



THE DUBLIN RAPE CRISIS CENTRE
ANNUAL REPORT 2012

preventing and healing the trauma of rape and sexual abuse

THE SPIRAL - SYMBOL OF THE DRCC

The single spiral is one of the oldest and most recorded geometric motifs prominent in Celtic artwork, and can be seen, for example, in the highly decorated stone carvings of Newgrange burial mound, whose burial chamber each year is illuminated by a single shaft of light during the winter solstice.

For many cultures, including the Celts, the single spiral symbolised the sun, and concepts of growth, expansion and cosmic energy. In our logo, its broken circularity mirrors the client's often difficult and indirect journey of growth towards a fuller, more satisfying life.

“Preventing and healing the trauma of rape and sexual abuse” - The spiral is the symbolic expression of our mission statement, and of our clients’ unfolding individual journey from the darkness of sexual violence and abuse into the light, freedom and energy of healing.

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CHAIRPERSON'S REPORT



Frances Gardiner
CHAIRPERSON

The Annual Report of the Dublin Rape Crisis Centre outlines the range and diversity of the Centre's services in 2012, together with statistical data providing comparative analysis of annual progress. Notwithstanding the challenge of shrinking resources during 2012, all services and departments valiantly strove to fulfil their mandate, from Clinical (counselling, individual and group therapy), Education and Training, Finance, Administration, Volunteer, Fundraising, and Outreach, to the 365 days a year National 24-Hour Helpline, court accompaniment and accompaniment to the Sexual Assault Treatment Unit (SATU) at the Rotunda Hospital,

The financial statement, however, underlines the marathon task of maintaining such frontline services on reduced budgets. Fundraising in particular suffers in the current economic climate. It is testament to the dedication of staff at the Centre and the leadership of Ellen O'Malley-Dunlop, CEO, that services continue to deliver on its mission statement to strive to prevent and heal the trauma of rape and sexual abuse, including childhood sexual abuse.

While the DRCC's Awareness Raising campaign, supported by Cosc, has proved effective in reaching a wide audience with its preventative and supportive advice, analysis of figures confirms how unrelenting the sinister world of the perpetrator of sexual crime is, traumatising men and women in its wake. Statistically, there is an expansion in the nature and severity of issues presented, from increasingly violent adult rape and sexual assault, to childhood sexual abuse, sexual harassment, physical abuse and intimidation, as well as trafficking.

Furthermore, despite an expansion in the number of Irish support groups for adult and child victims of sexual violence, the DRCC reports an upward annual trend in numbers of counselling contacts on the

National 24-Hour Helpline. By establishing a foothold on social media, the Centre has opened a new communication channel via Twitter and Facebook, not just advice and counselling information, but also training, education, fundraising and volunteering.

By 2012, there was an increasing ethnic diversity among the Centre's clients. Callers represented 54 different nationalities, almost a third more than 2011, with associated linguistic challenges resolved by the use of interpreters for non-English speakers. Provision of training offered by the Education Department for staff working with refugees and asylum seekers following sexual violence, torture or other trauma is an invaluable resource.

An increase in the volume of clients from outside Dublin underlines, on one hand, the quest for privacy and anonymity, and on the other, the need to develop further outreach programmes in the satellite communities surrounding the city of Dublin. To date, Dochas Women's Prison, and Coolock and Tallaght are in receipt of therapeutic services. Thanks are due to the management and staff of Tallaght Hospital, the Coolock Civic Centre and Dochas for their ongoing support of these services. Consistency in the maintenance of outreach services is a tribute to the DRCC's therapists.

Innovative strategies by the Education Department to supplement income include provision of training programmes to outside agencies such as schools, Gardaí and embassies, and for training modules on Dignity at Work, bullying, harassment and sexual harassment, and cross-border collaboration with Northern Ireland.

In tandem with these frontline services, internal and external demands play important roles in the Centre's work. The Reception helps to establish the initial, unique atmosphere of healing for victims, while Administration is essential to smooth organisation. Issues such as maintenance of the DRCC's property as

appropriate accommodation for the delivery of sensitive individual or group therapy, among a myriad of other internal responsibilities, are its hidden face.

Externally, the role of advocacy, inter-agency collaboration and liaising with government departments constitute crucial duties. Equally, lobbying, preparation of funding applications, response to media requests or sentencing dispositions, and sharp attention to crisis developments in the public arena related to rape and sexual abuse, require servicing on a different level.

The Board of the DRCC acknowledges and commends the vocational level of commitment evident in the personnel who provide and administer these services. Thanks are due to management, heads of department, therapists, volunteers, and administration staff for the caring climate and excellent service provided under the auspices of the Dublin Rape Crisis Centre. Side by side with its ongoing work, it is critical to envisage new ways of tackling the current rampage of sexual violence in our society.

We all share a duty to respond to this challenge, whether through fundraising, speaking up if the occasion warrants intervention, and supporting victims and their families. To all the DRCC's supporters, through whatever medium – time, effort or financial – we offer thanks.

Each Board member gives voluntarily of their wide and specific expertise in the pursuit of excellence at governance level, and is deserving of our deepest thanks. We are grateful to the outside experts who have voluntarily given time to the Board to ensure the duties of governors meet the highest standard. We look forward to the easing of our national austerity programme so the functions of the DRCC can be augmented and expanded to meet the needs of those dealing with the devastating impact of sexual violence and trauma.

Dr. Frances Gardiner

CHAIRPERSON OF THE BOARD



The Board of Directors and CEO of the DRCC: (l-r) Caroline Crowley, Simon Pratt, Aibhlin McCrann, Frances Gardiner (Chairperson), Ellen O'Malley-Dunlop (CEO), David O'Brien, Keith Herman (missing from photo: Ann Marie Gill, Maud McKee, Yvonne Pim).

CHIEF EXECUTIVE'S REPORT



Ellen O'Malley-Dunlop
CHIEF EXECUTIVE OFFICER

INTRODUCTION

The crimes of rape in particular and sexual violence in general are heinous and too often committed with impunity in our society. In 2012 the Dublin Rape Crisis Centre (DRCC) responded to support the victims of these crimes through our counselling and psychotherapy services; through training and

supervising the cohort of volunteers necessary to operate the National 24-Hour Helpline 1 800 77 88 88; by accompanying victims to the Sexual Assault Treatment Unit in the Rotunda Hospital, and by accompanying victims to court.

The Centre also ran a National Awareness Raising Campaign supported by Cosc, the National Office for the Prevention of Domestic, Sexual and Gender Based Violence. We lobbied Government for changes in the law to encourage more victims to report these crimes so that the perpetrators are appropriately punished and society can be a safer place for all of us. We devised and delivered education and training programmes in schools and to other frontline workers who encounter sexual violence in their area of work on a daily basis. The services were delivered in a professional and caring environment that puts the welfare and well-being of the victim at the centre of all its work.

A FALSE ECONOMY

As in the previous couple of years, the DRCC saw a further decline in its funding in 2012. Unfortunately, as we can see from the statistics presented in this report, we have not had a parallel decline in the need for the Centre's services. On the contrary, we've noted a further increase in requests.

In the absence of empirical evidence-based research which is badly needed, we cannot say definitely if the increases are due to an escalation of the crime, or if more people are coming forward and reporting. We do know from other research that we still have the highest fallout in the criminal justice system Europe-wide, from reporting to getting to court. Is it not time to commit to repeating the SAVI Report (Sexual Abuse and Violence in Ireland, McGee et al, 2002) so that we can properly inform how this crime in our society is tackled, from

education to health and justice, and how funding is appropriately distributed to achieve the aim of eradicating this most heinous crime from our society?

It is a false economy to cut back on funding the services of a rape crisis centre. Both the World Health Organisation and the World Bank have produced the findings of research they commissioned on the cost of violence against women and girls to societies. In the UK alone, the economic cost is estimated at £26 billion annually. We need to properly resource its prevention, the provision of services and the protection of our citizens against the prevalence of sexual crimes against men, women and children in our society. This will not only help society's health and well-being but will also contribute hugely to our economic situation.

Up to the end of 2012 – despite the cut to the main grant and the decline in our fundraising efforts – the services of the Dublin Rape Crisis Centre were delivered and not cut back because of the dedication and commitment of its staff and volunteer cohort. Staff are operating on a frozen salary since 2008 and two salary cuts, a situation which is not sustainable on an on-going basis.

REPORTING THE CRIME TO THE GARDAÍ

The DRCC will never put pressure on any victim to report the crime to the Gardaí when contacting the Centre for support, either via the National 24-Hour Helpline (which is operated from the Centre), or availing of the counselling/psychotherapy services. If a victim, however, wants to report a crime perpetrated against them, we will give them all the support they need including legal information and our trained volunteers offer court accompaniment and accompaniment to the Sexual Assault Treatment Unit in the Rotunda Hospital. We believe perpetrators should not be allowed to commit these crimes with impunity.

AN INTERIM CHANGE IN THE DRCC POLICY REGARDING CLIENT NOTES AND THE CRIMINAL JUSTICE SYSTEM

The DRCC's position with regard to counselling and psychotherapy notes being made available in the criminal justice system (CJS) is that these notes have no place in a CJS setting. Client notes reflect the work and healing space between therapist and client and as such reflect the internal world of the client, and should always remain confidential to maintain the integrity and

healing potential of that process. As the law, however, stands in Ireland at the moment, counselling and psychotherapy notes do not have ‘privilege’ status.

In the past, the DRCC’s policy had been never to provide counselling/psychotherapy notes of a client to the Gardaí gathering evidence to present to the office of the Director of Public Prosecutions for their decision to prosecute or not. When the complainant/client/victim gave their consent, however, the judge often subpoenaed the Centre to bring the notes to court and this often delayed the court process and caused the victim a lot of undue stress and upset.

Two Pronged Plan

In 2012 we devised a two-pronged plan to address the management of client note disclosure:

- Firstly, we approached the Public Interest Law Alliance (PILA). They established a team of four lawyers to research other common law jurisdictions where counselling and psychotherapy notes have privilege or limited privilege. This research will inform our arguments when we lobby for similar legislation in Ireland.
- Secondly, we approached the Office of the Director of Public Prosecutions to see how we could best manage the note disclosure situation as the law currently stands, and we devised an interim policy.

INTERIM POLICY – DPP AND MEMORANDUM OF UNDERSTANDING (MOU)

As the policy of not handing over notes when the client gave their permission was proving to further traumatise the victim/client, and in the absence of legislation for privilege, the DRCC as an interim measure to help alleviate this undue upset and stress to the victim/client, has drawn up an MOU with the office of the DPP. This MOU contains and restricts the possibility of the accused person accessing the victim’s/client’s notes, and allows for a step-by-step process which gives the DRCC’s client time to read their notes with their therapist and give informed consent as to handing them over or not. If the client decides not to, then nothing happens. The implementation of the MOU is working very well and has taken the extra stress generated by the initial policy off the situation for the client.

THE REFERENDUM

In November the Government through its Minister for Children and Youth Affairs, Frances Fitzgerald, delivered on its promise to have a referendum to include the rights of the child in the constitution. The referendum was carried. The Department of Children and Youth Affairs has been working with developing the New Child and Family Support Agency with Gordon Jeyes as the Chief Executive Officer Designate. We welcome the fact that funding for domestic and sexual violence will be allocated through the new agency. The DRCC was involved in discussions of the impact of mandatory reporting in many different fora in 2012. The DRCC operates its Child Protection Policy in line with Children First Guidance (2011), for which staff have received training from the HSE. We look forward to seeing Children First put on a statutory basis as soon as possible.

CONCLUSION

I would like to express my thanks to the outgoing Chairperson of the Board, Eibhlin Byrne, and welcome the new Chairperson, Dr. Frances Gardiner. I would also like to thank the other members of the Board, the management, staff and volunteers of the Centre for their commitment and dedication to the work of the DRCC during 2012.

It has been a year when we worked alongside our colleagues in the statutory and NGO sectors, with An Garda Síochána, the HSE, the SATU service in the Rotunda Hospital, Probation and Prison Services, Women’s Aid, One in Four, Cork Sexual Violence Centre, Galway and Athlone Rape Crisis Centres, Ruhama, and the National Women’s Council of Ireland, to name but a few. The support and sharing with colleagues is invaluable in a world where violence against women, men and children is what we are dealing with on a daily basis.

I would like to say thank you to all our funders in the statutory world; in the HSE Mid Leinster Region, to Cosc and to the Commission for the Support of Victims of Crime. And last but not least, I want to say a very big thank you to the men and women who every year support all our fundraising events without whom we would not be able to operate the services of the DRCC.

Ellen O’Malley-Dunlop
CHIEF EXECUTIVE

OVERVIEW OF CLINICAL SERVICES

It is clear from the DRCC's statistics there was a disturbing degree of sexual violence and abuse in Ireland in 2012, borne out by the experiences of our staff and volunteers in all our clinical and volunteer services.

Sadly, in a period of economic recession, sexual violence levels tend to escalate, and the services of the DRCC's National 24-Hour Helpline, counselling and therapy services, and volunteer services were stretched to capacity in 2012. Of the total sexual abuse incidents (N=413) disclosed by 322 new clients this year, 40.67% of these included other forms of violence such as physical abuse and intimidation, along with the main type of abuse.

Including statistics for sexual harassment and trafficking, 54.03 % of calls to the National 24-Hour Helpline in 2012 related to sexual violence experienced in adulthood. Many of our asylum-seeking clients experienced rape, torture and imprisonment, while other clients were victims of trafficking and sexual exploitation.

It was our experience, based on Helpline and counselling services, that high levels of anger and frustration were experienced in Irish society in 2012, and victims of sexual and physical violence were bearing the brunt of the backlash. Helpline counsellors also dealt on a daily basis with callers who were depressed and suicidal. As counsellors have received specific training in relation to this issue, they were able to offer victims a safe space to be heard and supported.

Serious concerns were raised throughout the year by the DRCC staff about the extent of anecdotal accounts they heard from Helpline callers, and clients who believed they had been victims of drug-assisted rape. Unfortunately, drug-assisted rape is hard to prove and our staff are concerned that unscrupulous people

may be in a position to perpetrate this crime with impunity, and feel strongly that the issue needs to be highlighted. Our CEO, Ellen O'Malley-Dunlop, has done much to publicise "Staying Safe" guidelines, throughout 2012, which included alerting people to the risk of drinks being spiked.

As my report demonstrates, despite reduced resources there were increases in the delivery of all of the clinical services. Telephone counsellors, therapists and volunteer co-ordinators worked to capacity to try to meet the needs of men and women traumatised by rape, sexual assault, sexual harassment and childhood sexual abuse. Together, all clinical staff and Volunteer Services helped to provide a wrap-around service for victims, from the initial call to the Helpline and contact with a volunteer attending at the SATU, to Helpline counselling, face-to-face crisis counselling, accompaniment to the Gardaí or court; long-term individual and group counselling, and referrals to advocacy and legal services.

NATIONAL 24-HOUR HELPLINE

Our Helpline 1800 778888 operates 24-hours a day, seven days a week, 365 days a year. The service is operated by a small dedicated team of staff telephone counsellors by day, and by a cohort of trained volunteers outside office hours. *There is always a telephone counsellor at the end of the line.*

In 2012 there were a total of 12,040 counselling contacts with the National 24-Hour Helpline. The DRCC's counsellors responded to 11,782 counselling calls, 131 emails, 116 text messages and 11 social media contacts. This represents an increase of 1.70% compared to 2011's total contacts (N=11,839).

- 9,142 of the contacts in 2012 were genuine counselling contacts compared with 9,085 in 2011, an increase of 0.63%.
- 4,046 of these were first-time contacts compared with 3,988 in 2011, an increase of 1.45%.

*"You calmed my thoughts when
I couldn't think straight"*

CLIENT

- In addition, 4,647 repeat contacts were received in this period compared with 4,371 in 2011, an increase of 6.31%.
- 82.64% of callers were female and 17.05% were male. 0.31% identified themselves as transgender/transsexual.
- 70.77% of callers were from the Dublin area, while 29.23% were from other counties. This represented an increase of 1.97% in callers from outside the Dublin area compared with 2011's figures. There has been a steady incremental increase in calls from outside the Dublin area, since 2007 when the DRCC ran its first Awareness Raising Campaign with assistance from Cosc. The percentage of callers from outside the Dublin area was 22.8% in 2007, giving an overall increase of 6.43% in callers from outside Dublin since 2007.
- Callers were of 54 different nationalities compared with 41 nationalities in 2011, an increase of 31.7%. The value of the Helpline seems to transcend cultural differences.
- 44.21% of calls in 2012 related to adult rape compared with 44.14% in 2011, an increase of 0.07%. 8.41% of calls in 2012 related to adult sexual assault compared to 6.40% in 2011, an increase of 2.01%. Including statistics for sexual harassment and trafficking, 54.03 % of calls in 2012 related to adult sexual violence compared to 51.88% in 2011, an increase of 2.15%.
- 42.04% of contacts in 2012 related specifically to childhood sexual abuse (CSA). Including calls relating to ritual abuse (2.50%) and suspected abuse (0.42%), a total of 44.96% of calls related to CSA. The comparable figure in 2011 for CSA (46.93%) with the addition of ritual abuse (0.47%) and suspected abuse (0.72%), was 48.12%, showing a decrease of 3.16% over the 12-month period. Overall, there has been a decrease of almost 8% in calls relating to CSA since figures peaked at 53% in 2009 following the publication of the Ryan and Murphy reports. However, as the counselling and therapy report shows below, there is still a high demand for face-to-face counselling for victims of childhood sexual abuse.

"Thank you for your kindness and caring. You helped me greatly on my road to recovery"

CLIENT

- In 2012, 1.01% of calls (N=67) related to concerns regarding worrying sexualised behaviour in children under 13. Parents or carers were advised to contact the CARI Foundation (CARI) which offers help to parents and carers with their concerns, and provides therapy for children up to and including 12 years old who show signs of sexualised behaviour.

THE VOLUNTEER SERVICES DEPARTMENT

The Volunteer Services Department with their trained cohort of up to 70 volunteers plays a vital role in the delivery of so many of the DRCC's services 365 days a year to victims of sexual violence and abuse. In 2012, under the on-going guidance, supervision and continuous out-of-hours back-up provided by the manager of the department and two part-time coordinators, trained volunteers handled over 6,000 calls to the Helpline; accompanied 260 victims to the Sexual Assault Treatment Unit (SATU), and provided ongoing accompaniment services to clients who wished to report to the Gardaí, and clients who were attending court. They also provided talks in schools and community groups.

COUNSELLING AND THERAPY SERVICES

In 2012, 11 therapists offered crisis counselling and long-term therapy in the DRCC in Leeson Street, central Dublin, and in three outreach counselling services in Coolock Civic Centre, Tallaght Hospital, and the Dochas Centre for female offenders.

557 clients were seen for face-to-face counselling in 2012, an increase of 3.72% compared with 537 in 2011. They saw 322 new clients compared with 304 new clients in 2011, an increase of 5.92%. Of these, 88.15% were female, 11.49% were male and 0.36% transgender.

OVERVIEW OF CLINICAL SERVICES *continued*

5,034 individual appointments were made available by the Therapy Team in 2012, compared with 4,910 in 2011, an increase of 2.53%. Of these, 3,885 individual client sessions were delivered in 2012 compared with 3,818 in 2011, an increase of 1.75%. Allowing for cancellations and “no-shows” deducted, this represented a take-up rate of 77.17%.

Of the 3,885 completed individual sessions delivered in 2011, 24.76% (N=962) were crisis appointments for men and women who had experienced *recent rape or sexual assault*, i.e. within the previous six months. 75.24% (N=2923) were assessment appointments for past rape or sexual assault (i.e. which occurred *outside* the previous six month period, and CSA).

45.58% of clients received therapy for issues of rape, sexual assault or sexual harassment, compared to 44.49% in 2011, an increase of 1.09%, indicating an upward trend in the incidence of sexual violence in adulthood.

54.42% of clients in 2012 received psychotherapy for issues of CSA compared with 55.51% of clients in 2011. Despite a slight decrease of 1.09%, the impact of the many reports on sexual abuse is still being experienced in the large numbers of victims coming forward for therapy for these issues in 2012, in comparison with the period before the Ryan and Murphy reports. In 2008, for example, the percentage of clients who attended counselling for CSA was 45.65%.

In addition to the 3,885 individual therapy sessions, usually of one hour’s duration, 238 group therapy client hours were delivered in 2012, a total of 4,123 client therapy hours delivered in 2012.

“You have listened, guided and not only shown me the way to live my life again, but to want to live, to be alive”

CLIENT

Group Therapy

Participation in group therapy is offered periodically to clients, male and female, who have been in one-to-one counselling for some time; with groups and workshops always facilitated by two staff therapists. In summer and autumn of 2012 two therapists facilitated two eight-week mixed groups for men and women who had experienced CSA. These facilitated therapy groups provided a safe and healing environment where clients of both sexes could safely share their experiences with a person of the opposite sex for the first time. Participants appreciated above all that the other participants understood what they had been through: ‘*They got it*’.

“Thank you for giving me the space to heal and grow, and to let go of so much of the trauma of the past”

CLIENT

Range of Clients Accessing our Counselling Services by County

County of origin was known for 546 out of a total of 557 clients in 2012. Of these, 79.30% (N=433) were from the greater Dublin area and 20.70% (N= 113) from 17 other counties. In 2007, the year the DRCC first began its Awareness Raising Campaign with funding from Cosc, 18.18% of clients (N=94) from a total of 517 came from outside Dublin, an increase of 20.21%. We are aware that many of these clients opt for the anonymity and privacy that attending services in the capital city may provide. Kildare (5.68%), Meath (4.58%) and Wicklow (3.11%) are the most highly represented counties. Of the almost four fifths of clients (79.30%) who attended the DRCC services from the greater Dublin area, the breakdown was as follows: 41.76% (N=228) from Dublin city, 13.92% (N=76) from Fingal, 13.55% (N=74) from Dublin South County Council and 10.07% (N= 55) from Dun Laoghaire/Rathdown.

Cultural Diversity of Clients

The nationality of clients was known in 98% of cases (N=546), with 33 different nationalities attending for therapy in 2012. 85.64% (N=477) were Irish and 14.36% were of 32 other nationalities. Interpreters were provided by the DRCC for clients who did not speak English.

THE DRCC OUTREACH COUNSELLING SERVICES TO LOCAL COMMUNITIES

The DRCC has shown its on-going commitment to local communities, through its three outreach services in Coolock, Tallaght, and the Dochas Women's prison, comprising a sixth of all appointments delivered in 2012 (N=630).

The DRCC Outreach in the Dochas Centre

In 2005, the DRCC started a counselling service in the Dochas Centre for half a day once a week, with 84 sessions completed in 2012.

Our sincere thanks to the Dochas Centre Governor, Mary O'Connor, and her staff for their ongoing support of our service.

The DRCC Outreach in Coolock Civic Centre

In 2012, three therapists provided a service spread over three days a week on Tuesdays, Thursdays and Fridays with a very encouraging 79.10% take-up of appointments offered. Out of the 474 sessions offered in total, 337 were completed.

Since its re-location to the Civic Centre in 2005, the value of this local and easily accessible service to the local community has been evident. It is used by clients from north Dublin but also from adjoining counties such as Kildare, Louth, and Meath.

The DRCC would like to thank the manager of the Civic Centre and the staff at reception who provide unobtrusive and sensitive support to this confidential service.

KEY SERVICES PROVIDED BY THE DRCC

- National 24-Hour Helpline
1800 77 88 88
- Crisis Counselling Service for recent victims of rape and sexual assault
- Long-term therapy for adult victims of childhood sexual abuse and past sexual violence
- Coolock Outreach Counselling Service
- Dóchas Centre Counselling Service
- Tallaght Outreach Counselling Service
- Accompaniment to the Sexual Assault Treatment Unit
- Court accompaniment
- Outreach talks to schools and community groups
- Training of professionals who work with victims of rape, sexual assault and sexual abuse in Ireland
- Training programmes on preventing and dealing with bullying, harassment and sexual harassment in the workplace
- Campaigning, lobbying and awareness raising
- Research and statistics

OVERVIEW OF CLINICAL SERVICES *continued***The DRCC Outreach Counselling Services in Tallaght**

This outreach service based in Tallaght Hospital opened in 2007. In 2012 two therapists worked together to offer eight sessions on Saturdays each week. The service is accessed not only by clients in the Tallaght area, but also from adjoining counties such as Wicklow. 257 appointments were offered in 2012 of which 209 were completed. This is the highest number of appointments delivered since the service was set up, with a very high take-up rate of 81.32%.

The DRCC would like to thank the administrator and staff of Tallaght Hospital for providing us with comfortable rooms, a warm welcome, ongoing support and back-up.

STATISTICS

The statistics for 2012 are the result of a successful process of collaboration with the Rape Crisis Network Ireland (RCNI). DRCC commenced inputting into the RCNI database in January 2011. The purpose of DRCC's change-over to the RCNI database was to help in the production of a more complete set of nationwide statistics, in relation to sexual violence and abuse in Ireland, i.e. the RCNI Annual Report. The DRCC's two data collection officers, Shirley Scott and Michelle Grehan, receive specialised ongoing training, through the assistance of RCNI. The members of the Telephone Team, who are responsible for data inputting, do a tremendous job. Special credit is due to Shirley Scott, Deputy Team Leader, who has played a lead role in this process. Our sincere thanks also to

Elaine Mears, RCNI and to Ian Craig, (DRCC's I.T. consultant) for their sustained help throughout the year.

CONCLUSION

The services and support provided by the DRCC's 24-hour Helpline, the SATU accompaniment and face-to-face counselling are essential for victims in the aftermath of rape or sexual abuse. We are now dealing with a more diverse group of service users in a multicultural Ireland, and it is our challenge to provide an appropriate service for all. Statistics, though useful as a record of activity and as an indication of the extent of the challenge we face, cannot give the full flavour of a human being's experience of a counselling service.

Each man and woman bears witness in a unique way to the amazing ability of the human spirit to survive and overcome, with appropriate help, the painful trauma of sexual violence and abuse. The courage and determination of callers and clients of the DRCC continues to inspire the staff and volunteers of the Centre.

At the end of a very challenging year in terms of increased demands on clinical services in a period of reduced resources, I would like to thank all our dedicated staff involved in the provision of clinical services, both directly and indirectly. Together, in 2012 we strove to fulfil our mission statement: "*Preventing and healing the trauma of rape and sexual abuse*".

Angela McCarthy
HEAD OF CLINICAL SERVICES



DRCC AWARENESS RAISING CAMPAIGN 2012



Posters from the
DRCC Awareness
Raising Campaign
2012

VOLUNTEER SERVICES DEPARTMENT

The Volunteer Services Department co-ordinates and manages recruitment, training, assessment and supervision of all volunteers who cover four services: the National 24-Hour Helpline, accompaniment of victims to the Rotunda Hospital Sexual Assault Treatment Unit (SATU), court accompaniment, and Outreach Talks. Staff comprises one full-time manager and two part-time volunteer co-ordinators, providing 24-hour support and a back-up service to all volunteers through on-call rotation.

2012 was a very busy year for the department. Our advertising campaign to recruit new volunteers started in December 2011, but similar to the previous year we found potential volunteers were cautious about making mid- to long-term commitments with their time, as they felt very uncertain about their own futures.

We have always been proud of our multi-cultural and eclectic bunch of volunteers who bring such a rich and varied essence to our work, but have noticed a marked drop in applications from volunteers from other countries. It is sad we have been somewhat depleted in this way, but as one of our recently graduated overseas volunteers commented:

"The work is difficult but I have felt privileged to be able to contribute to this society and have been wholeheartedly accepted in return."

VOLUNTEER

We recruited and trained in spring and autumn of 2012 with an average of 65 volunteers throughout the year to cover all services. We held two training reviews with our volunteer co-facilitators and updated our volunteer training programme to include extra multi-media material. We also expanded our self-care input

to include a section on mindfulness, and received great feedback on this from the volunteers.

"The mindfulness technique is great - I'm using it all the time in my everyday life. It's been a good way to stop stressing about things."

VOLUNTEER

We are very fortunate to have such committed and dedicated volunteers who for the last 10 years have formed our co-facilitators' cohort. These are six mentors who have become an integral part of the volunteer training programme and offer their experience, support and wisdom to new recruits. They also give very practical help to the volunteer department staff, and we would like to acknowledge their essential contribution to the department.

In May 2012 we had our graduation ceremony for 18 volunteers. These events are for volunteers who have completed their two year commitment with us, and is our opportunity to express our gratitude, and celebrate their achievement by presenting them with a unique piece of jewellery and a certificate. A large number go on to further education in the mental health sector.

Volunteers consistently tell us that not only do they gain a lot by being able to assist others during a very vulnerable and traumatic time in their lives, but the skills they develop are also transferable and useful in their own lives. As one volunteer reflected:

"I was surprised to see that when I used my listening skills with my teenager he became more reasonable."

VOLUNTEER

VOLUNTEER SERVICES DEPARTMENT continued

ON-GOING TRAINING

We feel it is very important to continually develop and progress our skills and knowledge in related areas of mental health. In July 2012 we invited a clinical nurse specialist from Detect to give input on psychosis to the volunteers.

THE NATIONAL 24-HOUR HELPLINE
1800 778888

Our telephone volunteers operate the out-of-hours service of the DRCC's national 24-Hour Helpline, including weekends and bank holidays. They are at the end of the line every night, ready to listen, support, and offer information to callers ranging from those who have personal experience of sexual violence, and family members supporting a victim, to professionals who are looking for specific information and support in their contact with victims. Similar to last year, many callers express hopelessness, and the calls have become more complex with many layers of distress being experienced.

SATU SUPPORT PERSONNEL

24-hours a day, 365 days a year, our on-call volunteers provide a support service to any victim of sexual violence attending the Sexual Assault Treatment Unit (SATU) in the Rotunda Hospital. When a victim of rape or sexual assault is brought to the SATU for forensic testing, the on-call volunteer is there to assist, listen, support and give information to the victim, and to create a link to the services of the DRCC. If the victim has decided not to report the assault to the Gardaí, the volunteer will attend to support them during their medical check-up appointment.

In 2012 our volunteers attended 260 callouts to the SATU. After this initial contact with the volunteer, the victim will often go on to make contact with the 24-Hour Helpline for further support. Feedback from volunteers attending the SATU again this year consistently highlights an increase in the level of violence experienced by victims.

COURT AND OTHER ACCOMPANIMENT SERVICES

The Volunteer Services Department provides court accompaniment to any member of the general public who has been a victim of sexual violence and is attending court in relation to this crime. As far as possible the volunteer will stay with their client for as long as the trial lasts. This service also includes a court familiarisation and orientation in advance of the trial date if the client wishes. We also provide a similar service when requested by a victim when making a statement to the Gardaí or accessing other relevant services.

In 2012 there were 35 volunteer days spent in court accompanying victims, and 10 Garda station accompaniments.

OUTREACH SPEAKERS

This was a busy year for our outreach speakers. 52 talks were given by volunteers, the majority of these to schools. Secondary school teachers recognise the importance of allowing senior students to explore the important issues of consent in a safe informed environment, and feedback is very positive with schools requesting return visits. 10 volunteer talks were delivered to various community groups, and volunteers manned information displays on the DRCC stand at three volunteer Expo events in Dublin.

Outreach speakers represented the DRCC in many types of fora, with a volunteer delivering a paper at the SATU Annual Conference for Nurses and Midwives. Another volunteer attended an open night of the Arklow Community Response to Suicide launch.

Mairead Mallon

MANAGER OF VOLUNTEER SERVICES

TELEPHONE COUNSELLING

2012 was another busy year for the telephone team on the 24-Hour Helpline. First-time callers were empowered by the selfless and very brave action of Lorraine Mulvey who, by waiving her right to anonymity, hoped it would give courage to other victims of sexual abuse to speak out and seek help.

Many callers, however, expressed outrage and confusion at the inconsistent and very lenient nature of sentencing in high profile cases such as Anthony Lyons, Aidan Farrington and Graham Griffiths. The practice of ordering convicted perpetrators of serious sexual offences to pay compensation to their victim – sometimes in lieu of a lengthier sentence – had been expressed by many as totally inappropriate.

Victims are angry that these sentences do not reflect any understanding of the impact of this crime on their lives, with some victims being very upset by the offer of monetary compensation. This highlights the very real need for consistency in sentencing for sex offenders, and for judges to educate themselves about the devastating impact of sexual violence on victims.

Public confidence in our criminal justice system has been further questioned by the legal loophole created by the DPP V Devins judgement which states the

offence of buggery prior to 1993 no longer exists. This has resulted in the release on a suspended sentence of convicted sex abuser Cyril Maxwell, much to the disappointment of his victim.

Sadly, 2012 has seen an increase in the levels of violence being experienced by our callers on a daily basis, which reflects a general trend towards more violent sexual crime worldwide. This was evidenced by the brutal rape of a 23 year old student in India by six men: she subsequently died from her injuries sustained during the attack. There was an outpouring of grief over the rape and murder of Jill Meagher in Australia where this senseless crime raised public awareness and united people in their desire to urgently stem the growth of sexual violence.

Many callers to our 24-Hour Helpline were triggered by allegations of historical child abuse against such high profile celebrities as Jimmy Saville, Freddie Starr, Max Clifford, David Tweed and Stuart Hall. While the horror these revelations engendered is very understandable, it took courage for people to pick up the phone to talk to us about their own experiences and hopefully take the first step on their path to healing.



Some staff members (left) and volunteers (right) of the DRCC.

EDUCATION AND TRAINING DEPARTMENT

This department trains those offering support and services, in whatever capacity, to individuals who have experienced sexual violence and other trauma. As individuals impacted by sexual violence and other trauma go about their daily lives, it is important that service providers are informed, sensitive and skilled and that they can offer their services in an accessible and supportive way which takes into account the impact of these traumas.

This is a very wide brief which sees us offering a range of training from short inputs on professional and volunteer training programmes, to longer more in-depth training for those working at a deeper level and longer term.

Our role also encompasses education to raise awareness of and prevent sexual violence. The DRCC does not receive any core funding for training and educational work but funds it from fees charged for training and from specific funding for two of our projects for which we are very grateful.

BodyRight A SEXUAL VIOLENCE AWARENESS AND PREVENTION PROGRAMME FOR YOUNG PEOPLE

BodyRight, developed by DRCC for use in schools and other youth education and youth-work settings, is designed to raise awareness of and prevent sexual violence. Its development and delivery is supported by funding from Cosc, the National Office for the Prevention of Domestic, Sexual and Gender-Based Violence, and facilitated by staff in the school or other youth work who have received training from the DRCC.

BodyRight provides information to young people and offers them an opportunity to consider the impact of the beliefs and attitudes they and others hold about sexual violence. It provides information about the law and develops skills such as mindful self-awareness

"This course has great potential for teaching/helping students and protecting them"

TRAINING PARTICIPANT

(crucial for everyone, particularly young people who have experienced trauma), allowing for self-awareness, self-reflection and resourcing of the self in moments of pressure.

The DRCC offers a three-day training programme to appropriate staff of youth work settings, schools, Youthreach Centres and alternative educational settings to introduce them to the **BodyRight** programme and to equip them to facilitate it. This training was provided on four occasions in 2012 to 66 facilitators from Youthreach, Community Training Centres (CTCs), secondary schools, organisations working with young Travellers, staff working with young people in detention, and young people with intellectual disability.

BodyRight is a flexible programme, and we collaborate where necessary with facilitators to adapt it for use in their setting, offering continuing support in its delivery.

The funding support from Cosc has had the added value of allowing these staff access to this training which includes elements which support the teacher, guidance counsellor or youth worker's wider work with young people, especially where issues of sexual violence are involved.

"The DVD is a good awareness tool for young people and would bring about some good discussions about what young people would do in these situations"

TRAINING PARTICIPANT

THE EUROPEAN REFUGEE FUND

Working sensitively with refugees and asylum seekers who have experienced sexual violence and other trauma.

In 2012 we continued our work on this three year project funded by the European Refugee Fund (ERF) and administered through Pobal. The project has seen us develop and deliver a range of short training programmes from two to four days in length. The training is designed to support a wide variety of staff in their work with refugees and asylum seekers and also supports these staff when working with other clients who have experienced sexual violence and other trauma.

In 2012 we provided a range of different training programmes aimed at staff of any organisation providing a service which is accessed by refugees and asylum seekers.

"All aspects were particularly relevant to the lives of many of the children in my classroom. I really liked gaining insight into the various ways the child responds to traumatic events. Never forget the quiet, withdrawn child."

TRAINING PARTICIPANT

These included:

- a two-day introductory programme for service providers in a variety of roles.
- a four-day programme for those in more in-depth, face-to-face support roles.
- a two-day programme for community interpreters.
- a four-day programme for those working with families.
- a three-day programme for primary school staff and others working with young children of refugees and asylum seekers.
- a three-hour module, Trauma and the Child, designed for the entire staff of a primary school.

"I am more aware of cultural sensitivities around sexual violence, of differences I need to be sensitive to, but also how some things – like the victim being blamed – are the same everywhere."

TRAINING PARTICIPANT

TRAINING PROGRAMMES PROVIDED FOR ORGANISATIONS ON REQUEST

We develop and deliver training programmes to meet the needs of specific organisations or groups of individuals nationwide. Training is designed in consultation with an organisation or group to ensure it meets their particular needs and is attuned to the situations and clients with whom they work.

In 2012 we provided training on request for organisations working with the Travelling Community, counselling and psychotherapy organisations, consular staff, organisations providing support to those who have experienced child abuse, guidance counsellors, addiction services, domestic violence services and a range of others.

We continued our involvement with Contact NI, travelling to Belfast to facilitate a four-day training programme to this independent service which provides a 24-hour helpline and counselling services in over 100 communities across Northern Ireland.

Some of the training programmes we provide on request, and which are adapted to the needs of the particular group include:

- working with issues of childhood sexual abuse.
- sexual violence and the therapeutic process for counsellors and psychotherapists.
- offering support in the aftermath of rape.
- vicarious traumatisation and self-care.
- counselling skills.
- training for helpline staff/telephone counsellors.
- training for reception staff.

EDUCATION AND TRAINING DEPARTMENT continued

- training for support workers offering accompaniment to sexual assault treatment units.
- training for management, HR and staff on dealing with bullying, harassment and sexual harassment.
- training for those taking on the role of support colleague under a Dignity at Work Policy and for those co-ordinating a support contact panel.

TRAINING PROGRAMMES FOR INDIVIDUALS AT THE DRCC

Individuals working with and offering support and services to those who have experienced sexual violence can attend training programmes at the DRCC to develop their knowledge, understanding and skills in this area.

In February we provided a four-day intensive in-service course for counsellors and psychotherapists, *Childhood Sexual Abuse: The Counselling Process*.

We also offer introductory one-day workshops regularly throughout the year on issues of child sexual abuse and rape, and sexual assault. Information about our training programmes is available at www.drcc.ie.

"There was a lot of learning for me in the work we did on vicarious trauma and how I can keep myself well."

TRAINING PARTICIPANT

POST GRADUATE CERTIFICATE COURSE: 'ISSUES OF SEXUAL VIOLENCE: THE COUNSELLING PROCESS'

This in-depth and well established training programme for psychotherapists and counsellors is provided annually in a series of six two-day modules. It explores

"I was struck particularly by the impacts that common beliefs about rape and sexual abuse can have on a person, how they are internalised and affect every part of their lives and relationships"

TRAINING PARTICIPANT

"I am more confident to deal with a sensitive matter appropriately and face to face"

TRAINING PARTICIPANT

issues arising in working as a psychotherapist/counsellor with adolescent and adult clients who have experienced childhood sexual abuse, rape, sexual assault or sexual harassment.

The programme is designed to validate, enhance and develop the existing understanding and skills of participants when working with these clients. It allows those working in specialised areas such as addiction to feel equipped to deal with issues of sexual violence appropriately as they arise. The learning is relevant also to working with clients who have experienced other trauma, and is informed by trauma therapy, attachment theory, neurobiology, practices of mindful self-awareness, body-centred psychotherapy and other theories and methodologies.

It is intended and taught as a practical in-service training, focused on working with the client. There is a strong emphasis on vicarious traumatisation and strategies for self-awareness and self-care for the therapist. In 2012 there were 15 participants on this programme from a wide variety of settings.

OUR APPROACH TO TRAINING

Our training programmes are provided within an ethos of non-violence and care for participants, with respect for the existing knowledge and expertise of those who attend. It allows participants to integrate knowledge and expertise gathered at the DRCC over three decades with their own approach and knowledge, and to adapt where necessary for the particular situation in which they work.

"The gentle approach, the feeling of safety, and careful pace allowed me to be much more open and to learn in a different way - you model what you teach about how therapy should be."

TRAINING PARTICIPANT

We are aware that no matter how experienced the participant in training, the issues we are dealing with are powerful and sensitive and can resonate quite deeply. Our training approach is participative and experiential, and also invitational and without pressure. Participants are encouraged and supported to resource themselves throughout the training. A core element is the support of participants to maintain a mindful self-awareness, assisting them in noting the impact and how they can resource themselves during the work. This mirrors the approach to working with victims of trauma which we advocate in our training.

DIGNITY AT WORK: PREVENTING AND DEALING WITH BULLYING, HARASSMENT AND SEXUAL HARASSMENT IN THE WORKPLACE

Since 1988 the DRCC has pioneered the development and delivery of awareness-raising and training workshops on the issue of sexual harassment, harassment and bullying and other issues related to maintaining Dignity at Work.

"It makes me realise that bullying really matters, it has such a dreadful effect, I hope there is no one suffering like that where I work"

TRAINING PARTICIPANT

In 2012 we provided a variety of seminars and training programmes on this theme to a number of state and voluntary agencies. We have a particular specialisation in training for the role of Support Contact Person/Colleague under Dignity at Work/Bullying and Harassment policies. In 2012 our work included providing training for HSE staff in the role of Support Contact Person.

Training programmes and seminars are provided for businesses, the state sector and community and voluntary organisations. These are aimed at staff, managers, human resources staff, equality officers, support contact people and complaint investigators, and are provided on request. Seminars are also regularly provided at the DRCC for individual delegates.

CONSULTANCY SERVICE

We offer a consultancy service to organisations, supporting them in developing policy and procedures. This includes child protection policies, good practice guidelines, Dignity at Work and Harassment and Bullying policies.

Training programmes are provided for individuals, organisations, management and staff, or those in specific key roles to assist them in developing, implementing and reviewing policies and procedures.

Leonie O'Dowd

HEAD OF EDUCATION AND TRAINING



DRCC and NWCI celebrating St. Patrick's Day at Áras an Uachtaráin with President and Mrs. Sabina Higgins: (l-r) Ellen O'Malley-Dunlop, Orla O'Connor, Sabina Higgins, President Michael D. Higgins, Clare Treacy, Eoin Murray.

SOCIAL MEDIA

www.drcc.ie



www.facebook.com/dublinrapecrisiscentre



twitter.com/DublinRCC

As the DRCC strives to continue awareness-raising and to support those affected by sexual violence, 2012 saw our on-line profile increase through our website and social media presence. This has given victims and the general public another way to engage with us and seek information regarding our counselling and support services.

Our fan base on Facebook continues to grow steadily, providing a great resource to share information. It also shows the personal side of the DRCC, as pictures are shared and information posted, especially in relation to fundraising events.

The DRCC is also committed to lobbying and advocacy so Twitter has given us a new platform to engage directly with people. It is also a great resource to connect with other agencies, journalists, politicians and people in the public arena.

It is important to stay connected, and as social media platforms continue to advance, we must also change how we communicate. In 2013 we hope to implement a new DRCC Digital Strategy, and as technology continues to change, we are committed to providing support for survivors and their families and to accessing new avenues presented to us through social media.

JENNIFER GAVIN

SUPPORT FOR THE DRCC

Join the Friends of the Rape Crisis Centre to help us organise our regular fundraising activities and explore new ideas and events. We are always looking for new and innovative ideas.

Make a donation, whether that's a one-off contribution or you prefer to set up a monthly standing order with your bank.

Support one of our regular events with some friends. Maybe some of the current fundraising events appeal to you as corporate entertainment?

Give us a call at: **01 661 4911**
or email us at: **fundraising@rcc.ie**

Your help will make a difference to those who seek our services

BECOME A VOLUNTEER

**Join one of our
Volunteer Teams –
we recruit annually.**

**You can phone or
email us for further
information.**

Give us a call at:
01 661 4911

or email us at:
volunteerservices@rcc.ie

BREAK THE SILENCE AND SECRECY AROUND SEXUAL ABUSE

by Joyce, June and Paula Kavanagh

We have discovered so much more about ourselves and the areas that need to change around the issue of sexual abuse since we wrote an account of our own experiences in *Click Click* (Orion, 2012). Since then our passion to help others has increased exponentially, and we believe we bring balance around this subject by demonstrating that you do not have to be defined by your experience.

Nevertheless, victim support is essential as it is a difficult journey to travel alone, and we know from experience that moving forward is impossible without looking back. Yet the issue of sexual abuse, which even in the 21st century is still a taboo subject, has to be brought into every day conversations. Our basic message remains the same: *break the silence and secrecy around sexual abuse*.

Our experience of the judicial system has raised the following points which we feel require immediate attention:

- For victims of sexual abuse there is no quick and easy recovery from this crime. Some never recover as the abuse has had such a deep, personal and invisible impact. With sexual abuse, the largest percentage of damage is immeasurable due to the internalisation of shame and blame by the victim. Unfortunately, the failure to identify the full impact of this crime feeds into misunderstanding by the judicial system when dealing with perpetrators and victims.
- We can only assume from the lack of consistency in court sentencing, and the consideration given to perpetrators' age, health and family circumstances, there is a compelling need for the judiciary to understand both the crime of sexual abuse and its impact. If the punishment is meant to fit the crime, the Irish justice system's sentencing consistently demonstrates its ignorance of this crime.
- Regardless of how long cases of sexual abuse take to come before the courts, it is important to know that paedophiles do not retire. By sending them home with a slap on the wrist, you may as well send them into their community with a loaded gun. Measures must be put in place to ensure accountability.

RECOMMENDATIONS:

- Make training mandatory for all frontline workers who are likely to deal with disclosure by victims or reporting of sexual assault/abuse.

- There is a misconception that people understand sexual abuse: the reality is only the victims fully understand this crime. Awareness of this will contribute to a better quality service delivery.
- Ensure the system can handle reports of abuse by guaranteeing current supports are well resourced, and identifying the need for additional supports.
- Understand an equal need for resources to deal with abusers, such as appropriate treatment programmes.
- There is a belief that a perpetrator cannot be forced to participate in a therapy programme. We believe, however, if the abusers are not made aware of the impact of their behaviour, the issue can never be fully addressed. Sentencing tied to participation in therapy programmes is more likely to yield a positive outcome.
- Abusers do not retire so a sentence cannot be passed on the basis of age, health or family circumstances.
- Judges must ask themselves, 'If this person was standing in front of me for a murder or attempted murder case, would the criteria for sentencing be any different than it is for a sexual crime? Would their age, health or family circumstances be taken into consideration? Would it make a difference if this was his/her first known offence?'
- Develop clear protocols for all organisations/agencies dealing with sexual crimes. This will create accountability and ensure equality within the law.
- Victims need to be included more in the process.
- Currently, it appears abusers have more rights than victims. This could be addressed by assigning key workers to each case.
- It is essential to know and understand the role of the Office of the Director of Public Prosecutions (DPP). How they reach decisions should be transparent and accessible to all involved in the case.

We understand all systems fail victims around the crime of sexual abuse, but we believe change does not always require finance. Sometimes all is required is the willingness to see something differently. Change can be difficult but every accomplishment begins with the decision to try.

WHAT IF? *by Fiona Doyle*

What if, on that date when, after years of keeping silent, of keeping my secret hidden, I decided to tell someone, to finally talk about the sexual abuse I'd suffered, there had been no Dublin Rape Crisis Centre to turn to?

My call that day and my subsequent visit to the centre was the start of my facing up to what had happened to me, and my decision to finally hold my father accountable. It would take a lot longer though for me to find the courage to do so.

What if I'd shared then the secret that boiled inside me, bubbling away? Hidden deep inside so that no one could see it. No-one knew how much I cried inside. My abuse moulded my life in ways I didn't know or understand. As a little girl I was told "Sssshhh! Don't tell, your Daddy will be in trouble and it's only because he loves you so much. You are Daddy's little girl." As an adult the shame took over, life became a battle of conflicting inner feelings, not knowing who to turn to, who to trust. So I tried to deal with it myself.

What if I had gone on to use the services of the Rape Crisis Centre when I first approached them? How different would my life have been, how different would my children's lives be?

What if there was no Dublin Rape Crisis Centre for other

victims of rape, sexual assault, childhood sex abuse or sexual harassment to reach out to when they want and feel able to seek help?

Many people will never need to use the services of the Dublin Rape Crisis Centre. They are the lucky ones. For those of us that do, knowing that the helpline is there, that assurance, one to one counselling, outreach and other services are available, is a much needed support.

What if there wasn't a Dublin Rape Crisis Centre to raise awareness and help prevent it from happening? The Centre fills this valuable role through advocacy, lobbying and training but also, by simply being there. Rape Crisis Centre. The message that very title sends out is that rape, sexual assault, child sex abuse, is a crisis situation for its victims and a crime committed by its perpetrators which is unacceptable both in law and in society.

Those of us who have suffered sexual abuse and used the services of the Dublin Rape Crisis Centre fully appreciate the help and support services it offers. Those who haven't can equally appreciate the work it does by simply asking themselves the question: what if?

DRCC AWARENESS RAISING CAMPAIGN 2012



FUNDRAISING

INTRODUCTION

The Fundraising Department aims to bridge the shortfall between our statutory funding and overheads, depending on the goodwill of the public to support our work.

We would like to thank our loyal, generous benefactors and fundraising volunteers without whom none of our events would take place.

In the near future we plan to partner with a communications agency to develop existing events and explore innovative ways to fundraise.

2012 FUNDRAISING EVENTS

Mondello Bike Race – February

Corporate Quiz – March

Golf Classic – May

Flora Women's Mini Marathon – June

Fashion Lunch – September

Flag Day Collection – October

The Wilde Dinner – November

Let's Do lunch – December

During the year other events took place to help fund particular projects.

COMMUNICATIONS STRATEGY

We are looking to develop a communications strategy as a platform to attract new fundraising support and increase overall awareness of the DRCC.

Brand awareness will be at its core, as will a digital strategy to support our fundraising events and build an on-line presence through our website, facebook and twitter.

FRIENDS OF THE DUBLIN RAPE CRISIS CENTRE

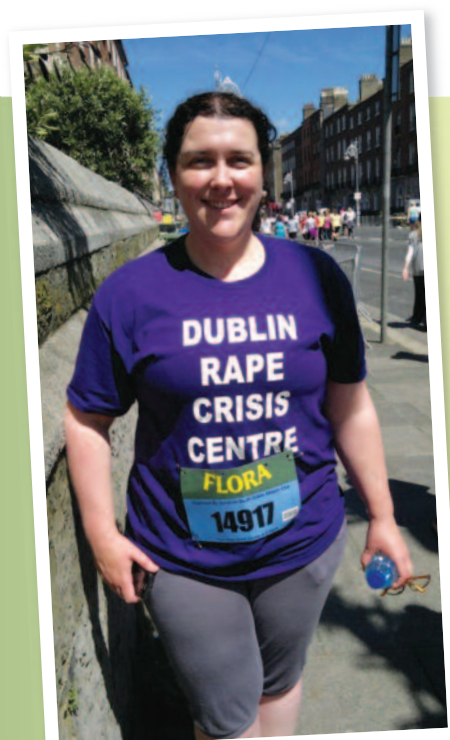
The Friends of the Dublin Rape Crisis Centre are committed people who assist with annual events and are a great resource and help to the Fundraising Department.

We are always looking for new ideas and would be delighted to hear from you.

Maybe you would like to make a donation or set up a monthly standing order. All gifts we receive make a big difference to those who seek our services.

Email: fundraising@rcc.ie

Tel: 01 661 4911



Sinead MacMahon who ran the Flora Women's Mini Marathon for the DRCC, 2012.

STATISTICS 2012

A NOTE ON THE STATISTICS FOR 2012

Due to the nature of our work, detailed information was not gathered for all individuals who contacted the DRCC. The primary concern of the Centre is to help callers and clients and in many cases, some or all of the detailed information on callers or clients was unavailable. The statistics below refer to the 12 month period from 1st January 2012 to 31st December 2012.

1. Contacts with the National 24-Hour Helpline, Jan 2012 – Dec 2012

DESCRIPTION	2012
Total Counselling Contacts	12,040
Helpline Counsellors responded to:	
Counselling Calls	11,782
Emails	131
Text Messages	116
Social Media	11
*Total Genuine Counselling Contacts	9,142
First Time Contacts	4,046
Repeat Contacts	4,647
Unknown	449

*Total genuine counselling calls refer to the number of calls when hang-up, silent, hoax and abusive calls are subtracted from the total number of calls.

BREAKDOWN OF GENUINE COUNSELLING CONTACTS BY TYPE

Total Genuine Counselling Contacts	9,142
Counselling/Support	5,959
Information	2,128
Schedule Appointment	929
Survivor Referral	97
Advocacy	25
Concern about Abuser	4

2. Contacts with the National 24-Hour Helpline, Jan 2012 – Dec 2012

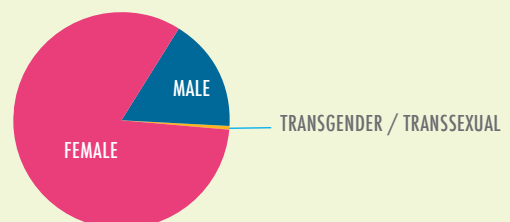
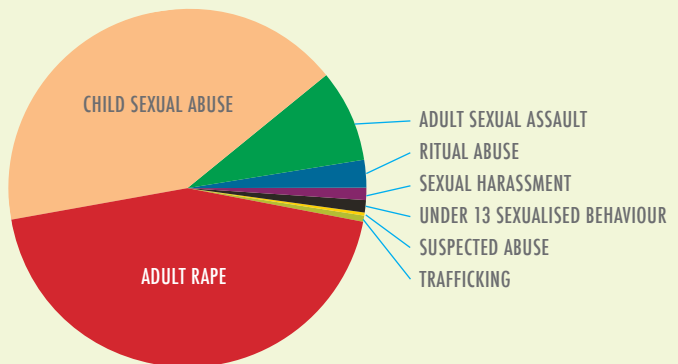
BREAKDOWN BY TYPE OF ABUSE (WHERE KNOWN) % OF CALLS

Adult Rape	44.21%
Child Sexual Abuse	42.04%
Adult Sexual Assault	8.41%
Ritual Abuse	2.50%
Sexual Harassment	1.11%
Under 13 Sexualised Behaviour	1.01%
Suspected Abuse	0.42%
Trafficking	0.30%

This table represents the type of abuse both first time and repeat callers experienced.

GENDER OF CALLER (WHERE KNOWN) % OF CALLS

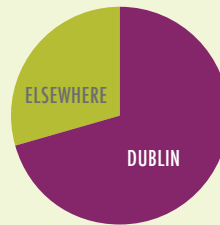
Female	82.64%
Male	17.05%
Transgender / Transsexual	0.31%



3. Contacts with the National 24-Hour Helpline, Jan 2012 – Dec 2012

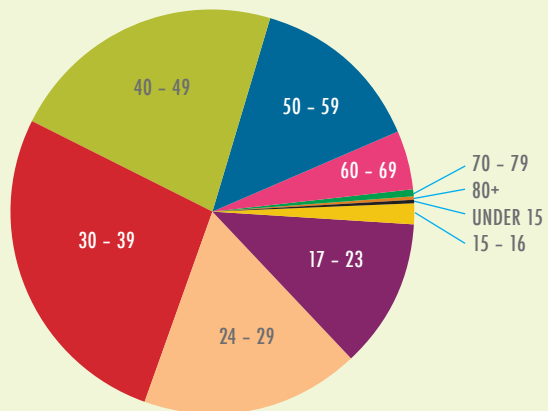
BREAKDOWN BY GEOGRAPHIC LOCATION

(WHERE KNOWN)	% OF CALLS
Dublin	70.77%
Elsewhere	29.23%



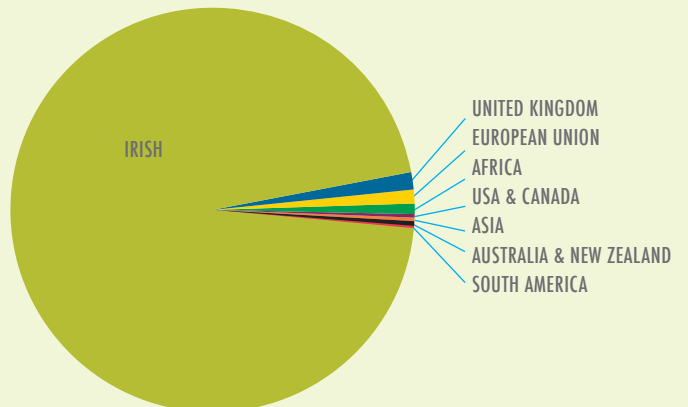
BREAKDOWN BY AGE (WHERE KNOWN)

AGE OF VICTIM	% OF CALLS
Under 15	0.41%
15 – 16	1.73%
17 – 23	12.02%
24 – 29	17.48%
30 – 39	26.77%
40 – 49	22.20%
50 – 59	13.99%
60 – 69	4.78%
70 – 79	0.43%
80+	0.19%



BREAKDOWN BY NATIONALITY (WHERE KNOWN)

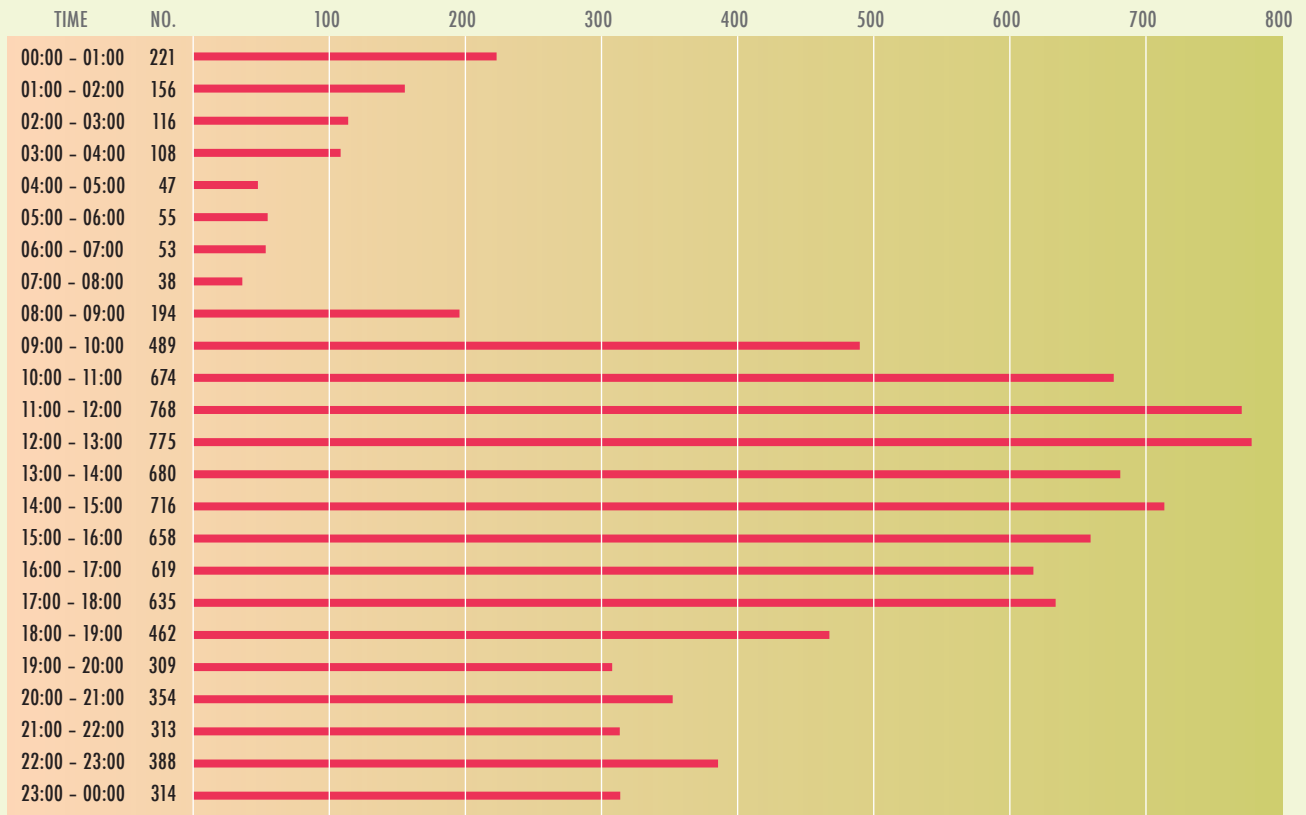
ORIGIN	% OF CALLS
Irish	95.93%
United Kingdom	1.33%
European Union	1.13%
Africa	0.83%
USA & Canada	0.32%
Asia	0.26%
Australia & New Zealand	0.11%
South America	0.09%



STATISTICS 2012

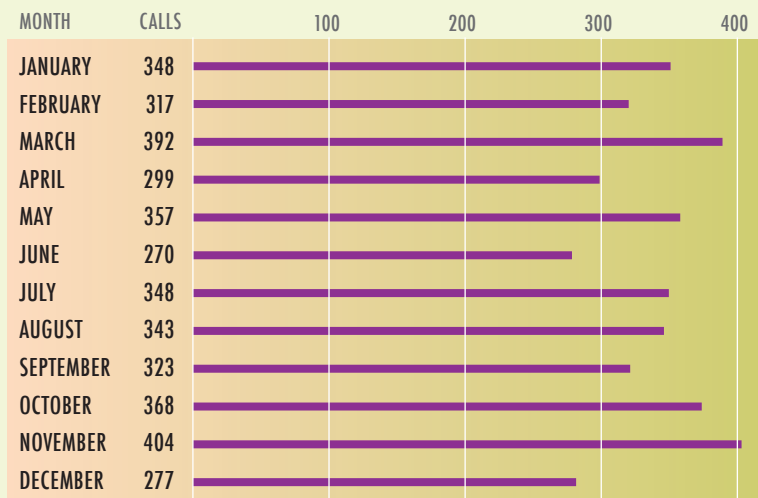
4. Contacts with the National 24-Hour Helpline, Jan 2012 – Dec 2012

GENUINE COUNSELLING CALLS MADE TO THE DRCC BY HOUR OF CALL



5. Contacts with the National 24-Hour Helpline, Jan 2012 – Dec 2012

NUMBER OF FIRST TIME CALLS MADE TO THE DRCC BY MONTH



6. Volunteer Services

ACCOMPANIMENT TO SEXUAL ASSAULT TREATMENT UNIT

In this period, DRCC trained volunteers attended the Sexual Assault Treatment Unit (SATU) with 260 victims. In addition, they carried out 35 days of court accompaniment with victims of sexual violence or abuse and 10 accompaniments to Garda Stations.

OUTREACH AWARENESS TALKS

DRCC trained outreach volunteers delivered 52 outreach awareness talks, 42 were delivered in second level schools and 10 were delivered to various community groups.

7. Counselling and Psychotherapy Service Provision, Jan 2012 – Dec 2012

In 2012, eleven therapists, working as two teams, offered a six-day counselling service from Monday to Saturday, in the DRCC on Leeson Street. In addition, three of the therapists, working on Tuesday, Thursday and Friday, offered 12 sessions per week, in the Outreach Counselling Service in Coolock. A half-day service per week was also provided by one therapist at the Dochas Centre, the national women's prison. Two therapists worked in the DRCC Outreach service in Tallaght on Saturdays. In all, six therapists worked in four Outreach services in 2012.

(A) CLIENT APPOINTMENTS SUMMARY

- A total of 5,034 individual appointments were made available by the Therapy Team in 2012.
- Of these, 3,885 individual client sessions were delivered in 2012. Allowing for cancellations and 'no-shows' deducted, this represents a take-up rate of 77.17 %.
- Of the 3,885 completed sessions, 24.76% (N=962) were crisis appointments for men and women who had experienced a recent rape or sexual assault.
- 75.24% (N=2,923) were assessment appointments for past rape, sexual assault and past child sexual abuse.

(B) GROUP THERAPY SUMMARY

Participation in group therapy or workshops is offered to clients who have been in one-to-one counselling for some time. Two staff therapists always facilitate groups and workshops. In 2012, two therapists facilitated two eight-week mixed therapy groups, for men and women who had experienced childhood sexual abuse (CSA). The first commenced in May, while the second commenced in October 2012. 238 client group therapy hours were completed in 2012.

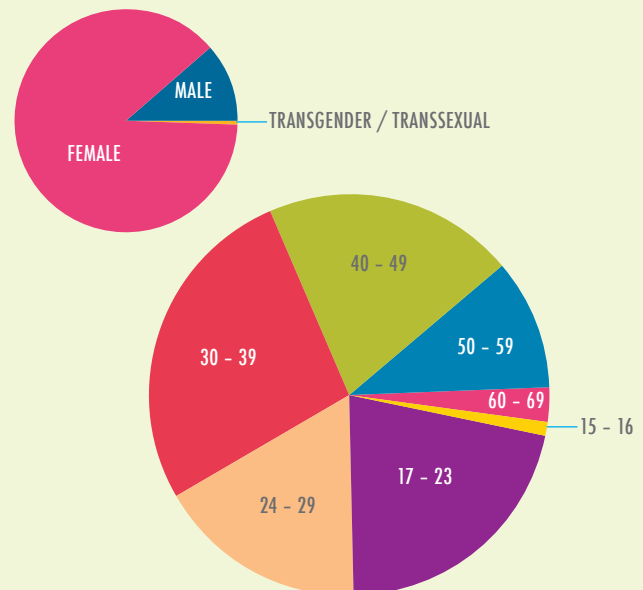
TYPE OF GROUP	HOURS PER SESSION	DURATION	PARTICIPANTS	TOTAL CLIENT GROUP THERAPY HOURS
CSA Mixed Process Group-1	1.75 hours	8 weeks	9 clients	126
CSA Mixed Process Group-2	1.75 hours	8 weeks	8 clients	112
				Total: 238

8. Counselling and Psychotherapy Service Provision, Jan 2012 – Dec 2012

NUMBER OF CLIENTS SEEN IN THE DRCC: 557 (INCLUDING CRISIS AND LONG TERM SERVICE)

GENDER

Female	88.15%
Male	11.49%
Transgender / Transsexual	0.36%



AGE OF CLIENT USING THE SERVICE (WHERE KNOWN)

15 – 16	1.28%
17 – 23	21.43%
24 – 29	16.85%
30 – 39	26.92%
40 – 49	20.33%
50 – 59	10.44%
60 – 69	2.75%

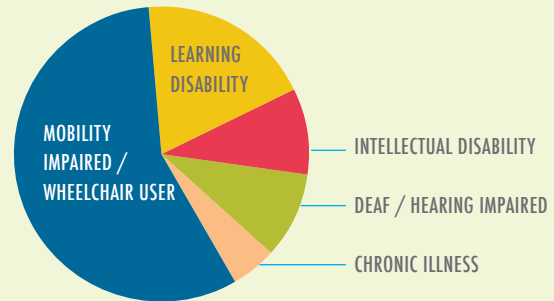
STATISTICS 2012

8. Counselling and Psychotherapy Service Provision, Jan 2012 – Dec 2012 continued

CLIENTS WITH A DISABILITY (WHERE KNOWN)

Of all the clients attending our service, 3.77% had some kind of disability.

Mobility Impaired / Wheelchair User	57.14%
Learning Disability	19.05%
Intellectual Disability	9.52%
Deaf / Hearing Impaired	9.52%
Chronic Illness	4.77%



9. Counselling and Psychotherapy Service Provision, Jan 2012 – Dec 2012

BREAKDOWN BY TYPE OF ABUSE (WHERE KNOWN)

ADULT SEXUAL VIOLENCE

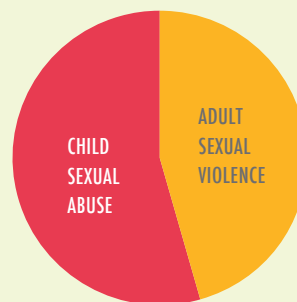
TYPE OF ABUSE EXPERIENCED BY OUR CLIENTS AS ADULTS

	%
Rape	35.78%
Sexual Assault	8.44%
Aggravated Sexual Assault	0.68%
Sexual Harassment	0.54%
Observing / Voyeurism	0.14%
TOTAL	45.58%

CHILD SEXUAL ABUSE

TYPE OF ABUSE EXPERIENCED BY OUR CLIENTS AS CHILDREN

	%
Rape	33.61%
Sexual Assault	17.41%
Aggravated Sexual Assault	1.50%
Grooming	0.95%
Ritual Abuse	0.41%
Observing / Voyeurism	0.54%
TOTAL	54.42%



4.13% of clients disclosed that they experienced both adult rape and past child sexual abuse

10. Counselling and Psychotherapy Service Provision, Jan 2012 – Dec 2012

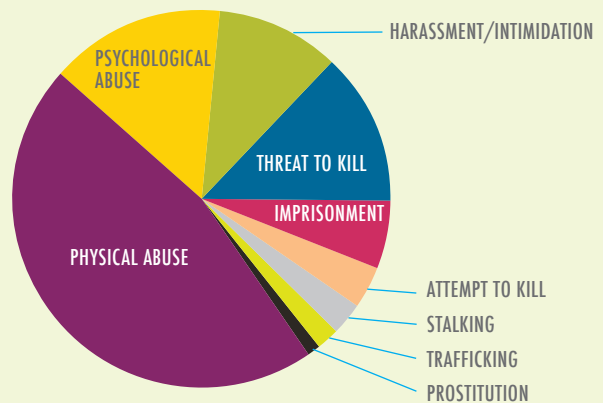
ANALYSIS OF ADDITIONAL TYPES OF VIOLENCE AND ABUSE EXPERIENCED BY CLIENTS, ALONG WITH RAPE, SEXUAL ASSAULT OR CHILD SEXUAL ABUSE

The 322 clients who commenced therapy in 2012 disclosed 413 abuse incidents. 125 of them reported experiencing other forms of violence along with the main abuse. Collectively these 125 clients reported 168 incidents (40.67%) which included other forms of violence.

CATEGORY	% OF ALL INCIDENTS WITH ADDITIONAL VIOLENCE
Adult Rape/Sexual Assault	18.64%
Child Sexual Abuse	22.03%

VIOLENT INCIDENTS REPORTED BY CLIENTS WHO ALSO EXPERIENCED ADULT RAPE/SEXUAL ASSAULT WHERE KNOWN, THE TYPES OF VIOLENCE EXPERIENCED WERE:

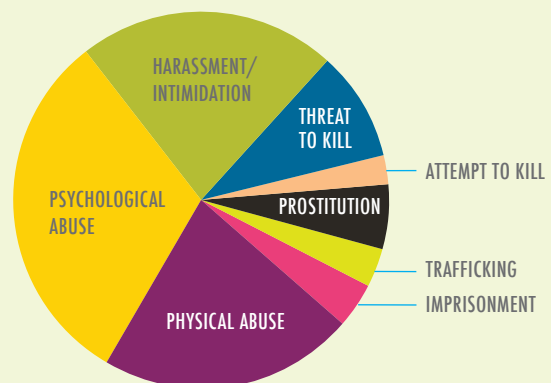
TYPE OF VIOLENCE EXPERIENCED BY ADULTS	%
Physical Abuse	46.23%
Psychological Abuse	15.09%
Harassment / Intimidation	10.38%
Threat to Kill	13.21%
Imprisonment	5.66%
Attempt to Kill	3.77%
Stalking	2.83%
Trafficking	1.89%
Prostitution	0.94%



Note: Each incident of abuse can have multiple types of violence

VIOLENT INCIDENTS REPORTED BY CLIENTS WHO ALSO EXPERIENCED CHILD SEXUAL ABUSE WHERE KNOWN, THE TYPES OF VIOLENCE EXPERIENCED WERE:

TYPE OF VIOLENCE EXPERIENCED BY CHILDREN	%
Physical Abuse	22.15%
Psychological Abuse	31.01%
Harassment / Intimidation	22.15%
Threat to Kill	9.50%
Attempt to Kill	2.53%
Prostitution	5.70%
Trafficking	3.16%
Imprisonment	3.80%



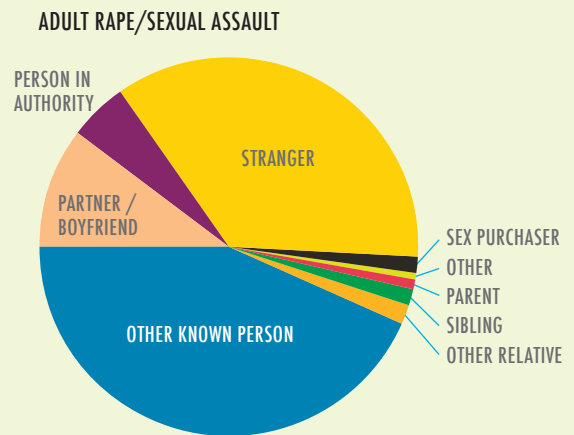
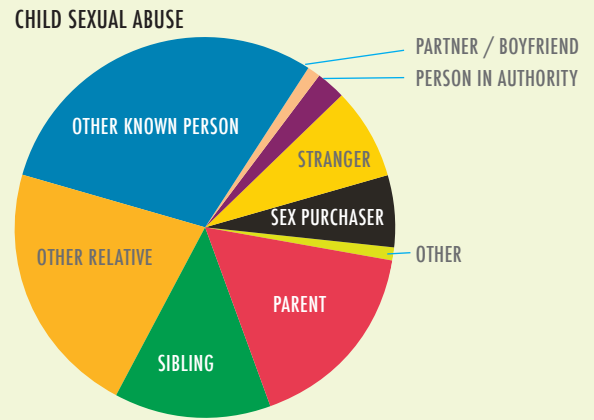
Note: Each incident of abuse can have multiple types of violence

STATISTICS 2012

11. Counselling and Psychotherapy Service Provision, Jan 2012 – Dec 2012

RELATIONSHIP BETWEEN THE VICTIM AND THE OFFENDER (WHERE KNOWN)

RELATIONSHIP	CHILD SEXUAL ABUSE	ADULT RAPE/SEXUAL ASSAULT
Parent	16.94%	0.91%
Sibling	13.11%	1.36%
Other Relative	21.86%	1.82%
Other Known Person	29.51%	43.18%
Partner / Boyfriend	1.10%	10.46%
Person in Authority	2.73%	5.00%
Stranger	7.65%	35.46%
Sex Purchaser	6.01%	1.36%
Other	1.09%	0.45%



12. Counselling and Psychotherapy Service Provision, Jan 2012 – Dec 2012

PREGNANCY

FEMALE CLIENTS DISCLOSED 19 PREGNANCIES

OUTCOME OF PREGNANCIES	NUMBER
Became Pregnant, Parenting	9
Became Pregnant, Pregnancy Terminated	7
Became Pregnant, Baby Fostered	2
Became Pregnant, Baby Adopted	1

It is worth noting that many clients were not at risk of pregnancy for various reasons, including use of contraceptives, being beyond risk of pregnancy due to age, or being male, for example.

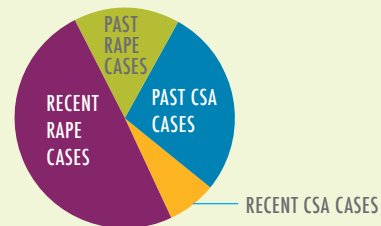
13. Counselling and Psychotherapy Service Provision, Jan 2012 – Dec 2012

Statistics provided in this section relate to the 322 clients who commenced therapy in the DRCC in 2012, where the reporting status was known. It is worth noting that reporting and convictions in this context refer to clients seen by our services in 2012, although the reports and convictions may have occurred in previous years.

REPORTING TO GARDAÍ

Of the 322 cases where the reporting status was known, 115 cases were reported to the Gardaí, which is a reporting rate of 35.71%. Of these 115 cases, 3 were tried, resulting in 3 convictions or guilty pleas.

CASES REPORTED	% OF TOTAL CASES REPORTED
Recent Rape Cases	49.56%
Past Rape Cases	15.65%
Past CSA Cases	27.83%
Recent CSA Cases	6.96%



Recent or past rape accounted for 65.21% of the 115 cases reported to the Gardaí, while childhood sexual abuse cases accounted for 34.79% of reports.

OUTCOME

Outcome information was known for 45 (39.13%) of the 115 cases reported.

OUTCOME	TOTAL
Dropped Charge (by client or DPP)	15
Pending charge	27
Went to trial	3

REPORTING OF ADULT RAPE/SEXUAL ASSAULT COMPARED WITH REPORTING OF CSA

Percentage of All* cases reported to Gardaí:	35.71%
Percentage of Total* CSA Cases Reported:	28.99%
Percentage of Total* Rape/Sexual Assaults Reported:	40.76%

* Refers to the 322 cases where reporting status was known, 138 of which related to childhood sexual abuse and 184 to adult rape and sexual assault.

Clients who experienced adult rape/sexual assault were more likely to report to the Gardaí, than clients who had experienced childhood sexual abuse.

FACTORS AFFECTING RAPE REPORTING

TIME INTERVAL	%
Recent Rape/Sexual Assault Reported:	49.56%
Past Rape/Sexual Assault Reported:	15.65%

Clients who sought help for recent rape or sexual assault were over 3 times more likely to report to the Gardaí, than clients who had experienced past rape or sexual assault.

STATISTICS 2012

13. Counselling and Psychotherapy Service Provision, Jan 2012 – Dec 2012 continued

VICTIM/OFFENDER RELATIONSHIP

Of 115 cases that were reported to the Gardaí, 40 of them related to childhood sexual abuse. Of the 75 clients who reported rape or sexual assault, (both recent and past) 35.90% had been raped or sexually assaulted by a stranger, while 64.10% had been raped or sexually assaulted by someone they knew. In past reports, we have noted that clients are more likely to report rape and sexual assault to the Gardaí if the assailant was a stranger, rather than someone known to them. Similar to 2011, it is noticeable this year that for victims of recent and past rape there is a greater willingness to report persons known to them than was the case in previous years.

RECENT RAPE/SEXUAL ASSAULT

25.64% of cases were reported where the assailant was a stranger to the client

48.72% of cases were reported where the client knew the assailant.

PAST RAPE/SEXUAL ASSAULT

10.26% of cases were reported where the assailant was a stranger to the client.

15.38% of cases were reported where the client knew the assailant.

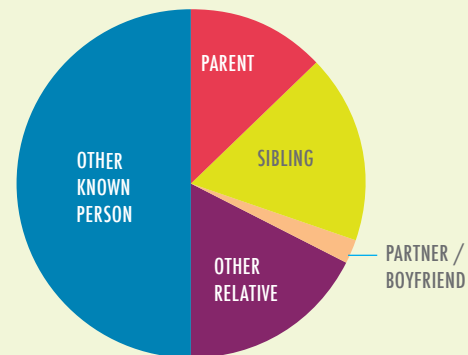
14. Counselling and Psychotherapy Service Provision, Jan 2012 – Dec 2012

IN CASES REPORTED TO THE GARDAÍ, RELATIONSHIP BETWEEN THE VICTIM AND THE OFFENDER

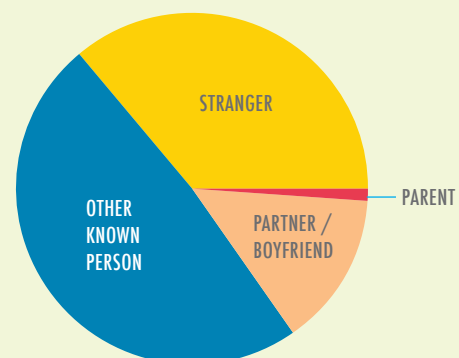
(WHERE KNOWN)

RELATIONSHIP	CHILD SEXUAL ABUSE	ADULT RAPE/SEXUAL ASSAULT
Parent	13.05%	1.28%
Sibling	17.39%	0%
Partner / Boyfriend	2.17%	14.10%
Other Relative	17.39%	0%
Other Known Person	50.00%	48.72%
Stranger	0%	35.90%

CHILD SEXUAL ABUSE



ADULT RAPE/SEXUAL ASSAULT



FINANCIAL SUMMARY 2012

DUBLIN RAPE CRISIS CENTRE LIMITED

A COMPANY LIMITED BY GUARANTEE NOT HAVING A SHARE CAPITAL

Profit and Loss Account for the year ended 31st December 2012

	2012 €	2011 €
INCOME	1,737,948	1,813,033
OVERHEADS	1,824,511	1,965,375
DEFICIT FOR THE YEAR	(86,563)	(152,342)
GOVERNMENT GRANTS AMORTISED	18,777	17,369
	(67,786)	(134,973)
PRIOR YEAR ADJUSTMENT	—	122,317
INTEREST RECEIVABLE	34,000	34,950
(DEFICIT)/SURPLUS AFTER PRIOR YEAR ADJUSTMENT	(33,786)	22,294
BALANCE FORWARD AT BEGINNING OF YEAR	758,749	736,455
BALANCE FORWARD AT END OF YEAR	724,963	758,749

Balance Sheet as at 31st December 2012

	2012 €	2011 €
FIXED ASSETS		
Tangible assets	252,379	294,395
CURRENT ASSETS		
Cash at bank / Building fund	1,196,248	1,213,642
Sundry receivables	28,108	19,574
	1,224,356	1,233,216
CREDITORS & PROVISIONS (Amounts falling due within 1 year)	181,908	183,038
NET CURRENT ASSETS	1,042,448	1,050,178
TOTAL ASSETS LESS LIABILITIES	1,294,827	1,344,573
REPRESENTED BY:		
CONTRIBUTION TO BUILDING FUND	470,934	470,834
GOVERNMENT GRANTS	98,930	114,990
SURPLUS ON PROFIT AND LOSS ACCOUNT	724,963	758,749
	1,294,827	1,344,573

FINANCIAL SUMMARY 2012

DUBLIN RAPE CRISIS CENTRE LIMITED

A COMPANY LIMITED BY GUARANTEE NOT HAVING A SHARE CAPITAL

Cash Flow Statement

for the year ended 31st December 2012

	2012 €	2011 €
Reconciliation of operating loss to net cash flow from operating activities		
Operating surplus/(deficit)	(33,786)	22,294
Depreciation	42,360	42,360
Government grant amortised	(15,960)	(15,960)
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	(7,386)	48,694
PURCHASE OF FIXED ASSETS	344	(9,604)
INCREASE/(REDUCTION) IN FUNDS IN THE YEAR	(7,730)	39,090
MOVEMENT IN WORKING CAPITAL		
Movement in receivables	8,534	(91,792)
Movement in cash at bank	(17,394)	(39,542)
Movement in creditors	1,130	170,424
	(7,730)	39,090

Frances Gardiner, Chairperson

Keith Herman, Director

12 June 2013

Auditor's Report to the Members

I have audited the financial statements above and opposite in accordance with Auditing Standards.

In my opinion, the financial statements give a true and fair view of the statement of the company's affairs at 31st December 2012, and of its results and state of affairs for the year then ended, and give in the requisite manner the information required by the Companies Acts 1963 to 2012. I have obtained all the information and explanations considered necessary for the purposes of my audit. In my opinion proper books of account have been kept by the company. The financial statements are in agreement with the books of account.

Dermot J Keogh FCA

REGISTERED AUDITOR

19 June, 2013



National 24 Hour Helpline
1800 77 88 88

A new beginning at the end of the line

Dublin Rape Crisis Centre
70 Lower Leeson Street, Dublin 2

Telephone: 01 661 4911

Facsimile: 01 661 0873

E-mail: rcc@indigo.ie

www.drcc.ie