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Sexual misconduct in health and social care: understanding types of abuse and perpetrators' moral mindsets

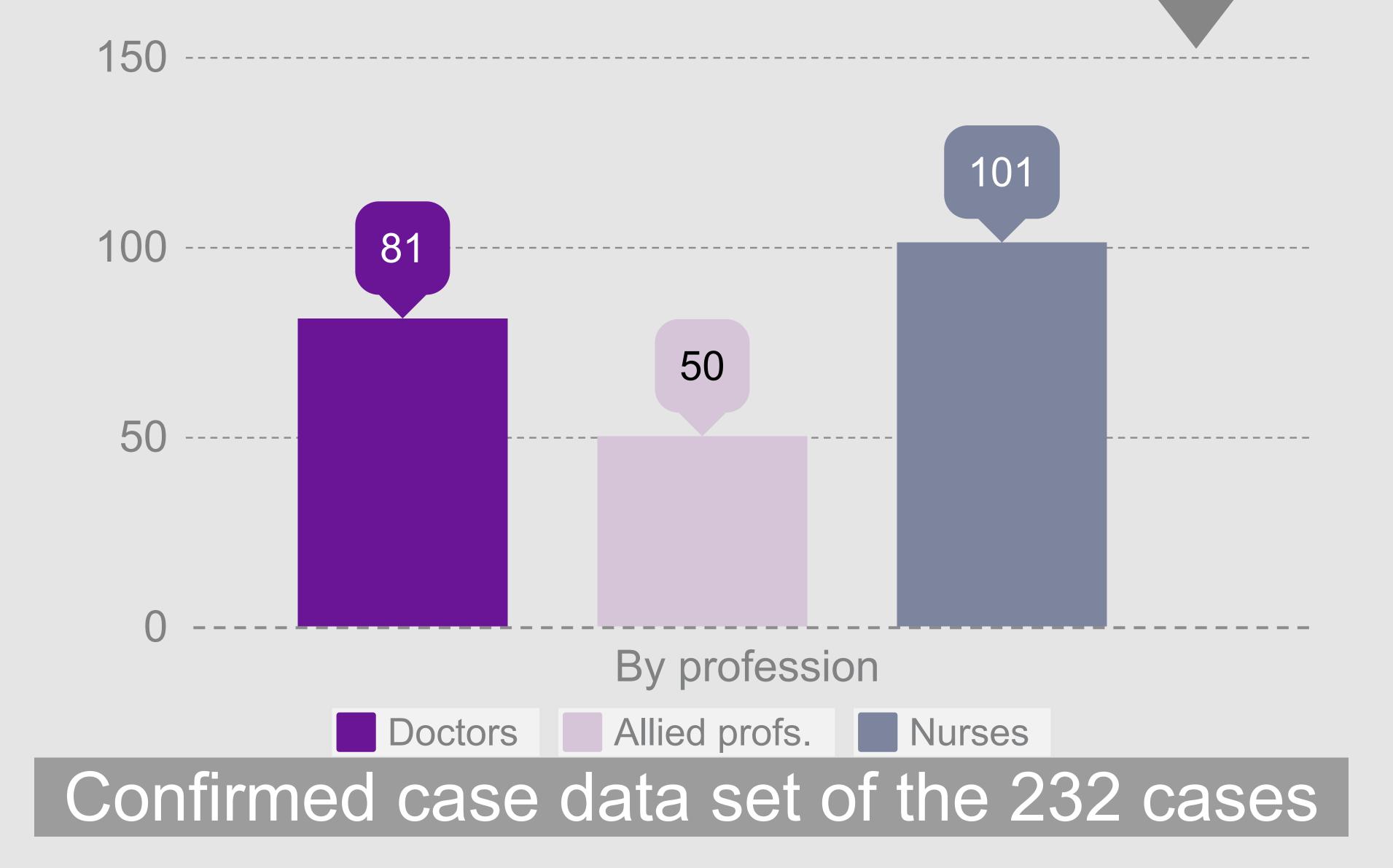
Better understanding of where, when and why sexual misconduct occurs in health/care settings, can help regulators and service providers put in place measures to tackle it earlier

This research follows on from previous work undertaken by **Professor Ros Searle** using our database of regulators' final fitness to practise decisions. This study focuses on a distinct group of cases those involving sexual misconduct.

GMC Cases HCPC from 3 regulators NMC

275 cases

232 cases retained with sexual harassment/abuse proven



Key stats/findings

Predominantly male perpetrators - 88%

Key differences in perpetrators: females multiple incident but single target; males repeated incidents at multiple targets

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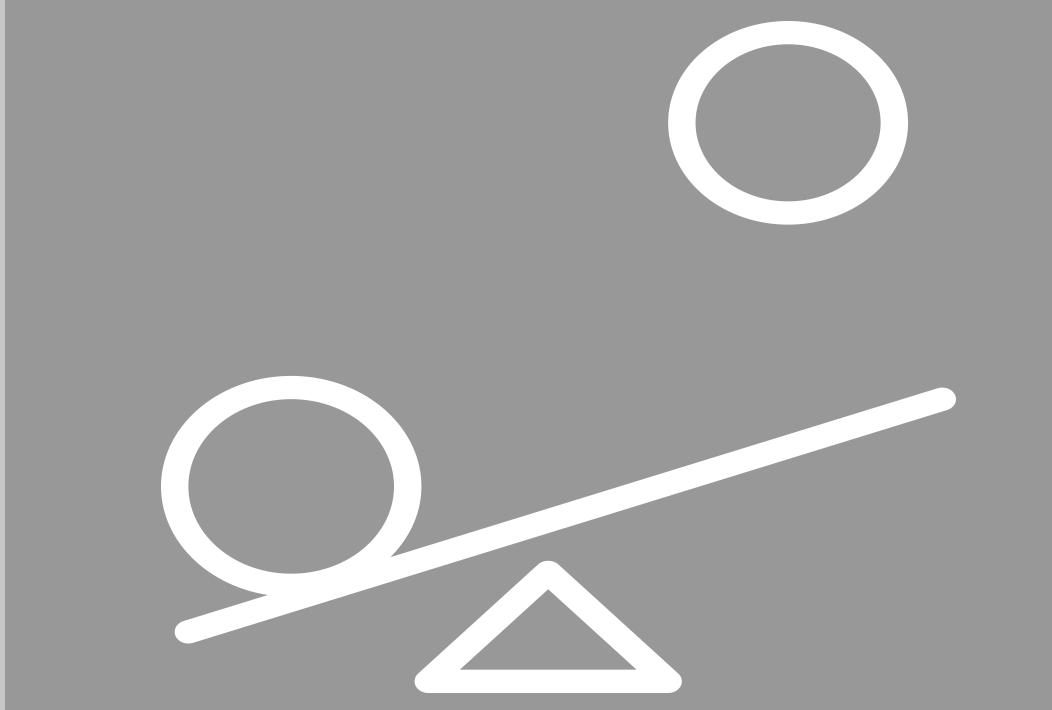
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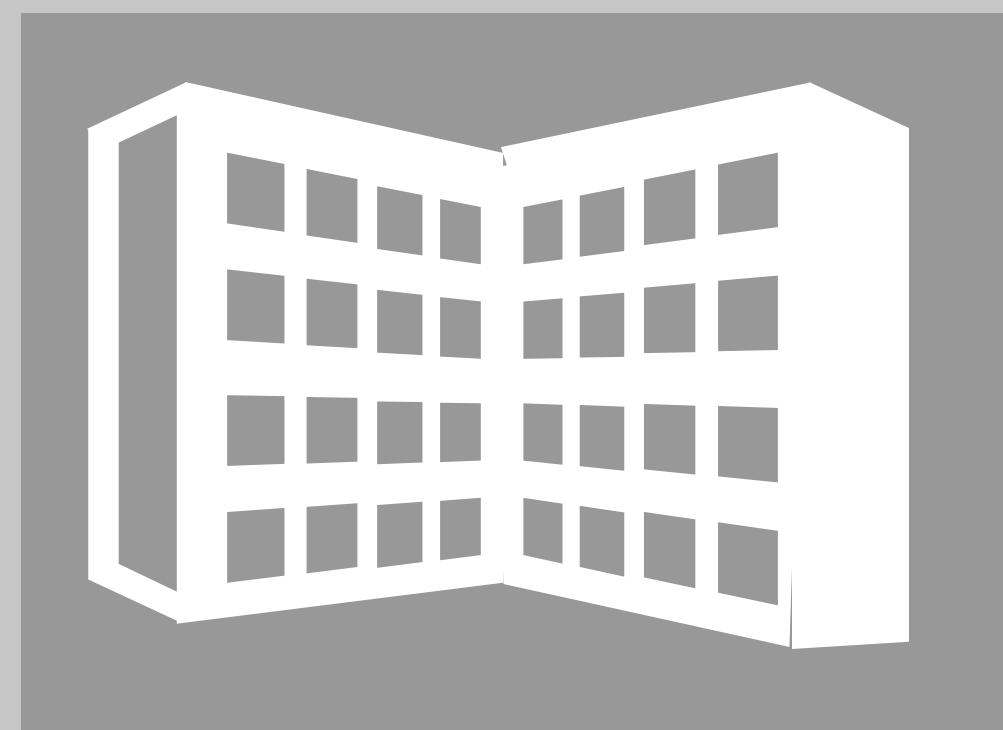
Patients predominant target group at 59%, as well as colleagues at 32%

Sexual misconduct & an imbalance of power

Vulnerability of targets

49% of all cases involve vulnerable patients, ie someone who is younger, infirm, or with mental health issues (& those working in mental health are overrepresented - 26% in all cases).





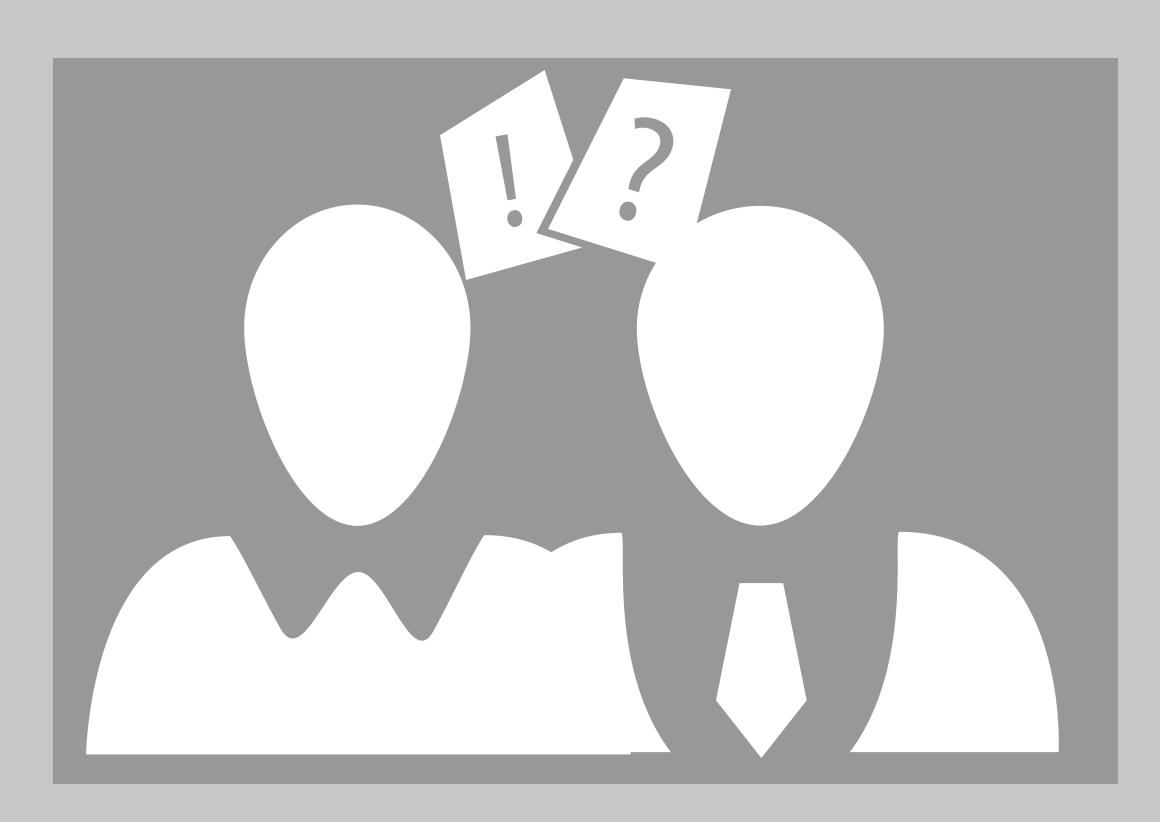
Location Workplace dominant location

Over half (54%) of the cases occurred within a workplace, and it is the dominant location for each profession.

Moral mindset Diffuse/deny responsibility

Denial as a key cognitive strategy (24%), followed by strategies to focus on the harm, with distortion of consequences found in 15% of cases, and blaming the target in 13%.



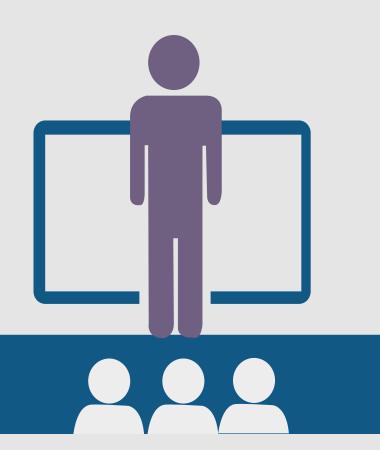


Sanctions

Perceived disparities

Perceived disparities in regulatory sanctions across professions can create ambiguity for perpetrators.

Recommendations



Training/awareness raising

Greater awareness raising, supervision and training within the workplace as a means of deterring perpetrators, but also improving understanding amongst bystanders, which includes other staff members, service users and the public.



Introduce/improve clear polices/guidelines

Clearer policies/guidelines about relationships and their appropriateness between professionals and patients in the workplace.

Identify hotspots

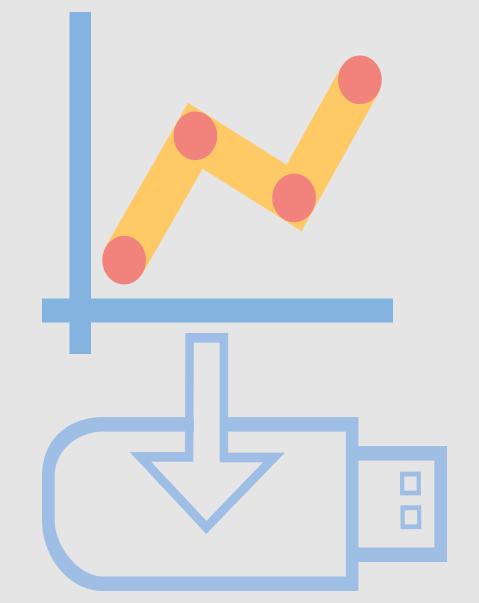
Identify potential hot spots for such misconduct, and intervene before sexual abuse occurs eg toxic workplace environments with long working hours, under-staffing, little supervision, bullying and hierarchical culture.

Further research



Further research into mental health roles and workplaces to understand better whether these workplaces attracted more perpetrators, or whether they denude the moral compasses more quickly of those working within them.

More and better data



Lack of detail and inconsistencies in the way regulators collect, collate and categorise fitness to practise - need to ensure consistency about what is collected and how it is categorised which could enable regulators to use this data, identify trends and share their knowledge with other agencies optimally placed to intervene.

Parity of sanctions

More attention may be needed to understand the parity of sanctions across professions, to create a clearer framework within which sanctions are applied.

Read the full report (and our other research on sexual misconduct) on our website

www.professionalstandards.org.uk/sexual-misconduct