



Understanding perpetrators: key theories and explanations

PSA Webinar: tackling sexual misconduct in healthcare
22nd July 2025

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FBPS, Academic (FCIPD), Chartered
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**WORLD
CHANGING
GLASGOW**

NIHR | National Institute for
Health and Care Research

professional
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Agenda

- Understanding harms & why this matters for resilient workforces and societies
- Understand the components and stages to reporting
- Understanding trauma & impact on witnesses
- Understanding distinct trust breach areas
- Take homes



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Warning and challenge

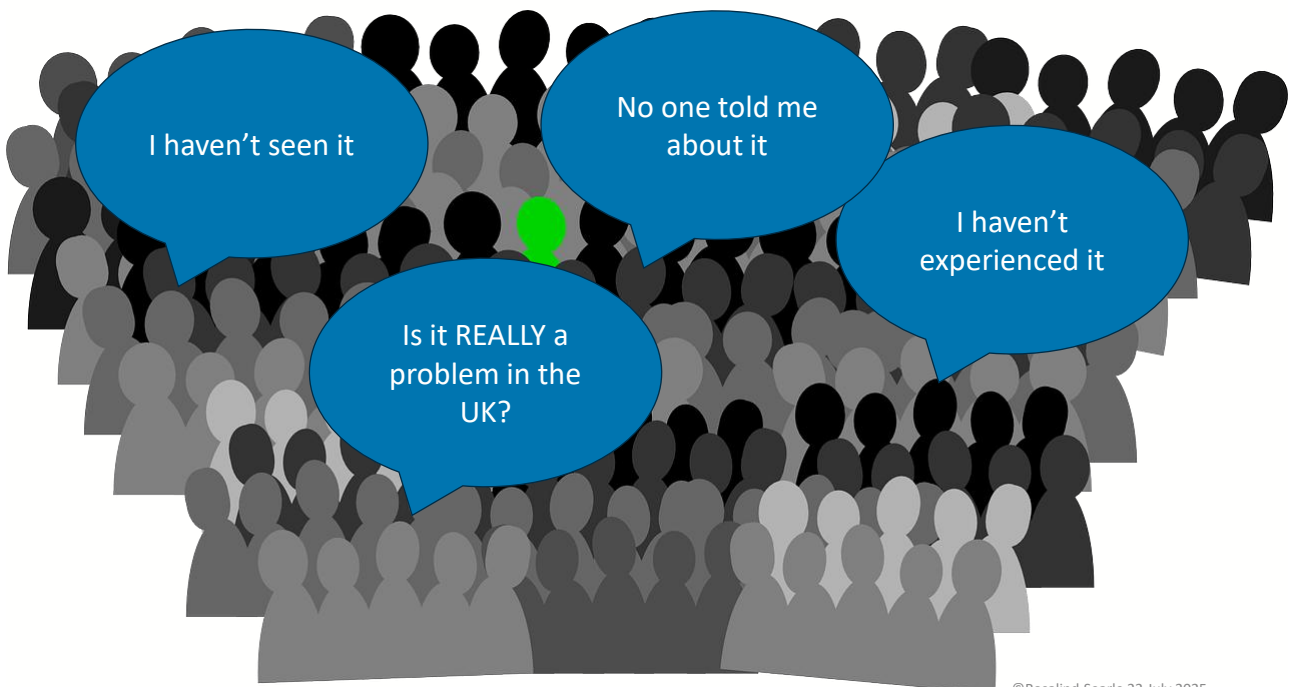
- Sensitive topic discussion that may cause distress

Sexual Harassment: Cut It Out

- NHS Greater Glasgow and Clyde takes a zero tolerance approach to sexual harassment in all its forms. It is important that any staff member who has experienced or is experiencing sexual harassment, feels able to come forward, report it and access the support that is right for them. For anyone who has experienced or witnessed sexual assault, this can include reporting the incident to Police Scotland
- To ensure all our staff are aware of the support that is available to them, and the options open to them to report or raise concerns about sexual harassment, we are rolling out our Cut It Out programme throughout 2024 to:
- Demonstrate zero tolerance for sexual harassment and other forms of harassment, across NHSGGC.
- Build the trust, confidence and knowledge of staff when raising concerns, so they know they will be dealt with appropriately
- Ensure managers are equipped to deal with issues that are raised
- Let all staff know what is and is not appropriate in the workplace.
- Put in place the right support for people who experience sexual harassment.
- If you believe you or one of your colleagues has experienced sexual harassment or any other form of harassment, please contact our Bullying and Harassment confidential helpline on 0141 201 8545 or the [HR Support & Advice Unit](#).

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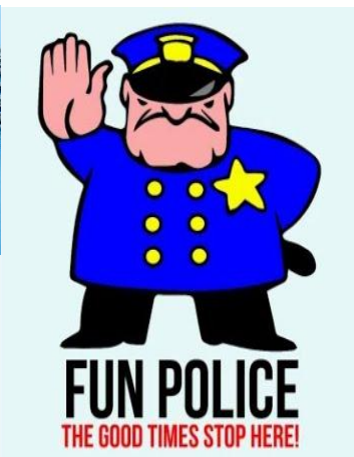
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Myths of sexual harassment and abuse



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Prevalence



Sexual harassment, sexual assault and rape by colleagues in the surgical workforce, and how women and men are living different realities: observational study using NHS population-derived weights

Christopher T. Begeny^{1*}, Homa Arshad², Tamzin Cuming³, Daljit K. Dhariwal², Rebecca A. Fisher³, Marieta D. Franklin⁵, Philippa C. Jackson¹, Greta M. McLachlan⁴, Rosalind H. Searle³ and Carrie Newlands¹⁰

MEDICAL TEACHER
<https://doi.org/10.1080/0142159X.2024.2311034>



RESEARCH ARTICLE

Examining medical students' experience of gender-based discrimination and sexual harassment from clinical teachers at a UK medical school

Oliver Skan^{**}, Laura Tregidgo^{**}, James Tizzard^{**}, Isabel Westlake^{**} and Nikita Joji[†]

^{*}Medical Sciences Division, University of Oxford, United Kingdom; [†]Royal Free London NHS Trust, London, United Kingdom

BJS, 2023,
<https://doi.org/10.1136/bjs.2023.101.1>
Advance Access Publication Date: 12



Student Mistreatment | Full Access

Discrimination, harassment and non-reporting in UK medical education

Jonathan Broad, Marion Matheson, Fabienne Verrall, Anna K Taylor, Daniel Zahra, Louise Alldridge, Gene Feder

First published: 25 March 2018 | <https://doi.org/10.1111/medu.13529> | Citations: 39

Surviving in scrubs:

sexism, sexual harassment, and assault in the primary care workforce

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Different audiences & reactions



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Specific concerns about sexual harassment and abuse



Stages to reporting

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Why is this such a hard topic for health & social care workforces?



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Definitions – sexual harassment and abuse

- When person is subjected to unwanted conduct of a **sexual** nature which has **the purpose** or the **effect of**:
 - **violating** the person's **dignity**, or
 - **creating an intimidating, hostile, degrading, humiliating or offensive environment** for that person.

Workers protection act 203

requires employers to **identify and manage harassment risks**, including risks of harassment from third parties.

Amendments to equality act 2010 – in 2024 –

Employers must take reasonable steps to **prevent harassment**, including setting clear policies, providing training and conducting risk assessments.

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Illegal activities Equality Act 2010 Busby & Searle (2022) Engender model policy

- **Unwanted contact: 3 elements**

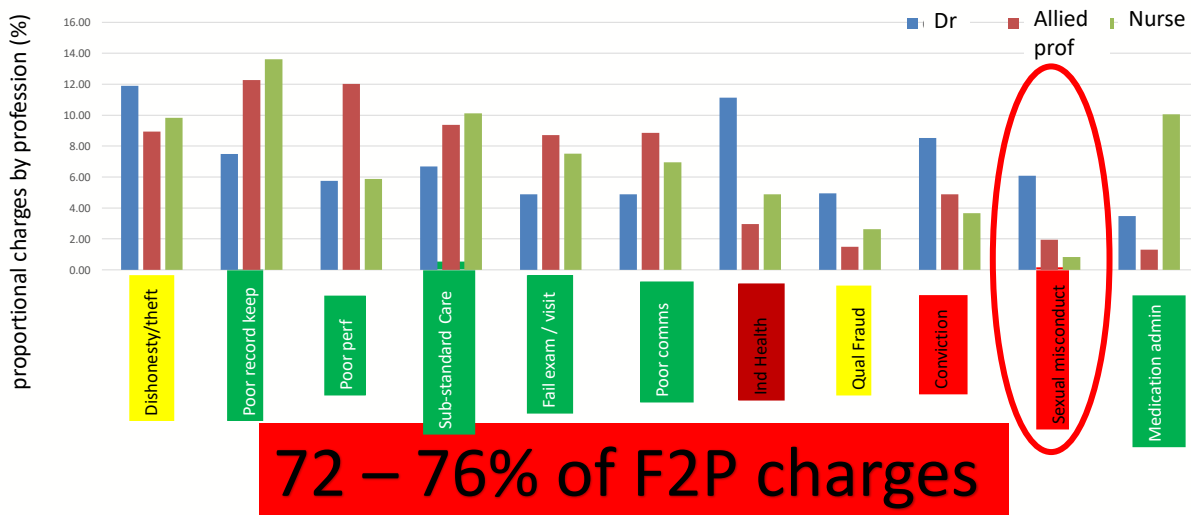
Physical conduct	Verbal conduct	Non-verbal conduct
<ul style="list-style-type: none"> • Unwelcome physical contact including patting, pinching, stroking, kissing, hugging. • Fondling, or inappropriate touching. • Physical violence, including sexual assault and rape. • The use of job-related threats or rewards to solicit sexual favours. 	<ul style="list-style-type: none"> • Banter, Mimicry • Comments on a worker’s appearance, age, private life, etc. • Sexual comments, stories, jokes or pranks • Sexual advances • Repeated & unwanted social invitations for dates or physical intimacy • Insults based on the sex of the worker • Coercion • Condescending or paternalistic remarks • Sending/sharing sexually explicit message /images (by any medium • Gaslighting (a form of covert emotional abuse) 	<ul style="list-style-type: none"> • Display of sexually explicit or suggestive material or imagery • Graffiti • Posts or contact on social media • Sexually suggestive gestures • Facial expressions • Leering • Whistling • Acts affecting a person’s surroundings • Predatory behaviour

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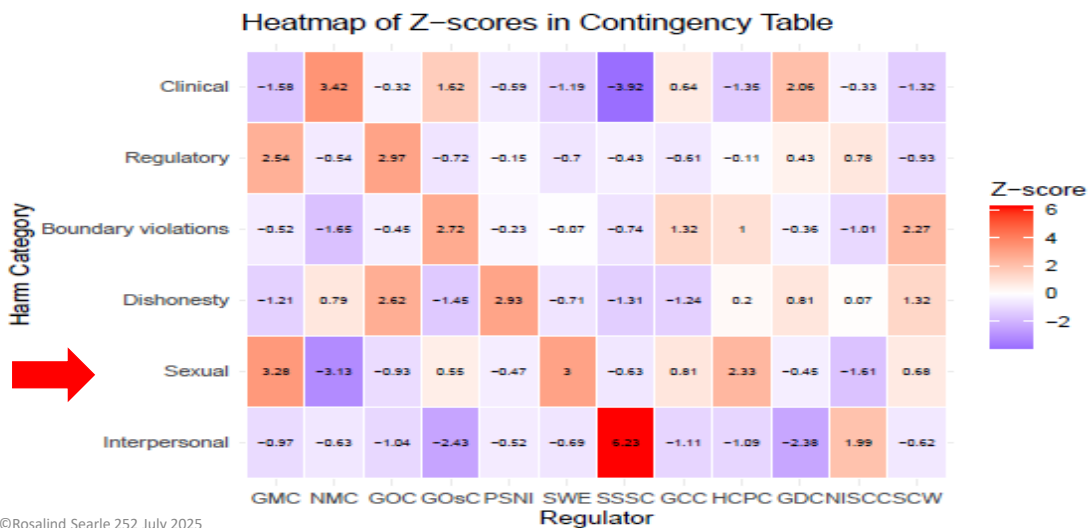
What types of professional misconducts are most common? (Searle et al 2017, Searle & Rice 2021)



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Understanding harms from F2P 2020-2021

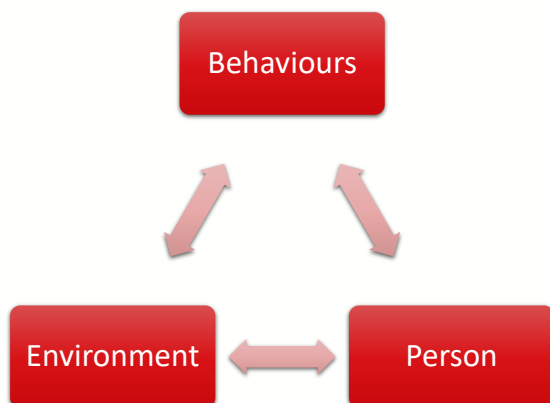
Searle & Garippa under review



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Applying preventative medical framework (Searle at al, 2025, Searle, 2025)

- Premordial prevention - focus on social and environmental conditions
- Primary - prevent the onset of susceptible population or individual by reducing risk factors.
- Secondary - early detection and prompt treatment
- Tertiary - manage and improve the quality of life for those with chronic level?
- Quaternary – risk of overmedicalisation – return to work



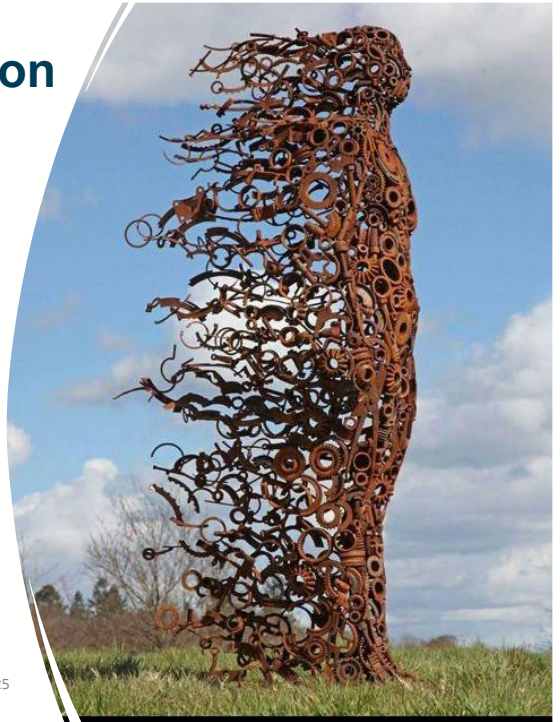
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Primordial Prevention

(Searle et al, 2025)

- Attitudes towards exploitation & violence in society of some individuals
- Tolerance of rape & sexual abuse
- Lack of sanction
- Lack of recognition of life changing impacts for sexual harassment and abuse



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Primary prevention (Searle et al, 2025)

- Susceptible populations
 - Target
 - Instigators
- Environments
 - Depleting spaces
 - Imposed rules
 - Implicit and tacit understandings
 - Tribes & ingroups
 - Selecting groups
 - Norms
- Creating & fostering spaces



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Searle & Garippa under review

Stage 1 – Environments

Org Trust

No social support

- Incompetence
- Disrespect

Acquiescent silence

Ineffectual voice

“The level of competence is really poor. & so to think they might be able to manage some sort of complicated situation was.. they can’t deal with basic pay.”

“I was very isolated. I was a doctor in training & we go from place to place. & my training programme director was in another city. I was living in the local area with my family but I didn’t have any friends, I didn’t have any colleagues who I knew well.”

“The work environment was very brutal. I would often see colleagues crying in a corridor;1 of them would really talk about his views on domestic violence, rape, ... he didn’t really see women as equals, or even worthy of having their human rights even. ... He had a formal position ...& was setting the tone for how things were”

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Stage 2 reporting– SHA event & directly after



Diffident silence

SHA realisation


Quiescent silence



Acquiescent silence

Voice to others considered - discounted

Prosocial silence



Direct voice to perpetrator

Quiescent silence

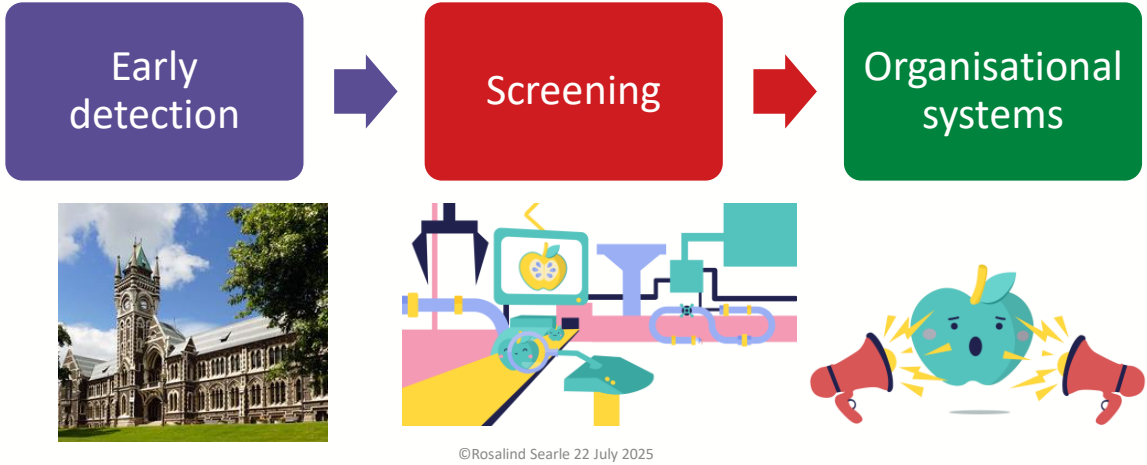
“I later came to understand I’d been sexually assaulted. ...I thought I’d just made an error of judgment to allow myself to be in a private situation with someone I trusted who then turned on me & it was my fault.”

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Secondary prevention (Searle at al, 2025)



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Perpetrator unreliable witness of their own behaviour (Searle at al, 2025)

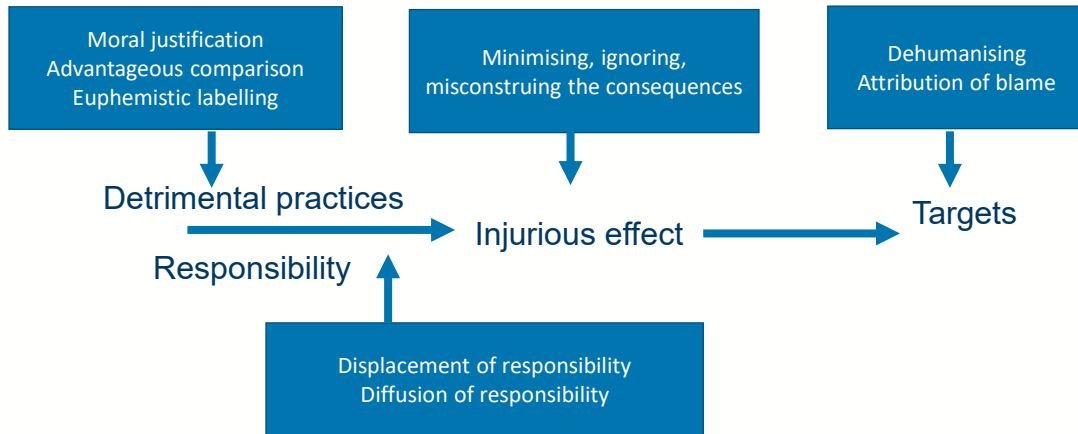


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Instigator's Cognitive reframing - Moral disengagement

(Searle 2019, 2025, Searle et al, 2025)



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Tertiary prevention – understanding perpetrators

Searle & Garippa under review



Target coping - Minimise & self-distract

- *"I just made a decision I was just going to focus on my job, on my family, on other things and try & forget about it."*

Ineffectual voice



Perpetrator action & co-options of others

- *"he wouldn't stay away from me..."*
- *"he sent a message from someone else's phone"*
- *"but it's very difficult not to invite him".*

Quiescent silence

Opportunistic silence

Social level betrayal



Informal change-orientated voice

Disengaged silence

- *"I would call up this friend ..who worked in his department and say 'look, now this has happened and it's not OK'. & he would interrogate me. He would explain that he thought I should have done something more readily about it....it very clear it was not his problem".*

Diffident silence

Quiescent silence

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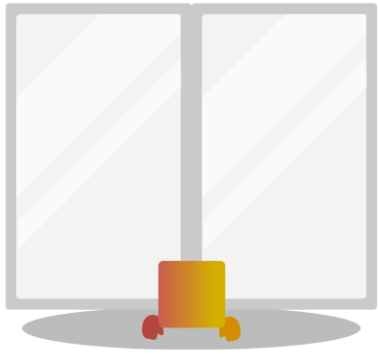


Quaternary prevention – Searle et al 2025

- Restoring to targets

Loss of Agency

Loss of Control

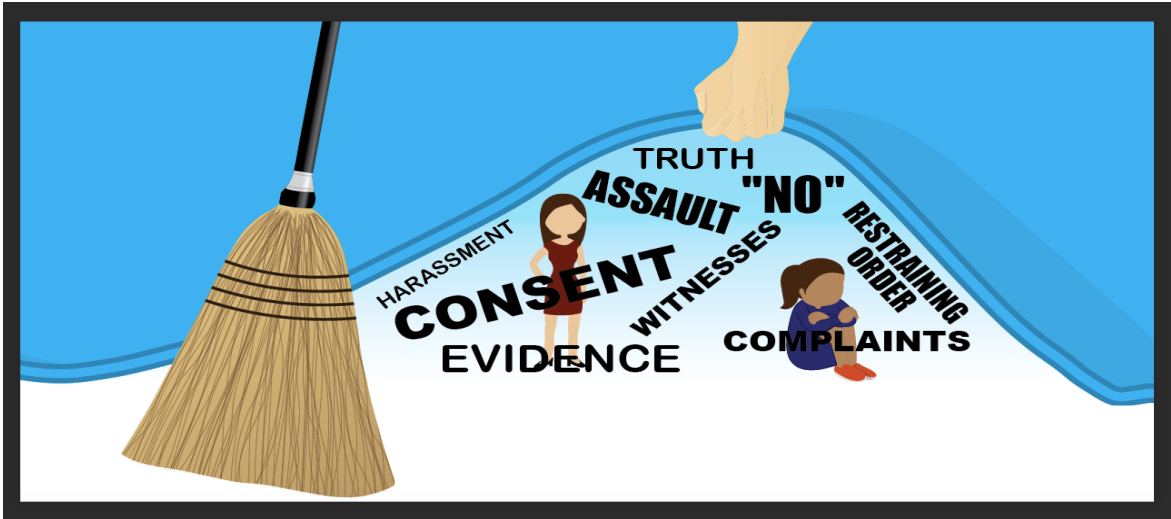


- Return to work
 - Target-centred focus
 - Trauma-informed workforce

“A professional doctor is supposed to deal with everything, or defuse it. Otherwise you are just reebee-minded, being silly, hysterical or not cut out for medicine”

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Key Takeaways
what can we do?

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Freely available on the EAWOP Impact Incubator website (www.eawopimpact.org) for use in teaching, training, raising awareness within organisations and communities, etc.

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