

KM Case Study – Sexual abuse

KM's Story

KM is a 68-year-old woman who lives alone. She suffers with rheumatoid arthritis that causes pain in her limbs, and schizophrenia. KM accesses various services from professionals such as support workers, her GP, and Adult and Community Services. Professionals involved with KM have described her as a “vulnerable adult” but someone who has capacity to make decisions about her life.

KM reported to multiple professionals that an acquaintance of hers visited her house regularly to have sex with her and reported that he was sometimes forceful and aggressive. The concern is that KM was experiencing sexual assault/rape for several years and that processes were not followed, and she was therefore not offered the appropriate support which meant that she continued to experience abuse.

Summary of Learning

What went well?

- Referrals from GP were made and followed up
- Relationships between the GP and Suffolk County Council were good
- NSFT care plan in place
- KM was accessing and welcomed support services

What were we worried about?

- The fact that KM had capacity to make a decision to have sex was confused with the fact that she was being forced to have sex and therefore capacity was not an issue as this was about consent
- Referrals, once received, were not directed to the correct team (should have gone to MASH not direct to Area Team via Customer First)
- Pathways for sexual assault and rape not followed correctly
- Poor inter-agency communications, numerous professionals aware and not working collaboratively
- Lack of police involvement - Allegations from KM that this had ‘been going on for years’, and references to domestic abuse should have resulted in a call directly to police

What is the learning from this case?

- Any disclosure of rape or sexual assault should be reported to the police/MASH and consideration of SARC every time regardless of who receives it

- Increased learning across all agencies regarding concerns of sexual assault and referral to MASH. When there is not an immediate urgency this can be done via Customer First as a safeguarding concern to be forwarded to MASH
- Improved multi-agency communication to ensure appropriate action is being taken to safeguard people from harm
- Wider and more appropriate use of the Framework (e.g. GP's / Customer First)
- Situations like this should be referred to MARAC via professional judgement route when domestic abuse is identified