

Extent of Child Abuse in Ireland

Barnardos believes that the full scale of child abuse in Ireland is underestimated, as there is a huge dearth of information in this area. Also given the sensitivity of the issue, it has been highlighted that studies have had difficulties in gathering representative samples as well as having definitional and methodological problems¹. These issues combined with victims feeling ashamed and therefore reluctant to report the abuse as well as the perceived lack of legal redress for abuse crimes further impacts on gathering an accurate picture of the scale of child abuse in Ireland.

Definitions of Abuse

Children First, National Guidelines for the Protection and Welfare of Children² categorises child abuse into four different types:

- Neglect - where a child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, or medical care.
- Emotional abuse - when a child's needs for affection, approval, consistency and security are not met.
- Physical abuse - any form of non-accidental injury that causes significant harm to a child.
- Sexual abuse - when another person uses a child for his or her gratification or sexual arousal, or for that of others.

Myth busting

The main model of the child abuser is someone who abuses children outside the family, gaining access to children in public places such as youth clubs and playgrounds. They are rightly seen as dangerous and criminal. However, this societal view can draw attention away from the fact that in the majority of cases children are abused by someone known to them either within their own family or someone in a position of authority over them³. The Dublin Rape Crisis Centre found that only 3.4% of child sexual abuse cases were perpetrated by strangers, 66.4% were at the hands of direct family or extended family members with the remaining 30.2% by other persons known to the victim⁴.

Scale of Abuse

In 2004, the Health Service Executive (HSE) figures show that 6,188 complaints regarding alleged child abuse were made. Of these 1,425 were deemed to be proven cases of child abuse. Some 363 (15pc) were found to be unsubstantiated, while 3,557 (60pc) have yet to be resolved. There is wide regional variation in the investigation of these alleged incidences with the HSE in the north western area having concluded their

¹ Ferguson H and O'Reilly M (2001) *Keeping Children Safe, Child Abuse, Child Protection and the Promotion of Welfare*, Dublin

² Department of Health and Children (1999) *Children First, National Guidelines for the Protection and Welfare of Children*, Dublin

³ Corby, Brian (2005) *Child Abuse – Towards a knowledge base*, Maidenhead, UK

⁴ Dublin Rape Crisis Centre (2006) *25 Years On – Anniversary Report 2005*, Dublin

investigation in just 6pc of the 301 abuse cases reported. This is in contrast to the western region, which has resolved 416 (77pc) of the 540 cases it dealt with in 2004.

Only a limited number of independent studies have been conducted in Ireland. The largest study is the Sexual Abuse and Violence in Ireland⁵ study which had a sample of 3,000 people who participated in a telephone survey. Its shocking findings revealed that:

- One in three women and one in four men reported some level of sexual abuse in childhood, attempted or actual penetrative sex was experienced by 7.6% of girls and 4.2% of boys.
- In 40% of cases the child sexual abuse was an ongoing occurrence.
- In almost half of the cases the crimes were not reported; with the most common reason for not reporting being feeling ashamed or blaming themselves.
- Most sexual abuse in childhood and adolescence occurred in the pre-pubescent period, with 67% of abused girls and 62% of abused boys having experienced abuse by 12 years of age.
- The perpetrator was another child or adolescent (17 years old or younger) in one out of every four cases.
- Over 80% of children were abused by those known to them.

Similar to other countries, the largest number of cases that come to the attention of the authorities are cases of child neglect. In 2003, of the 4,984 children who were in State care 24% of these children had been neglected⁶.

Issues such as the length of time a case takes before going to trial, fear of cross examination and leniency of sentences all impact on the number of incidences reported to Gardai. The Dublin Rape Crisis Centre found that of 335 cases where the reporting status was known, 95 cases reported to Gardai, five cases were tried, resulting in four convictions and one acquittal⁷.

Effects of Abuse

The consequences of abuse on a child can be long lasting and varied depending on the severity, frequency of the abuse, age of onset and relationship between victim and abuser. Some children are more resilient to traumatic events and cope better than others. The ongoing family environment and relationships within it are central to determining the extent to which the consequences of abuse will persist⁸.

The short-term effects of abuse on children can include low self-esteem, developmental delay, shame and developing a form of pseudo maturity with the aim of keeping parents happy. The longer term effects can include depression, fear, delinquency, lower

⁵ McGee et al (2002) *The SAVI Report – Sexual Abuse and Violence in Ireland*, Royal College of Surgeons, Dublin

⁶ Department of Health and Children (2003) *Analysis of Child Care Interim Minimum Dataset*, Dublin

⁷ Dublin Rape Crisis Centre (2006) *25 Years On – Anniversary Report 2005*, Dublin

⁸ McElvaney, R and O’Shea, D (2001) ‘Therapy with sexually abused children’ in *The End of Innocence – Child Sexual Abuse in Ireland* (ed) Lalor, Kevin, Cork

educational attainment and can impact on them forming satisfying long-term relationships of their own.

Unfortunately, there is frequently a time delay in accessing counselling services and this can impede a victim's recovery. According to the HSE there is an average waiting period of 11 months before a counsellor is assigned however, this can rise to up to two years depending on the location of the victim. There are currently 610 people waiting for full time counselling⁹.

Recommendations

- Barnardos welcomes the Health Service Executive (HSE) commitment to undertake a national public awareness campaign on child abuse. Such a campaign had been recommended by the SAVI report (2001) and more recently by the Ferns Inquiry (2005). Barnardos offers its support in the development and roll out of this campaign but believes that an ongoing campaign instead of a once-off campaign is necessary in order to change attitudes and beliefs towards child abuse. This campaign should focus on informing adults of their responsibility towards the prevention and reporting of suspected incidences of all forms of abuse along with guarantees that systems will be put in place to respond to these allegations of abuse in a speedy fashion.

A successful model that has been tested and evaluated is the Stop It Now! campaign which has been running in the UK for five years. This campaign works in collaboration with statutory and voluntary organisations. Its innovative model comprises of producing and distributing accurate information and awareness raising materials, developing local projects which engage the local communities and offering a helpline service for any adults who may have concerns about their own or someone else's sexual thoughts and behaviours towards children. This model, which could be adapted to the Irish situation, would aim to protect children by empowering adults to take responsibility for safeguarding children from sexual abuse.

- Children First Guidelines, which are currently being reviewed, should be placed on a statutory basis to ensure further protection of children by increasing the responsibility on all professionals and volunteers who work with children to report incidences of alleged abuse.
- All children should participate in preventative initiatives such as the 'Stay Safe Programme' run through most schools, to learn how to identify incidences of abuse and how to report it. Barnardos recommends that this programme be run throughout all schools as it is estimated that up to one in five primary schools are currently not teaching this programme.
- Victims of abuse regardless of where they are living must have access to immediate supports and services including counselling and medical services to assist in their recovery.
- All child sex offenders should participate in a sex offender treatment programme. Research has shown that participation in such programmes leads to reduced

⁹ Irish Examiner 4th September 2006

recidivism rates¹⁰. Just 8 out of 253 sex offenders in Irish prisons are receiving treatment. Again the Stop It Now helpline targeting abusers, potential abusers and their families has been a successful model and could be replicated in Ireland.

- For those cases where legal proceedings are pending, the delays in the cases coming to court have a negative effect on the child and their recovery. The needs of the child must be put before the dictates of the legal system which in any case produces poor outcomes in terms of actual prosecutions¹¹.

¹⁰ Travers, Olive (2001) 'Understanding and Treating Adult Perpetrators of Child Sexual Abuse, in *The End of Innocence - Child Sexual Abuse in Ireland*, (ed) Lalor, Kevin, Cork

¹¹ Ferguson, H and O'Reilly, M (2001) *Keeping Children Safe*, Dublin