



Sexual Incidents in Adults Social Care; Evidence Review Briefing

Introduction

This briefing summarises the Sexual Incidents in Adults Social Care Evidence review commissioned by the DHSC in August 2021. The evidence review aims to identify the scale and nature of sexual incidents in adult social care settings, and explores seven specific questions that are outlined in this briefing.

Methodology

The evidence review comprised of three separate activities:

Administrative data analysis of:

- 661 statutory notifications received by the Care Quality Commission within a three-month period in 2018. Registered providers must notify the CQC about certain changes, events and incidents that affect their service and the people who use it. Notifications received by the CQC may be passed onto local authorities and therefore also appear on their statistics.
- Analysis of the Section 42 enquiries made to local authorities contained within the **Safeguarding Adults Collection**. The Safeguarding Adults Collection (SAC) records safeguarding activity relating to adults aged 18 and over with care and support needs in England. Data are known as 'Section 42 safeguarding enquiries' and are recorded by safeguarding teams based in local authorities (LAs) and submitted to NHS Digital through a secure data collection system. NHS Digital supported access to the sexual abuse and sexual exploitation data by setting for 2019/20 and 2020/21, and by alleged abuser for 2018/19 to 2020/21.

A review of the literature focusing on literature published since 2010. Key health and social care databases were searched, along with cited reference searching.

National Safeguarding Adults Reviews – A request to the Safeguarding Adults Board (SAB) Business Managers Network identified five Safeguarding Adult Reviews (SAR) relating to sexual abuse in adult social care. These were qualitatively analysed with a focus on the barriers and enablers to protecting people from sexual abuse in adult social care settings.

1) What is the incidence/prevalence of sexual abuse in adult social care settings in the UK?

Administrative data analysis

The data includes all notifications (where a single notification can include more than

one incident), not only those where the alleged perpetrator is a member of staff (see section 4 for breakdown).

As reported by CQC (2020), of the 661 notifications, 86% were from either a residential care home (303 notifications – 46%), a nursing home (184 notifications – 28%), or from a domiciliary care service (81 notifications – 12%). The remaining 93 notifications were sent from a range of services, such as supported living, Shared Lives, and extra care housing (2.5%) or from services that provide more than one type of care provision (11.5%).

Based on the three-month period of CQC data and drawing on figures that there were approximately **420,000** adults living in care homes, **814,000** using domiciliary care, **42,700** extra care units and **12,800** adult Shared Lives placements, the number of incidents for this data sample were:

- 1.23 incidents per 1,000 people living in care homes
- 0.16 incidents per 1,000 people using domiciliary care
- 0.16 incidents per 1,000 people living in extra care
- 0.78 incidents per 1,000 people using Shared Lives

This data should be treated with extreme caution however as there are inaccuracies in both the incidents data and the number of people in each setting. It is unknown if the detection and reporting of incidents is better in some settings than in others.

The Safeguarding Adults Collection data covers full years, whereas the CQC notifications data is for a three-month period in 2018. Multiplying the CQC data by four allows more of a comparison to the sexual abuse and exploitation SAC data combined. Nursing home incidents are higher in the CQC data (**768 vs 560** for 2019/2), but more similar for residential homes (**1,300 and 1,405**). Incidents in a person's 'own home' are far higher in the SAC data (**3,030**) than in the CQC domiciliary care data (**528**), although this may be due to Section 42 enquiries capturing domestic abuse in home settings.

The literature studies conducted both in the UK and internationally suggest a widespread underreporting within care settings. There are a limited number of UK studies examining the incidence/prevalence of sexual abuse in adult social care settings. In the international report, levels of sexual incidents within care homes range in incidence from 0.7% to 5.56%. Research examining the prevalence of sexual incidents in those with learning disabilities is limited. In one UK study (Cambridge et al. 2011) where referrals to two local authorities to Kent and Medway during the years 1998 to 2005 were combined, the referrals for alleged sexual abuse represented just over one fifth (21.4%) of all adult protection referrals for people with a learning disability (1,857).

2) How is sexual abuse defined in the studies and in the sector?

Within the sector, sexual incidents or abuse are most often defined as an incident involving a behaviour which is sexual in nature which is unwanted or makes another person uncomfortable. Within the literature, the types of unwanted sexual behaviour

are broadly defined as either physical or non-physical, specific examples include but are not limited to:

Contact	Non-contact
Rape, attempted rape or sexual assault; Inappropriate touch anywhere; non-consensual masturbation of either or both persons; non-consensual sexual penetration or attempted penetration of the vagina, anus or mouth (SCIE, 2015).	Inappropriate looking, sexual teasing or innuendo or sexual harassment; Sexual photography or forced use of pornography or witnessing of sexual acts; indecent exposure (SCIE, 2015).

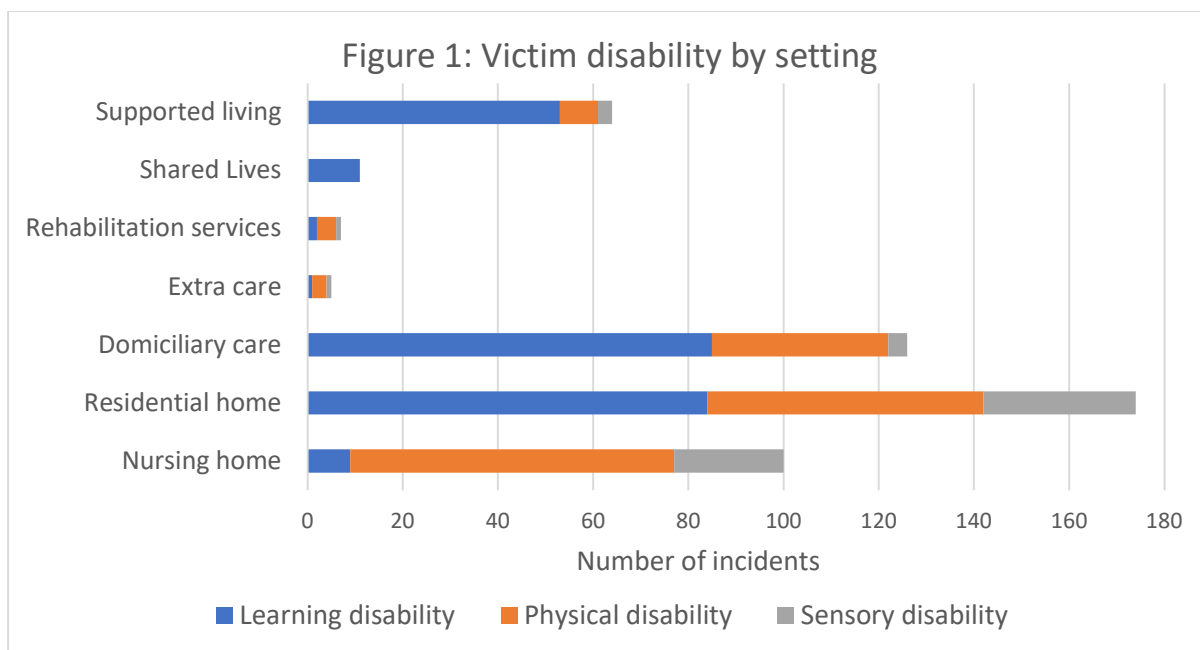
CQC (2020) noted that 5% of sexual incidents in the notifications they reviewed related to consensual activity between people using services, so that falls outside of the scope of ‘abuse’, but there was little evidence of staff supporting safe consensual activities.

3) Which groups of people are most at risk of being affected by sexual abuse in adult social care settings?

Based on the three-month period of CQC data consisting of 661 notifications

Gender	Women were over three times more likely to be affected by sexual incidents than men.
Ethnicity	92% were White, with the remainder coming from a variety of ethnic backgrounds. (89% of people using adult social care services reported their ethnicity as White in 2017/18.)
Disability	In 49% of notifications, one or more of the people affected were living with a form of disability, such as a learning, sensory or other physical disability.
Sexual Orientation	70% were reported to be heterosexual, while just over 1% were lesbian, bisexual, gay or transgender (based on data available for 635 people).

Figure 1 breaks down disability (where known) of the person who has experienced abuse (referred to as ‘victim’ in the CQC dataset) by setting, demonstrating variations across sectors.



The findings from the data analysis mirrors those findings within the literature, though research is limited. Within the population of older adults, being a woman, increasing age and limited mental capacity were key risk factors for those at risk of being affected by sexual incidents both within the UK and in international studies (CQC 2020, Yon et al. 2020, Abner et al. 2019, Smith et al. 2018, Malmedal et al. 2015, and Teaster et al. 2015). For people with learning disabilities, women appear to be at higher risk of experiencing sexual incidents, but research is limited.

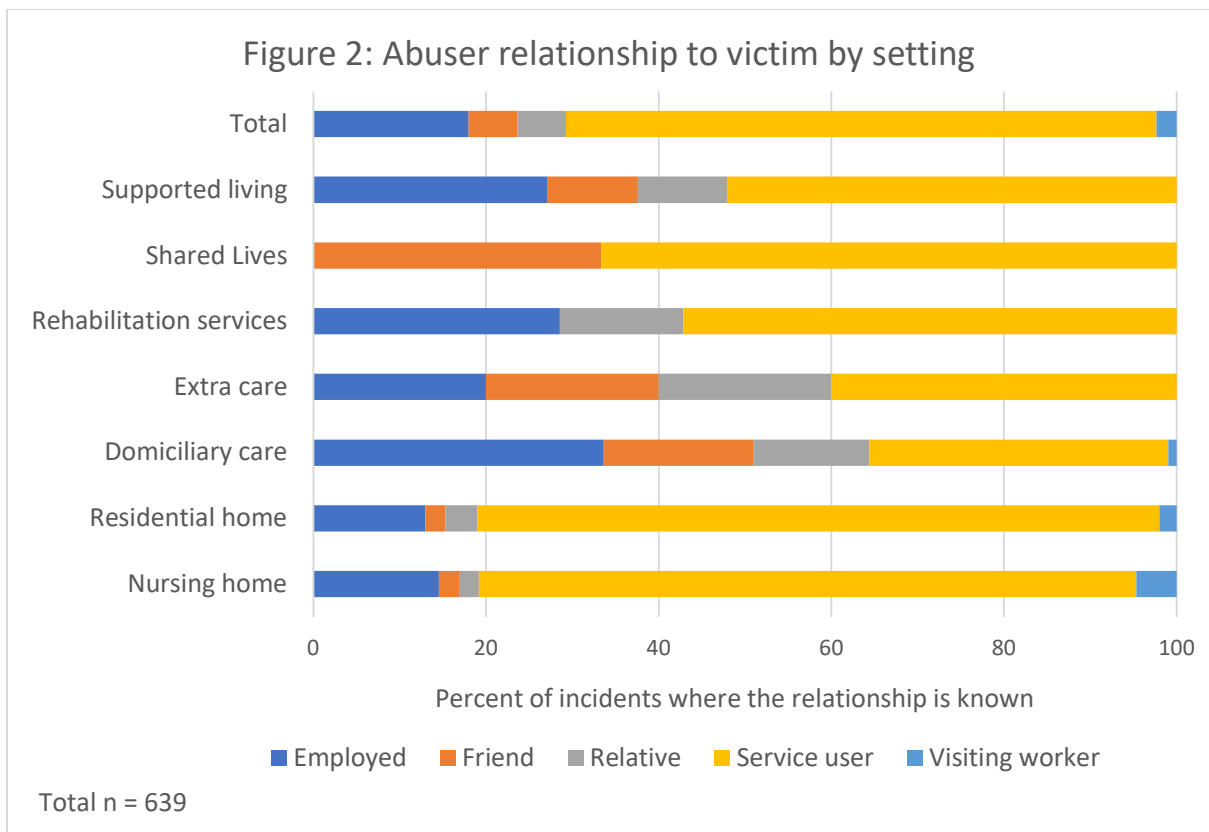
We did not find data that included sexual incidents where staff experienced abuse, only people who draw on services. This indicates a data gap rather than a lack of prevalence.

4) What knowledge do we have about the perpetrators of sexual incidents?

Based on the three-month period of CQC data:

- Nearly 60% incidents were alleged to be carried out by people who use services.
- 16% of cases related to employed staff or visiting workers, and 8% to friends or relatives, however a substantial number do not specify the relationship.
- Sexual incidents were nearly four times more likely to be carried out by men (485) than women (126). Age was not reported in 36% of incidents and gender was not reported in 18% of incidents. Where they were both reported, 25% of incidents were carried out by men aged between 75 and 84.

Figure 2 presents the abuser relationship to victim by setting in more detail.



The majority of studies indicate people who draw on services are the most likely to be perpetrators, as reflected in the data analysis; however, the evidence is mixed and hampered by gaps in data collection. Authors of a systematic review (Smith et al. 2018) of sexual assaults in nursing homes highlighted that information about perpetrator information was limited, the majority of studies identifying only race and gender.

5) What knowledge do we have about the contributing factors which allow abuse to happen in social care settings?

Managing Care Settings Population

The CQC (2020) identified the importance of risk assessments considering everyone who lives in residential settings. When people are brought into services, risk assessments need to include the needs of those who are already there, and providers should continually review people's changing needs and behaviours so that the mix of people in the service remains appropriate and safe.

Analysis of the SARS identified several issues around managing care setting populations. This included a deficit of tools and processes for assessments, risk assessments and safeguarding enquiries. Such tools and assessments currently focus on individuals and not the mix of people in congregate settings, with risk assessments not focusing on the risks posed to others.

Lack of collaboration between service providers

The literature highlighted a lack of collaboration between service providers as a risk factor in some studies relating to both those with learning disabilities (McGilloway et al. 2020, Willot et al. 2020) and older adults (Abner et al. 2019).

Analysis of the SARS identified barriers to accessing and/or sharing information about risks of sexual offending and linked risk assessments. The analysis highlighted that:

- There are no national standards as to what information should be passed on and in what format, when someone with risks of sexual or violent offending is placed out of area.
- GPs are responsible for commissioning evaluations to inform them about the type of people who draw on services who are at risk and the types of offences likely to be committed, but are not routinely doing so.
- If there is no criminal charge following a sexual offence, there is no routine risk assessment for either people with care and support needs or staff.

Misconceptions of staff

Attitudes of staff towards acceptable sexual behaviour and being able to identify sexual incidents were reported within the literature. The CQC (2020) highlighted concerns around a culture of a lack of respect or knowledge when discussing the most serious incidents reported. International studies also point to an inability of staff to identify sexual incidents leading to underreporting (Smith et al. 2019, Iversen et al. 2015). Moreover, the emotional response of a person who has following an assault, such as agitation, distress and confusion, often mirror symptoms of cognitive impairment (Smith et al. 2019).

Analysis of the SARS highlighted issues around staff confidence and skill in talking about sexual activity, managing boundaries and assessing capacity to consent. Staff were also found to hold false assumptions about older people, including the assumption that they do not engage in violent or aggressive behaviours; this included sexual assaults and thus affected the accuracy of risk assessments.

The SARS analysis found that people who present risk in their sexual lives are not generally considered as presenting 'behaviour that challenges' and therefore NICE guideline NG11 'Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges' (2015) tends not to be followed when placing and when working with them.

Insufficiently robust commissioner roles

SARS analysis revealed a number of patterns leading to insufficient oversight by commissioners. These included:

- Claims by providers of expertise are not robustly checked by placing authorities in terms of the whether the staff team working with a person is suitably skilled.
- A lack of specificity in contracts about adhering to expert advice, and a lack of robust oversight of the delivery of contracts. Issues included inadequate or missing risk management plans for people with learning disabilities who are at risk of sexual or violent offending.
- Contracts are not reviewed by placing commissioners to make sure they are being consistently delivered and are not routinely overseen by regulators.

- Lack of escalation route for ‘host’ authorities where a placing authority and host authority disagree about the safety of a placement. There is currently no formal mechanism by which the host authority can make representations, other than the writing of letters.

6) What do we know about how adult social care settings try to prevent or respond to sexual abuse?

Technology

The literature highlighted the use of technology in care settings. For example, when carrying out risk assessments of the environment, the use of technology could be considered to improve their overall safety measures, based on people’s individual needs, such as audio sensors (CQC, 2020, Backhouse et al. 2018).

Staff training

The importance of training staff to identify and manage issues around sexual incidents within both older adults and people with a learning disability was highlighted within much of the literature. However, a Cochrane systematic review (Baker et al. 2016) found there was limited evidence to suggest that educational interventions improve knowledge and attitudes towards elder abuse among healthcare professionals. The authors called for the need for high-quality trials to determine effectiveness in preventing and reducing elder abuse among healthcare professionals.

Educational interventions to increase sexual understanding in those with learning disabilities

The CQC (2020) highlighted the need for people who draw on services to feel empowered to speak about unwanted sexual behaviour; this issue has also been highlighted within academic literature (Willott et al. 2020, and Brkić-Jovanović et al. 2021).

7) What are the gaps in existing evidence?

There is a lack of UK studies examining the prevalence of sexual incidents within social care settings relating to older adults and those with learning disabilities.

Many authors have highlighted the paucity of research examining the prevalence of sexual incidents. Smith et al (2018) noted how, within older adult populations, sexual assaults remain difficult to characterise. This relates to the lack of detailed information regarding the number and nature of incidents.

There are gaps in research into sexual education programmes, including for those with learning disabilities.

Further data does exist in the form of both the full CQC statutory notifications data and the Section 42 safeguarding enquiries held by local authorities. Only parts of these records are used in the top-level statistical reporting. Further analysis of the individual files would be a significant undertaking, but may provide greater insights. There is a lack of guidance on support for people who have experienced abuse and families, including for older adults and people with a learning disability.

Recommendations

Addressing the data and evidence gaps

In order to address the clear gaps in the available data and evidence relating to sexual incidents in adult social care settings, stakeholders should:

- Support the current, ongoing work by the CQC to both standardise the reporting of incidents and harmonise data sets held by the CQC which will be important to allow ongoing and meaningful analysis of the data.
- Support the ongoing work by NHS Digital to implement changes to the annual Safeguarding Adults Collection which includes presenting the data in a way which cross tabulates the abuse type and the setting of the abuse, and work to address the variation in how local authorities record and report abuse or neglect.
- Undertake further work to analyse additional data held by CQC and by local authorities, which is currently in the form of files attached to individual notifications and reports. This data could be highly valuable in helping to understand more about risks and barriers.
- Consider options for a collecting and analysing data on incidents where staff have experienced abuse.
- Highlight the best methodological approaches for identifying sexual abuse, both its prevalence and any learning from incidents. Approaches should include adults with learning disabilities and older adults with cognitive impairments.

Training and development for staff and people drawing on services

- Support the recommendations of the CQC (2020) report that training for staff in relation to personal relationships is needed.
- The development of guidelines and training to support staff to both identify sexual incidents, respond to incidents and manage the reporting of such incidents. This could include changing the way staff think of sexual incidents so that 'sexual abuse risk to others' is viewed as a form of 'behaviour that challenges'; this will help ensure NICE guidelines are applied and that responsible agencies have a detailed behaviour support plan in place.
- Greater education/training programmes for those with learning disabilities, to increase their understanding of their sexual rights.
- Continue to support the current, ongoing work by Skills for Care and Supported Loving to develop training for staff in relation to sexuality and personal relationships, following the recommendation made in CQC's (2020) report. This work will be particularly important to address the need for staff supporting adults with learning disabilities with the issue of sexual rights/understanding, and to tackle false assumptions about older people in relation to sexuality and sexual incidents.

Risk assessments and safeguarding

- Review risk assessment processes and their use, in order that they include the mix of people in care settings, not just the individual
- Introduce a clearer safeguarding process for perpetrators of abuse, in addition to the safeguarding process for people who have experienced abuse
- Improve information sharing across host-commissioners' areas and with specialist agencies
- Ensure that allegations of past abuse by staff are not lost in database changes
- Embed routine risk assessments meetings where a person with learning disabilities is charged with a sexual offence which does not result in a conviction, to produce a revised and robust risk management plan
- Clarifying escalation routes, where the sharing of concerns within a service has not reduced the risk.

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