



Sexual Violence and Assault Against Older People in NHS Hospitals in England



Research by
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By Amanda Warburton-Wynn



I am an independent researcher, consultant and trainer specialising in older victim-survivors of domestic abuse and sexual violence, survivors with disabilities and unpaid carers.

I am focused on highlighting victims of abuse who are often not represented in data, research and the media, and helping to ensure they receive the support they need to recover. Hourglass kindly published my original research paper on this topic in 2021 and I am very grateful that they are also publishing this 2024 version.

Hourglass are the only UK-wide charity working to end the abuse of older people and promote a safer ageing society for all. Hourglass exists to raise the profile of older victim-survivors of abuse and the charity works tirelessly to deliver services which are an invaluable support to victim-survivors, their families, friends and professionals. They deliver Europe's only 24/7 freephone Helpline dedicated to the abuse of older people and offer case work and specialist support across the UK.

The original research into this topic in 2021 was inspired by a lady called Valerie Kneale. Valerie passed away in Blackpool Victoria Hospital in November 2018, initially thought to be due to a stroke.

However, a post-mortem examination found Valerie had in fact died from internal haemorrhaging due to severe vaginal injuries. A member of staff from Blackpool Victoria Hospital was arrested on suspicion of raping Valerie but ultimately was not charged. However, this employee was charged with sexual assault against fellow staff and received a custodial sentence. Despite appeals on BBC Crimewatch and a £20,000 reward for information being offered by CrimeStoppers, no further charges have been made in relation to Mrs Kneale's death. The inquest for Mrs Kneale has still not taken place at the time of writing this paper.

Since publication of my **first paper**, I have presented at several Safeguarding Boards, NHS Trusts, national conferences and university lectures about the issue of sexual violence against older people in the hope of reducing incidents and improving outcomes for victims.

The aim of this new paper is to present data for the financial years from 2021-22 to 2023-24 to ascertain if there has been any significant increase or decrease in the number of recorded incidents.

Contact Hourglass 24/7: 0808 808 8141 and online www.wearehourglass.org

Data and Prevalence

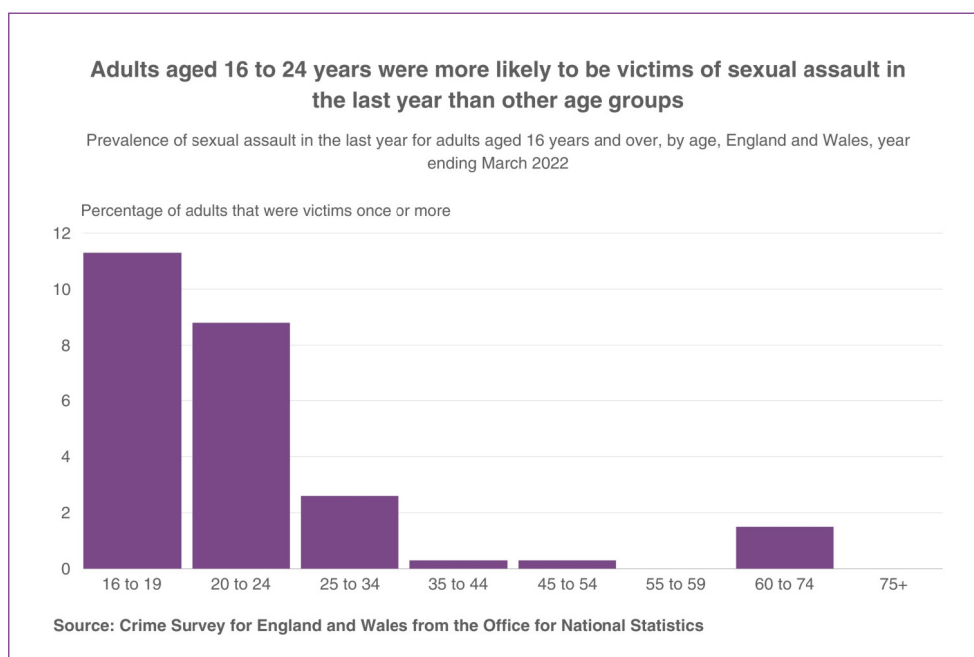
The main processes of data collection for sexual violence are police data and the Crime Survey for England and Wales (CSEW) (Office for National Statistics). However, until 2017, the CSEW capped data at age 59 resulting in a large portion of the population being excluded from data.

From 2017, the age limit increased to 74 and from 2021 the age cap was removed, and the Office of National Statistics continues to make improvements to the CSEW. However, it will take several years until enough data is collated to provide meaningful analysis of sexual violence against older people.

The Office of National Statistics (ONS) states that ‘Under-reporting to the police is particularly acute for sexual assaults, with many more offences committed than are reported to and recorded by the police.’ (Elkin, 2023) Rape Crisis England and Wales say that 5 in 6 women who are raped don’t report – and the same is true for 4 in 5 men (Rape Crisis England and Wales, 2023).

However, data from the Office of National Statistics for the year ending March 2022 (www.ons.gov.uk) found that 1.5% of adults in England and Wales aged 60-74 had experienced sexual assault in the last year, compared to 2.3 of all adults aged 16 and over. The data for adults aged 75 and over is suppressed due to small numbers.

Figure 1: Age breakdown, victims of sexual assault



In 2018/19, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services and Her Majesty's Crown Prosecution Service Inspectorate (HMCPSP) conducted a joint inspection of how the police and the Crown Prosecution Service (CPS) respond to crimes against older people (His Majesty's Inspectorate of Constabulary and Fire & Rescue Services). The report set out specific challenges that some older people face when reporting crimes including:

- not knowing how to report a crime;
- a perception of not wanting to be a burden or cause a problem;
- mental ill health or other cognitive problems;
- fear of retribution, especially if the perpetrator is a caregiver;
- shame;
- not being believed, or a fear of not being believed.

Given these potential barriers, alongside known under-reporting of sexual crimes as detailed above, it is not surprising that older victims of sexual assault are under represented in Police and Crown Prosecution Service data. In addition, the latest annual report from the Victims Commissioner (Murray, Welland and Storry, 2024) highlights the need for a dedicated older victims of crime strategy to improve experiences of the criminal justice system amongst older victims of crime, alongside data showing that only 38% of respondents (across all age groups) were confident the criminal justice system was fair.

Another potential source of data is NHS Digital findings from the Safeguarding Adults Collection (SAC). The latest return for the period 1 April 2022 to 31 March 2023 (NHS England, 2023) shows 8235 enquires relating to sexual abuse were completed in the period.

However, the data is not broken down to show the age range and location for each incident type so it is not possible to pull out data for sexual abuse against older victims in hospital settings. Additionally, this dataset only captures enquiries that meet the criteria for Adult at Risk under The Care Act 2014 (Care Act, 2014) and not all older people would meet the threshold for this type of support.

Other Research

A useful research paper about sexual assault of older people is Sexually Assaulted Older Women attending a Sexual Assault Referral Centre for a Forensic Medical Examination (Lee, JA et al 2019), which focused on women aged 70 or over attending a Sexual Assault Referral Centre (SARC) in Manchester over a ten-year period.

The researchers found that ‘the average age of clients was 83 years, all were white, and 95% were female. Two populations were identified: a less frail population who had been assaulted at home by an alleged stranger with greater physical violence alleged, and a frailer population, with a greater incidence of dementia (77%), who were alleged to have been assaulted by a caregiver or fellow resident in a place of care.’

Sexual violence against older people rarely receives media coverage or research focus. As Dr Hannah Bows states in her paper Sexual Violence Against Older People – A Review of the Empirical Literature (Bows, 2018), ‘Aging and sexual violence are both established areas of research, but little attention has been paid to research into sexual violence against older people.’

Definitions

There is no official UK definition of an ‘older person’. Social Care services have a threshold of age 65 and NHS England states that ‘Generally, someone over the age of 65 might be considered an older person (NHS England, 2022).

National charity Age UK uses 60 as the age at which a person can access their services (Age UK), however, some older people’s organisations and groups, such as social groups, who use age as a membership criterion will set the threshold at anyone over 50.

The term is also subjective – a 60-year-old may not consider themselves as an older person compared to, say, an 85-year-old. It is also more usual for people to continue to work into their 60s and beyond than it used to be so this can also affect whether someone views themselves as an ‘older person’. Due to these discrepancies, for this research I have focused on people aged 60 or over as a middle ground.

The Crown Prosecution Service (Crown Prosecution Service, 2022) defines rape and sexual assault as:

- **A rape** is when a person uses their penis without consent to penetrate the vagina, mouth, or anus of another person. Legally, a person without a penis cannot commit rape, but a female may be guilty of rape if they assist a male perpetrator in an attack.
- **Sexual assault** is where one person intentionally touches another person sexually without their consent. The touching can be done with any part of the body or with an object.
- **Assault by penetration** is where a person intentionally penetrates the vagina or anus of another person with any part of their body or an object without that person’s consent. The penetration has to be sexual.

Media Reported cases

In addition to the case of Valerie Kneale, an internet search for recent media reports produced the following results (note, these are just a selection)

- A care worker who was convicted of raping a 76-year-old woman in a care home in Manchester
<https://www.gmp.police.uk/news/greater-manchester/news/news/2023/july/man-sentenced-to-12-years-for-the-a-sexual-offence-against-an-elderly-woman-at-a-care-home-in-manchester/>
- A care worker who raped and sexually assaulted an unknown number of elderly patients in a series of horrific attacks across two care homes in Essex
<https://www.independent.co.uk/news/uk/crime/teo-todorovits-care-home-rapes-b2346454.htm>
- An NHS Nurse convicted of sexually assaulting a patient in her 80s during a home visit
<https://hellorayo.co.uk/greatest-hits/berkshire-north-hampshire/news/nurse-reading-jailed-sexual-assault/>
- In June 2023 the Daily Mail published an article about sexual assaults in hospitals (Waters, 2024) that included interviews with two survivors aged over 60
<https://www.dailymail.co.uk/health/article-13636059/horrifying-rape-sexual-assault-week-hospitals.html>

Findings from 2021 research

The paper ‘Sexual Violence and Assault Against Older People in Hospitals in England’ was published in 2021 and covered incidents over the five-year period from April 2016 to March 2021.

Using Freedom of Information requests, at least 75 incidents were counted in the data, although the actual figure could have been more due to some Trusts citing General Data Protection Regulations recommendations to suppress low numbers to avoid identification of victims so only one could be counted for each Trust who cited this in their response.

The Freedom of Information request was sent to all 233 NHS Trusts in England that were operational at that time (some NHS Trusts cover more than one hospital).

- 92 responses were received
- 45 responses were a ‘nil return’ (ie no recorded incidents or data not available)
- 46 responded that they held data on the subject of the FOI.

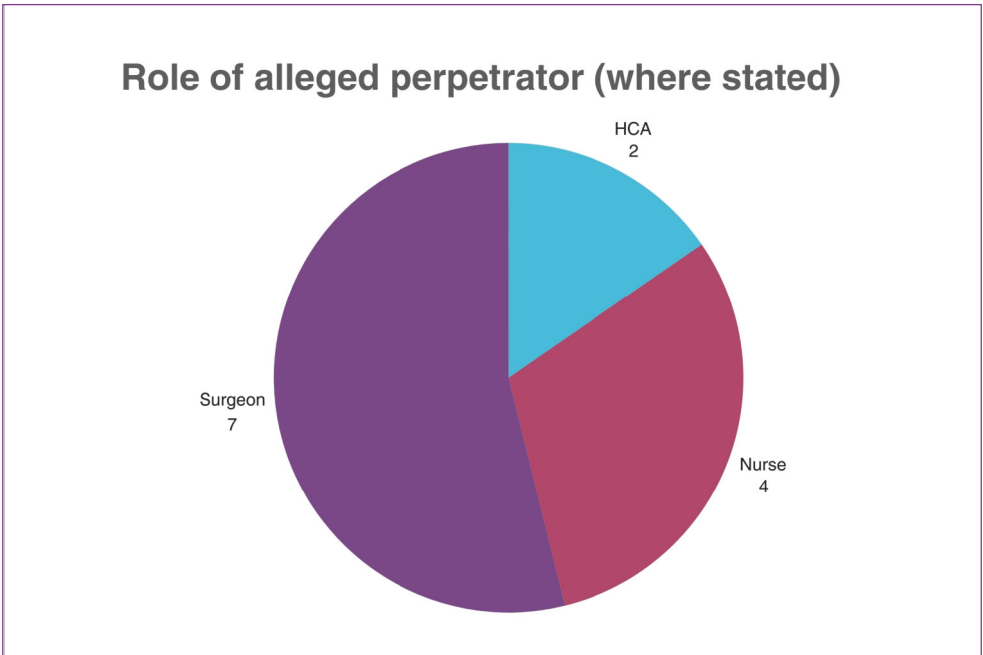
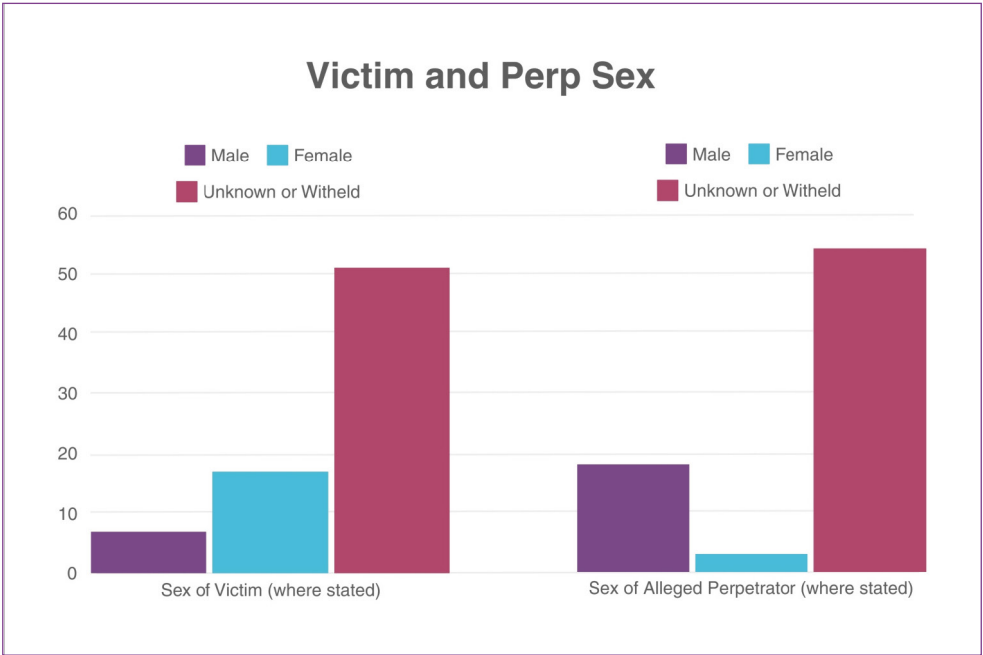
Of the NHS Trusts not represented in this data, some of them were specialist hospitals – ie children’s hospital or antenatal service only – so not relevant to this research and others did not respond to the FOI request.

Of the data that was provided, there were 56 individual reports of sexual assault against patients over 60 where the alleged perpetrator was a member of staff, and the hospital were able to answer all or most of the questions.

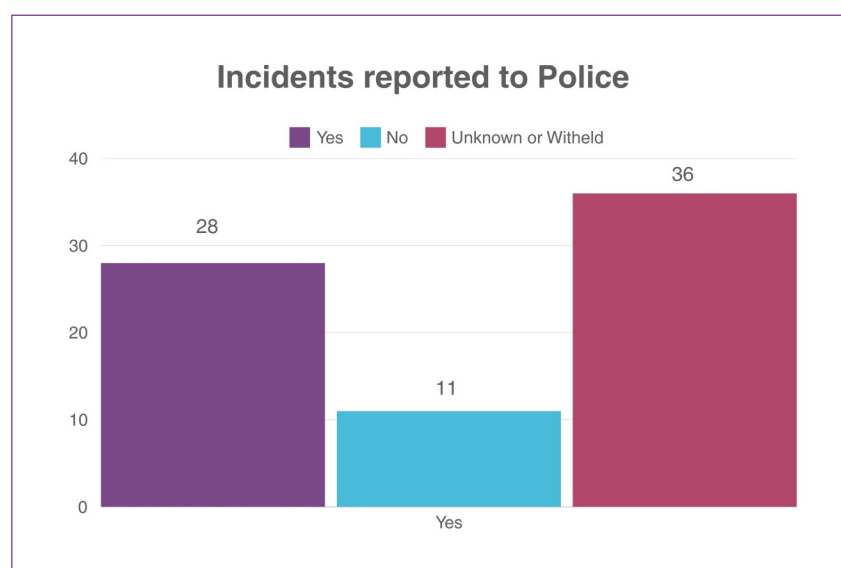
In addition, 19 hospitals advised that the number of incidents was less than 5, therefore under the General Data Protection Regulations they are not required to break down this information as low numbers may lead to identification of individuals.

Assuming these account for at least one case each, the research counted at least 75 reported incidents.

NB: The breakdowns shown below may differ slightly from the original report published in 2021 because some Trusts responded with originally delayed information after the report was published so the new information has been included below.



Responses indicated that 10 of the police reported cases were closed by police as No Further Action. In 18 of the police reported cases, the hospital did not know the outcome of the police investigation.



Internal Disciplinary Processes

In three cases, the staff member was dismissed, one incident was reported to the General Medical Council and, in one case, the alleged perpetrator was asked to apologise to the victim and their behaviour was monitored.

Recommendations from 2021 research

1. All hospitals should record allegations of sexual assault separately within safeguarding recording, ensuring details such as gender and age of victim are recorded. NHS England Managing Safeguarding Allegations Against Staff sets out the record keeping requirements, but the policy states these records should only be retained until the patient is 79. This could result in allegations being deleted from files or this may be interpreted as recording not needed if the patient is over 79 years. NHS Scotland and NHS Wales policies do not appear to set out the recording requirements so this should be considered.
2. Where an allegation is made by an older person, it should not be assumed by hospital staff that the allegation is false if the patient has underlying health issues such as dementia, lacks mental capacity or if they cannot remember or prove who the perpetrator was.
3. If an older person makes an allegation of sexual assault in hospital, they should be signposted to specialist support by the hospital such as Rape Crisis or the nearest Sexual Assault Referral Centre. These organisations may need to ensure their services are suitable for older people and that awareness materials do not focus solely on young survivors.
4. NHS Trusts should consider the use of the permissive pathway to share information to prevent a crime (Section 115 of the Crime and Disorder Act 1998) in requesting the outcome of police investigations into reports of sexual assault by hospital staff, as a potential way to monitor conduct of staff accused of such crimes.
5. The Crown Prosecution Service should review their Policy for Prosecuting Crimes against Older People to ensure it is up to date and being followed by CPS staff.

2024 Research - Methodology

Freedom of Information Requests were submitted in June 2024 to all NHS Hospital Trusts that have patients aged 60 and over (n201) in England requesting the following information:

Total reports of sexual assault related incidents perpetrated by NHS/hospital staff (including agency and support staff) where the victim was a patient aged 60 or over covering the three financial years 2021- 22 to 2023-24.

Where incidents were recorded, the Trust was asked to provide further information in respect to:

- The gender of victims linked to the above incidents
- The gender of the alleged perpetrators linked to the above incidents
- The professional role of the alleged perpetrator linked to the above incidents
- The location of the reported incident – ie single sex ward/mixed sex ward/theatre/public area
- Whether the report led to a crime being reported to police
- If no Police report was made, why was this?
- Whether the incident was referred to the local Sexual Assault Referral Centre for services such as forensics
- Whether the victim was referred or signposted to specialist sexual violence support services

All Trusts were also asked:

- If they have a Sexual Safety Policy in place
- If that policy specifically mentions sexual assaults against older people
- If staff receive training on sexual assaults against people with dementia and whether such training is mandatory

Findings and Analysis

Of the 198 hospital trusts that were sent the FOI request, 148 responded to say they held this data, two said they did not hold the data and 48 had not responded by the time this paper was written (six weeks after the FOI deadline) despite follow-ups.

Four Trusts were unable to provide responses to the data questions as they do not record the age of the victim in such incidents and five Trusts refused, stating that complying with the FOI would exceed the appropriate cost limits under section 12 of the FOI Act. Two Trusts were unable to supply data as their systems do not record the assault type in a reportable format.

For those Trusts that did submit a full response, 54 reported there were zero incidents meeting the criteria of the FOI in the period referenced.

For those providing a positive return, at least 274 allegations of staff perpetrated sexual assault against patients aged 60 and over were reported over the three financial years 2021-22, 2022-23 and 2023-24. For 31 responses, exact numbers were redacted due to the risk of identifying victims under the General Data Protection Regulations which means only one incident can be counted for each of these.

Where the exact number of incidents per year was reported (not including numbers withheld under GDPR) the breakdown of incidents by financial year is fairly consistent, as shown below.

2021-22	2022-23	2023-24
60	53	58

Sex of Victims

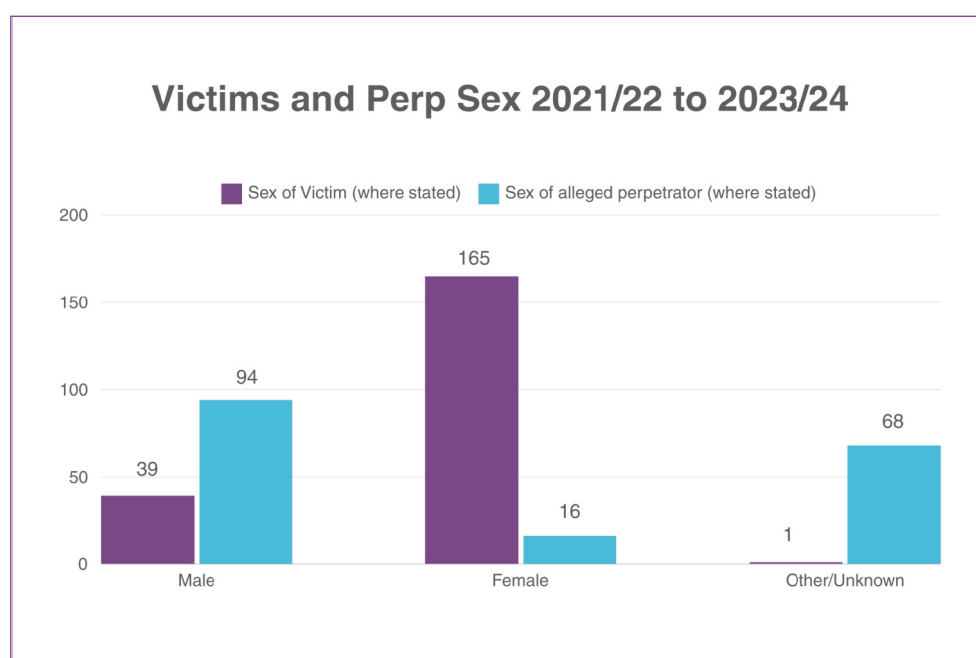
The latest data from the Office of National Statistics (Elkin, 2023) reports that in 86% of sexual crimes (all ages) for the year ending March 2022, the victim was female. It is not possible to assess if the full results of the FOI request replicate this statistic because the sex of the victim was not stated in all cases. However, where the sex was stated, 80.8% of victims were female which is broadly in line with national data.

ONS data also shows that 9% of victims of sexual offences (all ages) are male. Again, the full data for the FOI cannot be analysed but, where the victim sex was stated, 19.1% were male which is just over double the national rate. This could indicate that older men are at more risk of sexual assault in a hospital setting than the general population.

Sex of Alleged Perpetrator

The latest available data from the ONS indicates that 98% of perpetrators of sexual offences are male. The FOI data where alleged perpetrator sex was given, shows that 85% of alleged perpetrators were male which is slightly below the ONS data.

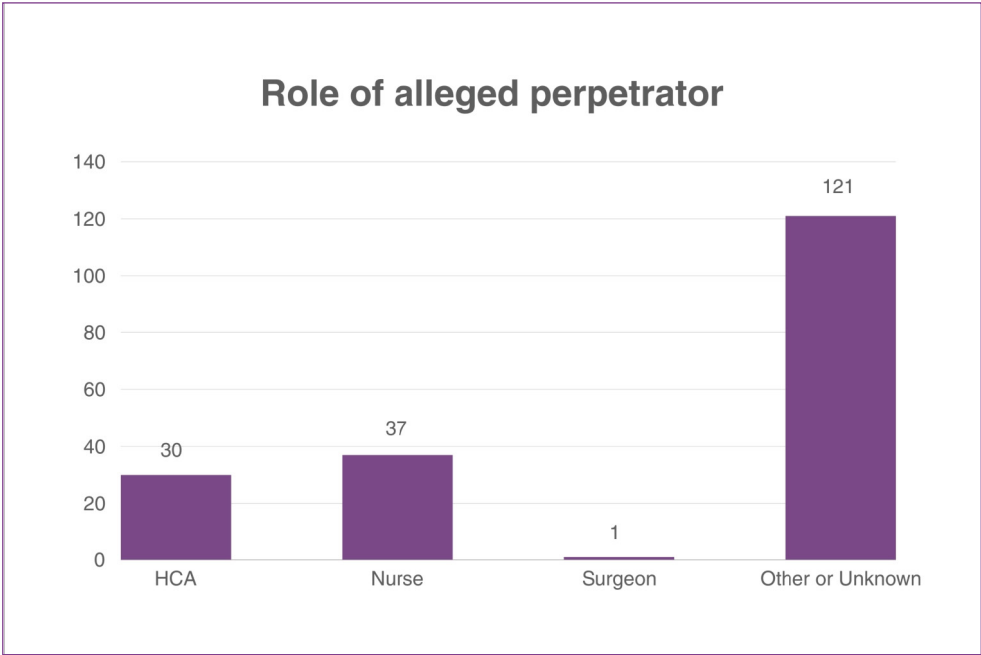
Figure 2: Sex of victims and alleged perpetrators



Role of Alleged Perpetrator

In the 2021 research, Health Care Assistant was given as the alleged perpetrator role most frequently, where the role was stated. In the 2021-22 to 2023-24 data the role of Nurse or Nursing Staff was given most frequently with Health Care Assistant being second most frequent. It should be noted that the alleged perpetrator role was not given for 121 incidents.

Figure 3: Job role of alleged perpetrator



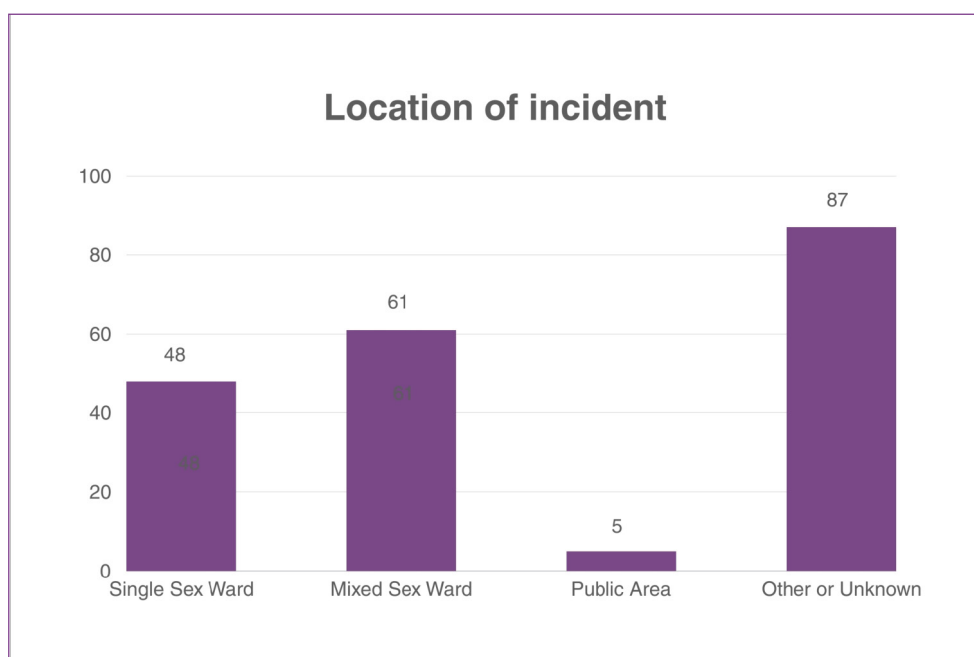
Location of Incident

Guidance added to the NHS constitution in 2012 states that hospital patients will not share sleeping accommodation with members of the opposite sex “except where appropriate”.

Exemptions include critical care wards or patients receiving treatment, such as chemotherapy, where they “may derive comfort from the presence of other patients with similar conditions”. The Guardian reported in October 2023 (Norris, 2023) that NHS England has recorded more than 120,000 breaches of its mixed-sex hospital accommodation guidance in the past six years.

As this research is looking at alleged sexual assaults by staff members, not by patients, it is unlikely that mixed sex wards would have an impact on data but the FOI asked the location of each reported incident. As the table below shows, most incidents took place in settings outside of wards or public areas, or the report didn’t specify where it took place.

Figure 4: Location of alleged incident



Police reports

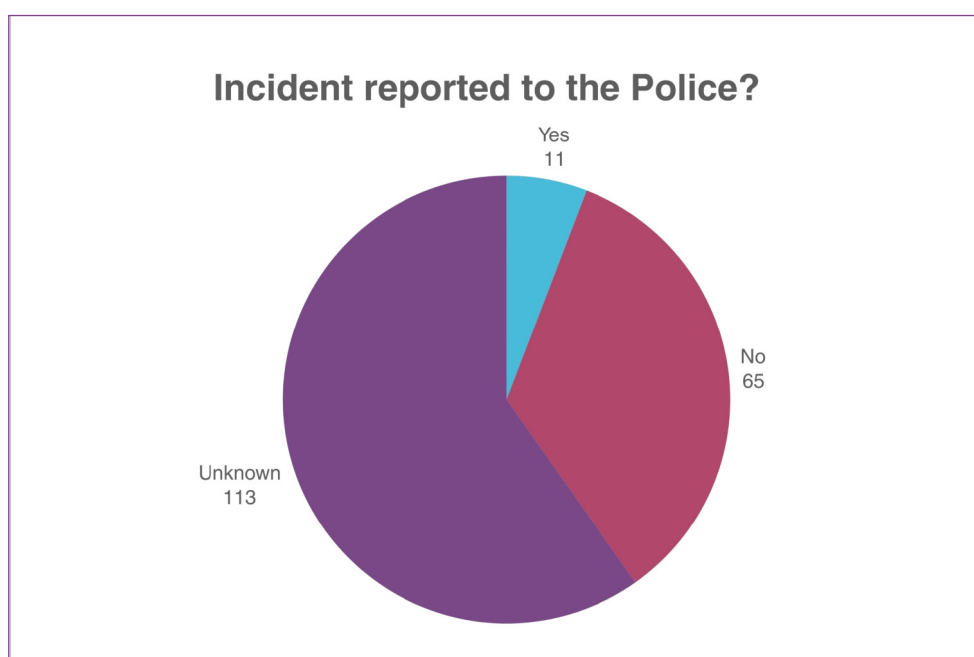
Where it was stated if the incident was or was not reported to police by the NHS Trust, 63.4% of these incidents were reported, but in eleven cases the Trust said they did not know if the incident was reported or not. Interestingly, in the 2021 research 71% of cases were a positive report to police (where this data was known). This could indicate a decrease in incidents being reported to police by NHS Trusts.

In a few cases, the Trust said they did not report the incident to police as internal investigations concluded the allegation was unfounded. It is a requirement of the Care Act 2014 Statutory Guidance that multi-agency Safeguarding Adults Boards should establish and agree a framework and process for any organisation to respond to allegations against “anyone who works, (in either a paid or an unpaid capacity) with adults with care and support needs” (NHS England, 2022).

This, in practice, leaves NHS Trusts responsible for developing their own policies on ‘Managing Allegations Against Staff’, taking into consideration legal requirements around safeguarding children and adults. An online search conducted in August 2024 found that NHS Trust policies on reporting allegations of sexual assault by staff to the police varied, with some Trusts requiring that all allegations are reported to the police immediately and others suggesting internal investigations should take priority.

As the majority of Trusts responding in the 2021 research stated that they did not know the police outcomes of reports, this question was not asked in the latest research but Trusts volunteered that eleven incidents were closed by Police with No Further Action.

Figure 5: Were allegations reported to police?



Referral to specialist support

A key finding of the 2021 research was that, anecdotally, many Trusts did not refer victims to either the Sexual Assault Referral Centre (SARC) for forensic examination or to specialist sexual violence support services for recovery support, therefore Trusts were again asked about such referrals in the 2024 FOI request.

Of the Trusts that provided data for this question, only 13 incidents were referred to a SARC and 70 were not, with the answer being 'unknown' in 22 cases. The 2021 research highlighted that SARC referral should be considered for all reported sexual incidents and that SARC practitioners can visit hospitals to carry out testing, including forensic examinations, at the site of the alleged assault so the victim does not have to go to the SARC if unable to do so due to health.

In terms of referral to specialist sexual violence support services, where a response to this question was given, 25 incidents were referred and 57 were not with 22 stating this was unknown. However, it could be that these victims self-referred to such services.

One Trust said they had an on-site Independent Sexual Violence Adviser who would be involved where an incident of sexual assault was reported, this is a very positive step. Rape Crisis England and Wales collate annual data on survivors that receive support from Rape Crisis Centres and this includes an age category of survivors aged 55 and over.

It is worth noting that, in the latest Victims Commissioner report mentioned above, only 25% of respondents agreed or strongly agreed to the statement 'Victims are fully supported by victims' services' and agreement with this statement steadily declined with age, with only 19% agreement from respondents aged over 65.

Sexual Safety

On 4 September 2023, NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system. Signatories to this charter were asked to commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this. It was expected that signatories would implement all ten commitments by July 2024 (www.England.NHS.uk).

The Sexual Safety in Healthcare Charter (NHS England, 2023) makes specific references to protecting the workforce and the workplace as well as mentioning alleged perpetrators but it does not mention patients as a category of potential victims. It is hard to determine if the Sexual Safety in Healthcare Charter is for the protection of staff only.

To support implementation of the charter, NHS England committed to providing for local adoption or adaptation:

- policies on both sexual misconduct and domestic abuse developed by an expert advisory group including trade union representation
- training materials, including on how to respond appropriately to disclosures of sexual misconduct or abuse
- improved support offers for staff
- a toolkit signposting to sources of further support following a disclosure.

In 2023, all trusts and integrated care boards (ICBs) were asked to appoint a domestic abuse and sexual violence (DASV) lead to support a review of policies in relation to sexual misconduct and domestic abuse in each NHS Trust.

In the responses to the FOI request, 60 Trusts said they had a Sexual Safety Policy or Charter or that it was in the process of being signed off and 20 of these said that it specifically references older patients. As stated above, the NHS England website is unclear as to whether Sexual Safety Policies relate to patients, staff or both so these responses indicate there is also confusion about this within individual NHS Trusts.

Some Trusts stated that the People in Positions of Trust (PiPoT) policy would be activated when allegations against staff were made. This is in line with The Care Act (gov.uk, 2014) that defines people in positions of trust (PiPoT) as “people who work in paid or unpaid capacity, including celebrities and people undertaking charitable duties with adults with care and support needs”. It is a requirement of the Care Act 2014 Statutory Guidance that Safeguarding Adults Boards should establish and agree a framework and process for any organisation to respond to allegations against “anyone who works, (in either a paid or an unpaid capacity) with adults with care and support needs”.

Additionally, some Trusts indicated that their Safeguarding Adults policy would be appropriate in such cases. However, nationally, only 29% of Safeguarding Adults referrals proceed to a safeguarding enquiry (NHS England, 2023) and, in many cases, this is because the person does not meet the Adult at Risk threshold. Therefore, this highlights a potential concern that these incidents could be referred inappropriately to Safeguarding Adults with no clear policy in place of what to do if the referral is rejected.

Training

The FOI Request also asked if the Trust had any Sexual Safety Training that covered patients with dementia? Online training on ‘Identifying and Responding to Sexual Assault and Abuse is available to NHS Staff via the E-Learning for Healthcare Hub (elearning for healthcare, 2021) but this does not seem to be mandatory training for all staff and the full content is restricted to NHS staff only so content cannot be commented upon.

Some responses referenced training on sexual assaults against patients with dementia and, specifically, the notion that people with dementia can display sexual disinhibition. Whilst this can happen with some dementia sufferers

(Dementia UK), it is important to be aware that this should not be automatically assumed when a patient with dementia makes an allegation of sexual assault and may, in fact, present an opportunity to perpetrators in knowing that the assault may not be fully investigated due to this assumption.

NHS England sets out mandatory training requirements depending on the role level. Some training is mandatory for all staff working in healthcare and this includes Adult Safeguarding and Children Safeguarding which can be undertaken via an elearning module.

The majority of responses made reference to Safeguarding Training and stated that referrals via their local safeguarding arrangements would have been made in regard to reported sexual incidents against older people. However, it should be noted that thresholds for Adults at Risk Safeguarding Investigations, under the Care Act 2014 do not include age as a sole factor for eligibility.

Therefore, as detailed in the previous section, it is likely that the majority of Safeguarding Adults referrals would have been rejected and the responses do not indicate any follow-up process if this were the case.

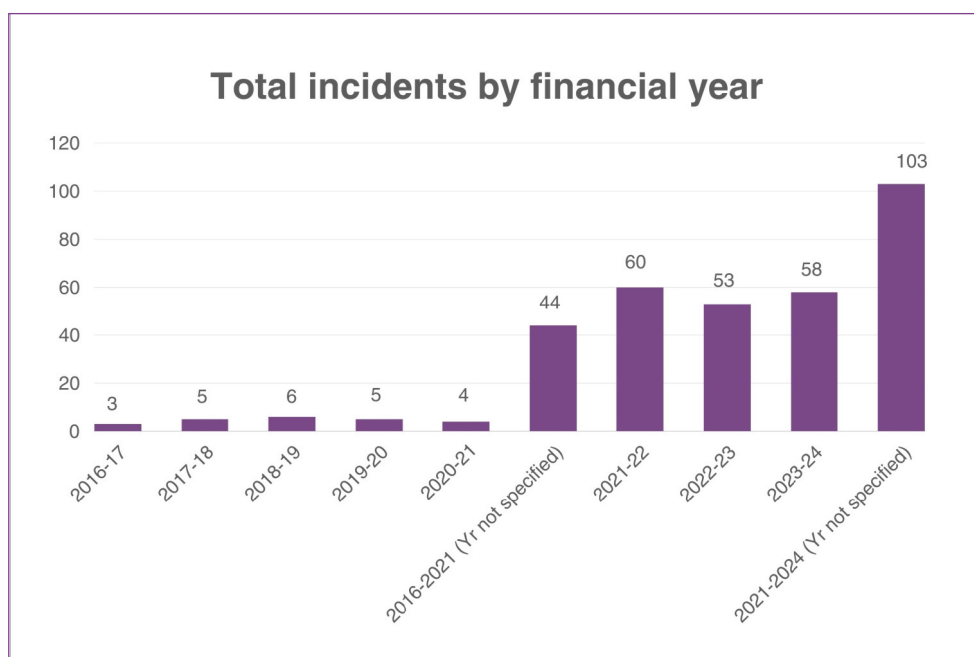
Conclusions

The raw data shows an increase from at least 75 reported incidents over a 5-year period to at least 274 over a 3-year period.

The chart below shows the total number (at least) of incidents over the entire eight financial years covered by both research papers.

The percentage increase is hard to analyse because some responses to both FOI requests gave an overall figure for all three financial years, instead of the breakdown of total incidents by financial year as requested.

However, it is clear from the data that there has been a significant increase in reported incidents since the previous research paper was published in 2021.



Notably, several Trusts were unable to report full data – this included four Trusts who stated that they do not record the age of victims, along with a lot of returns where full data was not available in relation to role of alleged perpetrator or location of incident.

In recent years there have been several media articles highlighting sexual assaults by people in positions of trust. These have included exposes on settings such as universities and mental health in patient wards. NHS England

appear to have taken such allegations relating to their settings seriously by introducing a range of measures including sexual safety policies and Domestic Abuse and Sexual Violence Leads within NHS Trusts.

It is clear from the data that reports of sexual assaults against patients aged over 60, where the alleged perpetrator is a member of hospital staff, are increasing. However, it is not possible to say whether this increase is due to more incidents taking place or being reported or more robust recording and awareness. There remains some inconsistencies in data collection however, with some Trusts responding to the FOI that they were unable to provide the data for various reasons, as stated in above sections.

Significant concerns appear to remain about criminal justice responses to incidents specified in this paper, with only a third of cases definitely reported to police and, where information was given, high numbers of cases closed as No Further Action by the Police.

This is likely due, in part, to lack of evidence – either forensic or corroborating the victim statement. A few Trusts included notes in their FOI response such as ‘patient unable to identify perpetrator’ - this is perhaps more significant than usual in regards to older victims in hospital who may be experiencing adverse effects of medication, under or recovering from anaesthetic or who may have dementia. As some responses mentioned sexual disinhibition behaviours with dementia, this may indicate that a disproportionate number of sexual assault reports are being attributed to this.

In almost all responses, where incidents had taken place, there was either no report to the Sexual Assault Referral Centre or the record did not state if referral had happened. This highlights that, were referrals to SARC routinely made, perhaps this may increase the number of positive criminal justice outcomes. SARCs are able to conduct forensic examinations on-site if the victim is unable to get to a Centre and there are often misconceptions about how long after an incident forensics are possible.

Only 25 incidents were definitely referred to specialist sexual violence support services by the hospital. The reasons for this may be that the victim declined referral or they may have self-referred but it may also indicate that Trusts didn't feel the victim would benefit from referral or signposting. This could tie in with low numbers reporting to police or lack of criminal justice outcomes – perhaps a feeling that if there is no criminal case then the assault didn't happen and therefore the victim doesn't need support.

It could also be the case that, because sexual violence victims are usually depicted as young, attractive women and perpetrators as strangers – resulting in a common rape myth that only sexual violence meeting these stereotypes constitutes “real rape.” (DuMont et al., 2003) – older victims simply do not recognise themselves as needing support. The paper Perceptions of Sexual Violence in Later Life (Hand, 2021) suggests that older people remain largely excluded from sexual violence prevention and intervention, owing to perceptions of older adults as asexual or undesirable due to intersectional ageism and sexism.

Recommendations

Progress against 2021 recommendations

As a result of presenting the first research paper to local Safeguarding Adults Boards (SABs), Cambridgeshire SAB conducted an audit of local hospitals to ensure that sexual assaults against patients where the alleged perpetrator was a member of staff were being recorded accurately, responded to appropriately and that each hospital understood the People in Positions of Trust policy.

Cambridgeshire Constabulary reviewed their multi-agency guidance on Reporting a Crime and Preserving Evidence in Adult Care Settings to ensure that it referenced alleged assaults in hospital settings and the importance of securing forensic evidence where possible.

New Recommendations and 2021 recommendations carried over

1. Standard recording for sexual incidents should be introduced across the NHS – if this is already in place, efforts should be made to ensure that all information is recorded and easily accessible.
2. National guidance should be amended to ensure that all hospital trusts should report all alleged incidents to Police.
3. Increased understanding of Safeguarding Adults thresholds and criteria is required in the NHS to ensure that referrals are made appropriately for those who meet Adult at Risk criteria. Where sexual assaults against older patients are referred inappropriately to Safeguarding Adults, Trusts should ensure they follow up using other safety procedures such as PiPoT.
4. The Crown Prosecution Service should update their guidance on Prosecuting Crimes against Older People (Crown Prosecution Service, 2023) as this still states that cases should be referred to 'Social Services' and doesn't reference the Adult at Risk threshold under The Care Act. This is in line with a recommendation from the latest Victims Commissioner report that recommends the Ministry of Justice publish a strategy for improving experiences of the criminal justice system amongst older victims of crime, with specific reference to improving support services for these victims, and b). That the Ministry of Justice use the statutory guidance in respect of the Duty to Collaborate to ensure commissioners of victims' services provide specialist services tailored for older victims.
5. NHS Digital should increase the scope of their Adult Safeguarding data publications to include breakdown of cases that were rejected as not meeting the Adult at Risk threshold. Whilst the term 'vulnerable adult' is no longer used, many older people are in vulnerable situations due to, for example, health issues or providing care for others and not meeting the Adult at Risk threshold does not always mean they are able to find support for themselves.

6. Where an allegation is made by an older person, it should not be assumed by hospital staff that the allegation is false if the patient has underlying health issues such as dementia, lacks mental capacity or if they cannot remember or prove who the perpetrator was. ²³
7. If an older person makes an allegation of sexual assault in hospital, they should be signposted to specialist support by the hospital such as Rape Crisis or the nearest Sexual Assault Referral Centre. These organisations may need to ensure their services are suitable for older people and that awareness materials do not focus solely on young survivors. A good example is the film 'Sharon & Irene' commissioned by Rape Crisis Tyneside and Northumberland to raise awareness of sexual assault and abuse of older people.
8. Training should be developed around sexual violence and older people for use in the NHS, highlighting the specific risks, policies and protocols to follow when allegations are made and national and local support routes for victims.
9. NHS Trusts should consider the use of the permissive pathway to share information to prevent a crime (Section 115 of the Crime and Disorder Act 1998) in requesting the outcome of police investigations into reports of sexual assault by hospital staff, as a potential way to monitor conduct of staff accused of such crimes.
10. NHS England should issue clarification on whether Sexual Safety Policies and Sexual Safety Charters relate to staff, patients or both.

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