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Eimear Lacey, principal social worker at the Alders Unit Tallaght. Picture by Gerard Phillips



### Profleration of violent adult pornography online being linked to an almost 30pc increase, writes Maeve Sheehan

**A** Dublin service for victims of child abuse has warned of a "disturbing" rise in sexual assaults of teenage girls by boys of similar age, with attacks becoming increasingly violent.

Referrals for peer-to-peer sexual abuse have increased by almost a third in four years at the Alders Unit in Dublin.

Most referrals were of adolescent girls abused by boys of similar age who were known to them, with reported abuses ranging from inappropriate contact to rape.

They also included a smaller number of girls who experienced sexual exploitation in their peer group or by young men in their community.

Another worrying development flagged by the Alders Unit is a marked escalation in the violence used.

Eimear Lacey, principal social worker at the unit, said the increase is a "cause for grave concern".

"Certainly, for a lot of us who have been working in services for a long time, while there have always been peer-to-peer sexual assaults, the level of violence we have seen is absolutely increasing in terms of what is coming through the door," Ms Lacey said.

"And often, there may be more than one person involved in that assault. And some of these assaults are then recorded and shared."

In 2019, 27pc of 13- to 18-year-olds who were referred to the Alders Unit reported being sexually abused or exploited by a peer. The figure rose to 56pc in the first 11 months of this year.

The figures echo a recent review of Sexual Assault Treatment Units that found a significant increase in the number of teenage girls presenting to these centres.

The cause of the increase in teenage sexual violence against young women has been linked to the proliferation of violent adult pornography online and on social media, both here and internationally.

Bregea Maxwell, interim director of the Alders Unit at Tallaght, said cases of peer-to-peer abuse are often layered with complexity.

Adolescent girls may struggle to process abuse by a peer. They may not always understand that what happened to them constitutes abuse if the abuser is someone of a similar age and in their social group.

Adolescent girls may delay reporting this type of abuse as a result.

"There is a lot of shame in sex abuse and there is a huge shame in peer abuse. There is a real tendency not to name it," Ms Maxwell said.

Victims worry about the consequences of "telling" on their friendships, on the peer group, on the parents of those in the peer group.

"All teenagers struggle with a journey before they actually disclose it. Usually this involves deteriorating mental health, strange and unsafe behaviour, staying out all night, using alcohol or drugs, or a marked withdrawal," Ms Maxwell said.

In some cases, children's experience of sexual assault is compounded by bullying within the peer group or online.

Ms Lacey and Ms Maxwell have also found that many victims of peer-to-peer abuse have vulnerabilities, such

as autism spectrum disorder, ADHD or other neurodiverse and psychiatric diagnoses. They may be children in care or children with developmental trauma.

To compound matters, parents and professionals who have a lot of contact with children are experiencing a "lack of confidence" in managing the impact of the flood of social media on children.

This is particularly the case for parents of neurodiverse children, who may already struggle with managing difficult behaviour and may find it difficult to interpret behaviours that are signals of abuse, Ms Maxwell said.

The Stay Safe programme introduced at primary schools to reduce children's vulnerability to abuse is effective, but the apparent "normalisation of sex without consent" among young people requires a bigger conversation, according to Ms Lacey.

"The types of sexual assaults that we have been seeing increasing numbers of often involve aggression," she said.

"It could be other adolescents potentially holding a door, so that someone else can't get in or the young person can't get out, or dragging someone or hitting someone or the use of highly sexualised language."

"Where is this exposure to this very explicit, very adult sexualised language and interaction coming from? I think it is beyond a consent conversation. It feels more than that."

"This is something we need to think about together, collectively, as a society, to ask, 'How we address this?'"

The Alders Unit provides specialist services that include a broad range of therapies for children aged three to 18 with a moderate or severe trauma in response to sexual abuse.

With centres in Ballinacorney and Connolly hospitals and catchment, around 340 children and a number of parents are currently receiving services across both sites.

Forensic medical examinations are carried out at the Laurels Clinic at Children's Health Island, Tallaght, for children up to the age of 14, and non-forensic medical examinations on children up to the age of 16.

Aideen Walsh, advanced nurse practitioner and co-ordinator of the paediatric forensic medical unit, said attendances have increased to 110 a year from 35 in 2016.

The peak age for children attending are four and 13.

"The majority of those 13-year-olds are victims of peer-to-peer abuse," Ms Walsh said.

The proliferation of teenage sexual violence is clearly regarded as a pending crisis for those who are working in the field.

"We need to be thinking now as a society about how we can talk to parents and children about what is happening online," Ms Maxwell said.

"For society, parents and teachers, it is about building self-esteem early in children so they can recognise when they are being exploited and say 'No', even when it is uncomfortable because of who they are saying 'No' to."

"Careful planning by the Department of Children and Education in consultation with parents groups and those working with sexual abuse should be the first step in devising a national strategy to prevent peer sexual assault."

