



RCNI Rape Crisis Statistics 2021



Rape Crisis Network Ireland is a specialist support and policy agency on sexual violence. We are founded, owned and governed by our member Rape Crisis Centres. We have been serving survivors' interests and working towards an Ireland free from sexual violence since 1985.

RCNI builds and sustains considerable expertise to identify, make the case for, and implement priorities for a whole of society and Government response to sexual violence.

The Rape Crisis model is a unique model of responding to sexual violence that has been developed, tested and adapted over 40 years across hundreds of women-led centres across the world. The model is part of an international movement for change where local organisations supporting survivors, link with each other and draw and build learning and best practice. Indeed part of the model is that Rape Crisis support and service delivery to a survivor is only ethical if we seek to learn and understand in order to transform. Every survivor using a Rape Crisis Centre (RCC) is not only met with a set of options that they may benefit from but knows that in sharing their stories with a RCC they become part of a movement for change.

This Rape Crisis model is a feminist, woman-led, response to sexual violence. We understand all sexual violence to be an abuse of power and we understand gender inequality to be the most important determinant of that abuse, whether the victim (or indeed perpetrator) is male or female. We understand sexual violence happens in a social context rather than being purely about individual perpetration. This is a critical frame which makes Rape Crisis Counselling different to most generic counselling as it addresses victim blaming and the shame that seeks to individualise impact and responsibility for what is a part of a system of oppression.

The model of supporting survivors is trauma informed, empowerment and healing based. It is non-directive and non-judgemental. It is also survivor-led as we believe that the best responses possible are led by survivors themselves who are best placed to know what they need at any given point.

The RCNI Information system gives the many thousands of survivors in contact with specialist sexual violence services in the community, a voice in the public sphere whether they have 'gone public' or not. We do this by recording their data in a safe, secure and confidential way and turning the collective experience of those survivors into a statistical evidence base to drive policy change and inform public debate. This system also supports local Rape Crisis Centres and other specialist services and their stakeholders understand and build better services every day. We are honoured by every survivor who choose to add their voice to this data set and we set out their story in this report.

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Headline Statistics 2021

14,280

**Appointments for counselling
and support** (See Page 12)

11,414

Helpline contacts (See Page 5)

1,341

**People took up counselling
and support** (See Page 12)

183

Accompaniments (See Page 35)

151

**Legal advice and information
consultations** (See Page 11)



27%

**increase in time spent
on Helpline calls from
pre-Pandemic**



7%

**increase in Helpline contacts
from pre-Pandemic**



18%

**increase in Appointments
from pre-Pandemic**



6%

**increase in Accompaniments
from pre-Pandemic**

Introduction



Rape Crisis Centres are operating far beyond capacity and resources. The resources provided by the State are insufficient to meet the need. We are in a situation where survivors are waiting for over a year for an appointment in some services, all 15 Helplines outside the capital city continue to operate with no funding, and a physical infrastructure so inadequate that in one service survivors must wait in the street for their appointment. This report clearly shows the continued lasting impact the pandemic is having on the demand for RCC services. It also demonstrates the importance of having robust administrative data collection and research, which not only gives voice to the many thousands of survivors in contact with specialist sexual violence services, but also supports these services, their stakeholders, and policy makers in understanding and developing responsive services and appropriate policy, and driving cultural change.

Every Rape Crisis Centre in Ireland has a Helpline, yet none of the Helplines outside the one 24-hour National Helpline (run by Dublin Rape Crisis Centre) receive any state funding. We estimate that approximately 50,000 contacts are made to RCC Helplines across the country every year – 73% of these are made to RCCs outside Dublin, they receive no state support and are provided at a cost to each individual RCC who have to find alternative sources to fund this need. RCCs Helplines heavily rely on the generosity of volunteers and donations. In the last 10 years we have seen a 100% increase in contacts to these Helplines.¹ The first year of the pandemic alone saw a 22% increase in the number of contacts to some RCCs.² This figure decreased in 2021, however it still remained significantly higher than pre-pandemic levels. The cancellation of so many fundraising events during 2021 has led to an acute funding shortfall for many RCCs and this loss of income coupled with a surge in demand for services is having a significant impact on the ability of RCCs to meet demand. Survivors, supporters, professionals and others contacting RCCs have clearly demonstrated an irrefutable need for Helpline access in their local RCC. These vital supports must be state funded to ensure equitable geographical access to services.

Further exacerbating the demand on services is the struggle to hire specialist counsellors because of the lack of a dedicated budget for training which produces therapists with the specialist skills needed to work with sexual violence. Until 2014 RCNI had the capacity to support a complete specialist sexual violence curriculum for counsellors and volunteers, in addition to CPDs on relevant topics. Due to long waiting lists and difficulty accessing support, there is increasing survivor reliance on untrained and unsupervised non-specialist counsellors, who in turn, are reaching out to overstretched specialist services to supply them with training and supervision. As a matter of urgency, the skills deficit in the sector must be addressed with sustainable training development and support coupled with accreditation.

1 This figure includes the sample 6 RCC who use the RCNI Data Collection System to collate their Helpline data.

2 RCNI Rape Crisis Statistics 2020, p 5.



Renewed training curricula are being devised by a number of specialist Rape Crisis Centres in collaboration with RCNI arising from the RCNI Clinical Innovation Project research. However, given there is no staffing for this role, the voluntary nature of co-creation, adoption and review is precarious and slow.

During the exceptional crisis of Covid-19, RCC staff have made themselves available to survivors at levels which are unsustainable for staff well-being in the long run. We hope that the statistics contained in this report will act as a stark reminder that funding and support needs to follow the sustained rise in demand.

Sexual violence is a gendered crime which is predominantly perpetrated by boys/men against girls/women.

The two most important factors in understanding sexual violence and the patterns of abuse that exist are:



Gender



The survivor's stage in life when the abuse was perpetrated against them

Throughout this report we will see how these two variables determine the pattern of abuse that was perpetrated. There are a few notable exceptions to this rule affecting particular categories of survivors which we will also explore within the report. These include:

- Survivors of domestic violence and coercive control,
- Survivors seeking and granted International Protection, and
- Survivors with disabilities.

“From the day I walked in your door my life has been changed. The staff and my Counsellor have been amazing and I wouldn’t have been able to recover without all of your help.”

(Survivor, 2021)

Helplines

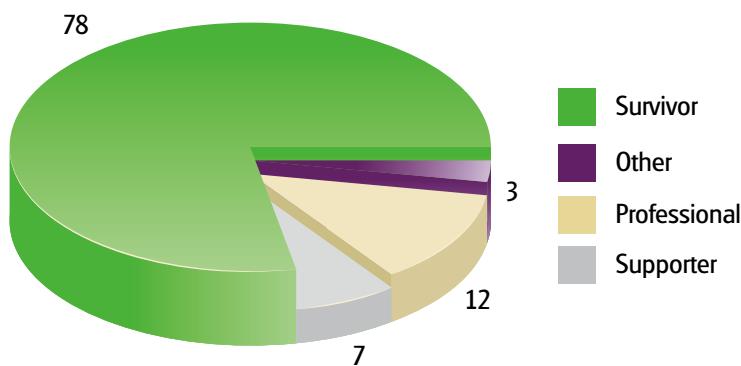


The following information is compiled using data entered by a sample of 6 Rape Crisis Centres into the RCNI Data Collection System in 2021. We estimate this sample to be approximately one quarter of the number of people who contacted the 16 RCC Helplines around Ireland. We estimate that approximately 50,000 contacts are made to RCC Helplines across the country every year – three quarters of these are made to RCCs helplines other than the funded 24 hour line. These Helplines receive no state support and are provided at a cost to each individual RCC who have to find alternative sources to fund this need.

Throughout Covid-19 a key piece of learning for the sector was how vital RCC Helpline services are and what a lifeline they are for people. In 2021 11,414 contacts were made to 6 RCC Helplines across Ireland. This was a 13% decrease in contacts from the same period in 2020 which saw a huge peak in people accessing Helplines during the first year of Covid-19. We believe that this decrease is due to RCCs resuming in-person counselling appointments increasing engagement within the centre for survivors. To put the 2021 figure in the context of pre-pandemic times it is a 7% increase from 2019 figures.

Helpline contacts are not always local. The contacts to these 6 RCC Helplines came from 30 counties on the island of Ireland and also from other countries.

Graph 1: Who is contacting RCC helplines (%) n = 11,414



Rape Crisis Centres are repositories of expertise on sexual and gender-based violence; providing support, information, training and research to a whole range of individuals and organisations. This is reflected in the types of people contacting their Helplines.

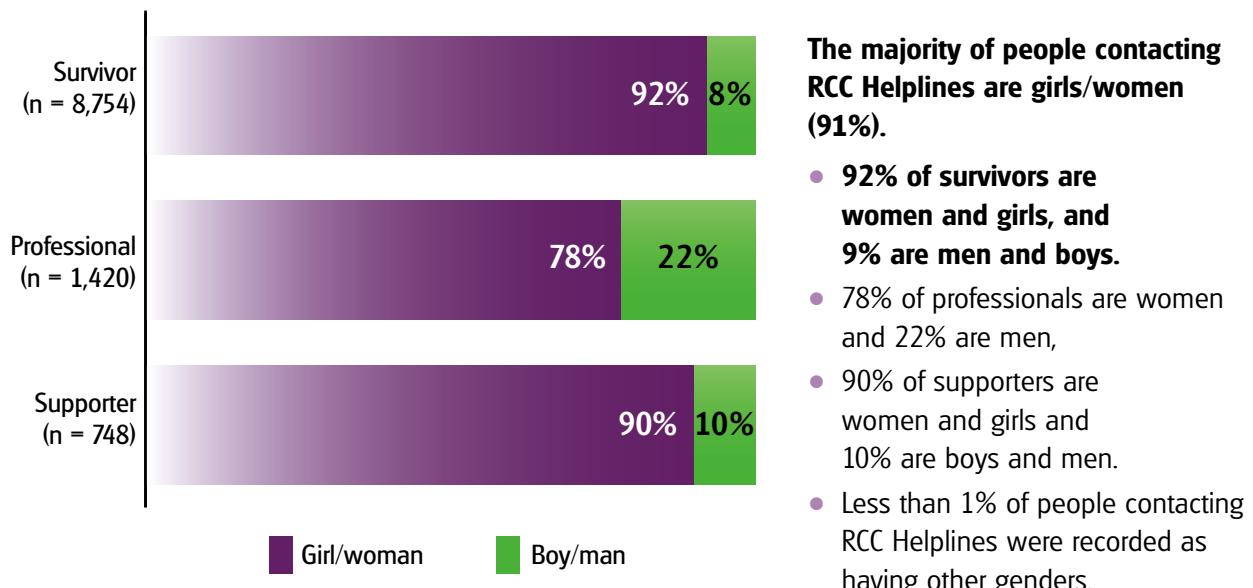
- 78% of those contacting the 6 RCC Helplines in this report were survivors of sexual violence (8,910 people),
- 12% were professionals (1,423 people),
- 7% were people who were supporting a survivor of sexual violence (748 people), and
- 3% were others (333 people).



Gender of people contacting RCC Helplines



Graph 2: Who is contacting RCC helplines (%) n = 10,922



Reason for contacting RCC Helplines

People contacting RCC Helplines do so for a variety of reasons:

Survivors

Survivors of sexual violence most commonly contact RCC Helplines for counselling and support, to schedule appointments, and for information.

Supporters

People supporting a survivor through their journey of healing use RCC Helplines in a similar way to survivors. Most are contacting the helplines for counselling and support, to schedule an appointment, or for information. It is not uncommon for people to begin counselling with a RCC as a supporter and then to go on to disclose sexual violence that was also perpetrated against them.

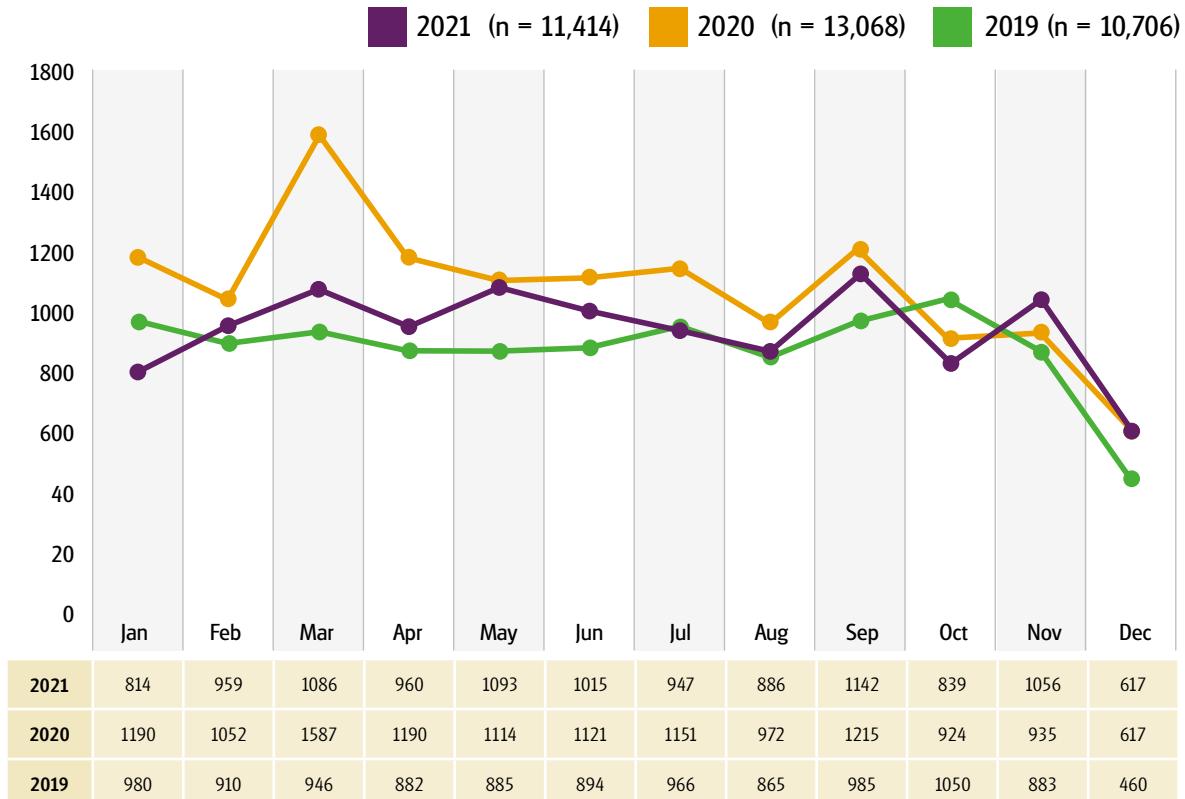
Professionals

Professionals rely upon RCCs as a key knowledge resource on sexual violence with the vast majority contacting RCC Helplines for information. RCCs receive calls from a wide range of professionals, including; Gardaí, social workers, youth workers, HSE, addiction services, homeless and housing agencies, migrant support services, and disability services, to name but a few.

Monthly contacts to RCC Helplines

In our 2020 annual statistics we provided a monthly breakdown of the number of contacts to Helplines and compared this with 2019 data as a means of understanding the impact of Covid-19 on RCC services. In order to give a clear idea of what patterns emerged in 2021 we've added to this picture.

Graph 3: Monthly helpline contacts 2021, 2020 and 2019 (%)



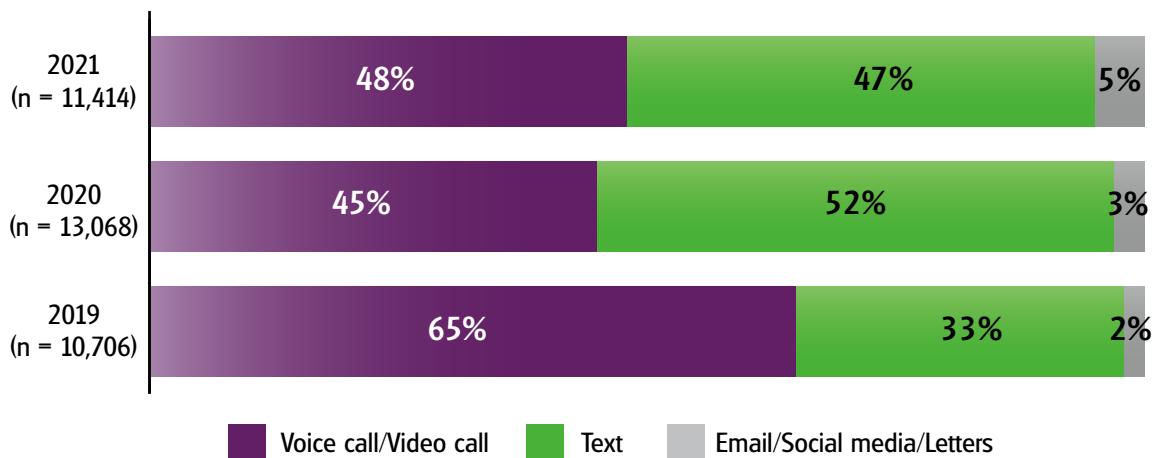
- We can see that the numbers of contacts with RCC Helplines almost every month of 2021 have reduced from 2020 levels. However, they have not returned to pre-pandemic 2019 levels. Nine out of twelve months of 2021 saw higher levels of contact than in 2019.
- In March 2020 contacts peaked in a large part due to RCCs rearranging service delivery, appointments with clients, and offering information and reassurance of the continuation of service remotely to survivors, professionals, and others who rely on them. In March 2021 we see the number of contacts return to levels more consistent with 2019 patterns.
- In May and September 2021 we see that the number of Helpline contacts peak again. In May, this in all likelihood, reflects the process of RCCs reopening centres and moving back to in-person counselling after the latest Covid-19 government measures eased. In September, survivors often have more time to engage in trauma work as their children will have returned to school.

“From when I stepped in the door, I felt listened to.”

(Survivor, 2021)

Method of contact

Graph 4: Method of helpline contact 2021, 2020 and 2019 (%)



In 2021 we see patterns of how people accessed RCC Helplines remain consistent with 2020 patterns. We noted in the 2020 data report that this changed from pre-pandemic patterns and that it is survivors who are driving this trend. In order to continue to provide services throughout the pandemic survivors were given their counsellors phone numbers which allowed them direct access to their counsellor for support and rescheduling appointments. This impacted the patterns of contact with RCC Helplines:

- 48% of people accessed services through voice calls or video calls. This is consistent with 2020 (45%) and significantly different from 2019 (65%).
- 47% of people used text messages to get in contact with the 6 Helplines. Again, this was consistent with 2020 patterns where 51% used text messages as the method of contact, and significantly different from 2019 levels where only 33% of contacts were by text.
- 5% of Helpline contacts in 2021 were by email, letter or through social media which was on par with both 2020 and 2019 figures.

It will be interesting to see how 2022 data compares and if we continue on the same trajectory or if we revert to pre-pandemic patterns.

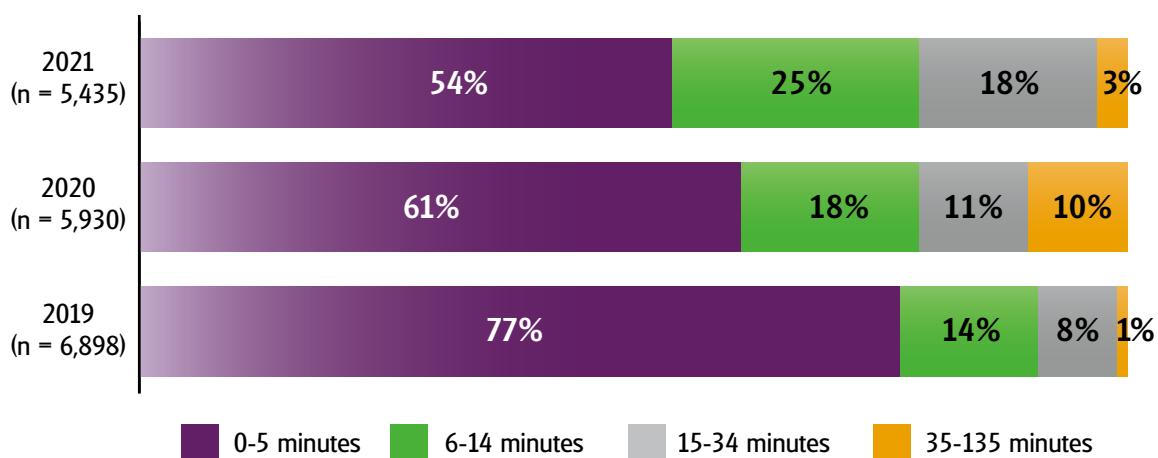
“As a person in some denial as to the severity of abuse I endured, any question has always been answered and I have been reassured that I am not alone.”

(Survivor, 2021)

Helpline voice calls

Voice calls made to RCC Helplines account for 5,440 of the overall contacts made in 2021. The overall amount of phone calls reduced again in this year's statistics compared to the previous year (8%), and the **overall length of time spent on phone calls also decreased by 26%**. However, when we examine this beside pre-pandemic data we see that there was a **27% increase in the overall length of time spent on phone calls between 2019 and 2021. RCC counsellors spent a total of 822 hours on Helpline calls in 2021 compared to 1,104 hours in 2020, and 647 hours in 2019.**

Graph 5: Number of voice calls of different lengths 2021, 2020 and 2019 (%)



Where prior to the pandemic 77% of voice calls were under 6 minutes, many are now longer, a trend which has continued from 2020 into 2021.

- 54% of calls now between 0-5 minutes,
- 25% of calls between 6-14 minutes long,
- 18% of calls 15-34 minutes in length, and
- 3% of calls lasting between 35 and 135 minutes in length.

This trend is also mirrored in RCNI's direct service experience where we provide legal support and advice directly to survivors.

“Thank you for getting me through some dark times and special wishes for the continuation of your powerful work at the Centre.”

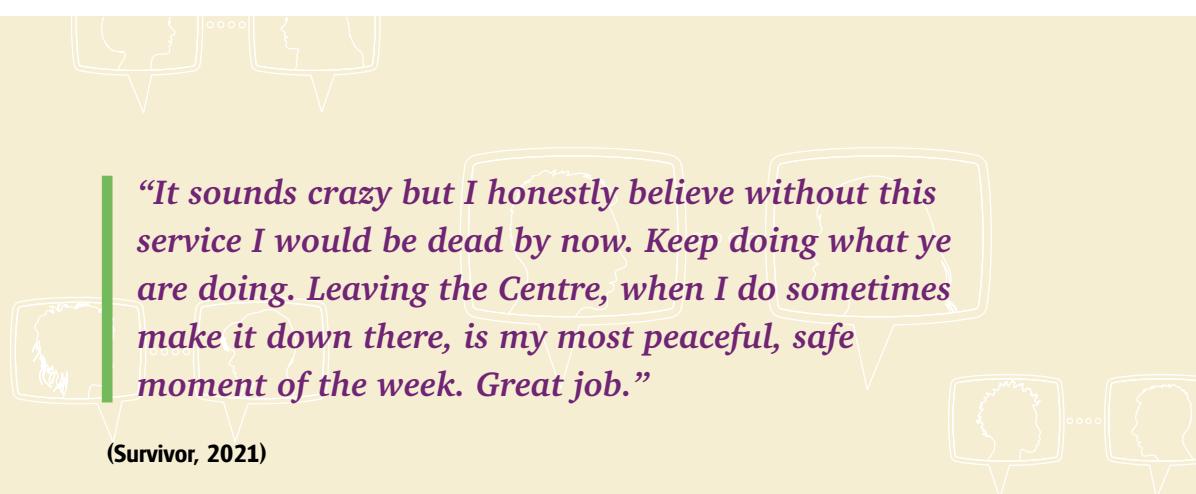
(Survivor, 2021)

Why have the number of calls to RCC helplines decreased but length of calls increased over the pandemic?

For the most part it is survivors making contact with RCC Helplines who are driving these trends in the decreased number of calls and the subsequent increase in length of calls to Helplines. These changes have had a significant impact on how RCCs provided services in the past two years. Through consultation with RCCs included in this report and monitoring of this trend, we believe that the following factors were driving these changes:

- Survivors having more direct access to counsellors as they now have their direct phone numbers which decreases time spent on issues such as rescheduling appointments,
- Demands of stayhome and isolation measures resulting in the erosion or removal of survivors' coping strategies in dealing with pre-existing trauma,
- Increasing need for mental health resilience as a result of stayhome and isolation measures,
- Lack of opportunity to compartmentalise and hold boundaries on trauma of sexual violence,
- RCC staff working in flexible ways from home, also dealing with the Covid trauma themselves, making boundaries more elastic,
- Survivors' immediate mental health needs being broader than and inseparable from their sexual violence trauma,
- Survivors delaying contact due to minimisation of their trauma and a sense of suspended reality that came with measures to curb the spread of Covid-19,
- Dealing with illness, childcare and other care needs so reduced time for counselling.

We have consulted with our Rape Crisis counterparts in Scotland, England, and Wales, and they too saw similar trends. We will continue to monitor these differences into 2022 to understand what changes have been adopted post pandemic and what has reverted in order to understand their long-term significance for provision of services and impact on survivors.

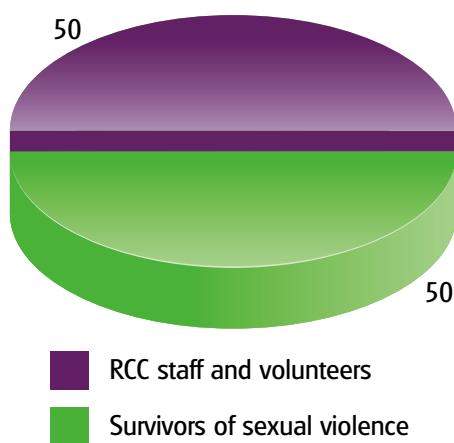


Legal advice and information consultations

The RCNI provides specialist legal advice and information both directly to survivors of sexual violence and to RCC staff, and sometimes others, who are supporting a survivor of sexual violence. In 2021 RCNI provided 151 consultations. This is a 22% increase from 2020 figures.

RCNI's Legal Director's advice covers all aspects of criminal justice proceedings relevant to victims of sexual violence and sometimes also touches on other areas of law. This includes information about the criminal justice system before survivors report a crime in order to help them in deciding whether to make a formal complaint. It may also involve legal advice during the investigation and post-investigative stages before or after a decision has been made by the DPP on whether or not to prosecute in that case.

Graph 6: Contacts for RCNI legal advice and information (%) n = 151



Of the 151 contacts for legal advice made to the RCNI in 2021:

- 50% of these consultations were provided to RCC staff and volunteers who were supporting survivors (or occasionally, their supporters) through the legal system, or for information on governance and training.
- 50% of consultations were directly with survivors of sexual violence who were navigating the legal system.

The number of contacts from survivors remained consistent throughout the year. Between July and September there was a slight increase in the number of contacts from RCCs. Continuing on with the trend in 2020, the calls were longer in length and often more complex in nature during 2021 than pre-pandemic.



Counselling and support appointments

The following information is compiled using data entered by a sample of 7 Rape Crisis Centres into the RCNI Data Collection System. We estimate this sample to be 37% of the national RCC survivor numbers and that patterns are similar across Ireland. The data in this section refers to people who availed of counselling and support appointments in RCCs in 2021.

In 2021 1,341 people took up counselling and support with these 7 Rape Crisis Centres in Ireland. This is an 8% increase on 2020 figures.

- The majority of these were survivors of sexual violence (91% or 1,224 individuals).
- 9% (117 individuals) were people supporting a survivor of sexual violence.

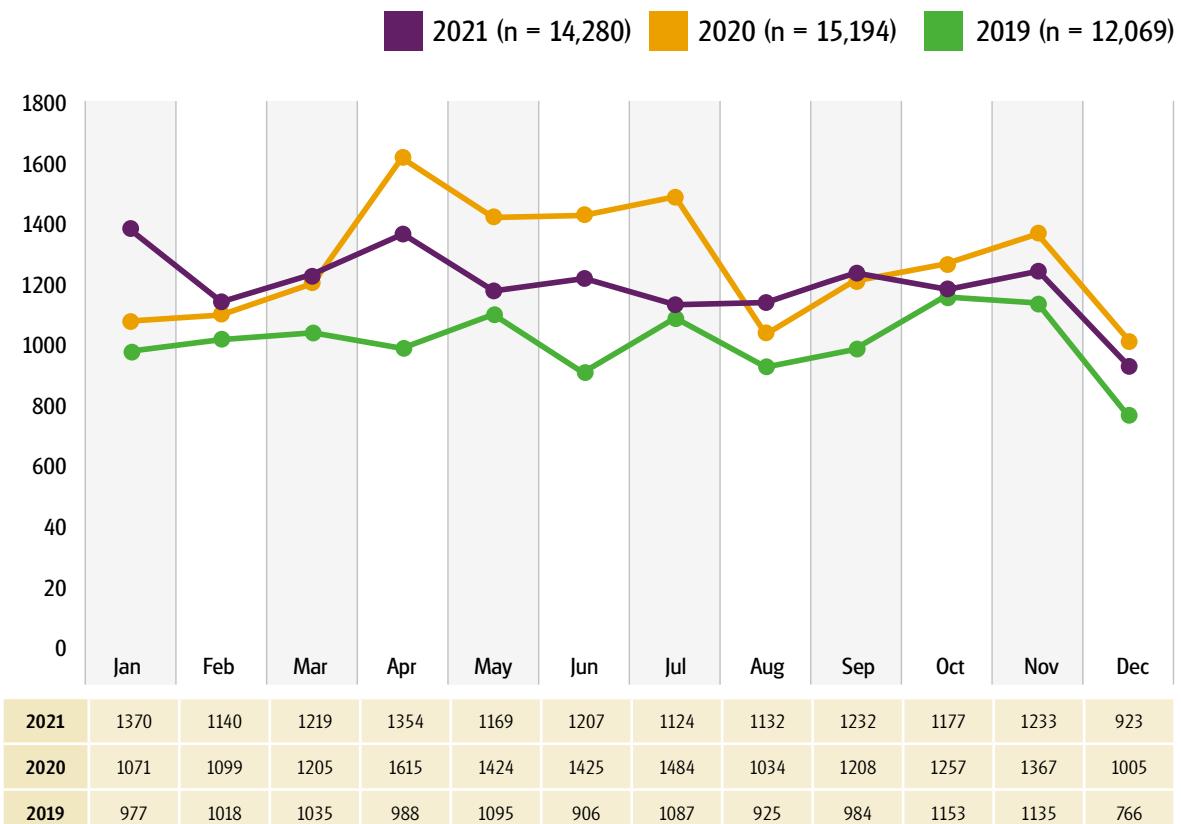
These 7 RCCs provided 14,280 appointments to survivors and supporters. This was a 6% decrease in the number of appointments provided in the previous year. However, to put this number in the context of pre-pandemic times, it is an 18% increase from 2019 figures. These appointments were fulfilled in person, over the phone, and by video calls as RCCs moved from remote working to returning to face to face appointments.

Many survivors found lockdown measures and isolation, along with the anxiety and fear that went hand in hand with the Covid-19 pandemic limiting and triggering, and this caused surges in the need for counselling and support throughout the pandemic. Every month of 2021 saw an increase in the number of appointments offered by RCCs when compared to 2019. RCCs developed a hybrid model of service delivery in response to the pandemic and we suspect that this flexibility has significantly impacted the number of people accessing services as RCCs became accessible in different ways. Staff made themselves available during the crisis in ways that were simply unfeasible with a return to face to face, unsustainable for staff well-being and not best practice for survivors in the long run. Our parallel CIP research in 2021 found that 93% of respondents would be happier engaging in face to face counselling as opposed to online counselling. The necessary return to face to face counselling, even with flexibility, alongside no significant increase in funding or trained available staff has inevitably led to a reduction in capacity. As demand has increased, this has meant significantly growing waiting times throughout 2021, a trend that looks set to continue in 2022.

“Everything you have taught me will help me to continue this difficult journey.”

(Survivor, 2021)

Graph 7: Monthly appointments 2021, 2020 and 2019 (%)



- In January 2021 we saw a spike in the levels of people taking up appointments in RCCs. Ireland had just returned to lockdown after another increase in Covid-19 over Christmas. We suspect the underlying cause for this spike in demand for appointments was a result of people feeling the negative impact of successive lockdowns and isolation, as well as their coping mechanisms being further eroded.
- The most significant increase in appointments provided during the pandemic was in April 2020 and we saw these figures remain high in April 2021 also. In 2020 we suspect this was due to the anxiety and fear that came with Covid-19. We believe the increased demand in April 2021 was due to increased access to counselling as a result of restrictions easing and more time available to survivors as children returned to school.
- July 2021 saw a return to appointment numbers closer to July 2019 levels.

“It’s an incredible place with incredible people. It’s a place free of judgement and full of understanding, compassion and support.”

(Survivor, 2021)

Sexual violence disclosed to RCCs

Gender

The majority of survivors attending RCCs were girls/women (89%). Boys/men accounted for 11% of survivors. A small number of survivors were transgender but the figures are too small to provide any detailed analysis on this group.



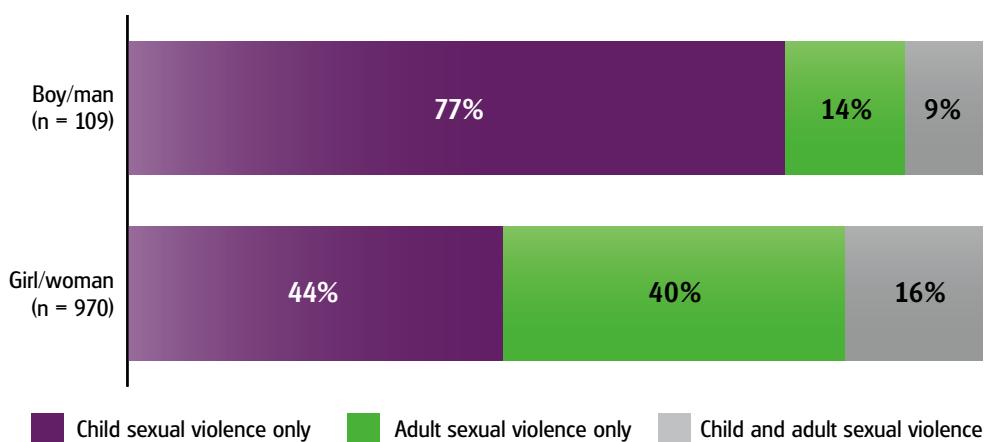
When the sexual violence took place by gender

By examining when in the life cycle of the victim the sexual violence was perpetrated, we can make predictions about patterns of, and vulnerability to abuse. SAVI (Ireland's only existing sexual violence prevalence study) tells us that children who are subjected to penetrative sexual violence are at a 16-fold increased risk of experiencing further penetrative sexual violence in adulthood. Last year RCNI published '['Storm and Stress' An Exploration of Sexual Harassment Amongst Adolescents](#)'. This summary of Dr Michelle Walsh's PhD research addressed a critical gap in Irish knowledge on the level and nature of sexual violence and responses in the adolescent community. This evidence should inform all early intervention and prevention policy and practice. Its lessons are very clear – the earlier we prevent and stop sexual violence from happening, and the better our response to children who are subjected to sexual violence, the greater chance we have of preventing further sexual violence in the life of that person.



Graph 8: When the sexual violence took place by gender (%) n = 1,079

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The above graph forms the basis of our understanding of how sexual violence is perpetrated differently across gender and age. We see that:

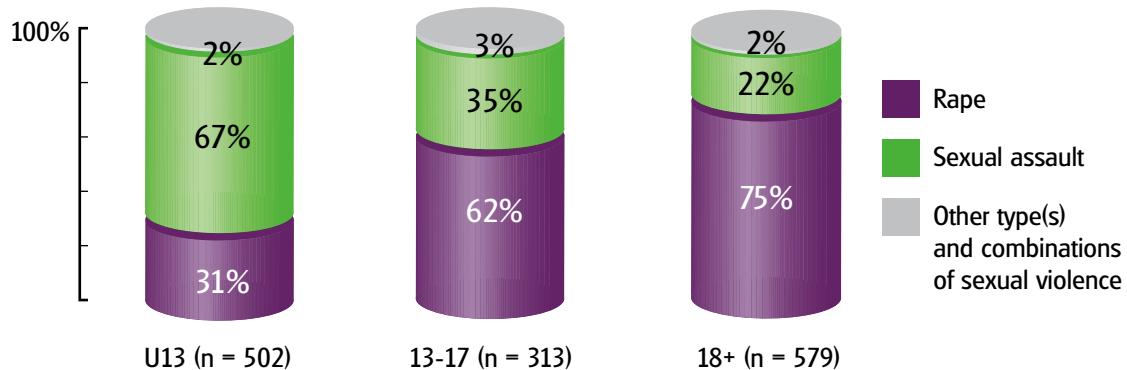
- Vulnerability to sexual violence is greatest for both girls and boys when they are in childhood (44% and 77% respectively).
- Boys' vulnerability to sexual violence decreases significantly as they grow into adulthood (77% in childhood to 14% in adulthood).
- Girls' vulnerability to sexual violence decreases as they grow into adulthood, but not as significantly as boys' (44% in childhood to 40% in adulthood).

Type of sexual violence

In our analysis over the past decade, we have seen a common pattern emerging in the details of sexual violence disclosed to RCC counsellors. **Sexual violence is perpetrated against different age groups of survivors in distinctly different ways.** It is important to note here that the majority of survivors attending RCCs for counselling and support are adults at the time they access services and are attending because of historic sexual violence perpetrated against them when they were children.

Graph 9: * Type of sexual abuse by age began (%) n = 1,394

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When we examine the age at which sexual violence was perpetrated against survivors attending RCCs we see that the majority of child sexual abuse was perpetrated against children who were under the age of 13 when the abuse began (502 children under the age of 13 compared with 313 children aged between 13 and 17). Some of the key patterns include:

- Children subjected to sexual violence which began when they were under the age of 13 were most likely to be sexually assaulted (67%), whereas
- Children subjected to the sexual violence which began when they were aged 13 to 17 were most likely to be raped (62%).
- Survivors of sexual violence in adulthood were more likely to be raped (75%).

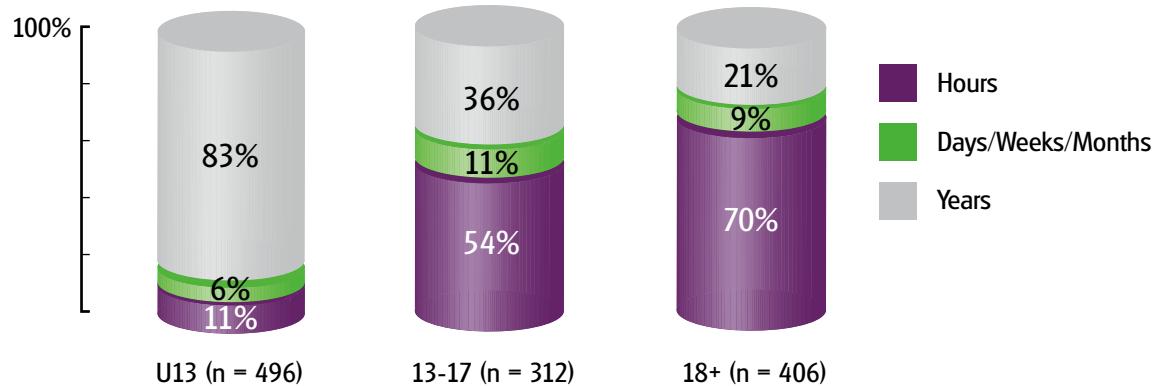
The vast majority of boys and men attending RCCs in 2021 were subjected to sexual violence when they were under the age of 13. Therefore, they and their experiences are most visible in this age cohort. Girls/women on the other hand are in the majority and are therefore driving all of the above trends. It is clear that **girls become increasingly vulnerable to more extreme forms of sexual violence as they age.** This is evident from when girls enter their teens where they are more commonly disclosing rape as the dominant form of sexual violence perpetrated against them. We see this increase further when we look at the types of sexual violence perpetrated against adults where rape is even more commonly disclosed.



Duration of sexual violence

Graph 10: * Duration of sexual violence by when the violence began (%) n = 1,214

U13 13-17 18+



The age of the survivor at the time the sexual violence was perpetrated against them is often an indicator of the length of time over which the abuse took place.

- Children who were abused when under the age of 13 most commonly disclose that the sexual violence was perpetrated over a number of years (83%).
- Children between the ages of 13 to 17 when the sexual violence began, tell a different story, which is more similar to that disclosed by survivors of sexual violence in adulthood. Most commonly these teenagers have disclosed that the sexual violence was perpetrated over a number of hours (54%), with one third disclosing that the sexual violence was perpetrated over a number of years (36%).
- Survivors of sexual violence in adulthood most commonly disclosed that they were subjected to abuse which was perpetrated over hours (70%), with 21% disclosing abuse that was perpetrated over a number of years.

“Very responsive, very friendly, kind staff. Kindness is abundant even when a person is just opening a door for you. This is a very important Centre for people.”

(Survivor, 2021)

It is important to note here that when we further analysed the information given to us by survivors subjected to sexual violence as adults, we found an overwhelming correlation between the length of time over which the abuse was perpetrated and the relationship of the perpetrator to the survivor. **The vast majority of adults who were subjected to sexual violence over years disclosed that the abuse had been perpetrated by their partner/ex-partner.**



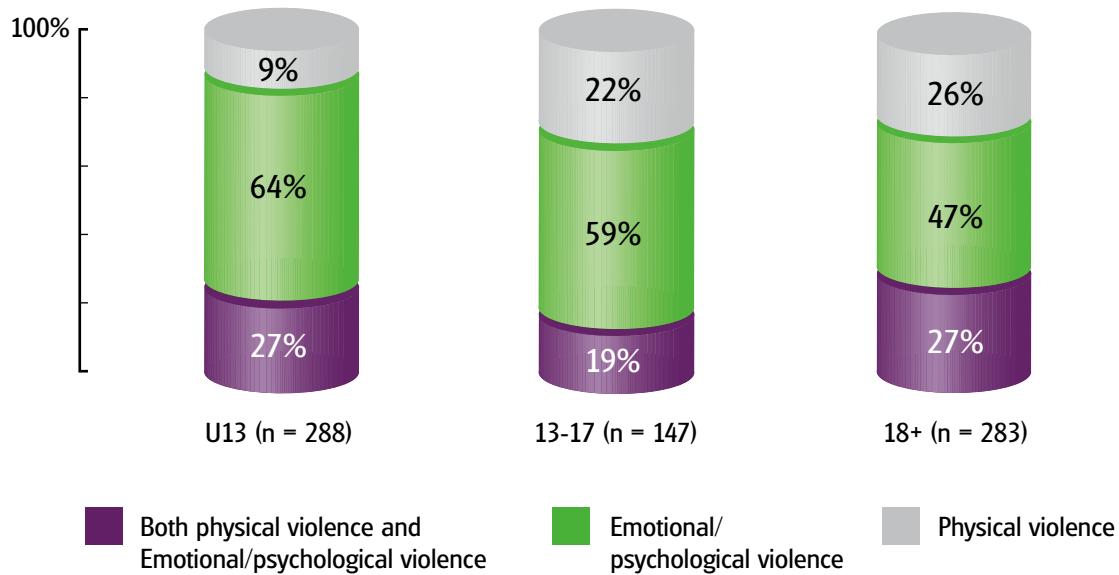
Additional forms of violence

Graph 11: * Additional forms of violence by when the abuse began (%) n = 718

U13

13-17

18+



54% of survivors disclosed that they had been subjected to additional forms of violence occurring at the same time as the sexual violence. This included physical violence (such as imprisonment, attempts to kill, physical assault, and neglect), and emotional or psychological violence (such as harassment, intimidation, stalking, and death threats).

When we examine additional violence in the context of the age of victims, we see the same clear pattern; as children progress to their teenage years, they become more likely to experience similar patterns of abuse as adults. In this case we see that survivors subjected to additional emotional/psychological abuse accounts for 64% in children under age 13 but falls to 47% for adults.

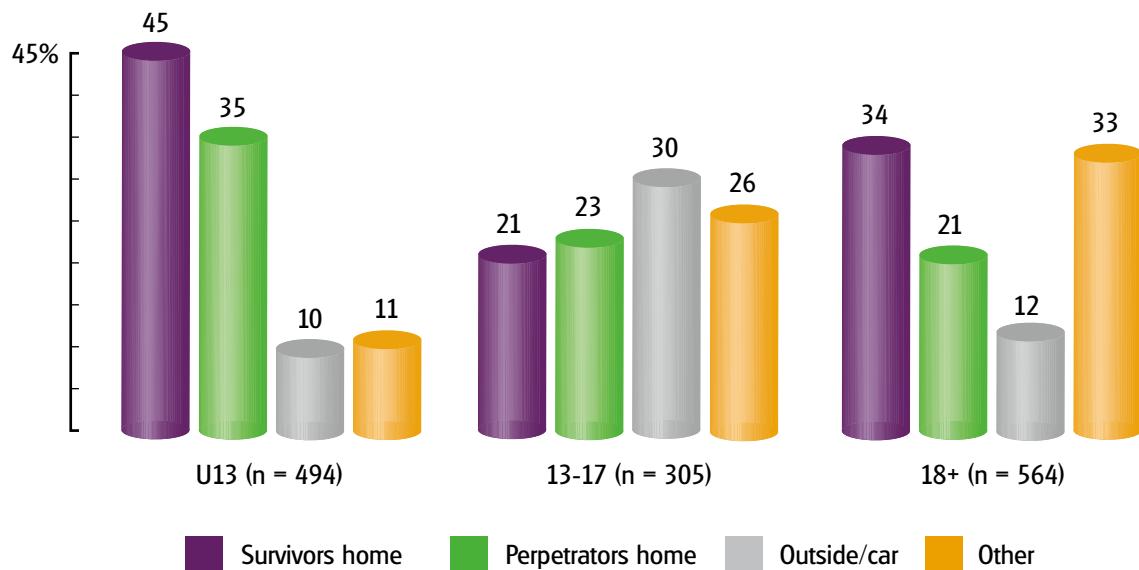
86% of adult survivors of domestic violence and coercive control disclosed that they had been subjected to additional violence as well as the sexual violence. This is significantly higher than the general population of survivors (54%). Survivors who were subjected to abuse by their partners/ex-partners also disclosed higher levels of a combination of emotional/psychological and physical violence than those subjected to abuse by other perpetrators.



Location of sexual violence

Graph 12: * Location of sexual violence by when the violence began (%) n = 1,363

U13 13-17 18+



When we examine the location where the sexual violence was perpetrated, we see some clear evidence of the relationship between the age of the survivor at the time the sexual violence was perpetrated and the location where the sexual violence was perpetrated. In 2021:

- Survivors who were subjected to sexual violence when under the age of 13 most commonly disclosed that they were subjected to the sexual violence in either their own home (45%) or in the perpetrator's home (35%).
- Survivors who were subjected to sexual violence when aged between 13 to 17 disclosed that the most common location where the abuse took place was outside or in a car (30%), in 'other locations' (26%), followed closely by the perpetrator's home (23%). The most common 'other locations' for this age group was a friend's house. A small number also disclosed that the violence took place at school, in a pub/nightclub, or at their workplace. A significant number of survivors who were abused when aged 13 to 17 disclosed that that sexual violence happened in their own homes (21%).
- Survivors who were subjected to the sexual violence when aged 18 and over disclosed that the most common locations of abuse were either in their own homes (34%) or in 'other locations' (33%). The most common 'other locations' for this age group of survivors were a friend's house, a pub/nightclub, or their workplace. A significant number of survivors of sexual violence in adulthood disclosed that they were subjected to the sexual violence in the perpetrator's homes (21%).

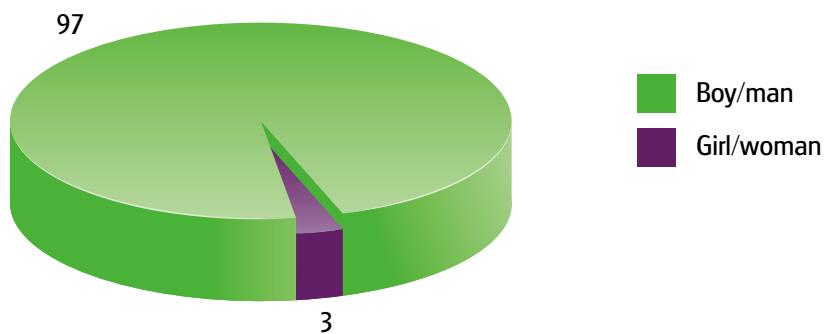
Survivors of domestic violence and coercive control in adulthood were almost exclusively subjected to the sexual violence within the home – either their own home or their partner/ex-partner's home (92%).



Perpetrator Information

Gender of perpetrator

Graph 13: * Gender of perpetrator (%) n = 1,403



Sexual violence is a gendered crime. It is for the most part perpetrated by men against women and children. Since RCNI began producing statistical analysis of survivors attending RCC services in 2004 this pattern holds firm and correlates with the national prevalence study, SAVI (2002).

- The vast majority of perpetrators of sexual violence were men and boys (97%).
- 3% of perpetrators were combinations of genders perpetrating together.
- A small number of perpetrators were women and girls (less than 1%).

"I have been going for a few months now and it's helped me in so many ways. My confidence has never been this good. I love going there."

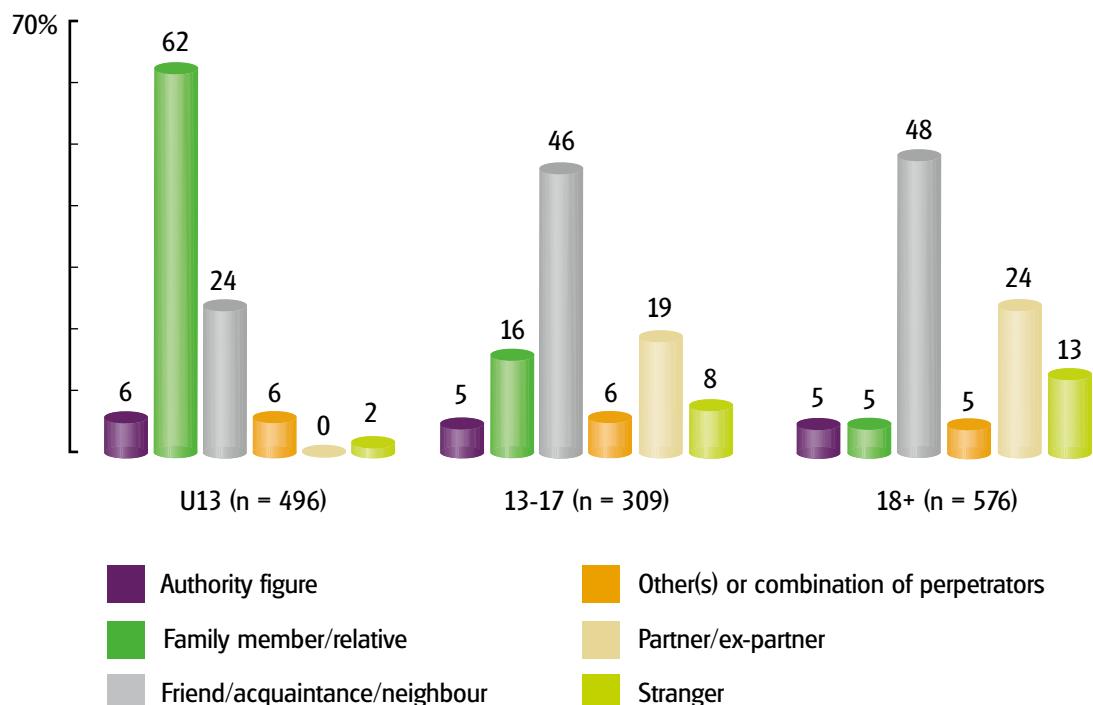
(Survivor, 2021)



Relationship of perpetrator to survivor

Graph 14: * Relationship to perpetrator by when the sexual violence began (%) n = 1,381

U13 13-17 18+



The vast majority of sexual violence is perpetrated by somebody known to the survivor (92%). Common patterns emerge when we examine the relationship of the survivor to the perpetrator in the context of the age of the survivor at the time of the abuse.

Children under age 13:

- Children who were under the age of 13 when the sexual violence was perpetrated against them most commonly disclose that the sexual violence was perpetrated by a family member/relative (62%).
- Approximately one quarter of children subjected to sexual violence when under the age of 13 were abused by friend(s), acquaintance(s), neighbour(s) (24%).

Children aged 13-17:

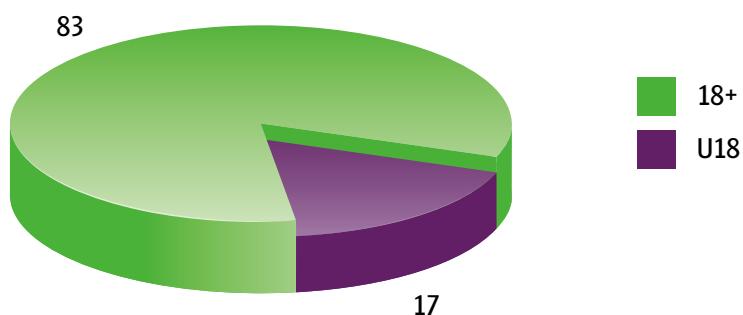
- Similar to adults, children who were between the ages of 13 to 17 when the sexual violence was perpetrated against them most commonly disclosed that it was friend(s), acquaintance(s), neighbour(s) who subjected them to the abuse (46%).
- 16% of children subjected to sexual violence when under aged 13-17 were abused by a family member/relative.
- We also see 19% of this age group being subjected to sexual violence by partners/ex-partners. This category of perpetrator becomes more common when we talk about survivors who were subjected to sexual violence in adulthood.

Adults aged 18 and over:

- Those subjected to sexual violence when aged 18 and over most commonly disclosed that the perpetrator was a friend(s), acquaintance(s), neighbour(s) (48%)
- One quarter of those subjected to sexual violence in their adulthood disclosed that the violence was perpetrated by a partner/ex-partner (24%).

Age of perpetrators

Graph 15: * Age of perpetrators (%) n = 1,337



- The majority of survivors disclosed that the perpetrators of sexual violence against them were adults (83%).
- 17% of survivors disclosed that the perpetrators of sexual violence against them were children.
- A small number of survivors disclosed that the perpetrators of sexual violence against them were a combination of adults and children (less than 1%).

As previous RCNI research has demonstrated, there is a correlation between the age of the perpetrator and the age of the survivor. Most of the perpetrators who were under 18 at the time they perpetrated the sexual violence targeted children who were approximately the same age or younger than them.

U13 **13-17** **18+**

- The median age of those perpetrating sexual violence against children under the age of 13 was age 30.
- The median age of those perpetrating sexual violence against children aged 13-17 was age 20.
- Survivors of adult sexual violence were most commonly abused by someone in the same age category or one age category above theirs, eg; survivors aged 20-29 were most commonly subjected to the sexual violence by perpetrators who were aged 20-39; survivors aged 30-39 were most commonly subjected to the sexual violence by perpetrators who were aged 30-49.

Pregnancy

7% of girls and women who were raped became pregnant as a result of the rape. This amounts to 48 women and girls who were aged 10 and over at the time of the rape. These survivors disclosed a range of different pregnancy outcomes. As the figures are quite low, we will give only a brief synopsis:

- Less than half went on to parent their baby
- Approximately one quarter had terminations, and
- The remaining third disclosed a combination of adoption, fostering, miscarriage, and still births.



It should be noted that these figures may refer to pregnancy in the past and not necessarily in the year 2021. Additionally, these statistics do not speak to what choices a pregnant survivor made as our data merely record outcomes.

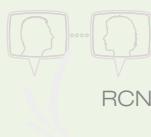


"I would like to express my gratitude for your service. My journey from despair and hopelessness to healing from my childhood abuse has been a lengthy process, and a process I feel I could not have done alone as my feelings of hopelessness and despair had led me to feeling and acting suicidal."

The support I have received from your service, has been a lifeline. Not only are the counsellors extremely supportive and understanding, but they are also exceptionally accommodating, as I have had days that I just needed to feel safe and supported, in between my appointments and the manager and all the staff at your Centre have always had their door open and the kettle on with a welcoming listening ear - this has truly been amazingly supportive. I have been supported by your staff at the RCC, from a time in my life when I felt at my lowest with thoughts that no one could understand me, and my insecurities prevented me from living to my full potential in life. With the support of your service, I have exceeded all my own expectations and my life is worthwhile and manageable.

I continue to receive support from your service as I have had the courage with your support to allow my voice to be heard and I have been supported as I made my statement of complaint of my abuse to the Gardaí. As I await the decision of prosecution from the DPP, I have been assured that your service will continue to support me during a possible court case. Knowing that I have this service and level of support relieves my fears and strengthens my ability to heal from a life time of hurt, pain and powerlessness."

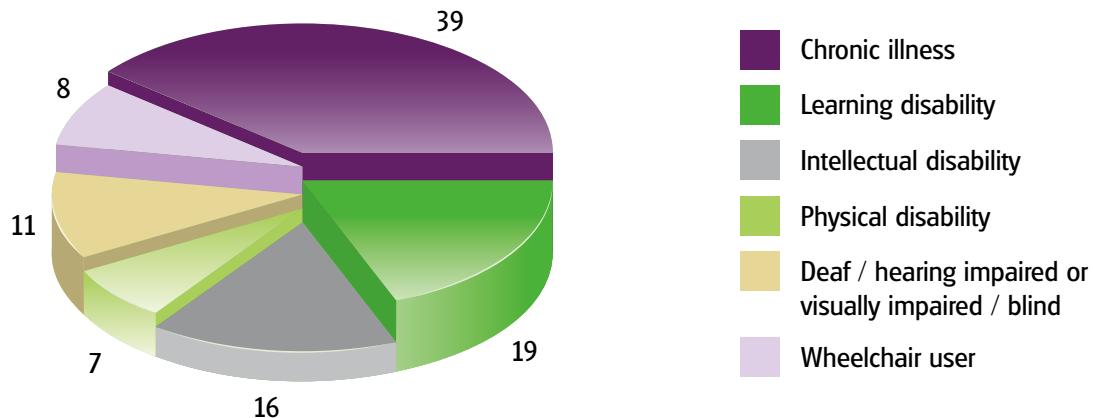
(Survivor, 2021)



Marginalised communities

Disability

Graph 16: Survivors with a disability (%) n = 89



7% of survivors attending RCCs for counselling and support in 2021 had a disability of some kind. This amounts to 75 people. Of these:

- Chronic illness is the most commonly disclosed disability (39%),
- followed by a learning disability (19%), and
- An intellectual disability (16%),
- 11% were either hearing impaired/deaf or visually impaired/blind,
- 8% were wheelchair users, and
- 7% of survivors had a physical disability.

Because the numbers are quite low, we cannot speak in great detail about this group. What we can say is that:

- The majority of survivors with disabilities attending RCCs were girls/women.
- There was a spread of age groups, with the highest number being in the 20-29 age group.
- The majority were living with parents or in their own privately owned homes.
- Perpetrators of sexual violence against people with a disability were most commonly within their circle of trust.
- The sexual violence was usually perpetrated within the survivor's or perpetrator's homes.
- The majority were subjected to one incident of sexual violence, and
- Survivors with disabilities disclosed higher levels of adult sexual violence and lower levels of child sexual violence than survivors with no disability.

For more detailed information on survivors with disabilities attending RCCs see the RCNI report published in 2011 entitled [Sexual Violence Against People with Disabilities: Data collection and barriers to disclosure](#).



Survivors seeking and granted International Protection

4% of survivors attending RCCs in 2021 were people seeking International Protection under International Human Rights mechanisms. This amounted to 47 people which includes those seeking International Protection (asylum), those with leave to remain, and people with refugee status. The number of people in this category reduced from 60 people in 2020. This year's reduction was primarily due to acute difficulty this group had in accessing services during Covid by phone and video calls because of privacy issues and language issues. We know there is significant unmet needs within this group. In previous years where some Centres had dedicated resources to provide targeted outreach top this group, we saw higher numbers able to access services.

The numbers are too low to provide a detailed analysis, however what we can say about survivors attending RCCs in this group is that:

- The majority were women, and
- Usually between the ages of 30-39.
- Most were from African countries.
- The majority were subjected to sexual violence in adulthood,
- This group disclosed sexual violence perpetrated by multiple perpetrators more commonly than the general population of survivors.
- They also disclosed higher than average levels of sexual violence which was perpetrated by authority figures and strangers.
- The sexual violence was usually accompanied by greater levels of additional violence, in particular combinations of both physical and psychological/emotional violence than the general population of survivors.

For more detailed information on survivors seeking and granted International Protection see the RCNI report: [Asylum seekers and refugees surviving on hold](#).

Irish Travellers

A small number of Travellers attended these RCCs for counselling and support in 2021. The figures are too low to provide any meaningful analysis without risking identification. However, we feel that it is important to maintain the visibility of this marginalised group within our reports.

Lesbian, Gay, Bisexual

5% of survivors attending RCCs in 2021 identified as lesbian, gay or bisexual. This amounts to 58 people. Because the figures are quite low, we cannot provide detailed analysis. What we can say is:

- The majority were women.
- There was a higher representation of gay/bisexual men and boys compared to the general population of survivors.
- The sexual violence was mostly perpetrated by someone within their circle of trust, with friends/acquaintances/neighbours as the largest category of abuser.

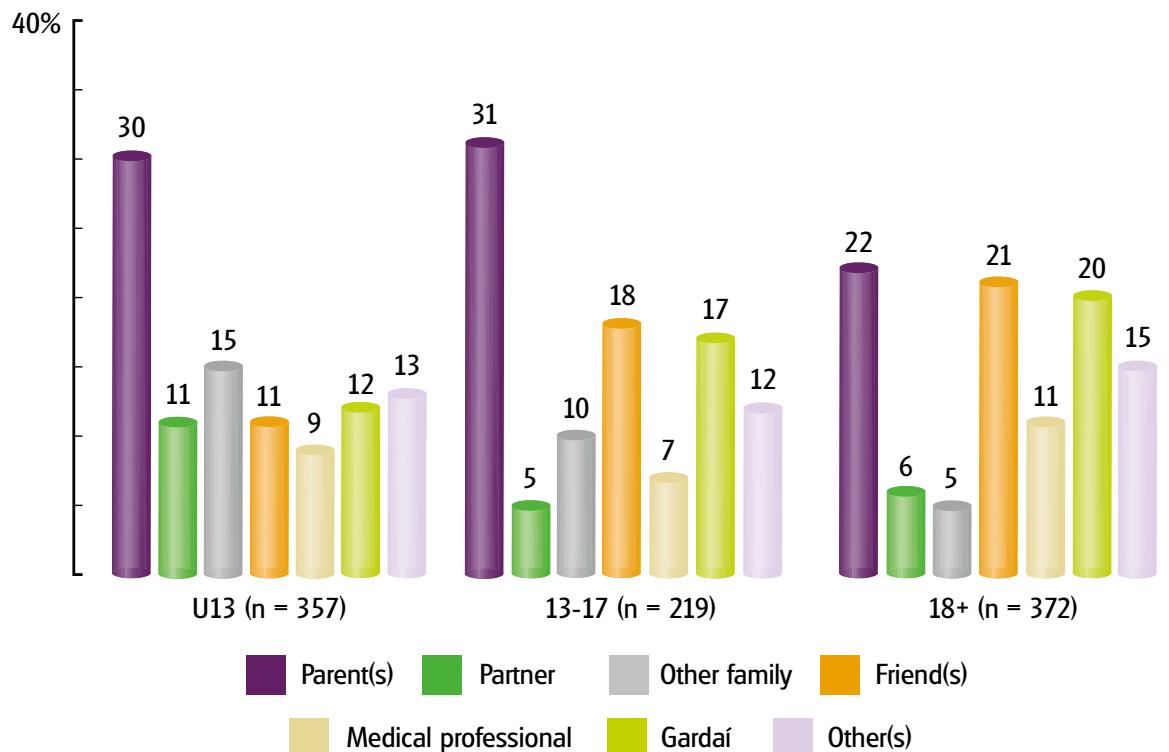
For more detailed information on survivors who identify as LGBT see the RCNI report [Finding a Safe Place, LGBT Survivors of Sexual Violence and Disclosure in Rape Crisis Centres](#) published in 2016.

Disclosing and reporting of sexual violence

Telling someone for the first time

Graph 17: Whom survivors first told about the sexual violence by when the abuse began (%) n = 948

U13 13-17 18+



RCCs were the first point of disclosure for 12% of survivors attending their services in 2021. The majority (88%) had disclosed some or all of the details of the sexual violence perpetrated against them to someone else prior to attending the RCC.

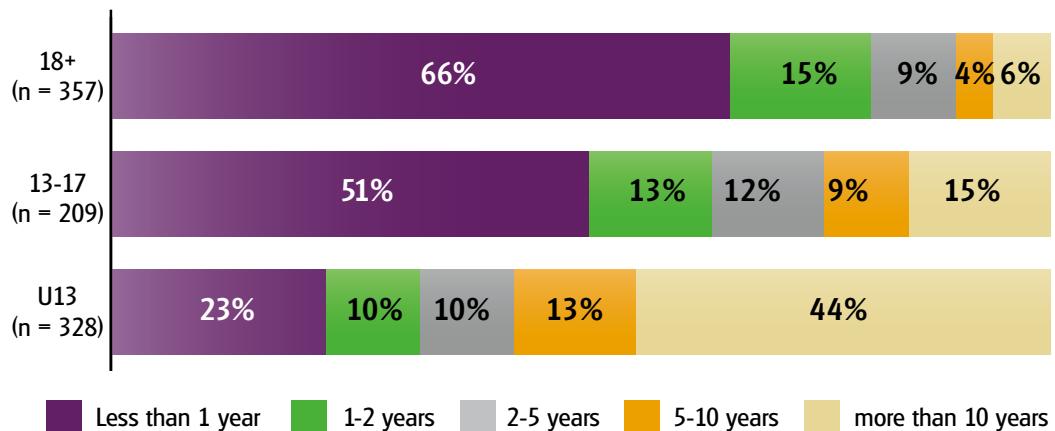
“Simply – you have always been by my side.”

(Survivor, 2021)

- A parent was the most common point of first disclosure for those who were subjected to sexual violence when under the age of 13 (30%). Other family members were also commonly disclosed to by this cohort (15%).
- People who were subjected to sexual violence when between the ages of 13 to 17 most commonly first disclosed to parents (31%), friends (18%), and the Gardaí (17%).
- Those subjected to sexual violence in adulthood first disclosed to parents (22%), friends (21%), and Gardaí (20%).

Graph 18: How long after sexual violence was first disclosure (%) n = 894

U13 13-17 18+

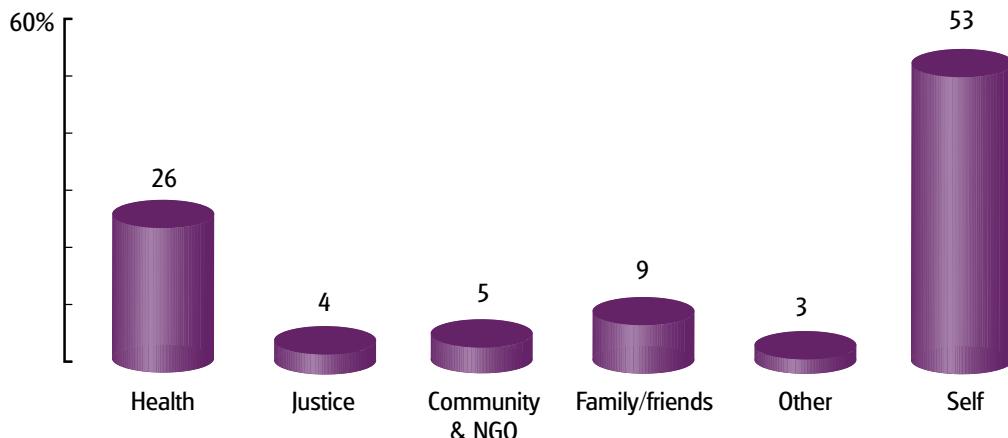


We see a clear correlation between what age the survivor was when the sexual violence was perpetrated against them and how long after this abuse they first disclosed to another person what happened.

- Those who were abused when under the age of 13 most commonly did not disclose anything about the sexual violence for 10 years or more (44%).
- Those who were abused when aged 13 to 17 most commonly disclosed less than a year after the sexual violence (51%).
- Survivors who were in their adulthood when the sexual violence was perpetrated against them usually disclosed to someone less than a year afterwards (66%).

Referrals

Graph 19: Survivors referred to RCCs by (%) n = 1,222



Over half of survivors referred themselves to an RCC (53%).

- The most common other source of referral was from health services (26%), and
- From family and friends (9%).

Time between sexual violence and the first contact with a RCC

U13 13-17 18+

When survivors accessed specialist support is impacted by when the abuse happened in their life:

- For those subjected to sexual violence in adulthood the median length of time between the beginning of the abuse and coming to a RCC is 2 years.
- For those subjected to sexual violence when aged 13 to 17 the median length of time between the beginning of the abuse and coming to a RCC is 8 years.
- For those subjected to sexual violence when under the age of 13 the median length of time between the beginning of the abuse and coming to a RCC is 31 years.

Further information on the age of survivors accessing services is available on page 33.

Survivors of sexual violence, when aged 18 and over, who were subjected to the violence by their partners or ex-partners, access RCC supports later than other survivors of sexual violence when in adulthood. The median length of time between the beginning of the abuse and the start of RCC counselling and support is 5 years. This is also reflective of the longer length of time over which the violence is perpetrated by partners/ex-partners with a high proportion disclosing that the sexual violence was perpetrated over years.



Reporting to a formal authority

RCCs fully support a survivor's choice whether to report the sexual violence to a formal authority or not. The only exception here is when a perpetrator still poses a risk to a child, in which case the RCC is obliged to make a formal report to Tusla. This section of the report dealing with survivors reporting the sexual violence to a formal authority refers to all incidents of sexual violence. This means that it counts every incident that survivors reported to formal authorities. Some survivors reported more than one incident to a formal authority, such as the Gardaí, because they were subjected to multiple different incidents of sexual violence. For a definition of 'incident' see the Index of Terms and Methodology sections at the end of this report.

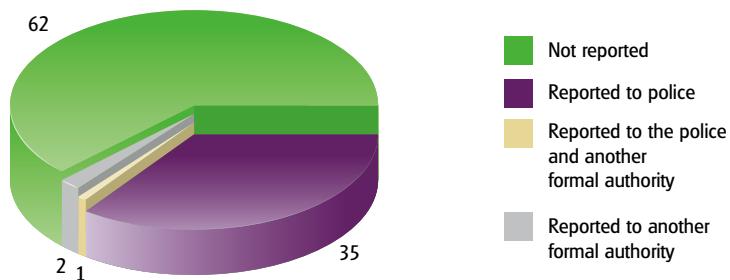
We believe that many of the fluctuations in figures between 2019 and 2021 in this section reflect the challenges for the Gardaí who were working with restrictive Covid-19 measures, such as mask wearing and social distancing, which made communication with survivors much more difficult. Over the coming years we will be able to fully reflect on these figures and see the impact of the pandemic on reporting of sexual violence. A welcome development in the reporting of sexual violence is the roll out of Garda Divisional Protective Services Units (DPSU). DPSUs support the delivery of a consistent and professional approach to the investigation of sexual and domestic violence and have specially trained officers. RCNI provide training for these Gardaí and survivor advocates in addition to the legal advice we provide directly to survivors.

“Thank You... it seems so small for someone that has always been at my side during my journey at the Rape Crisis Centre and never once have I felt abandoned or alone.”

(Survivor, 2021)

Survivor experience of reporting sexual violence to An Garda Síochána

Graph 20: *Reporting the sexual violence to a formal authority (%) n = 1,400



When we examine every incident of sexual violence that survivors disclosed to counsellors in RCCs we see that 38% of incidents were reported to a formal authority by the survivor. The most common formal authority survivors reported to was the Garda Síochána (35%).

***Reporting to a formal authority by the age of survivor when the abuse began (%)**

U13 **13-17** **18+**

	U13 (n = 504)	13-17 (n = 312)	18+ (n = 575)
Reported to a formal authority	36%	39%	40%
Not reported	64%	61%	60%

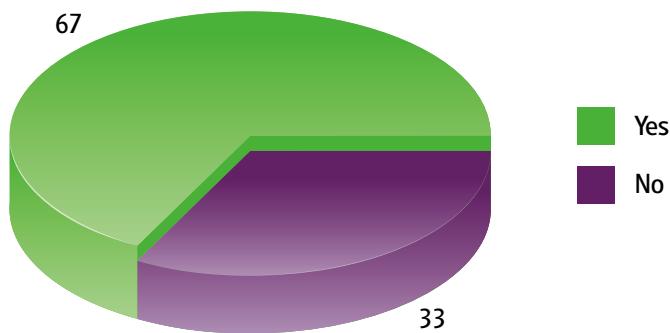
In previous years when we examined levels of reporting in detail, we could see clear differences in the different life stages of a survivor. In 2021, for the first time there were no significant differences, however for the purposes of annual comparisons we have shown the breakdown of each age category.

- Incidents of sexual violence which were perpetrated against adults (age 18 plus) were most commonly reported by survivors to a formal authority (40% of incidents were reported).
- 39% of incidents of sexual violence perpetrated against teenagers (ages 13 to 17) were reported to a formal authority by survivors. This is the same as 2020 figures. In 2020 we noted a 6% decrease in reporting levels for this age group compared to 2019 figures.
- Sexual violence perpetrated against children under the age of 13 was the most unlikely to be reported to a formal authority by survivors (36%). However, this is an increase of 6% from 2019 and 2020 figures, and is moving in a positive direction which is closing the gap between it and the other age categories.

Survivors of sexual violence when aged 18 and over who were subjected to the violence by their partners or ex-partners disclosed significantly lower levels of reporting to a formal authority (30%) than the population of survivors subjected to abuse by other types of abusers in adulthood (42%).



Graph 21: *Did the Gardaí maintain ongoing contact throughout the case (%) n = 464



The majority of survivors who reported incidents of sexual violence to An Garda Síochána disclosed that the Gardaí maintained ongoing contact with them throughout the case (67%). This means that the Gardaí contacted the survivor with regular updates on the progress of their case.

***Did the Gardaí maintain ongoing contact by the age of survivor when the abuse began (%)**

U13 13-17 18+

	U13	13-17	18+
No	35%	36%	29%
Yes	65%	64%	71%

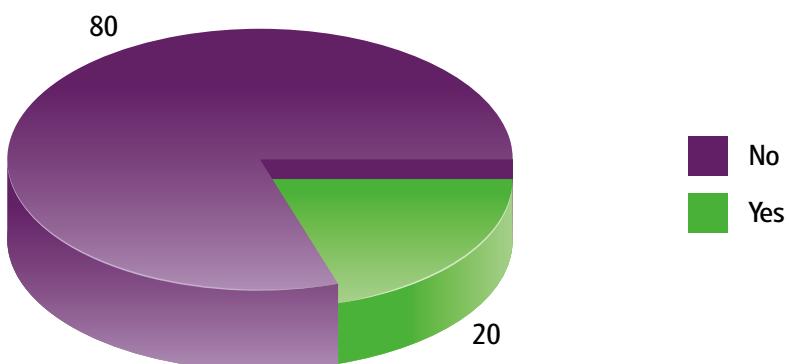
We see small differences in survivor experiences of reporting the sexual violence to the Gardaí when we look at what age the survivor was when the sexual violence was perpetrated against them. The majority of child sexual violence reported to the Gardaí is historic abuse and being reported by survivors who are now adults.

"I remember when you said you would never abandon me and you have not."

(Survivor, 2021)

- In 71% of incidents those subjected to sexual violence as adults disclosed that the Gardaí had maintained ongoing contact with them throughout the case.
- Those who were subjected to sexual violence when aged 13-17 disclosed that in 64% of incidents the Gardaí had maintained ongoing contact with them. This is a 7% decrease from 2020 figures which in turn was a 5% increase from 2019 figures. Small fluctuations like this can be expected in results and we continue to monitor them for significance.
- Survivors who were subjected to the sexual violence when under the age of 13 disclosed a similar level of Gardaí maintaining ongoing contact with them throughout the case as teens (65%).

Graph 22: *Did the survivor have difficulty obtaining case information from the Gardaí (%) n = 453



80% of survivors who reported to An Garda Síochána disclosed that they had no difficulty obtaining information on their case from the Gardaí.

***Did the survivor have difficulty obtaining case information from Gardaí by the age of survivor at time abuse began (%)**

U13 13-17 18+

	U13	13-17	18+
No	75%	86%	82%
Yes	25%	14%	18%

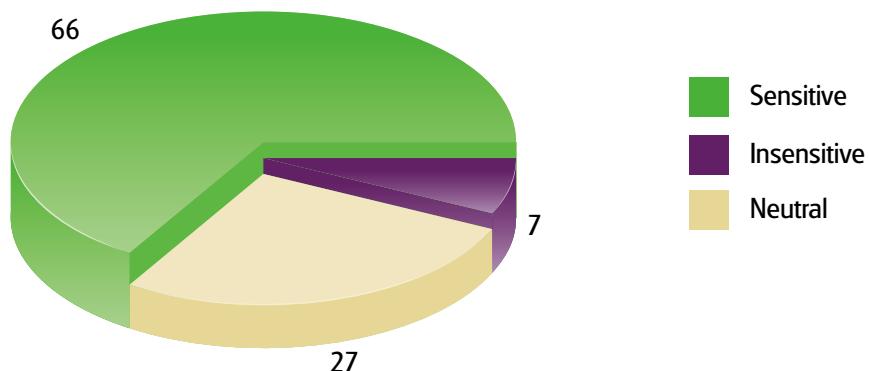
When we examine the experience of survivors subjected to the abuse at different life stages, we see some significant differences in difficulty levels in obtaining information on their case from the Gardaí.

- Survivors who were subjected to the sexual violence when under the age of 13 disclosed they had no difficulty obtaining case information 75% of the time.
- Those who were subjected to sexual violence when aged 13-17 disclosed that in 86% of incidents they had no difficulty obtaining case information from the Gardaí. This is a 9% decrease from 2020 figures which in turn was a 10% increase from 2019 figures. Comparable annual results allow us to monitor these changes for significance.
- In 82% of incidents those subjected to sexual violence as adults disclosed that they had no difficulty obtaining case information from the Gardaí.

“No words will ever express the difference you have made in my life.”

(Survivor, 2021)

Graph 23: *How did the survivors perceive they were treated by Gardaí (%) n = 461



The majority of survivors attending RCCs who reported the sexual violence to the Gardaí felt that they were treated in a sensitive manner by the Guards (66%) and 27% felt they were treated in a neutral manner. This is on par with the results in 2020 and in 2015, but a significant drop from 2019, where 82% of survivors disclosed that they perceived the Gardaí were sensitive in their treatment. We do not have comparable data for the years 2016 to 2018 to allow us to track a trend however it may be related to the extraordinarily high demands made on An Garda Síochána throughout the Covid lockdowns. RCNI will continue to monitor data on this measure and will explore possible reasons for the difference between 2019 and later years statistics in collaboration with An Garda Síochána.

***How did survivor perceive they were treated by the Gardaí by the age of survivor when abuse began (%)**

U13 13-17 18+

	U13	13-17	18+
Insensitive	6%	5%	10%
Neutral	28%	34%	22%
Sensitive	66%	61%	68%

There are significant differences in survivors' perception of how they were treated by the Gardaí when we look at what age the survivor was when the sexual violence was perpetrated against them.

- 66% of those who were subjected to sexual violence when under the age of 13 disclosed that they felt the Gardaí treated them in a sensitive manner. This is on par with 2020 results, however it is a decrease of 19% from 2019 levels signalling a lower level of satisfaction with their treatment by this group. 'Sensitive' means that the survivor felt that the Garda took the complaint seriously, and was attentive, supportive and sympathetic.
- 28% of those subjected to sexual violence when under the age of 13 felt they were treated in a neutral manner by Gardai. This is a 20% increase from 2019 figures which correlates with the 19% decrease in the levels of those disclosing that they felt the Gardaí treated them in a sensitive manner. 'Neutral' means that the survivor felt that the Garda was business-like, neither sensitive nor insensitive, but somewhere in-between.

- 61% of those who were subjected to sexual violence when aged 13-17 disclosed that they felt the Gardai treated them in a sensitive manner. This is a decrease of 10% from 2020 levels and a decrease of 29% from 2019 figures signalling a lower level of satisfaction with their treatment by this group.
- 34% of those subjected to sexual violence when under the aged 13-17 felt they were treated in a neutral manner by Gardai. This is an 8% increase from 2020 figures and a 26% increase from 2019 figures.
- Survivors of sexual violence in adulthood perceived that the Gardai responded to them in a sensitive manner (68%). This is on par with 2020 figures and only a slight decrease of 6% from 2019 figures. As in the other cohorts, we see this decrease in sensitivity result in a slightly higher level of neutral responses (13% in 2019, compared to 18% in 2020, and 22% in 2021).

"I had visited the Centre a number of years back to try and work through my experiences but at the time had no understanding of trauma and what was happening in my body and the talk therapy alone was too much for me to unpack everything. I would leave with a racing mind feeling like I had opened things up too much, feeling overwhelmed and unable to function.

I shut it all down and had convinced myself that I just had to "move on" struggling through my symptoms unsupported until my encounter in February of this year. On this occasion I was retraumatised and my neck muscles went into spasm from the shock. I had a month of very intense mental, physical and emotional symptoms.

Previous to this period I had years of psychiatric and psychological care and have searched desperately trying to find a solution to what was wrong with me. Why couldn't I just move on? I than began working with Noemie using a blend of talk and dance therapy approaches, and I cannot put into words how grateful I am to be working with her through a very difficult journey. Her blend of approaches has helped me process things on a different level. Her trauma informed approach has helped me better understand myself, my symptoms and better be able to accept, process and manage them.

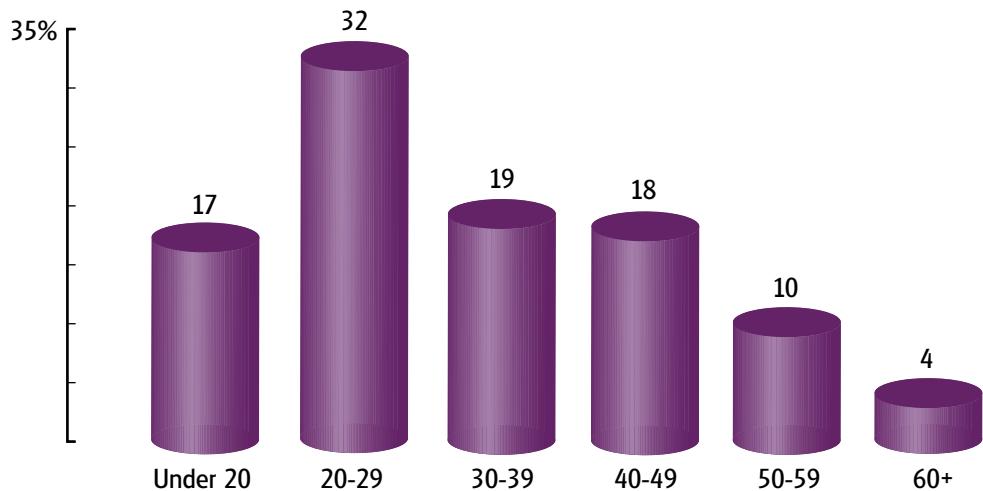
I really feel that had I met a therapist like Noemie earlier in my journey it would have saved me years of confusion, shame, suicide attempts, and hospitalisations and self-blame. I feel like I am genuinely getting what I need 16 years later. I cannot express enough how important trauma informed, body works, alternative, somatic approaches are to saving and changing lives of people living with trauma and their families."

(Survivor, 2021)

Demographics

Age of survivor

Graph 24: Age of survivors accessing RCC services (%) n = 1,222



- 9% of survivors (115 people) accessing service in 2021 were under the age of 18 when they did so. Most RCCs provide services to people aged 14 and up.
- Survivors were most commonly between the ages of 20-29 when they began using services (32%).
- 19% were aged 30-39, and
- 18% were aged 40-49.
- 14% were aged 50 or over.

When we examine this in more detail we see a correlation between what age the survivor was when the abuse began and how long after the sexual violence they accessed RCC services:

U13 13-17 18+

- Those subjected to sexual violence when under the age of 13 most commonly accessed RCC services when they were between the ages of 20-49. This group of survivors have the greatest gap between the sexual violence being perpetrated and seeking support from a RCC.
- Those subjected to sexual violence when aged 13 to 17 most commonly took up counselling and support with RCCs when they were under the age of 20.
- People subjected to sexual violence in adulthood most commonly began counselling and support in RCCs when aged 20 to 29.

Country of origin

The majority of survivors accessing RCC services in 2019 were Irish (88%),

- 4% were from African countries,
- 3% were from the UK, and
- 5% were from other countries.



"I contacted the RCC in order to get much needed help to report the person who attacked me in the past to the Gardai. I was too scared to go to a Garda station to do so. From the first lady who answered the phone to the different psychologists who listened to me in therapy, I was made welcome and was never treated as a victim, which was important to me, but as a client instead, as we are called here.

Empathy, humanity and great guidance were what I was looking for, and got.

The first time I drove to the Rape Crisis Centre and read the word 'rape' on the wall as well as 'crisis centre' was quite overwhelming. I had avoided pronouncing this word for so long and I didn't know that I had it in me to go there, never mind talk to the Gardai.

The Director herself organised the meeting with the Gardai and brought me there after a cup of tea, along with reassuring and kind words.

I then got therapy over a number of years and have now finished. My fantastic therapist was always there for me, including once, outside working hours, at a time of great distress to me. She reassured me, guided me and helped calm me down.

I am now stronger, more myself and ready to fly with my own wings, with the knowledge that I can ring them anytime to get an emergency therapy session if I collapse again. I could never thank my psychologist enough for all the hours she patiently listened to me and explained to me the mechanisms of sexual violence and a victim's response.

I feel I grew up and rediscovered myself.

Thanks also to everyone who gave me the emergency therapy sessions when needed, and to Miriam who organised the meetings with the Gardai.

Ladies, you are part of a lifeline and are all working in sometimes difficult situations. You hear sad and violent stories and yet your smiles and warmth contribute to helping each person who crosses the RCC's threshold feel welcome and above all safe."

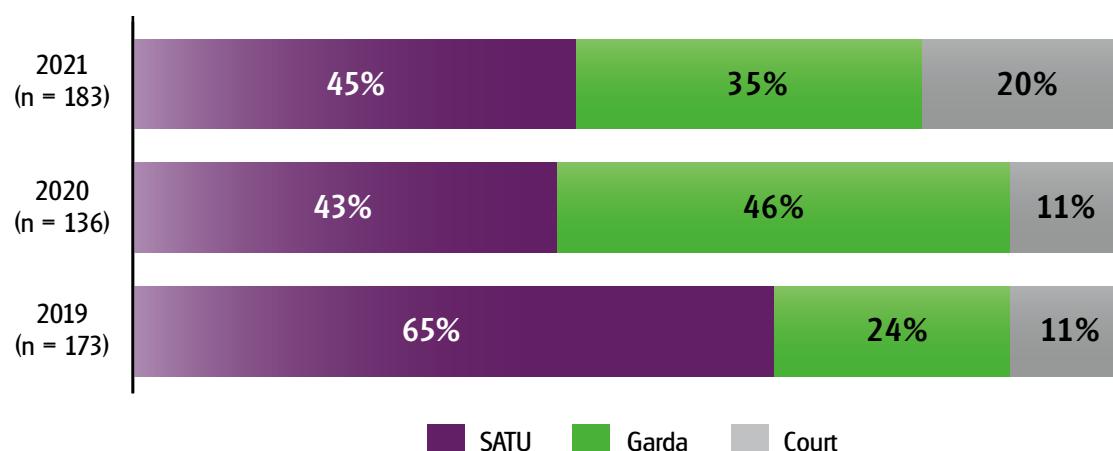
(Survivor, 2021)

Accompaniment



The following information is compiled using data entered by a sample of 5 Rape Crisis Centres into the RCNI Data Collection System. While RCNI runs a national Court and Garda Accompaniment programme funded by the Department of Justice, not all Centres record their activity in the RCNI Database. We estimate this sample to be one fifth of the national RCC numbers and through comparing database figures to our national programme returns we can see that patterns are similar across Ireland. The data in this section refers to people who availed of RCC accompaniment services in 2021.

Graph 25: Accompaniment type 2021, 2020 and 2019 (%)



In 2021 five RCCs provided accompaniment services to 183 survivors of sexual violence. This was a 35% increase from 2020 figures and a 6% increase from 2019 figures. Face to face accompaniment services were severely impacted by Covid-19 public health constraints so it is very positive to see the 2021 figures rising above pre-pandemic levels. Patterns that emerged during the pandemic in 2020 continue into 2021. Court and Garda accompaniment services had to be adapted rapidly during 2020 so that psychological support could still be provided to survivors remotely, through phone calls or secure video calls where necessary, instead of face to face. We will continue to monitor the changes in accompaniment to get a clear picture of whether the pandemic has a lasting impact on this service.

- The majority of these accompaniments were to Sexual Assault Treatment Units (SATUs) (45%). This is on par with 2020 figures but significantly lower than pre-pandemic figures.
- 35% of accompaniments were to the Gardaí. This is also on par with 2020 figures and an increase from pre-pandemic figures.
- 20% of accompaniments were made to court. This is slightly higher than 2020 figures (9% increase).





Common sexual violence patterns

Age of survivor at time of abuse

	Under 13 years U13	13-17 years 13-17	18 years plus 18+
Gender of survivor	Girl/boy	Girl	Woman
Type of sexual violence	Sexual assault	Rape	Rape
Additional forms of violence	Emotional/ psychological	Emotional/ psychological	Emotional/ psychological
Duration of sexual violence	Years	Hours	Hours
Location of sexual violence	Survivor's home/ Perpetrator's home	Survivor's home/ Perpetrator's home/ Outside or in a car/ Friend's house	Survivor's home/ Perpetrator's home/ Friend's home
Relationship to perpetrator	Family member	Friend/ acquaintance/ neighbour	Friend/ acquaintance/ neighbour
Gender of perpetrator	Man	Man	Man
Median age of perpetrator	30	20	Same age category as survivor or one age category above
Time between sexual violence and accessing RCC support services	31 years	8 years	2 years
First disclosure to	Parents/ other family	Parents/Friends/ Gardaí	Parents/Friends/ Gardaí
How long after sexual violence was disclosure	10 years plus	Less than 1 year	Less than 1 year
Reported to a police/ formal authority	36%	39%	40%

Common sexual violence patterns



Adult survivors of domestic violence and coercive control



Gender of survivor	Woman
Type of sexual violence	Rape
Additional forms of violence	86% emotional/psychological/physical
Duration of sexual violence	Years
Location of sexual violence	Home
Relationship to perpetrator	Partner/ex-partner
Gender of perpetrator	Man
Time between sexual violence and accessing RCC support services	5 years
Reported to a police/formal authority	30%





Methodology

RCNI Database project overview

RCNI has developed a highly secure online data collection system which allows authorised RCC personnel to log in and record specific information on each individual service user. RCC personnel do not record any direct identification details for service users or any other person. Those inputting data have varying levels of access to their RCCs data set depending on their role in the data collection process. This system is designed to equip RCNI to deliver comparable national data and simultaneously equip RCCs to, at any time, extract data regarding use of their own local service. This data collection system has been specifically designed to collect data in frontline services dedicated to working with victims of sexual violence. RCNI has developed standards on data collection, data use and data protection which all RCNI database users must adhere to. In order to ensure best practice an extensive data cleaning process is carried out before any data is analysed. This involves checking all of the data entered by RCCs for mistakes and omissions, and rectifying these.

RCNI National Statistics Report compilation

The information in this report is compiled from the data entered by a sample of Rape Crisis Centres around Ireland. The number of RCCs included in each section of the report is noted at the top of each section as well as an estimate of how this relates to usage of RCC services throughout Ireland. The data represents all people using these RCCs for counselling, support, accompaniment, and helpline services in 2021. It represents only these people and cannot be used to make assumptions about the overall incidence or nature of sexual violence in Ireland.

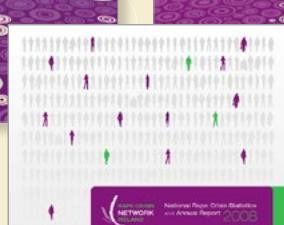
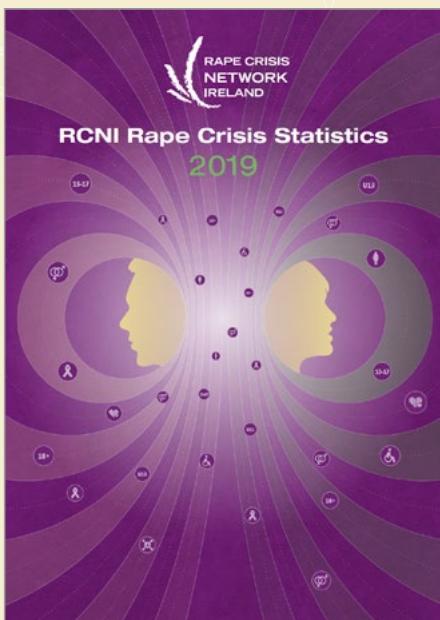
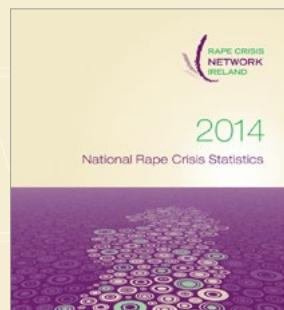
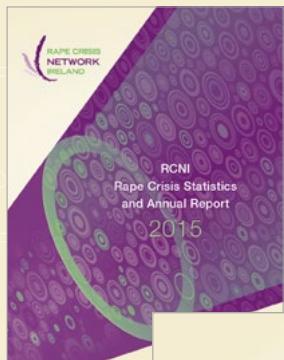
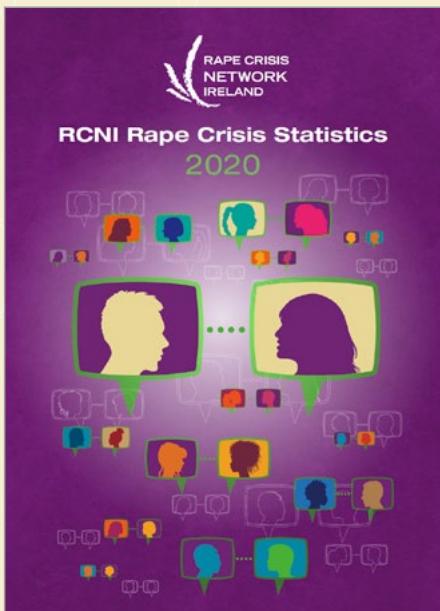
RCNI and RCCs do not have all information on the sexual violence experienced by these survivors, as some information is not always available. For this reason, the n values vary between graphs. The analysis used in this report is compiled using two distinct base figures, that of 'person-related' figures and 'incident-related' figures.

'Person-related' figures - Information inputted into the RCNI National Statistics Database is anonymised by use of unique numeric identifiers for each RCC service user. Demographic information and service user characteristics entered include information such as age, country of origin, legal status, disability, etc. The totals provided in tables and analysis relating to these characteristics refers to the total number of people aggregated across all RCCs in the study and not by individual centres in order to protect privacy.



'Incident-related' figures - This information relates to each incident or episode of sexual violence. Some survivors using RCC services have experienced more than one incident of sexual violence. An incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by the same perpetrator acting alone or a specific group of perpetrators acting together. An incident of sexual violence may last hours, days, weeks, months or years. Each incident may include multiple if not hundreds of crimes perpetrated by the same individual or group of perpetrators. The RCNI Database collects data on survivors' abuse details by incident because it is the internationally recognised best practice method of doing so (Basile, 2009). For each service user, data is input about each incident of sexual violence and the perpetrators of sexual violence. It is clearly indicated with an asterisk (*) when any tables, graphs and analysis in this report refer to incidents of sexual violence.

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Index of Terms

Acquaintance: Somebody that the survivor may know to say hello to or have chatted to on a night out for example

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

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

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

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

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

Domestic abuse and coercive control: A persistent and deliberate pattern of behaviour by a partner/ex-partner designed to achieve obedience and create fear. In this report it includes sexual violence as part of the abuse. It may also include coercion, emotional/psychological abuse, isolation, physical violence, degradation and control

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

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

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

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

Incident: An incident of sexual violence is a single act or series of acts of sexual violence which are connected by a single perpetrator acting on his own or a group of perpetrators who act together. An incident is not necessarily a once-off act of sexual violence. Each incident may include multiple, if not hundreds of crimes perpetrated by the same individual or specific group of individuals. It may be perpetrated over hours, days, weeks months or years. A person may be subjected to sexual violence by a single perpetrator over many years, on many different occasions and in different locations – this is one incident of sexual violence, as it involves the same perpetrator every time. A person may be subjected to sexual violence by a particular group of perpetrators who act together all the time - this is also one incident of sexual violence because it involves the same group of perpetrators acting together, all the time. (RCNI, 2022)

International Protection: Human Rights law protecting people who are outside of their country of nationality, who have a well-founded fear of being persecuted in that country if they return to it. This includes people seeking International Protection (formerly known as asylum seekers), and people granted Refugee status or leave to remain

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

Other locations of sexual violence: Car, Direct provision centre, Friends house, Hospital/Medical Centre, Institution/care setting, Place of employment, Prison, Pub/Nightclub, School, and OtherOther relationships to perpetrator: Sex purchaser, Taxi driver/driver, Other

Partner/ex-partner: Partner Cohabiting, Partner Non-Cohabiting, Partner Ex-Cohabiting, Partner Ex-Non-Cohabiting

Perpetrator: A person who has committed a sexual offence

Physical violence: Attempts to kill, Imprisonment, Neglect, Physical abuse, Prostitution, Trafficking, Economic abuse

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 without consent 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 of a survivor or survivor of sexual violence

Sexual Assault: An assault, ie: touching or 'reasonable apprehension' of touching without consent, in circumstances of indecency, formally called indecent assault. Sexual assault is 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, degradation, 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

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

Notes

Although every precaution has been taken in the preparation of this resource, the publisher and author assume no responsibility for errors or omissions. Neither is any liability assumed for damages resulting from the use of this information contained herein.

**Survivors from the following Rape Crisis Centres
are included in this report.**

To donate to your local Rape Crisis Centre select the button beside the Centre you wish to donate to.

**Carlow & South Leinster Rape Crisis
& Counselling Centre**

 1800 727 737

Donegal Sexual Abuse & Rape Crisis Centre

 1800 448 844

Kerry Rape & Sexual Abuse Centre

 1800 633 333

Mayo Rape Crisis Centre

 1800 234 900

Rape Crisis Midwest

 1800 311 511

Rape Crisis North East

 1800 212 122

Waterford Rape & Sexual Abuse Centre

 1800 296 296

Donate to Rape Crisis Network Ireland

For information on sexual violence services and supports in all
16 Rape Crisis Centres in Ireland: www.rapecrisishelp.ie



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www.rapecrisishelp.ie



An Roinn Dlí agus Cirt
Department of Justice



Statutory funding for all RCCs comes predominantly through
Tusla: The Child and Family Agency. All Centres fundraise also.

RCC contact details for support or donations can be found on:
www.rapecrisishelp.ie

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