



Cyber-located Sexual Violence in Ireland— Preliminary Results of Women's Experiences

Overview

This doctoral research, funded by Research Ireland, Post-Graduate Scholarship, examines how women living in Ireland experience Cyber-located Sexual Violence (CLSV), including the types, the harms it results in, and how they respond. This overview document presents the findings from a quantitative questionnaire conducted in October 2023 to which 281 women who had experienced CLSV responded.

The Types of CLSV

CLSV is multimodal, existing across text-based, image-based, and video/voice-note forms.

Text-based: 64% experienced someone sending them *unwanted sexually explicit comments, threats, and requests*; primarily experienced by direct message (DM) on social media (by 78% of the women who reported this text-based behaviour).

Image-based: 17% reported someone threatening that if they do not send a private intimate image to another person, there will be a negative consequence for not complying (referred to as sextortion), 16% reported someone creating a private, intimate image without consent, and 11% reported someone sharing a private, intimate image without consent.

Cyberflashing: 88% of those aged 18-24 experienced cyberflashing by DMs on social media, 64% aged 25-34, 45% aged 35-44, and 33% aged 45+ ($\chi^2 (3, n = 281) = 56.07, p < .001$, Cramer's $V = .447$).

Voice-note/video unwanted sexualised comments, threats, and requests: 50% of those aged 18-24 experienced it, 34% aged 25-34, 18% aged 35-44, and 17% aged 45+ ($\chi^2 (3, n = 281) = 21.17, p < .001$, Cramer's $V = .274$).

Repeated behaviours: 43% repeatedly received unwanted sexual comments, threats, and requests by DMs on social media, 40% experienced repeated cyberflashing by DMs on social media, and 23% experienced repeated video and voice note abuse by DMs on social media.

The Harms of CLSV

CLSV harms some women in ways that *damages their sense of self* and reflects a fracture of 'before CLSV' and 'after CLSV', which speaks to CLSV being understood and experienced as embodied sexual violence.

Intrapersonal harms: 44% of the women reported that they feel more negative about their body and appearance because of CLSV, suggesting that experiencing CLSV has damaged the way they think about, and likely speak to, themselves. Also, 42% of the women said 'CLSV had a negative impact' on their mental health, 29% blame themselves, and 18% think others blame them for being targeted. Harm to mental health was particularly reported by the women who experienced image-based CLSV:

Among those who experienced someone *threatening to share* an *altered image* that resembled a nude image of them, **91%** reported harm to their mental health ($\chi^2 (1, n = 281) = 22.27, p < .001$, Cramer's $V = .282$). Among those who experienced someone *threatening to share* a private, intimate image of them, **82%** reported harm to their mental health ($\chi^2 (1, n = 281) = 30.43, p < .001$, Cramer's $V = .329$). Among those who experienced *sextortion*, **80%** reported harm to their mental health ($\chi^2 (1, n = 281) = 35.18, p < .001$, Cramer's $V = .354$).

These findings indicate that harm to mental health should *be an anticipated outcome of image-based CLSV* and *challenge the idea that harm only occurs when something actually happens*.

Embodied intrapersonal harms: **24%** of the women also reported that their sleep is harmed by CLSV, **18%** reported changes in appetite, **13%** attributed CLSV to a negative impact on their physical health, and **11%** felt unwell more often. *CLSV is embodied*, harming not only mental health but physical bodies.

Interpersonal/relational harms: **51%** reported 'I approach romantic/sexual relationships differently', **42%** 'I find it more difficult to trust people', **18%** 'spend more time alone', illustrating that CLSV affects women's vulnerability and intimacy in relationships.

Across *all perpetrator categories* (acquaintance, friend, partner/ex-partner, family member, work colleague, other) the women report *approaching romantic/sexual relationships differently, increased difficulty trusting others, and greater social withdrawal*. Nevertheless, who the perpetrator is still shapes the degree and pattern of harm, in particular, perpetrator closeness may intensify harm. For example, of the women targeted by a partner/ex-partner, **82%** approach romantic/sexual relationships differently, **67%** find it more difficult to trust people, and **43%** spend more time alone (all statistically significant results).

Women's Responses to CLSV

Women respond to CLSV in various ways that reflects for some, they alter how they go about their lives due to the fear or anticipation of further CLSV. Still, the most commonly reported response, which I interpret as empowered, rather than lacking, was **48%** of the women who said they try and ignore the CLSV. After this, the most commonly reported responses to CLSV indicates that women change their behaviours and self-censor: **42%** said they changed what they say and do online, **29%** changed what they publicly post and **17%** changed how often they post.

Some women access informal support, with **25%** who said that other than someone in a formal support service, they spoke to someone they trusted about being targeted by CLSV, and **24%** also reported confronting the perpetrator and asking them to stop, seeking to hold them to account.

Very few of the women reported to law enforcement, only **4%**, despite the existence of the Harassment, Harmful Communications, and Related Offences Act 2020 in Ireland that criminalises some CLSV behaviours. Similarly, just **4%** said they have accessed a support service for survivors of sexual violence, suggesting that the existing support services are not meeting their current needs.

Summary: While this overview presents only a snap-shot of the data from my doctoral study, it still paints an important picture: *CLSV is widely experienced by women in Ireland, and results in harms illustrative of it being a form of sexual violence*. The way that women respond to it further highlights this suggestion, as *some change how they live their lives due to CLSV*. My heartfelt thanks to the women who participated in this research, Research Ireland for funding, and Dr Stacey Scriver for her continued support and guidance.