RAPE CRISIS NETWORK IRELAND

FIRST REPORT

NATIONAL RAPE CRISIS STATISTICS, 2004

... WHAT SURVIVORS TOLD US

PUBLISHED BY THE RCNI

Rape Crisis Network Ireland (RCNI) is a multi-member political and campaigning organisation committed to the elimination of all forms of sexual violence through effecting political, cultural and social change. Our agenda to effect change is directly provided by the experience and expertise of our member Rape Crisis Centres (RCCs).

Our vision is a society where rape and all other forms of sexual violence no longer exists.

The Values and Beliefs which inform RCNI work and our rationale in investing in this national RCC database include:

* The belief that by drawing on the experience, wisdom and power of survivors of sexual violence we can make a difference

* The commitment to building learning organisations that promote collective and democratic structures and working relationships which model positive, accountable uses of power

* Understanding that sexual violence is under-pinned and sustained by in-equalities, including gender inequality

* The commitment to strive for real and profound change, towards a society that embodies respect for human dignity and which challenges discrimination and inequalities.

We strive for the creation of a society that accepts responsibility for the eradication of all forms of sexual violence and violence against women. We seek to bring about social change which will end all forms of sexual violence.

CONTENTS

FORWARD

Ending sexual violence requires that we know about it. Policy development, service development, education and awareness raising must be evidence based. The *National Rape Crisis Statistics, 2004* provides unique data with which we can inform our work towards ending sexual violence and enable victim/survivors of sexual crimes to access support.

Only 12% of people in Ireland who experience sexual violence contact a counselling or support agency. The information contained in this report details the data from those within that 12% who contact a Rape Crisis Centre (RCC).

The 15 RCNI member centres took an estimated 45,000 help-line calls in 2004. They provided face-to-face support for an estimated 2,289 survivors and 158 supporters of survivors during the same period.[1]

This report, alongside other data on sexual violence in Ireland, clearly informs us that we have a very long way to go towards ending sexual violence and making RCC services accessible to all survivors. In a climate of very restricted resources the RCNI is especially concerned with three priority areas in terms of service delivery and accessibility, and informing public policy. These three priority areas are:

People with disabilities (3.6)
Teenagers (3.5)
Members of the Traveller community (3.4)

As with all RCC activities, what the sector can do towards addressing these identified areas of concern will remain largely dependent on the availability of adequate resources.

We know that in Ireland 47% of people who have experienced some form of sexual violence still tell no-one. When asked why, many responded that "they had never been asked". 28% of people asked responded that they would not know where to go for help if they were a victim of a sexual crime. Whilst the data contained in this report is the most comprehensive data of this nature on sexual violence in Ireland, we know that it represents less than 12% of all survivors. This is a strong reminder of the extent of the work we have yet to do in Ireland. Survivors who do not tell and who do not access support are not necessarily without need of support, and may in some instances be those most in need of support.

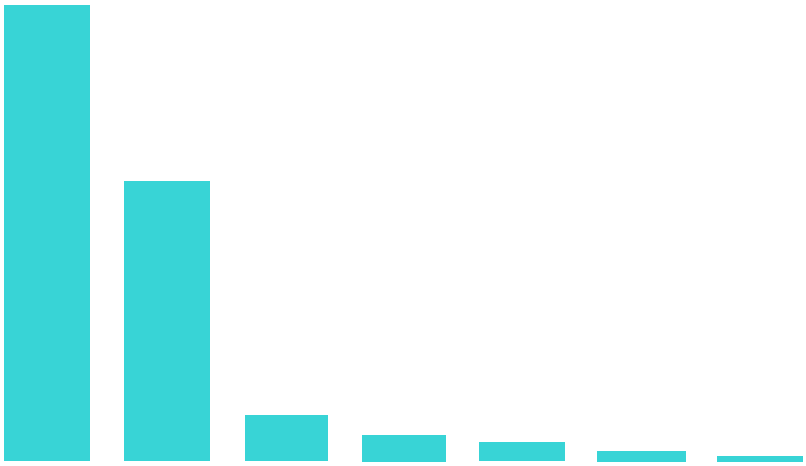
RCCs and the RCNI remain committed to ending sexual violence in Ireland

Fiona Neary
RCNI Executive Director

[1]These are estimated figures because they include 14 centre's 2004 statistics and Dublin RCC 2003 statistics.

2. CRIMES OF SEXUAL VIOLENCE

2.1 TYPES OF SEXUAL VIOLENCE



The category of child sexual abuse includes all forms of sexual violence and abuse perpetrated against someone under the age of 17. It includes for example rape, sexual assault, forced viewing of pornography, inappropriate touching and ritual abuse. As with sexual violence directed against adults, it is often accompanied by other forms of violence including physical assaults, threats to kill and attempts to kill.

Rape, the second highest category, means, (in SAVI Report (2002) terms,) penetrative sex. The lifetime prevalence of penetrative sex in SAVI for women was 10% and for men 3%. Our rate is higher but, it is important to remember that RCC figures relate to those who have disclosed to a counselling and support agency and not all survivors of sexual violence.

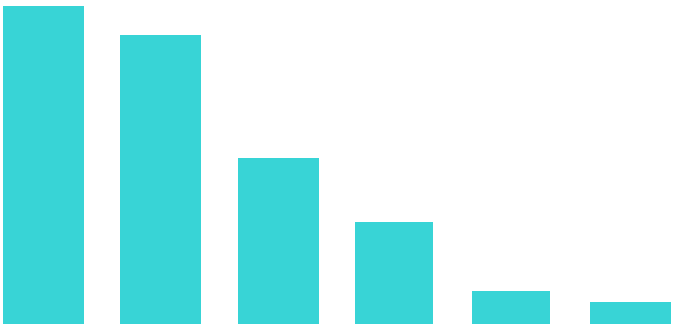
Only 2.1% of any of the sexual violence sustained by survivors was in an institutional setting, thus 97.9% of these survivors above are not included in any report on institutional abuse.

The sexual violence perpetrated against 3.5% of the female survivors, who had reached puberty and were below the age of 50, resulted in pregnancy. Slightly over one-quarter of those survivors were aged 14 or under at the time, and an additional one-fifth were aged 15-17. Less than one in ten of the survivors miscarried. One in seven terminated the pregnancy. One in six survivors placed their babies up for adoption, and the same number had their babies fostered. Two in five survivors parented the babies.

2.2 Relationship between Perpetrator and Child Victims

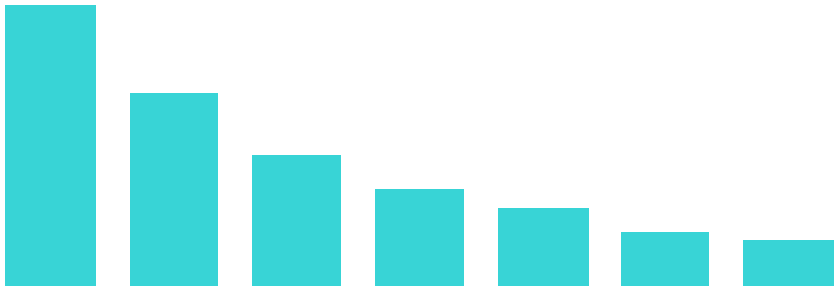
The most common perpetrator of sexual violence against children is a male relative: this rate is twice that in the SAVI Report (24%). The perpetrators of 61% of the child sexual abuse sustained by survivors using the services of the Dublin Rape Crisis Centre in 2003 were male relatives. The SAVI Report found that a larger percentage of survivors of incest used counselling to aid in their healing process than did survivors of sexual violence perpetrated by non-family members. Our figures would certainly reflect that. Almost all of the survivors sustained sexual violence from someone that they knew; again echoing what was found in SAVI. 'Authority figures' include members of any religious order, employers, GPs, teachers, sports coaches and youth workers.

2.3 Which Male Relatives?



Of the 53.8% of perpetrators who were male relatives, the most common were brothers. That was also the case for survivors participating in counselling at the Dublin Rape Crisis Centre in 2003. This is unlike SAVI in that those results showed that the most common perpetrator for female survivors was uncles, and the most common perpetrator for male survivors was cousins.

2.4 Relationship between Perpetrator and Adult Victim

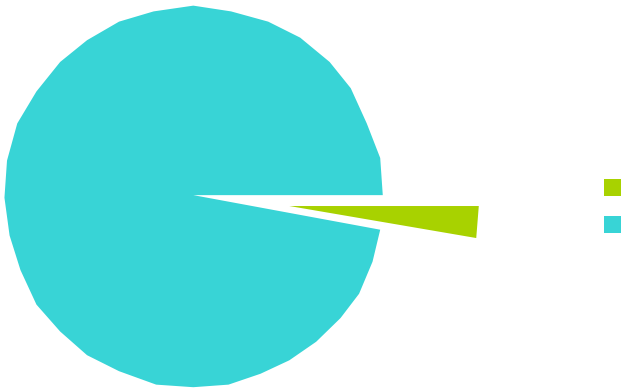


For adults, the relationship with the perpetrator is most commonly a friend or acquaintance. Over 70% of the time the survivor knows the perpetrator. Male partners and ex-partners account for over one fifth of the perpetrators, which is almost the same rate found in SAVI. Strangers account for less than one in ten perpetrators – debunking the myth that rapists are normally strangers. Almost all of the sexual violence perpetrated by the security forces was sustained by refugees and asylum seekers. 'Other authority figures' include the members of any religious order, doctor/medical/caring professionals, employers and landlords. Other includes co-workers and drivers.

2.5 Relationship between Perpetrator and Refugee/Asylum Seeker Victim

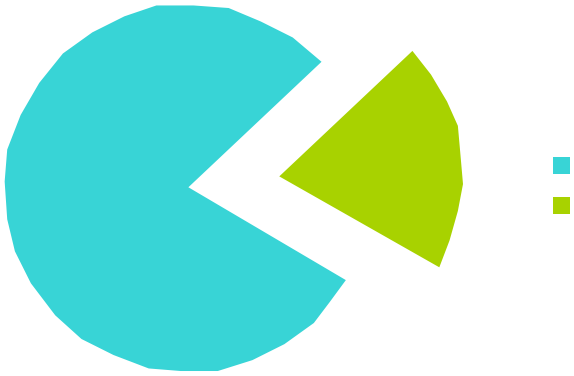
According to the UNHCR (2003), crossing borders, going through checkpoints, and requesting goods and services from armed forces can increase the risk of becoming subjected to sexual and gender-based violence for refugee women. Security forces were the perpetrators in most of the sexual violence sustained by refugees and asylum seekers using RCC services. Given the statistical difference between the two populations in terms of security force perpetrators, it is likely that most of the sexual violence was sustained outside of Ireland.

2.6 Perpetrator Gender



These figures echo those from methodologically sound international research.

2.7 Reported to the Gardaí



The national rape crisis statistics provide an invaluable addition to the Irish statistical picture. Up to this point the principal measure of sexual violence crimes available were the Garda Siochana statistics which present an incomplete picture. 79.6% of survivors in contact with RCCs did not report to the Gardaí and thus were not represented in any crime statistics. Therefore, a fall in reporting may not be indicative of declining prevalence and may indicate an unwillingness to seek formal justice for a very serious crime.

The reporting rate for survivors of adult sexual violence in contact with RCCs was 27.2%, while the reporting rate for adult survivors of child abuse was 18.9%. This rate of reporting is much higher than that found in the SAVI Report, however, the SAVI figures represent survivors who had not disclosed sexual violence to anyone as well as those who had accessed counselling and/or reported to the Gardaí.

Our figures include those survivors who reported the crimes to the Gardaí either while being supported by a rape crisis centre or prior to making contact with a rape crisis centre.

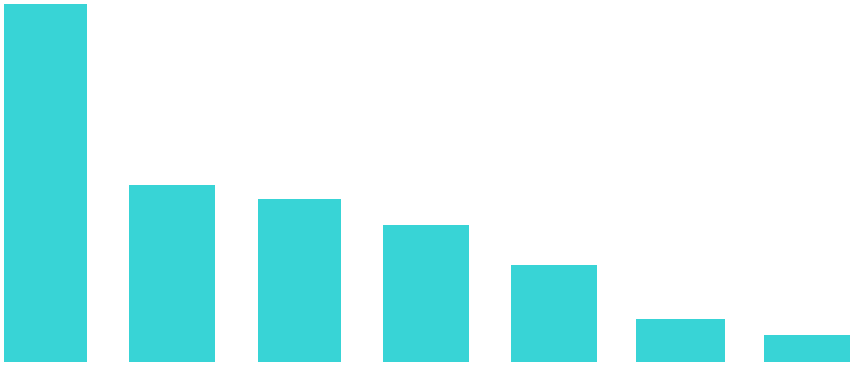
3. SURVIVORS

3.1 Referrals

Since self-referral is the most common way that a survivor reaches an RCC, the media and education work that RCCs invest resourses in is vital. Alongside providing information about sexual violence and challenging myths and stereotypes, the education and media work undertaken by RCCs also provides service information.

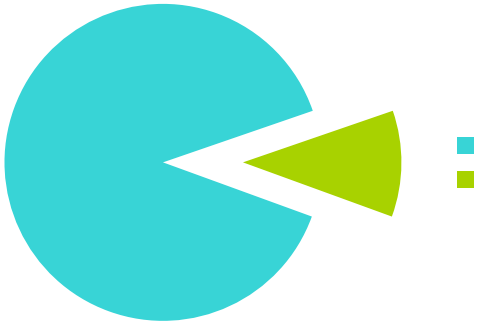
Media interviews, articles, education and training sessions inform other agencies and the general public, thereby increasing the chances that someone to whom the survivor discloses will be aware of service options.

3.2 Agency Referrals



The variety of agency referral pathways additionally highlights the on-going work of RCCs in building inter-agency relationships. The interagency relationships are essential given the needs of surviviors and the range of impacts of sexual violence on our society.

3.3 Survivor Gender



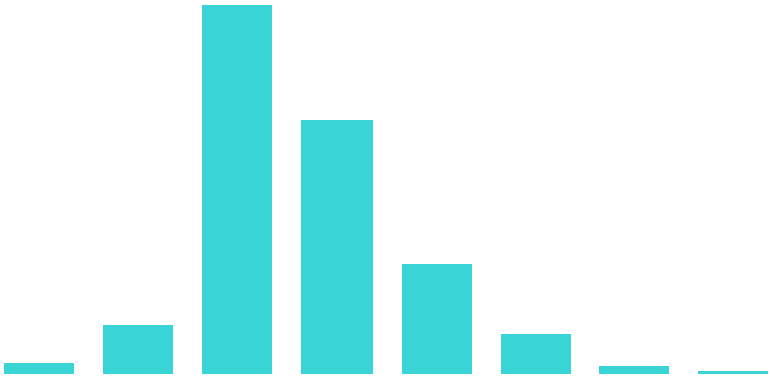
SAVI found that the rate of disclosure of any form of sexual violence to counsellors/therapists was low, with 14% of women reporting and 8% of men. This figure indicates that more women access RCC services than men and is almost exactly the same as that for survivors accessing counselling services at the Dublin Rape Crisis Centre in 2003.

3.4 Survivor Ethnic Origin/Legal Status

Travellers are one of the three priority concerns for the RCNI in the coming year. Irish Travellers make up 0.6% of the population (2002 Census), and 1.0% of Rape Crisis Centre survivor clients. However, there are reasons to believe that many Irish Travellers do not use rape crisis services. Irish Travellers may already feel the burden of negative stereotypes and may choose not to disclose. As one Traveller woman told a SAVI researcher "Travellers suffer so much discrimination in this country every day of their lives that sexual abuse is something they certainly wouldn't want to come out or tell about because they'd really be looked down on altogether." (p. 275) Innovative partnership approaches with Traveller organisations need to be further explored in order to address the understandable reluctance to disclose and to access services.

Refugees and Asylum Seekers are making up an increasingly larger proportion of RCC clients. In addition to diverse first languages and cultural backgrounds, some of the particulars of types of sexual violence and the perpetrators of that violence are different. It is a continuing challenge to increase the cultural competencies of the staff and volunteers at RCCs in order to provide services in ways that are the most beneficial and appropriate.

3.5 Survivor Age



Teenagers are our second priority. SAVI indicates that 20% of women and 16% of men sustained contact sexual abuse when they were under the age of 17. According to Teenage Tolerance (a survey of 14-19 year olds), 5% of young women had been sexually assaulted under the age of 12 and 2% over the age of 12. For young men the figures were 2% and 1%. That same report found "considerable evidence of unmet needs" in terms of support. RCCs remain deeply concerned at the lack of resources, supports and programmes specifically targeting the 12-18 year age group regarding sexual violence, healthy relationships and positive sexuality.

The 2002 census found that the largest percentage of the Irish population is aged between 15 and 24, followed closely by those between 25 and 34. While the age ranges we track are slightly different, the majority of survivors supported by RCCs are also within those age ranges. The SAVI report found that older people and young men were less likely to disclose sexual violence. Less than 1.5% of the survivors in contact with us are aged 60 or over.

3.6 Survivors with disabilities

4.4% of survivors accessing RCCs had a disability. This is our third priority. Persons with disabilities are vulnerable to sexual violence in specific ways. The SAVI Report and Bob McCormack (St Michael's House, NDA Conference) cite factors influencing the vulnerability of people with learning disabilities: physical and emotional dependence on caregivers, multiple caregiving and limited communication skills and the absence of sex education.

If a person with a disability discloses sexual violence, she or he faces multiple barriers to access service.

Some RCCs do have staff with specific training in counselling and supporting persons with learning disabilities but the disclosure often has to be made first to someone who can facilitate the survivor's access to an RCC. Persons with learning disabilities are often less likely to be believed or are considered unreliable witnesses.

Not all RCCs are accessible to those with mobility impairments. All inaccessible RCCs have alternative venue arrangements but that is not ideal. No centre has a staff member or a volunteer who speaks ISL or BSL or is a qualified interpreter of either. RCC information is not currently available in either Braille or audiotape. A mapping exercise has been undertaken and resource requirements identified to meet training needs.

Census 2002 figures indicate that 4.5% of the population has "a condition that substantially limits one or more basic physical activities". 1.9% of the population has "blindness, deafness, or a severe vision or hearing impairment". 2.7% have "difficulty in learning, remembering or concentrating". Those categories do not directly translate to the categories we track. However, they are an indicator of the numbers of people with such disabilities.

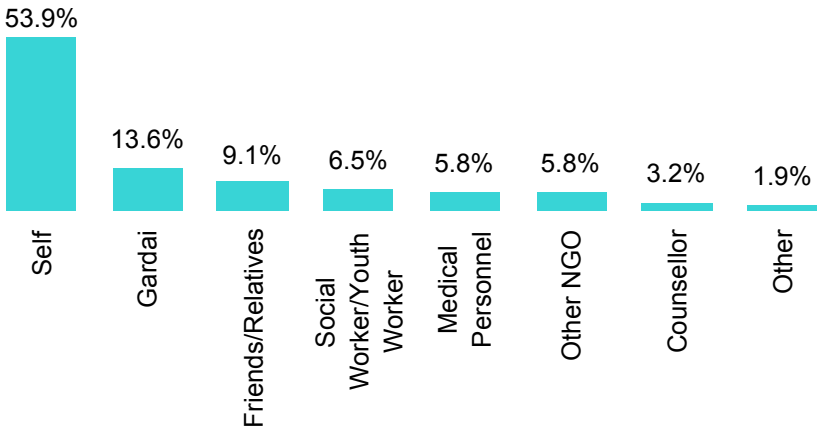
4. SUPPORTERS

If a survivor discloses, the first person is likely to be a close friend or family member (SAVI Report). This supporter has emotional and practical demands made upon them. Structured support can help them to cope. In over 70% of cases, the supporter is likely also to know the perpetrator.

When working with supporters RCCs are focused on two issues: facilitating the supporter's own healing and equipping them to support a survivor. Only 12% of survivors contact a counselling/support agency. Those factors, coupled with the devastating and debilitating impact of sexual violence means that enabling family members and friends to provide support is extremely important. Unfortunately, RCCs do not have the resources to support all of the family members who are affected by the sexual violence.

93.6% of supporters were new clients in 2004, the rest began to use RCC services in an earlier year. The average amount of time a supporter used services (including earlier years and up until the end of 2004) was 3.75 months.

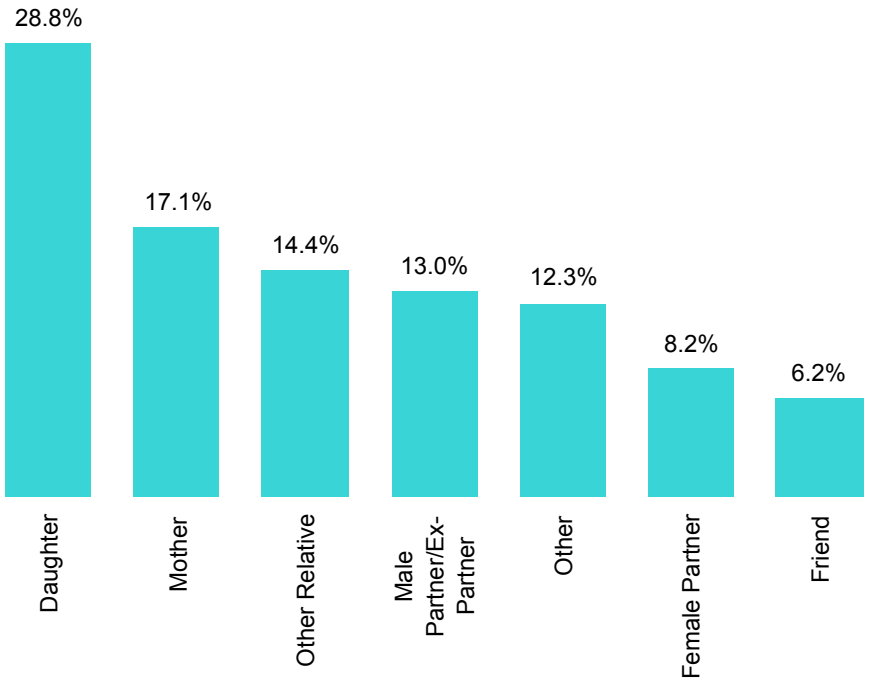
4.1 Referrals



As with survivors, the most common referral pathway for a supporter was self. All of the education, media and inter-agency work that RCCs undertake, facilitates supporter self-referral as well as other agency referral. Supporters distressed as the result of sexual violence sustained by someone they know are in contact with a wide variety of agencies prior to and after accessing a RCC. This is yet another example of the societal costs attached to the presence of sexual violence.

'Medical personnel' includes GPs and hospitals. 'Other' includes teachers and refuges.

4.2 Relationship between Supporter and Survivor



The wide range of supporters who contact RCCs are indicative of the wide-spread damage and trauma inflicted by sexual violence. Daughters are the most common supporters: 90% of the time one of their parents sustained some form of child sexual abuse. One-half of the mothers receiving face-to-face support from an RCC have a child who was sexually abused by another family member. The length of time spent in contact with an RCC is indicative of the severe and long-term impact sexual violence has on those around the survivor.

'Other relatives' include grandmothers, fathers, sons, and brother. 'Other' includes clergy, GPs, sports coaches, Gardaí and same sex partners.

4.3 Supporter Gender

As is evident from the relationship between survivor and supporter, most of the supporters using RCC services are female.

5. OTHER KEY SERVICES DELIVERED FOR SURVIVORS AND SUPPORTERS

All RCC staff and volunteers are expertly trained to provide a variety of direct advocacy and support services as part of their face-to-face contact with clients. In addition to counselling, RCCs accompany survivors to the Gardaí, to District, Circuit and Central Criminal Court, to the Refugee Legal Service and Refugee Applications Office, and for forensic medical examination. This data is not captured in our statistical information for 2004. Calls to the telephone helplines are also not represented. In addition to direct support, advocacy and counselling services, RCCs also provide education and training, write newspaper articles and are interviewed on radio and television, interact with a multiplicity of other agencies and participate in a variety of inter-agency fora. In order to illustrate the aspects of service not quantified in the database, case studies of local RCCs provide further information.

5.1 Telephone Helpline

As indicated earlier, we estimate that the 14 member RCCs received 30,000 calls during 2004. When we include Dublin RCC, 45,000*. Only one centre outside of Dublin offers telephone contact at nights and weekends. Most centres only have enough funding to provide telephone helpline coverage during office hours, with one centre merely having enough funding to staff a helpline for 7 1/2 hours per week. This means that a survivors' ability to contact a centre can be severely limited. One centre, which provided face-to-face services for 111 clients in 2004, received 1,894 telephone calls. 917 were counselling related, 7 were crisis calls, 763 were information requests and 207 were either hoax or hang-up. The total time spent on counselling calls for this centre was 120 hours.

5.2 Gardaí Accompaniment

RCCs support survivors in their decision making on what not to report to the Garda Siochana. Support in making a statement can make a key difference in a survivor's decision to report the crime. One centre supported 6 survivors in making a statement. This was in addition to the survivor they supported in a SATU, some of whom also made statements to the Gardaí.

5.3 Court Accompaniment

One centre spent 18 days in District and Circuit Courts with 10 clients and a further 11 days in the Central Criminal Court with 2 clients. This centre had 106 face-to-face survivor clients during the year. We know that this support is crucial, as evidenced from a survivor's remark: "I felt very isolated and intimidated, having my counsellor there was my only support, she understood the workings of the legal system and explained everything to me, without her I don't know how I would have got through it. " International research demonstrates that the provision of this support increases confidence and the willingness of many survivors to put themselves through the court process. The Commission for Support of Victims of Crime has recently awarded the RCNI funding to support this work.

5.4 Refugee Legal Service and Refugee Applications Office

The centre with the largest number of refugee/asylum seeking clients could not provide any accompaniment to RLS or any hearings in the Refugee Applications Office in 2004 because they did not have the staff to do so. Recently this centre was successful in sourcing funding to better meet the needs of rape/assualt survivors. Another centre with 60 face-to-face survivor clients accompanied 1 survivor to the Refugee Legal Service 3 times and also went with the survivor to hearings in the Refugee Applications Office. Another centre accompanied 3 survivors to the Refugee Applications Office.

5.5 Forensic Medical Examination and Sexual Assault Treatment Unit Support

One centre in one county spent 80 hours accompanying 15 survivors to a SATU, 13 of them in the evening or at night. There is not a fully-functioning SATU in their county. In Dublin, where there is a SATU, the RCC accompanied 205 survivors during 2003.

5.6 Education & Training

Having accurate information and knowing what to do if someone discloses are both vital in equipping local communities to address sexual violence issues. Centres provide a variety of education and training to local groups as well as students in second and third level education. One centre provided training and education to the Gardaí, a local counselling centre, third level students, a trade union and a variety of women's groups. Another gave 77 presentations to second level students.

5.7 Media

All centres and the RCNI have a presence in the media, either through local newspapers and radio stations or with the national media. One centre, as a result of issuing 3 press releases was interviewed 10 times on local radio. This in turn caused an increase in calls to the centre's helpline. A recent example of the effects of media exposure was a Late Late Show on sexual violence which displayed the Dublin RCC 24 hour national helpline caused a surge in calls over the weekend. We are also consious that all media representation of survivors or the issues is likely to be communicating to some of the 47% (SATU) of victims in Ireland who currently tell no-one.

5.8 Inter-agency Activity

No one agency has all the answers when it comes to ending sexual violence. Working to end such violence requires an inter-agency response at local, regional and national level. RCCs demonstrate their commitment to ending sexual violence on an on-going basis through their membership of the RCNI and in a variety of inter-agency fora including Regional Planning Committees on Violence Against Women and Local Area Networks. As an example of other inter-agency involvement, one RCC met with a Project Worker for a Refugee Hostel, 2 Traveller Groups, 8 other NGO groups, the Gardaí, and personnel from local colleges. This centre also provided an information stand for a one-day event run by another organisation.

DEFINITIONS:.

Below are the definitions used for the purposes of this report.

Child Sexual Abuse – *Any form of sexual abuse/violence of a person under the age of 17.*
Drug Assisted Rape/Sexual Assault – *Sexual assault or rape of a person aged 17 or over who was incapacitated at the time due to the administration of drugs or alcohol.*
Rape – *Penetration, however slight, of the vagina, anus or mouth of a person aged 17 or over. The penetration can be by a penis or by an object held or manipulated by another person.*
Ritual Abuse – *Sexual assault or rape of any person aged 17 or over for any ritualistic purpose, or purpose connected with the beliefs of the perpetrator.*
Sexual Assault – *Sexual violence on any person aged 17 or over where penetration of the vagina, anus or mouth does not occur.*
Sexual Harassment – *Unwanted sexual attention when a person aged 17 or over is being pestered by words or actions where there is a sexual connotation or innuendo from the contact.*
Suspected Abuse – *Not enough detail to know the nature of the abuse or whether a person has been abused.*

REFERENCES:

Garda Siochana Annual Report, 2003, www.grada.ie

The SAVI Report: Sexual Abuse and Violence in Ireland, by Hannah McGee *et. al* Royal College of Surgeons in Ireland, published by the Liffey Press is association with the Dublin Rape Crisis Centre, Dublin 2002.

Sexual and Gender-Based Violence against Refugees, Returnees and Displaced Persons: Guidelines on Prevention and Response, UNHCR, Geneva, 2003, available from www.unhcr.ch

Teenage tolerance: the hidden lives of young Irish people, Women's Aid, Dublin, 2000

Violence Against People with Disabilities 29 November 2004, seminar report available from www.nda.ie

2002 Census, Central Statistics Office, Dublin, 2004 available from www.cso.ie

STATISTICAL PARAMETERS:

Survivors and supporters in contact with RCCs are there to receive support, not to provide statistical data. Therefore, not all of the data is available from all survivors and supporters. Unknowns are excluded when calculating any percentages.

The highest possible quantitiative research standards and practices were adhered to throughout the developement of this national database. As with all research, human error is a factor, in this case data was being entered in 14 different locations. All of the data was cross-checked.

*information denoted with a star encompass all RCNI RCC 2004 data including Dublin Rape Crisis Centre 2003 numbers.

NOTES

RCNI

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Rape Crisis Network IrelandMember Centres

WESTERN	
DONEGAL SEXUAL ABUSE & RAPE CRISIS CENTRE	1800 448 844
GALWAY RAPE CRISIS CENTRE	1850 355 355
MAYO RAPE CRISIS CENTRE	1800 234 900
SLIGO RAPE CRISIS CENTRE	1800 750 780

DUBLIN NE	
ATHLONE & MIDLANDS RAPE CRISIS CENTRE	1800 306 600
DUBLIN RAPE CRISIS CENTRE	1800 778 888
RAPE CRISIS & SEXUAL ABUSE CENTRE (NE)	1800 212 122

DUBLIN MIDLEINSTER	
TULLAMORE SEXUAL ABUSE & RAPE CRISIS COUNSELLING SERVICE	1800 323 232

SOUTHERN	
CARLOW AND SOUTH LEINSTER RAPE CRISIS & COUNSELLING CENTRE	1800 727 737
KERRY RAPE & SEXUAL ABUSE CENTRE	1800 633 333
KILKENNY RAPE CRISIS & COUNSELLING CENTRE	1800 478 478
LIMERICK RAPE CRISIS CENTRE	1800 311 511
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