



# The Dublin Rape Crisis Centre

## SAVI and SAVI Revisited

*SAVI: Sexual Abuse and Violence in Ireland (a national study of Irish experiences, beliefs and attitudes concerning sexual violence)*

*SAVI Revisited: Long-term effects of disclosure of sexual abuse in a confidential research interview*

Research team: Royal College of Surgeons in Ireland

## FOREWORD

The Sexual Abuse in Ireland (SAVI) Report, launched in 2002, was a landmark project in the area of sexual abuse in Ireland. Up to 2002, the only national figures available were based on the numbers seeking counselling, or reporting to the Gardaí. As service providers, we were aware that this only represented the 'tip of the iceberg'. We knew that those who sought help were a minority of those who were sexually abused but there was no way to easily establish the numbers who experienced abuse but did not seek professional help.

The SAVI Project was possible through partnership across a number of sectors. The Dublin Rape Crisis Centre proposed the idea and was generously supported by Atlantic Philanthropies to fund a safety and feasibility study. The main study was then funded by Atlantic Philanthropies with additional funding from the Department of Health and Children and the Department of Justice, Equality and Law Reform. The research work was undertaken by the Health Services Research Centre at the Department of Psychology, Royal College of Surgeons in Ireland. Findings from SAVI confirmed the concerns of service providers that a lot of sexual abuse was undisclosed in Ireland (specifically 47% of those reporting abuse in SAVI had never told another person). Furthermore, demands for services were seen to be rising with an average 12% service uptake across all ages but with 20% of younger adults experiencing abuse having had counselling. The SAVI findings are now informing policy and practice in sexual abuse settings.

The present report – SAVI Revisited – builds on the considerable investment in methodology which went into the SAVI Project. In SAVI, a lot of effort was committed to ensuring that the research interview would be as sensitive as possible, including checks at the time and in subsequent days that participant well-being was not adversely affected. Participant well-being was supported by confidential referral to specialist services if deemed necessary. As a service provider first and foremost, the Dublin Rape Crisis Centre was concerned about the possible immediate but also long-term impact of taking part in a sensitive interview about personal experience of sexual violence. Following SAVI, we felt we could contribute both to our own understanding and also to that of other researchers and service planners for the future by studying this issue.

With funding from the Department of Justice, Equality and Law Reform, the Centre was able to support a three-year follow-up study of a sample of SAVI participants. Overall, the vast majority were glad they had participated even while some people acknowledged that talking about issues was difficult for them. Findings are reassuring for those wishing to conduct such sensitive research, albeit with extensive safeguards in place such as in SAVI. More generally, they point to the value of sharing difficult personal experiences with others in a non-judgmental way. In this setting, participants were, without their own initiation, asked to discuss very serious personal experiences and did so with minimal difficulty and with most saying they found the experience helpful. This wider message is important to convey – that discussing problems in a safe setting can be of significant value to those in vulnerable situations.

This report provides an overview of the original SAVI Report (since the book has proved very popular and is now out of print). It then provides an overview of this more recent report – SAVI Revisited. The Dublin Rape Crisis Centre thanks its sponsors as acknowledged for their commitment to this important work. We compliment Professor Hannah McGee and her SAVI Revisited research team for continuing the high quality research work of SAVI and of course we again thank the participants most profoundly for helping us learn more about their experiences. We are pleased to continue our advocacy for those affected by sexual violence in this research project and hope the readers will be able to use the information in their policy, practice, advocacy or research roles to promote preventive and service delivery efforts in the area of sexual violence in Ireland.

*Breda Allen, Chairperson,  
Dublin Rape Crisis Centre  
October 2005*

## PREFACE

The Sexual Abuse and Violence in Ireland (SAVI) Project was conducted at the Health Services Research Centre, Department of Psychology at the Royal College of Surgeons in Ireland. We were very pleased to have the opportunity to comprehensively address such an important and challenging issue in contemporary Ireland. Many people made the original SAVI Project possible. The Dublin Rape Crisis Centre proposed the project and was supported by Atlantic Philanthropies for both a feasibility study, to consider the safety issues of conducting such a study, and then for the main study. The main study was also financially supported by the Department of Health and Children and Department of Justice, Equality and Law Reform. A Study Monitoring Group provided excellent support on the study as did all of the Rape Crisis Centres nationally - by providing a local source for referral of those who might want to avail of counselling services following participation in SAVI. The many people who assisted in the SAVI Project are named in the original book. An extended executive summary of the book is included in this publication.

It is our sense that the SAVI findings have provided an impetus for policymakers and service providers in this field since its launch by Her Excellency, the President of Ireland, Mrs Mary McAleese in 2002. More generally, the SAVI Report has been influential in demonstrating to policymakers, service providers and researchers in Ireland that very sensitive issues can be researched in meaningful and valuable ways in order to provide an Irish evidence base from which to plan services for the future. Thus the SAVI telephone survey methodology has been replicated in at least three subsequent national surveys – on domestic violence, on contraception and crisis pregnancy and on sexual health in the general adult population.

When planning SAVI, we found very little in the international research literature to guide us on the possible drawbacks of conducting such sensitive research and on ways to minimise it. The well-being of those researched and the possible costs to vulnerable people of taking part in such projects were equally of concern to the researchers, funders and ethical reviewers. We included a brief follow-up call for participants a few days following the SAVI interview to ensure that we did not, for instance, create distress because of the topic or anxiety about the authenticity of the research. Since then we were very pleased to be supported further to conduct this longer-term three year follow-on project – called SAVI Revisited – by the Dublin Rape Crisis Centre with funding support through the Department of Justice, Equality and Law Reform. We hope this work provides reassurance that sensitive work can be undertaken without damage to participants if safeguards are to the fore in the research design. Thanks specifically to Kay Rundle and Dr Ronan Conroy (Royal College of Surgeons in Ireland) and Angela McCarthy and Maria Byrne, Dublin Rape Crisis Centre for support with the production of SAVI Revisited. In terms of the two SAVI projects, we particularly thank the Dublin Rape Crisis Centre for allowing us as researchers the planning time necessary to ensure a study which was first and foremost aimed to be a protecting and positive experience for the participants. Thanks again to the SAVI participants without whom a meaningful profile of sexual violence in Ireland would not be possible. Finally, congratulations to the Dublin Rape Crisis Centre on their 25th anniversary for their vision and energy in ensuring the establishment of a national evidence base on sexual violence in Ireland.

*Hannah M McGee, Royal College of Surgeons in Ireland  
on behalf of the two SAVI research teams.  
October 2005*

# The SAVI Report

## Sexual Abuse and Violence in Ireland

*A national study of Irish experiences,  
beliefs and attitudes concerning sexual violence*

**2002**

*Hannah M McGee, Rebecca Garavan, Mairead de Barra,  
Joanne Byrne & Ronan Conroy*

*Royal College of Surgeons in Ireland*

# The SAVI Report

## Sexual Abuse and Violence in Ireland

### EXECUTIVE SUMMARY

#### BACKGROUND

The prevalence of sexual violence in Ireland is unknown. Incomplete evidence from crime statistics, previous research reports and service uptake figures is insufficient to understand the nature and extent of the problem and to plan and evaluate services and preventive interventions.

The main aim of the SAVI study was to estimate the prevalence of various forms of sexual violence among Irish women and men across the lifespan from childhood through adulthood.

Additional aims of the study were to describe who had been abused, the perpetrators of abuse, the context in which abuse occurred and some psychological consequences of abuse; to describe the pattern of disclosure of such abuse to others, including professionals; to document public beliefs about and perceived prevalence of sexual violence; to assess public willingness to disclose abuse to others in the event of a future experience; to document particular challenges experienced in addressing sexual violence by marginalised groups; and to make recommendations for future developments in the areas of public awareness, prevention, service delivery and policy development.

#### METHOD

A survey assessing the prevalence of sexual violence was conducted by anonymous telephone interviews with randomly selected participants from the general population in Ireland. They were interviewed at home telephone numbers in the period March to June 2001.

Many ethical and safety considerations were built into the study design to ensure that a high quality and sensitive approach was used. Interviewers were highly qualified and underwent additional training and regular supervision in the conduct of the interviews. A wide range of safety mechanisms were put in place to reassure participants about study authenticity and to provide them with access to professional services if required.

#### RESULTS

##### Study Population

Over 3,000 randomly selected Irish adults took part in the study (n = 3,120). This represented a 71 per cent participation rate of those invited. For a telephone survey, and on such a sensitive topic, this very high participation rate means that the findings can be taken as broadly representative of the general population in Ireland. The information available can therefore provide important and previously unavailable information on the extent and nature of sexual violence in Irish society.

##### Prevalence of Sexual Violence

**Child Sexual Abuse (defined as sexual abuse of children and adolescents under age 17 years)**

- Girls: One in five women (20.4 per cent) reported experiencing contact sexual abuse in childhood with a further one in ten (10.0 per cent) reporting non-contact sexual abuse. In over a quarter of cases of contact abuse (i.e. 5.6 per cent of all girls), the abuse involved penetrative sex — either vaginal, anal or oral sex.
- Boys: One in six men (16.2 per cent) reported experiencing contact sexual abuse in childhood with a further one in fourteen (7.4 per cent) reporting non-contact sexual abuse. In one of every six cases of contact abuse (i.e. 2.7 per cent of all boys), the abuse involved penetrative sex — either anal or oral sex. (See Table 1 for specific items endorsed.)

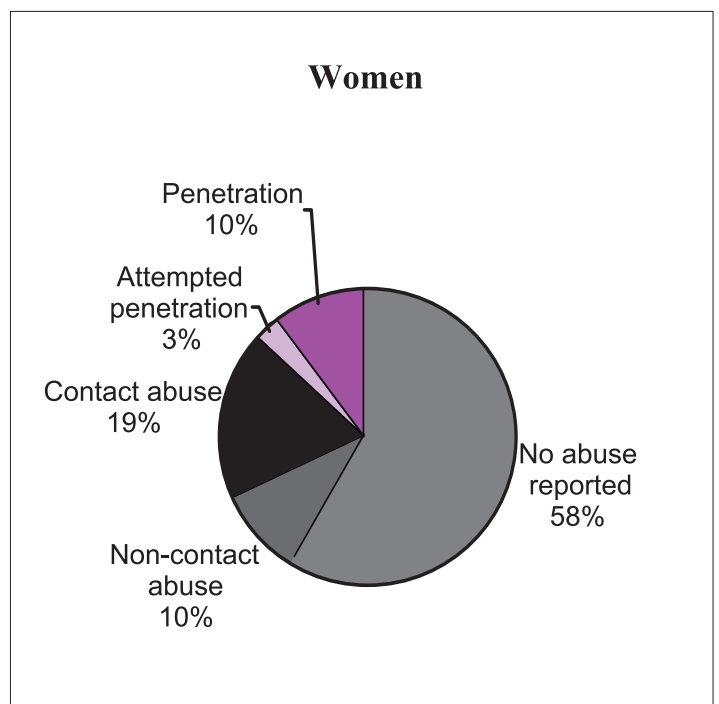
##### Adult Sexual Assault (defined as sexual violence against women or men aged 17 years and above)

- Women: One in five women (20.4 per cent) reported experiencing contact sexual assault as adults with a further one in twenty (5.1 per cent) reporting unwanted non-contact sexual experiences. Over a quarter of cases of contact abuse in adulthood (i.e. 6.1 per cent of all women) involved penetrative sex.
- Men: One in ten men (9.7 per cent) reported experiencing contact sexual assault as adults with a further 2.7 per cent reporting unwanted non-contact sexual experiences. One in ten cases of contact abuse in adulthood (i.e. 0.9 per cent of all men) involved penetrative sex. (See Table 2 for specific items endorsed.)

##### Lifetime Experience of Sexual Abuse and Assault

- Women: More than four in ten (42 per cent) women reported some form of sexual abuse or assault in their lifetime. The most serious form of abuse, penetrative abuse, was experienced by 10 per cent of women. Attempted penetration or contact abuse was experienced by 21 per cent, with a further 10 per cent experiencing non-contact abuse (see figure 1).

Figure 1: Lifetime Prevalence of Sexual Violence for Women



- Men: Over a quarter of men (28 per cent) reported some form of sexual abuse or assault in their lifetime. Penetrative abuse was experienced by 3 per cent of men. Attempted penetration or contact abuse was experienced by 18 per cent, with a further 7 per cent experiencing non-contact abuse (see figure 2).

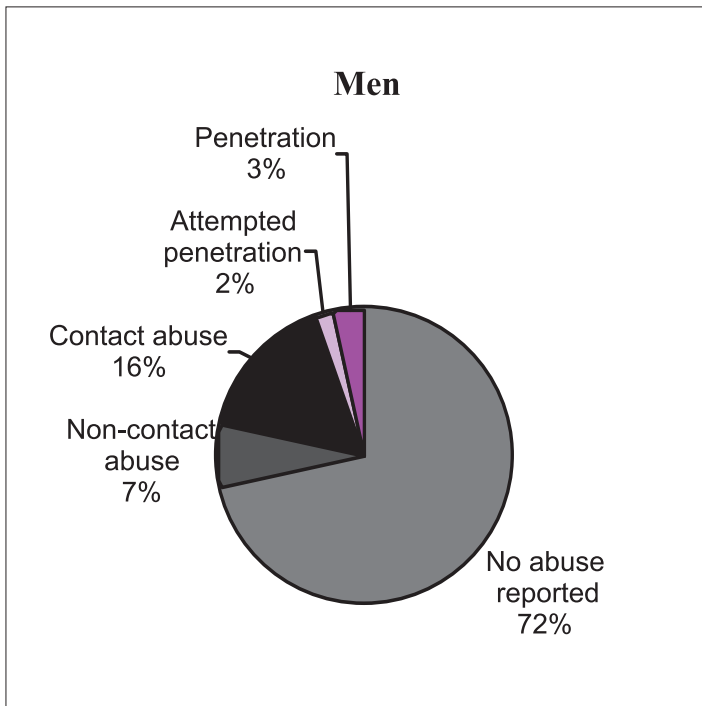


Figure 2: Lifetime Prevalence of Sexual Violence for Men

**Characteristics of Sexual Abuse and Violence in Childhood and Adulthood**

- Overall, almost one-third of women and a quarter of men reported some level of sexual abuse in childhood. Attempted or actual penetrative sex was experienced by 7.6 per cent of girls and 4.2 per cent of boys. Equivalent rape or attempted rape figures in adulthood were 7.4 per cent for women and 1.5 per cent for men. Hence, girls and women were more likely to be subjected to serious sexual crimes than boys and men. Levels of serious sexual crimes committed against women remained similar from childhood through adulthood. Risks for men were lower as children than they were for women and decreased three-fold from childhood to adult life.
- Of those disclosing abuse, over one-quarter (27.7 per cent) of women and one-fifth (19.5 per cent) of men were abused by different perpetrators as both children and adults (i.e. “revictimised”). For women, experiencing penetrative sexual abuse in childhood was associated with a sixteen-fold increase in risk of adult penetrative sexual abuse, and with a five-fold increase in risk of adult contact sexual violence. For men, experiencing penetrative sexual abuse in childhood was associated with a sixteen-fold increase in the risk of adult penetrative sexual violence, and an approximately twelve-fold increase in the risk of adult contact sexual violence. It is not possible to say that childhood abuse “causes” adult revictimisation. Childhood sexual abuse is, however, an important marker of increased risk of adult sexual violence.
- Most sexual abuse in childhood and adolescence occurred in the pre-pubescent period, with two-thirds (67 per cent) of abused girls and 62 per cent of abused boys having experienced abuse by twelve years of age.
- In four of ten cases (40 per cent), the experience of child sexual abuse was an ongoing, rather than a single, abuse event. For many of those who experienced ongoing abuse (58 per cent of girls and 42 per cent of boys), the duration of abuse was longer than one year.
- A third (36 per cent) of those who had experienced sexual abuse as a child now believe that their abuser was also abusing other children at the time.

**Characteristics of Perpetrators and Context of Sexual Violence**

- Most perpetrators of child sexual abuse (89 per cent) were men acting alone. Seven per cent of children were abused by one female perpetrator. In 4 per cent of cases more than one abuser was involved in the same incident(s).

**Perpetrators of Child Sexual Abuse**

- Girls: A quarter (24 per cent) of perpetrators against girls were family members, half (52 per cent) were non-family but known to the abused girl and a quarter (24 per cent) were strangers.
- Boys: Fewer family members were involved in child sexual abuse of boys. One in seven perpetrators (14 per cent) was a family member with two-thirds (66 per cent) non-family but known to the abused boy. One in five (20 per cent) were strangers.
- In sum, in four-fifths of cases of child sexual abuse, the perpetrator was known to the abused person (see figure 3).

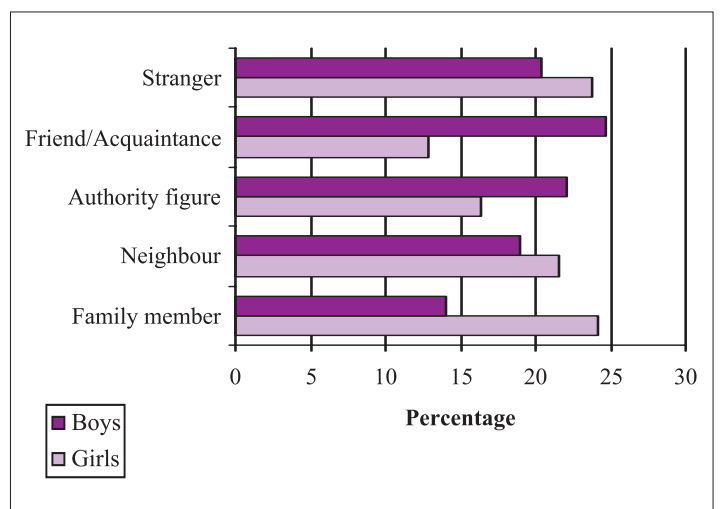


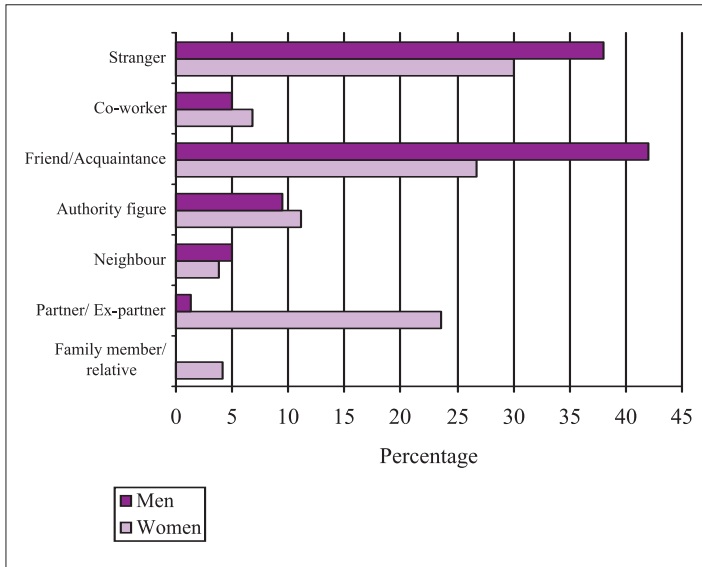
Figure 3: Perpetrators of Child Sexual Abuse by Gender of Person reporting Abuse

- The perpetrator was another child or adolescent (17 years old or younger) in one out of every four cases.
- A relatively small percentage of perpetrators fitted the current stereotype of abusers of children: strangers were in the minority - over 80% of children were abused by those known to them. Fathers constituted 2.5% of all abusers, with uncles (6.2%), cousins (4.4%), babysitters (4.4%), and brothers (3.7%) among the most common other perpetrators. Clerical/religious ministers or clerical/religious teachers constituted 3.2% of abusers, and non-religious/clerical teachers (1.2%). This profile made clear that apart from the broad conclusion that perpetrators of childhood sexual abuse are most likely to be known to the child and to be male, there are few other clues to identify likely abusers. Therapists are more likely to see those abused by particular types of abuser. For instance, while experiences such as sexual abuse by fathers are relatively rare, people who are abused by a close family member such as a father are more likely to seek therapeutic help than those abused by strangers.

**Perpetrators of Sexual Violence against Adults**

- Almost one-quarter (23.6 per cent) of perpetrators of sexual violence against women as adults were intimate partners or ex-partners. This was the case for very few (1.4 per cent) abused men. Instead, most perpetrators of abuse against men were friends or acquaintances (42 per cent) (see figure 4). The risk of sexual assault by a stranger was higher for adults (representing 30 per cent of assaults on women and 38 per cent of assaults on men) than for children.



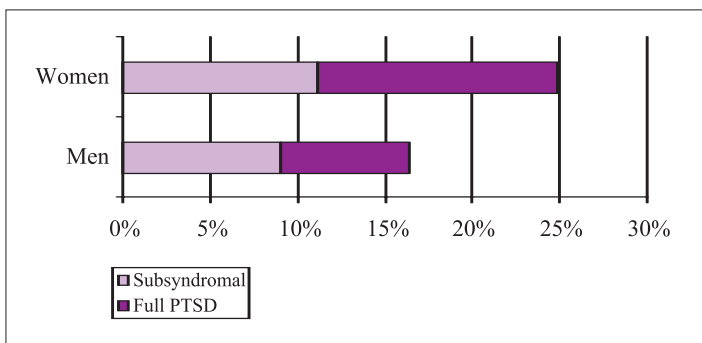


**Figure 4: Perpetrators of Adult Sexual Assault by Gender of Person reporting Abuse**

- Alcohol was involved in almost half of the cases of sexual assault that occurred as an adult. Of those who reported that alcohol was involved, both parties were drinking in 57 per cent of cases concerning sexual assault of women, and in 63 per cent of cases concerning sexual assault of men. Where only one party was drinking, the perpetrator was the one drinking in the majority of cases (84 per cent of female and 70 per cent of male assault cases).

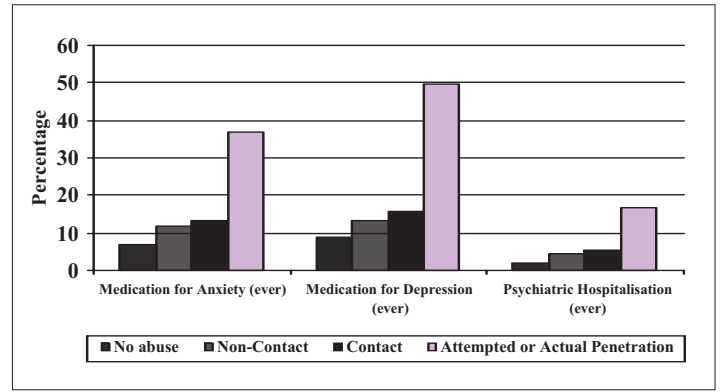
**Psychological Consequences of Sexual Violence**

- Approximately one in three (30 per cent) women and one in four (18 per cent) men reported that their experiences of sexual violence (either in childhood, adulthood or both) had had a moderate or extreme effect on their lives overall.
- A quarter (25 per cent) of women and one in six (16 per cent) men reported having experienced some symptoms (i.e. 'subsyndromal') or a full diagnosis of post-traumatic stress disorder (PTSD) at some time in their lives following, and as a consequence of, their experience of sexual violence (see figure 5).



**Figure 5: Percentage Experiencing Symptoms of PTSD by Gender**

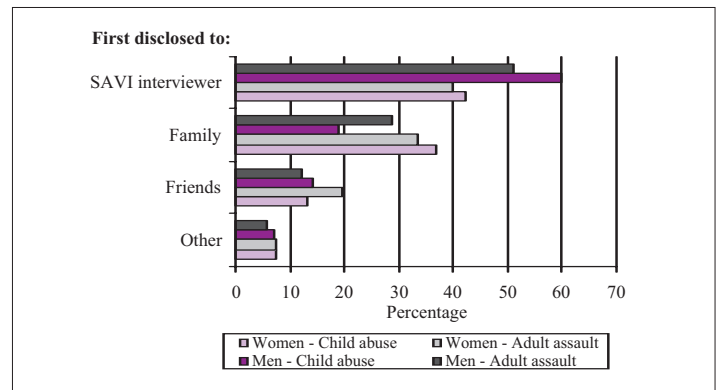
- Those who had experienced sexual violence were significantly more likely to have used medication for anxiety or depression or to have been a psychiatric hospital inpatient than those without such experiences. For instance, those who had experienced attempted or actual penetrative sexual abuse were eight times more likely to have been an inpatient in a psychiatric hospital than those who had not been abused (16% vs. 2%) (see figure 6).



**Figure 6: Percentage Utilising Mental Health Services by Type of Lifetime Abuse**

**Disclosure of Experiences of Sexual Violence**

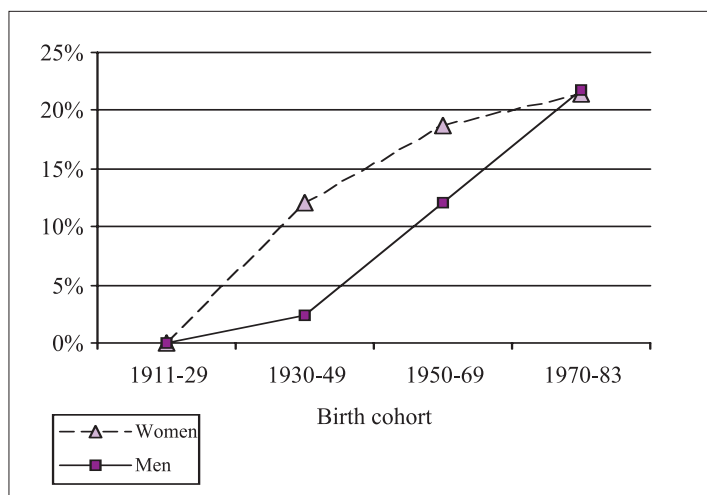
- Almost half (47 per cent) of those who disclosed experiences of sexual violence in this study reported that they had never previously disclosed that abuse to others. Thus in a study of over 3,100 adults, almost 600 people disclosed instances of abuse for the first time to another person. Most people who disclosed sexual violence did so to friends or family members. Family members were more likely to be told in the case of child sexual abuse (see figure 7).



**Figure 7: First Disclosures of Sexual Abuse by Gender and Type of Age of Abuse**

- Older people were generally less likely than other age groups to have disclosed to others in the past with one exception: most (60 per cent) young men who had experienced child sexual abuse had told no-one prior to the study.
- The most common reason people gave for not telling about their abuse as children was because of feeling ashamed or blaming themselves. A quarter of both men and women who had experienced child sexual abuse reported these as the reasons for not telling. These reasons were uncommon for those who had experienced sexual violence as adults. A fifth of adults had not disclosed sexual assault because they thought that what had happened to them was too trivial to tell others.
- Disclosure of sexual violence to professionals was strikingly low. Regarding experiences of adult sexual assault, only one man (of 98 abused, i.e. 1 per cent) and 7.8 per cent of women (19 of 244) had reported their experiences to the Gardai (i.e. 6 per cent overall those abused). Patterns were similar regarding experiences of child sexual abuse. Ten men (of 178) and 28 women (of 290) reported their experiences to the Gardai (i.e. 8 per cent overall of those abused). Disclosure to medical professionals was 6 per cent for adult abuse and 4 per cent for child abuse while disclosure to counsellors/therapists was 12 per cent with 14 per cent of women and 8 per cent of men disclosing to counsellors/therapists.

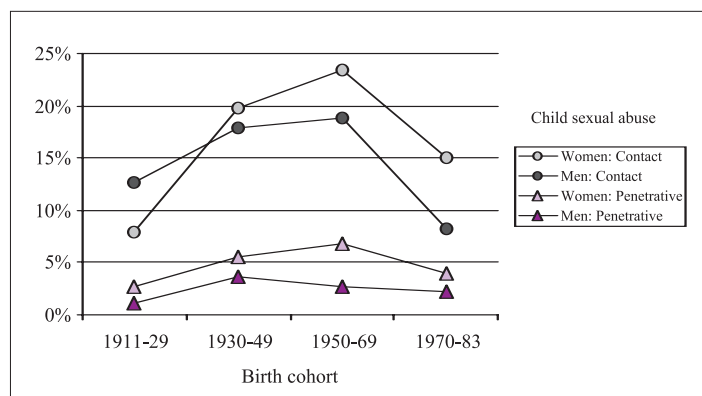
- The proportion of victims of child sexual abuse who reportedly attended counselling has risen consistently over the years. More than 20% of men and women from the 1970-83 cohort who experienced contact sexual abuse subsequently sought psychological help (see figure 8).



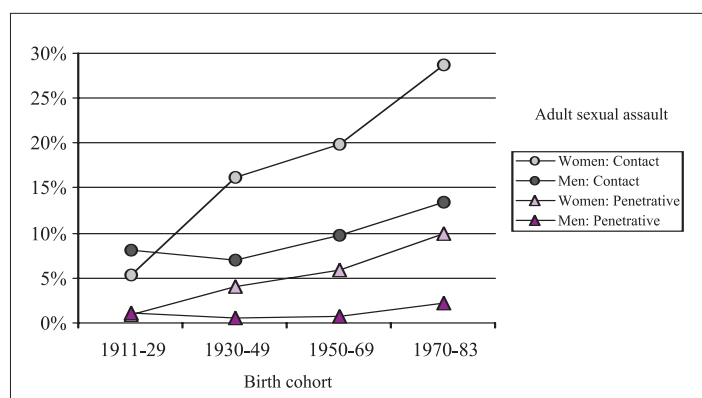
**Figure 8: Attendance at Counselling for Contact Child Sexual Abuse by Gender and Birth Cohort (% attending)**

- Regarding client evaluation of services received from professionals, overall satisfaction with services received was greatest for counsellors and therapists at 81 per cent. About half (56 per cent) of those who reported to the Gardaí were satisfied overall with the service they received with little differences for child or adult abuse. Those who received help from medical professionals were mixed in their ratings, with those who received services for adult sexual assault being almost twice as satisfied with the services they received than those with experiences of child sexual abuse (60 per cent versus 33 per cent).
- Lack of information from the Gardaí and medical personnel was the main source of dissatisfaction with services. Specifically, Gardaí were seen to provide inadequate explanations of procedures being undertaken, and medical personnel were seen as needing to provide more information regarding other available services and options. With regard to counselling services, time waiting to get an appointment was the major source of dissatisfaction.
- Legal redress for sexual crimes, as reported in this study, was the exception rather than the rule. Of 38 individuals who reported child sexual abuse to the Gardaí, six cases (16 per cent) resulted in court proceedings with four guilty verdicts. Of 20 people reporting adult sexual assault, two court cases (10 per cent) were taken with one resulting in a guilty verdict.
- The question of whether patterns of sexual violence have changed over time is complex in a cross-sectional study. In this study, reported prevalence of sexual violence was examined by cohort (i.e. those born in different decades). In terms of child sexual abuse, the pattern by cohort was curvilinear (see figure 9). Fewer of those in the oldest and youngest cohorts (i.e. those born in the 1930s and 1940s and those born in the 1970s and 1980s) reported being sexually abused as children than those born in the 1950s and 1960s.
- The patterns differed for adult sexual assault. Since many participants were in young adulthood, only patterns up to age 30 years could be robustly collated. However, in this young adult period, reported prevalence of sexual assault has increased across time with every subsequent generation from those in the 1930s reporting more abuse than the one before it. Thus rates of sexual assault in young adulthood (i.e. 18-30 years old) were highest in the youngest SAVI participants (those born 1970-1986) (see figure 10). These complex findings are suggestive of different contemporary patterns for child and adult sexual violence with

some evidence of a decline in rates of child sexual abuse but the opposite in sexual assault in young adulthood. These results need to be interpreted with caution and a follow-up study will provide important insights into possible changes in prevalence over time.



**Figure 9: The risk of penetrative abuse and all contact abuse of children by gender and birth cohort (% reporting)**



**Figure 10: Cumulative rate (%) of adult sexual assault up to age 30 by birth cohort and gender**

## Public Perceptions of Sexual Violence

The perceptions of all the participants were taken to represent the "public" perception of sexual violence in Irish society today.

### Public Perceptions of Sexual Violence

- Estimates of the prevalence of adult sexual assault and most types of child sexual abuse by the participants indicated that about half of those interviewed were quite inaccurate about the frequency of such events, either because they over-estimated or under-estimated them. Under-estimation was more common, with a third under-estimating the prevalence of rape among adult women and men, and child abuse by non-family members. However, participant estimates regarding the prevalence of incest were substantially higher than those reported in the present study.
- Participants significantly over-estimated the number of cases reported to the Gardaí (estimated 34 per cent women and 16 per cent men; actual percentages 10 per cent women and 6 per cent men) while correctly signalling the gender difference of men being less likely to report than women. Estimates of the likelihood of getting a conviction in court cases were similar to actual reports although actual reports relate to such small numbers that conclusions need to be drawn with caution.



## Perceptions of Probability of Disclosure

- When asked to judge whether they would tell others if they themselves were sexually abused, over a quarter of study participants said that they would be unlikely to tell family members. More (41 per cent) felt they probably would not tell friends. Regarding professionals, over a quarter (27 per cent) felt they would be unlikely to tell the Gardaí and almost a quarter were uncertain or thought they would not go to a counsellor. However, most (85 per cent) felt they would disclose to a doctor, with the added qualification that they would only do so if medically necessary. Men were more likely to think they would not disclose to all groups except doctors.

## Perceptions of Service Access

- Over a quarter of the group (27.6 per cent) reported that they would not know where to go to get professional help for sexual violence if they needed it. Men were significantly less likely than women to be able to identify where they could go for help and young adults of both sexes (those aged 18–24) were less likely than others to know where to seek help. Half of young men (i.e. under age 30) reported that they would not know where to find professional support or services.

## Public Beliefs about Sexual Violence

Beliefs about sexual violence were assessed with attitude statements about common rape beliefs.

- Some reported attitudes reflected more accurate views and views which are more supportive to those who are affected by sexual violence. For instance, almost all (92 per cent) agreed that “a date rape can be just as traumatic as rape by a stranger”; 85 per cent agreed that “a raped woman is usually an innocent victim” and 91 per cent disagreed that “child sexual abuse is usually committed by strangers”. On the other hand, four in ten (40 per cent) of study participants felt that “accusations of rape are often false”.
- Men were significantly more accepting of attitudes reflecting rationalisations or victim-blaming concerning sexual violence than women, particularly with regard to motivation for rape and sexual violence committed against men. Specifically, 47 per cent of men (versus 34 per cent of women) agreed that “the reason most rapists commit rape is overwhelming sexual desire” and 41 per cent of men (versus 27 per cent of women) agreed that “men who sexually assault other men must be gay (homosexual)”.
- Attitudes towards media coverage of sexual violence were predominantly positive with three-quarters (76 per cent) believing coverage was beneficial.

## Sexual Harassment

- Some form of sexual harassment was experienced at least once during the last 12 months by 16.2 per cent of women and 12.6 per cent of men. Being stalked in a way that was frightening to them was reported by 1 per cent of the participants.

## Marginalised Groups

- A large national telephone survey is a useful means of estimating levels of sexual violence for the general population. However, it cannot adequately reflect the experiences of marginalised groups in Ireland. This study selected a range of exemplar groups to illustrate the additional challenges that disclosure and management of sexual violence poses for marginalised groups. The groups selected were homeless women and their children, Traveller women, prisoners, women in prostitution, people with learning disabilities, and those with psychiatric problems.

## RECOMMENDATIONS

- **Recommendation 1:** That a comprehensive public awareness campaign on sexual violence be developed, delivered and evaluated in Ireland.
- **Recommendation 2:** That a range of information materials on services for sexual violence be developed and made available in appropriate settings and formats to assist those in need of such services.
- **Recommendation 3:** That barriers to the disclosure of sexual violence be addressed at the level of the general public, professionals and systems.
- **Recommendation 4:** That all those responsible for public awareness, educational, health-related or law enforcement service delivery on the issue of sexual violence incorporate information on vulnerability for specific groups in their activities. These groups include those abused as children, adult women and adult men, perpetrators of abuse, and marginalised groups.
- **Recommendation 5:** That the need for service developments be anticipated and planned on the basis of a comprehensive needs evaluation of evidence for medical, counselling and law enforcement services. This should take into account potential increases in service demand as a consequence of public awareness campaigns. Coordination of service development and public awareness strategies is essential. A service needs assessment should be conducted for those who have experienced or otherwise been affected by sexual violence, to include all statutory and voluntary agencies and to address both medical and counselling services.
- **Recommendation 6:** That a range of educational materials on sexual violence in Irish society be developed for relevant professionals; this to complement a national public awareness campaign. In addition, that regular assessment of the user perspective be incorporated into service evaluation and planning for improvement.
- **Recommendation 7:** That a systematic programme of Irish research is needed to inform, support and evaluate developments in addressing sexual violence in the coming years. This should include a regular national survey assessing public attitudes and experiences and critically evaluating changes in both over time.
- **Recommendation 8:** That a Consultative Committee on Sexual Violence be established with the responsibility and authority to ensure that recommendations arising from the SAVI Study and similar reports are acted on by relevant agencies within an appropriate timeframe. This Committee should represent the broad constituency of interests which can contribute to effective management of the societal challenge of sexual violence.

**Table 1: Prevalence of unwanted sexual experiences in childhood (i.e. prior to age 17 years)**

Sexual experience	Men		Women	
	%	n	%	n
1) During your childhood or adolescence did anyone ever show you or persuade you to look at pornographic material (for example, magazines, videos, internet etc.) in a way that made you feel uncomfortable?	6.7	(100)	2.7	(43)
2) Did anyone ever make you or persuade you to take off your clothes, or have you pose alone or with others in a sexually suggestive way or in ways that made you feel confused or uncomfortable in order to photograph or video you?	1.0	(15)	1.3	(20)
3) As a child or adolescent, did anyone expose their sexual organs to you?	12.5	(188)	20.6	(326)
4) During this time did anyone masturbate in front of you?	6.2	(93)	5.3	(84)
5) Did anyone touch your body, including your breasts or genitals, in a sexual way? <sup>a</sup>	11.2	(169)	14.9	(263)
6) During your childhood or adolescence, did anyone try to have you arouse them, or touch their body in a sexual way?	9.7	(146)	9.0	(143)
7) Did anyone rub their genitals against your body in a sexual way?	6.6	(99)	10.1	(160)
8) Did anyone attempt to have sexual intercourse with you?	3.0	(45)	4.6	(72)
9) Did anyone succeed in having sexual intercourse with you?	1.1	(16)	1.7	(26)
10) Did anyone, male or female, make you or persuade you to have oral sex?	1.1	(16)	0.9	(14)
11) Did a man make you or persuade you to have anal sex?	0.9	(14)	0.3	(5)
12) Did anyone put their fingers or objects in your vagina or anus (back passage)? <sup>a</sup>	0.6	(9)	4.4	(69)

<sup>a</sup> *When a man was being interviewed, a 'male' version of the survey was used; wording was identical to the female version shown above, except for the exclusion of words such as 'your breast' or 'your vagina.'*

**Table 2: Prevalence of unwanted sexual experiences as an adult (17 years or older)**

Sexual experience	Men		Women	
	%	n	%	n
1) Have you had an experience that did not involve actual sexual contact between you and another person, but did involve an attempt by someone to force you to have any kind of unwanted sexual contact?	7.9	(119)	18.6	(294)
2) Has anyone, male or female, touched your breasts or genitals against your will? <sup>a</sup>	7.1	(107)	15.8	(250)
3) Has a man made you touch his genitals against your will (aged 17 or older)?	1.1	(17)	6.2	(98)
4) Has a woman made you touch her breasts or her genitals against your will?	4.2	(63)	0.4	(6)
5) Has a man forced you to have sexual intercourse against your will? (By this, so as to be clear, we mean that he put his penis in your vagina)? <sup>b</sup>	NA	NA	4.3	(68)
6) Has anyone, male or female, made you have oral sex against your will? (By oral sex we mean that a man put his penis in your mouth or that a person, male or female, performed oral sex on you.)	0.3	(5)	1.3	(21)
7) Has a man made you have anal sex against your will? (By this we mean that he put his penis in your anus)	0.0	(0)	1.2	(19)
8) Has anyone put their fingers or objects in your vagina or anus against your will? <sup>a</sup>	0.5	(8)	2.5	(39)
9) Has anyone, male or female, attempted to make you have vaginal, oral or anal sex against your will, but penetration did not occur? <sup>a</sup>	0.9	(13)	3.3	(52)
10) Did you have any other sexual experience against your will that I haven't already mentioned?	2.2	(32)	0.0	(0)

<sup>a</sup> *When a man was being interviewed, a 'male' version of the survey was used; wording was identical except for the exclusion of words such as 'your breast' or 'your vagina.'*

<sup>b</sup> *Men were not asked this question in the survey.*

This is a summary of The SAVI Report: ***Sexual Abuse and Violence in Ireland.***

Book reference: McGee H, Garavan R, de Barra M, Byrne J, Conroy R. (2002). The SAVI Report. Sexual Abuse and Violence in Ireland. A national study of Irish experiences, beliefs and attitudes concerning sexual violence. Dublin: Liffey Press in association with the Dublin Rape Crisis Centre, 350 pages. ISBN 1-904148-10-7. The book is now out of print (Sept 2005). Pdf copy available to download from [www.drcc.ie](http://www.drcc.ie).

# SAVI Revisited

Long-term effects of disclosure  
of sexual abuse in a confidential  
research interview

2005

*Hannah M McGee, Rebecca Garavan, Collette Leigh,  
Catriona Ellis & Ronan Conroy  
Royal College of Surgeons in Ireland*

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## EXECUTIVE SUMMARY

### EXECUTIVE SUMMARY

- Undertaking research on sensitive issues such as trauma or violence has the potential to cause distress by asking participants to consider and/or relive difficult experiences. This is a serious ethical consideration for research projects on sensitive populations. Yet there is little evidence on the issue. This study aimed to ascertain the long-term effects, if any, of discussing personal experiences of sexual abuse as part of an unsolicited confidential telephone research interview.
- Three years after the SAVI (Sexual Abuse and Violence in Ireland) Project, samples of three groups were re-contacted (N=221): those who indicated they had not been abused; those who had experienced abuse and had reported it to others previously; and those who reported abuse for the first time as part of the SAVI interviews.
- Responses indicated that the experience of taking part was a good one: participants felt the questions asked were as expected (82%), that they could refuse to answer questions which made them feel uncomfortable (95%) and that their participation could benefit others (91%).
- A significant minority (25%) found the topic distressing/upsetting in the short-term but with none reporting these effects long-term and none proposing any changes in methodology which could circumvent such effects. Two in three participants who had disclosed abuse (68%) felt there was direct benefit for those affected in talking about their abuse while almost one in five of these (18%) reported finding the interview more painful than anticipated. Nonetheless, 92% overall were glad they had participated.
- The original follow-up calls were deemed helpful, particularly for those who had not disclosed their abuse before SAVI (72% vs 68% for those with previous disclosure and 55% for those who had not experienced abuse). Thus follow-up was most valued by those who were potentially the most vulnerable participants.
- This study has shown that the very difficult subject of sexual abuse can be discussed safely in a research interview. With appropriate safeguards, there can be much benefit for participants with transient rather than long-lasting upset for a significant minority of participants. This information can inform future ethical review committees in making decisions about research studies on sensitive issues.

## Chapter 1: INTRODUCTION

### Background to the Study

In recent years there has been an increase in clinical studies on the issue of sexual abuse. Researchers studying these populations experience numerous challenges [1]. The participants are in a vulnerable situation that demands special consideration and sensitivity on the part of the researcher. Opening up old memories and past traumas has been described as a Pandora's box phenomenon; it is argued that established codes of ethics do not adequately address the potential psychological harm resulting from research that evokes intense emotional reactions [2]. Some studies have reported that women experienced flashbacks, increased tension and loss of sleep as a result of a research interview [3-4]. However, while disclosure may cause distress, it might also be a cathartic experience, and participants may benefit in some way from their participation [5-7]. For instance, discussion with an external person (such as a researcher) may help to validate the inappropriateness of the abuse experience and the person's unique experience of abuse. In one mental health survey, where the issue of research impact was addressed, some participants reported that they experienced 'distress' (5%) or found the questionnaire intrusive (2.8%); however 35% said they felt 'good about themselves' afterwards [8].

However, there is little evidence of the short or the long-term impact of participation in sensitive research on vulnerable populations [9]. A confidential telephone interview of attitudes to, and experiences of, sexual abuse was conducted in Ireland in 2001 [SAVI: Sexual Abuse and Violence in Ireland [10]]. Evidence on the issue of researching sexual abuse can uniquely be obtained from this sample as it was a large sample (over 3,000 members of the public) and most of the sample who were re-contacted in subsequent days to ensure well-being (81%) gave permission to be contacted for further follow-up by the researchers. The aim of the present study was thus to ascertain the long-term effects, if any, of disclosure of sexual abuse to another person when that disclosure has been in the context of a confidential telephone research interview. In SAVI, as in other sensitive studies, participants had to some extent relive an experience of abuse by answering questions about it in an interview. This effect could be particularly notable for those who said that their first ever disclosure of abuse was during the research interview. One of the most notable SAVI findings was that almost half of all instances of abuse described (47%) had not been told to another person before the survey, i.e. almost 600 cases of abuse in a sample of just over 3000 people had never been spoken of publicly before the research study. This group is of particular interest in that the SAVI interview was the 'prompt' for a first discussion of personal experience of sexual violence with another person. In terms of considering research participant well-being, the SAVI project has already conducted an immediate evaluation of the impact of the research interview by having as part of the research protocol a call-back to those participants who agreed some 1-3 days after the original questionnaire.

### Aims and Objectives of the Present Study

The overall aim of the current study was to ascertain the long-term effects, if any, of disclosure of sexual abuse to another person when that disclosure has been in the context of a confidential telephone research interview. 'Long-term' is defined as 3 years after the initial interview. The original SAVI interviews were done in 2001 with the long-term study interviews conducted in 2004. The objectives were to compare the differential effects of a confidential telephone interview study about sexual abuse on three groups from SAVI: those who indicated they had not been abused; those who had experienced abuse and had reported to others previously; and those who reported abuse for the first time to another person as part of the SAVI study. The effects of most interest were whether the interview had a positive or negative impact on the participant's well-being and if the interview had any impact on their uptake of professional services.



## Chapter 2: METHODOLOGY

### Data Collection Format

Data collection was by anonymous telephone interview similar to the original SAVI. (For details of telephone survey advantages and protocols, see the SAVI Report [10]). This study received ethical approval from the Royal College of Surgeons in Ireland (RCSI).

### Sample Considerations

A sub-group of the original 3,120 SAVI participants were re-contacted by telephone. In the original study, 301 people (9.4%) asked not to be called back 1-3 days after the first interview. A total of 2206 follow-up calls were completed and permission was obtained from 81% to a follow-up call at a future time. This sample was the basis for the calls in 2004. Three sub-groups were of particular interest:

- Participants who did not report sexual abuse in the research interview
- Participants who reported abuse that had previously been disclosed to others
- Participants who reported abuse for the first time ever in the research interview.

The number needing to be contacted to ensure reliable statistical comparisons for post-traumatic stress disorder (PTSD) symptoms was determined as N=76 per group.

### Interview Schedule and Procedure

A dedicated interview schedule was devised to assess the long-term impact of research on sexual violence on participants.<sup>1</sup> To ensure high quality contact and continuity, all telephone contacts were made by one of the original SAVI researchers. Potential participants were telephoned, reminded about the original survey and their willingness to be re-contacted. The purpose of the current study was explained and those re-contacted asked if they would be willing to participate. Telephone numbers were randomly selected from the SAVI sample. Confidentiality and participant support procedures (including referral to counselling services) were followed as per the original study.

## Chapter 3: RESULTS

A total of 269 eligible SAVI participants were contacted for the follow-up study. There was an 82% participation rate; a very high response rate for a public survey in Ireland. Of 221 completed interviews, 149 were with women and 72 with men.

### Profile of Abuse

The types of abuse experienced by this sample of participants is provided in (Table 3.1). The information provided here is taken from the data collected from these participants in the original SAVI. The profile differs from overall patterns in 2001 since this follow-up focuses on three specific sub-groups.

**Table 3.1. Types of unwanted sexual experiences by age at abuse (child <17 years, or adult) categorised by most serious level of abuse experienced**

Most serious level of sexual abuse/ assault experienced	Childhood		Adulthood	
	Men % (n)	Women % (n)	Men % (n)	Women % (n)
No abuse reported	40.3 (29)	49.3 (73)	69.4 (50)	60.8 (90)
Abuse-not otherwise specified <sup>a</sup>	-	-	13.9 (10)	10.1 (15)
Non-contact abuse (child pornography)	5.6 (4)	0.7 (1)	NA	NA
Non-contact abuse (indecent exposure)	4.2 (3)	14.2 (21)	NA	NA
Contact abuse (no penetration)	38.9 (28)	24.3 (36)	15.3 (11)	18.9 (28)
Contact abuse (attempted penetration)	5.6 (4)	3.4 (5)	0.0 (0)	2.7 (4)
Contact abuse (penetration)	5.6 (4)	8.1 (12)	1.4 (1)	7.4 (11)
Total	100 (72)	100 (148)	100 (72)	100 (148)

<sup>a</sup> This category was created to account for any unwanted sexual experiences in adulthood which participants reported in an open-ended question and did not definitively fit into any of the other categories.

In this sample, half of the women (51%) and 60% of the men reported some level of abuse in childhood. Contact abuse was the most common form of abuse in both childhood and adulthood. Attempted or actual penetration (vaginal, anal, or oral penetration legally defined as rape) was experienced by equal numbers of boys and girls (11%). Penetration and attempted penetration in adulthood were experienced by 1% of men and 10% of women. In adulthood, 39% of women and 31% of men reported some level of abuse. Combining both types of abuse, 72% of women and 68% of men in this sample reported some abuse in their lifetime. The proportions of each type of abuse are similar to those reported in SAVI and confirm random selection of the two groups who experienced abuse from that dataset.

### Profile of those who did not participate in the Study

Because this study attempted to answer the question of whether or not participants were negatively affected by taking part in SAVI, a close examination of those who refused to take part was warranted. Those who declined to participate were not questioned further. However, unlike many studies that have no or very little information on those who declined participation, this project was a follow-up and so had available demographic and interview data from the original SAVI study. Analysis indicated that there was no significant difference in age or gender between those who did and did not participate. Considering lifetime abuse as reported in SAVI, a higher proportion of those who declined participation in the current study reported some form of sexual abuse than those who participated. The percentage who reported contact abuse in SAVI and declined participation was 45% (n=10), while the comparable percentage for participants was 38%. Furthermore, the percentage who reported penetrative abuse and declined participation was 23% (n=5) compared to 11% for participants. Since the actual numbers involved were small, the statistical power was too low to detect if these patterns reflected significant differences.

These findings overall *could* suggest that for a small number of those who participated in SAVI and reported sexual abuse at that time, their participating in that interview had been a difficult or a negative experience, and thus they declined to participate again. However, further exploration of other data provided in SAVI of those who reported an experience of penetrative abuse does not readily support the explanation of a negative interview experience. When asked how they were feeling immediately after the original interview, all said they were OK. One participant accepted referral information to a counselling service. At the time of the follow-up interview (conducted 1-3 days after the initial interview), all participants again said that they did not feel 'down or depressed, upset or worried' following the interview and all agreed to take part in any subsequent studies. Again, because the overall number of participants who declined participation in this three year follow-up was quite low, statistical analysis of this data has too little power to definitively determine if there were differences.

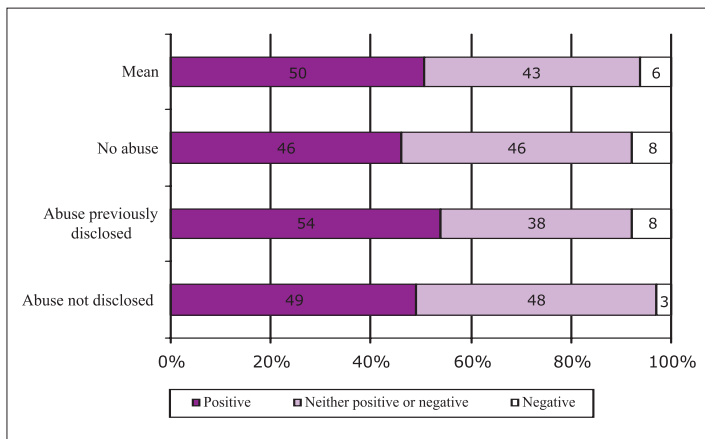
<sup>1</sup> Interview schedule available from research team [email: hmcgee@rcsi.ie]

**Effects of Participation in the SAVI Research Project**

**Telling Others about Participation in the Research**

Participants were first asked if they had told anyone that they had taken part in the interview. Overall, participants were equally likely to have told or not told others that they had taken part in SAVI (51% vs. 49% respectively). However, telling others about participation varied across the three groups. Those who had been abused but who had talked about their experience prior to SAVI were more likely to have talked to someone about taking part in the research interview (67%) than those who had been abused but had not disclosed their abuse to anyone prior to SAVI (45%), and those who were not abused (41%) ( $p < 0.01$  for both). If participants indicated that they had told someone, they were also asked to describe the reaction of others to their participation in the original SAVI. A response scale ranging from one to five was used, where one represented a 'very positive' response, three being 'neither positive or negative', and five indicating a 'very negative' response. Figure 3.1 displays the reaction of others to the participant taking part in SAVI (the original survey) across the three groups. Overall, slightly more participants described others' reactions as 'positive' than 'neither positive or negative' (50% and 43%, respectively), with few indicating it was negative. No-one reported that the reaction of others was 'very negative'. When comparing across groups, however, only the group who had previously disclosed their abuse found it to be a significantly more positive experience than one that was 'neither' (54% vs. 38%).

**Figure 3.1: Reaction of others to participant taking part in SAVI (n=109)**

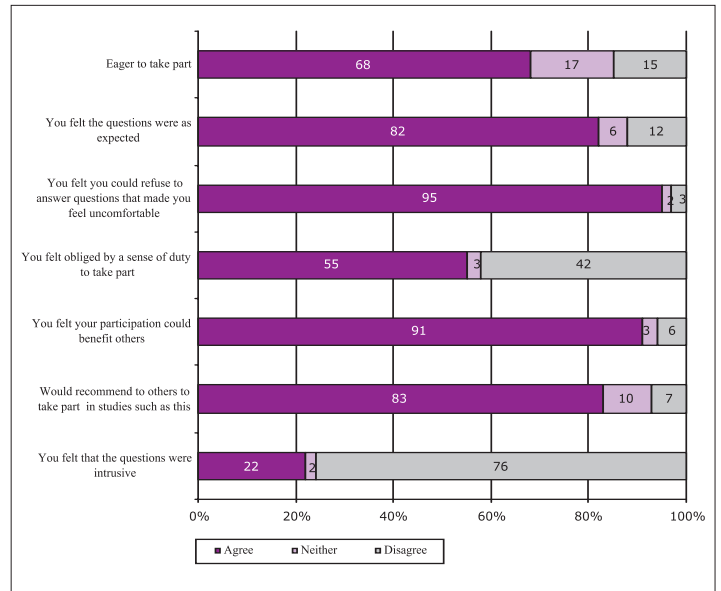


**Experience of Participation – The Research Process**

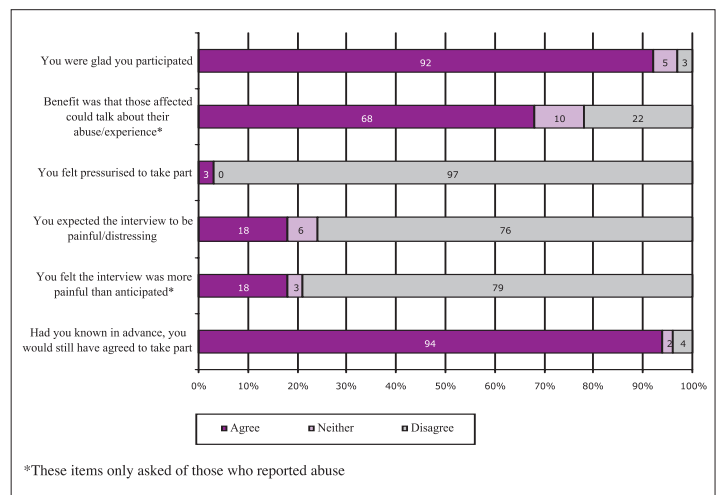
A list of statements regarding their experiences of, and feelings about, the process of taking part in SAVI was read to participants. Many statements were adapted from similar studies of sensitive research. Participants were asked to rate whether or not they agreed with each statement on a five-point rating scale, ranging from 'strongly agreed' to 'strongly disagreed'. Responses are presented in figures 3.2 and 3.3. Across groups and spanning all statements, responses indicated that the experience of taking part was a good one: they felt the questions asked were as expected (82%), that they could refuse to answer questions which made them feel uncomfortable (95%), that their participation could benefit others (91%). Most (83%) would recommend others to take part in such a study. This happened in a context where a significant minority (22%) felt that questions were intrusive and where 32% would not describe themselves as 'eager' to take part. About one in two (55%) felt a sense of duty to take part in a study on such a sensitive issue. In terms of feelings on taking part, many of the 22% of participants who agreed that the interview questions were 'intrusive' further explained that they felt that the questions asked in this type of interview needed to be intrusive if the researcher was to get the relevant information. Two in three participants who had disclosed abuse (68%) felt there was direct benefit for those affected in talking about their abuse with almost one in five of these

(18%) finding the interview more painful than anticipated. Reassuringly, 97% said they did not feel pressurised to take part in the study. Overall, 94% said they would still have agreed to take part had they known in more detail what was involved in advance. Responses from the three groups of participants were analysed separately. Significant differences emerged for only two items. Those who had been abused and reported it to others before SAVI were less likely than the other two groups to be "...eager to participate in the research interview" ( $p < 0.006$ ) and less likely to agree that they would "...recommend to others to take part in studies such as this" ( $p < 0.049$ ).

**Figure 3.2: Experience of taking part in SAVI research interview**



**Figure 3.3: Feelings concerning the experience of taking part in SAVI research interview**



As an ethical safeguard in the original SAVI protocol, researchers planned to make a follow-up telephone call with research participants approximately 1-3 days after the initial interview to check if the interview had caused distress in any way. To our knowledge, no previous study on sexual abuse had used this methodology. Thus a single question was included in the present study to assess how participants viewed this follow-up call. Participants were asked to rate how helpful these calls were, on a scale from one to five ('very helpful' to 'very unhelpful'). Most (65%) rated these calls as 'helpful or very helpful.' Almost a fifth (19%) did not remember the call enough and only one participant rated the call as 'unhelpful.' Those who had experienced abuse, particularly those who had not disclosed before SAVI, reported finding this call to be significantly more helpful: 72% who had never disclosed their abuse before, 68% who had disclosed their

abuse before and 55% who were not abused found it helpful. The strong positive response to this methodological innovation of 'follow-up' with participants following a sensitive interview seems to indicate that is most valued by those who are potentially the most vulnerable participants. A selection of comments by participants illustrates their observations:

***"The interview set you thinking about things and it was nice that they checked in afterwards."***

***"Great to know that we were not just part of research and forgotten about."***

***"Delighted that they didn't just abstract the information and leave you there. Glad they checked in on me."***

***"It [callback] assured me that the study was genuine."***

### Effects of Participation on Mood and Awareness

Participants were asked "What were the main effects of the interview [SAVI] on you?" It was indicated that the effects might be positive or negative. This open-ended question allowed for participant responses to be recorded in full. Table 3.2 illustrates the nature of the comments and the main themes that emerged from qualitative analysis.

**Table 3.2: Effect of the SAVI interview on the participant's life**

Effect	(n)	Themes
Neither positive nor negative — no impact	(111)	None; no effects; no clear memory of experience of taking part
Positive impact only	(71)	Created a greater sense of awareness; opportunity to talk about what had happened; brought closure; re-evaluated the abusive experience.
Negative impact only	(21)	Intrusive; brought up negative emotions and painful memories
Positive and negative impact	(15)	Glad to participate; new perspective on things but brought back negative memories

Most participants said that the interview had no real impact/effect on their lives. However, of those who did recall feeling either a positive or negative effect from the interview, the majority identified positive effects. Positive comments included:

***"It brought stuff [experience of sexual abuse] back up again, but it allowed me to get some closure." "I was very surprised that I had disclosed what had happened to me - that I had shared what had happened with a stranger...I felt reassured by the researcher – that allowed me to talk about a secret that I had only shared with a few people. I suppose that is healthy." "Enjoyed helping others – highlights the problem."***

The main themes in which any positive effects were mentioned (n=86) included:

- Felt glad to have been some help or had made some contribution
- Talking about an experience of sexual abuse had helped them personally in some way - by bringing closure, a new perspective, or simply the opportunity to talk to someone about their experience
- Increased their awareness of the problem of sexual abuse
- Felt the need to be careful about their own children
- Felt that participating may help future generations.

A small number of participants said that the interview had only a

negative effect on their lives (n=21). Negative comments included: ***"[The interview] brought up memories . . . very intense and [I was] a bit shocked -- but I was okay."***

***"Resurrected old memories."***

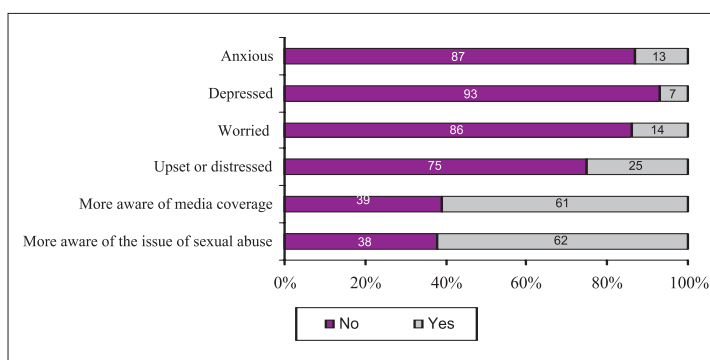
***"[I] felt bad about talking about 'it' over the phone—too personal."***

***I thought about it two or three times after and felt that I shouldn't have participated."***

The main themes that emerged for those who mentioned any negative effects (n=36) included:

- Received a negative reaction from others for taking part in the research
- Recalled old, painful memories (of the abuse experience)
- Felt anxious and upset afterwards
- Felt concern/worry about the authenticity of the call.

Following the open question regarding effects of the SAVI interview on their lives, participants were prompted with a detailed list of possible effects of the interview (see Figure 3.4). Participants were asked to indicate whether or not these effects arose as a consequence of taking part in the SAVI research interview. The effects queried were predominantly about negative emotions as a primary purpose of the study was to ascertain if the SAVI interview impacted in a negative manner on the participants. Most participants said they did not experience negative emotions such as depression or anxiety. The most commonly experienced emotion was 'upset/distress' with 25% reporting this effect. The main effect was on awareness of sexual abuse itself and of its media coverage (62% and 61% respectively). Participants who had not been abused and those who reported being abused but who had not told anyone were significantly more likely to report that taking part in the interview made them more aware of both the issue of sexual abuse itself (p<.05) and its media coverage (p < 0.05).



**Figure 3.4: Effects of taking part in original SAVI interview**

Those participants who indicated any negative emotion (n=82) were next asked if there was anything that could have been done differently in the study to prevent or minimise this effect. None felt that anything could have been done differently to prevent or minimise this effect. Seventeen participants further clarified their response with explanations such as:

***"They are my memories, my feelings, I have to deal with them, so 'no' you could not have done anything."***

***"... just brought it back up again - I was upset at the time, but if anyone had asked I would have been upset."***

***"Its just hard to talk about."***

***"Once you talk about it [sexual abuse] it is a natural reaction to feel a little down or upset but nothing major - just a little..."***



## Effects of Participation on Behaviour

Participants were asked if the original SAVI interviews had made them think or do anything differently. Specifically, participants were asked if taking part in SAVI made them worry that something bad could happen in the future to themselves or someone they knew. While two in three (64%) responded 'no', the remainder (36%) said that it had made them worry in this regard. Most worried about children (92% of the one third who said they worried), followed by friends (9%), relatives (7%) and themselves (4%). Participants were also asked if taking part in the interview had made them change their behaviour or normal routine in any way. Most (84%) stated that it had no effect. Those who indicated that it had changed their behaviour or normal routine (16%) were asked to outline the changes in an open-ended question. Responses were categorised, and three main themes emerged, all of which seemed to indicate positive behavioural changes:

- Talking to their children/grandchildren about the issue of taking more precautions regarding their safety  
***"I stopped the children answering the door and also told them not to speak to anyone they don't know."***  
***"More cautious with my daughter especially regarding leaving her alone with other males."***
- Changing their own behaviour regarding going out at night – less risk taking  
***"Never go to get a taxi alone."***  
***"Not walking home alone and not leaving drinks unattended."***
- Feeling their own awareness of the issue was raised to a more conscious level  
***"More aware of my surroundings."***  
***"No it didn't make me change my behaviour but I became more aware of the issue."***

## Effects of SAVI on Disclosure of Abuse to Others

Participants who reported abuse in SAVI were also asked if the interview prompted them to speak about their (abuse) experience(s) with someone they would not otherwise have spoken to about it. A third of the group (33%) said they had spoken to someone else. There was a significant difference between the two groups who had reported abuse, with 42% of those who had already disclosed their abuse prior to the SAVI interview talking to others after the interview compared to 25% who had never told anyone about their abuse prior to the interview ( $p < .05$ ). When asked whom they had told about their abuse experience, 42% had told a spouse, partner, or significant other, while 38% had told a friend, and 21% had told other family members. Six people (13%) (including four who had not previously disclosed abuse) said that they had told a health professional. Five of the six told a counsellor and one their doctor. While these numbers are small, they do indicate that following the interview, some participants were prompted to seek support that they might not have otherwise sought.

How others react to these 'first time' disclosures has been thought by clinicians and researchers to have a significant impact on how those who were abused manage or cope with their experiences. Therefore, those participants who told someone else about their abuse for the first time following the SAVI interview were also asked how this person reacted. Half (50%;  $n=9$ ) felt that they were believed and supported by this person; two indicated that the person's reaction was one of "shock" or "surprise"; three "couldn't remember" the other's reaction; and one indicated that their disclosure prompted a similar disclosure from a sibling. Participants were also asked about their experiences with counselling or therapy services since the SAVI interview. Ten participants had used these services in the intervening time period. Seven of these ten sought care with a private therapist and three used health board services. Six of the seven waited no more than one to two weeks from the

time they sought an appointment to their first counselling session. Three others indicated that they wanted to avail of services, but did not manage to get them. (When queried as to what prevented service uptake, all indicated that they themselves ultimately decided not to seek services.)

## Effects of the Abuse Experience on Mental Health and General Well-Being

A number of brief measures of mental health and well-being were made in SAVI and were repeated in 2004.

### Overall Effect of Abuse on Participants' Lives

All of the original SAVI participants who indicated that they had an unwanted sexual experience, either as an adult or a child, were asked how the experience affected their life 'overall,' on a five-point scale ranging from 'not at all' (1) to 'extremely' (5). This same question was also asked in 2004. The majority indicated that their abuse did not affect them long-term (79%), while 12% reported that it affected them a 'moderate amount' and 10% were affected 'a lot' or 'extremely'. Ratings were largely dependent on the type of abuse reported, with those experiencing more serious abuse rating their experiences as having a greater effect on their lives. For example, 36% of those who reported penetrative abuse rated their experience as having affected their life 'a lot' or 'extremely' compared to only 2.5% of those who experienced contact abuse (table 3.3). These profiles were very similar to the pattern in the original SAVI dataset.

**Table 3.3: Overall effects of abuse on participants' lives by type of sexual abuse reported (across lifetime) in 2004**

Type of abuse	Overall rating of effects of abuse		
	Not at all / a little %(n)	Moderate amount %(n)	A lot / extremely %(n)
Non-contact abuse	89 (25)	7 (2)	4 (1)
Contact abuse	89 (71)	9 (7)	2 (2)
Attempted penetration	55 (6)	27 (3)	18 (2)
Penetrative abuse	48 (12)	16 (4)	36 (9)

Comparing those who had and had not disclosed their abuse prior to the SAVI interview, a significant difference was found. Those who had previously disclosed rated the overall effect on their life as greater than those who had not (mean rating 2.0 vs. 1.6;  $p < .01$ ). As this question was asked in both 2001 and 2004, comparisons were made to see whether the ratings of how the abuse affected their life changed over time. A significant difference was found; a smaller percentage of the sample in 2004 rated their experience as having affected their life as 'a lot' or 'extremely' compared to 2001 (9.7% versus 14.2%, respectively) ( $p < .0001$ ).

## Mental Health Inventory

Participants were asked about their mental health over the last month using an abbreviated form of the Rand Mental Health Inventory (MHI-5) [11]. This consists of five items rated on a six-point scale, ranging from 'none of the time' to 'all of the time' (scores range from 0 – 30). The MHI-5 is a general measure of well-being and serves as an indicator of a wide range of psychological distress. There were no significant differences between those who had previously disclosed prior to SAVI and those who had not previously disclosed their abuse. MHI-5 scores were higher in 2004 than in 2001, indicating better psychological functioning in 2004 across all the groups (20.3 (SD 3.8) vs 15.4 (SD3.1),  $p < .0001$ ).

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## Receipt of Mental Health Care or Services

In the original SAVI, participants were asked whether or not they had ever been prescribed medication for anxiety or depression or ever received inpatient psychiatric care. In the current study, participants were asked about use since the original study. A total of twenty three participants had used medication for depression, sixteen for anxiety and three had received inpatient psychiatric care. Significant differences were found between those who reported experiencing abuse and those who did not. Only two participants who did not experience abuse reported using medication for anxiety and depression (one each), and none reported inpatient hospitalisation.

Comparisons were also made between those who had previously disclosed prior to SAVI and those who had not previously disclosed abuse. No significant differences were found on any of the three items.

## Post-traumatic Stress Disorder (PTSD)

In SAVI, participants were asked whether or not they felt they had experienced any of 17 different PTSD symptoms as a direct result of their abuse. Participants in the current study were asked about these same symptoms, and whether or not they experienced them since SAVI, and if they still experienced them. The majority did not meet PTSD criteria (80%) while 12% (n=8) could be classified as subsyndromal (i.e. having some symptoms) and 8% (n=6) as meeting full criteria for PTSD. No statistically significant differences were found between those who had disclosed their abuse prior to SAVI and those who had not.

## Chapter 4: DISCUSSION

Undertaking research on sensitive issues such as trauma or violence has the potential to cause distress by asking participants to consider and/or relive difficult experiences. It is a serious ethical consideration when ethical review groups consider whether to endorse research projects on sensitive populations. There is little research to guide researchers or ethical reviewers in these matters. This study aimed to ascertain the long-term effects, if any, of discussing sexual abuse as part of a research interview. In particular, the study focused on the experience of those who had previously experienced abuse including those who disclosed this abuse for the first time ever in the research interviews. The effects of most interest were whether the interview had a positive or negative impact on participants' well-being and if the interview prompted their uptake of professional services.

The response rate for this study across the three groups sampled was 82% - a very high response rate for a public survey. More importantly in terms of representativeness, participant characteristics did not differ significantly from those in the original study, and the proportions who experienced each type of sexual abuse were similar. When asked at the original follow-up call 1-3 days after SAVI, a small percentage reported being upset by the interview (2.9%). A further six participants indicated that they were worried, with six indicating that they felt 'down' (i.e. negative or depressed feelings) immediately following the interview as a result of the questions asked. However, all of these participants reported feeling 'ok' or better at the time of the follow-up call.

Three years later in the present study, when participants were asked in an open-ended question about the long-term effects of participation in the SAVI research interview, the majority indicated that it had no effect on them or they did not recall any specific effects. However, the next largest proportion of participants indicated that they felt the interview had only positive effects. When asked to specify what they were, the general themes that emerged were: that the SAVI interview a) created a greater sense of awareness about sexual abuse, b) offered an opportunity to talk to someone about what they experienced, c) brought some closure to their experience, or d) allowed them to re-evaluate their experience. A relatively small number of participants mentioned both positive and negative effects, with the main theme being that they were glad to have participated and gained a new perspective on their experience, but that it did bring back painful and negative memories. Very few participants felt that the SAVI interview had only a negative effect on them, again citing painful memories and negative emotions, and the intrusive nature of the study.

When asked directly if they experienced any negative emotions as a result of the SAVI interview, a quarter of the sample (25%) indicated that they were upset or distressed, while less than 15% indicated that it made them anxious, depressed or worried. However, when asked if there was anything that the researchers could have done differently to minimise or prevent these feelings, no participant suggested any alternatives. Several commented that nothing could be done – that this subject was just difficult to discuss. There were no significant differences across the three groups in terms of experiencing these negative emotions, indicating that those who had never disclosed their abuse previously did not feel any differently following the interview than those who had disclosed their abuse before.

Participants were also asked several questions that were based on similar studies of sensitive research to examine their experience of participating in the SAVI interview. Again, the vast majority indicated that the experience was primarily positive: nonpainful, valuable, and one that they felt they could choose to take part in or not. In fact, 94% agreed with the statement that "had they known in advance, [they] would still have agreed to take part." Slightly more than a fifth (22%) indicated that they felt the questions were intrusive, but also indicated that they felt the questions "needed to be" in order for the researcher to get accurate information. There were few differences between the three groups in their perceptions of the interview process. None of the differences suggested that the group who had never disclosed their abuse previously was more at risk of having a negative experience.

Other emotional or behavioural effects of the SAVI interview appeared to be minimal. While slightly more than a third (36%) indicated that it made them worry that something could happen in the future (with most concerned about children), the majority (84%) indicated that the interview did not prompt them to change their behaviour or normal routine in any way. Of those that did indicate some change in their behaviour, the effects were largely positive: taking more precautions regarding their own or their children's safety, and raising their own level of awareness.

Disclosure to others can be seen as an indicator of the level of comfort one has with a particular subject. The current study sought to answer two different questions regarding disclosure. Firstly, did participants tell anyone else about their participation in the study (separate from telling them about their abuse experience)? Half of the participants (51%) reported that they told others that they had taken part in SAVI. Of interest is the fact that those who previously disclosed their abuse to someone else prior to the SAVI study were more likely to tell others about their participation in the study and get a positive response from them than those who had never disclosed their experience. Secondly, did the SAVI interview prompt them to talk about their abuse experience with someone that they otherwise would not have spoken to about it? Only a quarter of those who had not previously disclosed their experience (25%) reported that they subsequently disclosed their abuse to others following the SAVI interview. This is compared to 42% of the group who had already discussed their abuse with others, indicating that those with prior experience of disclosure were more likely to disclose again. Most participants of both groups disclosed their abuse to a spouse, partner, significant other, or friend and felt supported by this person. Of interest is the fact that of the few that disclosed to a professional (n=6), four participants were of the group that had never disclosed to anyone prior to SAVI. While the numbers are small, they do indicate that the SAVI interview had the effect of prompting a few to seek professional support that they might not have otherwise.



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Measures of well-being and mental health indicated that most participants were doing better than they were in 2001. Ratings of how their abuse experience affected their life “overall” indicated that fewer participants in 2004 felt that it affected them a great deal than in 2001. However, more than a fifth of participants (22%) still felt that their experience affected them “moderately to extremely”. Similar to the previous SAVI findings [10], those who experienced more serious forms of abuse (e.g., penetrative abuse) were more likely to rate that they were more affected by the experience. Also, those who disclosed their abuse prior to SAVI were more likely to rate their experience as affecting them more than those who had never disclosed their abuse. A general measure of well-being, the MHI-5, indicated improved functioning over time, with all groups indicating a greater sense of well-being. In comparing those who had experienced abuse with those who had not, a significantly greater percentage of those who were abused had been prescribed medication for depression or anxiety, or had an inpatient psychiatric hospitalisation, in the three years following the SAVI interview. In examining the symptoms of PTSD, a fifth (20%) of those who were abused reported experiencing at least a subsyndromal level of symptoms, with 8% of them meeting the full criteria for a diagnosis of PTSD.



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## CONCLUSION

In conclusion, in this follow-up study on the long-term effects of participation in a confidential telephone interview about experiences of sexual abuse, most participants reported either no effects or positive effects. Although up to 25% of the sample felt upset/distressed following the interview, very few long-term negative effects were reported. There was no disimprovement in well-being in 2004 on a number of measures – in fact there was some improvement. These findings of little negative impact are similar to those found in previous research [12-15]. In addition, this research found that the potentially most vulnerable group – those who had been abused but had never disclosed their abuse prior to the SAVI interview – were not affected differently by the research.

The fact that 94% of the overall sample would still have agreed to take part after knowing what the interview involved supports the contention that the participants were not harmed by the interview process, and indeed, perceived some benefit. As Walker et al. suggest “evaluating subjective distress alone is not sufficient to judge the impact of a sensitive questionnaire as most women appear to be willing to experience some distress and still perceive benefit from participation” (p.408) [7].

The fact that the SAVI interview was structured with several safeguards may explain some of these positive findings. In keeping with ethical guidelines and recommendations from previous research [2, 3,5,16], participants were well informed in advance about the types of questions they would be asked, were reminded that they could stop at any time, were monitored for distress during the interview, and were offered professional services if deemed appropriate. The research team were also highly trained, supported and monitored. Thus, despite the recollection of painful memories, participants cited several benefits, including a greater sense of awareness about sexual abuse, an opportunity to talk to someone about their experience and re-evaluate it, and a sense of closure for some.

More generally, the study indicates the value of ‘talking’ about painful or sensitive personal issues. In this context, talking about one’s experience of sexual abuse even when prompted by an unsolicited telephone call from a stranger, was found to have benefit. While one research interview can in no way be considered equivalent to counselling, and indeed research interviewers were trained to a specific interview protocol which did not involve *ad lib* counselling responses, some of the elements of counselling are clearly inherent in the research process – the non-judgmental questioning and focus on the perspective and experience of the person being interviewed, for instance. The ‘unexpected’ benefit of counselling experiences has been noted in previous Irish studies. For instance, many people who were infected with hepatitis C through contaminated blood transfusions have noted the benefit of availing of counselling services provided by the State as part of a healthcare arrangement for them [17]. For many this benefit was noted as being unexpected with many saying they attended services reluctantly and only because they were encouraged by others in a similar situation. In terms of the benefits of counselling, in another recent Irish study of 268 adult users of a general counselling service for childhood abuse (the National Counselling Service), 83% said counselling helped them deal with the difficulties they consulted for, 80% said it increased their confidence, 78% reported becoming a more independent person and 81% felt it improved their ability to make choices in life [18]. This general message of the value of sharing difficult experiences needs to be communicated more effectively to the wider public.

From SAVI, we know that only 12% of those who were sexually abused attended counselling, and only 53% of those who had experienced sexual abuse have disclosed the fact to others. Social psychologist Shelley Taylor has promoted the theory that humans ‘tend and befriend’ under stress and she has outlined clearly the evolutionary and also contemporary psychological and physiological advantages of this response [19]. The SAVI figures show that there is a long way to go to promote the sharing social stress concept in Ireland, both at the level of sharing difficult experiences with any other person and at the level of providing professional counselling services.

This study has shown that the very difficult subject of sexual abuse can be discussed safely in the specific context of a research interview. With appropriate safeguards, there can be much benefit for participants with some but not long-lasting upset for a significant minority of those taking part. The information adds to the research community’s knowledge about the impact of their research interventions. It will hopefully inform ethical review committees in making decisions about future research studies. It also provides significant reassurance to those providing services to those who have been sexually abused – that their wish to learn more about sexual abuse to assist in preventive efforts, in treatment and in raising awareness and resources is not being achieved in a way that further traumatises those they seek to serve. Through each of these avenues, it is hoped the study can contribute to preventive and treatment efforts concerning sexual violence in Ireland and beyond.



**The Dublin Rape Crisis Centre**

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*Healing the trauma of  
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**The Dublin Rape Crisis Centre**

70 Lower Leeson St., Dublin2.

**FREEPHONE: 1800 77 88 88**

Tel: 661 4911 • Fax 661 0873

Website: [www.drcc.ie](http://www.drcc.ie)

Email: [rcc@indigo.ie](mailto:rcc@indigo.ie)