

When we are at our most vulnerable

the sickening extent of rapes and sexual assaults in hospitals



A report by **Professor Jo Phoenix**, Professor of Criminology and Deputy Head of the Law School, Reading University and member of the Women's Rights Network Academic Unit

16 April 2023



Foreword

by Heather Binning | Founder of Women's Rights Network

The Women's Rights Network began this investigation in response to concerns raised by a number of members that patients and staff were being sexually assaulted and raped in UK hospitals.

We were fearful that our requests might expose hundreds of incidents.

We are appalled that they reveal that more than 6,500 rapes and sexual assaults in hospitals have been reported to police between January 2019 and October 2022. This figure is shocking, but the true number is likely to be far higher as we know that crimes of this nature are notoriously under-reported.

As Professor Phoenix points out in her analysis, abysmally low prosecution rates have prompted some organisations and activists to declare that rape has been virtually decriminalised in England and Wales.

And why has it been left to The Women's Rights Network to uncover this scandal? Why are NHS Trusts, The Care Quality Commission, which regulates both NHS and private hospitals and police forces not collating accurate crime data and using it to identify the glaring gaps in safeguarding and policing our investigation has exposed?

Hospitals should be safe spaces, not just for women, but for everyone. We are at our most vulnerable when we are unwell, we may be frightened, and our family and friends are likely to be worried about our wellbeing

No one should have the added worry that they or a loved-one is at risk of being raped or sexually assaulted when they are in hospital. The staff who provide care and support should also be safe from assault when they are at work.

The volume of sexual assaults and rapes is even more horrific when you consider that this data covers the pandemic, when much of the country was in lockdown and hospitals were supposedly even more vigilant about who was coming and going.

NHS Trusts, private hospitals, Police Forces, MPs, the Care Quality Commission and other regulators and other stakeholders can no longer pretend there is not a problem. There is a huge problem. This report sets out, in horrific detail, the shocking truth: women, children and men are not safe in hospitals.

It is time for the organisations and individuals who have a legal and moral obligation to ensure that hospitals are places of safety to act.

Ensuring systems are in place to ensure patient safety is an essential first step. All NHS Trusts must also introduce and signpost transparent procedures for patients and staff to report incidents and/or raise concerns.

Accurate data collection – which includes the sex, not gender – of both victims and alleged perpetrators is essential.

Repealing Annex B and ensuring that women are accommodated on single-sex wards would also be a simple step towards improved safeguarding and restoring women's trust.

Executive summary

Freedom of Information requests show there were 6,539 reported rapes and sexual assaults in UK hospitals between January 2019 and October 2022.

On average, there are 33 rapes and sexual assaults in UK hospitals every week.

Of these, 2,088 were rapes and 4,451 were sexual assaults

1,021 rapes and sexual assaults occurred on hospital wards

The true figure will be significantly higher as eight police forces would not, or could not, provide data. The response from Lancashire did not include data where there were fewer than 5 incidents in a year. In these cases we have assumed there were no offences.

Only 265 people are known to have been charged or summonsed in relation to these offences.

FoI responses suggest some are gang rapes: West Midlands Police identified 2 incidents of rape of a female aged 16 or over which involved “multiple undefined offenders”.

The same force also confirmed the rape of a male aged 16 or over involving “multiple offenders” had been reported.

Victims include children: Three rapes of a female under 16 and a sexual assault on a male child under 13 in hospitals were reported in Cambridgeshire, and 6 rapes of a female under the age of 13 were reported in Lancashire.

Total for All Areas	
Sexual assaults	4451
Rapes	2088
Assaults + rapes	6539
On a ward	1021 ¹
Charged/summonsed	265 ²
Charged/summonsed %	4.1

Table 1: Total numbers of sexual assaults and rapes in hospitals

¹ Bedfordshire, Kent, MPS London and Sussex did not provide the number for hospital ward incidences

² Bedfordshire, Manchester and Gwent did not provide charged/summonsed data

Purpose

Accurate data is essential for good law and good governance, but there is no central system to record the number of rapes and sexual assaults in UK hospitals. In order to fill this information gap, the Women's Rights Network (WRN) used Freedom of Information requests to ask all UK police forces how many reports of rape or sexual assault in a hospital they had received since 2019, and how many of these had resulted in criminal charges.

This is an important issue because we are all at our most vulnerable when we are unwell. Patients may be in hospital for tests and minor medical procedures. If they are on wards, they are likely to be uncomfortable, in pain and anxious about their health. They may be incapacitated by illness or medication, some will be unconscious. If they are in hospital for mental health issues, they are already dealing with challenging personal circumstances. Rape and sexual assaults are life-changing events, but for these to happen in hospital – in what should be a safe and protective medical environment – the shattering effects are likely to be multiplied exponentially.

Without accurately recording the facts about sexual assaults and rapes in hospitals, those responsible for patient care, hospital management, hospital staff and security cannot effectively discharge their responsibilities. As the vast majority of victims of rape and sexual assault are female,³ it also highlights the value of single sex spaces in hospitals.

³<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/sexualoffencesinenglandandwalesoverview/march2022#victim-services>

Background

In 2018, Care Quality Commission (the independent regulator of health and social care in hospitals) published its paper *Sexual Safety on Mental Health Wards*.⁴ The document provides the findings of a review of what CQC refers to as the reporting of “sexual safety incidents” in mental health wards. In 2020, they published *Promoting Sexual Safety Through Empowerment*⁵ and in November 2022, they published Issue 11: Promoting Sexual Safety as part of its *Learning from Incidences* series⁶. Sexual incidents are defined as verbal abuse, sexual harassment and sexual assaults. These reports make grim reading. But what is particularly shocking is the system failure to address sexual assaults and rapes in hospitals specifically. Instead, the reports focus almost entirely on social care homes and provide evidence of serious sexual offending against service users. The recommendations made by CQC focus attention on two issues: how sexual incidents are reported and recorded and how to create a culture within care settings that encourages conversations about “sexual safety”.

As a result of this work, most NHS hospital Trusts now have sexual safety policies, the purpose of which is to provide staff with guidance on “promoting sexual wellbeing” and to outline the process by which sexual incidences are recorded and reported. In most cases, the policy is led by the adult safeguarding team and targeted at practitioners across the entire range of NHS activities, (care, in-patient and community). The most notable aspect of all these policies is that the promotion of sexual wellbeing and a robust recording system combined with clear lines of reporting and responsibility is seen as the solution to ‘the problem’.

Despite the fact that most victims of rape, sexual assault, verbal sexual abuse and indecent exposure are women, none of the policies reviewed discusses the potential role of single-sex spaces in reducing risk of sexual harm. Likewise there is little analysis of the sex of either victims or the alleged perpetrators. However, it should be noted that rape, by definition, can only be committed by a male⁷ and men are seven times more likely than women to be arrested for a sexual offence⁸. Instead, the victims of sexual incidences are reported in relation to whether they are in care, hospitals, or community. This is an obvious and abject failure as it provides no useful data which would enable hospitals to fashion policies to address the sexual violence that is taking place on hospital property. As a result, NHS Trusts are failing in their duty to protect both patients and staff.

⁴ <https://www.cqc.org.uk/publications/major-report/sexual-safety-mental-health-wards>

⁵ <https://www.cqc.org.uk/publications/major-report/promoting-sexual-safety-through-empowerment>

⁶ <https://www.cqc.org.uk/guidance-providers/learning-safety-incidents/issue-11-promoting-sexual-safety>

⁷ <https://www.legislation.gov.uk/ukpga/2003/42/part/1/crossheading/rape>

⁸ <https://www.gov.uk/government/statistics/women-and-the-criminal-justice-system-2021/women-and-the-criminal-justice-system-2021#offence-analysis>

Freedom of Information Requests and Responses

To extract accurate data and scope the extent of this problem, the Women's Rights Network submitted four Freedom of Information requests to all 43 police forces in England, Wales, Scotland and Northern Ireland. The questions we asked were:

1. How many reports have been made to [POLICE FORCE] of sexual assaults which are alleged to have taken place at AREA hospitals since January 1st 2019?
2. How many reports have been made to [POLICE FORCE] of rape which are alleged to have taken place at AREA hospitals since January 1st 2019?
3. How many of the above points 1 and 2 were reported to have taken place on a hospital ward?
4. How many people have been charged with sexual assault/rape re. 1 and 2 above?

Eight forces failed to respond: Avon and Somerset, Hampshire, Nottinghamshire, Thames Valley, West Mercia, Wiltshire, Northern Ireland and Scotland.

Of the 35 forces that responded, five forces failed to provide information about the number of assaults that had taken place on hospital wards, and three did not provide information on the number of people charged or summonsed.

Rape and Sexual Assaults in Hospitals

Responses from the 35 police forces who provided usable data, show that 6,539 rapes and sexual assaults were reported to these forces between January 2019 and October 2022⁹. There were 2,088 rapes and 4,451 were sexual assaults. Of these, 1,021 took place on hospital wards. One attack of this kind in what is assumed to be a place of safety should be of concern, but the fact that sexual assaults and rapes are occurring with such alarming frequency – around 33 incidents per week – shows a systemic failure in safeguarding. So, too, does the fact that so many of these reports are not even being recorded as crimes.¹⁰

Given the under-reporting of rape, in particular, the true figure is likely to be much higher. Over a similar time-frame (January 2019 to December 2022), 350,000 rapes were *reported* in England and Wales alone. Of these, only 180,000 (51.4%) were *recorded*.

⁹ As noted above not all police forces responded or provided the requisite information.

¹⁰ <https://www.bbc.co.uk/news/uk-england-46894162>

Most forces do not include information on the sex of the victims. National data indicates that around 4% of victims of reported rape offences are men so it is reasonable to assume that the vast majority of these victims are women and girls.

Several incidents appear to be gang rapes. West Midlands Police, for instance, identified 2 incidents of rape of a female aged 16 or over which involved “multiple undefined offenders” and a third of the rape of a male aged 16 or over involving “multiple offenders”.

A number involved children. West Midlands Police acknowledged 2 incidents of rape of a female aged 13-15 and a third of a girl under the age of 13. There may have been more, because in its response West Midlands Police acknowledged, “It is worthy to note that these searches have been based on keyword searches [which] are notoriously unreliable.” This is because they rely on keywords being spelt correctly, and with no grammatical errors, but also these searches rely on the keywords actually being mentioned in the summary description of the record – if they are mentioned anywhere else within the record but not in the summary, then they will not feature in any results.

Cambridgeshire police confirm 3 rapes of a female under 16 and a sexual assault on a male child under the age of 13 were committed in hospitals in their jurisdiction.

It is likely that victims also include staff, and possibly visitors.

Five forces – City of London, Devon & Cornwall, Durham, Northamptonshire and North Yorkshire – did not issue a single summons or charge a single suspect, for any of the 334 sexual assaults and rapes in their areas.

Table 2: Total numbers of sexual assaults and rapes in hospitals by police force

Police Constabulary	Sexual Assaults	Rape	Area totals
MPS (London)	969	497	1466
Derbyshire	551	517	1068
Greater Manchester	351	119	470
Northumbria	225	52	277
Lancashire	149 ¹¹	41 ¹²	n/a
Essex	148	99	247
South Yorkshire	159	38	197
Norfolk	128	58	186
Kent	118	60	178
Sussex	138	35	173
West Midlands	105	59	164
West Yorkshire	124	39	163
Cheshire	100	60	160
Surrey	117	41	158
Northamptonshire	100	52	152
Devon & Cornwall	130	20	150
Suffolk	81	56	137
Merseyside	113	19	132
Cambridgeshire	89	30	119
Hertfordshire	67	34	101
Leicestershire	61	33	94
Cleveland	70	19	89
Staffordshire	46	33	79
Humberside	64	4	68
Cumbria	40	21	61
Gwent	40	11	51
Gloucestershire	36	9	45
Dorset	29	5	31
Dyfed-Powys	23	6	29
Bedfordshire	21	5	26
South Wales	20	2	22
Warwickshire	13	8	21
North Yorkshire	13	3	16
Durham	13	2	15
City of London	0	1	1
Hampshire	Request rejected	Request rejected	n/a
Northern Ireland	Request rejected	Request rejected	n/a
Nottinghamshire	Information not yet provided	Information not yet provided	n/a
Police Scotland	Stated that location not recorded	Stated that location not recorded	n/a
Thames Valley	Request rejected	Request rejected	n/a
West Mercia	Request rejected	Request rejected	n/a
Wiltshire	Request rejected	Request rejected	n/a
Avon & Somerset	Request rejected	Request rejected	n/a

¹¹ This is the minimum number. Offences with <5 incidences are recorded as “<5” so we used the number of 0. The number of offences could be as high as 173.

¹² This is the minimum number. The data supplied was split out by age and rape categories with <5 incidences recorded as “<5” so we used the number of 0. The number of rapes could be as high as 49.

There are counter-intuitive variations between police force areas as to the total number of incidents reported. The two police forces with the highest total number of reported sexual assaults and rape are Metropolitan Police (1466) and Derbyshire (1068). The two lowest are Durham (15) and City of London (1). Metropolitan Police Service and City of London results are not unexpected given the number of hospitals and population density of those two areas. However, Derbyshire had more than twice the number of reported sexual assaults and rapes than the next two highest police forces – Greater Manchester with 470 and Northumbria with 277.

It is difficult to know what the massive variations between police forces mean. Derbyshire, for instance, may have better systems in place for recording this data. Low numbers could signify *actual* low numbers of incidences, or reflect low rates of reporting and recording these crimes. Rape and sexual assaults are one of the most under-reported crimes. They constitute the 'dark figure' of the 'dark figure' of crime. So, for instance, the Office for National Statistics estimates that fewer than 1 in 6 victims of rape reports the assault to police (ONS2021)¹³. This has an important implication. The actual number of sexual assaults and rapes is likely to be significantly higher than shown in this report. Thus for MPS (London) the actual number could be nearer 8,796 for the same time period. Likewise, in Durham, the number could be closer to 90. Whatever the case, the number of sexual assaults and rapes in hospitals is a national scandal.

The same ONS report mentioned above also notes that whilst the overwhelming majority of rape and other sexual assaults by penetration (i.e. not *all* sexual assaults) happen in either the victim's or the perpetrator's home, 18.9% happened 'somewhere else'.

Clearly, rapes and sexual assaults that take place in hospitals are recorded as 'somewhere else', but hospitals are not 'somewhere else'. Hospitals are places where those accessing their services assume that they will be safe. The staff who provide care should also be able to assume they will be safe from sexual assault. Hospitals are closely monitored by CCTV, they employ security staff and many areas are protected by entry systems.

It is also noteworthy that this data covers the period of the pandemic, when it is reasonable to assume that restrictions associated with infection control and hospital visitors would have reduced the opportunities for sexual predators.

Only two police forces provided information about where in the hospitals the reported rapes and sexual assaults took place. In Cheshire, of the 160 rape and sexual assaults that were reported, 108 took place at hospital and not in mental health wards. This is important because the Care Quality Commission and the NHS sexual safety policies focus specifically

¹³<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingjune2021>

on mental health wards and social care settings – rather than what might appear to be the more dangerous places of hospitals themselves.

Likewise only one police force provided information about whether the rapes and sexual assaults happened in what it described, but did not define, as a ‘clinical setting’ or whether they occurred in a residential or ward setting. Hertfordshire police constabulary reported that 67 rapes and 34 sexual assaults were reported to have happened in hospitals. They also reported that of those, 14 sexual assaults and no rapes happened in ‘clinical areas’ of the hospital whereas 53 sexual assaults and 34 rapes happened on wards or in residential areas.

The responses show a worrying lack of consistency in the way these crimes are recorded. Police Scotland, for instance, was unable to provide data because, “there are no markers etc. on any of our crime recording systems to indicate whether an offence occurred in a hospital”. Accurate crime statistics require this as a minimum.

The response from West Midlands referred to the rape of a female child under the age of 13, which may reflect the fact that the Sexual Offences Act, 2003,¹⁴ lists this as a specific offence, as it does charges involving 14 to 16-year-olds. But as the legal age of consent is 16, there is a strong argument for all incidences involving minors under the age of 16 to be recorded as crimes against children.

The highest 3 and lowest 3 rates of assault and rape on hospital wards are listed below.

Table 3: Highest and Lowest 3 police forces for reported total numbers of sexual assaults and rapes on hospital wards

Police force	% on ward	Total assaults + Rapes
Dorset	85.3%	34
Dyfed-Powys	82.8%	29
Leicestershire	75.5%	94
Norfolk	2.7%	186
Suffolk	0.7%	137
Surrey	0.6%	158

¹⁴ <https://www.legislation.gov.uk/ukpga/2003/42/contents>

Attrition Rates

The treatment of sexual assaults and rape by the police and criminal justice system is in crisis. These categories of offences have the highest attrition rate. Attrition rate refers to the percentage of reported crimes that do not result in a final conviction. The attrition rate for rape has always been historically high (in excess of 90% of reported rapes do not result in a conviction, with most falling out of the criminal justice at an early stage). However, with attrition rates over the past 5 years being between 98.2% and 99% (i.e. only 1 conviction for every 100 reported rapes), some organisations and activists have declared that rape has been virtually decriminalised in England and Wales.

The same or similar patterns are evident in sexual assaults and rapes in hospitals. Of the 6,539 sexual assaults or rapes that occurred in hospitals in the 35 police force areas that responded to WRN's Freedom of Information (FoI) requests, only 265 resulted in a charge or summons. This means that *prior* to any court trial, 95.9% of all reports were either no-further-actioned or not recorded. This is an astonishing figure. Only 4.1% of rapes and sexual assaults reported in hospitals result in either a charge or summons.

The FoI responses provide no basis on which to speculate as to why the percentages for charging or summoning are so low for rapes and sexual assaults that take place within hospitals. Assessments about the credibility of the victim could play a role, although more likely is the high probability that the victim might not have known the assailant at all. What is clear, however, is that there appears to be ingrained inertia in dealing with this safeguarding and policing failure.

Broken Trust

Looking at the criminal justice system specifically, public trust in policing has been falling steadily for some time¹⁵. It has been reported that roughly one in 100 police officers in England and Wales faced criminal charges, including for sexual offences, in 2022 alone.¹⁶ Public outrage at the kidnap, rape and murder of Sarah Everard by serving Metropolitan Police officer Wayne Couzens led to the Casey Review into the standards of behaviour and internal culture of the Metropolitan Police Service.¹⁷

¹⁵ <https://post.parliament.uk/approved-work-trust-in-the-police/>

¹⁶ <https://www.theguardian.com/uk-news/2023/feb/25/revealed-one-in-100-uk-police-officers-faced-a-criminal-charge-last-year>

¹⁷ <https://www.met.police.uk/notices/met/our-response-to-issues-raised-by-the-crimes-of-wayne-couzens/>

Baroness Casey's report found the Met guilty of "institutional racism, sexism and homophobia".¹⁸ It also warns, "The de-prioritisation and de-specialisation of public protection has put women and children at greater risk than necessary." Baroness Casey notes, "...sexual exploitation is purposefully targeted on the most disadvantaged. Crimes such as domestic violence, rape and sexual offences also create vulnerability for all women, as they are more likely to be affected. Such crimes have profound and long-lasting effects on physical and mental health, and on future life chances."

Yet crimes of this nature are being committed in hospitals in the UK every week, and they are being committed with apparent impunity from investigation, let alone prosecution.

Next Steps

This is not the first time that the issue of sexual violence in hospitals has been raised. As noted above, the Care Quality Commission first identified the problem in 2018. As a result, all NHS local authorities have adopted Sexual Safety Policies. Yet these are clearly failing. Whilst the NHS takes its responsibilities seriously for establishing reporting, recording and monitoring processes and policies, it seems to be failing in terms of ensuring that women and girls, and indeed men and boys, are safe from sexual violence, when they are arguably, at their most vulnerable. That the sexual safety policies seem to assume that clinical settings and (non-mental) hospital wards are safe is of an even greater concern given what the data reported here would indicate.

We call upon NHS authorities, the Care Quality Commission and police constabularies to formally acknowledge this hidden domain of sexual violence. We ask the Home Office to require police constabularies to record full data about sexual violence in hospitals including:

- Home Office Counting Rules include offence, clinical setting, hospital ward, residential ward, mental health ward.
- How many incidences are reported to the police broken down by sex of victim and sex of alleged perpetrator.
- How many incidences are recorded to the police broken down by sex of victim and sex of alleged perpetrator.
- Outcome of Police investigations.

We call upon NHS authorities to:

- Take seriously their safeguarding responsibilities, *including the application of single sex exemptions for hospital wards*, in order to ensure that women and girls in particular are adequately protected there.

¹⁸ <https://www.met.police.uk/SysSiteAssets/media/downloads/met/about-us/baroness-casey-review/update-march-2023/baroness-casey-review-march-2023.pdf>

- Take seriously their responsibilities to address sexual violence in hospitals, rather than only promote sexual safety policies that merely identify processes and procedures for reporting.
 - Take seriously their responsibilities to protect staff from sexual assault while at work.
 - To record appropriate data so that a better understanding of *where* and *by whom* and *in what circumstances* rape and sexual assaults happen on hospital property.
 - To signpost clearly the procedures in place to report and record allegations of sexual assault by both patients and staff.
 - To review existing safety measures and assess the need to install additional CCTV and/or door-entry systems.
-

The **Women's Rights Network** (WRN) is a rapidly growing grassroots network of women from England, Wales, Scotland and Northern Ireland whose primary focus is to defend the sex-based rights of women



www.womensrights.network