

Truth Project Thematic Report

Child sexual abuse in healthcare contexts

Executive summary

Julienne Zammit
Prof Sarah Brown
Dr Jamie-Lee Mooney
Dr Sophia King

IICSA Research Team
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truth
project

 INDEPENDENT INQUIRY
CHILD SEXUAL ABUSE

Disclaimer

This research report has been prepared at the request of the Inquiry's Chair and Panel. The views expressed are those of the authors alone. The information presented in Truth Project research outputs does not constitute formal recommendations by the Inquiry's Chair and Panel and are separate from legal evidence obtained in investigations and hearings.

This report contains descriptions of child sexual abuse. Reading the report can have an emotional impact. There are some support organisations that it may be helpful to contact if you have been affected by any of the content in the report: www.iicsa.org.uk/help-and-support-0

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Executive summary

Introduction

The Truth Project is a core part of the Independent Inquiry into Child Sexual Abuse ('the Inquiry') alongside Public Hearings and Research. It was set up to hear and learn from the experiences of victims and survivors of child sexual abuse in England and Wales. It offers victims and survivors an opportunity to share experiences of child sexual abuse. With the consent of participants, the Inquiry uses Truth Project information in a variety of ways, including for ongoing research and data analysis carried out by the Inquiry's Research Team. By doing so, Truth Project participants make an important contribution to the work of the Inquiry.

This report details the research findings in relation to the experiences of victims and survivors of child sexual abuse in healthcare contexts that were shared with the Truth Project. The term 'healthcare contexts' in this report describes child sexual abuse that occurred in healthcare organisations and institutions or was perpetrated by healthcare professionals. This includes hospitals, psychiatric institutions,¹ clinics and general practitioner (GP) practices. Healthcare professionals comprise doctors (including psychiatrists and GPs), nurses and other staff members in healthcare organisations.

This report presents the Inquiry's research findings about the experiences of victims and survivors of child sexual abuse in healthcare contexts and the response of institutions to such abuse. It describes the experiences of Truth Project participants sexually abused in healthcare contexts between the 1960s and 2000s, with the most recent cases in our sample beginning in the early to mid 2000s.²

This is the fifth research publication in a series of thematic reports examining the experiences of victims and survivors of child sexual abuse shared with the Truth Project. We have previously published research reports on child sexual abuse in religious institutions, children's homes and residential care, custodial institutions and sports.

¹ Psychiatric institutions are hospitals that specialise in treating mental health problems. Patients can be admitted voluntarily or can be involuntarily committed or 'sectioned' under the Mental Health Act 1983. Some general hospitals have specific wards or units in which they treat mental health problems.

² The research findings included in this report do not reflect all experiences of sexual abuse in healthcare contexts and are only indicative of the specific experiences of those who chose to share their experiences with the Truth Project. This sample is not random, and therefore the statistics produced are not representative of the general population. The wider analysis of Truth Project accounts is ongoing and we will publish a full report with a bigger sample size covering all institutional contexts of child sexual abuse at the end of the Inquiry.

Sample and methods

Of the 4,295 people who shared an experience of child sexual abuse between June 2016 and July 2020, 109 (3 percent) described sexual abuse that took place in a healthcare context. Eighty-three (76 percent) of these 109 participants reported being sexually abused by a healthcare professional. Ninety-four percent of participants reported being sexually abused by male perpetrators. Eighty-five of the 109 participants (78 percent) talked about sexual abuse in a healthcare location, such as a hospital or GP practice.

We have primarily adopted a qualitative approach in the analysis for this report, analysing nine of the 109 Truth Project accounts relating to child sexual abuse in healthcare contexts in detail. The accounts selected include a range of characteristics and circumstances, such as the time period in which the sexual abuse occurred, victim age and victim sex.³ We have also reported descriptive, quantitative information for the 109 participants who were sexually abused in healthcare contexts who provided accounts to the Truth Project.

Ethical approval was obtained from the Inquiry's Research Ethics Committee prior to the collection and analysis of the data, and information is only included where Truth Project participants have agreed to their accounts being used for research purposes.

Key findings from the research

Overall the research findings, drawn from the descriptive, quantitative analysis of the 109 participants' accounts and the qualitative analysis of the accounts of nine participants, indicate there are some particular characteristics of child sexual abuse specific to healthcare contexts. The key research findings are:

- Participants' vulnerabilities were heightened in the context of healthcare due to the unique nature of the position of trust and authority occupied by healthcare practitioners. Participants reported they were often alone for examinations and procedures or isolated from their chaperones.
- Perpetrators were commonly male GPs or healthcare practitioners with routine 'clinical' access to children, meaning that their behaviour was not questioned by other staff, parents or children, even when they recommended procedures that were not appropriate or needed in order to sexually abuse children. Perpetrators abused their positions of trust and authority and many perpetrated child sexual abuse under the guise of medical/clinical procedures and examinations, which in some cases involved the use of medical equipment or medication.



I'd been going there since I was in the womb, you know. Like, it was a family doctor, it was just down the road ... a trusted person to me and I was taking myself to the GP when I was a child.

Truth Project participant sexually abused in a healthcare context

³ A detailed explanation of the process used for carrying out analysis of Truth Project information can be found in the separate report, *Truth Project Research: Methods* (King and Brähler, 2019).

- There was very little evidence of grooming in participants' accounts. This is perhaps not surprising given the routine and easy access that perpetrators had to children that allowed them to examine and touch children without any need of 'special' explanation or persuasion. The accounts did indicate there were, at times, manipulation of children, and the manipulation or collusion of staff.



... what he did was – under the guise of performing a medical test, called a high vaginal swab, he used that as an opportunity to rape me.

Truth Project participant sexually abused in a healthcare context

- Participants' accounts revealed that the healthcare needs of many, but not all, of the participants were related to physical, psychological and sexual abuse by family members, and neglect; some had no family support; some were bullied and/or excluded or had stopped attending school. Children attended health institutions seeking treatment, care and recovery. Instead, they were sexually abused by healthcare professionals in positions of power and in violation of their professional duty to do good for their patients. Participants' accounts showed that the abuse of positions of trust and institutional failures in child safeguarding contributed to their increased health and psychological difficulties.
- As children, only a quarter of participants reported that they were able to disclose the sexual abuse. Accounts of the qualitative sample showed that although many disclosed the sexual abuse to trusted adults such as their parents or a healthcare professional during childhood, very few were believed and some were dismissed by healthcare professionals as sick or 'crazy'. Participants revealed that their vulnerabilities were often heightened due to their illness at the time of the sexual abuse. Communication difficulties, and adults' beliefs that children had mental illnesses, meant they were not listened to, or people did not take appropriate action to safeguard them.
- Participants' accounts revealed that there were no clear processes through which participants and their families could disclose sexual abuse in healthcare contexts. In residential healthcare settings, children had no one to turn or talk to, to disclose sexual abuse. Participants described a lack of appropriate safeguarding or effective responses to allegations of sexual abuse by healthcare practitioners.
- Similar to findings from participants sexually abused in other institutional contexts, those in healthcare contexts suffered lifelong mental health impacts. Participants were fearful of healthcare professionals, leading to avoidance of contact with them in later life. They reported feeling betrayed by perpetrators who had abused their positions of trust and by perpetrators' colleagues, as they did not intervene to prevent or stop the sexual abuse. This led to subsequent broader distrust of authority, systems and adults.



I just see [doctor/perpetrator] fingerprints on everything, you know, on every – you know, ... I look at my life and I just see his fingerprints ...

Truth Project participant sexually abused in a healthcare context

References

King, S. and Brähler, V. (2019). *Truth Project Research: Methods*. London: Independent Inquiry into Child Sexual Abuse. [Online]. Available at: www.iicsa.org.uk/research/research/research-publications [Accessed 5 November 2020].

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Note on language

Please see Appendix B for a glossary which contains definitions of various terms used throughout this report.