WHO WE ARE

The Dublin Rape Crisis Centre (DRCC) is a non-governmental organisation which aims to prevent the harm and heal the trauma of rape and sexual abuse in Ireland. We have been at the forefront of the Irish response to providing counselling and support to adult women and men who have experienced rape, sexual assault and childhood sexual abuse since 1979.

We run the National 24-hour Helpline which had 12,388 contacts in 2016. We provide face-to-face counselling where we dealt with almost 500 clients in 2016. In addition, in 2016, our trained volunteers accompanied 262 victims/survivors to the Rotunda Sexual Assault Treatment Unit and to garda stations and courts while reports are being made and evidence given. [1]

Our training programmes include the BodyRight programme aimed at teachers and youth reach workers, programmes for the Gardaí and Irish Prison Services and other public servants and private actors who encounter the impact of sexual violence on those with whom they work. We work directly with students in universities and through school talks.

We make policy interventions and conduct public awareness campaigns which seek to prevent sexual violence and to ensure that those who are accountable for such violence desist and are brought to justice. Our preventive initiatives are central to a holistic and comprehensive approach to ending the trauma of sexual violence.

There are 15 other Rape Crisis Centres around the country, each working in a particular geographical area. Because of the size of the capital city, we are undoubtedly the biggest centre. We also have that nationwide reach because we run the National 24-Hour Helpline.

RAPE

Rape is a powerful word. In our work, as in the law, we explain rape as the absence of consent. While rape is about the abuse power and violence, it does not always require force. It can happen in a broad range of situations ranging from force, through coercion and external pressure, to compliance because of internal pressures. None of these are consensual. Therefore consent is absent and, where sexual intercourse happens without consent, it is rape.

As the public discourse increasingly demonstrates, and as objective reflection will show, there is only one person responsible for rape. That is the perpetrator of the rape. Nonetheless, our experience is that to a greater or lesser extent, victims of rape will often blame themselves for the crime. They will criticise their own behaviour or attitude and wonder whether different behaviour might have saved them from the crime. While this may happen with any crime, it is more likely to happen where the crime is one of intimate violence, either sexual violence or domestic violence. In spite of increased debate, a recent Eurobarometer survey showed that society generally continues to blame victims of sexual violence, rather than the perpetrator.[2]

Our therapists and helpline counsellors - staff and volunteers - bear witness to the trauma of rape every day. They see the harm caused by the loss of power and control over a person's body, their most intimate self, which is at the heart of sexual violence. Every part of a person's life is affected by rape whether they are a child or an adult, whether the perpetrator is known to them or is a stranger.

[1] DRCC Annual Report 2016 http://www.drcc.ie/wp-content/uploads/2016/08/Updated-DRCC2016-Statistics.pdf

[2] Special Eurobarometer (449) Report Gender Based Violence November 2016 https://ec.europa.eu/commfrontoffice/publicopinion/index.cfm/ResultDoc/download/DocumentKy/75837

In our experience, there is no such thing as a 'normal' response to rape. There is no template. Rape impacts on everyone differently depending not just on the circumstances of the rape but on their own personal circumstances. Rather than judging the response as right or wrong, good or bad, we work with the victim/survivor at their pace, from their perspective, for them to get an understanding as to why they feel the way they do and how they can cope with the impact of the rape. This is why, in this paper, we refer throughout to victims/survivors. Those who contact us following a rape are victims of harm and of crime and also have survived it. Many would regard themselves as one rather than the other. Some do not care for either term.

HOW WOMEN PRESENT

This overview on how women present after rape is based on the experience of our staff and volunteers; those who speak to callers on the telephone, who support victims/survivors going to the Sexual Assault Treatment Unit (SATU) and who provide face to face therapy.

Over the past few years, approximately 80% of those who contacted us through the National 24-Hour Helpline were women. About 90% of those who attended for face-to-face therapy were women.[3]

Callers to the National 24-Hour Helpline may not give their age. Of those where age is known, 40% were females under 50 while 44% were under 60. Of those attending for face-to-face therapy[4], we know that 80% of our female clients were under 50 and 89% were under 60.

The immediate aftermath of a rape can vary. It can be a time of overwhelming turmoil and confusion, where a victim/survivor feels extreme and conflicting emotions. Some women present as numb, quiet and reserved. They may be in shock, denial or disbelief, appearing quite controlled. Or they may have difficulties expressing themselves.

Other women will respond quite differently; being very expressive and verbalising feelings ranging from sadness to anger and rage. Women may appear distraught, anxious, fearful and on occasion will convey hostility towards those attempting to help and support them. The effects of the trauma can be short-term or last long after the rape.

The psychological impact of rape can range from self-blame; depression; post-traumatic stress disorder (PTSD) – feelings of severe anxiety and stress; flashbacks – memories of rape as if it is taking place again; sleep disorders, eating disorders; distrust of others – uneasy in everyday social situations; feelings of personal powerlessness. Our staff and volunteers experienced in the specialised work of dealing with rape trauma victims/survivors are aware that woman may experience none, some or many of the possible impacts of the rape at different times. Impacts are not signs of illness, deficiencies or weakness, nor are they characteristics of the individual; they are responses to traumatic events.

In the experience of our staff and volunteers, over many years, the trauma of rape is exacerbated for those who become pregnant as a result of the rape. Pregnancy adds another layer, to the trauma already endured.

[3] In 2016, 77.14% of callers to the Helpline and 92.12 % of clients for face-to-face therapy were women

[4] In 2016, 495 attended for face-to-face therapy

EXPERIENCE WITHIN OUR SERVICES

Sexual Assault Treatment Unit (SATU) Accompaniment

Our volunteers support those who reported their rape to the Gardaí and are brought to SATU at the Rotunda Hospital for their forensic medical examination. Less often we get called to accompany people who make their own way to SATU without reporting to the guards.

The volunteers provide victims/survivors with immediate crisis support and practical information about the upcoming forensic medical examination. They will also advise them of the support services available from the DRCC and from other services. SATU is where the immediate reactions and response to the rape are palpable. People present as frozen, hysterical, exhausted, shocked or indeed the worse for drink or drugs taken. Some come in on their own. Others come with families or friends who are often as distraught as the victim/survivor.

National 24-Hour Helpline

Many of those who go to SATU will then contact the National 24-Hour Helpline. But as few report to the Gardaí, this only represents a small percentage of those who call us. The phone line offers an entirely confidential service where the number of the caller is not known to the person answering the call and where many callers will not give a name, or will give only a partial name. They welcome that anonymity. Women also value the immediate, confidential and non-judgmental support that they receive on the helpline which is why they will often contact us and no-one else. We endeavour to hold that space for our callers where they feel empowered to explore their feelings, consider how the rape has impacted on them and make their own decisions about what to do and how to proceed. Many calls to our helpline start out silent[5], where the caller makes the call and doesn't know what to say, or how to say it. Slowly and gently the telephone counsellor will try an engage the caller, not wanting to startle them with too many questions but just enough to establish whether they are safe, have any support available to them and if they are in need of medical attention.

Raising that issue of medical attention can prompt mixed responses. The possibility of having contracted a sexually transmitted disease or getting pregnant is now something else they have to consider. Where these concerns arise, our counsellors will refer the caller to a more appropriate agency. We aim to ensure that the caller knows that the reason we have to refer to other agencies is because they have more expertise within that service to deal with their specific query. Calls that relate to pregnancy are not the only ones that necessitate referral to another agency. Referrals are also made to other rape crisis centres, to organisations dealing with suicide/self-harm, social workers, domestic violence support agencies and many others.

If there is a possibility that the caller is pregnant, she may ask questions related to the pregnancy. These will sometimes include questions or concerns about termination of pregnancy. In those instances, callers are referred on to a service that would be better placed to answer questions and provide information[6]. Such a referral must be handled delicately by the helpline counsellor to ensure that not only does the caller have the correct referral information but that they understand that we are here to support them irrespective of the outcome of their decision about the pregnancy. The experience of our helpline counsellors is that such calls tend to finish quite quickly because a pregnancy and the decisions around it are uppermost in the caller's thoughts. In 2016 we made 2 referrals to the Crisis Pregnancy Agency.

[5] In 2016 there were 424 silent calls to the National 24-Hour Helpline

[6] Freetext LIST to 50444 or positive options.ie

Face to Face Therapy

Many people will only ever seek the support of the helpline. However, for those who want it, there is the option of face to face therapy. While client contributions to therapy are welcome, no one is ever turned away because they don't have money and our service is principally used by those who need to avail of a low-cost or no-cost service. While we do have a waiting list because of limited resources, those who have been raped in the previous 6 months are prioritised and we aim to ensure that they are seen within 1 or 2 weeks of seeking an appointment, using the phone line as support in the meantime.

Clients present with a blend of issues. Memories of the rape may carry feelings of shame or betrayal; evoke the terror of the physical hurt; the fear of a violent threat; the possibility of a pregnancy. The intensity of their feelings can often overwhelm them as they embark on their therapeutic journey. The expertise of our therapists facilitates many of our clients to share their pain and fear around the rape and how they might resource themselves and build capacity to cope with the impact.

Some clients may never tell their therapist about the pregnancy at all. Indeed some of our clients will even have difficulty acknowledging the reality of their rape or may only reveal that over the course of weeks, or even months. While we keep information on those who reveal to us that they have become pregnant as a result of rape[7], it is important to note that in the context of women who became pregnant as a result of rape and tell us about it, our experience is that:

1. A client may present as having had a baby as a result of a recent rape. This can bring up conflicting emotions: an innocent child but born out of aggression; a loving and loathing of the child;
2. A client may present as having had a miscarriage as a result of a recent rape and may have a sense of relief that there isn't the added dilemma of being pregnant. But there may be a sense of loss of a baby even if they hadn't wanted the baby;
3. A client may present as being pregnant and unsure what she is going to do. The pregnancy presents a double crisis: on top of the rape they also face the additional crises of pregnancy and a decision in relation to that pregnancy. What they have to work through are the practical, financial and emotional difficulties in having an abortion or having to proceed with an unplanned pregnancy. The client will have to assess that in terms of all existing relationships within her family and her community;
4. A client may present as having had an abortion. Some feel a sense of relief that that there isn't the added dilemma of being pregnant. Some feel a sense of guilt and sadness at having terminated the pregnancy. Some will feel stigma, shame and isolation. The secrecy surrounding the abortion presents a burden for some. Some will feel anger that they couldn't have the abortion procedure in Ireland, travel having made the whole process expensive, complicated and traumatic;
5. A client – typically an adult victim of childhood sexual abuse - may present as having had a baby as a result of a past rape – they maybe parenting the child; the child may have been taken from them; they may have had an abortion; again that mix of emotions presents in the counselling room.

[7] DRCC Figures in relation to pregnancy disclosure can be found on page 6 of this document

PREVALENCE

The reality is that there is no reliable Irish information available about the prevalence of pregnancy as a result of rape because there is such massive under-reporting of rape.

One of the only in-depth, wide-ranging studies in Ireland dates back to 2002. That study of Sexual Abuse and Violence in Ireland[8] (The SAVI report) found that that 42% of women reporting abuse in SAVI have never told anyone and that only 8% of women reported their experience of sexual violence to An Garda Síochána. Disclosure to medical professionals of sexual violence was 6% with 14% of women reporting to therapists and counsellors.

Other smaller scale studies since then have given roughly comparable figures. Research in 2009 called *Different Systems Similar Outcomes*[9] and led in Ireland by Dr. Paul O'Mahony of TCD found that Ireland has one of the lowest conviction rates at 8% for sexual crimes in comparison to 11 EU countries studied in the research.

A 2014 survey undertaken by the European Union Agency for Fundamental Rights (FRA)[10] revealed the extent of abuse suffered by women at home; work, in public and online. Approximately 3.7 million women in the EU experienced sexual violence in the 12 months prior to the FRA survey interviews, which is about 2% of women aged 18-74 in the EU. The FRA findings confirmed that violence against women and girls is pervasive and extensive across the EU including Ireland.

From all the evidence available to us, most rape and serious sexual violence is perpetrated by someone known to the victim. The DRCC statistics for 2016[11] identified that just under 17% of adult rape and sexual assault was committed by the client's spouse or partner, 2% by other family members and almost 46% by other known persons. This includes friends, recent dates, work-mates and the like. About 50% of all childhood sexual abuse revealed to us by adults was perpetrated by a family member.

Because of the confidential way in which we run the National Helpline, we cannot get a picture from it of what percentage of callers were pregnant. We have however compiled our own statistics over the past 10 years from our work with clients.

We have also used statistics of the Rape Crisis Network of Ireland (RCNI) which, over that period, has collated statistics for between 11 and 15 of the 16 Rape Crisis Centres country-wide. From those, it appears that approximately **4%** of the total number of female victims/survivors who presented to Rape Crisis Centres report pregnancies as a result of rape. Therefore approximately 96% of females presenting to both the DRCC and the regional centres covered by RCNI in the past 11 years did not report pregnancy as a result of the rape.

[8] The SAVI Report (2002) *Sexual Abuse and Violence in Ireland* Hannah McGee, Rebecca Garavan, Mairéad de Barra, Joanne Byrne and Ronán Conroy. http://www.drcc.ie/wp-content/uploads/2011/03/savi.pdf

[9] Different Systems, Similar Outcomes? Tracking attrition in reported rape cases across Europe (2009) Jo Lovett and Liz Kelly http://kunskapsbanken.nck.uu.se/nckkb/nck/publik/fil/visa/197/different

[10] https://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-at-a-glance-apr14_en.pdf

[11] http://www.drcc.ie/wp-content/uploads/2016/08/Updated-DRCC2016-Statistics.pdf

The various pregnancy outcomes appear below:-

PREGNANCY DISCLOSURE (4% of total)	DRCC	RCNI
Clients who went on to give birth and parent	35%	49%
Clients who terminated their pregnancy	31%	18%
Clients who miscarried	19%	17%
Clients who had child placed for adoption or fostered	7%	12%
Clients where the outcome was unknown	8%	4%

(More detailed statistics in attached appendix)

These statistics cannot be taken as an indication of a victim/survivor's choice, but merely of the ultimate outcome. We must emphasise that we can only know about pregnancies that are disclosed. Many of those who contact counsellors may never disclose a pregnancy to them. Many may be disclosed months or years after the pregnancy. Clients do not need to tell their therapist or counsellor about a pregnancy as a result of rape. We have no reliable evidence on what proportion of clients might tell a therapist. There is no adequate study done in this area.

AFTERCARE – MENTAL, PHYSICAL AND HEALTH ISSUES

Rape is one of the most serious forms of violence. One of the cornerstones of the work of the DRCC is supporting victim/survivors to regain control over their bodies and lives. The traumatising effects can linger long after the immediate pain and suffering. While rape victims/survivors may report injuries and issues with their reproductive health after a rape, it should also be remembered that rape doesn't always involve physical force, but results from any act of sexual intercourse which is not consensual. The most common and lasting effects of rape involve emotional and psychological trauma.

Victims/survivors recover in stages. They often feel shame, guilt and low self-esteem. In spite of having been blameless victims, there is a human tendency to assume fault when bad things happen in our lives. Recovery is a process and an outcome; it's a personal journey upon which victims/survivors encounter difficulties, but also experience growth. Remembering and feeling can be an undeniably hard part of recovery. Our therapists work with their clients at their own pace, where the client may acknowledge and accept their feelings but always with that understanding that this is their healing and they will never be pushed into doing anything before they are ready. Our therapists respect their clients pace and their process.

CONCERNS ABOUT SINGLING OUT VICTIMS OF RAPE OR INCEST AS A SPECIAL CASE FOR TERMINATION

- **Reporting to an Authority**

If there is to be special consideration of those who have suffered rape, this requires the pregnant rape victim/survivor to make a report and to claim that the rape occurred.

Reporting to police is something that many of our clients are not ready to do for a long time, if ever. It is noteworthy that the Gardaí now provide for SATU to store forensic evidence for up to a year, recognising the realities of investigation of rape crimes.

Clients are sometimes fearful that once they report to the Gardaí, they are reporting a crime which the Gardaí must investigate, thus notifying the alleged perpetrator of the complaint whether the victim is ready or not. This is particularly relevant when our information shows that the vast majority of sexual violence is perpetrated by someone known to the victim/survivor. In 2016, about 30% of those who used our services reported sexual violence by a stranger. By contrast, almost 17% of adult rape and sexual assault reported was by a boyfriend or intimate partner and the remainder by family members or other known persons. This is consistent with previous years and with the SAVI Report of 2002.

They may also have concerns about their own blame for the events. Ultimately, they are likely to recognise that they had no responsibility, but this can take time to work through. Reporting is only likely if they have resolved these issues.

Clients may not be ready to report to a doctor. They may not want to approach their own doctor. They may have limited choice of doctors if on a medical card. They may not want to talk to someone else whom they fear may make a judgment about them.

Clients seeking to regain control of their own lives may not want to make it obvious that they were a victim of rape or incest.

- **Self-Reporting**

In the context of how many clients have to go through a long journey to re-build their self-esteem and manage their self-doubt, many would be set back if questions were raised about their credibility.

Requiring a woman to share such a traumatising experience about her rape and subsequent pregnancy has the potential to not only re-traumatise, re-trigger and re-victimise her, it also leaves her in a situation where she has to convince people that her story justifies access to support. It has the effect of disempowering the person who has suffered the rape, while empowering the person giving permission to access a procedure or service. Once more, the consent of the victim/ survivor is seen as irrelevant.

- **False reporting**

Some people believe that people make false accusations of rape or sexual assault out of malice or fear of disapproval of consensual sex. However research shows few reports of rape are false and, as previously mentioned, rape and sexual assaults are significantly under-reported. In research carried out in 11 European countries[12] police and legal experts agreed that in over 91% of cases reported to police a crime of rape had taken place. In others, the evidence was inconclusive or a crime could not be proven. This category would include false reports, but would also include a wider variety of circumstances.

[12]Different Systems, Similar Outcomes? Tracking attrition in reported rape cases across Europe (2009) Jo Lovett and Liz Kelly http://kunskapsbanken.nck.uu.se/nckkb/nck/publik/fil/visa/197/different

APPENDIX 1

DRCC Statistics

YEAR	FEMALE CLIENTS	PREGNANCY DISCLOSURE	TERMINATION	MISCARRIAGE	PARENTING	ADOPTED/ FOSTERED	OUTCOME UNKNOWN
2006	545	36	10	5	13	1	7
2007	528	23	8	3	8	1	3
2008	506	24	7	4	11	0	2
2009	509	24	10	7	6	0	1
2010	479	25	10	6	6	2	1
2011	474	18	4	4	7	3	0
2012	491	19	7	0	9	3	0
2013	459	6	1	0	4	1	0
2014	432	10	2	4	1	2	1
2015	449	5	0	3	2	0	0
2016	456	11	3	1	4	2	1
TOTAL	**5328**	**201**	**62**	**37**	**71**	**15**	**16**
		4% Average	**31%**	**19%**	**35%**	**7%**	**8%**

These figures are based on the pregnancy outcomes for females who disclosed a pregnancy as a result of rape.

APPENDIX 2

RCNI Statistics

YEAR	FEMALE CLIENTS	PREGNANCY DISCLOSURE	TERMINATION	MISCARRIAGE	PARENTING	ADOPTED/ FOSTERED	OUTCOME UNKNOWN
2006 14 RCC's	1453	47	4	9	31	3	0
2007 14 RCC's	1423	41	5	7	18	5	6
2008 14 RCC'S	1560	41	5	7	20	4	5
2009 13 RCC's	1183	56	9	12	28	3	4
2010 14 RCC's	971	75	10	9	43	10	3
2011 15 RCC's incl Dub	2031	90	17	11	48	12	2
2012 No Report	0	0	0	0	0	0	0
2013 15 RCC's incl Dub	1917	75	19	10	34	11	1
2014 14 RCC's	1286	53	14	12	21	6	0
2015 11 RCC's	989	53	13	15	19	6	0
2016 No Report	0	0	0	0	0	0	0
TOTAL	**12813**	**531**	**96**	**92**	**262**	**60**	**21**
		4% Average	**18%**	**17%**	**49%**	**12%**	**4%**

These figures are based on the pregnancy outcomes for females who disclosed a pregnancy as a result of rape.