

1 February 2024

Dear Leader of the Council,

Coventry Rape & Sexual Abuse Centre (CRASAC) is the only specialist sexual violence support service within Coventry. We learned on 20 December 2023 that our funding (of £195k per year) from Coventry City Council will cease in July 2024, with no prior knowledge that this was going to happen and when there was scope in the contract to extend a further two plus two years, nine years in total.

The impact on our service is significant. We are unable to recruit into current vacancies so with less staff and less funding we have had to close our counselling waiting list (for those aged 13 and over). Leaving survivors without support is not only heart-breaking but has implications for partner agencies regarding safeguarding and support for a vulnerable client group. Around half of all our clients are or have been suicidal at some point as a result of rape or sexual abuse, and we deal with safeguarding and CSE concerns on a daily basis.

As a charitable organisation we provide huge value in what we deliver, we create social capital and the ripple effect of our support filters into relationships, families, and the community. The demand for services is higher than ever before.

Rising Demands

Our counselling referrals have increased from 600 in 2020/21 to over 1,000 in 2022-23, 75% since the contract with Coventry City Council started in 2019, but income has remained the same, despite significant cost of living and inflation rises – we are doing more with less, but the demand for our life-saving services continues to grow. The small amount of additional funding during covid allowed us to be one of the first centres to re-open doors and reduce our wait times from 18 months to 12 months.

There are currently just under 500 people waiting a year for counselling and a fifth of those accessing services are children under 18 (we prioritise young children for whom there is no waiting list). We get approximately 1,000 counselling referrals per year, with around 15% coming directly from social services and 30% from Health (GPs, community mental health Crisis Workers etc).

No suitable alternative provision

The surrounding specialist sexual violence centres across West Midlands and Warwickshire will not be accepting out of area referrals due to the pressure on their services, so the people of Coventry will be left with no access to specialist counselling. Public Health are requesting that we signpost to other support services, but there simply are no other services in Coventry that provides this type of specialist sexual violence counselling. It is not sufficient or responsible to signpost people to websites and helplines and short-term emotional support, when they want and need longer-term one-to-one counselling with a specialist therapist to come to terms with and cope with the damaging impacts of trauma.

We have spoken directly to the services you believe will provide support, including the NHS, but they tell us that they can only provide some mental health support (mainly anxiety and depression) and are not equipped to provide the specialist support required by people who have experienced trauma as a result of rape, sexual abuse, or child sexual abuse – which is why they refer in great numbers to CRASAC.

HEARD BELIEVED SAFE ACCEPTED

CRASAC is a Charitable Incorporated Organisation (CIO) charity number 1115052

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Evidence Base

There is ample evidence of what victims and survivors want:

- 1) The landmark Independent Inquiry into Child Sexual Abuse concluded that: “The most highly rated forms of support across all services were those provided by voluntary sector specialist services.”¹ Because of this, one of the final recommendations after the 7-year Inquiry concluded, was that there must be a guarantee of specialist therapeutic support for survivors.
- 2) A report by an All-Party Parliamentary Group (APPG) focused on the needs of adult survivors of child sexual abuse. Created by Sarah Champion MP, reinforces the lack of specialist expertise within NHS mental health services and highlights the fact that almost 50% of “survivors believe that specialist voluntary sector sexual abuse counselling/therapy is the single most important support service for victims after disclosure.”²
- 3) In 2015 a national online survey of over 400 adult survivors of childhood rape and sexual abuse found that among survivors who had used both sectors, over 70% were more satisfied with voluntary sector services than with statutory services.³
- 4) According to data submitted to the Ministry of Justice, across the Rape Crisis England & Wales membership, about half of all referrals are self-referrals, demonstrating that survivors want independent, specialist, and community-based services, such as ours.

A recent report from the Centre of Expertise on CSA has highlighted that ‘there are around 20,000 CSA victims/survivors for each service in the West Midlands.’ *Centre of Expertise for CSA: Support Matters Report, Jan 2024*. With a knowledge and an evidence base of what survivors want and need, along with the very high levels of demand, a cut of funding to our service at this scale goes against the national efforts to increase service provisions for this very vulnerable cohort of victims.

Lack of Awareness and Understanding

Public Health has informed us that:

‘the current contractual arrangements with your service do not form part of what the Office for Health Improvement and Disparities (OHID) consider to be “core” public health work’ and that ‘we understand that services such as those provided by CRASAC would normally be commissioned by the Police and Crime Commissioner, who is responsible for commissioning services for victims of crime. In the case of mental health services, we would expect Coventry and Warwickshire Partnership Trust to be responsible for the provision of services to support mental health, commissioned by health services.’

This unfortunately shows the lack of understanding and awareness of our work, and we believe the local authority does have a statutory requirement to safeguard and provide appropriate specialist support for

¹ IICSA Support Services 2020

² APPG on Adult Survivors of Child Sexual Abuse, 2019 “Can adult survivors of childhood sexual abuse access justice and support?”

³ Smith, N., Doganru, C. & Ellis, F (2015) Hear Me, Believe Me, Respect Me. Focus on Survivors: A survey of adult survivors of child sexual abuse and their experiences of support services. University Campus Suffolk & Survivors in Transition

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children and vulnerable adults as set out in the Children and Social Work Act 2017, Working together to Safeguarding Children Guidance, The Serious Violence Duty, and the VAWG National Statement of Expectations (NSE). The Home Office produced NSE clearly sets out that:

local areas should commission effective services to ensure their whole system response to VAWG is as collaborative, robust and effective as it can be so that all victims and survivors, including children as victims in their own right, can get the help they need.

I strongly disagree with many aspects of the needs assessment that has been carried out and find it to be ill-informed. It also concerns us that none of our clients or staff were consulted during the process. The local authority no longer has a sexual violence strategy and does not seem to acknowledge the prevalence and serious impact of rape and sexual violence. I would very much welcome a conversation about this, given that CRASAC was not part of the process, and I would like to call for an independent needs assessment to be carried out and that the decision to cut funding is reversed. Whilst I agree that the ICB should provide some funding for our services and has a duty to do so, it is crucial that you work in collaboration with other commissioners and support us to obtain funding from the ICB before cutting our funding, as this leaves victims and survivors with no specialist sexual violence and abuse services. Such an action would in effect, contravene Right 4 within the Victims Code - **Right 4: To be referred to services that support victims and have services and support tailored to their needs.**

“Imagine a childhood disease that effects one in five girls and one in seven boys before they reach the age of eighteen; a disease that can cause erratic behaviour and even severe conduct disorder among those exposed; a disease that can have profound implications for an individual’s future health by increasing the risk of substance abuse, sexually transmitted diseases and suicidal behaviour, a disease that replicates itself by causing some of its victims to expose future generations to its debilitating effects.

Imagine what we, as a society would do if such a disease existed. We would spare no expense. We would invest heavily in basic and applied research. We would devise systems to identify those affected and provide services to treat them. We would develop and broadly implement prevention campaigns to protect our children. Wouldn’t we? Such a disease does exist – it is called child sexual abuse.”

James A Mercy, Centre for Disease Control and Prevention.

Yours sincerely,



Natalie Thompson

CEO