

**Rape Crisis Network Ireland (RCNI) Submission to
Cosc: the National Office for the Prevention of Domestic,
Sexual and Gender Based Violence on the development of the
National Strategy on GBV 2015 – 2020**



May 2014

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Introduction.

Sexual violence (SV), and indeed all forms of gender based violence (GBV), are very deep rooted in our society. The responses for victims, prevention and societal change to end sexual violence requires leadership and a range of skilled and dedicated expertise. There can be no doubt that adequately responding to victims and preventing further crimes of sexual violence against children, women and men, requires an ambitious National Strategy, strong leadership, appropriate structures, statutory commitment, secure funding for frontline services and the sufficient resources to implement a strategy which aims to tackle sexual violence in a meaningful way.

Rape Crisis Network Ireland (RCNI) welcomes the opportunity to participate in a review of the current strategy and participate in the development of the next national strategy. The Department of Justice and Equality, and in particular Cosc, are to be congratulated in achieving the production of a thoughtful and informed strategy 2010 to 2014, and striving to secure implementation to the greatest extent possible across multiple government offices and other partner agencies. Formulation of this submission includes RCNI longstanding and ongoing engagement on this issue as well as knowledge and analysis arising from recent examination of and meetings and conversations with a range of civil servants and/or staff across government Departments and agencies, involved in:

- Dept. of Children and Youth Affairs, Better Outcomes, Brighter Futures,
- Tusla, National Programme Lead on DSGBV, Tusla Statement of Purpose Consultation,
- Department of Education & Skills: Curriculum & Policy Unit, PDST, Action Plan on Bullying,
- Department of Health: NS on Substance Misuse, and Sexual Health (imminent)
- the HSE – in particular Healthy Ireland, Health & Well-Being, Health Promotion, Crisis Pregnancy Programme,
- Department of Justice: Cosc, Equality Section, An Garda Síochána (AGS), Probation services.

In addition to reviewing the current international knowledge and context on GBV, RCNI also harnessed the expert input of RCCs throughout the country, though multiple mechanisms including: a dedicated consultation meeting with RCC Managers, on-going discussions with a range of RCC staff and volunteers in contact with the RCNI office, staff and projects on an on-going basis and a review of useful data from the RCNI knowledge and data gathering systems.

The significance of a National Planning.

It is increasingly recognised internationally that every country/state requires a National Strategy (NS) or a National Plan (NP) on GBV, that this is critical in addressing violence against women in any meaningful manner. A set of broad guidelines are increasingly common in

guiding the formation of same and the following are drawn having considered the Beijing Platform for Action, UNIFEM, Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul convention), European Parliament's Overview of the worldwide best practice for rape prevention and for assisting women victims of rape, the Victims Directive, CEDAW, various resources developed by the Centre for Disease Control (US), NSVRC (US), UNWomen, WHO, and End VAW (UK):

- Developing an integrated, holistic, comprehensive, approach to address the range of inter-related needs and the rights of women and girl survivors,
- Ensuring that both Responses to and Prevention of VAW is encompassed in all relevant policies and programmes
- Building multi-sectoral approaches, specifying the respective roles of state and non-state organisations
- Setting out principles and agreed definition,
- Costed concrete goals and the actions
- Appropriate financial measures
- Timelines and actors/agencies with responsibility and competence to carry out the actions
- Monitoring and accountability mechanisms
- Establishment of a coordinating body
- Support data collection and research. Data combined with analytical capacity and research are increasingly recognised as a foundation of National Strategies.

Reviews of National Plans, such as these exist, find:

- Insufficient focus on forms of VAW other than DV - Insufficiently comprehensiveness in definition
- Absence of indicators and monitoring
- Lack of allocated budgets.

The Irish context.

Ireland is in some ways 'ahead' when considered against the 28 EU member states, in that Ireland has a National Strategy to drive delivery of the strategy, a high-level interagency committee to advise this office - including a wide range of statutory and NGO agencies, a monitoring and over-sight structure and specialist frontline services responding to victims with over 30 years expertise. The current National Strategy development phase engaged with a very wide range of agencies involved in addressing GBV as well as including interviews with survivors. The definitions are clear and for the first time many statutory agencies were identified as having a role in GBV. It can be said therefore that the Irish Strategy 2010 to 2014 in fact adopted many of the best practice guidelines, sought to be specific and measurable and

included monitoring mechanisms. Having achieved so much in terms of establishing a National Strategy why is it that there is a sense that something has not been achieved, or even some discontent at where we are now, some five years later?

The institute for Public Administration (IPA) midway Review of the strategy broadly identified that there was progress, although this was slower than planned, that bi-lateral and other structures were generally welcomed by Statutory agencies involved, improved relations between statutory players was recognised – with the exception of the HSE which had a very large role in implementation. The HSE was in fact singled out in the midway review as weak in delivery of its responsibilities.

With regards to RCNI's analysis, it is important to acknowledge that some of the successes in the context of the national strategy are not all explicitly visible to NGOs, as progress occurred at bi-lateral meetings between statutory agencies or within statutory agencies in ways that were not always visible to external agencies. The Progress Reports indicate many actions implemented and completed – however, a closer examination of many of these items quickly reveals that the actions achieved are a long way from the original outcomes intended. In just one example of same: A Training Committee, which was a requirement under the Strategy, was never established. Just one impact of this was the on-going dilution of training actions. The range of training across the broader Community and Voluntary Sector - achieving the dual outcome of raising awareness of GBV, increasing the climate of disclosure and building inter-agency collaboration likely to result in better cross agency referrals, never took place. However, the actions are deemed achieved because an on-line 'Training Pack' was produced. An examination of this pack demonstrates that it is not, in fact, a training pack, it is an information resource - which is useful as such. Yet it is not a substitute for the delivery of focused training, by specialists, in an inter-agency group setting, with clear learning outcomes for all participants.

There is a sense, which in many instances reflects a reality, that many of the target actions became watered-down in what was ultimately achieved for such an ambitious strategy. It can be said that while actions have been implemented, activities undertaken, successes achieved, there is a level of frustration with where Ireland is now regarding GBV. This could result in making a tactical decision to adopt a much more measured strategy next time around, to focus solely on what could be achieved in 'the current context' of decreasing public budgets. **It is important to put on the record that whilst such an approach may deliver, in terms of reaching realistic targets, it would be nothing less than a spectacular failure in terms of what Ireland requires to provide a meaningful response to victims of sexual violence. Sexual violence, and all forms of gender-based violence, can be addressed and can be ended. The devastating impact of crimes of sexual violence on individuals, and their families, can be greatly mitigated through expert, victim-sensitive responses. A strategy which does not set-out to achieve this is a strategy which fails children, women and men in Ireland. This failure is not just a failure by government, civil servants and the state, it is a failure by Irish society as a whole.**

Lessons learned from the current National Strategy 2010-2014 on Violence Against Women.

The actions in the plan were never costed and no new budgets were allocated– it was assumed actions would progress from within existing budgets – and then those budgets began to shrink and evaporate. It could also be said that the definition of Sexual Violence adopted in the *HSE Policy on Domestic, Sexual and Gender-based Violence*, which had a substantial role within the National Strategy, was overly restrictive at that time, recognising Sexual Violence in the context of the family only, thus adding further blinkers and limits to a meaningful strategy.

RCNI observation on factors which had negative impact on implementation of the National Strategy 2010 - 2014 include:

- Absence of costing of actions: agencies with responsibilities were identified, however this was not a substitute for identification of resources required in these locations which is a separate exercise
- Absence of allocated of new/additional budgets required for new structure and key actions within strategy
- Gaps in capacity – including gaps in skills and expertise required on key committees and in offices which were identified as having a responsibility within the strategy
- Dilution of actions in order to meet targets in the absence of resources: eg: Training Committee never established, range of training across broader C&V sector and health sector reduced to an online information pack which is not fit-for-purpose
- Insufficient differentiation of what lies within Primary and what is really Secondary Intervention in the model adopted in the Strategy, resulting in further dilution of Primary Prevention actions. This is a common error in National Strategies on VAW.
- Failure to reassess feasibility once 'austerity measures' introduced
- The absence of Annual Action Plans and Annual Review Process. The plan clearly included time scales, however, as a general drift set in perhaps a more effective mechanism was required which engaged a more focused approach to the connection between the intended outcomes and what was in fact achieved.
- Scope of the Strategy. RCNI have raised with the NSC the question of whether the Government Strategy is correct in limited its scope to Adults, and if a more strategic approach would take on board the considerable evidence based (added to most recently in the Irish context by the RCNI) regarding the fact that older children - specifically older girl children - are more likely to experience sexual violence crimes with features more closely associated with SV against adult women than younger children. This would equally open the scope of the strategy to engage in much more early intervention, in terms of life-cycle, with a potentially greater impact. This would also take cognisance of the levels of SV perpetrated by older children - ie, older boys, and include earlier prevention work with this

cohort. If the National Strategy on VAW is not amended to include older teenagers Cosc must ensure that other strategy locations successfully include an explicit focus on GBV - for example the Department of Children and Young People and the Sexual Health Strategy (imminent) within the Department of Health and a joined-up approach is then required. In addition if this national strategy is to be the whole of government location tasked with prevention of DSGBV it must engage from 0 to the grave to be fit for purpose.

- Inadequate leadership. It is likely that as more National Strategies are reviewed the significance of 'leadership' or political priority, will emerge as an issue. The importance that a Strategy has, its ability to secure additional resources and/or retain existing resources, is to a large extent determined by the priority an issue is given by the state/statutory structures. An easy measure of the significance of an issue is the attention, if any, given to the issue, by senior members of the Government. It is worth noting that in the USA and the UK the issue of GBV has recently been allocated senior attention – the UK strategy for example is over-seen by an Inter-Ministerial Group (reflective of the cross-cutting nature of the issue) chaired by the Home Secretary – the Home Secretary is one of the most senior positions in the UK cabinet.

A further example of lack of leadership was visible in the failure to safeguard resources that were important to the Strategy and to GBV in Ireland. For example: Under Action 19.1 of the strategy, Cosc is the lead agency to “work with all relevant organisations to develop and improve domestic and sexual violence data including data collected for administrative and research/policy purposes”. During the lifetime of the strategy specialist sexual violence data collection and expert analytical capacity, as delivered by RCNI, was recognised in an internal Cosc report as a model of good practice, amidst a dearth of same. (While the report has not been made public it is another important example of actions delivered by Cosc.) However, core funding to secure the SV data set and analytical capacity became so insecure during the lifetime of the strategy that the entire system is now increasingly unsustainable. The value of this dataset as a whole was under-appreciated, at the expense of viewing the problem as lying only with the statutory office responsible for the governance arrangement. The very whole of government office that identified this resource as a model of best practice failed to take any leadership role in securing its sustainability. A strategy and leadership which cannot secure one of the exceptional data sources available to inform multiple government locations on SV is a strategy which insufficiently values high quality data and evidence-based policy and responses and which delivers insufficient leadership.

- Statutory move towards a 'tendering' of areas of work in NGO funding, increasing a competitive environment amongst resource starved NGOs. This direction was adopted at a time when the IPA midway review identified insufficient co-operation as an on-going concern and has added to a competitive environment for frontline services and other SV NGOs. Commissioning is not conducive to enhancing inter-agency collaboration when the wider environment is one of decreasing resources for frontline services. Where projects are already provided by an agency with expertise, Tusla's commissioning strategy

acknowledges that governance and funding can be addressing via existing contractual arrangements.

- Perception that ‘reconfiguring’ of front line services can in some-way off-set the impact of year on year cuts occurring in an already resource-starved sector. This is likely a reflection of an on-going reluctance to recognise the budgetary allocations required to provide adequate services, adequate prevention programmes and secondary interventions. This in turn is likely an on-going lack of really recognising the impact that GBV has across Irish society and the measures required to address this.
- Perception that expertise in data collection and analytical capacity can simply be transposed to another location with no background, skill, capacity or expertise in same. This is a reflection of a lack of capacity in data collection and analytical skills and simplistic understanding of what is in fact required to collection reliable, expert, usable data and carry out analysis.

Going Forward - Leadership & Structures.

At a recent meeting of the NSCVAW discussions on a new national strategy included consideration of leadership - whether a senior minister should be actively involved - either through chairing the NSC or involvement in over-sight of monitoring. The midway review of the current strategy by the IPA introduced the option of connection to the Cabinet Committee on Social Policy, which is chaired by An Taoiseach and includes membership of all of the Government Departments with responsibility for GBV actions. RCNI has briefly referenced above the seniority given to National Strategies and Programmes on GBV - which reflects how far reaching these programmes and strategies must be if change is to be secured.

At the very least an exercise must be undertaken to identify a way to secure much higher level priority in the current and future cabinets for tackling and ending GBV. A combination of responsibility attached to the Minister for Justice, combined with linkage into the cabinet committee on Social Policy in terms of oversight, might deliver same. RCNI recommends that this is addressed as a priority by Cosc and the Minister for Justice and Equality.

The experience of targets ‘drifting’ arising from inadequate resources and gaps in expertise may be better addressed through the inclusion of an annual review and annual plan cycle.¹ These should be priority items on the agenda of the NSC. Review reports, which equally report blockages or barriers to progress are more helpful that reports which report achievements of very diluted outcomes.

Committees tasked with actioning aspects of a new national strategy must ensure that the right expertise is reflected in the membership and that gaps in expertise are addressed. The Legal

¹ Such as the UK government annual Action plans on *A call to End Violence against Women and Girls*

Issues Subcommittee of the NSCVAW remains a model of good practice in this regards.

Sexual Violence crimes take place within our cultural. It is recognised that SV is a pandemic and endemic presence in our society. SV is facilitated by aspects of our social order and reinforcing of those same structures. Therefore, a response to sexual violence must identify those aspects of our culture which provide the conditions for GBV - and transform these .²

Indeed legally, states, *'have to pursue by all appropriate means and without delay a policy of eliminating VAW, which entails adopting all appropriate measures ... to modify the social and cultural patterns of conduct of men and women...'*³ There are a number of important principals which must therefore inform a national strategy and leadership:

- A gendered approach matters⁴
- It is insufficient to approach a response to sexual violence and indeed other forms of gender based violence through our responses to individuals at risk or harmed by GBV crimes. Indeed to respond **only** to the individual who is at risk or victimised is not only insufficient but it is complicit.

RCNI has loosely structured our submission below from the High Level Goals as adopted in the current strategy in order to include a range of analysis and recommendations to inform the development of the next national strategy. Recommendations are highlighted in purple.

Section 1 Primary Prevention.

The first DSGBV strategy helpfully made the distinction between primary and secondary prevention. The 2nd strategy needs to build on this start. Challenges for the first strategy in this area was a lack of capacity within the strategy itself, statutory and partner agencies to understand and action the implications of that distinction⁵. An explicit and expert-led focus on primary prevention is essential and urgently required. **RCNI strongly recommend that primary prevention should be a distinct high level goal rather than merged with secondary**

² United Nations, Human Rights Council (UNHRC), Report of the Special Rapporteur on Violence Against Women, Yakin Erturk. Intersections between culture and violence against women. 17 January 2007. A/HRC/4/34. Available at: <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G07/103/04/PDF/G0710304.pdf?OpenElement>.

³ United Nations Convention on the Elimination of all forms of Discrimination Against Women, art. 4, 1 March 1980, 1249 UNTS 13, IRL TS 1985.

⁴ In April 2014 the Special Rapporteur on VAW wrote a report following a country mission to the United Kingdom. Many of her observations are applicable in the Irish context. Ms Manjoo drew attention to the negative impact of a shift to gender neutrality which disregarded the need for special measures which recognise difference and which also recognise that women are disproportionately impacted by violence, inequality and discrimination, to the detriment of gender specific initiative and programmes.

⁵ This is understandable given the concept and definitions were newly emerging at the time of the drafting of this first strategy.

prevention.

Primary prevention must be grounded in analysis of the cultural context within which DSGBV happens. Currently that context includes a very stark gendering of roles with regard to sexuality, sexual relationships, sexual roles, sexual norms, consent and relationships⁶. This has been described as sexualisation and pornographication shaping expectations of masculinity, femininity. Young people live in a socially networked, internet driven, image driven world that is highly sexualised and highly gendered in terms of the portrayal of gender stereotypes in imagery. **Prevention therefore needs to address harmful gender role messaging within this culture and also equip the population, in particular children and young people, to be critical consumers of their culture⁷**. In an Irish context this is further complicated by Ireland's binge drinking culture⁸ and tolerance levels towards alcohol associated violence generally.

Lessons learned from 2010-2014 strategy.

Primary intervention was translated into a High Level Goal to *'promote a culture of prevention and recognition through increased understanding of DSGBV'*. While the actions pursued towards achieving this high level goal could impact primary prevention they were not in themselves primary prevention as they focused on a response to DSGBV rather than prevention of same. Much activity under this HLG involved awareness raising targeted at survivors to support them to identify the crime that had already happened to them and alert them to services available to them. The actions under this HLG were, perhaps understandably, confused, problematic and at times contradictory from the start. The implementation of HLG 1 suffered from a lack of the capacity, specialisation and skill set which was required for leadership in primary prevention. The expert advisory structure to support this HLG became diluted, directionless and inexperienced. In the absence of clarity of definition of Primary Prevention, the national coordination of resources available to support prevention work nationally became a bureaucratic concern for cost and quantity/awareness raising rather than strategically planned and evaluated on indicators of impact. There was a lack of responsiveness to changing culture, emerging evidence and learning.

Structures to effect Primary Prevention.

While secondary prevention is essential in terms of the state meeting its many obligations to

⁶ Rape Crisis Network Ireland (2014) *Young people, Alcohol and Consent: What's Consent got to do with it?*, RCNI.

⁷ European Parliament, DG for Internal Policies, (2013) *Overview of the worldwide best practice for rape prevention and for assisting women victims of rape*.

⁸ World Health Organisation (2014) Global status report on alcohol and health, WHO. Available at: http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf?ua=1. This report found that 39% of all Irish people aged 15-years-old and over had engaged in binge drinking, or "heavy episodic drinking", in the past 30 days. This puts Ireland just behind Austria (40.5%) at the top of the 194 countries studied and well ahead of our neighbours in Britain (28%).

those at risk and victimised by perpetrators of DSGBV it is insufficient to satisfy the state's duty to address DSGBV.⁹ While much of secondary prevention activity can be expected to result in primary prevention benefits they do not meet the State's obligation to identify and transform culture that is linked to violent practices (CEDAW).

In an assessment of the policy and practice landscape of overlapping whole of government responses, operational agencies and frontline delivery, it is clear that various secondary prevention initiatives have dominated activity and at the same time we have lost sight of primary prevention (see Table below).

At this point RCNI feel that **the capacity, skill set and resources for primary prevention need to be clearly delineated and separated from functions and structures whose principal concerns are delivering comprehensive early intervention, secondary prevention and responses.** RCNI conclude that it is now critical that a whole of government location expertly and consciously lead on primary prevention in DSGBV.

⁹ United Nations Convention on the Elimination of all forms of Discrimination Against Women, 1 March 1980, 1249 UNTS 13, IRL TS 1985.

Table 1

Examples of where policy divisions has resulted in missed opportunities in primary prevention.

Policy location	Policy instruments	Deficiencies
Specialist, whole of government prevention of SV	<i>National Strategy for the prevention of domestic, sexual and gender based violence (Cosc office in DJE)</i>	Largely adult only as responsibility for children is with DYCA therefore very limited capacity to effect primary prevention, which has been reflected in actions to date.
Whole of government response to Children	<i>Better Outcomes, Brighter Future</i> and 2x strategies forthcoming (DCYA)	SV related commitments are largely secondary prevention actions delivered through Tusla, little specialist SV primary prevention. This is reflected in absence of named primary prevention indicators of progress eg the framework document on children does not expect to effect or be measured on a reduction of incidents of child sexual abuse.
Public Health response	<i>Imminent Sexual Health Strategy (DoH)</i>	Explicitly excluded SV as this was under the remit of NSDSGBV. SH research, response and programming has followed suit. This has meant that for example while we have data on child sexual initiation we cannot distinguish between coercive and non-coercive child sexual activity from this data.
Education	<i>Action Plan on Bullying (DES)</i>	APB's sexual bullying aspect only concerns technology and does not include proactive measures to prevent sexual harassment and assault. No national standards or supports for the long term in-school response to children impacted by SV exist.

Sex and Relationships Education.

A whole of government strategy seeking to address sexual violence needs to ensure the delivery of the state's international obligation under the Convention on the Rights of the Child to provide for the rights of a child to sexual and relationship education.¹⁰ While this may be effected through the implementation of the forthcoming NSs on the Child and Youth and/or Sexual Health, a specialist focus on sexual violence must be an integral part of that response and therefore that aspect must be held by the NSDSGBV.

Meeting the State's obligation requires the following objectives are achieved:

- access for all children to a minimum standard of S&R education
- S&R education which is evidence based and
- S&R must contains age appropriate
 - fact based information and,
 - evidence based training on understanding the concept of consent and the reality of its negotiation,
 - development of critical capacity building towards understanding the impacts of sexualised and gendered cultural norms.

A universal aim is to empower and equip children to make good choices with regards their health as per the Convention on the Rights of the Child. Prevention of DSGBV must therefore include a critical engagement with gender and sexual consent in our culture in order to equip young people to know what sexual violence is. A recognised method of achieving these outcomes is through providing a safe space to consider:

- gendered stereotypes,
- cultural messaging relating to gender and sex,
- how to identify harmful gender role messaging,
- discussion of scenarios involving sexual activity,
- consent and alcohol consumption, bystander roles and empowerment.

The Strategy needs to set out a pathway through which the steps taken to meet the rights of the child to this education and the development of skill sets are evidence based, that minimum access for all children is established and the criteria for delivery of this minimum is standardised.

A specific indicator of success should be: increased knowledge on gendered stereotype and harmful gender role messaging, an increased capacity to identify and name sexual violence, an increased understanding of consent, an increased capacity to talk about consent, a reduce instances of sexual violence perpetrated and experienced by children now and into the future. A secondary indicator will be increased disclosure and help seeking.

¹⁰ United Nations, Convention on the Rights of the Child, art. 13, 17, 24, 20 November 1989, 1577 UNTS 3, IRL TS 1992.

RCNI recommend that by 2017 all children should have access to a basic standard of best practice sex and relationship education delivered under a set of professional criteria as described above.

Whole of School primary prevention.

Women and girls have a right to proactive measures that ensure they do not suffer gendered harassment and assault and that their life choices and opportunities are free from constraints calculated on their risk of sexual violence victimisation.¹¹ While the State's responsibility for the whole of society is ongoing, the responsibility within the school primary and post primary education settings is concrete and actionable under the State's duty of care of minors in this context.¹² **RCNI recommend, as a matter of urgency, that the State devise and roll out a proactive programme which equips and mandates schools to meet standards of gender equality and zero tolerance to sexual harassment and other GBV.**

This programme would explicitly and proactively establish the threshold whereby sexually aggressive behaviour is recognised and responded to by the whole school community, with zero tolerance proactively promoted. This would include guidance developed, roles identified and supported, core and supplementary actions named, resources allocated and monitoring in place to ensure follow through. Establishing a baseline and ongoing measurement would be intrinsic to this programme (outlined in section 4).

In the absence of a primary prevention such as this measure the secondary responses (such as Children First and Justice remedies) are all that is available. This means that vulnerable victims are asked to bear the heavy burden of supporting the state to vindicate already transgressed rights and punish transgressors. The victim's decision to support that process may involve considerable personal risk and cost - the state has a duty to act proactively and at a community level in as far as is feasible in order to decrease this burden and risk for individual victims.

Section 2 Justice

Legal Reform is significant enough as a set of actions to be a High-Level goal in itself. While there are legal aspects and underpinnings to other areas of the Strategy, there is now enough specialist victim legislation coming down the tracks and international obligation requirements

¹¹ FRA found that the higher a woman's educational attainment the more likely she was to experience sexual harassment. European Union Agency for Fundamental Rights (2014) *Report Violence Against Women Across the EU: Abuse at home, work, in public and online*, Publications Office of the European Union.

¹² Judgements on admissibility delivered by the Grand Chamber *O'Keefe v Ireland*, no. [35810/09](#), ECHR, 2012.

to warrant **a dedicated high level goal – such as, Victim-Centred Legal Reform.**

The structures driving Law Reform to date in the Strategy have proven highly successful. The Legal Issues Sub Committee (LISC) is well functioning. The committee has membership with the necessary expertise to appropriately drive a body of work. This is partly due to dedicated chairing by someone with expert legal skills and knowledge, wide-ranging knowledge of GBV issues, combined with on-going day to day contact with frontline services and victims of SV crimes. **This function should be secured by Cosc for the life-time of the next National Strategy, via the on-going commitment to funding the Legal Policy Director (LPD) located in RCNI.**

Successful joint trainings were undertaken during the lifetime of the Strategy, including Probation and An Garda Síochána joint training on sex offender risk management, Cosc delivered a conference for legal professionals on GBV. The Cosc document on the value and limits of perpetrator programmes was of a very high standard - on-going targeted reports of this standard would have far reaching value at many points across the Strategy - this is discussed under Policy Planning in this submission.

Meeting various international requirements, during the lifetime of the next NS will require equipping various GBV specialist to deliver training at various locations in the criminal justice system. **Partnership between Cosc and the RCNI, via on-going role of LPD located in RCNI, is highly appropriate in achieving this nationally regarding victims of SV crimes. The RCNI provides the ideal on-going mechanism to ensure achievement of appropriate training, up skilling, monitoring and evaluation of implementation of various international obligations regarding SV.**

In addition, **Cosc and the Department of Justice should consider the RCNI Garda Round Table Project for national roll-out as a successful and appropriate local inter-agency mechanism in improving inter-agency collaboration**, improving relations between AGS and frontline service providers and as a successful mechanism in improving AGS responses to victims of SV and the reduction of attrition. The RCNI Paper regarding this highly successful pilot project is pending. This project, and on-going monitoring of victims experience of AGS, should be coordinated nationally via the RCNI LPD post with secure funding from Cosc.

Up-coming important Law Reform opportunities include:

- The Criminal Law (Sexual Offences) Bill - wide-ranging. To include sex offender provisions, and implement the JOCCAC 2009 recommendations (mostly on the prosecution of child sexual violence) inter alia – NB Heads have now been agreed by Government and are being drafted, due end 2014;
- The promised Domestic Violence Bill
- The Children First Bill, being processed currently

- The forthcoming Criminal Justice (Victims' Rights) Bill
- To a lesser extent, forthcoming Criminal Bills on Bail, Juries (both B listed) and Criminal Justice (Community Sanctions) the Criminal Procedure Bill, the DNA Bill the Restorative Justice legislation.

Legal Reform at the operational level, which will engender many of these:

- EU Directive Article 25: Frontline specialist Services and the RCNI have a role in helping to train justice professionals, especially AGS and court staff – in the impacts of sexual violence, to the extent appropriate to their role. This extends to judges and prosecutors in that the State does have to make such training available to them “to increase awareness of the needs of victims” being the phrase used. This is an important prevention measure, and a vital one.
- EU Directive Article 22: victims have to receive a “timely individual assessment” to identify “specific protection needs”, and particular attention should be paid to victims who have suffered considerable harm “due to the severity of the crime”, and victims of sexual violence, and victims of violence in a close relationship – with a view to identifying which special measures should be used to assist them. NGO’s can provide valuable assistance to the State agencies charged with doing this assessment, as we will see needs which they don’t necessarily.
- There are a lot of new rights in the Directive (articles 4, 6, and 11 refer) about which front line NGOs, as well as Guards, etc., will need to inform victims, such as victims will have to enough information about a decision not to prosecute to challenge that decision, the right to certain general information about the case, the right to be informed re specialist services and to be referred to them if that is what is indicated, the right to information about one’s own case – and indeed. **RCNI LPD post is the appropriate role through which to ensure frontline sexual violence services are equipped and indeed achieve implementation of applicable new aspects of the Victims Directive, the Istanbul Convention etc. SV frontline services will require training, capacity building, resource materials by RCNI, via LPD.**

On an operation note: it is possible, if not likely, that as implementation of the Victims Directive occurs additional complaints and/or feedback regarding responses by AGS will be available to the RCNI. It is vital that this data is combined with appropriate analytical capacity and made available to AGS and the Department of Justice. RCNI is equipped to ensure this evidence base is collected, both in a quantitative and qualitative capacity, including anonymised data. **Cosc, and the Department of Justice, must ensure the on-going sustainability of RCNI data collection and analytical capacity in order to meet international requirements.**

The research on attrition in rape cases tells us that many victims fear and distrust the criminal justice process, and that this can lead victims to withdraw complaints. Having **access to free legal advice and information as located in specialist support agencies** and when concerns arise

does much to allay victims' fears and build their confidence in the criminal justice process, so that they are able to remain within it. In the current context **this service is best provided via RCNI LPD role**

Section 3 Secondary Prevention.

Effective and consistent services for victims.

In many regards there is a high level of consensus in what is best, or better practice, in responding to victims of rape and sexual violence:

- Specialist services
- Focused on survivor/needs led
- Provide a range of services, including advocacy, support, counselling, accompaniment, group therapy,
- Staff/volunteers are experts in SV
- Multi-agency service provision
- Multifunction agencies are recognised as valuable, delivering awareness raising and prevention programmes in addition to victim support
- Adequate financial support, and security of same, is required, funding monitored and adjusted to real needs
- Universally accessible - some research therefore highlights the need for outreach services understood to mean projects which go out into communities which face multiple barriers in accessing services as a result of marginalisation
- Minimum Standards
- Flexible, innovative, inclusive and integrated services
- High level workplace standards
- Support available to non-abusing family members.

Istanbul Convention requires that the state ensure access to services that facilitate recovery from violence, an adequate geographical distribution, immediate, short and long-term specialist support services to any victims, arrange for services to all victims and their children, appropriate, easily accessible, in sufficient numbers to provide medical and forensic examination, trauma support and counselling.

The Victims Directive requires support, without excessive formalities, from the moment competent authorities aware of the victim, throughout criminal proceedings in accordance with the needs of the victims, through sufficient geographical distribution to allow all victims the opportunity to access such services, specialist, reliable, and free support services - integrated and targeted approach taking into account the specific needs of victims, supporting the victim to recover from trauma, short and long term psychological counselling, trauma care, legal

advice, advocacy and specific services for children, service based administrative data - guidelines for same. more specifically, Article 9: requires Victim Support Services will have to inform victims re rights on compensation in criminal proceedings, and on their role in criminal proceedings including preparation for attendance at trial, provide information on specialist referrals, advice on practical issues (such as how to claim expenses when attending court), advice on the risk of secondary and repeat victimisation (this is protection measures, such as bail conditions, etc.) – and importantly Under both Articles 3(3) and 20 the right of victims to be accompanied by a person of their choice when making a statement (during investigation) AND ALSO during “first contact” with a competent authority – this could be the first contact with one’s local Garda Station, or when presenting oneself at a SATU in an Irish context.

Research has shown that women who have access to a sexual violence advocate experienced less distress than those who did not have access to this support, especially in cases where the perpetrator was known to the victim. Research has shown that the presence and interventions of specialist advocates lead to improved outcomes for victims, including reduction in the amount of negative responses from police and health professionals.

The first study to consider The Health, Mental Health and Well-Being Benefits of Rape Crisis Counselling found 'some degree of positive change was seen for all measures' for health, mental health and well-being as a result of RCC counselling.

It is clear that the model of RCCs in Ireland clearly reside within the findings of all international research to date regarding the kind of approach and agency that has a proven record in responding to victims of SV. It would appear that, in terms of approach and many of the services offered, RCCs are 'doing the right things' and doing what to date has shown degrees of success. RCNI compiled data on efficacy of support by an RCC trained advocate during contact with the legal system gave a universal positive responses for those who accessed this support - both from the victims themselves and, significantly, other non-abusing family members impacted by the crimes.

An informed, ‘greenfield’, approach to setting up frontline services in Ireland, which took into account international requirements and the most recent research, would likely result in: Specialist SV services available in sufficient locations: with the remit to (a) deliver a range of services (b) actively participate in national prevention, awareness raising and education programmes (c) deliver good governance and standards, including participation in local inter-agency infrastructures.

Services delivery would include provision of:

- support,
- advocacy,
- counselling,
- group work,

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- accompaniment including forensic medical examination and during any legal process
- supports for non-abusing family members
- targeted outreach projects for a range of marginalised/multiply disadvantaged populations.

Prevention, awareness raising and education programmes would be delivered in conjunction with nationally co-ordinated programmes, with dedicated capacity at each frontline service level.

Good governance, standards and interagency responsibilities would all require dedicated capacity and as appropriate take place in conjunction with nationally coordinated programmes.

These service would be resourced through multi-annual funding, from a range of locations and programmes.

National coordination for programmes would be provided via an agency with:

- an independent advocacy role for survivors of SV
- expert data collection and analytical expertise
- expert prevention expertise
- expertise in informing a wide-range of policy and operation locations, including building partnership working
- expert knowledge of models of best practice in services delivery and responses.

It is likely that funding for frontline services and national coordination, as outlined above, would require at least a 50% increase in current budgets of 4.5 million euro , with new additional funding available for Primary Prevention and Education Programmes when costed.

The international research and reports available to date more recently consider the configurations of services that are proving to be successful. While providing very good guidance on models of services and what kind of responses have proven to have success to date, other than the specification that services be 'universally accessible' and 'inclusive', there is no formula for the most desirable configuration of services nor any guideline for the level of services that is appropriate for example per survivor or per 1,000 in population. This is understandable in the context of sexual violence occurring in all populations in the world - from the most destitute to the wealthiest. It is a frustrating limitation however for service providers and service funders attempting to reach any agreement or shared understanding of the minimum levels of services, and funding for same, which is the bottom line. What remains consistent is that service funders remain under pressure to reduce funding and service providers continue to come into contact with greater demands for service year on year, including demand for an increase in the range of services provided.

- Service managers in Ireland frequently talk of being acutely aware of marginalised populations in their region for whom they have no way of knowing if their service is

accessible - this is far from the definition of being a universally accessible, inclusive service.

- In addition, many RCCs are in no position to provide support to non-abusing family members, or to provide support groups in addition to one-to-one support, which have proven to have added value for some survivors.
- Service managers most recently are expressing concerns that as more younger people take up services, the range of services currently available is not adequate for most young people, that a review of services for young victims should be undertaken as a priority, including an analysis of models in other countries, success rates of same and possible suitable models in an Irish context. RCC Managers equally report young people in contact with their services reporting knowledge of other young people impacted directly by SV who require expert support, and who do not access services as they do not perceive existing services are 'open' to them. Service managers are very concerned at the on-going absence of any funds to enable a targeted campaign to reach-out to young people so that a life-time dealing with the impact of sexual violence, and the likely dependencies on more costly aspect of the Irish health service, are avoided. *RCNI recommend the NS identify and ring fence a budget line to support outreach and education work directed at young people.*
- The RCNI has communicated to Cosc the **need to have national coordination of victim support through the legal process, in order to ensure appropriate monitoring and the incorporation of evaluation into service delivery. This function remains absent and should be delivered and funded via RCNI.**

Needs based and demand led services.

Rape Crisis Centres have continued, through-out the life time of the current strategy, to see annual increases in demand on their services. Significant increase in service delivery has been provided, despite a significant decrease in state funding to front line services. This is both noteworthy and remarkable - the frontline SV sector has proven highly effective at delivering more for less, to date.

For example between 2009 and 2012 RCCs have seen a:

- 28% increase in clients accessing their counselling and support services,¹³
- 38% increase in helpline contacts,¹⁴ and
- 116% increase in numbers of accompaniments.¹⁵

¹³ This information is a comparison of the same 14 RCCs using the RCNI Data Collection System between 2009 and 2012 inclusive. It does not include Dublin Rape Crisis Centre and Cork Sexual Violence Service. Reliable data for Dublin Rape Crisis Centre is only available in 2011 and 2012. No reliable data is available for Cork Sexual Violence Service.

¹⁴ Ibid.

¹⁵ This information is a comparison of the same 14 RCCs using the RCNI Data Collection System between 2009 and 2012 inclusive. Please note that Donegal SATU opened in 2010. It does not include Dublin Rape Crisis Centre and Cork Sexual Violence Service. Reliable data for Dublin Rape Crisis Centre is only available in 2011 and 2012. No

These are remarkable increases in services delivery - RCCs in Ireland have not just managed to maintain levels of services delivery during annual cuts, year after year RCCs have in fact expanded services delivery. It is RCNI perception that this is under-acknowledged and unrecognised by the statutory funders. It is still the case that service managers perceive very high levels of unmet need regarding victims of sexual violence in their locality. These efficiencies have not come without costs, for example: some services are increasingly provided by volunteers which is not sustainable in the longer term, some services have cut the level of services provided to individuals in order to provide some services to a greater number of individuals - this of course has an impact on the length of time that a service user maintains contact with the service in order to achieve outcomes, some outreach locations have closed entirely.

With the expansion of responsibilities for GBV in the change-over from HSE to Tusla and the appointment of the post of National Programme Manager, very significant advances have taken place recently in terms of the primary funder for GBV frontline services sector. However, Tusla has an operational responsibility which may prove to far exceed available resources to the agency, even in the very short term. If the bulk of the budgets for frontline service providers, and the national expert advocate and policy bodies, continues to reside solely in Tusla it is likely that ongoing cuts, with the knock-on impact on victims and their families, will continue, as frontline services simultaneously reach a point where no further efficiencies can be achieved. **The questions arise as to whether, in this context, the Department of Justice has sufficiently taken up its responsibilities for securing frontline services, including the identification of new budget lines within the Department of Justice and elsewhere.**

One of the arenas in which specialist advocate supports and interventions are well established is in Sexual Assault Treatment Units. The development of these services began before the National Strategy and has continued largely outside the strategy. Action 6.6 required the fulfilment of the recommendations contained in a National SATU Review from 2006. Responsibility for this was named as belonging to the HSE in the Strategy. According to the IPA mid-term review that action had been completed. That is not the case. The Review recommendations required a review of service provision after the establishment of two new Units in Galway and Mullingar to determine what, if any, gaps continued to exist. That review was never completed. While there is a dearth of international standards to rely on in terms of determining the number and breadth of services required, there should still be a review of existing services provision. The review also recommended the taping of medico-legal reports following each clinical forensic examination. That does not happen in every instance.

reliable data is available for Cork Sexual Violence Service.

Beyond Children First: a holistic response to children impacted by SV.

For the child survivor, whose abuser is also a child, there are additional considerations. Child perpetrators are generally the same age or slightly older than the child they abuse. They are overwhelmingly 15 to 17 years old (82%). Once over 12 the child survivor is increasingly likely to be a girl as boys' vulnerability to victimisation decreases with puberty. Therefore, there is a significant probability that when teenage girls are abused the perpetrator is a male peer. Given the centrality of the school community in a teenager's peer life, much of the social interactions within which the violence is being perpetrated, is likely to develop within the school community (if not necessarily on school property) particularly, but not exclusively so, within a co-ed school. For example both the victim and the accused may be attending the same school or the sibling of the accused may be in the same class as the victim or other such scenarios. Any formal investigation may be prolonged, leaving the school to manage a situation in an ongoing way in the absence of legal clarity on the case itself.

The complex area of managing the ongoing support and care of a victim after disclosure in a post primary setting and particularly in the context of a peer perpetrator, may present challenges which are inadequately addressed in Children First.

RCNI are clear that post primary schools face significant challenges in responding to the medium and long term needs of the child victim and indeed the child perpetrator in their school community.

RCNI recommend that National guidance or standards, developed and produced with the Department of Education & Skills as lead agency, need to be in place to ensure best practice and consistency to support the children involved, to reduce instances of secondary trauma, to prevent negative impacts on their school performance and to support an appropriate justice response in the school setting.

Section 4 Policy Planning.

The strategy must develop indicators that measure impact and outcomes. These indicators must be measurable, therefore a core aspect of the strategy is the generation of reliable data, evidence and the utilisation of appropriate analytical capacity to generate credible evaluation. While many of the drivers generating data in this area are administrative, it is essential that the strategy ensures that the generation of data serves the dual purpose to meeting monitoring and accountability requirements *and* supports the best evaluation and learning. Ireland is not only bound by international legal obligations to meet standards in this area but is also well placed to lead on international best practice if these opportunities are adequately supported within a whole of government strategy.

Data and Analytical Capacity.

Securing high quality data collection and analytical capacity is a core requirement of the multiple European and International obligations that Ireland is increasingly committed to, including the UN Convention on the Rights of the Child, the Istanbul Convention, and the Victim's Directive which is legally binding from 2015. The importance of 'systematic and adequate data collection, as an essential component of effective policy-making', including service-based administrative data, is found in all of the international mechanisms on Gender Based Violence (GBV). It is also recognised that the collection, analysis and presentation of reliable, fit for purpose data gathered across multiple front line agencies requires expert, dedicated capacity.

Ireland, via the RCNI, is now recognised at EU level as a unique and lead country in the capacity to collect, analyse and present data on GBV. This is the direct result of over ten years of dedicated investment in RCNI capacity by the Irish state. As recently as March 2014, 28 EU member states and experts from 44 organisations attended the EU Consultation meeting on *GBV Data Collection: Administrative Data Sources and future needs for data collection*, organised and hosted by the European Institute for Gender Equality (EIGE). Amongst the statutory representatives, researchers, and academics RCNI was the only NGO asked to present at this event, as RCNI has over ten years of expertise in collection and analysis of information across front line sexual violence services in a reliable and standardised format.

EIGE confirmed at the 2 day event that RCNI's data collection system will be included as an international model of best practice in their forthcoming report. In addition, further input on RCNI's unique expertise in administrative data collection design and analysis in sexual violence services has been requested by EIGE to assist in creating shared indicators for collecting information on gender based violence in a standardised and comparable format across 28 EU member states. It is likely that RCNI will be the only NGO on the committee overseeing this far-reaching project.

It is now over a decade since Ireland undertook a national prevalence survey on sexual violence, making the sustainability of the only comprehensive data source on SV specialist service users even more important.

RCNI recommendations that the sustainability of the only reliable national data system on SV and combined analytical capacity must be secured, not least so that the ten year investment by the Irish state to date is not lost at a time when specialist data is more critical than ever in meeting National Policy, European and International requirements. This is a whole of government and a whole of strategy resource. **Cosc, as lead agency for the whole of government strategy must ensure that this data collection and analytical capacity is secure**

for the lifetime of the next national strategy, up to and including responsibility for provision of the minimum funding of €250,000 per annum.

As the national experts on sexual violence data collection RCNI can made a valuable contribution to the Cosc Data Committee and as such should be included on this committee.

As the national experts and internationally recognised experts on sexual violence data collection, **any sexual violence research commissioned by or on behalf of the Irish state or which requires input from the Irish state should include a consultation process with RCNI.** The contribution of RCNI expertise from the commencement of the European Union Agency for Fundamental Rights (FRA) research on Violence Against Women Across the EU: Abuse at home, work, in public and online, would have greatly improved the scope, relevance, usefulness and integrity of the data and results. This in turn would have made future development of this research much easier and more cost-effective. RCNI expertise has been sought by EIGE to review all of the gender based violence data in Ireland that they have collated.

As the only existing reliable data collection system on sexual violence in Ireland, **RCNI data collection and analytical capacity should be utilised by all Rape Crisis Centres and sexual violence services in Ireland.** This will allow for disaggregated reliable and comparable data across all sexual violence frontline services in Ireland. This requirement should be supported by the National Strategy.

RCNI collect disaggregated data on a number of categories which are key to improving prosecution rates and survivors experiences of the justice system –

- age of survivor,
- gender of survivor,
- nationality of survivor,
- region of country survivor is resident in,
- relationship of perpetrator to survivor,
- nature of sexual violence,
- type of sexual violence service accessed,
- was complaint filed with which formal authority if any,
- when the complaint was made,
- perception of Gardaí response to survivor complaint,
- was the survivor kept up to date on the progress of their case,
- was there on-going contact from the Gardaí.

The Garda Analysis Service have indicated their interest in utilising RCNI data analysis expertise for the purposes of learning more about those who report sexual violence crimes and those who don't report them, for the purposes of improving prosecution rates. As a means of assisting government in meeting its obligations under Article 28 (Recital 64) of the Victims

Directive, **RCNI propose a collaborative project with the aim of developing standardised indicators for relevant state agencies to collect information on sexual violence as required under the Victims Directive.** These indicators could be incorporated into robust data collection systems across a range of organisations and agencies who come into contact with survivors of sexual violence. A high quality model such as this could subsequently be used as a best practice model across the EU28. This project should involve key data collection and research experts from RCNI, Cosc, Garda Analysis Service, CSO and Tusla.

Ensuring an evidence base, learning and expertise.

There are considerable gaps in our evidence base. RCNI as the national institute for sexual violence in preparation for this submission engaged in a review of the evidence base and available expertise in this area, including conducting a consultation with relevant researchers in the area of sexual violence or related fields. What is clear is that there has been a lack of attention to this area, as one researcher noted there is currently *'very little incentive to conduct research in this area in Ireland.'* **The strategy must contain a plan regarding the evidence needs based on an assessment of the data and research requirements of the whole of government response to DSGBV, which has clarity on capacity, infrastructure and resources.**

As a first step the NSDSGBV should contain an action to review existing sources of evidence with the objectives of:

- Providing a baseline description of research capacity and activity relevant to DSGBV
- mapping the current strengths and weaknesses of DSGBV research in Ireland and identify gaps in research and research activity which has the potential to incorporate DSGBV but currently is weak on same eg sexual health, addiction, mental health etc.,
- Where research exists assess the outputs and impacts of same with regard to policy, practice and social transformation, and resource allocation.

An output of the strategy would be a completed review by Q2 2015 to be followed by the development of a roadmap to identify and support the capacity and infrastructure development for rational research investment in DSGBV research. A budget should be identified and ring-fenced to support research activity in this area. Note, the options are to either create a research commissioning function under the NSDSGBV or to integrate DSGBV into and build on existing research commissioning locations and resources elsewhere.

Establish a coordinated 'clearing house' of relevant research outputs supported by a multidisciplinary expert advisory structure to ensure research is available and accessible and also informs and drives whole of government and statutory and community responses to DSGBV. Cosc to take responsibility for these structures and maximising appropriate impacts of research outputs.

As referenced above a core aspect of generating knowledge is to ensure high quality administrative data is available to all relevant agencies and services (both statutory and publicly funded). This data and analysis must also be available at research and policy level and go beyond the administrative needs of any one location or agency. Securing this whole of government data and analytical resource is the role of the National Strategy. Measuring and understanding GBV requires specialist expertise as well as generic research skills. Eg. 'counting' instances of SV crimes is dependent on and distorted by both researchers' and subjects' bias, and choices around naming that crime (see FRA European data on prevalence where GBV 'prevalence' data is a measure of not only instances but societal engagement with the issue).¹⁶ The strategy must take a proactive role in identifying the capacity and infrastructure necessary to deliver sustainable gathering of sound data, analytical capacity and research opportunities, such as the RCNI data collection and analysis, secure same at a whole of government level.¹⁷

Actions would include:

- **Ensuring systematic identification and recording** of DSGBV as appropriate and relevant across all services and professions eg Gardaí, schools, emergency rooms, maternity hospitals etc.
- Undertaking **prevalence research** on:
 - Whole of population trends
 - At risk populations
 - The older child and youth in particular experiences of sexual harassment and other violence within the school setting
 - People with disabilities
 - People in state care whether as minors in care, in direct provision, in medical and mental health facilities or incarceration centres.
 - LGBTI people
 - People from minority communities.
- Undertaking research to **better understand** prevalence, intervention, care pathways and efficacy of intervention with:
 - Women seeking medical attention including gynaecological and maternity care,
 - Survivors of sexual violence,
 - Those engaging with substance misuse, mental health and self-harm services and professionals.
- Undertake research to better understand the **vulnerability to sexual exploitation** of
 - Children in care,
 - Care leavers
 - Unaccompanied minors

¹⁶ European Union Agency for Fundamental Rights (2014) *Report Violence Against Women Across the EU: Abuse at home, work, in public and online*, Publications Office of the European Union.

¹⁷ In meeting legal obligations under the European Union's Victim's Directive 2012/29/EU, 25 October 2012.

- Unsupported LGBT young people
- People engaged in substance misuse.
- Undertake qualitative and attitudinal research to shape and **measure primary prevention** activity in particular.
- Research which gives us a comprehensive understanding of current **sex education programmes** (school and youth based) activity, efficacy and impacts and the information and training needs of parents to support the aims and objectives of such child-focused initiatives.

Conclusion of RCNI Submission.

This review is mindful of the current, changed, context of a new national strategy, which includes for example, the Istanbul Convention, The Victims' Directive, the newly formed Child and Family Agency with specific responsibilities for DSGBV, additional agencies/locations which if included as actors could have a role to play and add capacity to any new strategy, recent comments by the UN Special Rapporteur on VAW and the European Parliament Overview of Worldwide Best Practice for Rape Prevention and for Assisting Victims of Rape.

Knowledge on prevention and responding to sexual and gender based violence is evolving and enables us to take bigger and bigger steps in responding to crimes of sexual violence. It is our duty to remain ambitious and to remain focused on ending gender based violence in all its forms. We congratulate Cosc and all the agencies and individuals who worked to advance Ireland's first National Strategy. We congratulate Cosc in its leadership on GBV, its dedication, expertise and commitment.

The next National Strategy on GBV in Ireland comes a pivotal and highly opportune time. With the right leadership, resources, structures and expertise we know what needs to be done and we can do it.