



RAPE CRISIS  
NETWORK  
IRELAND

National Rape Crisis Statistics  
and Annual Report 2008



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

**RCNI Vision:** Working towards a society free from abuse 

# Foreword

It is a great pleasure for me as Chairperson of the RCNI Board to write the introduction for this valuable report. The Report provides an overview of the various activities undertaken in 2008 and the RCNI National Rape Crisis Statistics 2008.

These national statistics were made possible by all the survivors of sexual violence who attended RCCs and all of the very dedicated staff and volunteers working in RCCs throughout Ireland. This report aims to give a voice to all the women, men and children who used RCC services in 2008. The RCNI would like to dedicate this report to all of the survivors of sexual violence who have attended RCCs at some point in their lives and to all those who have experienced sexual violence and have not contacted RCCs.

The RCNI staff and members would like to thank the software development company who have worked with us from the start of this project. In addition, our thanks go to Statistician Emma Calvert who provided statistical analysis expertise and training, Maureen Lyons (UCD) who supports the RCNI in this project and independently verifies these findings. Thanks to Elaine Mears, Susan Miner and Clíona Saidléar for their hard work and determination in ensuring that we have a very comprehensive and informative report. Policy makers need accurate information and statistics about sexual violence to develop effective public policy, criminal justice responses, public health issues and prevention programmes.

The staff of the RCNI under the expert guidance of Executive Director, Fiona Neary are widely respected at a National level for their expertise and leadership. They are very dedicated to supporting member RCCs and as you will see from this report they are involved in a wide range of projects. The staff in conjunction with RCCs have successfully worked as agents of change, educating society about the impacts of sexual violence, confronting victim-blaming, challenging attitudes and injustices, advocating for legislation, informing policy and providing victims/survivors with the compassion and dignity that they deserve – “much done but lots more to do”. The RCNI and RCCs are constantly advancing the agenda of responding to the problem of sexual violence with the guiding vision that someday we will have a society free of sexual violence.

The RCNI staff, Board of Directors and RCCs would like to thank the HSE for without their ongoing financial contribution this project would not be possible.

As Chairperson of the Board of the RCNI, I would like to extend my personal gratitude to Fiona and all the Staff of the RCNI, my fellow Board members, our Independent Chairperson and RCCs for all their hard work, dedication and commitment.

## **Vera O’Leary**

RCNI Chairperson

Kerry Rape and Sexual Abuse Centre



# Executive Director's Introduction

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

In 2008 alone, 1,840 women, men and teenagers received face-to-face help and support in fourteen RCCs.

These fourteen RCCs, through their staff and volunteers, provided training and education to thousands of second and third level students, health professionals, Gardaí, community groups and teachers. These RCCs also brought their expertise on sexual violence, and the voices of survivors of sexual violence, to inform a range of interagency groups and committees working to end sexual violence and violence against women.

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

**Fiona Neary**

RCNI Executive Director

# Independent Statistics Expert Foreword

Consistent and comparable data are essential in developing policy objectives and service responses and in determining the effects of reforms. Those confronting questions concerning appropriate policies and effective procedures for addressing the problem of sexual violence need more information to guide their thinking.

Given the paucity of Irish-specific quantitative and qualitative data regarding sexual violence, it is vitally important that the administrative data recorded in the course of service delivery to survivors of sexual violence is both as complete and reliable as possible. In order to achieve this goal, in future data recording needs to be nationally planned, coordinated and standardised. As a national network already working over the last 5 years with 14 of the Irish 16 RCCs on a major statistics project, involving outside experts in the field, on the development of standardised, consistent and reliable administrative data, the RCNI is best placed to work with relevant services to coordinate this initiative.

Such a coordinated effort would need to provide an appropriate and sustained level of support and training to organisations involved in such data collection and recording. It is highly recommended that all NGOs providing services to survivors of sexual violence and their supporters participate in this initiative so that Irish service data on this group is as accurate, reliable and representative as possible. It is particularly timely to now move towards national data recording given the valuable learning and expertise harnessed from the RCNI statistics project with the 14 Rape Crisis Centre participants.

**Dr. Maureen Lyons**

Director of Research Design and Methodology

Equality Studies Centre, School of Social Justice, UCD



## The first step is the hardest



*Every journey has to begin with an initial step and I eventually decided to take mine just over one year ago.*

*After many years of denial, attempts to address issues and my own enforced 'acceptance' of my past, I finally knew that this wasn't something I could deal with properly on my own.*

*Sadness was creeping closer to my present and despite my efforts to keep as far away as possible from my past, I knew I was losing the race. It took a complete change in my demeanour – panic attacks /anxiety, for me to eventually slow down and be honest enough with myself to admit this was something I needed to address with help. From my own experience, the hardest part was making the commitment to walk down the path and knock on the door (or as I found out – press the button) and face the unknown. I never really thought about the truth behind the saying – “the first step is the hardest” until then.*

*And so began my journey. My year of commitment to myself and my well being. I can't lie or gloss over the experience – yes, it took me a while to learn to be honest with myself. This knotted, frayed, and torn ball of emotions I had kept rolled up as neatly as possible inside me all had to be undone, untangled, unravelled and laid out strand by strand so I could see things clearly and separately for the first time. Not an easy task after 25 odd years of rolling it up and pushing it away. The problem of course with pushing a ball up a hill is that it rolls right back to you each time.*

*With each thread came little knots that I maybe hadn't seen or recognised before, and these too had to be undone. Some slipped away easy like untying a shoe lace, others required persistent patience.*

*As with anything new, I found that you have to be open to the experience. Be willing not to try and show what you know but what you wish to learn. To slowly work backwards, through all the distractions, the incidences, the things I had focused on as part of my issue and eventually end up at the centre of my hurt and pain was something I didn't expect but have fully learned from. By distracting myself from the actual depth of my hurt I was able to function- not perfectly- but enough to get by. Getting by was proving harder to do.*

*I had thought that the process would give me the direct answers to the questions that had clouded and tormented me for so many years. The answers to all the 'why' and 'how would it have been' and so on, but it hasn't, not directly, I have learned something so much more valuable than simple questions and answers. I have learned to understand myself, who I am. The answers were already within me but I couldn't access them all the time or when needed.*



*Rather than wanting to change my past, change my family, change the routines, I have benefited far, far more by changing myself. Not by altering my personality, my goals or ambitions but by finally learning to sit still – allowing myself to simply sit and listen. Think, Relate – and yes – think again! I finally learned to sit with myself as a person and to stop running. To allow myself to be calm and, with trust and guidance, slowly allow my past into my present thoughts. With a lot of work, tears and patience I have found myself both, past and present – merging together as one.*

*To have to slowly acknowledge the very things I had spent years running away from and to have to sit with them and let them in is something I had feared all my life. With time, help and patience I have seen that it is possible.*

*I haven't fallen apart. I haven't lost my family, friends, even my mind (even though at times I thought it might be possible). I haven't lost who I am.*

*What has changed lies within what I have found. A calmness within me that I didn't think was possible. A clarity for the first time – that helps me identify and deal with my emotions. An understanding of my past with which comes a forgiveness towards myself. A safe and protected sadness, what I experienced, lost but have regained. An appreciation, for all my qualities and for those around me who have helped and above all else, I have found myself – the being and whole parts of me that for the first time I am not trying to separate, but rather welcome into my life. A willingness to allow all my experiences to merge together in me – as one.*

*Yes, I have a story and yes, some may find it hard to comprehend, but it is just that my story, my journey this far. It hasn't been easy but there have been some great highlights and on balance, some tricky lows. The final resting spot seems to lie not "out there" in what I do, plan or say but silently and calmly within me and that place I can say honestly is a nice and safe place to be.*

*As for the torn ragged and knotted ball I carried, I still have all the threads. Some are worn, some broken but repaired and tied back together. Others are frayed but determined to hold together with strength. Each thread with its own colour and texture is as important as the next. I've taken them all one by one and stitched together a colourful and unique little patch that I am quite proud of. It now sits very tidy within me – keeps me warm and protects me. It reflects me, who I am and is a little colourful quilt of security. It's something I have made, something I have created and something that I can carry always. My own little tapestry that's interesting to look at, that is unique and reflective and true, it reminds, supports and reassures me – something for me to keep always.*

(Survivor, 2008)



# RCNI National Rape Crisis Statistics 2008

**In 2008 1,840 people used Rape Crisis Centres (RCCs) counselling services. This was an increase of 152 people or 8.4% from the previous year.** People often stay in counselling for a period spanning more than one year.

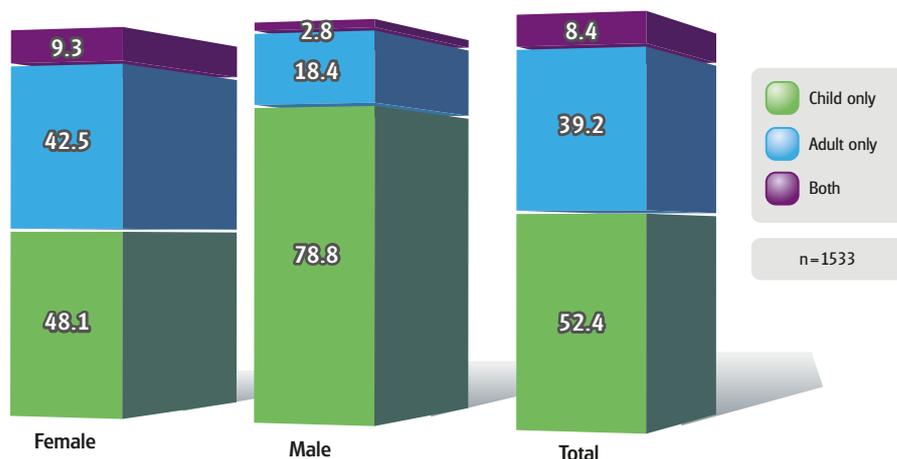
## Gender of all Service Users



The vast majority of service users were female (84.8% were female and 15.2% were male). Almost nine out of ten (88.2%) RCC service users were survivors of sexual violence. Most survivors of sexual violence accessing RCC services were female (86.3% were female and 13.7% were male).

## Typology of sexual violence

When sexual violence occurred by gender of survivor (%)



**Over half (52.4%) of all survivors accessing RCC services in 2008 did so because they had been subjected to sexual violence in childhood only.** A further four out of ten availed of counselling (39.2%) because they were subjected to sexual violence in adulthood only. One in ten accessed RCC services because they were subjected to sexual violence in both childhood and adulthood (8.4%).

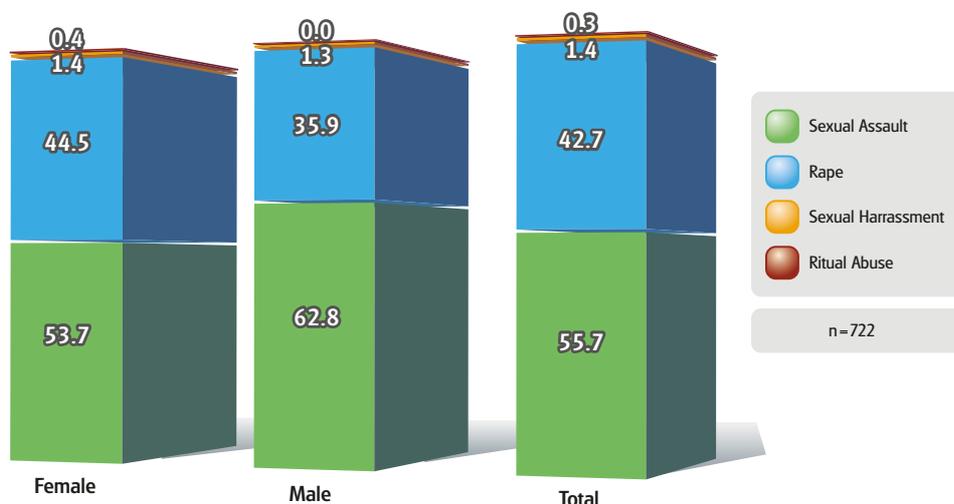
The overwhelming majority of male survivors (78.8%) attended Rape Crisis Centres as a result of sexual violence experienced as children, with a further 18.4% as a result of sexual violence experienced as an adult. Female survivors reported sexual violence as children in 48.1% of cases, which is a notably smaller proportion of all women than is the case for men. Conversely compared to men, women are over represented among those who experienced sexual violence as adults (42.5% versus 18.4%). The remaining 9.3% of female survivors reported experiencing sexual violence as both children and adults. These figures support the findings of SAVI that male vulnerability to sexual violence decreases as a male ages and that female vulnerability does not decrease with age.

## Type of sexual violence by gender

The following analysis examines the **first incident of abuse reported to RCCs by survivors.** Rape is reported as the most common type of sexual violence perpetrated against RCC service users in 2008 (58.7%). In over one third of cases survivors reported sexual assault (38.9%). There are differences in the type of sexual violence that males and females report being subjected to. Female survivors attending RCCs reported rape as the most common form of sexual violence perpetrated against them (61.8%), whilst males reported sexual assault as the most common form (59.4%).

### Sexual violence as children

**Type of violence experienced by gender of survivors of sexual violence as children (%)**

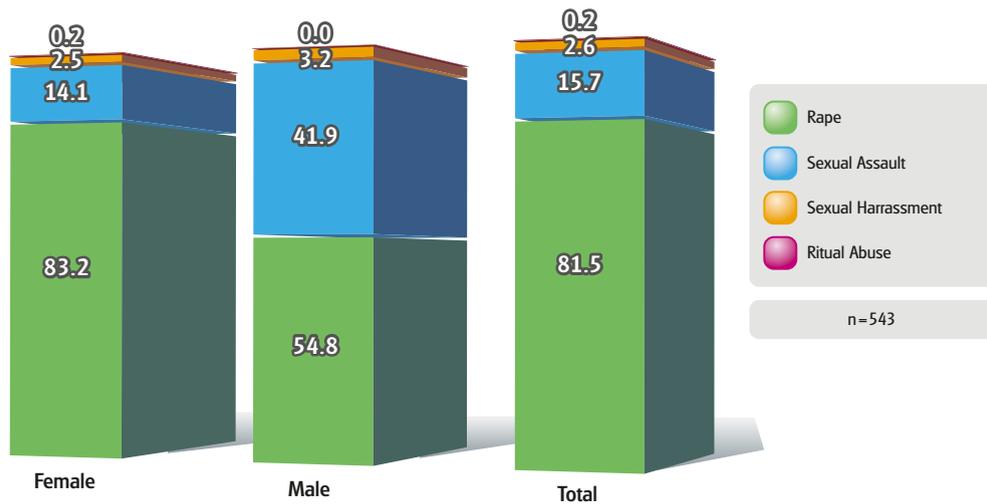


**In 2008 RCCs saw 803 survivors of sexual violence as children.** The majority of these were female (79.2%). We do not have information on the type of violence experienced by all of these survivors, as some information is not always available. For this reason the n value in the graph is different from that in the text. The most common type of sexual violence for survivors who experienced sexual violence as children was sexual assault (55.7%). Approximately half of females who experienced sexual violence as children reported sexual assault as the type of abuse compared with six out of ten of males (53.7% and 62.8% respectively). In four out of ten cases survivors reported rape as the type of abuse (42.7%). Rape was more common for girls (44.5%) than for boys (35.9%). The least common forms of sexual violence committed against RCC survivors as children were ritual abuse and sexual harassment (0.3% and 1.4% respectively.)



## Sexual violence as adults

Type of violence experienced by gender of survivors of sexual violence as adults (%)

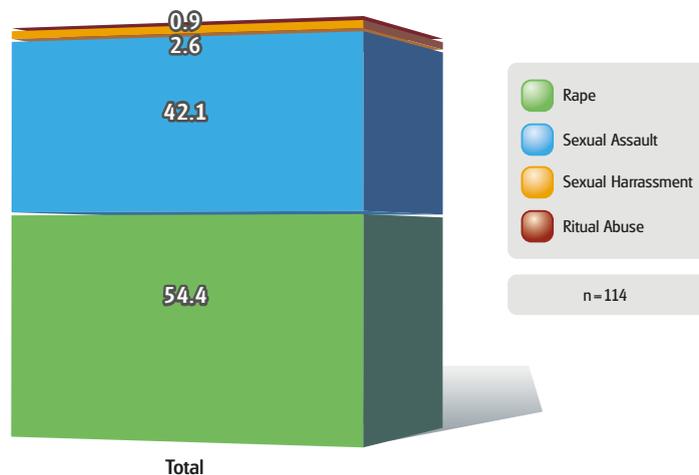


**In 2008, 601 persons using RCC services were survivors of sexual violence as adults.** Of this 601, 93.5% were female and 6.5% were male. There were large differences between the type of abuse perpetrated against children and that perpetrated against adults. The vast majority of survivors of sexual violence as adults reported rape as the type of violence (81.5%). This means that 38.8% more survivors of sexual violence as adults reported rape as the form of violence compared with survivors of sexual violence as children. Sexual assault was reported as the type of violence in 15.7% of cases. The least common forms of sexual violence committed against adults were sexual harassment and ritual abuse (2.6% and 0.2%).

**The differences between the levels of rape and sexual assault that female and male survivors of sexual violence as adults experienced are striking.** Female survivors were raped in 83% of cases compared with 53.2% of men. Men were much more likely to suffer sexual assault (41.9%) than women (14.1%). No males reported ritual abuse and a very low number of females reported this type of sexual violence.

## Sexual violence as both children and as adults

Type of violence experienced by gender of survivors of sexual violence as children and adults (%)



**In 2008, 129 survivors who attended RCCs had experienced sexual violence both as children and as adults.** Of this 129, 95.3% were female and 4.7% were male. The SAVI report found that people who had experienced sexual violence were 17 times more likely to be re-victimised than those not abused (McGee et al, 2002). Of those survivors who were subjected to sexual violence as children and adults, almost half reported being raped (54.4%) and almost two fifths reported sexual assault (42.1%). The numbers of men experiencing sexual violence in this category is too low to allow analysis by gender.

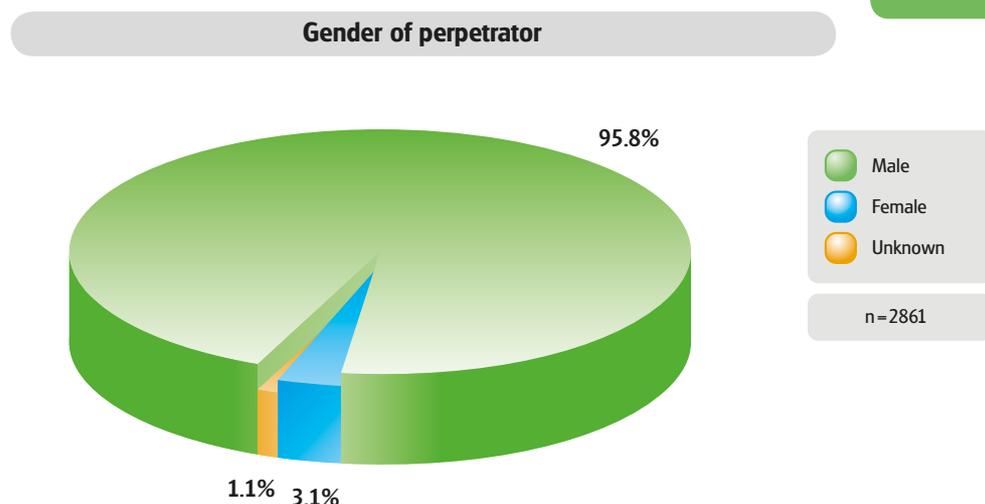
*“Those who have survived childhood abuse can grow very much alone, developing harmful ways of keeping the sad bad memories down. I see the counsellor as a real support, as a friend alongside me, and as a safety contact in times of anxious disturbance.”*

(Survivor, 2008)

## Perpetrator Information

Survivors reported that **perpetrators were overwhelmingly male (95.7%)**. This figure refers to all reported incidents of sexual violence and were roughly the same for 2007 data (96.2% were male).

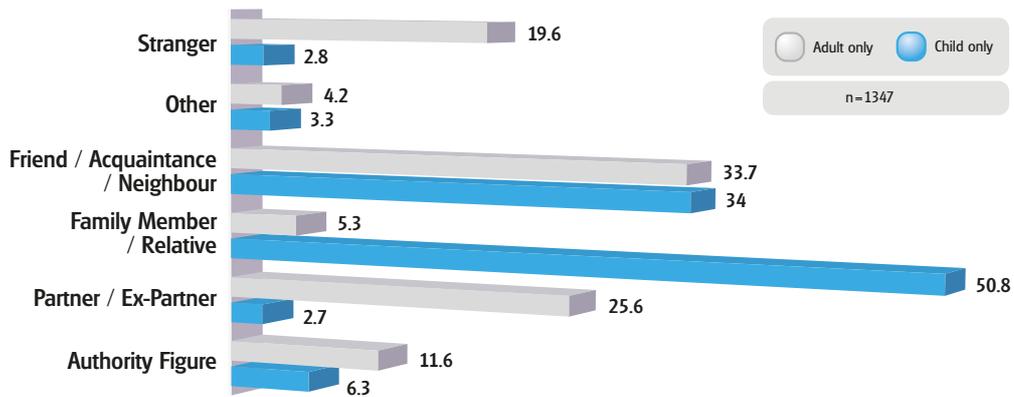
### Relationship to perpetrator



**Almost nine out of every ten perpetrators (86.6%) are known in some way to the survivors.** Slightly over one-third (34%) of the perpetrators were friends, neighbours or acquaintances. This category is a combination of a number of different relationships to ensure accuracy because of the potential blurred lines between these relationships. This analysis of the relationship of survivors to abuser refers to the first incident of abuse disclosed to RCCs by survivors. Family members and relatives were only slightly less common as perpetrators, at marginally less than one third (32.1%). Co-habiting and non co-habiting partners and ex-partners accounted for 12% of perpetrators.



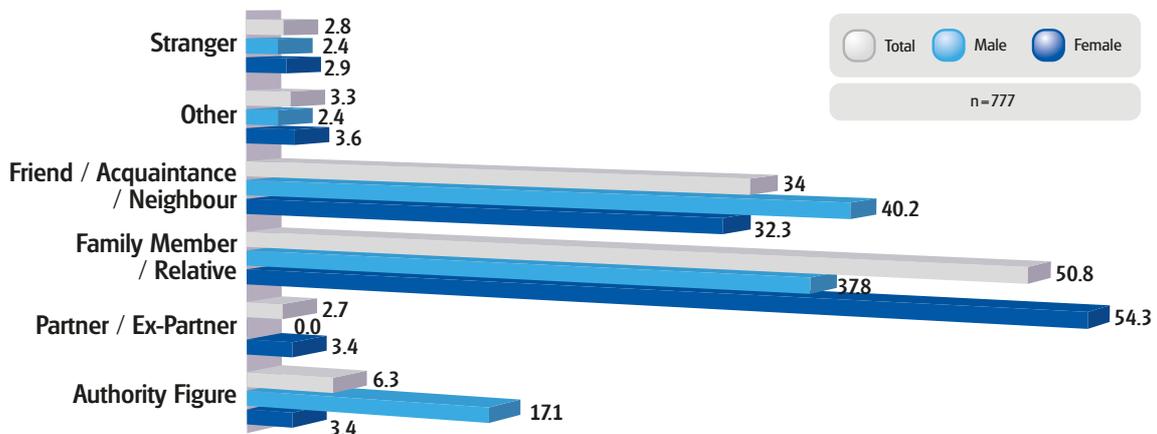
### Relationship of abuser to survivor by typology of abuse (%)



**Overall, sexual violence committed by a stranger accounted for less than 1 in 10 experiences of sexual violence (9.7%).** This is an increase of less than 3% from the 2007 RCNI National Rape Crisis Statistics. When, how and why a perpetrator targets someone in particular will vary greatly in terms of the relationship, if any, with the victim. The nature of the survivor/perpetrator relationship has a bearing on how best to respond to sexual violence in terms of supporting survivors, holding perpetrators accountable, and prevention. Distinguishing between 'stranger' and 'acquaintance' is of vital importance. An acquaintance is somebody that the survivor may know to say hello to or have chatted to in a nightclub, whereas a stranger is somebody that the survivor has never met before. The World Health Organisation Typology of Violence clearly separates the two variables of 'stranger' and 'acquaintance' but recognises them as cohorts of interpersonal community violence (Krug et al, 2002). The Child and Woman Abuse Studies Unit European Attrition Report also differentiates between acquaintance and stranger and even goes as far as differentiating between acquaintance and recent acquaintance (Lovett et al, 2009). The category of friends, acquaintances and neighbours used in this report offers a wider catch-all which allows for any subjective differences that may arise in defining these types of relationships.

### Sexual violence as children

#### Relationship of abuser to survivor of sexual violence as children by gender of survivor (%)

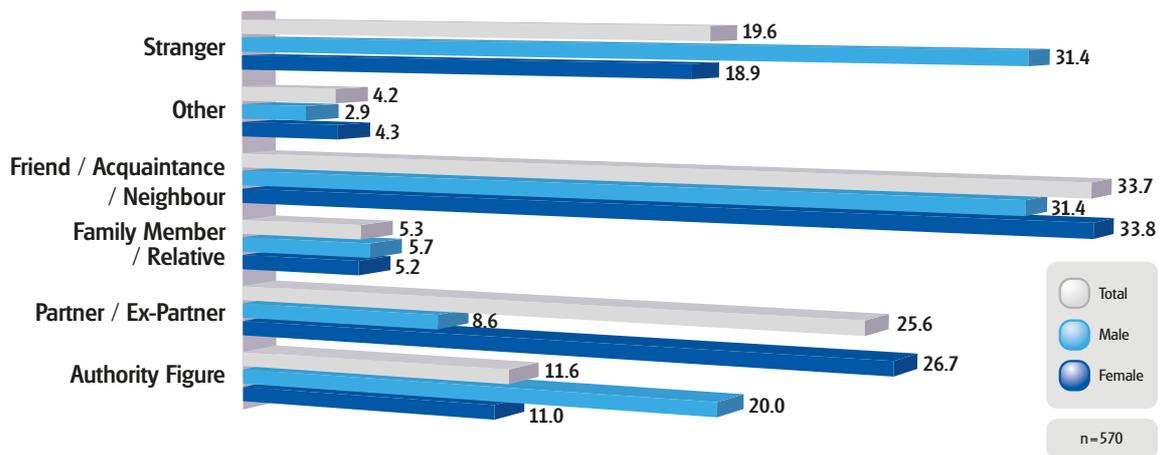


**Survivors of sexual violence as children reported that 98% of abusers were male and 2% were female. Family members or relatives perpetrated one half (50.8%) of sexual violence against children.** Friends, acquaintances and neighbours were perpetrators in one third of cases (34%). Sexual violence perpetrated by a stranger accounted for only 2.8% of sexual violence experienced by children, compared with 19.6% of sexual violence perpetrated against adults. Authority figures were more commonly the perpetrators of sexual violence against boys than girls (17.1% compared with 3.4%).



## Sexual violence as both children and as adults

Relationship of abuser to survivor of sexual violence as adults by gender of survivor (%)



Survivors of sexual violence in adulthood-only reported that 99.3% of perpetrators were male. **Overall, friends, acquaintances and neighbours were the perpetrators one-third (33.7%) of the time.** Over a quarter of male perpetrators of sexual violence against adults were partners or ex-partners (25.6%). Authority figures were more commonly reported as perpetrators by survivors of sexual violence as adults (11.6%) compared to survivors of sexual violence as children (6.3%). This percentage for sexual violence as adults is distorted by the high levels of authority figures being reported as perpetrators by asylum seekers and refugees, who reported authority figures as perpetrators in 45.9% of cases. This is a vastly different from the general population (excluding refugees and asylum seekers) who report authority figures as perpetrators in 5.5% of cases. All authority figure perpetrators were male. Sexual violence perpetrated by a stranger accounted for 19.6% of sexual violence experienced by adults, both female and male. In cases of sexual violence experienced by adults 5.3% of perpetrators were family members/relatives, all of which were male. This is different from those reporting sexual violence as children where over half of all perpetrators were family members and relatives (50.8%).

*“My counsellor encouraged me to draw out what was in my head and heart. So there I was, tiny and helpless, imprisoned under bars – ALONE. Sometimes I was heaving a burden of stones up the mountainside. And – good news, over time the burden grew lighter, as the stones grew smaller and fell away. I realise now that I’m no longer held down.”*

(Survivor, 2008)

### Sexual violence as children and adults

Survivors of sexual violence experienced as both children and adults reported that 97.7% of perpetrators were male. In cases of sexual violence as both children and adults, perpetrators were almost equally likely to be family members and relatives or friends, acquaintances and neighbours (38.3% and 36.7% respectively). Partners and ex-partners were perpetrators in 7.5% of cases. Strangers accounted for 7.5% of perpetrators and authority figures were perpetrators in 6.7% of cases.



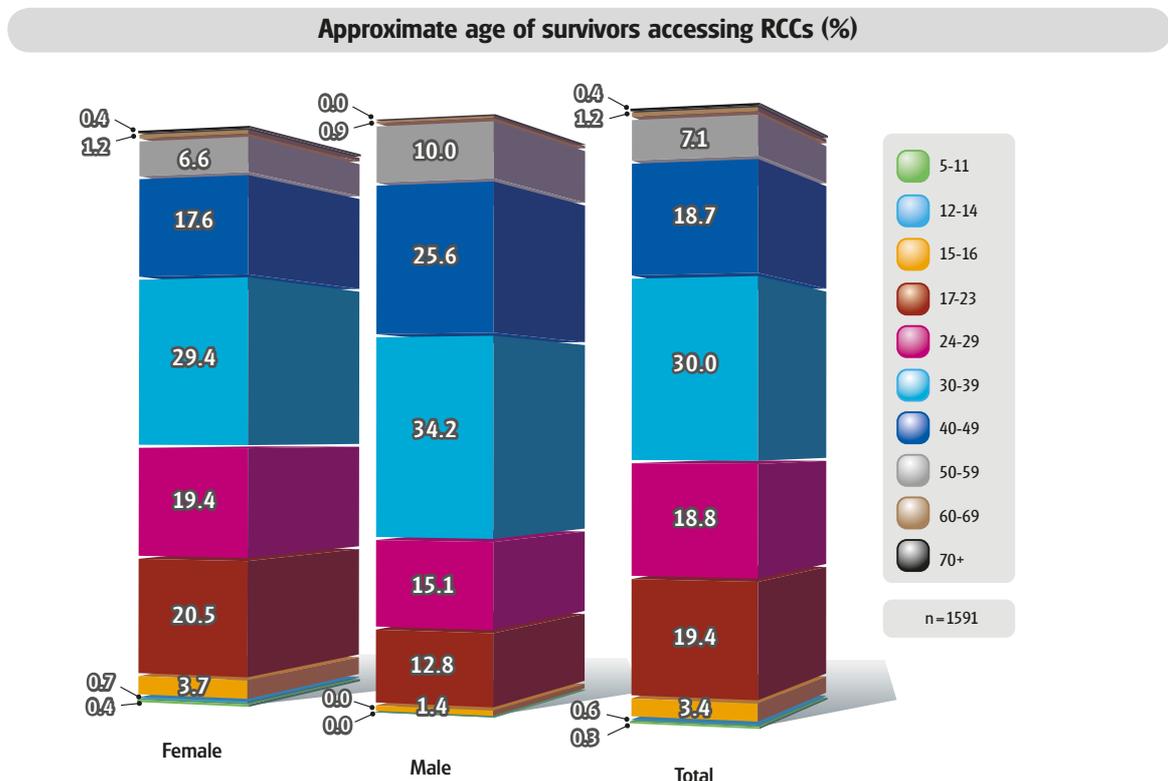
## Single/Multiple Perpetrators

Approximately seven in every ten survivors, both female and male, using RCC services experienced sexual violence which was committed against them by one perpetrator (67.6% and 68.9% respectively). The duration of the violence ranged from a short period of time, such as minutes to many years. **For approximately three in ten survivors, the sexual violence was committed by more than one perpetrator (29.7% of females and 28.4% of males).** The violence committed by more than one perpetrator can be separated into two categories. The first category is violence committed by a group of perpetrators acting together at the same time. Again, the length of time the violence was perpetrated over varied between a short period of time and many years. The second category is violence that was committed by different single perpetrators or groups of perpetrators at different times. The duration of this violence also ranged from a short period of time to years. Males showed a slightly higher incidence of experiencing sexual violence from a number of perpetrators acting together (14.9%) compared with females (10.1%). Females show a slightly higher incidence of experiencing sexual violence from a number of the different perpetrators at different times (19.6%) compared with males (13.5%).

## Duration of Abuse

The length of time the sexual violence lasted varies between survivors of sexual violence as children and survivors of sexual violence as adults. The majority (69%) of survivors of sexual violence as children reported being subjected to the violence for a number of years, whereas the majority (68.4%) of survivors of sexual violence as adults reported being subjected to the violence for a matter of hours. From this we can say that a higher vulnerability to prolonged abuse over years is revealed by survivors accessing RCCs who experienced sexual violence as children. Most survivors of sexual violence as both children and adults reported that the first incident of sexual violence disclosed to RCCs lasted for years (59.1%).

## Age of survivors accessing RCC services



The majority of survivors of sexual violence attending RCCs were between the ages of 17 and 49. **The single largest age group of survivors using RCCs were aged 30 and 39, accounting for 30% overall.** Survivors of sexual violence as children, survivors of sexual violence as adults, and survivors of sexual violence as both children and adults did not show any major differences in the age they attended RCCs. This follows the same pattern as 2006 and 2007 RCNI National Statistics. Approximately equal numbers of survivors attending RCCs were aged 17 to 23, 24 to 29, and 40 to 49. Only 0.3% of all survivors attending RCCs were under the age of 12 and 4.3% were under 17. There was a decline in survivors over the age of 49 taking up RCC services in 2008 (falling from 18.7% in 2007 to 7.1% in 2008). Without more information, it is difficult to ascertain reasons for this decline in uptake of services for this age group.

**Male survivors of sexual violence as adults are accessing RCCs at a slightly older age than previous years.** Of these men, the largest proportion were between the ages of 30 and 39 (30.8%). However the number of men in the 40 to 49 age group rose dramatically from 13.9% in 2006 and 13.3% in 2007 to 28.2% in 2008. Male survivors of sexual violence as children were accessing services at a slightly younger age than the previous year, those who experienced sexual violence as adults were accessing services at an older age than the previous year.

## When and how survivors reach RCCs

### Time between sexual violence and RCC service usage

When looking at the first incident of sexual violence disclosed to RCCs by survivors and when survivors accessed support from a RCC, we see that there is a considerably longer period of time between the experience of sexual violence as children and contacting a RCC, than survivors of sexual violence as adults. The majority of survivors reporting sexual violence as children reported that the violence took place when they were between the ages of 5 and 11 (57.8%) yet most of these service users were between the ages of 24 and 49 (68.2%), with those between 30 to 39 making up the largest group (30.1%). Survivors of sexual violence as adults reported that the violence was perpetrated against them when they were between the ages of 17 to 23 in 43.9% of cases. The vast majority of these survivors attended RCCs were between the ages of 17 and 39 (77.9%), with those between 30 and 39 making up the largest group (29.3%).

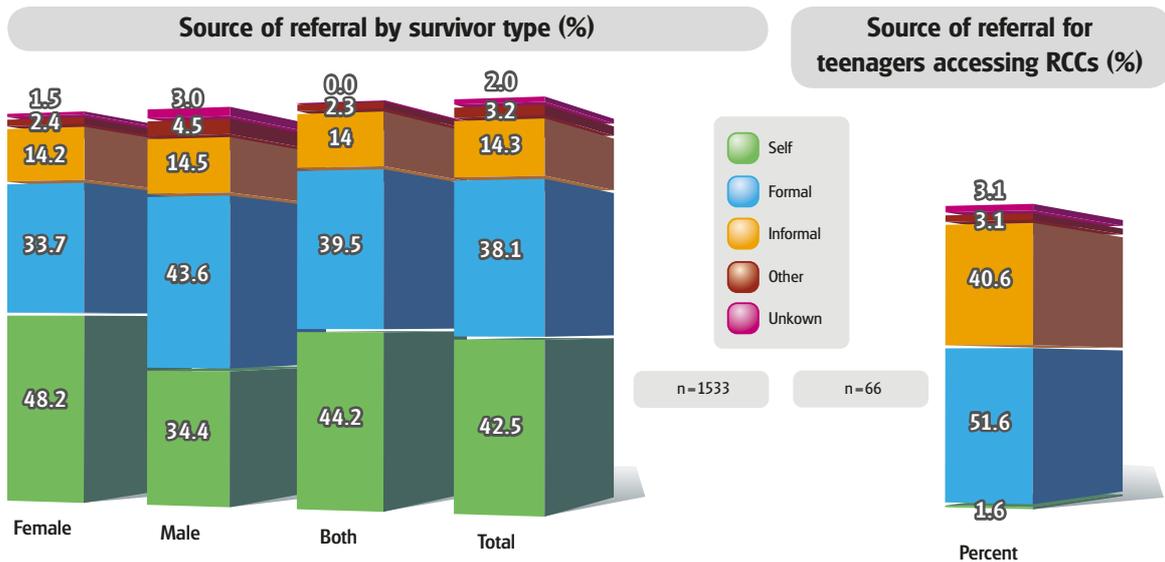
We know that early help seeking delivers the best outcomes for survivors who may be negatively impacted by the trauma. We also know that not disclosing and/or seeking help is chosen by a survivor due to limited perceived choices, fear of disbelief, further harm or backlash. (Yuan et al, 2006) (Campbell et al, 2001) **Therefore, the significant time lag between the sexual violence and seeking support through an RCC, which is illustrated in these statistics is an important indication of the challenges we face in responding appropriately to survivors of sexual violence.**

*“Our 2 daughters are the opposite of all I recall when I was aged around 20. Lots of talk, talk, talk, with their Dad, with me, with friends and with each other. They disagree and laugh and share. Above all they are very close and respect each other. For my children the link with a sad past has been cut. They are free.”*

(Survivor, 2008)



## Referrals



Survivors of sexual violence and those supporting them who take up RCC services make their way to RCCs through a number of different avenues. All types of referrals are welcome at RCCs. Most survivors attending RCCs in 2008 were referred to the service as opposed to self-referring (57.5%). In the majority of cases a formal source, such as Gardaí, medical services, and other NGOs made the referral (38.1% of overall referrals). The most common formal sources of referral were from GPs and Gardaí (8.3% and 6.5% of overall referrals respectively). This serves to highlight the vital importance of specialised up-to-date training for both Gardaí and GPs, as a means of ensuring that survivors feel able to disclose the sexual violence, and that good referrals are made to RCCs and other relevant organisations. The most common source of informal referral came from friends and relatives (13.6%). This is an indication of the importance of public awareness-raising campaigns so that one knows what to do and where to refer if someone discloses sexual violence to them.

As in 2007 data, adult survivors of sexual violence as children were more likely to self refer than survivors of sexual violence as adults (48.2% versus 34.4%). Thus suggesting relatively greater isolation for survivors of sexual violence as children.

**Children rarely seek help from a RCC on their own. They are almost always referred (94.2%).** Given that survivors accessing RCCs are displaying a higher prevalence of sexual violence as children than as adults it is vital to look at strategies to support children in addressing sexual violence or the threat of it. Over half of child survivors of sexual violence who did access RCC services were referred by a formal source (53.6%). Taking all referrals of those under the age of 17, the most common formal sources were Gardaí (14.5%), social workers (10.1%) and GPs (7.2%). Friends and relatives referred child survivors to RCCs in 37.7% of recorded cases. Again this serves to remind us of the importance both of specialised training for groups of professionals with whom survivors come into contact and public awareness-raising.

## Reporting and the Gardaí

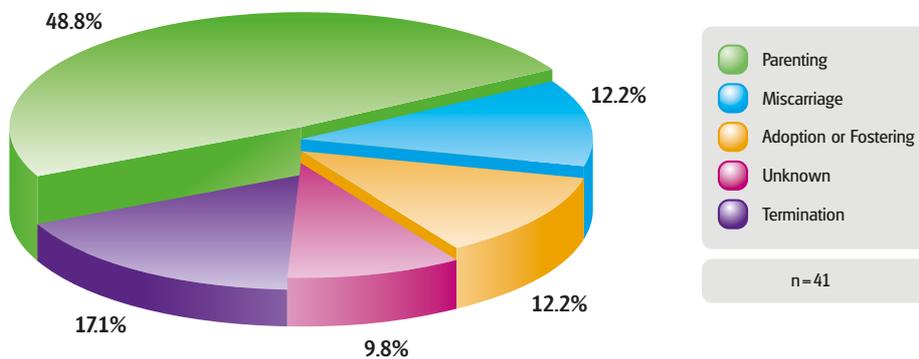
Approximately one fifth of survivors of sexual violence as children and survivors as adults using RCCs reported the violence to the Gardaí (19.2% and 21.5% respectively). This compares to SAVI which found that in 2000 only 6% of survivors of sexual violence as adults and 8% of survivors of sexual violence as children reported to the Gardaí (SAVI, 2002: xxxvii).



## Pregnancy

Taking all incidents of sexual violence for the 1,400 female survivors of sexual violence for which we know the information, 2.9% became pregnant as a result of the violence. As with 2006 and 2007 data, it can be assumed that 2.9% represents the lowest threshold of pregnancy following rape and in reality the figure may be higher. Almost half of these females went on to give birth and parent their children (48.8%), almost one fifth miscarried (17.1%), over one in ten had a termination (12.2%), just under one in ten put their children up for adoption or fostering (9.8%), and the outcomes were unknown for 12.2%.

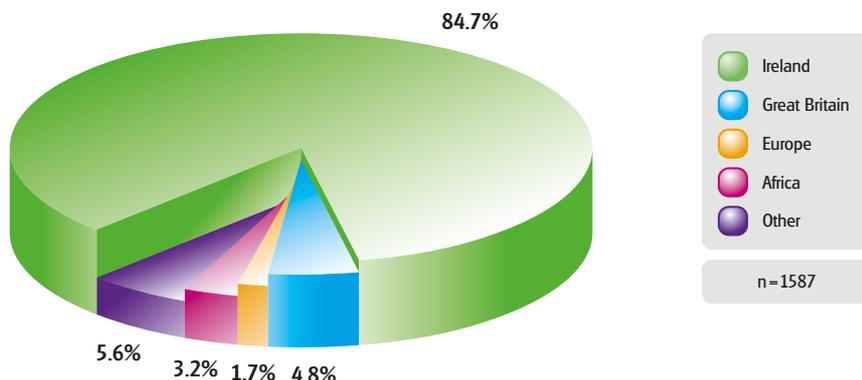
**Pregnancy outcomes for survivors (%)**



Of 636 female survivors of sexual violence as children, 1.9% became pregnant as a result of the violence. The majority of these girls gave birth and parented their children (66.7%), just under a sixth of these girls miscarried (16.7%), under one in ten chose to have their children adopted or fostered (8.3%), and the outcomes were unknown for 8.3%. Of 562 female survivors of sexual violence as adults at least 22 became pregnant as a result of the violence (3.9%). Almost half of these women went on to give birth and parent their children (45.5%), over one fifth terminated their pregnancy (22.7%), over one eighth put their children up for adoption or fostering (13.6%), less than one in ten miscarried (9.1%), and the outcome was unknown for 9.1%. While the numbers are small it is notable that no girls terminated their pregnancy, and a higher percentage went on to parent their children than women who became pregnant following sexual violence. The reasons that there are no reported terminations for girls surviving sexual violence may be manifold. Given the particular legislative position of abortion in Ireland the choices available to girls and women are often dictated and limited by economic status and independence (Boyle, 2005). The differences here in outcomes for children and adults who become pregnant may in part reflect the same.

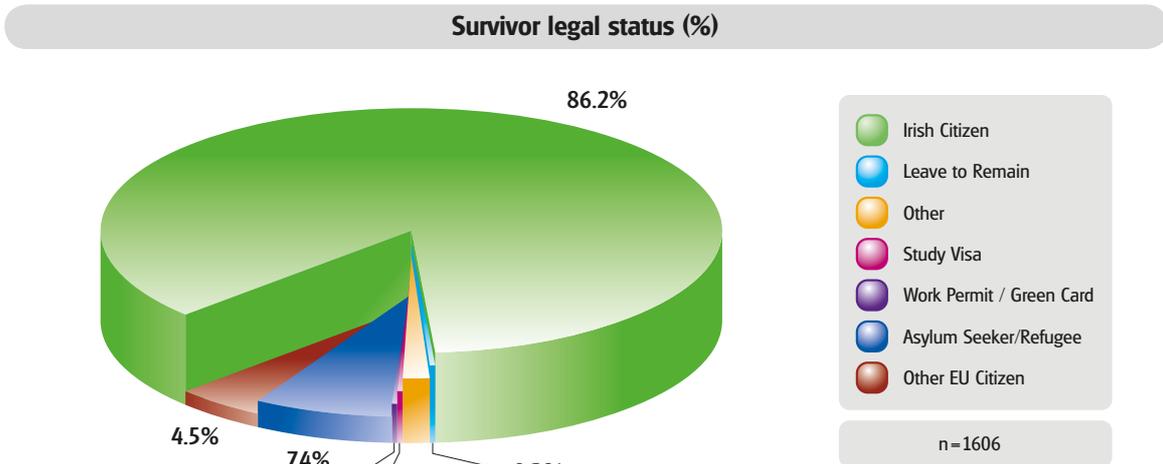
## Country of origin and legal status

**Survivor's country of origin (%)**



The majority of the 1,587 survivors using RCC services for whom we have country of origin information were Irish (85%). A small minority of these (less than 1% of all survivors) were members of the Traveller community and the remainder (84.1%) were settled. Survivors from Northern Ireland using RCC services in the Republic of Ireland accounted for 0.1% of survivors. A further 4.8% of survivors accessing services were from Great Britain. Survivors from African countries accessing services comprised 3.2% of service users, whilst those from European countries accounted for 1.7%.

### Legal Status of survivors



### Asylum seekers and refugees

Of all survivors accessing RCC services 74% were refugees and asylum seekers. The vast majority of asylum seekers and refugees attending RCCs were female. Most refugees and asylum seekers come from African and other countries. Having identified the particular access needs and vulnerability of these service users, RCCs adapted and specialised in order to provide appropriate services. Counselling is available in different languages and some RCCs have dedicated services for refugees and asylum seekers.

Take up of RCC services from this vulnerable group does not relate to geographical spread of this population. Approximately two thirds of all survivors who were refugees and asylum seekers were using services in Galway Rape Crisis Centre and Mayo Rape Crisis Centre (each had 34.5%) and a further 9.1% attended Sligo Rape Crisis Centre. We examined one of these centres to examine best practice in ensuring high levels of access to RCC services for people from minority groups.

### Mayo: Case study

Mayo Rape Crisis Centre had proportionally the largest percentage of service users who were asylum seekers and refugees of any RCNI member Rape Crisis Centre. County Mayo has the seventh largest number of asylum seekers and refugees living in direct provision centres in Ireland, yet it has the second highest number of asylum seekers and refugees accessing RCNI member Rape Crisis Centre services in the country. When we examine Mayo Rape Crisis Centre's approach in reaching out to refugees and asylum seekers some of the reasons for this become clear. They have utilised 'community development and empowerment approaches' (Pillinger, 2007: 83) and been very resourceful in their endeavours.

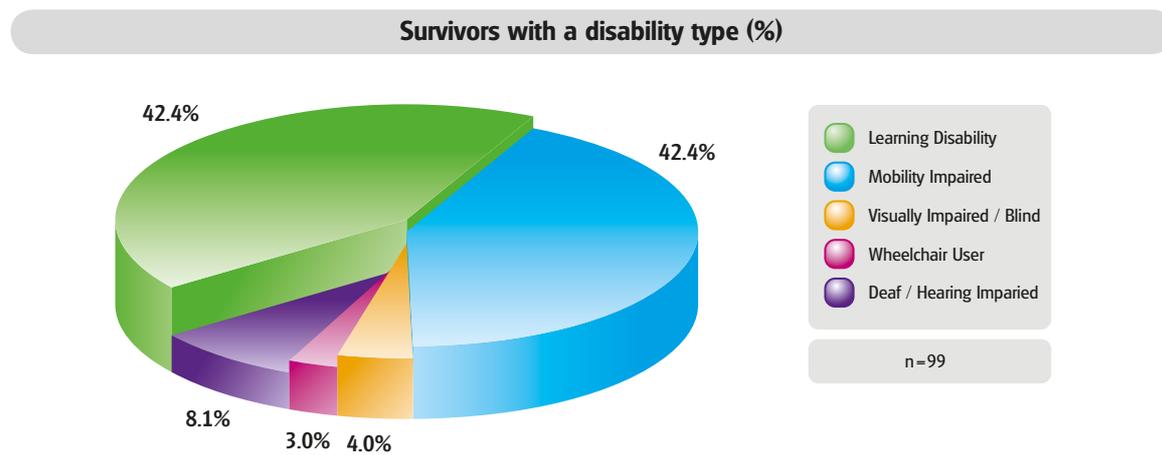
*"I call it [RCC] my home. Why? Because it is the place I feel happy and comfortable to express about anything and I know that the people in the Centre understand. I call it a place for safety and I am not ashamed of what I say."*

(Survivor, 2008)



Mayo RCC have made considerable efforts to (1) make contacts with a wide range of relevant organisations in community development, (2) liaise with statutory agencies to provide information, (3) co-organise annual workshops which were not always directly dealing with issues of sexual violence, (4) take actions to address alienation, misapprehensions and fears that may stop an asylum seeker from accessing services, and (5) inform the asylum seeker/refugee community of what services the RCC offers. The RCC is clear about the need to maintain this specialised support and the fact that it is demanding – both psychologically and in terms of time.

## Disability

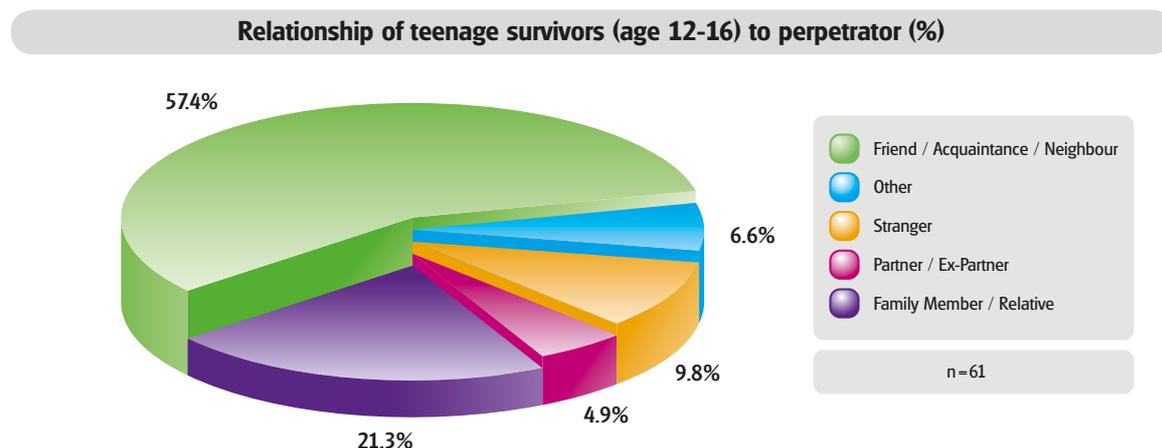


**A minority of survivors accessing RCC services reported having a disability (6.3%).** This is lower than the proportion of people with disabilities nationally, which is recorded in the 2006 Census as 9.3%. Learning disabilities and mobility impairment were the two most common disabilities reported (42.4% each). Mobility impaired means that a person has limited physical mobility but does not use a wheelchair. People who use a wheelchair accounted for 3% of survivors with disabilities and were all female. Those who were deaf or hearing impaired accounted for 8.1% of survivors with disabilities, whilst 4% were sight impaired or blind.

## Travellers

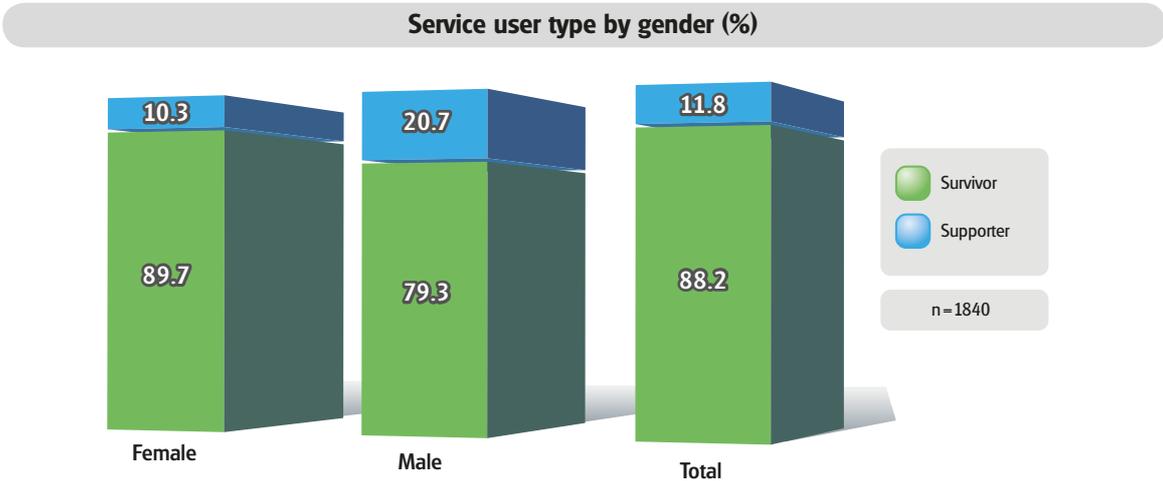
Irish Travellers accounted for 0.6% of all survivors of sexual violence attending RCCs. This is in proportion to the population of travellers in Ireland (0.5% according to the CSO 2006 Census). All were female and the majority were below the age of 29. All perpetrators were male and were known to the survivor.

## Teenagers

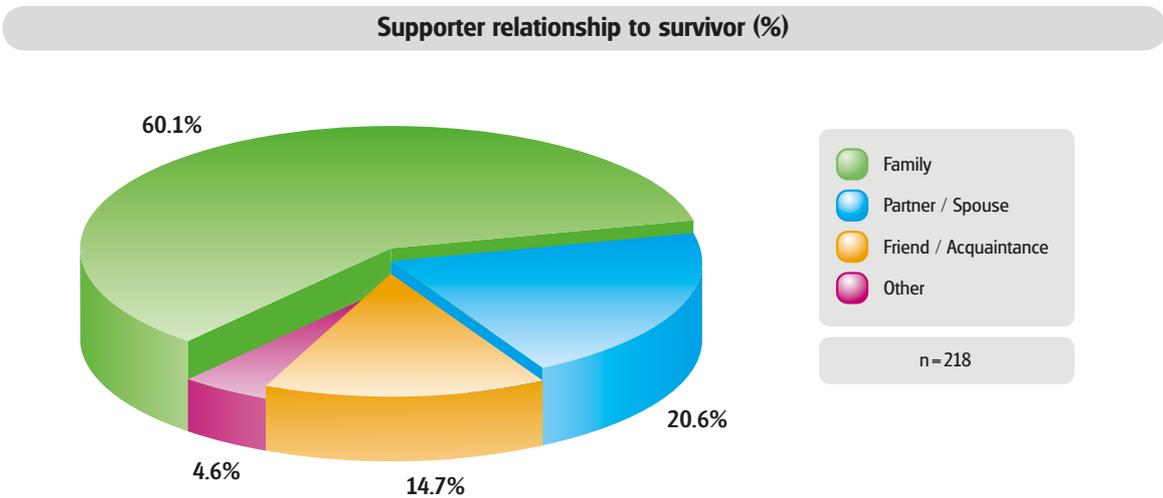


In 2008 64 teenage survivors between the ages of 12 and 16 (inclusive) used RCC face-to-face services. This accounted for 4.1% of all survivors using RCCs. The vast majority (84.4%) of teenagers accessing services were aged 15 to 16. The majority of those in the 15 to 16 age group were female (94.4%). The remaining 5.6% were aged 12 to 14 and were all female. The vast majority of perpetrators were known to the survivor, with friends, acquaintances and neighbours being the most common perpetrators.

## Supporters



One in ten RCC service users were supporters of survivors of sexual violence (11.8%). Of the 218 supporters attending RCCs 73.4% were female 26.6% were male.



Six out of every ten supporters were family members (60.1%). Parents of the survivor made up the largest group of family members attending RCCS as a means of supporting their children who experienced sexual violence in their recovery and in dealing with their own feelings (47.3% of all supporters). The second most common group of supporters were partners/spouses of the survivor (20.6%). Friends and acquaintances accounted for 14.7% of supporters attending RCCs. It is important to bear in mind that given the typical relationships of survivors to perpetrators it is probable that a majority of supporters of survivors also have a relationship with the perpetrator and benefit from RCC expertise on how to deal with this complexity. For example, supporters may be supporting their child who was abused by another one of their children.



## Accompaniment services offered by RCCs

Rape Crisis Centres provide a range of services in addition to counselling, including supporting a survivor who has chosen to report the crime(s) to the Gardaí or PSNI or who is considering reporting. RCCs accompany survivors to the Gardaí or PSNI and to court. The total number of Court and Police accompaniments rose significantly in 2008 from the previous year. RCCs accompanied service users to 50 court cases which lasted a total of 93 days. In 29 cases RCCs accompanied service users to the Gardaí or PSNI which lasted over 31 days. Research has shown that survivors who are accompanied by Rape Crisis advocates receive better care and treatment from medical and legal systems (Campbell, 2006). Accompaniment services that RCCs are able to provide are often limited due to a lack of resources. RCNI member RCCs accompanied survivors to a recognised Sexual Assault Treatment Unit 54 times in 2008. This does not include all the hours that RCCs accompanied survivors to GPs and other forensic medical services.

*"I never would have known the depth and significance of the work you all do, had I not knocked on your red door one afternoon."*

(Survivor, 2008)

## Future Developments

The national collection of data across rape crisis centres is an extensive project. The RCNI continues to learn as the project grows and develops. In 2009 the project was greatly expanded and RCCs are now collecting more extensive information on the demographics of service users as well as further abuse details. Information is now also being collected on all contact made with RCC Helplines, and all court, Garda and medical accompaniments made by RCCs. The RCNI continues to encourage and support agencies to participate in our national data collection.

## Recommendations

Accurate and reliable data is vital in combating sexual violence and planning services and supports. Without nationally compiled, reliable data, it is difficult to implement best practice, plan service delivery and deliver intervention programmes. Therefore we recommend that:

1. RCCs should continue to be supported in their expert and distinctive role of delivering the direct services required by survivors of sexual violence.
2. RCNI nationally standardised data collection should continue, on an annual basis.
3. The RCNI should be further resourced to undertake additional examination of the data recorded, both to provide insight into specific aspects of abuse and also to enable longitudinal analysis.
4. Smaller, more in depth reports, such as examination of age at commencement of abuse compared to age when accessing services, vulnerabilities of specific age-groups or populations, would provide vital data to inform future prevention programmes and targeted services development.
5. RCCs and RCNI need to be resourced to maintain and develop the National Statistics database.
6. The importance of awareness campaigns which equip the general public with information on sexual violence and RCC services has been highlighted and needs to be resourced.
7. The critical roles of medical personnel, Gardaí and social workers are also highlighted. In order to equip them to properly carry out their roles they should receive specialist training/information on sexual violence and accessing RCC services.



## Methodology

The information in this report is compiled from the data entered by 14 Rape Crisis Centres around Ireland. The data represents all people using RCCs for counselling and advocacy services in 2008. It represents only these people and cannot be used to make assumptions about the overall incidence or nature of sexual violence in Ireland. The analysis used in this report is compiled using two distinct base figures, that of 'person-related' figures and 'episode-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 total in tables and analysis relating to these characteristics refers to the total number of people.

'Episode-related' figures - This information relates to each episode of sexual violence. Some survivors using RCC services have experienced more than one episode of sexual violence. For each service user, data is inputted about each episode of sexual violence and the perpetrators of sexual violence. For any tables and analysis in this report that refer to episodes of sexual violence, that is clearly indicated. Following on from SAVI, an episode of sexual violence is "an additional experience of abuse by a new perpetrator or group of perpetrators" (2002:83). Many of these tables and the analysis refer to only the first reported episode of violence. Taking all episodes of abuse into consideration for each service user would require a more sophisticated type of multivariate statistical analysis which is not currently feasible due to limitations in the way data is recorded and reported.

Some pieces of information are not available for all survivors. As a means of representing as many RCC service users as possible, we include as much information that is available. For this reason the n values in the graphs and the n values in the text may be different.

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## Index of terms

**RCC:** Rape Crisis Centre

**Survivor:** Someone who has experienced sexual violence

**Supporter:** Someone who is supporting a survivor of sexual violence

**Service user:** A person who is using RCC services. They may be a supporter or survivor

**Sexual violence as children:** People attending RCCs who experienced sexual violence when they were under the age of 17 only

**Sexual violence as adults:** People attending RCCs who experienced sexual violence when they were aged 17 or over only

**Sexual violence as children and adults:** People attending RCCs who experienced sexual violence when they were aged 17 or under and when they were age 17 or over

**Offender/ Perpetrator:** A person who has committed a sexual offence

**Incident/Episode :** An individual experience of abuse by a perpetrator or group of perpetrators

**SAVI:** Sexual Abuse and Violence in Ireland: A national study of Irish experiences, beliefs and attitudes concerning sexual violence, Hannah McGee et al, 2002 (See bibliography for more information)

**Rape:** Penetration (however slight) of the mouth, vagina, or anus by the penis or penetration (however slight) of the vagina with an object or the penis without consent

**Sexual Assault:** An indecent assault without any penetration of the mouth, vagina, or anus

**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



## Index of terms (continued)

**Ritual Abuse:** Prolonged, extreme, sadistic abuse within a group setting. The group's ideology is used to justify the abuse and the abuse is used to reinforce the group's ideology. The activities tend to be kept secret from society at large as they violate many norms and laws

**Acquaintance:** Somebody that the survivor may know to say hello to or have chatted to in a nightclub

**Stranger:** Somebody that the survivor has never met before

**Authority figure:** Clergy; Doctor/Medical/Caring profession; Gardaí; Security forces; Sports coach/Youth worker; Teacher (clergy); Teacher (lay); Babysitter/childminder; Employer; Landlord

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

**Informal sources of referral:** Friends/relatives

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# RCNI Annual Report 2008

**Rape Crisis Centres (RCCs) in Ireland support thousands of victims of sexual violence every year. Staff and volunteers have extensive expertise in the nature and extent of sexual violence as well as its traumatic impacts. In 2008 the RCNI continued to deliver on its role of national coordination across the RCC and Violence Against Women (VAW) sector.**

Some RCNI key **National Coordination** projects in 2008 included:

- Continuing the development of best practice data collection across RCCs
- Production of reliable, high quality annual statistics to inform local, regional and national services development and launch of RCNI National Rape Crisis Statistics 2007
- On-going documentation and collection of RCC learning and expertise to inform national policy and current debates
- A detailed mapping of the range and extent of RCC services which is continually updated
- Representation of the RCC and Violence Against Women sector in negotiating the conditions for a secure and sustainable rape crisis sector with the HSE
- Representation of the RCC sector to ensure that Nationally Standardised HSE Service Level Agreements were fit for purpose for survivor needs and the services rape crisis centres deliver in responding to sexual violence
- Expansion of RCNI national Garda accompaniment and Court Accompaniment programme in 2008. This program is funded by the *Commission for the Support of Victims of Crime* and is administered, co-ordinated and in part evaluated by the RCNI. The RCNI organised nationwide training for staff and volunteers who do this work
- Organisational development, training and support was provided to individual centres.
- Commencement of development of Nationally Standardised Minimum Standards and Good Governance Standards through RCNI Managers' Meetings
- On-going development of national service policy and providing advice and training on same
- Provision of legal advice to survivors and RCC members
- On-going exchange and sharing of expert learning and information across the Rape Crisis community through regular publications
- The RCNI website remains a high quality source of information. A major review and redevelopment of this resource was initiated this year



Through our **Services Development** role, the RCNI has remained a driving force behind the delivery of the nationally planned, standardised and accessible **Sexual Assault Treatment Units**. The RCNI worked in close collaboration with RCCs in preparation for the opening of the two new units in especially under-served parts of the country. In 2008 national forensic medicine training for doctors was delivered and the first nursing Higher Diploma for Sexual Assault Forensic Examination course was held.

The **RCNI welcomed two new staff** members in 2008. Caroline Counihan filled the invaluable Legal Director vacancy and Elaine Mears took up the new part-time post as Information and Statistics Officer. This second post is a recognition of the level of resources that are needed to support the **annual national statistics project**. This post provides on-going back-up and technical support to RCC staff who are inputting the data and is a vital role in ensuring ongoing standards and reliability of the data collected. Investing in up-skilling this role means the RCNI can now deliver 'in house' data analysis. The immediate results can be seen in this year's **RCNI National Statistics**. On-going reliability and standards are ensured through retention of our academic partnership with Dr. Maureen Lyons, UCD who oversees reliability and accuracy of RCNI data. Statistician Emma Calvert has been invaluable in the provision of training, and support to this developing role.

RCNI continued to deliver expert input into national policy on sexual violence and violence against women. RCNI policy reports and submissions combine both the expertise of our members and other relevant national and international findings.

**Policy Interventions** in this period included:

- A very substantial submission to the *Director of Public Prosecution's 'Reasons Project'* which concerned the sharing with victims or their families the reasons for a decision by the DPP not to proceed with a case
- A very detailed submission to and participation in ongoing consultation to *Cosc: the office for the prevention of domestic, sexual and gender based violence* as they develop their **National Strategic Plan**. The RCNI submission covered all aspects of relevance and ran to 41 pages
- A submission to the Department of Justice, Equality and Law Reform regarding Victim's Charter and Victim's Rights Bill
- Continuing to play a strong role in the ongoing debate on **child protection and the status of children in our Constitution**. Our considered substantial submission in January to the *Joint Committee on the Constitutional Amendment on Children* was followed up with a meeting with the *Minister for Children, Barry Andrews*, and an oral hearing in front of the Committee in November. We very much welcomed the Oireachtas Committee's first interim report regarding vetting legislation and soft information, although government commitment to implement these recommendations has yet to bear fruit by way of legislation
- All existing RCNI legal policy was reviewed, in particular RCNI's Agenda for Justice I (legal reform) and Agenda for Justice III (investigative reform). Arising from this review a brief submission was made on the *Garda Annual Policy Plan 2009*
- Participating in seminars and ongoing collaboration with our member centres leading in the areas of asylum seeker vulnerabilities, human trafficking and the sex industry in Ireland
- Continuing to draw attention to the inadequate McCoy report into abuse at the *Brothers of Charity* Institutions for children and adults with learning disabilities. The RCNI in partnership with *Minister and Clergy Sexual Abuse Survivors (MACSAS)* gave an oral presentation to the special sitting of an Oireachtas Committee on the inadequacies of the McCoy report. *Minister for Health Mary Harney*, instigated a review of the unsatisfactory delays involved in the McCoy report

RCNI have a commitment to change based on evidence. To this end RCNI commissioned a Rape Attrition Research project from NUI Galway's School of Law, which is being brought to completion.



**The RCNI approach to Interagency Work is highly collaborative and constructive. National Partnership** structures continued to undergo transition in 2008 with the *Regional Planning Committees of the National Steering Committee on Violence Against Women (VAW)* under review. The *Health Service Executive* continued to reorganise also. Throughout 2008 the RCNI continued to chair the two subcommittees of the NSC; the *Legal Committee* and the *Public Awareness Subcommittee*, supporting and advancing national level work through these fora. Close partnership continued across the VAW sector through the RCNI working with the *National Network of Women's Refuges and Support Service* (now known as *SAFE Ireland*). **Through this key partnership the combined expertise of 66 frontline VAW services across Ireland is brought to a range of policy locations and negotiations.**

The RCNI commitment to **prevention** of sexual violence and the accountability of offenders was furthered through our partnership with the *National Organisation for the Treatment of Abusers (NOTA)* and in our participation in the *Stop It Now! Ireland* steering committee.

**Through its communications strategy and Policy and Communications role, the RCNI continued to work with a range of Irish media and other agencies to inform public debate regarding the extent and reality of sexual violence in Ireland.**

**Fiona Neary, RCNI Executive Director**

**More information on items mentioned here can be found on [www.rcni.ie](http://www.rcni.ie)**

#### **RCNI Board of Management Nov. 2007 – Nov. 2008**

**Vera O'Leary**, Kerry R & SAC

**Anita Clancy**, Tipperary RC&CC

**Catherine Twomey**, Kilkenny RC & CC

**Miriam Duffy**, RC Midwest

**Sara Donovan**, Donegal SA & RCC

**Tanja Alanko-O'Malley**, Galway RCC

**Aoibheann McCann**, Galway RCC

**Grace McArdle**, RC North East

**Shirley Cummins**, Dublin RCC

**Addy Roddy**, Carlow & S Leinster RC & CC

**Margaret Barry**, Independent Chair

#### **RCNI Staff**

**Fiona Neary**, Executive Director

**Susan Miner**, Services Support Coordinator

**Caroline Counihan**, Legal Director

**Cliona Saidléar**, Policy & Communications Director

**Mary D'Arcy**, Financial & Network Administrator

**Elaine Mears**, Information & Statistics Officer



# Financial statement

## Rape Crisis Network Ireland Limited

### A detailed Income and expenditure Account for year ending December 2008

	<b>2008</b>	<b>2007</b>
HSE (Including accrued retention & Pay Standardisation 2007)	250,061	309,375
Dept of Justice, Equality and Law Reform	84,840	69,160
The Wheel	4,000	18,000
Atlantic Philanthropies	-	52,511
Dept Comm., Rural & Gaeltacht Affairs	106,000	72,500
Other Income	652	24,057
Commission for the Support of Victims of Crime	-	60,000
Federation Grant	-	8,473
	<hr/>	<hr/>
Total Funding	445,553	614,076
	<hr/>	<hr/>
<b>Administrative Expenditure</b>	<b>575,381</b>	<b>586,450</b>
	<hr/>	<hr/>
<b>Deficit/Surplus on Ordinary Activities</b>	<b>(129,828)</b>	<b>27,626</b>
	<hr/>	<hr/>
<b>Fixed Assets:</b>		
Tangible Assets	7,867	12,937
	<hr/>	<hr/>
<b>Current Assets:</b>		
Debtors	40,503	32,222
Bank	63,505	186,680
<b>Total:</b>	<b>104,008</b>	<b>218,902</b>
	<hr/>	<hr/>
<b>Current Liabilities:</b>		
Creditors (amount falling due within one year)	(13,364)	(3,500)
Net Current Assets/Liabilities	90,644	215,402
<b>Total Assets less Current Liabilities</b>	<b>98,511</b>	<b>228,339</b>
	<hr/>	<hr/>
<b>Capital &amp; Reserves:</b>		
Revenue Reserves Amount	98,511	228,339
	<hr/>	<hr/>
<b>Members Funds:</b>	<b>98,511</b>	<b>228,339</b>

Company Number: 363350. Charity Status Number: 13236

Accountants: Arkins Kenny & Co, Registered Auditors, Unit 15, Galway Technology Park, Parkmore, Galway



**RCNI member Rape Crisis Centres:**

**Athlone Midlands Rape Crisis Centre: 1800 306 600**

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

**Donegal Sexual Abuse & Rape Crisis Centre: 1800 448 844**

**Galway Rape Crisis Centre: 1800 355 355**

**Kerry Rape & Sexual Abuse Centre: 1800 633 333**

**Kilkenny Rape Crisis & Counselling Centre: 1800 478 478**

**Mayo Rape Crisis Centre: 1800 234 900**

**Rape Crisis North East: 1800 212 122**

**Rape Crisis Midwest: 1800 311 511**

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

**Tipperary Rape Crisis & Counselling Centre: 1800 340 340**

**Tullamore Sexual Abuse & Rape Crisis Counselling Service: 1800 323 232**

**Waterford Rape & Sexual Abuse Centre: 1800 296 296**

**Wexford Rape & Sexual Abuse Support Service: 1800 330 033**

**Rape Crisis and Sexual Abuse Centre NI: 04890 329002\***

\*This RCNI member Centre is not included in the Republic of Ireland data.



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NETWORK  
IRELAND**

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