sexual violence has a direct and personal impact that stretches beyond the immediate victim.

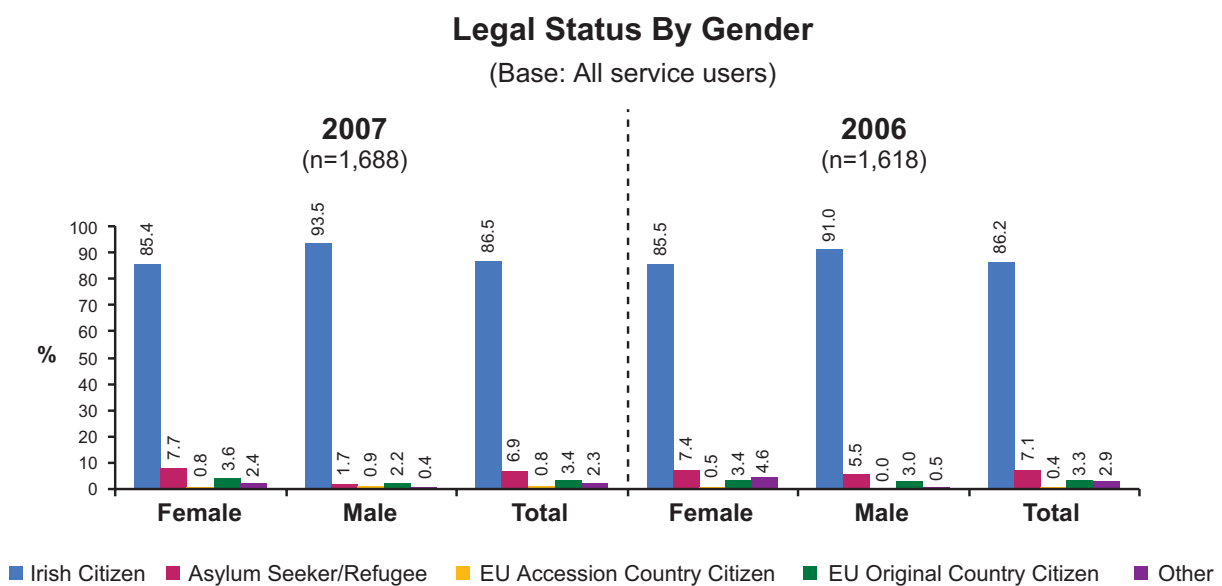
Almost nine out of ten (86 %) survivors contacting RCCs for face-to-face services are women. While the SAVI Report indicates that more females than males are subjected to sexual violence during the course of their lives at a ratio of 3:2, proportionately more female survivors look to RCCs for support and counselling than male survivors.

One half of the survivors are now aged between 24 and 39 (50.9 %).



In gender terms, males contacting a RCC are on average slightly older than females. The main difference relates to the higher proportion of men over the age of 40 (36 % versus 25.6 %). Obviously, all of those contacting a RCC who are under the age of 17 are reporting some form of child sexual abuse. Those in the early adulthood age group (17 to 23) were disproportionately attending RCCs in relation to 'adulthood only' sexual violence, indicating early disclosure and help-seeking behaviour among this and the former group. However, as the age of RCC survivors increases so does the likelihood of help-seeking for 'childhood only' as opposed to 'adulthood only' or 'both childhood and adulthood' sexual abuse. Unlike their younger counterparts discussed above, this pattern may currently suggest a greater delay in disclosure and help-seeking among this group of older survivors.

Almost 9 out of every 10 survivors (85.4 %) are Irish citizens.

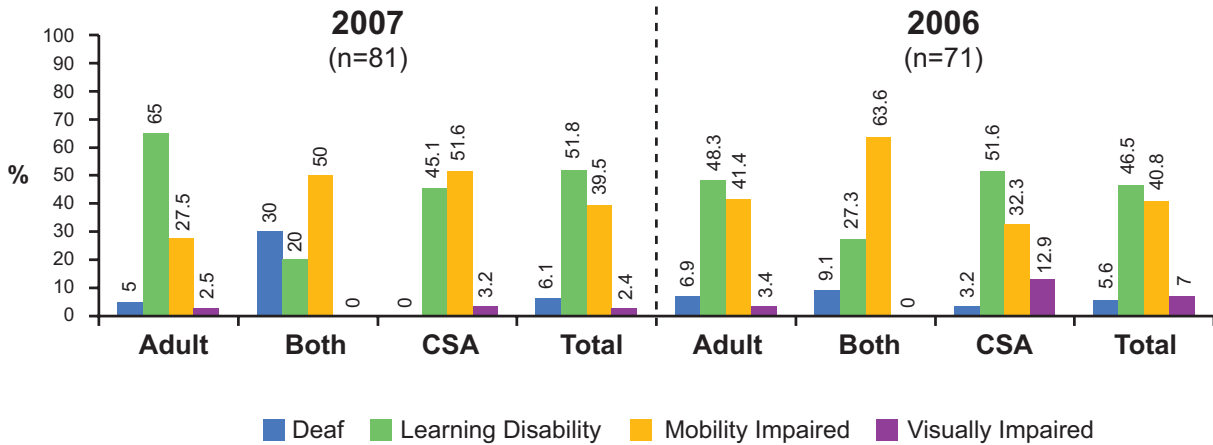


Most RCC service users experiencing sexual violence as children and as adults are Irish citizens (80 %). Citizens from the original EU States are more likely to have been subjected to sexual violence as an adult only than other groups. Those utilising RCC services who are other than Irish citizens are overwhelmingly female (96.7 %), three in five (59 %) are under thirty. Those who are asylum seekers or refugees are primarily contacting RCCs in Galway, Mayo and Sligo. That is largely due to the fact that the RCCs in these counties are in close proximity to direct provision centres for asylum seekers.

One in twenty (5.2 %) service users have a disability at the time of contact with a RCC. Virtually all (97.7 %) service users with a disability are survivors rather than supporters. Those with a disability were, in percentage terms, slightly more likely than the general population of service users to have been subjected to sexual violence in adulthood only or both in childhood and adulthood.

Abuse Type of Clients by Disability

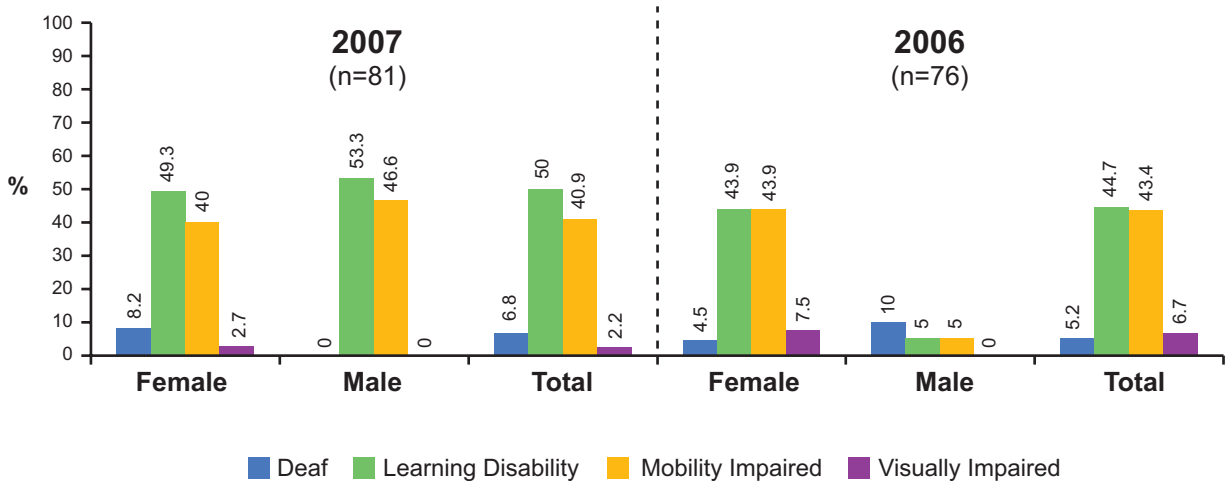
(Base: All face-to-face service users with a disability)



More than four in every five service user with a disability has either a learning disability or mobility impairment. This is important in informing RCCs of service accessibility needs. But this is also important information suggesting differing vulnerabilities to sexual violence. Those differing vulnerabilities arise from a variety of factors including the ways in which people with disabilities may be dependent on others for care and may be subject to a perceived lack of believability.

Type of Disability and Gender of Client

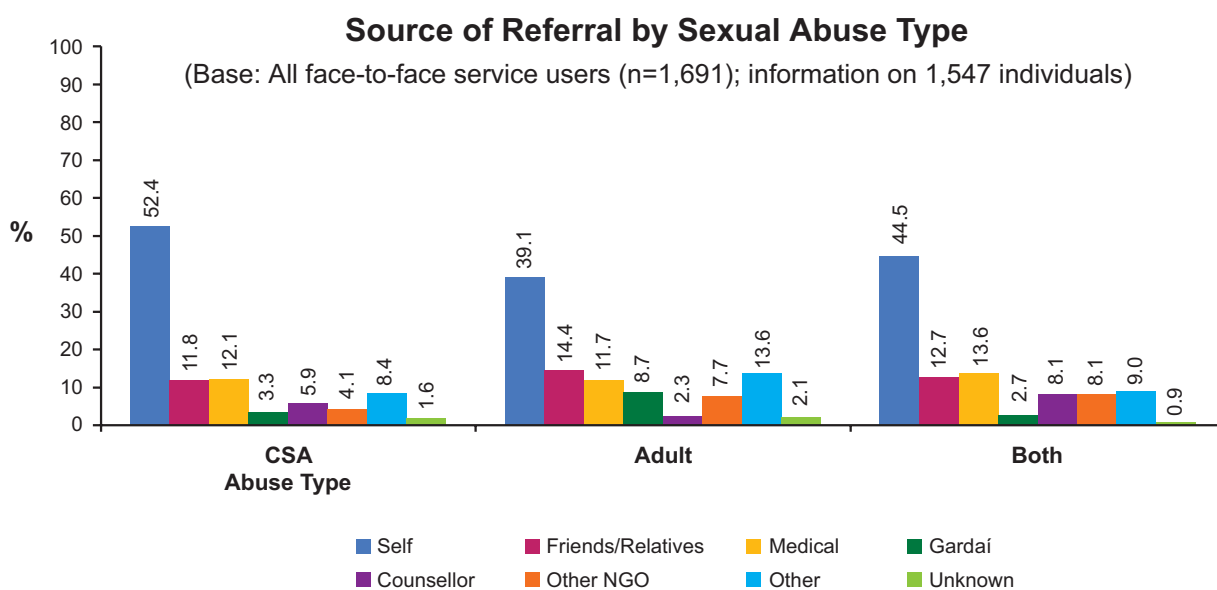
(Base: All face-to-face service users with a disability)



SERVICE USAGE

How people get to a Rape Crisis Centre

Almost one half (47.3 %) of those who utilise RCCs refer themselves, four in ten (39.8 %) are referred from a formal source such as a doctor and slightly more than one in ten (12.9 %) are referred by family or friends. Overall, just over one half (52.7 %) of the survivors who contact a RCC disclosed details of their sexual abuse experiences to a person or agency which was instrumental in facilitating contact with the RCC.



Survivors subjected to sexual violence in 'childhood only' were significantly more likely to be self-referring (52.5 %) than those who experienced sexual abuse in 'adulthood only' (39.2 %) or 'both in childhood and adulthood' (44.5 %). For younger service users (aged under 17) self referral is unusual, while almost one half (46.7 %) were referred by a friend or relative. The proportion of those who self-referred increases with age while the opposite applies in terms of referral by a friend or relative.

Six out of ten (60 %) of those who utilised face-to-face services in 2007 made their first contact with the RCC in 2007. The remainder made their first contact in an earlier year and continued contact into 2007. Service users leave when they are finished or have done as much as they can do or choose to do at that time. It is not uncommon for a survivor to return at a later time for additional support and/or counselling when they have moved on to a new stage in their lives and/or recovery. Slightly more than one in ten (12.8 %) service users used face-to-face services at some time in the past and returned during 2007.

REPORTING TO THE GARDAÍ

Reporting to the Gardaí is another, yet more formal, method of acknowledging and naming sexual violence. It is also an action taken to pursue justice. Overall, less than one in five (17.7 %) of the 2007 RCC survivors reported the violence to the Gardaí. Of the one in five, survivors were most likely to report when the perpetrator was a stranger (56 %). This may well indicate that it is easier to report when the perpetrator fits the stereotype of a stranger. It is important to note that we do not know if survivors reported to the Gardaí before or during contact with a RCC. That information will be collected for future reports.

ADVOCACY SERVICES

“When women go public with their stories of rape they place a great deal of trust in our social systems as they risk disbelief, scorn, shame and refusals of help. How these interactions with system personnel unfold can have profound implications for the victims’ recovery” (Campbell et al, 2001). RCCs engage in advocacy and public awareness activities in order to support the best possible responses to victims of sexual violence in our systems and society. At least one study suggests that rape crisis advocates have a positive impact on survivors’ experiences with both the legal and medical systems (Campbell, 2006).

Participating RCCs support survivors by providing advocacy in the form of accompaniment to court, to the Gardaí, to Sexual Assault Treatment Units and to medical appointments. In 2007, participating RCCs spent more than 80 days in court with survivors and also accompanied them to Garda stations, Sexual Assault Treatment Units and other medical appointments.

2007	Court Accompaniment		Garda Accompaniment	SATU Accompaniment	Medical Accompaniment
	Number of Survivors	Number of Days	Number of Survivors	Number of Survivors	Number of Survivors
Totals	39	82	35	43	29

CHANGING SOCIETY

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 responses to sexual violence in society. Sufficient changes in any one or all of the structures of society can play a significant part in dictating change in the others. For example, cultural norms that uphold men’s sexual entitlement can inform the legal structures in society and conversely, a legal system that mitigates sexual violence as criminal behaviour consolidates such cultural norms in society (Garvey, 2005).

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. As part of using the information gained from this data, as well as other additional information, participating RCCs provide education, training and awareness-raising activities in order to follow through with their commitment to survivors and facilitate change towards an abuse-free society. Five thousand community members, including key personnel from health, justice and community development, were reached in 2007.

2007	Education / Training / Awareness Raising Target groups	Participants / Sessions
	2nd level students, student & youth groups, 3rd level students, teachers, nurses, domestic violence workers, Traveller health workers, homeless, community workers groups, community groups, young mother’s groups, asylum seekers, LAN members, women’s groups, HSE personnel, Gardaí	5,000 / 265

FUTURE DEVELOPMENTS

The RCNI continues to develop the national data collection system and process, learning from both our experiences and the statistical analysis. In the next year the RCNI will be further updating and refining the data collection system and process. There will also be additional RCCs participating in the data collection system.

RECOMMENDATIONS

There is a dearth of Irish-specific research and information regarding sexual violence. Without the research and information it is difficult to continue with best practice development, plan service delivery and plan and deliver prevention interventions. In constrained fiscal times it is even more important to be able to target funding to where it is most needed. Therefore we recommend that:

1. RCCs should continue to be supported in their expert and distinctive role of delivering the crucial direct services required by survivors of sexual violence and their supporters. The data from those survivors and supporters is contained in this report.
2. This unique and vital yearly statistical analysis of RCC data should be continually undertaken.
3. Database categories and the data collection process should be regularly updated and refined, incorporating learning from the yearly statistical analysis.
4. Complete participation in the national statistics to be a target.
5. A longitudinal analysis should be undertaken after five years of yearly analysis. In conjunction with Recommendation 2, this would address issues inherent in a point in time analysis as well as providing an opportunity to determine if there are any changes over time.
6. Qualitative research, such as the SAVI Report, should be repeated on a regular basis in order to provide more contextual data and thus a more comprehensive picture of sexual violence in Ireland. In light of this, we welcome Cosc: the National Office for the prevention of domestic, sexual and gender-based violence's commitment to this research objective.
7. Specific quantitative and qualitative research to be carried out into disclosure patterns relating to gender and age to ascertain what the differences are that have been evidence in this report.
8. Specific quantitative and qualitative research to be carried out to examine the relationship between disabilities and sexual violence, both in term of differing vulnerabilities and in terms of sexual violence as a causal factor in the development of disabilities.
9. This repeated statistical analysis, any longitudinal analysis and well designed and conducted qualitative research, should be utilised by every relevant NGO and government department in prevention, planning and service delivery.

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