

Briefing Paper: The Need for a Specialist Rape Crisis Centre in Coventry

*Natalie Thompson, CEO, Coventry Rape & Sexual Abuse Centre
September 2024*

Survivors of Rape & Sexual Abuse cannot access support, the system is failing them. There is little or no statutory obligation to fund specialist rape crisis centres who are meeting the needs of survivors but can't cope with demands.

Summary

- Rape and sexual violence are significant public health and human rights issues, with long-lasting psychological, physical, and social impacts on survivors and their families. There is also a huge economic cost to society.
- The National Police Chief Council (NPCC) has recently stated that violence against women and girls has reach epidemic levels.
- There has been a 37% increase in the number of reported sexual offenses to the West Midlands Police.
- Experiencing sexual abuse can lead to negative mental health impacts including, distress, self-harm, suicidality, anxiety, depression, eating disorders, substance misuse, prescription drug use, and PTSD (Post Traumatic Stress Disorder).
- The average lifetime health cost per CSA (Childhood Sexual Abuse) survivor was estimated to be £4,917,989. The total lifetime health-related economic burden in England and Wales was estimated to be £2,999,973,262.
- Many survivors are unable to work or fully engage in society due to poor health as a result of sexual violence, many more report having a long-term mental health condition.
- There is not enough funding/capacity in the system to meet demand. There is only one specialist service for every 20,000 CSA survivors in the West Midlands Region. Some centres have closed their waiting lists due to overwhelming demands.
- There is strong evidence that specialist services are best placed to provide therapeutic and non-therapeutic interventions for survivors and their families.

1. Introduction

Rape and sexual violence are significant public health and human rights issues, with long-lasting psychological, physical, and social impacts on survivors and their families. There is also a huge economic cost to society. Specialist Rape Crisis Centres (RCCs) provide essential, trauma-informed specialist interventions that address the root cause (impact of trauma) and are critical for the recovery and empowerment of survivors – and the overall wellness of our society.

This briefing paper outlines the critical need for specialist RCCs, supported by statistical evidence.

2. Statistical Evidence

Violence Against Women and Girls (VAWG) has reached epidemic levels in England and Wales, in terms of its scale, complexity and impact on victims. We have seen a 37% increase in recorded VAWG related crimes from 2018/19 to 2022/23 and we estimate that at least 1 in every 12 women will be a victim of VAWG every year (2 million victims) and 1 in 20 adults in England and Wales will be a perpetrator of VAWG every year (2.3 million perpetrators). These are cautious estimates as we know much crime goes unreported and in policing, we often only see the tip of the iceberg¹.

Sexual violence remains a significant issue in Coventry, as it does across the UK. Below are some key statistics that highlight the urgency:

- **Reported Incidents**

Approximately 16.6% of adults aged 16 years and over (7.9 million people) have experienced sexual assault since the age of 16 years; 1.9 million were a victim of rape (7.7% women and 0.2% men)². In Coventry, this is the equivalent to 45,650 adults aged 16 and over having experienced sexual abuse as an adult³.

The Centre for Expertise on Child Sexual Abuse estimates that 10% of children in the UK have been sexually abused. This research suggests that 15% of girls and 5% of boys are victimised⁴. In Coventry, this is the equivalent to 6,830 children⁵.

The total number of sexual offences recorded by the West Midlands Police was 11,401 for the year ending March 2022. This represented a 37% increase on the

¹ National Policing Statement 2024 For Violence Against Women and Girls (VAWG) -

<https://news.npcc.police.uk/releases/call-to-action-as-violence-against-women-and-girls-epidemic-deepens-1>

² ONS Sexual offences in England and Wales year ending 2022

³ Based on the Coventry Joint Strategic Needs Assessment (2023) where it states that the population is 345,325 and estimated child population is 68,300

⁴ Centre of expertise on Child Sexual Abuse: Key messages from research on intra-familial child sexual abuse 2023

⁵ Based on the Coventry Joint Strategic Needs Assessment (2023) estimation of 68,300 children

previous year in the number of reported offences for the West Midlands PCC area, slightly higher than the 31% national increase in police-recorded offences⁶.

- **Underreporting**

The Children's Commissioner Report (2015) established that only 1 in 8 children who have experienced child abuse within the family are likely to be known by the authorities⁷.

The Crime Survey for England and Wales (CSEW) which includes crimes that are not reported to or recorded by the police, estimated that 1.1 million adults aged 16 years and over experienced sexual assault and abuse in the year ending March 2022 (798,000 women and 275,000 men)⁸. This equates to approximately 2.3% of adults (3.3% women and 1.2% men) having experienced sexual assault in a year including 140,000 rapes (0.3%).

That is the equivalent to 6,325 adults in Coventry experiencing rape or sexual assault each year⁹.

- **Impacts on Survivors**

Exposure to sexual violence has serious short and long-term consequences for a person's health and wellbeing. It can impact a person's capacity to participate in education, work, family and community life.

Experiencing sexual abuse can lead to negative mental health impacts including, distress, self-harm, suicidality, anxiety, depression, eating disorders, substance misuse, prescription drug use, and PTSD¹⁰.

40% of women with severe mental illness are victims of rape or attempted rape¹¹.

It's estimated that up to 94% of survivors of rape or sexual assault develop symptoms of PTSD in the first two weeks after the event, leading to around 50% of victims suffering long-term symptoms. This is even more pronounced with

⁶ ONS, 2023 – West Midlands Sexual Assault and Abuse Mental Health Needs Assessment. (It is worth noting that an increase in reported offenses may indicate better police practice meaning people are more inclined to report.)

⁷ Office of the Children's Commission, Annual Report 2015-16

⁸ ONS 2021

⁹ Based on the Coventry Joint Strategic Needs Assessment (2023) where it states that the population is 345,325 and estimated child population is 68,300

¹⁰ Khalifeh et al., 2015; Oram, 2019; O'Doherty et al.

¹¹ UCL website <https://www.ucl.ac.uk/news/2014/sep/40-women-severe-mental-illness-are-victims-rape-or-attempted-rape>

child victims, who often don't know how to seek the help needed, often resulting in a lifetime of PTSD, anxiety and depression¹².

PTSD is associated with increased risk of hypertension, cardiovascular disease¹³ and gastrointestinal problems¹⁴. Therefore, the significant physical and psychological impacts of sexual violence exposure can lead to long-term health conditions and/or disability.

Generally, people affected by poor mental health carry a much greater risk of sexual assault and abuse victimisation than those who do not, with research suggesting a 6-fold higher odds of recent/past year sexual victimisation among those with severe mental health issues compared with the general population¹⁵.

The relationship between sexual assault and abuse and poor mental health appears to be **bidirectional** where exposure to abuse leads to poor mental health, and having mental health difficulties places a person at increased risk of victimisation¹⁶.

- **Economic Costs**

The average lifetime health cost per CSA survivor was estimated to be £4,917,989. The total lifetime health-related economic burden in England and Wales was estimated to be £2,999,973,262¹⁷.

Previous research undertaken by the NSPCC estimated the costs of CSA in the UK in 2012 to be £3.2 billion¹⁸. Health related costs were estimated to be £182 million for the year ending 2012-13 (the equivalent to £261 million in 2024).

Findings from SARC users in the West Midlands revealed that¹⁹:

- A quarter were unable to work due to poor health
- Over 40% reported a long term mental health condition
- One-third had a long-standing illness or disability that limited them daily

¹² Cause of PTSD: Sexual Violence <https://www.ptsduk.org/what-is-ptsd/causes-of-ptsd/sexual-violence/#:~:text=It's%20estimated%20that%20up%20to,victims%20suffering%20long%2Dterm%20symptoms>

¹³ Jakubowski et al., 2018

¹⁴ Pietrzak et al., 2011

¹⁵ Khalifeh et al., 2016

¹⁶ West Midlands PCC Sexual Assault and Abuse Mental Health Needs Assessment 2024 (not yet published)

¹⁷ Denial, Disbelief & Delays – University of Suffolk and Survivors in transition

<https://survivorsintransition.co.uk/wp-content/uploads/2023/01/Focus-on-Survivors-III.pdf>

¹⁸ Saied-Tessier, A 2014

¹⁹ West Midlands PCC Sexual Assault and Abuse Mental Health Needs Assessment 2024 (not yet published)

- A third relied on social welfare and one in six experienced high levels of economic deprivation

- **Support Services Demand**

There is not enough funding/capacity in the system to meet demand. There is only one specialist service for every 20,000 CSA survivors in the West Midlands Region²⁰. Despite receiving over 900 referrals for counselling in 2023/24, CRASAC was only able to provide counselling to support 382 people in the same period.

The Rape and Sexual Abuse Support Fund is the only ring-fenced government funding for sexual violence and abuse services. The amount awarded by the Ministry of Justice to specialist RCCs in 2024-25 was £15.6 million, despite this 30% of Rape Crisis Centres are concerned there is a risk their centre closing in 2025-26²¹.

Due to such high demand and limited capacity, when Coventry City Council stopped funding CRASAC in 2024 (around 15% of its turnover) they had to close the counselling waiting list (albeit leaving it open for children under 13) for 9 months, and with it a permanent closure to their outreach service. At the time the funding was cut there were over 500 people waiting for counselling. The waiting list peaked in April 2023 when there were 600 people waiting, and in September 2024 (following a nine-month closure) there were still over 300 people waiting for counselling.

CRASAC provided a service for 1,739 people in 2023-24, 22% were children.

3. The Need for Specialist Services

There is strong evidence that suggests that counselling and emotional support provision for victims and survivors of sexual violence and abuse should be provided within the specialist sexual violence and abuse services such as Rape Crisis Centres.

- **Overburdened and unskilled statutory sector**

NHS and Social Services have such high thresholds that most people can't gain access, and the services they can access (eg IAPT) provide only short-term generic support. IAPT workers are not qualified counsellors; IAPT and other NHS/Health referrals account for around 30% of all CRASAC referrals.

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

²⁰ Centre of Expertise on Child Sexual Abuse: Support Matters 2024

²¹ RCEW: The Rape Crisis Funding Crisis 2024

70% were more satisfied with voluntary sector services than with statutory services²².

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.*” 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 survivors²³.

- **Medicalisation**

Academics and experts have evidenced the over reliance of medicalising and medicalisation within statutory mental health models of support for victims and survivors, and rather than getting to the root source of the distress and pain, there is a strong tendency to thinking about normal trauma responses as an illness or sickness with a diagnosis²⁴.

- **A Human Right**

Right 4 of the Victims Code is ‘*To be referred to services that support victims and have services and support tailored to their needs.*’

However, neither the ICBs or Local Authority recognise the acute and urgent issue and have no strategy or plan to address this huge gap in provision.

4. Features of a Specialist Provision

- **Positive Outcomes**

Rape Crisis Centres have a well-evidenced history of supporting survivors to achieve positive outcomes that survivors identify as meaningful and part of a process of re-establishing their lives. These include feeling more in control of their lives, experiencing better health and wellbeing, being more able to develop and maintain positive relationships with those who matter (including their children), demarcate and adhere to their boundaries, and being better able to assert their rights. There is an understanding of the deep-rooted inequalities that underpin and perpetuate sexual violence and abuse, which fundamentally shifts the distressing feelings of self-blame, isolation, and shame away from the individual survivor. Such approaches also help to situate trauma responses as natural responses to sexual violence and abuse²⁵.

²² Focus on Survivors 2022 <https://oars.uos.ac.uk/2622/1/Focus-on-Survivors-Final-Copy.pdf>

²³ IICSA: Support Services for victims and survivors of child sexual abuse 2020

²⁴ RCEW: Without them I'd be dead 2023

²⁵ RCEW: Without them I'd be dead 2024

CRASAC outcome data for 2023/24 shows clients reported high levels of improvement or stabilisation across many areas, examples include:

- Coping with feelings 95% (counselling)
- Sleep without nightmares or panic attacks 90% (counselling)
- Ability to cope without hurting myself 90% (counselling)
- Coping with emotions 100% (ISVA)
- Feeling safe 93% (ISVA)
- In control of my life 99% (ISVA)

- **Tailored responses**

As well as one to one specialist counselling and emotional support, one way Rape Crisis work continues to be transformative for victims and survivors is through group work, which enables survivors to find commonality with others with similar experiences, validates survivors, as well as reducing social isolation. Careful and considered risk assessments are made for this work, and professionals plan and facilitate it so that it is effective and safe for everyone.

This is opposed to the fixed medicalised model of treating a symptom, such as depression, which does not address the root cause, leading to only temporary relief.

- **Independent & Specialist**

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 services²⁶.

A report by an All-Party Parliamentary Group (Adult Survivors of Childhood Sexual Abuse) 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.*”²⁷.

²⁶ RCEW 2024

²⁷ APPG on Adult Survivors of Child Sexual Abuse, 2019

- **Women only safe space**

Whilst CRASAC offers a universal service, they recognise that sexual violence is a gender-based crime that disproportionately affects women and girls and to be able to heal from this, some women need a safe space to work through their trauma, they therefore provide a women only safe space.

Statutory agencies do not provide this, and quite often are not able to offer the choice of a female worker.

- **Prevention and awareness**

CRASAC is well-known, respected, and well connected in the community and is well placed to deliver prevention and awareness through outreach and education support. This service, which was addressing inequality of access, has been closed due to funding shortages.

- **Coordination with Existing Services**

CRASAC complements and works alongside many other existing services, such as the police, refuge, drug and alcohol services, and social workers, doing their best to coordinate a comprehensive response to sexual violence survivors in Coventry.

However, without support and investment from the local authority and ICB, the problem is too big for a small charity, who have been asking for a local sexual assault and abuse strategy to highlight the full extent of the issue.

Conclusion

The rising incidence of sexual violence in Coventry, combined with the current lack of capacity (due to lack of funding) in specialised support, underscores the **urgent** need for more capacity in the only dedicated rape crisis centre in the city of Coventry. Such a centre would provide essential, life-saving services to survivors, improve access to care, and help to mitigate the long-term impacts of sexual violence, saving millions of pounds to the public purse.

Coventry Rape & Sexual Abuse Centre (CRASAC) is a Charitable Incorporated Organisation, charity number 1115052. Is accredited with Rape Crisis England & Wales (National Service Standards) and an accredited member of the British Association of Counselling and Psychotherapy (BACP).

Natalie Thompson has been the CEO since July 2019.