RAPE CRISIS NETWORK IRELAND

Sexual Violence Against People with Disabilities: Data collection and barriers to disclosure

Introduction

This research aims to inform policy on providing appropriate disclosure support and abuse monitoring data systems to people with disabilities who are subjected to sexual violence. It identifies international 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.

The research is structured into three strands:

1. Analysis of 3 years of Rape Crisis Centre data from the RCNI Database

2. Analysis of an online survey for people with disabilities *What stops us talking about sexual violence?*, and

3. A review of 5 currently available data collection models.

Strand 1: RCNI Database 2008-2010

Data entered into the RCNI Database by 14 Rape Crisis Centres over a period of 3 years was analysed to produce the first detailed set of statistics on sexual violence against people with disabilities in Ireland. The RCNI Database is a highly secure online data collection system which equips RCNI to analyse detailed national data and deliver reliable, evidence-based findings and insights.

Between 2008 and 2010, 197 people with disabilities attended Rape Crisis Centres (RCCs) for counselling and support.* More than nine in ten of these were survivors of sexual violence (93%).

Key findings include:

- There were few notable differences in the details of the sexual violence experienced by clients with disabilities and clients without disabilities, however

- Survivors with a disability disclosed a lower incidence of sexual violence solely as children (48% compared with 61%) and a higher incidence of sexual violence solely as adults (42% compared with 30%) than people with no disabilities

- Female survivors with a disability disclosed an increase in vulnerability to sexual violence as they age compared with female survivors with no disability who are disclosing a decrease as they age (48% compared with 33%)

- Survivors with disabilities who attended RCC services were more likely to have been subjected to a greater number of multiple incidents of sexual violence, than those with no disabilities (39% compared with 25%).**

Strand 2: Online survey – *What stops us talking about sexual violence?*

The barriers for people with disabilities to disclosing sexual violence were explored through an anonymous online survey. In total, 137 people with disabilities participated in a nine question survey with 111 respondents completing the survey.

About the participants:

- Seven in ten respondents were female, three in ten were male (72% and 28% respectively)

- 45% disclosed that they were survivors of sexual violence

- The highest percentage of sexual violence was disclosed by people with sensory and mental health disabilities (67% and 65% respectively).

Key findings include:

- Of the 50 respondents who identified as survivors of sexual violence, 30% were disclosing the sexual violence for the first time

- Seven in ten men and four in ten women had never received any information on where to go for support surrounding sexual violence (71% and 44% respectively)

- Seven in ten of all respondents said that nobody had ever asked whether they had suffered sexual violence (71%)

- When asked what would stop them from disclosing sexual violence, those who were survivors were far less confident to disclose than those who had not experienced sexual violence

- Approximately half of all survivors would not disclose sexual violence for fear of being blamed, fear of not being believed, fear of the abuser, or fear of the legal process (54%, 52%, 48% and 44% respectively). These were the top barriers to disclosure

- Approximately one quarter of all survivors would not disclose sexual violence for fear of getting into trouble, fear of losing support, fear that telling will decrease safety, or not trusting anyone enough (26%, 24%, 24%, 24% respectively).

The findings represent only people participating in the online survey and cannot be used to make assumptions about the overall prevalence, incidence or attitudes surrounding sexual violence in Ireland.

Strand 3: Data collection models

Comparable national data collection is important and States have responsibilities under international human rights law to collect disaggregated data on sexual violence, support research and to monitor and report on sexual violence. Datasets from different data collection models are generally difficult to compare due to differences in definitions, the absence of standardised national and international reporting requirements, and issues of data protection. A collaborative approach to data collection will strengthen understanding of issues and shape policy and practice. As survivors may disclose experiences of sexual violence to a very diverse range of people or places, effective data collection requires buy-in by many organisations.

Five relevant active data collection models were identified. Each model was developed specifically

for use by sexual violence related service providers. The five models were compared and contrasted across 10 different criteria, including disability indicators.

- GBVIMS: UN Gender-based Violence Information Management System

- SATU: Sexual Assault Treatment Unit statistical database (Ireland)

- RCNI: Rape Crisis Network Ireland Database

- Modus SARC: Case management system developed in UK for inter-agency use

- ViCLAS: Royal Canadian Mounted Police (RCMP) Violent Crime Linkage Analysis System

Key findings include:

- The lack of coordination and standardisation between agencies and countries means that none of the currently available datasets are comparable nor provide a complete national picture. Creating a set of shared indicators and definitions is key to standardisation of data collection. These indicators and definitions should be based on international best practice

- RCNI Database is a model of best practice and the lead data collection system in the Republic of Ireland. The best way forward in Ireland is to work with this existing structure. RCNI disability indicators are as in line with census questions as possible. These indicators should be implemented as standard throughout all data collection relating to sexual violence.

Recommendations

Supporting disclosure by people with disabilities who have been subjected to sexual violence

1. Training for individuals, youth groups, peer groups, teachers, parents, carers, disability advocates and the disability sector on sexual violence, including how to respond to disclosures

2. Ensure education programmes and training aim to improve disability awareness and capacity in non-disability specific agencies including; An Garda Síochána, SATUs, carers, RCCs, and medical professionals

3. Disability service providers and support organisations must develop and update policies on disclosure of abuse to establish referral linkages and sign-posting to sexual violence services, in conjunction with Citizens' Information Board and Personal Advocacy Service.

Accessibility of sexual violence services

1. Ensure that sexual violence services are accessible and skilled in delivering appropriate services and supports to people with disabilities who contact them, and that they are perceived as accessible by people with disabilities. Cosc Awareness Raising Fund should support strategies to improve perceptions of accessibility, confidentiality, referral and relevance of existing sexual violence services among people with disabilities

2. Develop and display a code of practice for accessibility and consider dedicated personnel roles to respond to disclosure of abuse against people with disabilities. Consult National

Disability Authority (NDA) free online materials for service providers in order to inform services, staff and volunteers and to disability-proof strategies for service provision

3. Promote awareness of existing disability-accessible sexual violence services

4. Work with disability service providers (building on HIQA residential standards) and support organisations to ensure vulnerable adults and children have access to supports external to their service provider.

Research and data collection

1. RCNI Database is a cost-effective, proven and established model for the collection of data on sexual violence against people with disabilities. Ongoing national development and buy in from all services providing services to survivors of sexual violence with disabilities should be encouraged and supported by the Cosc Data Committee and the Health Service Executive (HSE)

2. As lead agency in the collection of national data in the sexual and domestic violence sectors, RCNI disability indicators are as in line with census questions as possible. Cosc Data Committee and HSE should ensure that these agreed disability indicators are standardised and recorded in all existing and new data collection systems relating to sexual violence, including RCCs, Refuges, Domestic Violence services and the SATU database amongst others

3. Further data-mining and research on the RCNI Database as well as a national representative quantitative survey alongside relevant qualitative research as suggested by these findings. These should be publicly funded.

*It is important to note that survivors do not always self-identify as having a disability and the counsellor may not probe into detail of a disability where not relevant to the healing process.

**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).

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