RCNI Statistical Report on
Crimes of Child Sexual Violence
About RCNI

Rape Crisis Network Ireland (RCNI) is a specialist information and resource centre on rape and all forms of sexual violence with a proven capacity in strategic leadership. The RCNI role includes the development and coordination of national projects such as expert data collection, strategic services development, supporting Rape Crisis Centres (RCCs) to reach best practice standards, using our expertise to influence national policy and social change, and supporting and facilitating multi-agency partnerships. We are the representative, umbrella body for our member Rape Crisis Centres who provide free advice, counselling and support for survivors of sexual violence in Ireland.

The RCNI role delivers cost efficiencies across the rape crisis and violence against women sector. The national coordination role delivered by RCNI removes much unnecessary duplication across management, governance, data collection, data reporting and administration. In taking on specific roles and executing them on behalf of all RCCs, local services can direct greater levels of resources into frontline services delivery and local multi-agency partnerships. The RCNI development role additionally provides value-for-money capacity building across services, through the design and delivery of a range of training courses for frontline services providers.

RCNI Philosophy

Survivors and their needs are at the very heart of what we do. Our core principle is that dignity, respect and recovery for survivors are always at the centre of our approach. We are committed to a reliable evidence base to achieve our goals of providing nationally co-ordinated best practice responses and social change which protects the human rights of survivors and prevents further victimisation. RCNI believe in the fundamental dignity and worth of all human beings and to this end we are committed to eliminating gender based violence which hinders the effective realisation of equality and human rights.

RCNI Database

The RCNI Database is a highly secure online database which allows authorised sexual violence services personnel to log in and record specific information on service users. This data collection system, which has been specifically designed to collect data in frontline services dedicated to working with victims of sexual violence, equips RCNI to deliver comparable national data and simultaneously equips sexual violence services to, at any time, extract data regarding use of their own local service. This data is used to guide service delivery, and inform national policy and coordinated responses to all survivors of sexual violence.
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Galway Rape Crisis Centre counsellor experience of working with survivors of child sexual violence

“As a frontline counsellor working with Galway Rape Crisis Centre (GRCC), the teenage client presents a very particular set of challenges. It can be very distressing to encounter a young person so devastated by the violent experience of rape or sexual assault - in many cases this horror will have been their first sexual experience. The 15-19 year old age group are particularly vulnerable, as they are just beginning to socialise, to experiment with alcohol and to embark on relationships. Their naivety and inexperience unfortunately can make them prime targets for those with violent intent - in our education programme one of the messages we try hard to impart is that rape is always premeditated at some level - the perpetrator will usually be on the lookout for a vulnerable person and set out to gain their trust initially. In recent years the generosity of the Manuela Riedo Foundation has enabled us to continue and expand our counselling and support services for young people from the age of fourteen upwards, and to greatly extend our education programme from the city to secondary schools throughout the county and also in North Clare.

Counselling the teenage client requires a very particular way of working. As counsellors we all work to ensure that we are kept up to date on research and best practice. We had a very helpful workshop to this end with Dr. Patrick Ryan of UL last year, author of ‘You Can’t Make Me - How to Get the Best out of your Teenager’. One piece of advice from him which resonated with me was that it is developmentally appropriate for teenagers not to want to talk to adults - up to age 16 in particular, their friends are normally far closer confidants. In our work, teenage clients will often have been brought to us by their very concerned parents or other carers. The counselling process involves building up trust, reassuring that there will never be any pressure from us to relive the traumatic experience or to recount details they do not wish to revisit. One characteristic of teenagers which helps the counselling process is that they have a very strong wish and desire to leave the experience behind and move on with their lives - tuning in to this, sharing their plans and hopes for the future and constantly affirming that the trauma is past and they are safe in the present aids the healing process dramatically. It is also an advantage that they come to us soon after the event, rather than trying to suppress and hide the trauma until it reaches crisis point in adult life.

One of the driving forces behind the creation of our education programme came from adult clients who expressed a wish that they had known about our services as teens, that someone had talked to them about issues of sexual violence - they felt that they might then have made better choices to keep safe, or at the very least accessed our services far sooner. Teenagers in the schools we visit are always interested to hear this. As well as working towards prevention and raising awareness of RCC services, a crucially important aspect of the programme is to ask teenagers to stand in the shoes of someone who has suffered sexual violence, to think about all the ways their lives may be devastated - physically, emotionally and socially. We ask them to think of ways they can help and support a friend or loved one, to develop a more compassionate attitude and deeper awareness towards victims of sexual violence in our society. Again this aspect of the programme is driven by the experiences of young clients who have felt very cut off from friends, who feel disbelieved blamed and ostracised in the aftermath of an assault.

Overall, working with teenage clients is deeply challenging but ultimately rewarding. We are setting in place support for life for these clients, as they know that they have a safe place and counsellor to turn to if issues ever resurface for them - this can happen sometimes for example when they embark on a serious relationship or have children of their own. There is also a lovely symbiosis between our counselling of teens and the education work - there is the knowledge that we are doing something towards prevention, opening a door to our services for those already affected by sexual violence, and working towards creating more compassionate attitudes among our young people towards survivors.”
The Equality Innovation Fund enabled RCNI to analyse and present previously unexamined data from Rape Crisis Centres (RCCs) around the country about survivors of child sexual violence who have utilised their services, as well as the perpetrators of that violence. The World Health Organization (WHO) has recognised that two of the major risk factors for child sexual violence are age and gender (Krung et al, 2002: 66). This report will analyse what impacts these two equality grounds have on the different characteristics of sexual violence, as disclosed by survivors of child sexual violence attending RCCs in 2011.

This report has found that, of those who were subjected to sexual violence solely in their childhood, clear differences in the nature of the sexual violence can be seen between females and males, and also between children of different ages. Sexual violence is a gendered crime committed largely by males, which targets females disproportionately. The lifelong impact of sexual violence can serve to entrench and compound inequality.

In 2002 the SAVI prevalence study found that one in four males (24%) and three in ten females (30%) in Ireland will experience sexual violence of some form in their childhood (McGee et al, 2002: 68). The SAVI research confirmed concerns that significant levels of sexual violence are occurring and not being disclosed, with 47% of survivors never revealing the abuse to another person. Of those who do disclose, it was found that only a minority attend a counselling service such as that provided by a Rape Crisis Centre.

This report explores two different aspects of child sexual violence perpetrated against survivors attending RCC services in 2011.

- Survivors of child sexual violence attending RCC services
- Child perpetrators disclosed by survivors of child sexual violence attending RCC services
“Thank you from the bottom of my heart for the help and support over the last two years. Without your help I would not be writing this. Helping me get through this, for the rest of my life I will never forget it. What ye have done for me is the greatest gift I will ever get. I will never forget ye.”

(Survivor)
In 2011, 1,431 survivors attended RCCs because they had been subjected to sexual violence at some time during their childhood. Of this,

- 89% were subjected to the violence solely in their childhood, and
- 11% were subjected to the violence in both childhood and adulthood.

**Gender of survivors**

![Graph 1: Gender of survivors of child sexual violence (%) n = 1,431](image)

84% were female, and 16% were male.

The following analysis examines those subjected to sexual violence solely in their childhood, as distinct from those who experienced sexual violence in adulthood as well as childhood.

**Age of children at time of sexual violence**

![Graph 2: Age at time of sexual violence (%) n = 1,279](image)

- 35% aged 0-5
- 31% aged 6-8
- 17% aged 9-11
- 17% aged 12-14
- 18% aged 15-17
As seen in Graph 2:

- Children between the ages of 6 to 8 were most vulnerable to sexual violence, with 31% of survivors subjected to sexual violence at this age.
- With the exception of the 6 to 8 year old age group the risk of sexual violence was consistent across all age groups up to and including 17 years of age.

These findings are concurrent with SAVI which found that most sexual violence perpetrated against children occurred before the child reached the age of 12 (McGee et al, 2002: 83).

Male survivor of child sexual violence case study

Pat is 47 years old. He was abused by his middle-aged teacher at school from the age of 8. The abuse began as physical violence as punishment for poor schoolwork or misbehaviour. Pat’s teacher would taunt him continually and single him out in class. The teacher later insisted that Pat attend his home, where he lived alone, on the pretext of giving Pat extra tuition. It was here that the teacher began to sexually assault Pat, often keeping him at his home for hours at a time. Pat told his parents about the abuse but they were disinclined to believe him or confront the teacher, as he was a respected member of the small community in which they lived.

Pat’s schoolwork suffered as a result and he left school at 16 after completing his Junior Cert. He was able to sever contact with the teacher after that. He moved away from the area, got a steady job and eventually married. However, he never reported the abuse and struggled with feelings of anger and depression for years afterwards. In his 40s Pat went through a very low period in his life and contacted the Aware Helpline for support. They encouraged him to tell his wife about the abuse he suffered and also to contact his local Rape Crisis Centre where he is now attending counselling. He is coming to terms with the abuse and gaining a stronger and more positive outlook on life as a result.
As illustrated in Graph 3:
- Half of female survivors of child sexual violence when under the age of 12 were sexually assaulted (50%).
- Over four in ten females subjected to sexual violence when under the age of 12 were raped (42%), and
- A further 5% were subjected to a combination of rape and other types of sexual violence.

As illustrated in Graph 4:
- In the older age cohort from 12 to 17, the risk of rape increases significantly with almost seven in ten females subjected to rape (68%), and
- The risk of sexual assault decreases with one quarter of females disclosing this type of sexual violence (24%).

In Graph 3 we can see that:
- For males subjected to sexual violence when under the age of 12 sexual assault is the most common type of sexual violence (60%),
- One third of males subjected to sexual violence when under the age of 12 were raped (33%), and
- A further 5% disclosed being subjected to a combination of rape and another type of sexual violence.

In Graph 4 we can see that:
- Male vulnerability to sexual assault and rape stays the same as the child ages (56% and 35% respectively).

The vulnerability to different types of sexual violence for males remain consistent as they age from under 12 to aged 12 to 17, whereas female children’s vulnerability to rape, as opposed to other forms of sexual violence, increases significantly as they go through childhood.
Types of other violence

RCNI data supports research findings that sexual violence does not usually occur in isolation. Instead it is usually combined with other types of violence (McGee et al, 2002).

- Almost three quarters of those subjected to sexual violence when under the age of 12 were also subjected to other violence along with the sexual violence (73%).
- Seven in ten of those subjected to sexual violence when aged between 12 and 17 were also subjected to other violence along with the sexual violence (69%).

There is little distinction between the types of other violence experienced by females and males in both the under 12 age cohort and the 12 to 17 age cohort.

Emotional/psychological abuse was the most dominant form of other violence experienced by both males and females in both age categories.
Duration of sexual violence

Graph 7 demonstrates the prolonged abuse endured by children who were subjected to the sexual violence when under the age of 12:

- We see that over eight in ten females and three quarters of males subjected to the sexual violence when under the age of 12 were subjected to the violence for years (82% and 74% respectively).

We can see a significant difference in the duration of abuse disclosed by female and male survivors of sexual violence when aged 12 to 17 (Graph 8):

- Females were more likely to be subjected to sexual violence lasting hours when they reached their teens (57%)
- This contrasts with males aged 12 to 17 where less than one quarter were subjected to the sexual violence over hours (23%), and
- Over half were subjected to the sexual violence over a number of years (52%).

From this we can say the length of time over which survivors of child sexual violence are subjected to the violence varies between genders and also in the different life stages of the child. Both male and female survivors of sexual violence when under the age 12 disclosed that the violence was perpetrated over years. This changes significantly in the 12 to 17 age group where both female and male vulnerability to sexual violence lasting a number of years reduces. This change is more significant for females and we can now say that female survivors of sexual violence when between the ages of 12 to 17 are more vulnerable to violence lasting hours as opposed to years. Although male vulnerability to sexual violence lasting years reduces as the child ages, males aged 12 to 17 when subjected to abuse are still more vulnerable to sexual violence lasting years than any other length of time.
### Location of sexual violence

**Graph 9:** Location of sexual violence disclosed by survivors of sexual violence when under age 12 (%)  \( n = 826 \)

<table>
<thead>
<tr>
<th>Location</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Perpetrator(s) home</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Other location(s)</td>
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<td></td>
</tr>
<tr>
<td>Survivor’s home</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Survivor’s and/or perpetrator(s) homes and other location(s)</td>
<td>9</td>
<td></td>
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</tbody>
</table>

**Graph 10:** Location of sexual violence disclosed by survivors of sexual violence when aged 12-17 (%)  \( n = 436 \)

<table>
<thead>
<tr>
<th>Location</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside</td>
<td>28</td>
<td>13</td>
</tr>
<tr>
<td>Perpetrator(s) home</td>
<td>25</td>
<td>22</td>
</tr>
<tr>
<td>Other location(s)</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Survivor’s home</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>Survivor’s and/or perpetrator(s) homes and other location(s)</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>
In Graph 9 we can see that:

- Almost half of females under the age of 12 were subjected to the sexual violence in their own homes (47%), and
- Almost one third disclosed that the violence occurred in the home of the perpetrator with (32%)
- Three in ten male survivors of sexual violence when under the age of 12 disclosed that the sexual violence took place in their own homes (30%), and
- Less than three in ten said that the sexual violence took place in other locations (27%). The most significant other location for male survivors under the age of 12 was school
- Just over two in ten male survivors of sexual violence when under the age of 12 were subjected to the violence in the perpetrators home (21%), and
- Less than two in ten were subjected to the violence outside (15%).

In Graph 10 we can see that female survivors of sexual violence when aged 12 to 17 disclosed that:

- Almost three in ten were subjected to the violence outside (28%)
- One quarter were subjected to the violence in either the perpetrators home or in other locations (25% each respectively). The most common other location disclosed by female survivors of sexual violence when aged 12 to 17 was a friend’s house
- Less than two in ten were subjected to the violence in their own homes (18%).

For young males who were subjected to sexual violence when between the ages of 12 and 17:

- Other locations were the most common site of violence (42%). The most common other locations included school and hospitals/medical centres
- Similarly to young females aged 12 to 17, the perpetrator’s home was the location where the sexual violence took place for over two in ten males aged 12 to 17 (22%), and
- The survivor’s home was disclosed as the location of the sexual violence by less than two in ten (17%).

From this we can say that for both females and males, vulnerability to sexual violence taking place in their own home decreases significantly as the child ages. In contrast vulnerability to sexual violence in other locations increases for both males and females. Teenage girls are more vulnerable than males to being subjected to abuse in an outside location.
The following information refers to all perpetrators of sexual violence against children. Information on child perpetrators of sexual violence against children is in the next section.

**Gender of perpetrators**

As illustrated in Graph 11:
- The majority of perpetrators of child sexual violence were males either acting alone or with other male abusers (94%)
- A minority were either females acting alone or with other females (3%)
- Or were males and females acting together or males acting in one incident and females acting in another incident (3%)
Relationship of perpetrator to survivor

Graph 12: Relationship to perpetrator disclosed by survivors of sexual violence when under age 12 (%)  n = 835

Graph 13: Relationship to perpetrator disclosed by survivors of sexual violence when aged 12-17 (%)  n = 442
As seen in Graph 12:

- For female children who were subjected to the sexual violence when under the age of 12, the perpetrator was most commonly a family member (65%)
- Young males under 12 also named family members as the most common perpetrators (41%)
- Young males under 12 were 6 times more likely than females of the same age to be abused by an authority figure (24% compared with 4%)
- Approximately two in ten females and males who were subjected to the sexual violence when under the age of 12 named friends/acquaintances/neighbours as the perpetrators (18% and 21% respectively).

Graph 13 highlights the relationship between the perpetrator and children aged 12 to 17 when the sexual violence took place:

- Over four in ten females and males disclosed that the perpetrator was a friend/acquaintance/neighbour (42% and 45% respectively)
- Approximately two in ten females and males were subjected to the sexual violence by family members (22% and 17% respectively)
- Males aged 12 to 17 when the sexual violence took place remained vulnerable to sexual violence by authority figures, with 24% of male survivors disclosing abuse by an authority figure.

From this we can say that for both females and males, vulnerability to sexual violence outside of the family decreases as children age. This correlates with data on location of sexual violence, where we also saw a decrease in sexual violence taking place in the home as children age. Vulnerability to sexual violence by friends/acquaintances/neighbours increases as children age, with both female and male teens disclosing significantly higher levels of abuse by these perpetrators. Male children's vulnerability to sexual violence perpetrated by an authority figure does not decrease as they go through childhood, it instead remains the same.

**Age of perpetrators**

- The median age of perpetrators subjecting female children under the age of 12 to sexual violence was 30 years old. The youngest perpetrator(s) were aged 9 and the oldest perpetrator(s) were aged 85.
- The median age of perpetrators subjecting male children under the age of 12 to sexual violence was 30 years old. The youngest perpetrator(s) were aged 6 and the oldest perpetrator(s) were aged 65.
- The median age of perpetrators subjecting female children aged 12 to 17 to sexual violence was 24 years old. The youngest perpetrator(s) were aged 12 and the oldest perpetrator(s) were aged 77.
- The median age of perpetrators subjecting male children aged 12 to 17 to sexual violence was 32 years old. The youngest perpetrator(s) were aged 12 and the oldest perpetrator(s) were aged 70.
Telling someone for the first time

For 10% of female and 14% of male survivors of child sexual violence, RCC personnel were the first people they told about the sexual violence. We know from SAVI that many survivors never tell anyone (McGee et al, 2002: 120). Telling someone is a critical step for gaining support, starting recovery and overcoming sexual violence. It is often one of the most difficult steps, meaning that victims can remain in isolation and struggle alone. Survivors who do come to RCCs are more likely to have told someone about the sexual violence already, yet over one in ten survivors of child sexual violence attending RCCs in 2011 never told anyone.

Graph 14: Who survivors of child sexual violence first told about the sexual violence (%) n = 1,118

For the 90% of females and 86% of male survivors of child sexual violence who told someone else about the violence they were subjected to before attending a RCC (Graph 14):

- Females were most likely to tell a parent first (32%)
- Males were most likely to disclose to someone outside of their friends and wider family (31%)
- It is notable that the group whom males were next most likely to disclose sexual violence to were partners (28%). This is significant and is also indicative of how it can take a long time before people disclose an experience of child sexual violence.
Almost six in ten survivors of child sexual violence who came to RCCs in 2011 were not referred by anyone else, but made their way to RCCs by themselves (59%). There were no significant differences in the numbers of self-referrals between female and male survivors.

- The majority of female and male survivors of child sexual violence referred to RCCs by other organisations or individuals were referred by health services (53% and 44% respectively)
- Just over two in ten females and males were referred by family/friends (22% each respectively)
- The community and NGO sector referred 20% of males and 9% of females.

Male survivors of child sexual violence were less likely than females to be referred through health services but more likely to be referred through the community and NGO sector.

**Time between sexual violence and RCC service usage**

The majority of survivors of child sexual violence only attending RCCs in 2011 disclosed that the violence took place when they were under age 12 (65%). For survivors of child sexual violence there is approximately a 25 year gap between the violence and accessing RCC services.
Reporting the sexual violence

As illustrated in Graph 16 one quarter of survivors of child sexual violence reported the sexual violence to a formal authority. The majority of these reported the violence to the police (23%). Other formal authorities include the HSE, Redress Board, education authority, church authority and asylum application process. The number of survivors attending RCCs who reported the violence to the police is over three times higher than the overall rate of reporting of sexual violence in Ireland according to SAVI figures, where 8% of survivors of sexual violence as children reported to the police (McGee et al, 2002: 128).

As Hanly et al point out in Rape & Justice in Ireland (RAJI) non-reporting of sexual violence has a number of consequences for the survivor and society; survivors may not be able to access the support services they need, offenders are not held to account, and information about the violence and it’s impact on the survivor is not collected (Hanly et al, 2009: 35). The RCNI Database therefore fills a gap in the gathering of accurate and reliable information from survivors of sexual violence who have not reported to any formal authority. It allows us to examine in details the nature of the violence and the impact on the survivor. The 75% of RCC survivors of child sexual violence who did not report to any formal authority are therefore not included in any other formal statistics or records. This unique and essential part of the story, and the only place where these survivors have their experiences documented publicly to support and influence national policy, is here in the RCNI National Statistics. The high level of self-referral and referral from other agencies to RCCs demonstrates that RCCs are highly regarded and trusted.

Of those who did file a complaint with a formal authority:
- The majority did so before they made contact with the RCC (86%), and
- Less than two in ten did so after they made contact with the RCC (16%).
Survivor Demographics 2011

Age of survivors of child sexual violence

Graph 18: Age of survivors of child sexual violence attending RCCs (%)  n = 1,264

Graph 18 demonstrates that:

- The majority of survivors of child sexual violence who attended RCCs in 2011 were between the ages of 29 to 49 (74%).
- Just 13% of survivors of child sexual violence were in receipt of specialised Rape Crisis counselling before the age of 20.

Country of origin

Graph 19: Survivors country of origin (%)  n = 1,279

The vast majority of survivors attending Rape Crisis Centres in Ireland who were subjected to sexual violence in childhood were Irish (90%).
Female survivor of sexual violence when aged 12-17

Kate is 15 years old. She is in Junior Cert year at school and is a popular and outgoing student. Six months ago she attended a house party with her friend. Her friend’s older brother was there with some of his friends from college. The party went on till very late and everyone had been drinking heavily. Kate had been chatting to one of the brother’s friends who was 22; they spent a lot of the evening together and kissed. He offered to walk her home in the early hours and she accepted. On the way home he led her into a park where they kissed again. She was reluctant to take things further and said so but he became violent and agitated, calling her a tease and forcing her to the ground where he raped her. Afterwards, he continued to verbally abuse her but she managed to run off and got home by herself. The next day she told her friends, but was too afraid to report the rape or tell her parents as she had been out without permission and drinking underage.

About six weeks later a Rape Crisis Centres representative visited Kate’s school to give a talk about rape and sexual violence. Kate took great courage from this and confided in her English teacher about her experience. The teacher was very understanding and supportive. She explained that as Kate was under 18, she had a duty of care to report the attack to the HSE and also encouraged her to seek help from her family as well as the Rape Crisis Centre. Later, Kate confided in her parents. They were devastated but determined to help her in any way they could. She made a formal complaint to the Gardaí and is now seeing a Rape Crisis Centre counsellor regularly. A member of the Rape Crisis Centre has accompanied her on all her visits to the Gardaí, given her advice on court procedures and kept in touch with the Gardaí on her behalf for updates on her case. Kate is feeling much stronger since looking for help, is concentrating on doing well in her exams and looking forward to the future.
Survivors of child sexual violence attending RCCs in 2011 told us that almost one quarter of perpetrators of sexual violence against them were children under the age of 18 (23%). The following analysis looks at characteristics associated with sexual violence perpetrated by these child perpetrators.

### Age of child perpetrators

![Graph 20: Age of child perpetrators of child sexual violence (%) n = 280](image)

As seen in Graph 20:
- The majority of these child perpetrators were between the ages of 15 to 17 (69%)
- Just over one quarter were aged 12 to 14, and
- A minority were under the age of 12 (5%).
Child perpetrator age compared with survivors age at time of sexual violence

<table>
<thead>
<tr>
<th>Age of survivors at time of sexual violence (%)</th>
<th>Under 12 ( n = 14 )</th>
<th>Age 12 to 17 ( n = 266 )</th>
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<td>Under 12</td>
<td>100</td>
<td>73</td>
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<tr>
<td>Age 12 to 17</td>
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<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

- From the table above we can see that perpetrators under the age of 12 always abused children in the same age group (100%).
- The majority of perpetrators in the 12 to 17 age category also subjected children under the age of 12 to the sexual violence (73%).

This correlates with SAVI where perpetrators are seen to abuse people of similar or younger age than themselves (McGee et al, 2002: 90).

Survivors under the age of 12 are driving the trend in terms of who child perpetrators are abusing. For this reason the following findings are similar to that in the section on all perpetrators of sexual violence against people under the age of 12.

Child perpetrators relationship to survivors

As illustrated in Graph 21:
- Survivors of child sexual violence who were abused by other children disclosed that the majority of perpetrators were most commonly family members (60%).
- One quarter were subjected to the sexual violence by children who were friend(s)/acquaintance(s)/neighbour(s) (25%).

As illustrated in Graph 21:
- Survivors of child sexual violence who were abused by other children disclosed that the majority of perpetrators were most commonly family members (60%).
- One quarter were subjected to the sexual violence by children who were friend(s)/acquaintance(s)/neighbour(s) (25%).
Survivors of child sexual violence who were subjected to the violence by other children disclosed that (Graph 22):

- The most common location of the violence was the survivors’ home (51%)
- Followed by outside (19%)
- Less than two in ten survivors were subjected to the violence in other locations (16%). The most common other locations included school and friend’s houses
- Less than two in ten disclosed that the sexual violence took place in the perpetrator’s home (14%).
Findings

From the data in this report we have made a number of significant findings, including:

**Survivors of child sexual violence**

- Female survivors of child sexual violence disclosed an increased vulnerability to rape as opposed to other forms of sexual violence as they age, whereas male vulnerability to different forms of sexual violence stays the same as they age.
- The length of time over which survivors of child sexual violence are subjected to the violence varies between genders and also in the different life stages of the child. Both male and female survivors of sexual violence when under the age of 12 disclosed that the violence was perpetrated over years. This changes significantly in the 12 to 17 age group where both female and male vulnerability to sexual violence lasting a number of years reduces. This change is more significant for females and we can say that female survivors of sexual violence when between the ages of 12 to 17 are more vulnerable to violence lasting hours as opposed to years. Although male vulnerability to sexual violence lasting years reduces as the child ages, males aged 12 to 17 when subjected to abuse are still more vulnerable to sexual violence lasting years than any other length of time.
- For both females and males, vulnerability to sexual violence taking place in their own home decreases significantly as the child ages. In contrast vulnerability to sexual violence in other locations increases for both male and female children as they age. Teenage girls are more vulnerable than males to being subjected to abuse in an outside location.
- The vast majority of perpetrators are males either acting alone or with other males.
- For both female and male children, vulnerability to sexual violence within the family decreases as they age. Vulnerability to sexual violence by friends/acquaintances/ neighbours increases as children age, with both female and male teens disclosing significantly higher levels of abuse by these perpetrators. Male children’s vulnerability to sexual violence perpetrated by an authority figure does not decrease as they go through childhood.
- Male survivors of child sexual violence were less likely than females to be referred through health services but more likely to be referred through the community and NGO sector.
- For many survivors of child sexual violence there is a gap of 25 years between the sexual violence being perpetrated against them and accessing a RCC for counselling and support.

**Child perpetrators of sexual violence against children**

- The majority of child perpetrators were between the ages of 15 to 17.
- The majority of survivors of child sexual violence subjected to the violence by child perpetrators were under the age of 12.
Conclusion

Maintaining an emphasis on the examination of equality grounds is vital in the planning of efficient and effective service provision locally and in informing national policy and service planning. The results of this research clearly demonstrate that there are significant differences in the nature of sexual violence perpetrated against children when under the age of 12 and those when aged 12 to 17. This means that those working in the area of sexual violence and policy makers can use this knowledge to ensure that survivor services are responsive to the lived experience of survivors of child sexual violence.

Vulnerability to sexual violence differs for children according to gender and age. We must take on board the complexity of sexual violence against children and responses must be tailored to meet those differences. It is also important that, as a society we take on board what this means. A model that sees young children being preyed upon solely by older men may be less helpful in thinking about sexual violence against teenagers, as we can see that their peers and people closer in age to them are often the perpetrators of violence against them.

These statistics on survivors of child sexual violence underline the critical need for strong legal and social supports to protect vulnerable children. While the family unit is usually the best place for children, these statistics show that it can also be the most dangerous place. Legal protections and adequate resources must be put in place to make the family a safer place and to ensure that children can be heard when they are still children. The information gathered again this year completely underpins the need for ongoing high quality and co-ordinated data collection and matching strengthened services – not just to support survivors of rape and sexual violence today but for the survivors of the past who, for whatever reason, continue to be silent.

It is important that child protection and child development measures take on this complexity and respond appropriately. The Department of Education needs to step up as institutions such as schools become key for child protection. The Department needs to work in partnership with experts to develop guidance and policy needed to equip and resource schools to respond appropriately to sexual violence, especially when we consider that sometimes survivors are sharing school environments with perpetrators.

Accurate and reliable data is essential in confronting sexual violence and providing effective services to those affected by such violence in the most efficient and cost-effective way possible. Nationally compiled data is not just a means of reviewing the level of past service delivery, it is essential to planning the service needs of the future and making strategic decisions about the best possible use of existing funding. The Rape Crisis Network Ireland Database represents ten years of development and is now in a position to produce valuable and unique longitudinal studies. Further examination of the data recorded would be a cost effective way to provide insight into specific aspects of abuse and also to enable longitudinal analysis.
Methodology

RCNI has developed a highly secure online database which allows authorised RCC personnel to log in and record specific information on each individual service user. 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. RCC personnel do not record any identification details for service users or any other person. 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.

The information in this report is compiled from the data entered by all 13 RCNI Republic of Ireland member Rape Crisis Centres and two non-member Rape Crisis Centre (Athlone Midlands Rape Crisis Centre and Dublin Rape Crisis Centre) around Ireland. The data represents all people using these RCCs for counselling and support services in 2011. It represents only these people and cannot be used to make assumptions about the overall incidence or nature of sexual violence in Ireland.

We 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.

‘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. The RCNI Database collects data on survivors’ abuse details by incident because it is the internationally recognised best practice method of doing so (Department of Health and Human Services, USA, 2009). For each service user, data is input about each incident of sexual violence and the perpetrators of sexual violence. It is clearly indicated when any tables and analysis in this report refer to incidents of sexual violence. The new level of detail available in the 2011 report reflects refinements and a more advanced type of data collection and analysis.

© Whenever reference is made to any part of or all of the data originating from the RCNI Database in any external communications, whether oral and/or written and through any medium whatsoever, the RCNI Database must be identified clearly and in full in the relevant communication(s) as the origin of that data and/or any part of it.
Index of Terms

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

**Authority figure**: Babysitter/childminder, Care/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

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

**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

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

**Incident**: An incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by the same perpetrator acting alone or a specific group of perpetrators acting together. An incident of sexual violence may last hours, days, weeks, months or years. The RCNI database collects data on survivor’s abuse details by incident because it is the internationally recognised best practice method of doing so (Department of Health and Human Services, USA, 2009)

**Other forms of sexual violence**: Grooming, Observing/voyeurism, 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 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

**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 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 or survivor of sexual violence

**Sexual Assault**: An indecent assault 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, 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, Obsessive/obsession, Grooming

**Sexual violence as children and adults**: People attending RCCs who experienced sexual violence when they were under the age of 18 and when they were over the age of 18

**Sexual violence as children only**: People attending RCCs who experienced sexual violence solely when they were under the age of 18

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

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


RCNI member Rape Crisis Centres in 2011

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 Midwest: 1800 311 511
Rape Crisis North East: 1800 212 122
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 Northern Ireland: 04890 329002*

*This RCNI member Centre’s data is not included in this report
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For more information see: http://ec.europa.eu/progress

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