An Tionól Saoránach The Citizens' Assembly

Paper by

Ms. Noeline Blackwell

Chief Executive Officer,
The Dublin Rape Crisis Centre

delivered to

The Citizens' Assembly

on

04 Feb 2017

DUBLIN RAPE CRISIS CENTRE – PAPER TO CITIZENS ASSEMBLY

WHO WE ARE

The Dublin Rape Crisis Centre is a voluntary organisation which has as its purpose to prevent the harm and heal the trauma of rape. We offer support and therapy to those who contact us. We also seek to use the experience and expertise we have gathered through our work in informing the wider society about how sexual violence impacts on people, and how our systems, standards and law could all work better to protect victims and to make our society safer and healthier.

The DRCC service which is almost 40 years old has grown to the point where in 2015 there were 12,615 contacts with our services, broken down into:

- 11,789 Helpline contacts with people all over the country;
- 499 clients, mainly from Dublin and surrounding counties, in face to face therapy;
- 327 accompaniments – 284 to the Sexual Assault Treatment Unit and the remainder to court and Garda Stations.

Our therapists, telephone staff and volunteers are very experienced in the specialised work of dealing with rape trauma victims, with many of them having over a decade of experience. 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.

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.

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.

In our experience, there is no such thing as a 'normal' response to rape. There is no template. Rape impacts on every victim/survivor 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 are victims of harm and potentially of crime and also have survived it. Many would regard themselves as one rather than the other. Some do not care for either term.

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.

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.

Telephone Helpline

Many of those who go to SATU will then contact the free (except for a limited charge at night) 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. Many calls to our helpline start out silent, 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 can prompt mixed responses. The possibility of having contracted a sexually transmitted disease or getting pregnant is now something else they have to consider. Occasionally our helpline counsellors have been asked about the possibility of abortion. In those instances, callers are referred on to a service that would be better placed to answer questions and provide information (Freetext LIST to 50444 or positive options.ie). Such a referral must be handled delicately by the helpline counsellor. It is important that the caller has the correct information but we also want to ensure the caller understands 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.

Face to Face Therapy

Many people will never move beyond the support of the helpline. However, for those who want it, there is the option of face to face therapy. While contributions to therapy are welcome, no one is ever turned away because they don't have money.

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. 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 unwanted 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; again that mix of emotions presents in the counselling room.

PREVALENCE

The Assembly sought information on the prevalence of pregnancy as a result of rape. The reality is that there is no reliable Irish information available about this 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 (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. Other smaller scale studies since then have given roughly comparable figures. Research in 2009 called *Different Systems Similar Outcomes* 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. The European Union's Fundamental Rights Agency undertook an EU wide survey on Violence against Women which was published in 2014. The report is based on interviews with 42,000 women across the 28 Member States of the European Union. 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. It reveals that violence against women, and specifically gender-based violence that disproportionately affects women, is an extensive human rights abuse.

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 2015, which are roughly comparable with other years, and with other analyses, identified that just under 25% of adult rape and sexual assault was committed by the client's spouse or partner, 4% by other family members and almost 40% by other known persons. This includes friends, recent dates, work-mates and the like.

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.

We have also used statistics of the Rape Crisis Network of Ireland (RCNI) which, over that period, has collated statistics for between 11 and 14 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 10 years did not report pregnancy as a result of the rape.

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%	12%
Clients who had child placed for adoption	7%	17%
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. Clients do not need to tell their therapist about a pregnancy as a result of rape. We could only speculate on what proportion of clients might not 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 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. 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. Rape can be further complicated by the cultural blame still associated with it. 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 or incest, there will have to be reporting at some level.

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. 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. They may also have concerns about their own blame for the events. Ultimately, they may conclude 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.

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
TOTAL	**4872**	**190**	**59**	**36**	**67**	**13**	**15**
		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
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.