

Sexual Abuse in Healthcare: Challenges and Evidence-Based Interventions

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1. Introduction and Background

I delivered this webinar from both a researcher and a victim-survivor perspective. The aim of **Opening Up** is to develop evidence-based interventions to detect and prevent sexual abuse by health professionals.

The research at Opening Up draws on multiple sources, including:

- Analysis of erasures and suspensions of health professionals.
- Literature reviews on sexual abuse in healthcare.
- Comparison of inquiry and investigation reports.
- Freedom of Information (FOI) request data.

This work seeks to understand patterns of abuse, barriers to reporting, and strategies for prevention.

2. Grooming and challenges of identifying abuse

Grooming involves psychological and emotional manipulation within a power imbalance. Health professionals can exploit their authority and knowledge of patient vulnerabilities, particularly for children, patients with mental health issues, or other vulnerable groups.

Key aspects of grooming:

- It is a gradual process, often beginning with minor boundary violations that escalate over time.
- Perpetrators may be charming, intelligent, and socially respected, making their behavior difficult to suspect.
- Patients often trust their doctors, which can delay recognition or acceptance of abuse.
- Patient awareness of what constitutes a normal medical examination varies, adding to confusion.
- Disclosure may occur years or even decades after the abuse, sometimes following a slow personal realisation.

3. Impact on victims

Sexual abuse by health professionals can have severe, long-term mental health consequences, including:

- Post-Traumatic Stress Disorder (PTSD)
- Depression and anxiety
- Relationship difficulties and social isolation

The emotional impact often complicates reporting, as victims may struggle with self-doubt, shame, or fear of not being believed.

Sources:

- a. CHRE/PSA, 2007, Sexual Boundary Violations by Health Professionals – an overview of the published empirical literature
- b. Patricia Easteal, Suppressing the voices of the survivors: sexual exploitation by Health Practitioners, 1998

4. Reporting abuse and recognising indicators

Reporting abuse in healthcare is particularly challenging due to:

- The power differential between patients and health professionals.
- The status and societal trust given to doctors and other practitioners.
- The vulnerability of the patient, which may include age, mental health status, or previous trauma.

During reporting, victims are often interrogated and scrutinised regarding their credibility, presentation, and history.

Complaints may evolve over time as survivors practice disclosing details and saying the abuse out loud, seeking reassurance that they will be believed.

Indicators are not overt complaints but are as important as formal complaints. Victims-survivors will present in different ways. For example, a patient may present as joking about an incident or they might demonstrate a refusal, such as saying they don't want to see a particular doctor again. Research is needed on how victims-survivors might present or try to disclose. Being alert to potential indicators can help detect abuse earlier.

5. Identifying and preventing abuse

Practical interventions

Evidence-based interventions can help identify abuse that might otherwise be missed:

- 1. Intelligent systems:** Track patient attendance, referrals, examinations, and symptom patterns to flag potentially unnecessary appointments.
- 2. User-centred complaints process:** Should be quick, compassionate, transparent, and offer multiple reporting channels (e.g., written, video). Time limits on complaints should be removed, and patients should have clear visibility of how their concerns are handled.
- 3. Mandatory education and training:** Health professionals and tribunal members need regular training. Training should be co-produced with victims and Independent Sexual Violence Advisors (ISVAs) to dispel myths about abuse and improve understanding of reporting complexities.

6. Patient empowerment

- Increase patient education on recognising and reporting abuse.
- Offer online consent forms for examinations that can be monitored and tracked.
- Provide options for requesting chaperones at the point of booking.
- Introduce innovations like audio recording appointments to enhance transparency and safety.

These interventions will help to empower patients and prevent abuse before it escalates.

7. Improving the complaints process

The complaints process should be:

- User-centred: Designed around victims' needs.
- Compassionate and supportive: Avoid repeated interrogation.
- Transparent: Patients should understand how complaints are handled, who is responsible for handling it, and what outcomes are achieved.
- Inclusive: Offer multiple channels for reporting and space to ask questions.

8. Conclusion

Sexual abuse in healthcare is difficult to identify and report due to power imbalances, grooming, and systemic barriers. Evidence-based, user-centered interventions are essential to detect and prevent abuse.